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“We’re Supposed to Be Asleep?” Vigilance, Paranoia, and the Alert Methamphetamine User

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Abstract

The stimulant “benefits” of amphetamine and its derivative, methamphetamine, have endured since the drugs first became popular nearly a century ago. The concepts of increasing energy for functional purposes related to work and productivity have been well studied. However, the broader idea of increased alertness, and what this means in the lives of users, has not yet been sufficiently examined. This article draws from ongoing research with active methamphetamine users to explore the perceived benefits, drawbacks, and meanings of remaining alert—awake and vigilant—while most of the world sleeps. The experiences of several users are situated in the contexts of sociostructural and mental health issues that shape cycles of use and meanings of addiction.

Keywords

amphetamine; vigilance; paranoia; homelessness; North America

The central nervous system (CNS) stimulant, amphetamine, and its potent derivative, methamphetamine, first came into common use in the 1930s. During the next several decades, amphetamine and its derivatives were used to treat medical and psychiatric disorders, prescribed to soldiers looking for extra energy and focus, and funneled into illicit markets for both recreational and “functional” users. These mixed roles have led the US federal government to classify methamphetamine, amphetamine, and many amphetamine-type substances as Schedule II in recognition of their significant potential for addiction and an accepted medical use (Rasmussen 2008; Grinspoon and Hedblom 1975). Illicitly produced methamphetamine (meth) has been identified as a significant and persistent public health threat for the past 20 years (Goode 2008), although the number of past year and past month meth users has declined since the mid-2000s. Nonetheless, meth use and manufacture remain law enforcement and public health priorities in many communities, including many of the small urban and rural areas that are scattered along Northern Colorado’s Front Range (County CoL. 2011).

THE STIMULANT “BENEFITS” OF (METH) AMPHETAMINE

As CNS stimulants, amphetamine drugs lead to increased heart rate, sleeplessness, constricted blood vessels, decreased appetite, and increased alertness (Goode 2008;

Rasmussen 2008). These properties have led to the use of amphetamine drugs for psychiatric and medical disorders such as the treatment of attention deficit disorder, depression, narcolepsy, and obesity (Rasmussen 2008). The drugs' stimulant qualities also make them appealing for a variety of illicit and off-label purposes: late-night studying (McCabe et al. 2005; Quintero and Nichter 2011), increased work hours and productivity (Appel 2008; Crampton et al. 2008), weight loss (Brecht et al. 2004; Joe 1995), housework/child care (Dluzen and Liu 2008; Joe 1995), and recreation, including to enhance sexual and social experiences (Sherman et al. 2008; Dluzen and Liu 2008) and to achieve a euphoric high (Brecht et al. 2004).

While, as evidenced above, the stimulant properties of (meth)amphetamine make the drug appealing to a diverse group of people for a variety of reasons, it is its role in increasing "alertness" that is almost ubiquitously cited as a benefit of or motivation for use. As such, researchers have paid considerable attention over the years to this aspect of (meth)amphetamine, exploring its prescription for the treatment of sleep and energy "disorders" and its use among combat soldiers who require the energy and attention span to carry out long, tedious missions; some have gone so far as to suggest that the alertness provided by (meth)amphetamine improves performance on certain tasks simply because it makes them more enjoyable (Grinspoon and Hedblom 1975; Rasmussen 2008).

While a great number of active meth users are polydrug users, many are drawn to the drug specifically for its unique and long-lasting stimulant qualities (Lende et al. 2007; Brecht et al. 2004; Chouvy and Meissonnier 2004). Still, there have been few studies to explore the general concept of "alertness" among meth users and how this idea of being "alert" may be seen as an important, even functional, benefit of the drug. In the following pages, I draw on data from 19 months of ongoing qualitative and ethnographic research with active meth users in Northern Colorado to explore what it means to be "alert" and some important meaning(s) of the alertness meth provides in the lives of users. In this ongoing research, users have linked alertness with survival in relation to the concept of "hyperawareness" or "hypervigilance."

