

**Meth, Fear and Government: A Case Study of Political Pressure and Public Policy-Making
in British Columbia**

by

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B.A., University of Victoria, 1988
M.A., University of Victoria, 1998

A Dissertation Submitted in Partial Fulfillment of the
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in the Department of Sociology

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Supervisory Committee

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Abstract

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Between 2003 and 2007, concerns about the illegal drug crystal methamphetamine (meth) increased dramatically in British Columbia despite research data that indicated usage rates were low among the general youth and adult populations. This dissertation draws on the insights of social constructionist theories that challenge the assumption that social problems are the natural outcome of ‘society’s ills,’ and explores the claims-making activities including public policy, that construct a ‘social problem’ like meth. This project draws on semi-structured interviews with members of citizen groups, policy-makers in the B.C. provincial government, representatives from health authorities and community-based services. It also includes textual analysis of key public policy and other documents. My analysis explores the narratives of illicit drug use that emerged from this data. The findings indicate that public policy officials and citizen groups held different perspectives about what kind of problem meth posed, as well as about the appropriate programs and policies government should use to respond to this drug. To problematize meth, citizen group members drew on long-standing emotionally driven claims informed by law enforcement and media, to shape meth as a uniquely addictive and dangerous

agent with the potential to ensnare innocent victims from all walks of life. Public policy officials, on the other hand, insisted that governmental responses to meth must be similar to other prohibited substances, and should be evidence-based to avoid the influence of politics. These evidence-based responses, however, were shaped by values-based frameworks emerging from the marriage between neo-liberal ideas about governing and what Foucault calls ‘governmentality’. The twin pressures of public outrage, and this marriage of ideologies, shaped a hybrid of governmental approaches to the meth ‘problem’ that illustrated the complex and contradictory forces at work inside state institutions and between state institutions and non-governmental actors.

Citizen groups pressured government using claims that bypassed scientific ‘evidence’ about drug use, in favour of frightening assertions about the need to protect children from the supposedly uniquely dangerous effects of this drug. These claims were used to gain support from politicians, resulting in new funding and program initiatives such as the Crystal Meth Secretariat that took as axiomatic a criminalized approach to drug use that excluded harm reduction measures. These claims depended upon and highlighted law enforcement and media based claims about meth and illicit drug use. But in neither case did official government responses, or crystal meth groups scrutinize or challenge the health and social inequities that shape illicit drug use. Rather both governmental and citizen group responses focused on change at the individual level eschewing sociological insights about the social conditions that shape illicit drug use and its harms.

Table of Contents

Supervisory Committee	ii
Abstract	iii
Table of Contents	v
List of Tables	viii
Acknowledgments	ix
Dedication	x
Chapter One: Introduction	1
1.1 Introduction	1
1.2 Research Question	2
1.3 Why This Project?	4
1.4 My Approach	5
1.4 What is Crystal Meth?	5
1.5 Context of Issues	11
1.5.1 Newspaper Reporting	11
1.5.2 Other Responses	12
1.5.3 Citizen Groups	13
1.5.4 Government Responses	14
1.5.5 Manufacture of Methamphetamine	16
1.6 Organization of this Dissertation	17
Chapter Two: Theoretical Overview	20
2.1 Introduction	20
2.2 Constructionist accounts of drug issues	20
2.3 What is Drug Policy?	22
2.4 Sociological Perspectives on Drugs and Drug Policy	25
2.5 History of Drug Regulation in Canada	26
2.6 Contemporary Literature on the Social Construction of Drugs	35
2.7 Sociological Studies of Drugs in Canada	39
2.8 Neo-Liberalism, Governmentality and Drug Policy-Making	43
2.9 The Sociology of Methamphetamine Use	48
2.10 Conclusion	52
Chapter Three: Methods	56
3.1 Introduction	56
3.2 Scope of the Project	56
3.3 Finding Participants/Creating A Sample	57
3.4 Ethics, Confidentiality and Informed Consent	58
3.5 Interviews	60
3.6 Who are the Interviewees?	62
3.7 Limitations of the Sample	63
3.8 Pre-Testing	64
3.9 Post Interview Processes	64

3.10 Documents	64
3.11 Categorizing and Analyzing Data with Rigor	65
3.12 Methodological Concerns	67
3.12.1 Language and Discourse in this Study	67
3.12.2 “Interpretative Gaze of the Researcher”	71
3.13 Organization and Presentation of the Findings	73
Chapter Four: Problematizing Methamphetamine	75
4.1 Introduction	75
4.2 What is Methamphetamine?	75
4.2.1 Drug as Agent	77
4.2.2 Uniquely Addictive	80
4.2.3 Brain Science and Meth Use	81
4.3 Gender and Meth	87
4.4 Meth as a Gateway to Other Issues	88
4.5 Conclusion	91
Chapter Five: Disputes over the Problem of Meth Use	92
5.1 Introduction	92
5.2 Disputes About the Problem of Meth Use	92
5.3 Youth and Drug use	98
5.4 Crisis as Contested	102
5.5 Knowledge and the Truth of Drug Use	106
5.5.1 Aggregate Worries: The Use of Statistics to Define the Problem	106
5.5.2 Media as Knowledge Makers	108
5.5.3 Law Enforcement and the Truth of Drug Use	109
5.6 Public Safety Officials and Political Pressure	115
5.7 Conclusions	117
Chapter Six: Crystal Meth and Citizen Groups	119
6.1 Introduction	119
6.2 What is ‘Raising Awareness’	119
6.3 Citizen Groups and Raising Awareness	120
6.3.1 School Presentations	125
6.3.2 Content of Education Programs	126
6.4 Public Fund-Raising Campaigns	129
6.5 Citizen Groups and Regulation: Introduction	131
6.5.1 Citizen Groups, Precursors and Municipal Bylaws	131
6.5.2 Defining the Problem of Manufacture	132
6.5.3 Citizen Groups and Meth Watch	138
6.5.4 Citizen Groups and Municipal Bylaws	140
6.6 Treatment of Substance Use Problems	147
6.7 Conclusion	150
Chapter Seven: B.C. Government Responses to Crystal Meth	152
7.1 Introduction	152
7.2 Raising Awareness – B.C. Ministry of Health	152
7.3 Crystal Meth Secretariat	158

7.3.1	Community and Drug Policy.....	163
7.3.2	Raising Awareness and the Crystal Meth Secretariat	167
7.3.3	No2meth	172
7.4	Government and the Regulation of Drugs	175
7.5	Government Officials Views on Treatment.....	176
7.6	Conclusion	179
Chapter Eight: Discussion.....		180
8.1	Introduction.....	180
8.2	The Problematization of Methamphetamine.....	180
8.2.1	The Definition of Methamphetamine	181
8.2.2	Meth Users and Use	183
8.2.3	Youth and Drug Use.....	190
8.3	Knowledge, Truth, Meth.....	193
8.3.1	Science and Evidence as Contested Objects	194
8.3.2	Law Enforcement and Media as Knowledge Makers	195
8.4	Responding to Crystal Meth	199
8.4.1	Raising Awareness	201
8.4.2	Government and ‘Community’	204
8.4.3	Identification of Risk as a Governmental Aim.....	206
8.4.4	The Regulation of Drugs	208
8.5	Alliances and Alignments	212
8.6	Communities and Civil Society	213
8.7	Popular Expressive or Administrative Governmental?.....	214
Chapter Nine: Overall Conclusions		218
9.1	Summary of Findings.....	218
9.2	Limits of Data and This Project.....	222
9.3	General Recommendations	223
References.....		225
Appendices.....		240
Appendix 1: Letter of Invitation		240
Appendix 2: Consent Form.....		242
Appendix 3: Interview Schedules		245
3.1	Interview Questions – Public Policy Officials	245
3.2	Interview Questions – Citizen Groups and Others.....	246

List of Tables

Table 1: Interviewees	62-63
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Dedication

I would like to dedicate this project to the memory of all drug war survivors who have fought so bravely at the front lines of an unjust war.

Chapter One: Introduction

1.1 Introduction

Between 2004 and 2007 public concerns about the illicit drug crystal meth increased dramatically in British Columbia. During this period media coverage of this drug was extensive; the Canadian government amended the Criminal Code to reschedule methamphetamine so that harsher penalties would apply; municipal bylaws intended to control meth labs in residential areas proliferated; and the B.C. Ministry of Health Services adopted a policy document to address the singular issue of crystal meth in 2004. In 2005, the province allocated funding for a Crystal Meth Secretariat in the B.C. Ministry of Public Safety and Solicitor General. The Secretariat oversaw the distribution of monies to community groups for prevention initiatives targeted specifically for crystal meth use (where no other targeted programs existed or currently exist at the provincial level for illicit drug use). The Ministry of Health, through B.C.'s health authorities, provided funding for treatment beds specifically for youth users of crystal meth. These changes were preceded and accompanied by the development of a number of 'crystal meth societies or task forces' throughout B.C., composed of community service providers, police, and parents, and in some cases ex-meth users. These groups focused on warning people about the dangers of crystal meth use and lobbying for increased police enforcement, treatment and prevention efforts. This dissertation reports the findings and conclusions from my project examining a case study of a problem making process -- namely the 'issue' of crystal meth use and production in B.C. from 2004 to 2007.

This project is situated in two main bodies of sociological research literature. The first is sociological research on 'social problems'. This research focuses on how the

meanings associated with social problems are constructed by claims-making activities and policy processes. This project draws on the sociological literature on drugs and drug policy which illustrates that the meanings and even the effects of drugs are socially constructed and amenable to human intervention. These two bodies of literature have been supplemented by other key developments in scholarly work on drug policy including the application of critical approaches to neo-liberal and governmental pressure that have been evident in recent state and non-state based drug policy initiatives. This project also draws on sociological formulations of narrative analysis to explore a case study of how meth use was problematized and how institutionally based and non-governmental actors operationalized their proposed solutions to meth in B.C. during the period of 2004 - 2007.

1.2 Research Question

My study drew on data from interviews and documents to analyze the following research question: *how did key spokespeople problematize this drug and how did the various approaches to its problematization affect the programs and policies proposed and/or adopted by citizen groups and government officials?* The investigation of this question centred on the following sub-questions. *How was the problem defined? What relationships, alliances and alignments were assembled to address this 'problem'? How did claims about crystal meth connect to other social issues and larger social contexts?*

My curiosity about this 'problem' was generated by the emergence of events, identities (i.e. 'meth users'), policies, governmental programs, research, texts and 'social movements' in B.C. all related to the issue of crystal meth. My data sources included over 400 pages of interview transcripts with individuals from crystal meth groups, public

policy makers and other key spokespeople. In addition, I collected and analyzed numerous documents related to this issue including policies, press releases and media backgrounders, and governmental and citizen group websites. In this study, I refer to the crystal meth societies and task forces as “citizen groups” to distinguish them from others who participated in this project.

Three key themes guided my research. First, I am not suggesting that that meth poses no dangers to its users. Some people struggle with its negative effects. But even the effects of a powerful stimulant like methamphetamine use are shaped by the symbolic politics that accompany this drug, along with the social context of its use and manufacture. Criminalization of this drug, for example, is not simply a ‘natural’ response to the inherently dangerous pharmacological properties of this drug. Instead, criminalization is often a response to contentious politics and its accompanying claims-making activities. The effects of criminalization, far from eliminating the drug, help shape unsafe conditions of manufacture and use. Second, meth, like all drugs is subject to claims-making activities that underscore our understanding of how this object is a problem. I will explore this contention in more detail in chapter two. Third, an understanding of how a drug like meth becomes worthy of public attention and governmental policy-making must be grounded in a case study of its key claims-makers and texts. Only by doing this can we see the distinctions that characterize this case. In doing so it is my hope that readers also will see similar processes at work in other domains of problematization and policy-making.

1.3 Why This Project?

I am indebted to my role as research assistant on Dr. Susan Boyd's project focusing on media analysis of the coverage of this drug between 1997 and 2009 in British Columbia's three main daily newspapers and the national edition of the Globe and Mail. In this role, I read and coded most of the newspaper articles on this topic during this time period. Through this project, it was possible to track the emergence of newspaper coverage of this drug, and it was apparent that media had played a key role in publicizing and problematizing meth use and manufacture in B.C. The themes contained in these newspapers echoed other drug scares in Canada and the U.S. and were similar to coverage of meth in other places in North America. This newspaper coverage also drew my attention to how key spokespeople and groups played a role in framing the problem of crystal meth and promoting their particular perspectives on how this problem should be resolved. Many of these claims originated in the various crystal meth task forces and societies that sprung up around B.C. during this period. I also recognized that many of the media and other claims about this drug echoed previous "drug scares". I was also curious about why the B.C. government directed resources to address this drug using one-off project funding through the implementation of a Crystal Meth Secretariat. The Secretariat was an especially curious development given that the B.C. government had indicated in its 2004 B.C. Ministry of Health document, *Every Door is the Right Door: A British Columbia Planning Framework to Address Problematic Substance use and Addictions*, that it wished to avoid policy and program approaches focused on only one drug.

1.4 My Approach

This project draws on the insights of social constructionist research that challenges the assumption that social problems are the natural outcome of ‘society’s ills.’ This project is also underscored by empirical research and theoretical claims about the constructed aspects of social problems and the constitutive role that social policy plays in ‘making’ problems (Hastings 1998, Martin and Stenner 2004). Social constructionist accounts of drugs and drugs policy suggest that debates about drugs are socially constructed. The terms of these debates are not ‘natural’; that is, they are not a simple reflection of the properties of a drug itself (Dingelstad, Gosden, Martin, and Vakas 1996:1829). I also use insights from the history of Canadian drug regulation to illustrate that the interpretation of drug problems is often based on concerns only marginally related to the actual harms experienced by persons using drugs. I have combined these sociological insights with recent scholarly work that explores how governments and others have taken up ‘drug problems’ in the context of neo-liberalism and governmentality where concerns about drugs have been restructured around the responsabilization of the subject and the individualization of social problems. I use these insights to show how representations of issues like drug use are the result of a complex mix of factors including organizational resources, political cultures, claims-making activities and media resources.

1.4 What is Crystal Meth?

A brief review of the scientific literature on methamphetamine (meth) suggests there is a lack of precision in terminology. The crystalline form of methamphetamine is often called crystal meth or ice and is in fact d-methamphetamine hydrochloride. This

compound differs from other forms of meth (i.e. powdered) in that its purity levels are higher and it is smokeable (Cho and Melega 2002:24). Most studies of this drug's health and social effects do not distinguish the crystalline form of the drug from its parent group methamphetamine (e.g., Darke, Kaye, and Mckein 2008; Homer, Solomon, Moeller, Mascia, DeRaleau, and Halkitis 2008; Meredith, Jaffee, Ang-Lee, and Saxon 2005). In addition, many studies do not distinguish between methamphetamine and its very similar cousin, amphetamine (e.g., Darke, et al. 2008; Maxwell and Rutkowski 2008). For these reasons, caution must be exercised about the conclusions that can be drawn from the literature about meth.

With these cautions in mind, the following paragraph describes some of the established risks of methamphetamine use. Street-based crystal meth is primarily a product of chemical reactions between substances such as red phosphorous or hypophosphorous acid, aluminum, methylamine, and mercuric acid, and ephedrine/pseudoephedrine. Meth can be ingested, and d-methamphetamine hydrochloride can be smoked or injected producing relatively long-lasting effects compared with other stimulants such as cocaine (Meredith et al. 2005). Debate exists on the character of its addictive qualities; some people progress to dependency, but only after repeated usage (Dvoskin, Glaser, and Bardo 2005:1049). Withdrawal from heavy or continued use can be marked by psychiatric symptoms such as depression, anxiety, cravings, and in some cases increased levels of aggression. Withdrawal symptoms are reported in some cases to last up to 12 months and may include suicidal ideation (Meredith et al. 2005). Research on health effects of this drug has been conducted using animal research and in retrospective case studies of meth users. The most profound health

effects of meth usage seem to be related to dose and duration of use. These effects include neurotoxicity, long-term effects on cognitive abilities, pulmonary edema, cerebral hemorrhage, and congestive heart failure. Hospital emergency department visits due to meth use have increased but tend to be related to other issues such as car accidents and physical assaults (Homer et al. 2008; Meredith et al. 2005).

Unfortunately there is very little documented history of amphetamine and methamphetamine use in Canada, but several excellent U.S. based histories of this drug exist. Japanese pharmacologists first synthesized methamphetamine in 1893, although they did not patent this drug. In the U.S., Gordon Alles, a graduate of Harvard, began experimenting with synthesizing amphetamines in the late 1920s. Alles was seeking a chemical counterpart to ephedrine, a drug synthesized from the Chinese herb ephedra. Compounds containing ephedrine had become popular in the U.S. as remedies for bronchial conditions. Alles also eventually created methamphetamine, as well as its cousin MDMA (Ecstasy). Although both drugs had slightly different chemical compositions and different effects for their users, people used methamphetamine and amphetamine interchangeably for both recreational and medical purposes well into the 1960s (Rasmussen 2008:54). Though use of meth had become more popular in the late 1930s as an appetite suppressant, its more widespread use was prompted by several factors. In the 1940s, U.S., German and Japanese soldiers were given meth to combat fatigue and increase performance in military campaigns. In addition, pharmaceutical companies recognized the financial potential of amphetamines and meth as weight-loss drugs and began promoting them more heavily in the 1950s. In the 1950s and early 1960s in the U.S., a brand name methamphetamine – Methedrine – was available in ampoules

for injection. Until the U.S. began to regulate amphetamines in 1951, customers could purchase Benzedrine Sulphate (amphetamine) in tablets and inhalers as decongestants. In Canada, the 1941 *Food and Drug Act* was amended so that amphetamines and barbituric acid could only be sold with a doctor's prescription (Giffen, Endicott, and Lambert 1991:473). By 1951, the U.S. began to regulate the availability of amphetamine and methamphetamine; by 1959 tablets were available by prescription only and inhalers were made available only by prescription. In Canada the 1961 addition of Schedule G to the *Food and Drug Act* more heavily regulated the use of amphetamines and barbiturates. Despite the advent of these regulations, these drugs were prescribed for a range of medical conditions including depression, schizophrenia, brain injuries, low blood pressure, radiation sickness and hiccups (Rasmussen 2008:23). Amphetamines were also promoted as cures for addiction. Although there were numerous reports of users becoming dependent on these drugs, amphetamines and methamphetamine were still considered to be more "respectable" than illicit substances such as heroin and cannabis (Giffen et al. 1991: 472).¹ As Rasmussen notes,

For instance, for his painful war injuries and also to help maintain his image of youthful vigor, President John F. Kennedy received regular injections containing around 15 mg of methamphetamine, together with vitamins and hormones, from a German-trained physician named Max Jacobson (2008: 979).

Almost as soon as nations like the U.S. began to regulate the availability of methamphetamine in the 1950s, an underground and illicit market arose as these drugs were diverted in large quantities for illegal use. In fact, the introduction of injectable methamphetamine set the stage for more commonplace use of this drug. The first illicit

¹ In the U.S. and Canada, laws regulating drugs included various schedules. Each substance is assigned a schedule, and this in turn affects the penalties persons will receive who are convicted under these laws. In Canada and the U.S. schedule I drugs receive the harshest penalties.

labs for the production of methamphetamine were created primarily by California motorcycle gangs in the early 1960s using recipes that were carefully guarded secrets (Garriott 2011:24). By the mid-1960s, fairly simple recipes for making this drug were available to others who set up small labs for personal use and small-time distribution. By the 1970s concerns about the overuse of amphetamines and similar drugs prompted the U.S. government to regulate amphetamines and methamphetamines as Schedule II substances, creating harsher penalties for their illicit possession and production (Hunt, Kuck, and Truitt 2011). Rasmussen reports that by 1970 meth use in the U.S. was deemed problematic and more heavily regulated federally. Use of this drug declined in the 1970s but by the early 1980s gained new popularity. By the 1980s, methamphetamine was the main type of speed available illicitly in the U.S. because it could be synthesized from available products including ephedrine. By the 1990s a newer method of synthesis using pseudoephedrine made it possible for small labs to produce the drug using over-the-counter cold medications as one of the main ingredients. At the same time, a crystalline form of meth known as crystal meth became more popular because it could be both smoked as well produced with relative ease from methamphetamine powder (Rasmussen 2008:223). The introduction of the Internet also helped to make recipes more available to a wider audience.² U.S. epidemiological data on illegal substance use reported increased use of meth between 1990 and 2005; in some cases this increase has been striking, though these changes vary considerably by geographic location. By the late

² In the U.S. one of the most famous and possibly reviled promoters of meth making is “Uncle Fester”. His book, *The Secrets of Methamphetamine Manufacture*, is available through his website as is the recipe for Saran gas. Retrieved Oct. 10, 2011 (<http://www.unclefesterbooks.com/products.html>). Uncle Fester is no friend of law enforcement and could be characterized as a typically U.S. version of an anti-government far right wing individual.

1990s, meth had become associated with white working class rural communities in the U.S.

Epidemiological studies in Canada suggest that methamphetamine and crystal meth use has not reached the epidemic proportions claimed in either scientific literature or media reporting. The 2004 Canadian Addiction Survey reported that annual prevalence rates for methamphetamine and other amphetamines was .8%, although this study did not disaggregate the use of these two drugs (Adlaf, Begin, and Sawka 2005). The 2007 Ontario Student Drug Use and Health Survey reported that the prevalence of meth use among high school students was 1.4 percent and .8 percent for crystal meth, compared to 3.4 percent for cocaine, 25.6 percent for cannabis and 61.7 percent for alcohol. Between 1999 and 2007 meth use dropped from 5 percent to 1 percent and crystal meth use dropped from 1.4 percent to .8 percent though the reasons for these drops were unknown (Adlaf and Paglia-Boak 2007). In B.C. the use of amphetamines among school-age youth dropped from 4 percent to 2 percent between 2003 and 2008 (Smith, Stewart, Peled, Poon, Saewyc, and the McCreary Centre Society 2009). In 2008, the Centre for Addictions Research of B.C. reported that prevalence of the use of amphetamine type drugs in the general population in B.C. was too low to report (Centre for Addictions Research of BC 2009). Research conducted in the mid-2000s noted that vulnerable sub-populations were the groups most likely to use powdered meth and crystal meth. A survey of youth in Victoria, B.C. found that 3 percent of a random sample of youth and 34 percent of street involved youth used speed/crystal meth in the recent past (Centre for Youth and Society 2008). A much-reported set of statistics from the Victoria Specialized Youth Detox Program operated by the Youth Empowerment Society reported an increase

in the number of youth who were referred to the program for crystal meth use. Between 2000/2001 and 2001/2002, the number of crystal methamphetamine referrals rose from 11 percent to 36 percent while heroin referrals decreased from 41 percent to 31 percent (CCENDU 2003:8). These findings are consistent with research conducted with street youth in Vancouver, which suggested that approximately 70 percent of participants have used crystal meth at some point (Wood, Stoltz, Zhang, Strathdee, Montaner, and Kerr 2008). Meth use in B.C. appears to remain a challenge for those experiencing multiple forms of social marginalization.

1.5. Context of Issues

1.5.1 Newspaper Reporting

In B.C. in the early 2000s, public concerns about crystal meth use were heightened by an increased level of scrutiny. By 2002, B.C.'s three main newspapers featured an increasing number of articles about crystal meth. These stories focused on the dangers posed by use and production of this drug. This coverage suggested that use of meth use had become epidemic, and routinely featured claims about its uniquely addictive and dangerous characteristics. The object of concern of much of this reporting was young people from otherwise 'normal' families. This reporting heightened the potency of its claims about this drug by linking it to other concerns such as public social order and potential degradation of young people. Newspapers also carried an increasing number of stories warning about the dangers of a supposed rise in the numbers of clandestine meth labs in otherwise peaceful residential neighbourhoods in B.C. In the spring of 2005, the *Province* newspaper conducted a series of public forums on meth use in communities in B.C. and reported on these forums in detail (Boyd and Carter 2010).

These stories were typical of other reporting that failed to highlight the social and economic relations that shape the context for problematic drug use, such as lack of access to health care, housing, employment and other opportunities. This coverage repeatedly linked this looming crisis of meth use and production with calls for increased legal regulation of this drug, more treatment programs that focused specifically on treating meth users and more enforcement to offset a potential influx of meth over Canadian borders. In effect, this reporting “evoked notions of crisis that helped to make otherwise politically contestable assertions seem incontrovertible because of the apparent urgency of the issue” (Boyd and Carter 2010).

1.5.2 Other Responses

A number of responses from government, NGO’s and others occurred around the same time as the newspaper reporting. A 2002 report by the Canadian Community Epidemiology Network on Drug Use (CCENDU) found that meth use was on the increase among youth and called for prevention and treatment resources to address the effects of this drug. Using non-alarmist language this report encourages more resources to address emerging meth issues using partnerships with affected agencies and health care institutions (CCENDU 2002). In February 2003, the Vancouver Coastal Health Authority created the Methamphetamine Response Committee (MARC). This group was comprised of community and other agencies in Vancouver, and focused on activities such as prevention, community awareness, and professional training. MARC’s activities were also focused primarily on marginalized youth dealing with the effects of problematic meth use (City of Vancouver 2011). In April 2005, a report of the Western Canada Summit on Methamphetamine was released. This report included the findings of an

expert panel and community groups that met in Vancouver in 2005. The expert panel located the issue of meth use in a public health framework that included the social determinants of health including poverty. These experts suggested that although drug education was important, a program aimed specifically at meth was not indicated. The panel also recommended that the experience of users and practitioners be included in any formulation of a response to drug use generally. It also recommended against enforcement efforts targeted at users. Overall, these reports and activities indicated that an upswing in meth use had occurred in B.C. and that an integrated public health response was needed. But these reports also called for calm and eschewed the notion of publicly funded programs that focused solely on the negative effects of one particular illegal substance.

1.5.3 Citizen Groups

By 2004, concerned individuals started creating a of crystal meth task forces and groups in both urban and rural centres in B.C. By the mid-2000s, a number of these groups had sprung up including the Oceanside Crystal Meth Task Force (Parksville, Qualicum Beach), Nanaimo Crystal Meth Task Force, Vancouver Crystal Meth Task Force (later to become the Methamphetamine Response Committee), Victoria Crystal Meth Task Force (now Crystal Meth B.C.), Burns Lake Crystal Meth Task Force, and Maple Ridge Crystal Meth Task Force. Most of these groups came into being in the 2004 and 2005 period and have now ceased to exist. The only remaining group is the B.C. Crystal Meth Society (www.crystalmethbc.ca).

The most active of these groups included the Maple Ridge Task Force and Crystal Meth B.C. The Maple Ridge Task Force was active from 2004 to 2008 when it evolved

into the Crystal Meth Task Force Strategies Society aimed at helping other communities form their own task forces. It then shut down operations in 2009. Crystal Meth B.C. grew out of the activities of Crystal Meth Victoria and has been in operation since 2004. Like some of its other counterparts, the Victoria group received provincial government funding to present education programs about meth to school-age children and youth. These groups raised the alarm about meth use particularly among young people, and gained public attention for issues such as residential crystal meth drug production, the availability of precursor chemicals through pharmacies, and lack of treatment and prevention resources for meth use.³ These citizen groups drew their membership from concerned parents, including some whose children had used meth, treatment and prevention practitioners, representatives of municipalities and the RCMP and municipal police forces.

1.5.4 Government Responses

The B.C. government became involved in this issue in numerous ways. Because of a combination of pressure from media reporting and nascent crystal meth task groups, the B.C. Ministry of Health produced a policy strategy on crystal meth entitled *Crystal Meth and Other Amphetamines: An Integrated B.C. Strategy* (2004). This Strategy was based on an earlier one developed by the Ministry of Health, entitled *Every Door is the Right Door* (2004). The Strategy was similar to its parent document in that it valued evidence-based approaches to government policy. It was also designed to guide the activities of government across a number of ministries, and to provide policy direction to B.C.'s regional health authorities. Its public release was not accompanied by the

³ See for example: Crystal Meth Society of B.C. (ND).

provision of new funding to health authorities until the implementation of the B.C. government's Crystal Meth Secretariat in 2005. This Strategy committed government to a number of activities including preventing initiation of use, reducing current use, reducing harm and overdose death, reducing the supply of crystal meth and "improving community safety" (2004:13). Along with these goals, this strategy was committed to identifying at-risk groups and inciting 'communities' to become involved in this issue. This strategy also committed government to supporting B.C.'s health authorities in offering a comprehensive range of programs to address problematic substance use including harm reduction services. It also argued for evidence-based programming and policy responses to illegal substance use. The strategy is very careful not to critique the actions of government and its strategic directives are designed to work within existing programs and services.

Government also responded to meth by creating the Crystal Meth Secretariat in 2005 under the auspices of the B.C. Ministry of Public Safety and Solicitor General. This initiative was touted in a government press release as a "coordinated community response" (Office of the Premier 2005). In that year, Premier Gordon Campbell stated, "Crystal meth is a dirty, filthy drug. It ruins people's lives forever. It needs to be stopped before its deathly hold claims the lives of more people in our communities – usually young lives" (Office of the Premier 2005). The Secretariat hosted a website that summarized government activities related to the reduction of crystal meth use. The site also linked visitors to fact sheets, B.C. crystal meth societies, and other sources of information. In 2005, the Province of B.C. also allocated \$7 million to initiatives directly related to crystal meth use including \$2 million in funding to community groups for local

programming administered by the Secretariat and distributed through the Union of B.C. Municipalities (UBCM). The funding for community-based activities was particularly interesting because it facilitated links between government and a number of community agencies including many Aboriginal groups, school districts, task forces, RCMP detachments, regional districts, municipalities, and youth and family service organizations. Activities initiated under this program were mostly focused on public education including the production of written materials and videos or community meetings and forums (B.C. Ministry of Public Safety and Solicitor General 2006).

1.5.5 Manufacture of Methamphetamine

Unlike illicit drugs such as heroin and cocaine, methamphetamine does not need to be imported from other parts of the world. It can be manufactured or ‘cooked’ from precursor drugs such as pseudoephedrine and chemicals used in its synthesis such as ammonia, lithium, sodium hydroxide (lye) and other products available for sale in hardware stores (Garriott 2010:1). Though methamphetamine can be manufactured in small home-based labs using recipes available on the Internet, the bulk of the domestic supply in North America is produced in large-scale clandestine laboratories (Cunningham and Liu 2003:1229). The key ingredients used in its synthesis such as ephedrine and pseudoephedrine, are manufactured in only nine factories in the world located in China, India, Germany and The Czech Republic (Garriott 2008:12). The chemical processes for synthesizing ephedrine and pseudoephedrine are highly complex, making the production of meth reliant on sources of these precursors. There are two methods for obtaining a drug like pseudoephedrine: placing bulk orders with suppliers and extracting this drug from over-the-counter cold medications like Sudafed, a Pfizer product. Many claims

about methamphetamine production blur the line between precursor chemicals, chemicals used in its production, and the molecular structure of methamphetamine. As researchers have noted, the molecular structure of this drug does not contain chemicals like lye; instead these are used to generate the chemical reactions needed to produce meth, though they may be present as contaminants in the final product (Cunningham, Liu, and Callaghan 2009:442).

1.6 Organization of this Dissertation

Chapter two of this dissertation describes the sociological literature that contextualizes my project. This literature includes four main approaches: the social constructionist perspective on social problems; a critical perspective on drug policy; the history of drug regulation in Canada; and the various accounts of illicit drug use produced using a sociological lens. To this latter category I have added a discussion of how modes of governance including neo-liberalism and governmentality have shaped state responses to illicit drug use in recent years. Chapter three reviews the methods I used to explore my research questions. My study draws on a case study approach that uses semi-structured interviews and documents as its key data sources. I describe how I devised and collected a sample of respondents and documents for this study. I review the ethical considerations of this project and provide an overview of the approaches I used to obtain informed consent and protect confidentiality. I review the methodological assumptions in this study including my approach to language and discourse. I also illustrate my approach to data analysis by describing my use of a form of narrative analysis devised by sociologists to explore the key themes and stories about meth embedded in data collected for this project.

I present the findings for the research project in chapters four through seven. Chapters four and five explore how respondents and documents defined the problem of methamphetamine. These two chapters illustrate how differing definitions of this drug abounded in the project data. Chapter four explores the ways that citizen groups problematized methamphetamine and illustrates how they selectively drew on prevalent ideas about this drug to construct it as a uniquely addictive and active agent. Chapter five explores the rhetorical claims made by public policy officials and shows how these claims differed from those made by citizen group members. I present three different themes from the data to describe these differences: the use of statistics to define social issues; the contested definition of youth and youth spaces; and, the use of law enforcement and media claims as sources of knowledge about this drug. In the latter two cases, both media and law enforcement were key sources of knowledge about meth for some respondents, though others disputed the credibility of these sources. In the last section, I discuss the role that political pressure played in shaping how public safety officials defined the problem of meth use and manufacture.

Chapters six and seven explore the activities, programs and policies these groups recommended to respond to the use of meth. This chapter demonstrates how citizen group members used their definition of the problem of meth to support their approach to programs and policies. These activities included educational programs for young people and programs of drug regulation aimed at municipal governments. Chapter seven explores governmental program and policies. It focuses on the cross-jurisdictional response to meth employed by the B.C. provincial government that combined efforts to regulate drugs with the adoption of other programs focused on prevention and raising

awareness. This hybrid of health and enforcement also focused on identifying groups supposedly at-risk from meth, as well as evoking and inciting ‘communities’ and parents to implement governmental priorities and aims.

In chapter eight I summarize and consider the implications of these findings for the governance of illicit drug issues. This chapter compares the competing definitions of the problem of methamphetamine found in this study, and illustrates how these distinct definitions shaped activities, programs and policies. Despite their differences, I argue that all respondents drew on narratives of drug use that attributed meth with a particular “ontological register”, a mode of existence attributed to drugs (Moore and Fraser 2008). This chapter considers the implications of these differences. Chapter nine provides a broad summary of my project and some of its limitations and gives some recommendations for future research and policy development.

As a final note, I urge readers to be cautious about the claims made about meth in this dissertation especially ones included in excerpts from the interview transcripts. If you are seeking information about this drug, please consult fact sheets produced by the Centre for Addictions Research of B.C.

Chapter Two: Theoretical Overview

2.1 Introduction

This project draws on a number of theoretical perspectives in sociology including a constructionist account of social problems, critical theories of policy construction, and theories of neo-liberalism and governmentality. Each of these frameworks offers insights and tools for exploring the problematization of meth use and production. I will explore each in turn, emphasizing the insights they provide for my case study. I will follow this discussion with a brief review of the scholarship on drug scares in North America with an emphasis on Canada, a review of the sociology of drug use and a consideration of the role that newer modes of governance play in contemporary approaches to illicit drug issues. I will conclude this discussion with a review of the concepts and ideas I will use as a theoretical framework for this research project.

2.2 Constructionist accounts of drug issues

The focus of my research project was on the processes by which some citizen groups, policy-makers and other central spokespeople came to define methamphetamine use and production as a key social problem despite overall low rates of usage. Research evidence of levels of meth use cannot explain the increased concern about this drug that arose in the mid-2000s in British Columbia. Instead the definitional activities of citizens and state actors along with media played a key role in generating public concern about this drug (Beckett 1994:436).

This project draws on some of the insights of social constructionist approaches to social problems. These approaches focus on the process of ‘problematization’ that includes how problems are defined, as well as the “diagnoses of deficiency and promises

of improvement” that accompany these definitions (Li 2007:264; See also Best 1999; Holstein and Miller 1997). A ‘social problems’ analysis is shaped by a tradition in sociological theorizing that focuses on the production of meaning and experience through the interactional aspects of social life in individual or group settings. This tradition, combined with the insights of social constructionist research, challenges the assumption that social problems are the natural outcome of ‘society’s ills.’ Indeed, Spector and Kituse’s initial formulation of this approach suggests that social problems do not have an ontology separate from interpretative practices (Spector and Kitsuse 1987:77). Instead, what we ‘know’ about a social problem is the result of “the activities of individuals or groups making assertions of grievances and claims with respect to some putative conditions” (Holstein and Miller 1997:ix). Social problems are not objective conditions that can be studied and remedied; rather, social problems are social constructions that are the product of “claims-making and constitutive definitional processes” (Miller and Holstein 1993:3).

This approach emphasizes that “reality is not known directly, but must be comprehended through” interpretative processes that help to select and order reality (Beckett 1994:428). Joel Best (1987, 1999), an analyst in the social problems literature, argues that claims-making processes are a key component in the definition of problems. As Best suggests, claims about the character and effects of social problems are not a rendering of ‘what really exists’. Instead, these claims help to construct and sustain a system of seemingly natural ideas about an otherwise historically and socially contingent reality (Marston 2000:350; Hastings 1998:193). The social problems literature shows

how knowledge about illicit drug issues is shaped by claims-making processes that can be identified and analyzed (Best 1998:193; Dingelstad et al., 1996:1829).

2.3 What is Drug Policy?

The claims-making activities of key moral entrepreneurs usually attempt to install interpretative changes in the understanding of a problem. Once these interpretative changes are solidified, they are followed by demands for action in the form of new policies (Becker 1973:147; Best 1987:115). Public policy itself is often constructed around a particular social problem. Public policy is also underscored by paradigms and claims that shape the production of knowledge. Policy is a contested terrain where “truths about issues like drug use and production are shaped and debated” (Martin and Stenner 2004:396; Fraser 1989:166). The struggle over meaning is an essential part of policy-making. As Anna Yeatman suggests, “If politics involves the reduction of complexity by means of decisions and policies, the field of political activity comprises all those who seek to affect and contest how the agenda of policy-making gets framed” (McKeen quoting Yeatman 2004:22). Ideas and claims about drugs also operate as a medium for the exercise of power because social actors whose representations of social problems prevail, influence not only how problems are formulated, but also how and which interventions are designed and implemented (Campbell 1999:899; Fraser 1989:166; Marston 2000:351). Policies are not neutral treatises about preexisting and stable realities; instead they are sites where a variety of socially constructed phenomena are linked together to form a “warrant for intervention” in a problem (Martin and Stenner 2004:402). As a social constructionist account of a social problem, my analysis focused

on the discourse and forms of representation that contributed to constructed ideas about drugs and drug use (Lupton and Tulloch 1999:512).

This project also focuses on how drug policy related to methamphetamines reflected the concerns, positions and practices of a number of claims-makers. Drug policy is not found in one particular aspect of state policy. Rather it cuts across a number of domains including policing, justice, lawmaking, the use of military force, interpretation of law and the decisions of judges. Drug policy regimes also encompass public policy in areas such as health, housing, social assistance, education and immigration and citizenship. A drug policy regime includes “the institutional arrangements, rules, and understandings that guide and shape concurrent policy decisions and expenditures of states, problem definition by states and citizens, and claims-making by citizens” (Dobrowsky and Jensen 2004:156).

This approach is consistent with a body of research on drug issues that draws on a constructionist account to understand how political actors shape drug policy. This project draws on empirical research and theoretical claims about the constructed aspects of social problems and the constitutive role that social policy plays in ‘making’ problems (Hastings 1998, Martin and Stenner, 2004). As Anna Yeatman suggests, state policy is not merely a response to a problem that exists ‘out there’, but helps to constitute the problem it seeks to remedy (1990:158). Unlike conventional policy analysis which assumes that the social problems exist independently of what we know about a problem (Martin and Stenner 2004:396), my analysis treats a drug policy regime as the result of contested processes by political actors who draw on discourse to constitute the objects they sought to change or remediate (i.e., drug users, etc.).

Discourse is not a totalizing entity; my research recognizes that “people, not discourses create meaning and reality – subjectivity, identity, interests – through their creative actions and that it is only in recognizing the possibility of agency that we can account for opposition and contestation” (McKeen 2004:23). This approach means that I do not treat discourses as “omnipotent and agentless” (Masson 1997:63). Though language is an interpretative process, it also enacts a diversity of possible meanings and positions taken up by concrete actors “in a field of conflictuality and unequal power relations” (Masson 1997:66).

This approach also recognizes that power relations are an important part of the field of action, and that the “the social distribution of knowledge is skewed” (Hall 1987:44). Thus, concrete actors “do things with language” such as embedding and reiterating power relations and affirming some ideas over others. It is the active enactment of linguistic practices, in other words, the “frequent speaking and writing – that allows identities, relations or processes to be objectified, legitimated and naturalized as part of the social world” (Masson 1997:67). Social actors often battle over the power to establish authoritative definitions about appropriate social acts, subjectivities, and interventions even as they foreclose or preempt other possibilities. This approach to agency also recognizes that the field of claims making about social ‘problems’ is a contested one. The power to name and describe social issues does not operate in a unidirectional manner. This calls for an analysis that can attend to how actors put language to work in their political projects, keeping in mind that the meanings they wield are not theirs alone. This means that analysis includes the study of the interpretative

practices and representations embedded in both problem definition and policy-making processes.

2.4 Sociological Perspectives on Drugs and Drug Policy

This analysis draws on a tradition that examines social influences that shape our understandings of drugs. Social constructionist accounts of drugs and drugs policy suggest, “debates” about drugs are socially constructed. The terms of debates are not ‘natural’; that is they are not a simple reflection of the properties of a drug itself” (Dingelstad et al. 1996:1829). Sociological accounts of drugs are often based on an axiomatic sociological claim, stretching back to Becker’s 1953 essay “Becoming a Marihuana User” which challenges the notion that the effects of drug use flow naturally from the drug itself. Becker’s influential (1953; 1973) work about marijuana users calls attention to the ways in which the high of marijuana stemmed not just from its pharmacological properties, but was learned from other users. His later work on deviancy included labeling theory and was a powerful challenge to the taken-for-granted categories of deviance that predominated at the time (1973).

Sociologists recognize that social context, including social conditions, attitudes and legal frameworks, can affect drug use patterns as well as the harms that ensue from the use of illicit drugs. This context is shaped but not determined by issues such as a criminalized approach to drug use, and other social issues such as poverty, homelessness, gender, racism, and homophobia (Boyd 2004:13). A scholarly analysis of drug overdose deaths in the downtown eastside of Vancouver illustrates this perspective.

