

Applying Lessons Learned to the “New” Methamphetamine Crisis

Catching Up With COSSAP, February 2022

This article highlights lessons learned from well-established stimulant treatment programs for individuals in contact with the criminal justice system.

Methamphetamine use is placing new demands on state and local criminal justice professionals, often in jurisdictions where this crisis is more far-reaching than the devastation wrought by opioids. The number of overdose fatalities in the United States involving methamphetamine and other psychostimulants (excluding cocaine) nearly tripled between 2015 and 2019.¹ Provisional data from December 2021 indicates that methamphetamine is now involved in at least one in every four drug overdose deaths—a 48 percent increase over 12 months.²

This alarming uptick represents another chapter in the longstanding struggle with this pervasive drug. Against this backdrop, criminal justice professionals with extensive experience in effective methamphetamine initiatives are prepared to apply what they have learned to this unfolding tragedy.

Scope of the Problem

Methamphetamine is one of the most commonly misused drugs worldwide, second only to cannabis.³ Clandestine methamphetamine laboratories proliferated throughout the United States during the 1990s, often in isolated rural areas.⁴ As methamphetamine use reached peak levels, laws were passed restricting sales of chemicals used to produce it.⁵ By the time the U.S. Congress passed the Combat Methamphetamine Epidemic Act of 2005, approximately 40 percent of state and local law enforcement agencies considered methamphetamine the greatest drug threat in their respective jurisdictions.⁶ Stimulants remained the most commonly used substances (excluding alcohol and cannabis) among individuals in state and federal prison, as well as those in jail post-conviction, before the rise of opioid use.⁷

Rates of methamphetamine use decreased and stabilized until 2012, but current usage rates are higher than in prior

peak years, estimated at 6.6 percent among the adult population.⁸ American Indians and Alaska Natives have the highest rates of methamphetamine use, but rates of methamphetamine use disorder (MUD) are growing fastest among Black Americans, increasing more than tenfold between 2015 and 2019.⁹ Since both groups are overrepresented among incarcerated populations, interventions and programs within the justice system offer an important opportunity to increase access to treatment and recovery for underserved groups. Moreover, women who use methamphetamine may be more prone to problem drug use than men for a variety of reasons—including faster reaction times—reinforcing the need for gender-responsive approaches.¹⁰

The number of domestic methamphetamine labs is at a 15-year low, but nearly all methamphetamine in this country is manufactured in “super labs” in Mexico with chemical precursors from China and India that make it much more potent than “homemade” methamphetamine.¹¹ The U.S. Drug Enforcement Administration reports purity rates of methamphetamine at over 95 percent.¹² Higher purity and longer-term use of methamphetamine, as well as its contamination with fentanyl and other synthetic opioids, are contributing to the record-high overdose deaths for a single year projected by the Centers for Disease Control and Prevention in November 2021.¹³

Heightened interest in finding effective criminal justice responses to methamphetamine use is also motivated by the decrease in age of initiation to drug use, with methamphetamine use now becoming prevalent among the 18-to-25-year-old age group.¹⁴ Predisposing factors and consequences of use tend to parallel certain criminogenic traits, such as impulsivity and a tendency toward physical aggression (traits already common among young offenders).¹⁵ Fortunately, there are experienced state and local justice systems with effective programs for promoting recovery for people with MUD while securing public safety.

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“Beyond its devastating effects on individual health, methamphetamine misuse threatens whole communities, causing new waves of crime, unemployment, child neglect or abuse, and other social ills.”

National Institute on Drug Abuse, August 2021, “Overview,” *Methamphetamine Research Report*, retrieved December 15, 2021 from <https://www.drugabuse.gov/publications/research-reports/methamphetamine/overview>.¹⁶

Montana: Effective Policy and Programming

Few states were hit harder by the “first meth crisis” than Montana, prompting the state legislature to take decisive action to meet the need for long-term treatment among men and women with MUD charged with related offenses. The resulting law established, in 2007, two single-gender programs for individuals under the purview of the Department of Corrections.

- The 50-bed [Elkhorn Treatment Center](#) is for women with methamphetamine (or other stimulant) use disorder or with any substance use disorder and a treatable co-occurring mental illness.
- The 86-bed [NEXUS Methamphetamine Treatment Center](#) is for men who have been convicted of a second or subsequent methamphetamine possession or a first methamphetamine lab



Residents at the Elkhorn Treatment Center, a residential behavioral health center in Jefferson County, Montana.

construction. Upon approval by the Department of Corrections, other men in contact with the criminal justice system who have any stimulant disorder or co-occurring disorders may also be screened for the program.

Individuals approved for the programs are mandated to one of these facilities for 9 months of intensive treatment before they move on to prerelease planning and preparation. Program length was determined by available research that suggested that impaired verbal learning can last at least 6 months due to changes in the brain caused by chronic methamphetamine use.¹⁷

Both facilities offer a menu of evidence-based practices and programs, such as cognitive behavioral therapy (CBT), motivational enhancement therapy, and gender-responsive approaches (e.g., trauma-informed care, victim impact, emotional regulation). Programming is tailored to the extensively assessed needs of the individual, with assessments readministered at 6 months to monitor progress and at discharge to help craft prerelease programming.

