January 25, 2021

Joint Appropriation Subcommittee for Health & Human Services
Montana State Legislature
Montana State Capitol
Helena, MT 59620

RE: HB 2: Section B DPHHS – Health Resources Division

Good morning Chairman Regier and members of the Subcommittee:

For the record, my name is Stacey Anderson, Policy Director for the MT Primary Care Association. MPCA is the statewide membership organization for the state's federally qualified community health centers (FQHC) and four of Montana's Urban Indian Clinics (UIC). Combined, MPCA's members serve as the health home for over 122,000 vulnerable and underserved Montanans. Annually, over 40% of our patients are enrolled in a Medicaid program – including traditional Medicaid, Medicaid Expansion, and CHIP.

First, we would like to thank the Department and staff for their presentation today. MPCA has long enjoyed a good working relationship with the staff and appreciates the hard work they do for the people of Montana.

As you heard from Ms. Wiebe, Montana's FQHCs are key partners in the Medicaid program, particularly for the delivery of comprehensive primary care services which includes medical care, dental care, behavioral health, and pharmacy. In addition, FQHCs participate in other programs managed by HRD including the Perinatal Behavioral Health Program and the PCMH Program.

In general, we would like to express our support for Governor Gianforte's budget. We appreciate the work he and his budget director put into crafting a budget that keeps the key programs managed by HRD stable and funded through the biennium. I would note and urge this committee to look carefully at DPs 11891, 11991, and 11993 that requests reduction in the HRD budget for services under Medicaid Expansion and traditional Medicaid. As you learned from Mr. Poulette's presentation, enrollment in Medicaid is trending upward due to lost employment during the pandemic and decreases at this time should be carefully considered.

We hope that this committee will work to bring Section B back into line with the Governor's budget from the starting point motion. It might just be me, but I have not been able to find which programs specifically are impacted by the Starting Point Motion and with a $600 million impact in this particular division, I have grave concerns that some of the most vulnerable people in Montana will be deeply impacted.

MPCA appreciates the opportunity to comment. If you have questions, please feel free to contact me.

Sincerely,

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Bill: HB-2: General Appropriations Act 2021-01-26 08:00 AM - (H) JAS on Health and Human Services
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Representing an Entity/Another Person: No
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Written Statement: Members of the committee, I am testifying in support of the Governor's HEART Fund that will double the funding available for local prevention coalitions and bolster our state's ability to respond to substance use related crises while providing more effective treatment and recovery pathways for individuals across our state. This funding is absolutely crucial as we seek to address the crisis of substance use in Montana. I am an independent consultant living in Helena, testifying on my own accord. Last summer, I worked with a team to conduct in-depth interviews with 100 individual methamphetamine users in Montana for a project with the Montana Department of Justice. In the many hours I sat listening to the stories of methamphetamine use in our state, I was struck by one thing: addiction is a childhood onset disease, rooted in trauma. Almost all of our interviewees started using alcohol and marijuana before the age of 15 and the majority tried methamphetamine before the age of 17. The reason so many of these individuals turned to substance use was to numb or escape the trauma in their lives. The stories of childhood abuse and neglect I heard in these interviews will always stay with me. Almost half of our interviewees had been sexually abused as children and one third had experienced physical abuse. Many were given drugs and alcohol at an early age, often by their parents or other family members.

What becomes of these abused kids who turn to substances to numb and hide? Do we reach them at an early age with effective prevention programs? When they are in crisis, do we offer them treatment and pathways to recovery? Do we help them learn more healthy patterns so the cycle doesn't repeat? Do we bring their abusers to justice? Sadly, in the many stories I heard, the answer was most often "No". The most common shared experience among our interviewees was justice system involvement. Every year, there are three times more methamphetamine-related arrests than admissions to treatment in Montana.

I could share so many more statistics and stories with you. I have uploaded the methamphetamine assessment as supporting documentation, and I encourage you to read the stories of meth users in Montana in their own words. But for the sake of time I will simply say, if we want to address the child welfare crisis in our state, if we are concerned that our jails and prisons are full and our law enforcement officials are overwhelmed, then we need to get serious about substance use prevention in Montana. Our state currently invests $0 of our own money in prevention. Instead, we spend $30,000 for every single person who ends up in the Montana Department of Corrections Elkhorn or Nexus Treatment Centers. It is high time we invest in prevention and the entire continuum of care for substance use in our state. The Heart Fund is an important for step forward. Thank you.

Katie Loveland MPH, MSW

METHAMPHETAMINE USE IN MONTANA

A needs assessment of issues surrounding methamphetamine initiation, use, treatment, and recovery in the state of Montana

December 2020

Prepared for the Montana Department of Justice
by Alee Lockman, MPH
Katie Loveland MPH, MSW and
Jade Vandall, BSHP

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1. Introduction

This needs assessment was completed at the request of the Montana Department of Justice to evaluate issues surrounding methamphetamine initiation, use, treatment, and recovery in the state of Montana. The focus of this project was to better understand precursors to initiation and course of methamphetamine use disorders among individuals in Montana. Our secondary focus was to understand users' experiences with the justice and child welfare systems; the course, modality and experience of both successful and unsuccessful treatment; and pathways to recovery.

By conducting structured interviews with individuals experiencing methamphetamine use disorder, we identified a number of key themes surrounding methamphetamine use in Montana, including users' life experiences prior to initiation, the effects that methamphetamine use has had on their lives, and perspectives of what has worked and what hasn't in terms of treatment and recovery.

We have structured our findings into seven key areas: precursors to initiation, participants' experiences surrounding initiation to methamphetamine, circumstances and motivations surrounding use, effects of use, treatment, recovery, and experiences with Montana's justice and child welfare systems. We have also identified common themes and issues within specific populations, including American Indians, veterans, and women.

The views expressed in this report are those of the authors and do not necessarily represent those of the Montana Department of Justice. For questions about this assessment or the results of our analysis contact:

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It is our hope that this report can inform policy action and serve as a catalyst for future research on methamphetamine use disorders, treatment, and recovery in Montana.

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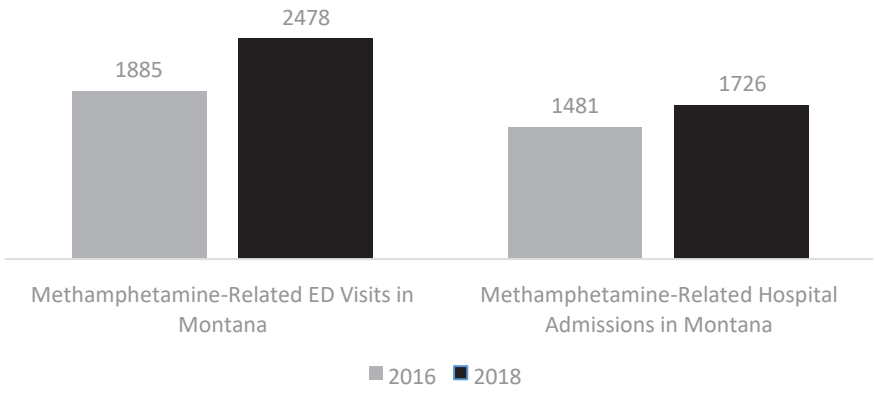
2. Methamphetamine in Montana

Though only 1% of Montana adults used methamphetamine in the last year[1], the drug has a large and growing impact on the health and justice systems in our state. Thousands of 911 responses, emergency department (ED) visits and hospitalizations are attributable to methamphetamine annually and the number of ED and hospital admissions grew significantly between 2016 and 2018. The total cost of stimulant-related hospitalizations and ED visits in 2018 was $39 million.[2]



Of the 1,877 methamphetamine-related 911 responses in 2018-2019, American Indians and younger adults (aged 20-49) were disproportionately represented compared to the overall population of 911 responses statewide.

Though opioid use is more often associated with drug overdose deaths, the number of annual methamphetamine-related deaths in Montana more than doubled between 2009-2014 and 2015-2018. During this later time period, more than 70% of deaths occurred among males and 56% were in the 30-49 year age range.

The impact of methamphetamine is most notable in the justice and child welfare systems in our state. The number of methamphetamine related crimes increased 100% from 2014 to 2018, while all other drug crimes increased only 9%. In all, there were a total of 1,909 methamphetamine related crimes in Montana in 2018 up from 953 in 2014.[3] Methamphetamine-related crime represents 35% of all illicit drug related crime in the state.

Methamphetamine use also negatively impacts child welfare in Montana. Of all child removals in 2019 for abuse or neglect, 68% of cases involved parental drug use. Methamphetamine was listed as the primary drug in 65% of these removals.[4] Thus, 44% of all children in foster care (more than 1,500 currently) are system involved due to parental methamphetamine use. The impact of methamphetamine use in the child welfare system has exploded in recent years, with the rate of methamphetamine related cases in Montana more than doubling since 2012.[5]

Unfortunately there remains large, unmet treatment needs in our state. An estimated 650 methamphetamine related treatment admissions occur annually in Montana[6], far fewer than the number of methamphetamine related arrests, jail visits, hospitalizations or child welfare cases annually. The National Survey of Drug Use and Health estimates that 21,000 Montanans aged 18 and up need but are not receiving treatment for a substance use disorder.[7]

The number of methamphetamine-related overdose deaths in Montana has more than doubled in recent years.

3. Methodology and participant information

Methodology

For the purposes of this assessment, interviews were conducted from May – September 2020 with 99 adults who had used methamphetamine while living in the state of Montana.

Trained interviewers used a semi-structured interview guide to ask participants a series of open-ended questions related to their personal experiences, opinions, and beliefs surrounding methamphetamine use, interactions with health and criminal justice systems, and social circumstances associated with their substance use.

Participation in this project was voluntary. All participant identities have been kept confidential and all identifying information was removed prior to analysis and drafting of this report.

This needs assessment has a number of limitations. First, all data points included in this report are self-reported by the participants and therefore subject to bias. Participants may have accidentally or purposefully over- or under-reported their experiences or may misremember certain experiences due to the amount of time that has passed since the event. Second, most participants were in the initial stages of recovery, with half reporting a year or less since their last methamphetamine use. Less than 25% of participants reported being in recovery for three years or more. This may limit some participants' ability to accurately reflect on factors that influence the success and longevity of their sobriety. Finally, all information included in this report represent individual experiences and are not necessarily generalizable to a larger population, nor reflect the experiences of all Montanans with substance use disorders or history of methamphetamine use. These interviews elucidate substance use as a profoundly human experience which is as deeply unique and varied as each person.

Participants

Participants interviewed for this project represent a diverse range of experiences and identities.

We interviewed 39 women and 60 men. The majority of participants (66) identified as white, 30 identified as American Indian, and 3 identified as Black or Hispanic. At the time interviews were conducted, participants ranged in age from 20 to 61.

The majority of participants (N=80) grew up or spent some portion of their youth living in Montana. The remainder moved to Montana as adults. A small number (8) of participants were U.S. military veterans.

Most participants first tried methamphetamine as adolescents, with approximately half initiating their methamphetamine use between the ages of 10-16. Less than a quarter of participants reported trying methamphetamine for the first time after age 25.

Multiple courses of treatment were the norm among those interviewed for this project. All participants reported entering a treatment program for substance use disorder at least once, with most reporting at least three experiences in treatment. At least 25 participants have been in treatment five or more times.

In this cohort, justice system involvement related to methamphetamine use was nearly universal. The majority of participants were connected to this project through Department of Corrections treatment programs, so it is not a surprise that a majority of participants (N=87) reported that they had been arrested at least once in connection to methamphetamine use. Of those, 82 reported that they had received some form of treatment while involved in the justice system.

Co-occurring mental health concerns were also common in our sample. The majority of participants (N=73) reported that they had been or currently were being treated for a mental health disorder, including depression, anxiety, ADHD, bipolar depression, schizophrenia, and/or PTSD. Most participants reported experiencing symptoms of mental health disorders or receiving diagnoses prior to initiating methamphetamine use; however, a small number reported that these conditions arose as a result of methamphetamine use or following traumatic events during the course of their use.

4. Precursors to Initiation

Extensive research has identified associations between early life experiences and substance use disorders. We asked participants a series of questions to better understand how their family, community, social networks, mental health, and other early life experiences may be linked with their methamphetamine use.

In line with published research, we find that many participants report prior experience using alcohol or other illicit substances, a history of parental or familial substance use, or experiences of trauma, including physical and sexual abuse. More than 2 in 5 participants shared that they had been molested as a child, often by a family member or close family friend, while one-third shared that they had experienced physical abuse during childhood.

Early initiation of substance use, previous to methamphetamine use, was a common narrative among our interviewees. Nearly 70% of participants reported using other substances, often alcohol and marijuana, before age 15. For many participants, methamphetamine use began only after a period of regularly using other substances, including opioids, cocaine, marijuana, or alcohol.

We also find that many participants reported feelings of loneliness, mental health challenges, or a desire for belonging in the years leading up to their initiation to methamphetamine. More than half of all participants reported receiving mental health diagnoses or experiencing symptoms of depression prior to initiating methamphetamine use.

A history of family substance use was common, with two thirds of participants reporting that someone in their immediate family of origin exhibited signs of addiction or regular alcohol or drug use. Among the majority of participants who did grow up in households where substance use occurred, they reported that alcohol or methamphetamine were the most common among their immediate family.

Several participants specifically shared that methamphetamine use was "normal" in their family or within their community and that their initiation was a by-product of being around the drug and it being normalized in their environment. Participants spoke of being bored or living in communities where there was "nothing to do" other than drug use.

For some participants, extensive childhood exposure meant resisting initiation at a very young age, but eventually falling into use.

"Well, I mean, it's been around most of my life, so I guess there was pressure all the time. You know what I mean? I just didn't give into it. I didn't give into it until I was like 13, 14."

5. Initiation to methamphetamine

The majority of participants in this project reported trying methamphetamine for the first time as adolescents. Approximately half initiated their methamphetamine use between the ages of 10-16. Conversely, initiation use later in life was uncommon, with only six participants reporting that they tried methamphetamine for the first time after age 35.