O’Shaughnessy et al. (1998) argue that an ‘explosive outbreak’ of HIV in the 1990s among people who injected drugs was shaped by the sociological context including loss

of social housing due to the discontinuation of federal funding, and rules that denied people who used drugs access to social housing. This concentrated people who used drugs in poor quality housing in a small area because of its availability and low cost. Spaces for people with mental health issues were closed or scaled-down, detoxification facilities were eliminated, and social assistance was denied to people with outstanding warrants. In addition a lack of needle exchange in prison, and variable funding for needle exchanges, affected the rate of HIV infection and ultimately the health and well-being of many individuals.

Even the definition of what constitutes a drug or terms like drug dependency or addiction are social constructions subject to a variety of influences. Kane Race draws on Deleuze to suggest a similar understanding:

A drug is not a thing – or not only. Its safety and specific effects vary according to complex assemblages of composition, interaction, timing, conduct, history, digestion, inscription, and communication (2009:54).

The classification of some drugs as illegal and others as legal is a reflection of the insight that “any accurate and valid definition of drugs must include the social, cultural, and contextual dimension. The concept of a drug is part of a cultural artifact, a social fabrication, applied to certain types of substances in specific contexts or settings” (Race 2009:58).

2.5 History of Drug Regulation in Canada

In Canada, the history of drug regulation and policy illustrates the mix of social actors, interests and interpretative paradigms influencing drug policy. Historical studies of drug policy making are vital to understanding how contemporary practices are formulated. As Dunbar, Kushner and Vrecko (2010) suggest,

Sociohistorical studies, for example, offer important insights into the ways in

which addiction discourses and practices often reinforce the social order, contribute to the propagation of gender, class and ethnic inequalities, and impose stigmatized identities on both willing and unwilling subjects (2).

The growing body of scholarship on the problematization of drugs in Canada also helps to contextualize current concerns about crystal meth. In the twentieth century, a series of drug scares (opium, marijuana, cocaine, crack, PCP, meth) have been situated in highly racialized politics and have, in most cases, been articulated to authoritarian political agendas (Boyd 2004; Carstairs 2006; Grayson 2006; Martel 2006; Valverde 1998). This historical literature clearly suggests that periods of heightened concern about drugs were important drivers of political and social changes to Canada's drug policy regime. This literature also suggests that citizen and media campaigns cannot fully explain why some approaches to drug use prevailed over others. In fact, scholars such as Marcel Martel note that interest and professional groups, as well as political cultures, all played a part in shaping drug policy regimes. Intense periods of heightened public attention to drug use, usually conveyed through newspaper campaigns, were joined with other political interests and activities to ensure a prohibitory approach to the use and sale of some drugs in Canada.

Though the history of drug prohibition in Canada is a recent one, media and citizen campaigns about newly feared drugs and drug users precipitated many of its major turning points. Often these periods of concern were not only racist in tone, but carried more generalized concerns about fears of outsiders and the fate of the nation. These themes echoed earlier social reform efforts aimed at alcohol regulation. As Ajzenstadt's (2002) discussion of alcohol regulation in B.C. before World War 1 reveals, legislation related to alcohol sales and other forms of trading was a flash point for social contests over deviance and otherness. White settler society's construction of racialized

populations as deviant when it came to alcohol use resulted in the legal disbarment of Asian groups and First Nations people from this trade (2002:100). Temperance movements in Canada, active between the 1870s and the 1920s, were also concerned with moralizing the use of alcohol. Temperance movements were part of loose networks of social reformers, organizations and individuals drawn from churches, educators and doctors (Chunn 2003; Hunt 1999; Valverde 1991:17; Strange and Loo 1997). The focus of these reform efforts included a disparate range of issues such as prostitution, Sunday observance, temperance, divorce, illegitimacy, 'Indians and Chinese,' and public education. These reformers were concerned with strengthening the institutional presence of the state, particularly in the areas of social welfare, health and immigration policy, and saw themselves as waging an uphill battle to convince a reluctant state to become more involved in issues of vice and degeneracy (Valverde 1991:26, 52). One of the most active of the Protestant social reform movements was the Women's Christian Temperance Union (WCTU). The WCTU helped to make alcohol a major social issue and lead to the passage of the *Canada Temperance Act* of 1878, allowing individual municipalities to decide, through plebiscite, whether they would permit the sale and consumption of alcohol (Strange and Loo 1997:32). Later these movements were able to convince many of the provinces (with the exception of Quebec) to enact regulations and laws that prohibited the sale of alcohol. Some of these restrictions were removed by the early 1920s with the exception of sale of alcohol to Indigenous persons (Strange and Loo 1997:75).

Compared to alcohol, prohibition efforts aimed at drugs came somewhat later. It was not until 1908 that the federal government prohibited the manufacture and sale of

smoking opium. The prohibition of opium smoking was strongly tied to the history of anti-Chinese sentiments in Canada. In the wake of the anti-Asiatic riot of 1907, Deputy Minister of Labour William MacKenzie King enacted a campaign to regulate the consumption of drugs such as opium. His report on the matter represented opium as a threat to white Canadians, a threat carried by the activities of Asian merchants that he alleged, “were profiting at the expense of young white men and women who succumbed to the drug’s lure” (Strange and Loo 1997:77; Boyd 2004:133). Boyd (2004) reports that King’s claims are based in part on unsubstantiated claims he found in local newspapers (2004:133). Nevertheless, King’s recommendations were translated into the 1908 Act, and the criminalization of opium smoking was applied to a small group of mostly Chinese residents (Hathaway and Erickson 2003:467; Strange and Loo 1997:77). In 1911, the passage of the *Opium and Drug Act* made possession of a broader range of illegal drugs a crime for the first time.

Catherine Carstairs’ social history of drug regulation in Canada from 1920 to 1961 argues that a host of social factors drove Canada’s drug regulation regime. In the 1920s, periods of racist and volatile moralization precipitated increased forms of regulation. These were joined by the evocation of gendered ideologies about feminine weakness and guile, and claims about opium bringing ruin to young women and men’s lives. Potent images of degeneration were produced in newspaper reports as well by social reformers. These images circulated by social reformers, journalists and some politicians linked gendered and racist ideas in efforts to promote the notion of “evil Chinese traffickers leading young white (and usually female) Canadians to ruin” (Carstairs 2006:16). As Carstairs notes, some politicians were very much in the forefront

of efforts to shape the meaning of drugs like opium. In 1921, for example, renewed concerns about opium particularly in British Columbia were carried in Vancouver newspapers and produced opportunities for politicians to make comment:

Dr. Matthew Blake, a Conservative member [MP] from Winnipeg, announced that ‘the drug ring today is the greatest menace we have to contend with in Canada.’ Frontenac MP John Edwards mused, ‘I can imagine no more brutal character than he who coolly and deliberately plans for the his own financial gain to absolutely ruin the lives of his fellow citizens’ (Quoted in Carstairs 2006:25).

Several studies have also noted that a variety of citizen groups, including the Vancouver rotary club, the Kiwanis Club, the Board of Trade, the Imperial Order of the Daughters of the Empire and the Child Welfare were involved in problematizing these issues (Carstairs 2006:27; Giffen et al. 1991:205-207). The Vancouver Rotary Club in particular, organized a parliamentary lobby, and like other groups such as journalists and politicians, called for increased forms of regulation of drugs and drugs users. Heightened scrutiny of opium and other drugs shaped public support for increased controls on Chinese immigration, including the 1923 *Chinese Immigration Act* that severely limited Chinese immigration to Canada.

Giffen et al. (1991) play down the role of racist panic, preferring to argue that other interest groups including government bureaucrats and narcotics enforcement agencies, played the greater role in the formation of Canada’s harsh drug laws. Carstairs suggests, however, that their study overlooks the newspaper and citizen campaign in Vancouver in the 1920s that helped to shape a public receptive to harsher laws and penalties (2006:20). In fact, she suggests that the twin impetus of morally volatile and racist claims generated outside state institutions, combined with institutional pressures from within, resulted in these changes. As a result, Canada’s drug laws were significantly strengthened, as were its enforcement efforts (2006:7).

Carstairs argues that these campaigns had social and political effects beyond the legislative. In the 1920s, increased enforcement resulted in negative consequences for users including stiff penalties, and creation of more dangerous conditions for drug use such as the “replacement of the milder opium with morphine and heroin, and the substitution of the hypodermic needle for the opium pipe” (2006:7). In the 1930s, unemployment combined with increased regulatory efforts aimed at drug smuggling decreased the supply of drugs, making them difficult to obtain, and forcing drug users into transient lives. After WW11, the demographics of use shifted to a more homogenous group of white young users, often in conflict with the law. As Carstairs notes, records from the period indicate that many of these users spent considerable time in prisons, as a result of increased surveillance and prosecution of drug use.

Cannabis prohibition too may have been shaped by a small but volatile period of moralization. It was first criminalized in 1923 following a legislative campaign undertaken by ‘social reformers’ such as Emily Murphy who depicted cannabis use as a degenerate activity associated with immigrants of colour (Hathaway and Erickson 2003:467). In her book, *The Black Candle* (1922), Murphy claimed that marijuana users “...become raving maniacs and are liable to kill or indulge in any form of violence to other persons” (p. 333, as quoted in Hathaway and Erickson). As Hathaway and Erickson point out, the lack of any other public information about cannabis meant that Murphy’s claims went unchallenged and in fact, “many Members of Parliament had never even heard of cannabis” (2003:467). Carstairs, however, disputes this interpretation suggesting that Canada’s attendance at international meetings such as The Hague Opium conference of 1911-12 was likely the key influence over domestic policy on cannabis. Even

Americans, so dominant in contemporary international drug agreements, did not pass federal legislation outlawing cannabis until 1937. These histories of drug regulation suggest that a combination of newspaper reporting and pressure from a variety of Canadian and international interest groups helped to shape Canada's drug policy regime.

During the early part of the twentieth century, the Canadian government showed little interest in enforcing cannabis laws; between 1930 and 1946, only 25 charges were laid under the statute prohibiting cannabis (Fischer, Ala-Leppilampi, Single, and Robins 2002:269). Enforcement of cannabis prohibition laws remained little changed until social changes in the 1960s brought about increased drug use among young, middle-class Canadians. Increases in recreational drug use were accompanied by increased police based enforcement of cannabis prohibition and increased interest in the health effects of cannabis use. As Fischer, et al. (2002) notes, "By the late 1960s the vast majority of drug arrests in Canada were for cannabis offenses, and drug prohibition enforcement focused almost exclusively on this drug" (270). At the same time, "addiction science" explored the potential health effects of cannabis use, noting that this drug produced "adverse effects on personality, psychological well-being, and productivity, and contributed to crime and other drug use" (Fischer et al. 2002:269). Both the increase in enforcement against white middle-class Canadians and the popularization of addiction science provided the impetus for a period of increased scrutiny and concern about illicit and recreational drug use. The Canadian federal government responded to these concerns by appointing the Le Dain Commission of Inquiry into the Non-Medical Use of Drugs in 1969. The Commission's final report released in 1973, recommended abolishing simple

possession of cannabis as a criminal offense (Giffen et al. 1991:518; Nolan and Kenny 2002:273).

In his social history of cannabis policy, Marcel Martel suggests that periods of intense moralization of some drugs in the 1960s could not fully account for the direction of Canadian drug policies in this period. Media reporting in the 1960s reflected an increased interest in drug use among young people, and reported somewhat extensively on the new ‘addiction science’. Media coverage was particularly sensationalistic and alarmist in its coverage of LSD, but somewhat more tempered in its treatment of cannabis (Martel 2006:34). As interest in recreational drug use increased in the 1960s, newspapers carried lurid stories of the effects of LSD use. Alarmist media reporting on cannabis was somewhat mitigated, however, by newspapers that featured stories and editorials that promoted the liberalization of Canada’s drug laws (Martel 2006:17).⁴

Martel’s analysis demonstrates that alarmist media-based reporting on drug issues helped to shape public opinion but did not fully determine the outcomes of policy-making. Instead, policy-making was in large-part, driven by other political agendas. Martel draws on interest group theories to demonstrate that a variety of social agents helped to shape a complex, and at times contradictory approach to drug use in Canada. Several groups contested the meanings of cannabis use including university and college students, who argued that the classification of cannabis did not reflect its more benign properties; police who supported increased regulation (while undergoing previously unfelt levels of general criticism); medical professionals who in the form of the Canadian

⁴ Martel notes that during the late 1960s, the Vancouver Province newspaper tended toward editorials that supported more research on the effects of cannabis and questioned the “merits of punishment, especially in cases of possession for personal use” (Martel 2006:18).

Medical Association (CMA) supported a mix of approaches including legal regulation as well as treatment; and, the pharmaceutical companies who developed a position against illicit drugs in favour of a monopoly on research and development of licit substances (2006:74-75). Martel suggests that these debates demonstrate that although public newspaper and other media based claims about drug use were important for shaping public discussion of illicit drug use, organizational resources possessed by interested parties played a role in helping to shape these debates (2006:37). Hunt too suggests that the organizational characteristics of moral reform movements are important to understanding why some sets of claims prevail over others and why some alliances endure while others do not (1999:18). Jane Jenson also suggests that the “options considered to be available and the choices made are constrained by the political discourse as well as institutions and interests of the time” (2009:202).

Martel’s work outlines how conflicting perspectives on illicit drugs helped shape both how these drugs were understood, as well as underwrite claims about the appropriate use of public monies. In the first case, medical doctors represented by the Canadian Medical Association, along with the federal Department of Health and Welfare (now Health Canada), favoured a reduction in penalties for drug use, accompanied by the development of more treatment resources for drug dependency. This perspective supported a medicalized approach to ensure that illicit drugs became the domain of medical science and medical doctors. In the second case, police agencies like the RCMP insisted that already illegal drugs remain a criminal matter and police agencies and some provinces advocated for a prohibitionist approach to maintain their control over drug regulation. Martel argues that these two positions defined how symbolic resources like

research evidence were used to represent and argue for seemingly objective viewpoints (2006:201). Carstairs too suggests that the role that various groups played in drug policy waxed and waned throughout the twentieth century. Unlike other areas of medicine where professional consolidation was mostly complete (e.g., over birthing), physicians lost and regained only partial control over prescribing practices related to opiates between 1920 and the 1960s. Initially the *Opium and Narcotics Control Act* prohibited many prescribing practices, particularly for opiate maintenance doses, in favour of punishment of users. In 1961, the *Narcotic Control Act* gave doctors more professional autonomy, thus opening the door to changes such as implementation of methadone maintenance treatment programs (2006:126). These changes, combined with the increasing status of doctors, paved the way for public disputes between physicians and law enforcement officials over definitions of the meanings of drug use and over control of drug policies and regulatory frameworks. Regardless the prohibition of some drugs and the regulation of others helped to frame and produce the problem of illicit drug use as a law enforcement problem.

2.6 Contemporary Literature on the Social Construction of Drugs

The history of Canadian drug regulation illustrates that the interpretation of drug problems was based on concerns only marginally related to the actual harms experienced by persons using drugs. This contention is also the conclusion of many sociologists who have examined heightened periods of scrutiny of drug use. Perhaps the most paradigmatic and thoroughly researched of these concerns is the crack scare in the U.S. and Canada (Reinarman and Levine 1997; Goode and Ben Yehuda 1994). Although Americans were increasingly supportive of less restrictive approaches to drug control in the 1970s, by the

late 1980s, drug use had emerged as a major social concern and one deemed to be criminal in nature. By the late 1980s for example, this social concern was accompanied by federal initiatives such as drug testing, re-criminalization of marijuana and increased funding to police and other investigative agencies. Sociologists have drawn on a number of explanations for these changes including the role of the media, a conservative political climate fed by fears about drugs, and the role of prominent spokespeople like Nancy Reagan. These scholars have been less concerned about explaining the origins of a crack scare, focusing instead on the social and political effects that periods of heightened scrutiny of drugs animate. Their research concludes that in the U.S., the period between 1986 and 1992 “was characterized by anti-drug extremism” and constituted one of the most significant drug scares in U.S. history (Reinarman and Levine 1997:1; Goode and Ben-Yehuda 1994). Reinarman and Levine use the term “drug scare” to denote,

periods when anti-drug crusades have achieved great prominence and legitimacy, Drug scares are phenomena in their own right, quite apart from drug use and drug problems (1997:1).

Drug scares have occurred throughout twentieth century U.S. (and Canadian) history, usually linking a particular substance with a troubling group of people – immigrants, working-class people, persons of colour, rebellious youth (or youth in general).

Temperance, the first U.S. based drug scare, blamed alcohol for “problems whose complicated origins lay in broader political and economic conditions” (Ibid.:5).

Reinarman and Levine suggest media reporting on crack use between 1986 and 1992 portrayed this drug as “the most contagiously addicting and destructive substances known. Politicians and the media depicted crack and other illicit drugs as virulent diseases that were attacking American society” (Reinarman and Levine 1997:3). Media reports claimed among other things, that crack produced instantaneous addiction, was

spreading from the ghetto to the suburbs, and would, if not stopped, destroy young people (1997:3). These claims are very similar to the ones made about crystal meth found in B.C.'s three major newspapers (Boyd and Carter 2010). Cumulatively, these drug scares, along with punitive policies and legal frameworks, demonized drugs by investing substances "with more power than they actually have" (1997:8). Reinerman and Levine call this process "pharmacological determinism", a process that overlooks the axiomatic claims of sociology.

Reinerman and Levine argue convincingly that the crack scare did more than frighten many Americans; it gave new impetus to the U.S. based 'war on drugs'. As a phrase first coined by the Nixon administration in the 1970s, the war on drugs was given renewed vigor in the 1980s with the advent of the crack cocaine scare, particularly under the Reagan administration. In essence the war on drugs seeks to eliminate illicit drug use and distribution through a variety of punitive and regulatory means using police, courts, prisons, law and civil regulations, and housing and other social welfare policies (Boyd 2004; Benoit 2003). Drug scares, as Reinerman and Levine argue, animate these repressive responses and eschew sociological insights about drug use in favour of increasingly punitive laws and penalties. One of the effects of the crack scare was a renewed fervor to arrest, convict and jail drug users, directed disproportionately at people of colour.

Susan Boyd's work (2004) broadens Reinerman and Levine claims about the social and political effects of drug scares by looking at two important issues: the interaction of race and gender, and the interactive effects of drug policy regimes with other forms of regulation including welfare systems. She examines how systems of state

policies, often shaped by moralistic claims made about drug use, work together with the punitive practices of the 'war on drugs' to regulate and control women, particularly women of colour. She finds that the war on drugs has resulted in a significantly higher percentage of persons in prison, particularly in the U.S. where "women of colour make up two-thirds of the population of women in American prisons" (Boyd 2004:9). Boyd's analysis also argues that punitive drug laws help to lend legitimacy to other coercive practices that disproportionately affect women of colour and poor women. These practices include maternal-state conflicts over substance use, pregnancy and mothering, and fetal rights, as well as increasing emphasis on arrests, conviction and incarceration. This analysis suggests that drug scares work in tandem with policy regimes to animate important forms of alliances, not only between the state and reform movement, but also within state institutions.

As Boyd and others have pointed out, the crack scare in the U.S. was not only racist but also gendered, particularly where it generated concerns about substance using pregnant and mothering women (Boyd 2004, 2007; Campbell 1999, 2000; Golden 2000; Goode and Ben Yehuda 1994; Reinerman and Levine 2004). Boyd argues that the effects of this scare were directed at the lives and bodies of young African-American women, resulting in arrests of pregnant and mothering women for fetal child abuse, among other things. Golden (2000) notes that the U.S. media based moralization of pregnancy and drinking reached its most racist heights in the period between 1987 and 1996 when news segments depicted drinking and pregnancy as not only a public health issue, but a danger to society (477). News reporting as Golden suggests, helped to reiterate the notion that drug using pregnant women "were seen as socially threatening in ways that male users

were not – because these women threatened their fetuses and thus, symbolically, the future of the nation” (2000:486). Growing concerns over women’s alcohol use and the potential for Fetal Alcohol Syndrome (FAS) were heightened by the emergence of the notion of the ‘crack baby’ in the late 1980s. The racialization of crack use leaked over to other symbolic representations of women’s drug use. The images of crack-using African-American women so predominant in the U.S. based crack scare, provided a more general template for issues of pregnancy and substance use, while also focusing on the twin themes of willful neglect of the fetus, and the necessity of criminal justice responses (Golden 2000).

2.7 Sociological Studies of Drugs in Canada

Sociological studies of drug policy in Canada (Alexander 2001; Boyd 1999, 2004, 2007; N. Boyd 1991) have demonstrated that alarmist claims about drug use are not restricted to the U.S. though studies of drug scares in Canada are few. Moore and Valverde (2003) examine recent depictions of date rape drugs in a variety of formats. Cheung and Erickson (1997) review the Canadian context of the crack scare of the 1980s. Kyle Grayson (2008) explores the relationship between the imagined Canadian nation and illicit drugs. The next few paragraphs consider Cheung and Erickson’s analysis and Moore and Valverde’s approach, given that they differ considerably from each other.

Cheung and Erickson (1997) offer one of the few examinations of the Canadian ‘crack scare’ of the 1980s. Similar to Armstrong (2007), their approach is to assess the accuracy of media-based claims about crack. To do so, they first examine available epidemiological data to ascertain if crack use reached the ‘epidemic’ proportions claimed in Canadian media reporting. Findings from Canadian surveys in the late 1980s indicate

low prevalence levels of crack use in the general public. They also draw on their community-based sample of self-identified crack users. They acknowledge that crack use in this sample, is by definition, higher than in school-based surveys and general population surveys, but also conclude that use did not reach the 'epidemic' proportions claimed by police and media reports (1997:180). Cheung and Erickson also draw on this community-based sample to test the claim that crack is more addictive compared to other illicit substances. As they state, media claims circulating in the late 1980s depicted crack use as "extremely dangerous because of its quick and intense high [that] made it so powerfully addictive that serious health and financial consequences were inevitable" (1997:186). They found that less than half of their respondents experienced cravings for the drug. As they say, this suggests that crack use is not necessarily compulsive, "even well after the first use" (1997:185). Although some participants in their study did experience dependency on crack, Cheung and Erickson conclude that crack had not reached epidemic proportions; nor did the majority of its users experience crack as overwhelmingly addictive.

These authors suggest that public perceptions of crack use in Canada were shaped by a particular social context – one dominated by U.S. based images and ideas about crack use, as well as by punitive laws and other forms of regulation of drug use (1997:186). In the former case, claims about crack use found in the media and police reporting use what they call a "pharmacocentric" approach that depicts drug users as "vulnerable biological organisms who can only passively and mechanically behave according to what the drug dictates" (1997:187). These views are reiterated by media stories about exceptional cases of users experiencing the worst harms of drug use. But as

these authors suggest, even these individuals often regain control of their drug use with or without treatment interventions. By contrast, they suggest that a sociological perspective on drug use considers “the user as an active human subject capable of making choices” (1997:187). Though this perspective does not overlook the pharmacological effects of drug use, it considers the social, economic and cultural factors that shape drug use.

Moore and Valverde (2003) examine the moral panic associated with ‘date rape drugs’ particularly in the Toronto area in the late 1990’s. They eschew the approach taken by Cheung and Erickson; they do not examine whether or not frightening claims about ‘date rape drugs’ and incidences of sexual assault are true; rather they critically examine the formats and rhetorical techniques contained in pamphlets and websites about the date rape drugs (2003:308). Their findings make the case that pamphlets and other sources of information about these drugs use a hybrid of rhetorical techniques to link scientific information with personal stories of abuse; these sources also mix journalistic styles of writing with ‘scientific’ pictures and facts to bolster the credibility of the messages about the risk and danger of these drugs.

These authors also investigate the fears and anxieties provoked about date-rape drugs in light of Foucauldian scholarship on risk management (e.g., Rose 1999). They argue that images and texts about drugs like Rohypnol and GHB emphasize their dangers by associating them with late-night spaces and events such as clubs and parties. The advice in these pamphlets also underscores the risk-management efforts expected of the calculating modern subject. Women in particular are expected to be particularly vigilant against supposedly predatory male sexuality. As they note, fears about loss of consciousness associated with drug use are not new and were common in late Victorian

depictions of white slavery. During this period moral entrepreneurs claimed that devious persons used opium to knock out ‘innocent’ victims, usually women. But Moore and Valverde suggest that these same fears have a particular significance at turn of the twenty first century “because they represent the worst possible risk, the risk of losing the calculating ability that is necessary for governing oneself autonomously and monitoring one’s own risks” (2003:323).

Kyle Grayson’s (2008) study of the relationship between national security and drugs in Canada also draws on a Foucauldian perspective. Grayson is particularly interested in claims about the threats posed by illicit drugs to security and safety of Canadians. Grayson also notes that,

...illicit drugs are [still] viewed as a danger not just for explicit reasons relating to their supposed chemical effects, but more important, because of what they are said to represent: attempts by Others to defile the Canadian body politic (246).

His research demonstrates that organizations such as law enforcement use claims that illicit drugs are ‘un-Canadian’ to justify their political agendas and their use of public monies. He argues that these ideas help support increased surveillance and criminalization of people who use drugs and increased police enforcement and heightened media scrutiny of drug issues. These ideas about illicit drugs coexist with the increased prescription of drugs by doctors including psychoactive substances such as anti-depressants and anti-anxiety medications. None of this latter group of substances, Grayson argues, are problematized as a danger to a national Canadian identity. He also notes that the adoption of harm reduction policies and medical marijuana regulations while constructed as part of Canada’s more ‘just’ approach to drug control, sits alongside the use of racial-profiling by law enforcement, an increasing number of drug arrests particularly for possession, and a renewed vigor for abstinence messages. This latter issue

is illustrated by the ‘just say no’ prevention messages of the Canadian anti-drug strategy first released by the federal government in 2007 (Government of Canada 2011). Though a distinction exists in Canada between medical/public health and law enforcement approaches to illicit drugs, Grayson does not downplay the regulatory impulses and effects of either approach. Though scholarly attention has been paid to the role of public health bureaucracies in administering the ‘problem’ of illicit drugs, there has been very little attention paid to the role of citizen campaigns in shaping drug policy in Canada (see also: Boyd 2004; Carstairs 2006; Martel 2006).

2.8 Neo-Liberalism, Governmentality and Drug Policy-Making

Grayson’s approach is echoed in a body of scholarly literature of public health and medical approaches to drugs. This literature shows how neo-liberal perspectives have informed public health approaches to the regulation of illicit drugs. Larner suggests that neo-liberalism is “both a political discourse about the nature of rule and a set of practices that facilitate the governing of individuals from a distance” (2000:6). Neo-liberalism rests on five values: “the individual; freedom of choice; market security; laissez faire, and minimal government” (Larner 2000:7). Since the early 1980s, and particularly since 2001, the provincial government of British Columbia has adopted neo-liberal policies aimed at budgetary efficiencies, market solutions, privatization and program downsizing. These policies downplay both material constraints on human agency, as well as structural issues, at the same time as they stress the primacy of values like choice, foresight, autonomy and productivity of employment, and emphasize the attainment of capacity for consumption (Carroll and Little 2001; Kershaw 2006; Moore and Fraser 2006:305; Teghtsoonian 2003). Foucauldian scholars note that these neo-liberal changes have been

entwined with the emergence of a modern form of power that rules at a distance and through an ensemble formed by institutions, procedures, analyses, reflections, calculations and tactics (Foucault 1991). This concept of governmentality highlights how neo-liberal modes of rule are enacted through strategies for “‘conducting the conduct’ of government, organizations, communities and individuals” in alignment with marketplace rationales of efficiency, accountability and other budgetary constraints (Carroll and Little 2004:46; Foucault 1991; Teghtsoonian 2003). From policing to health, these neo-liberal forms of rule increasingly adopt discourses and practices that focus on knowledge, risk and prevention in conjunction with “responsibilized entities of individuals and communities of interests” (Fischer, Turnbull, Poland and Haydon 2004:188). These processes rely on the fostering of particular forms of subjectivity and notions like ‘community’ as vectors of neo-liberal policy formation and implementation.

Scholars such as Nicholas Rose (1999) suggest that neo-liberal states are also characterized by a shift away from older forms of control that focused on repressing aberrant or dangerous persons. These new forms of ‘governance’ draw on groups in civil society such as community organizations and other non-governmental organizations, as well as families and individuals to enact governmental aims and programs (Garland 1997; Swyngedouw 2005). These techniques of government also rely on statistical data to calculate abstract risk factors and to identify groups of persons at-risk for negative health impacts. The use of statistical research data underscores techniques of risk assessment that then work in tandem with processes that encourage increased self-surveillance, and reflection upon and mastery of one’s risks. These techniques are also allied with processes that demand the efficient use of resources. In fact, resource allocations in

health bureaucracies have come to be shaped by concepts of risk where only certain groups receive attention, thus moving programs away from supposedly more expensive universal approaches (Peterson and Lupton 1996).

The field of drug policy is not exempt from these tendencies. Informed by the work of scholars such as Nicholas Rose, Deborah Lupton and Alan Peterson, scholars such as Grayson (2008) and Moore and Fraser (2006) make the link between recent neo-liberal budgetary policies and governmentalized drug policy. The history of Canada's drug policy regime is one of prohibition of some drugs and sanction of others depending on the symbolic meanings attached to drugs. Historically, a variety of organizations including law enforcement organizations such as Canada's Royal Canadian Mounted Police (RCMP) and the Canadian Medical Association have helped to shape drug laws and policies (Carstairs 2006; Martel 2006). More recent developments in this area illustrate the increasing role that public health bureaucracies have come to play in developing approaches to illicit drugs. Health is a provincial responsibility in Canada, and has opened the door for provincial public health bureaucracies and policy shops to play a larger role in formulating drug policy. In B.C. this is most acutely demonstrated by the creation of several policy frameworks meant to provide health authorities with advice on how to respond to illicit drugs. Though these strategies are multifaceted, they also display an interest in rational and calculating approaches to government and are situated in recent shifts in how public health is "conceptualized and delivered in response to the ascent of neo-liberal politics" (Moore and Fraser 2006:3036; Petersen and Lupton 1996).

These discourses and practices of public health and health promotion are located in a governmental context that promotes budgetary and human resource efficiencies

through a number of strategies of rule. These strategies emphasize forms of subjectivity including an active consumer-like citizenship through the promotion of healthy lifestyles and choices that emphasize the “responsibilization of drug using subjects and the injunction to care for the self” (Fraser and Moore 2008:743; Moore and Fraser 2006:3036). In addition, these strategies have been accompanied by the large-scale implementation of methods of surveillance and collection of epidemiological information on whole and sub populations. These epidemiological approaches help to construct and measure the ‘truth’ about disease, and to map out drug use among the citizenry (Moore and Fraser 2006:3037). This later technology is twinned with the identification of groups at-risk, so that risky persons are no longer identified individually but are marked by membership in at-risk groups regardless of the conditions of their individual lives (Lupton 1999:93). The use of these data is often located in what is called ‘evidence-based policy’ – policy underscored by quantitative research data. As Valentine (2009) suggests, evidence-based approaches are often contrasted against ‘values-driven’ or emotionally laden perspectives on policy issues. In addition, new subjects have emerged including the responsible drug user “who can be integrated into a nexus of education and behavioural change within drug services” (Zibbell 2004:57). New subjectivities have also emerged around configurations of ‘community’ a suitably malleable concept that can be deployed to carry out governmental aims (Petersen and Lupton 1996; Rose 1996). Valentine warns that these techniques of governing make claims about their objectivity, especially because they draw on statistical data to ground their perspectives. But she draws on feminist theory and its critiques of the objectivity of science and to assert that science and politics are always entwined (2009:447).

These neo-liberal approaches often characterize drug users' lives and choices as chaotic and unsettled, and their contributions as unproductive by market standards. This chaotic subject poses a problem for rule in contemporary neo-liberal societies; to this end, policy frameworks often propose that the resolution of these challenges lies in the promotion of values that "inscribe a neo-liberal subject – autonomous, rational, independent, and calculating" (Moore and Fraser 2006:3036). These new approaches are not simply negative as they offer opportunities for drug users to participate in the management of their lives; but they also drag with them other effects based in neo-liberal and governmental contexts (Moore and Fraser 2006:3037; Zibbell 2004:57). Public health approaches can also eschew recognition of the systemic and structural issues that affect both the agency of individuals and shape the context of drug use.

David Garland (1997) combines insights from the governmentality literature with the sociological literature on social problems to suggest that claims-making activities frame problems in one of two ways: first, as economic-administrative issues amenable to programs that work on the "conduct of conduct" (1997:203) -- an approach attuned to technical and knowledge based rationalities that reiterates claims about the value of scientific evidence. Second, problems often echo in a "popular-political register" in which events like crime control (and drugs) are often taken up in the political realm and represented there by populist discourses and expressive measures of a more punitive kind. This register tends to operate on the terrain of morally toned, emotionally driven claims. As he says, "the very different tradition of expressive punitiveness that is embedded in the thought ways of large sectors of the public and is taken up by populist politicians who seek to (re)present this cultural current and put it to political use" are

commonly found in Canadian politics (1997:203). Drawing on Weber, Garland asks what role emotion plays in constructing and shaping claims about problems. He also suggests that the activities of social movements can be influenced by these two approaches and, as a result, social movement actors can fail to see how their actions reflect either populist or governmental approaches. That populism is a force in Canadian politics is made evident by the omnibus crime bill reintroduced by the Canadian Conservative government in the fall of 2011 that proposes to implement mandatory minimum sentences for drug convictions. This potential success of this bill in part relies on long-standing emotionally driven concerns in Canada that link the persistence of crime to lenient courts and judges (Boyd and Carter 2012). Garland also suggests that the expressive/populist register gains some of its traction through its articulated backlash against the rule of experts and the dominance of professional elites. As he says, “contemporary populism expresses the discontents of a governmentalized state. It invokes a set of political forces hostile to the professional establishment that until recently dominated penal policy making” (1997:204).

2.9 The Sociology of Methamphetamine Use

Sociological studies of methamphetamine use are few but increasing (Armstrong 2007; Boyd and Carter 2010; Garriott 2011; Jenkins 1994, 1999; Lauderback and Worf 1993; Mosher and Akins 2007; Parsons 2009; Weidner 2009). Most sociological studies are journal article length and focus on media reporting on this drug. A recent review of media reporting on methamphetamine use in the U.S. conducted by Armstrong (2007) is typical because it examines both the disproportionality of the claims made about crystal meth, and the social and political effects of these claims. He finds that claims made in

media reporting are highly exaggerated or devoid of context. These claims rely on notions about bad users, a group seen to be distinct from ‘normal’ citizens, and “outside the boundaries of middle-class propriety” (2007:432). He argues that media reporting codes meth users in racial, geographic and economic terms. This reporting also draws on debatable and pernicious claims about ‘meth babies,’ meth labs, and meth addicted parents to in an attempt to achieve a consensus about what must be done about meth use. This consensus involves a two-fold process of increased funding for enforcement and intensified stigmatization of poor, rural and southern U.S. based users, thought to be the most likely to ‘abuse’ meth. This later effect, he argues helps to focus attention away from social origins of many social problems including structural under- and unemployment in the U.S. (Armstrong 2007:438).

Other studies of media reporting argue that journalistic accounts follow similar patterns. Media reports have exaggerated the prevalence of methamphetamine use by drawing on statistics in a selective manner (Armstrong, 2007; Boyd and Carter 2010; Jenkins 1994; King 2006:25; Mosher and Akins 2007). Meth use is described in dramatic terms that obfuscate its actual use; terms such as ‘epidemic’ and ‘plague’ are stock phrases used to describe the prevalence of this drug (Jenkins 1994, 1999; King 2006:16; Mosher and Akins 2007). Media reporting of methamphetamines also perpetuates notions of contagion by making universalizing claims about its use; moral entrepreneurs warn repeatedly that its use will spread uncontrollably, and young people in particular are said to be at risk (Armstrong, 2007; King 2006). Claims about crystal meth suggest that it is a unique contagion -- more addictive and uniquely difficult to treat than other drugs despite the fact that research evidence suggests that meth addiction is treatable and users are as

likely to recover as users of alcohol and heroin (Jenkins 1994, 1999; King 2006; Mosher and Akins 2007:32-33). Like other media coverage of drug use, the effects of meth use are described through the use of exemplary or particularly dramatic personal stories selectively chosen to demonstrate the evils of this drug (Jenkins 1994, 1999; King 2006:18). These personal stories rhetorically portray meth use as the singular cause of problems in a particular person's life, effectively eliminating the social context for drug use. Other claims attribute so-called increases in property and violent crime to crystal meth use; these claims also contain fears of outsiders and the fate of the nation (Mosher and Akins 2007). As King (2006) points out, the object of concern in this media reporting is the potential effect of meth use on so-called 'normal' middle-class users. Sociologists have also observed that discourses about drugs rely on metaphors of contagion that suggest that everyone is at risk of using drugs and losing control of their drug use, even 'good' people (Chiricos 2006:110; Grayson 2008; King 2006:17). As Jenkins notes, these discourses suggest that meth use is spreading to everyone and everywhere (1999:13-15). There are of course exceptions to these trends. A book-length journalistic account of meth use attempts to draw on recent ethnographic and historical accounts of methamphetamine use in North America (Owen 2007). Owen problematizes many of the simplistic claims about meth use and suggests that its prevalence in mid-western U.S. states can be partly accounted for by declining economic opportunities. Unfortunately his chapter on meth use, parenting, and children repeats common misunderstandings about the relationship between parenting and drug use (Boyd and Carter 2010). Moore and Valverde's (2001) study challenges how researchers like Jenkins (1999) draw on fear as a tool to explain the ascendancy of periods of heightened concerns about particular drugs.

As they suggest, fear does not explain the character of particular drug scares or the myriad of responses that accompany these concerns. They suggest that scholars must show how fears about drugs emerge from and support various political and regulatory strategies employed by governments and other social institutions.

Two recent Ph.D. dissertations from the U.S. focus on sociological and anthropological perspectives on methamphetamine use. William Garriott's (2011) study draws on anthropological insights to examine the making of a 'criminal type' in West Virginia. This state has been hailed as a site of many mom and pop crystal meth labs and many more users of this drug. Garriott's work draws on interviews and ethnographic observations to conclude that the response to methamphetamine in this state broadened the scope of drug enforcement practices to include a wider range of institutional sites including schools, families, stores, factories and others. His research demonstrates how key what he calls 'narcopolitics,' are to contemporary forms of governance. As he says, the "workings of law and the exercise of police power are now in many ways dependent on having illicit narcotics as a target" (2011:164). Nicholas Parsons' (2009) work examines key media and other spokespeople associated with the meth scare in the U.S. He finds that, "a dope fiend mythology, conveyed through a discourse of fear, serves to reduce the sociological and historical complexities of the modern methamphetamine problem to simple personal troubles" (Parsons 2009:V). Mosher and Akins echo concerns by other sociologists about this reporting and conclude "socially constructed epidemics tend to exaggerate and distort the nature and magnitude of drug problems, making appropriate treatment, prevention, and drug control responses more difficult" (2007:34).

2.10 Conclusion

Each of these perspectives offers insights for a theoretical framework for this study. The social problems literature helps to foreground the constructed aspects of claims about crystal meth use, noting that representations of drug issues are often the result of claims-making processes that can be identified and analyzed. Social constructionist accounts of social problems also focus on the rhetorical claims that contribute to a constructed social reality (Lupton and Tulloch 1999:512). As scholars such as Stuart Hall (1997) suggest, these representations are part of larger systems of ideas or discourses that traverse institutional and cultural boundaries. In this case, the combination of these approaches offers a way to assess both the constructed character of claims about crystal meth as well as the relationship between these claims and other systems of ideas that emerge from and shape institutional relationships. These approaches also focus on the formats and storied ways in which social problems are formulated, particularly given that the potency of social problems often derives from their linking with more generalized concerns about the fate of the nation, and fear of the other. Rather than taking claims about problems as valid representations of a preexisting reality, my approach treats these claims as forms of discourse that helps to constitute the objects it seeks to change or remediate (i.e., drug users, etc.) (Laclau and Mouffe 1985).

Historians of drug issues also focus on the important role that collective action can play in formulating claims about problems. As Carstairs notes, citizen groups in Vancouver in the 1920s played a significant role in marshaling public support for increased regulation of drugs like opium. In recent years, illicit drug use has been the subject of variety of forms of non-state based collective action. This collective action has

mostly focused on the formation and continued existence of drug users organizations aimed at supporting the human rights and well-being of their members.⁵ This scholarship also points us to the forms of collective action constructed around ‘social problems’; these include alliances evident in the politics of crystal meth including those between task forces, government, community groups, schools, government ministries, and health care bureaucracies.

The scholarship on the history of drug scares suggests that alarmist claims about drug use cannot fully explain why some drug regulation regimes prevail over others. Instead, representations of drug use are the result of a complex mix of factors that contribute to drug policy, including organizational resources, political cultures, claims-making activities and media. This project draws on these insights to explore the how organizational and institutional tactics and interests helped to shape the problematization and the resolution of an object like meth.

Recent formulations of ‘drug problems’ have occurred in the context of neo-liberalism and governmentality where concerns about drugs have been restructured around the responsabilization of the subject and the individualization of social problems. This project examines how these processes are evident in the claims about drug use made by government officials and within government documents. My analysis of claims-making activities, thus, focuses on textual claims as well as on the activities of collective social actors. For this reason, this project includes analysis of the both form and content of these text-based claims in the documents of the task forces, as well as other sources such as government policy documents and websites.

⁵ See for example the website of the Vancouver Area Network of Drug Users (VANDU 2011).

This project draws on Masson (1997) and Tanya Li's (2007a) approach to agency, seeing it as "the work that situated individuals do – without reinscribing the self-sovereign subject with a master-mind a master-plan or a singular interest and intention" (Li 2007:286). This approach points to the possibilities that the alignments and articulations necessary for the social construction of a problem are somewhat fragile and can disintegrate despite the best intentions of social actors. At the same time, it acknowledges that human agency plays a role in the formulation of these problems.