METHODS

In May of 2011, I began conducting qualitative ethnographic interviews with women who were active meth users in Fort Collins, CO. The nine-plus months of interviews and informal meetings with these initial eight women led to a deeper ethnographic engagement with active meth users in the same field site. Beginning in May of 2012, I extended the ethnographic interviews to include men and began carrying out regular meetings, informal interviews, and participant-observation with a subset of participants. At the time of writing, the ongoing ethnographic project had approximately 30 participants, nine of whom I worked with on a regular basis. Those who were involved in multiple interviews and participant-observation were chosen for a number of reasons, including their respective strengths as key informants (e.g., a tendency to critically reflect upon their situations and those of others) (Tremblay 1957), their central position in a meth use or acquisition network, and their willingness and ability (e.g., they avoided incarceration) to participate.

Interviews consisted of a series of life story narratives (Reissman 1993) covering topics of life and drug use histories, day-to-day survival and experience, family and network relationships, mental health, and interactions with social service and health-related institutions. Participant-observation sessions consisted of informal meetings with individuals in their homes or places they frequent, helping them run errands, and “tagging along” while they ran or copped drugs. Interviews averaged 90 minutes and participant-observation sessions lasted from two to several hours. The National Institutes of Health/ National Institute on Drug Abuse funded this research, and the University of Colorado Denver’s Institutional Review Board approved it.

Fort Collins is a medium-sized city in Larimer County, set in Northern Colorado’s Front Range. The Front Range is a strip of land running along the I-25 corridor, bordered by the Rocky Mountains to the west and agricultural plains to the east, providing a mixed small-urban/rural layout (United States Census Bureau 2010). In Larimer County, only 12% of the population is rural, although 95% of the land area is rural. Thus, while the rural population density of 14.1 people per square mile is dense compared to other parts of Colorado, people are much more spread out than in rural parts of the east coast (United States Census Bureau 2010). The geography and population distribution facilitates access to the agricultural land, chemical precursors, and isolation necessary for meth production (Sexton et al. 2006) as well as links to larger meth distribution networks, making the drug readily available from a variety of sources.

Fort Collins is a socioeconomically diverse city that serves as the social services hub for both Larimer and Weld counties, so while most of this research took place in Fort Collins itself, some participants lived or spent significant time elsewhere. Due to its relatively low crime rates, high quality of life, and proximity to an abundance of outdoor activities, Fort Collins was named one of America’s top 10 best small cities to live three times in the past decade (Money 2006, 2008, 2010). The city’s size, unique location, hip yet family-friendly reputation, and glossy exterior (the pedestrian mall that locals refer to as “old town” inspired Disneyland’s Main Street, USA [Iovine 1998]) provide a context that is distinct from that of many large urban centers and remote rural communities where much drug research takes place. Many of the issues that are central to the daily realities of the meth users who participated in this study—poverty, homelessness, mental health problems, and violent crime—go unnoticed by the general population, public relations, and media myths. However, the ways these individuals make sense of meth use and their experiences of “alertness” highlight a multitude of sociostructural challenges that characterize their daily existence.

FINDINGS: HYPERVIGILANCE, SURVIVAL, AND PARANOIA

Many of the participants in this study perceived both benefits and consequences of meth’s stimulating qualities. While they found the ability to stay awake, alert, and hypervigilant could be a great asset to their survival, they also struggled with the hallucinations, confusion, and paranoia that often resulted from persistent sleeplessness and enhanced sensory perceptions. While each recognized certain elements of this side of their hypervigilance to be problematic, they conceptualized the experience in a broader frame that

showed they both internalized and challenged the notion of “meth-induced psychosis.” Several participants recognized these benefits and consequences to be two sides of the same coin. One man, Charles,¹ described the alertness and hypervigilance induced by meth in literal and metaphorical terms that were echoed by many others and are relevant to each of these perspectives.

