

Drugs, Crime and Methadone*

by Brian Duck

*This paper seeks to examine the evidence of causal links between drug -misuse, particularly heroin, and criminal behaviour. While it is generally accepted that such a link*exists, the question is asked whether the treatment of drug misuse has an effect on levels of drug misuse and on criminal activity. The value of methadone treatment as one of several treatment modalities, is examined in this context. The author does not wish to advocate one form of treatment over another but merely to investigate what can be gained from a study of the literature.*

Since the 1960's a large influx of drug (primarily heroin) misusers have come into contact with the criminal justice system in this country. In Dublin it has been speculated that the number of injecting drug misusers could be as many as 7,000 (Eastern Health Board Report No. 6, 1994) with problems serious enough to warrant treatment. Such treatment can reduce or eliminate drug use and thereby reduce the user's criminal activity (Anglin & Speckart 1986; Anglin & Hser, 1990; Ball and Ross, 1991). Indeed a large body of literature suggests that drug treatment is associated with reductions in criminality, drug misuse, and other lifestyle problems (Anglin & Hser, 1990). Probation and Welfare Officers in the course of their work address the factors underlying criminal activity. Often drug misuse is one such factor. It is fair to say that a commitment towards abstinence was traditionally the dominant ideological perspective adopted by Probation and Welfare Officers in their work with drug misusers (Connolly, 1996). However developments in national drugs policy as a result of the arrival and spread of HIV infection and Acquired Immune Deficiency Syndrome (AIDS), has challenged that perspective.

Most modalities of drug treatment (therapeutic communities, out-patient drug free programmes, methadone maintenance and methadone detoxification programmes) have been shown to achieve demonstrable success whether assessed in terms of drug misuse and crime reduction criteria or in terms of the principal aims of the specific treatment modality (Harwood & Gerstein, 1990). However relapse is common and as a result, as one might expect, a sizeable number of treatment evaluations indicate that the length of time a drug misuser remains in treatment is the single best predictor of a successful outcome (Anglin & Hser, 1991; European Monitoring Centre for Drugs and Drug Addiction, 1995). The simplest treatment goal has traditionally been abstinence. To cause the drug abuser to stop using drugs, treatment now includes a comprehensive range of community-based services which may aim to help drug users give up drugs and maintain abstinence and/or to reduce the risks of drug misuse. Preventing or limiting damage among those who use drugs features in the national drug policies of many European countries, including Ireland. The focus is often on reducing health risks, particularly that of developing infectious diseases such as HIV and Hepatitis. Long-term methadone prescribing is available in all EU Member States but its scale, the entry criteria, and the degree of official regulation all differ widely (EMCDDA, 1995). In Ireland such prescribing seems to have recently expanded rapidly.

From a public health policy perspective drug misuse is associated with a variety of social problems including crime reduction, prison management, and the spread of AIDS (Ball & Corty 1988). Therefore in considering the effectiveness of treatment it is important that a variety of behaviours are measured. Among these one might include cessation or decreased use of primary drug of dependence or other drugs; decreased

levels of illegal activities; increased employment; improved social and family functioning; improved physical health and decreased mortality.

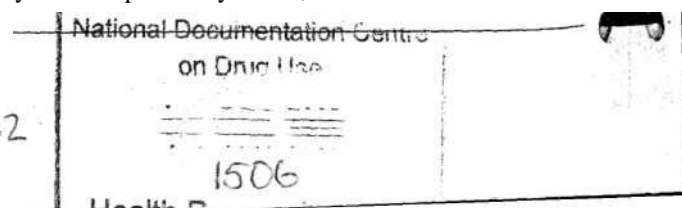
The drugs/crime nexus is of interest in that if a clear causal relationship is established then it follows that treatment approaches that reduce drug misuse should lead to a reduction in criminal behaviour by those drug misusers in treatment. Anglin and Speckart (1986), for example, believe that there is a strong causal relationship, at least in the U.S., between addiction to narcotics and to property crime levels. They looked at property crime over the addiction career and found that the largest increase of property crime activities during the addiction career occurs at that point at which daily narcotic use is initiated. In other words the heavier the misuse the heavier the criminality of the misuser. But while the connection between crime and drugs was suggested around the level of addiction, it is also clear that the reduction of individual levels of addiction, while moderating criminality significantly for most, and essentially terminating it for some, does not resolve the problem of property crime behaviours for all.

