

# Methadone Diversion: Why it happens, what the illicit market looks like and the implications

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# Methadone provision and diversion

International research has supported the role of methadone maintenance in:

- Reducing illicit opioid use
- Maintaining engagement with treatment
- Reducing injecting and sharing of drug taking equipment
- Reducing mortality (overdose related and not)
- Improving employment prospects

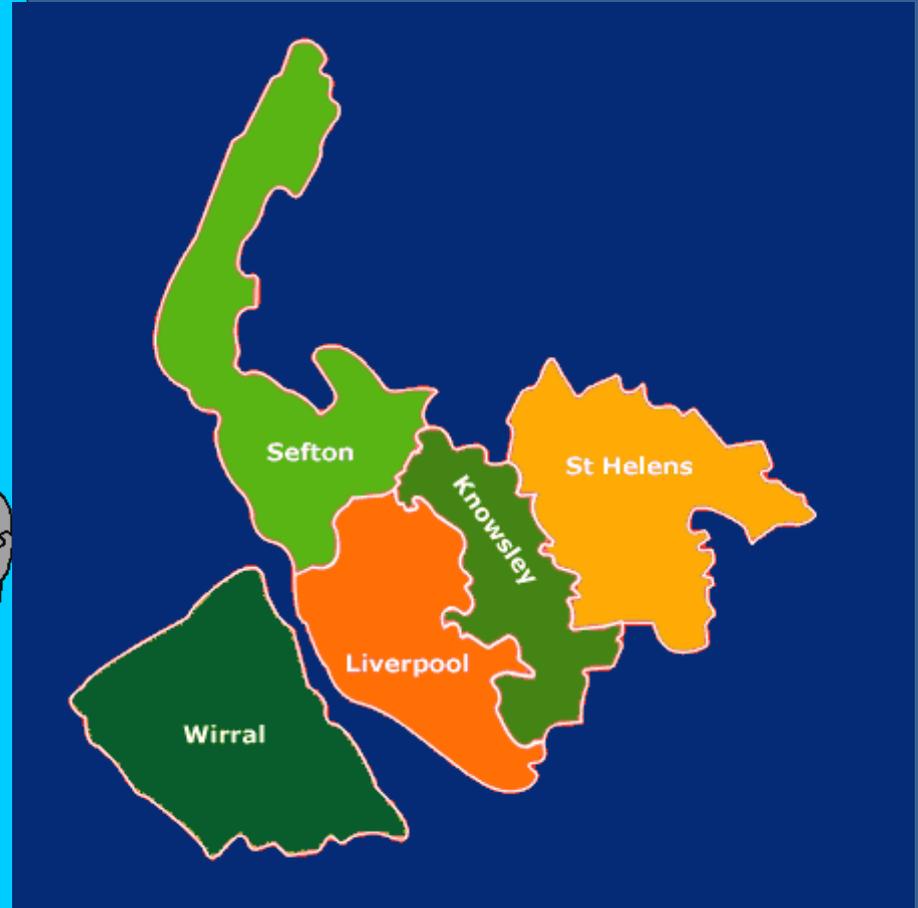
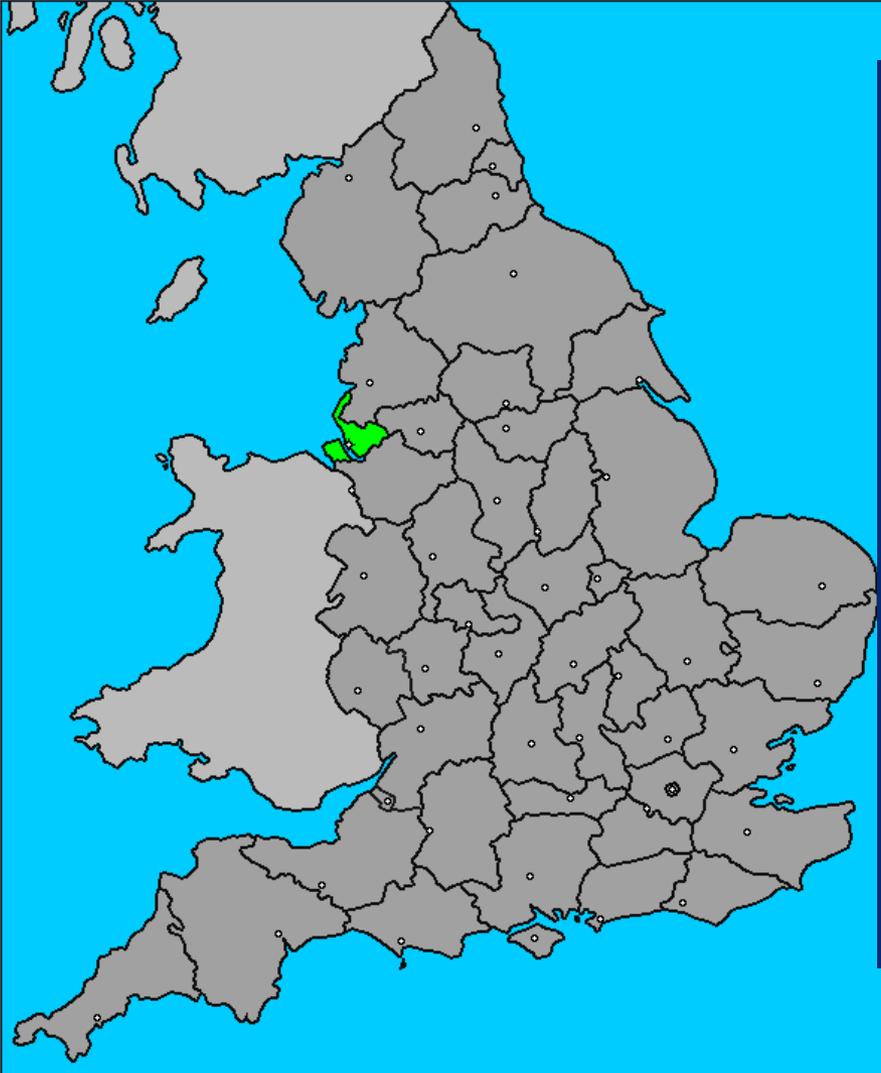
# Methadone provision and diversion

