It’s a clear morning, mid-May, and the logging road switches back above Birch Creek, climbing the face of the southern Swan Range. The new needles on the larch trees are a luminescent neon green, the creek bottom is a riot of willows bursting forth under the strong sun. On a spur road, just a two-track in the woods, you pull over to look at something that seems out of place. Somebody had a campfire here, in the very center of the road, dozens of empty packets of Sudafed still melting and smoking in the ashes, a small pile of batteries that look like they’ve been cut length-wise with a pair of snips. Tossed in the weeds at the edge of the road are half a dozen coffee filters stained blood red, and an empty jug of lantern gas. There’s a lingering reek of ammonia, just the remnant whiff of ether, and mud churned by the boots of somebody who was standing and crouching here for a long time, drinking and cooking methamphetamine. You get back in your truck, the morning forest suddenly full of menace, and decide to find a different place to hike. Below you, the valley holds a slowly lifting fog from the north end of Flathead Lake, the outskirts of Kalispell just barely visible. Somewhere down there, money’s changing hands, and people are killing themselves on the drug that was made last night in the middle of that spur road.

The above scene is imaginary in its specifics, but Forest Service and law enforcement officials say it is one that is becoming all too common in the West. Kalispell Police Chief Frank Garner says that there has been a 500 percent increase in meth-related crimes in Flathead County over the past six or seven years. His officers have seized over fifty labs in that period. “The drug is tied to so much of what we do now,” he says, referring to everything from burglary to partner assault to child protective services in addition to drug arrests. And it taxes more than just enforcement budgets. Because of the toxic chemicals and solvents involved in meth production, the average cleanup of a lab costs $25,000 to $30,000.

According to Kevin Burns, the director of the Northwest Drug Task Force based in Kalispell, there were 85 arrests last year for meth-related crimes and 25 labs were investigated in 2004 alone. “About five years ago methamphetamine and methamphetamine labs became a huge problem particularly in Northwest Montana. Since then the problem has spread over the rest of the state. The problem started in Mexico and California and over a period of time slowly progressed east into Montana. I believe the reason methamphetamine is such a problem is fact it is such an addictive drug and is very easy to manufacture using precursors that are relatively easy to obtain.”

Burns said while domestic production was up, it never equals that of the “super labs” found in Mexico and California, which produce pounds at a time. Those labs and the drugs they produce are controlled mostly by a mixture of Mexican gangs and outlaw biker gangs, who transport them into eastern Washington for distribution around the West.

A lot of volatile and toxic chemicals are needed to make methamphetamine -- one reason the domestic variety is a rural drug, made in the woods, in cabins and trailers set back from the road. Another reason is that good precursor chemicals are more available out in the country. Anhydrous ammonia, a key solvent that meth cooks call “annie,” is used as fertilizer in many farming operations. Toluene and acetone work well too, and they are both used for cleaning greasy machinery, from chainsaw chains to the brakes on a swather. Ether works, and it’s standard equipment for starting a truck on a sub-zero morning. Iodine prevents infection of cow’s teats at the dairy. Even methyl sulphonyl methane (msm), the powder used to cut pure meth and bulk it up for greater profits, is used primarily as a nutritional aid for horses and dogs and is available at feed stores.

Ron Clem has been forced to learn most of what there is to know about
Methamphetamine is a disaster. We ever saw as a cop in LA,” Clem said. “I saw things that surpassed anything I could have imagined.” Clem, who has three months, trying to get her back, I know that 13.9 percent of the kids from 13 to 17 in Montana are using it. We are the number two state in the nation for illicit drug use, number two for suicides. We had a needle exchange going on in Kalispell that had 250 people in it in 2002, and by 2003 there were 900.” Then, Clem adds, with a look of pure frustration, “They cut off the funds, because the health department didn’t want to be seen as fostering drug use.” He continues, “67 percent of the women and 85 percent of the men in Montana’s prisons are there because of meth-related crimes. The meth lifestyle generates rape and Hepatitis C and other STDs. And Montana has no money anywhere for treatment of addicts. We sold our house, spent $110,000 so far. We’re lucky we had it to spend. If your daughter had cancer, you’d do that. It’s the same thing.” Clem points out, from hard experience, that traditional ways of dealing with an errant or drug-using teenager result in the worst possible outcome if meth is part of the problem.

“Tough love, you always hear about that. You can’t stay here and be using drugs. So you kick them out, and there’s some low-life waiting right there in a car to take them away forever.”

