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Photograph by Robbi Pengelly

Clean and Sober: Dennis Woodson has made the difficult transition from addiction, estimating that while he used, there were some years when he only got 20 nights sleep.

Unsafe at Any Speed

Methamphetamine use has exploded in the North Bay. But wait--this is a middle-class haven. Isn't meth someone else's problem? No way.

By Patricia Lynn Henley

Editor's note: This is the first in a yearlong series that the Bohemian plans on methamphetamine and its impact on every level of life in the North Bay.

Dennis Woodson sat in his pickup on the side of the road, considering his options. He had skipped a mandatory drug test, which meant he was scheduled to appear in court that afternoon for a probation hearing. He was pretty sure the judge would throw him in jail. Plus, wired tight on methamphetamine, Woodson had been awake for a

week or more. He had no clue exactly how long it had been since he last slept. The idea of facing his attorney, the judge and everyone else inside the courthouse was overwhelming.

So Woodson drove his truck into an oak tree.

"I backed up about 75 feet, punched it and smashed the front end to where the radiator leaked. Then I called my attorney and said I hit a tree and my radiator's leaking. That way I wasn't lying," recalls Woodson, who has been clean and sober for the past two and a half years. "Then I spent the whole day in the rain, trying to find a radiator and fix my truck. But I didn't have to go face the real world."

The results of this type of fuzzy, meth-induced logic have crashed into the North Bay in a big way, draining the resources not just of law-enforcement personnel but also courts and jails, medical clinics, child-protective services, foster care and other social-support programs. It affects the folks dealing with hazardous materials, the environment and fire control, because "cooking" one pound of meth produces anywhere from four to eight pounds of highly volatile toxic substances.

Meth makes its users feel invincible while rendering them paranoid, angry and emotionally unpredictable. Some become sexually compulsive. Others develop repetitive twitching, known as "tweaking," or start grinding their teeth. It is believed that meth attacks the immune system, making users prone to infections. Prolonged use of the drug can cause a state called "stimulant psychosis," where the addict hears voices or experiences bizarre hallucinations, sometimes causing extremely violent behavior.

For most long-term users, side effects from meth wear out their bodies, making them look decades older than their actual age. It dries out their saliva, leaving their teeth vulnerable to extreme decay, especially when coupled with a dwindling attention to personal hygiene. And the craving for this drug can blot out all other considerations, including the safety and welfare of their own children or other loved ones.

Tweak Nation

The United Nations has identified methamphetamine as one of the most abused drugs on the planet. Both California and Oregon have unfortunately been on the leading edge of this trend since the 1980s. A 2004 study of self-reporting adults revealed that 1.4 million

residents nationwide had used meth in the previous year. North Bay law-enforcement agencies cite it as the No. 1 problem in this area for the past decade or more. Despite most stereotypes, addicts are not limited to low-income, immigrant or working-class neighborhoods. "It crosses all socioeconomic lines," says Commander Gary Pitkin of the Napa Special Investigations Bureau. "Methamphetamine is used by poor people, rich people. Meth users reside in every community in the Bay Area, from ghettos to affluent suburbs."

And meth use is increasing. In 1995, Pitkin's unit seized 1,005.6 grams of meth in 78 cases; in 2005, that haul had doubled, up to 2,331.3 grams in 85 incidents. Out of 204 arrests made by the bureau in 2005, 124--or more than half--were for meth-related crimes.

"Meth is probably the biggest drug problem we're facing in Napa County right now," Pitkin says. "We presently devote about 70 percent of our resources to combating it." This drug, says Sgt. Chris Bertoli of Sonoma County's Narcotics Task Force, is everywhere. "It's almost to the point that if a deputy or other law-enforcement officer can't go out at night and find someone with meth, then he's not really turning over very many rocks," Bertoli says. "The majority of our cases deal with meth." In Marin County, meth accounts for close to half the drugs seized last year, says Detective Matt Lethin of the Marin County Sheriff's Department.

"It started out being a working-class drug, but it's become much more prevalent," Lethin says. "Meth has spread to soccer moms. They love the energy boost."

Cloaked by a thousand names--including speed, chalk, crank, meth, crystal-meth and glass--methamphetamine is chemically related to amphetamine, but has a much stronger impact on the body's central nervous system. Heroin is a depressant, making longtime users generally more passive than active. Cocaine is a stimulant, but its effects wear off relatively quickly. Meth is generally cheaper than cocaine and, because the body metabolizes it much more slowly, its effects can last as much as 10 times longer than cocaine.

Meth causes the brain to release large amounts of dopamine, the neurotransmitter for pleasure. Repeated use of meth depletes the body's supply of dopamine and inhibits the ability to create more of this important neurotransmitter; longtime addicts literally have to use the drug to be able to feel any pleasure at all.

Depending on the quality of the drug, a meth high can last from six to

24 hours; some first- or second-time users have reported being up literally for days from a single dose. The drug boosts and pummels the user's nervous system the entire time. For someone whose body is already accustomed to the drug, it takes more and higher quality meth to sustain a single high. Meth brings its users way, way up and then crashes them way down, often to the point of serious depression, so that all they think about is how to end their misery by doing more meth and getting up again.

Due to the nature of the drug, meth addicts typically have lots of energy that, coupled with a sense of omnipotence, often leads to other crimes. Petty infractions are common among long-time users, but more arcane scams such as identity theft are not unknown. Spending 20 hours reassembling a shredded bank document to extract account numbers is a fun activity for a wired-up meth addict, says Lethin.

For many years, methamphetamine was mainly bought in powder form, then snorted, mixed with water and injected, or sprinkled on tobacco or marijuana and smoked. But the rate of addiction really took off with the development of methamphetamine hydrochloride: clear, chunky crystals resembling rock candy that can be inhaled by smoking them in a small pipe. Inhaled meth gets into the bloodstream quicker and bypasses the liver, which would normally screen out some of the drug's effects.

"It's one of the most powerfully addictive street drugs out there," says Lethin.

Up All Night

The first time Woodson tried meth, he was 19 years old. While eating supper with a friend recently at a Santa Rosa restaurant, he explains that he came from a fairly "normal" family, although he became a bit of a daydreamer in school after his parents divorced when he was nine.

Eager to appear more adult and cool, he started drinking and smoking marijuana when he was about 16. His instincts were to stay away from meth, but one Friday night, while drunk at a friend's apartment, he snorted meth powder. As he left the building, Woodson did a hand-plant off a car and landed on his feet. "I was like, 'Whoa, I can't believe I did that,'" he remembers.

Emboldened, he climbed a street light and hung by one arm from the

metal bar that stretched high overhead. Then he slid back down the pole, absolutely convinced he was invincible and capable of doing anything that might occur to him. That one high lasted all weekend. By Sunday evening, he was exhausted, so he figured he'd sleep it off in his truck in front of a friend's shop.

Woodson didn't wake up until 2pm--on Tuesday.

That was the beginning of a 12-year-long drug odyssey during which Woodson snorted and smoked both powder and crystal meth. He would stay awake for as many as 19 days in a row, snorting or inhaling more as needed to keep the buzz going. He knew he should go to bed, but he wouldn't, because if he fell asleep, he might not wake up the next day to go out and get more meth. "There were times that I would guess that I maybe got 20 nights of sleep in a year," he says now.

Struggling with his addiction, Woodson would stop using meth for 10 days, two weeks, maybe a month at a time. During a "clean" period, he'd land a job. He was a truck driver, worked construction and even moved to Auburn once to be part of the California Conservation Corps. He saw it as a chance to turn his life around. But he always went back to using meth. In almost every case, he lost the job within a year. Either he was fired or he simply stopped showing up. Then he'd live off his mother or his girlfriend or whoever would help him get by so he could stay high. He didn't know how to break the cycle of addiction.

Paint Thinner and Lye

California has been coping with methamphetamine for the last 16 years, and now the problem has spread to the Midwest and the East Coast, and is attracting national attention, says Dave Darrin, special agent in charge of the nine-county Bay Area region for the Bureau of Narcotic Enforcement for the State Department of Justice.

"For years, we led the country not only in user labs, which are the small labs that generally make an ounce or less, but in what we call the 'super labs' that produce 10 pounds or more. We still lead in the production of methamphetamine exported to other states," Darrin says. These are not stats that make him proud.

The quantity and quality of meth on the street has risen and fallen over the years as U.S. officials crack down on one form of production, and then the manufacturing simply ramps up somewhere else. Mexican drug cartels operate a lot of the super labs, both in California and

south of the border where pharmacy regulations are more lax. "The city of Tijuana has double the number of pharmacies it should have for its population," Darrin says.

One of the reasons meth is so plentiful is that it can be "cooked up" from either ephedrine or pseudoephedrine, which are the active ingredients in such cold and allergy medications as Sudafed. Ephedrine and pseudoephedrine are known as "precursor" drugs for meth. This means that, while harmless or even beneficial on their own, when mixed with other chemicals they result in something entirely different--in this case, meth.

In the mid-1980s, federal DEA officials tried unsuccessfully to limit sales of these chemicals, suggesting that buyers of these cold medications should be required to register and show identification. According to recent reports in the *Oregonian*, the Portland, Ore., daily newspaper, and the PBS television show *Frontline*, the proposed regulations were defeated by powerful drug company lobbyists protecting their companies' cold medication profits.

The state of Washington now mandates that precursor drugs must be sold behind the pharmacy counter, and senators Dianne Feinstein, D-Calif., and Jim Talent, R-Mo., last year added a provision to the USA Patriot Act calling for extremely tight controls on the sale of these products. Some drugstore chains have already tightened access to these over-the-counter items. These actions will help, but they won't solve the problem, says Darrin.

Darrin notes that when the DEA made it more difficult to get ephedrine, the meth traffickers simply switched to pseudoephedrine. And since meth addicts are often awake for days, they have plenty of time to figure out ways around the system. Darrin recalls officers once confiscating a map book annotated with every pharmacy and convenience store in the area that sold the cold medication precursor drugs. All the meth "cooks" had to do was take turns going from store to store, buying small amounts of what they needed.

Recipes for making meth abound on the Internet and often include such ingredients as lye, Freon, paint thinner, nail polish remover, camp stove fuel and drain cleaner--all items available from any hardware store. "The people who manufacture, the people who traffic, the people who deal are very good at adapting," Darrin says. "Even if you put it all behind the counter, they'll still be able to purchase it."

And as with everything, it does come down to money. One of the

biggest challenges of the meth explosion is funding treatment for everyone who needs it, says Michael Spielman, executive director of the Drug Abuse Alternatives Center (DAAC), a nonprofit organization providing treatment programs in Sonoma and Lake counties. The DAAC maintains a treatment program with two Sonoma County locations that jointly have a capacity of 129 beds. Of that number, 83 are contracted to Sonoma County for criminal-justice-referred clients-- people who have been arrested for one reason or another. Medi-Cal also pays for outpatient treatment for teens or low-income adults with children or disabilities. Additionally, there's funding for 3.6 beds for low-income or homeless people who aren't in the criminal justice system.

