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

Reason for using their prescribed methadone

- Reduce withdrawal: 77%
- Reduce unpleasant mental state: 19%
- Provide a 'hit': 3%
- Other: 32%
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
• 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)
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 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