The transition from trying methamphetamine to regularly using the substance varied across participants. While the majority of participants (N=62) began regular use within the first year, many did not. A small number of individuals reported only occasional use during the first few years after initiation, while others abstained from use for several years after their first use. Those who initiated use prior to age 16 were more likely to wait at least two years before regularly using methamphetamine.

Nearly all participants were able to clearly recall their first experience using methamphetamine, including their approximate age, location of use, the individuals they were with, and their general emotional state or motivation for trying methamphetamine in that instance.

Circumstances surrounding initiation

Most participants (N=65) reported first trying methamphetamine in social settings, either with friends or similarly aged family members (e.g. siblings, cousins). Thirteen participants shared that their parents or older relatives (e.g. aunt, uncle) were the source of the methamphetamine they used the first time. Seventeen participants reported being first introduced to methamphetamine by a spouse, significant other, or romantic partner.

A number of participants reported that they tried methamphetamine in an attempt to fit in, be seen as cool, or to feel more accepted by their peers.

"It made me feel accepted in that group. I finally had friends now. We had something in common. I wasn't stuck on my own anymore. Methamphetamine definitely gave me more confidence. And when I didn't have confidence, that didn't matter, because I was high. You know, I didn't feel that lonely feeling anymore."

Prior exposure to methamphetamine

Approximately half of all participants had previously had opportunity to use methamphetamine and hadn't, while others reported that their first instance of use was also the first exposure to the drug.

A small number of participants reported being unaware that they were using methamphetamine the first time they tried it.

"I was with this guy that told me it was cocaine, and I ended up smoking it out of a light bulb. I couldn't go to sleep for two days, and I wondered what I really did smoke. So I asked him and he finally admitted that it was meth, and I was really upset with him because I was so against meth. I was really against it. It ruined my dad's life. It took him away from me. I was really upset."

Individuals who grew up in homes where substance use and methamphetamine use was common were more likely to share that they had opportunities to use or had been exposed to methamphetamine prior to initiation.

Initial experience using methamphetamine

Participants reported a mix of experiences the first time they tried methamphetamine.

For some participants, their first experience with methamphetamine was largely positive. These participants described their first use as "phenomenal," "amazing," or "euphoric" and often shared that methamphetamine provided a feeling that they had never experienced before.

"When I first used meth, I totally fell in love with it… it was probably like the best feeling ever."

Other participants reported initially experiencing adverse reactions, including anxiety, jitteriness, and agitation. For some participants, these negative first experiences resulted in them abstaining from trying methamphetamine again for a long period of time. However, for others, hearing positive stories from friends led them to use a second time, despite poor initial experiences.

"I actually didn't like the way that it made me feel. I was just really jittery and uptight, and couldn't sleep. And it wasn't a really good feeling the first time I used. But everybody said that it was such a good, good feeling that I was like, 'Well, maybe I should do it again. Maybe I should try it again.'"

Fear and expectations

A number of participants shared that they had a fear of methamphetamine prior to trying it, expecting that they would immediately become addicted, die, or experience other significant and negative consequences. Several cited the rhetoric of the Montana Meth campaign or their school's drug prevention programs as reasoning for this expectation.

"I knew it was not good, not right. And so, I didn't [try it]. It was offered before and I refused it… First time I refused it because I was kind of upset that [participant's partner] was doing those things. And I wanted him to know that I wasn't accepting of it, so I refused it. But once my brother had it on him, and mentioned he had it, and because my kid's father was so consumed with having it and staying high, so I got curious and said, 'Well, let me see what's so good about it then.' You know? Because I was around somebody I trusted. I tried it even though I was afraid… I was around a trusted family member, I was curious, [and] I wanted to know why he loved it so much instead of us."

However, for many of these participants who expected dire consequences from use, these expectations were not met during their first experience with methamphetamine– which made them feel comfortable using again.

"I was really scared at first. There's a lot of talk about meth … I never thought I'd be approached with it. But I was. And then there I was— I did it and I lived afterwards. I was like, 'okay, I'm okay.' And so that's when I didn't believe what I had heard… I didn't die. I was still alive."

"I was really nervous. The first time I did it, I didn't do very much because I was really scared. I had heard that if you smoke it that it would crystalize your lungs, so I only took a small hit, and I didn't really feel anything off after the first time… I figured, well, I didn't die the first time. So, I tried it again."

"In a matter of seconds, I went from thinking it was the worst thing I could do, to thinking like, 'Oh, this is what I've been missing my entire life.' … It was like, I just thought it was so bad. Well, it is bad. But as soon as I took that one hit, it flipped a switch, and I was like, 'Oh, this isn't bad.'"'Oh, this isn't bad.'"

For some participants, the stigma surrounding methamphetamine had also initially served as a deterrent. One participant described how he could justify his previous addiction to opioids to himself, because he wasn't using methamphetamine, which he perceived as worse.

"With the pills, oh, well, I'm not shooting up, so that doesn't make me a junkie, you know, I'm not that. And then when I started shooting up, it was, well, I'm not using methamphetamine – you know, it's those people. You know, there's always something that you can justify your behavior. And so, I think at that point, it was, you know, I did look at meth as different and gross… I had a naive perception of what people look like and who the people were that use methamphetamine. And I didn't want to be one of those people."

Period of time between initiation and regular use

While most participants began using methamphetamine with regularity in the first year after initiation, some described a gradual transition from social, weekend use to regular, daily use.

A small number of participants also reported that several years passed between their initial use of methamphetamine and regular use. For these participants, a traumatic experience or significant life change often served as a catalyst for trying methamphetamine a second time.

However, a large number of interviewees reported regular use or feeling dependent on methamphetamine immediately after initiation.

"I felt like - I felt like I needed it to be okay."

"Yeah, once you get high, you just want to keep getting high and keep getting high. You just want that feeling because there's no feeling out there like it, and it's just like a feeling of no feelings. You're happy and just in a good state, I feel like. But realizing the consequences after, it sucks."

Nearly one-quarter of participants noted that their amphetamine use started with "crank," which they viewed as a different drug than methamphetamine. Many of these participants noted that they did not begin regularly using until the drug changed to become "meth". However, it is unclear if this transition was a product of the changing chemical composition of methamphetamine or ultimately the result of prolonged use of methamphetamine.

6. Circumstances and motivations surrounding use

While participants' individual experiences with methamphetamine and motivations for using are unique, we do identify a number of shared experiences.

The majority of participants described using methamphetamine to numb their emotions and block out reality. Additionally, a number of participants experiencing mental health challenges reported using methamphetamine as a form of self-medication for symptoms related to ADHD, depression, anxiety or other ailments.

Some participants also reported using methamphetamine as a way to boost their confidence and increase a sense of belonging. Most participants used methamphetamine primarily in social situations or with a group of other individuals. A small number reported that as their addiction progressed, they transitioned into solitary use.

A number of participants also reported using methamphetamine in the context of a romantic relationship. While the majority of participants cited their partners as a contributing reason behind their use, others shared that they had introduced partners to methamphetamine.

We also find that approximately half of all female participants reported weight loss as a motivating factor behind their initiation or continued use of methamphetamine.

Using methamphetamine to numb emotional pain, escape from reality

Many participants shared that methamphetamine served as a way to "escape" from their reality. These participants reported using methamphetamine in response to a recent traumatic event, such as the loss of a parent or child, or in response to childhood trauma, including sexual assault or physical abuse.

"Yeah, and that's another reason why I did drugs, was because I didn't like my reality. But then I got to the point where I didn't even like my high reality. I just kept – because I couldn't stop."

"During my first couple of years of using, I had had three children and I went through drug court in [city in Montana]. And during that time, I wasn't meeting all their requirements, and my children ended up getting adopted out. So after that, I went to prison. And when I got out of prison, I wasn't on probation or anything. And so, in my eyes, I had nothing to live for, or I didn't care. And so, I went really heavy, and that's when I started shooting up. I went really heavy into drugs for about three years. And so for me, the using then became a numbing agent of my pain."

Another participant stated that using methamphetamine allowed her to avoid dealing with her depression, sharing that methamphetamine "just kind of kept you floating along."

Many participants described methamphetamine as an instantaneous way to dull or hide from the problems they experienced.

"I was just angry and not taking care of my mental health and was angry at the world. And meth could just make all that go away in an instant."

"It's like a band aid, a universal band aid for a lot of shit."

Methamphetamine and personal relationships

Some participants shared that using methamphetamine provided them with feelings of belonging and confidence in social settings.

"It made me feel a sense of wholeness … I just didn't feel I fit in, I guess. And I felt very, very disconnected with the world and I had a place and what anyone else thought – it didn't matter. And it gave me that sense of confidence that I lacked completely."

The majority of participants also described using methamphetamine in the context of romantic relationships. For some participants, romantic relationships served as the primary driver of their continued use, and many often used alongside a partner or reported being involved in relationships that largely revolved around mutual substance use. Other participants shared that they were responsible for introducing their partners to methamphetamine. Several participants also shared that they used methamphetamine to enhance sexual experiences.

For some participants, methamphetamine use was part of an abusive sexual relationship, in which their abusers forced them to use methamphetamine. Several participants who were molested as young children mentioned that methamphetamine was given to them by the family member or close family friend initiating the abuse. Other participants who had become victims of sex trafficking also noted that methamphetamine was used by their handlers as a means of controlling them.

Using methamphetamine to self-medicate mental health disorders and relieve physical pain

More than two-thirds of participants noted that they used methamphetamine as a form of self-medication. Of these individuals, the largest number used methamphetamine to address anxiety, depression, and symptoms associated with other mental health disorders, including ADHD and ADD.

Approximately one-quarter of participants reported using methamphetamine specifically to help them focus and to mitigate their ADHD symptoms.

"[It] calms me down. It helps me focus, shuts my brain off. Well, not off, but slows it down at least. I can actually focus rather than just constantly going."

"I felt like I could learn, like I felt like I could sit in class and actually pay attention and do the homework."

Self-medication was not constrained to mental health conditions. Some participants also reported using methamphetamine to relieve physical pain associated with arthritis, chronic migraines, and knee problems.

Several participants noted that it felt easier to use methamphetamine to cope with their depression than to navigate the health care system.

"And honestly, it's easier really, if you think about it, to get meth rather than going to, paying doctors and all this, and the doctor bills and everything to get meds and paying for your meds."

"I liked it, yes, but didn't have to use it for the most part. But if I could have gotten other meds to be able to take care of my pain, then I wouldn't have had to use. But I didn't have the money to pay for doctor bills or anything like that. So I didn't go that route."

"If I didn't get my meds, I'll self-medicate. Or if I didn't want to go to the local [clinic] … if I didn't want to go there and get my meds, have them see me all high, I would continue to self-medicate and it would help me emotionally, but the come-down was way worse."

Weight and body image

Approximately one-third of all participants reported that weight loss served as a reason for their continued use or was perceived as a benefit of using methamphetamine. The majority of these were women, with nearly half of all female participants reporting weight loss as a factor in their methamphetamine use.

"I got really really skinny. That was one thing that I liked and why I kept using… I'm not usually very skinny, and I lost a lot of weight. And I remember getting a lot of attention from guys, and people being like, 'Oh my gosh. You look so good. What have you…?' You know? And I'm just thinking, 'Wow. This is such a good feeling. People are actually paying attention to me.'"

Some participants shared that gaining weight after entering recovery sometimes served as a trigger to resume use.

"It did definitely help lose weight. And I was a heavier girl when I was younger, too. So that was definitely a benefit from it… I noticed that a lot of people in recovery, you know, we ballooned up quite a bit when we got sober and then— just that wanting to get back to that being skinny, is definitely a trigger from using, you know, or a wanting to go back out and use."

Selling methamphetamine

Approximately three-quarters of participants reported that at some point during their use, they sold methamphetamine in addition to using it.

"I believe that anybody with a very long-standing meth addiction winds up selling it because … it's expensive. A normal nine-to-five job or whatever won't cut the, you know, several hundred dollars a day habit."

Most individuals shared that selling felt like a necessary means of supporting their own use, as their financial resources were otherwise limited. These individuals often bought just enough to sell to friends to support their use but didn't necessarily sell it to make a profit.

"I would lose jobs because of being under the influence -- couldn't go to work because I was high or was a late a lot and would lose my job for that reason or not care and quit so I changed jobs a lot. it was easier to sell drugs and continue to be high than it was to get a job and deal with life on those terms."

Others described how selling meth provided them with a sense of purpose and allowed them to develop a social network. One participant, who reported being socially isolated prior to his methamphetamine use, specifically described how he enjoyed the attention that came with selling methamphetamine and having people wanting to come hang out with him.

Some participants also shared that selling provided a sense of power.

"Meth wasn't so much my addiction, as it was the power from it. Because when you sell it, you're a god. It's that simple. When you sell you're a god to everyone that uses. They do what you say, when you say, and they'll pretty much do whatever."

Only a small number of participants considered themselves full-time dealers and were actively making profits or working on behalf of cartels. For these individuals, using methamphetamine was often directly linked to their ability to sell.

"Since I was a drug dealer, I was working 24/7, seven days a week non-stop. And to keep up with that pace, you have to be high."

Experiences with other drugs and substances

Participants had a wide range of experiences with polysubstance use. The majority of participants reported using methamphetamine alongside other substances, including alcohol, marijuana, and opiates.

Alcohol and marijuana were the most common substances participants used in tandem with methamphetamine. Some participants also shared that taking opioids alongside methamphetamine helped to "take the edge off" or soften the physical effects of methamphetamine use.

"Shortly after I started using the needle, I was introduced to Oxycontin... and realized that they went really well together. I was introduced to heroin shortly after, and I realized they went really well together too. It takes the harshness away from meth, because meth is really hard on your body… So when you mix those opioids with, it definitely makes you feel just less nasty. It takes the edge off."

"Marijuana didn't really come into effect until the end of my use. That would help me calm down if I had gotten too high. Opiates would bring me down if I needed to go to sleep. So I would use the other drugs to counteract the meth."

