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# A PERSPECTIVE REGARDING TREATMENT FOR METHAMPHETAMINE ADDICTION

BY ANNA M. JOHNSON\*

## I. INTRODUCTION

In order to better understand the need and importance of treatment for methamphetamine addiction, the reader should understand the definition of three basic terms. First, addiction is a chronic, progressive, incurable disease characterized by loss of control over mind-altering substances or a behavior.<sup>1</sup> Second, addiction treatment is the provision of therapeutic “best practice” to aid in the management of the disease of addiction.<sup>2</sup> And third, a disease is anything that interferes with the human ability to function normally.<sup>3</sup>

## II. METHAMPHETAMINE AS AN ADDICTION AND DISEASE

I was recently asked to speak at a conference focused on homelessness in Bismarck, North Dakota. My presentation in that conference began by asking the audience: “How do you define methamphetamine addiction? Is it a crime, or is it an illness?” I requested a show of hands: ninety percent of the audience defined methamphetamine use as a crime. The response from our legal system agrees with the audience. The penal system has increased exponentially as a consequence to the definition of methamphetamine addiction as a crime.<sup>4</sup>

Using the aforementioned definitions, methamphetamine clearly meets the criteria for addiction and disease. When referencing meth addiction as a

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1. Addiction is a Brain Disease, <http://alcoholism.about.com/od/sa/a/blnida041129.htm> (last visited Jan. 26, 2007).

2. *Id.*

3. WEBSTER’S THIRD NEW INTERNATIONAL DICTIONARY OF THE ENGLISH LANGUAGE UNABRIDGED 648 (Philip Babcock Gove ed., 2002).

4. When the author began working at James River Correctional Center beginning in June 2000, the number of women inmates was about forty. In October, 2003, the number of female inmates grew to over one hundred, which resulted in a women’s prison being built in New England, North Dakota.

disease, it meets the criteria of loss of control. If asked to apply the same logic to other well known “diseases” such as diabetes,<sup>5</sup> I doubt if the audience would define this disease as a crime. This means that the preconceived notion that addicts have control of their behavior (regardless of cognitive impairment), and have the choice to function normally, and hence should be held criminally accountable for their actions, is not necessarily true.

When a person with diabetes becomes disoriented with erratic behavior, the public appears to be more compassionate and understanding due to the diabetic’s inability to “control” behavior. Due to the misconception that a person has control of his behavior to use a drug, and somehow lacks the will power to manage his use, meth addiction is considered a crime.

Research regarding addiction has identified addiction as a “brain disease.”<sup>6</sup> This is likened to diabetes as a “pancreas disease” or “islet cell deficit.” Due to the cognitive deficits incurred with addiction to methamphetamine, an addict’s ability to intervene is limited at best and impossible at worst. This requires external active intervention techniques applied by trained professionals.

Conversely, defining methamphetamine as an illness requires careful consideration of the resources needed to address this disease. Utilizing therapeutic best practice requires time, training, and an understanding, patient, and compassionate staff that is willing to creatively explore interventions that will enhance intrinsic motivation for the meth addict. Primary challenges of the client addicted to methamphetamine include severe cognitive deficits, a high level of impulsivity secondary to this cognitive deficit, hypersexuality, increased potential for violence, high tolerance to his drug of choice, low self-esteem, significant medical problems, and high incidence of dual diagnosis.<sup>7</sup> Dual diagnosis includes the following diagnoses: anxiety, depression, ADHD, and personality disorders. Best practice indicates that an effective treatment program responds to these dual diagnosis issues, which include anxiety, depression, ADHD, and personality disorders.

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5. See All About Diabetes, <http://www.diabetes.org/about-diabetes.jsp> (last visited Jan. 26, 2007) (explaining that diabetes is a loss of control over blood glucose levels, impairing the human ability to function normally).

6. Alcoholism and Substance Abuse, <http://alcoholism.about.com/od/sa/a/blnida041129.htm> (last visited Jan. 26, 2007).

7. ShareHouse.org, <http://www.sharehouse.org>. Dual Diagnosis includes an additional diagnosis to substance abuse. In the North Dakota Meth Pilot Program, located within the Robinson Recovery Center, we have identified anxiety, depression, ADHD, and personality disorders as prevalent in meth addicts.