Spielman estimates that there's a daily "gap" of service to about 412 people who need treatment but can't get it. Sonoma County spends more on these programs than most counties, but it's still not enough, Spielman says. He'd like to create "treatment on demand" for anyone who's willing to make the commitment to do what it takes to stop using drugs or alcohol. Spielman points out that it costs about \$90 a day to keep someone in the North County Detention Center; \$156 daily in Sonoma County's main jail; and \$65 a day for Turning Point residential treatment.

"Our vision for the future is that there will no longer be a treatment gap. Our mission [at DAAC] is turning lives around by providing healthy alternatives to alcohol and other substances," Spielman says.

Back from the Bottom

Housed in a former convalescent hospital, the Turning Point residential treatment center in Santa Rosa has wide hallways that were once filled with the wheelchairs and walkers of seniors nearing the end of their days. Now people of all ages and backgrounds walk those same hallways, this time hoping they will find a new beginning in their lives, a way out of their downward spiral. A group of about 30 people gather in a Turning Point meeting room on a Thursday evening in late February. Dennis Woodson has volunteered to be one of the "Turning Lives Around" open-house speakers. He talks about his early addiction and the lost years of his life. Now 34, he didn't get clean and sober until he was 31. And it wasn't at all easy. Like many addicts, it took more than one attempt.

He went through the Turning Point residential program several years ago. After completing the program, he figured he could have "just one

beer." That led to a glass of whiskey, which led to using meth, which dropped him right back into a full-blown addiction just 24 hours after leaving Turning Point. Woodson was arrested three times in the next three months, all on outstanding warrants related to previous busts.

"I was given a choice of going to jail or to drug court. I took drug court," Woodson recalls. Run by the DAAC, drug court counseling is a highly structured outpatient program where clients make a commitment for a minimum of nine months. If they test dirty for drugs or make some other major mistake, they can be sent to jail. Most of the clients have to go to court every week for an update on their progress. "Drug court was the best thing that ever happened to me," Woodson says. He is working hard at figuring out how to be an adult for the first time in his life. He sees his counselor on a regular basis and attends a number of local Alcoholics Anonymous meetings. Agreeing to make the coffee or committing to do other tasks at these AA sessions are one way to take on some responsibility. It's also a way he can ensure he'll attend regularly.

Laid off from a construction job in the winter months, he's taking basic courses at Santa Rosa Junior College, and is interested in getting into urban rescue or EMT work. And he's working his 12-step program, doing things like making amends for missing his daughter's fifth birthday because he was too high.

When he was using, Woodson says that he wanted to be like "them," the successful people he saw around him drinking wine and enjoying the good life. Now he realizes it's enough simply to be himself. "I just live life now. I just enjoy the moment. I really am a big advocate of being grateful. I get on my knees every night and I'm grateful. Every morning I'm grateful. Throughout the day I'm grateful." On the days when it's hard to feel that gratitude, Woodson remembers where he used to be.

A few months after deliberately crashing into the oak tree, Woodson found himself homeless, living in his still-damaged pickup. "I take myself right back to the side of the road where I parked my truck with the front end all smashed up," he says thoughtfully. "That's where I go back to. It was my bottom. So that makes me grateful for today.

"I don't want to ever forget where I came from."

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Photographs by Robbi Pengelly

Taking a Stand:

Clean for 20 months and counting, Carole Kidd tells her tale about fighting meth addiction.

Rocking the Cradle

What happens when a mother's need for drugs trumps her love for her children? Sometimes true love triumphs

By Patricia Lynn Henley

This is the second in a yearlong Bohemian series on methamphetamine's impact on life in the North Bay. --Editor

Two tiny pink socks are pinned to a cork bulletin board in the reception area of Women's Recovery Services in Santa Rosa. They once belonged to a baby girl born to a meth-addicted mom who decided she just couldn't stay in the residential treatment program even a minute longer. "She said, 'I need to leave now,' and she just walked out and left that baby, and left these little pink socks," recalls Cheryle Stanley, the center's executive director. "It shows how powerful her addiction was."

A few years earlier, another mom also found the road to recovery too difficult, and abandoned her young son at the center. "That two-year-old boy was taken off in a police car, by himself. That's what methamphetamine does," Stanley says. It isn't that these women didn't love their children, she adds. They simply needed the drug more.

Even in the best of circumstances, familial interactions are a tricky path to navigate. Toss in a meth addiction, and what should be a delicate dance of the generations inevitably turns into chaos. Youngsters are neglected, abandoned or abused by their addict-parents. Older parents become

alternately anxious about or distrustful of their meth-infused teen-aged or adult offspring, who typically lie, steal or do what it takes to get the drug. Grandparents raise grandchildren because the middle generation has fallen into the black hole of methamphetamines. Occasionally, one age group introduces the next to the drug, perpetuating the addiction cycle.

But the news is not all bleak. People do make it out. There are success stories of mothers who have turned their lives around, faced the consequences of their past actions and rebuilt their families. However, those familiar with recovery say it takes time, determination and proper treatment on a long-term basis for users to free themselves of meth dependence.

Moms & Meth

For more than 20 years, meth has been a fact of life in the North Bay, and when the addicts are mothers, the impacts are magnified. Meth is a cheap, easy-access drug that can be "cooked" up from common household chemicals, including over-the-counter cold medications. Some women try methamphetamine because they want to lose weight, and it acts as an appetite suppressant--one which can also lead to malnutrition and anorexia. Others want the extra energy boost that meth appears to provide, but it can exhaust the body, leading to major health problems. And many give it a whirl because meth stimulates the pleasure centers of the brain, providing a high that can last eight to 10 hours, sometimes even longer.

But continued and excessive use can lead to unpredictable mood swings, overwhelming anger, compulsive sexual urges, difficulty in cogent thought, as well as memory loss, paranoia, hallucinations, delusions, and other personality changes--none of which create a nurturing environment for children.

This problem is not just in poor neighborhoods, across town or somewhere "out there." According to officials in Marin, Napa and Sonoma counties, methamphetamine--also known as speed, chalk, crank, meth, crystal-meth and glass--is *here*, affecting North Bay communities at all socio-economic levels, from hotel maids to soccer moms, from fast-food clerks to corner-office professionals. Perhaps meth's biggest impact is on families, particularly the mother-child bond.

"Once addicted to a substance, your relationships and your life are with that substance, not your children or your family or your friends," Cheryle Stanley says. "Your primary relationship is with that substance."

Most likely, the two women who walked out the door and left their babies

behind fell back into a vicious downward spiral. Most addicts use drugs in an attempt to fill a void inside themselves, Stanley says. Women who abandon their children, of course, create an even bigger void, along with feelings of remorse and failure. "These women will have children again. They'll try to fill that emptiness with another baby," she predicts.

Meth as Mother's Milk

The furniture in Carole Kidd's Santa Rosa apartment is sparse, but photographs of her one-year-old daughter and two-year-old son abound; they hang prominently on every wall, they fill the entire fireplace mantel, they're everywhere. When her kids are off at daycare, the pictures remind Kidd of what she nearly lost because of her addiction to meth.

Raised in Lake County, Kidd grew up caring for her younger brother and cleaning up after her "cluttered drunk" mother. Kidd herself began drinking when she was about eight, sneaking sips from her mom's beer bottles. At age 11, she found her mother's meth stash. She loved the burst of energy and the sense that she could do anything and everything. Before heading off to school the next morning, Kidd cleaned every inch of the family's single-wide mobile home. "I enjoyed that because I got a lot more stuff done," she remembers. But the following day, she was exhausted.

The only way she could think of to fix how awful she felt was to use meth again. Soon, she talked her way into selling meth. She was still only 11, but dealing meth provided enough money to buy food for herself and her brother, and to pay her mother's bills. No more having the power turned off every couple of months because PG&E hadn't been paid.

When she was 14, Kidd got involved with a guy who drank and smoked dope but didn't approve of meth, so she stopped selling speed and only used it when her boyfriend wasn't around. She eventually moved to Santa Rosa to be with him, but after three years together they broke up. At 17, she jumped full-force back into doing meth. "As soon as I left him," she says, "it got ugly."

Kidd lived on the streets, stayed with one man after another, sold meth, stole from people's cars, wrote bad checks. "Meth made me do a lot of things I wouldn't even think about doing sober." The first time she got sent to jail, she cried like a baby. After that, she says, getting locked up was "like a family-reunion-type thing. All the same people were there." At one point, she checked into a residential treatment center as an alternative to jail, but she kept using meth, and in the end simply walked away from there.

By the time she was 21, Kidd was living with her dealer boyfriend and selling up to two pounds of the drug a day. "I was carrying a lot of meth around," she says now, seated on her comfortable sofa, her children's photos hanging behind her. "A *lot* of meth, a lot of money, guns-- everything. I was doing the whole shebang and thinking I was invincible, that I was totally invincible." She ended up in jail, where she discovered she was 23 weeks pregnant.

The fact that she was arrested, Kidd says, is what saved her son's life. She pleaded for placement in a Marin County treatment center, and got it. "I didn't really work on myself too much in that program, because I was kind of faking it until I made it," she admits. "So I kind of came out thinking my kid was going to keep me sober. That's not what happened at all."

Instead, Kidd fell right back into the drug lifestyle, taking her infant son with her. Within 12 months, she was in jail again. "Child Protective Services took my son away, and that's the biggest eye-opening experience in my life. I pleaded to go into a treatment program." She was given another chance because, once again, she was pregnant.

Kidd went through residential treatment in Marin County, then completed the Drug Abuse Alternatives Center's Perinatal First Steps outpatient program in Santa Rosa.

"I did not want to put my kids through the lifestyle that I had growing up, so I figured I needed to do something," she explains.

Kidd has been clean and sober for 20 months, working hard to learn ways to beat her addiction as well as the ins and outs of being a good parent. Her daughter was born drug-free, and her son was returned to her after 10 months in foster care. She's a full-time mom, but she's also taking a class at Santa Rosa Junior College, and hopes to go on to become a drug and alcohol counselor. She got an A+ on her first paper and a B on her first test.

Kidd accepts responsibility for what she did while on meth. "I didn't have a good upbringing, but still the choices were mine. I knew. I was a very bright girl. [My upbringing] played a key factor in my life, but I made the choices. Those were my choices, and I had to deal with the consequences. The choices I make from here on out are what's going to best serve me and my kids."

Kidd is determined to give her son and daughter a much better chance at life than she had. But she admits her wild meth lifestyle still calls to her

sometimes.

"I can't say that I don't ever have any cravings. I can't say that I don't ever get triggered, but they're few and far between now. Things get tough, you know, and of course the easier way always looks better. What I do is just turn around and look at my kids. If they're not there, I look at a picture of them."



