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Research Paper

Symbolic perceptions of methamphetamine: Differentiating between ice and shake

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ABSTRACT

Background: Although public perceptions of methamphetamine (meth) consider all forms of the drug as the same, this is not true among those who use it. Our aim is to examine how those who use meth perceive two forms of meth (ice and shake) using the theoretical framework of symbolic boundaries.
Methods: We rely on data collected from a photo-ethnography with people who use methamphetamine in rural Alabama. The ethnography consisted of formal interviews (with 52 participants), informal observations, and photography.
Results: Participants had a strong preference for ice (49 of 52 preferred ice over shake). In discussing why they prefer ice they point to the various short- and long-term health problems associated with shake. This distinction allowed them to create symbolic definitions of shake as being dirty due to impure chemicals and its users as desperate.
Conclusion: We argue that this symbolic differentiation of the two forms allows users to frame themselves as rational users (i.e., they avoid the unsafe form of meth) and shape use patterns and prevalence, with shake being used infrequently and often intravenously.

Recent trends in the prevalence of methamphetamine (meth) use have led to it being described as "the most dangerous drug in America" (Jefferson, 2005; Linnemann & Wall, 2013). Claims such as this, paired with the launch of anti-meth media campaigns like the *Faces of Meth* (FOM) and *The Meth Project* (TMP), have inscribed the image of the "meth head" in the social imaginary (Ferestad & Thompson, 2017; Linnemann et al., 2013). The visual representations of people who use meth presented by these campaigns have contributed to the public's perception of them as a singular group of poor, rural Whites who have suffered severe mental and physical ailments due to chronic use of meth. The changes in their physical appearance, including the development of "meth mouth" and occurrence of extreme weight loss, paired with potential for erratic and paranoid mental states, foster this negative perception of those who use meth. Consequently, meth use is highly stigmatized (Linnemann & Wall, 2013).

Like others who engage in stigmatized behaviours, people who use meth actively resist stigma by creating symbolic boundaries to distance themselves from stereotypical "meth head" behaviour (Boeri, 2004; Copes, Leban, Kerley, & Deitzer, 2016; Lende, Leonard, Sterk, & Elifson, 2007). Symbolic boundaries include informal social categories that people use to categorize others (Lamont & Molnár, 2002). These symbolic boundaries act to produce feelings of similarity and social solidarity with other members of the group (Lamont & Molnár, 2002). For example, people who use meth often make distinctions among users based on their ability to maintain their looks, mental health, and daily obligations. Those who can effectively maintain these things are seen as functional and can position themselves as superior to those who do not (i.e., dysfunctional users) (Marsh, Copes, & Linnemann, 2017).

Another way people who use meth create symbolic boundaries is by emphasizing their use of particular types of the drug. While sharing many chemical characteristics, there are differences between various forms of methamphetamine. Two common varieties of meth are referred to as ice and shake. Ice, a high quality form of meth, is believed to be manufactured in major laboratories and to contain few impurities. Shake is an easy, low cost way to prepare meth because it is manufactured using the one pot method. That is, individuals combine imprecise amounts of various chemicals and reactants into a single pot to cook by chemical reaction, or "shake" meth (Shukla, Crump, & Chrisco,

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2012). By framing one form of meth as cleaner and safer than the other, people who use ice may be able to distance themselves from the negativity associated with those who use shake (Boeri, 2004; Copes et al., 2016; McKenna, 2013; Webb, Deitzer, & Copes, 2017).

Our aim is to examine perceptions of two forms of meth (ice and shake) among those who actively use the drug. To explore these perceptions, we rely on ethnographic data and semi-structured interviews with 52 individuals who used meth in rural north Alabama. Using the theoretical framework of symbolic boundaries, we show how participants define shake as being dirtier than ice and how doing so allows them to better frame themselves as rational users because they avoid the unsafe form of meth (shake) in favour of the perceived cleaner form (ice). While there is a body of research detailing why and how drug users construct boundaries to maintain positive self-perceptions (Copes, 2016; McKenna, 2013; Rødner, 2005), there is a gap in the research regarding how people make distinctions between various forms of the same drug. By looking at how people perceive differences between types of meth, we shed light on how they manage stigma and how these perceptions shape use patterns (both prevalence and route of administration).