I am interested in the social and political effects of claims about meth given that these claims can affect the distribution of both symbolic and material resources. This is because periods of heightened scrutiny of illicit drugs leave a legacy, often in the form of heightened levels of surveillance and forms of informal and formal regulation. To that end, I am interested in exploring the alliances formed around the issue of crystal meth particularly between these task forces, law enforcement and media. These alliances often reveal the shaping effect that claims-making activities can have on state institutions, even as they also reveal the neo-liberal ways in which problems are absorbed and addressed in contemporary forms of state rule.

Despite the seeming complexity of these theoretical insights, it is possible to explore the meanings that social actors attach to drug issues. As I noted previously, there are very few studies in Canada that look closely at the claims about drugs made by key spokespeople. For this reason, qualitative and case study methods are ideal for exploring in a deeper way how meanings are constructed, what general narratives structure claims about drugs and how these meanings are both constitutive of and shaped by human

actions, programs and policies. In the next chapter, I will describe the qualitative methods I used to explore these issues.

Chapter Three: Methods

3.1 Introduction

This project is directed toward understanding the social construction of crystal meth as a ‘problem’ in British Columbia during the period of 2004 to 2007. To explore my research questions I have drawn on a case study approach. Case study methods permit a variety of approaches to the collection of data on a single issue. Case studies can also be bounded geographically; this project is restricted to British Columbia. Case study approaches produce rich detailed information on individual issues that permit exploration of context in some detail. Case studies also entail the collection of detailed information on multiple perspectives related to a single issue, in this case crystal meth use and production in B.C. in a specific time-frame. Because detailed data were collected on a specific case, this data can be used to compare multiple perspectives to find both their differences and similarities (Berg 2007:284; Lewis 2003:52). The collection and analysis of my data, was guided by some of the techniques associated with grounded theory though I eschew the positivist orientation in this approach in favour of a poststructuralist analysis. I describe how poststructuralist assumptions guided the analysis and presentation of my data later in this chapter.

3.2 Scope of the Project

The scope of this project included 20 semi-structured interviews and analysis of a variety of textual materials. Interviews were solicited and conducted with members of several citizen groups, policy-makers particularly in the Crystal Meth Secretariat and the Ministry of Health. Interviews were also conducted with other individuals including representatives from municipalities, health authorities, police officers and community

agency representatives. My analysis of texts included websites, fact sheets and other documents produced by these task forces, along with government websites, press releases and policy statements. This study was bounded geographically by British Columbia and by the years 2004 to 2007. I chose this timeframe because many of the groups and individuals in this study conducted the bulk of their activities during this period; in addition, most of the B.C.'s government activities related to meth were undertaken or completed between 2004 and 2007.

3.3 Finding Participants/Creating A Sample

I identified interviewees using several techniques including snowball sampling. Snowball sampling is appropriate where certain attributes or characteristics are the focus of study and analysis (Berg 2007:44). Using newspaper reports, I identified a potential sample of interviewees because of their high profile involvement in the issue of the problem of crystal meth. I scanned these reports to identify a mix of individuals who could represent citizen groups, service providers and government officials. I first approached these individuals by letter and then by phone to request an interview (see Appendix 1 for copy of letter). During these interviews, I requested names of other potential interviewees, particularly names of other members of citizen groups, as well as individuals considered to be allies by informants (police officers, policy-makers (Health and Solicitor General), community agency workers). By using these techniques, I was able to tap into the networks of individuals who had direct experience of organizing activities to address crystal meth use. I continued to solicit interviews until I thought the answers to my research questions had been answered. I was particularly concerned about interviewing enough members of crystal meth task forces as well as public policy

officials to ensure that I had reached a point where no new themes emerged from the interviews. I also sought out interviews with individuals within the citizen groups who did not necessarily agree with each other about the nature of the problem presented by this drug. Evidence of some of these differences is provided in chapters four and five.

3.4 Ethics, Confidentiality and Informed Consent

I followed all regulations relating to research with human subjects. I submitted an application for permission to conduct interviews with human subjects; interviews proceeded after this application was approved. Before each interview, I asked participants to review and sign a Letter of Informed Consent. I protected the confidentiality of their information at all times, and I assured them of complete anonymity in the presentation of my findings. A copy of my Letter of Consent is included in Appendix 2.

The need for confidentiality has been a challenging constraint in this project. The personal identities of all interviewees were kept strictly confidential in the analysis and reporting of data. My written material uses only numbered references for each respondent. In some cases, names of organizations and individuals have been removed from interview excerpts to protect the confidentiality of interviewees. Nor have I revealed which citizen groups were represented in this study; to do so would in some cases, reveal the identities of participants. Many of the individuals interviewed in this project had relatively high public profiles and appeared often in news stories about illicit drugs and other issues. To avoid revealing their identities, some data gained from websites and other documents have not been included in the analysis for this project. These include press releases where interviewees were quoted and websites where interviewees were identified. All interviewees signed a consent form, attached in Appendix 2. Several

interviewees expressed the view that they did not mind being identified in the final report of this project. But because I asked them to comment on the activities of others involved in crystal meth organizing, it rapidly became clear to them that confidentiality would be of the most utmost importance if they were to speak freely.

The interviews were recorded using both cassette audio-tapes and digital recordings made using an iPod and a special recording application. The audiotapes and the digital recordings from the interviews were labeled only with these pseudonyms. Tapes and transcripts were stored separately from any participant information and will be destroyed after this research project is completed. The digital recordings were stored on my computer and protected by a password. The audiotapes were locked in a filing cabinet in my home office.

David Garland's review of the literature on moral panic raises an important ethical concern relevant to this project. Garland notes that many social problems analyses involve a normative assessment of the veracity of any given problem. In addition, he suggests that despite claims to scholarly objectivity, these kinds of analyses involve a certain critical disparagement of one's subjects. The perspective I am taking on the participants' claims about meth use is different. I did not assess whether participants' concerns about crystal meth use are appropriate, but instead chose to investigate how they drew on and reformulated shared meanings about this drug to construct their approaches to meth (Tulloch and Lupton 1999:515). This is because my research was influenced by the notion that people are reflexive individuals who experience and respond to ideas about social problems through a dialogic process that combines shared meanings and shared symbolic representations. I also devised this study because of my genuine

curiosity about the competing claims about crystal meth told by both citizen group members and public policy officials. To this end, during interviews and in the data analysis, I was faced with the twin task of analyzing and problematizing their claims about meth, while trying to also be respectful of interviewees differing perspectives. I am genuinely interested in the framing of this issue and I am respectful of interviewees' right to make claims. As Judith Butler says, "when the 'I' seeks to give an account of its own emergence, it must, as a matter of necessity, I want to suggest, become a social theorist" (2008:20). What Butler suggests here, is that all claims making about the social world is implicitly a theory building exercise. Thus, I have treated the claims of all respondents as such.

3.5 Interviews

One of the primary means of investigating my research question included face-to-face interviews. Interview research is an effective tool to uncover subjective experience and to explore the meanings that people attribute meaning to their experiences. Because face-to-face interviews can combine structure with flexibility, they provide a means to explore predetermined topics and themes, while also being attentive to emergent issues and concerns specific to each interviewee (Legard, Keegan, and Ward 2003:140-141; Kirby, Greaves, and Reid 2006:136)). These interview situations were interactive, and gave me an opportunity to ask questions and to probe for further explanation based on respondents' answers. Since my study was designed to explore the content of interviewees' narratives of the world, in-depth face-to-face interviewing was necessary to garner enough information to explore my questions.

Two processes shaped the development of my interview questions. In the first case, I drew on questions suggested by my review of the literature and my curiosity about how individuals understood the issue of crystal meth. I sought information on a range of topics informed by the literature review including how individuals make sense of and draw on a variety of representations of drug use and drug production to articulate the ‘problem’ of crystal meth use. I asked questions that garnered opinions on why people used drugs, specifically meth. I also asked questions that assessed respondents’ views on how the problem should be addressed. These types of questions produced numerous insights into how people defined the problem of drug use. In the second case, I changed or refined some of the questions as the interviews proceeded. For example, initially many of the interviewees from the citizen groups suggested that crystal meth use constituted a crisis. I then asked public policy officials for their opinions on whether this drug was a crisis. This question generated useful insights about how crisis is understood in a governmental context. Interview questions also included participants’ opinions on the goals and effectiveness of their activities in this regard. The interviews were semi-structured, meaning they began with a list of open-ended questions designed to encourage interviewees to talk. I also provided space for other topics to emerge and to probe for further information; in addition, I encouraged interviewees to expand on their points. I also devised slightly different sets of questions for each group – citizen groups and public policy officials. Though these interview guides were somewhat different from each other, I wanted to ensure that I asked similar questions across all interviews so that I could compare answers. Copies of the interview schedules are attached in Appendix 3.

3.6 Who are the Interviewees?

There are twenty interviewees included in this study. All interviews were conducted between December 2008 and June 2009. These include ten from citizen groups, four from other nongovernmental organizations, and six from government or health authorities. All interviewees were adults; none indicated that they have used crystal meth; all were white and with one exception, were middle-class. Most were professionals and included policy-makers, a physician, a police officer, a politician, drug treatment professionals, and communications professionals. I divided government interviewees into two groups: public health officials who included representatives from health authorities and B.C. ministries, and public safety officials who represented the B.C. Ministry of Public Safety and Solicitor General. All interviews lasted between one hour and two hours though most were approximately one and a half hours in length. In my invitation to participate in this study, I gave respondents the opportunity to choose the setting for their interviews. Most citizen group members chose their homes because they conducted their organizing activities from these locations. Policy-makers chose their offices and in several cases, some interviewees requested that they come to me. For these interviews, I used my office in the Centre for Addictions Research of B.C. at the University of Victoria.

Table 1: Interviewees

#	Citizen Group Members	Descriptions	Setting
1		White middle-class male, 40-50 R1	Home, Vancouver Island
2		White middle-class male, 50-60 R2	Home, Lower Mainland
3		White, middle-class female, 40-50 R3	Her Office, Vancouver Island
4		White, middle-class female, 50-60 R4	Home, Lower Mainland

5		White, female, 40-50 R5	Home, Vancouver Island
6		White, middle-class, female, 50-60 R6	Home, Vancouver Island
7		White, middle-class male, 35-45 R7	My office, Vancouver Island
8		White, middle-class male, 35-45 R8	His Office, Vancouver Island
9		White, middle-class, male, 45-55 R20	His Office, Vancouver Island
10		White, middle-class, male, 60-65 R19	My Office, Vancouver Island
	Government/Health Authority Officials		
11	Public Health	White, middle-class, male 60+ R10	His Office, Vancouver Island
12	Public Health	White, middle-class, male 40-50 R11	His Office, Vancouver Island
13	Public Health	White, middle-class, female 45-55, R12	Her Office, Vancouver Island
14	Public Health	White, middle-class, female, 30-40, R13	Her Office, Vancouver
15	Public Safety Official	White, middle-class, male, 45-55 (R14)	His Office, Vancouver Island
16	Public Safety Official	White, middle-class, female, 35-45 (R15)	Her Office, Vancouver Island
	Others		
17	Community - NGO	White, middle-class, male, 50-60 (R16)	His Office, Lower Mainland
18	Community Service Agency	White, middle-class, male, 50-60 (R17)	His Office, Vancouver Island
19	Politician	White, middle-class, male, 30-40, R18	My office, Vancouver Island
20	Nonaffiliated	White, middle-class, male, 30-40, R19	Home, Vancouver Island

3.7 Limitations of the Sample

It was impossible to determine a complete list of all individuals involved in these task forces and other citizen groups concerned with meth. As I noted previously, I identified these respondents because of their high profile involvement with the issues or through snow-ball sampling techniques. It is possible that the sample I used in this study is not representative of all individuals involved in these groups. The sample is entirely white and mostly middle-class and a more ethnically and socioeconomically diverse sample might reflect different concerns. The sample does not include individuals who

have used meth, so it is possible that this experience could shape the responses to my questions in ways unknown to me at this time.

3.8 Pre-Testing

I tested my questionnaire with two interviewees. It was important to conduct this test to refine my interviewing skills, revise my questions and to organize my questions and prompts in such a way that future interviews were effective. One of these interviews was included in the final sample; the other was not due to poor audio recording quality.

3.9 Post Interview Processes

I transcribed each interview immediately after each meeting. Transcription provided an opportunity to become familiar with the data and to begin the process of identifying themes for coding. Each interview became one computer file labeled only with the date and the number of the interviewee. I also wrote notes on each interview and transcribed these notes for future reference. In total I collected over 400 pages of interview data.

3.10 Documents

A key component of this study was an examination of texts about crystal meth. Analysis of these texts helped to supplement, confirm and challenge my assessment of the interviews. Government documents, in particular, were important because they included state perspectives on drugs that were either not included in the interviews or were only briefly touched upon by respondents. I collected an extensive sample of documents from crystal meth societies including websites, fact sheets and press releases (30). In addition, I gathered government documents about crystal meth produced by the B.C. provincial government including the 2004 strategy entitled: *Crystal Meth and Other*

Amphetamines: An Integrated B.C. Strategy as well as the six-month follow-up document to this strategy. I also analyzed press releases from the Ministry of Health (10), documents and websites for the B.C. Crystal Meth Secretariat located in the Ministry of Public Safety and Solicitor General (20 documents) as well as documents produced by the Union of British Columbia Municipalities (3), and B.C. Hansard transcripts of legislative debates (1). Not all of these documents appear in this study; rather I used this data to confirm or challenge the perspectives of interviewees. All documents were created between 2004 and 2007. Several issues shaped the sampling frame for these documents: their availability and their relevance to the topic. I attempted to collect and analyze all websites for all citizen groups concerned with meth though some had shut down by 2008. I collected all government policy documents, press releases and backgrounders that were primarily about the issue of Crystal meth. I was also fortunate to be able to download the contents of the website for the Crystal Meth Secretariat before it was closed down sometime in 2010. Documents in this study held the same status as interviews. I treated them as narratives of the social world and did not consider them to be more or less 'true' than the interviews.

3.11 Categorizing and Analyzing Data with Rigor

Though grounded theory tends toward a positivist epistemology, some of its techniques for data analysis are useful (Spencer, Ritchie, and O'Connor 2003:201). To this end, the emphasis placed in grounded theory on seeking the relationships between concepts, themes and ideas was preserved in this analysis. I used an interpretative thematic analysis to get at the underlying narratives that structured both the talk of interviewees and their textual materials. To analysis these narratives, I repeatedly read

through each transcribed interview repeatedly to identify patterns and recurring themes. In this process I noted both common themes and ideas that were contradictory. I then established a set of codes based on themes and ideas emerging from this review of the data. These codes were then applied to all interviews and documents using the qualitative data analysis software NVivo. I coded the data in chunks using these codes to organize and retrieve examples illustrative of the main themes. While coding the transcripts and documents, I revised my initial set of codes to accommodate new discoveries and to create sub-codes that represented a more nuanced approach to the themes in the data. NVivo also allows users to attach notes to documents that can later be retrieved. This function was useful later on when it came to organizing the presentation of the data as I could retrieve these notes to guide my thinking. I then retrieved samples of each code and compared them across the transcripts and other documents to ensure that I had used these codes in a consistent manner. At this point, I then revised my coding according to my findings from the previous step. For example, I went through the transcript of each interview and compared my initial coding with the examples I had pulled from other interviews. I then revised and rethought my initial set of codes based on this stage of analysis. One of the disadvantages of this approach was that it broke the data into small pieces, thus eliminating the connections between themes. To address this concern, I used NVivo to generate matrix coding tables that illustrated the relationships between analytical categories. I used this process to generate a matrix of themes and their connections with each other. These procedures were time-consuming, but I undertook them to ensure that my analysis of the data was consistent, but to also ensure that it remained grounded in the overall direction and intentions of the interviewees' words.

3.12 Methodological Concerns

3.12.1 Language and Discourse in this Study

This project drew on qualitative research methods that were inextricably coupled to my theoretical perspectives. For example, I drew on symbolic interactionist insights about the importance of subjective understandings and perceptions and their relationship to social activities. I also took as axiomatic Blumer's claim that meaning does not flow intrinsically from objects, but is the result of interaction between people (Berg 2007:10). My study also drew on the poststructuralist view that meaning is carried in discourse or language, and that human beings are subject to those discursive systems; these systems of meaning shape our understanding of ourselves and our exterior worlds.

In positivist and some realist approaches to research, language is treated as a transparent mode of representation, and as a rational and denotational vehicle for the expression of truths.⁶ The approach I used in this project is somewhat different in that it was shaped by the cultural turn found in poststructuralist and post-Marxist perspectives. These approaches focus on language and semiotics developed mainly in a European tradition brought about by critiques of the determinist elements in Marxism, insights of feminism and race theory, and alternate theories of discourse and power (Hall 1996:41; Masson 1997). As many have argued, a poststructuralist view suggests, "social reality is not fixed and has no intrinsic meaning" (McKeen 2004:21). In general, these post-structuralist theories are characterized by a series of claims about language and interpretative processes -- namely that knowledge claims cannot be objectively verified; that there is no vantage point external to discourse; and, that language does not merely

⁶ Critical realism includes attention to interpretative practices of language (Fairclough 2005).

represent or denote objects, subjectivities and identities, but instead helps to either fully or in part, constitute social subjects, “their relations and the field in which they exist” (Purvis and Hunt 1993:474; Carroll 1997:17). This means that systems of representation found in language and discourse are important in shaping politics and political interests (McKeen 2004:21). These claims about language offer a contrastive position to positivist analyses where subjects' accounts of their ideas and experiences are used primarily as a reflection of an exterior social world (Davies 1993:13). Poststructuralist methods, in contrast, explore how identities and claims are constituted through discursive practices. Rather than looking through interview narratives to explore a ‘real’ and stable social world, poststructuralist research, in contrast, analyses a variety of texts, including those that emerge from interviews, to explicate and interrogate the social narratives around which these stories are constructed (Davies 1993:15).

Both Margaret Somers and Marc Steinberg, sociologists and historians of English working class formation, suggest that representations of social life tend to emerge in storied forms (Steinberg 1999:739; Somers 1994). As Steinberg suggests, the stories people tell about themselves and their concerns mediate the processes of both identity formation and collective action (Steinberg 1999:14). This is often done most acutely in what he calls the discourses of contention. ‘Fighting words’ cannot create collective action alone, but help make sense of a group’s world and help to imagine alternatives and solutions to problems. Narrativity is a concept that points to the emplotted aspects of these representations of social life. This approach to narrativity sees it less as a form of representation, and more as a rhetorical technique for constructing accounts of the self and the world. As Somers suggests,

It is through narrativity that we come to know, understand, and make sense of the social world, and it is through narratives and narrativity that we constitute our social identities... it matters not whether we are social scientists or subjects of historical research, but that all of us come to be who we are (however ephemeral, multiple, and changing) by being located or locating ourselves (usually unconsciously) in social narratives rarely of our own making (1994:606).

In this approach, social actors both create and are subject to, long-standing narratives that help construct identities and group solidarity. As Yanow suggests,

Analysts, policymakers, and other actors in policy, organizational, and community situations are seen as telling stories, whether for purposes of argument or claims-making...narratives both create meaning and give it shape (2000:58).

As Somers suggests, “experience is constituted through narratives (1994:614). She also suggests that narrative involves four components: relationality of parts, causal emplotment, selective appropriation, and temporality, sequence, and place (616). One the key characteristics of a narrative is that it makes social phenomena meaningful only by connecting (however unstably) parts to a “constructed configuration or a social network of relationships (however incoherent or unrealizable) composed of symbolic, institutional, and material practices” (616). The meanings of these storied representations often gain their potency through the links made between distinct social phenomena. This is evident for example, in Tulloch and Lupton’s study where they offer an example of a participant’s narrative about her fear of crime. This participant was “able...to construct a causal narrative of crime, where youth unemployment leads to drug-taking and thus to ‘home-invasions’” (1999:516). This is clearly an emplotted story where causality is evident in that one event leads to another, but its potency is narrated through the arbitrary linking of phenomena such as drug use, unemployment and home invasions.

Narrative analysis thus suits my approach to both the documents and interviews in this study because it provides a way to explore the stories, themes and metaphors that

underline a claims-making process (Fischer 2003:161). An important component of narrative analysis involves examining how stories are developed and deployed.

Narrative analysis draws on some of the techniques of discourse analysis to get at the stories being told by interviewees as well as the social narratives that guide the development of texts including policy documents. Discourse analysis in its most broad definition is concerned with examining how knowledge is produced using the “adoption of implicit theories in order to make sense of social action” (Spencer et al. 2003:200). Often these stories of the social world are conveyed through argumentative devices that hold these narratives together such as metaphors. This device permit speakers to coordinate meanings and evaluative comments under simple linguistic rubrics in an effort to construct a shared and accepted understanding of social problems, their causes, as well as prescriptions for change (Meyer 2001; Hastings 1998:193-194; Stone 1997; Yanow 2000). Narrative analysis is thus concerned with examining the argumentative aspects of talk and texts that help to establish an account as ‘reliable and valid.’

My analysis also involves examining how participants’ talk reflects social narratives beyond their origin, but it avoids seeing these narratives as causal agents in their own right. The emphasis is placed instead on seeing individuals as situated, and discourse as a social practice, structurally connected to other practices and institutions (Masson 1997; Fairclough 1993). Narrative analysis is about seeking the connective links and the alignments made between ideas, social practices and institutions that emerge in people’s stories of the social world. These connective links and alignments help frame these claims and make actionable the ‘problem’ of meth use. I thus used narrative analysis to examine how claims-making activities help to constitute and render ‘social

problems' in institutional, technical, and thus actionable terms. In other words, this analysis seeks both the stories that underpin claims about drug use, and the ways these stories are linked to other ideas, problems, persons, and practices of governing to make crystal meth worthy of a range of interventions (Martin and Stenner 2004:402).

My approach to analysis of the data treats it in two different ways. The bulk of my analysis was not concerned with treating data as a valid representation of an external reality, but rather is the 'phenomena under study' in the sense that I am seeking to understand how 'plausible' accounts of the social world were constructed (Spencer et al. 2003:202). In other words, I examined the formats and techniques used to make claims. There are exceptions to this approach in my project. This project also used the data to identify both the social location of regulatory agents and objects, as well as the forms of alignment assembled by these projects (McLaren et al. 2002:11; Li 2007:265).

3.12.2 "Interpretative Gaze of the Researcher"⁷

Bronwyn Davies (2007) suggests that interview transcripts are less a reflection of 'truths' about a participant's experience, and more of a narrative constructed jointly by researcher and participant (1142). In other words, interviews are not a realist reflection of an exterior reality, but a constitutive product of the interaction between participant and researcher. This means that the research findings and the analytic work involved in this project are shaped in part by the interpretative lens of the researcher (Allan 2008:53). But these insights do not mean that data and analysis are simply forms of interesting storytelling. What they call for is the switch in approach to analysis identified above, where we search for the methods, techniques and strategies that people use to constitute

⁷ Davies 2007:1142.

and order their experience. At the same time, it also means that the researcher/analysis must acknowledge “her or his role as an instrument in the analytic process” (Allan 2008:53). There is no easy remedy for this dilemma, though making transparent how a researcher’s assumptions may affect the design of the research project and the analysis of the data are important. Some call this process self-reflexivity and it requires that researchers question their assumptions and try to formulate alternate interpretations of their data against which they compare their original conclusions.

These claims and concerns about the ontology of data also suggest that issues of reliability and validity are problematic at best in qualitative research (Silverman 2006). The concept of reliability refers to the capacity of both interview questions and analysis to reliably produce similar results across a number of settings. Validity refers to the credibility and plausibility of research findings. Some qualitative researchers turn these questions around by suggesting that quantitative data cannot be thought of as reliable and valid in scientific terms because its designs and analyses are also interpretative constructs (Silverman 2006:46-47). This argument has never seemed very satisfying to me because it does not really get at two questions of importance – rigor and representativeness in qualitative research. In the first case, I have attempted to give as much information as possible about how I analyzed the data so that others can at least have some sense of how this stage of the project was conducted. In the second case, questions of reliability and representativeness often emerge because of the issue of generalization in qualitative research. As Lewis and Ritchie observe however,

qualitative research cannot be generalized on a statistical basis – it is not the prevalence of particular views or experiences, nor the extent of their location within particular parts of the sample, about which wider inferences can be drawn (2003:269).

Instead, analysis of qualitative research is concerned with mapping the interpretative resources of participants found in the concepts and categories used to make sense of the social world. The researcher's task in this regard is to explicate these concepts and categories. This means that as the researcher, my interpretations are implicit in all aspects of this research project from the development of the research questions, the application of a method, the gathering, interpreting and writing up of findings and the analysis of the meanings of these findings. Other questions and interpretations could be applied to the same materials I have analyzed. As I noted above, I have attempted to address this concern by providing as much information as possible on my methods, rich excerpts from the interviews and transparent links between my analysis and my conclusions.

3.13 Organization and Presentation of the Findings

As I analyzed the data from the interviews and texts it became apparent to me that there were two overarching narratives in the data. These narratives, held respectively by citizen group members and government public policy officials, contained distinct approaches to the problematization of meth and thus to the resolution of this 'problem'. For this reason I have organized the presentation of my findings to reflect these two narratives. The findings are divided into four chapters. The first examines how citizen group members problematized meth. The second chapter looks at how their definitions were contested by public policy officials and some of the other interviewees in this study. In this chapter, I also present my findings on how public policy officials approached the question of meth and I examine both the comments of public health and public safety officials. I examine governmental documents to tap how the drug was problematized and show how it was different from citizen group members, and I assess the sources of

information each used to base their claims about meth. Law enforcement and media were key sources of information for citizen group members; for public policy officials research data served to underscore their claims. In the third chapter I review the program and policy initiatives proposed by citizen group members with an eye to showing how these initiatives were connected to their definition of the problem. In the fourth chapter I review the programs and policies of government by presenting both the interview and textual data from these sources.

Chapter Four: Problematizing Methamphetamine

4.1 Introduction

The overall purpose of the next four chapters is to explore the findings of my research. The first of these four chapters examines how citizen group respondents in this study problematized methamphetamine. To that end, I present some of the competing definitions of this drug currently in popular circulation. I then turn to the words of the interviewees and the documents produced by these groups. I explore the issues raised by interviewees to determine how they defined the problem of meth. This chapter also illustrates the process of problematization by exploring how respondents described the drug user and the effects of meth use. I conclude with some comments about the gendered and racialized meanings that respondents attributed to this drug and their use of the metaphor of a ‘gateway’ to describe the effects of meth.

4.2 What is Methamphetamine?

As I indicated in previous chapters, the characteristics of methamphetamine have been a subject of contention since it came into popular use at the beginning of World War 11 (Rasmussen 2008). Even a cursory examination of the myriad of websites devoted to this drug reveals a substance with a variety of socially constructed characteristics, some of them contradictory. Depending on the source of information, meth can be articulated through competing narratives; it is depicted as a dangerous stimulant, or an illegal and thus a criminal problem, a problem of addiction for families and youth, or simply a challenge for the amateur chemist. This later conception of meth is illustrated in the various websites devoted to manufacturing or synthesizing methamphetamine. Lycaenum, for example, is a website dedicated to “supplying honest and unbiased information about

all aspects of visionary plants, fungi, and chemicals; as well as providing a virtual meeting place for members of the online ethnogenic community” (Lycaeum 2010a). This site includes a technical explanation of how to synthesize methamphetamine, most of which makes no sense to someone without any training in chemistry. In the following passage the author describes one of the steps for producing meth using what is called the “Reduction With Hydroiodic Acid and Red Phosphorus” method, one of the various approaches to making this drug:

To do the reaction, a 1000 ml round bottom flask is filled with 150 grams of ephedrine hydrochloride (or PPA-HCl). The use of the sulfate salt is unacceptable because HI reduces the sulfate ion, so this interferes with the reaction. Also added to the flask are 40 grams of red phosphorus and 340 ml of 47% hydroiodic acid. This same acid and red phosphorus mixture can be prepared from adding 150 grams of iodine crystals to 150 grams of red phosphorus in 300 ml of water (Lycaeum 2010b).

The usual moralizing language used to describe meth is nowhere to be seen. Instead the drug is depicted in its components and the manufacturing of this drug is not a social problem, but a challenge for the budding chemist. An example of a competing story about the chemicals used to synthesize meth can be found on the website for the Montana Meth Project (MMP):⁸

Meth is derived from amphetamine, and is commonly made using the base chemicals ephedrine or pseudoephedrine found in over-the-counter medicines. Other common household products can be added to make Meth, including: acetone (nail polish remover), iodine, anhydrous ammonia (fertilizer), hydrochloric acid (pool chemicals), lithium (batteries), red phosphorus (matches or road flares), sodium hydroxide (lye), sulfuric acid (drain cleaner), and toluene (brake fluid) (Montana Meth Project 2010).

⁸ The Montana Meth Project was an initiative aimed at preventing the use of this drug. It was established with private funds in 2005 and recently been integrated into The Meth Project Foundation, a national U.S. initiative that uses very frightening and dramatic videos and other print materials to warn viewers about the dangers of this drug (The Meth Project Foundation 2011).

The goals of the Montana Meth Project is to warn its viewers and readers about the dangers of methamphetamine. In many ways, the MMP information about the drug's chemical composition is similar to the description from Lyceum. But, the addition of information about the commonly available sources for the chemicals in meth increases the perception of its dangers and links meth to whole host of potential health effects. Readers likely understand that there are risks created by ingesting components of household cleaning products. What the site does not tell the reader is that these products are used to create a chemical reaction that produces meth, and if conducted properly, these compounds are not part of the final product. Readers are also not advised that many of these chemical compounds might be used to synthesize prescribed drugs.⁹

4.2.1 Drug as Agent

Like the websites described above, the interviews and other authors of texts that comprise the data for this project suggested that meth possessed distinctive characteristics much like a human personality (Moore 2007). The formulation of these characteristics contributed to the notion that meth was an agent imbued with the capacity to act on its subjects regardless of their intentions. When asked to describe what he thought was the most dangerous drug, the following respondent suggested that it was meth because of its capacity to:

ruin their life in the shortest period of time, with the most grievous medical harm, meth. It is head and shoulders above anything else. That's why we so focus on it, because it is so plain a harm, right? Some people would say, you know, smoking or drinking and again you're into the morass now of he-said-she-said – the debate tilts around. There is no tilting debate about crystal meth. It grabs a person and can destroy them within record time. Literally within months. I don't know how

⁹ Desoxyn is the prescribed form of methamphetamine. Laboratory production of this drug is more successful at eliminating the unreacted solvents and reactants (Dwoskin et al. 2011).

many cigarettes you'd have to smoke, you know, to be destroyed within three months. It's hard to imagine. But, meth will do that by, while in the process, stripping away from the person everything that they have, right? So, to me that's the most dangerous drug (R1).

Another respondent reiterated this view:

It's the most highly addictive drug I've ever heard about or seen, and I've seen so many people that are hooked on it that wouldn't think would ever get hooked on this stuff. Like I say, it reaches, it just takes from every part of society. I mean, policemen, firemen, some of the stories in the United States or some of the counties that got involved in meth...they just destroyed the whole fabric of a community (R2).

In part, these respondents supported the notion that meth had agency by semantically making the drug the active subject rather than the person who uses this substance. In the following excerpt, a respondent who gave presentations to school-age children about meth explained his view of this drug:

Because with something like meth...meth takes no prisoners and is completely nondiscriminatory. We have people living in million dollar mansions that are meth addicts. We have people that are rich for the moment and live in million dollar mansions for the moment, that are meth addicts. And we have people living under the bridge that are meth addicts. We have senior citizens that are meth addicts. The youngest child that we have seen is an eleven-year old boy that was a meth addict... Young, old, rich, poor, boys or girls, doesn't matter. Meth does not matter. We get student council presidents victim to Meth. We got beauty queens victim to meth. You've got a high achieving academic scholar victim to Meth. You've got performance athletes fall victim to Meth. Meth is got a false promise to everyone it encounters. If you're shy, you talk nonstop. If you've got body-image issues, you'll lose weight on your way too an anorexic skeleton. If you, you know, whatever you've got that's an issue, Meth will offer the false promise that it will fix it somehow (R1).

The language in this quote also emphasized the idea that meth was the singular active agent in addiction. This respondent emphasized the notion that meth that "will offer" itself to its users by appealing to whatever concerns or needs these users may have. This respondent also carefully noted how appealing this drug was to a wide range of subpopulations. In the following excerpt, another respondent suggested that meth use was

uniquely appealing, an equal opportunity drug that as she argued, “crosses all boundaries....” She went on to suggest,

being in a particular lifestyle does not protect you from being a drug addict. It’s kind of like that kind of thinking, it was kind of, how did you not understand this, you know. It crosses all boundaries, I mean, seniors and young people. I mean some young people get involved with drugs cause its in their home already and they think its okay, that’s an acceptable lifestyle choice, you know, and others happen upon it by accident or they’re at a party and, you know, get exposed to it, everybody’s doing it and they try it. It doesn’t matter what age or what economic group, it’s a personal individual choice before them (R3).

These respondents granted agency to the drug, a rhetorical move allowed them to suggest that problematic use of meth was entirely caused by the characteristics of this drug. All other mediating conditions were disavowed, including social and personal life situations. Second, these respondents bolstered the potential agency of meth by suggesting that meth use would spread uncontrollably because it would be appealing to almost anyone. These respondents thought the effects of the drug, though vaguely described, were so appealing that they feared that its use would become normalized especially among young people. One respondent also acknowledged the functional uses of this drug for weight loss, shyness and productivity, all of which, in his estimation, made the drug even more dangerous. Most of these respondents did not distinguish between problematic and recreational meth use, nor did they suggest that some subpopulations were more at risk for problematic drug use. This was because meth as an agent was thought to overwhelm any user’s capacity to choose another course of action. To some extent, this claim was bolstered by other claims about the uniquely addictive qualities of this drug, a set of claims explored in the next section.

4.2.2 Uniquely Addictive

The supposedly uniquely addictive traits of meth helped to underscore its dangers. Several citizen group respondents suggested that meth was so uniquely addictive compared to other drugs, that users were unable to resist its pull once they had tried this drug. As one respondent suggested, "...don't try it once. It's not like heroin. It's not like cocaine. Don't do it even once. Okay?" (R6). In the following excerpt, a respondent illustrated the claim that meth is uniquely addictive and dangerous by referencing the effects of the drug on the user:

so it's horrific the things that you do to get meth and when you're high. I mean you would sell your baby and they proved that in the States, your baby or meth. They'll give away their baby or sell their baby or have sex with your children, it's just astonishing, you just don't care. The craving is that intense (R3).

Another respondent related a story about a mother who discovered that her daughter was using meth, locked the daughter in the house and searched her belongings for drugs. This behaviour was deemed acceptable because the mother, "knew her daughter better than anybody and she knew, she had done her homework and she knew the risks. She kidnapped her, she kept her out of school, she kept her at home..." (R5). But as this respondent suggested this parental behaviour was appropriate to the situation because this is a "different kind of drug" that changed people in uniquely dangerous ways.

In this excerpt, a respondent described how she illustrated the uniquely addictive qualities of meth in her school presentations:

Well, what I've been told and one of the main questions we get from the student body, is look, you just try it once to see what it's like. So, rather than statistics, what I do is I stand 10 students up. I'll countdown and say right, you stand up. I say you're at a party, you try crystal meth, somebody offers you something that's going to make you feel really good and 3 of you first time use, you're addicted, sit down. Second time use, 5. Third time, it's 90 percent, so it's pretty high (R3).

The use of the pedagogical technique described in this excerpt helped to assert the credibility of the claim that meth is uniquely addictive. Some respondents made this claim despite the fact that similar claims about crack had been found to be untrue (Cheung and Erickson 1997). Subsequent research suggests that the number of users of meth who actually become dependent on this drug is not that different from other illicit stimulants such as cocaine (Hart, Marvin, Silver, and Smith 2011).

4.2.3 Brain Science and Meth Use

Respondents also established the unique dangers of methamphetamine by making claims about its relative potency compared to other drugs, especially through recourse to scientific claims about the brain and dopamine. One respondent drew on popular ideas about the effects of drug use on the human brain to illustrate the negative effects of this substance:

...your frontal lobe is affected first and that's where right and wrong and reason is located, so you can't help a person that can't reason. So you've got to fix that first ... It's much more devastating drug to your brain and so we have to treat it differently, so they found that cognitive behavior therapy works the best, incentive therapy which I've always know cause that works with our children. You reward them. Blackmail works too. But, why don't we take those things and transfer that to addicts because they're like little children and they're lost (R5).

Through the use of ideas about the effects of meth on the brain, this respondent was able to claim scientific and psychological credibility, while also denigrating people who use meth to a childlike state. Some respondents also asserted that meth was more psychoactive and thus more dangerous than cocaine because of its effects on the chemistry of the brain: "The difference between coke and meth is that crack cocaine will block the receptors so that you have no reuptake of your dopamine. It just keeps spilling out dopamine for crystal meth until your body is exhausted and you can't build it up. So

there's what makes it so addictive" (R5). Three respondents drew on a particular analogy of drug use to argue that methamphetamine releases significantly more dopamine in the brain than either crack cocaine or powdered cocaine. One respondent explained these effects in the following terms:

You get 300 parts per million of cocaine gives, you know 300 parts per million dopamine released in your brain with a toke of crack cocaine, 1200 with crystal meth. So it's 4 times the high which really is like 400 times the high and 400 times harder to stop. I mean, I can't even imagine anything being better than a crack high and I say that because that's why people use drugs, it is a good high (R5).

In fact, there were numerous claims about the science of the brain throughout these interviews. Another respondent compared meth use to other pleasurable activities:

There are studies coming out of UCLA, some of that is on the website, there are pictures before and after brains and the statistics, you know, where they feed to rats the cocaine or this and that, you know. Like any drug, your body creates a chemical response to it, the endorphins to make you feel good. So, if you have a hug, it [produces] about 50 endorphins per million, whatever their measurement is, I don't remember, but a hit of crack cocaine is about 300-400, and a hit of crystal meth is 1200 (R3).

Respondents argued that not only was the high of meth unique compared to other drugs, but its physical effects on the brain were also uniquely dangerous. To bolster these claims, these respondents drew on the work of Dr. Richard Rawson, a drug researcher associated with UCLA's Integrated Substance Abuse program. They argued that Rawson's research used brain scans to reveal that methamphetamine use shrinks the brain by 10 percent because it supposedly raises body temperature.¹⁰

As of 2009, Rawson's profile on the website for UCLA's Integrated Substance

¹⁰ Richard A. Rawson, Ph.D., is an Associate Director of UCLA Integrated Substance Abuse Programs and Professor-in-Residence at the UCLA Department of Psychiatry. He is a well-known researcher of the effects of methamphetamine and has numerous peer reviewed journal articles on the subject. See Rawson's web profile located at: <http://www.uclaisap.org/profiles/rawson.html>. Retrieved January 11, 2012.

Abuse Programs linked visitors to a website located on methinformation.org that features resource materials on meth treatment and training for treatment professionals. This site promotes the Matrix Model of treatment for meth now used by the Vancouver Coastal Health Authority. This site also links visitors to a training video on methamphetamine use.¹¹ Visitors to this site can find a graphic image in bar chart form that illustrates visually the comparison of dopamine levels released by meth with drugs and activities like cocaine, food, and sex. Each bar depicts the levels of dopamine released by these activities and drugs. The bar depicting the effects of methamphetamine on the brain is considerably higher than the others and the number 1200% appears over the bar. The image depicts meth as substantially more impactful than these other substances and activities. The image does not provide any context for these claims nor does it situate its claims about dopamine levels in any discussion of dosage, time-frame, setting, or previous use. Rawson's profile also links visitors to presentations he and others have given that make similar claims about meth use and dopamine levels. This image and other information about dopamine levels and meth use on this site seems to be the source of the claims made by respondents in this study. The image, however, has a metaphorical quality in that it collapses the effects of different drugs and activities, dosages, and levels of drug purity into a simplistic depiction of a complex biological process such as dopamine production.

Another respondent suggested that because of meth's unique characteristics and its effects on the brain, it was also a uniquely difficult drug to treat. As she argued,

You can give people housing all you want, but until they treat their addiction they,

¹¹ This video was available at <http://www.methinformation.org/html/video.html>. Retrieved August 11, 2010.

it's not a medical detox they need, they need a long-term, not a 10 day, not a 6 week, they need a year of care because this so changes the neural pathways and releases such an amount of dopamine that you don't have any left, you can't get pleasure from anything else for a year. Whatever gave you pleasure before, playing soccer, sex, none of that has any interest whatsoever. All you want is more of the drug, your days are spent finding the drug, making enough money to get the drug, doing the drug because again, you're high for 12 hours or even a week at a time, it just consumes you, which is the real difference between cocaine and meth (R5).

Here she suggests that the effects of meth on the brain required treatment modalities to address and ameliorate changes in brain physiology supposedly created by the drug. She distinguished these effects from those of cocaine, though similar claims were made about crack in the 1980s (Reinarman and Levine 1997).

The physical qualities of the drug itself were also perceived to contribute to its risks. Relative to other drugs, some respondents described meth as cheap and easy to use, something that is a "very easy drug to get into the system" because it could be smoked, snorted, etc. (R7). One respondent suggested that kids as young as 14 might be tempted to use meth because of its ease of access and its method of use, as opposed to heroin, which she suggested was less appealing because it must be injected (though heroin can also be snorted). She noted that recent research had indicated that street-involved youth were increasingly injecting meth. But this too made meth even more dangerous. Other respondents suggested that because it looked like a piece of crystal, it users might have thought it safe or harmless. They also thought that its relatively cheap price in comparison to other stimulants such as cocaine made it attractive to young people. These respondents used these reasons to underscore their claim that it was very easy to become addicted to meth: "I think people get addicted to this drug because it is cheap, the high is there and ease of use" (R7).