Little Silly: Carole Kidd's son mugs happily for the camera.

Zero to Three

"When people are addicted to drugs, a lot of their focus is taken away from their children," says Nancy Schultz of Napa County Health and Human Services Department. "We get calls about children who maybe are dressed inappropriately for the weather or children who haven't bathed for awhile or children who are always hungry. When it impacts children in a way that parents aren't able to care for their children, there are all kinds of secondary costs."

Twenty years ago, there was a lot of public worry that so-called crack babies exposed to cocaine before birth might suffer permanent physical damage similar to fetal alcohol syndrome. Fortunately, studies have shown that there are no significant long-term effects for infants who were born addicted to cocaine *if* they are immediately put into a stable, nurturing environment. After a few years, they look and act just like their nonexposed counterparts.

Research is still underway, but it appears this may also be true for "meth orphans," according to an article in the March 2006 issue of *Zero to Three*, a scholarly journal on early childhood development. This doesn't mean there aren't problems. According to the journal story, meth "is the only illicit drug that does not have a lower use rate for pregnant women than for nonpregnant women, and its intrauterine effects may be more potent than those of cocaine."

Using meth during the first trimester produces signs of stress in the infant; in the second trimester, it is related to infant lethargy; and babies born to mothers who used meth in the third trimester show poorer quality of movement and greater physiological stress. Children living in or near a meth "lab" absorb the drug through secondhand smoke and are exposed to the toxic chemicals used by meth "cooks."

But preliminary research indicates the effects are not long-term. Rather than placing meth-exposed babies and young children into a series of foster homes, the authors of the journal article recommend providing meth-afflicted families with treatment, parenting support, medical care and counseling. "No distinguishing features can identify a baby as [methamphetamine]-exposed," say the authors. "What we do know is that harm will come to children if pregnant women avoid the healthcare system because they fear detection of their [meth] use or manufacture, incarceration and placement of their children in foster care. We know that labeling children as 'meth babies' or 'meth orphans' can harm them."

Learning to Live

Each weekday morning, two nondescript vans follow different routes around Santa Rosa and surrounding towns, picking women up, some with children. It looks like a field trip, with the youngsters carefully belted into safety seats and the mothers lugging tote bags full of baby supplies. When everyone's on board, the vans head back to the Drug Abuse Awareness Center in Santa Rosa. The children are dropped off in the childcare room, a bright and cheerful space with lots of toys. Their mothers head down the hallway to join a roomful of other women--some of whom haven't yet been reunited with their children--for the Perinatal First Steps program, nicknamed "Peri."

It's an intensive outpatient program for addicts who are pregnant or raising young children. A few are there by choice, because they know they need to change. Others were referred through the Drug Court program, Child Protective Services or the Sonoma Works welfare agency. Although some have problems with alcohol or other substances, most are addicted to meth.

The program is based in part on Alcohol Anonymous' 12 steps. Every workday morning, as many as 30 women come to Peri to learn the scientific details of their addiction and how to manage post-acute withdrawal symptoms. They are schooled in relapse prevention, stress and anger management and communication skills. They take twice-weekly parenting workshops and even a child-related car-safety demonstration by the CHP.

There are both one-on-one and group counseling sessions, and the women

do a lot of homework, writing essays which they later read aloud to the group on their drug history, their values, their hopes and dreams, and how their addiction has affected the people they love.

"We deal with all parts of their lives," explains program manager Chandra Slavonic. "We try to get them into stable housing. If they have relationship issues, we try to get them into couples counseling."

To complete the Peri program, each woman must attend 180 days of treatment; if they show up five days a week, that takes about nine months. Then there are another 24 sessions of aftercare, which they attend about three times weekly. All told, it takes a dedicated commitment of at least 12 months to graduate from Peri.

On a Tuesday morning in April, about 20 women settle into the assortment of padded office chairs that line the walls of the Peri meeting room. The facilitator strikes a Tibetan prayer bowl, and the day's session begins. The participants are dressed in jeans and T-shirts or sweatshirts--the room's a bit cold--and most appear to be in their early 20s, a few in their 30s. One woman nurses a tiny baby, and several other infants snooze in child carriers set carefully at their mothers' feet. The childcare program in the other room handles children from two months to five-and-a-half years old.

The talk ranges from turning down painkillers offered after dental work to the range of emotions one woman is feeling because her child's father is about to be sent to prison. During the session, women come or go quietly, stepping out to care for a fussing infant or to take a turn helping out in the childcare room, which is a cooperative effort.

The group continues without interruption, talking about relationships, self-esteem and toddlers who behave for everyone except their mothers. Several women speak about the shame they feel because of what their children went through when they were using, and one woman role-plays listening to the anger of her 11- and 12-year-olds, who don't trust her and don't want her back in their lives.

Motherhood's Privilege

Assisting the group's facilitator is Meesha Williams, 29, once a Peri participant herself and now an intern studying to become a counselor. When she was 13, Williams was given meth by her stepmother, who told her it would help her lose weight. Her stepmother was 20 years younger than Williams' father, and only nine years older than Williams. "She gave me meth because she didn't like the fact that I was so overweight. I wanted to

do anything I possibly could to keep peace in the house, because her and I were always kind of going at it. If it would have made the relationship between her and I better so we weren't fighting, I was willing to do anything."

By the time she was 17, Williams was using meth daily. Eventually she had two sons, now ages eight and three. She managed to stay clean while she was pregnant with the first, but she used meth intravenously all throughout her second pregnancy. When the baby was born, he tested positive for drugs and was placed in a foster home. Her oldest son went to live with Williams' mother.

Williams went through the treatment programs at both Women's Recovery Services (WRS) and at Peri. She took a hard look at her life and her choices. She acknowledged her deep anger toward her former stepmother, then let it go and forgave that deeply troubled woman. "I know I would never do that to somebody, but I know she didn't have a great life growing up, either. I'm just glad my life didn't have to stay like that," Williams says.

Through the programs, Williams began learning how to live as a responsible adult and how to care for both herself and her two sons. Her oldest boy was five by the time Williams got clean and sober, and the kindergartner hated her and the way she had neglected him all his life.

"He'd wake up in the morning, and I wouldn't be there," she recalls. "I'd wait until he was asleep to leave, and then I wouldn't come back for days. I have no doubt that I love my son to my fullest. When I was out there using at my heaviest, I loved my son, but my love for my drug was more intense. That's all I thought about."

Mother and son went through intensive therapy, where she let him express his distrust and his anger. "I had to be ready to hear what he had to say. If he says that he's mad at you and he hates you, you have to let him vent that. He had to say, 'Mom, I'm scared that you're going to get high again.'"

Clean and sober for three-and-a-half years, Williams has custody of both her sons and her life's back on track. She's looking forward to Mother's Day, when she plans to have lunch with her two boys and her mother.

"Mother's Day now has taken on a whole different meaning, because I get to be a mom now. Now I treasure both my sons, through the good times and the bad," she says. "Being a mother is great today. I get to learn with them."

Not Fade Away

Shame can stop a lot of addict-mothers from getting help, says Stanley at WRS. "The biggest problem is the stigma that comes along with admitting that they need help," she explains. "They clearly have the mindset that if they admit that their addiction is greater than their ability to parent well, surely they will lose their children."

An independent nonprofit, WRS is one of the few nonsmoking residential treatment programs in the Western region where mothers can keep their children with them, if possible. The center has a capacity for 20 women and 12 children (from birth through age 11), and currently houses 15 women and 12 children. The problem is funding. There just isn't enough money to pay for every woman who wants to beat her addiction. The state of California contracts for 6.75 beds; the criminal justice system pays for a couple others; two are earmarked for mothers who need to kick their drug habit before they can get a job through the Sonoma Works program; and some families have the money to pay for the treatment. It costs WRS \$125 day to house and treat one mother and her child. Welfare only pays \$25 of that and demand far outstrips the available financial support.

"We turn away probably five women a day," Stanley estimates. "If we could put them in a bed today, on any given day, they would come into treatment. The hard, sad thing about these women is that if you tell them you won't have a bed available for two weeks, they go away. They reach that point where they want treatment, they know they're a step ahead of the law or a step ahead of Child Protective Services, and if we tell them there's no room at the inn, they just fade away."

Sometimes it takes extra effort to find the money for a woman who desperately needs treatment. "We really, really, *really* do our best to provide a place for pregnant women, because a mom who's addicted is not able [to care for her child]," Stanley adds. "We think of her baby as being the primary goal for our treatment, so that baby can be born clean and sober and free from addiction. We have about 12 clean and sober babies born here every year. Those babies are our future. Those little children don't have a voice, and they need sober moms. Giving those children a voice and speaking up for them is a huge, rewarding part of this job."

In the yearlong program, the women first go through 90 days of highly structured residential living where they're in a school-like setting from 8am to 3pm. The curriculum covers everything from substance-abuse issues to stress management, domestic violence, parenting, health education, even how to buy groceries and cook. Many of these mothers got addicted at such

a young age that they never learned basic life skills.

Next come nine months of weekly outpatient aftercare. Of those who complete the entire course, about 40 percent to 50 percent will stay clean, Stanley says. The organization also owns a transitional house, where graduates of the program can live for up to two years with extremely low rent and the assistance of a case worker. Many of the program's alumni have gone on to earn college scholarships.

"We really teach them to reach for a higher level; not to be satisfied with just going back into the community, but going back to make a change," Stanley adds.

The Disappeared

Victoria would give anything to be able to help her 24-year-old daughter Emily get treatment for meth addiction. The problem is, all Victoria knows about Emily is that she's somewhere in Santa Rosa, living on the streets or in cheap motels with a man almost twice her age. Victoria rarely hears from Emily and doesn't know much about her daughter's life. Because the situation is so painful, Victoria asks that real names not be used.

A college graduate, Victoria has a good job. She's divorced. She was married twice, once for a few years when she was quite young, and a second time for 13 years. She's always tried to maintain a comfortable, stable environment for her two kids. "[Emily] acts like she's some ghetto ho' or something," Victoria says. "She couldn't be more middle-class."

Victoria's 16-year-old son is doing well in his junior year of high school; he's on the top honor roll. Victoria also has an eight-year-old granddaughter, Emily's child, who is being raised by her father in Texas. Victoria talks to her granddaughter on the phone on a regular basis, and sends packages and gifts every couple of months. But the girl hasn't heard from her mother for more than a year.

"[Emily] didn't call her daughter on her birthday. She didn't call her at Christmas. She hasn't talked to her for a year and a half," Victoria says with quiet intensity. "It tears me up what it's doing to this child."

Something of a rebel as a teen-ager, Emily seemed to settle down after the birth of her daughter, and was a good, attentive mother, Victoria says. Because of the high cost of living in Sonoma County, about four years ago Emily and her family moved to Texas. A year later, Emily and her daughter's

father broke up. Victoria suspects that's when Emily started using meth.

