

**The Impact of Methamphetamine on Illinois Communities:
An Ethnography**

A Report to the
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by

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Introduction

Methamphetamine use and production have become major problems in the Midwest, including Illinois. Although the precise extent of the problem cannot be known, several indicators suggest cause for alarm. The amount of methamphetamine seized and submitted to Illinois State Police laboratories rose from 3,433 grams in 1994 to 19,576 grams in 2001 – a nearly six-fold increase – and rural counties accounted for 57 percent of all methamphetamine seized.¹ Similarly, drug treatment admissions for methamphetamine rose from 97 in 1994 to 1,528 in 2001 – a nearly sixteen-fold increase – with admissions from rural areas accounting for 73 percent of all admissions in the state.² Finally, the number of methamphetamine laboratories seized in Illinois rose from 24 in 1997 to 971 in 2003. As with other indicators, rural areas lead the way in methamphetamine laboratory seizures.³

Although illicit drugs are not particularly new to rural areas, the speed with which methamphetamine has spread and the extent to which it has become a problem suggest that current problems with methamphetamine may cause levels of disruption in Illinois communities not seen from other drugs in recent history. Methamphetamine may be more disruptive than other drugs because in addition to problems related to its use, methamphetamine creates a host of problems related to its local production. This ethnographic study of two adjoining Illinois counties is designed to utilize interviews from a range of community members to describe the impact of methamphetamine on agencies and on citizens in these counties.

What is Methamphetamine?⁴

Methamphetamine is a central nervous system stimulant several times more potent than ordinary amphetamine. The effects are similar to those of cocaine, except that methamphetamine is more potent and the high lasts hours rather than fractions of an hour. Methamphetamine elevates mood, raises blood pressure and relaxes bronchial muscles. The drug increases wakefulness and alertness and decreases fatigue. Heavy doses taken continuously may lead to days of wakefulness followed by days of sleeping. Methamphetamine also tends to suppress the appetite, and those using large amounts may experience dramatic weight loss over time. Larger doses may cause apprehension, impulsiveness, and aggression. Very high doses may lead to psychotic episodes that are nearly identical to paranoid schizophrenia. Symptoms of this psychosis include visual, auditory, and olfactory hallucinations and delusions of persecution.⁵ Methamphetamine, more than alcohol, opiates, or cocaine, appear to enhance the sexual thoughts and behaviors of users.⁶ The intense pleasure from using methamphetamine, combined with the depression that often follows a meth high, makes the drug highly addictive, with cravings lasting long after use has stopped. Relapse following treatment appears to be the rule rather than the exception.

Aside from more intense and longer lasting effects, methamphetamine has advantage over cocaine for the drug manufacturer. As a plant-based drug, there are limits on where cocaine can be produced. Further, the process of harvesting coca leaves, processing them and then transporting them to end-users is complex and requires a relatively elaborate production and distribution network. In contrast, methamphetamine is rather easily produced in small quantities by the ultimate consumer on site with locally available ingredients, eliminating the need for

elaborate production and distribution networks. This, of course, greatly complicates the detection and apprehension of those who use and produce methamphetamine.⁷

There are several methods for “cooking” methamphetamine. The simplest, sometimes known as the Nazi method, is the one most often used by cooks in the present study. Methamphetamine labs using the Nazi method can be quite compact and portable, fitting into the trunk of a car or easily set up in a motel room. This method utilizes such ingredients as anhydrous ammonia, lithium batteries, lye, and starter fluid in a volatile mix that sometimes leads to explosions and fires. Each pound of methamphetamine is said to produce as much as 5 pounds of toxic waste, creating a trail of environmental problems long after the lab has stopped functioning.⁸

The Setting

Edgar and Clark counties are located in east central Illinois. The two counties are adjoining, with Edgar County to the north of Clark County. The population of Edgar and Clark counties is just over 19 thousand people and about 17 thousand people, respectively, with just over half of each county’s population living outside communities of 2,500 or more.⁹ The population in each county has declined since the early 1900s, when Edgar County had 28 thousand residents and Clark County had 24 thousand residents, though it has remained relatively stable in the last decade. Of people over 25 years of age, about 80 percent in each county have a high school diploma or more, a figure comparable to that for the state of Illinois as a whole. In Edgar County, approximately 97 percent of the population is white and in Clark County 99 percent of the population is white.

In Clark County, per capita annual income is about 66% that of the state as a whole and

in Edgar County per capita income is about 71% that of the state as a whole. At 4.1% and 5.2%, respectively, unemployment in Edgar and Clark counties is lower than the state average of 6.1%. Thus, people in both counties are working, but wages are comparatively low. Each county has light manufacturing as its primary employer, though Edgar County also has a significant number of government employees. The number of people involved in agriculture is relatively small, but agriculture is a sizeable business. There are 1,369 farms in the two counties averaging about 450 acres each. These farms cover approximately 86 percent of the land area of the two counties. Most of the farmland in Edgar and Clark counties is used to grow corn and soybeans, crops for which anhydrous ammonia is used as a liquid fertilizer – a fertilizer that is also a key ingredient in the area’s most commonly used recipe for methamphetamine.

Although Edgar and Clark are two distinct counties, it makes sense to study them together. Not only are they physically adjoining, but they share a variety of social services. For example, the Human Resources Center (HRC) has its primary office in Edgar County but also serves Clark County. HRC provides outpatient substance abuse therapy, mental health counseling, rehabilitation services for adults with developmental disabilities, residential services, and respite care for those with developmental disabilities. The two counties also share the services of a public defender, and communication among various agencies across the two counties is fairly common.

A 2-lane state highway runs north-south through the two counties and an east-west interstate highway runs through Clark County. To the east of Edgar and Clark counties is the Indiana border and Vigo County, Indiana. Vigo County has routinely been identified as the county in Indiana with the largest number of seized methamphetamine laboratories.¹⁰ To the

west of Edgar/Clark counties is Coles County, Illinois. Coles County has the distinction of being one of the Illinois counties that routinely has the largest number of seized methamphetamine laboratories.¹¹ While Edgar and Clark counties are bordered on the east and west by counties with high levels of methamphetamine, and both counties are accessible by major highways, by all accounts the methamphetamine problem in Edgar and Clark counties is generally self-contained. That is, most of the methamphetamine produced in the county is used there and, conversely, most that is used in the county has been produced there. Unlike reports from California, where methamphetamine distribution networks transport the drug from Mexico or from large U.S. labs to local drug markets, there are at present few indications of methamphetamine distribution networks linking users in Edgar and Clark counties to producers in other parts of the country. Some locals do cross county lines to steal precursors, and some people from surrounding counties do enter Edgar and Clark counties to steal precursors or to cook methamphetamine in portable labs, but primary production and use remain local.

Although methamphetamine has probably been in both counties in limited amounts for decades, in recent years the drug has come to be seen as a problem of near crisis proportions, and the local production of methamphetamine appears to be a relatively recent phenomenon. In both counties the first signs of methamphetamine production were seen in 1998 and since then the problem appears to have increased geometrically.

Reports from a variety of local sources suggest there is little in the way of a “methamphetamine business” in either county, at least not a highly organized business driven by cash transactions. Rather, methamphetamine production and use appear to primarily rely on bartering and trading services for drugs among acquaintances. For example, a cook will agree to

provide methamphetamine to several associates in exchange for each associate stealing or otherwise obtaining necessary precursors (e.g., anhydrous ammonia, cold pills, lithium batteries, lantern fuel). In other cases the cook may agree to teach others to cook in exchange for them each providing the precursors needed to conduct the “class,” with a share of the drugs serving as the cook’s payment. The absence of a cash economy in methamphetamine, or at least the presence of a very small cash economy, means that few of the cooks or users are becoming wealthy from methamphetamine. To the contrary, authorities conducting methamphetamine investigations generally find there are few assets of value worth seizing. On the positive side, there are also few indications of violence linked to the business of methamphetamine distribution, though a double murder in early 2004 may have been connected to a drug transaction and may have signaled the beginning of changes in this situation.

In Edgar and Clark counties, methamphetamine is not simply different from other drugs pharmacologically, the profile of the meth user is different from that of other drug users. A Clark County judge summarized some of these differences with a description echoed by others who were interviewed:

I have noticed that we get more groups of people arrested. With other drug cases over the years you tended to get more single individuals arrested. Somebody is stopped in a motor vehicle and drugs are discovered, or perhaps you have a single drug buy. But with methamphetamine it’s not uncommon to have 3 or 4 or 5 people arrested at once. The reason seems to be that oftentimes people are manufacturing meth and using meth as a group. And they are either caught in the process of manufacturing it or they are caught in the process of being together doing something with it.

Definitely I have noticed that females represent a higher number of those picked up. We have more females in custody now than we used to. It is not unusual to have both husband and wife picked up or boyfriend and girlfriend. But females are a significant part of the caseload with methamphetamine.

Another thing is that a significant number of our methamphetamine cases also involve gun charges. I won't say that it is a high percentage, but in years past we very infrequently had a gun charge accompanying a drug charge. If somebody was picked up for cannabis or picked up for cocaine it was usually just that. There was no tie-in with firearms. With methamphetamine we have had a number of cases where firearms have been involved. We have had one or two cases where there have been shootouts, shootings, where methamphetamine was involved. We have had several cases where guns were simply in possession of the person charged with methamphetamine. We had one particular individual who was arrested twice with methamphetamine and twice with guns, about a week apart.

We have had very few juveniles in court where there was any indication of methamphetamine. That's not to say methamphetamine is not being used by the kids but it has not shown up in the court's cases. It has not shown up in juvenile cases. I'm not sure we've had any more than one or two cases, if that, where there was some direct evidence that juveniles were involved with methamphetamine. Our methamphetamine problem, at least as far as the court cases go, is pretty much an adult problem. And again, another characteristic which is distinctive about methamphetamine is the ages. It used to be that most of the drug cases were fairly young people. They were people in their teens, twenties or maybe even some in their early 30s. Those were the age groups that were really affected. With methamphetamine we get all ages. We've had people in their 60s. It's quite common to have people in their 40s and 50s. It is definitely a drug that cuts across all age groups.