"I continued opioid use and for quite some time, my favorite thing to do was heroin and meth at the same time. And I did drink sometimes… if I'd done a lot of meth, I'd be really jittery and really, you know, kind of over the top, out of my skin. So, alcohol sometimes seemed to kind of calm me down, or if I needed a couple hours of sleep, it would help me get a couple hours of sleep."

"I would use meth and then like to have the pills with it, because I didn't like being too high like that… [it would] even it out almost. And then so, if we didn't have any pills or anything, I'd start freaking out. If one of us was too high, then I'd need something to calm me down because I just didn't like what was going on."

"I would get really high on the meth, so then I would have to use downers. So, I would take heroin or pills to calm down so that I wasn't so high. Or I would get too high on heroin and have to use meth to stay awake, because I was just like... I don't know. I used them at the same time though all the time."

A small number of participants reported using methamphetamine in lieu of other substances or in an attempt to counteract the effects of other substances.

"I just got mixed up into harder stuff and then I eventually got a DUI and they put me on to alcohol monitoring. Then I got really heavy into meth because I couldn't drink. So I just cross addicted."

"I had heard that it sobers you up, so I asked her if I could have some because I had to drive home… I took a few hits, it sobered me up enough to where I did drive home, and then that kind of became a once-a-week thing."

"So, I started drinking really heavily when I was [age] and I tried to stop using meth. So, after about a full year of daily meth use… I was like, I need to I need to just stop. But I didn't really understand that I couldn't stop yet. So, when I tried to stop, it just immediately got replaced with alcohol. So that turned into like super heavy [drinking] … until life had become really unmanageable. At that point, I was just drunk all the time. And so, I just went back to the meth to get sober from the booze."

"I would have preferred opiates and benzos than I would have meth. And that's because the opiates didn't feel like a downer for me, they felt more of a stabilizer. And I was in a good mood. I could think clearly. I could go to sleep. I could eat. And I didn't like all that when I was doing meth. I didn't like not eating and looking that part and not taking care of myself properly. So I would stay towards opiates, but when I quit opiates, I was like, 'Well, what am I going to do?' So I did meth. And I still thought I was in control and taking care of myself, but everybody knew. I thought nobody knew—yeah right. So, then it became meth because I was so adamant about not using pills."

However, a small number of participants reported that meth served as their only or primary drug of choice. Some participants who had previously used a number of other substances described how meth "took precedence over everything else."

For some participants, polysubstance use was primarily driven by availability. One participant described that while he preferred methamphetamine, he would ultimately use whatever substances were available to him.

"I used to consider myself an equal opportunity junkie. If I couldn't get meth, then I would use other things. There were periods where, several weeks at a time, I would use cocaine. And then there was a period where I would be doing a bunch of OxyContin… It was pretty much availability – if I couldn't get meth, I would go for something else to keep me going until I got more."

Transition to using methamphetamine intraveneously

"Like the biggest problem in Montana right now, I'd want to say, is not the drug use. It's the IV use."

Many participants started out smoking, snorting or eating methamphetamine, but eventually turned to intravenous use. Many with this experience viewed their transition to intravenous use as an acceleration point in their addiction, where they felt their use became "scary" or uncontrollable.

"But I mean, once you do a shot, you're fucked. Nothing will get you as high as that again, and you become a slave to it for sure. It's the only thing that's addicting about it, I think. I think you could smoke it. I think you could snort it. The cravings aren't really there. It's not as highly addictive as you would think, but once you shoot it into your vein, it changes your life."

"I unleashed a horrible, horrible demon the first time I ever tried a needle."

"And once you cross over to the world of shooting up, it's a scary place, but in your mind, you got it under control in your mind."

Several participants shared that their methamphetamine use had largely been social in nature until they began using intravenously.

"There's a major difference between the smoking and the shooting on my mental state and how I reacted with people. You know, at the beginning of my use, when I was just smoking it, that was more of a social thing… I hung out in a circle of people that were smoking it, but then when I switched into shooting it, it got very dark, it was almost like a whole different drug."

Some participants noted that they transitioned to intravenous use because their tolerance had increased.

"You don't have to sit there and smoke all day long. Or do lines every once in a while. It's just once and you're there rather than… And you stay high longer, so you don't have to do it as often."

"I feel like it brought me deeper into it. Maybe it had a stronger hold on me. When you get to the point where you're shooting up, it's because you can't get high the other ways anymore. You just want to keep using it, so you got to find a different way to make it work."

One participant shared that he solely snorted or smoked methamphetamine for nearly a decade before transitioning to intravenous use, in part because it allowed him to maintain a sense of control over his addiction. He only began using intravenously after his tolerance increased and he needed to save money.

"As long as I didn't do it intravenously, I felt like I had some control – like I had some strength or some will power, you know… After about ten years [of methamphetamine use], I started to use intravenously because my tolerance was so high that I needed to use less to get the same effect so that I can keep my money coming in the way it was. Because as much as I was using, I was just using my own supply without getting the money I was anymore. And so I started using intravenously so that I would use less and still was able to make the money I needed. And so that's how I justified that after a while."

Others described the decision to try intravenous use as a product of curiosity.

"You know, I never wanted to try it, nothing like that. I was good with smoking it and then snorting it… [and then] we were at a hotel room, and him and one of my friends and his other friend, we were talking about, because they all shot up. And I was like, 'Well what does it feel like?' Like I want to know what it feels like, you know – describe what it feels like. And they told me, and it got me excited. I was like, 'Oh, I want to feel that.' You know what I mean? Like I want to feel way, way high like that. And so, I tried it."

For many participants, the shift to intravenous use also significantly changed their lifestyle and their personal relationships. One participant described how his methamphetamine use became all-consuming after he began injecting.

"So, if it could be called manageable at all, my life was a lot more manageable when I was just snorting or smoking it. It seemed like sleep was a possibility, or, you know, I wasn't just quite as spiked so much. But once I injected it, I just used more and more and more and more, because you're chasing that rush."

Other participants noted that their methamphetamine use no longer was "social" in nature after they began using intravenously.

"It's more of a personal affair with the drug because … it kind of takes away a lot of the social aspects of sitting around smoking, because you don't do it like that anymore… once I started using IV drug use it became different."

Many participants described a stigma surrounding intravenous methamphetamine use. For some participants, the transition to intravenous use led to feelings of shame surrounding their use and a recognition that they had developed an addiction.

"By the time I was a year in, somebody introduced the needle to me and that was really, that was hard for me. Because once I did shoot up… I was really, really disgusted with myself. Like that was a line I never thought I would ever cross – it was something I almost prided myself in like, no, I don't shoot up. I don't use needles… that's when reality hit me of, okay, look at where I am right now."

Only a handful of participants reported that they had never injected methamphetamine. When asked why, many noted that it served as a sense of control over their addiction – if they didn't use intravenously, they didn't really have an addiction. Others noted that they never wanted to become "junkies" and that resisting intravenous use was a line they felt committed to not crossing. Some simply stated that they were too scared.

"I'd see them [IV methamphetamine users] do it and it just kind of grossed me out, you know, that I'd be sharing needles or stuff like that. I still have that kind of conscience about it."

"I'm too scared to inject it. I've always smoked it, snorted it, ate it. I never injected it."

Violence and methamphetamine

Nearly all participants reported experiencing violence during their methamphetamine use, either as victims or as instigators. One participant specifically noted that "violence comes with it."

"Because when people get high on meth, like I said, you feel like everyone's out to get you... Your sense of fight or flight is so elevated that you feel like something bad is going to happen to you, so you want to take action before that happens. And you end up hurting somebody because of something that's going on in your head. That kind of stuff happens all the time."

Participants who had reported selling methamphetamine were almost all victims of violence, often in the context of users trying to steal methamphetamine. A small number of participants also described violent experiences with drug cartels.

For some participants, violence was also related to the paranoia they experienced while using methamphetamine.

"I started dealing it, selling it, making it and living in that… like I said, you become paranoid. And so, you know, you do things— like, I've had guns and stuff to protect myself. And, you know, I've just really been around that, that bad life, you know, so, yeah, it's in it. There is a, there is a point where it does become violent, you know, where you're involved in it."

For others, violence was part of the social context of use, where it was common to steal from other users or fighting to access methamphetamine.

Many women who used methamphetamine in the context of relationships also reported experiencing interpersonal violence.

"My boyfriend is violent when he gets on meth. He likes to physically abuse me. Or he thinks I'm cheating or I'm doing drugs without him. And I was in that relationship for a long time and I'm still having a hard time getting over him because what we were doing wasn't healthy."

7. Effects of use

When reflecting on their history of use, most participants identified a number of effects that methamphetamine had on their personality, appearance, family and social life, and their personal identity. While many participants reported "positive" experiences during the early stage of use, almost universally their methamphetamine use resulted in an escalating series of negative consequences.

Despite reporting an increased sense of control, freedom, confidence, and invincibility during their initial phase of methamphetamine use, as they progressed, many participants became increasingly aggressive, angry, isolated, or depressed. Most participants also recalled how their personal appearance changed during their use, including significant weight loss.

As participants came to realize their dependence on methamphetamine and how their use had impacted their lives, many reported feelings of disappointment and shame. For many participants, their methamphetamine use became a core aspect of their identity, in which they struggled to envision what a "normal" life would look like if they ceased use.

Changes in personality

For nearly all participants, methamphetamine use was associated with changes in their personality and emotions. These effects evolved over the course of their use, with most participants initially experiencing effects they perceived as positive, but eventually undergoing more negative impacts as their used deepened. Many participants shared that initially, methamphetamine provided them with feelings of confidence, control, freedom, and invincibility.

For several participants, methamphetamine provided a welcome boost to their self-confidence and allowed them to overcome their social anxiety.

"It gave me more confidence than I needed."

"I felt way better. I was really shy. Like, I used to be really shy and it helped me talk to people – like nonstop talking. But still, it was like it helped me open up and it made me feel better about myself. Because I was uncomfortable with my image and who I was."

"I wanted to be accepted. And yeah, my mental health wasn't in a very good spot... I didn't have much confidence, my self-esteem was very low… Being an introvert, it just gave me confidence to where I talked about things and had conversations and things that I just wouldn't have normally had to had the courage to speak about."

Feelings of "invincibility" were also common, with a number of participants describing feeling "like Superman" when they used methamphetamine.

"[I felt like] Superman – nothing can touch you and you're on top of the world. There's honestly no other feeling on earth like it."

"It took all the nervousness away. When I did it, I felt like I was superhuman. I felt like everybody was going to accept me and everything I did. They were going to welcome it."

A number of participants also shared that methamphetamine provided a boost of energy and allowed them to become hyper-focused and more efficient.

"[I would] stay up all night and clean."

"I felt like I can accomplish anything and I was getting ahead on work in school. I was doing a lot more things I felt that I couldn't have done."

A small number of participants, however, reported negative consequences, including increased aggression, anger, anxiety, and depression, early on in their use.

Despite differing initial experiences, all participants reported that methamphetamine ultimately resulted in negative changes to their personalities and their emotional well-being.

"I didn't realize how at first it made me so social and everything and then maybe at first when I got high, it would, but really, I was so the peak of all the fun and everything and all the greatness, very quickly mudslided down into this really dark pit. And it was a really dark place and I'd only want to be around other people that were down there too, because it's the only people that you can relate to."

Many participants shared how methamphetamine had changed their morals.

"It changes who you are, you lose your morals, you lose your ethic."

"All of your values and morals just get shut off when you're high. It's like they're just not there anymore. You're a totally different person."

Changes in appearance

Most participants describe physical effects of their methamphetamine use, including significant changes in their personal appearance.

"But then once I did meth in it, of course changed my weight and I did lose weight. That was also a reason to keep like, this is great. I feel great and I'm getting skinny and this is, I feel I have a lot of confidence. But then there's the downside to it too. I really, I looked horrible. My lips were all white and gross and I did start getting sores on my arms and stuff and my face. You can just see it coming out of people's skin sometimes."

Some participants shared that they were largely unaware of the dramatic changes in their personal appearance, and that it wasn't until they entered treatment that they realized how much they had physically changed.

Changing relationships with family and friends

Many participants shared that their relationships with family and friends were damaged during the course of their methamphetamine use.

For some participants, they became increasingly isolated from loved ones while using methamphetamine and consciously broke off contact with family and friends. This was most often because participants didn't want their loved ones to see them actively using methamphetamine. Some participants also mentioned that they didn't want to be in a situation where they were tempted to steal from their family members.

"I completely avoided my family, my mom. I just don't want to be around her when I'm high because of a respect thing, because I do absolutely adore my mom. I don't want her to see me like that."

"When I'm using, I don't contact my side of the family. They know when I'm using, they don't hear from me. Because I just don't want them to be involved in my life, and I don't want them to know what I'm doing. I'm ashamed of myself, and I'm really disappointed in myself."

Other participants shared that their family actively avoided them while they were using.

"There wasn't any relationships with any friends or family, because it was all just dysfunctional, really unhealthy. And so the family pushed me away… people don't want somebody that's unpredictable around, you know, and I just, I, anybody that was riding on me are, you know, I felt like, was putting me down, I didn't want to be around them. So I stayed away, and that included family and any real friends. You know, the only people that I hung around with were the people that were actively using."

Many participants also mentioned that their social networks increasingly consisted of fellow methamphetamine users.

"Once you start getting into the meth, your circle gets smaller and those are the people you seek out -- the other people that can get high. So you pull away way, you know, you might pull away from the successful people that are, you know, are drinking and stuff, but they're not. They might not have a problem. Yeah. So then you pull away from those people and you start getting into the darker circles and honestly, a lot more crime."

Some participants also noted that their relationships with fellow users also changed as their use progressed, especially after transitioning from smoking or snorting methamphetamine to intravenous use.

"My friends kind of changed—my group of friends when I started shooting up, I wanted to only be around those type of people. I didn't want to have my old friends that weren't as high or my friends that were sober, because I didn't want them to look down on me. And I wanted to be okay with my lifestyle."