And I will tell you this, that when I use the meth... you hear and see things that you don't normally pay attention to and meth speeds up your body. Thus, if your frequencies are speeded up you're definitely gonna be aware of more things than you are [normally]. [Research Notes]

One of the most fundamental perceived benefits of the alertness resulting from meth use for the participants in this study was the ability to cope with a multiplicity of vulnerabilities directly tied to homelessness or housing insecurity. As such, I use these examples to illustrate the meanings of alertness and hypervigilance in this particular social and political-economic context. Many of these same individuals also talked about the disadvantages or more negative experiences associated with this alertness so I have presented these as well. The examples below are drawn from interviews and participant-observation with key informants for whom meth use and varying degrees of chronic and intermittent housing insecurity have been salient issues for several years. I present their varied but related experiences in ethnographic context, highlighting individuals' diverse and sometimes contradictory interpretations as well as the broader patterns their experiences and subjectivities represent.

Context: Homelessness in Northern Colorado

The term homelessness denotes a complex set of circumstances that can be most comprehensively defined as a state of housing insecurity that may indicate a complete lack of housing but more often refers to the need to stay in temporary (e.g., family/friends; inexpensive hotels; shelters) or insufficient (e.g., car) housing (Lawrence 1995; Hughes, 2012b; Gaber 1996). Throughout the U.S., including Colorado, the economic downturn has led to job insecurity and growth in poverty rates, resulting in a decrease in home ownership and a subsequent increase in the need for rentals since 2007 (Pearce 2011; USICH 2012). This chain of events has resulted in a widening gap between low-income renters and the availability of affordable, adequate housing (JCHSHU 2012).

Despite a public image based around the university, microbreweries, and outdoor activities, Fort Collins is not immune to the economic and social issues that plague the rest of the country. Here, the trailer parks, rental houses and apartments, low-income housing, and owner-occupied homes are largely interspersed. As a university town, the rental market is strong and is getting stronger, exacerbating the challenge of finding affordable rental housing for an individual or family (Ferrier 2013). Despite continued efforts of local government, religious, and nonprofit organizations, housing insecurity in the town and the surrounding county continues to increase (COMPASS LC 2011). Policies banning “camping” and closing parks overnight put individuals who are chronically or temporarily

¹For the sake of confidentiality, all interviewees have been given pseudonyms

homeless on the move (Hughes 2012a, 2012b). Consequently, housing situations for housing insecure individuals in Fort Collins and the surrounding towns more closely resemble the “invisible homelessness” that dominates rural areas (living with family members and friends; staying in shelters or cheap hotels/motels) (Cloke et al. 2001; Fitchen 1991) than the more visible on-the-streets life of many homeless in dense urban areas (cardboard boxes on the street; permanent or semi-permanent encampments) (Fitchen 1991).

Many of the individuals who have participated in this ongoing research are chronically or intermittently homeless. This means they are constantly on the move. When they are able, participants divide their nights between friends, family, and fellow users in their network. Often, however, they become embedded in networks where few individuals have homes of their own (or if they do, they are unwilling or unable to share). This sends them hustling by day in hopes of earning enough cash to share a hotel room or rushing to meet shelter curfews and registration deadlines. When funds are insufficient and shelters full or deemed undesirable (due to bed bugs, restrictions on substance use, etc.), many seek out a hidden place to camp (usually alone, sometimes with a partner).

This isolation, necessitated by the criminalization of homelessness in this context, fosters incredible social, emotional, and physical vulnerability. Individuals who find housing with friends or strangers may feel they are sacrificing freedom or compromising personal moral expectations of self-sufficiency; those who form a moral economy of survival (e.g., hustling, reciprocity) with other homeless or drug-using individuals further isolate themselves from the mainstream; and, those who camp risk being ticketed and forcibly removed from their temporary homes or robbed by others in their network. Increasingly, as winter sets in and nighttime temperatures drop well below freezing, some homeless individuals find themselves walking the streets to avoid freezing to death.

For these individuals, meth, and the state of alertness it affords, is sometimes seen as a key to survival. Meth use not only links users to one another, giving a person an excuse and the credibility to hang out overnight with other users, it gives them the ability to stay awake and aware throughout the night, whether to walk the streets in freezing weather or guard their personal belongings from strangers and acquaintances alike. The individuals described in the following pages acquire and pay for meth using a variety of means, including the following: hustling for cash; working as a drug “runner” or “server”; working under-the-table day labor; trading both goods (their own or stolen) and favors; and relying on a network of reciprocity among other users.