Both male and female program participants typically have low levels of education and inconsistent employment histories, methamphetamine as the drug of choice, prolonged use of multiple drugs, and apparent brain impacts of substances (e.g., impaired verbal learning). Women have high rates of post-traumatic stress disorder and mood disorders, often coupled with personality disorders, whereas men have high rates of attention deficit hyperactivity disorder and histories of violence. These differences inform the approaches the programs apply to treating men and women.¹⁸

The Montana State Legislature mandated periodic evaluations of both programs, which has led to continuous improvements and impressive outcomes. For example, the completion rate for the NEXUS program is 79 percent, with 85 percent of those referred to the prerelease center completing their 15-month stay (9 months in NEXUS, followed by 6 months in a prerelease setting). The recidivism rate for women who complete the Elkhorn program is 17.5 percent, as compared to the average rate of 50 percent.¹⁹

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Mural depicting the seven homes of Native Americans in Montana (as of 2015), painted by a 2016 graduate of NEXUS.

Allegan County, Michigan: Methamphetamine Diversion Programs Work

In 2002, Allegan County had become ground zero for methamphetamine production and related crime in Michigan. Located between two larger cities, this rural county was plagued with clandestine, toxic methamphetamine labs. One in four arrests was due to methamphetamine use, production, or trafficking. In response, local, state, and federal agencies established a task force, and the county became a leader in enforcement efforts.²⁰ In June 2004, the Office of National Drug Control Policy presented its annual “Exceptional Service Responsiveness to Rural Issues and Needs” award to Allegan County’s [Methamphetamine Diversion Program](#) for its innovative response to community needs.

The low rates of reoffending among program graduates and the cost savings realized captured the attention of sheriffs in neighboring jurisdictions, and Allegan County soon became a model program, helping to start methamphetamine intervention programs in other Michigan counties. The program also demonstrated what research on people with MUD in drug courts and other diversion programs has shown: Recovery is possible.²¹

Candidates for the program go through an extensive screening process that considers level of readiness to change, sentencing scores, and criminal history, among other criteria. Those who are eligible to participate must be convicted of a non-violent felony, have committed a crime related to methamphetamine use, and have a desire to stop using methamphetamine. At the time of sentencing, the judge must agree with a pre-sentence

recommendation and order the program as a part of the offender’s sentence. A committee then reviews the offender’s application.

The program has five phases, beginning with a 45-day “detox” phase in the jail with group and individual CBT, assigned homework, journals and workbooks, in-house Alcoholics Anonymous and Narcotics Anonymous meetings, and bimonthly reviews to monitor progress. Participants also formulate a plan for Phase 2, which includes drug-free reentry housing, treatment, 30 hours of work or school, and drug testing.

A review panel of representatives from law enforcement, corrections, and treatment providers evaluates readiness to go on to each subsequent phase on an individual basis. For example, some participants may remain in Phase 1 for longer periods or begin Phase 2 while in the jail. In Phase 2, participants establish all aspects of reentry and recovery under close community supervision by a dedicated probation officer.

Participants work to achieve recovery goals and strengthen cognitive behavioral skills as they progress through phases of gradually reduced supervision and monitoring. After 6 months in Phase 3, where skills learned in the previous phases are strengthened and with approval from the review committee, participants move to Phase 4, where contact is only required twice a month. The final phase is graduation, followed by 24 months of arrest and conviction data monitoring.²²

The Allegan County Methamphetamine Diversion Program allows individuals who would have served significant prison terms and whose MUD may have gone untreated to fully return to life in the community. The program is intensive, with at least 18 months of supervision contacts and reinforcement of CBT skills and goals aimed at changing a lifetime of thinking patterns and habits. It requires a blend of resources and partners, including courts, local police, probation services, and community providers.

Conclusion

Along with the Southeast, the West and Midwest (home to the programs featured above) record the largest number of overdose deaths. But the problem is now permeating other regions, and death counts for overdoses involving psychostimulants continue to rise.²³ Although treating MUD has long been considered a challenge, research has

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shown evidence-based approaches, such as CBT and contingency management, can be very effective.²⁴ Moreover, the experience of justice professionals in jurisdictions with high rates of methamphetamine use shows that long-term treatment and diminishing levels of supervision can successfully rehabilitate individuals with MUD who are involved with the criminal justice system.²⁵

Resources

- [*Treatment Improvement Protocol \(TIP\) 33: Treatment for Stimulant Use Disorders*](#), Substance Abuse and Mental Health Services Administration (2021)
- [*TIP 61: Behavioral Health Services for American Indians and Alaska Natives*](#), Substance Abuse and Mental Health Services Administration (2019)
- [*Improving Outcomes for American Indian/Alaska Native People Returning to the Community From Incarceration: A Resource Guide for Service Providers*](#), Administration for Native Americans (2021)
- [*Methamphetamine Diversion Program to Develop Cognitive Skills*](#), Allegan County Sheriff’s Office, Allegan Community Corrections, and Kalamazoo Probation Enhancement Program (2007)
- [*Strategies to Support Parents With Methamphetamine Use Disorder and Their Families*](#), National Center on Substance Abuse and Child Welfare (2021)

For training or technical assistance on MUD or other matters related to substance use disorders, contact BJA’s COSSAP Resource Center at <https://www.cossapresources.org/Program/TTA>.

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