Symbolic boundaries, drug use and self-perceptions

Symbolic boundaries are "conceptual distinctions made by social actors to categorize objects, people, practices, and even time and space" (Lamont & Molnár, 2002). People develop symbolic boundaries, which allows them to separate others into in-groups and out-groups, through daily interactions. Boundaries allow people to positively identify with the in-group, while socially distancing themselves from the out-group. Those in the out-group are categorized as the symbolic other. For people who use drugs, symbolic boundaries associated with drug use guide interactions with others, shape how they make positive and negative distinctions between themselves and the "other," and direct how they manage stigma associated with their drug use (Copes, Hochstetler, & Williams, 2008; Copes et al., 2016; Rødner, 2005). The most common way that people who use drugs construct symbolic boundaries is by making distinctions between functional and dysfunctional users. This dichotomy between what makes a functional and a dysfunctional user is shaped by larger cultural narratives pertaining to drug use (Copes, 2016). People (including those who use drugs) value rationality and control in most aspects of life. In the contemporary Western world this control is demonstrated by stability and potential for productivity in the workplace and family life, as well as in being dependable for family and friends. These cultural beliefs shape definitions of what constitutes functional users, including ideas about the proper ways to consume and ingest drugs (Kerley, Copes, & Griffin, 2015).

Functional users are typically defined as those who are in control of their drug use, while dysfunctional users are seen as giving up control of their lives to their drug of choice (Boeri, 2004; Rødner, 2005). Control in this situation refers to whether or not a person is able to use drugs and still maintain and fulfil obligations associated with other important social roles (Boeri, 2004). While precisely what makes for functional of dysfunctional users (or to be in control of one's use) varies based on the type of drug in question, general patterns do emerge (Copes, 2016). Those who claim to be functional users often construct symbolic boundaries along six primary dimensions: physical appearance, mental health, maintaining obligations, route of administration, motivations for use, and procurement strategies.

People also make symbolic distinctions between people based on the types of drugs they use. Those who use legal or common intoxicants such as alcohol and marijuana typically view themselves as different from those who use harder or illegal drugs (Parker, Williams, & Aldridge, 2002; Room, 2005). Those who do not use intravenously see themselves as more functional than those who do (Rhodes et al., 2007). People also make distinctions between different versions of the same drug. Powder cocaine users are perceived as wealthy and their drug use is often viewed an extension of status, while use of crack cocaine is viewed as a drug for the poor and for racial minorities and is more stigmatized (Ahern, Stuber, & Galea, 2007). Young party-goers in Norway viewed MDMA as safer than ecstasy even though they are biochemically similar (Edland-Gryt, Sandberg, & Pedersen, 2017) Those who use meth may also make distinctions between people based on the type of meth they use. Despite the common assumption by the public that meth is all equally bad, meth has a variety of forms based on how it is manufactured. Its form is significant in determining stigma among users. The various methods of manufacturing meth lead to vastly different types of meth, which may lead knowledgeable people to make symbolic distinctions based on the perceived quality and purity of it (Patricia et al., 2008).

Types of meth

Meth is not a unitary type of drug. Indeed, there are numerous modes of manufacturing it, which creates various forms of meth—each with different forms of purity and potency. The prevalence of these forms of meth have changed over the years in the United States largely due to laws relating to precursor ingredients. Until the mid-1990s, the U.S. meth market was controlled by outlaw motorcycle gangs (Finckenauer, Fuentes, & Ward, 2001). It was manufactured in large quantities using the phosphorous or anhydrous methods and distributed within the nation's borders, typically regionally and in rural areas. Beginning in the late 1990s, disrupting rural meth markets became a major priority for law enforcement (National Drug Intelligence Center, 2010; Garriott, 2011; Jenkins, 1994). Intensified policing and chemical precursor laws, resulted in a shift in the use and production of meth in the mid–2000 s (Maxwell & Brecht, 2011). Regulations made it more difficult and risky to manufacture meth on a large scale, as the chemicals needed were tracked and regulated intensely. In response to these changes, people in rural areas across the United States began manufacturing meth for personal consumption in small, one-pot operations (i.e., shake) (National Drug Intelligence Center, 2010; Maxwell & Brecht, 2011). The one pot method to manufacture meth involves combining chemicals like pseudoephedrine, lithium from batteries, and various reactants (e.g., lye and ammonium nitrate) into plastic bottles and then shaking them until a chemical reaction occurs (Shukla, Crump, & Chrisco, 2012). Because shake is relatively easy to make, the shake market is distinct from other drug economies in America, as it is arguably less hierarchical and less gender segregated (Copes et al., 2016). This style of meth manufacturing produces relatively little meth, which is typically of low quality.

While persistent clandestine domestic production of shake from small-scale local manufacturers is now common, the contemporary meth market also continues to operate at a high level because of increased importation of ice from Mexico (Shukla, 2016; Shukla et al., 2012). Because Mexico has access to precursor chemicals that are difficult to obtain in the United States, ice can be more easily manufactured there and then transported into the United States (Cunningham et al., 2010). Unlike with shake, the ice market is highly hierarchical, and is run primarily by Mexican based transnational criminal organizations (TCOs) (NDIC, 2010). TCOs can be extremely sophisticated with super labs capable of producing hundreds of pounds of high quality meth per week (Brouwer et al., 2006; Finckenauer et al., 2001). With the aid of these super labs, Mexican TCOs have become the primary supplier