During North Dakota's Fifty-Ninth Legislative Assembly in 2005, senators and representatives from across the state voted to respond to the methamphetamine epidemic with treatment rather than incarceration.<sup>8</sup> In addition, the legislature approved legislation to allow a twenty-bed facility for the treatment of people addicted to methamphetamine in the State of North Dakota.<sup>9</sup>

### III. TREATMENT PROGRAMS

#### A. THE APPROACH OF THE ROBINSON RECOVERY CENTER

Treatment for the person addicted to methamphetamine incorporates dynamics that will speak to the primary challenges of cognitive impairment, significant impulsivity, significant boundary problems within relationships, and poor coping skills. With this in mind, the treatment program schedule at the Robinson Recovery Center incorporates the following group sessions to meet the needs of the meth client: (1) Therapeutic Community; (2) Recreation Group; (3) Exercise Group; (4) Matrix CD Groups; (5) Cognitive Restructuring Group; (6) Anger Management Group; (7) Co-Dependency Group; (8) NA Big Book Group; (9) Gender Group; (10) Schedule Review Group; (11) Family Programming; (12) Spirituality Group; and (13) Continuing Care Group.

#### B. UNDERSTANDING BRAIN FUNCTIONS DURING ADDICTION

Individuals involved in addiction treatment commonly remark that we currently live in the millennium of the brain. When I initially entered the field of addiction counseling in 1987, there appeared to be little research reflecting the influence of the brain on addiction. Currently, any treatment facility not incorporating this information in its treatment programs is truly at a deficit. Meth addicts struggle with significant cognitive destruction repeatedly recorded in many recent studies, which indicate that the meth client may not show improvement for up to one year. We do not expect the

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8. See S.B. 2373, 59th Legis. Assem., Reg. Sess. (N.D. 2005), available at <http://www.legis.nd.gov/assembly/59-2005/bill-text/FBOR0800.pdf#SB2373> (providing that the legislation was drafted by Senators Robinson, Brown, and Lyson and Representatives DeKrey, Kroeber, and Nottestad, and that the Senate vote contained forty-seven yeas and no nays, along with the House vote comprised of eighty-eight yeas, five nays, and one absent).

9. *Id.* Senate Bill 2373 was enacted during the Fifty-Ninth North Dakota Legislative Assembly to provide for the implementation of a pilot program for the treatment of individuals who are chemically dependent on methamphetamine or other controlled substances. *Id.* Additionally, the bill was enacted to provide for a report to the legislative assembly, to provide an appropriation, and to provide an expiration date. *Id.*

meth client to understand the intricate dynamics of his brain structure, but he is repeatedly exposed to the concepts of “Higher Brain, Lower Brain.”

The Higher Brain (cerebrum) is responsible for thinking, thought processes, and rational behavior.<sup>10</sup> The Lower Brain is responsible for emotions, impulsivity, and irrational behavior.<sup>11</sup> When addictive behavior is present, it is created through the processes of the lower brain.<sup>12</sup> When people struggle with reactions and impulsivity, it is often a byproduct of the lower brain.<sup>13</sup> The clients at the Robinson Recovery Center are asked in treatment to make a conscious attempt to switch from a lower brain process or activity to a higher brain process. This can move a person away from irrational thinking and allow the person to increase rational thoughts simply by engaging the thinking process.<sup>14</sup> Writing and reading assignments in treatment help a person transfer a lower brain reaction into a higher brain function.<sup>15</sup>

Often in treatment, when a client is struggling with a feeling or reaction, he or she will be asked, “What is in control now—your higher brain or your lower brain?” Often, the lower brain is in control. When such is the case, the Robinson Recovery Center staff offers options for the person to engage his or her higher brain. Increased motivation and understanding of the methamphetamine-addicted process enhances personal interventions using the tools reviewed in the program and through repeated exposure to these foundational concepts embedded in the Matrix Program.