Some respondents argued that people used meth to meet emotional needs for pleasurable or relief of stress. But the potential for pleasure was also deemed one of the aspects of this drug that made meth use particularly dangerous. As one respondent suggested, meth produces extremely pleasurable sensations that increase a user's sense of well-being: "I mean, why do we like alcohol, why do we like anything? They make us feel better and so did cocaine. So when you put something that makes you feel 4 times as good as cocaine in a 13 or 14 year old, they can't understand why the whole world is not using it and so it becomes a huge problem really fast with kids" (R5). Other respondents suggested that meth had the capacity to make people feel even better than other illegal drugs. Several respondents were also concerned that the uniquely pleasurable effects of this drug contributed to its risks. This pleasurable response was thought to push people to binge on meth even on their first try: "This way it works is most people, many people, if they take that hit off that pipe, they just keep going and going. So, that first exposure could easily last for five hours, ten hours, twenty hours, forty hours with no sleep, no food, no water, of nonstop dosing. This is like Korean brain-washing..." (R1). This respondent argued that the physical pleasure of the drug trumped human agency and the capacity for rational decision-making. The reference to Korean brain washing evoked the themes of the 1962 American movie *The Manchurian Candidate*. In this film a group of U.S. soldiers were taken prisoner, brain washed and returned to the U.S. to be activated as enemies of the state at a later date. Thus, some of these respondents associated pleasure-seeking with hostile mind control and its potential for creating an 'enemy within'. Popular stories of drug use often depict a drug-using member of a family as a

danger to other family members because they are supposedly controlled by a sinister outside force.

One of the other ways that members of the citizen groups problematized meth was by noting the variety of potential reasons for its use. In fact, references to its functional uses are accurate historically given that methamphetamine like amphetamine, was prescribed to U.S. military personnel and has been used by workers in tedious jobs (Rasmussen 2008). One respondent confirmed this view:

It's big in the rave crowd for psychological effects of the drug because you can do, you can dance now for 18 hours. People who have tedious, monotonous jobs take the drug, because what else am I going to do, sit here and gut fish all day? I'm not trying to downplay those people. Truck drivers. I've got to make a lot of money, or I'm sorry, I've got to drive a long way with a huge load and I've got to make money. I've got to stay awake. But it's also been brought into society for keeping pilots awake for flying 26 hours when they are going to go and drop bombs in whatever country they're going to pick on" (R7).

Others suggested that meth use boosted the self-confidence of its users and increased their capacity for emotional connection with others. The supposed capacity of meth to make users more economically productive and socially connected was both part of its appeal and part of its danger. "In the States, they found that realtors are really at risk for using it because you could juggle a hundred things on it and for kids who have attention deficit disorder, kids who are with fetal alcohol, it acted like Ritalin. It allowed them to focus, have friends and to be accepted because they fit in better, they spoke more often, so they found friends easier, so friendship and peer support was another big reason" (R5). When asked what contributes to some people becoming addicted to meth, one respondent suggested that for young people:

I would say it's a self-medication that ADD kids, you know, it's a brain stimulus they think will help them control things. It's curiosity, peer pressure, you know, the body image thing particularly with girls when they're changing their bodies at that time, you know and they see, you know, being thin in magazines is a good

thing, right, so, there's a lot of that. It comes down to self-esteem for the main part and then, you know, they might try it once or twice and then really like it, but if they're caught in the addiction then they have no control over it (R6).

This respondent suggested that there could be a number of reasons why the initial use of meth could be appealing though she also returns to the idea that meth use inevitably becomes quickly addictive.

4.3 Gender and Meth

Many citizen group members thought that meth's effects were potentially gendered. These respondents readily gendered their claims by insisting that girls and women were more likely to use this drug to enhance their appearance. Because meth is a stimulant it decreases appetite and increases energy levels. These characteristics were thought to be particularly appealing to young women and girls as one respondent suggested, "women use it because of weight loss. Young women will use it for weight loss and also to help them become more socially acceptable, more fun." (R7, see also R5) Some of these respondents also suggested that drug use, and specifically meth use, could turn otherwise good and innocent young women into prostitutes, a status already deemed problematic. These respondents also argued that girls and young women were vulnerable to the negative effects of meth use, because older men might turn them on to meth and then force them into prostitution to support their drug habits. As one respondent suggested,

"The biggest, scariest trend was the young girls that were given ecstasy by guys and after 3 or 4 of these ecstasy tablets they were hooked because it was half crystal meth... If they can get them hooked, they ended up being a prostitute in 2 weeks. And nice 16, 15, 17, you've got some 13 year olds, or 14 year olds right now that are living in meth houses and what they do to them, it's not a matter of who, it's a matter of how many, they just get, they're used like sex trade and its sad" (R2).

Another respondent suggested that gender was key to why some young people use meth:

certainly the youth are very vulnerable, particularly young girls are probably the prime target. And the reason for that will be: One is body image, becoming socially involved. I think probably young girls have a very awkward time transiting from 13, 14 to 18. But also it's because the prey, the people who prey on young girls who want to turn them into prostitution want to get them involved into a drug that is highly addictive, improves your body image, because now, hey I've lost 20 pounds or 15 pounds, that is not the easiest drug in the world to get a hold of.

This respondent went on to note that using meth for weight loss was a slippery slope to addiction. For these reasons, girls were supposed to be especially vigilant about strangers who might want to entice them to use meth. Some participants also suggested that girls were more vulnerable to poor self-esteem related to body image (R5), and this poor self-esteem would make girls more susceptible to peer pressure. These participants were also more likely to suggest that boys would become thieves to support their drug habit.

Reasons for this are less clear, though one participant suggested that the dictates of some forms of masculinity might make boys feel like they could handle this drug better than girls: "there's that stupid male bravado of like, I can beat this drug. I'm better than this drug" (R7).

4.4 Meth as a Gateway to Other Issues

The metaphor of the gateway is stock feature of discourses about illegal drugs, "if not directly through dependency, then indirectly through the social milieu and risk taking effects aspects of behaviour" (Grayson 2007:177). Members of the citizen groups tended to see meth as a gateway, even a primary causal factor in other issues such as homelessness and crime. In the following excerpt, a respondent described his perception of the relationship between meth use and social problems:

I think that what happens is when they get into, hell breaks loose in their life and they end up homeless. But before then they might have been an addict of some kind or a user of alcohol or other drugs, but once they hit meth it makes them nuts. They can become invincible and they don't see their misery...so we found

that on the street almost everybody we were dealing with was doing meth. Almost everybody. So you could be saying, you know, you could link the clues in that, saying meth brings people to the street (R2).

Here, the respondent drew on the potent trope of drug use as gateway to explain homelessness. In this formulation, the drug retains the agency so carefully articulated by other respondents in the previous section. But this formulation extends the agency of meth to suggest that this drug can explain, or cause other social issues regardless of the complex trajectories that lead individuals to homelessness. Some respondents however, had a much more compassionate analysis of these issues, though they still saw drug use as a casual factor in other issues. As one respondent suggested, “We don’t have a homeless problem, we have an addiction problem. Until people wrap their heads around that, most of these people on the street are mentally ill and addicted. So, until we are more accepting of addiction as a disease, as a whole, society is still going to write letters to the editor all the time, that these people don’t deserve that, they’ve made bad choices and I don’t want my tax money to go pay for their bad choices it...” (R5).

There is a long-standing discursive and material connection between crime and drug use. As Grayson (2008) points out, even early claims about the effects of drug on users proposed that crime was an outcome of drug use. 1920s social reformer Emily Murphy suggested that “the taking of drugs is undoubtedly the cause of a great deal of crime because people under its influence have no more idea of responsibility of what is right or wrong than an animal” (Murphy 1922 quoted in Grayson 2008:133). Other stories of “cocaine Negroes” in the U.S. who committed rape, robbery and murder in the Old South had become common place by the beginning of World War I (Grayson 2008:133). Even before WWI, police officials in Canada were often quoted as stating that crime was the outcome of drug use. These claims are evident in RCMP documents up to

the current moment.¹² Representatives of the citizen picked up on and reiterated this simplistic and unidirectional notion of the relationship; drug use caused crime. I asked respondents what harms if any, they thought were caused by crystal meth and one respondent offered the following:

The user themselves and anyone that is part of their family...as their community and who makes up your community, first is your family, you know, do you have a pet, do you have goals and dreams what you want to do in life, and it affects it all. If it is out in the wider community, the car break-ins, damage to rental properties, you know, it's the risk of fires, the police forces, all of that. I mean, that's taxpayer's dollars that pay for that so if they're chasing after the drug users and the consequences of that use, then that increases your taxes. So it involves everybody (R3).

This respondent broadened the problem of meth use to include notions of 'community' and to suggest that the harms of drug use can extend beyond the immediate to taxpayers, a ubiquitous category of persons who supposedly stand on the right side of the law and who seem to forever be the victims of crime in Canada.

In the following excerpt another member of a citizen group evoked a casual relationship between crime and drug use:

...there has been an increase in recent years of theft from motor vehicles and it's as simple as people leaving loose change out there for easy viewing. Well, I think somebody who has an addiction and who can go for \$5 or \$10, go out and get their fix, they see a couple of toonies in an ashtray in a car, I mean, bad for the person who left it there as an enticement, but the pressures on an addict are, I don't care, I need that, and so you see that spin-off effect. Now you've got quite a number of people who are impacted as victims. I mean, it's a minor victimization. I tell my wife and my kids, it's not a matter of being broken into, you know, whether or not we're going to be, it's going to happen, and you've got to prepare yourself that this is the reality today, and that being fully prepared to deal with that, because you know, the...what's the term a lot of people like to use, the violation to my space (R8).

¹² See Grayson 2008 Chapter 5; Carstairs 2006; Giffen et al. 1991; RCMP 2005.

This excerpt reflects the beliefs some respondents held about the relationship between crime and drug use. These ideas relied on the conviction that addiction was an overwhelming urge that caused crime and as a result, produced victims of crime who were not users of meth. This created a difficult paradox for many of these respondents who did not necessarily want to see meth users simply as culpable perpetrators of crime.

4.5 Conclusion

Clearly, most respondents from citizen groups shaped meth as a particular kind of social problem. For some of these respondents, meth was an object that possessed agency; in other words it had the capacity to act on its subjects, and thus had the potential to draw young people, especially women and girls, into its control. In this regard, meth was also a potentially normative and contagious drug because of its supposedly wide appeal. They also considered meth to be a drug that was uniquely addictive compared to other illicit substances, and drew on scientific and other metaphors to establish the veracity of these claims. For some respondents, issues like crime and homelessness stemmed in a unidirectional manner from meth use. There were exceptions. Some members of these groups contested these definitions and were concerned that these alarmist claims distorted the reality of meth use and its effects.

Chapter five outlines the differences between how citizen group respondents and public policy officials described the ‘problem’ of meth. This chapter also reviews what sources of information that various respondents considered to be truthful renditions of the problem of meth.

Chapter Five: Disputes over the Problem of Meth Use

5.1 Introduction

In the last chapter I described how members of citizen groups defined the problem of meth. In this chapter, I explore some of the differences and disputes between respondents over the meanings associated with this drug. These disputes were most acutely apparent in the answers to my questions provided by citizen group members and public policy officials. To highlight these differences, I will explore three themes – disputes over the definition of this drug, including the use of statistics to define social issues, the contested definition of youth and youth spaces, and the use of law enforcement and media claims as sources of knowledge about this drug. Citizen group members were more likely to rely on media and law enforcement as key sources of knowledge about meth, though some public policy officials disputed the credibility of these sources. Some of these respondents were critical of the media and of law enforcement officials for generating an unnecessary level of fear about this drug. Public policy officials offered the view that far from helping meth users, these fears actually further stigmatized people who use illicit drugs. In the last section, I discuss the role that political pressure played in shaping how public safety officials defined the problem of meth use and manufacture.

5.2 Disputes About the Problem of Meth Use

As the preceding section suggests, most respondents in the citizen groups described meth as uniquely dangerous compared to other drugs. But public health officials disputed this claim in several ways. First, they did not consider meth to be particularly unique in terms of its capacity to produce dependency, nor did they suggest that it was uniquely difficult to treat. As the following public health official suggested,

meth was neither a new or unique threat, nor was illicit drug use itself necessarily a practice that was potentially normative or absolutely dangerous. As he said,

The epidemiology of methamphetamines been known for a long time. They were used in WWII for long-range fighter pilots. They were used by the air force and military for many years after in the 50's and 60's; long-range truck drivers used them in the 50s. People with boring jobs. They actually have the world's highest per capita consumption of methamphetamines. And again it's people with boring jobs. People in the sex trade, truck drivers, etc. Um...the use in, use cycles through and it cycles through predominantly vulnerable communities who tend to be poly drug users and it tends to substitute for other drugs in the stimulant area so it actually replaced crack cocaine which replaced powdered cocaine. It was cheaper and it gave a longer high and so for people who were street oriented, didn't have much money, or didn't have a safe place to sleep or in sex trade work it would seem to be a reasonable replacement until you realize it can cause a lot of damage and harm, and then it will go out of fashion until a new generation and haven't experienced what the multiple serial abuse of the drug can do. Then you get a bit of a leakage around that high risk population into other populations, club users, drug using populations and...and a bit of leakage into school age populations as well. So it picks up vulnerable kids who were in any case vulnerable. They are going to do alcohol or something else and they pick up on this drug (R10).

Though this respondent acknowledged that methamphetamine could be used to increase productivity, he used this point to disrupt the idea that meth was a uniquely dangerous or new drug. This respondent also acknowledged that recent concerns about meth in B.C. could be caused by an upswing in use. In his estimation, this was not unusual as there were periodic increases in the use of some substances. He also suggested that not all young people would encounter problems with meth, because the harms of drug use primarily accrued to socially marginalized and other vulnerable persons.

Public health officials were also more likely to distinguish between recreational and problematic drug use and to argue that the latter is often a response to difficult social conditions rather than only the result of a specific illegal drug. As one public health official commented:

It's [used] either for improved personal performance, altered perceptions, experimentation, escapism, cope with whatever problems they might from you

know the history in their life, could be just peer pressure... (R11).

This perspective on drug use was considerably different from the one illustrated by members of the citizen groups.

When I asked one public health official what kind of problem if any, meth might pose, he responded with an answer very different from the ones provided by members of the citizen groups:

Well...I guess I think the ... the issue is like with a lot of um...illegal substances. One of the biggest problems that it poses is the fact that it's illegal...means that it's become you can't regulate it. Um so it's really run, marketed by the black market and which results in huge problems with quality and concentration and that kind of thing. So the ... I mean in general that's a commonality with the criminalization of substances is you have no control over them so you get the, you know, various contaminants in the products...(R11).

These comments reflected a push by some public health officials in B.C. to legalize and regulate illicit drugs to avoid the harms that ensue from prohibition, mainly crime, unregulated dosages and additives, and violence associated with the drug trade. One such example is a discussion document prepared by the Medical Health Officers Council of British Columbia that proposes a regulated market for all currently illegal substances (Health Officers Council of British Columbia 2011).

The key places where governmental documents defined the nature of this drug included the B.C. Ministry of Health policy document, *Crystal Meth and Other Amphetamines*, along with a fact sheet developed and distributed by the Crystal Meth Secretariat. Fact sheets about illegal drugs are a ubiquitous part of drug education strategies. There are a host of fact sheets about specific drugs available on a variety of websites in Canada such as the Canadian Centre for Substance Abuse, CAMH, and CARBC. The fact sheet entitled 'Crystal Meth' was produced by the Crystal Meth Secretariat and distributed through their website. Like most of its counterparts, it defined

meth as a discrete object with its own inherent capacities. Under the heading, “What is Crystal Meth” the fact sheet offered the following: Powerful and highly addictive central nervous system stimulant; man-made (synthetic) drug manufactured using ephedrine and pseudoephedrine...” (B.C. Ministry of Public Safety and Solicitor General 2007b). This fact sheet also defined meth use as a wholly individual experience shaped by the pharmacological characteristics of the drug. It described the attractions of meth in the following terms: euphoria, cost, ease of manufacture, availability, and image of the drug. In the latter case, the fact sheet signaled that use might be shaped by context because of its supposed image as a trendy club drug, but it did not provide any other information on other contexts of its use nor the meanings attributed to the drug by users themselves. The fact sheet also described the health risks and the signs of use. In each case, this information did not distinguish between one-off, occasional, heavy, long-term, or binge use. This claims about meth collapse down key distinctions between types of drug use, thus overlooking key turning points for harm reduction interventions.

The policy document, *Crystal Meth and Other Amphetamines*, released by the B.C. Ministry of Health in 2004, echoed many of the perspectives evinced by public health officials. The language in this policy offered a technocratic approach to the ‘problem’ of meth use by avoiding the more pernicious claims about meth and meth users characteristic of citizen groups and media reports. In this case, drug use was the focus of the report rather than the drug users themselves. This carefully chosen language was likely meant to destigmatize the user. In fact, the technocratic language attempted to counter apocalyptic media claims about meth, in favour of a less stigmatizing language that draws from more neutral sounding health promotion discourses.

Where public health officials were specifically concerned that vague claims about meth use did more harm than good, the ‘problematization’ of crystal meth use in this document was achieved through the evocation of vague notions of harm. The document repeatedly described meth use as a “serious and growing problem” in B.C. (p. 3-6), or as a “significant public health and social challenge in B.C.” (p. 5), even though the statistics presented in this policy did not support these claims. But it also relied on three claims for its presentation of the problem: the easy availability of meth, the high potential for dependency, and the possibility that meth use can lead to negative effects for youth. As the document stated,

Crystal meth and other forms of methamphetamine are easily available and made with over-the-counter ingredients by individuals in their homes or by organized crime groups. These factors combine to make methamphetamine a cheap drug with high potential for misuse and harmful effects on youth and young adults. Methamphetamine use, once initiated, can rapidly lead to dependence, resulting in serious health and social consequences (2004:5).

Versions of these three claims appeared throughout the document. The problematization of this drug did not rely on claims about its uniquely dangerous characteristics, but on seemingly rational claims phrased in technocratic policy language. This language helped to cloak the fact that the claims described in the passage above were vague and could be interpreted in numerous ways. It also echoed some of the concerns of the citizen groups including the easy slide from meth use to dependence, and its supposedly easy modes of manufacture.

The veracity of these claims was strengthened by the articulation, or linking, of meth use to a number of other vaguely conceptualized issues including poor health, harm, lack of safety, social disorder, and costs to society as this excerpt illustrates:

Problematic substance use presents a significant public health and social challenge in British Columbia. It has also resulted in substantial financial costs

estimated at \$2.3 billion in 1992. Problematic substance use of methamphetamine and other illicit drugs affects a large proportion of the population both directly and indirectly. These harmful impacts may include loss of productivity and wages, disability and death due to overdose, as well as enforcement, social and health costs. These detrimental effects to the health and well-being of individuals, families and communities can be prevented and reduced.

This excerpt underscored the potential harms of methamphetamine by including meth in the \$2.3 billion figure without noting that the costs of meth use alone was not available.

The articulation of the problem of meth in this passage avoids the more pernicious claims about moral debasement but articulates this issue to economic concerns. It carefully shaped the problem of meth accenting its potential negative effects on productivity and its costs to the taxpayer.

The potency of the claims made in this document about the problem of meth was also dependent on the production of certain drug-using identities. The linking of meth use with young people, in particular, helped to establish the potency and saliency of this drug as a social problem, despite statistically low rates of use overall. In this case, meth use was linked to a category of subjects - 'youth', as these excerpts demonstrate:

In B.C., as well as other Canadian provinces, there has been an increase in awareness and concern about the illicit drug crystal meth and its impact on its users, particularly youth, and the community (p. 1)...Methamphetamine use seems prevalent among street youth, youth involved in the rave dance scene, and gay men. Serving these populations requires that effective responses be developed for these groups (p. 5)... The 2003 Adolescent Health Survey by the McCreary Centre Society sampled about 30,500 B.C. students. Researchers found that only four per cent had ever used amphetamines – a decrease of one per cent from five per cent in 1998. This survey, based on a large sample of youth in school, indicates that amphetamine use is not extensive among B.C. youth who attend school. Methamphetamine use has become a serious and growing problem for a small group of youth (p. 6).

These excerpts from the document were somewhat contradictory in their claims.

Methamphetamine and amphetamine use was collapsed into the same category, and it was unclear whether these statistics established authoritatively that the problem was

“serious and growing.” These passages also admit that meth use could be a problem for specific groups of youth. In these examples, this policy reveals that only some groups of youth are involved in meth use, including street involved young people. These claims point to the existence of conditions beyond the drug itself that might shape its use, though discussion of why this might be the case was relegated to an Appendix. Indeed some groups of young people use meth at higher rates than others, but this document cloaked a world beyond the substance and the user. Without a fulsome explanation of the context of drug use by some youth, this policy reemphasized the seemingly natural links between young people and crystal meth. Ironically this problematization of meth overlapped with the approach taken by citizen group members by underscoring for the reader that the ‘problem’ was a youthful one. This document also extended the domain of problem by identifying five other groups of persons deemed to be ‘at-risk’ for meth use including: young people using meth to lose weight; gay men; women of childbearing age using methamphetamines; children in homes where meth is being used; and “persons in rural and remote communities using methamphetamine as the primary illicit drug of choice” (p. 16).

5.3 Youth and Drug use

One of the differences between respondents was their perception of the nature of youth and youthful relationships and spaces. Many respondents from citizen groups understood young people to be particularly vulnerable because of their supposed innate curiosity about the world and their seemingly built in tendency to experiment with the unknown. As one respondent suggested “but for kids....kids are curious. Kids are explorative. They like to find out what stuff is, and you know, from the time they are a

baby sticking the dirt in their mouth, they are inquisitive. So, it's natural for them to want to have – to experiment with items” (R1). When I asked respondents if some groups of people were more likely to use meth than others, most did not take this perspective. Instead, they argued that the propensity for the young to take risks combined with a belief that youth were invincible made them especially likely to use meth. Respondents stressed that kids needed to know that meth was not something they could experiment with, especially given its uniquely addictive character. As one respondent suggested, “What we try and tell them (youth) about meth is that it's not something to experiment with. Meth is not a recreational drug, like jumping out a plane without a parachute is not a recreational sport. And, just like just jumping off a cliff is not a recreational cliff is not a recreational sport” (R1). This analogy emphasized the respondent's belief in the life-threatening and even fatal potential of first-time use of meth. The effectiveness of these analogies stemmed from their capacity to distill down very different experiences and activities so that they seem, at least discursively, similar.

Interviewees were also concerned that youthful relationships and spaces posed particular risks when it came initiating meth use. Several respondents suggested that ignorance about the effects of meth use made youth more vulnerable because they could then be easily convinced by peers to try the drug. In fact, as this respondent suggested, “It's peer to peer. It's not going to be some snarky looking drug dealer handing you a pipe, some greaseball guy, yuck. You wouldn't take anything from him. No, no, no, it's sweet little Mary Sue who lives next door and you're downstairs in the family room and the parents are away for the weekend” (R6). In this passage respondents superseded the ubiquitous evil drug dealer, so characteristic of drug war hyperbole, with the trusted peer.

This excerpt also illustrated a set of claims that appear repeatedly in the interviews with members of the citizen groups. Trusted peers could draw their unsuspecting friends into meth use.¹³ As one respondent suggested about youthful meth use, “A lot of it, I would say the majority of people when they start doing meth, don’t know they’re doing it. Or they’re at a party and the other stuff runs out, try this” (R2). Some citizen group interviewees also considered youthful spaces to be inherently dangerous, particularly if they lacked adult supervision. I asked respondents to tell me where they thought young people would obtain crystal meth and one respondent suggested that, “Skateboard parks, a lot of the city parks, kids will hang out there. At school, just about anywhere where there’s kids, there’ll be something going on. I’ve heard, in particular, well I’ve heard stories from parents and kids about the skateboard parks, one in [name removed], one at [name removed] Park, that type of thing, you know, anywhere where kids hang out there’s going to be someone else offering something” (R3). Here youth were tempted to use drugs by unregulated spaces where peers and possibly drug dealers might be predominate.

Heightened fears about youthful spaces may be related to the youth who were the focus of these concerns. As I noted in the introduction, the literature suggests that youth who are dealing with homelessness and other social issues are more likely to use meth, but most members of these citizen groups did not consider this to be valid representation of the problem. As several respondents suggested, the unique characteristics of meth posed a problem for middle-class kids. One respondent summed up this perspective by

¹³ This message is reiterated in recent advertising produced in conjunction with the Canadian federal Anti-Drug Strategy. One ad depicts a blond, white boy subject to peer pressure to use marijuana. See: Government of Canada. 2011.

suggesting the following: “Well, in our experience, this has become very middle class. You know, even some of the agencies and that downtown, they’ve said the kids they were seeing that were crystal meth users, they were not the regular kids. They were out of average middle class homes and that type of thing. So, how would you, I mean they are at risk once they’re on the street or using the drug, but at home were they at risk? Debatable, right?” (R3).

These claims worked alongside another set of issues identified by respondents, namely that meth use separated young people from ‘normal’ life. One respondent described the effects in these terms:

So they [youth] pull out of going to school, going to play basketball, wanting to go for a hike, going to play with friends, this sort of stuff and they become sucked into this other parallel life if you want to call that, with a different group, different hours, because it’s a drug where you can’t sleep... So you get involved in that other part of society, which for the most part, you know, is described kind of the dark side, where you’re out at 3 o’clock in the morning, you’re involved in crime, you’re doing drugs, you’re prostitution, that sort of stuff” (R7).

To be fair to these respondents, some described looking for their children after dark and finding them at strange homes with unfamiliar people, a potential scenario that justifiably does scare many parents. However, the claims in the interviews draw a fairly unbroken line between the first use of meth and its results, most notably the possibility that young people could be drawn into a separate, more dangerous world away from the watchful eye of parents and the supposed normality of family life.

As I noted in the previous chapter, public health officials were more likely to challenge the notion that meth was a devious agent and overwhelmingly addictive. Some respondents went even farther and challenged specifically, how citizen group members represented youth. Where citizen groups saw all youth as vulnerable to the use of meth

because of the inherent properties of the drug, others disputed this claim by offering up a more agentic view of youth. As one youth service provider suggested,

We have found that kids have seen their peers use crystal meth and see what it does...The decline [in meth use] continues and anecdotal evidence indicates that while the public may credit increased media attention to the dangers of meth use, the youth believe that it has more to do with their direct experience and the destruction among their peer group which has contributed to the decline in the drug's popularity." So that's what we think, cause they're telling us that, that's why they don't do, is what they see it do to their peers or what they've seen its done to their peers or what their peers are saying it does (R17).

This respondent challenged the notion that meth could be so overwhelmingly appealing or addictive that all youthful agency would be undermined by this drug.

5.4 Crisis as Contested

Crisis is a repeated motif in many claims about methamphetamine. Between 2004 and 2007 law enforcement, media reports, citizen groups and politicians, described meth use as either an existing or a looming crisis. Of course, meth is by no means the first drug to be described in these terms. In North America in the twentieth century, most drug scares have been accompanied by claims about the crisis precipitated by drug use and manufacture. But claims about crisis were not without their critics in this study. Several respondents disputed the representation of meth use as a crisis, and in some cases reworked the notion of crisis to suit their own purposes. As one public health official suggested: "...what I've heard, from a public health use prevalence, public health perspective, it wouldn't be considered a crisis. I think the crisis moniker gets again, generated from media more than from the actual public health what's going on in the communities sort of thing" (R11). Some public health officials were even more pointed in their concerns about the effects of describing meth use as a crisis. One respondent

disputed the idea that meth use constituted a crisis in B.C. and he described what he thought were the effects of using a crisis metaphor to describe drug use:

If you look at the West Coast with what we did with methamphetamine it's probably not, you don't have the same kind of thing, but what happened was government was politically forced into spending several million dollars of taxpayer's money which I think by all accounts today would be seen as basically wasted money. So it was a fiscal harm that was created by the crisis, by the painting it as a crisis on the West Coast (R16).

This respondent suggested that using the term 'crisis' in fact generated harm because it forced the hand of government resulting in unnecessary or misdirected funding. He did not rule out the possibility that a crisis could emerge as a consequence of drug use. But he did suggest that a crisis was not related to the use of a drug itself but to its effects, such as increasing rates of overdose deaths or HIV infection due to shared use of injection equipment. These harms, as opposed to drug use, warranted an urgent response from government in the forms of harm reduction programs such as needle exchange services. He also suggested that though the term crisis is often applied to drug use situations, he felt that it was overused as a descriptive term:

most issues in the drug world and I've been in it now for a long time, and I've heard about crises all over the place. Many of them perpetuated by people working in the field often, trying to say, thinking that if we paint it as a crisis, we get more money, more attention from politicians. In fact, I just had a call from a clinician today wanting some evidence that could be used in a presentation to funders and he wasn't asking for a crisis to be painted, but he was, you know, its pushing that line of trying to present it in such a way that it gets the attention of funders and I always am suspicious of those kinds of presentations.

Another respondent had similar concerns about the notion of drug use as a crisis. She suggested that media based descriptions of meth use as a crisis provided political opportunities for some individuals:

it's my cynical response is that I think things like that are an opportunity for some people to advance themselves. I think it comes down to really self-interest and self-motivation. I think there's a group of people who honestly try and problem

solve and improve services to be more responsive to that issue. I think it certainly wasn't for the people who used drug, the response. It certainly wasn't targeted at them. It just demonized them and made people afraid of them, you know (R13).

This respondent suggested that the depiction of meth use as a crisis worked to further stigmatize already marginalized drug users. But she did not dismiss the problems that meth presented in her community. She was responsible for policy and programming for young people seeking help with drug issues and she noted that:

A lot of the frontline workers were like, I've never seen people like this, this agitated, this you know, unpredictable, this you know bizarre behaviour. They're used to seeing kids on crack. They could handle, they knew what they looked like. They knew what kids using pot looked like, or alcohol, or you know if they were heroin users, they knew what that, those are the easy ones to deal with right, cause they're just mellow, right, downers (R13).

This respondent was also very protective of young people who appeared in 'educational' videos about meth produced in B.C. in the mid-2000's. She worried that filmmakers exploited these young people by using their personal stories of meth use to frighten viewers and reiterate the dangers this drug in simplistic terms. She worried that these educational videos and other materials overemphasized scary portraits of users and used these stories to facilitate a sense of crisis about meth. She was also concerned that these films did not meaningfully attend to the deeper social issues such as lack of funding for detox and drug treatment, homelessness and lack of appropriate housing, and the lack of social assistance funding, all of which can shape problematic drug use (O'Shaughnessy et al. ND).

Some respondents not only disputed that meth use constituted a crisis in B.C., but also defined crisis in ways that reflected their institutional affiliations. Public health officials and practitioners in particular disputed notions of crisis. I asked one official what would constitute a public health crisis and he suggested, "Something like 70 percent of

the adult population being addicted to nicotine and smoking cigarettes and pushing up the rates of lung cancer and heart disease” (R10). Another public health official suggested that a crisis could be measured as follows:

I guess to me a crisis would be that we are not able to respond to what is happening with the resources we have. Then it would be. We started to have wait lists, and we couldn't get youth and families the supports that they needed that would be a crisis from our point of view. And that's why I say this wasn't a crisis. We didn't have the resources that people thought we should have (R12).

She went on to suggest that members of the general public were convinced by inaccurate newspaper reports that resources for addressing youthful meth use did not exist. As a result, officials in her region were pressured to create a treatment program specifically for youth who were using meth. Subsequent to its establishment, that program had difficulty filling its allotted beds because the demand for this type of service was not as high as anticipated.

Other respondents did not rule out the possibility of a crisis, but rather defined it in a different way. This respondent, for example, was not attached to a citizen group, nor does he have an institutional affiliation though he was very active in problematizing the issue of meth use in B.C. Here he described his understanding of a crisis:

I've always framed crisis in the context of individuals as more of a collapse of social connections and housing stability and maybe mental health stuff, and maybe, maybe drug use and an individual drug use maybe scapegoated or maybe even sometimes obviously to blame for that (R9).

This respondent's perspective is somewhat similar to some members of the citizen groups; though he thought that drug use could precipitate a crisis in an individual's life, he does not isolate drug use from its social or individual context. Another respondent linked his critique of the notion of a crisis with his perspective on young people. He suggested that it was necessary to have public forums and other educational programs on

meth so that young people could be made aware of the effects of this drug, but he did not think that meth use necessarily created chaos. Instead he worried that these claims overlooked young people's capacity to make their own healthy decisions. As he said "That's what I think needed to happen in meetings, that some of the systems needed to be aware that it was coming. I think what has happened is that kids are smarter than we give them credit for. They see how destructive it is" (R17).

5.5 Knowledge and the Truth of Drug Use

In the next section I examine the sources of information about meth that respondents deemed to be legitimate or truthful. This section illustrates how some respondents disputed each other's claims about meth use. I will also show how public policy officials and respondents from the citizen groups often held distinctly different views about what constituted 'evidence' of a meth problem. I will begin with a brief discussion of conflicts about statistics as a measure of drug use problems, and then turn to the differing opinions held by respondents about key knowledge producers such as the media and law enforcement.

5.5.1 Aggregate Worries: The Use of Statistics to Define the Problem

As I indicated in the literature review, modern forms of government operate using aggregate forms of data to 'know' populations. This approach to governing is pervasive in public health contexts and also shapes how some respondents in this study defined the problem of meth (Peterson and Lupton 1996). Members of the citizen groups rarely mentioned the use of statistics on drug use as a means to define the problem. But statistics and their availability was a key concern of many policy-advisors and health

service providers.¹⁴ Public health officials in particular, used surveys of adolescent drug use as their primary sources of information about the extent of the meth problem in B.C. In fact, public policy officials thought that legitimate evidence of drug use problems was derived from peer reviewed research studies and drug use surveys, particularly those studies that drew on quantitative data. These kinds of data were key to the notion of ‘evidence-based’ policy that appeared in both the talk of public policy respondents as well as government policy documents. When I asked one public health official how he would know that meth use had reached crisis levels, he suggested that any claims about the extent of illicit drug use must be substantiated by research data: “Well if you’re talking about a population health crisis, it’s clearly based on rates of usage and the impact” (R10). Public health officials were very hesitant to describe meth use in epidemic terms, especially since the statistical data on methamphetamine use, albeit limited, did not support such an assessment. Another policy advisor indicated that though political pressure played a role in constituting meth as a crisis, he could not act until he had the appropriate data. In fact, this respondent reported that he commissioned the collection of statistical data from school-based studies in B.C. This respondent also measured the problematic nature of meth use through statistics on hospital data, specifically ‘hospital separations’. These data indicated that hospital discharges for conditions related to amphetamine use rose from two per 100,000 population in 1996 to 33 for the same level of population in 2005. Comparatively speaking however, the burden of harm from alcohol was much greater with 255 hospital discharges in B.C. in 2005 per 100,000

¹⁴ The paradigmatic example of this approach in B.C. is the B.C. Ministry of Health document entitled, *Following the Evidence: Preventing Harms from Substance Use in B.C.*, 2006. This document “identifies five strategic directions that international evidence suggests will have the most impact on preventing harms from substance use” (ii).

persons (Callaghan and MacDonald 2009:395). Overall these respondents reported that statistical data indicated methamphetamine use was low in the general adolescent and adult populations. But they did acknowledge that population level statistics might be meaningless to individuals and families who were experiencing a personal crisis because of problematic methamphetamine use.

Members of the citizen groups were far less likely to measure or define the problem of methamphetamine use through the use of statistics. This was likely because the extent of the problem of meth use is in their estimation, not a matter of numbers. Members of the citizen groups were more likely to see the agentic aspects of meth as its key challenge because of its uniquely addictive character and its potential to be widely used by young people.

5.5.2 Media as Knowledge Makers

In part, citizen group members based their claims about meth on two main sources of information: the media and law enforcement officials. Statistics took a back seat to other ways of defining the problem of meth for these respondents. Though public health officials were critical of law enforcement and media, citizen group members saw these groups as allies in their struggles to publicize their concerns about this drug. One respondent praised the efforts of the *Vancouver Province* newspaper to publicize the dangers of meth and noted that the special supplement about this drug was especially helpful (see Ramsey 2005a; 2005b; 2005c; 2005d).

B.C. newspaper and other media coverage was certainly not the only source of media-related information described by respondents in this study. Members of the citizen groups mentioned seeing documentaries on U.S. television that helped shape their

impression of methamphetamine use and its effects. One of the most popular sources of information in popular culture is the Oprah Winfrey talk show. This show devoted at least two episodes to coverage of meth in 2005. The following excerpt is from a transcript of an episode of Oprah Winfrey broadcast that same year:

Our nation is in the midst of a public health crisis, and chances are you know someone caught in the middle of it. Once called the poor man's cocaine, crystal meth used to be a small-town problem. It was only popular among truck drivers and factory workers struggling to stay up all night. Over the years, the epidemic has spread to infect all corners of mainstream America. According to the U.S. Attorney General, meth is now the most dangerous drug in America. Some law enforcement officials say it is the biggest drug problem they face, with home meth labs either showing up or blowing up in all 50 states. It has seduced soccer moms, robbed children of their parents and parents of their children and destroyed families (Oprah 2005).

This excerpt shows how ubiquitous claims were that meth was used widely, was potentially normative, highly addictive, epidemic and contagious. This excerpt also reflects key aspects of the problematization of meth in B.C. including the focus on use of meth among populations supposedly not usually involved with illicit drugs other than cannabis and alcohol.

5.5.3 Law Enforcement and the Truth of Drug Use

In part, members of citizen groups defined the problem of meth by drawing on claims made by law enforcement officials. Messages from these officials stressed the urgency of the problem and described the epidemic nature of meth use in the U.S. These sources also repeatedly stressed that increased levels of meth use were moving from the west coast of the U.S. to Canada. To understand how respondents defined the problem of meth use, I asked them to tell me what they thought would have happened if the alarm had not been raised in B.C. As one respondent insisted, “Families would be using like they did in the States, whole families...” (R5). In the following excerpt, a respondent

remarks on the urgency of the problem by drawing on the opinions of a B.C.-based reporter who investigated crystal meth use in Washington state:

[name removed] being an investigative reporter went down to Washington state and Oregon and looked around and spoke to authorities there and at some point was directed to a little town called Granite Falls. Small population, I don't remember, 6,500 something like that and 60 percent of the town was addicted to crystal meth (R3).

This respondent went on to indicate that information from the U.S. was instrumental in triggering B.C. residents to do something about crystal meth. Another respondent suggested that it was important for people in B.C. to respond to meth and "implement some of those preventative measure before the problems really got to as large as they were in the States" (R8). Another respondent described his initiation into concerns about meth:

Well, we're working on the streets of (town deleted)...and we were just inundated with homeless people. We couldn't figure out where they all came from, and so we started working down there and after about a month, we realized it was something else different about this and it was GAK... We had no idea what GAK was. So we started doing some research and we ran into the information that came out of Hawaii and then later Oregon and Washington State. And their message was that this ice they call it in Hawaii is far different than any other drug and until it's recognized and dealt with it will overwhelm all your other social things" (R2).

He was blurry about the exact sources or locations of this information though it is possible to find all manner of information about meth on the Internet and in magazines and newspaper reports. Several respondents also mentioned obtaining their information from the Washington State Narcotics Investigators Association (WSNIA). When they began organizing against meth, a citizen group located on the mainland of B.C. contacted WSNIA. These U.S. law enforcement officials warned respondents that it was only a matter of time before meth use would become epidemic in Canada. As one respondent

described it, these officials said, “wake up B.C. because its coming north...until you deal with it, it’s going to overwhelm your social agencies...” (R2).

The WSNIA produced a newsletter in 2005 devoted to the subject of methamphetamine. This newsletter drew on claims like “Meth: America’s Epidemic” to illustrate the dangers of this drug. This newsletter also contained claims about meth typically found in B.C. newspapers, including the following:

The meth epidemic, with its far-reaching impacts, has overwhelmed some communities while mobilizing others. Fortunately, the criminal justice system in Washington State has stepped up to the crisis. And in addition to the tireless attention given to the issue by our local law enforcement, it will be up to the treatment system to continue efforts to make services more available and more effective – with the goal of uprooting this addiction so as to protect our neighborhoods, families and children (Freng 2005).

These claims emphasized the epidemic nature of meth use, its potential to overwhelm services, the need for treatment services and drug courts, and more enforcement of drug laws. The website for WSNIA also included another source of information mentioned by a respondent, the *Meth Prevention Cookbook* (Washington State Narcotics Investigators Association 2005). This document, developed by local Washington State enforcement officials in conjunction with the U.S. National Guard, aimed to educate communities about this drug including its use, appearance, and methods for manufacture; it also includes extensive information on how to spot clandestine laboratories. The WSNIA website described the need for this *Cookbook* with the following statement:

For many years the production and use of Methamphetamine (METH) has plagued the west coast region of the United States. It has destroyed lives and created a nightmare of environmental hazards that threaten the safety of our families and communities. METH transitioned into the Midwest where it has gained a steady hold, devastating both rural and inner city communities. Studies now show that, not only is METH production and use increasing in Midwest and Western America, it is spreading East at an alarming rate. It is considered by many experts to be the most insidious of all illegal drugs used in America (Ibid).

These claims echoed others characteristic of previous drug scares in the U.S. and Canada. This excerpt hinted at the agentic nature of meth in its use of the term “insidious” to describe the spread of meth. The excerpt also evoked the fear that meth threatens families and communities though it left the exact consequences to the reader’s imagination. One citizen group member who worked for a municipal government also reported that she received information about meth from RCMP training programs delivered throughout B.C. Another member of a B.C. citizen group indicated that the RCMP provided information to his community about this drug. He described some of this information in the following terms: “The RCMP will tell you that 95 percent of the people they deal with are loaded on crystal meth. A 100 percent of the car thefts are crystal meth (R2).” It was difficult to tell if these claims were an accurate reflection of information received from police, but it was obvious from the interviews that police were trusted sources of information on these matters.

4.5.4 Concerns about Media and Law Enforcement

Some public health officials were also critical of politicians and other political actors for their perspectives on this drug. As one respondent suggested,

There are sections of the political entity, as well who have a vested interest in making us feel insecure. That crime is on the rise. That youth crime is on the rise. That drugs are rampant. That society is falling apart. That moral values are fraying, and that enables you together a core of believers but it is also the ability to um...keeping budgets intact and increasing budgets. Bottom line it keeps us in the public eye. You know, it keeps us in the public eye, keeps the budgets coming in, and people feel insecure then they will make you feel better (R10).