Another observation is that it is much more likely that the defendants in methamphetamine cases are not working and are not functioning within the framework of society. Typically in a high percentage of our drug cases if somebody was arrested for possession of drugs they were people who were working and were otherwise leading, at least in an outward sense, a pretty normal lifestyle. Drug use did not necessarily prevent them from working. It did not necessarily prevent them from retaining their role in the family, but with methamphetamine you see a much greater number of people who simply are not working and haven't worked. It's very characteristic to see people who have not been working for several years, or they have a lousy employment history. A history in which they may list 5 or 6 places of employment but you can't pin down when they worked, how long they worked, whether they worked full time. In effect, the impression is left that they weren't working much at all. . . . In fact, it is fair to say that if the presentence report shows they are consuming a high level of methamphetamine they are almost never working regularly.

In terms of the validity of empirical indicators of the problem, one difference between the two counties is that Clark County is part of a drug task force run by the Illinois State Police.

Edgar County authorities work cooperatively with a number of other enforcement agencies but are not part of a state police task force. This distinction is important because statewide counts of seized meth labs are compiled by the Illinois State Police. Counties that are not part of an Illinois State Police Task Force have found it difficult to have laboratory seizures by local police included in statewide reports. As one officer in Edgar County lamented:

Yeah, we're non-existent. We're working on that and I've got Dale Righter [a State Senator] trying to come up with one location where we can send information so that we can start getting counted. We just didn't know where to send it. Nobody would tell us where to send it. Nobody had any idea. . . . We weren't part of a task force and therefore we weren't getting any numbers there. We were working our tails off but they said, "You don't want to be part of our team." We did, but they didn't have any room for us.

Under-reporting of laboratory seizures is not just a problem for Edgar County. A map of task forces throughout Illinois shows that the most rural southern counties, where methamphetamine production is likely to be higher, are also least likely to be part of a state police task force and therefore are least likely to have lab seizures fully counted in state totals. This means that the dramatic increase in the number of labs reported by the Illinois State Police (from 24 in 1997 to nearly 1,000 in 2003) probably seriously undercounts the number of labs actually found by police in Illinois. Of course, a full accounting of all laboratories seized by the police would still miss the many labs never detected.

The Impact of Methamphetamine

By all accounts the impact of methamphetamine on Edgar and Clark counties has been substantial and cuts across many aspects of life in these two counties. To give a sense of methamphetamine's impact, people from many agencies and walks of life were interviewed. As entry point to the formal system, the criminal justice system is in many ways the miner's canary

of social problems. For this reason the description of meth's impact begins with accounts from those working in the criminal justice system.

Criminal Justice: Among the first in the criminal justice system to respond to the methamphetamine problem are the police and among the first people interviewed was a sheriff's deputy in Edgar County. He had worked as an officer in the Paris, Illinois, police department but eventually joined the sheriff's office to focus primarily on methamphetamine. As he observed, the problem arose quite rapidly:

In 1998 we had our first meth lab in [the town of] Isabel. It probably has 25 people who live there. Until then no one in the area really worked much methamphetamine. It had always been cocaine or cannabis and some LSD. . . . He got sent away for 10 or 12 years. It was one of our first. That was the only lab we got that year, but in interviewing him he said he taught 6 or 7 people in our county how to make methamphetamine. After that, the next year, we probably had 7 or 8 labs. It was getting to be more of a problem than we had thought. That's when we got our task force together, what we consider our task force, [He was working for the Paris PD at the time.] a lot officers who gave part-time to meth enforcement. We started noticing a lot more meth arrests. I started getting away from the criminal stuff and started just working the drug stuff. Then in 2001 we decided maybe we needed to put someone on this full time. That's when I came to work for the Sheriff's department.

The first year [that he worked for the sheriff] we had somewhere around 50 or 60 arrests. This last year we decided we were going to start documenting how many calls came in that had to do with methamphetamine – people who call or come in, because we had a tip line. We ended up with 365 complaints or calls on methamphetamine-related concerns, whether it be anhydrous or labs or whatever. Out of that we had 145 arrests this last year, all meth related. Which is the highest we've had so far. We had 366 felony arrests in the county and of those 145 were for meth-related charges [40%], whether it be for anhydrous or whatever. They really picked up.

Aside from the demands placed on police personnel, the sheriff's office in each county must deal with the increased burden of housing jail inmates. In most of rural America, jails have been substantially under-utilized and in the past used their excess capacity to rent cell space to larger jurisdictions and the federal government.¹² The rise of methamphetamine, however, has

changed all that, leading to jail crowding and ballooning jail budgets in counties that may already suffer from small tax bases. The sheriff of Edgar County explained:

EC Sheriff: It's dug into our budget, immensely.

Interviewer: In what ways?

EC Sheriff: Well, with the overflow of prisoners because of meth. I'd say 80 to 85 percent of the prisoners we have in here are drug-related and most of them are meth. Very few are as simple as marijuana. Very few are heroin or LSD or the other drugs that are out there now, because it's the poor man's drug. It's got our jail overcrowded, which eats up our food budget. It eats up the medical budget. Everything is affected here.

Interviewer: So they are coming in with more medical problems than other inmates?

EC Sheriff: They are coming in with a lot more medical problems. . . . Honest to god you'd be amazed at the change in somebody after they've been in jail for just 30 days, let alone 60 or 90 days. They are a totally different person. The first couple of weeks when they are here they are combative and their mood swings are so great. And then, all of a sudden, something just clicks and they become a nice person again, back to a real person I call it. The true person comes back out in them. . . .but something drives them or compels them when they get out to go back to the meth world.

Interviewer: And a lot do go back?

EC Sheriff: Oh, it's unbelievable. The number of people we've taken to prison here. It's driven up our prison transportation costs and the miles on the cars we have. In fact, because it's eating up the budget – we have to feed these guys, we have to give them medical attention – but the county doesn't have enough money. I think every one of my cars but two have over 100,000. I've got one with 196,000 miles on it. I've got two cars, one with 30,000 and one with 50,000. Those are my two newest vehicles. It's just unbelievable. And with gas prices all of a sudden jumping up to \$2 a gallon, because of the drug problem it's eaten up the budget. We don't have enough men for this size of county. But our guys do a pretty good job of patrolling the entire county. We don't have enough officers on duty, usually in the days two per shift, maybe three or four. But there are not enough officers to cover the problem of drugs. We've only got one drug officer who is completely overworked. The rest of us kick in to help him. Likewise if he has any down time, which is very rare, he will kick in and help us with our other daily duties.

Interviewer: What is your jail capacity?

EC Sheriff: 28 is the legal jail standard. I think today we have 34 in here and we've had

up to 54. It's not like they are treated inhumanly. In our particular jail we have TV in each of the cells, except for one isolation cell. We give them a smoke break once a day. We don't provide the cigarettes, the family brings in cigarettes, but that seems to keep them calm. The overcrowding is – we don't have a bunk but we do have mattresses for everyone on the floor, or a double mattress. I'd hate to turn them loose. I think in the past, before I was here, they would just filter out the lesser crime people, you know someone who was in here for illegal consumption or something, they would just turn them loose. We haven't had to yet, and we haven't had to house them in any other county, as of yet. It was really bad when we were up to 54 but that was our peak one day. Our average is at 30, so a couple over what used to be the legal limit, and so we're complying.

The sheriff in Clark County had an equally grim assessment. He, too, suggested that the impact of methamphetamine has rippled through his agency:

CC Sheriff: Just in a nutshell, it is completely tapping all the money we have as far as the operation of the jail. We have 18 beds. Today I've got 35 inmates, and now this is a guess because I didn't check the total when I came down, but I think that all of them but 5 or 6 are in there for meth-related charges.

Interviewer: Either use or stealing things to support a habit?

CC Sheriff: No, directly meth. Whether it be methamphetamine itself, the precursors, the anhydrous, just directly related to meth. Not necessarily burglary or anything that we know is a residual fallout from that. Just the specific drug or manufacturing chemicals themselves.

Interviewer: Do you get into a bind where you can't put somebody in jail because there is just no room?

CC Sheriff: I try to be cognizant of what people I hold and the bad part of that is that out of that 35 I've got two people who are sentenced to jail. The rest are awaiting trial, which is a very stressful time on everybody. Them, staff, just everybody. I don't really know how to answer that. It is just to the point where it's just organized chaos every day.

Interviewer: And I take it that it is burning up a lot of patrol officer time also.

CC Sheriff: It is because we have to have extra staff for the problems in jail. We have to direct somebody off the road who should be out either serving papers or answering calls, but we have to take them off the road to bring them into the jail to work. I work a lot of the jail time myself. I do a lot of the transports, you know going to different counties picking different people up for different things. There is a definite lack of manpower. It

is a constant all the time. We have to put stuff on the back burner because we don't have people to do it. Whenever I first started in 1982, our shifts at that time were seven days in a row. You worked seven you were off two. If I had three or four calls for service in those seven days that was a busy week. And now I've got six patrol deputies, one full time drug investigator and one full time criminal investigator who are completely over run. The six patrol deputies are now are averaging anywhere from 8 to 15 calls a shift. That's days, evenings, an assist shift, and at midnight. That's four shifts a day and we are averaging about a dozen calls per shift. Some days are worse than that and some days are less but that's basically the average.

It is worth noting that while the workload and staffing for the sheriff's department has grown exponentially since the sheriff began working there in 1982, the population of the county was virtually unchanged from 1980 to 2002.¹³ The sheriff went on to explain how methamphetamine has affected his office's workload:

Interviewer: I know you can't know this exactly, but of those calls how many would not happen if meth weren't around?

CC Sheriff: Half. That's a guess but it won't be far off. You have erratic behavior that we get calls about that are directly related to meth. You have people out in areas that ordinarily they would not be in. It's a suspicious vehicle call. Or, a call that we go and check where a lab has been or possibly one is in the process of being used then. All those things are directly related to meth. Domestic problems because of the paranoid aspect of meth use. You have people who, over a period of time, it suddenly dawns on them what's going on around them. They call about it. That's directly related to meth. Knock on wood, our thefts and burglaries are probably at a low, but occasionally we have a significant number of ATV thefts, not necessarily residential burglaries, but I think that we can probably back track the ones we get solved back to meth, because of the money. They have to get money to get the ingredients to make the meth. They buy it outright. It is a daily problem that we never used to have. . . .