The year before last, Emily called her mother and said she was coming back home--alone--to go to college. She never enrolled. Instead, she got a job, but quit after a few weeks. "I told her, 'You need to do something, you need to get your life together,'" Victoria remembers. "She just couldn't deal with it, so she moved out. But she would still come back and make herself at home and take what she wanted, take things that I had bought. I finally had to take the key away from her."

Victoria learns about Emily's whereabouts from her daughter's old friends and from her mail, which still gets delivered to Victoria's address. There have been several official notices from the sheriff's department, and Emily and her boyfriend appear to have an ongoing account with a local bail bondsman. Recently, Victoria received a bill for more than \$2,000 for a visit Emily made to a hospital emergency room. Victoria pores over that multiple-page statement, looking for clues about what happened to her daughter. She figures the "butterfly bandage" listed must have been used to bind a wound. Drug testing was done, but the multiple-page statement doesn't show the results.

And, over and over again, Victoria reads the line that says, "Ultrasound, 1st trimester."

Victoria doesn't even want to think about the fact that she's going to be a grandmother again. She believes the child doesn't have a chance, growing up with two meth-addicted parents. This Mother's Day, Victoria will celebrate with her son, but doesn't expect to hear from her daughter.

Her goal for Emily?

That she gets arrested.

"What I really hope for is that she is incarcerated for awhile," Victoria says. "Because then she'll be forced, I hope, to give up meth. And then maybe, just maybe, she'll start coming around."

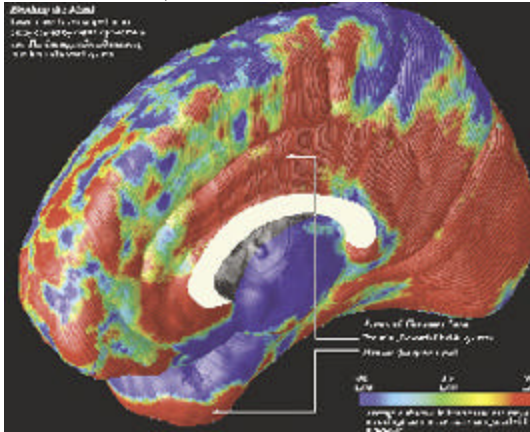
"Maybe. I don't know." She shrugs sadly.

"I don't really expect her to ever do it."

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This actually is your brain on drugs: The shaded areas of professional brain imaging depict damage, not holes, in the gray matter.

Demystifying Meth

Getting the facts on this devastating drug

By Patricia Lynn Henley

No, methamphetamine doesn't cause holes in addicts' brains; that's a misunderstanding perpetuated by people untrained in researchers' imaging techniques. And no, it isn't possible to get physically addicted with just one use. But yes, the siren call of meth is so deeply seductive that many people get emotionally hooked on the drug after their first snort or puff, and physical addiction quickly follows. And yes, meth significantly changes the neurological functions of a user's brain. Once an addict stops using, the body can usually repair the damage, but the healing process takes a long time, and not everyone returns to his or her previous level of brain function.

It's important to understand the facts about meth, says Thomas Freese, Ph.D., director of training for UCLA's Integrated Substance Abuse Program (ISAP), one of the nation's main research centers on methamphetamine abuse. Although ISAP itself was founded in 1999, researchers working there have been studying meth since the mid-1980s.

"We know a lot about the neurocognitive and the emotional deficits that are caused by methamphetamine," Freese says. "We can map the way that methamphetamine changes the way the brain functions. We have a pretty good

sense of what it does."

Methamphetamine is not found in nature; it's created from manmade chemicals, including those in over-the-counter cold remedies, such as Sudafed or Contact. For the past 15 to 20 years, meth has been the primary choice for adult drug abusers in California and Oregon. In the last decade, the problem has spread nationwide.

While cocaine works between the brain cells, meth actually gets inside the cells and damages them. It takes at least a year or two of abstaining from the drug for the brain to heal from this assault.

"During drug use, many people report psychotic symptoms, particularly of a paranoid nature," Freese explains. "For some people, those will remit over time, but for others it will be ongoing. Some will continue to have memory issues or mood issues or other mental health issues, like psychotic symptoms, that they hadn't reported prior to their meth use. There's no way to predict who [this will happen to]."

One of the unique aspects of meth is that it can be easily manufactured, using products from local pharmacies and hardware stores. "It does not require a chemistry degree," says Beth Finnerty-Rutowski, ISAP's associate director of training. "The average person can make it in their own home, which makes it significantly different from other drugs." Increased restrictions on the common chemicals used to manufacture meth caused a lot of the large production labs to move south to Mexico, but meth remains easily available in California and nationwide, Finnerty-Rutowski says.

While addiction rates are soaring, this is a drug that can be beaten.

"Methamphetamine is treatable," Freese assures, but kicking a meth habit requires an intensive, months-long program, followed by aftercare that follows the addict periodically for at least a year, preferably longer. Meth depletes the body's supply of dopamine, a pleasure neurotransmitter, which can cause a profound depression immediately after stopping use of the drug. In some cases, there can be ongoing clinical depression. It's important that people understand the physical impacts of meth addiction, so that proper support can be provided. "For communities in general and treatment providers specifically, we can't do enough to educate them," Finnerty-Rutowski says.

Freese adds that addictions need to be dealt with as a chronic condition, not as an acute problem such as a broken leg. "Addicts need to manage their condition over their lifetime."

Finnerty-Rutowski and Freese make presentations about methamphetamine facts and research worldwide; they will be in Windsor this fall, leading a day-long

workshop titled "Demystifying Addiction: The Methamphetamine Epidemic."

"Our goal is to help social services professionals, health professionals, community officials, law enforcement and educators," says Susan Anderson, marketing director for the Drug Abuse Alternatives Center (DAAC). "The more that these people know about methamphetamine and the challenges we are having, the better we all are as a community."

Parents of addicts or anyone else wanting to know more about this drug are welcome to attend, says DAAC executive director Michael Spielman. There will be specific breakout sessions on meth and HIV, meth and pregnancy, and prevention.

"They're hasn't been an all-day conference in Sonoma County focusing on methamphetamine for as long as anyone can remember," Spielman says. "We felt it was time to bring the whole community together--educators, employers, human resource professionals, lawyers and more--to understand the scope of the problem."

Beth Finnerty-Rutowski and Thomas Freese appear in Windsor on Sept. 12, leading a daylong workshop, 'Demystifying Addiction: The Methamphetamine Epidemic.' For registrations details, call 707.571.2233, ext. 311, or e-mail sanderson@daacmail.org.

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Photos by Patricia Lynn Henley

Tips for Teens:

While national use rates decline, meth addiction in the North Bay is on the rise.

Totally Tweaked

Cheap, fast and out of control, methamphetamine increasingly ensnares California's teenagers in its downward spiral. Is this drug poised to swamp a whole generation?

By Patricia Lynn Henley

Editor's note: This is part of a yearlong Bohemian series on methamphetamine's impact on life in the North Bay. The names of the minors in this story have been changed and their towns of residence elided to protect their privacy.

Jordan sits on a metal folding chair in a corner of a bright, clean gymnasium in Petaluma. Her posture is erect, exhibiting a natural grace. Her long, blonde hair is tucked neatly behind her ears. The gaze of her blue-gray eyes is clear and steady. It's easy to assume she's a cheerleader or perhaps a teen model. Instead, Jordan, 15, rattles off the depressing details of her life as a tweaker, someone addicted to methamphetamine.

"A tweaker is the kind of person who will steal your wallet and then help you look for it," she explains with a rueful laugh. Jordan understands this truth all too clearly; not only has she done that

herself, she's spent a lifetime watching her mother, who is also an addict.

Jordan started drinking when she was nine. She was 13 when she first tried meth, smoking and snorting it with her mother and two friends. Jordan was high and wired for three sleepless days and nights. She loved it. Within a few months, she was living in a downtown Petaluma parking garage, huddling at night under a friend's truck. He'd turn the engine on for a few minutes so it would get warm, she'd slide a piece of cardboard under the pickup, and that's where she would lie all night, wide awake and wired.

"At the time," she explains, "I'd rather lay under a truck and have my drugs than go home and be sober."

It would be nice to think that Jordan's story is an aberration, but it isn't. There's an all-important distinction between the natural experimentation of adolescents and the ensnarement of addiction. The trick is in knowing when someone has crossed that invisible line. Not every teen becomes hooked, but teens can be addicts; there's no magical protection provided to the merely young and curious.

In the North Bay, where alcohol and marijuana are almost commonplace, kids are indulging in one or both substances at increasingly younger ages. Through impaired judgment, curiosity, rebellion, peer pressure or other factors, many end up trying meth.

Known as tweak, crank, crystal, speed, meth and numerous other nicknames, methamphetamine packs an incredibly powerful wallop, working not just on the brain but inside the brain cells. It triggers as much as 12 times the normal production of pleasure neurotransmitters, depleting the body's supply. While it isn't possible to develop a physical addiction with just one use, many teens say they immediately get emotionally hooked. Tweak becomes the only thing in their lives. They lose all interest in school, family, friends, hobbies, sports and other activities. They'll start doing things--stealing, lying, experimenting sexually--that they wouldn't have considered before.

Which kids are at risk? Teens whose parents ask too little of them. Teens whose parents ask too much from them. Teens who feel invisible. Teens who feel everyone expects them to be the best, the brightest, the thinnest, the prettiest, the handsomest. Teens who are stressed, insecure, depressed, struggling to find their identity or

struggling to escape an identity imposed upon them.

Which kids are at risk? All of them.

David's Story

David, 16, believes that meth stripped away both his values and his identity. "Your persona is being a tweaker. And no one likes tweakers because they're crazy. They're just not good people. You feel like you're never going to get out or completely away from it unless you're locked up somewhere where you just can't get it."

Although he says he's from a "really good" Sonoma County family and was involved in lots of activities, David says that didn't prevent him from getting suckered in by tweak. He started on alcohol and weed when he was 14 and graduated to meth when he was 15. "I'd been wanting to try it for a while, because kids at school always talked about it. I knew this guy handled it, so I bought it."

He used money his parents had given him. Later, when he needed larger amounts of meth to feed his addiction, he'd shoplift or steal car stereos and trade them for the drug. He started staying at a friend's house because he didn't want to go home.

David's parents finally confronted him and then sent him to a residential treatment program in Washington. Now he's back home and attending the Clean and Sober School in Santa Rosa. (Sonoma County's other Clean and Sober School is in Petaluma.) Since the end of April, he's relapsed three times. The last experience scared him.

"The last time I did it, I just flipped out when I was coming down and was just like really suicidal."

When he was tweaking, all David thought about was getting money so he could buy more meth. He loved the highs but hated the lows that followed.

