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July 28, 2025

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Requested Write Up
From: Amanda Jernigan, LCSW

Methamphetamine is a central nervous system stimulant that can be injected, smoked, snorted, or ingested orally, and at prolonged long-term use can result in the user becoming dependent. It is a derivative of amphetamine, which was widely prescribed in the 1950's and 1960's as a medication for obesity and depression and reached its peak of 3 million prescriptions in the United States in 1967. (J. Psychoactive Drugs. 2000 Apr-June; 32 (2)). Until the late 1980's illicit use and manufacturing methamphetamine was an epidemic in California, but the user population has broadened in nature and regional distribution. An estimated 4.7 million American have tried methamphetamine at some time in their lives. (J. Psychoactive Drugs. 2000 Apr-June; 32 (2)). There are both long term and short-term physical effects of methamphetamine which include stroke, cardiac arrhythmia, stomach cramps, shaking, and mental health symptoms such as anxiety, paranoia, hallucinations, and structural changes to the brain. It is imperative that during treatment we address both the physical and psychological symptoms, as well as getting the patient on a path to sustained recovery through various levels of care, evidence-based treatment interventions, medications, community supports, and relapse prevention strategies.

According to the 2025 PA Groundhogs Drug Purity Report, methamphetamine purity has declined gradually but steadily dropping from an average purity of 84% in early 2023 to 73% by 2025. This suggests broader changes in supply chains, manufacturing practices or regional cutting and distribution practices. This decline might imply reduced potency, it may also prompt people who use methamphetamine to take larger doses, which increases the risk of toxicity, overamping, or unintentional mixing with other drugs.

Pennsylvania Law Enforcement Agencies reported 3,555 arrests for amphetamines and methamphetamines to the Pennsylvania Uniform Crime Reporting system in 2024. From January 1, 2025, until June 30, 2025, 1, 536 individuals were arrested for amphetamine and methamphetamine arrests were reported according to the Pennsylvania State Police.

Gaudenzia is one of the most expansive substance use disorder (SUD) treatment providers. With over 60 programs at varying levels of care across Pennsylvania, Maryland, Delaware, and Washington, D.C., Gaudenzia, Inc. provides treatment to approximately 20,000 individuals each year. From Gaudenzia's Frontline Report of 2024, the diagnosis data showed a 3% increase in patients with a primary diagnosis of methamphetamine use disorder agency wide. Gaudenzia has a large footprint and breaking that data down further, in our programs in Maryland we saw a 1% increase in the patients with a primary diagnosis of Methamphetamine Use Disorder (MUD). In our Delaware programs this number was 8%, and in Pennsylvania we saw an increase of 3% of patients with this as their primary diagnosis. Methamphetamine is also a secondary diagnosis in a majority as our clients as well. This further accentuates the geographic

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variability of methamphetamine availability, buyer preference of preferred drug, and domestic production of the drug.

Medical detox is recommended for individuals experiencing severe methamphetamine withdrawal symptoms, such as intense cravings, fatigue, body aches, depression, and psychosis. Supervised care is especially important for those at risk of self-harm due to withdrawal-induced psychosis or a history of depression.

Currently there are no medications specifically approved by the FDA for methamphetamine withdrawal, but certain medications are being used off-label to treat some of the withdrawal symptoms and include medications such as Topamax or Wellbutrin. According to the National Institute of Health (NIH) research is showing promising results in using a combination of injectable naltrexone and oral bupropion.

Evidence-based treatment modalities, specifically behavioral therapies are considered the most effective treatment for methamphetamine use disorder. These include therapies/interventions such as Contingency Management, Cognitive Behavioral Therapy (CBT), and Motivational Interviewing. The SAMSHA curriculum The Matrix Model is the curriculum widely used to treat Methamphetamine Use Disorder. Contingency Management provides tangible rewards and incentives to patients for positive behavior. CBT helps individuals identify and modify negative thought patterns and behaviors that contribute to their use, develop coping skills, and strategies for relapse prevention. Motivational Interviewing is used to help individuals resolve ambivalence about changing their substance use behaviors and strengthen their motivation to seek and engage in treatment. The Matrix Model curriculum integrates therapies, including individual and group therapy, family therapy, relapse prevention and addiction education.

After receiving detoxification services which is predominately symptom management, based on the individuals needs, the following recommended course of treatment would be high-intensity residential treatment where these treatment modalities would be implemented within a daily treatment schedule for the patient. Upon completion of high intensity residential treatment, a patient could be referred to a low-intensity residential treatment program to continue to receive the evidence-based therapies, continue to manage the Post Acute Withdrawal Symptoms, as well as beginning to slowly re-integrate into the community with structured support. This could include the use of peer support groups such as Narcotics Anonymous, SMART Recovery, Celebrate Recovery, or Refuge Recovery. This would also be when patients would begin to engage with aftercare programs such as Outpatient Substance Use Treatment, Outpatient Mental Health Treatment, Primary Care Doctors, Workforce Development services, or any other services identified to assist the client with any social determinants of health needs, as well as to continue to work with patient on modifying their behavior and enhance their long-term recovery goals.

The treatment of Methamphetamine Use Disorder has been backed by scientific evidence and has remained fairly consistent with the exception of most recently the research into the area of Medication for Opioid Use Disorder (MOUD) to help with the cravings and withdrawals. As research continues and is released and the industry standards are adjusted, treatment will continue to evolve and meet the need us of patient population.

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