The meth inmate has a tremendous amount of health problems, physical problems. As a sheriff's office, we are mandated to take care of their medical problems if they don't have the resources to do it. So that means that 90 percent of the time we have to pay for their medical. We are having big instances of meth people, if they have been on it a while, having their teeth rotting so we have to get their teeth pulled. Well, they are so abscessed that we have to do two weeks worth of high dollar antibiotics to get the poison out of their system before they can ever extract the tooth. The lithium, when it gets in their system from the meth, pretty well eats the calcium up in their body, as does the rest of the chemicals they put in – anhydrous ammonia, lye, starter fluid, or muriatic acid. Your

body just starts to rot from the inside out. Well, any of their physical problems that they have like that we have to take care of. Last year, budget year '03 for me. I had \$30,000 in my inmate medical. I spent over \$60,000. I've got no recourse other than to pay for those bills because I am mandated by law to do it. And I've got no recourse to recoup that money from any of the inmates that we take. A meth inmate undoubtedly sucks the life out of your budget – medically and for housing if I've got to ship them off to another facility if I get way too over crowded.

If I've got that many inmates it sucks the life out of my payroll budget because I've got to hire a correctional officer to come back. I've got to hire part-time people to come in with staffing as far as the number of staff per inmate. I've got one full-time correctional officer on 24 hours a day. But when you have 25-35 people it takes a minimum of two, sometimes three people to take care of their clothing needs, their meals and everything else that goes along with it, because there is a tremendous amount of laundry with 35 people that has to be done on a daily basis, too. That's blankets, tops, bottoms, shoes, towels, and washcloths. And all the expenses that go along with that. Yeah, there is a big difference.

The pressures placed on local police and sheriffs ripple through the rest of the criminal justice system. Prosecutors and public defenders must deal with these cases, as must judges and probation officers.

The Edgar County prosecutor cited court figures showing that felony court cases in Edgar County rose from 126 in 1998 (the year of the first meth lab seizure in the county) to 328 in 2003 – an increase of more than two and a half times. While he believed that much of the increase was the result of an increase in meth cases, the data are not stored in such a way that counts of meth cases can be produced separate from other felony charges. Although there has been a tremendous increase in felony charges, not only from methamphetamine but also as a result of increased penalties for many crimes, his office has had one full-time and one part-time prosecutor for the past 20 years. Similarly, the dramatic increase in cases has not resulted in a meaningful increase in manpower for the public defender's office.

The judge in Clark County, who has had a substantial amount of experience with

methamphetamine cases, reported on the impact of methamphetamine on the judicial system by comparing methamphetamine cases with other drug cases:

Let me just try to identify different patterns I see with methamphetamine than I've seen with other drugs through the years. First, we have a much higher percentage of bond revocations and probation revocations. In other words, if meth users are released on bond a significant number of them have their bond revoked because they are picked up again while they are awaiting trial. We have a very high percentage who simply do not survive probation. They fail to comply with the conditions of probation and they end up having their probation revoked. In some cases they are put back on probation on the same or different terms. In some cases they go to the Department of Corrections. But the rate of our probation revocations has increased dramatically. I wouldn't be surprised if we don't have just about as many probation revocations as we do original cases pending at any given time. In part because probation revocations may apply to any cases that have been disposed of over the past 2-3 years. We certainly have seen that. In other words, the meth users are hooked on it and they don't quit using it just because they are awaiting trial or because they are on probation. Some do comply with the terms of probation but an awful lot are revoked. So that's one thing that's different.

The volumes obviously are great. I would have never imagined three years ago that we would have had this kind of change in our caseload. I would say that 90 percent of the drug cases that are filed are in one way or another related to methamphetamine. It is either the possession of precursors, theft of anhydrous ammonia, or the illegal transportation of anhydrous ammonia, or it's possession of meth or the manufacture of meth. That's probably 90 percent of our drug cases.

Not surprisingly, probation officers in each county reported a substantial increase in their workload because of methamphetamine. The chief probation officer in each county estimated that over half of their probation caseload consisted of methamphetamine-related cases. Echoing the comments of other criminal justice officials, they emphasized the number of new cases, the frequency of repeat offending, and the difficult time facing addicts trying to quit.

Criminal justice officials were unanimous in their belief that methamphetamine has become a serious problem in Edgar and Clark counties. Most also believed the problem was likely to either become worse or to stabilize at a high level. There was also a general sense that

the problems created by methamphetamine were different and more intractable than those of other drugs. Criminal justice is not the only aspect of life in Edgar and Clark counties affected by methamphetamine. The focus now shifts to the perspective of emergency responders, other than the police.

Emergency Responders: Methamphetamine and methamphetamine labs also have a substantial impact on EMT and fire services. The Paris, Illinois, fire department is the only professional fire department in Edgar County, and Clark County has no full-time professional fire departments. The Paris Fire Department covers not only the town of Paris, but trains and coordinates 100 volunteers who work in various small communities outside Paris. The fire chief made clear that methamphetamine is a major concern to his department, because of the potential for fires from exploding labs, because of hazardous materials at the site of fires, and because of chemical contamination of the air and groundwater. Further, they have had several close calls:

Fire Chief: We've had meth labs catch fire. Explosions. In a home. We were lucky enough that I was fairly close to it when the call came in. The drug task force nexted me on two way and gave me a tip going in about the potential. We had three more explosions upon our arrival. We were able to pull back once we determined there was nobody in there. We had thermal cameras we could use that protected my guys. As we got into it there were needles, syringes all over the floor. My guys could have crawled into them and it would have exposed them to bad things. And all the material that was in there. There were several places where there were off-gassers [off-gassing is the evaporation of chemicals into the air] still sitting. A lot of precursors used, trash-wise. So it's dangerous in there for my troops when we go in there. The unknowns. For this one we had a tip, but that doesn't always happen. We had our first phosphorous lab. That concerns me immensely. There again going in we had a tip from the drug task force. They were on the scene. So phosphorous is our next big scare. So it's predominantly meth. You never know where you are going to find it. We've found it in trunks of cars. We've caught them making it in the backs of pickups out here on county roads. So it's a big factor in the fire service. . . .

Meth has become a part of our job, but unwillingly. It is now an exposure risk out there that we have to be trained to deal with. Trying to keep the guys up on it training-wise,

and on all of the other stuff – that is our job, and still find the money, overtime funds. It's very very difficult for volunteers to take this additional training. . . . And the other factor that nobody's thinking about is with meth labs that are ongoing. Gathering the materials to form a meth lab is an even bigger detriment that nobody thinks about at all. Number one, anhydrous ammonia. We've had several incidents where a local fertilizer company on the west edge of the city has a bunch of nurse tanks in place. They go in and steal the anhydrous, or attempt to, out of these nurse tanks, and maybe don't get a valve shut off. We've gotten calls at two o'clock in the morning where a plant with an air handling system on the roof is pulling anhydrous ammonia fumes into the plant. So that creates another potential problem. . . . We've had more than one call of that nature. We've also had calls from residents in neighborhoods in the middle of the night. They will smell an odor because something didn't get shut off. We've tried working with the fertilizer plants. I know law enforcement has tried putting cameras on them to monitor. They put watches on them, stakeouts, trying to work that, but you can do all that you want. There are tanks on the farm complex when the farmer goes out here and leaves them at the end of the field in the middle of nowhere. We've had one instance where a full nurse tank was stolen off the farm site and they buried it or camouflaged it. You can make a lot of meth when you are talking about a ton and a half nurse tank. There were a couple of incidents where someone took a cordless drill and tried to drill through the bottom of a tank. A 30,000 gallon bulk tank.

We've had an incident here where we pull up on a house fire about 7:30 in the morning. The two female occupants and one of the girl's little brothers was there. The father was in jail already for meth. They're tweaking on meth and we're fighting this house fire and one of my firemen falls off the roof and breaks both legs. He's gone for 4 and ½ months on work comp. That's costly, too. So there are a lot of ramifications here that nobody stops to think about. . . . As another good example, I got called out one Sunday evening to a meth site with off-gassers in a cistern out behind the house. And it had a little round hole where an old well, and old hand pump used to go down through it. We've got steam coming out of it, or off gassing. And they called the fire department. We go down there and sure enough they've taken all their meth byproducts and dumped them in the cistern. Now we have contamination of ground water and everything else, and the fumes in the neighborhood. When the law enforcement went in and looked up in the attic areas there were so many nooks and crannies, they found like 26 different off-gassing materials, at 26 different sites in this home. It's a large 2-story home. Four kids were residing in the home but they were living in the living room only. They sleep in the living room they eat in the living room. They stay in the living room. They are exposed to all these fumes and the meth. They were using the rest of the house for meth production.

I've brought EPA in on a couple of meth sites where, for probably months, they have produced meth and thrown the debris into a holler. That holler is a natural water runoff in rain and goes right into a creek, a small creek that goes into a bigger creek. We are creating a nightmare here in America, in the central part of the nation that we are really

going to have to get a handle on.

We had two guys on a quad runner from Indiana, we got called out on, who got to a nurse tank with a 5 gallon bucket. They got anhydrous in an open 5-gallon bucket. Put it between them and took off on the quad runner. A cop was called. He's chasing them in a squad car and the anhydrous is splashing all over, it's eating the shirts off of these guys.

It is obvious that the kinds of problems reported by this fire chief will also affect emergency ambulance services. The director of the local EMT service estimated that about 15 percent of his service's calls were for methamphetamine-related illnesses. Further, the presence of methamphetamine production in the county has had an impact on the way his service responds to calls.

Interviewer: Have you found this effects how you enter a house?

EMT Administrator: Oh yeah. Back when meth first came around, it's been four or five years ago, we jumped in the ambulance and everybody was good old people and we weren't afraid of anything. We went and handled the problem. Well, I happened to be one of the first ones who ran into a problem because a guy was high on meth and I went up the stairs of the apartment and I went into the apartment. I walk in and he jumps out from behind the door. He's actually shooting me with the TV remote, you know, going bang, bang, bang. That was the first run-in that we had EMS-wise with meth. So then we came back and we said hey we need to do something here. So, being a deputy [he also works as a sheriff's deputy], I know where a lot of the problem houses are and so I have my guard up, and of course I tell my people. "Hey be careful if you go here, go here or go here. Don't enter without the police at nighttime." We've revamped and have a whole new outlook because those people don't know their actions. They don't know their power. We are just there to help. We are innocent persons here. We don't want to run in there and sacrifice ourselves. Yes, we have changed our policy and procedures. At nighttime the police don't let us go anywhere without their help. At nighttime they go, and they know, and they will call us a lot of times and tell us, "Hey watch out they are cooking there" or whatever the case may be.

