

Published in final edited form as:

Soc Sci Med. 2014 June ; 110: 41–48. doi:10.1016/j.socscimed.2014.03.029.

THE MULTIPLE TRUTHS ABOUT CRYSTAL METH AMONG YOUNG PEOPLE ENTRENCHED IN AN URBAN DRUG SCENE: A LONGITUDINAL ETHNOGRAPHIC INVESTIGATION

Danya Fast^a, Thomas Kerr^{a,b}, Evan Wood^{a,b}, and Will Small^{a,c}

Danya Fast: dfast@cfenet.ubc.ca; Thomas Kerr: uhri-tk@cfenet.ubc.ca; Evan Wood: uhri-ew@cfenet.ubc.ca; Will Small: wsmall@cfenet.ubc.ca

^aBritish Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Canada

^bDepartment of Medicine, University of British Columbia, Canada

^cFaculty of Health Sciences, Simon Fraser University, Canada

Abstract

Transitions into more harmful forms of illicit drug use among youth have been identified as important foci for research and intervention. In settings around the world, the transition to crystal methamphetamine (meth) use among youth is considered a particularly dangerous and growing problem. Epidemiological evidence suggests that, particularly among young, street-involved populations, meth use is associated with numerous sex- and drug-related “risks behaviors” and negative health outcomes. Relatively few studies, however, have documented how youth themselves understand, experience and script meth use over time. From 2008 to 2012, we conducted over 100 in-depth interviews with 75 street-entrenched youth in Vancouver, Canada, as well as ongoing ethnographic fieldwork, in order to examine youth's understandings and experiences of meth use in the context of an urban drug scene. Our findings revealed positive understandings and experiences of meth in relation to other forms of drug addiction and unaddressed mental health issues. Youth were simultaneously aware of the numerous health-related harms and social costs associated with heavy meth use. Over time, positive understandings of meth may become entirely contradictory to a lived reality in which escalating meth use is a factor in further marginalizing youth, although this may not lead to cessation of use. Recognition of these multiple truths about meth, and the social structural contexts that shape the scripting of meth use among youth in particular settings, may help us to move beyond moralizing debates about how to best educate youth on the “risks” associated with meth, and towards interventions that are congruent with youth's lived experiences and needs across the lifecourse.

Crown Copyright © 2014 Published by Elsevier Ltd. All rights reserved.

Send correspondence to: Danya Fast, PhD, BC Centre for Excellence in HIV/AIDS, 608-1081 Burrard Street, Vancouver, B.C. V6Z 1Y6, CANADA, **Fax:** (604) 806-9044 **Telephone:** (604) 317-5976, dfast@cfenet.ubc.ca.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final citable form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Keywords

Canada; youth; crystal methamphetamine; drug scene; qualitative research; ethnography

Introduction

Transitions into more harmful forms of illicit drug use among youth have been identified as important foci for research and intervention (Vlahov 2004). A growing body of work illustrates that these transitions are shaped by a complex interplay of individual, social, historical and structural factors operating within specific settings, and are often situated within the broader experiential and experimental trajectories experienced by youth across their lives (MacDonald and Marsh 2002; Mayock 2002; Bourgois, Prince et al. 2004; Macdonald and Marsh 2004; Harocopos 2009; Raikhel and Garriott 2013). Following others (Raikhel and Garriott 2013), our use of the phrase “experimental trajectories” is not limited to the notion of “experimenting with drugs,” but refers more broadly to the use of illicit substances and various other practices in an attempt to open up alternative horizons of affective, experiential and social possibility. A focus on these broader experimental and experiential trajectories emphasizes that transitions in drug use are oftentimes shaped by particular critical moments (e.g., disconnection from school), as well as broader contexts (e.g., exclusion from mainstream opportunity structures) that can shape long-term patterns of risk and harm.

In settings around the world, the transition to crystal methamphetamine (meth) use among youth is considered a dangerous and growing problem (Farrell and Marsden 2002; Saul 2005; Degenhardt, Roxburgh et al. 2008; Kapp 2008; Sheridan, Butler et al. 2009; Degenhardt, Mathers et al. 2010). Particularly among young, street-involved populations, meth use is associated with numerous sex- and drug-related “risk behaviors” for HIV transmission (Boddiger 2005; Lorvick, Martinez et al. 2006; Fairbairn, Kerr et al. 2007; Wood, Stoltz et al. 2008). In addition to HIV and other blood borne infections (Miller, Kerr et al. 2009), research has shown that youth who use meth on the streets are vulnerable to malnutrition (Werb, Kerr et al. 2010), overdose (Werb, Kerr et al. 2008), incarceration (Milloy, Kerr et al. 2009), and serious mental health issues (Farrell and Marsden 2002; Urbina and Jones 2004; Russell, Dryden et al. 2008). While the various risks and harms associated with meth are well documented, meth use among youth has also generated a moral panic (Griffiths, Mravcik et al. 2008; Boyd and Carter 2010; Linnemann 2010). This is exemplified by sensationalist media accounts and graphic anti-meth advertising campaigns, which often use “before and after” images to depict young people transforming from “responsible,” middleclass youth into emaciated “addicts” and deviant “criminals” (Erceg-Hurn 2008; Linnemann 2010).

While previous work has elucidated the various risk behaviors and vulnerabilities associated with meth use in particular settings (Sattah, Supawitkul et al. 2002; Yen 2004; Miura, Fujiki et al. 2006; Yen and Chong 2006; Yen, Yang et al. 2006; Marshall, Wood et al. 2011; Shannon, Strathdee et al. 2011), less work has documented how youth themselves understand, experience and script meth use over time (Mayock 2005). From a risk

environment perspective (Rhodes 2002), even the intimate, everyday experience of meth use in a particular locale is the result of a complex interplay of contextual factors operating at multiple levels. For example, in North American settings, macro-level processes of neoliberal economic reform and the war on drugs, and wider cultural beliefs connected to age, class, race and marginality, can intersect with meso-level institutional responses to “the crystal meth problem,” such as anti-meth advertising campaigns that portray young meth users as unhygienic, dangerous and criminal (Boyd and Carter 2010). These macro- and meso-level forces in turn shape, and are shaped by, the ways in which young people themselves understand, experience and script meth use over time in particular drug scenes (Linnemann 2010; Garriott 2013).