But there was a new peril rising, this one born not in the inner cities or the crowded suburbs, but out in the country, in the woods and on the farms and on the outskirts of small towns like Kalispell or Whitefish. Methamphetamine would claim his daughter Carren, who at age 18 was a concert violinist, and a highly unlikely victim. It would take everything that he and his wife could muster to take her back. “In following my daughter around the valley for those three months, trying to get her back, I saw things that surpassed anything I ever saw as a cop in LA,” Clem said. “Methamphetamine is a disaster. We know that 13.9 percent of the kids from 13 to 17 in Montana are using it. We are the number two state in the nation for illicit drug use, number two for suicides. We had a needle exchange going in Kalispell that had 250 people in it in 2002, and by 2003 there were 900.” Then, Clem adds, with a look of pure frustration, “They cut off the funds, because the health department didn’t want to be seen as fostering drug use.” He continues, “67 percent of the women and 85 percent of the men in Montana’s prisons are there because of meth-related crimes. The meth lifestyle generates rape and Hepatitis C and other STDs. And Montana has no money anywhere for treatment of addicts. We sold our house, spent $110,000 so far. We’re lucky we had it to spend. If your daughter had cancer, you’d do that. It’s the same thing.” Clem points out, from hard experience, that traditional ways of dealing with an errant or drug-using teenager result in the worst possible outcome if meth is part of the problem.

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Carren Clem is now recovering from her meth addiction

Angela Gardner

Carren Clem is in treatment at a center in Jamaica, and seems to be doing well. Ron spends an enormous amount of his time working with a group he founded called Teens in Crisis, trying to help families deal with the surge in meth use and addiction in the valley. One of his partners is Gerri Gardner, whose daughter Angela began shooting meth while a student at Whitefish High School, after being introduced to the drug by an older man at her after-school job. Angela descended disastrously into the classic pattern of binging and crashing, committing petty crimes and being arrested for meth possession. After a short stint in jail and a treatment center, Angela walked away from a pre-release center in Missoula, and shot herself in the head. Her father, Troy, was unable to survive his grief. Less than two years later, he took his own life. Gerri was left alone, and eventually came to understand that her story held the potential to save other young people, other families. “It may not seem like it, but God has been very good to me,” she said quietly, leaving the podium at a recent meeting Kalispell.

Teen in Crisis has proven to be an effective group for local families to obtain support and information. Clem, Gardener, and others in the group have been successful in reaching out to people from every income bracket and background. But the meth epidemic is burning hottest among people in their late teens and twenties and older, people who are unlikely to show up at an anti-drug meeting of any kind. Families lose them, or shun them, because their addictions and their lifestyles make them untrustworthy and abusive. They are people like Angela Guzman-Rogers, Summer Rae Mahlen, Jenna Clark, Kim Neise, Ryan K., or almost any of the other adult women named in the Dasen case. There is no war chest for treatment here, no place to go other than jail. At a recent Teens in Crisis meeting, one of the speakers mentioned spending $45,000 on a treatment program for her daughter, and a woman sitting in the back, who has close ties to the Dasen case, hung her head. “My son is in jail,” she said, “that’s the treatment we could afford.”

Treatment for meth addiction is usually unsuccessful unless it is long term, as long as six months or more. There are some odd physiological reasons for that, which until recently were poorly understood. The action of the drug in the brain causes a flush of the chemical dopamine, which is generally
considered to be responsible for feelings of pleasure -- it is also released by exercise, chocolate, and sex, although in lesser, more controlled quantities. The “rush” that meth users seek, and become addicted to, is a result of that flush. So is the “crash” -- the exhaustion and depression that inevitably come when the drug fades from the system. With heavy use, or intravenous use, the supply of dopamine gets low, and the experience that so many users talk about -- "you are like a zombie, you can’t feel anything” -- becomes a physiological reality. With long-term use, the neurons that produce dopamine become damaged and production goes down. Science still isn’t sure they will regenerate.

Less well understood, but familiar to users, is the action of the drug on serotonintotonin levels, which are directly related to sleep, a scarce commodity for many meth users. A roller-coaster production of serotonin is common in many kinds of chronic drug use -- the chemical is released during the REM stage of sleep, which is disrupted by depressants and stimulants alike. (The delirium tremens experienced by alcoholics is a result of the “rebound” of serotonin production after a long period of suppression). It is known that serotonin is a key to growing brain tissue (babies dream, on average, four times as much as adults).

Taken together, these drug-caused disruptions change the overall function and even the structure of the brain in unknown ways. Some researchers have documented an actual shrinking of brain tissue from heavy meth use, where the brain resembles that of a late-stage Alzheimer’s victim. Users who enter treatment, or try to quit on their own, must undergo a frenzied psychological roller coaster as these processes slowly relearn to regulate themselves, enduring extremes of depression, anxiety, and instability. And after about six months, as Ron Clem explains it, “they hit a wall,” where the processes mysteriously change again, and users who feel that they have successfully combated their addiction are suddenly thrown back into craving and despair. Suicides and attempted suicides often occur at that stage.

The odds are stacked against a heavy user of methamphetamine, in every way that can be measured.