Dorothy and Charles: Meth and the Vulnerability of Housing Insecurity

Dorothy—Dorothy is an intermittently homeless meth user in her early 50s. Although she has been using meth for over 15 years and identifies as an addict, her addiction has usually been secondary to her housing insecurity. At times, she even relies on her status as a meth user to secure housing or at least a place to sleep for the night. For over a decade, before moving to Colorado, Dorothy was completely homeless; she did not have a car or access to funds for temporary housing. A host of mental health issues, coupled with her drug use, presented a barrier the few times she did seek temporary housing in a shelter. Sometimes she was able to share a roof with one in a series of abusive boyfriends, but often she slept under

bridges and in the woods. During this time, she used meth as a social currency that enabled her to secure (temporary) housing. She noted that, as a user, other users would deem her trustworthy. If she was able to make herself useful by fetching drugs or running other errands, she was doubly welcome.

A lot of my meth use when I first started was, gee, I suddenly became homeless and the way to find a bed to crash on is to get high with people. Here, I'll go buy a bag for you. I'll do the running. I'll take the changes. I'll come back, I'll get high. Oh, I'm sorry, I fell asleep... You know, they gave you a bed and a hot meal or... when you're homeless, it's how you put your feelers out, you know. It's how you couch-surf. [Research Notes: July 2011]

When we first met, Dorothy had recently acquired her own apartment for the first time in over a decade. However, approximately a year later, she was evicted for complaints about her numerous overnight guests. While she did have a home, Dorothy insisted on sharing her space with those who needed it. After her eviction, Dorothy was once again homeless for a period of several months, during which she skipped from house to house, yet again relying heavily on her relationships with other meth users for a place to stay.

Dorothy's precarious housing situation and subsequent dependence on other users is representative of many who participated in this study and is consistent with other research on homelessness and drug addiction (Bourgois and Schonberg 2009; Cloke et al. 2003; Gaber 1996). This dependence often places individuals in the vulnerable position of sharing a space with people who they do not trust or even know well. Thus far, several participants in this research have expressed concern over or struggled with fears that, while staying with others, the "tweakers" (slang term used to describe other meth users, often connoting that they engage in behavior the speaker views as scandalous or immoral) who come and go may steal their valued possessions.

For Dorothy, this concern often dominated our conversations, even with regard to those people she knew well. For example, she regularly complained to me about her changing living situation and the latest problems with her on-again-off-again boyfriend, Ronnie. After she was evicted from her own apartment, Dorothy moved in with and began working for Shannon, a friend and a "server." Because Shannon was a server, her home was a hub for individuals seeking drugs (not just meth), company, and a place to stay. She constantly had runners (who sold the drugs on the street or to regular customers), buyers, temporary housemates, and friends coming and going, resulting in considerable chaos and very limited security with regard to one's privacy, possessions, and, at times, safety.

The hours I spent in Shannon's apartment and in her company showed her to be at the center of a rather large network of meth users in town, and she was a generous person when in the position to be one. Ultimately, however, Dorothy found that the risks associated with the constant exposure to unknown people outweighed the benefits of staying with Shannon. So, she left Shannon's and moved in with one of her buyers, Burt, and her boyfriend, Ronnie, who is also a meth user. Ronnie and Dorothy rely heavily on one another for places to stay, but Ronnie is a notorious "booster" who has several "girlfriends" he can stay with on a given night. As such, his loyalty toward and respect for Dorothy is questionable, especially

when she talks about his growing willingness to steal from her. Burt is, according to Dorothy, a “busybody” who is not only too interested in her business but too quick to share it with others. Thus, although Dorothy left Shannon’s because of the insecurity she viewed as the result of transience and chaos, this decision ultimately made her more dependent on Ronnie and other, less known, perhaps less trustworthy, members of the network. In addition, it may have made her more vulnerable.