Drawing on this risk environment perspective, we undertook the present study in order to explore the complex ways in which youth articulated their initiation into meth use, increases or decreases in their use, and/or the decision to stop using meth. We follow others, however, in arguing that there is a need to move beyond conventional perspectives that view meth use solely as a “risk behavior,” to try to understand meth use as an experience that evolves over time in an ongoing, highly situated process (Westhaver 2011; Lorvick, Bourgois et al. 2012). Interventions that target individual “risk behaviors,” such as the anti-meth ad campaigns described above, are often premised on a distinction between truth and misconceptions, or medical “facts” and cultural “beliefs” about meth-related risks and harms (Government of Canada 2013; Montana Meth Project 2013). In reality, among youth who use drugs on the streets, the “truth” about meth is multiple, and continually revised in relation to the complex interplay of individual, social and structural factors operating in particular settings.

Methods

The present study is part of a larger, ongoing program of qualitative and ethnographic research, which explores various drug- and crime-related trajectories and transitions among a population of youth entrenched in Greater Vancouver’s street-based drug scene (Fast, Shoveller et al. 2009; Fast, Small et al. 2009; Fast, Small et al. 2010). This drug scene includes most notably the Downtown South and Downtown Eastside neighborhoods. Although these neighborhoods are geographically adjacent, they are consistently differentiated according to a number of characteristics. While the Downtown Eastside is widely conceived as Vancouver’s poorest and most run-down neighborhood, the Downtown South is a residential and entertainment district characterized by both high- and (limited) low-income housing, and numerous small businesses. The Downtown Eastside is generally identified with a highly visible trade in crack cocaine (crack), cocaine and heroin bought and sold primarily by older individuals, while the Downtown South is identified with high rates of meth sales and use primarily among youth, which occur mostly in semi-public and private locales. Both neighborhoods are characterized by shadow economies propelled by sex work activities, drug dealing, and the exchange of stolen goods – activities that require youth to move in and out of the downtown core, and implicate various other locales in the Greater Vancouver area. The Downtown Eastside and Downtown South are both subjected to intensive law enforcement on an ongoing basis.

This study was informed by over 100 audio-recorded, in-depth interviews with 75 individuals, as well as ongoing ethnographic fieldwork conducted by the first author since 2008. Fieldwork initially concentrated on Vancouver's Downtown South and Downtown Eastside neighborhoods, and later extended to include other locales in Greater Vancouver. All participating youth were recruited from the At-Risk Youth Study (ARYS) cohort, an ongoing prospective cohort of drug using and street-involved youth (Wood, Stoltz et al. 2006). ARYS cohort members are between the ages of 14 and 26 years and self-report use of illicit drugs other than or in addition to marijuana in the past thirty days, at the time of enrolment.

Data collection for this study occurred in three waves (see Table 1). The 75 youth who took part in this study were a diverse group who for the most part lived separate lives from one another. They frequented many of the same service locations and had likely used drugs together in the parks or alleyways of downtown Vancouver at one time or another. Yet, only a small number were networked in a more enduring sense, usually in the form of a romantic or crime-related partnership. Nevertheless, participants did share a number of things in common. The majority of youth grew up in low-income, materially disadvantaged households; approximately three-fifths ($n = 43$) had experienced violence, abuse or neglect in their pasts and slightly less than half ($n = 33$) had a history of government (foster) care. Slightly less than half of participants ($n = 36$) had a history of involvement in the juvenile justice system, and/or had served time in a provincial prison as an adult. Only 15 of 75 participants had graduated from high school or later completed their General Education Diploma (GED). Approximately three-fifths of youth ($n = 44$) indicated that they had been diagnosed with a mental illness by a health professional, and a number of additional participants indicated that they suffered from a self-diagnosed mental health issue.

All but two participants reported being homeless during the course of the study (meaning that they were sleeping outside, "couch surfing" at friends' or acquaintances' places, and/or staying at shelters – most often a combination thereof). At some point during the study period, all youth were engaged in drug use practices that they defined using terms like "addiction," "out-of-control" and "self-destructive." Based on our fieldwork and interview data, these terms consistently referred to drug use which was resulting in physical, psychological and/or emotional damage, whether directly as a result of the chemical properties of a particular substance, or indirectly as a result of the violence and instability that often accompanies drug use in the context of social, spatial and economic marginalization. For the young people who participated in this study, this included the daily use of heroin, crack and/or meth. Fifty-five youth had used meth at least once in their lives; thirty-three had injected meth. Youth engaged in varying forms of polysubstance use over time; for example, at any one time, up to half of those youth who reported using meth also reported using crack and/or heroin.

Approximately three-quarters of participants ($n = 54$) received monthly social assistance (welfare) payments, although this support was rarely enough to cover the cost of living in Vancouver. Most youth were therefore involved in a range of illicit income generation activities, including street-level drug dealing ($n = 51$), sex work ($n = 14$), theft ($n = 27$), and the exchange of stolen and purchased goods. In sum, the majority of these youth were or had

at one time been significantly “entrenched” in Vancouver’s street-based drug scene; they described themselves as being, or recently having been, largely consumed by a daily project of survival “on the streets” – a phrase that in our setting refers to numerous indoor and outdoor settings associated with the drug scene.

During interviews, we asked youth to reflect on their own meth use over time, as well as that of friends, romantic partners, informal “business” partners (e.g., in the drug trade) and acquaintances. Youth were also asked to comment on meth use more generally in the context of Vancouver’s polysubstance drug market, where heroin and crack use are also ubiquitous. Finally, beginning in 2009, youth were asked for their perspectives regarding the Government of Canada’s DrugsNot4Me advertising campaign (Government of Canada 2013). While not solely targeted at meth use, the campaign’s most prominent ad features before and after images of a young, white woman “fast forwarding” from a “normal kid” hanging out in her bedroom and with her friends at school, to an emaciated and mentally-disturbed “addict” with sores on her face and mouth, and dressed in more sexually provocative clothing. From 2009 to the conclusion of the study period in 2012, the campaign’s print and video advertisements appeared frequently on public transit and Canadian television networks. Consequently, all of our participants had been exposed to this national-level public health intervention and the kinds of public discourse it generated. The campaign therefore became a highly relevant aspect of the wider social structural landscape young people were engaged with as they attempted to make sense of their meth use over time.

As is common in longitudinal qualitative and ethnographic approaches, data collection and analyses occurred concurrently as this study progressed. Interviews were transcribed verbatim and checked for accuracy. ATLAS.TI software was used to manage interview and fieldnote data. In order to work through the volume of data collected, an initial coding framework was generated that captured broad emergent themes (e.g., “meth use and mental health,” “meth use and incarceration”) and analytic categories (e.g., “everyday violence”). Subsequent fieldwork and in-depth interviews were used to refine the coding framework (e.g., through the addition of new codes like “meth use and becoming more ‘normal,’” “meth use and being productive”) in an ongoing, iterative process. Over the study period, evolving interpretations of the data were discussed with youth, both informally in the field and more formally during in-depth interviews. In addition, the research team discussed the content of interviews and fieldnotes throughout the data collection and analyses processes. We use narrative excerpts from specific interviews to highlight themes we identified across interview accounts and fieldnotes.

