Methamphetamine and the criminal justice system

Many people who use **methamphetamine** do so at low levels (AIHW, 2024). However, use of methamphetamine, particularly at high levels, may be associated with increased risk of criminal justice system involvement (McKetin et al., 2020). This includes higher risk of police contact, incarceration, and recidivism (or reoffending) when compared with the general population. Rates of **methamphetamine** use are also reportedly higher among people in contact with the criminal justice system compared to the general population (AIHW, 2026; Cumming et al., 2020).

Methamphetamine use as a health issue

Drug use (including **methamphetamine)** is considered a crime in most Australian states/territories. This has led to **methamphetamine** use being viewed as a criminal issue rather than a health issue. People with drug use conditions, and people involved in the criminal justice system, often experience higher rates of co-occurring mental health conditions and physical health problems than the general population (Forsyth et al., 2018; AIHW, 2025a; AIHW 2025b). Addressing **methamphetamine** use solely as a criminal justice issue and not a health issue can create barriers to receiving essential support and treatment, worsen existing inequalities, and can lead to worse long-term outcomes for people who use drugs. Addressing **methamphetamine** use as a health issue can allow for more effective prevention and harm-reduction approaches to be implemented (Torres-Rodríguez et al., 2026).

Methamphetamine and increased risk of CJS-involvement

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What is the relationship between methamphetamine use and crime?

The relationship between **methamphetamine** use and crime is complex. It is important to note that among people who do become involved in criminal behaviour, **methamphetamine** use is one of many, often related risk factors such as prior justice system involvement, socioeconomic disadvantage, or exposure to trauma. Research suggests there are several pathways through which **methamphetamine** use may increase the risk of criminal justice system involvement. These include:

1. **Behavioural effects of methamphetamine use or withdrawal: Methamphetamine** can affect mood, thinking and behaviour, particularly during periods of heavy use (Goldsmid & Wills, 2016).
2. **Financial motivations:** Some people who use **methamphetamine** report relying on drug **dealing,** shoplifting and property crime to support their drug use (McKetin et al., 2005; Sutherland, 2023). Consistent with this, Australian data suggest **methamphetamine** use is more commonly linked with property and drug-related offending than with violent offending (McKetin et al., 2020; Goldsmid & Wills, 2016).
3. **Increased exposure to risky or criminalised settings:** The illegal nature of buying and using illicit drugs can place people in situations that increase the risk of criminal involvement, such as carrying weapons or spending time with others involved in criminal activity.

Information for people who work in the criminal justice system

For people working in the criminal justice system, it is important to understand the broader health and social context of **methamphetamine** use. People involved in the criminal justice system are more likely than the general population to have co-occurring substance use disorders and mental health conditions, as well as physical health conditions (Coulter et al., 2025; Forsyth et al., 2018). This means it is important to consider not only **methamphetamine** use itself, but also access to treatment, health risks while in custody, and support following release from criminal justice settings.

Prevalence of methamphetamine use in justice-involved populations

Rates of **methamphetamine** use are generally higher among people involved in the criminal justice system, compared to the general population. For example:

- **Among people in police detainment:** Data from the Drug Use Monitoring in Australia (DUMA) program show that **methamphetamine** use is common among people detained by police. In 2021, 48% of police detainees self-reported using **methamphetamine** in the past 30 days. (AIHW, 2025; Voce & Sullivan, 2022; Voce & Sullivan, 2025).
- **Among people entering prison:** People entering prison are more than 4 times as likely to report illicit substance use in the past 12 months when compared to the general community (73% and 17%, respectively; AIHW, 2020). Of these, **methamphetamine** use was the second most commonly used drug (after cannabis) at 46% (NPHDC, 2022).
- **In prison:** Although there are fewer opportunities to obtain and use illicit drugs in prison, illicit drug use still occurs. While data is limited, almost 2 in 5 people (37%) leaving prison reported using illicit drugs while in prison.

People who inject drugs are also over-represented in the criminal justice system (AIHW, 2019). While data on injecting drugs in prison is limited, almost 1 in 7 people (14%) reported injecting drugs while in prison (NPHDC, 2022 in AIHW, 2023). A recent study of Victorian men who regularly

injected drugs before entering prison indicated that up to 65% of people reported ever injecting drugs while incarcerated (Kirwan et al., 2019). In the prison environment, high-risk practices such as sharing equipment are common as access to effective harm reduction measures, such as sterile needles, are not available. This increases the risk of blood-borne viruses, particularly hepatitis C (Cunningham et al. 2018). In 2023, around 1 in 8 people leaving prison reported that they had used a needle or other injecting, tattooing or piercing equipment that had been used by another person while in prison (AIHW, 2023). Offering confidential health assessments can help identify high-risk behaviours and **implement** appropriate harm reduction measures and treatment (Houdroge et al., 2025; Mamic et al., 2026; Winter et al., 2023).

Diversion programs

In Australia, there are some state-based Drug Courts and drug **diversion** treatment programs which aim to divert people who have been apprehended or sentenced for a drug **offence** away from the criminal justice system, and into treatment (for more information, see 'What are the laws about crystal methamphetamine?'). Research indicates that court- or police-based **diversion** programs may be effective in preventing criminal offending, reducing the risk of reoffending and imprisonment, and improving health outcomes of people who use drugs (Blais et al., 2022; Weatherburn et al., 2025). For example, a recent study of over 350,000 people who were eligible for the NSW MERIT (Magistrates Early Referral into Treatment) **diversion** program found strong evidence that the program reduced the risk of reoffending, imprisonment, and death in the 2 years after entering the program compared to those who did not (Weatherburn et al., 2025). However, referrals from the criminal justice system into treatment for **methamphetamine** use have declined from 17.5% in 2015-16 to 7.9% in 2024-25 (AIHW, 2025c). This suggests that many people in contact with the criminal justice system may not be receiving necessary treatment for their substance use. This limited access to treatment can increase the risk of overdose, self-harm, suicide, and poorer health outcomes.