The problems, and potential problems, from methamphetamine have also changed the training given EMTs in the county:

We've done a lot of medical continuing education on the signs and symptoms [of

methamphetamine use]. We've done a lot of education on what to look for when you are in a house, signs that they could be using. We've done a lot of classes on odors. If you smell this odor don't go in, get out of there. Stuff like that. We've done a lot of training on self-defense, show the paramedics where to hit somebody to get away from them, stuff like that.

Interviewer: And self-defense used to be something you didn't worry a lot about?

EMT Administrator: We never had self-defense training. Ever. We went through the era of cocaine. We never had it. But this is a drug that is unique. It is by itself, in a separate class. There is nothing we can do for them. There are no medicines that work. It's meth. And their high lasts about 2-3 hours and they have to have some more or they start coming down. I've run into people who have been awake for 7 days straight. And they look terrible. But they just can't sleep. I've ran into people who have been asleep for three days. You can't wake them up. You think it's a medical condition. You take them to the hospital and test them and it's meth. It's huge. It's a huge thing.

Further, because most of those meth-related emergency calls are for people with little or no money, the problem creates a substantial expense for the taxpayer:

[Methamphetamine] in this community is driving the medical costs up, which reflects on the state because they [meth users] don't pay their bills. A lot of them have public aid. That drives costs up for the state of Illinois. What we are seeing a lot of, we are having to go get them because meth makes their heart rate go up. They think their heart is going to jump out of their chest. We go out and, of course, all of the medicines we carry don't work when you are high on meth. And so we run them in and once they are down off their high they are released and they go about their way and do it again. We are also seeing it impacting the children because they are bringing the stuff into the house. It's impacting the children as far as making them sick. When their children get sick they don't know what to do so they call an ambulance and we go down and take them in. A lot of times when they are cooking this stuff they have children in the house, which is not a good thing because of the by-products which can – one breath at a certain stage can kill you. We are seeing a huge impact as far as call volumes here, of course they are going up, and that's not always good because it costs everybody. It costs the taxpayer, because we are tax supported. It costs the state because they usually have state aid. It's a huge impact.

The local hospital's director of emergency services, who is also a regional medical director for the EMS system in that region of Illinois, also expressed great concern about the

impact of methamphetamine on the community. Unfortunately, hard data about methamphetamine and ER admissions in the county don't exist, because the doctor will not be certain if methamphetamine is present unless the patient explicitly volunteers that information. However, he has noted signs of methamphetamine use among some of the admissions. While he was concerned about the effects of methamphetamine on the user and upon children present when meth is cooked, he was much more concerned about the toxic materials used to produce meth and the toxic byproducts of the process. Referring to a military installation nearby, he commented that:

Just 15 miles as the crow flies is one of the world's largest repositories of VX nerve agent. I'm more worried about meth labs in our county than I am the 2.5 million pounds of VX nerve agent. And I've toured the facility. We are within their range of what they call a maximal and credible event, of being exposed to it. And a drop less than a tenth of a pinhead will kill us. I'm less worried about that than I am some of the labs that are around here. We've been trained [to respond to a VX crisis]. We have a portable shower. We have 500 M1 kits for antidotes. We have half a million dollar detoxification shower. We have all been trained on treatment of VX exposure. There are radios. There is everything else you could possibly imagine from the army and the federal government. But there is not that kind of preparation for methamphetamine labs. I'm not as worried about that [nerve gas] as I am about people driving around in their cars with meth labs.

In short, emergency responders expressed concern about dealing with people under the influence of methamphetamine, but they were even more concerned about the toxic byproducts of methamphetamine production.

Social Service Agencies: Another group, those providing social services, was more concerned about treating methamphetamine addicts and dealing with the social problems that accompany methamphetamine use. The primary social service agency responding directly to methamphetamine issues is the Human Resource Center (HRC) for Edgar and Clark counties. Among the many services it provides the two counties, HRC provides out-patient drug treatment.

In response to the large number of methamphetamine clients, HRC developed a special high intensity out patient treatment program with an emphasis on drug testing 3-4 times a week and group sessions three times a week. Like most social service agencies, HRC has experienced budget cuts, but has given methamphetamine treatment a high priority. In addition to out-patient treatment, at the time of the interview HRC was providing pre-treatment programming for jail inmates with methamphetamine problems. As pre-treatment services, HRC received no financial support from the state for these services but was committed to providing them as a service to both the offenders and the community. HRC also provides some staff time in support of the Coalition Against Methamphetamine Abuse (CAMA), a local community organization that arose in response to the growing number of methamphetamine cases. The director of HRC noted there were several avenues by which methamphetamine abusers might come to their attention:

Sometimes [meth patients come to their attention] through our normal provision of service for outpatient mental health. We may have someone who is in need of services because of a crisis intervention. We are called to go to the emergency room because someone is suicidal, or has exhibited other behaviors that suggest they need mental health intervention. Frequently they end up being clients where we start working with them, either as an individual, in a group, or both. In the process of evaluating them we will uncover other problems, such as substance abuse problems. Often there is a connection to methamphetamine, where they've been brought to our attention due to a mental health crisis or need, but they end up being a dually diagnosed client. More frequently with meth abusers or addicts they have been identified by law enforcement. They have been arrested. They may have spent some time in jail. Typically while they are waiting sentencing or other outcomes of their illegal activity they come to us for substance abuse service.

As director of an agency that interacts with a variety of organizations and community groups, he tends to see the larger picture concerning meth's impact:

It's a very insidious destroyer of resources within the county. Not only does it rob individuals of their ability to stay gainfully employed and avoid incarceration, and

properly parent and conduct themselves as reasonable human beings, it's clearly overtaxed law enforcement. It has overcrowded the jails. It has found its way into our schools. The I Sing the Body Electric survey showed 16% of the high school students had tried methamphetamine at some point in time. That's an alarming number. That's a pretty high number for a drug as devastating and as addictive as methamphetamine. Among that 16 percent you have high school athletes, increasing number of females and really not a response from the school administration that would suggest they can stay on top of the problem. It is overwhelming their ability to deal with the numbers, to identify the numbers, and then to provide a response that would be favorable. We see enough of that to know that there are a lot of lives being destroyed by meth.

And the economic impact, if you look at the cost for medical care in the jails for the meth abuser, also with the increased utilization of other primary medical care from the public in general, these individuals typically don't have the ability to pay for these services and don't have insurance for these services, and that takes its toll. When we provide services to the meth addict we are frequently waiving all fees because they just don't have the means to pay. We hope over 30, 60, 90 days at some point they will, but most times they don't. Talk to the employers, it is difficult for them in this area to maintain a workforce of a quality they are looking for and frequently they are frustrated with the number who test dirty for drugs. So, economically, educationally, and socially I think it is about as bad as I have seen it in a community. I don't think it's necessarily worse today than when I first came four years ago, but there is a lot more attention being drawn to it. What's changed is that it seems that younger and younger people are using it, and more females are using it than what we saw four years ago. Plus, our clinical director has pointed out that of our people receiving treatment for substance abuse problems we have more IV users than we've had before. And so then you worry about hepatitis, AIDS and everything else becoming a bigger threat because of the more prevalent use of hypodermic needles. To me that becomes a general health threat to the community that's been on the rise. We don't necessarily have the sophistication of a large urban area to monitor that and keep track of AIDS cases and hepatitis. The Health Department does all it can do but it all just gets below the radar screen.

The counselor who directs the local sexual assault program has prior experience providing substance abuse treatment and was among those who first began the community coalition against methamphetamine. In her view, the connection between methamphetamine and sexual abuse was relatively strong:

Interviewer: Do you see an impact of meth on what you do now?

Counselor: Oh, absolutely. Because I'm interested in meth it doesn't matter what kind of work I do I always watch for the connection. About every quarter I go through my most current 200 cases and track if they are meth affected or not. By meth affected I look at, is that person using or have they used meth? Was the person who abused them under the influence of meth or a known user? Are they the children of folks who were using while they were abused? So that the connection doesn't necessarily mean that they are the user. And that's what I look at. The lowest percentage, on my personal caseload, looking at the most current 200, has been 62 percent affected. The highest has been 84 percent. And it's usually closer to the higher than to the lower. . . . It's just pervasive. And I believe that if we tracked it in domestic violence we'd see the same thing. One of the saddest cases for me, and there are a lot, that connects the two issues, is a little girl who came here. When she first came here she was 8 or 9. Her grandmother brought her in. Her grandmother was very upset, very upset. The afternoon before she had looked out her kitchen window and saw two young fellows, who she decided were probably 10 to 12 years old, ramming tree branches up her granddaughter's vagina, holding her down and forcing them up. So she runs down screaming, scares them, and they take off. Nobody knows who the kids are so they're gone. She brings the little girl in here immediately. Later that night the little girl's parents were arrested. There was a drug bust for meth in their home and she had to assume the position. To this day when she comes here the trauma focus isn't on what those boys did to her, it's on mom and dad being arrested and being in prison, and things like that. First, her parents weren't there to take care of her to prevent the abuse. Second of all that happened to her and yet her trauma focus was constantly on her parents and the response from the community, being called a druggie's kid. Being looked at differently because "My mom and dad were headlines in the newspaper, and not for good things." And she's not atypical. I had another one who's a little older than her who told me she used the white stuff on the coffee table because it makes her parents feel better and be happier and she thought it would her too. Six boys had raped her. So she took that white stuff on the counter and used it. I see a strong connection [between meth and sexual abuse]. Now, along with that, so that it doesn't look totally focused on meth, there is just as much alcohol in the cases we see. A lot of marijuana involved. Certainly a rise in acid and a little bit of a rise in heroin. But for the most part, the two drugs that stand out in sexual assault cases are meth and alcohol.