### C. THE APPROACH OF THE MATRIX INSTITUTE

The Matrix Institute in Los Angeles, California, has developed and utilized a treatment program that incorporates the use of several best practice tools.<sup>16</sup> The foundational principles of the Matrix Treatment Program cater to the level of cognitive impairment of the person addicted to methamphetamine.<sup>17</sup> Each Matrix group session is time-limited, with handouts

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10. Nat'l Inst. of Neurological Disorders and Stroke, Brain Basics, Know Your Brain, [www.ninds.nih.gov/disorders/brain\\_basics/know\\_your\\_brain.htm](http://www.ninds.nih.gov/disorders/brain_basics/know_your_brain.htm) (lasted visited Jan. 26, 2007) [hereinafter Know Your Brain].

11. *Id.*

12. *See id.* (explaining the functions of different areas of the brain); *see also* Addiction is a Brain Disease, *supra* note 1 (stating that the drug addiction is a disease of the brain).

13. Know Your Brain, *supra* note 10.

14. *Id.*

15. *Id.*

16. Matrix Institute on Addictions, [www.matrixinstitute.org](http://www.matrixinstitute.org) (last visited June 26, 2007).

17. *See generally* About.com, Depression: You Are What You Think, <http://depression.about.com/cs/psychotherapy/a/cognitive.htm>. “Cognitive impairment” refers to a continuum of brain damage experienced by the meth addict and refers to the presence of concrete

provided to each participant, and specific information reviewed during each session. In short, the Matrix Treatment Program is a manualized treatment program.

### 1. *Cognitive Behavioral Treatment Approach*

Foundational concepts utilized in the treatment for persons addicted to methamphetamine include five approaches. First, at the heart of the program is a cognitive behavioral treatment approach that aids in enhancing intrinsic motivation of each participant. Each early recovery group and relapse prevention group focuses on one to three topics for review and handouts accompany each topic area. Each topic has been identified as a “recovery tool” to enhance recovery potential upon return to the community.

### 2. *Recovery Timeline of the Meth Client*

Second, utilizing the timeline of the methamphetamine client is also helpful in determining the level of intrinsic motivation for each person. The Matrix Institute identified a set of recovery timeline stages for people addicted to methamphetamine based on the most current research.

The Withdrawal Stage occurs between zero and fifteen days and is characterized by exhaustion, insomnia, distorted thinking, memory problems, cravings, depression, low energy, and irritability. Involving someone in the treatment process during this stage is unproductive and chaotic for the client and the treatment group. Every effort to aid the client in the withdrawal process to transition to the honeymoon phase will benefit the client.

The Honeymoon Stage occurs between sixteen and forty-five days and is characterized by overconfidence, difficulty concentrating, continued memory problems, intense feelings, mood swings, other substance abuse, and an inability to prioritize. During this stage of treatment, clients struggle to remain in treatment due to their heightened confidence in their personal ability to maintain sobriety. Physical improvement is noted, but the clients continue to lack the cognitive ability to work through mood swings, which contribute to relapse potential. Their level of impulsivity continues to be problematic and repeated exposure to tools of recovery is needed.

The Wall Stage occurs at 45 to 120 days and is characterized by increased emotions, interpersonal conflict, relapse justification, anhedonia/loss of motivation, insomnia/low energy/fatigue, dissolution of structure,

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thinking, inability to process information to thoroughly understanding abstract concepts and heightened impulsivity. *Id.*

resistance to exercise, and paranoia. The Wall Stage is the most difficult stage to work through during recovery. One primary concern is the lack of motivation and anhedonia experienced by the client, which can lead to increased frustration, irritability, impulsivity, and confusion for the meth client. With continued cognitive impairment, increased emotional dissonance and current impulsivity, behavioral problems increase and become the focus of attention, which can lead to disruptions in the treatment process. When aware of techniques and with increased intervention techniques, the meth client can respond positively and work through emotional turmoil with ongoing support from the treatment provider and recovering community.

