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THE IMPACT OF METHADONE TREATMENT ON DRUG MISUSE AND CRIME

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This is a summary of a study carried out in a fairly typical community-based clinic for drug misusers in inner-city London. It describes the characteristics of 221 opiate addicts seeking methadone treatment and the impact of treatment on their drug misuse and criminal behaviour.

KEY POINTS

- ▶ Most subjects (85%) had been offending to help fund their drug use. The most common offences were theft or shoplifting, fraud or deception and drug dealing.
- ▶ 54% had suffered from mental ill health at some time in their lives and 30% had attempted suicide.
- ▶ Following treatment, heroin use decreased by 56%; from 25 days per month on average before treatment to 11 days per month after treatment.
- ▶ Theft decreased by 52%, from 44 days in the six-month period before treatment to 21 days after treatment. Drug-dealing decreased by 64%, from 56 days to 20 days.
- ▶ Average illegal earnings from the previous six months' criminal activity decreased by 73%, from £10,984 in the period before treatment to £2,930 after treatment.
- ▶ Treatment was most effective for those who had the highest levels of drug use and who were the most criminally active before treatment.
- ▶ Those who spent longest in treatment showed the greatest reduction in daily expenditure on illicit drugs.
- ▶ Economic modelling suggests that, where an opiate addict receives methadone treatment for a full six months, the cost of this treatment (£960) compares favourably with the estimated reduction in illegal earnings over this period (between £2,142 and £7,878).

INTRODUCTION

221 opiate addicts beginning treatment at a NHS community-based clinic in Hackney, East London were interviewed about their drug use and related health issues and offending. They received reducing doses of methadone over a period of six months. The last 116 of these addicts to begin treatment were entered into a subsequent follow-up study. The research was conducted between July 1995 and April 1998.

OPIATE ADDICTS STARTING TREATMENT

Drug misuse

The 221 addicts had a history of misusing a wide range of drugs: heroin and cannabis had both been used at some time by 99%, followed by amphetamines and methadone (both 91%), hallucinogens (87%), crack cocaine and cocaine (both 86%). The age of first opiate use ranged from 15 to 48 years, with an average of 24 years. 76% of subjects had injected drugs at some time in their lives.

At intake, 95% had used heroin in the previous month. This was the primary drug of dependence for 91% of subjects, followed by illegally obtained methadone (7%). One subject was dependent on prescribed methadone while five others were dependent on other opiates such as DF118. 61% were injecting drugs.

Referral and treatment history

76% had referred themselves for treatment; the rest had been referred by their GP, drug counselling services, the Probation Service or other agencies. All were attending voluntarily.

35% had managed to achieve abstinence from opiates on a previous occasion, and a further 25% had managed it more than once. 35% had experienced withdrawal symptoms while in prison, and 20% reported that this experience had motivated them to now seek treatment.

Home, family and relationships

32% were in unstable living conditions, for example living temporarily with friends or experiencing intermittent periods of homelessness. Most had reached the stage where their lives revolved entirely around drugs and, for 65%, their current friends and associates were all drug users. 53% were in debt to their family or friends and 36% to banks, landlords or other amenity providers (e.g. electricity companies).

30% reported that they had a sibling who was also drug dependent. 49% said their current partner was also a drug user. 22% reported that their relationship with their current partner had started as a result of sharing similar drug-using lifestyles.

Health problems

They had experienced a range of health problems associated with opiate abuse and injecting, including accidental overdose (23%), sores and ulcers (25%) and extremely painful itching (pruritus) relating to injecting (78%).

54% had experienced a mental disorder at some stage. 47% had experienced alcohol dependence and 39% had experienced episodes of depressive illness (Figure 1). 30% had at some point tried to commit suicide.

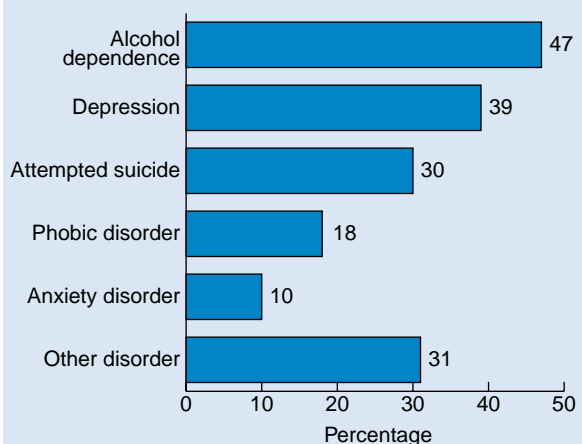
At intake, 67% had a personality disorder. Antisocial personality disorder was the most prevalent (in 49%), followed by avoidant (15%), borderline (14%), and paranoid (13%) personality disorders.