Feeling unable to escape methamphetamine use

Many participants shared that as their use progressed, it began to feel like they were unable to see a way out from their addiction.

"I was using it to escape, but I hated being in that situation, but I didn't know any other way to get out, so I just used more."

"Once I started, there was no way to stop. There was no other option. The only option was handcuffs, that would get you to stop."

"I felt hopeless and stuck. Like I was too far gone, like I was never going to be able to ever have my normal life again."

Some participants described their methamphetamine use as cyclical in nature – they often felt like they had to continue using to numb themselves from the reality of their addiction or the life circumstances that had resulted because of their use.

"It's a little bit of a cyclical type of thing, like a pendulum. You know, you go from one end to the other end to the other end."

"I wised up for a while, but I went downhill for a while and I went to treatment, and then I got the help and then I sobered up and then kind of fell back into it again. Just in and out of the meth life. It's crazy how it is. It just, it ruined everything in my life. It destroyed everything."

"The longer you use, the worse your life gets – which somehow makes that high that much better, because everything's falling apart. You can't just stop. It becomes cyclical."

Many participants also spoke specifically of the "control" that methamphetamine had over their lives. One participant described how he had made a decision to stop using after a stint in prison but found himself unable to maintain sobriety.

"I decided that I was going to stop using. I always thought I could stop if I wanted to, I decided that I was going to stop. And then I just did it again anyways, even though I didn't want to. And that's kind of when I realized that I couldn't help it and I didn't have any control over it."

A participant who had been a victim of sexual assault shared that realizing the control methamphetamine had over her served as a turning point toward recovery.

"I never want to be controlled. Like no one can tell me what to do, I will choose to do it if I think it's right. And I realized how much meth controlled me, and it made me mad."

Many participants noted that even though they could see the damaging effects of their methamphetamine use, they felt powerless to stop. One participant described it as "an evil drug" for this reason:

"I guess I call it an evil drug. And the reason I call it evil is because I've never encountered anything that I can see right in front of me all the devastating effects that it does have in my life, but I still want to use it so bad and so it just makes you do things that you never thought you would do in order to get it."

Another participant described how even after recognizing the negative consequences of his methamphetamine use, the substance remained an even more "powerful" force in his life:

"I can make a list on a whiteboard of all the things that I know are detrimental to my life because of the use of methamphetamine. But really, I can only think of one benefit instead, that makes me feel really, really good. And it's just crazy to me that that, you know, something can be that powerful, where you know all the terrible things that it will cause. And that you lose your family, lose your business, your health, on and on and on. But still just for that feeling, sometimes, yeah, it feels like it's worth it, which is crazy."

A number of participants described how all-consuming methamphetamine use was, to the point where it ultimately became part of their identity.

"I think just because I felt like I developed a self within using meth. Because of the way that it made me think and the way that it made me feel, I felt comfortable being that person. I felt like I was hyper-intelligent when I was using meth and I felt like I was somewhat invincible, I felt different than when I'm sober. I feel like a completely different person."

Feelings of disappointment with self

Some participants expressed feeling disgust, disappointment or shame after realizing how dependent they had become on methamphetamine.

"At first, I didn't see any problem with doing it. And then after about four years of me dabbling on and off, trying to not do it, I became more and more shameful about being an addict."

One participant shared feeling disgusted with herself after she transitioned from snorting and smoking methamphetamine to injecting.

"Because of the negative thoughts that I felt about myself, like when you're just really ashamed of yourself and I really couldn't believe it. I think that's when really up until then it was a fun thing, even though I had gotten really deep, but it still had that funniness about it. And at that point that's when I really realized how much I was trying to numb feelings, because I didn't recognize that before."

8. Treatment

Participants were asked about their experiences with various kinds of treatment, including inpatient and outpatient treatment as well voluntary and involuntary treatment (e.g. court ordered treatment in the justice system).

All participants in this needs assessment reported having entered a treatment program for substance use disorder at least once, although not all participants had entered treatment specifically for their methamphetamine use.

Approximately one-fifth of participants reported only one experience in treatment. Of those, approximately half were still in their first year of recovery, while only one-quarter reported three years or more since their last instance of methamphetamine use.

Many participants (N=47) reported at least three experiences in treatment. At least 25 participants have been in treatment five or more times. Eight participants reported that they had been in treatment but could not recall the specific number of times.

Participants reported a wide range of experiences with treatment programs. Many participants emphasized the importance of behavioral therapy that allowed them to work through past trauma, develop healthy coping skills, learn how to trust others, and recognize patterns of behavior. Treatment plans that were individualized, rather than "cookie cutter" or one-size-fits-all, were also viewed as more effective.

Many participants emphasized that they benefited most from treatment programs that treated recovering users as "human" and provided participants with some level of autonomy in the treatment process. Many participants spoke about the importance of having counselors and staff members who genuinely cared about participants. Participants also felt that counselors who were in recovery themselves were most effective. These counselors served as a source of inspiration for some participants. If they were able to maintain recovery, so could the participants.

A large number of participants felt strongly that 30- and 60-day treatment programs were not long enough to sufficiently address participants' addiction and provide a foundation for sustained recovery. Many participants were also skeptical of involuntary treatment, noting that they did not truly benefit from treatment until they came to a decision to quit their methamphetamine use. Some participants also shared that their own recovery was hindered by being in treatment with individuals who were perceived as trying to manipulate the system or just bide their time until they were released.

While experiences regarding inpatient treatment, including programs affiliated with the Department of Corrections, were mixed, participants who had been involved in the Drug Treatment Court system largely had positive experiences and credited drug court with allowing them to maintain their sobriety.

Decision to stop methamphetamine use

Participants shared a variety of reasons why they ultimately decided to cease methamphetamine use.

For many participants, the decision to stop using methamphetamine was directly tied with being involved in the justice system. For parents, losing custody of their children also served as a motivation to enter treatment.

One participant mentioned that she is completing treatment so that she can regain custody of her child.

"And I always keep my promises to my kids. And so here I am."

A large number of participants also reported that they were worn down and ultimately came to the realization that they didn't want to continue with their current lifestyle.

"I was just tired. I was like, I was super tired… My soul was just tired."

"It got to the point where I had the realization, I'm tired of this. I don't want to live like this anymore, so I quit."

"Living that lifestyle for twenty-six years, I was just tired of it. I was just tired of it. My body was tired. My mind was tired."

"I was just tired of living the life that I was living. I thought I was going back to prison and I was just tired of it. Tired of being a drug addict, tired of everything that came with this life."

One participant shared that she "had to get miserable" before realizing her dependence on methamphetamine.

"I didn't get it until I was so miserable – I wanted it and needed it for the sake of my life. But I had to get miserable. I've always known that there was more. But I just have never gotten miserable enough to take the chance of giving up my way of thinking for some other way of thinking and living. And so I finally got good and miserable, and that's what drove me to where I am today, I believe. Because I finally realized that I too, play a role in my circumstances."

Many participants shared that recognizing their own dependence on methamphetamine took some time.

"Honestly I probably wouldn't have said I was dependent until my kids were removed from my care and I couldn't quit— or chose not to quit."

Behavioral therapy and individualized treatment plans

Many participants reported benefiting from behavioral therapy during their time in treatment. Participants identified skill-building and developing coping mechanisms as important factors in their recovery.

A large number of participants also described the importance of processing traumatic life events, past relationships, and other life experiences tied to their substance use.

"I feel like treatment really isn't about the drugs. That's the easy part. It's all the behaviors and stuff that we've picked up along the way since we started using that keep us stuck in the disease, stuck in our being so sick. And so, it's just really learning and understanding who you are… and it takes time. I don't think that 30 days and 60 days... Those treatments aren't enough."

Most participants also spoke to the importance of individualized treatment and individual goal-setting activities. The use of packets, videos, and one-size-fits-all treatment plans were largely seen as ineffective, especially among participants who had been in treatment multiple times and often were given similar materials each time.

"I think that different approaches work better, like individualized therapy and case management on a case to case basis is a lot better than just doing packets. Because packets can't heal what's happened to you in your life and how you perceive that. Doing drugs is just a byproduct of our lives and how we feel. If we were to be able to change the way we perceive what's happened to us and who we are and stuff, we could stop using drugs. And packets won't change that."

A number of participants also shared that they valued a sense of agency and autonomy in their treatment.

Caring staff and importance of being treated as a human

A common refrain from participants was the impact that caring staff and counselors had on their recovery. Many participants also spoke of the importance of being treated like a human with value, rather than just an addict.

"And I think the people make a difference. The staff make a difference, because here, all the staff care so much about you and they want you to succeed. Every single one, they care so much. And being in the drug world, people don't care about you. And so I think we need that, we need people to believe in us and just be there for us. Even with our troubled times, because it's hard for us adjusting, and hard for us to really feel like that people care."

Length of treatment programs

Many participants believed that most substance use treatment programs aren't long or involved enough to facilitate long-term recovery.

A participant who began methamphetamine use as a teenager and had entered treatment multiple times believed that short-term inpatient programs were not sufficient for establishing and maintaining sobriety.

"People that have been using since they were teenagers—you know, you can't fix something in 30 days. There needs to be aftercare, you need accountability… And a lot of people in this system, they got a problem with authority, obviously, and when you put them in a program that's supposed to be helping them and you want them to open up and talk about stuff, and then you're being hard on them and pushing them. You can't push that stuff… I mean, some people may get mad, but I honestly think that treatment needs to be longer and there needs to be more sober living homes."

Another participant shared that the benefit of treatment was greater if individuals were able to maintain sobriety for several months, either prior to entering treatment or through a longer treatment program.

"I feel you need to be in treatment clean and sober more than a week or thirty days really to get the benefit of it. I mean, seeds are planted, but thirty days really does nothing but get you clean for thirty days. I feel the longer I was clean, when I sat in jail for three months and then went to treatment, that treatment did more for me than the first two."

Motivations during involuntary treatment

A large number of participants shared frustrations with involuntary treatment, either from their own experience of entering treatment involuntarily, or from their time being in treatment alongside individuals who weren't ready to quit their methamphetamine use.

When asked what aspects of treatment seemed most ineffective, several participants stated that treatment that was "forced on somebody" was not useful. Many participants viewed involuntary treatment as largely ineffective for individuals who weren't yet ready to enter recovery.

"Some people are not ready to change. If nothing changes, nothing changes. You can't force someone to change. You could help them, but if they're not willing to do the work, then you can only do so much. Otherwise, you're just talking to a brick wall."

"I don't know, when I make a decision I quit – you can give me all the tools you want, which is cool, but until you're ready to quit, you're not going to quit. And forcing someone isn't going to make them quit… You've got to be sick and tired of it all."

Some participants spoke of having an "ulterior motive" – primarily to get out of legal trouble or avoid going to prison – during their time in involuntary treatment.

"…there was always an ulterior motive [with involuntary treatment]. I honestly don't feel going into those - my intent was never not to use again. My motives were personal, ulterior motives, it was not 'get clean,' it was to get out of trouble."

"I wasn't ready for treatment when they did it. They forced me to it. So I just did it because they wanted me to. I have to say that when people want to get sober, that they will, once they get help."

"Being sentenced to it kind of deterred me. I was, I didn't need it. So that belief in myself, yeah, I was kind of a resistant to it, I guess."

Some participants viewed being in an involuntary treatment setting, around individuals who were resistant to treatment, as detrimental for their own recovery.

"I think that yes, bringing people to treatment that don't want to go is effective because you get clean time. But I think that if someone is resistant to treatment and doesn't want to go to treatment, 90% of the time they're just going to end up lying their way through it and using anyways when they get out. I've done it a lot of times and I know people that do it right now even. I mean, when you're forced into treatment, it doesn't do a lot. I think that a lot of these programs should be voluntary programs that you could go to if you want help. I don't think that we should be forcing people to go to treatment. Because it just forces an environment that's negative… If it was by choice, everyone would be more serious and it would be more helpful and it would be trying to build each other up. It would be like a network of people I could rely on when I get out of here, instead of a bunch of people that are back in prison."

Another participant noted that the length of involuntary treatment was not sufficient for individuals to become receptive to treatment and want to change.

"So a lot of times when you get into a state funded program, you're kind of getting pushed through. You know, it's all about that time limit, and I don't think that's right. I think people in the beginning, you're going to get people that – so I'm the most manipulative person I know, and all those characteristics, they don't just go away when you stop using. And early in recovery, you're going to get somebody that telling you that they're trying to get pushed along right with it. But sometimes, a lot of times, a person needs a lot more treatment, like intensive outpatient after inpatient. They, they need to touch on more trauma."

Experiences with the drug treatment court system

One-third of participants reported being involved with Montana's drug treatment court system, including family drug court and veterans' treatment court, at some point during their lives. For most participants, drug treatment court served as a positive experience or a catalyst for recovery.

"Drug treatment courts saved my life. They held my hand through all of that [a violent sexual assault]."

"I've had an enormous amount of help here. This community up here is probably one of the best, helpful networks for veterans and people in treatment that I've ever seen… The way things are run and done here, if it could be expanded on a level like this, and I know nothing's gonna be exactly the same, but I think it would do wonders."

"They're really, really, really hands on and they're really awesome people. I'm really happy with them."

One participant shared that the combination of accountability through drug treatment court and his own willingness to change has been especially impactful.

"It's helped me become accountable for my myself. It's kind of discovering things that I was avoiding and helped me deal with those things… I've really embraced it and I've taken it really seriously. It was myself who wanted to change. I mean, treatment court wouldn't change it unless I was willing to change and I was willing to change."

Another participant noted that drug treatment court was effective because it showed him that someone cared and was willing to give him a chance.

"It was being stable and the fact of knowing that someone actually cared and wanted to see you do good. As long as you're telling them what's going on with you, they're willing to work with you if you're using or if you're doing good and you're having a bad day or anything. As long as you're honest with them, they will figure something out with you."

Participants were most often directly connected with drug treatment courts through the justice and child welfare systems. However, several participants noted that they had to advocate for themselves to be considered for the program.