It was difficult to determine who was the object of critique in this excerpt. But this public health official noted that heightened and alarmist media and other claims about drug use negatively influenced public policy. One public health official suggested that politicians

raised their public profile by using the media to describe illegal drug use through crisis metaphors and panicked descriptions: “I think to some degree the media are taking their lead from the politicians and some of the issue around simplification and framing of things in a political sense, as there is from a media sense to keep things simple, you know come up with slogans and sound bits, and stuff, but it kind of distorts the whole reality of what’s going on” (R11). Another respondent challenged the credibility of RCMP information about meth:

I would say some of what the RCMP pulled together is less than credible. You know, I think that they, again they had their network and some of it comes from American statistics and they’re definitely looking for the anti, the extreme because that’s their position (R12).

She also criticized law enforcement agencies for adopting U.S. based claims which suggested that a supposed meth crisis in the U.S. was moving to Canada, and for generating the impression that people using crystal meth would be dangerous and unpredictable. As she said, “The RCMP really embraced it and became a really strong partner and they looked to the United States for a lot of the information that started to come out around crystal meth labs and the dramatic crisis driven pieces you got from...you know shows in the States” (R12). This respondent was concerned about how U.S. based information was circulated in B.C. as if it was an easily comparable situation. Another respondent criticized the “cross-border pollination” of ideas about meth that occurred in B.C.:

policy entrepreneurs or crisis entrepreneurs that came up from Washington State and from law enforcement and really helped these Crystal Meth Task Forces to construct the problem of meth in a particular way based on what they claimed was their experience in the United States. And that has a really, that’s one of the things that’s very, I think, unique in terms of this particular drug scare – is that cross border pollination vis-à-vis law enforcement. I mean, it certainly always happened around media and its certainly happening around where people draw their information from which is really some very bizarre website... (R16).

Another public health respondent went even farther in a critique of the role that law enforcement played in shaping public attention to crystal meth. When I asked him why he thought that there had been an increase in reporting on meth in B.C. newspapers, he suggested the following:

it's being fuelled by anxieties, being fuelled by I think um...sort of law enforcement and particularly from south of the border who are always looking for the next drug that will steal their souls or steal their children's souls. It's kind of a moral panic focus around you know. It takes a lot of free-floating anxiety and helps pin it down (R10).

Here he linked heightened concerns about meth with previous drug scares in the U.S. He also linked these concerns with the moral entrepreneurship of law enforcement agencies and offered a psychological assessment of why drug scares are productive and popular in modern societies.

Another respondent who worked for a B.C. health authority expressed concerns about the 'hysteria' about methamphetamine created by the *Province* newspaper. As I indicated in chapter two, in 2005 the *Province* newspaper was a key spokesperson on the issue of methamphetamine (Boyd and Carter 2010). This respondent acknowledged that it was important to create a public health response for illegal drugs, especially if young people requested assistance to curb their meth use. But she also mused on the potentially negative effects of such heightened scrutiny of this issue by the *Province* newspaper:

It just demonized them [people using methamphetamine] and made people afraid of them...I think we tried in our little world to, you know to improve our responsiveness to the drug, our understanding and we developed, you know clinical guidelines for working with people who are using methamphetamine... I never saw a point to the stories, other than to alarm me that this was happening...this is the problem I have with newspapers generally, no solutions (R13).

One respondent also suggested that intense scrutiny of meth was not justified by its rates of usage particularly since other drugs were more impactful but far less problematized:

the major drugs we're dealing with, with youth, one is alcohol. And no one really wants to focus on alcohol because its legal and its woven throughout our culture and our society and yet we know that it will probably take the lives of more of our young people and old people this year than all these other drugs put together (R12).

She suggested that some of the heightened scrutiny could be the result of the fact that prolonged and heavy use of a stimulant such as meth can cause noticeable physical effects that were disturbing to watch (twitching, shouting, etc.). As she indicated, "I think what happens for people on that drug and the things that go with that stimulation, the loss of appetite, some of the repetitive behaviours and the psychological impact, because somebody's, certainly personality may change on heroin, but on stimulants it starts to look a lot more like some of the more distressing mental health issues" (R12). Thus, this respondent suggested that behaviours associated with dependency on meth might have had some effect on public concern about this drug. Although this respondent was careful to note that meth could be harmful, she saw meth use in B.C. as more of a problem of politics and claims making rather than a real crisis.

5.6 Public Safety Officials and Political Pressure

Public policy officials were not completely immune to political and media generated pressure about the dangers of meth. But public safety officials were more likely to remark on the difficulties of negotiating competing definitions of the 'problem' of meth use. Public safety officials were also more likely than their public health counterparts, to be concerned about the law enforcement challenges and other dangers presented by methamphetamine use, manufacture and distribution. At the same time, they were aware of how political pressure and publicity had shaped public perceptions of meth. These officials were also charged with the responsibility of implementing the Crystal Meth Secretariat, an initiative borne out of public pressure. To some extent they

were also aware that their responsibilities clashed with the priorities of their public health colleagues. As an intra-governmental initiative, the activities of the Secretariat drew on support from Ministries across government; this cross-jurisdictional approach meant that public health and public safety officials worked together to craft governmental responses. The tensions between a public health approach to drug use and one driven by public concern was reflected in the complex ways that public safety officials defined the problem of meth. The following excerpt illustrates the complicated mixture of concerns that meth posed for some of these respondents. This public safety respondent was unclear about how to describe the problem of meth:

I guess, you know, and here's the sort of political messaging, but it depends on how you pose the crisis. Like, if it's a crisis in that the public and parents and families and communities don't understand it, well, perhaps it is. Usage? We know that the usage rate does not support the fact that there is a crisis. In some communities, that being said, in some communities, usage rate is quite concerning. It's high and related to other public health concerns like hepatitis and HIV. But, you know, that's, there are risks associated with other, I guess, risky, habits is not the right word, but of, for example IV [intravenous] drug users that may be homeless and, there's a whole bunch of risk factors that those, that cohort carries with it that, you know, throwing crystal meth use in there and generally that group uses it intravenously, you get into a lot of other, sort of, concerns that some can, in some certain circumstances you can say yes there's a crisis. But is it taking our kids away on a mass basis? No. It takes some people's kids away, but really the usage rate is really shown to be quite low in kids in school (R15).

This respondent reflected on the spectrum of representations that had emerged as a result of competing explanations for the 'problem' of drug use and specifically meth. At one end of her spectrum were media based claims that meth had reached epidemic proportions and threatened youth in general. This respondent, who was well aware of these claims, suggested that this argument was likely erroneous. At the other end of her spectrum, she acknowledged the research that showed meth use was more likely a problem for marginalized young people. This B.C. based research data focused on street

involved persons who injected drugs intravenously; this literature shied away from panicked descriptions of meth and instead raised public health concerns about needle-sharing and transmission of HIV and Hepatitis C (see for example, Wood et al. 2008; Bungay, Malchy, Buxton, Johnson, McPherson, and Rosenfeld et al. 2006). This respondent also distinguished and clarified the concept of crisis in an interesting manner. She noted that though media reporting depicted meth as a more generalized threat to young people, in the B.C. provincial government it was a crisis because of the political pressure that emerged as a result of media reports, citizen groups, and phone calls and letters to MLA offices and government ministers. As she indicated, the notion of meth as a political crisis more than its actual rates of usage was one of the key drivers for some governmental responses.

5.7 Conclusions

In this chapter I examined how respondents in this study contested the meanings associated with methamphetamine. The disputes circulated around three key issues: the nature of the methamphetamine; the appropriate way to understand youthful relationships and spaces; and respondents' interpretations of legitimate sources of knowledge about the truth of drug use. In first case, public health and public safety respondents were less likely to characterize meth as a uniquely dangerous substance than members of citizen groups. In the second case, some citizen group respondents and some public officials held distinctly different view about how the capacities of young people should be understood. In the third case, government officials and citizen group members held distinctly different views about what constituted legitimate and truthful knowledge about illicit drugs. Public safety officials also suggested that regardless of how many young people were using

meth, this drug was a problem for government because of heightened media and public attention and the ensuing pressure placed on politicians to respond to this 'crisis'.

Chapter Six: Crystal Meth and Citizen Groups

6.1 Introduction

This chapter examines the programs and policies promoted by citizen groups and focuses on three key issues. The first section covers these groups' methods for educating others about the dangers of meth and explores their concerns about the lack of appropriate educational programs for youth and children in the B.C. school system. This section also examines the school presentations some of these groups devised for educating school-age children about meth. The second section of this chapter describes how citizen groups approached the issue of regulating methamphetamine production. I discuss in some detail, their conceptualization of the problem of drug labs and I discuss how these citizen groups used municipal programs and bylaws to attempt to eliminate meth labs in their cities and towns. The third section covers these groups' approaches to public fund-raising campaigns and drug treatment.

6.2 What is 'Raising Awareness'

Regardless of their institutional or community affiliations, raising awareness about drug use is a key component of many of the activities of the groups and individuals in this study. My discussion of raising awareness about drugs includes all programs and other activities aimed at educating individuals and groups about methamphetamine. Raising awareness about illicit drugs usually focuses on reducing or eliminating drug use or delaying the initiation of drug use, especially among young people. Programs and other activities that fall under this domain include school-based education programs and public education campaigns. This following section examines both the claims that

respondents made about the necessity of drug education, as well as their formulation of what should be included in drug education programs for youth and children.

6.3 Citizen Groups and Raising Awareness

As I noted previously, members of citizen group often linked beliefs about methamphetamine (i.e., this drug is uniquely addictive/dangerous), with a conceptualization of users (i.e., users are not inherently bad, but victimized by the drug and ‘drug pushers’). As the following paragraphs will illustrate, their definition of the ‘problem’ of meth underscored their approach to drug education programs. Citizen groups framed the need for drug education around several key issues. First, they argued that there was a lack of information about crystal meth. For example, they suggested first responders and front-line workers were not sufficiently informed about the dangers of meth:

Because, first front-line service providers got no clue, whether they are ER workers, paramedics, firefighters, and a lot of time even the police didn’t understand the dangers of Meth, really. They knew it was an issue, but they didn’t really know the outlines that especially if you’re going to go and take on a meth lab, you need to understand how that works or you can get yourself all blown up and contaminated and dead (R1).

Like this respondent, several others emphasized the importance of educating first responders such as fire fighters and other emergency personnel about the dangers of meth. These dangers included fires and explosions in clandestine labs, as well as potential behavioural problems associated with people who use meth. These individuals also felt it was important to educate communities and parents about meth and its potential effects.

Citizen group respondents argued that without their educational programs, sufficient awareness of the dangers of meth would not have been fostered among B.C.’s residents, though they gave credit to media outlets like the *Province* newspaper for

illustrating the dangers of this drug. They often suggested that B.C.'s health authorities and schools had not adequately fulfilled their responsibilities to educate school age children about illicit drugs and particularly meth. B.C.'s health authorities in particular, were criticized for underfunding prevention and education activities especially in recent years.

What happened, is like, about 2 years ago, I got on the phone and I started phoning the school districts to find out, you know, do you have, I phoned almost every school district in B.C., and I asked, I got some of the school superintendents on the phone. They weren't very nice, but every once in a while somebody would point me to an organization and I would get on the phone with somebody, yes, we did it for 30 years, but you know they cut our funding. For 30 years these people would warn the kids, mostly like, don't drink and don't smoke and don't do drugs. Thirty years and done (R6).

This respondent argued that health authorities had reneged on their obligations to provide drug education and prevention programs and had focused instead on treatment services.

In particular, she noted that in recent years the integration of mental health and drug services in these health authorities had resulted in a retraction of school-based drug education programs.¹⁵ These respondents also criticized other Canadian organizations for failing to provide appropriate prevention services. In the following excerpt, one citizen group member suggests that the Centre for Addictions and Mental Health in Toronto (CAMH) was one such example:

And they got \$10 million from Health Canada to run prevention programs across the country. What are they doing? I don't know...they're getting \$10 million dollars from Health Canada (R6)

¹⁵ In the early to mid-2000s B.C.' health authorities integrated their mental health and addiction services. Substance use service providers have expressed concerns that this integration has resulted in fewer services for substance use issues and fewer drug use and harm prevention programs (Association of Substance Abuse Program Providers 2007).

Citizen group members were also critical of B.C. organizations that received funding to create prevention programs for young people. In the following excerpt a respondent suggested that the Centre for Addictions Research of B.C. (CARBC) received an inordinate amount of funding to develop educational programs. Several respondents suggested that CARBC was initially not sufficiently responsive nor concerned about the issue of meth, but that changed when funding became available to them:

So that when the government did their No to Meth campaign and blew two million on it, or a million five, CARBC, who had prior to then had said meth is not an issue, promptly jumped up, kicked its heels and saluted smartly when it got the budget and the award to craft the curriculum for the million five. "Oh yah, you know what? Meth is actually now a problem. It's a million point five dollar, one million five hundred thousand dollar problem we've discovered recently." I hate to sound cynical, but, I just speak of what I've observed. That *No to Meth* curriculum, with the serious dollars.

Not only did members of these citizen groups suggest there was a lack of information, they raised concerns about the approach used in government funded education programs. They felt this approach was inadequate because either bureaucrats and politicians did not understand the full extent of the problem, or initiatives designed by government to combat meth were inadequately conceptualized and delivered. In reference to the first concern, one citizen group member was highly critical of B.C.'s Provincial Health Officer, Perry Kendall. A newspaper article in 2004, in which Kendall responded to increasing media coverage of meth and suggested that overemphasizing the dangers of this drug could also be problematic, precipitated this critique. His comments were carried in several B.C. newspapers as the following excerpt from the *Vancouver Sun* illustrates:

Over-dramatizing the dangers of methamphetamine use to young people across B.C. is unlikely to improve the problems with the drug in the province, and could lead kids to doubt the actual dangers of the synthetic stimulant, B.C.'s provincial health officer said Monday. "The question is, do you want to make it sound like everybody is at risk and everybody is using it?" Dr. Perry Kendall asked Monday while taking a break from the Western Canadian Summit on Methamphetamine,

"or do you want to say, 'No it's a dangerous drug and most people know it's a dangerous drug, and they will tend not to use it?' "Drawing parallels with the sensationalized 1938 anti-drug movie *Reefer Madness*, Kendall warned that if officials get "too worked up," or spend too much time in a campaign against methamphetamine, there is a very real risk they will take the problem "out of context of what works in terms of drug-abuse prevention and education" (Fowlie 2004:B1).

Several citizen group members were highly critical of Kendall's perspective and used his comments to illustrate how government officials did not understand the gravity of the problem created by meth use, especially for young people. B.C.'s Crystal Meth Secretariat was also the object of critique by citizen group members. As one respondent suggested, "They really didn't ever go out and talk to any school kids or warn them. ..."

(R6). This comment reflected a concern among citizen group members that government sponsored efforts were too passive in their approach to educating young people. Members of these groups were also concerned that monies spent by the Secretariat were wasteful:

How much is thrown at crystal meth by this government - \$8 million dollars.¹⁶ You know, and the stupid ads that they put out, the, I'm sure that they had to be approved by Perry Kendall and George Abbott and they make it seem like the parent is the bad person if you don't tell your kids about meth, you know, "Have you talked to your kids about meth?" Why don't you give them some information that they can really use. You've spent all this money on that, so (R1).

This respondent suggested that the advertisements created by the Secretariat and shown on television stations in B.C. in 2005 were not only ineffective but blamed parents for their children's drug use. Respondents also forcefully critiqued the *No to Meth* school curriculum initiated by the Secretariat in conjunction with the Ministry of Education. As one respondent worried, the curriculum was too soft in its approach to meth use. "Look up the definition of Milk Toast? Yeah. And so when we met with the minister who had final, you know, top end authority for that product, and I asked him the question, 'In what

¹⁶ The actual figure is \$7 million. See: Office of the Premier. 2005.

classroom, on what day, did kid one ever see this show?’ No way in hell they could answer that. ‘How many have seen this?’ Dead silence” (R1). Though it is not possible to ascertain if this claim is true, the respondent echoed the concerns of other members of the citizen groups who lacked confidence in government drug use prevention initiatives. Respondents also critiqued the B.C. government’s public advertising campaign initiated in 2005 for being too soft in its approach to this drug. As one respondent argued,

The ads were this big, and they looked like an ad for open a bank account at the ING bank....And down in the corner here was a little meth pipe. What the hell was that? No one’s going to connect anything out of that, you know? But again, it was happy b-crat design because, “Well, we’ll have fulfilled the work description. No-one will be upset, and no-one will even notice it, and we’ll all get paid next month” (R1).

This critique was embedded in a larger discussion about the supposed ineffectiveness of bureaucrats at dealing with a problem like methamphetamine use. But not all drug education efforts were seen as inadequate as one respondent explained:

I know the police are out there with the DARE¹⁷ program in the schools and they are teaching the younger children about the dangers of any type of illegal drugs, and other areas of course, but I think all of that contributes to a more informed public and maybe helps shape sort of the cautions that everybody ends up having built into their psyche. So a lot of youngsters maybe don’t have the interest in trying something because they’ve already been informed. They’ve already talked about it, and in some cases, maybe they’ve seen how bad it really can be (R8).

As this excerpt illustrates, citizen group members saw prevention programs as a necessary part of creating ‘resistance’ to crystal meth use by young people. But these prevention programs, in their view, must contain the right messages.

¹⁷ DARE is a drug prevention program conducted by the RCMP. For a critique of DARE see Clayton, Cattarello, and Johnston, 1996.

6.3.1 School Presentations

Citizen group members were clearly frustrated by the response of key institutional players including schools and health authorities – a response they deemed to be too soft and ineffective. To respond to this concern, in 2005, one group developed its own school based educational program for delivery in the public school system in B.C. Members of this citizen group emphasized the effectiveness of their approach by drawing on statistics that indicated they had delivered this program to over 25,000 students throughout British Columbia. These programs were presented mostly in school settings such as individual classrooms and in school assemblies. School presentations focused on grades four and five and were entitled *Healthful vs. Harmful Drugs – Making an Informed Choice*. In 2008, this group received \$50,000 from Minister of Education, Shirley Bond, to continue to conduct these programs throughout B.C. (Ministry of Education 2008). As one respondent noted, the need for this education was paramount because “the kids of B.C. need to be warned” (R6). These school programs were sometimes accompanied by evening workshops for parents and others in the belief that the ‘community’ must become involved in these education programs. Respondents suggested that it was not always easy to access schools; the group contacted officials in many school districts and convinced some of the school superintendents to support this program by drawing on frightening claims about the effects of meth on school-age children. Respondents felt that these school presentations were key to preventing meth use, as the following respondent suggested:

... we want people to have decision making skills, and to save themselves from this thing. We seek to deny meth new customers. We consciously seek to deny meth new customers. We do that through education. We seek to hinder the manufacture and distribution and meth. We do that through enforcement. We seek

to pull people out of the meth river. We do that through treatment. So, education stops them falling in the river, or hinders them actually trying to jump in the river. Some of them go that route, you know. It's much better to curtail it up here, upstream, than to endlessly keep pulling people out of the river. That's insane, you know? With an infinite number of donuts and coffee and an infinite number of street corners, you will never satisfy the need to just keep pulling people out of the river. You've got to hinder them getting in the river. And that's where our primary focus does. So, prevention. Preventative education (R1).

As this respondent suggested, drug education programs for youth and children were key to preventing the spread of meth use in the province. This respondent also concluded that drug education was an effective method for avoiding downstream costs related to drug enforcement and drug treatment.

6.3.2 Content of Education Programs

This education program was developed using the skills of group members and information on methamphetamine gleaned from a number of sources including the internet, personal experiences, images and other texts. Their approach was emotive and quite graphic and usually involved a one-time presentation to school-aged children and youth. This group described their program in the following terms:

The Meth Info Show has four versions tailored by age group that educates youth on how to recognize crystal methamphetamine, the effects that it has on the body and the devastation it wreaks on families. A graphic 18-minute video, *Death by Jib*, is shown. We also have an alternate video, *Not A Game* for younger students. Where possible, our presenters include practicum university students and youths in recovery. The video is followed by an open question and answer period with the presenters. The program runs 37 minutes plus 15-20 minutes of Q&A.¹⁸

One respondent described the focus of this program in these terms:

It's really about decision making, and the crystal meth Info show teaches about decision making. What's in it for you, really? What's in it for you? Are you – is this looking like a good deal to pay this price? You know, are you going to roll the dice on an outcome like this? What's in it for you? It's about decision-making,

¹⁸ See Crystal Meth BC 2010.

right? That's the real messaging. Meth is an ideal tool to deliver that message. It's just so, so clear. You know, there's nobody on this side saying "Meth is good. Come on, do it with us. Aren't we handsome? Aren't we healthy?" Ain't no people. They're all dead, right? So, you couldn't ask for more clarity in the, you know, the equation (R1).

Another respondent described the content of the programs and noted that their efforts focused on decision-making:

It was a series of slide presentations starting with the first slide was showing your circle of friends, family, everything that matters to you in bubbles and you come back to that at the end because we tell them that when you even experiment with crystal meth this is what you're putting at risk, and they don't really believe that until the end slide comes on and you go back to those things (R5).

Death by Jib was a controversial choice for drug education because this video included very disturbing and constructed images of the effects of meth use. Citizen group members were often supportive of such graphic and frightening depictions of the effects of meth use as a strategy for educating young people about the dangers of this drug. One respondent suggested that the contemporary proliferation of images of drug use and violence in popular culture had desensitized young people. She thought that school presentations should use graphic modes of presentation to get the attention of young people to warn them about the dangers of this drug. As she suggested:

...usually older, you know 30-year-olds, say when we were in school we saw whatever movie it was about heroin and shooting up and it, I mean I saw it, I don't even remember the movie, I just remember, and so we created awareness by a graphic presentation. We have soft-coated and sugar-coated and everything and tippy toed around what's best for kids and I'm sorry, I still think that you've got to scare the shit out of them, particularly now. They're so desensitized to everything.

Others felt that young people should be shown graphic images of the effects of meth use because:

Well I guess most people can't even imagine what the world of a drug addict is like and so I think you have to graphically let them know, not just what the drug does or is, but show them and so that's why taking kids around that still have the

scars on their faces to show it or I think we have to be much better at awareness. The kids have asked for it (R5).

Here this respondent referred to the practice of including first-person accounts of meth use by former meth users in these school presentations. Some respondents were concerned that other drug education programs ‘sugar-coated’ the effects of meth use. They were also worried that drug education was often divorced from the experiential. As one respondent suggested, “all these government officials that are spouting all these solutions, why don’t you ask the people that have the problem to be part of the solution?” By ‘solution’ she meant a number of things including education programs. In her estimation, both ex users of meth and affected families were appropriate sources of information about the effects of this drug.

Well, part of the problem is that the RCMP will tell you, and this is statistically true, that they are lacing ecstasy and coke with meth a lot and pot some. But cocaine and ecstasy get laced with, they call it testing hot, testing hot for meth, right. So, what happens is that with ecstasy the kids, a lot of young kids, like high school kids, are doing ecstasy, that when they have their little parties, their little dances at school, you know the kids are all trying to sneak a couple of beers before they go to the dance, right, the boys especially, kind of get their courage up and that. Then they go, they’ve had a couple of beers, they go to the dance, right and then somebody says, why don’t you try some ecstasy, you know, you’ll love that stuff. Well, alcohol and ecstasy don’t mix. And then the kids are all puking out, it makes them sick, anyways. So, we try to scare them off of drugs (R6).

This excerpt reiterated concerns that youthful experimentation, combined with lack of knowledge about the possible contamination of other drugs with meth, increased the potential dangers of this drug. These prevention programs also included information on clandestine labs including their supposed generation of hazardous waste. Overall most respondents indicated that these programs were successful and they attributed at least some of the decline in the use of methamphetamine to their efforts, despite data that

suggested that this decline had already occurred before these programs were implemented. As one respondent noted,

With the school shows we've done, some of them have done testimonials. We have a survey sheet that goes out and we're also getting feedback from places like the detox centers and they're seeing the number of kids coming in that are using meth down and they attribute that to our educational shows. So that's on the plus side (R3)

As of 2009, these educational programs were on-going and some of these groups were still seeking funding to continue to offer these programs. Recently this group has shifted their approach to one that includes not just meth but also other drugs in an effort to make their program relevant, given meth's declining public profile in recent years.

Not all members of these citizen groups were in agreement about the general focus of these educational activities. One person thought that social conditions shaped problematic substance use; to support his position he argued that people often experience difficult life circumstances that contribute to their drug use. Another person objected to what he saw as the myths that were perpetuated in some of these educational efforts.

...they [citizen groups] went in and spoke to the problem as hey this is the big demon coming, this is the devil coming and run scared. And I didn't, I fought them. I wouldn't participate in some of the things they did because of the approach they took (R7).

He suggested that education, including public campaigns, was a very important part of creating a climate that would discourage illicit drug use. At the same time he opposed spreading what he saw as misinformation about meth, especially in school presentations that used the worst effects of meth use as examples of routine occurrences.

6.4 Public Fund-Raising Campaigns

As I indicated in previous chapters, the focus of this study was on the 2004-2007 period. This section is a brief update on more recent activities. This update illustrates that

many of the same themes and issues that characterized citizen group activities in earlier years were still evident in 2009 and 2010. During this time, one citizen group undertook a public fundraising campaign to get financial support for its continued existence. This campaign was supported by full-page advertisements in community newspapers (i.e., *Saanich News* – Fall 2010) advertisements in larger daily newspapers (*Times-Colonist*), and collection boxes in locations such as grocery stores, all touting the need for a continued campaign against meth. This campaign featured a series of images and texts that helped to support a fundraising campaign and remind the general public about the dangers of this drug. One such image included a picture of two young white children, a boy and a girl (in the full-size picture they are sitting next a Golden Retriever) with the caption, “Let’s Keep Our Bright Young Faces Bright Young Faces”. Below this image is a ‘before and after’ picture of young white women. In the ‘after’ image, this woman is depicted as emaciated with poor personal grooming. This image was ostensibly meant to illustrate the dangers of prolonged meth use. Other documents contained a photograph of a naked man falling out of a window, and a close-up image of someone injecting into an arm. The first two documents contained images taken from the *Province* newspaper. The before and after image was used repeatedly in this newspaper’s special supplement on meth, and the second image accompanied a news story about meth use that ran as part of the *Province*’s coverage of this drug in spring 2005 (Boyd and Carter 2010). The text and the images in these fundraising documents reiterated several ubiquitous messages about this drug: namely that it is highly addictive, has agency usually reserved for human actors, and can potentially invade otherwise ‘normal’ spaces. These messages echoed the

ones expressed by a variety of citizen group members in the earlier discussion of the problematization of this drug.

6.5 Citizen Groups and Regulation: Introduction

This section focuses on how members of the citizen groups attempted to shape and implement formal modes of regulation of methamphetamine. These formal modes of drug regulation include efforts to prohibit or regulate how drugs are defined, manufactured, distributed and used. Drugs like cocaine, heroin and methamphetamine are prohibited substances under Canada's *Controlled Drug and Substance Act*. Other substances are regulated under provincial jurisdiction. B.C.'s *Liquor Control and Licensing Act*, for example, governs how alcohol can be used and distributed.

6.5.1 Citizen Groups, Precursors and Municipal Bylaws

The following section illustrates how the members of the citizen groups problematized both the chemical composition, and, the conditions in which methamphetamine was manufactured. These claims helped to support formal regulatory activities undertaken by these groups at the local level, including implementing Meth Watch programs and pressuring municipalities to enact bylaws aimed at curbing the manufacture of this drug. Because methamphetamine can be produced from chemicals available in retail stores, efforts to regulate methamphetamine in the U.S. and Canada have focused on restricting the availability of its precursor chemicals by limiting access to bulk supplies and regulating cold medication sales. Other efforts have focused on the

detection and elimination of clandestine drug laboratories especially in residential neighbourhoods (Garriott 2011).¹⁹

6.5.2 Defining the Problem of Manufacture

The interviews and documents produced by citizen groups repeatedly described meth as a drug that required unique forms of regulation. Although its supposedly uniquely addictive qualities and its potential dangers to the user were important for justifying these claims, justifications for the regulation of this drug also stemmed from the perception that the chemicals used in its manufacture were both widely available and uniquely dangerous. The combination of these two factors was significant to its problematization. As one member of a citizen group remarked:

You know, I mean you look at what the ingredients are and it's got a skull and crossbones and corrosive symbols and all this, like, you know, you think if you're taking that in your body, like what that does, right? But all of them are pretty harmful, you know.

This excerpt echoed concerns about meth reiterated in media and in law enforcement discussions of this drug. The Special Supplement of the *Vancouver Province* includes an article entitled "Drug Ingredients as Close as your Local Store" (Ramsay 2005:4). This article illustrated the dangers of methamphetamine through a discussion of the chemicals used in its production including camp stove fuel, Muriatic Acid, Acetone, methyl hydrate, lye, contents of emergency flares, and decongestants such as Sudafed. This article suggested that these ingredients were "easily obtained in local stores' including hardware and pharmacy outlets (Ramsey 2005:4). Its author decried the lack of regulation of these precursor chemicals and compared Canada unfavourably to the U.S. where regulations

¹⁹ See for example, Washington State Narcotics Investigators Association, 2005.

preventing the sale of some of these ingredients had been enacted. This article was accompanied by a photograph of the chemicals noted above and purchased by the *Vancouver Province* from local stores for the sum of \$100.58. The article included several sidebars that emphasized the ‘dangerous’ effects of meth use and closed by giving readers ‘tips’ on spotting clandestine drug laboratories in their neighbourhoods (Boyd and Carter 2010).

Citizen group members were concerned that the easy availability of these chemicals would feed the existence of small-scale clandestine methamphetamine labs in residential neighbourhoods in communities throughout B.C.:

what I was more concerned about though is if we did have somebody in [B.C. Town – name removed] who decided, you know what, I can make methamphetamine on the corner of my desk, cause you can. You only need a very small amount of space to do it, they’re going to go down to Rona or Canadian Tire or Home Depot and buy the odd box and bag of different things and make it at home. A small lab is no less dangerous than a big lab. So, we brought in the Meth Watch Program (R7).

Other respondents suggested that the phenomenon of ‘mom and pop’ labs was on the increase in the U.S. and it was only a matter of time before Canada would be faced with this same issue:

And for the most part what we were seeing in the States are what you would Mom and Pop labs, which I think is a terrible name to give to these things. They’re drug labs. It doesn’t matter if you can fit it on the corner of this desk or you’re going to take up this entire office to do it, it’s a drug lab. And when you start talking about Mom and Pop, it has that connotation of like, you know (R7).

This claim was also similar to ones made about drug labs in the U.S. The 2005 edition of newsletter of the Washington State Narcotics Investigator’s Association includes numerous articles that described the issue of small labs. This newsletter used terms like ‘epidemic’ to argue that labs, and consequently addiction to meth, were increasing at an alarming rate (Washington State Narcotics Investigators Association 2005). Reports in

this newsletter also suggested that majority of the supply of methamphetamine came from these small local labs. These claims stood in stark contrast to research on precursor regulations in the U.S. that suggested small-scale “producers accounted for a relatively small amount of the methamphetamine supply” in the continental U.S. (Cunningham and Liu 2003:1229).

These respondents argued that a clear casual relationship was present between the existence of labs and the use of this drug. Respondents suggested that small-scale meth labs facilitated the availability of the drug and thus its use:

It’s different and you know they want to know about the meth and how can they do this Meth Watch campaign, and you know just how do they organize their community. And it does, you get one, you know all it takes is one guy that’s producing up there, you know which would be easy to do out in the back woods, and it’s a hot zone then, right around that little meth lab (R2).

This concern was not restricted to members of the citizens groups; it was also expressed by a public safety official:

You know, where you might, and where in one community you might, and I think that’s pretty much, you know, some guy gets access and he starts cooking meth and starts making it and develops a bit of an addict following in the town and, or accesses his meth from one of the big labs and you start having a problem. So I think there definitely were, I would say kind of hot spots around the province (R14).

This was a contested claim in the interviews for this project. One public health official offered a different explanation of the relationship between drug use and the existence of drug labs:

Yeah...well...I...the production in terms in labs...the problem there is it goes back to the fact that it's illegal. There's a demand. That's what often gets left out of the picture. The reason people are taking these drugs is because there is a demand. And so when there's a demand and there's money to be made, people are going to start producing the substances and because it's illegal they're going to set up in clandestine types of operations. So...um...you know the home labs are product of the demand. They're an outcome of the demand, not the problem themselves. That's I think where often the media kind of focuses on the drug labs as the

problems when in fact they are just a consequence of a whole downstream chain that's driving the fact that there's money to be made. I mean there is some, certainly some problems in terms of damage that gets caused to the house, and um...and um and it can be certainly be some disruption in the neighbourhood, but I think often the demand side doesn't even get talked about. The media tends to portray these labs as uh...the labs is what then drives the problem. Like there you know...which is kind of a topsy turvy way of looking at it, at least from my perspective. I mean if you didn't have demand you wouldn't have production. Yeah (R11).

Rather than arguing that drug labs cause drug use to spike, this respondent suggested that the demand for drugs drove the proliferation of meth labs. He insisted that the combination of demand for drugs, and their criminalized status, accounted for why illegal drugs were manufactured in unsafe and unregulated settings. This he felt, contributed to the likelihood that meth was contaminated by its precursors; it also created a situation where some drugs are only available from a dangerously unregulated market where it was difficult to determine the dose or purity of any given illicit drug.

Some citizen group members suggested that the lack of regulation of precursor chemicals for manufacturing methamphetamine made Canada a haven for drug production:

Well because of the regulations in the U.S., about accessing large quantities of red phosphorus, and ephedrine, it is very, very difficult to get it. What happens is that people were going down to the pharmacist and they were buying blister packs of Contact C, or Sudafed and they were grinding them up in a blender, they were filtering all of the other byproducts out and they were being left with ephedrine which then they would use to make methamphetamine. Well, in Canada we don't have the same sort of type of regulations so I can order up ephedrine and have 40 pounds sent to my house (R7).

This excerpt described the respondent's perception of how people who made meth obtained its precursors, after U.S. federal regulations restricted access to bulk supplies of ephedrine. This respondent decried the lack of Canadian regulations restricting access to bulk supplies and compared Canada unfavourably to U.S. drug control legislation.

Citizen group members also believed methamphetamine to be dangerous because it could potentially be manufactured in large quantities inside Canadian borders and subsequently exported to other nations. In the following quote, a citizen group member describes how meth manufactured in British Columbia had supposedly become a popular export and how this business was connected to organized crime:

I don't believe that a war on drug strategy, you know like the United States is pursuing and other continents and countries are, but I actually believe that crystal meth is a different type of drug. I mean, this is not, this does not come from Columbia, it does not involve those kind of geopolitics. It's a drug that has become dangerous, pernicious and widespread and it's manufactured right here at home. In fact, B.C. has become a problem to the rest of the world, especially the Benelux countries and the UK. Drugs and meth found on the streets is made here, it's just unbelievable. Organized crime is involved in it to a high degree. We haven't had high profile mega lab busts anywhere in Western Canada to my knowledge, yet we're seen as the production capital (R7).

Though this respondent eschewed a U.S. style war on drugs, he also linked meth to other types of crime including drug production on a large scale and drug smuggling. These comments also clearly echo law enforcement claims that Canada is a source country for methamphetamine (RCMP 2005:12)

To respond to these concerns, members of citizen groups promoted two initiatives. The first included increased forms of formal regulation of the precursors for the manufacture of meth. As one member stated, "We wrote a resolution urging the federal government to interdict bulk meth ephedrine, increase the involvement of Health Canada inspectors, assist communities to educate their families etc." (R1). This respondent did not indicate when his group undertook this activity, but changes to current Canadian regulations began in 2003 and were completed in January 2004. In January 2003 Canada implemented license requirements for importing, exporting, packaging and producing ephedrine and pseudoephedrine. In July 2003 Canada implemented regulations

that required licensing for this distribution of these chemicals and in January 2004 regulations were implemented for chemicals used in the preparation of methamphetamine. Only the first two sets of regulations actually address precursor chemicals. The third set of regulations is aimed at chemicals used in the preparation of this drug, but which do not become part of its molecular structure (Cunningham et al. 2009:442). In the spring of 2005 the Canadian federal government announced its intention to move methamphetamine from Schedule 111 of the *Controlled Drugs and Substances Act* to Schedule I. The *Canada Gazette* provided the following rationale for the rescheduling of methamphetamine:

Methamphetamine was considered by the United Nations (UN) to constitute a substantial risk to public health and to have little to moderate therapeutic usefulness. It is listed in Schedule II of the UN Convention on Psychotropic Substances, 1971 (71 Convention). Most of the substances from Schedule II of the 71 Convention are listed in Schedule III to the CDSA; one such exception is phencyclidine (PCP), which is listed in Schedule I to the CDSA. At the time of scheduling PCP, the risk to the health and safety of Canadians was deemed to be greater than other substances in Schedule II to the 71 Convention; therefore, it was listed in Schedule I to the CDSA where it would be subject to greater penalties. There were no similar health and safety concerns with methamphetamine until recently. Since 1999, the risk to public health and safety presented by methamphetamine has increased dramatically within Canada; therefore, it was deemed necessary to assess the current scheduling and determine if the existing penalties are still appropriate (Canada Gazette 2005).

This change was passed in August 2005. This change created harsher penalties, including a life sentence for trafficking or production of this drug. Though one citizen group in particular claimed that it helped to change the way methamphetamine was regulated at the federal level, it was difficult to assess the effects that these citizen groups had on these changes given that many of them did not come into existence until later in 2004. The data for this project suggested that these groups were more likely able to influence how methamphetamine was regulated at the municipal level, as I will discuss below.

6.5.3 Citizen Groups and Meth Watch

Several B.C. citizen groups pushed for the implementation of the Meth Watch program in their communities. Meth Watch was an initiative first established in the U.S. aimed at regulating the retail sale of some chemicals used in the production of methamphetamine. In 2005, the state of Kansas began regulating some of the precursors used in methamphetamine production, including pseudoephedrine. This state's *Mathew Samuels Chemical Control Act* limited the purchase of pseudoephedrine to no more than 3.6 grams in a single transaction and no more than 9 grams in a 30-day time period. This law required that retailers obtain photo identification and a signature for the purchase of this drug and the purchaser must be at least 18 years of age. The Kansas Meth Watch program was a voluntary initiative that supplemented the above noted law by providing signage and training materials about the other chemicals used in the production of this drug. Retailers were also encouraged to limit the amount of certain products on the shelf, place products in high traffic areas and limit the quantity of these products available for purchase. These retailers were also asked to report 'suspicious transactions'. The website for the Kansas Meth Watch program advised retailers of the following:

Meth 'cooks' can be dangerous when they come to a retail facility for more ingredients. Paranoia and aggressiveness caused by a drug induced high can cause a "cook' to become angry if confronted about a theft or improper purchase. KDHE and KBI recommend that employees do not confront the suspect, but instead follow through with the transaction rather than putting themselves in danger. When the suspect leaves the store, the clerk or manager should complete a suspicious transaction report and provide the information to the local law enforcement and/or KBI as soon as possible...KDHE (Kansas Department of Health the Environment and KBI strongly encourage working closely with local law enforcement agencies to create a working relationship that can benefit the store and the community (Kansas Meth Watch Program ND).

This excerpt illustrates how U.S. Meth Watch programs elicited alliances between retailers and law enforcement officials and reiterated frightening claims about individual users of meth. This program was adopted by other U.S. states and the U.S. Consumer Healthcare Products Association developed a national program. In Canada, Meth Watch is operated through Consumer Health Products Canada (CHP), an organization that promotes self-regulation of industry standards. This national organization is comprised of a coalition of partners organized through CHP including the Canadian Association of Chain Drug Stores, Nonprescription Drug Manufacturers of Canada, Retail Council of Canada, and the RCMP. Like the program in Kansas, this initiative focuses on training retailers and their employees about practices for limiting the availability and monitoring the purchase of precursors and chemicals for meth production. It is also meant to “reduce methamphetamine production without disrupting the availability of legal products” and “promote cooperation and teamwork between retailers and law enforcement professionals” (Meth Watch Coalition Secretariat ND).

In 2004 and 2005, several citizen groups in B.C. worked to have Meth Watch programs implemented at retailers in their local municipalities and surrounding areas. In the following excerpt a respondent described how the program was meant to work at the retail store level:

If they came in [the customer] and bought a box of matches, coffee filters, lighter fluid, methyl hydrate, cat litter, you would go, well that’s really an odd combination, okay this fits within the criteria of the Meth Watch where you’re going to have this unusual purchase of these specific items, can you give us a call. So, that’s what the whole program was about. We never received very much feedback from the program (R7).

This description notes how retailers were encouraged to call police if they observed suspicious transactions. It was difficult to find information about how this initiative was

meant to work once police were involved. This initiative also seemed to fade away, though it was clearly meant to curb the potential for small-scale manufacture of methamphetamine and echoed concerns stemming from the U.S. about the ‘mom and pop’ laboratories described above.

The implementation of Meth Watch programs in B.C. municipalities required that alliances be established between a number of local groups and individuals. In the following excerpt, a citizen group member described how supportive community partners including the local fire department, facilitated the implementation of the Meth Watch program:

The fire chief and they recognized this and said, look, we can bring our big yellow shiny truck and a guy standing around in a clean uniform in front of Rona and we can meet with a person, we can talk about Meth Watch and saying how the fire department is involved in this community project and it looks great. And again it brings credibility to the program and it also brings good PR to the fire department. So they were very, very supportive (R7).

As with educational programs, these regulatory initiatives fostered alliances between citizen groups and institutional representatives including retailers, citizen groups, fire departments and municipal governments.

6.5.4 Citizen Groups and Municipal Bylaws

Citizen groups also pressured municipal governments to implement bylaws aimed at ‘drug houses’. These bylaws were supposed to prohibit the manufacture of methamphetamine within the municipal boundaries of B.C.’s cities and towns. The prototype for these bylaws was introduced at the annual convention of the Union of British Columbia municipalities in 2005. As the press release accompanying this model bylaw stated:

The cities of Chilliwack, Kamloops, Kelowna and Surrey, along with the Safety

Policy and Liaison Branch of the Government of B.C.'s Housing Department, have partnered to develop a model nuisance bylaw aimed squarely at controlled substances. The self-described purpose of this innovative Controlled Substance Bylaw is "to regulate, prohibit or impose requirements respecting nuisances, noxious or offensive trades, and health and safety". Among the intended targets: marijuana grow operations and meth labs. Legal advice for the project was provided by the firm of Lidstone, Young and Anderson (Civic Info BC 2011).