Another indication of the impact of methamphetamine is its impact on foster care in the community. When a case manager for a private agency providing foster care services was asked about the impact of methamphetamine on her agency, she noted that:

Foster Care Case Manager: I would say it has affected foster care in the number of cases that we see and the effects it has had on kids. By that I mean the initial effects that you see. For a lot of kids who come from these homes not only is drug abuse an issue, but

there is often environmental neglect because the parents get to a point where they don't care about what the house looks like, if there is food in the house, or things like that. I think that we are going to see a lot of effects later on in these kids who are coming from the meth homes. I think there is a lot we don't know about the effects on the children.

Her agency does not deal with all foster care cases in the area but is assigned cases on a rotating basis. Although the raw number of foster care cases handled by her agency is not particularly large by urban standards, the proportion of those cases that are the direct result of methamphetamine is substantial. Before the interview she went through her agency's current case files:

Foster Care Case Manager: Well, I looked at our stats and it looks like right now about half the cases we have are in care due to meth. Right now, as of July 1 we have 53 children in care through our agency and 25 of those came into care due to meth use. So it's about half. And in a lot of other cases, meth may not have been the reason why they came to care. It could have been physical abuse. It could have been neglect. In a lot of other cases we do find that there is meth use, after we get more into it, we find it was also an issue. But those that I have figured came into care specifically because of parental meth use.

And, echoing the comments of others in the study, she noted that meth using parents have a particularly difficult time ending their drug use. This complicates, delays, and sometimes precludes returning these children to their parents.

Interviewer: And how are these meth cases different from other cases you have?

Foster Care Case Manager: I would say they are different in the treatment options we have right now for parents. We refer them for counseling and although the counseling agencies in our counties are doing everything they can, as we have seen from CAMA, people who are on meth need a different kind of treatment than other drug people. I think that's been frustrating. There seems to be a lot more relapse and I don't know any particular numbers, on the number that relapse, but it seems to be very high. And a lot of our parents might go to a residential treatment facility and be there for 60 days or whatever, but then they get out and a lot of them have relapse issues.

Interviews were also conducted with administrators in the Illinois Department of Human Services (DHS) in both Edgar and Clark counties. In each county, DHS provides food stamps, rental assistance, temporary cash assistance and a variety of related social services.

Administrators in each county believed that methamphetamine had a substantial impact on their office, though the extent of that impact was difficult to determine. Clients, or potential clients, are not required to reveal their drug use or to be drug tested and are understandably reluctant to share such information with the agency. However, in both counties it was believed that methamphetamine had a very real impact on what they do. When asked whether methamphetamine had an impact on his office, one administrator replied:

Very much so. We started seeing more and more people come through the door a couple of years ago. No visible means of support. When you looked at them they didn't look like they were well. They had a wrung out appearance. They always needed medical assistance. Their children who were with them always looked in need of care and attention. They always looked like little urchins, like you want to take them home and give them a bath and put some clothes on them. When we do medical and food stamp applications we can refer individuals out into the community for other services we think they might need – rental assistance, the WIC program for women and infants for nutrition. The client is not required to follow up on those if they engage in those two programs, the medical program or the food stamp program. If they apply for or receive the TANF [Temporary Assistance for Needy Families] program, which is a cash assistance program for families they are required to take those referrals, and make contact with the agency. We all work together to eliminate barriers they might have to getting back out into the workforce. The clientele know that and you will see these people who you know probably need the money but they would never apply for cash assistance because there was this string attached that they knew about. The string that we would refer them to other social service agencies, medical providers, or whatever it might be. And they were afraid that their methamphetamine addiction would come out. I really think that. Consequently we saw all these people coming in with no visible means who just looked terrible. But you could never get them to ask for cash assistance where you could refer them to someone who could help them and make that referral stick.

When asked about what proportion of his office's clients were affected by methamphetamine in some way, he was uncertain but after the interview asked 5 of his caseworkers for their opinion.

Their responses ranged from 1 in 2 cases to 1 in 30, with an average of 1 in 20 cases having some connection to methamphetamine – use by the applicant, selling/manufacturing, or having kids in the home where meth was cooked. Such figures are, of course, guesses and are not be taken as precise measures, but they do reflect the perceptions of people working with DHS clients that methamphetamine has an impact on their caseload.

The DHS administrator in the second county also believed her office was substantially impacted by methamphetamine, and this was particularly evident in the children with whom her office had contact:

We have had a lot of families come in here who are aunts, uncles, grandparents, who are suddenly custodians of children whose parents have been arrested and have been incarcerated. So we have noticed from that perspective that the children are being uprooted to other family members or even friends because their parents' meth addiction has gotten them incarcerated.

This sampling of social service providers reflects both the nature and the extent to which methamphetamine has an impact on these agencies, which itself says something about the impact of methamphetamine on the social fabric of these communities. Of particular note is the reported impact on kids, a theme that is repeated by school officials.

Schools: An assistant principal at the local junior high school and the principal at the local high school were interviewed about methamphetamine and the impact on their students and on school officials. Before there were efforts to educate the public about methamphetamine in Edgar and Clark counties and before methamphetamine became an issue receiving local newspaper coverage, the assistant principal at the junior high school began hearing about methamphetamine but didn't know much about it. He decided to see just how much his students

knew and so:

We put up the word meth in a class. We said draw a picture of what you think meth is. I had four kids draw pictures of labs. That happened several years ago and that opened our eyes. . . . I'm talking a 6th grade class. Little kids. Sixth graders. Just draw a picture of meth. What do you think meth is? Is it a tree? Is it a truck? I got all kinds of pictures and they were pretty clueless. But I had four kids draw pictures of labs. So they knew what meth was, because it was happening in their homes.

What followed was the initiation of an education program to teach young people about methamphetamine. However, unlike education about most drugs, meth education requires not only education recognizing the drug and its effects, but also educating young people about “meth trash,” the hazardous materials left from a methamphetamine lab. These materials are often dumped on the roadside. Aside from the toxicity of the materials in and of themselves, moving bottles in which cooking was done might well re-start a chemical reaction and produce hazardous fumes. Another source reported that the local health department had felt it necessary to include education about meth trash in their standard school presentation on hygiene and safety around the home.

Although his junior high students now had an awareness of methamphetamine, either from direct experience or from education programs, the assistant principle did not believe that meth use was particularly common among his students. Instead, they were affected by meth use by those around them in the home:

Interviewer: Have you seen any impact of meth in the job you are doing?

Junior High Assistant Principal: Oh yeah. In my school? Yes, certainly. My impacts come in a residual fashion. Do I have students here who are possibly directly involved in methamphetamine? We are pretty optimistic that they are not using or pushing. But they are around it because older siblings and/or older peers and/or parents are involved in it in some way. It has a tremendous effect on the kids here.

Interviewer: In what way?

Junior High Assistant Principal: The ripple effect is truancy, kids who are not fed well, not cared for, not nurtured. Kids whose parents have other directions or motives in their life. I can tell when a kid has been around a lab in that he has that, I call it the thousand mile stare. Not because he's been using but because he is tired. Because his parents are up all the time. They don't sleep. That causes conflicts with interpersonal relationship with kids. The kid comes to school he's hungry. He comes to school he's tired. He comes to school he's ill prepared. He comes to school he smells bad. You take those four elements. Basic elements. Somebody is going to say something to him and because he is hungry, and because he is tired, and because he is ill prepared, his fuse is probably going to be burned down a little. We get conflict. It comes in a variety of packages.

The principal at the high school also reported that methamphetamine had an effect on his school, but at the senior high level the effects were more direct. At this level, students' use was perceived as a greater problem than use by other adults in the home. While some students in the high school were clearly involved in the use of methamphetamine, the extent of use is difficult to gauge. By any account, levels of use fall short of what might be called an epidemic. Still, there are pockets of use among these high school students. When asked if meth had an impact on his school, the principal replied:

Most definitely. We have a program in which we have students who are in extra curricular activities drug tested. It is a random test and we have seen an effect of methamphetamine in our school. Not as widespread as maybe we would think, when it comes to the testing, but we have seen an effect. That's the type of information that I have to be careful giving out, but I will say we've had a presence of it in the school that we know of. When students self-report, when we do a survey, over half of our students will say they know somebody, or they have seen methamphetamine, either in their house or in the community, or they know somebody who is using. They will report they believe that up to 25 percent of the student body has used methamphetamine, and . . . the number one problem they see with drugs and alcohol in this community is with methamphetamine. They all say that is the number one problem. They report that probably the number one abused drug is alcohol, but they will say the biggest problem is methamphetamine.

In a small community high school where "everybody knows everybody," one must be

particularly careful about interpreting surveys asking students if they know of other students who have used meth. Still, it is undeniable that student awareness and concern about the issue is high and it is reasonable to have concerns about use spreading among high-school age students.

While recognizing the potential for problems with methamphetamine use among his high school students, of greater concern was the indirect effect of methamphetamine on much younger students. Echoing the concerns of the junior high assistant principal, the concern was with the effect of parental use on their young children:

I think the biggest impact that I've seen is not necessarily at this level but when I was an elementary principal. This is my third year at the high school and I think at the beginning of my last year as a principal [at the elementary school] was the first year we started noticing we had a problem with methamphetamine and you could begin to see patterns with those kids. You read the names in the newspaper now and you see their kids in our school and you can tell the effect on those kids. A lot of those kids are really struggling. Highly at risk for behavior problems, academic problems, and I think we are seeing quite a bit of that in our school system. Not necessarily at the high school level as much as other levels, but I think it permeates the entire system within the community.

Thus, methamphetamine has had an impact on the schools in the area, but the impact was very different for younger and older students. For the youngest students, methamphetamine's impact was indirect, through the disruption of a stable and nurturing home environment. This environment may leave the children with disrupted sleep patterns, irregular eating schedules, and a less than nurturing home environment. Students at the high school level reportedly experience fewer negative effects from parental methamphetamine use. High school students are in a better position to escape unhealthy home environments and are at an age where they have begun spending more time with peers. For high school students, the concern focused more on their direct use of methamphetamine. Although levels of use by high school students and by the public in general cannot be known with any certainty, it appears likely from arrest patterns and

from the reports of school officials that methamphetamine use has been and remains a greater problem among adults than among the community's youth. Whether that will change and use by older students will increase, remains to be seen.