And every time I go to bed, something, I go to sleep one night, my pipe’s been cleaned. Not Ronnie, not him, not her, nobody did that, battery charger and all ten packages of all rechargeable batteries, only \$13 each, are gone... I cannot go to sleep without something disappearing. The problem is, half the time it’s Ronnie and half the time it’s him [Burt]. But they all say it, because he’ll sit there and he’ll say “Hey, did you know you have this?” I know I had that, why are you opening up my stuff? Just leave it on the table. And then he’ll say, “Oh, last time I saw it it was on the table” then two hours later “Oh I found this in my room, I forgot.” I’d set it aside so nobody would take it. Why in the fuck are you taking it? Stop moving my stuff! [Research Notes: October 2012]

In the above passage, Dorothy described a situation in which she believed staying awake was the only way to protect her things. She was wary, not only of her housemate but of her own boyfriend, and as such felt she must always be on alert. Although she is naturally a night person, she found that meth—the very drug that defines much of the network with which she is struggling—was her primary solution.

Charles—Charles was in his early 50s and had been living in Fort Collins for over a decade. On several occasions, he told me that he originally moved here to escape his family, to get high, and to die. In the past decade, these plans have changed as he has been through a tumultuous series of ups and downs, experiencing great financial successes and, more recently, extreme financial losses leading to poverty and increasingly chronic homelessness. Charles considered himself an addict, sporadically attending 12-step groups such as Narcotics Anonymous and enthusiastically shared his attempts to “do something” positive or “accomplish something.” Having clearly adopted a discourse promoting abstinence as the only option, he did not believe success would be possible if he continued to use meth. However, Charles’ increasingly precarious housing situation solidified his reliance on reciprocal relationships with other drug users and chronically homeless individuals, offering him regular opportunities and justifications to increase his meth use despite a proclaimed desire to quit using.

Meth fit into Charles’ life in multiple ways. He reported some of the most common motivations for using (Brecht et al. 2004; Lende et al. 2007): he found that meth decreases his sexual inhibitions, something he has mixed feelings about; and he viewed the drug as a short-term remedy for the extreme fatigue that accompanies his periods of depression, giving him the energy to work when he would otherwise sleep for days on end. But he also talked at length about the drug’s role in making him not just awake but aware. He viewed this alertness as essential to daily survival, protecting him from physical and socioeconomic vulnerabilities.

Some folks, they enjoy the mental torture of being up for days and days and days and days and days, and I don't understand that part. I really don't. I use the excuse, and generally it's not an excuse. I say it is, but being out here living in the forest, to me, I'm vulnerable. If I go to sleep... I don't hear nothing. That means somebody can slip up on me, you know. [Research Notes: June 2012]

As meth increased Charles' ability to be not only awake, but aware, he sometimes saw it as a benefit, enabling him to be "on guard" in a variety of circumstances pertaining to his homelessness. In particular, because Charles rarely opted to sleep in a shelter, he often found himself sleeping outside at night. On these occasions, he was vulnerable in many ways. First, his limited hearing rendered him especially vulnerable to any dangers associated with sleeping outside. Second, local camping bans exacerbated the need to camp alone or with only one other person. This increased the risk of being discovered by authorities who would ticket him and most likely make him evacuate his campsite, and left him the sole party playing the role of "lookout." Third, if others in his network knew where he would be sleeping on a given night, he worried they might steal his belongings. To prevent these problems, Charles preferred to stay awake throughout the night whenever possible, saying meth helped him "to be secure in [his] surroundings." As a result, because he does not like staying up for days on end, he sometimes snapped during the day. In the passage below, Charles discussed this perceived need to be awake and aware, recounting events from recent days. Just prior to the night he discusses below, somebody had stolen his backpack, which contained many important and difficult to replace items. This event ultimately cost him not only his belongings but sleep and a good deal of trust in several members of his social network as he struggled to adapt further to increase his sense of security and comfort.

Charles: I'm not gonna, I stopped hiding my [bicycle] trailer and property. I'm not gonna hide it. I can't, really don't want to carry so much, leave it right there in the open... Use of the meth for me is helping me stay awake at night when I'm really, habitually, taught to sleep at night.