In the UK and in many other countries continues to be the main choice for opiate substitution

**BUT**

- Diversion of methadone onto to ‘black market’ is a concern
- Unless prescribed under the correct circumstances can simply be an add-on rather than a substitute
- Involvement in treatment can create market for illicit methadone as clients look to supplement
- Diversion can be associated with overdose

# Geography



# Research rationale

- Substantial numbers of drug users arrested were reporting illicit methadone use
- UK focus on engaging with clients in the criminal justice system has identified the high numbers of clients who are in treatment who continue to offend
- Little recent UK research into methadone diversion, none in this geography
- Emergence of alternative substitute medication
- Renewed focus on the 'recovery agenda' raises additional questions about the widespread use of methadone

# Research aims

- To examine the extent and nature of the market for illicit methadone in Merseyside
- To examine the reasons why drug users make use of and contribute to this market
- To examine doctors', drug workers' and pharmacists' view of diversion of methadone and actions to tackle this
- To examine the methadone prescribing and dispensing practices among treatment agencies and pharmacists across Merseyside and consider how this might influence diversion

# Methodology

## 1. Client questionnaires

Approx. 900 across Merseyside (673 completed currently) in treatment and non treatment settings (homeless shelters, service user forums)

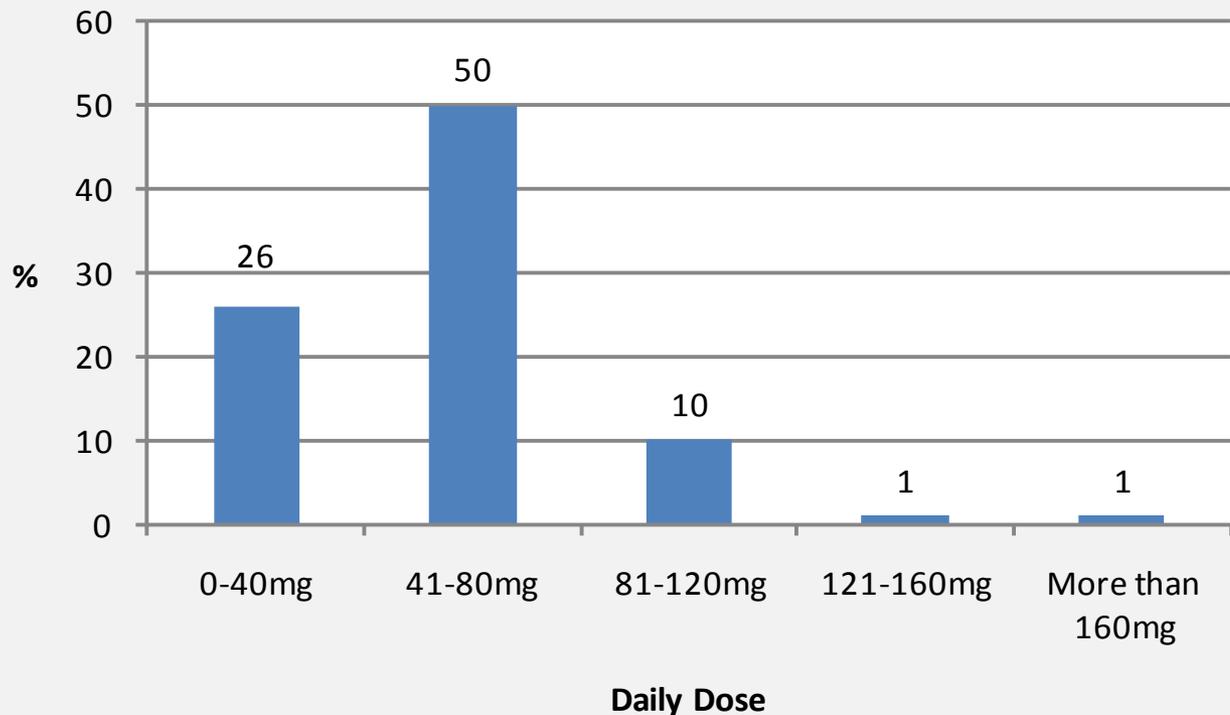
## 2. Interviews with:

- Drugs workers
- Doctors
- Methadone dispensing pharmacists

## 3. Proforma asking for details of the level and nature of prescriptions and adherence to guidelines from each agency

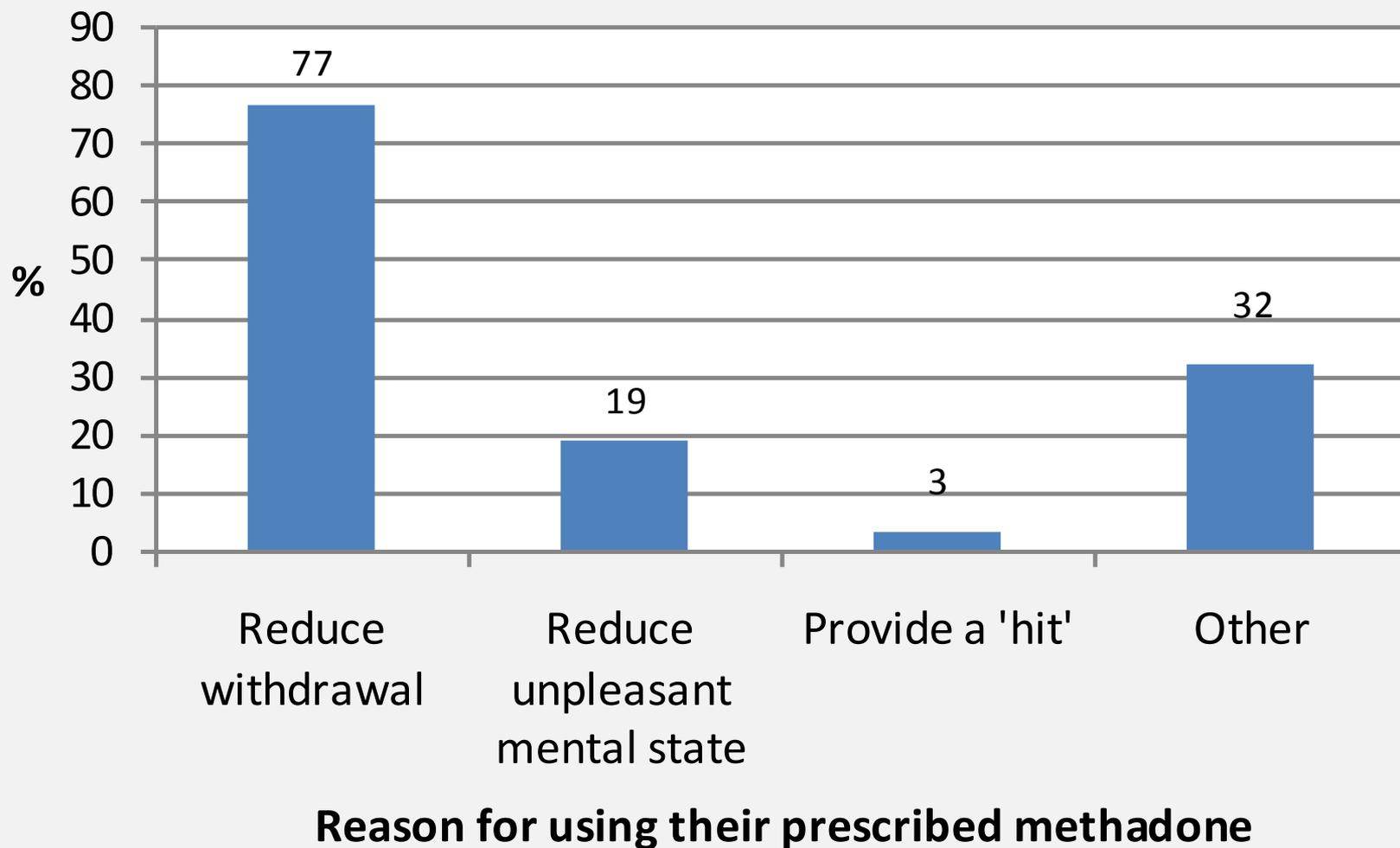
# Sample characteristics

- 71% male, Mean age 37.96
- 89% recruited within a treatment service
- 97% prescribed methadone currently or in past year



64% of clients were on daily pick up

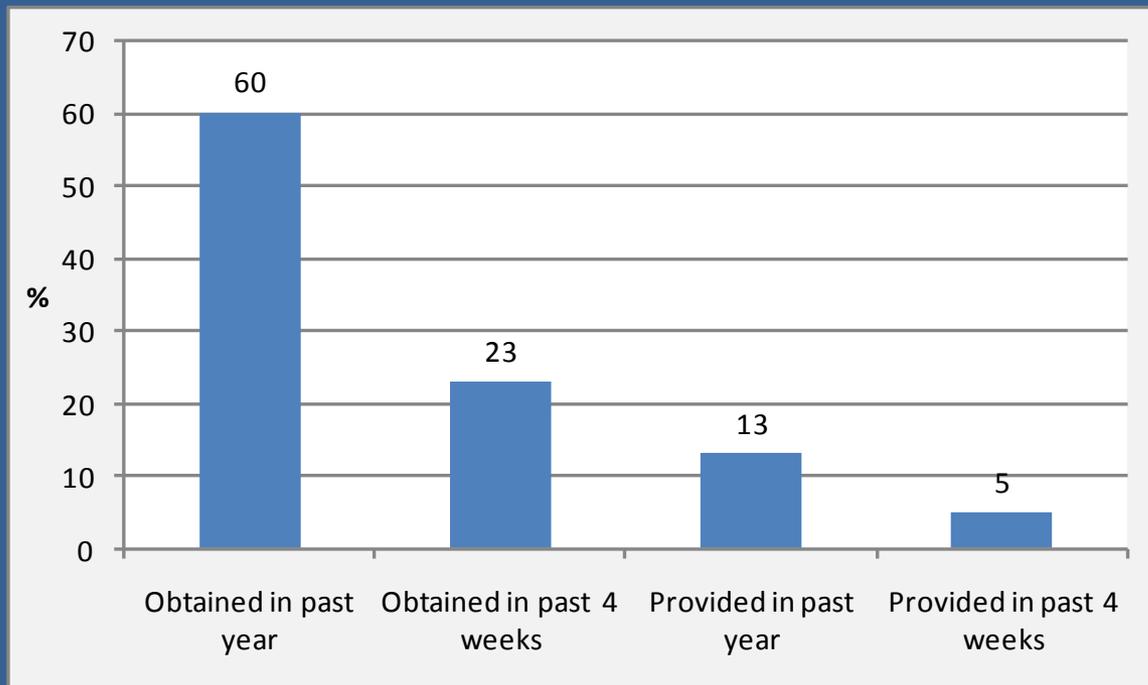
# Why clients use methadone



# Supervised consumption

- 49% were on supervised consumption
- 62% of these said they would prefer not to be because:
  - Taking their methadone in the chemists was embarrassing/degrading
  - They found going to the chemist every day inconvenient and in some cases difficult due to health problems
  - They wanted to split their dose, particularly saving some for later on in the evening