One participant shared that she had requested to become involved with drug court after a fellow Narcotics Anonymous member had recommended it. However, she noted, that since she was not actively engaged in the justice system, she was only able to get into drug court because she had an open case with Child and Family Services.

While the majority of participants had largely positive experiences with drug treatment courts, a small number expressed frustrations about balancing all the requirements that were expected of enrollees.

One participant noted that a challenge he encountered during his time in drug treatment court was "probably taking all the time off work, because it's so hard to first of all, find an employer that's going to be flexible with you."

Another participant felt like she often wasted time checking boxes, despite entering drug treatment court with a full-time job and a home. She emphasized the need for individualized treatment plans that took participants' individual circumstances into account.

"I feel that when I entered drug court, I had employment and I had housing. And I do feel that their program is good for people that don't have a job, by keeping them busy and stuff like that. But for people like me, who work five days a week and then see their kids on their days off, with all the things that they have us do, it's kind of hard. I mean, I've managed to do it… and a lot of the assistance has been helpful… But a lot of the expectations that they expect from you is very hard when you work full time."

Some participants also had concerns with the "fear-based" tactics used in drug treatment court, noting that the fear of being sent to prison made them less willing to be honest and forth-coming with their counselors and parole officers.

9. Recovery

Nearly all participants reported being in recovery from methamphetamine. However, participants were at many different points in their recovery. Half of all participants reported that they had used methamphetamine within the last year, while less than 25% reported being three years or more into their recovery.

Only thirteen participants shared that they did not consider themselves to be in recovery. Of these, most were actively in a treatment program or were in the first two months of sobriety.

Participants shared what has strengthened and supported their recovery, as well as the challenges they have experienced or anticipated encountering as they worked to maintain their sobriety.

Many participants emphasized the importance of family and social support and being involved with community-based support programs and twelve-step programs. Participants also shared that having goals, taking ownership of their choices, and having structure in their lives were important to staying on track.

Participants shared that re-entering society with a felony conviction after being in treatment or a Department of Corrections facility and needing to break ties with family and friends who were still actively using methamphetamine were significant challenges. Participants also reiterated their desire to be treated with humanity and shared how being labeled as an "addict" by society hindered their ability to find employment, become engaged with their community, and remain motivated to stay sober.

Challenges with returning to community, interacting with peers who continue using

Many participants described their community and social environment as being a challenge for their recovery.

"I know it's going to be horrible. Those seemingly unimportant decisions of going down the same road that I used to go to or going to my friend's house or even driving by my friend's house are going to be the challenges for me. The people… I know there's some people from prison that I used to run around with and sell drugs with and they're going to be there, and I know that there's going to be unhealthy people there. And I think the hardest challenge is just to have it in front of me, I think. Because I think even though everything that I learned here, if you put it in front of me, it's going to be hard for me not to use because it's just easier for me. Taking the easy way out is another challenge that I have."

A large number of participants expressed concern about maintaining their recovery while still being around family and friends who were still using methamphetamine. For many participants leaving in-patient treatment or ending a period of incarceration, these family and friends served as participants' sole source of housing or social support.

"The biggest challenges will be being around my friends that aren't getting help. Acknowledging them. There's so many barriers that are there because meth is on every street corner. Meth is everywhere. And staying sober and working a program is going to have to work for me."

"[A challenge is] not going back to my old using friends, because I feel like I'm so alone that I just want to call them, because that's what I'm used to. And that's just going to be a challenge, is the lonely feeling."

Others shared that they've had to cut ties with family or friends who were still actively using substance use.

"People that are actively using and making me feel like just a piece of crap, like I'm better than they are, because I don't hang out with them anymore—I wish the best for those guys. And I'm not putting them down at all – as a matter of fact, I tried to get them on board. But I can't feel spiritually just bankrupt anymore. And I just refuse to do that. So when I see everybody, you know, and you know, over here in [city], everybody's strung out on meth and heroin. I mean, it's ugly. I mean, people are, it's ugly everywhere. But so there's challenges with that."

Taking ownership, establishing goals, and creating structure

Several participants noted the importance of developing systems that kept them busy and held them accountable during their recovery.

"Definitely reaching out for help would be a challenge because I have a hard time with that. And I can't do it on my own and I have to remember that. And I think I am going to need to do exercising – it definitely helps me get through my day. I'm going to probably find some hobbies."

Other participants emphasized the importance of setting goals and prioritizing achieving those objectives over substance use. For many participants, these goals included finding employment, gaining education or job training, or reconnecting with their children and family.

"Just having goals and having a structure and not forgetting about what I've been through. Because as time goes by, it's easy to forget how bad things were, how difficult things were. I don't know, you tend to forget about the bad and you think you're stronger than you are and it's not going to be that way anymore – that you can control things. But it's not like that. So, I just got to be able to remember and just have goals and stay busy. I think a big thing is having a lot of free time to where if you have days with nothing to do, no work or nothing, and then you're more likely to start thinking about those types of things like using and it makes you more susceptible to just falling back into trying it."

One participant reflected that a lack of structure and systemic support was a factor in his relapsing, and emphasized the need for long-term resources to promote accountability and provide structure in recovery.

"The thing that I think would have deterred me would have been more resources immediately available. Like as soon as I got in trouble, if I had a probation officer the entire time that pushed me to do better and was involved in my life and pushed me to fulfill the obligations that I have with the courts. I feel like if I'd had some more structure for a longer period of time, I would have stayed okay. Because it wasn't until later things fell apart… I was doing good. My life was on a good track, but [the monitoring system] gave me too much rope and I just hung myself with it."

Importance of support

Participants described the importance of personal support, whether from family, friends, or recovery groups, in maintaining their sobriety and building a new life "from scratch."

"I think the struggle is how far in the hole a person can get. You get so far –don't take care yourself, your teeth, your bills, your car. So, when you start over, you're starting from scratch. You've got nothing and that's hard."

Many participants also described the importance of recovery groups such as Alcoholics Anonymous, Narcotics Anonymous, or other forms of peer support and accountability in maintaining their recovery, particularly in the transition period from inpatient treatment or incarceration back into the community.

"My biggest challenge is going to be relationships with people, meeting new people… [Recovery groups] just give you the people that are doing good that go there and whatnot. They're people. It helps you get involved with people that are in recovery, and the people there are just like—you go and do stuff. So it's like having fun in recovery and whatever. I know that is a real good support thing, and it helps you intermingle back into the community and find some people that aren't using."

One participant reflected on how his children inspired his recovery.

"That's what motivated me into changing my life and making the decisions to not use drugs, alcohol. It's taken my life away from their life all their life. I haven't been there, and I've been there just periodically in little spurts, a couple months and this and that. This is a sad thing to know, too, is that I probably know my kids more through visitations while being incarcerated than I do being home with them, interacting with school yard, riding horses or playing sports with them or taking them on at McDonald's or anything. I know it's a huge part of a child's life to have me in their life. And that's what motivates me to get through this, to get out to them and try to give what I got left back to them."

Importance of being treated as a human, not labeled as an "addict"

Much like with treatment, many participants also shared that being treated as human and not simply labeled as an addict made a significant difference in their recovery journey. Participants spoke of the challenge of living in a community where they were judged by their past substance use.

"Yeah, and that's huge part of recovery – if you're just known as an addict, that's what you are in society. If that's all you are in society, a drug addict, there's really no drive to create a different you, you know, there's really no drive to be someone else, to be a different person, to be better. That's a huge downfall for a lot of people seeking recovery is that there's no real help, you know. They're just an addict, and that's what they are, and nobody really extended themselves to help."

Challenge of re-entering society as a felon

As participants reflected on what challenges they had experienced or anticipated with their recovery, several mentioned the challenge of re-entering their communities after time in the corrections system or in court-mandated treatment.

"I think just always knowing that I have felony. This part always challenges each and every one of us that are felons that have a number that any simple mistake could put us right back into prison, whether if we're using drugs or not, it's the choices we make. And if we're not abiding by those, it can cause a person to go right back into their criminal activity."

Several participants expressed concern that they hadn't developed life skills necessary for living on their own. Others noted that they lacked the resources to successfully re-enter society, especially with the stigma of past addiction and felony convictions.

"Taking us off the street and locking us up is not the cure, because it just stops time. Eventually, whether we like it or not, 80% of us are going to walk the streets again. I might walk your streets. I might even be your neighbor and how do you want me coming out of prison when it comes to that? Do you want me to be void and hopeless or really have some good foundation set up? Give me resources to the community that I'm going to."

"Jails and prisons don't teach us life skills. A lot of people go from prison to pre-release, and then from pre-release, you get to the street, and then from the street they go right back to prison. And then you sit and you ask, 'Well, what happened?' Well, I found out life is real. I have to pay bills. I didn't know that you had to pay for gas. I didn't know I had to pay for water, so I didn't pay it. And then that led me into something else and then when I was crunching for money for that specific thing, I ended up having to commit a crime to try to get money to pay for that certain thing that I had no idea about that I didn't learn about when I was in prison that I probably should have known was coming anyway."

"And, are they going to just be back at the same place in a few years after you've spent $30,000 a year to keep them in prison? I think we have these big costs, these investments around justice system but then we're not doing these things that, as you say, help people to actually survive on the outside. Most people aren't getting a life sentence. You can educate me until I can be a Mensa member, but what is that going to do for my real life? When I have to say, 'Okay. Now I got to get a job. I have to pay some bills,' because there's nobody teaching us that. And a lot of us haven't learned that in our lives growing up at home."

Financial implications

Many participants shared that the draw of selling methamphetamine was a hinderance to their recovery, especially if they perceived that selling it was one of the only viable pathways for making money after being labeled as an addict or felon.

One participant described why he found himself relapsing and selling methamphetamine, despite maintaining months of sobriety while in prison.

"I had high intentions for myself again once again, but then one of my really good friends was selling pounds of it [meth] when I got out of prison. I mean, money's a huge thing. You get out of prison, you don't have nothing. You don't have nothing at all."

Another participant – who was currently employed – shared that the choice between selling drugs or taking a minimum wage job was a difficult one for many recovering users.

"I feel like a lot of cases we don't give people a real chance. You come out of prison with thousands of dollars of fines, you're a felon, you know… If you come out of prison with felonies, you know, you can have a hard time getting a real good job and then how are you gonna pay off your fines anyway? … I mean, especially if you're selling drugs, right? If you're selling drugs, and all you can do is go flip burgers for 10 bucks an hour, you know, what are you gonna do?"

10. Experiences with Montana Justice System and Child Welfare

Most participants had experiences with Montana's criminal justice systems. The majority (N=87) reported that they had been arrested at least once in connection to their methamphetamine use.

Some participants credit being arrested as a turning point toward recovery. For many participants, the justice system served as the only opportunity for receiving treatment for their substance use disorder.

Despite this, participants shared many challenges they encountered while incarcerated or while navigating the justice system. Participants shared how experiences in jail had hindered their recovery or created new sources of trauma that spurred their substance use.

A large number of participants also expressed a desire for a more structured and widely-available pre-release system that is better integrated with community-based support services, like Alcoholics Anonymous and Narcotics Anonymous.

Almost half of participants also reported experiences with the child welfare system. While some participants shared that the child welfare system provided needed structure and accountability for receiving treatment, many participants shared that losing custody of their children or having negative experiences served as a catalyst for their methamphetamine use.

Justice system as avenue for treatment

Many participants' only experience of treatment was through the justice system in Montana. In fact, some felt that they needed to commit crimes or to turn themselves in to law enforcement in order to receive help.

"There were times where I would beg. Like I would see cops drive by, and I'm like, I'm ready to go to jail. Like I'm ready."

"I would say that the decision to stop using was not by me, it was by the court. And I remember feeling so happy when the judge put me in jail. I knew that I was going to stop, and I went to treatment from jail."

Other participants noted that they needed to not only commit a crime, but a felony, in order to receive treatment in Montana.

"You have to commit a felony to get noticed here in Montana."

One participant mentioned having numerous misdemeanors, but only being assessed for substance use disorders four times and offered treatment twice. It was not until a felony conviction where she entered inpatient care.

Another participant shared that she had previously tried to get into a treatment program but couldn't afford it. It wasn't until she was arrested that she was able to receive treatment..

"But I needed the treatment. The sad part about it is before I got in trouble, I was trying to reach out for help to go to treatment. And there were no options available for me, you know, unless I had like $20,000 to go to a treatment center. So, it was kind of unfortunate that I had to get a felony before I could get the help I needed. And I see that happen a lot."

Experiences in jail

While many participants noted that jail provided an opportunity to detox, a number noted that the jail environment had a detrimental role in their recovery, and at times, even spurred subsequent criminal behavior.

"The prison mentality or the jail mentality is just different. And it puts you in a criminal mindset. And so I think, people who weren't otherwise criminals, people who were just guilty of possession of drugs, you know, that just had an addiction problem, learned how to become criminals, and how to, you know, I guess further manipulate society in order to get what they want."

Most participants did not report receiving any form of treatment in jail, but some participants viewed jail stays as an opportunity for them to detox from methamphetamine.

"So I would do that, get better. And then I would think, 'Well, that's the place I need to go to get well and stay away from these drugs, is jail.' So it became a way out."

Some participants expressed frustration that treatment and recovery support services were not readily available while they were in jail.

One participant stated that she had asked about getting a Narcotics Anonymous group started while she was in jail but was told it wasn't possible

"Yeah, a lot of people, they end up in jail, and if they could be offered some form of a stepping into a recovery situation while they're in jail, there could possibly be more opportunity for them to not use when they get out. But now, you just go in, you get locked up, you go through your DTs, you get out, and get high again."

Reflections on DOC Treatments Centers

Participants had fairly mixed opinions of Department of Corrections treatment facilities. Many participants primarily valued the length of these programs and felt like multiple months of in-patient treatment provided more time to attain sobriety, gain access to mental health services necessary to understand their addiction, and develop habits and coping mechanisms necessary to maintain recovery after completing the treatment program.