Criminal history

Most (84%) had been arrested for some criminal offence in the past. 22% had been in an approved school or detention centre, 25% in youth custody or a borstal, and 35% had served a prison sentence.

9% were currently serving a probation order, 8% were on bail following criminal charges, 2% had warrants out for their arrest and another 2% were under various other criminal justice restrictions.

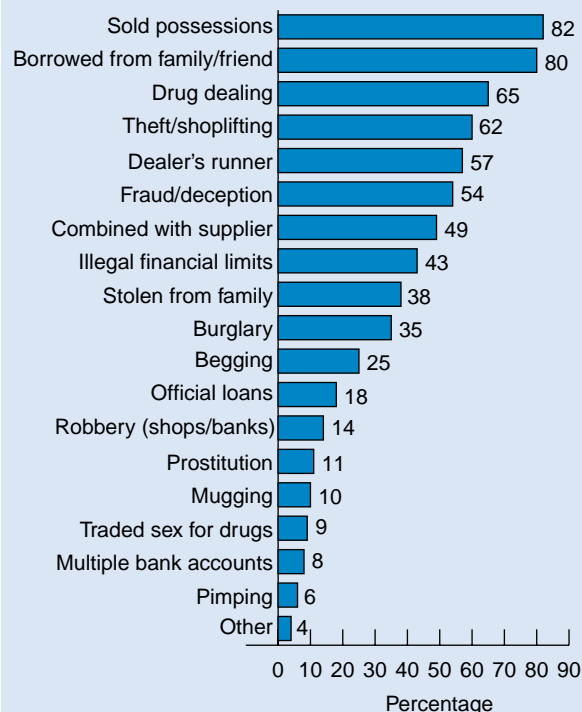
Figure 1 Mental disorders ever experienced by subjects (n=220)



Offending to buy drugs

Before treatment, subjects had been spending £45 a day, on average, on opiates. The largest daily expenditure was £280. Throughout their drug-using careers, they had employed a wide range of methods of obtaining money for drugs. Most had at some point sold possessions, and borrowed money from friends or family members (Figure 2).

Figure 2 Activities by which subjects had ever funded drug use (n=221)



In the six months before starting treatment, only 15% had funded their drug habit solely by legal means. During this period, other means of funding had been:

- theft or shoplifting (40%)
- fraud or deception (30%)
- drug dealing (28%)
- supplying drugs on behalf of a drug dealer (34%).

Offending prior to treatment had not always been to fund drug-taking. On average, their first experience of theft and shoplifting preceded their first opiate use by five years. Burglary preceded first opiate use by three years.

Nevertheless, 67% believed there was a strong link between their current offending and their drug habit. 50% claimed that their current offending served *solely* to fund their drug habit. 52% reported that as the amount of opiates they consumed had increased their level of criminal activity also increased. Of the 36 who had been prostitutes, 25 reported that this had started after they became dependent on drugs.

THE FOLLOW-UP STUDY

The last 116 addicts to start treatment at the clinic during the research period were entered into a follow-up study. 81 of these (70%) were interviewed again six months after receiving their first methadone prescription. 31 of the 81 (38%) were still in treatment at the six-month follow-up. The remainder had spent between one and 20 weeks on treatment.

Impact on drug use

These addicts had spent varying lengths of time on methadone during the six-month study period. During this time, the number of days on which they used heroin decreased significantly, from an average of 25 days a month before treatment to 11 days a month after treatment. The average cost of the heroin used fell from £42 a day to £19 a day. There were no significant reductions in any other drugs used, except for illicit methadone where monthly use decreased from an average of five days in the period before treatment to two days after treatment.

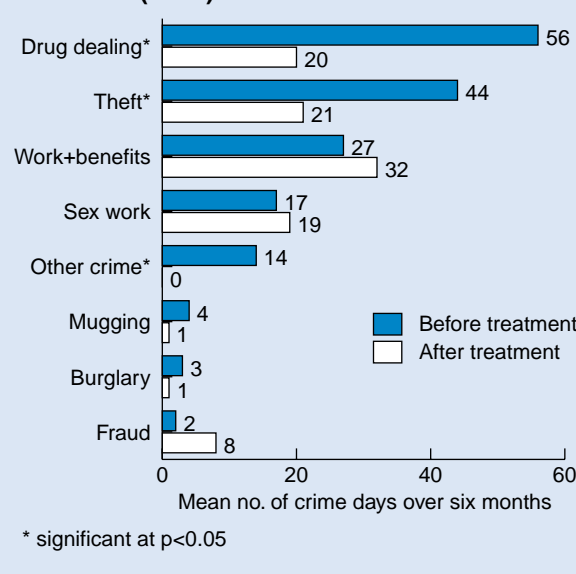
However, there were significant reductions in the average number of times subjects injected drugs (from 2.95 to 2.03 times per month) and the number of times they shared syringes and needles (from 3.04 to 0.27 times per month). Expenditure on all drugs decreased significantly from an average of £312 per week before treatment to £84 per week after treatment.