Nurco, Ball, Shaffer & Hanlon (p. 95, 1985) see a remarkable degree of consistency across studies concerning the relationship between crime and addiction (primarily of heroin). Those that are dependent on drugs commit a vast amount of crime and much of this is directly related to the need to purchase drugs. The type of crime goes beyond possession or sale of drugs and includes serious crimes. The strongest evidence of a causal relationship comes from longitudinal studies where crime committed during periods of active addiction and crime committed during periods of nonaddiction are compared (Nurco, Ball, Shaffer & Hanlon, 1985). The former far exceeds the latter. Much crime goes unreported or detected so researchers are dependent on self-reported crime by drug misusers. The value of self-report methods has led to a good deal of discussion, for example, Magura (1987) and Ball (1967). The general consensus is that such methods are valuable.

Some addicts commit many crimes, regardless of whether their addiction is active or not, whereas others commit relatively few and these are connected to their need to sustain their addiction (Nurco, Ball, Shaffer & Hanlon p.101, 1985). Drug misusers cannot be regarded as a homogenous group. Indeed the type of substance abused seems to have an influence and some researchers, perhaps not surprisingly, found addicted heroin misusers had levels of criminality higher than had non-heroin misusers (Chaiken and Chaiken, 1990).

In seeking a causal link between drugs and crime is there an inexorable connection? Many users of illicit drugs commit no other crimes. Many criminals do not use illicit drugs. Although large percentages of arrested individuals, as many as 90% in some places at some times, test positive for drug use, there is no clear progression from drug use to crime, or from crime to drug use (Anglin and Hser, 1990, p.424). Sometimes drug use comes first, sometimes criminality comes first. Chaiken & Chaiken (1990) in their study on drugs and, what they termed predatory crime, looked at a number of

* The opinions expressed in this article are the author's alone and do not purport to represent the views of the Probation and Welfare Service or the Department of Justice.



ethnographic and longitudinal studies of drug misusing criminals and demonstrated that among persons who are both high-drug users and high rate offenders, high levels of drug use are associated with high levels of crime, and low levels of drug use are associated with low levels of crime. Crime rates are higher among drug dependent offenders than among offenders who do not use drugs, and among addicts during periods of drug use compared with periods when drugs are not used.

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Research, therefore, does not support the view that drug abuse necessarily precedes onset of criminal activity, nor does it demonstrate a causal ordering between drug use and criminality. But there is strong evidence that offenders who persistently use large amounts of multiple types of drugs commit crimes at significantly higher rates, over longer periods, than do less drug-involved offenders. Offenders commit fewer crimes during periods in which they use no heroin (Chaiken & Chaiken, p. 1990). So programmes that effectively prevent addicted offenders from using heroin appear promising when measured against the goal of reducing the incidence of crime.

The use of any drug, including alcohol, tends to be related to crime (Hammersley, Forsyth & Lavelle p.1591, 1990). Equally the same people that are inclined to commit crimes are also inclined to take drugs. Studies have shown that the majority of drug misusers are involved in crime prior to developing drug addictions and there is an argument that criminal activity will continue after treatment because of the lifestyle and identity attached to being a drug misuser (McGlothlin, Anglin & Wilson, p.306, 1978; and Spunt p.813, 1993). Some people are forced to commit crimes because they are addicted to various drugs and require money to pay for them. But there can also be behavioural and economic pressures. Heroin use is a reason for someone to escalate their criminal activity. Once both habits are established they can serve as reasons for each other. Both are hard habits to break with social and personal pressures to continue to use and to continue crime (Hammersley, Forsyth, Morrison & Davies p.1029,1989).

For many drug misusers criminal activity is simply an economic necessity (Parker & Newcombe, p.332, 1987). Heroin lie exaggerates the criminality of its users but does not simply and directly cause crime or substantially create criminals from honest citizens. Hammersley, Forsyth & Lavelle (p.1584, 1990) argue that it heroin's expense rather than its addictiveness which relates it to crime. Heroin serves as a rationale for crime rather than as a cause of crime.

Methadone Treatment

Heroin addicts in Dublin will get methadone treatment on demand by the end of 1997. So promised the Minister of State for Enterprise and Employment, Mr. Pat Rabbitte, according to an article in the Irish Times (12.10.96), as the Minister published the *First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs*. It would be foolish to think that methadone is the answer for the devastation caused by heroin addiction. From the criminological perspective, however, the literature is interesting.

Evidence consistently shows significant decreases in opioid use and in criminality and improvements in general health when clients are in methadone maintenance treatment. Ball & Ross (1991) examined six programmes in New York City, Philadelphia, and Baltimore. Methadone maintenance was shown to be effective for the 617 subjects studied in reducing illicit drug use and crime during treatment. The reduction in criminality was dramatic; the average 307 days per person per year in which drug trafficking and property crimes were committed during the addiction period prior to treatment was reduced to between eighteen to twenty-four months (Ball & Ross p.234,1991).