However, many participants also expressed frustration by the use of shame-based tactics and the lack of personalized treatment plans.

"I don't really agree with this shame-based treatment stuff. I don't—not at all. I think that learning about your core beliefs and dealing with some of your past issues kind of works. But that's about it. And I think the time away from using and stuff helps. But the rest of it I don't really agree with too much, to be honest with you. I think that if they were to do more of a positive setting, I think it would work a lot better though—rather than focus on all the negative crap. Because most of us know what we've done and the harm we've caused each other. And to basically take us down the whole time, and then kick us out to the streets—it don't work."

"These programs should be designed to more up-bringing somebody, instead of trying to break them down and then try to rebuild them back up. Because to me, when the program does that to you, the likelihood of you making it when you get out is slim. When you come to a program like this, you should be able to be just worked on, be built up."

Many participants felt like the reliance on "one-size-fits-all" packets and treatment plans wasn't effective for many individuals.

"I like it more on a one-on-one basis, I guess. Where I can say, 'These are my problems. This is what I know I need help on. This is why I keep using.' Instead of saying, 'Well, here's your treatment plan. You guys are all doing it,' and everybody in this whole place has the same treatment plan. Whereas if it's more on a personal basis, I'll get more out of it, instead of keep sending someone through the same thing and we all learn the same thing… I understand, yeah, a lot of it's behavioral, but I need to work on my issues as well that I know that I have. Or else if I just keep coming back and you guys keep handing me the same paper that you handed me last time, I'm not going to get anything out of it."

Several participants noted that the lack of autonomy, the power dynamics in DOC programs, and risk of being sent back to prison also made some individuals more resistant to engage in treatment.

"I think it's really ineffective to be having people hold things over your head, and say that, 'You don't do this you're going to go back to prison,' or threatening in an environment. You threaten me, and I'm just going to clam up and be like, 'Screw you.' Yeah, I don't think something should be held over you that you could get sent back to prison for it, or something like that… as a leverage to make me do my stuff. It's either you're going to do it or you're not. Don't hold it over my head… Everybody knows that they got that power and control over you."

"You're treating us like prisoners still, but you want us to be in a different environment. Well, stop treating it like prison and make it into an environment of just like before you go back out to the streets by letting you smoke or going to a [Narcotics Anonymous] program and stuff like that. That's integrating back into the public, which you need before you just get slapped back out into the public. If you don't got those choices, then you're closed minded halfway through. Even getting through the program, you're still closed minded, because you're not fully into the program."

"[The biggest challenge is] the lack of choice. I think that they treat us like we're inmates still. Yeah, I'm in [DOC treatment center] and I'm called a family member, but there's a fricking barbed wire fence. I'm not allowed to go where I want to go or do what I want to do. I'm told what to do and when to do it. I have someone always telling me when to do this and where to go and I got to sit down during count. I think that this program would be more effective if it was more like an amity-based program where that fence wasn't there."

Some participants also questioned whether DOC programs were as efficient or effective on the long-term as private treatment facilities.

"In my experience, treatment centers outside of the DOC are a lot better. They're a lot more focused on treatment, instead of a structured, organized way to make money, I guess. I really feel like a lot of the DOC treatment facilities are just a way to get taxpayer money. They're huge money makers. I do believe that they want us to stop using, but at the same time, I mean their methods are not effective most of the time. And most of the people that come to these programs will come back and come back and come back, and that's just a lot of money that they're making basically. The ones that are outside of the DOC, private treatment centers seem to be a lot more effective because they're more geared towards recovery and what you'd want."

A number of participants who also were being treated for opioid use disorder found it frustrating that DOC facilities did not offer medication-assisted treatment, like Suboxone (buprenorphine) or methadone..

"All my counselors are against it here, me getting on Suboxone. But it's the only way… I don't know what I'm going to do when I get out of here. If I can't find any pills, I'm going to use."

"If I could get back on the Suboxone program, that would help me. I know that… I think some of them need to realize that some of us will probably need to be on some of that kind of stuff for the rest of our lives. Don't always threaten to take us off of it because that doesn't do anything."

Perspectives on pre-release

Participants provided mixed opinions of Montana's pre-release system. Some viewed pre-release as a valuable transition opportunity between prison and returning to their community, while others felt like it lacked the support necessary to set individuals up for successful recovery.

Some participants noted that being in a community of users made it difficult to maintain sobriety.

"Pre-release is not helpful… During my time in recovery, when I went to the pre-release, all my roommates were using drugs. So I was like, I was proactive… And so I moved three times while I was in pre-release and every time my roommates are using drugs. It was super frustrating. So it's a really, it was a really critical time in my recovery. I've been sober for eight months. Hardcore fucking meth addict, odds are stacked against me, probably not gonna make it. So I'm terrified. So the idea, this idea that we take people, we send them to treatment, and then we make them go live in a crack house—because that's what the pre-release is like, like a crack house... So there's just no treatment program in the world that says, 'You know what, let's take these really super vulnerable people in addiction, let's make them live in a dope house, and hope they make it'… I don't think that we should take people getting to go through treatment and then send them to a place like a pre-release. We should have opportunities for sober living houses, because sober living houses work... When you stick them in with a bunch of felons or people that aren't pro-treatment, what you're going to end up with is just that herd mentality."

However, some participants with criminal convictions who had also experienced inpatient treatment emphasized how beneficial Montana's pre-release system was for allowing them to learn how be in recovery in their community.

"I feel like the pre-releases are a great opportunity. And they're fairly safe and fairly secure. If you walk away, I don't know if one person has ever walked away and not got caught. So people can't just walk away and, and be free, but at the same time, so it gives you a little bit of structure to begin with, and also allows you to make money and to save that and at the same time, kind of be integrated back into society. So I think that program is very helpful."

Several participants felt like more resources should be invested in expanding Montana's pre-release system, especially for women.

"And the pre-release system. I can't go home to [city] and go to pre-release because there's not a women's pre-release there. It's tough. I don't think there's one in [another city] for women, so it's like – what about the ones who want to go home? Now I have to go to Butte pre-release. Guess what's in Butte for me? You know what I mean? There's no support there and that's where I get my drugs."

Participants had mixed views about entering pre-release in a place where they had previously lived or had family.

One participant felt strongly that individuals in recovery should enter pre-release in a new community so that they could truly start over.

"I tell everybody in here, 'You know what, you got a chance to go to the pre-release, go to the pre-release not back where you lived. Because that right there is going to make you relapse and start getting back into the same lifestyle you were, because you're going to go back and start the same crap you're doing already.' You go to a new town, they integrate you into that new town, and now you're going to have to go and hunt those people down if you want to get back into that scene. And if you really don't want to be back in that scene, you won't."

However, another participant shared frustration that he couldn't get into pre-release in the community where his family was because it was deemed too risky for re-offending. He emphasized that living in a different city made it difficult to maintain the support of his family during his recovery and prevented him from re-entering the community he ultimately planned on returning to.

"I applied to the [city] pre-release three times. They denied me all three times for future risk to re-offend. Well, how am I supposed to get home to my kids? What do they expect me to do? That's another factor why these people are failing. They send them off to a fricking another town where they don't know nobody and they expect them 'Well go here. You might learn something.' Their hometown won't let them come back to where they're planning on going in the future. What's the point of a pre-release? Because for me, a pre-release is supposed to help me get into a job that I'm planning on staying at, getting new house that I'm planning on staying at."

One participant felt that pre-release was of greater value to her than in-patient treatment.

"I think that they're spending a lot of money on inpatient treatment and they should spend it on reintroduction into the community. Pre-release, I think is really good. I'm excited to get to pre-release. I'm not sure I needed all of this treatment."

Experiences with parole and probation officers

Participants shared a wide array of experiences and interactions with probation and parole officers.

Participants reported that they struggled to be honest with their probation officers, as they felt that officers were "out to get" current and former methamphetamine users. Participants also expressed a perception that there exists a lack of fairness in how rules were implemented from officer to officer.

Not all interactions with were negative, however. Many participants shared an appreciation for probation officers who treated participants with respect, care, and understanding, noting that these positive relationships made it easier for participants to be honest and forthcoming with their probation officers.

"And, I've had probation officers that would look at me and talk to me, say like a mom or a sister and almost like a father figure. And that's the only time I do actually listen."

One participant described how he grew up with a strong distrust of authority and law enforcement. However, working with a probation officer who gave him a second chance and focused on helping him, rather than punishing him, motivated him to continue toward recovery.

"When I started talking to my probation officer, don't get me wrong, I'd screw up and she goes, 'I'm going to spank you but don't lie to me and I'll do whatever I can to help you.' And when I did let down my guard and actually talked to her and let her know… 'I used methamphetamine yesterday, I screwed up, but I didn't dodge my appointment.' I came and talked to her, and I'd walk out of that office that morning. I might have to come back the next morning and maybe do a little paperwork, but [she] worked with me. I have a lot more respect for that. As a matter of fact, I ended up quitting before I came [to in-patient treatment] with the help from my probation officer letting me know that, 'Hey, I'm here for you too, I'm not just here to lock your ass up like that.' So I got more respect out of the system that way."

Participants did express a desire for more law enforcement officials who are able to relate to substance users' experiences or could look at users as human beings, rather than just addicts.

"Like, a lot of probation officers that I've experienced, don't acknowledge the fact that of what you're going through, they don't have the knowledge on addiction or anything like that. They just see you as 'Oh, you're a drug addict? Well, you're not going to be on probation.' They don't understand the actual battle that we go through. And words are just words to them if it's coming from a criminal."

"Once you're labeled as an addict in the justice system, you're treated as such. Yeah, you're not even a person anymore, really."

Many participants also recognized that individuals working in law enforcement faced daily challenges as well, and expressed a desire for mutual understanding between substance users and officers.

"Just like I don't know what it's like for them to be a cop or a PO. I don't know what their daily struggles are. I know that it can't be easy, but I don't know how to relate to them because I've never been there. I just wish that some of them could think like that too."

"Cops can be assholes. But if you're respectful to them, they're respectful to you. If you have syringes in your pocket, and you tell them before they stick their hand in there, they'll respect you more. But most cops have that like automatic like, 'oh, they're drug addict. They don't give a fuck about me. I'm scared.' And that's why they're assholes. If you respect the fact that they're doing their job, and yes, you are breaking the law. Because every time I committed a crime, I knew what I was doing. I knew it was wrong. And I was never mad at an officer for doing this job, I was mad at myself for getting caught."

Experiences with child welfare system

Many participants reported experiences with Montana's child welfare systems. While some participants found these experiences to be positive or helpful to their recovery, many participants felt frustrated by their experiences with the child welfare system and pointed to the loss of their children as a factor in their continued methamphetamine use.

Several participants noted that losing custody of their children was a turning point in their use, leading them to "give up" and use methamphetamine more frequently as a coping mechanism.

"So what's the point? I can't have my kids, I can't do this and that or anything else. So I'm just going to use and take care of it that way."

"Then I had to admit to the CPS that I was using and I didn't feel fit to have my kids back at the moment, so then they did a longer guardianship thing with the grandparents. I felt like I lost everything, so I moved to [town in Montana] and – full blown addiction."

"…when our two youngest ones got taken from us, it was like a punch in the gut. I just gave up, because what else was there to... They just took everything. They took my happiness from me. I understand we were getting high, but they were happy. They were healthy. They were loved. They were taken care of. I mean, nothing was going on in the house with our children there."

"I was hurt, and I just didn't understand. And then so, they took [participant's son] and I thought I didn't have a chance to get him back. I don't know, that night I just started using, and I never stopped. And I couldn't stop because I was so hurt by everything. And everyone was saying 'You've got a person, you're a mother,' but I was like, 'Well, now it looks like I became what they said I was becoming.'"

For some participants, the frustration with child welfare services stem from a perceived lack of support for connecting participants with treatment services or working to reconnect parents with their children.

"It hurt… They didn't give us a chance to try to seek treatment or, you know, like family counseling or nothing. No rehabilitation offered. They were just gonna take them away. You know, they didn't even try to."

One participant shared that child welfare services had provided a "parenting plan" but did not provide any support for the participant to receive treatment.

"There's a parenting plan that they wanted us to go by, and we couldn't do it. We tried, and we were just too high and couldn't... After they took our son, we were just like, 'Whatever.' I mean, they took our happy."

Despite this, some participants reported positive interactions with child welfare services or pointed to these institutions as necessary to their recovery.

"In the long run, it did help. Because it made me pull my head out of my ass and do what I was supposed to do and follow through. And really participate in the program."

Some participants had conflicting feelings about the child welfare system. One participant noted that by losing custody of his children, he didn't have motivation to pursue sobriety, but also acknowledged that he might be using the situation as a way of justifying his use.

"When they take my kids, it doesn't help because then you really have no reason to do good. I mean, I know I'm probably wrong by saying that, that's just me probably justifying my actions. Because that should be enough reason for me to stop right there instead of saying, 'Oh, well now I don't have no reason to do good.' Well, the reason would be - is to get them back, so I mean, that's just my thinking errors right there. I'm still justifying for my drug use."

Another participant described how although she had negative feelings about the nature of her relationship with child welfare services, it had also served as an important avenue for treatment.

"I don't know anybody who has really nice things to say about CPS. I think that that's totally natural, because I think that there are definitely parts of you that will always hold resentment because you know, you had to deal with your child not being around you for a long time. But honestly, CPS really has provided me all the things that they said they would. You know, they gave me the opportunity for treatment… So I can honestly say that for as much as I don't like those people, they really have done what they said that they were going to do."

II. Specific populations

American Indians

We interviewed 28 individuals who identified as American Indian (15 female, 13 male). In our needs assessment, American Indian participants reported initiating methamphetamine use at similar ages as white participants, with half trying methamphetamine between age 12-17.

Approximately two-thirds of American Indian participants reported history of familial substance use and shared that methamphetamine use was "normal" in their home or community.