All participants provided written informed consent, and received a twenty-dollar honorarium for their participation in the in-depth interviews. The study was undertaken with ethical approval granted by the Providence Healthcare/University of British Columbia Research Ethics Board. All names appearing below are pseudonyms.

Results

“I would so much rather be what I am now” – the transition to meth

Participant narratives reflected understandings and experiences of meth use as relational, contingent and continually open to revision over time (Mayock 2005). Popular representations of meth use found in the media and anti-meth advertising campaigns often aim to underscore the downward spiral of severe harms and reduced life opportunities set in motion by the decision to try meth, even “just once” (Montana Meth Project 2013). In contrast to this “truth” about meth, a large number of the youth who participated in this study associated their transition into meth use with the mediation of numerous harms. This was striking, given that in hindsight young people in our setting often describe the decision to try heroin and/or crack in dramatically different terms – that is, as precipitating their inevitable physical, psychological and moral demise on the streets (see Fast, Shoveller et al. 2009; Fast, Small et al. 2010).

Indeed, in the context of ongoing entrenchment in Vancouver’s polysubstance drug scene, positive understandings of meth were often constructed in relation to youth’s understandings and/or experiences of other forms of drug use – most notably heroin and crack use (Brecht, Greenwell et al. 2007; Sheridan, Butler et al. 2009). Interestingly, this could be the case regardless of whether participants had used crack and/or heroin intensively prior to transitioning to meth, transitioned to meth from another substance (e.g., ecstasy), or only ever used meth in the context of drug scene entrenchment. Among youth, intensive heroin and crack use were frequently associated with a sense of “going nowhere.” This immobility could refer to the physical state of sitting in one place and “tweaking” (i.e., focusing on a single task for long periods of time as a result of stimulant use) or “nodding off” (i.e., sleeping as a result of opiate use). This sense of going nowhere also referred to the symbolic violence of feeling “trapped” in the lowest social position within society’s hierarchies. In relation to embodied experiences of social-spatial immobility, even those youth who did not transition to meth from either intensive heroin or crack use associated meth with a sense of “getting going.” Again, this mobility referred to both physical movement through the city as a result of the experiential and behavioral effects of meth (e.g., increased energy, staying awake for long periods of time), as well as a sense that it allowed youth to “get things done” and “be more normal” – in some cases “for the first time in their lives.” As Kaylie described during a field interview in 2009, when she was 19 years old:

To be perfectly honest, I would so much rather be what I am now, than when I think back to just smoking crack all the time. Like, when you smoke crack, your whole **life** is about crack. It’s the drug that doesn’t end. If you look at all those crackheads downtown, they’re like, going nowhere, you know? [...] I **care** what society sees me as. When you smoke jib [a slang term for meth], you **do** shit. You **do** stuff. [...] Like, normal life kinda things. You want to go out and like, you know, chat with people and like even just go binning [i.e., collecting discarded bottles and cans for a small cash refund], shoplifting, just make some money, you know? At least you’re doing **something**.

A number of youth understood meth use as motivating them to engage in various “socially acceptable” and “productive” behaviors, from looking for ways to generate income, to getting their resume and government identification organized in anticipation of applying for jobs and alternative school programs, to losing weight (“It’s the Jenny Craig drug – I loved it at first”). Meth use was also frequently associated with a renewed interest in recreational activities, socializing with friends, dating and sex. As Jared (age 24) commented in 2011:

It’s so boring out there [on the streets]. You’re totally bored, twiddling your thumbs, boring, boring, boring, **bored**. When I was doing heroin things could get really dark. But on meth I was on top of the world, right? When you’re on jib, you think you can do anything. You’re a champion of challenging yourself, if I could say it like that [laughs]. You think you’re invincible. Like, these days, I’m getting back into shape, I’ve started being interested in girls again. I’m going to the beach and I’ve started playing guitar. Meth makes you alert, and it hits your sex drive.

The connection between meth use and sexual risk taking has been well explored in the literature (Yen 2004; Russell, Dryden et al. 2008; Cheng, Garfein et al. 2010), particularly among gay men (Green and Halkitis 2006). It is interesting to note that in the context of this study, rather than emphasizing experiences of “risky” sex while on meth, a number of young men – both gay and straight – emphasized experiencing an increased motivation to engage in sex as a pleasurable activity (Lorvick, Bourgois et al. 2012), and as part of pursuing a “normal” romantic relationship with another person.

In general, the youth who participated in this study articulated strong desires for what many referred to as a “normal life” in the city of Vancouver. They envisioned themselves eventually having meaningful careers and well-paying jobs, living in a nice apartment and owning a car, engaging in leisure activities in the evenings and on the weekends, and raising a family. Simultaneously, youth were aware of their exclusion from these sorts of neoliberal imaginaries. This was brought out forcefully in discussions about the Canadian government’s DrugsNot4Me ad campaign. A number of youth explicitly problematized its content. For example, in reference to the campaign’s most prominent ad (described above), one young woman commented that, “I guarantee there’s no one down here smoking meth on the streets who had a [nice] bedroom like that growing up – I certainly didn’t.” In reference to another ad, one young man similarly remarked that, “No one goes from being the popular blonde kid at a high school party with nice clothes and, you can just tell, lots of money and whatever, to being a meth head who hangs out in crack shacks [i.e., generally run down indoor establishments where drugs are sold and consumed].” Somewhat paradoxically, young people both acknowledged the ways in which meth use on the streets of Vancouver was shaped by the various exclusions youth had experienced across their lives, and emphasized meth as something that could mediate that exclusion and open up new horizons of affective, experiential and social possibility (Raikhel and Garriott 2013).

“It holds me together” – becoming a regular user

While meth use often coincided with heroin and/or crack use initially, a number of youth associated their transition into regular meth use with an eventual reduction, or in many cases, cessation of crack and/or heroin use. Some youth intentionally used meth to “get

themselves off” heroin and/or crack. These youth indicated that using meth mediated the physical symptoms of withdrawal, particularly from crack. As Kaylie explained in 2009:

The crystal got me off of crack, right? So I was like totally excessive with it. Did **shitloads** of meth. Because when you’re coming off crack you need something. You need a replacement. Once I started shooting jib, that killed smoking crack for me altogether. [...] Eventually I was just using the meth, and now it’s an all day, everyday thing. Like a self-medicating kind of thing too, I think? Just holds me together, kind of.

