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Meth in Allegan County—Spreading to West Michigan?

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According to the Office of National Drug Policy, White House, about 1.3 million people used meth in the year 2002. Moreover, in 2001, 607,000 people used methamphetamine. The University of Arkansas reports that businesses in Benton County were losing an estimated \$21 million annually because of meth, mainly due to absenteeism and lost productivity. Methamphetamine is a profoundly addictive drug that seriously affects health, families, businesses, social services, and the environment. Why is meth use on the increase?

Commonly known as crystal, crystal meth, and Tina, Methamphetamine (meth) is a highly potent addictive drug that experts say can cause long-term neurological and cardiovascular damage. Meth can make the workplace unsafe. According to the NIDA (National Institute on Drug Abuse), 75 percent of illegal drug users are employed, and one out of five employees in the age group of 18–25 uses drugs on the worksite. The Quest Diagnosis reports that in 2004 meth use increased about 84%. Since 2004, the U.S. police raids for meth have increased 500%.

John Tunison of *The Grand Rapids Press* in a recent article suggested that some people call Allegan County the meth capital of Michigan because of the soaring number of clandestine labs in rural areas harvesting/cultivating makeshift cooking operations. Police found the makeshift labs in homes, car trunks, hotel rooms, basements, and backyards. The top five counties with the most meth labs from 1997 to the present are Kalamazoo, 284 labs; Allegan, 235 labs; St. Joseph, 132. Allegan County became ground zero for the state resources to fight meth. In 2002, 53 labs were busted in Allegan County. In 2007, the number of labs busted dropped to just a few labs. People give credit to a 2-year-old law that put pseudo ephedrine, the cold medication, behind the counter and limited the sales volume to individuals. Attack by police, social workers, legislators, and public information campaigns helped curb the problem.

Methamphetamine is abused more worldwide than cocaine and heroin combined. We have not done any survey research to back our statements but we cite the following case studies.

What is Methamphetamine?

This drug is a powerful stimulant with “short-term effects that may include increased attention and decreased fatigue, increased activity, decreased appetite, euphoria, increased respiration, and hypothermia” (NIDA, 2002). The effects of increased attention and decreased fatigue is what most people who take this drug seek, and they don’t consider other effects of the drug that they are about to orally ingest, inject, snort, or smoke. Methamphetamine has long-term effects that may include dependence and addiction psychosis (paranoia, hallucinations, mood disturbances, and repetitive motor activity), stroke, and weight loss (NIDA, 2002). Methamphetamine can take

many forms depending upon the usage, but typically it is a white powder that easily dissolves in water (DEA, 2002). Methamphetamine can also come in a clear chunky form called crystal meth, or in the form of small brightly colored tablets. Street names include meth, crystal meth, ice, glass, speed, zip, crank, and poor man’s cocaine (DEA, 2002; KCI, 2006).

Who Uses Meth?

Methamphetamine was once thought of as a drug for blue-collar workers; however, it is becoming a problem among white-collar workers as well. According to studies, the majority of Methamphetamine users are between the ages of 18 and 23. This group makes up 34% of all users. The second largest group of Methamphetamine users is under the age of eighteen. This group makes up 24% of all users. Methamphetamine is used in both rural and urban areas. While Methamphetamine use among Hispanics and Native Americans is on the rise, the majority of Methamphetamine users are white. Women tend to use the drug as a weight loss tool. Blue-collar workers may use the drug in order to work extra shifts. Others use the drug to stay energized at all-night parties. Because Methamphetamine is less expensive than cocaine, some people use it because it is financially more affordable (KCI, 2006).

David Parnell’s Case reported by *USA Today*

David Parnell, 38, worked for several years at a tire factory in Kentucky. David was going downhill fast. David would scoop piles of white powder on a toilet paper and swallow the concoction. His \$35,000-a-year job paid for his addiction. At work, Parnell became explosive, confrontational, and exhausted. His weight dropped. Coworkers began to avoid him. Eventually, he became paranoid and started carrying an assault rifle. When his wife threatened to leave him, he asked her to lie down beside him. When she did, he grabbed the rifle and shot himself below the chin, blowing his nose off and shattering bones in his face. David woke up after three days. Amy told David that she is pregnant with their seventh child. David took more than a year to recover.