Many American Indian participants had experienced significant early life trauma, with at least 20 reporting experiences of sexual assault, physical abuse, or both. For many, these instances of abuse were perpetrated by family members or close family friends.

Several American Indian participants reported experiencing racism while in the justice system, often being treated with less respect or compassion than their white counterparts or not being offered the same treatment opportunities.

For many American Indian participants, smudging and other tribal traditions were seen as beneficial aspects of their treatment experience. Many spoke positively of Wellbriety and programs that specifically recognized the generational trauma affecting many American Indians. Many reported being supported with access to culturally appropriate care and spiritual practices while in treatment, including in the Department of Corrections.

Some participants spoke of the negative impact of drugs on Native culture.

"In some places it's coming back and throughout my life, when I was a kid, it was really structured. Everybody participated and it was more open, more people were involved. And then all over sudden, less people. It's like when the drugs came in, less people were involved in their cultures and not only Native Americans, but as well as other cultures and races. I've recognized it and now that they're getting a handle on it, it seems like the rest of, especially the reservations, they realized what it's doing to our children, what is doing to, killing everybody off and turning them different. Their thinking is different. So through programs like this here, I believe that that's all starting to come back and they feel real again. That's what makes me want to go back home to, is to be a part of that, to give back."

One participant emphasized the importance of understanding Native culture and separating it from substance use.

"There are a lot of natives that don't know their culture. They think their culture is what we see here – you know, with somebody on the corner, or you know. And that is not what it is. Our culture is something that's being lost through the generations. And I think that's something that will save a lot of people, learning about that."

Women

Women reported earlier age of initiation than men, with nearly half of all female participants trying methamphetamine for the first time between ages 10 to 15, compared to just 25% of male participants.

A common theme among female participants was the role of weight loss in their decision to use methamphetamine. While most women did not cite their weight as an initial reason for trying methamphetamine, approximately half of all female participants did share that losing weight and maintaining a thin physical appearance was a factor in their decision to use methamphetamine.

Women regularly used methamphetamine within the context of a romantic relationship.
Female participants were also more likely to report experiencing relational violence while using methamphetamine and having negative experiences with child welfare services.

While most men who reported experiences with child welfare services shared that the agencies' actions were justifiable or served as a catalyst for their recovery, women were more likely to view child and welfare services as unfair, unhelpful, or needlessly punitive. Women were also more likely to share that losing custody of their children served as a turning point in their use, with most beginning a period of more intensive methamphetamine use after their children were removed by child welfare services.

Female participants also expressed frustration at the lack of treatment resources available for women within the justice system. Many women reported long wait times, often in jail, to enter a DOC residential treatment facility for women and also noted that there are fewer pre-release centers available for women as well.

Veterans

We interviewed nine individuals who served in the military. Of those, eight were white men and one was an American Indian woman. All reported histories of familial substance use, and only two reported initiating use before age 18.

Because of the small number of veterans interviewed during this needs assessment, it is not possible to identify themes across individuals that may be unique to the veteran population. Further assessment is needed to better understand the nature of methamphetamine use disorder among this important population.

12. Reflections

At the conclusion of the interview, all participants were asked to reflect on why they believed methamphetamine was so common in Montana and in Montana's justice system.

Availability and accessibility of methamphetamine

When asked why methamphetamine is so common in Montana, nearly all participants noted how easily accessible and inexpensive methamphetamine was, especially compared to other substances. Participants also pointed to the increasingly addictive nature of methamphetamine as it is being more professionally manufactured and cut with fentanyl or other opioids.

"Because it's cheap and it's readily available. It's everywhere, you can't not get it. You can get it from anybody and it's cheap."

"It's easy to get, and people like the high and there's just so much of it. It's like a fad I want to say, because I feel like everybody's doing meth anymore. Well, that or heroin, but meth is really easy accessible, and it's just always there."

"Because it's everywhere. I mean, everybody I met in [rehabilitation center] they were all using -- and they're closet users. And then there's the out in the open users and it's like, no matter who I met, they used meth or have used it. I think it's so readily available in Montana and it's not that expensive and most of the time you can get yourself hooked up, you can find the right person. I mean, if you go and sit at a casino, you can find yourself a dealer anytime at night, especially."

"[Why is it] a common drug of choice? Because it's around. Everywhere you go, it's around. It's really cheap. I'm not sure what else to say – it's really easy to get."

The expansion of opioid use in Montana

A number of participants shared the perspective that the growing opioid crisis in Montana was a more significant public health issue than methamphetamine use.

"That's only because [law enforcement officials] don't realize what's actually going on. The heroin is a lot worse than what they think. And I don't even do that and I know it."

"Oh, heroin is more common than you think. Before it was, you can't get heroin here in this county. And now it's right around the corner."

Several participants, however, felt that the reason opioids hadn't gained the same foothold as methamphetamine was due to availability.

"There's a lot of heroin here in Montana. Yes. Especially more and more each year, I would say, since the pill epidemic thing. But there's an insane amount of meth that's more easily and readily available."

Some participants also shared that they would rather use opioids, but methamphetamine was more readily available and less expensive.

"I kind of preferred the heroin, but I mostly had the meth, so I would use meth… Heroin wasn't so readily available and most of the time people try to rip you off with it. And it's super expensive. I know a lot of people would rather do heroin. If we had a heroin crisis, there'd be people dying all over the place now and [it would] get really crazy."

Several participants described how methamphetamine and heroin often came together in Montana, especially among intravenous users.

"Meth just comes with heroin. If you do heroin, there's meth."

"And in [western town] it's meth and I'm not sure why. I just think it's popular and everybody does it. And in Billings, I think it's heroin, but it goes hand to hand because they like to do meth and heroin shots or whatever you want to call them."

Hopelessness, despair and lack of alternatives

Many participants believed that methamphetamine use was closely tied to a sense of hopelessness, either due to poor mental health or a lack of opportunity in their lives.

A number of participants also noted that there wasn't "much to do" in their communities, and felt strongly that the presence of community centers, after-school activities, and other opportunities for youth would help deter methamphetamine use and offer positive alternatives for community members.

"For one, there's not as much to do here. People are bored more and the excitement that doing meth has to offer is a lot more than we have to offer around here. Even though it's a negative thing and there's a lot of negatives that come with it, it is exciting and it is a rush and it is something new that people can do, that people get involved with. It turns out to be an entire lifestyle. I think if there were more things for kids to do around here, it would help a lot… I think that there needs to be more involvement, more things to be involved with in the community other than drugs."

For some participants, selling and using methamphetamine was often tied to unemployment and economic decline in their communities.

"I would say unemployment, because without employment, a lot of families struggle… for employment to make ends meet to pay their bills and stuff. They know that being on the drug gives you the courage to sell it for survival. I would say it's more or less a survival. And then once they try it, people become reliant on it. And for a lot of people there's no other way. It's sad to say that about here in Montana, but it's real and if I can change that through creating some kind of employment I would, so they don't have to be on it."

Several participants also noted that methamphetamine use seemed tied to Montana's culture of freedom, hard work, and independence – despite the long-term consequences of the drug, initially it provided users with freedom from their lives and the ability to work longer hours at the jobs they needed.

"I think that it's so common because I feel like a lot of Montanans are working class people. And meth kind of makes you feel pumped up and like you can work for hours and do all this stuff. And it kind of gives you that false sense like you're going to be able to get all this stuff done. And I feel like that is a big part of it, because it keeps people going when they're just worn down and have no other hope."

"This will sound weird, but I feel it just goes with Montana. Because, a lot of people—like the males in Montana, they're out getting wood or doing construction or working on cars or stuff like that. And so it enhances that for them. So, they might be stronger and able to work longer and harder. Not that it turns out that way in the long run, it takes all that away from you. But initially it's like, sweet. I can work 24 hours straight, and I don't get tired."

"There is no meth without crime"

When asked why methamphetamine is so common in Montana's justice system, many participants described methamphetamine use and crime as inextricably linked, both because possessing methamphetamine is in itself a crime, but also because methamphetamine use often resulted in behaviors or being in situations that resulted in criminal activity.

"Inevitably it destroys your life. Inevitably you'll do things that you never, ever, ever dreamed or imagined that you would. And you're not to function as a normal person. And so you do illegal things to get money, to make money. You end up having relationships with people that you would never even look at that you would normally be terrified of in a normal sense. And so it introduces you to a whole new world and it's really a life of crime… if you're doing meth, you're not living a clean normal life. You're into illegal activities to maintain it. And I think it's so devastating, more visibly so. And because there's a difference between a sober person and how someone on strung out on meth is, it's really hard to heal that mind. Once you saturate it with meth, it's really hard to."

"Well, it's pretty highly criminalized in our state. And that leads to this mindset, while you're on meth, where you get used to constantly committing felonies just by having the drugs with you and using them throughout the day. So that puts you in this mindset of, 'Oh, I'm already committing felonies all the time.' This is at least how it was for me. And then it makes it easier to make that leap into doing other stuff."

Participants also noted that the methamphetamine high produces a sense of invincibility and disregard for the consequences of users' actions – making them more inclined to engage in illegal activity. The fact that methamphetamine is a stimulant can lead to agitation and facilitate behaviors that draw attention from law enforcement. Several participants also noted the behavioral differences between opioid and methamphetamine users, noting that opioid users tended to be more "laid back" or subdued than methamphetamine users.

"When you're high on meth, you feel invincible. You can do anything you want, and it is the one drug that you lose everything so quick, so you have to do drastic things. For me it was checks and credit cards. I would have never in a million years sober done that, but I did it being high and it was an easy way. I feel like people who do heroin or something, they become lazier. They kind of stick to really themselves. They stay in their homes. They don't want to do much, whereas with meth you're fidgety. You're bored. You're drawing more attention to yourself. You're out there looking for something to do because you can only color or whatever it is. You're doing so much, and eventually you get bored. That's what I did. I went from coloring books to doing anything. You're doing things that you don't really think is abnormal, but they are—like being at the carwash at 3:00 AM. To you being high it's totally normal. To a cop it's not normal. So you're doing more things to bring attention to yourself. You go to Walmart at 2:00, 3:00, 4:00 AM, it's only going to be people on meth in there. You're not going to see a teacher in there or a judge in there at 2:00, 3:00, 4:00 in the morning, you know?"

Many participants shared that because their methamphetamine use made it difficult to maintain employment, non-violent crime often served as the only way to support their habit.

"Doing methamphetamine leads to crime. You can't do drugs on a daily basis without committing some kind of crime. You have to support your habit somehow. When you're using meth, it's really hard to maintain a job because it makes your actions erratic and stuff like that. So, you have to find another way to get money, which involves selling drugs, stealing money, taking things from people or doing something illegal. And you can only do that for so long before something goes wrong and you get caught."

"Because once you do it and you have to keep getting it, you'll do anything you have to, to get high again, [whether] that's stealing or robbing somebody. All of your values and morals just get shut off when you're high. It's like they're just not there anymore. You're a totally different person."

"I think it's a drug that's probably the most dangerous because it makes you feel so active and energized. And the phenomenon of craving it— like you want more, you never get enough of it. So, I feel like you go through like all these criminal activities and stuff to increase this and increase that just because your judgment's fogged in. And then not being able to perform like regular jobs or pass a UA— so stealing and robberies and drug trafficking and job distribution and violent crimes that are drug related happen."

One participant specifically emphasized the connection between methamphetamine and sex trafficking.

"I really believe more funding needs to go toward sex trafficking. I guarantee that every person on meth has in one way or another traded [it] for sex. Whether [it] is for drugs, food, a place to sleep, a ride. And every young lady that walks from place to place gets offered a ride and offered to trade sex for something."

Violent crime was also seen as interconnected with methamphetamine for some participants. For some, violence was a byproduct of the personality changes they experienced.

"Because it changes a person, methamphetamine, it makes them more violent and not have a care in the world and just causes them to do crimes that they don't even think about. Because when you're high, it's more of a reaction then a thought… you don't care, it just happens."

"Meth puts you in a warfare mind state. When people are afraid, they'll do anything. The most dangerous person is somebody that's afraid. Somebody that's aggressive is not going to shoot you as fast as somebody that's afraid. And meth makes you afraid. Because there's so many possibilities going on in your mind of things that could happen or what people are trying to do to you. Because there is that guilt in the back of your mind that you're doing something wrong. And that there are people out there that are trying to actively catch you the whole time, so that just escalates and escalates until something bad happens."

Others found that violence was related to criminal activity itself.

"And being involved in criminal activity, there's a lot of violence involved as well. Even if you weren't a violent person then, you will become a violent person."

One participant noted that trauma was intrinsically linked with methamphetamine use.

"And just situations that stemmed from doing meth, there is a lot of trauma in that lifestyle. There's a lot of trauma. And you never really realize it until ... Like, how much of all the crime that goes on is related to drugs. If there were no drugs, 90% of the things that happen that are crimes I don't think would happen. It's all the robberies, all the stealing, all the people getting hurt, domestic things. It's all related to drugs and alcohol."

13. Recommendations

Participants also shared a number of recommendations and perspectives for Montana policymakers to keep in mind as the state considers next steps for prevention and treatment.

Showing compassion to individuals

Most participants emphasized the importance of being treated with compassion and dignity by the justice and treatment system. For many participants, feeling stigmatized, dehumanized, or looked down upon made them less likely to engage with treatment resources. Conversely, many participants shared anecdotes of how positive interactions with probation officers, judges, and counselors served as a turning point and allowed participants to feel like they could be successfully supported in their recovery.

"I just want them to care, give us a chance."

"To be compassionate. Understand that just like they struggle with life that we don't know about, we're struggling with life they don't understand. We can't always be in each other's shoes, but nobody woke up and decided to be a meth addict. Nobody woke up and decided to ruin their life today. Something happened.""

"We're willing to listen. We actually are so excited to get that attention for once that we want you to tell us. We're looking for that. But we don't need you guys to be like, 'You guys are pieces of shit,' basically. We know. You're not telling us anything we don't know, we tell ourselves every day."