Like Kaylie, a number of youth perceived meth as an effective, ongoing treatment for professionally- and self-diagnosed mental health issues, ranging from depression and anxiety to attention deficit disorders and schizophrenia. Consistent with previous work which demonstrates that expectancies around meth include social dis-inhibition and relief from boredom and depression (Kurtz 2005; Bungay 2006; Sheridan, Butler et al. 2009; Brown 2010), participants consistently contrasted an affective state of ennui and isolation on the streets with the normalcy and pleasure – and at the same time excitement and invincibility – they experienced as a result of transitioning to regular meth use. As Jared described in 2011:

I have a lot of depression issues and stuff. Like I’ve had that from when I was younger, before I was using drugs and stuff. [...] I was trying every single drug to see which one would make me happier. Speed for me, it’s like a medication. It just makes me more alert and smarter and gets me out of my boring state. It gets me talking and shit, being more socially active. You feel so intellectually empowered.

As youth transitioned into increasingly heavy meth use over time (including the initiation of injection meth use), many indicated that the frequent, daily use of meth did not equate to dependency or “addiction” in the same sense as heavy crack or heroin use. Bradley (age 25) explained during an interview in 2008:

Heroin was never a manageable thing for me, I wanted it all the time as much as I could get. But with meth, you smoke it and [...] it’s just kind of a high where you’re just more awake and you have more energy. Speed [a slang term for meth] is more like, “let’s do this,” “let’s do that,” “let’s get this done.” It’s not nearly as jones-ing [addictive] as heroin, which is like everyday, get sick, get your money, get better, worry about getting money again, get into debt and shit. I don’t even need [meth] right now. I never really need it, but it’s just like, this city’s boring. [...] You know, like, [meth’s] more socially acceptable than being a fuckin’ down [heroin] junkie, or a flailing crackhead scratching at the ground. [...] I’ve been smoking jib for, like, 5 years. Like, constantly, but I’d stop, for like a month at a time, you know? Cold turkey. Just stop. Sleep. Then I’ll start again or whatever. It’s called doing drugs **responsibly**. Anything else I go over the edge and get fucked up.

A number of youth understood meth use as “manageable” over time. Like Bradley, youth generally emphasized that meth was less physically addictive than heroin and crack; however, the manageability of meth also referred to the interplay between substance use and

income generation on the streets. For example, because meth was less physically addictive than crack and heroin, youth indicated that it was easier to manage both using and selling meth without getting into drug debts. In contrast, simultaneously using and selling crack or heroin was understood to inevitably result in “doing your own product” and getting into debt with suppliers (the punishment for which is often a brutal physical beating). Similarly, consistent with previous research (Lopez, Jurik et al. 2009), young women more often reported using their sexuality to manipulate or “con” men into buying them meth, as opposed to exchanging sex for money or drugs in a desperate attempt to support their meth habit (a construction of female meth users’ sexuality that is prominent in anti-meth ad campaigns and media accounts; Boyd and Carter 2010). Young women in our setting frequently rely on men and boyfriends for access to drugs, including meth. However, the participants of this study, both male and female, overwhelmingly made a negative association between sex work and “out-of-control” heroin and/or crack addictions (Fast, Shoveller et al. 2009). In fact, a few young women made an explicit connection between the transition to regular meth use and the transition away from sex work. As Janet (age 25) explained in 2012:

I was more trapped and caught up in the cycle when I was using crack and heroin. I used to work the [sex work] stroll for it. When I started using crystal though, I started meeting a variety of people besides working girls and johns [i.e., women who work in the sex trade and their clients] – people that did boosting [theft], people that did panhandling, people that did other things to make their money for dope. The crystal gave me insight into other ways of making money, is the way I kinda see it, compared to when I was doing crack and heroin. It got me off the stroll and into this area [in the Downtown South].

“It’s ruining my life” – quitting meth?

That some youth felt meth use was preferable to a heroin or crack addiction in the context of drug scene entrenchment should not be taken to imply that these participants viewed meth as unproblematic. On the contrary, young people consistently emphasized the harmful effects of meth – often in the very same interview or conversation as they espoused its benefits. These included various “facts” about meth’s long term negative effects on the brain, and more immediate negative impact on physical appearance and psychological functioning. Negative understandings of meth were often aligned with the graphic images circulated by the media and anti-meth ad campaigns. For example, all study participants could list off the numerous “downsides” of meth use identified by Joshua during an interview in 2012, when he was 20 years old:

It got to the point where I didn’t even recognize myself. [...] I was 50 pounds lighter. It’s a gross, dirty drug. Scars everywhere, scabs, rashes on your skin, because when you sweat it all comes out of your pores. And, plain and simple I have a hole in my brain now. I’m manic bipolar, I’m paranoid as fuck, and it’s all because of meth – and I know a lot of people that have just completely lost their minds, and can’t even string a sentence of words together that you can understand, you know? I loved it for years. I loved it more than anything. And then I started to notice – [pause] **downsides**.

As their meth use progressed over time, managing these negative effects (e.g., by taking regular breaks from heavy use, avoiding skin picking) became increasingly important to young people, and at the same time increasingly difficult to achieve. Over the course of the study period, a number of youth were hospitalized as a direct result of meth use, for soft tissue infections or “mental breakdowns” that required temporary institutionalization in a psychiatric care facility. Moreover, consistent with previous research in our setting (Milloy, Kerr et al. 2009), a number of both male and female participants attributed their or their romantic partner’s frequent incarceration to meth, which they felt motivated youth to engage in heightened and therefore more risky levels of crime that included physical violence (e.g., robbing people). Carl (age 18) admitted during an interview in 2009:

You looooooooooove getting into trouble when you’re on meth though. Stealing. Stealing cars, robbing people, violently. [laughter] You don’t care – your blood’s **boiling!** Yeah but now I think meth is ruining my life, like so bad. I’m sick of the bullshit and I’m sick of going to jail.

Over time, as youth acquired criminal records, as well as the physical and psychological scars that can result from long term meth use, many admitted that meth was no longer something that was allowing them to “get things done” and “be more normal.” Instead, it was understood as something that was possibly further excluding them from the mainstream opportunities they so greatly desired, such as a “real job,” a “real home” and a “normal” romantic relationship. Many felt that, ultimately, they were still “going nowhere” on the streets of Vancouver.

