

Selected Papers of William L. White

www.williamwhitepapers.com

Collected papers, interviews, video presentations, photos, and archival documents on the history of addiction treatment and recovery in America.

Citation: White, W. (2009). Meth myths. Posted at www.williamwhitepapers.com

Meth Myths & Facts: What Science Tells Us

William L. White

Emeritus Senior Research Consultant Chestnut Health Systems bwhite@chestnut.org

New or resurging drug trends often spark what scientists have christened a drug panic. During such drug panics, professional and public proclamations about the drug and those who consume it are often highly inaccurate. One of the most recent of such panics involves the drug methamphetamine. Below is listed some of the myths about methamphetamine and what scientific studies have subsequently confirmed.

Myth or Fact? Methamphetamine is America's number one drug problem and its use is on the rise, particularly among teens.

The Science: Only 600,000 Americans used methamphetamine in the past month compared to a total of 19.2 million who consumed some illicit drug and half of Americans over age 12 who reported past month alcohol consumption (SAMHSA, 2005). The prevalence of past month methamphetamine consumption among 12-17 year olds is declining, with its current level at 0.7 percent (SAMHSA, 2004; Johnston, et al, 2005).

Myth or Fact? Meth is instantly addictive.

The Science: It generally takes 2 to 5 years to establish methamphetamine dependence (SAMHSA, 1999).

Myth or Fact? Methamphetamine is now the primary drug of choice for those admitted to addiction treatment in the United States.

The Science: Methamphetamine is identified as a primary or secondary drug among only 12% of those entering addiction treatment in the Unites States (DASIS Report, 2006).

Myth or Fact? Recovering from methamphetamine dependence takes longer than does recovery from other drug dependencies.

The Science: There is a longer trajectory of recovery from the physical emaciation and adverse psychological effects from methamphetamine dependence than is the case with other drug dependencies (Cretzmeyer, Sarrazin, Huber, et al, 2003)

Myth or Fact? Addiction treatment is not effective for meth addicts?

williamwhitepapers.com 1

The Science: Treatment follow-up studies of individuals treated for methamphetamine dependence reveal outcomes outcomes comparable to those treated for heroin of cocaine dependence. (Cretzmeyer, Sarrazin, Huber, et al, 2003; Luchansky, Krupsi & Stark, 2007). Drug Courts have proved particularly effective in the management of methamphetamine dependence (Brecht, Greenwall & Anglin, 2005; Gonzales & Rawson, 2005; Marinelli-Casey, Gonzales, Hillhouse, et al, in press). The best post-treatment recovery outcomes are linked to longer stays in treatment and participation in a greater number of treatment activities (Shoptaw, Rawson, McCann & Obert, 1994; Brecht, Mayrhauser & Anglin, 2000)

Myth or Fact? Methamphetamine addicts do not do well in mainstream recovery support groups.

The Science: The latest scientific review of the role of the role of recovery support groups in long-term recovery from stimulant dependence (cocaine methamphetamine) concluded that regular attendance at 12 Step meetings attendance is associated with increased abstinence from stimulants as well as other drugs and This review did confirm that alcohol. stimulant dependent persons do exhibit low affiliation rates (30-40%) and high attrition The most frequently attended rates. recovery support group by those recovering from methamphetamine dependence is Anonymous--followed **Alcoholics** Narcotics Anonymous, Cocaine Anonymous and Crystal Meth Anonymous (Donovan & Wells, 2007).

Myth or Fact? Few meth addicts ever achieve long-term recovery (2003 Rolling Stone article proclaims that only 6% of "meth freaks" ever remain drug free).

