

BENZODIAZEPINE AND PHARMACEUTICAL OPIOID MISUSE AND THEIR RELATIONSHIP TO CRIME: TASMANIAN REPORT.

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Plain English summary and implications for police prepared by Roger Nicholas.

Methodology

The researcher conducted a series of semi-structured interviews with eleven law enforcement personnel from a range of levels and bureaux in Tasmania Police and examined a range of literature relevant to the drug situation in Tasmania. A series of detailed face to face interviews were also conducted with 147 individuals that regularly injected diverted pharmaceutical products. Interviews were also held with experts and professionals from the health and law enforcement sectors.

Key findings:

- Benzodiazepine¹ use was almost universal among Tasmanian people who inject drugs (PWID) and the pharmaceutical opioids² most commonly accessed by PWID included morphine sulphate (MS Contin™, Kapanol™), methadone³ syrup (Physeptone™) and oxycodone (OxyContin™). Data from the Tasmania Needle Availability Program suggested that almost half of all transactions from non-pharmacy outlets were associated with the use of pharmaceutical opiates. Tasmanian PWID used a diverse range of pharmaceuticals and illicit drugs. They reported purchasing these from individuals engaged in small-to-medium level dealing in these drugs along with methamphetamine and/or cannabis. They were also highly flexible in their choice of drugs and methamphetamine use was common.
- These pharmaceutical drugs are primarily obtained from individuals who receive prescriptions for legitimate medical reasons and then on-sell them to intermediaries. The drugs were not obtained from 'doctor shopping', pharmacy burglary, internet sources, or fraud by the PWID. Methadone syrup was typically purchased directly from friends or others who were receiving methadone maintenance treatment (MMT). There were no links to organised crime as far as the process of actually obtaining the pharmaceuticals was concerned.
- Benzodiazepines were generally accessed by PWID through legitimate prescriptions from a medical practitioner, however this did not appear to be as a result of 'doctor shopping'. The PWID very rarely sought to obtain pharmaceutical drugs by feigning symptoms, because they felt they were likely to be refused.

¹ Benzodiazepines are a group of sedative drugs commonly prescribed for conditions such as insomnia and anxiety. Included in this group are drugs such as Valium™ (diazepam), Serapax™ (oxazepam), and Normison™ (temazepam).

² The pharmaceutical opioid group of drugs includes medications that are prescribed for pain and for the treatment of opioid drug dependence. This group includes morphine, buprenorphine, methadone and oxycodone.

³ Methadone syrup is a pain control drug that is primarily prescribed for heroin dependence.

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- Only a minority of PWID indicated that their recent pharmaceutical drug use had contributed to them being involved in some form of criminal behaviour. Involvement in property crime was associated with the degree of dependence on morphine, and the prescription of methadone reduced this trend. The use of morphine was probably associated with the lower end of property crime.
- Those being legitimately prescribed methadone were found to be at risk of theft, threat, or assaults by those seeking to obtain their drugs. Users of benzodiazepines reported experiencing much disinhibited behaviour when intoxicated with the combination of methadone and benzodiazepines.
- The development of good relationships between the health and law enforcement sectors helped support good outcomes for both sectors. There may also be an opportunity to reduce the supply of pharmaceuticals by enhancing the capabilities of medical practitioners as far as patient assessment is concerned and by increasing access to specialist pain management and drug treatment programs.
- The original sources of these diverted products appear to be typically receiving these medications for legitimate reasons, and as such there would be substantial barriers to reducing supply from this source.
- There is a risk that a major reduction in the availability of diverted pharmaceutical products could, in the absence of the introduction of measures to counteract these, lead to unintended consequences. These unintended consequences could include the establishment of a local heroin market, increase theft of opium poppies, increased methamphetamine use, or increased targeting and intimidation of those receiving pharmaceutical products legitimately. It could also unnecessarily burden those who have a legitimate need to obtain these medications and lead to an increase in demand for already stretched drug treatment and pain management services.
- It is likely that the best opportunities for changing these patterns of pharmaceutical drug misuse would arise from the health system, rather than from the law enforcement sector.

Implications for police

There does not appear to be a substantial level of organised criminal involvement in the illicit pharmaceutical market in Tasmania. There also does not appear to be a significant level of ‘doctor shopping’, pharmacy burglary, using internet sources to obtain drugs, or fraud being committed by PWID in that jurisdiction. One area of concern highlighted by the report is intimidation and theft directed at those receiving pharmaceutical drugs legitimately.

As with any endeavour, it is important to consider the potential unintended as well as the intended outcomes of reducing the supply of pharmaceutical drugs. It is possible that efforts to reduce the supply of illicit pharmaceuticals could lead to unintended consequences such as: increased crime to finance the higher illicit costs of less available pharmaceuticals; substitution with more problematic drugs such as alcohol, methamphetamine or other analgesics; and the development of conditions favourable to the return of the heroin trade. Consequently, it would be necessary to ensure that measures are in place to counter these potential unintended consequences.

A health system response to pharmaceutical misuse is probably a preferable option to a law enforcement or criminal justice system response. There are, however, likely to be benefits arising from enhancing communication and data sharing processes between police, pharmacists and prescribers so far as trends and problems in this area are concerned.

The plentiful supply of pharmaceutical drugs through prescription sources, as well as their role in polydrug⁴ use, leads to a range of learning needs for police. This is because the effects of these drugs differ from those with which police are more familiar.

A full copy of this report is available on the NDLERF website at www.ndlerf.gov.au.

⁴ Poly drug use refers to the use of several types of drugs.

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