Negative experiences over time caused some youth to transition away from intensive meth use – sometimes back to more intensive crack and/or heroin use, which they had formerly used meth to “kick” (“I’m a heroin addict again. Like, I hate jib now. But if I go back to jib then I’ll probably say that I love it again.”). However, many youth continued to use meth, while at the same time acknowledging that it was negatively affecting their physical and psychological health. Some continued to embrace the sense of invincibility they experienced while on meth. Most explained that they didn’t think they could “manage” or “even function” in their present circumstances of socioeconomic marginality and unaddressed mental health issues without it. It is interesting to note that at the end of the study period, several youth were attempting to take significant steps towards exiting the drug scene (e.g., obtaining housing located outside of the downtown core, enrolling in adult education and job placement programs). Meth could be an important part of these projects, for many of the reasons described above. A number of youth talked about how meth use continued to constitute the best choice, or even an inevitable choice, given their present reality and what they perceived to be possible for “people like them” in places like Vancouver (Fast, Shoveller et al. 2009). As Patricia described during an interview in 2011, when she was 21 years old:

[Meth] fucks up your life. All drugs are bad, obviously. It’s not good if you’re trying to actually do stuff with your life. But if you’re just like lounging around down here [in downtown Vancouver], doing nothing, being a loser, whatever, you have nothing to lose. I’m not going anywhere in life, but, **fuck you!** I can actually enjoy myself riding a bike on jib. You know, after working a whole lot at school

and jobs and just being a fucking quitter, and then getting depressed. Trying to feel good on disability [social assistance]. Being a crackhead and then stopping. Trying to find a way in life. And then being able to dance and, you know, being able to enjoy yourself. Saying, “I’m happy. I’m just gonna be high and I don’t care.” Jib **helps**. It’s a crutch, right? You’re trying your hardest, you know, and you just don’t know how to fucking make it work. [Meth] helps to **make things work**. But you can take it too far. You start to feel like you’re just stretched out, you know, like a tire? I just hope I can manage it, because I don’t know what I’m going to do if I can’t manage this one.

Discussion

Over the course of the study period, youth drew on multiple “scripts” about meth, sometimes simultaneously. Notably, a focus on the broader experiential and experimental trajectories experienced by youth across their lives revealed that the “risks” inherent in meth use are only one part of the story, which need to be contextualized within the myriad of harms and desires bound up in life on, and off, the streets across time (Lorvick, Bourgois et al. 2012). In contrast to the kinds of “truths” and “facts” about meth espoused in the media and anti-meth advertising campaigns, we found that in many moments meth use may not be scripted as “risky” at all.

Consistent with previous work (Mayock 2002), our findings illustrate that among youth entrenched in Vancouver’s street-based drug scene, drug-related decision making often does not focus on the decision to take drugs or not, but rather on desirable versus undesirable forms of drug use – the definitions of which are continually being made and re-made in relation to complex intersections of individual, social and structural factors. At the macro level, our findings are consistent with a small but growing body of work (Jervis, Spicer et al. 2003; Brown 2010; Willging, Quintero et al. 2011) that highlights the complex intersections between illicit drug use and neoliberal projects, technologies and imaginaries. Neoliberalism valorizes the self-enterprising, self-determining individual, and, conversely, posits individual responsibility for various “failures” such as poverty, drug addiction and crime (Foucault 1997). In settings around the world, a turn towards neoliberalism in political economic practices and thinking since the 1970s has resulted in the withdrawal of the welfare state, and shifted the socioeconomic landscape in ways that exclude young people at the bottom of the socioeconomic ladder from “productive,” waged citizenship (Harvey 2005; Ong 2006). Simultaneously, however, this shifting social and economic landscape has generated powerful imaginaries and expectations around “normal” forms of belonging in cities like Vancouver – such as those bound up in having jobs and careers, a home and a car, leisure time and a family (Foucault 1997; Ong 2006). The youth who participated in this research are arguably part of a growing population who must navigate this gap between the real and the ideal, inclusion and exclusion, and find ways to “make things work” in the social, spatial and economic margins (Gowan 2000; Comaroff and Comaroff 2005). At the micro level, the experiential and behavioral effects of meth use (e.g., relief from boredom and depression, the ability to “get going” and “get things done”) may give youth a sense that they can do just that; in the context of various exclusions, meth can be a means of “self-

engineering” and achieving a sense of social spatial mobility – albeit oftentimes via illegal means of income generation (Foucault 1997; Ong 2006).

Particularly as time passed, the idea that meth was helping to “make things work” or “holding them together” could become entirely contradictory to a lived reality in which escalating meth use was a factor in further excluding youth from the kinds of futures they imagined for themselves in Vancouver. Ultimately, the transition to meth may only exacerbate the social suffering (Kleinman, Das et al. 1997) experienced by youth on the streets. The criminalization of meth users entrenches youth in cycles of exclusion, substance use, crime and incarceration (pointing, perhaps, to the potential of decriminalization to mediate some of the harmful effects of meth use; Garriott 2013). A number of youth made a connection between escalating meth use and violent crime (particularly, but not exclusively, among young men). However, our results should not be interpreted to imply some kind of linear connection between meth use and violent behavior. Bourgois and others (2004;2009) have illustrated how the concepts of everyday (Scheper-Hughes 1992), structural (Farmer, Connors et al. 1996), and symbolic violence (Bourdieu 2001) can help us to link violent behavior that is commonly associated with drug use, psychopathology or immorality (e.g., violent robbery) with wider power relations and the pragmatic realities of street life. Violence among youth in settings like Vancouver’s street-based drug scene needs to be connected to the symbolic violence of embodied marginality and exclusion. It also needs to be connected to the structural violence of neoliberal political economic reforms, which lead to increased joblessness for youth who lack the human, cultural and symbolic capital needed to compete in local employment markets while at the same time generating powerful material desires that are often detached from young people’s previous experiences (of growing up poor, for example). In such contexts, violence can become a common sense way for asserting hierarchies of prestige and belonging – and it would seem that violence and meth use can intersect to reinforce a sense of invincibility – among youth who experience powerlessness when it comes to accessing and navigating mainstream opportunity structures like schools and workplaces (Bourgois 1996).

At the meso-level, a lack of innovative drug treatment programs for stimulant use and accessible mental health services perhaps contribute to a sense that meth is the best or even an inevitable choice among some youth. Behavioral interventions, in the form of either outpatient or inpatient treatment programs, are the current standard of treatment for meth use globally. However, even in those settings where treatment exists, drop out rates in these programs can be as high as 75% (Colfax and Shoptaw 2005). In our setting, even low-threshold treatment programs and mental health services can be perceived by youth to be incongruent with their everyday lived experiences and priorities on the streets. For example, resolving complex mental health issues often requires a commitment to psychiatric evaluation and ongoing counseling – appointments which we observed can be difficult to balance with the instability and mobility that characterizes street life among youth. In our setting, youth move in and out of Vancouver’s downtown core (where the majority of services are located) sometimes several times a day, in order to buy and sell drugs, shoplift at the large malls found in Vancouver’s suburbs, track down drug debts, or avoid being tracked down to pay off a debt. In order to address meth use among youth in our setting and others where similar problems exist, interventions which address certain immediate needs

and stabilize young people's lives more generally (e.g., the development of youth-focused employment programs) are arguably as important as expanding the number of drug treatment programs and mental health services available to local youth (Richardson, Sherman et al. 2012).