This bylaw was enacted in Surrey in 2005 and has since been implemented by other municipalities. Surrey, B.C. continues to promote the adoption of this bylaw by other municipalities (City of Surrey 2009:10). Citizen groups worked actively to encourage local municipalities to adopt these bylaws and in several cases they were adopted (i.e., Surrey, B.C., Langford, B.C.). These bylaws were meant to curb methamphetamine production in residential homes by making homeowners and/or landlords responsible for any municipal clean-up costs should drug labs be discovered on their properties.

Some citizen group respondents perceived clandestine methamphetamine labs to be dangerous for a variety of reasons. As one citizen group member remarked:

They are so volatile, and it's been demonstrated in different communities that when something goes wrong it goes terribly wrong. So, you've got the potential for tremendous fire, contamination, explosions, those types of things which are wider affecting.... As a matter of fact, some neighborhoods you see a whole block can be damaged to some degree with the explosion of a clan lab. So there is that element. There's also another part of this in that a lot of the residual materials are ultimately dumped either down toilets and sewer systems which could impact so many things downstream including engineering workers or municipal staff or regional staff who are working in treatment plants. Materials can be dumped in yards, out in the bush, buried. There are so many places that could be contaminated because of the chemicals within this process (R8).

This respondent ascribes to labs multifaceted dangers including fire, explosions and the dumping of environmental toxins. These concerns were also echoed by public safety officials who suggested that laboratories pose problems for the environment: "...you know the kind of the harm from these labs is the neighbors, it's the environment, it's the

dumps, the chemical dumps and all this stuff that's going into groundwater and so on, right..." (R14).

Some citizen group members also linked the need to stop the proliferation of drug labs to the issue of public safety. As this person suggested, "Well, the, one of the concerns aside from the damages that the, that the drug itself can present, there is another element and that is community safety, when you've got a lab, clandestine lab being operated in a neighborhood or within a commercial area of town. So, the experience there, of course is wanting to protect the community and the goal of course is protecting the community (R8)". These same respondents were concerned about potential injuries from fires and toxic fumes to first responders, including police and fire fighters. These operations were also thought to present health and safety dangers to future unsuspecting home purchasers. As one citizen group member explained:

So, you know, and if people that own the houses and the renters leave and they find there's been a grow op or a meth lab in there and fix up the house a bit and resell it, there's problems for the people buying it if they haven't been told that it was formerly a drug house. There's toxic fumes in the walls, in the carpets, you know. I can remember seeing something about a family that bought a very nice house in a very nice neighborhood in Surrey and it was like, oh this great price and everything, and it wasn't until they moved in and had been there a couple of months, that the neighbors started saying it was a drug house and this and that happened, and their kids were getting sick, you know, and it was a nightmare, a legal nightmare and everything else (R8).

This respondent attributes the source of meth lab dangers to renters and poses this against supposedly innocent home-buyers. Citizen group members suggested that municipal bylaws could prevent some of these dangers and even avert a U.S. style meth crisis by providing community-based 'resistance' to labs. Some of these respondents used information they gathered from U.S. sources to illustrate the dangers of meth labs. One

respondent suggested that B.C. was likely going to experience similar problems to those occurring in the U.S.:

I thought it was important to try to see some of the statistics on what areas of the province were seeing an increase in the labs and there was a real correlation between some experiences down in the United States, Washington, Oregon, you know, some of the pacific northwest states and how the problems began to really grow down there, and I think that was a bit of an insight for everybody in B.C., because I think things happened there first and we had the benefit of seeing what had happened, how it had happened and even had the opportunity to deal with some of the folks in those areas to find out what are you working on as solutions. Because, at that point it was possible for B.C. communities to start to implement some of those preventative measures before the problems really got to be as large as they were in the States (R8).

In this excerpt, it is possible to see how influential information about meth from the U.S. was in shaping the concerns of B.C.'s citizen groups. These concerns were also echoed in B.C. newspapers. The *Vancouver Province* illustrated the unique dangers of meth labs in its special supplement. One news story included photographs and sidebars describing the dangers of meth labs in residential neighbourhoods. It appeared opposite the previously noted description of the dangers and ready availability of the chemicals used in the production of meth. An accompanying photograph depicted the aftermath of a meth lab explosion in a residential neighbourhood in Surrey, British Columbia. The photograph was contextualized by the headline "Meth-lab waste spreads its poison;" the photograph showed graphic details of the explosion to dramatically illustrate textual claims that drug labs posed significant dangers. In the photograph, the side of the house was partially destroyed, and there was rubble in yard, including large pieces of wood and concrete, tubing, metal, and glass. In the background, another suburban home can be seen through green foliage. At the bottom of the page, a small sidebar, entitled "An avalanche coming this way," noted that the number of labs investigated by B.C.'s RCMP had increased. Although the numbers of labs noted in this article were few (8 in 1998 and 19 in 2004),

the article suggested that neighbouring Washington State's experience with an increasing number of small labs predicted an "avalanche coming" to B.C. (Boyd and Carter 2010; Ramsey 2005a). The WSNIA text described previously, also echoed concerns about hazardous waste disposal, prevalence of small size labs in rural areas, and the potential for explosion, fire and toxic chemicals to injure first responders.

Several respondents pointed out that information about the potential problems posed by labs had originated from RCMP presentations conducted in communities throughout B.C. Another respondent described how the License and Bylaws Officers Association of B.C. held an annual conference where the issue was discussed; it was also discussed at the annual UBCM conference.²⁰ One B.C. public health official described one of these presentations by law enforcement officials from the U.S.:

Well some of them were pretty, I mean you could get a lot of meth out of a small lab, right, so they were dangerous enough that, and you know, kids were being exposed to toxic waste and it was pretty horrific and I remember they shared their experiences around that. That's what my experience with them, that's what they really focused on and tried to stay out of the opining about whether this was the right or wrong. All they said was that it's an absolute danger and we need to eradicate them. And I fully supported that (R13).

But she also thought that the issue of labs was overblown:

Well and then the other big concern of course was meth labs which is, you know we talked a lot about it at the conference and we had our folks from the States come up and talk about how to safely dispose of a lab once you came across it, but that posed a real public concern, right, thinking there was a meth lab, and then we got everybody thinking there was a meth lab in their basement and next door is a meth lab, there's a meth lab at my office, everybody, there's a meth lab everywhere. And you know, there probably were some meth labs and I think there probably still are. I mean they're the same labs that manufacture ecstasy and other

²⁰ At the 2005 annual conference of the UBCM, the Executive endorsed a resolution to request that the Province of British Columbia work in partnership with local government to address the ongoing problem of crystal meth and provide the financial and other resources. See <http://www.ubcm.ca/resolutions/ResolutionDetail.aspx?id=2627&index=0&year=2005&no=&resTitle=&sp ons=&res=methamphetamine&prov=&fed=&other=&conv=&exec=&comm=&sortCol=year&sortDir=asc> (Retrieved October 27, 2011).

kinds of things, right, whatever the drug of choice is you're going to have people who are interested in selling it to you (R13).

This public health official reflected critically on U.S. based concerns about labs and how these concerns were often imported to Canada by law enforcement officials. She argued that some of these presentations also produced an unnecessary level of concern about the potential for labs to spring up in residential communities. It is important to note that most respondents in this study derived their information about the effects of clandestine labs from media and Internet sources especially from the U.S., rather than from personal experience with labs in Canada.

Citizen groups were actively involved in the promotion and development of these bylaws in several municipalities in B.C. As I noted previously, these bylaws were meant to place the onus on landlords to identify potential illicit drug production in rental properties. As one citizen group member suggested, these mechanisms could be used without recourse to the criminal justice system:

....we [citizen group] wrote a number of, we worked to create a number of by-laws that were in conjunction with people on our volunteer team, in particular the city of xxx, their by-laws officers. To, they're called clandestine land by-laws. And they allow a municipality to have a tool in their tool set to address crack houses and meth labs and grow ops. That, without actually having to engage the cumbersome machinery of the criminal justice system. Just using municipal by-laws and a municipal by-laws officer, with a cop in attendance. They can go and turn off the power, turn off the water, put the yellow tape around a building. It can not be inhabited, it can not be rented and it can not be sold. Those last three tend to get a landlord's attention. So, with a simple, lightweight provision of a municipal by-law, they can gain more effective results than a long-winded criminal justice system exercise, to improve life in their communities (R8).

These bylaws were viewed as ideal mechanisms for stemming an expected upswing in the number of small laboratories in residential areas. As this respondent suggested, these bylaws could operate as 'lightweight' regulatory mechanisms that would be easier to implement than criminal justice approaches that would likely require search warrants.

One citizen group member noted that the implementation of these bylaws occasionally resulted in some resistance from landlords:

I eventually started to hear some objections about the format or the nature of the bylaw from people who owned rental properties. Because the bylaw is designed to capture costs to remediate and there are some pretty stringent requirements to go and have a property gone through and brought up to a standard after a clan lab or a grow operation is discovered. So, a lot of property owners saw this as, you know, rental property owners saw this as being a bit of an encumbrance for their businesses (R8).

This particular municipality resolved this problem by making provisions in its bylaw to excuse landlords from absorbing the costs of the clean-up if the landlord reported a suspected lab to local officials. In this way, the bylaw not only engaged a number of institutionally based social actors, but enlisted the aid of landlords in detecting and eliminating these labs.

Citizen group members were not only involved in developing and promoting these bylaws in their local municipalities, they helped to promote the development of these bylaws in other places. As one respondent suggested, a model bylaw could be made easily available as part of a package of anti-meth initiatives developed by citizen groups that could be distributed to others interesting in fighting meth:

But, that was the goal of bringing that bylaw in and the approach was to be, create a model bylaw and then go out to the various municipalities, mayors and councils, and do a bit of a presentation. [Name removed] and I worked on that, actually I have to give a lot of credit to [name removed]. He put out a terrific Power Point presentation together and we fine-tuned it and then it was delivered to, I'm just trying to think... pretty much every single municipality in [location removed] (R8)

Another citizen group member noted that his organization had been involved in promoting these types of bylaws across Canada:

We help make that by-law set that we've offered forward on a platter and polished in its finalized form, that's been incorporated by a half-dozen or more local municipalities. It's been sent to Labrador. It's been sent to southern Ontario,

numerous communities (R1).

The development of these bylaws engaged a number of local partners as did the Meth Watch program. Respondents noted that they worked with fire and police officials, as well as municipal councils, landlord associations and retailers to implement meth watch programs and municipal bylaws.

6.6 Treatment of Substance Use Problems

A key demand and initiative of the citizen groups was specialized treatment for individuals who used crystal meth. This demand was linked to the perception that crystal meth was uniquely addictive and thus required unique treatment approaches. As one respondent suggested, “You can give people all the housing you want, but until they treat their addiction they, its not a medical detox they need, they need a long-term, not a 10 day, not a 6 week, they need a year of care because this so changes the neural pathways...” (R5). This respondent felt that due to the egregiously addictive nature of meth, it was uniquely difficult for its users to abstain from using it. Due to the perceived enduring qualities of meth addiction, several citizen group members were concerned that available treatment programs were not long enough to address the nature of meth addiction: “with meth we’ve always believed that its got to be longer term than 3 months” (R2). Citizen group members also granted a particular ontology to addiction itself by noting that it was not a sin but a sickness. As one respondent noted about their community activities: “It really helped us focus as a community that these weren’t criminals. That these people were sick as opposed to criminals doing drugs. They were sick people who did criminal acts while they were, and that changed the way we dealt with them” (R2). This meant, in this respondent’s estimation, that treatment was the only viable option for helping people with drug issues.

Citizen group members were also acutely concerned about the lack of treatment services in their communities. Several respondents reported that either their children, or someone close to them, had struggled with crystal meth use and that this experience shaped their perception of addiction services in B.C. As one respondent noted when trying to find help for her son, “That was the first time I found out about the revolving door of health care” (R6). Here this respondent noted the difficulties she faced when she tried to access treatment and supportive recovery services. She was also concerned that treatment for individuals suffering from mental health challenges was even more difficult to obtain because of the complex issues individuals faced navigating both addictions and mental health bureaucracies. Another respondent, who worked for a community agency that served people with substance use issues, complained about the long wait lists his clients encountered when seeking treatment (R20). Another citizen group member suggested that funding for enforcement versus treatment was out of balance: “we spend all our money on enforcement; 10 percent of the budget goes into mental health and addiction” (R5). Another citizen group member complained that treatment facilities in his community run by ‘government’ did not work because their programs were either too short in length or were operated by people who had an investment in keeping people addicted to further the livelihoods of those who run these facilities. Regardless of the truth basis of these claims, many citizen group members felt a deep lack of trust in government’s commitment to drug treatment programs. Some citizen group members publicly supported the allocation of funding to specialized services because of their perception that government had not responded appropriately to a drug with uniquely addictive properties:

You don't even have a detox for stimulants in [community name removed] even though they've just rolled out 21 new beds...we phoned them and asked them and they won't let crystal meth and cocaine users in. They'll say it's a staffing problem. What it is, is they're not nice to be around. They're violent and it disguises the addiction as a mental illness... (R5).

Citizen group members, more than other respondents in this study, were likely to support mandatory treatment and zero tolerance policies. Several respondents praised Alberta's 2006 implementation of a mandatory treatment approach for youth.²¹ Another respondent opposed policies that allowed people to return to treatment after using drugs or permitted methadone maintenance therapies. As this person stated,

All of the treatment facilities that we know that are successful have a zero tolerance, because you can't treat drug addiction when they are on methadone. It's an oxymoron. So the government is now encouraging and requiring ... treatment houses to have methadone beds...which is destroying the whole mentality of recovery (R2).

This respondent criticized policies in some of B.C.'s health authorities that required treatment facilities to offer services of individuals who are on methadone as a substitution therapy for opiate use.

Some citizen group members were not supportive of harm reduction for meth use.

One participant explained how his community focused on the development of more resources for enforcement, treatment and prevention but excluded harm reduction from its activities:

The only pillar we're missing is harm reduction. We don't believe that's possible with crystal meth. There is no safe level of meth you can take, especially depending upon the recipe. Of course there are many different recipes for meth. They're all bad but some of them are just deadly. So that's the approach we put together and it was quite useful except that we couldn't get any cooperation from the Health Department. The Health Department was in absolute denial. And it

²¹ In 2006 Alberta passed into law the *Protection of Children Abusing Drugs Act*. This law allows parents or guardians of youth under 18 to ask a family court judge to authorize apprehension and confinement of a child in a safe house (Wild ND).

remains that way (R2).

As this respondent suggested, the uniquely addictive properties of meth meant that harm reduction practices were not realistic for people who use this drug. This respondent also complained about the lack of cooperation from the local health authority. He later accused this health authority of covering up what he thought was the true extent of the negative effects of this drug. Instead of pressing for harm reduction services, several citizen groups focused on expanding and developing treatment services in their local areas. These same respondents complained about the bureaucratic roadblocks that existed to creating treatment facilities: “The other thing was treatment... That’s a hard, hard thing. Bricks and mortar. The legal environment to give anything to a kid is unbelievably onerous. Even the physical by-law issues about the building, you know, fire, sprinkler systems and yadda yadda yadda” (R1). In fact, discussions of treatment facilities and services evoked some of the most critical appraisals of the bureaucratic and other barriers thought to be posed by health authorities and government initiatives. But several citizen groups tried to mobilize community and government partners to provide specialized treatment and recovery services for meth users. In some cases they were successful at obtaining government and other support for facilities dedicated to meth treatment for youth.

6.7 Conclusion

The policies and programs supported by these citizen groups clearly fit within the scope of existing Canadian drug policy. Historically this policy regime has focused on either supply reduction through laws and policing, or on demand reduction through prevention and education services. This chapter also shows how citizen group members used their definition of the problem of methamphetamine to support their approach to

programs and policies. The educational programs created by these groups focused on warning children and youth about the unique dangers of meth by using fear-based claims and graphic images of the effects of drug use. These respondents constructed and defended these pedagogical approaches as necessary because of the unique problem that meth posed. Their approach to regulation also borrowed on their problematization of meth as insidious in residential contexts. These efforts at changing how meth was regulated focused on the local level and drew on the relative accessibility and proximity of municipal governments and local retailers to facilitate the regulation of meth.

Chapter Seven: B.C. Government Responses to Crystal Meth

7.1 Introduction

This chapter examines the policies and programs supported by the B.C. government that were directed at the resolution of the problem of meth. I review governmental efforts to raise awareness and to regulate this drug. I also discuss in some detail the governmental orientation to drug policy found in both the recommendations of a 2004 policy document entitled, *Crystal Meth and Other Amphetamines* and the activities of the B.C. Crystal Meth Secretariat.

7.2 Raising Awareness – B.C. Ministry of Health

Though public health officials tended to hold distinctly different views about meth than citizen group members, they often concurred, at least initially, on the necessity of drug education programs for young people. Public health officials, for example, supported the implementation of skill-building programs for youth and children in the school system. But their approach to drug education differed significantly from citizen group members. Where citizens groups used one time school based presentations to educate young people, public health officials often argued that drug education should be embedded in longer term programs of skill building that did not focus exclusively on drug use. These respondents argued that school based education programs should include some of the following elements: providing factual information about drugs; embedding drug education in broader health promotion activities; encouraging parents and the larger community to be involved in drug prevention activities; and giving children and youth opportunities to practice making their own decisions and resisting peer pressure. Public health officials also resisted the use of graphic and frightening images and ideas in their

education programs as well as in larger public information campaigns. One official in particular suggested that these kinds of approaches actually worked to glamorize drug use: “I think that becomes part of the glamorization. They might think they are being frightening but in fact it might become more attractive because of the way it's portrayed”

(R11). He went on to note:

I've heard some concerns expressed that you're actually what you are doing is educating people to how to take drugs. And making it more interesting and more exciting and um... I mean it's you know there's glamour in these big public campaigns...and certainly the evidence that those have limited effect I mean...it has to be done right and it has to be done in a context of the other measures that you are taking...the downward side of glamorizing or creating, making what's actually a small problem, seem like huge wide-spread problem and then stimulating the interest and getting more people you know involved as opposed to not (R11).

This respondent also suggested that because such a small percentage of youth were using meth, it seemed less than prudent to put funding into large-scale public campaigns aimed specifically at this drug. Another public health practitioner suggested that effective campaigns for youth must be youth driven and engage youth in the design of these educational programs. This respondent had been involved in the development of programs to educate youth about meth and described these initiatives:

All those projects, the key theme was that they were to be youth engaged and youth driven, because we really wanted it to be something, my philosophy around education, prevention for youth around drugs is that if they don't feel ownership over the message, if they don't feel connected to the message and it's not relevant to them, we're just preaching and they're not listening (R13).

She was also involved in the development of programs that drew on harm reduction to address the safety and health needs of street-involved youth. She suggested that youth were less likely to believe extreme claims about drug use, and as a result, educational programs that used this approach did not produce lasting behavioural change. This respondent was very concerned about the negative effects of public statements that made

extreme claims about the addictiveness of meth. Public Safety officials were also concerned that extreme messages lacked credibility among youth:

Yes. Because, really, our research colleagues said that you know that, prevention research says that's not really the best way to send messages, especially to kids, because they'll see that and then they'll meet somebody in their circles that "Well, I've tried it and I'm not all scabby, my teeth aren't falling out". So, it really erodes credibility of the message when it's taken to that scare-tactics level. So, we really, I mean that's one thing I've tried to, let's say, crusade against, but you'll see, at least in our materials, there's nothing about, you know, the faces of meth and even when we've had partnerships with, you know, those community groups, if we've done anything jointly, said well, you know what, I don't want that on there because it doesn't help. It doesn't send the right messages. Never mind that the fact that these poor people, that the pictures are being used, and I understand this from the police department, sort of line of photos, whatever. But, who knows? They could have recovered. And it's just, a bit of an affront, I think, to say you know, this is what it does to you. That's my personal view (R15).

Several respondents suggested that meth was a very problematic drug, but they also worried that extreme claims, especially when accompanied by images of supposed drug users in states of physical decay, actually produced stigmatizing images of people who used meth. Public health officials noted that although citizen groups received positive feedback from their emotive presentations, research about drug education did not support these graphic and frightening approaches, because they did not produce long-lasting changes. This was partly because these education programs offered one-shot presentations on the dangers of meth, but did not develop young's people's skills at assessing the relative risks and benefits of illicit drug use overall. As one respondent explained,

I don't think they researched what is effective in terms of education and prevention with youth and you know, I think we know that there is a fairly rapid decay of being scared straight and there's also if you don't make that education part of a broader scheme where you give kids booster shots and things like that over the years around it and really engage them in part of that process, more like IMinds is doing in a more holistic way that its limited (R12).

This same respondent was also critical of public forums put on by some citizen groups, particularly when a film entitled *Death by Jib* was shown at these forums. This video was quite commonly shown in some communities in B.C. in 2005 and 2006. The *Province* newspaper describes this film in the following terms:

...in the shocking 18-minute video *Death by Jib*, kids swear, twitch and writhe in classic junkie style. They shoot crystal meth into weeping sores on their arms. The film details loss, sexual exploitation, mental devastation and lonely death in a squalid hotel room. This is no after-school special. But, says co-producer Kevin Letourneau, that's the whole point of this presentation on life as a crystal-meth addict ("Video explores youth devastation" 2005).

Public health officials objected to this video precisely because it was shocking in tone, and made worst-case scenarios seem like the outcome of all meth use. As one respondent suggested: "because you had parents on there [the video] talking about their kids dying and you know, you have parents at these community forums and I think, you know, epidemic language was used and so I think people were very frightened afterwards, that you know, crystal meth was everywhere" (R12).

On the other hand, public health and public safety officials were inclined to offer a positive assessment of the capacities of organizations like CARBC and CAMH.²² As one respondent suggested, these were appropriate organizations for developing drug education programs for young people because their researchers drew an evidence-based approach to policy-making: "I mean it would be those kinds of nongovernmental, nonpartisan think tanks that really are probably the most appropriate places, because they have the infrastructure, they have the science, they have the understandings of the issues that I think would play the most appropriate role" (R13). One public health respondent

²² CARBC: Centre for Addictions Research of BC, located at the University of Victoria; CAMH: Centre for Addictions and Mental Health, located in Toronto, Ontario.

was critical of the citizen groups who she felt operated outside the domain of their expertise, especially when these groups made claims about the impact of meth use on mental health.

The policy document produced by the Ministry of Health entitled, *Crystal Meth and Other Amphetamines: An Integrated B.C. Strategy* (2004) clearly identified school-based education programs on drug use as among its key priorities for action, and it described one of its goals in the following terms:” Every child and youth participates in effective substance use prevention programs in the school or community” (p. 10). The document also placed a premium on knowledge about drugs as key to reducing the harms of crystal meth use. As it stated, “Persons engaged in methamphetamine use and poly drug use understand the harm and negative impacts, and they take action to reduce harm to self and others” (p. 10). One of its key recommended activities was “Informing the Public”. The strategy emphasized that not only should school age children be provided with information about crystal meth, but so should correctional centres, youth custody centres, community policing centres, community organization, organizations serving at risk and high-risk youth, youth custody and youth forensic psychiatric centres, and child and youth mental health services. This document also recommended that web based and video and print materials be made available at needle exchanges, pharmacies, methadone clinics, physician’s offices, community health centres, emergency rooms, drop-in centres and through community outreach workers (p. 14). The strategy emphasized that this information should be “accurate, factual and consistent to increase public awareness of the risks of methamphetamine use and addiction” (p. 14). In other places, it noted that information should be evidence-based. The strategy also suggested that all partners must

work with news media to increase public awareness of this drug. This last admonition likely reflects the fact that Appendix I of this document repeatedly challenged inaccuracies in media reporting on crystal meth.

As I noted above, one of the key priorities of this document was to inform the public about crystal meth. This document repeatedly made links between disparate issues such as increased meth use, lack of knowledge about this drug, and efficient use of resources. In particular, this document emphasized the collection and distribution of information about this drug in tandem with the efficient use of resources and the cultivation of strategies of self-regulation. According to the strategy, information provided by government on crystal meth was to be used to support ‘health enhancing’ decisions (p. 14). As the document said, “B.C. will use resources efficiently across ministries, health authorities and communities to create evidence-based, shared information initiatives” (p. 14). Here the document placed a premium on strategies that assembled a range of government ministries, community partners and others all geared toward educating the public about methamphetamines. This document also linked these educational activities with a specific outcome – namely the cultivation of a self-regulating subject. For example, the document suggested that schools “have vital role in promoting healthy living and effective coping skills” (p. 11). In other places, the document suggested that building “safer communities” could be achieved in part by supporting “individuals and families to make healthy choices and develop effective coping skills” (p. 17).

This policy document also outlined a set of strategic priorities that involved the identification of groups considered to be at risk for using meth. These included: young

people especially those involved in the street or the rave scene, or those using it to lose weight; gay men; women of childbearing age using methamphetamines; children in homes where meth is being used; and “persons in rural and remote communities using methamphetamine as the primary illicit drug of choice.” (p. 16). These groups were meant to be the focus of some of the strategy’s actions including prevention and awareness activities. This was evident in the document’s claim that “B.C. will continue to focus on health promotion, prevention and reduction measures that target individuals and groups at highest risk and with the greatest needs” (p. 16). These meth related identities functioned to bound the definition of the problem of meth to specific groups and to direct the reader’s attention to specific populations deemed to be at risk for problematic substance use. At the same time, this document like the interviews with public health officials, focused on addressing and preventing the harms of meth use rather than on preventing meth use itself. This was a key difference between public policy officials and citizen groups, the latter of which focused intensively on preventing actual use of this drug.

7.3 Crystal Meth Secretariat

The Crystal Meth Secretariat was formed under the auspices of the Ministry of Public Safety and Solicitor General in 2005 after an announcement by B.C. Premier Gordon Campbell that the government would provide \$7 million in funding to address issues related to this drug. The Premier’s speech to the Union of British Columbia Municipalities (UBCM) annual conference described the perceived dangers of crystal meth:

It's very important, I think, also to reach out to British Columbians and let them know what can happen and what they should look for because this sneaks up on

you. If you've talked to anybody who's been involved at all, you know this: crystal meth is a dirty, filthy drug and it ruins people's lives forever (“Premier Gordon Campbell” 2005).

The Secretariat described its goals in the following terms:

The aim is to create an informed public, safer communities and a responsive service system that identifies high-risk groups and reduces harm to both individuals and communities (B.C. Ministry of Public Safety and Solicitor General 2009a).

Like the writers of the Ministry of Health’s strategy, officials at the Secretariat clearly saw its role as coordinating the activities of other ministries and fostering community initiatives that emphasized the provision of knowledge about drug use. Given its location in the Ministry of Public Safety, the Secretariat also emphasized that the goal of ‘safer communities’ was a significant part of its activities. In the context of this document, the word ‘safety’ is a stand-in for policing and other forms of enforcement. The description of the Secretariat’s role also emphasized the reduction of harm but harm reduction strategies were absent from its initiatives.

As I noted in chapter five, public safety officials acknowledged the role that public and media pressure played in the formation of the Secretariat. In fact, these officials accepted that some of the impetus for the creation of the Secretariat originated in the political pressure on B.C.’s politicians in the 2004 - 2005 period. One official suggested that this public pressure originated in fears generated by documentaries and other media stories about crystal meth use particularly in the U.S. Concerns expressed about the supposed epidemic levels of meth use in the U.S. and its eventual spread to Canada also fostered political pressure on B.C.’s MLA’s. As one official suggested:

Looking down to our neighbours in the States and a lot of the western states having a real rampant problem and that epidemic proportions that they call it, and there some concerns that that was going to happen in B.C. as well, and it seemed to be some small use, but that’s the way it started in the States, so there was a bit

of a push and I guess and, at a public level, exerting that pressure on the government to do something now before the problem got out of control (R15).

This same respondent also indicated that some MLA's had received letters from the public demanding that government do something about crystal meth. As this person described:

because there's then, you know, dozens of letters to whomever, whatever politician's office on like "Do something! You've got to do something quickly". And that's a lot of the nature of political response comes from that. Constituents are genuinely concerned about a particular issue. And crystal meth was one of them. And, they – that call for action – really I guess brought it to us and then we tried to kind of situate it within health as well (R15).

The Secretariat was initially charged with distributing \$7 million in funding allocated in the following ways: \$2 million to communities, \$3 million for public awareness campaign (\$1 million to school based initiatives and \$2 million to a public media campaign) and \$2 million to targeted treatment programs such as Meth Kickers, a treatment program for youth located in Kamloops. This latter amount was distributed to and by B.C. regional health authorities (Office of the Premier 2005). The Secretariat's role to coordinate activities was not without its challenges. Secretariat officials were often pressed to fund initiatives that did not accord with their perspective on illegal drug use. But as one official suggested, the role of government was to coordinate programs and to ensure that its initiatives were evidence-based. Over time, the Secretariat's initiatives and its public discourse were influenced by outside experts like researchers at CARBC and by Ministry of Health officials. These organizations used approaches that contrasted significantly with the hard-hitting and graphic methods for eliminating meth use promoted by citizen groups and law enforcement representatives.

The actual operations of the Secretariat were initiated and shaped by the Ministry of Public Safety and Solicitor General as this respondent indicated:

The Secretariat itself was very small, there was really 3 of us, but the role was to coordinate government's response to the problem. And, the funding was earmarked for public awareness, prevention, including school-based programs and media campaign, some money for treatment and then some money for communities to tackle the problem at the local level. So, the role of the Secretariat was to ensure that the provincial government's ministers shepherded that money out the door in a timely fashion and that, wherever possible we could (use) a sort of evidence-based approach to what was happening (R15).

Here this respondent remarks on the coordinating role the Secretariat played in creating links between other ministries and community-based organizations to address the issue of crystal meth. This respondent also remarked on a key tension in the work of the Secretariat – the supposed contradiction between responding to political pressure and the need to make programs and policies 'evidence-based'. As one public safety official suggested:

Yes, that was definitely our role, and especially not being the subject matter experts. That was our role, was to shepherd the projects and the funding out and to bring the appropriate people together and that was the Centre for Addictions Research. And that's why they had such a strong involvement as being that sort of those local experts that could really inform the materials and make it evidence-based.

One of the ways this tension manifested was in some initial difficulties the Secretariat faced working with the Ministry of Health. Public health interviewees noted that they initially opposed a drug strategy aimed at only one substance; they also thought that public messages about drugs should shy away from graphic approaches and instead reflect the findings of existing research evidence about effective drug education. This tension was also evident in comments made about the Secretariat's role by public health officials. One such official suggested that the majority of individuals who experienced harm because of crystal meth use were street-involved, and this respondent noted that the Secretariat was not created to address this population:

The majority of people using crystal meth and being harmed by it, were street-

oriented youth or street based people. What they were doing in the Crystal Meth Secretariat basically had nothing to do with them. We weren't increasing treatment access for them. Well there was some access to youth beds. So that was good. We increased that. And there was some work that went into trying to figure out what was the best addictions approach. And it turned out to be not just focusing on one drug but trying to deal with the person's multiple, or what was the best practice approach for youth. I wouldn't say that we didn't do anything for that group. We did something for that group but it really had nothing to do with the broad societal messaging about crystal meth being an epidemic and a threat to all of us (R10).

Public health officials did not think that large-scale public media campaigns were appropriate for addressing the issues of individuals and groups most affected by this drug. This tension reflects some of the disputes over the definition of the problem that crystal meth use posed. On one hand, the Secretariat responded to political and public pressure to stem the supposedly normative potential of meth, a perspective on meth use held by some of the citizen groups and media. On the other hand, Ministry of Health officials viewed this drug as problematic for specific populations, and suggested that programming should be targeted to those most likely to use this drug.

A review of the Secretariat's website revealed its approach to crystal meth. The site included information on the drug itself, a list of B.C. resources for obtaining help with meth use issues, and an overview of the 'community response' to this drug including websites and links to other organizations involved in meth prevention programs. Some of these links included the Secretariat's own No2meth site (now defunct). Most of the other links were sponsored by Canadian and U.S. government sites that tended to shy away from more graphic portrayals of the supposed effects of this drug (i.e., B.C. Ministry of Health, a Methamphetamine Fact Sheet produced by the Canadian Centre of Substance Abuse, the U.S National Institute on Drug Abuse, the New York State Department of Health thematic index to methamphetamine related material). The exception to this more

pragmatic approach was a link to Methresources.org (now defunct), a site developed by the U.S. White House Office of National Drug Control Policy. This Office has historically been at the centre of the U.S. ‘war on drugs’ and an abstinence-based ‘just say no’ approach to drugs (B.C. Ministry of Public Safety and Solicitor General 2009b).

7.3.1 Community and Drug Policy

The evocation of the term ‘community’ was a significant component of governmental responses to meth use. This term appears repeatedly throughout government documents including the above noted strategy. The Crystal Meth Secretariat’s website directed the reader to organizations in Canada and U.S. that focused on community development as a response to drug issues. Some of these links included the U.S. National Community Anti-Drug Coalition Institute and the Attorney General of Illinois. The latter of these two sites is exemplary in terms of the kinds of responses to meth generated in a U.S. context. It links the reader to the Illinois site entitled ‘MethNet’ and provides a number of resources for addressing this drug through enforcement activities and through community coalition activities aimed at linking multiple partners together. The site describes the possibilities of community coalitions in the following terms:

Community coalitions are an integral component of a community's response to substance abuse. Coalitions have the power to mobilize diverse groups and multiple resources to solve local problems. This type of organizing helps develop a community-wide sense of power and competence. From that empowerment comes new solutions (Illinois Attorney General 2011).

Fostering these types of community activities was a significant part of the mandate of the B.C. Crystal Meth Secretariat. As the website of the Secretariat suggests,

Community groups play a vital role in preventing and responding to substance abuse. They are poised to connect multiple sectors including business, media, law

enforcement, education, government, faith organizations, as well as health and social services. By working together, the groups can respond to issue from a number of angles and effectively set in place a collaborative response (B.C. Ministry of Public Safety and Solicitor General 2009b).

The key manner in which the Crystal Meth Secretariat elicited community involvement was through the distribution of \$2 million in funding channeled through the Union of B.C. Municipalities (UBCM) to provide \$10,000 to communities in B.C. for initiatives that would “fight crystal meth” (Office of the Premier 2005). By 2005, the UBCM had become a major outlet for municipal discussion of crystal meth issues. Several citizen groups were able to access municipal politicians through information sessions and information booths set up at annual UBCM meetings. One group in particular used these meetings to advertise its three-pillar approach to fighting meth use. It was at the 2005 annual meetings of UBCM, that Premier Gordon Campbell announced the funding for the Secretariat, the UBCM programs and the school-based and public education campaigns (Office of the Premier 2005). According to a fact sheet issued by the Ministry of Public Safety and Solicitor General, this funding was to be used in the following ways:

These grants fund school presentations, mobilize community responses and support youth outreach, among other activities. More than 30 community task forces and coalitions have been created through this funding (B.C. Ministry of Public Safety and Solicitor General 2007a).

Indeed another document from the same Ministry provided a list of 160 funded initiatives throughout the province ranging in amount from \$5,000 to \$20,000. Recipients of these funds were extremely various but included municipalities, crystal meth task forces, nonprofit societies, the RCMP, and First Nations Organizations (B.C. Ministry of Public Safety and Solicitor General 2006). The funds were mainly used for public education activities including holding public forums, development of print and video education materials, training sessions for teachers and first responders, implementation of Meth

Watch programs with local retailers, and website development. In some cases the funding went to already established task forces focused on meth, and in other cases it appears to have been distributed to other preexisting organizations and community partnerships. Many community-based initiatives involved partnerships between police, drug counselors, parents and others; this was likely the case because the Secretariat required that successful applications for these monies must demonstrate capacity to leverage other funding and bring multiple partners together. As one public safety official noted about this program:

There was uh two million dollars that was allocated for community. It was, the decree was, a community grant program. And we collaborated with the Union of B.C. municipalities to administer the distribution of the grants, thinking that they have a very good knowledge of local governments and community issues, more so than ourselves. So we worked quite closely with them. A grant application process was set in place and it was, not two tiered but it was split between First Nations grants and just local government grants. And, a hundred and sixty grant applications were approved, going out to a hundred and ninety communities. Some of the communities collaborated to have the program covering more than just the strict municipal or regional jurisdiction within the grant application. And there was a real wide variety of activities that took place at the local level. The grants were a maximum of ten thousand dollars per community, and that's why some communities doubled up to sort of leverage those funds so they could get up to twenty thousand to do a broader program. (R15).

Together these initiatives were funded for a total of \$1,884,065.68 (Union of British Columbia Municipalities 2007). It was difficult to tell from this list of initiatives what the overall effect or even the focus of these activities would have been. There were no guiding pedagogical principles attached to the distribution of these funds, so individual applicants were mostly free to produce whatever educational materials they felt were appropriate. As one respondent indicated, in 2007 the Secretariat had some money left over from the original \$2 million allocated to this initiative. One of the ways that these

remaining monies were spent was on the “Building Community Strategies Conference, held in May 2007. As the press release accompanying this initiative indicated,

‘Every community is affected by crystal meth and we know that drug prevention is most effective when the response to the problem is local,’ said Les [then Ministry of Public Safety and Solicitor General] ‘Pooling ideas from 50 or more organizations from across Vancouver Island will foster an incredible amount of energy and resources to get the job done’ (B.C. Ministry of Public Safety and Solicitor General 2007c).

The use of ‘community’ as a technique of governance is also evident in the strategy document entitled *Crystal Meth and other Amphetamines*. In fact, a key focus of this strategy was the use of community as a potential solution to the problem of crystal meth use. Like governmental notions of trusteeship or stewardship, the intention of this policy document was not to necessarily subject people who use drugs to punishment, but to direct their actions and to enhance their capacity to act in their best interests (Li 2007). Similar to the Secretariat, this strategy also imagined a more integrated and coordinated approach to substance use, and thus encouraged its partners to make use of existing repertoires of programs and practices. These existing repertoires drew from and evoked notions of ‘community’. This term appeared repeatedly throughout this document and denoted a number of social objects including community organizations and community programs. These excerpts demonstrate the various uses of community in this document:

Collaborative working relationships with partners in all levels of government and the community are fostered to ensure the most effective methamphetamine strategy for the province (9)...Every child and youth participates in effective substance use prevention programs in the school or community (10)...Community organizations receive funding and support from B.C.’s health authorities and government ministries to provide addictions services and supports to individuals, families and communities. B.C. has a network of organizations and service providers that deliver services and programs on preventing, reducing and responding to methamphetamine use in local communities (11).

In this strategy, community was a key means for evoking collaboration and change.

Community was also a malleable and somewhat vague term denoting a number of objects that could potentially be mobilized to enact governmental aims.

7.3.2 Raising Awareness and the Crystal Meth Secretariat

As I indicated above, the Crystal Meth Secretariat was responsible for managing the development of drug education curriculum for school-age children. Their role was to link officials in the Ministry of Education with researchers at CARBC to develop the No to Meth curriculum funded for \$1 million (B.C. Ministry of Public Safety and Solicitor General 2007a). As one official from the Secretariat suggested,

And, with that, recognizing that we're not – we weren't really the experts. We never posed ourselves as the experts in addictions or – and all that. This is a tricky field. But we worked closely with the Ministry of Education and developed school materials that could be, that were linked to their learning outcomes. So, it could be slotted in within the curriculum, but it wasn't part of the curriculum per se. This is the teacher training resources that were developed by the Centre for Addictions Research.

As this respondent suggested, the Secretariat's role was not to provide expertise on educating young people but to coordinate the funding, development and implementation of this project. This No to Meth curriculum was an optional resource for B.C. teachers to use in the classroom. It was accompanied by a parent's guide sent home with all children in grades 6 to 12 in the province (R15). The Secretariat was also involved in raising awareness through more general media campaigns including a series of television ads. The Secretariat encouraged community newspapers to write columns about the dangers of meth and produced brochures about the drug in English and Punjabi. The Secretariat also helped to organize Solicitor General John Les's attendance at regional information forums on crystal meth in towns throughout the province in 2005 and 2006 (B.C. Ministry of Public Safety and Solicitor General 2007a).

Although initially the Secretariat worked closely with citizen groups, tensions quickly emerged most particularly over the type of education programs government was prepared to offer to youth. As previous excerpts from interviews with citizen group members suggested, they were not happy with the Secretariat's approach because it was too 'soft' in its approach to preventing the use of illicit drugs. But one public safety official suggested that balancing demands from these citizen groups and politicians for hard-hitting drug education programs that used dramatic claims about meth, with 'evidence-based' approaches was a bit of a "high-wire act". He describes this dilemma in these terms:

...in terms of the school materials for teachers and students as well as the communication component was that it was going to be evidence-based, right, and so looking to the peer reviewed literature to say, okay, if we're going to spend money on working the schools, we better make sure that its, that it actually has some likelihood of changing attitudes or behaviors. At the community level they didn't, they were free to operate in an evidence-free zone, right, so they weren't burdened with that particular policy requirement, so in doing so it did create, I would say, some real tension (R14).

He explained this tension as "being pressed to do something like the Montana Meth" project, an initiative that used very frightening and graphic images of the supposed consequences of meth use.²³ The Secretariat chose to use a different approach in both its school curriculum and in its public campaign. This same respondent explained this approach in the following terms:

We did the school materials, we didn't just focus on crystal meth, I mean it had a crystal meth emphasis I would say, but it was about substances generally, alcohol, marijuana, whatever, and it wasn't about this drug is bad, but it was talking about, and it was very factual. It was like this is what the drug is about, this is what it costs, this is what it does, this is how it came into being, and you know, very kind

²³ The Montana Meth Project has been nationalized as the U.S. based Meth Project (2011). Two scientific reviews of the Montana Meth Project suggest that its graphic images have no effect on meth use (Anderson 2010; Erceg-Hurn 2008).

of straightforward information, no judgment, no values overlaid on it and because again, the evidence is, as I understand it, is that what adolescents are interested in is information. They're not interested in whether an adult thinks it's good, bad or indifferent. They just want to know if I smoke dope what's going to happen to me, right. And so, they're not interested in the hype around it (R14).

