New facility looks to change face of meth treatment

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As meth addicts in Montana flood a crowded and costly state prison system, the kind of treatment addiction experts say works best remains out of reach.

But that's slated to change this year.

In 2005, the Montana Legislature appropriated funds for a state-funded, meth-specific treatment facility.

Now planning for the program is under way, and officials think it could help temper the devastation caused by methamphetamine addiction in Montana.

"We're certainly hopeful this is going to work, because this is a substance abuse problem that requires a specialized kind of treatment," said Sam Lemaich, who heads the probation and parole offices for western Montana. "Methamphetamine use is our No. 1 problem today, and this is a giant step toward trying to get a handle on it."

In March, the Montana Department of Corrections will award the contract to a private, nonprofit Montana corporation that will eventually manage the Residential Methamphetamine Treatment Program.

A 120-bed facility, the center will target offenders convicted of second or subsequent criminal possession of methamphetamine charges.

The facility will provide individual and group treatment for six to nine months, and focus directly on meth addiction - a strange new beast in the realm of substance abuse.

Officials won't know where the facility will be located until they've reviewed all the proposals, a task that could take some time.

Lemaich said one agency's proposal amounted to four boxes full of several thousand documents to review.

"That's good, but it's going to take some time to sift through," he said.

Rather than build a new one, Lemaich said the treatment program could be housed in an existing facility.

"The issue in siting a new place is getting public approval," he said. "Meth users are a high-risk kind of folks, and security will be a big issue."

Offenders of all criminal backgrounds will be considered for placement; when the program is fully operational, it may serve up to 240 offenders every year.

But even though drug possession and drug dealing are among the most frequent crimes committed by both male and female prisoners, officials suspect substance abuse contributes to other crimes, too.

According to the Montana Department of Corrections report to the 2005 Legislature, "One could safely assume the thefts, burglaries and bad check charges are activities committed to support a drug and/or alcohol addiction, with methamphetamines being the drug of choice."

Lemaich agrees.

He sees lots of people who are on probation for unrelated crimes, but are using meth.

"Even if they're not in jail for possession of the drug, they might be there for burglary or bad checks - crimes they commit to feed their addiction."

But addicts convicted of meth-related crimes, like burglaries and bad check charges, won't be eligible for treatment in the new facility.

"There's a lot of collateral damage done by this drug," he said. "But we had to make a decision of where to draw the line because so many people will need this treatment. This is a good start, but it won't fill all the cracks. It's not going to be the panacea to Montana's methamphetamine problem."

And while Lemaich expects the facility won't have any trouble filling its beds, if it does, there could be exceptions to the admittance criteria.

"If we fill up the 120 beds with people that have second offenses for meth possession, that's what it will be used for," Lemaich said.

According to a 2002 Montana task force that studied substance abuse, roughly half of all convicts entering the prison system are there because they have violated the conditions of parole or probation orders.

"Without effective treatment, addicted criminal offenders will likely return to the system over and over again," members of the task force wrote. But none of Montana's prisons regularly offer effective meth-specific treatment, and the 30- to 60-day standard programs barely get addicts past the withdrawal stage.

The most extensive treatment program at the Montana State Prison is the intensive treatment unit, where inmates receive two months of semi-inpatient counseling.

Meanwhile, the waiting list for standard treatment grows longer.

Of the prison's 1,400 inmates, more than 1,100 - about 80 percent - need drug and alcohol treatment programs of some kind, said Blair Hopkins, who oversees addiction treatment at the prison.

In Missoula, Deputy County Attorney Jennifer Clark routinely deals with drug offenders, and has gotten used to seeing the same faces again and again.

"There are people I've actually gotten to know because they keep offending," she said. "The drug is so addictive it's like a revolving door, and people are not getting the help they need."

But with all the talk from legislators and Gov. Brian Schweitzer about beating meth addiction in Montana, Clark and Lemaich are just satisfied that the meth problem is finally getting the attention it deserves.

"The biggest point is that everybody, all the way up to the governor's office and the state attorney general's office, has recognized this is important," Lemaich said. "From a criminal justice perspective to health and law perspectives, methamphetamine is a major problem in the state."