AAPL EXAMINER
American Academy of Psychiatry and the Law

Distinguishing Methamphetamine-Induced Psychosis from Primary Psychosis: Techniques, Relevance, and Challenges

Jason Barrett, MD
AAPL Addiction Psychiatry Committee



At the AAPL 2025 Annual Meeting, Ashley VanDercar MD, JD, Christopher Marett MD, MPH, Edward Thomas Lewis III MD, Gregory Iannuzzi MD, and Jason Barrett MD presented Distinguishing Methamphetamine-Induced Psychosis from Primary Psychosis: Techniques, Relevance, and Challenges. This topic was a workshop sponsored by the AAPL Addiction Psychiatry Committee. The learning objectives were to: review the epidemiology and clinical impact of methamphetamine use disorder and methamphetamine-related psychosis; explore how neurobiology and cognitive theory inform symptoms in methamphetamine-related psychosis; and outline the impact of methamphetamine use on individual case evaluations as well as broader system wide impacts.

Annual data from the 2024 National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration, estimated that 2.4 million people in the United States used methamphetamine. Since 2021, the largest age group engaged in use has remained those 26 years of age or older. Attendees in the session were reminded of methamphetamine's half-life of 9-24 hours, but also to be aware that a single use can remain in the body for up to 7 days.

When evaluating for substance-induced psychotic disorder, it is important to remember that the DSM-5-TR supports the diagnosis when there is evidence that these symptoms occurred soon or after substance intoxication or withdrawal and when the disturbance is not better explained by a psychotic disorder that is not substance/medication-induced. A thorough history should also include expanding substances such as P2P (or super meth) to account for symptoms that persist for a substantial period of time (i.e., about one month) after the cessation of an acute withdrawal or severe intoxication.

Clinically, individuals with substance induced psychosis generally have an absence of negative symptoms. There has also been a three-factor load proposed that is comprised of more positive, affective, and psychomotor symptoms. Themes of "gang stalking" and

paranoia are also common with the latter involving contributing factors such as degree of dependence, dose-relation, and genetic underpinnings.

Forensically, there is a need to “interrogate the narrative” melding components of psychiatric symptoms and substance use with the offense. Attention should be taken to explore the legal standard in jurisdictions related to mental disease or defect, (settled) insanity, diminished capacity, (in)voluntary intoxication, or factors for mitigation. Per a LexisNexis search for “Methamphetamine /s psychosis,” cases since 1987, most dealt with questions of *mens rea* or specific intent, with a steady increase and peak of cases in 2023. Nevertheless, case types have also included civil matters (e.g., malpractice, termination of parental rights, eligibility for social security benefits).

With a large number of cases involving criminal elements, several systems are not only impacted but at times strained. Many initiatives have focused on housing with tensions rising as methods of mandated treatment expand. States too have targeted balancing the criminalization of drug offenses versus less stricter penalties, but States have seen little success without larger structural change.

One intervention that has yielded some results to decrease repeated emergency visits was seen by the San Francisco Department of Health in collaboration with the University of California San Franscisco. “Chill packs” consisting of four doses of 5 mg olanzapine tablets to be self-administered by patients as needed resulted in fewer psychiatric emergency visits six months after receipt. As several limitations were noted, the pilot pointed toward the need for additional research.

With the landscape of addiction treatment continuing to evolve, forensic evaluators must be aware of clinical paradigms. These factors should include how emerging methamphetamines may factor into a person’s behavior. Particular attention must also take into account the legal standard of the question being asked.