Young people in Vancouver do have considerable access to detox beds and mental health care. In fact, in our setting and others there have been ongoing concerns about the social control of people with substance use and mental health issues via aggressive institutionalization and medicalization (Bourgois 2000; Friedman and Alicea 2001). We observed that, regardless of access, many youth remained adamant that "getting off" heroin and/or crack and dealing with mental health issues are things best accomplished individually, without professional help. This is partly the result of negative experiences with various forms of institutionalization stretching back into their childhoods. Indeed, we would argue that in order to meaningfully address meth use among some populations of youth, interventions must address systemic issues of exclusion and alienation from mainstream opportunity structures across the lifecourse. Our previous work (Fast, Small et al. 2009) has documented how childhood experiences of social, spatial and economic marginality can interact to shape youth's initiation into street-based drug scenes – a moment we believe can be particularly critical to youth's subsequent transitions into increasingly harmful forms of drug use like meth. Youth's initiation into the street-based drug scene in Vancouver often implicates a number of other, preceding critical moments (e.g., disconnection from school, exclusion from community programs such as sports teams, negative experiences with health care professionals) where the potential for meaningful intervention is perhaps greatest (Toumbourou, Stockwell et al. 2007). This study adds to this argument by illustrating that these moments can powerfully shape not only youth's initiation into street-based drug scenes, but also how the "choice" to use meth is understood and experienced by youth once they are drug scene entrenched (Fast, Small et al. 2010). For example, these previous experiences contribute to the perception among some youth that meth is a viable alternative to professional mental health and drug treatment programs (which "don't work" for people like them), or the only thing that will allow them to continue "functioning" in their present situation.

The present study has several limitations that warrant acknowledgement. Our findings are based upon interviews and fieldwork conducted with local youth participating in the current study. While we believe that the findings of the present study are to an extent generalizable and have important implications for other drug use settings, we also stress the highly emplaced and shifting nature of youth's understandings and experiences of drug use over time. Moreover, while an effort was made to ensure that the study sample reflects the demographics of the local youth drug-using population, it became clear over the course of the research process that our sample is more representative of "higher risk" youth in Vancouver – i.e., those who have experienced multiple forms of exclusion across their lives. It is notable that even our youngest participants (age 14) had relatively extensive experience with drug use at the time of their earliest interview, and that many participants indicated they had engaged in other forms of intensive illicit drug use before using meth. Further research is needed to examine the spectrum of drug use trajectories experienced by local youth, and to understand why some youth abstain from meth use despite involvement in the

local drug scene, while others feel virtually powerless to avoid harmful patterns of drug use. Finally, while we were cognizant of salient factors such as ethnicity, gender and sexual orientation during data collection and analyses, the complex intersections between these social positionings and meth use were not fully explored in our analysis, and represent important areas for future research.

In sum, this study has attempted to elucidate some of the multiple truths about meth use among one population of street-entrenched youth in Vancouver. We have described some of the social structural contexts that shape the scripting of meth use and drug use trajectories more broadly among youth in this setting. Such perspectives may help us to move beyond moralizing debates about how to best educate and “get through to” youth who use meth on a general level, and towards developing and advocating for interventions that are congruent with youth’s lived experiences and needs across the lifecourse.

Acknowledgments

The authors thank the study participants for their contribution to this research, as well as current and past researchers and staff. This study was supported by the Canadian Institutes of Health Research (MOP-81171) and the US National Institutes of Health (R01DA033147). Danya Fast is supported by Canadian Institutes of Health Research and Michael Smith Foundation for Health Research Postdoctoral Fellowships. Will Small is supported by a Michael Smith Foundation for Health Research Scholar Award. This research was undertaken, in part, thanks to funding from the Canada Research Chairs program through a Tier 1 Canada Research Chair in Inner City Medicine, which supports Dr. Evan Wood.

REFERENCES

- Boddiger D. "Metamphetamine use linked to rising HIV transmission." *The Lancet*. 2005; 365(9466): 1217–1218.
- Bourdieu, P. *Masculine domination*. California: Stanford University Press; 2001.
- Bourgois, P. *In Search of Respect: Selling Crack in El Barrio*. Cambridge: Cambridge University Press; 1996.
- Bourgois P. "Disciplining addictions: the bio-politics of methadone and heroin in the United States." *Culture, Medicine and Psychiatry*. 2000; 24(2):165–195.
- Bourgois P, Prince B, et al. "The Everyday Violence of Hepatitis C Among Young Women Who Inject Drugs in San Francisco." *Hum Organ*. 2004; 63(3):253–264. [PubMed: 16685288]
- Bourgois, P.; Schonberg, J. *Righteous dopefiend*. Berkeley: University of California Press; 2009.
- Boyd S, Carter CI. "Methamphetamine discourse: Media, law and policy." *Canadian Journal of Communication*. 2010; 35:219–237.
- Brown RA. "Crystal methamphetamine use among American Indian and White youth in Appalachia: Social context, masculinity, and desistance." *Addiction Research & Theory*. 2010; 18(3):250–269. [PubMed: 21637733]
- Bungay V. "Life with jib: A snapshot of street youth's use of crystal methamphetamine." *Addiction Research & Theory*. 2006; 14(3):235–251.
- Cheng WS, Garfein RS, et al. "Binge Use and Sex and Drug Use Behaviors among HIV(–), Heterosexual Methamphetamine Users in San Diego." *Substance Use & Misuse*. 2010; 45(1–2): 116–133. [PubMed: 20025442]
- Colfax G, Shoptaw S. "The methamphetamine epidemic: Implications for HIV prevention and treatment." *Current HIV/AIDS Reports*. 2005; 2(4):194–199. [PubMed: 16343378]
- Comaroff, J.; Comaroff, J. *Children & Youth in a Global Era*. In: Howanda, A.; De Boeck, P., editors. *Makers and Breakers: Children and Youth in Postcolonial Africa*. Oxford: James Currey Publishers; 2005. p. 19-30.