# Extent of the market (1)

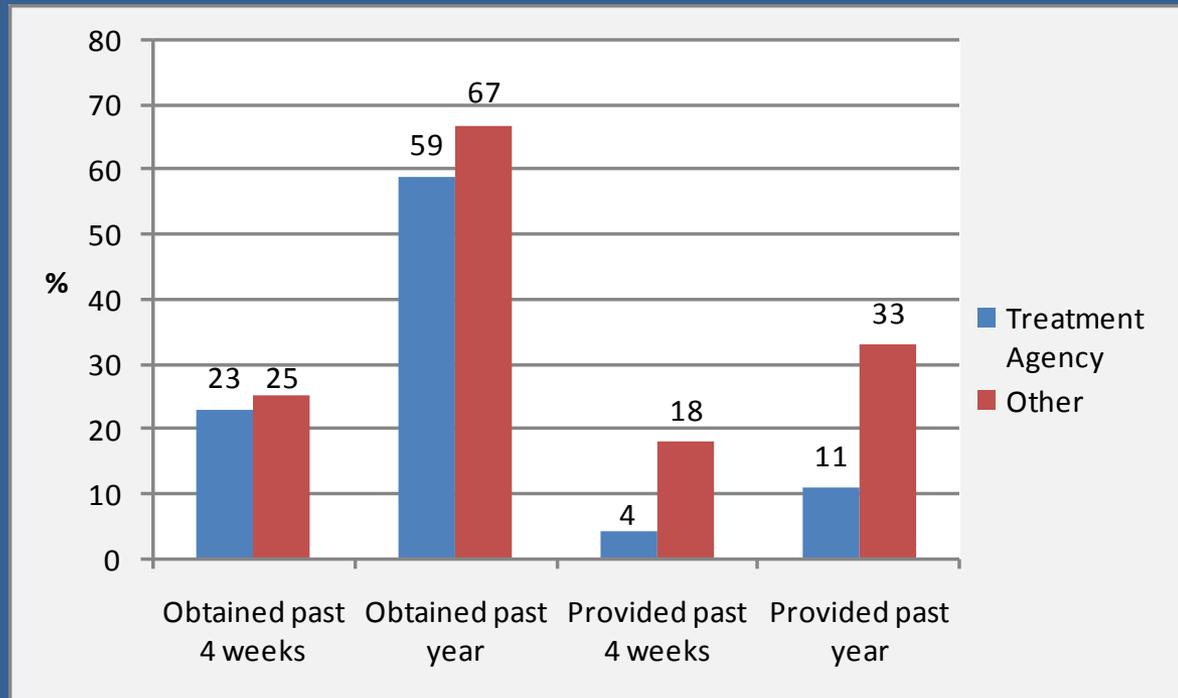


- 76% of clients said they knew at least one person who regularly provided methadone (13% said they knew 15 or more people)
- 73% of clients said they knew at least one person who regularly obtained methadone (16% said they knew 15 or more people)

# Extent of the market (2)

The substantial differences in the proportions of clients reporting obtaining and providing methadone may suggest:

- Clients were not being 100% honest
- We were not speaking to the clients who were diverting their methadone



# Nature of the market

- Clients who had obtained or provided methadone generally had done so from/to friends or acquaintances
- Obtaining methadone off 'a dealer' was very rare
- Similar proportions of clients had been given methadone for free and had bought it (44% and 43% )
- Giving methadone away for free was the most common way of providing it, not trading or selling it
- Previous work on methadone diversion has suggested the primary motivation is financial (to gain money for other drugs) this does NOT appear to be the primary driver in this instance.
  - 82% who had provided methadone had done so to help someone
  - 21% to obtain money for other drugs