Business: It is obvious that some businesses are directly affected by methamphetamine production in a community. Farm supply stores, for example, are victims of anhydrous ammonia theft. Local shops must be concerned about the theft of such precursors as cold tablets, starter fluid, and lithium batteries. While it is obvious that such thefts are a problem, the true extent to which this happens probably cannot be known. For example, the typical theft of anhydrous ammonia will involve only a few gallons from a nurse tank that may hold thousands of gallons. Similarly, retail stores may have difficulty determining just how much missing stock is the result of theft. Even if the levels of theft could somehow be precisely known, it is impossible to know how much of the stolen merchandise will be used to produce methamphetamine, given that all of these precursors have other legitimate uses.

One aspect of this study considered the perceived effect of methamphetamine on the work force in these communities. To do this, representatives from three light manufacturing companies were interviewed. Two of those interviewed were human relations (HR) directors and the third was a plant manager. In each case the problems with employee drug use appeared limited, no doubt because of company policies of drug testing applicants and drug testing current employees for cause, or all employees on a random schedule. Each of these interviewed individuals had made a point of becoming educated regarding the signs of meth use and each saw some indication of use by employees, but the extent of the problem was thought to be quite limited. A larger concern was the ability to fill vacant positions if drug screens ruled out too

many applicants. As the plant manager observed:

We went through a spell last year when we were just trying to hire one particular position, with business being down we are not really in a hiring mode. It took us four tries before we could get someone to pass the drug screen. I'm not confident that these were all from meth but it certainly signifies a problem if you have that many who fail.

An HR director observed the dilemma that companies face. If they screen they may have trouble filling vacant positions but if they don't they may hire drug abusers whose use causes safety concerns in the plant:

Interviewer: Is there a problem finding enough employees who aren't testing positive?

HR Director: It definitely is. There is a shortage of labor in this area and any company that is drug screening is probably screening out a quarter to 30 percent of the otherwise acceptable candidates that are available.

While these three firms drug tested applicants and, under certain circumstances, current employees, a larger issue concerns companies that do not drug test. It is likely that such companies have more than their share of drug abusers – raising questions of workplace safety and liability:

Interviewer: And the companies that aren't screening?

HR Director: They are getting people who are working under the influence of drugs and I know a lot of people from here who were let go because they tested positive on our drug screening and are working for other factories here in town and it is very unlikely they have stopped using drugs, particularly methamphetamine because of the level of addiction it causes.

Interviewer: What are some of the reasons why a company would not test?

HR Director: Either they don't understand the impact on the workplace and the coworkers of methamphetamine and other drugs, or they are afraid that if they tested aggressively for drugs they would lose a sizeable proportion of their workers.

Interviewer: Has anyone suggested that?

HR Director: I've heard a lot of people suggest that. I've heard a lot of people in human resources and other management positions say that they would not be able to staff their plants if they tested for drugs.

Interviewer: So they are in a bind. If they test they don't fill their staffing needs. If they don't test they fill it with people who were rejected by other places.

HR Director: Yes. I've gone through factories here where I've seen ex employees from our company who were let go because of a positive drug screen. I realize they need to work but the risk is so substantial that we have chosen not to accept that.

Finally, interviews were conducted with the directors of each county's local farm bureau office. The farm bureau is a member organization with 96 county-level offices in Illinois. The purpose of the farm bureau is to promote successful farming by, among other things, providing farmers with education on issues affecting them and lobbying regarding laws and regulations that affect farmers. Methamphetamine production is a concern of the Illinois Farm Bureau. The Spring 2004 issue of their quarterly newsletter, Partners, had the entire front page and most of an inside page devoted to the issue of methamphetamine in the farm community.

As expected, each local farm bureau director expressed concern about the problem of methamphetamine and its impact on the farm community. As one of the directors said:

From the ag standpoint the biggest issue is the anhydrous. It is a problem for the fertilizer companies because it is being stolen right off their grounds. It's happening out in the fields. When the farmers pick up the tanks and they need to spray it is not uncommon for them to leave the tanks out in the fields over night if they are not done with them or if they haven't gotten them back to the plant. The anhydrous is being stolen right out of the tanks in the field, from their property, and right off the lots where the tanks are, generally in the middle of the night.

Aside from the issue of stolen anhydrous, farmland is by its nature sparsely settled, making it appealing for meth cooks who wish to do their work uninterrupted. Thus, abandoned or

infrequently visited sheds and even open fields can attract meth cooks, leaving behind a trail of hazardous chemicals:

Farm Bureau Director #1: The other problem is the meth labs themselves. Two very common places are old farmhouses out in the country that have been kind of abandoned. That's a big problem, and right out in the middle of the fields. There have been a lot of labs discovered as farmers are in harvest. They find either the remains of them in the field or, not necessarily here but in some other counties in central Illinois, they were having big problems. In one county, they had a meth lab out in the middle of a field and had put up metal posts around it. Of course, a combine going through a corn field, with all that tall corn you are not going to see that until you come right up on it and hit those metal posts. It just tears up the equipment.

Interviewer: So they hide it in the high corn?

Farm Bureau Director #1: Yes. Even right now I'd say with the corn as tall as it is now. [only a couple of feet high at the time of the interview]

Interviewer: So farmers need to be educated about hazardous materials around labs, too.

Farm Bureau Director #1: Yes. I guess, if anything, that is something they wouldn't know much about – what to look for, the remains of a lab, and what to do if they come across one. That's very common to have them out in fields and in abandoned buildings. I know several people from my parents' home town in central Illinois who have found them in their rental homes, and in sheds that are not near their home. As far as what can really be done to stop it, that's still the big question.

The Farm Bureau director in the second county echoed those concerns:

Interviewer: Have there been issues of trash and other stuff from meth labs? Is that something farmers need to keep an eye on, people dumping?

Farm Bureau Director #2: I think so. It is my understanding that meth can be absorbed right through the skin and so you have to be extremely careful. Trash left along the fields or even a cooler might have anhydrous in it and they might open it up and it could cause them to be burned by it. I know for example, myself. I have a farm in Richland County and I went down and found a siphon tube on the farm. Somewhere around my operation there was meth being made, or at least anhydrous was being siphoned off. And that's the bad thing. Some of these farmers might go out and check their fields and some of these meth labs might be out where they don't expect them to be. . . . Farmers, when they are in the field working or mowing, if they see something in their way they might just jump out, pick it up, and throw it away. Which could be dangerous. If something contains

anhydrous or meth residue, it could hurt them.

Taken together, these interviews suggest widespread concern about the presence of methamphetamine in these two Illinois counties. Criminal justice agencies are most directly affected by the problem, but its impact is wide ranging. One question is whether anyone in these two counties remains untouched by the problem. Most of those interviewed were asked if it were true that just about everyone in their county knew someone who was in trouble because of methamphetamine. The responses varied considerably, from those who doubted the problem was that pervasive to those who were relatively confident that most people in their county knew at least one person with a meth problem. Perhaps a more accurate assessment of the situation was provided by the reporter for the local daily newspaper. He had lived in the area all his life and had reported meth issues in the paper:

Interviewer: Would it be fair to say that most people in the county know someone who has been affected by meth? Or is that an exaggeration?

Reporter: I think that's probably an exaggeration. While I know some people who have been affected by it, that's only because of my work here. My brothers and sisters who live in Chrisman, work in other occupations and they don't have any reason to encounter anyone. Now, it's possible that some people are hiding it and they may know them. But I think if you just walk down the street and ask, "Do you know anybody who used meth?" You'd find several people, but I don't think it would be where everyone in the county has some connection to it, yet.

Interviewer: Well, flip it around the other way, when people read the stories in the paper about who has been arrested and booked, is it likely that even if they don't know them personally, the name is familiar to them, the family name is one they would know?

Reporter: That's quite possible, yes. Especially if you are talking family names. We have had some members of the [name omitted here] family. Some members of the [name omitted here] family. Both very old Edgar County names. So people would at least recognize the name but they may not know that person or their immediate family, but they would certainly recognize the family name.

In addition to the direct impact of methamphetamine on agencies, schools, and businesses in Edgar and Clark counties, it is important to note that in some ways every citizen of these two counties is affected by methamphetamine. Throughout the study a concerned citizen in Clark County was kind enough to provide materials he had been assembling concerning the effect of methamphetamine on local taxes.¹⁴ In particular, he was concerned about the tax burden created by the need for additional police, emergency services, health care, and jail space. As this study was being conducted Clark County was moving forward with plans for a much larger and more modern jail. This concerned citizen agreed with the need for increased jail capacity, but had concerns about the effects on local taxes from both the initial construction cost (over \$8 million) for a new jail and annual operating costs. The reality is that even if a new jail is not built, local tax payers are all affected by the current demands on the jail and sheriff's budget that result from a substantial increase in meth cases. If this drain on local taxes continues in the absence of strong economic growth, both counties may face tough decisions about funding other valuable county services in the future. Whether this concerned citizen's precise dollar projections are accurate is beyond the scope of this study. Any quibbling with his figures would be over the size of meth's impact, and the tax payers' ability to absorb that cost, not over whether such an impact exists.

Respondents were also asked whether they believed the methamphetamine problem was getting better, getting worse, or had leveled off. Most respondents thought the problem was either stable at a high level or had not yet reached its peak. None of the respondents were optimistic about getting rid of the problem completely.

Community Response

The community response to methamphetamine in Edgar and Clark counties has been quite remarkable and has occurred on several fronts. The most visible response, and one mentioned by nearly everyone who was interviewed, was the formation of the Coalition Against Methamphetamine Abuse (CAMA). A local reporter said this about the organization:

CAMA is a very unique organization. People who are at the core of CAMA have said this is a problem. We've got to deal with it. We can't just turn away. They keep after it. If it wasn't for them there wouldn't be any community response to speak of. The city government and the county government, especially, are strapped for money. So you are not going to see any official government response to it other than arrest those guys and prosecute them. Put them on probation. Send them through counseling, whatever you need to do. CAMA is a great response. I'm very proud of the people in CAMA for stepping up to the plate and saying let's see what we can do, realizing it is a difficult battle to fight. They are not giving up.