- Degenhardt L, Mathers B, et al. "Meth/amphetamine use and associated HIV: Implications for global policy and public health." *International Journal of Drug Policy*. 2010; 21(5):347–358. [PubMed: 20117923]
- Degenhardt L, Roxburgh A, et al. "The epidemiology of methamphetamine use and harm in Australia." *Drug & Alcohol Review*. 2008; 27(3):243–252. [PubMed: 18368605]
- Erceg-Hurn DM. "Drugs, money, and graphic ads: a critical review of the Montana Meth Project." *Prevention Science: The Official Journal Of The Society For Prevention Research*. 2008; 9(4): 256–263. [PubMed: 18686033]
- Fairbairn N, Kerr T, et al. "Increasing use and associated harms of crystal methamphetamine injection in a Canadian setting." *Drug and Alcohol Dependence*. 2007; 88(2–3):313–316. [PubMed: 17141427]
- Farmer, P.; Connors, M., et al. *Women, poverty and AIDS: sex, drugs and structural violence*. Monroe, Maine: Common Courage Press; 1996.
- Farrell, M.; Marsden, J. *Addiction*. Vol. 97. Wiley-Blackwell; 2002. Methamphetamine: drug use and psychoses becomes a major public health issue in the Asia Pacific region; p. 771
- Fast D, Shoveller J, et al. "Safety and danger in downtown Vancouver: Understandings of place among young people entrenched in an urban drug scene." *Health & Place*. 2009; 16(1):51–60. [PubMed: 19733496]
- Fast D, Small W, et al. "I guess my own fancy screwed me over': transitions in drug use and the context of choice among young people entrenched in an open drug scene." *BMC Public Health*. 2010; 10(1):126. [PubMed: 20222984]
- Fast D, Small W, et al. "Coming 'down here': Young people's reflections on becoming entrenched in a local drug scene." *Social Science & Medicine*. 2009; 69(8):1204–1210. [PubMed: 19700232]
- Foucault, M. *The Birth of Biopolitics*. In: Rabinow, P., editor. *Ethics: Subjectivity and Truth*. New York: Free Press; 1997.
- Friedman, J.; Alicea, M. *Surviving heroin: interviews with women in methadone clinics*. Gainesville: University of Florida Press; 2001.
- Garriott, W. "You can always tell who's using meth": Methamphetamine addiction and the semiotics of criminal difference. In: Raikhel, E.; Garriott, W., editors. *Addiction Trajectories*. Durham and London: Duke University Press; 2013. p. 213-237.
- Government of Canada. *National Anti-Drug Strategy: drugsnot4me*. Retrieved 6 January, 6, 2014, from <http://www.nationalantidrugstrategy.gc.ca/prevention/youth-jeunes/>
- Gowan, T. Excavating "globalization" from street level: homeless men recycle their pasts. In: Burawoy, M., editor. *Global Ethnography: forces, connections, and imaginations in a postmodern world*. Berkeley and Los Angeles: California University Press; 2000. p. 74-105.
- Green A, Halkitis P. "Crystal methamphetamine and sexual sociality in an urban gay subculture: an elective affinity." *Cult Health Sex*. 2006; 8:317–333. [PubMed: 16846941]
- Griffiths P, Mravcik V, et al. "Quite a lot of smoke but very limited fire: the use of methamphetamine in Europe." *Drug and Alcohol Review*. 2008; 27(3):236–242. [PubMed: 18368604]
- Harocopos A. "New injectors and the social context of injection initiation." *International Journal of Drug Policy*. 2009; 20(4):317–323. [PubMed: 18790623]
- Harvey, D. *A Brief History of Neoliberalism*. New York: Oxford University Press; 2005.
- Jervis LL, Spicer P, et al. "Boredom, "Trouble," and the Realities of Postcolonial Reservation Life." *Ethos*. 2003; 31(1):38–58.
- Kapp C. "Crystal meth boom adds to South Africa's health challenges." *The Lancet*. 2008; 371(9608): 193–194.
- Kleinman, A.; Das, V., et al. *Social Suffering*. Berkeley: University of California Press; 1997.
- Kurtz SP. "Post-circuit blues: motivations and consequences of crystal meth use among gay men in Miami." *AIDS and Behavior*. 2005; 9(1):63–72. [PubMed: 15812614]
- Linnemann T. "Mad Men, Meth Moms, Moral Panic: Gendering Meth Crimes in the Midwest." *Critical Criminology*. 2010; 18(2):95–110.
- Lopez V, Jurik N, et al. "Gender, Sexuality, Power and Drug Acquisition Strategies Among Adolescent Girls Who Use Meth." *Feminist Criminology*. 2009; 4(3):226–251.