In studying the effectiveness of in-jail methadone maintenance

Magura, Rosenblum & Lewis (p.75, 1993) compared 308 methadone program participants' post-release outcomes with outcomes for 138 similar addicts who received 7-day heroin detoxification in jail. Those on the methadone maintenance programme were more likely than those detoxed to apply for methadone or other drug abuse treatment after release and to be in treatment at a 6 month follow-up. Moreover, being in treatment at follow-up was associated with lower drug use and crime. To balance this, however, Bell, Hall & Byth (1992) quote an Australian study which found that placing addicts/criminals on methadone prior to release from prison did not result in any noticeable reduction in their renewed criminal activity and re-imprisonment (p. 252,1992).

The reduction of intravenous heroin use, non-opiate abuse and crime during methadone maintenance treatment was further studied by Ball, Lange, Meyer and Friedman (1988). A marked reduction in intravenous heroin use after admission to treatment was found. Those defined as long-stay (in treatment for more than four and a half years) had the lowest incidence of abuse while in treatment. All fourteen types of crime surveyed declined significantly (most over 80%) dependent on the length of time in treatment (p.224, 1988). This finding, that retention in treatment is the key to reducing the criminal activity of addicts, is a common one (Bell, Hall, & Byth, 1992; Kang & De Leon, 1993). People often enter treatment at times of high criminal activity. Remaining in methadone treatment is associated with a progressive reducing risk of arrest for offences.

Different treatment centres that prescribe methadone exercise different demands on their clients. It has been found that highly controlled programmes which did not tolerate ongoing drug use were less effective in retaining clients in treatment. As a result they were less effective in reducing criminal activity than more tolerant programmes as people expelled from treatment continued to offend (Bell, Hall & Byth, p.257,1992). There needs, it is suggested, to be an emphasis on retaining people in treatment.

Spunt (p. 821, 1993) suggests that it is not a simple case of cause and effect. Methadone treatment will eliminate or interrupt the criminal activity of only about half of the heroin misusers who enter treatment. Seeing a connection between self image and crime he examined the idea that some addicts in treatment (60% in his study) developed a model-patient identity as distinct from a street based identity. Those addicts who maintained the street-oriented identity were more likely to be involved in criminal activity than those with the model-patient identity, although both remained in treatment.

If retention in treatment is a key factor in the successful outcome of treatment, a vital issue for criminal justice personnel is the effect of legally coercing misusers into treatment. Drug treatment professionals often indicate that when faced with the choice of imprisonment misusers embrace treatment more readily. It is an area of controversy with some insisting that drug treatment services can only be meaningful when delivered on a voluntary basis (Collins & Allison, p.1145,1983). In reality, however, many drug misusers find the motivation to enter treatment as a result of subtle, and not so subtle, pressure from family, friends, social workers and the law (Pearson, 1992). One Irish study by Doyle, Tobin & Delaney (1992) looked at the legal involvement of new patients attending a Dublin alcohol treatment unit. While it was recognised that there are some difficulties in the development of a therapeutic alliance where a decision of the courts rests on it, the study endorses the view that an element of coercion does not subvert the goal of therapy (p. 95, 1992). How applicable is this to methadone treatment?

In general the literature suggests that drug misusers identified by the legal system and coerced into treatment are likely to remain in treatment and benefit from their participation as

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much as, or more than, those entering voluntarily (Anglin & Powers, p.515, 1991). Civil commitment, for example, is a legal procedure in the U.S. that allows the commitment of drug misusers, especially those arrested for criminal activity, to compulsory drug treatment programmes. The programmes typically have two phases: a period of imprisonment followed by a period of monitored release in the community with participants on methadone maintenance programmes. Anglin (1988) showed that civil commitment programmes reduced daily drug use and associated property crime by programme participants to one third the levels displayed by similar addicts who were not in the programme (p.32, 1988). Brecht, Anglin & Wang(1993) also studied the treatment effectiveness for legally coerced versus voluntary methadone maintenance clients. Six hundred and eighteen methadone maintenance clients admitted to programmes in California showed substantial improvement in levels of illegal drug misuse, criminal activities, and most other behaviors during treatment with some regression in these behaviors post-treatment.

Conclusion

While abstinence and progression towards a drug free, crime free lifestyle, remain the goals of Probation and Welfare Officers' interventions with offenders, such a status is not achievable for many users. Drug substitution is a more realistic prospect. With this in mind this literature review has sought to illustrate the link between drug misuse, particularly of heroin, with criminal behaviour. While debate continues on the direct causal link their association is accepted. The treatment of drug misuse, in its various forms, has an effect on levels of drug misuse and on criminal activity. Methadone detoxification and maintenance is one such form of drug treatment that has been shown to have positive effects. It is by no means the only one. Retention in treatment is a key factor in reducing continued drug misuse and criminal activity. Legally coercing drug misusers into treatment is as effective, in terms of treatment outcome, as voluntary entry, and it has been shown to aid length of retention in treatment.

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