CAMA began in October of 2001 when three concerned citizens – the local director of the Department of Human Services, a sexual abuse and assault counselor, and a prevention specialist – met to discuss what might be done about the meth problem. Since that initial meeting the organization has experienced steady planned growth, including a mix of participants from both Edgar and Clark counties. At the time of this study, CAMA had been in existence for about 2 and one-half years and attendance at its monthly meetings averaged 30-40 people – a considerable number considering the population size of the two counties, and considering that meetings were held on weekday mornings when many citizens were working. CAMA had also developed a more formal structure, with by-laws, officers, a board, and a number of committees, each with a particular focus. CAMA had also developed a formal mission statement to guide its activities:¹⁵

CAMA's Mission Statement

The Coalition Against Methamphetamine Abuse (CAMA) will work toward community mobilization in Edgar and Clark Counties through:

- Increasing community awareness and collaboration,
- Supporting education and positive family values, and
- Reducing accessibility and availability of meth.

The committees, or teams, include a Presentation Team, a Laws and Policies Team, CAMA Teens/Kids, and a Resource Scan Team. In 2002-2003 the Presentation Team had given 81 presentations in the county and around the state. During just the first half of 2004 they had given 52 presentations to approximately 3,500 people. The Laws and Policies Team not only worked to develop policies for the organization but also worked through state legislators to have two state laws passed regarding methamphetamine. CAMA Teens/Kids was begun by a local teen who had previously been a meth user. The group has sponsored community activities for kids, marched in local parades, and engaged in similar activities to increase meth awareness among local youth. Finally, the Resource Scan Team has been successful in marshaling local resources to help the organization – for example, computer equipment for presentations was donated to the group, as were educational brochures for distribution. To this point CAMA had relied primarily on local funding and in-kind contributions, but in 2004 it submitted a proposal for federal funds to expand its activities. At the time of this report the status of that proposal was not yet known.

From an organizational standpoint, CAMA has successfully avoided the pitfalls that doom many community coalitions – many of which are short-lived and are able to hold on to

only a handful of active members. Its continued vitality may be attributed to several factors.

First, CAMA has been able to draw in a wide range of people – including people from social services, criminal justice, business, education, medicine and emergency services. It has also included adolescents, interested citizens, family members of meth users, and meth users themselves. This is, in part, because people from so many parts of the community have been affected by methamphetamine, no doubt contributing to their commitment to the work of CAMA. It is also partly the result of a concerted effort to draw in people with a wide range of skills and experiences. Also, the organization utilizes the expertise of experts, but it is not dominated by them, a point emphasized in some guides for community organizing.¹⁶ Everyone has a chance for input and participation, and is encouraged to be active. It is no accident that the organization avoids using the word “members” to describe those who attend its meetings, but prefers the word “participants.” Those who have studied community coalitions have stressed that inclusiveness and having a meaningful role for participants are key elements of a successful coalition.¹⁷

Second, local organizing, action, and resources came first and outside money was sought later, much later. This is important for several reasons. As one community organizing guide has noted,

. . . all the historical evidence indicates that significant community development takes place only when local community people are committed to investing themselves and their resources in the effort. This observation explains why communities are never built from the top down, or from the outside in. . . [and] it is increasingly futile to wait for significant help to arrive from outside the community. The hard truth is that development must start from within the community. . .¹⁸

However, it is not simply that external resources are scarce, but by focusing on the

problem and local resources first, a community coalition “keeps its eye on the ball” and is less distracted by outside concerns, who often want a say in how their resources are used. It also makes the coalition dependent on local people which, in turn, is an incentive to be committed to the work of the coalition. As one guide for building community coalitions observes, “it isn’t until the capacities of people are recognized, honored, respected and lifted up that outside resources make much difference.”¹⁹ Finally, putting the money second increases the likelihood that people join the organization because of its stated goals and not simply because they sense the possibility of receiving funding. As Kaye and Wolfe observe:

When coalitions are gathered together around the lure of external funding sources, one can never be sure that the partners at the table are not there just for the dollars. This leads to great ambiguity in the startup of these coalitions. The best one can hope for is an open discussion of what brings people to the coalition table.²⁰

Third, CAMA set goals for itself that were both clear and achievable. The organization has never had the complete eradication of methamphetamine as a goal, recognizing that such a goal is unattainable. Instead, it has more modest (and more realistic) general objective of “increasing public awareness about the dangers of meth and the rapid increase in its manufacture and use.”²¹ Within this larger objective it has also articulated a number of more specific goals, including: increase treatment availability, more education, sponsor or encourage drug free activities, train other communities, engage employers, investigate the idea of a drug court, and apply for grants.

Fourth, the leadership of CAMA has been forward looking, anticipating needs and issues before they arise. For example, although the organization appears to have experienced relatively little internal friction, policies and procedures have been developed for managing conflict within

the group. It is clear that leadership within CAMA has learned from the mistakes and problems of other community coalitions. Similarly, CAMA responded to reports of meth treatment clients using locally purchased kits to defeat drug tests. Through the efforts of the Laws and Policy team, a bill banning these kits was introduced and eventually made into state law. In this case the group was able to respond to perceived need, even though shaping and lobbying for legislation may not have been part of the group's original plan.

There is no question that CAMA has been a success on several fronts. It has raised awareness of the methamphetamine issue in Edgar and Clark counties. It has successfully promoted a legislative agenda regarding methamphetamine. CAMA has also facilitated cooperation among social services, criminal justice and the business community. However, there is a larger question looming over the work of CAMA. Has CAMA contained or reduced the production and use of methamphetamine in Edgar and Clark counties? Unfortunately, this is a question that is ultimately unanswerable, at least with existing data.

While CAMA may be the most visible sign of community response to the problem of methamphetamine, it is not the only response. There are no television stations located in the two-county area but there is one daily newspaper, the Paris Beacon-News. As the number of methamphetamine labs discovered by the police grew, a local reporter decided to give the issue coverage. Articles included series about methamphetamine and stories about the work of CAMA. He began attending and reporting on court proceedings involving methamphetamine.

As he put it:

Reporter: The Edgar County Circuit court has a criminal and traffic call on Monday afternoons and Thursday mornings. And one Friday a month, I think it's the third, they devote to what they call the felony pretrials. Anybody who is charged with a felony and

has action pending, they haul them into court to see what progress they can make in the case that day.

Interviewer: I was curious to see the amount of attention your paper focuses on methamphetamine. I grew up in a small community in southern Indiana and I know it is common in small communities for papers to report on problems in adjoining counties and less so on their own. Was there any agonizing over whether this was something you should do?

Reporter: No. The great thing about working here is that I have a lot of autonomy. I don't have to clear stuff. What happened is that, like other communities, all of a sudden, boom. We had a meth lab, and then the next week another meth lab is raided, and then another meth lab gets raided. Because it was a new event, something out of the ordinary. They kept saying why don't you go to court, because we know these guys are going to be there, and see what's happening? It's different. It's news. And after I got going I found that the only way I could track what was going on with these guys was to attend court on a regular basis. And I try to get there.

Interviewer: Up to that point you had not been going to court on a regular basis?

Reporter: No. Not on the court news unless it was something really extraordinary and really out of the usual.

Newspaper coverage undoubtedly did a lot to raise public awareness about methamphetamine and probably contributed to public interest in such groups as CAMA. Both the newspaper and CAMA helped shape an attitude that publicly talking about methamphetamine was acceptable. Small towns are often known for keeping bad news quiet,²² but in Edgar and Clark counties there was a concerted effort to make the issue public, both within the community and to other communities in the area. When asked about his decision to make the methamphetamine issue a highly visible one through his newspaper stories, the reporter replied:

As far as any kind of concern about community reaction. There wasn't one. I was born in Chrisman, which is just north of here, raised there, and at one point I wrote a story that really wasn't favorable to Chrisman and something that was going on. One of the long time residents ran into me and said, you know that sort of thing really shouldn't be written about. It's better if some things just aren't said. And I told him. Nope. Because

if you don't bring these issues out in public and force people to talk about them, they don't go away. They just sit there and fester. We saw that a couple of years ago when we ran a series during the summer about Edgar County's high teenage birth rate. That's been an on-going problem for years and years. The paper has addressed it before and at one time there was an organization that tried to deal with it. But it was one of those issues that people just wanted to sweep away. We don't want to talk about it. It was frustrating to write that series and then nothing happens with it. Nobody wants to address the problem. So I figure the easiest way to address the meth problem is to keep hammering on it. Hey these guys are in court today. Ooop, they got sentenced. Ooop, here are some more guys coming in. And just keep constantly putting it in front of the public – we have people making meth. We have people using meth in the county. It's not going to go away if we don't address it. Writing about it doesn't make it go away but it makes the public aware. And so I feel I am doing my job.

The president of CAMA pointed out that by going public with the issue, it was also possible to bring people together to share their knowledge and to work cooperatively on solutions:

People have come together who have never come together before. That's the hopeful side. That's why I think the coalition is the way, that if there is any success it's to be gained that way. Because people are talking with each other and learning each other's vocabulary and learning about how they have to handle things and how they are limited. So there are some bridges we are finding we need to build. So that's really amazing. I think there will be a little bit more understanding. I know that in some communities we are probably bursting their bubble because they moved there or lived there because they think it's the flavor of rural areas and they wanted that serenity, and I know that if there's aggravation at us or anything because we are bursting that.

This quote also highlights one of the unintended benefits of the methamphetamine problem in Edgar and Clark counties. Everyone I interviewed agreed that the problem of methamphetamine had brought together people and agencies that might otherwise never have worked together. While this has happened in response to meth, now that lines of communication are more open it is likely to facilitate cooperative efforts as other problems are identified.

Finally, although CAMA and newspaper coverage are the most visible community

responses, there are other indicators. For example, local stores have put cold medicines and lithium batteries behind a counter and have limited sales. Store employees also remain alert to suspicious purchases of precursors and notify the police, often providing a vehicle description and license number. Also, a support group has been formed in both counties for parents or other family members of methamphetamine users.

One thing noticeably missing from community reaction was hostility or hatred of methamphetamine users. Perhaps this is because in smaller communities users may be known on a personal level and it is more difficult to vilify someone you know personally than to vilify a stranger. For example, the sheriff's deputy who is well known for his aggressive pursuit of methamphetamine users and cooks, doesn't describe them with words you might hear from an urban police officer:

Interviewer: Are there parts of town that are a particular problem? In some rural communities they talk about the trailer court.

