Introductions.
This project was originally funded through a federal grant under the Department of Justice (DOJ), specifically the Community Oriented Policing Services (COPS) program. The Rural Methamphetamine Education Project (RMEP) was part of the Rural Crime and Justice Center (RCJC), a University Center of Excellence at Minot State University. RMEP provided education and awareness to ND communities about methamphetamine and other drugs.

Dispelling the myths about addiction and treatment is very important. Those who have never dealt with it personally may have a difficult time understanding how powerful addiction can be. Sometimes family members expect their loved ones to go off to treatment and return home “cured” or “fixed,” and that is not the case. It is an ongoing process that requires a strong support system.

Meth is a very addictive drug and leads to a chronic, relapsing disease. Addiction is characterized by compulsive, drug-seeking behavior and drug use. There are features of both physical and psychological addiction displayed by meth users. The addiction seen with this drug is believed to be related, at least in part, to the functional and molecular changes that are known to occur in the brain. There is also a stronger potential for addiction when the more rapid-acting routes of administration are used.

Few people addicted to alcohol and other drugs can simply stop using them, no matter how strong their inner resolve. Most need at least one course of structured substance abuse treatment to end their dependence on alcohol and other drugs. Some achieve sobriety through participation in community-based support organizations (e.g., Alcoholics Anonymous), but relapse rates under this condition are very high. The most effective approach is one that combines structured treatment and community-based support.
Like every other medical treatment, addiction treatment centers cannot guarantee lifelong recovery. Relapse is often a part of the recovery process; it is always possible—and treatable. Even if a person never achieves perfect abstinence, addiction treatment can reduce the number and duration of relapses, lower the incidence of related problems such as crime and poor overall health, improve the individual’s ability to function in daily life, and strengthen the individual to better cope with the next temptation or craving. These improvements reduce the social and economic costs of addiction.


Treatment is provided in many different settings, in many different ways, and for different lengths of time. It is provided in hospitals, residential facilities, free-standing clinics, and counselors’ and therapists’ private offices. Treatment often follows a “continuum of care,” within which the individual participates in one or more levels of care. These levels range from highly restrictive and intensive to only slightly restrictive and intensive.

Addiction is a chronic, life-threatening condition, like hypertension, arteriosclerosis, and adult diabetes. Addiction has roots in genetic susceptibility, social circumstance, and personal behavior. Certain drugs are highly addictive, rapidly causing biochemical and structural changes in the brain. Others can be used for longer periods of time before they begin to cause inescapable cravings and compulsive use.
A trigger can be thought of as anything that brings back thoughts, feelings, and memories that have to do with addiction; these are often simply called cues. Triggers not only bring about responses that make you think about the drug. In fact, over and over in learning and addiction research, it’s been shown that triggers actually bring back drug seeking, and drug wanting, behavior.

Stimulant withdrawal is not medically life threatening and, unlike alcohol or barbiturate withdrawal, does not require pharmaceutical intervention. Although no consistent physiological disruptions requiring gradual withdrawal have been observed, some medications may be used to attenuate (weaken or lessen) symptoms and provide support.

Cognitive function refers to a person’s ability to process thoughts. Cognition primarily refers to things like memory, the ability to learn new information, speech, and reading comprehension. In most healthy individuals the brain is capable of learning new skills in each of these areas, and of developing personal and individual thoughts about the world. Special consideration needs to be given to the addict in treatment.

Studies suggest that some meth-induced cognitive losses may be partially recouped with extended abstinence. Evaluated when abstinent for less than 6 months, chronic meth abusers scored lower than unexposed controls on tests of motor function, memory for spoken words, and other neuropsychological tasks. When retested after 12 to 17 months of abstinence, the drug abusers’ motor function and verbal memory had risen to levels that approached those of the control group.
While the cognitive deficits associated with withdrawal from drugs are often temporary, long-term use can also lead to lasting cognitive decline. The nature of deficits varies with the specific drug, the environment, and the user’s genetic makeup. In general they impair the ability to learn new patterns of thought and behavior that are conducive to successful response to treatment and recovery.

Cognitive–behavioral therapy, which seeks to help patients recognize, avoid, and cope with the situations in which they are most likely to abuse drugs. Multidimensional family therapy, which was developed for adolescents with drug abuse problems—as well as their families—addresses a range of influences on their drug abuse patterns and is designed to improve overall family functioning. Motivational interviewing, which capitalizes on the readiness of individuals to change their behavior and enter treatment. Motivational incentives (contingency management), which uses positive reinforcement to encourage abstinence from drugs.