"There are no bad sides that you can see until you do it, until you mess up, and that's when everything comes back to you and you remember everything that you once had."

The only answer, in his view, is to get rid of the drug entirely.

"We need to get the government to do something about it, to crack

down on chemicals so they can't even be manufactured or imported. I don't think communities can stop it," he emphasizes. "The drug needs to stop."

Bad Signs

"If you think that your kids are on drugs or have any connections with drugs or are dealing drugs, they most likely are," says Sally, 17, a Clean and Sober School student in Sonoma County. Sally started getting drunk and smoking marijuana when she was 13, and got hooked on crystal meth when she was a freshman in summer school. "If they have random pots of money hanging somewhere, if they have empty baggies, if they're acting strange or if they're getting skinnier and they don't go to the gym and aren't on a diet, they most likely [are doing meth]."

Empty plastic bags can be a sign of meth use. So can mirrors, glass and even aluminum foil, which is used to melt the drug in a method called free-basing. Butane lighters, to heat either the tinfoil or a glass pipe, may be an indicator. So, too, are tall candles. Light bulbs can be cut apart to create homemade pipes. Torn toilet paper squares or napkin scraps are also used. A small amount of low-quality meth can be wrapped tightly in the soft paper and then swallowed with a glass of water. It's called parachuting.

Acnelike scars are a tip-off. Tweakers may feel a crawling sensation under their skin, and will keep poking until they produce a raw gash. They'll scratch feverishly at a pimple until it becomes a scar. Meth can also cause the hairs on a user's skin to stand erect. Sometimes an addict will become convinced the hair is a spider or other bug, and try to dig it out.

Excessive cleaning. Missing money. Endless phone calls to friends. Drastic weight loss. Severe irritability. Inability to sleep. Agitation. Twitching. An outburst of aggression from someone who's never been aggressive before.

"The key is to watch for changes in your child. Sometimes they won't be related to drugs; sometimes they will," says Erica Clementi, program manager for the Clean and Sober schools run by the Sonoma County Office of Education and the Drug Abuse Alternatives Center.

Many male teens get caught because they become outrageously

angry and physically aggressive. Frightened parents call the police, and the young man ends up getting treatment through the legal system. However, one teen boy went from giving little more than sullen grunts to his mother's questions and never cleaning his room to chatting with her breezily and keeping his space spotless. Delighted, his mother praised this new behavior, not realizing it was prompted by methamphetamine.

"Parents should trust their intuition. You kind of know when your child is different," Clementi says. "[Meth] is one drug that I really feel steals their soul. When you see someone come in from using speed, they look lost."

Big Small Picture

The number of methamphetamine-related hospital emergency room visits nationwide for youth ages six to 17 jumped from 2,338 in 1995 to 4,394 in 2002, an 88 percent increase in seven years. In 2004, 2.5 percent of eighth graders nationwide reported using meth at least once; in 2005 that rose to 3.1 percent. For 10th graders, the figures were 5.3 percent in 2004, down to 4.1 percent in 2005. There was an even sharper drop for 12th graders, from 6.2 percent to 4.5 percent.

Those declining numbers are highly deceptive, says Rachael Gonzales, a research analyst for UCLA's Integrated Substance Abuse Program, one of the nation's leading facilities for meth research. National figures don't accurately reflect local problems, she says.

For example, the 2004 California Healthy Kids Survey found that 7.6 percent of the state's 11th graders had used meth; 5 percent had used it in the preceding 30 days.

"If you look at it on a regional level, there's a huge problem," Gonzales explains. "Looking at it nationally is going to minimize the areas that have real epidemics. I think that's the issue here." Gonzales notes that surveys of students also don't include the teens most likely to be using, those who have dropped out or been incarcerated.

Meth has been a major presence in California since the 1980s. Currently, there are an estimated 500,000 adult methamphetamine users statewide, split evenly between males and females. Many are in their child-bearing and -rearing years.

While a much higher percentage of teens use alcohol or marijuana than meth, the fact that so many adults are tweakers means that this drug is woven into the fabric of California society. There's been a fair amount of concern about "meth orphans," young children who are endangered by the drug's manufacturing process, or abandoned and abused by their speed-obsessed parents.

In contrast, there's been almost no research or media attention on the impact on teens and young adults whose parents, aunts, uncles, older siblings, neighbors or other adult role models are caught up in methamphetamine's relentless downward spiral. Furthermore, its impact specifically on young women is only beginning to be understood.

"What we're seeing is a huge gender differential," Gonzales says. "For youth ages 12 to 17, females are about three times as likely to be using methamphetamine as their drug of choice when entering treatment." According to Gonzales, there are four main risk factors: weight and body image concerns; low self-esteem; depression; and such trauma as physical or sexual abuse.

Gonzales worked on one of the only recent studies on teen addiction, which focused on treatment outcomes in Southern California. "We found that teens using methamphetamine were more likely to not complete treatment, to drop out early, than teens not using meth," she says. "We found that teens using methamphetamine were more likely to use alcohol and marijuana during treatment, when the programs promote abstention."

Donna's Story

When Donna, now 15, was tweaking, she used to clean her Sonoma County bedroom carpet with a toothbrush and a bottle of Zout. "What else do you do at 2 o'clock in the morning?" she asks with a laugh. Donna also cut the tags off all her clothes and used Q-tips to clean the bathroom faucets. "I obsessed over the littlest things; I'd pull a hair out if there was a split end or something."

At age 12, Donna started smoking cigarettes. She moved on to alcohol and weed by age 13, and was tweaking by the time she was 14. She got the cigarettes, booze, marijuana and meth from her older sister.

Most teens drop out of school when they get hooked on meth, but

Donna didn't. "I would go to school when I was high on crystal, and people would be like, 'Oh my God, you look so good, your eyes are beautiful,' and I'd be spun out of my mind."

At 5 foot 5 inches tall, Donna soon weighed only 100 pounds. People complimented her on her rapid weight loss, but didn't seem to notice other changes.

"I'd be fidgeting a lot, playing with my hair. I tried to keep my eyes closed, like I was tired. I wouldn't draw attention to myself. And [the teachers] never noticed or never told me they [saw anything different]."

Donna got kicked out of her home a couple of times, and stayed with friends.

She mentions casually that she lived under a bridge for a while. She got suspended from school when she was caught with a meth pipe, and then expelled for being drunk on campus (she and her older sister split a bottle of Chardonnay for breakfast). Donna ended up in the Clean and Sober School in Petaluma.

Together, the two campuses handle about 45 to 50 students who are coping with addiction and a host of other problems.

"The reality is we're basically on the frontline of a battlefield," says Ken Kennemer, one of two counselors at the Petaluma site. The schools are open 11 months each year. The teens get standard academics as well as counseling; it's mandatory to attend a group session daily. There's also random drug testing. Many of these students come from neglectful or abusive homes, or live with parents who have their own substance abuse problems. Often, a teen first gets hooked on meth because it is easily available from a parent, older sibling or other family member. The Clean and Sober schools provide the solid role models, stability and life skills that these kids aren't getting at home.

Donna likes attending the Clean and Sober School. "The teachers and the staff treat me with respect," she says, "like I'm equal. I've never been treated [that way] before."

Donna says she's had a couple of "slips" since starting at the school last March, but only with alcohol or marijuana, never with meth. "I don't want to touch it anymore. I guess I'm doing better. Yeah, I'm

doing better."

If she leaves her current campus, she'll attend a continuation high school. A regular high school offers too many temptations.

"Most of my friends use, and I get offers all the time," she explains. "Like yesterday, I was at my house sick and someone called me. It was like, 'Hey, you want a couple of grams of tweak for free?' And I was like, 'Ohhh, that sounds so good,' but I just couldn't touch it. It's hard because my friends are all doing it, but I feel like I'll let a lot of people down if I do use."

Is there anything that might have stopped her from trying meth?

"It would have helped if I had seen people, not when they're on it, but when they're coming down or after they've been doing it for five or six years," she says. "I have a couple of friends who've been doing it maybe twice as long as I was, and their eyes are sunken in their head, their teeth are gone. If I had seen that, I probably never would have touched it."

Courage to Live

Parents in small towns are sometimes slow to seek help because they don't want everyone to know their kid has a problem, says Amy Potter, a substance abuse counselor with Full Circle Family Institute. She works with regular public high school students along the Marin and Sonoma coastlines. Those wide-open spaces and serene-looking farmlands are no barrier to tweak.

"It's important for parents in this area to know that there's a serious problem here and they need education and help with it," Potter says. Middle school can be a critical time for kids in a rural area without a lot to do. "Summer between eighth and ninth grade is when a lot of them start their experimentation."

Two years ago, Sonoma County Superior Court judge Gary Nadler created the Courage to Live program to help middle school students understand the consequences of abusing drugs and alcohol. As a family court judge, Nadler sees the negative impacts of meth addiction on a daily basis.

"Whether you're in criminal or family or juvenile court, it's all around you," Nadler explains. "[Meth] affects every aspect of a judge's life,

and I think most people don't realize it." On his own time, he's put together a two-hour presentation. "I started with the idea that we need to get to the middle-school kids before they become jaded."

Nadler's main focus is on alcohol and driving under the influence, but through the question-and-answer sessions, he's has learned that most ninth graders have already heard about tweak or speed from their friends. "They've been places where it's been offered. They all know about methamphetamine in junior high. That doesn't mean they're using it, but some of them are."

One of the highlights of the presentation is when a volunteer jail inmate tells his or her story of abusing drugs and alcohol, and the consequences. "We demystify jails. They know it's not cool to be in jail," Nadler says.

The inmates are typically in their early 20s and talk about the poor choices they made when they were 13, 14 or 15 years old. "In an auditorium full of middle-school students, you can hear a pin drop when the inmate is speaking," Nadler says.

The program includes a discussion about how to make good decisions.

"I figure that if I get even one kid to think about making choices each time I do the program, then I've been a great success--and I'm hoping it's been more than that."

Emily's Story

Seventeen-year-old Napa County teen Emily started smoking marijuana when she was 12. She began drinking about a year later, and not long after that, started using cocaine. She was 14 the first time she got high on meth. She'd heard great things about it from her friends, how it helped them have energy, get skinny and feel good about themselves.

"I was having a lot of problems with my family, and there were so many people doing [meth]. I just wanted to try it once to see what the big deal was," she says with an ironic laugh.

The desire to get more tweak quickly took over her life. She left home and lived with her boyfriend. When he got sent to prison on drug charges, she hung out with other friends who had access to

drugs. In about two months, her weight dropped from 160 to 115 pounds.

Then Emily and her friends were busted. "We were drunk and the cops pulled us over, and it all went down from there." Emily had four or five grams of cocaine on her, so she was charged with possession and locked up in juvenile hall overnight. Because it was her first offense, she was put on probation and referred to drug court, which got her into the Wolfe Center outpatient program in downtown Napa.