Interviewer: Right. And you're wanting to stay awake at night just because you..

Charles: I have nowhere to sleep.

Interviewer: Because you can't sleep anywhere?

Charles: Right. I'm not gonna travel every day all the way out to I don't know, Wellington, or a better area to maybe find a place that I can sleep for two to three days or I don't even know whose property it is. At least if you're in town you know, hey I'm on the library property or the court's property or some city property. Out there, you know,...

Interviewer: Well who the hell knows, somebody could come out with a gun.

Charles: Kaboom.

Interviewer: Yea. So... What keeps you... no, go on.

Charles: *I use, since Thursday, I've gotten five hours sleep... I have two hours last night, two and a half hours, and I was woke up by a friend who was basically patrolling us, keeping us safe from law or anybody else. A city worker looked under the bridge and got on the phone, so we were up and gone within five minutes. I was walking, pushing that bike last night, on the very fringes of falling asleep. I had to lie down, I had to power nap it. I'm very hyper alert now especially since my backpack's missing. All the passwords for every one of my internet accounts is (sic) in my wallet. [Research Notes: August 2012]*

Losing his backpack several days prior had undermined Charles' already limited sense of trust and security in his network of heavy drug users and the chronically homeless. Not only did he lose the items he held valuable in the bag, he also suspected that someone close to him had stolen it or at least helped the thief. As such, his perceived need to be hyperaware grew and he found himself increasingly isolated at night. Camping with a friend or partner relieved some of the pressure to be on guard as the responsibility could be shared, but it did not eliminate his perceived need to stay awake and alert.

Help or Hindrance? When Hypervigilance Turns to Paranoia

Karen and Shannon: Vulnerability vs. Chaos—Shannon, the “server” discussed above, often provided temporary housing for friends and fellow users. She allowed them to sleep on her couches, in her bedroom, or on her fenced patio, and many stayed for months on end. Other non “residents” came and left at all hours of the night, often with little notice. Karen was one of Shannon's long-term guests and stayed with her for several months after getting out of prison. Due to her parole status and relationship struggles, Karen eventually moved out, but her insights offer a different perspective. A bright woman in her 40s, Karen was an astute observer of the comings and goings at Shannon's house, and was always ready to offer her own interpretation. She argued that Dorothy's (and others') perceived need for hyperawareness is a common interpretation of what is actually just the meth users' paranoia. She posited that meth use creates an unfounded anxiety or concern in many individuals that in turn leads them to believe they must stay awake to protect their belongings when, in reality, there is often little risk. In the following passage, she discusses Shannon as an example, arguing that Shannon's meth-fed paranoia has convinced her that she must stay awake and vigilant to guard her things, her dope, and her home when her drug use is actually causing her considerable confusion, even leading her to misplace things that she later mistakenly believes are being stolen.

Interviewer: What was that, why are there just so many people who just will fight it, they just don't wanna go to sleep. Are they afraid of missing out on something? Are they... what's going on with them?

Karen: *Yea, I don't know. I know some people are so paranoid that people are gonna go through their stuff or something's gonna happen while they're sleeping that's gonna hurt them in some way and I know, Shannon gets like that sometimes. She's so convinced people are in there going through her stuff. Honestly, I think that does happen to her from time to time, but she's more an uprooter of her own things than other people. I mean, you couldn't find an elephant if it was sitting on her bed for gods' sakes. [Research Notes: October 2012]*

There were many days and evenings I spent with Shannon when she had misplaced something of importance and wondered aloud if these items had been stolen. Unlike Dorothy, however, Shannon never told me that she finds the hyperawareness resulting from meth use helpful in watching over or keeping track of her belongings. Rather, similar to Karen's interpretation, she frequently complained that meth and other drug use contributed to her confusion about such things. Despite her dislike for the meth, however, she did view it as necessary to fulfill the requirements of her job as a "server"—to be available to customers 24 hours a day, seven days a week. Between her schedule and the chaos in her home, sleep is difficult to come by and meth helps her stay awake. Thus, in one moment, she displayed signs of paranoia while in another she recognized her own behaviors as resulting from the paranoia and discombobulation brought about by several days of meth use and lack of sleep.