Here he illustrated a major disjuncture in the approaches various participants in this study took to meth. These excerpts illustrate the tension between an evidence-based approach and techniques advocated by some citizen groups. On the other hand, government officials described a 'policy requirement' to be effective using a different criteria of success – namely peer reviewed research evidence on drug education for youth. In this case, the Secretariat worked closely with colleagues in the Ministry of Health and with researchers from CARBC who were adamant that education approaches must eschew a 'war on drugs' approach that drew on the "routinization of caricature" as a pedagogical practice (Reinarman and Levine 1997). At the same time, both claimed to focus on decision-making as a key issue in drug education. As one public health respondent suggested, education materials should do the following:

You need a good basic set of strategies...substance abuse strategy and then educational strategy so that whatever new drug that may come along you have a background of information, a background of tools and you've got youth and kids who have a background of how to make decisions and assess risks and benefits. We don't necessary have that in North America (R10).

My study included interviews with researchers involved in the development of the No2Meth materials. They indicated that they were not initially supportive of an educational program that focused solely on methamphetamine. They felt that the overall prevalence of methamphetamine use was too low to merit a universal program, and they were concerned that such an initiative would produce more harm than good:

"The other one being that we didn't want to do harm. We didn't want to be introducing an idea that where kids didn't already have a notion of it and then suddenly we're telling them about this and you get the reverse response and so

that was one of our, yeah, I mean, we want to be developmentally appropriate and we want to make sure that, I mean, there was pressure to go even younger but we resisted and said grade 6 was the lowest we would possibly go” (R16).

Citizen groups, on the other hand, emphasized the necessity of cautioning young people to never try meth due to its potential for immediate addiction. The curriculum materials produced in conjunction with the Secretariat, though, were more influenced by an emerging approach to drug education that focused on health promotion messages emphasizing decision-making and provision of factual information about drugs and alcohol. As one drug policy researcher commented,

So let’s ask the question, what harms are being experienced in your community, actually measurable harms, and then ask yourself what are the risk profiles that are causing those harms? A combination of persons, you know, which people are using more likely, which drugs, in what context, to create those harms and then go back to the use issue. So work your way backwards as opposed to ‘use’ as the big thing and believing that somehow use is connected to harm. So that would be a principle. Start with harm and work backwards (R16).

This respondent suggested that this curriculum attempted to focus on the intervening factors that shape the relative harms of drug use for young people.

And it’s not that some use is bad and some use is good, or use of some drugs is bad and use of some drugs is good, its use itself and we need to look at what’s going on in the use, what kind of pattern of use is going on, what are the risk factors that might come from the drug, so Ritalin has some risks. All of these have some risk, and what are some risk factors that come from the personality of the individual using that, what are the risk factors that come from the context, both physical and social context and then what is the kind of risk profile that comes when you bring those things together in a given situation (R16).

This approach clearly avoided demonizing a particular drug, in favour of what this researcher called a more “honest dialogue” about drug use that acknowledged that the line between licit and illicit substances was sometimes arbitrary, and that the prohibition of drugs may not produce its intended outcomes. This researcher, in fact, suggested that stimulants such as Ritalin, prescribed to children and youth for Attention Deficit Disorder

(ADD) sometimes cause a user to feel quite “crappy” whereas other illicit drugs might make the same child feel better. These experiences can reveal some of the hypocrisy of the good drugs/bad drugs distinction characteristic of contemporary claims about drug use. As this researcher suggested in our interview, these hypocritical claims need to be addressed in education programs about drugs and alcohol.

Several respondents emphasized the importance of creating educational materials that reflect youth perspectives and are sensitive to ‘youth culture’. Several respondents were keen that adults listen to what young people have to say about drug use, and in this case become the learners. As one respondent who has actively worked to raise awareness of meth, but outside the confines of the citizen groups suggested:

I think the things that have happened, meth driven, or sorry, youth driven theatre projects and 'zine projects and internet. We don't have much here, but there has been evidence of it elsewhere. ...(R19).

But this respondent was not willing to pose these initiatives as somehow better than the approaches taken by the citizen groups. As he said, “I think we were looking at it from two different ways and I think that those two ways were probably quite important, you know it was probably quite effective to have the message from the [citizen group name removed] hitting parents and politicians and school administrators and kind of startling people into thinking about it, talking about it and allowing for youth driven projects and, you know, I think everything is all symbiotic” (R19). On balance, though this person strongly endorsed an approach to education that embraced the following:

...my understanding around education and how people learn and change and not just learn acquire a knowledge set, but actually change behavior, is that they need to be, the optimal way for people to do that is in a safe and non-threatening environment where they're comfortable and they are respected and they get allowed in a safe way to verbalize and act out and struggle with wrong answers and right answers and witness and get a chance to talk about it (R19).

The Secretariat also emphasized this approach in the development of educational materials on drug use for the B.C. school system. These researchers were also adamant that drug education for youth must recognize the innate abilities of its audience to assess information.

So the experts in this case are the kids themselves...the students themselves have enough information that we can use a completely constructivist approach that does not depend on expert knowledge. That's not to say that there is no outside knowledge that they bring in, but they have already got enough of it that what they need is not the facts, they need the skills to utilize that knowledge and to discriminate between knowledge claims and to understand how to use that knowledge to actually effect behavior change for themselves, etc. So they need skills, not knowledge, by and large. So we use a constructivist education piece where the teacher doesn't bring any didactic information to it, we create what we call cognitive frames or thinking frames in which you set up a situation which the children bring information they have so you don't have to worry about introducing ideas that are going to cause harm, because the class itself generates it amongst their peers and if Johnny over there has some way out ideas, we believe that the cohort, given the space to and the encouragement to start bringing and the skill development to start thinking critically and analyzing these things, will deal with Johnny's way out ideas (R16).

This approach is very different from the one used by citizen groups because it does not focus on one substance, and it was not about educating youth about the dangers of drug use. But like citizen groups, it aims to engage children and youth in developing the much prized decision-making skills noted previously.

7.3.3 No2meth

One of the initiatives developed by the Secretariat in conjunction with the Ministry of Education and CARBC was the no2Meth site, active until 2009. This site included a series of curriculum documents developed for grades six through ten, a set of information tools directed at youth, parents and teachers and a document entitled *No2meth: A parent's guide to methamphetamine*. The site described its purpose in the following terms, "This site is designed to help students, parents, and teachers understand

more about crystal methamphetamine and other substances that put young people at risk of not reaching their full potential.’(British Columbia ND). The parent’s guide to methamphetamine, which was distributed widely in B.C., provided in an un-dramatic form, the ‘facts’ related to methamphetamine use. This small booklet described the physical effects of the drug on the body noting that single use of the drug does not necessarily lead to instant addiction. The booklet acknowledged the possibility that some individuals may have difficulties with this drug, but qualified this claim in several ways. First, the booklet noted that the prevalence of meth use in the general population was not well known, but recent statistical surveys indicated that overall use of amphetamines was low (.6 percent in the last year) (p. 7). It also suggested that methamphetamine use was low among young people in school but may be higher in some “at-risk populations...youth who inject drugs, street youth, and youth in custody” (p. 7). The booklet carefully distinguished harm from drug use itself, noting that not all use is harmful. It suggested that “the risk of harm is only partly related to the nature of the drug itself” (p. 8). The booklet also described how the context of drug use along with an individual’s personal circumstances can shape harmful outcomes of drug use. It also noted the following:

A young person who is struggling with mental health issues such as depression, and/or having trouble in school, has an increased risk for developing a problem with any substance including methamphetamine. When a person experiences feelings of inadequacy or hurt, the risk of depending on a drug to make one “feel good” is increased (p. 9).

The booklet acknowledged that specific social pressures on young people like achieving high grades or losing weight could increase the likelihood they would try this drug. The booklet goes on to discuss what happens when people use methamphetamine on a regular basis noting the physical, emotional and other effects of repeated and binge use. This

section of the booklet included a sidebar that described the effects of bingeing with meth and the effects of using drugs to address underlying and undiagnosed mental health issues. The sidebar was positioned adjacent to a photograph of a white adolescent male with blond hair. He looks healthy and is holding a football. The placement of the photograph next to this sidebar was provocative in the sense that it juxtaposed some of the most potentially debilitating and problematic effects of this drug against the image of a ‘normal’ young person. Although the language of this booklet attempted to eschew some of the dramatizing that accompanied media reporting of crystal meth, this hybrid of text and photographs subtly underscored the threat that meth potentially posed to white middle-class youth.

The booklet included a section entitled “Why do kids use drugs?” This section suggested that use of illicit drugs was facilitated by a number of factors, but it paid particular attention to the possibility that “young people with activities or ‘big dreams’ that require them to get good grades, get up early on weekends, and be both physically and mentally healthy are less likely to get in trouble with drugs” (p. 12). The booklet also emphasized the importance of “appropriate guidance and supervision” to keep kids from experimenting with and continuing to use drugs. It suggested that kids who grow up in families where smoking, drinking or illicit drug use were present were more likely to use drugs, and it also suggested that experimentation was a normal part of growing up. The booklet also included a section entitled, “What protective steps can I take before my child is exposed to drugs?” This section encouraged parents to find ways to support their children’s self-esteem and resilience as a way of avoiding problematic use of substances. This advice emphasized that parents should be available to their children, set high and

achievable goals, show their children they believe in them, and encourage children to problem solve as a way of building self-esteem. It also encouraged parents to set a good example for their children by avoiding smoking, adhering to low-risk drinking guidelines and avoiding use of illicit substances. The booklet concluded with advice to parents on how to talk with children and adolescents about drug use and encouraged parents to create a space for an open and honest dialogue about drugs and their potential effects. Even though this advice can seem sound, the authors of this booklet presented it without much discussion of the social determinants of health, or any acknowledgement of the diverse socio-economic circumstances in which families and youth exist.

7.4 Government and the Regulation of Drugs

Neither government documents nor public policy officials included in this study commented in depth on the question of regulation. The policy document, *Crystal Meth and other Amphetamines: an Integrated Strategy* included some discussion of this issue though it was relegated to oblique language like ‘public and community safety’. The strategy noted in several places that one of the tasks of government was to ensure that “Ministries will collaborate on the development of evidence-based prevention, treatment and enforcement strategies” (2004:13). One of the four aims of the strategy was to “reduce the supply of methamphetamine and improve community safety” (p. 12). This activity included working with pharmacies to control access to ingredients, supporting municipalities in planning and building safer communities, and building neighbourhood capacity to increase awareness and prevent criminal activity. An additional activity was described in the following terms:

Support continued investigation by police of methamphetamine production and trafficking by criminals, especially those involved in organized production and

trafficking operations (2004:15).

The Strategy did not provide details about these activities. Because the provincial government does not have jurisdiction over the federal *Controlled Drug and Substance Act*, its involvement in regulating this substance is limited to the development of enforcement strategies. One public safety official indicated that the provincial government was involved in developing enforcement strategies to stem the increase in large size clandestine laboratories and the exportation and importation of the ingredients used to manufacture methamphetamine, though he was reluctant to say more about this issue. This same official also indicated that the government was supportive of efforts to use municipal bylaws to control drug production.

7.5 Government Officials Views on Treatment

Government officials had very little to add with regard to the question of treatment. The policy on crystal meth identifies treatment as necessary but does not commit government to anything specific in this area. But officials themselves certainly disputed the idea that meth required unique approaches to treatment. As one official remarked:

I'm not aware that there's any particular research, but again I'm not intimately involved in the kind of treatment literature but ummm I would be kind of skeptical that it would be any more difficult to treat than dependency on the whole range of things. Again, it's not just the treatment, because the treatment isn't just with respect to the dependency which in fact that's often the immediate withdrawal treatment, detoxification, issue is often fairly straight forward. It then coming to grips with all the social determinants to why the person started using the substances in the first place which has got to be part of a comprehensive treatment program and like I said I don't think there's anything unique about crystal meth users that would make those factors they have more difficult to treat than somebody who's on dependent or cocaine or narcotics or you know a variety of things. I mean that's probably...I would doubt that like I said I would qualify that I haven't looked at the literature, but I would just doubt based on my understanding of the other issues around substance treatment, that there's anything particularly unique about crystal meth (R11).

This official linked the issue of treatment to social determinants of problematic substance use, though government policy documents did not address this issue in any depth.

Another public health official noted that treatment professionals had found success with the Matrix model developed and promoted by Richard Rawson (Rawson and McCann 2005). At the same time, this official was reluctant to suggest that somehow meth was uniquely different from other illicit substances. Instead she argued that health authorities in B.C. needed information on meth so they could respond effectively to this drug:

You know, there was just a lot of really well intended folks out there really working hard on this issue, recognizing that in the drug policy making field, we had another drug that we needed to figure out what the appropriate response was going to be at those levels of prevention and treatment and to really understand, and enforcement, and to really understand how we need to respond, just like we needed to respond to heroin, you know when that came on the scene, we had to respond to crack cocaine when that came on the scene and in 5 years or in 10 years it will be another drug (R13).

Here she did not necessarily suggest that meth was uniquely problematic, but recognized that use of certain drugs ebbed and flowed over time due to a number of factors. At the same time these public health officials admitted that they were not immune to public pressure to provide services aimed specifically at crystal meth users. As one suggested, “You know the call for a response on all levels, community right up the federal government was driven...by parents and parents who were concerned about youth” (R12). In fact one public health practitioner noted that her colleagues had prepared a literature review on this drug and out of this review they had concluded that there was no need to develop services specifically for crystal meth users. This same respondent also argued against treatment approaches for young people that involved isolating youth in facilities away from everything else. This concern was a response to the claim made by citizen groups that treatment models such as the one used by San Patrignano were the

most appropriate for treatment of meth issues.²⁴ This respondent did not necessarily consider this model to be inappropriate, but only one of many possible forms of support that young people may need. She also asserted that treatment must:

... respect them as emerging adults and to help them to access and utilize the decisions and the behaviors that they're going to need to shift to, to be successful in doing that, to find ways to support that but to very, very much let them be part of and even the centre in leading that process (R12).

This is a very different approach to the ontology of the drug user as espoused by some citizen group members. This respondent does not see drug use as necessarily undermining an individual's capacity for autonomy. Another public health official also commented on the tension between how the general public views substance use issues and what her experience has taught her about people who use drugs: "I think society sees these problems as simple and I think, and the solutions as simple, and I think that the problems are more complex and then the interventions that we need to be more, are more complex" (R12). This respondent was referring to public demands for single substance long-term residential treatment programs. This respondent was also concerned that these approaches while potentially useful, did not address social determinants such as homelessness and poverty that shape problematic substance use.

Despite these claims, in 2006 the Ministry of Health allocated a considerable sum of money to be distributed among B.C.'s five regional health authorities and the Provincial Health Services Authority for treatment and prevention services. Funding totaled over \$8 million with \$2 million going to crystal meth treatment programs and \$6 million going to youth addictions treatment. This latter sum was used not just for

²⁴ San Patrignano is a residential treatment community in Italy where individuals can spend up to a year (San Patrignano 2011).

treatment programs for crystal meth, but to enhance youth treatment services overall. Part of this funding was used to support treatment beds at the Salvation Army run Hope House in Victoria, B.C. It was beyond the scope of this study to determine if this funding significantly enhanced treatment services for youth in B.C., though the press release noted above clearly identified that these new funds were allocated as part of a governmental response to reducing the impact of meth (Ministry of Health 2006).

7.6 Conclusion

This chapter has illustrated how a government mandated a cross-jurisdictional response to meth that combined efforts to regulate drugs through laws, bylaws and enforcement, with the adoption of other programs focused on prevention and raising awareness. This hybrid of health and enforcement initiatives also focused on identifying groups supposedly at-risk from meth, as well evoking and inciting ‘communities’ and parents to implement governmental priorities and aims. In the next chapter I summarize and consider the implications of these programs for the governance of illicit drug issues.

Chapter Eight: Discussion

8.1 Introduction

In this chapter I discuss the meaning of my findings in relation to my key research question. I also discuss how inscriptions of the problem of meth use/manufacture and its proposed remedies reinforced the boundaries of dominant knowledge about drug use and the drug user. The first section of this chapter addresses the question of problematization. It examines how respondents transformed meth into an object that required intervention. The second section examines the various programs and policy initiatives supported by these two groups. The final section examines some of the political and sociological implications of these processes, plans and programs.

8.2 The Problematization of Methamphetamine

In chapter three I discussed the scholarly work on the social construction of drug and alcohol use as social problems. This literature demonstrates that a series of drug scares emerged in North America beginning with the temperance movement in the latter half of the 19th century. These scares, including opium in the early 20th century, marijuana in the 1930s, heroin in the 1950s, LSD and other drugs in the 1960s, and crack cocaine in the 1980s, have precipitated regulatory and other legal changes, and have often resulted in greater police powers. These scares also consolidated fears of miscegenation and racialized persons and groups around certain substances and behaviours. The paradigmatic scare of recent memory is crack in the U.S. in the late 1980s, which drew on racist themes to construct this drug as a threat to middle-class suburbs by urban ‘ghettos.’ As others scholars have observed, meth use has been associated with white individuals and as a consequence, has generated a host of fears about the potential for the

drug using ‘other’ to exist within supposedly middle-class or normal spaces (Campbell 2000:1-3). All these scares relied on processes of problematization that produced notions of illicit drugs as threatening in some way. The problematization of meth in B.C. in the period of 2004 to 2007 was no exception.

To problematize drugs, social actors rely on socially derived narratives or stories that include typologies of the types of things that are assumed to exist, and the relationships between these things or objects. This was one of the perspectives shared by all participants in this project – that meth was an object that posed a problem requiring intervention. There were, however, deep distinctions between respondents over what kind of problem meth posed. In fact, as this project reveals, the problematization of meth was a disputed process. These efforts to define, categorize and bound this problem were located in already existing ideas and practices. At the heart of this process was the social actor, neither determined by nor determining the flow of ideas, but operating as a central nodal point for the transformation of ideas into actions that operate on the social field.

8.2.1 The Definition of Methamphetamine

The language used in both the claims of citizen groups and by public policy officials evoked what drug researchers Suzanne Fraser and David Moore (2008) call a particular “ontological register” – a mode of existence attributed to drug use. Although by no means seamless in its construction, there was a high level of agreement among members of the citizen groups about the characteristics that can be attributed to meth. These respondents conceptualized it as an entity with agency, as a social actor imbued with intentions. In fact, this drug was represented as a social actor in the same way that the ‘pusher’ or drug seller is often depicted as a cunning and devious agent preying on

peoples' vulnerabilities (Carstairs 2006). Many citizen group respondents thought that meth could enhance productivity, was dangerously pleasurable and thus could be appealing to almost anyone. These respondents believed meth to be a uniquely addictive and dangerous drug compared with other illicit substances, even other stimulants such as crack cocaine. As the introductory chapters illustrated, these types of claims have characterized drug scares throughout the 20th century, and it was particularly popular claim to make about crack cocaine in the 1980s. One of the rhetorical techniques that some respondents used to problematize meth was to collapse down any distinction between drug use and drug addiction. To bolster this claim, a number of respondents suggested that because of the inherent qualities of this drug, people progressed very quickly if not immediately to addiction. American drug policy researchers, Craig Reinerman and Harry Levine (1997) describe the use of a rhetorical mechanism in drug discourses that was evident in this articulation of meth as a problem. Illicit drugs are often depicted as "pharmacologically deterministic" in other words "invested with more power than they have" (1997:8). Indeed, these characterizations of meth focused on the capacity of its supposed pharmacological properties to control human behaviour and cause damage regardless of other factors that can contribute to problematic drug use.

These respondents thus ascribed meth with the capacity to trump sociological reasons for problematic drug use (i.e., homelessness, poverty) and to operate independently of these social conditions. This claim stands in stark contrast to research evidence about meth use; a recent study of drug use among adolescents found that 3 percent of a random sample of youth had used meth, while 34 percent of street involved youth had used speed/crystal meth in the recent past (Centre for Youth and Society

2008). Another study of adolescent drug use in B.C. reported that the vast majority of young people do not use meth (Stewart et al. 2009). The McCreary Centre Society in Vancouver, B.C. which monitors adolescent health indicators in B.C. suggests in its 2009 report that rates of use of methamphetamines had dropped from 4 percent in 2003 to 2 percent in 2008 (2009:5). These findings, along with other studies, suggest that use of crystal meth is more common among youth experiencing homelessness and poverty (Wood et al. 2008).

8.2.2 Meth Users and Use

In this study respondents characterized people who use meth in specific ways. As scholars of drug policy have noted, frightening claims about drugs have often depicted these substances as doing one of two things: making otherwise normal citizens into dangerous others, or helping to make evident the already criminal and dangerous characteristics of some groups of people. Claims about the uniquely agentic characteristics of meth easily articulated to and helped to shape claims about the users of this drug. As Reinerman and Levine suggest, since the nineteenth century, “a core feature of drug war discourse is the “routinization of caricature – worst cases depicted as typical cases, the episodic rhetorically crafted into the epidemic” (1997:24). This is evident in the talk about meth in this study. Several citizen group respondents drew on worst-case scenarios to describe not only the actions of meth users, but also the effects of this drug on its users. Meth use, some suggested, inevitably led to criminal behaviour. Citizen group members thus characterized this drug in familiar and popular themes attributed to drugs drawn from worst case scenarios often played upon by media and law enforcement spokespeople. The use of these scenarios extends back at least to the 1920s in Canada

when moral reformers drew on similar claims to illustrate how some drugs produced problematic groups of persons and behaviours (Carstairs 2006; Boyd 2006).

Scholars of previous drug scares (opium, marijuana, heroin, crack), have demonstrated how drug users were depicted as racialized, demonic others who threatened supposedly 'normal' white civility and nationhood (Carstairs 2006; Campbell 2000; Boyd and Carter 2012). Carstairs like other historians of drug discourses (Musto 1999; Campbell 2000; Berridge 1999; Solomon and Green 1987), notes that claims about drug use in the 20th century were characterized by a complex and shifting set of discourses that associated the dangers of drug use with racialized and demonized groups of people. These claims have been used to generate support for more laws and harsher penalties, and have resulted in a 'war on drugs' in North America that is in part, a way of maintaining and extending racial hierarchies, specifically white supremacy (Boyd 2006; Campbell 2000). But as Jenkins (1999) points out, meth is often characterized as a 'white' drug because of its history of being associated with white users. Many citizen group members in this study did not characterize meth users as inherently criminal, nor are they necessary thought to be 'bad' persons. In fact, claims that meth was uniquely dangerous were made more potent by the drug's supposed capacity to undermine the morality of the subject and to corrupt 'normal' white citizens of both genders. This perspective was evident in the characterization of meth users as victims of the drug rather than as socially degraded 'others'.

Meth's supposed capacity to produce addiction, its potential pleasure and its ability to enhance productivity were also highly problematized by citizen group respondents. As a particularly strong stimulant, some users of meth experience at least

initially, a sense of mental clarity, physical and mental energy and focus and concentration. These experiences can be interpreted as pleasurable. But the pleasure of meth use had an uneasy status in this study. It simply did not exist in the talk of policy makers. But for citizen groups the potential pleasure of drug use was singularly problematic. The fact that this drug might be experienced as pleasurable meant that its use was potentially even more problematic. These respondents also saw pleasure itself as a singular and problematic drive evoked and stimulated by meth use alone. This was because the supposed agency of meth erased the setting of drug use as a potential contributor to pleasure. But individual experiences of this drug are quite various for many reasons: dosage, purity, setting including other people, physical location, physical bodies including overall health and wellness, and past experience with other drugs.

The potential functional uses of meth were also seen as problematic. As I noted in the chapter on the history of meth use, chemists originally created this drug for medical purposes. Since its re-synthesis by Gordon Alles in the 1930s it has been used for weight loss, to increase productivity and alertness, and to alleviate the tedium and repetitiveness of some jobs. Citizen group respondents picked up on this theme and represented this drug as risky precisely because of its capacity to help people feel normal, to fit in with prevailing social norms, and to meet their responsibilities as students, workers and parents. Some respondents thought that its potentially functional uses combined with its uniquely addictive characteristics made this drug even more dangerous than other illicit substances. What they did not do was problematize the social conditions that make increased productivity desirable and rewarding.

For many citizen group respondents, meth use operated like a gateway to other issues. The metaphor of gateway has been a potent trope in narratives about illicit drugs in the twentieth century. Law enforcement and others often depict marijuana use, for example, as a gateway to other drugs like heroin or cocaine. While research suggests that marijuana users may be more likely to use other drugs, the gateway metaphor is particularly potent because it is underscored by the assumption that other and more dangerous drug use is inevitable (Faupel, Horowitz, and Weaver 2010:98; Grayson 2008). In this study, citizen group members extended the metaphor of a gateway to issues like addiction, crime, homelessness and most importantly control by others. These issues were thought to inevitably be the outcome of meth use.

Some of the citizen group respondents thought that meth use could put users at the mercy of dangerous others. They were concerned that young women and adolescent girls, in particular, would become prey to older men, particularly men who supplied drugs. Because of the inevitability of addiction, these respondents thought that meth use would cause users to commit crimes to support their drug habits. Some respondents considered crime to be a natural effect of drug use, rather than an historically and socially shaped outcome of a set of complex social relations including the prohibition of some drugs. This articulation of meth use to crime helped to not only cloak this complicated set of relations, but also replaced them with the simplistic identities of perpetrator and victim. But some respondents asserted that addicted meth users were not simply perpetrators, but also childlike, because their capacity for reason and self-direction was so undermined by meth use. The meth user was deployed as a mobile identity who could move across the line separating victims from victimizers, sometimes a victimized child and other times a

dangerous other. In tandem, the position of law-abiding and normal citizen was reserved for the non-drug using, supposedly rational subject.

These claims evoked a seeming paradox in the conceptions of the meth user in these interviews – on the one hand, childlike and dependent, and on the other hand, capable of actions associated with a dangerous drug addled user. Some respondents resolved this contradiction by appealing to popular and scientific notions that addiction is a disease. This move helped to explain why meth users could both lack the capacity to make rational choices, and why their potentially illegal activities could be addressed through treatment rather than criminalization. In other words, the disease of addiction combined with the unique characteristics of meth, caused users to act irrationally even criminally. In dominant narratives of illicit drug use, either treatment or punishment and prison are often touted as appropriate responses to drug use and crime. But some of these respondents argued that addiction was a corruption of the body and mind -- a disease brought on by meth use. In their opinion, treatment was the only appropriate response to meth use. This notion of disease helped respondents to situate meth users as deserving subjects who should be treated with compassion. It also echoed a major tension apparent in drug discourses throughout the twentieth century – namely that addiction can be explained through the dualism of sickness or sin. In this schema, drug use is either the result of the failure of will, or as these respondents suggested, it is the result of changes to individual biochemistry and the brain brought on by drug use,

To some extent, these contradictory approaches to the meth user challenged neo-liberal ideas that illicit drug use is the result of bad choices or a failure of personal will (Fraser and Moore 2008). With the welfare state in decline, resources such as social

housing, social assistance, drug treatment, and other services that could potentially meet basic human needs have become ever scarcer in the last 30 years (Chunn and Gavigan 2004; Fraser and Moore 2008). And as Chunn and Gavigan (2004) argue, the distribution of these scarce resources depends on notions of deserving and undeserving. Indeed, as these authors point out, the category of undeserving has expanded under neo-liberal policy regimes, and most decidedly people who use illicit drugs are framed as undeserving. But because meth was thought to be the sole cause of problems associated with its use, these respondents refused to see users as simply undeserving. Instead they suggested that meth users were legitimate but overlooked subjects in need of assistance from the state. Many citizen group members also refused other neo-liberal techniques of governance including the risk-based practices that operate through the identification of the characteristics of particular social groups. Because meth could potentially affect all children from otherwise safe homes, the identification of subpopulations thought to be at risk of problematic substance use did not make sense to them. Instead, they reserved the category of undeserving for the drug dealer who was in turn, deserving of punishment not treatment. These respondents, however, were concerned that the liberal individualism of the meth user was undermined by drug use. They feared that this drug undermined users' ability to operate as bounded and self-regulating individuals who could resist other potentially negative influences.

For the most part, other respondents in this study deployed a different understanding of methamphetamine. Policy advisors in public health in particular, attempted to counter dramatic claims about this drug by suggesting that methamphetamine use was low; that drug scares come and go historically, and that this

drug was not more dangerous than other illicit substances. Some argued that historically, illicit drugs undergo a ‘natural’ upswing in use; users then discover the negative side effects and many decrease or quit using drugs. Public health officials underscored this contention with examples including the campaign against stimulants in the 1960s known as ‘Speed Kills.’²⁵ Public health officials also argued that drug use occurred in the context of social networks. These networks assist individuals who use drugs to warn each other about the effects of various substances. Some of these public policy respondents also disputed claims that illicit drug use itself was necessarily uniquely problematic. Instead they suggested that the desire for altered consciousness was a ubiquitous part of human history. As such, they saw meth as one among many substances that can potentially alter human consciousness. Nor did they pathologize or problematize this desire for altered consciousness.

As I noted above, for members of citizen groups, drug use was shaped by the chemical properties of the drug itself, not by sociological factors. Nor did they distinguish between problematic and recreational meth use. In their estimation, young people used meth because of either its easy availability and/or a lack of knowledge about the drug; once use began it could quickly degenerate into addiction. According to public health officials, people used meth for different reasons. People who live with difficult social and personal circumstances such as homelessness or unaddressed mental health issues were more likely to use meth problematically. Indeed for many of these respondents, the harms that potentially ensued from drug use were not necessarily caused

²⁵ ‘Speed Kills’ was the name of a campaign launched in 1967 in southern California. A grassroots effort to reduce the use of amphetamines and other stimulants included members of music groups (Grace Slick and Frank Zappa) and members of counter culture movements such as Alan Ginsberg (Rasmussen 2008:189).

by drugs alone, but were shaped by social and personal reasons like lack of access to health care or stable housing. Public policy officials also turned to population health data on illicit drug use to support their position. They suggested that these data showed that the harmful outcomes of illicit drug use were affected by the social determinants of health, much like heart disease or diabetes. Like public policy respondents, governmental policy documents, particularly the policy strategy about crystal meth, tried to avoid a negative characterization of users as unworthy of intervention. But the sociological insights espoused above were mainly downplayed in these documents. This strategy, in particular, effectively depoliticized the drug-using subject by closing off consideration of the social context and determinants of meth use.

Several public policy respondents, along with practitioners in the field, disputed the uniquely agentic effects of meth. In fact they suggested that users were not victims of the drug; instead they noted that meth users retained the capacity for choice and self-care even if those choices did not emulate dominant narratives of subjectivity. This perspective is supported by qualitative research in Vancouver, B.C. with street involved young meth users who were found to regularly moderate their use to protect their health (Bungay et al. 2006). But both of these perspectives on meth use did not address research that shows that youth themselves seek out pleasure and self-expression through use of drugs like meth and ecstasy, particularly in the 'rave' scene (Duff 2003).

8.2.3 Youth and Drug Use

One of the most striking aspects of the interviews and the texts associated with meth was the focus on young people. Where I carefully avoided asking about youthful drug use, most respondents would turn the conversation to the negative effects of meth

use on young people. Curiously these comments were not concerned with the effects of the drug on youthful bodies, with the exception of brains. The focus of concern, instead, was three-fold; in the first case, some respondents problematized the supposed qualities inherent in young people that could make them susceptible to the dangers of meth. Second, youth were thought to be tempted by trusted peers and were considered at risk in potentially dangerous youthful spaces. Finally, meth use was thought to inevitably impair relationships particularly between young people and their families.

Citizen group members often depicted youth as naturally inclined toward experimentation, but also naïve, particularly ‘normal’ youth. This naivety was thought to be precisely what made youth vulnerable to meth use. Because they supposedly did not know that the drug was dangerous they could be drawn into its ‘web’.²⁶ Youth spaces were also depicted as problematic sites where meth was potentially available to the unknowing. These claims were emotionally resonant with stock themes in drug narratives that focus on the contagious nature of substance use especially where young people were concerned. Youth spaces and relationships were also thought to be potentially problematic. These claims drew on a key trope of modern urban life, that peer relationships should be understood as potentially dangerous (Campbell 2000:92). These claims also echo early 20th century concerns about the emergence of unsupervised leisure opportunities in youthful recreational spaces such as skating rinks and ice cream parlors (Hunt 2002:189). In fact, it may be true that meth was made available in youth spaces, and that experimentation is a hallmark of youthful experience. However, these claims

²⁶ See Carstairs 2006, for a description of a similar set of claims inherent in the drug scares about opium in Canada in the 1920s. As she says, “Notions of female vulnerability allowed authors to portray some women as blameless victims of ‘drug addiction disease’” (21).

make unregulated youthful spaces and peers seem like a primary causal factor that explains drug use. Citizen group members also sometimes thought that meth had an insidious and invasive effect; normal family life or school relationships could potentially be invaded by meth. Meth for example, was depicted as a drug that could draw otherwise ‘normal’ young people to the “dark side”, an analogy drawn from various popular culture representations of evil (i.e., Star Wars movies). These are long-standing drug narratives stretching back to early 20th century depictions of ‘white slavery’ that resulted from the lure of a drug like opium for otherwise healthy and ‘normal’ young women and men (Carstairs 2006; Moore and Valverde 2003).

For citizen group members, some primarily adult spaces and groups were associated with higher rates of meth use. These respondents picked up uncritically on sensationalized media claims about gay bars and parties as sites of meth use. Indigenous spaces such as First Nations reserves were also deemed to be potential hotspots for meth use and thus were thus considered to be dangerous. But First Nations individuals were thought to be vulnerable and in need of assistance, while gay spaces were seen as morally suspect sites of contagious drug use.

Conversely, public health officials saw youth as ‘drug savvy.’ Researchers who study adolescent drug use have found that young people are “drugwise” and use substances in the context of relationships with others where nascent harm reduction strategies and concerns about safety are generated and shared through social networks (Parker et al. 2001; Hunt et al. 2010; Duff 2003b). This approach was evident in how organizations like the Victoria YM/WCA used federal Drug Strategy Community Initiatives monies to fund youth driven educational programs about meth.

The B.C. Ministry of Health policy strategy entitled *Crystal Meth and Other Amphetamines: An Integrated Strategy* (2004), on the other hand, clearly responded to public pressure to problematize youthful meth use. This document avoided the more pernicious claims about drugs and kids, but clearly upheld the notion that youthful drug use was a central concern for policy makers. But this policy document was confusing in its articulation of the problem of meth use, calling it more generally a “growing problem,” and then suggesting that meth use was more predominant among street involved young people. This claims point to the existence of conditions beyond the drug itself that might shape its use, though discussion of why this might be the case was relegated to an Appendix. Indeed some groups of young people do use meth at higher rates than others, but this document, like citizen group members, cloaked a world beyond the substance and the user. Without a fulsome explanation of the context of drug use by some youth, this policy reemphasized the seemingly natural links between young people and crystal meth. The fact sheet produced by the Crystal Meth Secretariat also constructed meth as a singular, decontextualized and discrete object with inherent characteristics unaffected by sociological context. This was evident in how the fact sheet collapsed meth use into one homogenous category and routinized the worst case effects of this drug.

8.3 Knowledge, Truth, Meth

In this section I will discuss how knowledge about drug use and its effects emerged as a site of dispute among respondents in this study. As the sociology of knowledge suggests, knowledge is not a fixed or enduring object but shifts with time and is shaped by sociological context. One of the most famous articulations of this concept is

Kuhn's (1996) claim that scientific knowledge is characterized by paradigms governed by internal rules about knowledge-making. Kuhn's theories suggest that science does not produce timeless forms of knowledge; rather like all human endeavours, scientific knowledge is situated in time and space and is subject to change and revision. Masson's (1997) analysis of knowledge and social movements argues that disputes over knowledge are central to political conflicts more generally. Masson also reminds us that social actors engage in struggles to establish authoritative definitions about appropriate social acts, subjectivities, and interventions. This was also the case when it comes to knowledge generated by the citizen groups and by government policy officials. The contested meanings about meth were underpinned by disputes over what constituted knowledge and by extension what constituted the truth of illicit drugs. These disputes were evident in the claims that respondents made and the 'data' they used to support their positions. These claims also usefully suggest an outline of the various political alignments that were fostered by concerns about this drug.

8.3.1 Science and Evidence as Contested Objects

As I suggested in Chapter Five, citizen group members were highly resistant to attempts to define the problem of meth use using statistics or epidemiological data. Their definition of the problem of meth use was not affected by data that showed low rates of use in the general population and especially among young people. This was likely because population level statistics seemed somewhat irrelevant in the face of a contagious and agentic drug like meth. Many citizen group members were not convinced that aggregate assessments of social problems were legitimate if even one child was in danger. At the same time, they were not opposed to drawing on scientific claims if these

claims supported their contentions about meth. These same respondents depicted meth use as a looming crisis. In fact, using the metaphor of crisis was a common rhetorical stance in this study. But citizen group respondents did draw on scientific data if it supported their position about meth. This included the use of UCLA researcher Richard Rawson's visual metaphor of dopamine levels released by meth use as discussed in Chapter Four.

As I analyzed the data from this study, it became apparent that significant disagreements existed over the value of research evidence. Public health and safety officials, health authority representatives and their associated policy documents focused on evidence-based approaches as the supporting framework for public policy. In fact, these persons and policies claimed that the truth of drug use and its effects were to be found in population level data. In contrast, some citizen group members considered such approaches to be 'soft' precisely because surveys and policy documents used technocratic language that undersold the problem of meth. These respondents preferred an approach that was dramatic and frightening because it supposedly told the 'real' story of drug use. These approaches drew on graphic images and relied on anecdotes of worst-case scenarios to frighten youth away from this drug. Though these latter approaches "lacked corroboration from other [research] sources they gained some credibility indirectly, by their similarity and proximity to other stories about other drugs" (Moore and Valverde 2003:309).

8.3.2 Law Enforcement and Media as Knowledge Makers

Citizen group members relied heavily on media reports and law enforcement officials and their publications as primary sources for information about meth use and its

effects on individuals and communities. This reliance produced an alignment between law enforcement and media perspectives and those articulated by citizen group members. In fact, citizen group members were recruited to identify with subject positions provided by law enforcement and media claims about drugs: worried parent, and concerned community member. In the first case, parents' preexisting concerns about the effects of drug use on children was easily articulated to dramatic law enforcement claims about the effects of meth use more specifically. In the second case, citizen group members often chose to identify with the idea that illicit drug use was the domain of dangerous outsiders. This position was troubled, however, by the realization that these outsiders were potentially their own children. As I noted above, the resolution of this paradox was found by focusing on the drug dealer and the manufacturer of crystal meth as the dangerous outsider that must be regulated. At the same time, citizen group members wed ideas from law enforcement and media to their own political agendas to ensure that the user was not demonized as a racialized other similar to the outcomes of the crack scare in the 1980s.

But, nowhere in their discussion of law enforcement was there any reflection on the problematic role that police agencies played historically in the production of knowledge about drug use. Municipal police and the RCMP have long enjoyed a privileged position in the making of drug discourses in Canada. They have also been at the centre of drug education efforts in schools and communities using programs such as DARE. Grayson's history of drug policy in Canada traces this control back to the implementation of the Office of the Division Chief of Narcotics of the then Canadian Department of Health in 1919. This office worked as a "hub for information, policy planning, and international negotiation" and coordinated its efforts with the RCMP (then

the Northwest Mounted Police (NWMP). By 1920, the NWMP who had been charged with the responsibility of establishing “law and order” in the Canadian West were increasingly without a mandate. Drug interdiction and policing gave the emerging RCMP a new jurisdiction and likely saved them for disbanding in the 1920s (Giffen et al. 1991:135-138). From its inception, the RCMP publicized its counter-narcotics activities through annual reports and these reports “did much to strengthen popular perception that drug use was shredding Canada’s social fabric” (Grayson 2008:130). These efforts continued throughout the twentieth century and saw police involved in the shaping of stereotypes about drug users as dangerous others. Beginning in the 1920s, for example, the RCMP promoted the notion of the ‘criminal addict’, a category of persons for whom criminality was primary and preceded peoples’ addiction to illegal drugs. This figure has loomed large in Canadian drug policy debates and has been the basis for justifying the imprisonment of people who are dependent on drugs. Law enforcement officials continue to be key advocates of law and order approaches to drug use, maintaining in various guises, the assertion that drugs and drug users pose a threat to otherwise good Canadians (Grayson 2008:137; Carstairs 2006; Giffen et al. 1991). The same applies to the U.S. where agencies such as the Drug Enforcement Administration, play a role not only in enforcing American drug laws, but also in regulating public health interventions such as methadone and harm reduction services.

For the most part, citizen group members drew uncritically on the claims about meth use made in local, national and U.S. based media sources. Like law enforcement claims about drugs, media reports drew on the stock characters and themes of previous drug scares and articulated these concerns to emerging concerns about meth. Ideas about

the uniquely dangerous characteristics of illicit drugs were commonplace in media coverage stretching back at least to the coverage of opium in Vancouver newspapers in the early 1920s. Frightening images of drug use and out of control users also aligned neatly with popular-expressive claims about illicit substances, despite recent public health and activist interventions in these claims. This is because alarmist claims about illicit drugs have been in ascendancy for many years. These claims reinforced the notion that meth use led to social disorder and personal chaos; media reports also claimed that meth could potentially be widely used because of its contagious nature (Boyd and Carter 2010). To some extent, citizen group members were not able to resolve a paradox created by their alignment with media claims about meth. They sought to challenge the stigmatization of the user as inherently criminal or dangerous, because it was the drug that caused these behaviours. But this perspective could not challenge the stigmatization of users prevalent in media accounts of meth use (Armstrong 2007; Boyd and Carter 2010; Jenkins 1999). This difficulty was an illustration of the point made by scholars that social actors selectively draw on different, even competing, discourses to frame their narratives of the social world. At the same time as we draw on preexisting cultural repertoires to make claims, we are not fully in control of how our stories of the world will be put to use by others, nor can we be sure what the effects will be of our adoption of these narratives (Padamsee 2009).