The Adjustment Stage occurs at 120 to 180 days and is characterized by relaxation of structure, struggle over acceptance of addiction maintenance of recovery momentum/commitment, and re-emergency of underlying pathology. During this stage, there is increased intrinsic motivation for change, but a continued underlying struggle as cognitive impairment battles behavioral change directly. Cognitive impairment often leads to impulsive behavioral patterns that inhibit a person's ability to maintain lasting behavioral change. Creative treatment solutions, which deal with both the behavioral and the cognitive needs of the client, offer a unique perspective for interventions with the meth addict.

The Maintenance Stage occurs at 180 days or later and includes maintaining intervention tools to prevent relapse. The Matrix Institute in California recommends a minimum of six months of involvement in ongoing weekly aftercare group sessions, ongoing urinary analysis, and attendance to self-help support groups multiple times per week. With these safeguards in place for this extensive period, the potential for relapse decreases significantly. However, although relapse-potential decreases, it never fully dissipates for the meth addict. The potential to relapse may be high, moderate, or low, but requires the addict's constant self-monitoring to maintain.

### 3. *The Need For Structure*

Third, structure is often a foreign concept to someone addicted to methamphetamine. The review of weekly schedules provides a structure for recovery to aid the addict. All people, addicts or not, schedule their days in one form or another. Not everyone is consciously aware of internal and external schedules. Often responsibilities crowd personal schedules with work, family, meal planning and preparation, community activities, and church involvement.

For the addict, many of these responsibilities may seem like foreign concepts. Scheduling for the addict often revolves around his primary recreational activity of using his drug. Replacing drug use with responsibilities, self care, community involvement, and work are difficult concepts for the recovering meth addict. Increasing internal and external awareness of the scheduling process is an important aspect of treatment for the meth addict. An addict's reliance on the primary therapist and the group for this activity is high, initially in the treatment process, but holds the goal of gaining independence for this process throughout the duration of treatment.

#### 4. *Understanding Cognitive Distortions*

Cognitive distortions have been a way of life for the meth client for several years.<sup>18</sup> With the simple understanding of how use occurs, the meth addict can be empowered to positively intervene on his personal behavior and contribute to his ability to avoid relapse. The Matrix Institute identifies this paradigm:

Trigger → Thought → Craving → Use<sup>19</sup>

The Matrix Institute materials help clients become aware that any stimulus has the potential to be a trigger for meth use.<sup>20</sup> The Matrix paradigm likens the cravings of a meth client to the psychological experiment of Pavlov's dog.<sup>21</sup> In Pavlov's scenario, food was placed in front of Pavlov's dog, and at the same time, a bell rang. The dog associated the ringing of a bell with the presence of food. Even when food was absent, the bell would ring and the dog would salivate. Similarly, the meth addict "salivates" when presented with stimuli associated with meth use. These may include day of the week, smells, colors, environment, people, places, and things. The focus of many Matrix handouts is to identify specific thought-stopping techniques for the prevention of the craving response. When a client can identify a minimum of ten thought-stopping techniques and effectively utilize those techniques, his recovery potential is high.

#### IV. CONCLUSION

Treatment for methamphetamine addiction is not one huge intervention aimed at creating abstinence for the meth addict. Instead, treatment is a series of several best practice interventions aimed at providing needed tools

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18. *Id.*

19. Matrix Institute on Addictions, *supra* note 16.

20. *Id.*

21. *Id.*



or skill sets (simple interventions), which ultimately enhance the intrinsic motivation of the addict to utilize these tools when needed. The timing, combination, and practice of these tools have been nicely organized by the Matrix Institute of Los Angeles, California, to include best practice techniques as outlined above.

Conversely, incarceration for the meth addict may result in abstinence. Unless each person is given an opportunity to understand key dynamics of his personal addiction, his abstinence will continually be a struggle for him with a high potential for relapse. When faced with a meth addict in treatment, who identifies a strong craving and a desire to use, my response is the same to each person: “You deserve the freedom that only recovery can offer you.” There is not one meth addict that I have met who does not deserve this freedom. The freedom to choose a life of sobriety, regardless of what happens in that life, is true freedom.