Housed in a sleek multistory building that looks like an upscale office complex, Wolfe Center offers a combination of academic classes and counseling during the day. Those who need less intensive help attend just in the afternoon. Of the approximately 40 teens currently at the center, about 47 percent are considered marijuana-dependent, 30 percent are alcohol-dependent and 21 percent are meth-dependent.

Many have a dual diagnosis; in addition to their addiction, they are also coping with attention deficit hyperactivity disorder, anxiety, depression or severe behavioral problems. There are 26 employees, including eight counselors and a medical director who's a psychiatrist. Staff meetings are held several times a week to review cases and decide how to help a particular teen.

Emily stays in the Wolfe Center program in part because she's still on probation, so she has to. But she's also trying to fashion a future for herself, one that doesn't involve drugs or alcohol. She's completed the training to be a certified nursing assistant, and hopes to eventually become a nurse. She'd like to earn her high school diploma before she turns 18, so she can move out of town to start a new life.

If Emily could talk to a 14-year-old girl who's thinking about using meth just one time, she'd tell her not to do it.

"That stuff is not worth it. I lost a lot of friends from it and it screwed up my family life. I would never think about going back to meth. I'm clean off it now, and I know it would take over my life really easy."

Forever Is a Long Time

Recovery from addiction is a lifelong process, says Mary Patock, program director for Kaiser's adolescent treatment facility in Sacramento. "Relapse is often a part of the treatment process. When

you go into recovery at age 15 versus age 40, those kids have 20-plus years more time in recovery, so of course the chances of relapse are high."

Few teens make the choice to go into rehab on their own. Instead they are forced or coerced into treatment by their parents, schools or the legal system, meaning that many adolescents enter treatment with a lot more resistance than adult addicts. But it's still worthwhile, Patock says.

"A lot of times they're able to see why they want to be here [in rehab] once the resistance drops. If you never give them that opportunity, they will take their addiction into their adult years. If teens are forced into treatment, at least it gives them an opportunity to think about it and maybe see things a bit differently. If you do nothing, nothing is going to change."

Many teens have trouble grasping the abstract concepts that underlie traditional outside treatment programs, so it's harder for them to stay clean until their mental and emotional processes are more fully developed. "People don't think kids can be addicts, so there are very few treatment programs, very little research," Patock explains. "Kids even get that response when they go to 12-step meetings--you're too young."

What Bottom Looks Like

Jordan talks in a soft, rational voice about her irrational tweaker life. Coming down from her first meth high in March 2004, she says that she became convinced she had a hair stuck in the back of her throat. She spent about four hours trying to remove it with a serrated kitchen knife. The resulting jagged gash became infected, but because Jordan was too wired on speed, she forgot to take her prescribed antibiotics and developed a throat fungus. By July 2005, she was ill and exhausted, lying at night on that piece of filthy cardboard in that Petaluma parking garage.

"I hadn't slept for two weeks, give or take a couple of days," she remembers. "I was coughing up blood. I felt like I had just crawled out from under a rock. I sat in my own [menstrual blood] for two days because I couldn't move. I was so weak, I couldn't get myself up."

Jordan's mother found her and convinced her to come home.

Some tweakers develop meth psychosis, which means they become delusional. Sitting in her mother's home, Jordan thought her veins were on fire. She grabbed a wire and started ripping skin off her legs. She heard voices. Her mother had to literally sit on her to get her under control.

Eventually, Jordan's mother sent her to Camp Recovery, a residential treatment program in the hills above Santa Cruz paid for by the family's health insurance.

For teens like Jordan, meth doesn't initially feel like the problem, it feels like the solution, says Camp Recovery director Jerry Bayer. The false sense of power which meth provides seems to solve every problem. For teens who haven't developed any coping skills other than using, this makes it extremely difficult to give up their drug.

"They're telling us, 'You don't understand how important this is to me,'" Bayer explains. "'If I give this up, how am I going to live?' Or they'll say, 'I can't go back to how I used to live. I'm not going to do that.' Our job is to show them how to do that, to give them some aspect of sober living that allows them to live in their skin without that meth-induced feeling of power."

After 47 days in Camp Recovery, Jordan returned home and entered the Clean and Sober School in Petaluma. It's been eight months. She's relapsed four times but only with alcohol or marijuana, never with meth. She's determined to keep trying until she stays clean. And she has no intention of ever returning to a regular high school.

"Too many chances," she explains. "Too many opportunities to get high. In this school, it's more controlled. It's more intimate and secure. I feel like there's a safety net."

Jordan's mother is still using meth and Jordan still lives with her mother. It's hard, Jordan said, to be around a tweaker and not use.

The school counselors are helping Jordan cope with her drug-induced psychosis. For most addicts, the symptoms abate after they stop using. For a few, the delusions and paranoia continue for a long time—perhaps all their lives. Jordan, unfortunately, still has episodes. "It comes in waves," she says. "I'll get really paranoid. I'll hear people

talking about me. I'll hear voices, that sort of thing."

She was on antipsychotic drugs, but her mother recently lost her health insurance. They can no longer afford the pills, which cost \$180 a month. How does Jordan cope?

"I just hippie-talk myself," she says calmly. Her voice becomes sweetly sing-song-y as she demonstrates the technique. "I tell myself, 'It's OK, just feel the breeze, look at the trees, hear the birds.'"

It's the only thing that works, she says.

Does it make her angry that she still has meth psychosis, that she still gets paranoid or hears voices?

"I'm grateful," she explains calmly. "Because it gives me a reason not to go back to meth. You never know. It's like Russian roulette. You go back out and use meth, you don't know if you're going to come back. If I do it again, I could be one of the homeless people on the corner, rocking back and forth.

"I don't want to be one of them."

North Bay Bohemian

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Courtesy Charlotte, Mich., Police Dept.

Meth map: Made from the crudest of components, meth makes its devotees canny, particularly at identity theft.

The High Price of Low-Cost Meth

Junkies aren't the only ones who pay for meth. Its hidden costs are woven into the fabric of every North Bay community

By Patricia Lynn Henley

Editor's note: This is the fifth in our yearlong feature series on the impacts of methamphetamine on the North Bay. Though a matter of public record, the names of the two women in this story have been changed as a courtesy.

Methamphetamine steals lives. It also steals cars, credit cards, children's hopes, parents' dreams, taxpayers' dollars and much more. On an ordinary Tuesday afternoon in February, this dangerous drug's widespread influence throughout the North Bay became a hard-fisted reality for a 25-year-old woman who wasn't willing to let herself become just another victim.

On that particular day, Catherine took a late lunch from her downtown Santa Rosa job so she could exercise. Catherine changed clothes at her gym, went jogging and returned to the locker room where she encountered a younger woman wearing street clothes--jeans and a long-sleeved sweater.

"She seemed really quirky in her mannerisms," Catherine recalls. "From the second I saw her, I thought something was off."

Feeling uneasy, Catherine headed to the exercise room. Still, she couldn't get the girl out of her thoughts. After only 20 minutes, she cut her workout short and returned to the locker room.

The young woman was gone. So was Catherine's gym bag, and with it her house and car keys.

Catherine dashed to the shopping center parking lot where she'd left her vehicle before going to the gym. She checked her car; everything seemed fine. She made a quick tour of the shopping center, searching for a security guard, then doubled back to the car.

This time, the young woman from the locker room was sitting inside the vehicle, rifling through Catherine's things. "The second I saw her, my adrenaline started rushing," Catherine recalls.

Panicked, the girl tried to start the car but the key broke off in the lock. She jumped out frantically and ran. Catherine followed in hot pursuit.

"I don't think I thought or felt anything," Catherine explains. "It was all action."

Catherine tripped the girl and they struggled for a few minutes. The two are about the same build, although Catherine is five inches taller. Fighting furiously, the young woman managed to break away. Grabbing her a second time, Catherine pulled the girl's arms behind her back and pinned her up against a parked car--just the way she'd seen it done countless times on TV shows.

A man stopped to help. Neither he nor Catherine had a cell phone. Just then, the young woman's backpack started ringing. Catherine pulled out the phone, disconnected the incoming call and dialed 911.

When the police arrived, they identified the girl as Brandy Jones, then 19 years old. They found a gum wrapper filled with methamphetamine powder in Brandy's pocket, and needle tracks on her arms.

Later, through court documents, Catherine learned this was one of a series of thefts Brandy pulled by filching bags, keys and other items from local gym locker rooms. The records reveal that Brandy also forged checks and ran up bills on stolen credit cards.

Officials' interview notes indicate that Brandy did it all to look cool, to impress her boyfriend--and to support her meth addiction.

In grappling with Brandy on that winter afternoon, Catherine got her hands on at least one of the many ways that this ubiquitous drug affects all North Bay residents, whether they know it or not.

"I was aware of meth and I knew that people make bad decisions to get their next drug fix, but this incident definitely made me understand that this is going on right here, right now, in our own community," Catherine says. "I think it's easy for us to get caught up in our petty little lives and not see what's going on right here."

Your Problem, Too

Local law enforcement officials say that meth is everywhere in the North Bay. This easily available and highly addictive drug affects average, non-drug-using citizens through car break-ins and thefts, burglaries, shoplifting, identity theft, check fraud, child abuse, elder abuse, domestic violence, sexual assault and more. There's a potential for the public's unwitting exposure to the chemicals used to manufacture it. There are also medical expenses (most addicts don't have health insurance) and the exhaustive use of child-protective services for their kids, as well as mental health programs and treatment centers for the junkies themselves. Officers report increased law enforcement workloads and crowded jails and prisons. All of this is eventually paid for by the public.

"It's a major problem in any county in California, probably in any county in the United States. And if not, it soon will be," says Cmdr. Gary Pitkin of the Napa Special Investigations Bureau. "Methamphetamine is used and abused by people of all different classes, all different races. It doesn't matter whether they're unemployed, a janitor, a lawyer or a doctor. Methamphetamine is abused across the spectrum."

Heroin is a depressant; junkies tend to be passive. Like meth, cocaine is a stimulant, but a cocaine rush lasts a matter of minutes. A meth high can last eight to 12 hours or more, and many users report staying awake and wired on the drug for days at a time. Heroin addiction leads to crime, Pitkin says. Cocaine abuse leads to crime. But there's so much meth out there and its effects are so much more treacherous and long-lasting, it's inextricably linked to an incredible array of criminal activities.

"We've noticed a lot of pornography and child porn associated with methamphetamine use and abuse. Sexual promiscuity. Violence. Paranoia. Just a sense of distorted reality, of what's real and what's not," Pitkin says. "It's a heinous drug, and it gets a hold of you."

Some people try meth because it's an appetite suppressant; it's so effective that it can lead to malnutrition and anorexia. Others want the extra energy meth seems to supply, despite the fact that this drug eventually exhausts their bodies. Many users love the

invincible feeling they get from meth that they can do or be anything. This false reality only lasts as long as the drug is in their system.