Deputy: Well, there is not one certain part. It has nothing to do with how educated you are, how much money you make.

Interviewer: It's not a poverty issue, then.

Deputy: No, it's an addiction thing. You might think an educated person wouldn't do a thing like that, but they do. They get by with it. They get involved in it. One of them was very educated. What I considered a very intelligent person. I loved talking to him because he was so intelligent. He used to work on our police radios all the time. He got hooked up with methamphetamine and started stealing batteries and started missing work and I got him three times before they ever sent him off to prison. He was a great guy. Good people, bad drugs. That's what I always say, good people bad drugs. They make really bad decisions. Drugs get a hold of them and they can't get away from it. You know I'm not your normal police officer.

Interviewer: I haven't heard you use the word scumbag yet.

Deputy: They are not. They are not. They are people's friends. They are people's

family members. It's just a terrible thing.

He has sent members of his own family to prison for meth and has threatened to send another member, not because of animosity toward them but out of frustration at their inability to control their addiction.

Similarly, the sexual abuse counselor for whom methamphetamine runs through so many of her cases, does not talk of users with bitterness or hostility, but with compassion. She had a life-long friend who was addicted to methamphetamine, and her own son was caught up in methamphetamine use. Even people with no close personal ties to methamphetamine users, some of whom would have liked to have seen more prison time for those arrested, did not express personal hostility to meth users. Perhaps the theme that ran through many of the interviews could be summarized as “tough love” – a belief in treatment but a recognition that for some, prison was necessary to push the person into taking treatment seriously, even if it meant multiple imprisonments.

What is Needed Now

One part of the interview asked respondents what resources or activities might be brought to bear on the methamphetamine problem to bring it under control. There were a range of responses to the question, but no one was optimistic that the problem was going to go away or even substantially diminish in the near future, no matter what was done. The best that most respondents hoped for was to contain the problem. With this limitation in mind, there were several suggestions of what might be done. One common response was to emphasize prevention to keep new users from starting, particularly to keep young people from becoming involved.

Related to this was a belief that more treatment for current users was important, particularly treatment tailored to the methamphetamine user – treatment with frequent drug testing and monitoring of the user. Calls for treatment and prevention were often accompanied by a belief CAMA’s work was important and needed to be continued and expanded.

Another frequent request was for more training for people likely to encounter meth users or meth labs – such as probation officers, business owners, and emergency responders. Along with the need for more training was a recognition that more manpower, particularly for treatment and criminal justice, would be helpful. Others suggested the need for additional protective equipment for emergency responders. The fire chief suggested a regional temporary storage facility for the hazardous waste from meth labs so that trucks from across the state would not have to make a trip for the waste from a single lab, but could collect the waste from a number of labs in one trip. He also recommended a regional summit bringing together people from every area effected by the methamphetamine problem, including judges, doctors, treatment, police, fire, ambulance, and social services. Such a summit, he believed, would facilitate communication among agencies and experts much as had been done locally through CAMA. Still another respondent believed there was a need for a program to encourage business to hire former meth users, with economic incentives designed to offset liability and workman’s compensation concerns.

Most recommendations of what is needed require some resources, though the needs tend not to be extravagant and it is recognized that financial resources must be paired with human resources. One respondent, who has worked to secure donations and in-kind contributions to CAMA summed it up nicely:

We need more counselors, we need more health specialists helping rehab people, we need people to lead support groups. HRC is just strapped. It is just beat to death. We have so many issues in this town, including meth. We have a prison out here that is empty that could be a halfway house, or a place for counselors and educators. I'm very conservative. The governor closed it. We could turn it into something like that. We need help for that.

We need to make people more aware of what we are doing. The more you do the more you need. The more you need the more it costs. We've got projectors, Power Point stuff to do presentations. We need more people. We need more officers of the law who are trained in this.

There are three areas: We need more for education and awareness, we need more for rehabilitation, and we need laws that are passed and enforcement to go out and get them. Presence is so important as a deterrent. If they just see you it's a deterrent. We need more people out there in that deterrent role. It doesn't mean it is going to cure the problem.

We also need job training and human resource services. And that's tough. They are wacking budgets. I'm the guy who goes out in the community and says we need \$3,000 for this and \$4,000 for that and there are people who when they see me walking in they do two things. They grab their heart and their billfold because they know I am after both. If get one I got the other. But you can only get so much blood out of a turnip, and so that's why we need government support. They've written a grant that will help us. We want a coalition with other people. Those are things that we need. We need health care specialists to help rehabilitate these people. You can't lock them up. I'm sorry, I'm a conservative but I want to tell you something, hell we will all wind up in a prison some day. Me for my parking tickets.

Several of the respondents expressed frustration with the reality that problems from methamphetamine came to the community at about the same time that budget constraints restricted support from the state. Law enforcement, for example, emphasized the need for treatment but also was frustrated that crowding at state prisons limited the length of stay for convicted meth offenders and made imprisonment a less effective threat. Social service providers were similarly concerned about the impact of state budget cuts on vital social services, particularly in those rural areas with limited tax bases. One respondent used this allegory to

summarize these concerns:

I have this visualization, and part of it is what's going on with politics in Illinois right now, but it is almost as if scattered throughout the state of Illinois there are a lot of watering holes for people to go to and survive. Just like in Africa you have watering holes. Because of the financial realities of what is going on it seems like the administration isn't too worried about the downstate watering holes and they are drying up. And they are drying up relatively quickly, and the meth problem has either caused some watering holes to dry up quicker or has contaminated what water is left. The fact that this is going on at the same time we are battling this problem makes it look to me as though at some point we'll have one watering hole left – Lake Michigan – and everything else has dried up. And what happens to those populations? What happens to the rural areas, the rural communities when their resources have dried up? Essentially they do not have enough resources to support their communities in a viable manner.

Interviewer: So meth is soaking up resources at the very time that resources are becoming more scarce.

Yes, it's a double-edged sword and I think at some point, what happens in nature is that the animals move to another watering hole. They try to find one that can support them. But there is a lot of death and carnage in between. I hate to see that happen to people who, if you just look at their lifestyles and their histories, are not migratory by nature. For an animal it is instinctive. For human beings I'm afraid there is going to be a lot more hardship and a lot more people will perish because of it if something really significant doesn't happen.

Overall, in the opinion of these respondents, resources are needed to deal with the problem of methamphetamine, but the demands are not large and there is a general understanding that financial resources are particularly difficult to marshal in the current economic climate. The agencies and groups working in these two counties have done a remarkable amount of work with relatively few resources, but their efforts would be substantially bolstered by even a relatively modest infusion of financial support.

Conclusion

In less than a decade methamphetamine has swept through the rural Midwest, rising from obscurity to become one of the most troublesome drugs of abuse. In addition to problems arising from addiction, methamphetamine in much of the Midwest is “homegrown” – a locally produced drug. The production process leaves a trail of toxic materials that contaminate the air, ground, and water. In addition, meth cooks, their family members, police, emergency responders, and others risk exposure to the toxic meth trash left behind. This study has examined the impact of methamphetamine on two rural Illinois counties where the drug has become a major concern. It also looked at how these communities have responded to the problem and at what additional resources might further efforts to minimize the problem.

As a clandestine activity it is not possible to know just how many methamphetamine users there are in Edgar and Clark counties, how many methamphetamine labs operate there, or how much ancillary crime results from methamphetamine. What is clear, however, is that methamphetamine affects virtually every citizen in these two counties. For some the effects are direct – users, their families and the police all see the impact of methamphetamine up close. However, methamphetamine has an impact on even those most removed from its direct effect. The homeowner who has no involvement in methamphetamine will still find a portion of his or her taxes are used to respond to the problem – arresting, jailing and treating methamphetamine users, training emergency responders, cleaning up toxic sites, putting out fires from lab explosions, conducting prevention programs in the schools, and the list goes on. If that homeowner lives in the countryside he or she may also find meth trash dumped on their property.

Methamphetamine is a pernicious problem for which there are no easy or obvious solutions. Residents of these counties, however, have used the problem of methamphetamine to mobilize and to marshal local resources to provide education, treatment and a variety of other services to address the problem. These efforts have been well thought through, drawing on the expertise and talents of people from many parts of the community. The community has done a lot with limited resources but now, with a framework in place for addressing the problem, it appears ready to make good use of external support.

Edgar and Clark counties can provide a microcosm for studying the spread of methamphetamine through the Midwest, and may provide insights into strategies for organizing communities to respond to the problem. The methamphetamine problem there, as in much of the Midwest, is relatively new and it will be interesting to see what happens in the next 10 years – both regarding methamphetamine use and production and regarding community efforts to respond to the problem.

Appendix: Methodology

This study was based on face-to-face interviews with community members. The study began by contacting people with obvious connections to the problem, including law enforcement and social service agencies. At the conclusion of each interview, respondents were asked to suggest others I might interview, a technique known as snowballing. In the end, interviews were conducted with 26 people – 15 from Edgar County, 7 from Clark County, and 3 who worked in or served both Edgar and Clark counties. The number of interviews conducted was limited primarily by time. At least 6-12 additional people would have provided valuable insights, but time ran out before they could be interviewed. One of the most surprising aspects of the study was the willingness, even eagerness, of people to be interviewed. I took this as another indicator of the extent to which there is public concern about the issue in both counties.

The length of interviews varied considerably depending on the respondent's direct knowledge of the issue. The shortest interviews lasted no more than 10 or 15 minutes while the longest lasted more than an hour and a half. The average interview length was approximately 30 minutes. During the interviews subjects were asked a series of open-ended questions that focused on four areas: (1) the nature and extent of the problem in their community, (2) the impact of methamphetamine on their agency and on their community, (3) recommendations for what might be done to respond to the problem, and (4) expected future trends regarding methamphetamine in their community.

In addition to the interviews I had the opportunity to observe two monthly meetings of the Coalition Against Methamphetamine Abuse (CAMA). I was also able to observe one meeting of CAMA Teens/Kids, a spin-off of CAMA run by teens with adult input. In addition I

was invited to testify before the Illinois House of Representatives' Task Force on Methamphetamine Hearing in Robinson, Illinois hosted by Roger Eddy, State Representative for the 109th District. Testifying gave me the opportunity to hear the perspectives of others in the region.

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