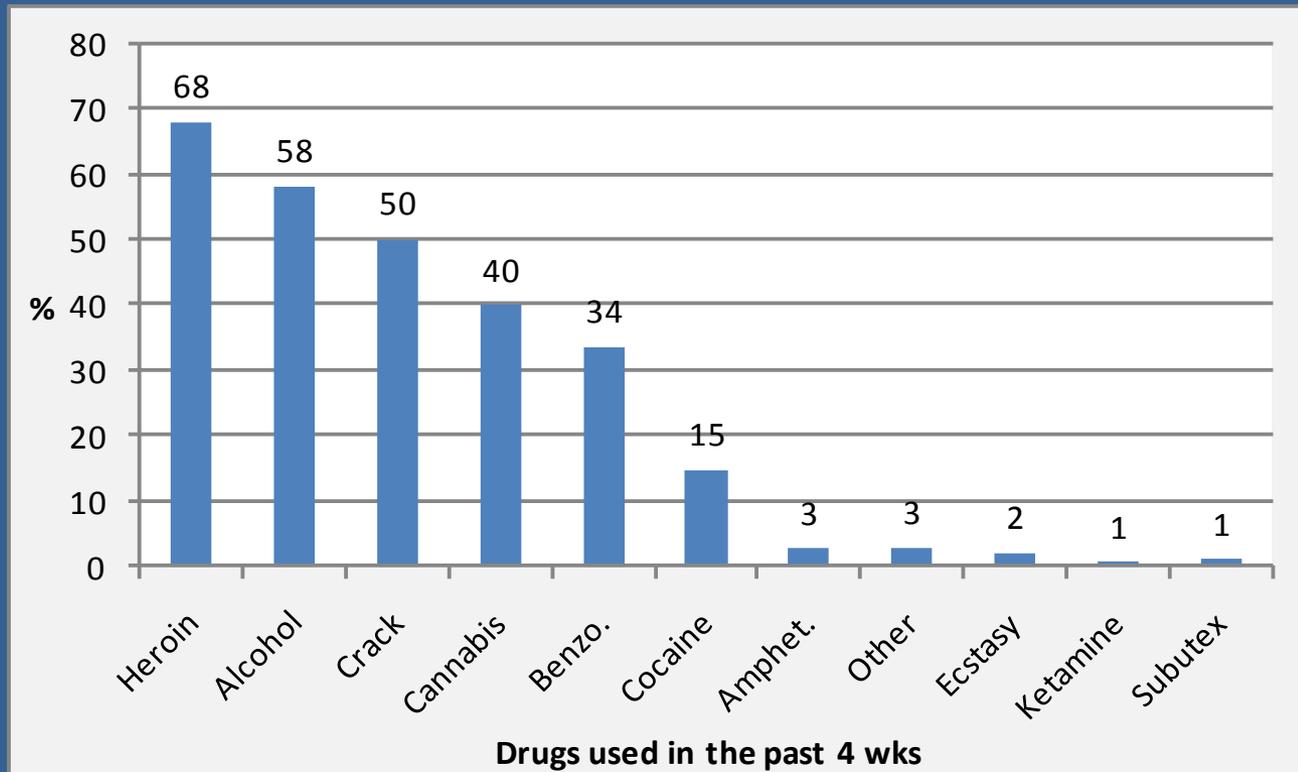
# Why use the market for illicit methadone?

- Missed pick-up – 50%
- Missed treatment appointment – 31%
- To top up prescription – 28%

## When clients did miss a pick-up:

- 42% used other drugs
- 32% used illicit methadone
- 17% went without anything

# Continued drug use



## Common drug use combinations:

- 52% heroin and methadone together
- 39% methadone and alcohol
- 20% methadone and benzodiazepines
- 14% alcohol and benzodiazepines

# Conclusions

- Despite high levels of supervised consumption/daily pick up, Merseyside has a considerable market for illicit methadone the original source of which is not clear (non agency prescribing?)
- The market is only to some degree cash based and there is an ‘altruistic’ element to it
- Supervised consumption was not popular. More consideration needs to be given to the suitability of locations for consumption and the use of split supervised and take home doses
- The implications of clients missing pick-ups are substantial as many turn to street drugs. Innovative ways of preventing this need to be considered
- Large proportions of clients continue to use street drugs whilst prescribed potentially in harmful ways, how much this reflects clients’ motivation or appropriateness of prescribing must be investigated
- Future work looking at methadone diversion must recruit as much from outside treatment agencies as possible