The Science: A long-term follow-up study of individuals treated for methamphetamine dependence concludes: "2-5 years after treatment, there are substantial numbers of

former methamphetamine users who are abstinent, employed, and not under the supervision of the criminal justice system" (Rawson, Huber, Brethen, et al., 2002)

References

- Brecht, M., Anglin, M.D. and Dylan, M. (2005). Coerced treatment for methamphetamine abuse:
 Differential characteristics and outcomes. The American Journal of Drug and Alcohol Abuse, 31, 337-356.
- Brecht, M.L., Greenwell, L. & Anglin, M.D. (2005). Methamphetamine treatment: Trends and predictors of retention and completion in a large state treatment system (1992-2000). *Journal of Substance Abuse Treatment*, 29, 295-306.
- Cretzmeyer, M., Sarrazin, M.V., Huber, D.L., Block, R.I. & Hall, J.A. (2003). Treatment of methamphetamine abuse: Research findings and clinical directions. *Journal of Substance Abuse Treatment*, 24, 267-277.
- Donovan, D.M. & Wells, E.A. (2007).

 "Tweaking 12-Step": The potential role of 12-Step self-help group involvement in methamphetamine recovery. *Addiction*, 102 (Suppl. 1), 121-129.
- Gonzales, R.& Rawson, R. (2005).

 Methamphetamine addiction
 treatment: Does it work? Counselor,
 6(5), 16-23.
- Hser, Y.I., Evans, E. & Huan, Y.C. (2005). Treatment outcomes among women and men amphetamine abusers in California. *Journal of Substance Abuse Treatment*, 28, 77-85.
- Johnston, L.D.; O'Malley, P.M.; Bachman, J.G.; Schulenberg, J.E. December 19, 2005. Teen drug use down, but

- <u>progress halts among youngest</u> <u>teens. University of Michigan News</u> <u>and Information Services: Ann Arbor,</u> MI.
- Lucharsky, B., Krupski, A. & Stark, K. (2007). Treatment response by primary drug of abuse: Does methamphetamine make a difference? *Journal of Substance Abuse Treatment*, 32, 89-96.
- Marinelli-asey, P., Gonzales, R., Hillhouse, M., Ang, A., Zweben, J., Cohen, J., Hora, P.F., & Rawson, R. (in press). Drug court treatment for methamphetamine dependence.

 Journal of Substance Abuse
 Treatment.
- Rawson, R.A., Gonzales, R. & Brethen, P. (2002). Treatment of methamphetamine use disorders: an update. *Journal of Substance Abuse Treatment*, 23, 145-150.
- Rawson, R. Huber, A., Brethen, P., Obert, J., Gulati, V., Shoptaw, S., et al, (2000). Methamphetamine and cocaine users: Differences in characteristics and treatment outcomes. *Journal of Psychoactive Drugs*, 32, 233-238.
- Rawson, R., Huber, A., Brethen, P., Obert, J., Gulati, V., Shoptaw, S., et al, (2002). Status of methamphetamine users 2-5 years after outpatient treatment. *Journal of Addictive Diseases*, 21, 107-119.

- The Substance Abuse and Mental Health
 Services Administration/Office of
 Applied Studies. Updated October 2,
 2005. NSDUH 2004. Appendix H,
 Selected Prevalence Tables, Table
 H.3—Types of Illicit Drug Use in
 Lifetime, Past Year, and Past Month
 Among Persons Aged 12 to 17:
 Percentages, 2002–2004.
- The Substance Abuse and Mental Health
 Services Administration/Office of
 Applied Studies. <u>The NSDUH</u>
 Report: Methamphetamine Use,
 Abuse, and Dependence: 2002,
 2003, and 2004: Highlights.
 http://oas.samhsa.gov/2k5/meth/meth.cfm
- The Substance Abuse and Mental Health
 Services Administration/Center for
 Substance Abuse Treatment. 1999.
 Treatment Improvement Protocols:
 TIP 33: Treatment for Stimulant Use
 Disorders, Chapter 2.
- Shoptaw, S., Rawson, R., McCann, M. & Obert, J. (1994). The Matrix Model of outpatient stimulant abuse treatment: Evidence of efficacy. *Journal of Addictive Diseases* 13(4):129-41.

williamwhitepapers.com 3