Treatment and support services

Access to alcohol and other drug treatment is important for reducing drug-related harms, however less than half of people seeking treatment in Australia receive it (Ritter & O'Reilly, 2025) and many people experience significant wait times. This rate is even lower for people involved in the criminal justice system, despite higher rates of substance use (Sullivan et al., 2019). Treatment policies and availability within criminal justice settings vary across states and territories, and more uniform approaches are urgently required.

Supporting people involved in the criminal justice system to reduce their substance use within criminal justice settings may help reduce recidivism and reincarceration rates although current evidence is limited, particularly for **methamphetamine** (Coleman et al., 2021; Doyle et al., 2019).

There is a general lack of drug treatment options available within the criminal justice system (McKetin et al., 2020). There is currently no pharmacological substitution therapy approved for **methamphetamine** in Australia, although there is some promising research being conducted. However, there is evidence of effectiveness for various harm reduction and treatment programs (Bartle et al., 2018), including:

- Harm reduction education
- Needle and syringe programs
- Tailored cognitive behavioural therapy (CBT) programs
- Counselling
- Therapeutic communities
- Exit-preparation programs
- Contingency management* (not currently available in Australia)

Emerging evidence suggests that use of simple screening tools, such as the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) upon entry to prison can help prison health services identify those at greatest risk of drug-related harm after prison, and prioritize the limited treatment available in prison (Cumming et al., 2023b; Cumming et al., 2024).

The Australian Community Support Organisation (ACSO) also provides alcohol and other drug treatment and related support for people engaged with, or at risk of becoming engaged with the criminal justice system. For more information on treatment and support options, visit our resource '*What type of help is available?*'.

Support for people leaving prison

The immediate periods before and after release from prison are especially important times to provide support and reduce the risk of additional harms. Recent AIHW data indicate that nearly half of people leaving prison expected to be homeless or in need of emergency accommodation upon release, which can make it harder to access treatment and other supports, and may increase the risk of substance use, poorer health outcomes, and further justice system involvement (AIHW, 2023).

People who have recently left prison are at high risk of returning to injecting drug use (Curtis et al., 2022), non-fatal overdose, and drug-related death (Merrall et al., 2010) particularly within the first 14 days following release (Keen et al., 2020). Some studies suggest that this may be due to reduced drug use while in prison leading to a decrease in tolerance, which can increase the risk of overdose if drug use resumes after prison (Cumming et al., 2023a).

Methamphetamine use also appears to be associated with higher rates of recidivism, or reoffending, when compared with people who do not use illicit drugs. However, some studies suggest this risk may be similar to, or lower than, that seen among people who had used heroin or cocaine (Cumming et al., 2020). Exit preparation programs (including pre-release centres) show effectiveness in reducing recidivism and substance use following release (Bartle et al. 2018).

These factors, along with high rates of mental health conditions, suggest that a multidisciplinary approach – and continuity of mental or substance use care provided while in custody – is required to help improve health and social outcomes upon reintegration with the community (Favril et al., 2025; Snow et al., 2022).

The following organisations provide information and support for people leaving prison:

- Services Australia – Support for when you leave prison
- Community Restorative Centre (CRC NSW) – Surviving on the outside & AOD Transition Program
- Corrections Victoria – Transitional support and preparation for release
- VACRO – Life beyond prison: Alcohol and other drugs

Key sources

Key sources

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Definitions

*In Australia, the **criminal justice system** refers to the institutions, agencies, and people that deal with crime, enforce laws, and respond to offending. This includes the police, courts, corrective services (e.g., prisons and community-based corrections), and related government agencies. It is sometimes referred to as the criminal legal system to acknowledge the historic and systemic failure of various legal mechanisms (e.g., policing, courts and prisons) to deliver 'just' outcomes for communities.*

*The term **'person/people in contact with the criminal justice system'** refers to people who are in prison or police detention, people who have been referred to drug treatment under the criminal justice system, and young people under youth supervision.*

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People who have recently left prison are at high risk of returning to injecting drug use (Curtis et al., 2022), non-fatal overdose, and drug-related death (Merrall et al., 2010) particularly within the first 14 days following release (Keen et al., 2020). Some studies suggest that this may be due to reduced drug use while in prison leading to a decrease in tolerance, which can increase the risk of overdose if drug use resumes after prison (Cumming et al., 2023a).

Methamphetamine use also appears to be associated with higher rates of recidivism, or reoffending, when compared with people who do not use illicit drugs. However, some studies suggest this risk may be similar to, or lower than, that seen among people who had used heroin or cocaine (Cumming et al., 2020). Exit preparation programs (including pre-release centres) show effectiveness in reducing recidivism and substance use following release (Bartle et al. 2018).

These factors, along with high rates of mental health conditions, suggest that a multidisciplinary approach – and continuity of mental or substance use care provided while in custody – is required to help improve health and social outcomes upon reintegration with the community (Favril et al., 2025; Snow et al., 2022).

The following organisations provide information and support for people leaving prison:

- Services Australia – Support for when you leave prison
- Community Restorative Centre (CRC NSW) – Surviving on the outside & AOD Transition Program
- Corrections Victoria – Transitional support and preparation for release
- VACRO – Life beyond prison: Alcohol and other drugs