As I noted previously public health officials contested many of the claims about meth use and disputed the credibility of media and law enforcement sources. They attributed the unnecessarily heightened sense of crisis and fear about this drug to the proliferation of newspaper and other media stories in both Canada and the U.S. These

respondents also criticized the role that U.S. and Canadian law enforcement officials played in problematizing meth for political purposes and they reproached law enforcement officials for unnecessarily heightening fears about this drug. In other words, these officials held interest group politics, rather than the objective conditions of drug use and manufacture, responsible for the intense scrutiny of this drug. These findings build on historical work on drug policy in Canada such as Martel's (2006) analysis of public policy on marijuana in the 1960s and 1970s. Martel found that in this time period, a host of interest groups promoted opposing positions on Canadian drug policy.

8.4 Responding to Crystal Meth

Public policy officials and citizen group members held different views on how the problem of meth could be remedied through programs and policies. Despite these deep differences, both groups supported solutions that drew on key elements of Canada's drug policy regime to-date: supply reduction and demand reduction. Until the 1960s, the resolution of the problem of illicit drug use in Canadian drug policy was mainly found in supply control initiatives such as policing and laws. By the late 1960s concerns about counter-culture and youthful drug use prompted both the development of an increased number of treatment initiatives and beginnings of prevention initiatives (Giffen et al. 1991). The current Canadian 'Anti-drug Strategy' released by the federal Conservative government in 2007, deploys both supply-side and demand reduction strategies, though its emphasis is on policing and prevention strategies that evoke a 'just say no' to drugs approach (Government of Canada 2011). As my findings illustrate, programs and policies to address the problem of crystal meth focused on either supply side or demand reduction initiatives. In this way, neither citizen groups nor policy makers moved much beyond the

current confines of Canadian drug policy initiatives. Despite their differences, their policies and program initiatives were focused on either prevention or regulation with some focus on treatment services.

Citizen group members, advocating as they were from outside of government, were able to pressure public officials at the provincial, municipal and health authority levels with greater or lesser degrees of success. To some extent this success depended upon finding a champion particularly within municipal governments to carry forward their goals. One such example was the support one group received from a municipal official who helped to establish a drug house bylaw in that municipality. In this regard, these citizen groups showed a high level of organization, often dividing their activities into subcommittees who worked toward specific goals like increased forms of regulation or the development of education programs for school-age children. These groups often relied on community contacts and local members of the media to help press their case with government officials. To some extent the increased coverage of crystal meth in B.C. newspapers and television provided a political opportunity that was advantageous to these groups. Some politicians, community members, and others were sensitized to the perceived dangers of this drug by this media coverage and were often sympathetic to the goals of these groups. Indeed for some politicians, lack of support for dramatic claims about this drug could have been politically problematic. This concern about the public profile of politicians was found to be a significant factor in previous drug scares. Jenkins, for example, notes that contestants for a vacant Hawaii Senate seat escalated fears about this drug in the early 1990s to bolster support for their political campaigns (1999). Reinerman and Levine argue that key political actors such as U.S. President Ronald

Reagan used media fuelled concerns about crack to augment other aspects of their political programs including a renewed ‘war on drugs’ with a heightened military presence (1997).

Public policy officials interviewed for this study were often ambivalent about the role of these citizen groups. Public health officials in particular, were concerned that the goals of these groups conflicted with established public policy on substance use. But like citizen groups, activities of government were focused on the same three main areas of activity. Government approaches to this drug also revealed a push-pull process over several issues. In the first case, public pressure and the ensuing response from politicians pushed public policy officials toward a more expressive-popular problematization of this drug that called for immediate and sharp action to dissuade people from using meth. At the same time, administrative-governmental tendencies within government pulled programs toward policies that emphasized the rational provision of evidence-based information and the cultivation of a self-regulating subject. In either case, both of these approaches were wedded to neo-liberal pressures to limit government spending and intervention and increase program efficiency.

8.4.1 Raising Awareness

The singular focus on crystal meth as the central problem of drug use precipitated and shaped the activities of citizen groups in several ways. Some of these groups devised plans to educate school age children about meth almost to the exclusion of other drugs. The content of these programs descended directly from the definitions of the problem of meth use noted in chapters four and five. Because meth was seen as uniquely addictive and potentially universalizing, program designers focused on meth and not other drugs.

Their belief in the potential for meth to alter brain chemistry and to produce almost instant addiction meant that they focused on dissuading children and youth from ever trying this drug. To accomplish this, they drew on frightening images of the consequences of meth use to educate and shape the desires of children and youth. These programs eschewed an approach that recognized that the harms of drug use are shaped by the social determinants of health, in favour of approaches that work on young people's relationships with peers and with potentially dangerous spaces. This focus was necessary because as I noted above, their problematization of meth gave youthful spaces and relationships a singularly casual role in promoting drug use.

Members of these citizen groups crafted these education programs in opposition to a governmental approach which they characterized as bureaucratic, too "middle of the road", and as focused on risk avoidance and management. They were particularly critical of educational programs developed by organizations such as CARBC and CAMH. As a consequence, these respondents felt that government programs were unable to adequately address the dangers of this drug. Respondents praised police based school-age prevention programs such as DARE. They felt that messages to youth needed to be graphic and frightening because youth were desensitized by violence in the media, and, because other drug prevention messages did not adequately address the dangers of this drug. Citizen group respondents also considered their pedagogical practices important to containing the spread of meth use. In particular, respondents were concerned that young people needed to have the necessary skills to be able to say no to any form of peer pressure related to drug use. These skills were thought to emerge from a one-time exposure to dramatic images and other messages about the consequences of meth use.

Public policy officials were also concerned about the prevention of illicit drug use as a goal of drug policy. But there was evidence of contradictory approaches in governmental programs to this issue. Documents like the *No2Meth* handbook sent out to households in B.C. clearly focused on preventing use of this drug. The approach in this booklet did not differ that much from the citizen groups because it also focused on individual level issues and concerns. This booklet reflected political pressure to treat meth as a singularly dangerous problem, at the same time as it focused on individual decision-making and eschewed examination of the broader sociological issues that contribute to problematic substance use. In fairness, the *No2Meth* campaign and its accompanying curriculum did not promote frightening images of out of control drug use, but rather worked on young peoples' decision-making. In fact, officials involved in its development were ambivalent about creating curriculum focused solely on meth given that the evidence on effective drug education did not support this approach. But because government funding for meth programs was forthcoming, these officials used this opportunity to produce a curriculum more in line with research evidence. Regardless, the *No2meth* handbook discussed in chapter six illustrated an approach to drug use that emphasized proper youthful decision-making and encouraged increased parental responsibilities. Though public health officials in Vancouver, B.C. thought that public education programs for youth should be youth driven, this was not part of either the Secretariat's or the citizen groups' approaches. Other government initiatives focused on preventing the harms of drug use. This approach was more evident in the interviews with public health officials and in the B.C. Ministry of Health public policy document discussed in chapter seven. The distinction between focusing on preventing drug use or

preventing its ensuing harms was the source of dispute between government and citizen groups and was one of the reasons that these groups thought that government prevention messages were too soft. Some respondents from citizen groups were concerned that a focus on preventing harm was evidence that government had reneged on its commitment to protect its citizens.

8.4.2 Government and ‘Community’

The Crystal Meth Secretariat, introduced by Premier Gordon Campbell in 2005, represented a hybrid of mechanisms that characterized governmental responses to this ‘social problem’. As I noted in the introduction, when Campbell introduced the Secretariat he also called meth “a dirty filthy drug” thus evoking emotionally laden language to describe the problem of this drug. The introduction of the Secretariat followed an expressive and politically opportunist script. Media coverage of meth was at its height in 2005 and the Secretariat was part of the B.C. government’s response to heightened concerns about this drug. But the implementation of the Secretariat revealed tensions about the appropriate role of government in responding to drug issues. Though the right of government to regulate drugs was never contested, what was contested was how this regulation should take place. These conflicts emerged most acutely over the implementation of the Secretariat’s programs. Public health officials pushed the Secretariat to eschew popular-expressive morally themed campaigns and programs in favour of evidence-based approaches. As I noted above, public health approaches also focused more on the harms resulting from problematic substance use, and less on drug use itself as a problem. The result was a hybrid of ruling mechanisms that drew on notions of ‘community’ as a key element in contemporary government rule.

Community is a favoured term in neo-liberal approaches to policy influenced by the political culture of governmentality. In the nexus between these two modalities of governing, the role of the state has been circumscribed to a strategic one characterized by notions of stewardship, imagined as enabling the conditions for other agencies and actors to provide services that meet human needs (Clarke and Newman 1997:134; Rose 1999). Community under these conditions often denotes all things outside the market and the state and stands in for the more robust and multi-faceted notion of civil society. As a term, it is morally resonant because of the populist and consensual sentiments it evokes; at the same time, it is wholly ambiguous, making it “subject to appropriation by political discourses” (Clarke and Newman 1997:125; Fischer et al. 2004). Terms like community tend to emerge in governmentalized programs, where state-based priorities and programs are designed to operate across alliances formed between a host of partners including quasi-state and other organizations.

Notions of community were key to understanding the intersection of governmentality and neo-liberalism in how the B.C. government responded to the ‘problem’ of meth. These intersections were apparent in two governmental initiatives related to crystal meth. The first was the funding the Secretariat distributed to communities and the second was the policy strategy released by the Ministry of Health. This latter document suggested repeatedly that its interventions were to be carried out through alliances between state-based agencies, health care authorities, police, community organization and others. In many cases, these alliances were also expected to operate through ‘communities,’ assumed to be bounded units, awaiting techniques of intervention, or treated as objects to be mobilized to optimize social relations (Li 2007;

Rose 1999). Here community was constituted as terrain of technical intervention ironically because it was treated as naturally occurring with its own values, beliefs and nascent capacity for self-rule. This strategy document called on communities to participate in a battle against crystal meth. In the process, it evoked sentimental attachments to right/wrong and good/bad, at the same time as it cloaked important questions about who would get to participate and on what terms (Fischer et al. 2004).

The second site where community was evoked was in the funding distributed through the Crystal Meth Secretariat and the Union of British Columbia Municipalities. This funding was distributed in small chunks to a variety of partners including municipalities and community organizations. This funding was meant to stimulate action at the local level focused mainly on the desire for drugs, but was not meant to ameliorate the social conditions of the lives of people who used meth nor did it address the needs of those most likely to be using meth. But the B.C. government's crystal meth strategy and its Crystal Meth Secretariat relied on an imagined space of community as a nodal point to connect ideas, bodies, places and individualized programs of state rule. This configuration of social actors reflected a neo-liberal concern with limited intervention and expenditures and a governmental aim to cultivate the political subject as an individualized and entrepreneurial one. The Crystal Meth Secretariat was also characterized by ambiguous political objectives and priorities, and though it funded community initiatives it would be difficult to argue that any real change occurred.

8.4.3 Identification of Risk as a Governmental Aim

As I suggested in chapter three, the identification of groups of people at risk for health compromising conditions has become a standard procedure in health care

bureaucracies. This approach to governing is apparent in the policy document, *Crystal Meth and Other Amphetamines*. The document clearly identifies groups of people thought to be at greater risk of harms from meth use. But risk in this document was not assigned to behaviours, or to external factors beyond individual control, but to presumably naturally occurring groups of people such as gay men, pregnant women and youth. There are two effects of this notion of risk. In the first case, risk becomes what Nancy Campbell calls a “delirium of rationality” (Campbell 2000:26). This emphasis on risk places responsibility on the subject for understanding and monitoring their risk factors and it can construct wide spread social problems as matters of individual risk.

Secondly, even though each of these groups of persons are internally heterogeneous, their mutual inclusion in a series of adjoined categories can easily be interpreted as establishing a relationship of equivalence between these groups. Regardless of the best intentions of policy makers, such equivalence does not just suggest vague associations of sameness. Instead, it can effectively displace drug use and its harms, to the ‘other.’ These identities help to bound the problem of meth use to specific categories of persons, and by implication, create constructed categories of nonusers who were assumed to be ‘normal’ non-drug using groups. One of the potential effects of this evocation of binary notions of who uses a drug like meth is to stigmatize supposedly vulnerable or drug-using groups as potentially irresponsible and thus, in need of heavy handed intervention (Johnson and Shoveller 2006:51). At the same time, important questions such as how risky groups are determined and why some groups are at risk were not addressed. As Adkins (2001) suggests, the identification of at-risk groups easily slips over to the identification and further stigmatization of some groups as risky to others. At

the same time, this perspective bolsters the view that a solid distinction exists between the drug user and the normal self-regulating citizen. These binaries help to shore up the position of public policy makers as knowers and truth-tellers (Brook and Stringer 2005:320; Carter 2009).

As scholars have noted, the evocation and identification of risk is often accompanied by efforts to promote self-regulation and increased personal responsibility for one's health (Bunton, Nettleton, and Burrows 1995; Petersen and Lupton 1996). In fact these themes were evident in governmental programs to address meth that focused on individual decision-making as the resolution of the problem of meth. But citizen groups too promoted self-responsibility through their educational programs and their focus on personal decision-making. Their focus differed, however, in that they drew on prohibitionist accounts of illicit drug use to underscore their claims that there was a uni-directional relationship between drug use and issues like homelessness. In their minds, drugs caused these problems and the resolution was the prevention of drug use. These groups, however, failed to see the risks of promoting self-responsibility as the only means to preventing drug use – mainly that it linked their goals to the state they were so critical of. There were moments when members of these groups saw beyond individualist formulations of this problem, but this did not translate into action.

8.4.4 The Regulation of Drugs

As I noted above, the regulation of drugs is a key component of Canada's drug policy regime. Formal modes of regulation include laws and policies that prohibit some drugs while allowing the sale and distribution of others, albeit in certain forms. Drugs such as opium, marijuana, heroin, LSD, methamphetamine have each been the subject of

intense campaigns of problematization that have resulted in the prohibition of their manufacture, distribution and use. Other psychoactive substances such as alcohol have also been subjected to intense periods of scrutiny and prohibition though this substance is available in a regulated market that determines the conditions of its sale, the regulation of its dose, etc. Supply side modes of regulation include laws, bylaws and policies aimed at stopping the manufacture, sale and distribution of illicit substances. These forms of regulation are concerned with halting the flow of drugs and their precursors across national borders, finding, arresting, prosecuting and imprisoning drug users and sellers, and detecting and eliminating locations where drugs are grown or manufactured.

A major focus for some citizen group members was increasing the formal ways in which meth was regulated. For citizen group members, lack of sufficient regulation of illicit substances was a key problem and its subsequent resolution was therefore more regulation. The problem of manufacture of crystal meth was also established using U.S. based claims about the growth of small-size clandestine laboratories south of the border. The use of U.S. based sources about labs illustrated how selective these respondents were in their choice of information to support their claims about meth. One of the key problems with drawing on U.S. experience was that it was quite various and was not necessarily applicable to Canada. Meth use and manufacture is highly regionalized in the U.S. and as Garriott's (2011) analysis suggests, meth manufacture especially in small-size 'mom and pop' labs is shaped by economic and other sociological conditions that are not necessarily replicated in B.C. Regardless, more than drug education or treatment, the regulatory activities of these groups were based on presuppositions about what would

happen in the future, drawn from law enforcement and media reports about U.S. ‘meth labs’.

There were two key narratives about meth that underscored the regulatory activities of these groups. The first was the belief in the unique dangers posed by crystal meth and therefore the need to use unique and innovative ways to control drug production. The second was the belief that drug production was insidious, and without significant new regulatory initiatives, would invade supposedly safe residential neighbourhoods. Citizen group members drew from media and law enforcement reports that carefully shaped illicit drug production as a danger to public safety. Indeed the potency of clandestine drug production labs as a social problem was strengthened by the articulation of this issue to notions of community, public safety, and environment. Labs were also depicted as the domain of tainted others.

This focus of regulatory activities by citizen groups took two significant directions; the first involved pressing the federal and provincial government to support efforts to regulate the availability of the precursors used in the manufacturing of methamphetamine. These efforts were preempted, however, by the announcement in June 2005 of the rescheduling of many of the precursors used to manufacture this drug to Schedule 1 of the *Controlled Drugs and Substances Act*. These groups also took up two other issues related to regulation: the writing and implementation of municipal bylaws to control drug manufacturing and the implementation of ‘meth watch’ programs. This bears much similarity to the programs of regulation undertaken in the U.S. and indeed programs like Meth Watch were imported to Canada from south of the border. Increased forms of regulation also aligned well with policing agendas on both sides of the U.S. and

Canada divide, and, as a consequence, several of these groups enjoyed good relationships with local police and the RCMP.

From the perspective of members of these citizen groups, municipalities were ideal sites to engage new regulatory mechanisms. B.C.'s *Community Charter Act*, as well as fire, building and electrical codes provide municipalities with the power to regulate issues such as fire, health, and safety in private residences. This is evident in the numerous municipal bylaws that govern such matters at the local level. In addition, citizen group members reported that municipalities, and their mayors and councils, were often more easily accessible to members of the public than provincial and federal governments. This accessibility made it possible for citizen groups to pressure individual politicians and to advocate for new forms of regulation at meetings of municipal councils. In addition, there has been a growing trend in B.C. toward using municipal powers to regulate illicit drug production. The City of Surrey, B.C., for example, has developed and implemented a multi-partner team of police, fire officials, bylaw officers, B.C. Public Safety and B.C. Hydro officials to address the issue of marijuana growing operations in residential neighbourhoods. Using municipal bylaws governing electrical code violations, these teams identify potential grow-ops and then using bylaws, compel residents to undergo electrical inspections. As the author of a document reviewing a pilot project to test this approach suggested, these team efforts were aimed at eliminating residential illicit drug production without recourse to the criminal justice system (Boyd and Carter 2012; Carter 2009). In turn, other municipalities have adopted these approaches; one such example is the development of drug house bylaws that were ostensibly aimed at both methamphetamine and marijuana production in municipal locations. These bylaws placed

the onus on landlords and homeowners to observe and report on suspicious activity in their residences. In sum, citizen group programs became articulated to the authoritarian agendas that have always dominated Canadian drug policy regimes – policing, laws and now, new forms of regulation that operate at the local and municipal level including initiatives such as Meth Watch and the implementation of drug house bylaws. Given their relative ineffectiveness at stemming the tide of meth use, drug house bylaws and meth watch programs operated more as a form of ritual purification of residential spaces. There is no evidence to suggest that programs like Meth Watch were effective at curbing meth use or production, given that they do little to stop large-scale meth production. But, the implementation of this program at the local level using promotional materials such as stickers on store doors helped to remind residents that illicit drug production was by default dangerous, and could potentially occur in their residential neighbourhoods.

8.5 Alliances and Alignments

Each of these initiatives fostered temporary and shifting alliances between a host of social institutions and actors. Educational programs required alliances between school districts and crystal meth societies; programs of regulation were built on even greater numbers of connections including B.C. government public safety officials, municipalities, police, and fire departments. Thus, some municipalities with little public debate have been articulated to the goals of drug regulation, which in turn, reinforces the legitimacy of the problem of drugs as one of lack of regulation and the municipality as a legitimate site for its regulation. Indeed programs such as Meth Watch expanded responsibility for the regulation of illicit drugs to a new set of social actors such as retailers and fire departments. This raises serious concerns given that public oversight of

these multi-actor initiatives is difficult and mostly nonexistent (Dean 2002:44; Lerner 2000:8).

8.6 Communities and Civil Society

Whether focused on regulation or on drug use prevention, these programs and initiatives reveal how fragile and permeable the supposed distinctions are between civil society and government. A governmental program like the Crystal Meth Secretariat both produced and then relied upon specific notions of ‘community’ to enact its initiatives. The policy document, *Crystal Meth and Other Amphetamines*, also evoked ‘communities’, schools as potential sites where governmental aims could be enacted. Even some citizen groups, who were run entirely by volunteer labour were funded in part and at least for short periods of time, by government. The problem is not so much that communities and others are tapped to educate citizens or to participate in shaping the contours of their lives, but rather the terms upon which they are asked to do so. The *No2Meth* handbook signaled this problem most acutely. It asked parents to take a variety of roles with their children all aimed at fostering independent rationally calculating citizens. Like the communities evoked in the policy document, it asks parents to do more with less, to in fact deal with the pressures of modern life without state support, and thus assist the state in its retreat from its responsibilities to its citizens. Citizen group members, however, were not satisfied with this retreat from social service funding; they problematized government’s lack of funding for drug treatment services. As they noted, for many it was shock to discover how limited these services were, and they in turn attempted to remedy this situation. They did not see, however, the origin of this withdrawal in the long-standing neo-liberal efforts of the B.C. provincial government

(Carroll and Little 2001). At the same time, they relied on a particular narrative of meth as a uniquely dangerous drug to support these demands on the state. Their characterization of meth as uniquely addictive drug likely contributed to a public discourse that discouraged the adoption of harm reduction services for people who use meth. Like prohibitionist accounts of drug use more generally, it also discouraged a more fulsome discussion and amelioration of the problematic sociological context of drug use.

8.7 Popular Expressive or Administrative Governmental?

Garland's (1997) claim that social problems register in one of two ways, popular-expressive or administrative-governmental, is reflected in the competing narratives about meth found in this study. On the one hand, citizen group members approached the problem of drugs through a popular-expressive lens, offering up deeply moralizing understandings of meth use. Despite public and media concerns that meth use had become epidemic, many policy-makers were more likely (though not exclusively) to see meth use, not as a question of morality, but as a problem of rule – an administrative-governmental issue to be resolved through research, and the application of appropriately informed policy perspectives. As Garland argues, this later approach draws on technical and knowledge based rationalities that rely on 'scientific evidence'. But Garland's dualistic schema does not attend to the other binary that underscores the claims of both groups in this study. Public policy respondents were more likely to hint that there exists a distinction between science and politics by posing evidence-based policy against a vague notion of 'ignorance-led' approaches embodied by citizen groups. But Kylie Valentine (2009) warns that despite governmental claims to the contrary, evidence-based policy making is not a value-free endeavour. In spite of claims by public health respondents in

this study, the policy strategy on crystal meth released by the BC Ministry of Health in 2004 is not a value-free exercise in the application of research findings. Rather it is a hybrid of existing research findings that declare the user to be competent, melded with neo-liberal notions of the appropriate role for government. The result is a document that eschews sociological context in favour of solutions that work at the individual level.

The notion of a rational actor also underscored these governmental responses. Where citizen group members were concerned that meth made people irrational, government respondents were more inclined to preserve the rationality of the drug-using subject. As several commentators have noted this rational subject can have contradictory effects for people who use drugs. Lerner also points out that neo-liberal rule may mean less government in the form of regulation, but it does not necessarily mean less governance of the individual (2000:12). Moore and Fraser (2006) in particular warn us that this rational drug-using subject is a double-edged sword. On one hand, this discursive intervention preserves the possibility that people who use drugs can meaningfully participate in the development of programs to address their needs. On the other hand, this rational actor can be harnessed to a variety of governmental aims: youth and community engagement, harm reduction, and drug education, to name a few. All of this occurs in the context where citizens are asked to do more in an environment of shrinking state resources.

This case study of this particular drug policy debate reveals some of the challenges that face scholars attempting to understand where drugs fit in the larger landscape of policy. Responses to drugs in Canada, as exemplified by the two positions in this study, are replicated in numerous locations. The constitutional challenge brought against the

Canadian federal Conservative government and initiated by the Portland Hotel Society in Vancouver over Vancouver's Supervised Injection Site, illustrates a clash between 'evidence and authoritarianism'. In this case, Canada's Supreme Court ruled in favour of the supervised injection site citing the body of evidence produced to support its existence. Regardless, the federal Conservative Government continues to support a drug policy regime that draws on authoritarian approaches -- prohibition, mandatory minimum sentencing for drug offenses -- at the same time as its "Anti-Drug Strategy" directs youth and parents to resolve drug use issues at the level of personal decision-making. Thus drug policy traverses the boundaries between approaches to governance. It represents how authoritarian approaches, often thought to characterize a neo-conservative policy agenda, can co-exist with neo-liberal, governmental approaches to social issues like illicit drug use (Hall 1988). Citizen group members found themselves negotiating between these forms of government. Clearly they aligned their perspectives on drug use with law enforcement but they also refused to see the drug-using subject as simply a neo-liberal rational one. Thus they pressured government to provide the resources to address drug treatment and to support the user. But their demands for state response were clearly shaped by their formulation of meth as uniquely addictive and dangerous drug. Thus, they worked on developing specialized treatment and prevention resources focused only on meth and not on the social conditions that shape the effects of drug use. As they made these demands, however, they encountered the neo-liberal emphasis on evidence-based approaches wedded to concerns about efficiency and spending.

As my brief review of the existing literature on meth use in B.C. suggested, the people most likely to use this drug and to subsequently encounter problems are

marginalized youth (see Wood et al. 2008). Neither the Crystal Meth Secretariat nor citizen groups mobilized support or advocated for the needs of this group of young people. As one public policy official also noted, the Secretariat's efforts were mostly focused on general messaging to young people and parents. In neither case did the health nor social inequities that shape illicit drug use come under fulsome scrutiny. Rather both governmental and citizen group responses focused on change at the individual level eschewing even the sociological insights that public policy officials embraced in their interviews for this project.

Chapter Nine: Overall Conclusions

9.1 Summary of Findings

This dissertation adds to a limited body of research that examines how citizen groups have helped to shape drug policy in Canada. It also considers how these perspectives differ from those held by public policy officials. My project shows how different formulations of the problem of meth contributed to a wide variety of potential solutions to this problem. It also examines the role that public policy officials had in shaping the problem of meth and in responding to it with resources.

Competing narratives of the problem of meth, and by extension of the problem of all illicit drugs, abounded in the findings of this research project. To problematize meth, citizen group members drew on familiar and long-standing tropes of illicit drugs – tropes that have been ably uncovered by other scholars (e.g., Carstairs 2006). These themes underscored the notion that meth is an agent in its own right, and that as an agent it had the potential to ensnare and addict innocent victims from all walks of life. Because meth use was conceptualized as a gateway to social disorder, the claims of these citizen groups echoed other morally based campaigns directed at promoting the fears of many Canadians about crime and social chaos. Their concerns about meth were also underscored by racialized themes. Though previous drug scares have relied on notions of drug users as racialized others, these groups were careful to avoid these claims, choosing instead to see meth use as an ‘enemy within’ otherwise normal family and social life. Though these are not new insights, this project helps to illuminate how citizen groups used these claims to underscore their proposals for social change. Citizen groups, fearing an agentic universalizing drug like meth, produced educational programs for school age

children and made claims on the state that relied on caricatures of users and fear-based claims about the effects of drug use. These groups also pressured government using claims that bypassed scientific ‘evidence’ about drug use, in favour of frightening assertions about the need to protect children from the supposedly uniquely dangerous effects of this drug. These claims were used to gain support from politicians resulting in new funding and program initiatives such as the Crystal Meth Secretariat that at least initially, took as axiomatic, a criminalized approach to drug use that excluded harm reduction measures. These claims depended upon and reiterated law enforcement and media based claims about meth and illicit drug use, and in effect, heightened alignments between these groups.

These citizen group activities aligned with particular sets of political ideas that usually, though not exclusively, resonate on the right-wing of the political spectrum. The efforts of the current Canadian federal government to address illicit drugs through its “Anti-Drug Strategy” and its recent efforts to pass Bill C-10, the Omnibus Crime legislation illustrate these right-wing and authoritarian approaches to drug use.²⁷ This project shows that citizen groups prioritized supply-side initiatives aimed at regulating the availability of meth. They did so by working extensively at the municipal level to extend the regulation of meth through local initiatives such Meth Watch and new bylaws. To some extent, these activities were shaped by the overall accessibility of municipal governments, fire departments and retail outlets. At the same time, these initiatives depended upon new alignments of municipalities with other partners, all geared toward

²⁷ The Canadian Civil Liberties Association and the Canadian Bar Association both warn that mandatory minimum sentences for drug offenses are unwise and undemocratic. See: Canadian Civil Liberties Association. 2011; Canadian Bar Association. 2011.

efforts to prohibit visible drug use and production in their regions. As I noted previously, the increasing incorporation of municipalities in the regulation of illicit drugs has occurred with little political and public debate, and is an urgent matter for future investigation.

My findings suggest that these groups may have had only minimal impact on the activities of government. Media coverage of meth in Canada and the U.S. was already promoting fear about this drug by the time many of these groups began to press government for a response. The findings of this project reflect one of the points in my discussion of methodological concerns. I noted in that section that meanings are not equally available to all; rather institutionally located social actors are positioned in such a way that their access to resources like communication apparatuses, often means that their ideas win purchase on the field of social action. At the same time, meanings can be contested and reworked by groups exterior to these institutional relations. Though citizen group members aligned their perspectives about meth with law enforcement ideas that are institutionally dominant in some locations, they could not challenge or change how B.C.'s health bureaucracy formulated the problem of illicit drug use.

Despite claims by public policy officials that their approach was 'evidence-based', their response to meth was also shaped by values-based frameworks. The findings of this project illustrate that B.C. government drug policy programs were fashioned by the marriage between value-driven neo-liberal notions of governing and what Foucault calls 'governmentality'. But the twin pressures of public outrage, and this marriage of ideologies, shaped a hybrid of approaches to the meth problem that illustrated the complex and contradictory forces at work inside state institutions. To appear as

responsive to growing demands for action, politicians in British Columbia funded education programs specifically for meth despite calls for calm by public health officials as well as announced reticence to implement meth only programs. Public policy officials also drew on neo-liberal modes of governance to press for initiatives that focused on 'knowledge', 'community' and 'identity' as the key to the resolution of this issue. But this project also reveals that though key policy documents follow a neo-liberal/governmental script, public policy officials do not always share these perspectives. Individuals interviewed for this project were more likely to evoke the sociological context of drug use, somewhat in opposition to their policy documents, which tended to construct illicit drug use as a discrete and individualistic phenomenon. But though public policy officials might hold these views, policy documents must pass through many levels of political approval before they are released to the public. This insight invites future investigation of how this process occurs within government.

Although government and citizen groups did not necessarily share similar perspectives on how to respond to drug use, this project also shows that there were similarities. Like citizen groups, governmental initiatives focused on the distribution of information about meth, as a 'cure' for drug use. They both focused on individual decision-making especially by youth as key to a decline in meth use and they both deployed notions of meth as a discrete object. But there were also key differences between these groups. Government officials and their programmatic claims, promoted the identification of 'at-risk' groups. The identification of at-risk groups helped to render technical the problem of meth use. Once at-risk groups were identified, programs were to be targeted to these groups. It remained unclear, however, whether the identification of

these at-risk groups helped to target funding, or to increase surveillance and regulation of these subpopulations. The evocation of at-risk groups also revealed another mechanism of governing – the merging of the problem of meth with its solutions. Both knowledge and identity underscored the definition of the problem and operated as solutions. Lack of knowledge was deemed to be a cause of meth use – its resolution was more information. At the same time, the identification of at-risk groups potentially bound the problem of drug use to the ‘other’. But supposedly the identification of these groups also helped government target its efforts. Regardless, community was the vector for these solutions. Yet government documents drew on vague notions of community as a stand-in for a more vigorous concept of civil society. This project also illustrates how communities were meant to operate without significant new resources, and to enact state priorities that were not necessarily formulated either by communities or with significant input from people who used meth.

9.2 Limits of Data and This Project

Although this project offers unique insights about the relationship between problematization and programs, it is a case study and as such it may not be generalizable beyond this example. Nor can I be sure that I have represented fairly every person involved in this issue in the time period under study. I conducted interviews to the point where no new themes seemed to be emerging, but further research outside of the lower mainland of B.C. might have revealed different perspectives and concerns. This research was exploratory and was meant to help other researchers develop similar analyses of drug policy regimes. Other provinces developed crystal meth strategies similar to one in B.C.

(i.e., Government of Saskatchewan 2007). How these strategies came to be and how they were enacted would be excellent fodder for future analyses.

I did not examine exactly how community groups used the small grants provided by the Crystal Meth Secretariat. When it comes to government approaches to crystal meth, my project focuses on “official discourses as read through government policy documents” (Larner 2000:14). This can privilege governmental claims about its actions without sufficiently examining how the relations of ruling actually occur in everyday lives. As Larner (2000) suggests, neo-liberal governmental formations are contradictory and historically contingent. One of the ways these contingencies could be examined is through a careful investigation of how community groups actually used the funding provided by government, not just to address illicit drug use, but for a variety of initiatives. These investigations might reveal that as much as communities were evoked and pulled toward governmental aims, their activities likely reflected a host of concerns and goals specific to their individual locales.

9.3 General Recommendations

The key concerns that emerged from this project include the following: the lack of sociological context in the analysis of illicit drug use; the lack of support for harm reduction efforts for all drugs; and the closure of public debates about legalization of illicit substances. It would be timely for all concerned to consider carefully that illicit drug use does not take place in a vacuum; nor is it simply always a negative experience for users. The harmful effects of illicit drug use are shaped by social conditions like poverty, homelessness, lack of access to health care, lack of economic opportunity, colonialism, sexism, racism and homophobia. Governmental approaches to illicit drug

use must be able to fully grapple with these connections. Though I make this recommendation I am aware that the ascendancy of neo-liberal and neo-conservative approaches to governing are likely a hindrance to this approach.

Like previous drug scares, crystal meth was touted as uniquely dangerous and addictive.²⁸ This led to educational approaches that attempted to scare children and adolescents away from this drug. As others have pointed out, these approaches tend to lack credibility with young people (Carter, Haines-Saah, Moffat, and Johnson, forthcoming; Tupper 2008), nor have these approaches been shown to be effective (Anderson 2010). But these claims about meth likely had two real effects: to limit the scope of public debate about legalization of illicit substances, and to heighten concern about the potential dangers posed by people who use drugs, thus limiting public support for harm reduction services. Since 2005, the Health Officers Council of British Columbia have recommended a legal, regulated market for all substances that are currently prohibited (2011; 2005). They do so because they recognize that the harms of prohibition outweigh its positive effects. Drug scares, policy strategies focused on only one drug, and similar initiatives, discourage more fulsome debates about the effects of drugs, and the potential harms of prohibitive drug policy regimes. As long as we continue to support notions that some drugs are so dangerous that their use can undermine so-called ‘normal’ life, we limit the willingness to engage in these necessary debates, and we support drug policy regimes like the one currently in ascendancy in the Canadian federal government.

²⁸ As an example, the 1936 U.S. film *Reefer Madness* depicted marijuana as a gateway to “addiction, sexual immorality, insanity, violence, and murder” (Boyd 2008:51).

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Appendices

Appendix 1: Letter of Invitation

Date

Addressee

Dear _____,

I am writing to invite you to participate in research a study entitled *Crystal Meth Use in B.C.* that I am conducting as part of my PhD program in Department of Sociology at the University of Victoria. I am asking you to consider participating in this study because you have been involved with the issue of crystal meth in Victoria, B.C.

The purpose of this research project is to examine how and why the visibility and salience of crystal meth as a social problem and policy issue have increased in the recent past and to shed light on public concerns about crystal meth use among vulnerable people in B.C. in the past decade. To this end, I wish to speak to individuals who have been centrally involved in this process, to discover what you might have to say about why crystal meth has become a social problem, how serious the problem is, how it affects people, and what you think should be done about it.

I am also interested in the activities of any organizations that you might be involved in that are trying to address the issue of crystal meth use. Research of this type is important because new drugs and drug dependencies are being identified all the time. In an effort to stem the problems that emerge from drug use, people often get involved in organizing others to advocate for increased attention to these issues. I am interested in learning more about how the activities of individuals and social groups can help bring attention to these issues.

If you agree to voluntarily participate in this research, I will ask you to be part of a one-on-one interview of about 1 hour in length. Your interview will be audio-taped so that I may transcribe it accurately. When I have completed the transcription of your interview, I will also ask you if you want to review the transcript of your interview. All information you provide will be held in the strictest **confidentiality** and written summaries of this research will not identify you personally. I you agree to participate in this project, you may withdraw at any point and all interview materials will be destroyed.

This research is being conducted under the joint supervision of Drs. Helga Hallgrimsdottir and Cecilia Benoit [contact information removed]. In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria [contact information removed]. This research is funded by Social Sciences and Humanities Research Council of Canada (Doctoral Fellowship Program).

Please feel free to call me with any questions you may have about participating in this research. My phone number is [removed] and my email address is [removed].

Thank you for considering this request.

Yours sincerely,
Connie Carter
Ph.D. Candidate
Department of Sociology
University of Victoria

Appendix 2: Consent Form

Participant Consent Form

Crystal Meth Use In B.C.

Connie Carter

[contact information removed]

You are invited to participate in a study entitled “Crystal Meth Use in B.C.” to be conducted by Connie Carter.

I am a PhD Student in the Department of Sociology at the University of Victoria and you may contact me if you have further questions by calling [contact information removed].

As a graduate student, I am required to conduct research as part of the requirements for a degree in Sociology (PhD). This research is being conducted under the supervision of Dr. Helga Hallgrimsdottir. You may contact my supervisor at [contact information removed].

This research is funded by Social Sciences and Humanities Research Council of Canada (Doctoral Fellowship Program).

Purpose and Objectives

The purpose of this research project is to examine how individuals involved with the issue of crystal meth describe the problems associated with this drug. I am interested in what ideas you might have about why crystal meth is a problem, how it affects people, and what you think should be done about it. I am also interested in the activities of any organizations that you might be involved in that are trying to address the issue of crystal meth use.

Importance of this Research

Research of this type is important because new drugs are being identified all the time. In an effort to stem the problems that emerge from drug use, people often get involved in organizing others to advocate for increased attention to these issues. I am interested in how people frame their ideas about the dangers associated with drugs, particularly crystal meth. There is very little research on these activities in Canada.

Participants Selection

You are being asked to participate in this study because you have been identified as someone who has been involved in organizing and advocating around the issue of crystal meth.

What is involved

If you agree to voluntarily participate in this research, your participation will include an interview of about 1 hour in length. I will also ask you if you want to review the transcript of your interview.

Inconvenience

Participation in this study may cause some inconvenience to you, including taking time from your busy schedule to answer my questions in an interview setting.

Risks

There are no known or anticipated risks to you by participating in this research.

Benefits

The potential benefits of your participation in this research include improving how we respond to issues like drug use.

Voluntary Participation

Your participation in this research is completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will not be used in any way.

Anonymity

In terms of protecting your anonymity I will transcribe your interview myself. Your personal identity will not be attached to any audio tapes or interview transcripts. When I write up my findings I will not use your personal identity but will provide you with a pseudonym.

Confidentiality

Your confidentiality and the confidentiality of the data you provide me is very important to me. It will be protected by the procedures described in the section on Anonymity above. In addition, all tapes and interview transcripts will be stored separately from any identifying information. I will also destroy the audio tapes once the research for this project has been completed.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: Dissertation, public lectures, journal articles, websites.

Commercial Use of Results

There is no commercial use of this research.

Disposal of Data

Data from this study will be disposed of in the following ways: audio tapes will be destroyed. This will occur after the final copy of my dissertation is approved by my committee.

Contacts

Individuals that may be contacted regarding this study include myself [contact information removed].

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria [contact information removed].

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher

Appendix 3: Interview Schedules

3.1 Interview Questions – Public Policy Officials

1. Can you tell me about your experience as a _____ with crystal meth?
2. Do you think it is necessary to for your organization/ministry/society to be involved in this issue? Is so, why? If not, why not?
3. What activities does your organization/ministry/society undertake and why? What activities would like to undertake if you had the resources?
4. What groups/organizations/other ministries do you work with most? Why? In what ways are they support/don't support your efforts?
5. Why do you think people use crystal meth? Do you think people get addicted to meth?
6. Do you think some groups of people are more likely to use meth? If so, why?
7. Do you think people are hurt by meth use? If so, in what ways, and if not, why not?
8. What factors do you think lead people to use meth? What do you think helps people get off meth?
9. What do you think are the best ways of raising awareness of meth? How would you know if efforts at raising public awareness of meth have been successful?
10. What do think might happen if people don't raise awareness about this issue?
11. What do you think were commonly held views of crystal meth before public attention was drawn to this drug?
12. What do you think are commonly held ideas about meth? Where do you think members of the general public get their ideas about this drug?
13. Where do people in your organization get their information about meth?
14. Do you think your ministry/group/organization has been helpful in addressing this issue? If so, why? If not, why not?
15. What groups, individuals or others have had an impact on government policy on crystal meth?

3.2 Interview Questions – Citizen Groups and Others

1. Can you tell me how and why you became involved with the issue of crystal meth?
2. Do you think it is necessary to form a crystal meth society in your town?
3. Have you been involved in any activities related to crystal meth societies? If so what does your group undertake and why? What activities would you like to occur if the resources existed?
4. What do you do when someone contacts your organization? For information, help with drug use problems
5. Who would you describe as your allies? Why? In what ways are they your allies? Who would you like as allies?
6. Why do you think people use crystal meth? Why do you think some people get addicted to crystal meth? (meant to tap how issues and values are sutured together);
7. Do you think some groups of people are more likely to use meth? If so, why? (getting at concepts of risky use, risky groups).
8. What sources do you rely on for information about meth? What sources do you consider to be the most credible?
9. What do you think is the most harmful drug and why?
10. Who do you think is hurt by meth use? In what ways are people hurt by meth?
11. What do you think are the best ways of raising awareness of meth? How would you know if your efforts at raising public awareness of meth have been successful?
12. What do think might happen if people don't raise awareness about this issue? (Do interviewees think use might become normalized?)
13. What do you think was a commonly held view of crystal meth? Before public attention was drawn to its dangers (i.e., how do you think you have contested the definitions of meth?)
14. What factors do you think lead people to use meth? (Is there something different or unique about contemporary society that contributes to this problem?)
15. What do you think helps people get off meth? (individual will/group help)
16. Do you think the government of B.C. has been helpful in addressing this issue? If so, why? If not, why not?