Using correlation analysis, it was found that the higher the previous level of drug consumption, the greater the reduction in drug usage over the treatment period. In addition, those who spent longest receiving methadone showed the greatest reduction in daily expenditure on drugs.

Impact on crime

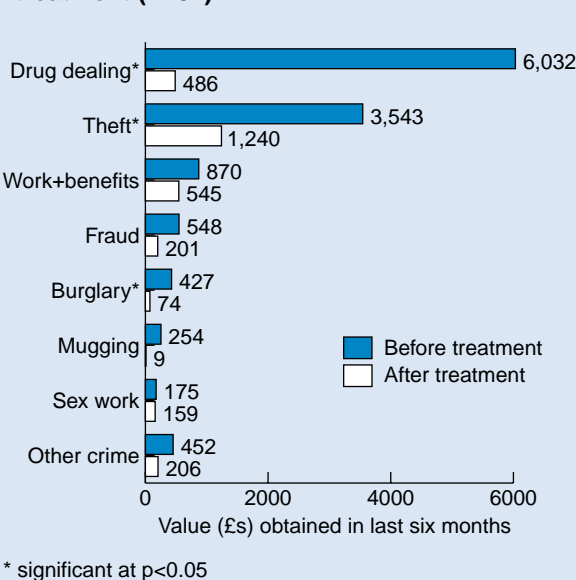
There were considerable reductions in levels of criminal activity in the six-month periods before and after treatment (Figure 3). The greatest reductions were in theft and drug dealing.

Figure 3 Levels of crime before and after treatment (n=81)



Where some illegal activities appeared to increase slightly (simultaneously working and claiming benefits, fraud and sex work), the overall income generated from these, as from all other crimes, nevertheless decreased (Figure 4). On average, total illegal earnings over six months' criminal activity fell from £10,984 before treatment to £2,930 after treatment.

Figure 4 Illegal earnings before and after treatment (n=81)



ECONOMIC ANALYSIS OF THE EFFECTIVENESS OF METHADONE TREATMENT

Economic modelling predicted that, if a drug addict received methadone treatment for a full six months:

- expenditure on illicit drugs would decrease from £45 to £10 per day
- the fall in illegal earnings would be between £714 to £2,626 per month.

The modelling suggested that the cost of six months methadone treatment (£960) would compare very favourably with the reduction in illegal earnings over the same period (between £2,142 and £7,878).

CONCLUSIONS

This study confirms the high level of crime committed by heroin addicts to fund their habit. It shows the significant reductions in drug use and offending that can be achieved by methadone treatment in the short term. However, treatment had no impact on offending which was not drug-related (such as violent crime). Treatment had most impact

on those who had the highest levels of drug use. Length of time in treatment was another key factor in reducing the amount spent on drugs. These results are very similar to those of the National Treatment Outcome Research Study (Gossop et al., 1998).

The earlier descriptive data on opiate addicts is a reminder of the considerable social and health problems experienced by this group. Further research would be needed to establish how addicts can best be retained in treatment and to assess the effectiveness of treatment in the longer term.

METHODOLOGICAL NOTE

Of the 221 subjects who began treatment, 70% were male, average age was 29 years and 8% were black. Treatment programmes varied but generally aimed for a reduction in methadone over a period of between 3–6 months. For some, a methadone maintenance programme was most appropriate. Those who agreed to be interviewed received a £10 supermarket voucher. Interviews consisted of three questionnaires administered by two medically trained clinicians. The first covered demographic variables, life history, self-reported drug abuse and methods of obtaining money including criminal behaviour. Two further questionnaires covered experience of mental illness (Schedule for Affective Disorders and Schizophrenia – Lifetime version) and Axis II personality disorders (SCID-II).

Of the 116 who were entered into the follow-up study, 68% were male, average age was 29 years and 6% were black or of mixed race. They had been dependent on opiates for five years on average. 35 (30%) dropped out of the study: most either could not be traced or failed to attend appointments to be interviewed. The 81 (70%) who took part in the follow-up were asked about their drug use and offending in the six months before starting treatment and being interviewed (i.e., the period 'after' treatment) and this was compared with their drug use and offending in the six months before starting treatment.

REFERENCE

Gossop, M., Marsden J., and Stewart D. (1998) *National Treatment Outcome Research Study at One Year*. London: Department of Health.

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