"People get addicted to meth and they walk away from everything," Pitkin explains. "From children. From 15-year marriages. From 25-year careers. We investigated a case literally involving a rocket scientist who walked away from his career because he found meth. It's just amazing what it will do to you."

And meth leads to crime, because addicts do things they wouldn't have even considered if they weren't using the drug.

"This is not a problem where members of the community can sit back and say, 'Yeah, that person has a problem,' and there's absolutely no impact on them," Pitkin notes. "The meth epidemic really does influence the community at large in several ways, from victimization to increased healthcare costs because of emergency-room admissions for people stroking out and having heart attacks, to the increase in incarceration rates which taxes our system. They push the limits of what we can legally and safely house as inmates."

Two Bad Months

According to court records, the February incident with Catherine wasn't Brandy's first brush with law enforcement.

On Jan. 9, 2006, Brandy stole a Volvo from a Forestville market because, she told police, she felt the store employee who owned the car had been rude to her. There were credit cards in the trunk, which Brandy used to charge various items. The vehicle was found abandoned on Jan. 25.

On Jan. 26, Brandy and a boyfriend drove to an auto-supply store on Gravenstein Highway. Spotting a truck with its keys in the ignition, the boyfriend hopped in and drove away, telling Brandy to follow him in the other vehicle. He pulled over briefly so he could transfer tools from the pickup into Brandy's car, then the two kept going.

Within miles, the truck owner's wife spotted her husband's pickup being driven by a stranger and followed it through Guerneville. She pulled up beside the pickup and yelled at the boyfriend to pull over. He finally did so in Forestville, leaping into the car driven by Brandy and roaring away.

On Feb. 13, police responded to a report of a "suspicious vehicle" parked in front of the boyfriend's home. He was arrested and booked into the Sonoma County Jail. Brandy wasn't charged in this case, even though items taken from the stolen pickup were found in her Concord home. Court documents indicate that Brandy's boyfriend told officers he normally wouldn't steal a car, but he was high on crystal meth at the time.

On Feb. 20, Brandy scooped up a set of car keys from a gym on Industrial Drive in Santa Rosa. She made off with the car, which contained the owner's purse and credit cards. Brandy charged \$30 at a Circle K and \$270 at Food Maxx, among other items. She also bought a set of tires for a friend.

And on Feb. 21, she tried to steal yet another car, only to encounter Catherine's determined defense of her own property.

That Sucked-Up Look

Marin County narcotics detective Scott Harrington remembers working undercover, buying meth from a known dealer. The man asked Harrington if he wanted some stereo equipment as well. When the dealer was arrested, officers found a stash of stolen stereo gear in his car. He had gotten it from addicts who committed an ongoing series of car break-ins and traded the hot goods for their favorite drug.

In another instance, Harrington says that officers searching a dealer's home found enough stolen property to close about six burglary cases under investigation by the Novato Police Department. "The guy said the stuff was given to him by one of his users. The same guy was also in the process of making counterfeit money. He was spun-out and he was trying to make U.S. currency."

The phony bills weren't any good, Harrington adds, but the guy was definitely doing his best to create another source of income.

Harrington has worked for the Marin County Sheriff's Department for four years, starting as a patrol officer and moving into narcotics. He looks like one of the guys. He dresses casually, and it's hard to tell how old he is; he could be anywhere from late teens to early 30s. That's good in his line of work--it lets him blend in. And it takes him to some interesting places.

"I've been in houses where you see someone you know has been tweaking on meth for a while," he says, using the slang that refers to the anxious, compulsive behavior of the addict. "There's electronic equipment all over the place, and I'd say not even a tenth of it is working. The backs are out, the wires are exposed. They're supposedly in the process of fixing it."

The compulsive nature of tweaking on meth leads to repetitive behavior. Meth addicts will go from object to object, their brains racing, convinced that they're working seamlessly but rarely finishing a project.

Harrington sees the signs of meth all around him, both on duty and off. Recently, he took his girlfriend and her nephews to an amusement park. At one point, a man standing behind them in line had what Harrington calls the "sucked-up look."

"His cheeks were sunken in. His eyes were kind of bulging. He had scabs on his face, which looked red and irritated, a raspberry color. His hands were dirty. He was a tall guy, almost too slender for his size. I turned to my girlfriend and said, 'User.' She looked closer and said, 'Yeah, I guess I can see that.' He was there with his family--a pregnant woman and another child. Methamphetamine's all around us."

Almost everyone knows how a drunk looks and acts, but few people recognize the signs of someone who's soaring on meth.

"Sometimes it's the way they talk," Harrington explains. "Their speech will be rapid, very animated. Certain things they're very loud and vocal about that ordinarily they wouldn't be, that somebody else wouldn't be. And it's the movement, a hustling movement. You can see it in their eyes."

Meth users may start out as fully functional adults with a good job, a home, a family. Gradually the drug takes over lives. He loses his job. She lies to her spouse. He neglects his kids. She alienates her friends.

"There have been times where I've been shaking my head," Harrington recalls. "We had a guy, we did a probation search on his house, and he was stashing his crystal meth in his toddler's nightstand. He didn't think we were going to search there. Well, we found it. His toddler was able to reach the drawer from the crib, it was that close in proximity."

Brandy's Brick Wall

According to court records, on the afternoon of Feb. 21, Brandy was cruising downtown Santa Rosa with a new boyfriend and another man. Brandy decided to check out a nearby health club, to see if she could steal some easy money so they could get high.

After she grabbed Catherine's gym bag and extracted the keys, Brandy met her boyfriend out front. Together they searched for the vehicle that matched the stolen keys. When they located it, the boyfriend told Brandy to get in and drive away, following him out of the parking lot.

But Catherine's sudden appearance interrupted that plan. The ringing cell phone in Brandy's backpack was undoubtedly her boyfriend, checking to see what was happening.

For her attempt to steal Catherine's car, Brandy was booked into the Sonoma County jail and charged with three felony counts--entering a business with intent to steal; breaking into a car; and trying to drive off in the car--as well as charges stemming from the other incidents. On March 9, she was released on her own recognizance. She didn't have to post bail but was required to report to court hearings and submit to drug testing.

At a sign-up interview on March 14, Brandy tested positive for methamphetamine. Later that same day, she failed to appear at a court hearing. An arrest warrant was issued.

On March 20, an officer spotted Brandy as she attempted to leave an apartment complex while driving a Honda CRV. The car had been stolen a few days earlier. Brandy and a friend took credit cards, ID cards and personal checks from the vehicle, and forged about \$2,000 worth of checks.

Once again, Brandy landed in jail. This time, she wasn't let out.

On March 27, Brandy turned 20 years old.

All the World's a Lab

Santa Rosa is a North Bay distribution "hub" for methamphetamine produced by Mexican "super labs," according to the "Sonoma County Methamphetamine Profile Report," released to the county board of supervisors this July. Federal and state officials have imposed harsher restrictions on the raw chemicals needed to make meth, such as ephedrine in cold medication, iodine and red phosphorus. But that doesn't mean the labs have gone away. As Marin's Det. Harrington explains, "If they can find a location, they'll make a lab. The money's just too lucrative to pass up."

Some people use what are known as "suitcase" labs, because everything they need fits into a large suitcase or even an ice chest. They'll set up in a rural garage or a vacant industrial area, make meth for a day, then move on. Renting a motel room to use as an anonymous meth lab is common. Inevitably, the next night someone will check into that same room and find a burn mark on the floor that isn't from a cigarette but from acid, and a stain in the bathroom that's from iodine, dropped while the "cooks" were flushing away their toxic waste.

The sheetrocked walls will be saturated with red phosphorus and hydrochloric acid. The smoke detector may still be covered with a plastic bag, placed there so the device won't react to the waves of hydrogen chloride gas filling the air as part of the meth manufacturing process. People renting a room after meth has been cooked there are unknowingly exposed to these foul chemicals.

"The [meth cooks] are not chemists, and they're using deadly chemicals and toxins. They're not disposing of them properly and they're mixing them, trying to make meth," Harrington adds.

Meth's manufacturing process is simple but volatile. Cooking up a pound of meth results in six to eight pounds of toxic waste, which has to be dumped somewhere. Small-time manufacturers just pile it up or add it to the trash, says Jackie Long, special agent supervisor for the clandestine laboratory program for the California Department of Justice.

"In some states, trash trucks are catching on fire," Long says. "The city of Albuquerque, New Mexico, lost seven trucks to fires from meth waste a couple years ago."

In California, the number of labs busted has dropped from about a thousand five years ago to only 143 January through October of this year. Of course, the odds have also changed. After the 9-11 attacks, 30 officers from California's clandestine lab program were transferred to homeland security tasks. Another 30 positions were cut during the 2002-'03 state budget crunch. The newest state budget adds 30 clandestine lab positions back into enforcement, each hire taking at least six slow months to enact.

There could be a lot fewer meth labs out there, or there could just be a lot fewer agents looking for them. One clue, Long says, is that narcotics officers continue to find piles of meth-produced toxic waste.

"Although our lab busts are down, the dumps of these chemicals are still present," Long explains. "If our dumps were down, I'd say absolutely the labs are gone. They may not be here as frequently, but they haven't gone away."

Each year, the California Narcotics Officers' Association (CNOA) holds a statewide workshop on how to make meth. It's held in a crime lab, the students are all narcotics officers and the meth is disposed of when the class is over. The goal is to let officers see the synthetic drug's production first-hand, so they can recognize the sights and smells of the process.

"There are several stages during the manufacturing of methamphetamine that are extremely dangerous," says CNOA executive director Bob Hussey. "When you bust a lab, you seize product in different stages. It's important to know what part of the process things are in and if it's dangerous for both the public and the officer."

There's an incredible number of ways to make meth, most of which are listed on the Internet. The resulting smell depends on the cooking method used. Often a meth lab gives off a sharp chemical odor; one process in particular produces a smell that has been likened to year-old cat urine. More recently, cookers have been creating ice cocaine by cutting meth with the compound MSN, which turns smaller crystals into larger ones using such solvents as acetone, more commonly found in nail polish remover. The tell-tale aroma for this process is the pungent acetone solvent.

Meth is everywhere, Hussey says, but not everyone recognizes the signs.

"The sad part about it is, I really don't think the general population believes it's as big an epidemic as it is. I know the Legislature and Congress have recognized it, but the average person who gets up in the morning, goes to work, comes home--they may not have the full impact of methamphetamine."

Portrait of an Addict

Catherine took time off work to attend Brandy's court dates, but they kept getting rescheduled and shuffled around. Eventually, Catherine gave up. Instead, she learned about her would-be car thief through court documents.

Brandy started smoking marijuana when she was in the fifth grade; her uncle grew it, and she would go to his house and pick what she wanted. By seventh grade, she was smoking pot on a daily basis.