Scott Chubb’s case reported by *USA Today*

Scott Chub would always open a small bag and inhale white, odorless crystalline powder before work. Scott worked as a waiter at Bennigan’s Grill & Tavern. Meth gave Scott a quick high. Scott dashed between his five tables and felt jittery and frenetic. For seven years, Scott used meth. He slept only a few hours between shifts and sometimes not at all. One day in 2004, he realized he needed help. He went to several recovery programs.

“During 2000, 4% of the U.S. population reported trying Methamphetamine at least once in their lifetime.” (DEA, 2002) This number may seem small, but according to the U.S. Census Bureau, there were 281,421,906 citizens in the year 2000. This means that 11,256,876 people tried

Methamphetamine in that year alone. That number does not seem so small anymore. The fact that more than 11 million people have tried this drug is difficult to contemplate, but what is more staggering is that this number has increased almost twofold since the year 2000.

Methamphetamine was first synthesized in Germany in 1887. Meth costs as little as \$20 a hit, and usage is more common now because of accessibility. It can be synthesized from common household products, such as over-the-counter cold medications, lithium camera batteries, hydrogen peroxide, gasoline, sulfuric acid, and sodium hydroxide from drain cleaners. The cold medicine Sudafed has now been moved behind the counter of pharmacies.

Meth is not just a party drug anymore; it has made its way into the workplace. Overworked and stressed employees are using the drug as a way to increase their concentration and stamina. Use of the drug is growing at construction sites and manufacturing facilities where workers must stay alert during long hours of repetitive work (Costello, 2004). Use is increasing in the entertainment, sales, retail, and legal professions, as lawyers and other employees use it to get through heavy workloads ("Meth moves," 2004). At a cost of about \$100 a month, it is affordable for many workers ("Meth moves," 2004). This situation is no longer a minor problem.

We must think of how this epidemic is influencing our communities, family, and employment. We must also consider how this epidemic is influencing our economy as a whole. Methamphetamine abuse is categorized into three different patterns: low intensity, bingeing, and high intensity. The low intensity user usually swallows or snorts the meth. These users are seeking extra stimulation in order to finish a job or for appetite suppression to lose weight. The second stage, bingeing, is a continuation of the high. A rush can last anywhere from five to thirty minutes. Typically, users either smoke or inject the meth. Within the bingeing pattern, there are seven stages: rush, high, binge, tweaking, crash, normal, and withdrawal. The binge can last three to fifteen days. High intensity users are considered addicts.

According to the United Nations Office on Drugs and Crime, 26 million people worldwide use Methamphetamine and its chemical cousins, more than heroin and cocaine combined. The U.S. government describes Methamphetamine as an addictive drug that can cause mood changes and violent behavior, and, with long-term use, permanent psychological damage. Methamphetamine has also been linked to sexual behaviors, such as multiple partners and intercourse without condoms. This is especially dangerous in South Africa, where an estimated one in five adults is infected with the AIDS virus.

What is Being Done to Combat the Use and Effects of Meth in the Workplace?

Methamphetamine costs Americans millions of dollars each year in health insurance. In Hawaii, where Methamphetamine is a highly abused drug, the Hawaiian Legislature considered a bill that would have mandated annual drug-related education for employees. While the bill did not pass, some companies

educated their employees on Methamphetamine. Hawaii's experience with Methamphetamine led to a new focus for social services in that state. Zero tolerance policies are enforced in companies. Along with the zero tolerance policy is the adoption of a drug free workplace. Companies are also training their managers on the symptoms of meth use.

Drug testing is another policy enforced by some companies to address the meth problem. Tim Dimoff, president of SACS Consulting Investigative Services Inc. in Akron, Ohio and a former narcotics detective, believes that education is not enough. He believes that the best way to combat drug use in the workplace is to set up drug-testing policies and programs. Meth users costs an employer an average of \$47,500 annually. These costs include employee theft, lost productivity, increased turnover, compensation claims, health-care premium costs, etc.

Companies interested in combating meth use are employing different techniques. While some companies try to anticipate future drug use, others simply recognize and react to the problem when it arises, and still others just turn a blind eye. Workplace safety is a broad issue raised by Methamphetamine. Some parents have bought home drug testing kits. The manufacturers of these drug-testing kits claim that they are 99.9% accurate. These kits can test for marijuana, cocaine, ecstasy, PCP, amphetamine, opiates, methamphetamine, and benzodiazepines. To combat meth madness, the Methamphetamine Act was signed on March 9, 2006. The Act limits the amount of ephedrine-based, pseudo ephedrine-based, or phenylpropanolamine-based products to 3.6 grams per buyer, regardless of the number of transactions.

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