

# Home Office Police Research Group Briefing Note



## METHADONE MAINTENANCE AND CRIME REDUCTION ON MERSEYSIDE

Police Research Group - Crime Detection and Prevention Series Paper 72

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### Summary

This report focuses on the effectiveness of a large methadone programme on Merseyside in reducing crime in the community. It addresses the question of whether and how far the falls in crime on Merseyside could be attributed to the methadone programmes and, if so, what the implications are for the police.

Merseyside went into the 1980s with one of the highest recorded crime rates in England and Wales, and crime in Merseyside rose even further during the 1980s. However between 1988 and 1994 Merseyside's recorded crime rate stabilised, and did not follow the upward trend experienced in most other police force areas during the early 1990s. In particular, the acquisitive crimes of burglary dwelling and theft from vehicles have reduced dramatically since 1987, and although these did increase in 1995 their levels remain at less than two-thirds of what they were in 1987. The report concludes that a key factor in explaining these exceptional trends in recorded crime is heroin dependency and drug related crime.

During the late 1980s police and health led inter-agency partnerships on Merseyside developed several large methadone programmes. In line with results of evaluations throughout the world these Merseyside programmes, by engaging some 5,000 people at any one time, appear to have stabilised the heroin problem and significantly reduced the amount of drug driven crime.

Evidence for this claim comes from the current evaluation of Liverpool's methadone programme which treats over a thousand patients. Using clinic records, self report questionnaires and interviews a treatment sample of clinic patients (n = 209) was compared with a sample of heroin only and poly drug users in the community (n = 103) and not receiving methadone. Substantial reductions in illicit drug use and acquisitive crime were reported by the treatment sample. The community sample used far more illicit drugs with heroin, cocaine and crack dominating. The drugs bill of just one hundred community users was £2 million a year, most of which was funded by crime, drug dealing and prostitution. This bill was five times that of the sample undergoing treatment.

The report suggests that there are at least another thousand heroin and poly drug users on Merseyside who would be immediately amenable to methadone treatment if it were available. If this was achieved it seems likely, on the evidence presented here, that further worthwhile acquisitive crime reductions would follow.

The Mersey model is worth replicating in other urban areas where heroin and poly drug use and crime are related although the inter-professional difficulties of developing and sustaining methadone programmes should not be under-estimated. In addition, this report highlights two particular aspects which need careful attention.

The first is the problem of leakage of methadone whereby clinic patients sell on their prescribed drugs. This means that methadone can be misused by others and that some patients are 'playing the system' to obtain methadone whilst in reality continuing to use street drugs.

Second, the 'heavy end' drugs scene in Merseyside and elsewhere is changing. Whilst an extension of methadone prescribing may reap further crime reduction gains in the short run, an emergent poly drugs scene involving amphetamines, cocaine and crack alongside heroin, poses new challenges which are unlikely to respond to methadone programmes. These new scenes need researching so that official responses can be developed to try and prevent new damaging drug abuse habits developing.

### **Points for action**

The recommendations for the police are that they should:

- openly support the health service agencies - this is probably best done through the new forum that Drug Action Teams (DATs) provide;
- refer offenders believed to have a drugs connection to the health service agencies, and thus divert some first time offenders from being processed through the criminal justice system;
- vigilantly police the programmes to control leakage of prescribed methadone onto the illicit market.

### **Other related PRG research papers**

Crime Detection and Prevention Paper 62

Performance indicators for local anti-drugs strategies – a preliminary analysis