The first time she tried meth, Brandy was 13. She smoked it approximately five times a week for about a year. But she stopped using any drugs in 10th grade, after she discovered she was pregnant.

Brandy managed to stay off meth until her first daughter was three months old, then returned to smoking it regularly. She tried marijuana again, but had an allergic reaction. She doesn't particularly like alcohol, and rarely drinks. At age 16 she was diagnosed with depression and put on medication, which she took for about six months.

Court records note that Brandy dropped out of high school in her sophomore year, never graduated and never earned her GED. Elsewhere, it indicates that in October 2005 she did manage to graduate in a different way: from simply smoking meth to shooting it into her veins with a needle.

Also in October 2005, Brandy was put on three years probation in Shasta County for the misdemeanor offense of driving without a license. An official document dryly notes that she "performed poorly" on probation, committing new crimes just months after starting the stint. The records also indicate that Brandy has admitted to stealing as many as 15 cars in Sonoma County alone, justifying her actions by telling herself she was "borrowing" them. She is also quoted as calling herself the "mastermind" behind the crimes she committed with her friends.

Brandy has been in and out of treatment programs since she was 16. Her only job experience is working at her father's business as an administrative assistant from February 2005 to January 2006, when her escalating drug use made it impossible for her to keep working.

The official documents list her as divorced with three daughters who are two, four and five years old. Apparently, her girls were placed in foster care in Shasta County and have since been adopted.

Even knowing all of this about Brandy, Catherine says she would still react the way she did that February afternoon in the parking lot. "I'm glad her car-stealing spree was put to an end. She was hurting multiple people. I got to know one of the other women whose car was stolen, and it was a traumatic experience for her."

Who Are YOU?

In Marin County, between 70 percent and 80 percent of identity crimes are methamphetamine-related, says Sgt. Mike Crain. "Once they start using and become addicted to it, the need to use it more often is there, so they start thinking of ways they can obtain the drugs."

Lt. Jean Donaldson also sees a definite correlation in Napa County. "The majority of the time when we arrest people who are involved in identity theft, they're also methamphetamine users."

It's true in Sonoma County as well, says Det. Sgt. Glenn Lawrence. "Unfortunately, it's such an easy crime and a quick way to get cash. People on methamphetamine are up all night and have the time to do this stuff. They'll tape together little pieces of paper."

He adds, "If you're searching for identity theft, you'll find meth or some kind of paraphernalia indicating that meth use is occurring. Or if you're doing narcotics, you'll find evidence of identity theft. They're so hand-in-hand, it doesn't seem to matter which one you're targeting."

Sgt. Anthony Muñoz of the Alameda Police Department is an instructor for a statewide class on methamphetamines and identity theft. One of the problems, Muñoz says, is that Americans like things to be convenient. They want to swipe a debit card at the gas pump instead of walking into the office to pay. They want to go online to order a TV.

"We could have protections [from identity theft], but it would inconvenience us," Muñoz explains. "People want it to be easy to use their cards, and that makes it easy for the thieves."

A new scam is tied to the fact that many municipalities are cracking down on people who don't show up for jury duty. A tweaker, Muñoz says, will pick up the phone book and start dialing. Upon making a connection, he says, "We sent you a summons and you didn't show up for jury duty." That person may simply hang up.

The addict will just dial again, and say the same thing. This time he quickly adds, "But we can take care of it over the phone, right now." He asks for the person's name, address, date of birth and social security number as "verification," then he tells them, "OK, I'll go ahead and get you out of jury duty." And the tweaker then has everything he needs to commit identity theft, Muñoz says.

"Because methamphetamine is a central-nervous-system stimulant and [users] stay up so many hours, they have the time to think of these things and to try them. If it doesn't work ninety-eight out of a hundred times, that's fine with them; they have the time."

People need to be on guard against identity theft and be aware that meth addicts can be extremely clever in devising ways to get the information they need.

"If these people would put their talents to use, we'd have a cure for cancer, we'd solve world hunger," Muñoz asserts. "These are not stupid people."

Caught 'n' Clean

Brandy committed several criminal acts in a few months--from January to March--but that's not unusual, says Sonoma County assistant district attorney Larry Scoufus.

"Many times, we see defendants who are on methamphetamine runs doing many crimes in a short period of time. Getting arrested, either making bail or being released by the courts, and then committing other offenses. It's primarily to support their habit. Often it leads to very violent acts on their part, just because of the nature of the substance that they're ingesting."

On April 20, Brandy pleaded guilty to five separate felony charges, among them, grand theft auto, being an accessory to a felony and attempted grand theft auto. She was sentenced to six years in prison, but allowed to go to the 4,700-bed California Rehabilitation Center (CRC) instead. She was officially categorized as a "civil addict" instead of an inmate.

"If the court finds that the defendant is addicted or in imminent danger of being addicted to a narcotic, they can be sentenced to the California Rehabilitation Center rather than prison," Scoufus explains. "It's a custodial setting, but the primary focus is on addiction and rehabilitation."

At first, Catherine wasn't sure how she felt about Brandy not having to do time in prison, but eventually she decided the CRC was the best option.

"My hope for her in going to the rehab center is that not only can she get clean but also she can get the skills, so that when she gets out she can create a life for herself that's a good life, that's clean of drugs," Catherine says. "I feel that, for her, this is really her last hope."

But after her first-hand experience of how meth can affect local community members, Catherine thinks rehab is not the only answer.

"We need to do something more than provide treatment centers. I think we need to look at what it is that causes people to turn to this drug. Why are people choosing this drug? Why are people choosing this lifestyle? I think we need to figure out why this is, and attack the problem from the root."

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Photograph by Michael Amsler

Wasted youth: Writing about teen addicts was the most difficult part of our year-long series.

My Year on Meth

Writing stories, searching for hope

By Patricia Lynn Henley

Editor's note: This year, the *Bohemian* gave focus to the effects of methamphetamine on the North Bay, producing five features and several news stories. All but [one was penned by staff writer Patricia Lynn Henley](#). Here are her final thoughts on this series.

For the past 12 months I've been on methamphetamine--not snorting, smoking or shooting it, but writing about it. I've interviewed recovering addicts, treatment counselors, narcotics detectives, child-protection case workers, judges, prosecutors, teachers, parents, social workers, psychiatrists and anyone else with insight into the impacts of this cheap, easily available and extremely addictive substance. I've waded through bureaucratic reports, scanned photos of meth busts, read rants on how drug use is a victimless crime and pored over countless lists of street names for meth. I've accumulated more than 15 pounds of printouts, notes and interview transcripts.

A year ago, I might have walked through a supermarket, spotted a certain kind of shopper and thought, "Hmmm, that's a really skinny, twitchy woman." Now I say, "Ah, meth."

Since my first story was published March 29, I've been amazed at how many average-looking people have quietly confided to me that they're in recovery from their meth addiction, or that a family member or close friend is struggling with an overwhelming desire for this insidious drug.

What I've learned from my year on meth is that this drug steals dreams from the young, who should be full of hope. Meth warps both the present and the future, not just for its users and abusers, but also for their parents, grandparents, siblings, children and friends--anyone who loves and cares for them.

I've also learned that addicts aren't necessarily stupid and aren't necessarily poor.

In Colorado, influential pastor Ted Haggard was recently "outed" for using meth while visiting a male prostitute. Haggard claims he bought the drugs but threw them away--once a month for three consecutive years.

In New York City, a \$250,000-a-year bank executive who set up a meth lab in his \$6,000-a-month penthouse apartment was recently busted. The guy got caught because he used an Internet site to order chemicals that are legal but essential for one style of meth production. Authorities also nabbed a Columbia University graduate student who apparently was using his self-made, extremely pure meth supply to fuel his all-night studies.

Meth's pernicious influence is so widespread that the federal government is promoting "community partnerships" among local law enforcement, treatment centers, courts, social services and others to create a focused, collaborative approach to the overwhelming problems that accompany this drug.

The good news is that research shows proper treatment does work; people can get off and stay off of meth. The bad news is that meth goes *inside* brain cells, damaging them. It takes at least a year or more for the body to heal itself, and not everyone's brain recovers completely.

In the past year, absolutely none of the addicts I met were able to get clean and sober on their first attempt. They'll often try rehab two, three or more times before finally breaking clear of the drug. It takes persistence and a program set up to counteract the long-term effects of this manmade substance, not just the initial issues of getting clean and sober.

The first recovering addict I wrote about was Dennis, who deliberately smashed his pickup into an oak tree because he had failed a drug test and needed an excuse to miss a court date. Eventually, he was sentenced to a drug court program with intensive counseling through the Drug Abuse Alternatives Center. This August, Dennis celebrated three years of sobriety. No longer homeless or sponging off others, Dennis now has his own home and is raising his 13-year-old son because the boy's mother is still on drugs. Dennis is also paying off some old bills, which accumulated during the 12 years he was

high on meth and alcohol. "It's been difficult at times," he admits. "I'm cleaning up the wreckage slowly but surely."

Also doing well are Carole and her two children, who were featured in the "Moms and Meth" article published the week before Mother's Day. When I catch Carole on the phone, she can't talk long because she's on her way to a 12-step meeting. She's happy to have moved into a three-bedroom townhouse apartment where it's just she and her kids. And she's been doing a lot of public speaking lately, telling her story in hopes it will help others.

"It's nice to give back, to heighten the awareness of the community that there is a problem and there are solutions," Carole explains. "It's rewarding for me; it keeps me grateful."

The teenagers have been the most difficult to write about. This summer, I sat at my computer keyboard with tears in my eyes, trying to reconcile their fresh, young faces and matter-of-fact voices with the horrific tales they told of their tweaker lives. Lying. Stealing. Homelessness. Helplessness. Doing anything and everything for the drug, and now wrestling daily to stay in recovery at 15, 16 or 17 years old.

I struggled to do justice to their stories, knowing that relapse rates indicate most of them will face even more hell before they'll manage to stay clean for any length of time. I finally had to ask for a deadline extension--something I've done less than five times in the last 11 years--so I could take some time to manufacture a bit of hope, at least in my own mind.

Counselor Ken Kennemer at the Clean and Sober School in Petaluma reports that all the teens I interviewed there have consistently stayed away from meth this past year, and are working hard to restart their lives. "The beautiful side of it is that it doesn't take a lot of recovery to give them some hope," Kennemer says.

I keep remembering a pair of fuzzy pink baby socks pinned to a bulletin board in a local residential drug treatment center. They were left behind by a young woman who walked away from her newborn baby because meth's strident call was far stronger than the tenuous bonds of motherhood.

What have I learned this year? That we all need to work together if we don't want more tiny pink socks pinned to bulletin boards. That we can't avoid the problems of meth because they're all around us, tearing holes in the fabric of our communities. And that it's important to manufacture new hope, in one form or another, because meth destroys dreams.