Charles and Meghan: Psychosis or Enhancement?—Meghan, a warm woman in her 30s who had recently quit using meth, lived alone in a small apartment where she felt incredibly isolated and even frightened at times. Because of this isolation, she remained highly integrated with the homeless individuals she relied upon and considered her friends before entering treatment. However, she attempted to change her relationship with her meth-using friends, volunteering at a community center and routinely taking friends to Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) meetings.

In addition to a diagnosis of posttraumatic stress disorder resulting from watching her father beat her mother throughout her youth, Meghan was diagnosed with bipolar disorder and acute psychoses, and has struggled with a significant fear of death and persistent nightmares since childhood. Charles, described in previous pages, also suffered from complex mental health diagnoses and symptoms. Like many of the participants in this research, he was also diagnosed with paranoid schizophrenia and bipolar disorder and continued to deal with the consequences of severe emotional trauma from his youth. Although both Meghan and Charles experienced hallucinations, often when they had been awake for several days, they sometimes resisted diagnoses that labeled them "schizophrenic" or "psychotic" and explicitly pondered the role meth plays in these experiences.

Charles expressed the belief that his own symptoms of schizophrenia only emerged as a direct result of his meth use, as in the passage below. But he still did not readily accept the idea that these symptoms were hallucinations.

I mean I, I've truly gotten over, the only time I get paranoid schizophrenia is when I'm on meth, you know, I, it definitely, I truly believe that it excels our system, our biological system, and you are able to hear things that you don't normally pay attention to, you see things shadows that, shadow chasers and shadow people that, you see that all the time, you just don't make aware of it, and with the meth you see everything, you know? [Research Notes: June 2012]

Meghan spoke at length about her own experiences with meth-induced hallucinations and the notion of hypervigilance, pondering not just the sensory enhancement but also the hours meth users tend to be awake and their sometimes collective presentation.

Meghan: But at the same time, if my emotions, if I get anxiety or if I get real stressed out there's nothing the meds can do for it. I hear things and see things all the time that nobody else sees or hears. And that's the thing about hallucinations too that I don't think most people realize is that if you're awake together and you've got people that are high and awake and in the same vicinity, you will hallucinate the same things. Like and to me like is that a hallucination or is that just something that we're not supposed to see because we're supposed to be asleep?

Interviewer: Yea, you...

Meghan: Do you know what I mean?

Interviewer: Yea, totally.

Meghan: *I've seen more than one time where everybody in the room is like, do you see that, and everybody's like yea, and they all describe it and they all describe what they're hearing. And it's like, we all can't be wrong.* [Research Notes: August 2012]

Meghan shared several examples of the shared and persistent hallucinations she referred to as "shadow people." She sometimes felt she was seeing into a world or dimension that would be better left hidden. Thus, while she did sometimes feel protected by her shadow people, she often felt threatened or frightened by them.

Both Meghan and Charles considered the idea that meth did in fact induce unique sensory experiences, but they did not necessarily conceptualize these as symptoms of a psychotic state. Rather, they extended the idea that meth enhances vigilance and sensory perceptions, claiming that perhaps it simply makes users aware of things others do not see or provides insight into otherwise hidden worlds. These experiences and interpretations were echoed in discussions I have had with several others throughout this study. Terms such as "shadow people" come up regularly and often are consistent with Meghan's experiences in that they constitute a shared and mutually understood phenomenon among regular using partners.