- Lorvick J, Bourgois P, et al. "Sexual pleasure and sexual risk among women who use methamphetamine: A mixed methods study.". *International Journal of Drug Policy*. 2012; 23(5): 385–392. [PubMed: 22954501]
- Lorvick J, Martinez A, et al. "Sexual and injection risk among women who inject methamphetamine in San Francisco.". *J Urban Health*. 2006; 83(3):497–505. [PubMed: 16739050]
- MacDonald R, Marsh J. "Crossing the Rubicon: youth transitions, poverty, drugs and social exclusion.". *International Journal of Drug Policy*. 2002; 13(1):27–38.
- Macdonald R, Marsh J. "Missing School: Educational Engagement, Youth Transitions, and Social Exclusion.". *Youth Society*. 2004; 36(2):143–162.
- Marshall B, Wood E, et al. "Pathways to HIV risk and vulnerability among lesbian, gay, bisexual, and transgendered methamphetamine users: a multi-cohort gender-based analysis.". *BMC Public Health*. 2011; 11(1):20. [PubMed: 21214930]
- Mayock P. "Drug Pathways, Transitions and Decisions: The Experiences of Young People in an Inner-City Dublin Community.". *Contemporary drug problems*. 2002; 29:117–156.
- Mayock P. "Scripting risk: Young people and the construction of drug journeys.". *Drugs: education, prevention and policy*. 2005; 12(5):349–368.
- Miller CL, Kerr T, et al. "Methamphetamine Injection Independently Predicts Hepatitis C Infection Among Street-Involved Youth in a Canadian Setting.". *Journal of Adolescent Health*. 2009; 44(3): 302–304. [PubMed: 19237118]
- Milloy M-J, Kerr T, et al. "Methamphetamine use and rates of incarceration among street-involved youth in a Canadian setting: a cross-sectional analysis.". *Substance Abuse Treatment, Prevention, and Policy*. 2009; 4(1):17.
- Miura H, Fujiki M, et al. "Prevalence and profile of methamphetamine users in adolescents at a juvenile classification home.". *Psychiatry Clin Neurosci*. 2006; 60(3):352–357. [PubMed: 16732753]
- Montana Meth Project. "Montana Meth Project.". Retrieved. Jan 4. 2014 from <http://montana.methproject.org/index.php>.
- Ong, A. *Neoliberalism as Exception: Mutations in Citizenship and Sovereignty*. London: Duke University Press; 2006.
- Raikhel, E.; Garriott, W. Introduction: Tracing New Paths in the Anthropology of Addiction. In: Raikhel, E.; Garriott, W., editors. *Addiction Trajectories*. Durham and London: Duke University Press; 2013. p. 8-56.
- Rhodes T. "The 'risk environment': a framework for understanding and reducing drug-related harm.". *International Journal of Drug Policy*. 2002; 13(2):85–94.
- Richardson L, Sherman SG, et al. "Employment amongst people who use drugs: A new arena for research and intervention?". *Int J Drug Policy*. 2012; 23(1):3–5. [PubMed: 21996164]
- Russell K, Dryden D, et al. "Risk factors for methamphetamine use in youth: a systematic review.". *BMC Pediatrics*. 2008; 8(1):48. [PubMed: 18957076]
- Sattah M, Supawitkul S, et al. "Prevalence of and risk factors for methamphetamine use in Northern Thai youth: results of an audio-computer-assisted self-interviewing survey with urine testing.". *Addiction*. 2002; 97(7):801–808. [PubMed: 12133118]
- Saul D. "Western Canadian Summit on methamphetamine: bringing together practitioners, policy makers and researchers: consensus panel report". 2005:1–48.
- Scheper-Hughes, N. *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley: University of California Press; 1992.
- Shannon K, Strathdee S, et al. "Crystal methamphetamine use among female street-based sex workers: Moving beyond individual-focused interventions.". *Drug and Alcohol Dependence*. 2011; 113(1): 76–81. [PubMed: 20810223]
- Sheridan J, Butler R, et al. "Initiation into Methamphetamine Use: Qualitative Findings from an Exploration of First Time Use Among a Group of New Zealand Users.". *Journal of Psychoactive Drugs*. 2009; 41(1):11–17. [PubMed: 19455905]
- Toumbourou JW, Stockwell T, et al. "Interventions to reduce harm associated with adolescent substance use.". *The Lancet*. 2007; 369(9570):1391–1401.

- Urbina A, Jones K. "Crystal Methamphetamine, Its Analogues, and HIV Infection: Medical and Psychiatric Aspects of a New Epidemic.". *Clinical Infectious Diseases*. 2004; 38(6):890–894. [PubMed: 14999636]
- Vlahov D. "Updating the infection risk reduction hierarchy: Preventing transition into injection.". *Journal of Urban Health*. 2004; 81(1):14–19. [PubMed: 15047779]
- Werb D, Kerr T, et al. "Nonfatal Overdose Among a Cohort of Street-Involved Youth.". *Journal of Adolescent Health*. 2008; 42(3):303–306. [PubMed: 18295139]
- Werb D, Kerr T, et al. "Methamphetamine use and malnutrition among street-involved youth.". *Harm Reduction Journal*. 2010; 7(1):5. [PubMed: 20210992]
- Westhaver R. "A Kind of Sorting Out": Crystal Methamphetamine, Gay Men, and Health Promotion.". *Science, Technology & Human Values*. 2011; 36(2):160–189.
- Willging CE, Quintero GA, et al. "Hitting the Wall: Youth Perspectives on Boredom, Trouble, and Drug Use Dynamics in Rural New Mexico.". *Youth & Society*. 2011
- Wood E, Stoltz JA, et al. "Evaluating methamphetamine use and risks of injection initiation among street youth: the ARYS study.". *Harm Reduct J*. 2006; 3:18. [PubMed: 16723029]
- Wood E, Stoltz JA, et al. "Circumstances of first crystal methamphetamine use and initiation of injection drug use among high-risk youth.". *Drug Alcohol Rev*. 2008; 27(3):270–276. [PubMed: 18368608]
- Yen C. "Relationship between methamphetamine use and risky sexual behavior in adolescents.". *Kaohsiung J Med Sci*. 2004; 20(4):160–165. [PubMed: 15191217]
- Yen C, Chong M. "Comorbid psychiatric disorders, sex, and methamphetamine use in adolescents: a case-control study.". *Compr Psychiatry*. 2006; 47(3):215–220. [PubMed: 16635651]
- Yen C, Yang Y, et al. "Correlates of methamphetamine use for Taiwanese adolescents.". *Psychiatry Clin Neurosci*. 2006; 60(2):160–167. [PubMed: 16594939]

Research highlights

- Among youth in our study, the “truth” about meth could be multiple
- Understandings of meth exist in relation to other forms of drug use on the streets
- Overlapping social structural factors could make meth seem like the best “choice”
- Meth use could further exclude youth, but this did not always lead them to quit
- Interventions that fit with youth’s experiences across the lifecourse are needed

Table 1

Data collection process

	Wave 1: in-depth interviews	Wave 2: in-depth interviews	Wave 3: ethnographic fieldwork
Dates	January 2008 – June 2008	July 2009 – April 2010	January 2011 – December 2012
Recruitment process	Facilitated by a youth research assistant	Facilitated by the staff at the ARYS research office, and Fast's ongoing relationships with local youth	Facilitated by Fast's ongoing relationships with local youth
Number of research participants	39 (18 men and 21 women ¹)	28 (20 men and 8 women)	25 (11 of whom had first been interviewed in 2008, and 6 of whom had been interviewed in 2009)
Age range of research participants at time of interview	16 – 26 (median age = 22)	14 – 25 (median age = 21)	20 – 30 years of age (median age = 26)
Ethnicity of research participants	65% Caucasian, 25% of Aboriginal ancestry, 10% African Canadian ²	72% Caucasian, 25% of Aboriginal ancestry, 3% African Canadian	67% Caucasian, 25% of Aboriginal ancestry, 8% African Canadian
Number of follow-up in-depth interviews	None	12 (8 men and 4 women)	Fast had contact with research participants on at least a monthly basis
Primary research location	The ARYS research office in the Downtown South ³	The ARYS research office in the Downtown South	The places where youth were living, socializing and working

¹Gender was self-identified by participants.

²Ethnicity was self-identified by participants.

³Youth enrolled in the ARYS cohort study frequent our office twice a year to complete an interviewer-administered questionnaire and provide a blood sample; many also drop in regularly to use the phone, watch TV, drink coffee and pick up donated clothing, toiletries and snacks.