"Meth use changes you. There are good people underneath this. Don't look at people as a meth addict or a criminal, because there's so much more to us than that. Look at us as a person first, a person with a problem and not a statistic or not a meth addict who's going to never amount to anything. Because there's a lot more to it than that."

Setting people up for success

Many participants shared the difficulty of re-entering their community following incarceration or in-patient treatment and urged policymakers to consider ways to better support individuals in recovery. Some participants felt like current systems were just setting up individuals for failure and recidivism, while others noted the lack of employment opportunity and dedicated community support for those in recovery.

"I would say to stop setting people up for failure would be helpful, because I feel like a lot of times people are, they're predictable already. And then I think that's exploited."

"I guess, I mean, it was a blessing for me to get arrested because there was no other way that I could have walked away from the drugs, the people, and just the lifestyle. But the way they look down upon people that are using like 'Oh, you've got to throw them in prison.' Like, how is that going to solve anything? That doesn't take care of the problem right then and there. So then you're just masking it. And then once people get out, you're just going to go back to it, because there was no help given to you or no other opportunities given to you to change, to be aware of what's going on, like how you're thinking and what you're doing."

Some participants also emphasized the importance of keeping families together.

"It would have to start in the home too. You can't tear apart the home and then expect them to heal. Because a lot of times that's all a person has, is their family. One of the smallest little things and you take that away and they have nothing."

Emphasis on treatment rather than incarceration

Participants who had involvement in Montana's justice system largely urged Montana policymakers to focus on treatment over incarceration for non-violent offenders.

"Addicts are people and they need compassion. They have a disease, just like other any other disease. And they need to be filled with love and support and not condemned and locked up at institutions. They need help, like treatment centers and supportive communities, not institutions."

"That using meth is a disease. It's an addiction, and people need help. And that we are people and we just have a disease, and they need to look at that and not look past it and beyond it. And know that addiction is a problem in the justice system, and if we have more assistance and help, then I think that it would be a lot better, instead of just throwing us in jail. Because there's people that rape and murder and get less time than someone that sells drugs, and that blows my mind."

Some participants emphasized that incarcerating methamphetamine users created criminals, rather than treating their underlying substance use disorder.

"Doing time ain't going to make you change. You're actually making a criminal by sending them to prison. A lot of people go to prison and have never even been in that environment. They just happen to try using meth, and now next thing they know they're stuck in an environment that they have to survive in… so you just took a perfectly good working person and made them into a convict."

"I've seen a lot of guys that—including myself to an extent—they're mainly just drug users. And then they get put in the prison system, and they become involved with, or enamored with, or they get these other ideas about bigger, more hardcore career type crimes. If you can keep the small time drug offenders out of the prison system and [get them] into treatment by decriminalizing it or making treatment more of a thing that you don't have to go sit in prison or in a jail-type setting for, where you're not put around more hardcore guys, then I would say that would be a good place to start at least."

Several participants suggested that policymakers experience Montana's jail and prison systems firsthand to gain perspective of the challenges facing incarcerate substance users.

"Go spend a week in jail… we are not people to them. We're a number. And if they actually had to go through it, their attitudes would be totally different. Seven months just waiting to do nine months of treatment. I pretty much, I almost have my time done. Just sitting in jail waiting for it to happen… Everybody is willing to just sit there and judge everybody else, and just see what they see on the surface and not actually find out what it's really like and not put themselves in the other person's shoes. Anybody that traded places with me, and sat there for seven months waiting to go to treatment and not knowing anything."

A path forward for helping others in recovery

For many participants, the recovery process is also motivated by a desire to help others who are also struggling with methamphetamine use disorder.

"I've come to a point in my life where I don't want to be part of the problem. I want to be part of the solution to the problem."

A number of participants shared that they were working to become Licensed Addiction Counselors (LACs) or were already involved in volunteer capacities with recovery or treatment programs.

For some participants, their desire to become LACs was informed by their positive experiences with counselors who were also in recovery.

"I would love to be an LAC later in life because I feel like I've been through enough to help women. I've had a couple of LACs and women who have been there, and it's just so much easier to talk to them versus the textbook LAC who has no idea."

One participant noted that being an LAC provided her with an identity beyond her prior methamphetamine use.

"The further that I'm getting now, I'm learning that I don't have to define myself as in recovery. I don't have to define myself as a person with felonies. I don't have to define myself as anything. I am a professional LAC now and I am – that's what I am. I went to school for this. So I define myself by what I'm doing right now. I don't define myself as a person in recovery. Or a person that has felonies."

Another participant shared that training to be an LAC was tied to her desire to maintain sobriety.

"Well I never in a million years thought I would ever be sober – clean and sober. I was okay with dying with a pipe in my hand – I really was… Until I got clean and sober. And now I know a different life now. And I just don't want to go back to that life, and I know that going into this field is going to keep me clean and sober. Because it'll be a reminder of where I came from -- that it is possible."

Several participants also discussed the importance of having recovering users share their experiences with the public to increase awareness of the consequences of methamphetamine use.

"I feel like if maybe somebody like a recovering addict came and told their story, or reached out and just kind of talked to people more about it, somebody who maybe has walked in their shoes, can help troubled youth, or has been there, lived in it. If I could have seen it or have somebody say, 'Listen, this is going to make you feel like crap' or just been more honest... Scare the crap out of them. It might work. You know what I mean? I

would hope it would work. But I feel like so many kids now... I wish it was done more with kids, because there are so many kids growing up in homes where they're seeing all these horrible things, that they think that that's normal or that's how it is supposed to be."

"I think the biggest thing that would help me maintain my recovery is if I was being invited to come back to facilities to share our sobriety and the goals that we have accomplished out there. Bringing it back into here for the new members that are participants of the program, so they can see results. There isn't enough results showed among graduated participants that could come in and speak and share their story and how they became a respected person in society, coming through programs like this. So seeing results, I believe, is really important."

Another participant felt like a treatment program that involved education-focused service could become an alternative to incarceration.

"Maybe instead of just sending them to prison and locking them up all the time, maybe come up with some type of different reforms where they could go do treatment, but also, maybe help other addicts themselves. Something to give back, instead of just taking away all the time."

Participation in needs assessment

Many participants also expressed gratitude for being included in this needs assessment and for Montana policymakers' efforts to listen to recovering methamphetamine users' stories.

"I would just give them [policymakers in Montana] a thank-you. Like I think they're doing everything in their power that they can to try to help addicts. And it's empowering. And I'm very grateful for it. I'm grateful that they have programs like these, you know? Because if it weren't for this, I'd be out of jail and back out there, you know?"

"Every person is different, and every person has their story. And there's a lot of people out there, you give them five minutes of just listening to them and it means a lot to them. They've never had anybody take the time to care."

Many noted that they hoped that their experiences could have a positive impact on Montana policy.

"I want to do what I can to help because I want my grandchildren to have a future – to hopefully to have better choices than I have."

Ending note from authors

Through this project, we hope to give a voice to the thousands of Montanans that struggle with substance use disorders and specifically give light to the experiences and challenges facing those who have used methamphetamine. We would like to thank the 99 Montanans who took time to share their stories with us and candidly speak to their experiences in our state's justice and treatment systems. It is our hope that the information and perspectives shared by these individuals will be used to inform future policymaking in the state of Montana.

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Bill: HB-2: General Appropriations Act 2021-01-26 08:00 AM - (H) JAS on Health and Human Services
Position: Proponent
Representing an Entity/Another Person: Yes
Organization: North Central Independent Living Services
Name: Shyla Patera
Email: spatera@ncils.org
Phone: (406) 452-9834
City, State: Black Eagle
Written Statement: My name is Shyla Patera . I am an Independent Living Specialist employed by and I represent North Central Independent Living Services Inc. NCILS serves north central Montanans with disabilities. The Medically needy spend down can be and truly is a barrier for many Montanans with disabilities who are on SSDI . NCILS , its consumers, and staff urge you to fix the medically needy spend down barrier as NCILS has known north central Montanans who face tough choices between housing food and medical care.

Bill: HB-2: General Appropriations Act 2021-01-26 08:00 AM - (H) JAS on Health and Human Services
Position: Informational Witness
Representing an Entity/Another Person: Yes
Organization: North Valley Behavioral Health/North Valley Hosp
Name: Kirk Steadmon
Email: KSteadmon@NVHosp.org
Phone: (406) 863-2133
City, State: Whitefish, MT
Written Statement: January 25, 2021

Re: Comment on maintaining DPHHS Transcranial Magnetic Stimulation related codes (published in 2020 ISSUE NO. 15; August 7, 2020; pages 1378-1543; ARM 37,27,902, 37.85.105 and 37.88.101).

Dear Sub-Committee Members,

North Valley Behavioral Health, a clinic of North Valley Hospital obtained a Transcranial Magnetic Stimulation device as a result of our community's request and funding. That is to say that our Psychiatrist talked about the tried and true results on depression patients, and our community (Whitefish and surrounding) made it very clear they wanted that care option available to those patients. Not only through verbal support, but by financing the equipment through our Hospital Foundation.

When we initially met with a Neurostar representative over 2 years ago, we were surprised to find that this treatment, although approved by Medicare, had not been approved by Montana Medicaid. With Montana at that point being the highest rate of depression motivated suicide, we began asking for Medicaid's support, so that all income levels would have this alternative. The current model from payers has TMS as the last resort. Hopefully that changes as it documents more and more successes. But imagine that you have failed with all other forms of treatment, and don't have this last option. It would feel truly hopeless.

We were thrilled to have Montana Medicaid's approval of furthering this population's hope, when all else has failed them. We submitted the statistical trials as reported by our vendor, and they demonstrate some astonishing results. There are over 4,000 Medicaid patients within 50 miles of our facility alone that have had at least 3 antidepressant courses without success. Without Medicaid's continuation of coverage, these patients would be against a wall of despair with no hope for an improved life. All other major payers have considered it a viable proven form of care.

Let's continue to battle the staggering numbers of our State's depression, and offer it to all Montanans regardless of financial status. Thank you for supporting it to this level, and please forge ahead! It is a very important care option. One of our first patients to complete the treatments put it best, "I'm thankful and grateful…for new beginnings and for giving me a second chance to live my life to the fullest."

Sincere Thanks and Support,

Kirk A. Steadmon
Senior Director of Provider & Clinic Services

J. Douglas Muir, MD
Psychiatry & Pediatric
January 25, 2021

Re: Comment on maintaining DPHHS Transcranial Magnetic Stimulation related codes (published in 2020 ISSUE NO. 15; August 7, 2020; pages 1378-1543; ARM 37,27,902, 37.85.105 and 37.88.101).

Dear DPHHS,

North Valley Behavioral Health, a clinic of North Valley Hospital obtained a Transcranial Magnetic Stimulation device as a result of our community's request and funding. That is to say that our Psychiatrist talked about the tried and true results on depression patients, and our community (Whitefish and surrounding) made it very clear they wanted that care option available to those patients. Not only through verbal support, but by financing the equipment through our Hospital Foundation.

When we initially met with a Neurostar representative over 2 years ago, we were surprised to find that this treatment, although approved by Medicare, had not been approved by Montana Medicaid. With Montana at that point being the highest rate of depression motivated suicide, we began asking for Medicaid's support, so that all income levels would have this alternative. The current model from payers has TMS as the last resort. Hopefully that changes as it documents more and more successes. But imagine that you have failed with all other forms of treatment, and don't have this last option. It would feel truly hopeless.

We were thrilled to have Montana Medicaid's approval of furthering this population's hope, when all else has failed them. We submitted the statistical trials as reported by our vendor, and they demonstrate some astonishing results. There are over 4,000 Medicaid patients within 50 miles of our facility alone that have had at least 3 antidepressant courses without success. Without Medicaid's continuation of coverage, these patients would be against a wall of despair with no hope for an improved life. All other major payers have considered it a viable proven form of care.

Let's continue to battle the staggering numbers of our State's depression, and offer it to all Montanans regardless of financial status. Thank you for supporting it to this level, and please forge ahead! It is a very important care option. One of our first patients to complete the treatments put it best, "I'm thankful and grateful…for new beginnings and for giving me a second chance to live my life to the fullest."

Sincere Thanks,

Kirk A. Steadmon
Senior Director of Provider & Clinic Services
North Valley Hospital

J. Douglas Muir, MD
Psychiatry
NVBH Medical Director

January 25, 2021

Re: Comment on maintaining DPHHS Transcranial Magnetic Stimulation related codes (published in 2020 ISSUE NO. 15; August 7, 2020; pages 1378-1543; ARM 37,27,902, 37.85.105 and 37.88.101).

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Sincere Thanks and Support,

Kirk A. Steadmon
Senior Director of Provider
& Clinic Services

J. Douglas Muir, MD
Psychiatry & Pediatric Psychiatry,
NVBH Medical Director

Bill: HB-2: General Appropriations Act 2021-01-29 08:00 AM - (H) JAS on Health and Human Services
Position: Proponent
Representing an Entity/Another Person: No
Organization: N/A
Name: Sydney Blair
Email: sydneyb@center4mh.org
Phone: (406) 791-9603
City, State: Great Falls
Written Statement: The Center for Mental Health is a proponent of the HEART plan as a common-sense start to addressing the twin epidemics of substance use disorder and mental illness in Montana. The Center is a regional community mental health center providing behavioral health services across 13 counties.

The methamphetamine epidemic has spread across Montana primarily in the rural areas to include tribal areas. The 2017-2018 budget cuts have left us ill-prepared to address this problem.

Our agency, The Center for Mental Health lost $ 1.6 million in revenues after the budget cuts and had to substantially reduce outpatient programs in the rural counties. All together we laid off 6 employees and did not fill two vacant positions. Since that time we have not been able to rehire the majority of the staff to serve our rural areas.

The COVID epidemic has increased demand and reduced our ability to respond due to short-staffing and the inability to serve people face-to-face for many programs.

During the budget cuts If substance use disorder and mental health providers are again cut by the legislature, we will have no choice but to further reduce our services and quite possibly close our doors permanently.

Sydney Blair, CEO, Center for Mental Health