DISCUSSION

Expanding "Functional" Use

As discussed in the previous pages, the perceived benefits of use cannot be isolated from the broader structural and mental health contexts in which they exist. The stimulant effects of amphetamine and its derivatives have primarily been examined in relation to "functional" and work-related use. There is substantial evidence from international contexts that the presence of capitalist economies, rapid economic growth, significant wealth disparities, and insufficient wages that require individuals to work multiple jobs all contribute to a sociocultural environment that (unintentionally) promotes the "functional" use of meth and other, similar, drugs (Pine 2007; Lyttleton 2004). Laborers use the drug(s) to extend their work hours and increase their productivity, sometimes under pressure to use from supervisors and managers (Appel 2008; Crampton et al. 2008); a culture of globalization and consumerism encroaches upon traditional culture in much of Southeast Asia, encouraging both a demand for increased productivity and a sought symbolic identification with wealthy

“Westerners” (Chouvy and Meissonnier 2004; Lyttleton 2004); the multitude of social and economic competition and obligations push workers, students, and housewives to take (meth)amphetamine in an effort to keep up, get ahead, or maintain a “balanced” life (Pine 2007; Garriott 2011; Boeri 2013).

Despite the abundance of empirical evidence suggesting individuals use meth for this variety of functional purposes, functional use remains underexplored and has often been defined according to relatively limited and vague criteria. In what is to date the most in-depth and deliberate examination of functional meth use, this type of use was defined as enhancing function, increasing productivity, and permitting normal functioning (Lende et al. 2007). Lende et al.’s (2007) work demonstrates that the enhanced functioning and increased productivity motivations for meth use extend beyond professional needs and are applicable to a variety of activities.

The above data begin to extend these motivations, exploring the meaning and particular function of “alertness” within the particular context of vulnerability. The increased alertness that is a key outcome of meth use is exploited by users to avoid sleep and to remain vigilant while doing so. These explanations are similar to those expressed in relation to increasing work and military-related productivity, but they apply in the very distinct contexts of individuals’ histories of trauma and abuse, and current need to cope with the instability of intermittent and chronic homelessness. Staying awake and vigilant enables individuals to stay “on guard” to watch over their belongings or avoid detection by authorities and other users. While this particular type of functional benefit does not appear to be a primary motivation for the participants in this study, it was explicitly recognized as an important benefit and fed into a cycle of continued use that facilitated daily coping and survival. However, many individuals also recognize that the very qualities of meth that offer these alertness benefits have drawbacks, especially with regard to paranoia.

Walking the Line Between Alertness and Paranoia

Meth and the sleeplessness and increased vigilance that result from its use are commonly known to lead to varying degrees of paranoia. In its most extreme state, this paranoia may present as a form of psychosis and is a commonly acknowledged sign and symptom of long-term, heavy meth use (Goode 2008). Popular entertainment media have even capitalized on this phenomenon, routinizing the most extreme cases and parodying associated behaviors (Åkerlund 2003; Gilligan 2008–2010). For example, in the independent film, *Spun*, a meth dealer/user epitomizes stereotypical meth-driven paranoia: all of the curtains in his home are drawn and when people come to his door, he agitatedly checks and rechecks their names while repeatedly verifying their identities through the peephole before deciding whether to permit entry (Åkerlund 2003). While this portrayal is arguably hyperbolic in nature, it may also be a fair representation of extreme cases. Thus, there is most certainly a downside to the perceived benefits of meth’s stimulant qualities; the very ability of meth to increase alertness and promote sleeplessness that provides users with a tool for coping with vulnerabilities or excelling in a productivity-defined society may also lead to visual and auditory hallucinations and an elevated sense that one is being watched. While users themselves did

not always interpret these enhanced sensory experiences as negative, they do contribute to mental health diagnoses that may prove problematic or limiting.

CONCLUSION

In this article, I have considered the role of methamphetamine in increasing alertness specifically in relation to the enhancement of awareness and vigilance. Ethnography and in-depth interviews have provided considerable insights into the benefits and drawbacks of this specific stimulant quality in context. While these findings are based on emerging evidence from an ongoing study and so are not generalizable, they highlight areas for future examination and reinforce the necessity of addressing the experience and meaning of drug use in context. The subjective perception of alertness as facilitating survival and coping with vulnerabilities, while not necessarily a major motivator for initiation of meth use, helps maintain the cycle of abuse and addiction. The intersection of hypervigilance, survival, and paranoia among meth users provides a novel direction in need of further exploration, as it highlights sociostructural issues from economic and housing insecurity to mental health that render many individuals who use meth uniquely vulnerable and isolated.

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