

BENZODIAZEPINE AND PHARMACEUTICAL OPIOID MISUSE AND THEIR RELATIONSHIP TO CRIME.

NDLERF MONOGRAPH No. 21

Fry, Smith, Bruno, O’Keefe & Miller (2007).

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

Methodology

In order to contribute to the law enforcement sector’s understanding of the relationship between benzodiazepine and pharmacological opioid use and crime, the researchers: interviewed key informants from the law enforcement and health sectors as well as people who inject drugs (PWID); undertook a comprehensive literature review; and examined a range of national level secondary indicator data from the law enforcement and health sectors. The research was conducted in three jurisdictions namely Victoria (Melbourne), Tasmania (Hobart), and the Northern Territory (Darwin and Alice Springs).

Key findings:

- Melbourne has an active illicit market for benzodiazepines, buprenorphine and increasingly morphine. Morphine has become increasingly prominent in recent years following the reduction in the supply of heroin (which has historically been that city’s predominant illicit drug).
- The illicit opioid drug market in Darwin is dominated by morphine (MS Contin), and users, rather than organised crime syndicates, tend to control distribution and use. This situation was viewed by some as being protective against the re-emergence of the heroin trade and its associated harmful impacts.
- Hobart, Darwin and Alice Springs do not have a history of established heroin markets, but have active markets for pharmaceutical opioids.
- A number of factors were identified that are associated with the development of illicit pharmaceutical drug markets. These include: high levels of polydrug misuse; the ready availability of licit supplies; the routine prescription of these drugs to PWID to alleviate a wide range of symptoms; high levels of demand for prescription drugs for non-medical uses; drug market instability; the availability and affordability of prescription drugs; potential profits from illicit drug selling; the reduced risks associated with supplying and possessing prescription drugs, relative to illicit drugs; and the impact of new technology (such as the internet) in facilitating both prescription fraud and illicit pharmaceutical supply.

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 Buprenorphine (Subutex™) is a drug that is commonly used to treat opioid addiction.

⁴ Polydrug use refers to the use of multiple different kinds of drugs.

**Funded by the Australian Government Department of Health and Ageing
as part of its commitment to the National Drug Strategy.**

www.ndlerf.gov.au

- A consistent finding across all study sites was the low level of organised criminal activity that is related to the procurement of prescription drugs. Nevertheless, these drugs are being diverted to the black market and sold for considerable profit relative to their dispensed pharmacy prescription cost.
- The illicit pharmaceutical drug markets appeared to be mainly driven by small-scale diversion including from legitimate prescriptions, doctor-shopping, and forged prescriptions. Organised burglary/thefts from pharmacies or from wholesalers/manufactures, or via other sources (e.g. internet pharmacies, importation, and inter-jurisdictional trafficking) did not appear to be important influences. These alternative means of supply could become important, however, if controls were to be tightened on existing channels.
- There was mixed evidence on the potential influence of the misuse of these drugs on crime. The use of benzodiazepines was associated with shoplifting, property crime, drug dealing, violence, intoxicated driving, disinhibited and aggressive behaviour, and feelings of invincibility attributed to the drugs. On the other hand, the use of opioid replacement drugs such as methadone may mitigate the commission of crime.
- There was mixed evidence on the potential influence of the misuse of these drugs on crime. The use of benzodiazepines was associated with shoplifting, property crime, drug dealing, violence, intoxicated driving, disinhibited and aggressive behaviour, and feelings of invincibility attributed to the drugs. On the other hand, the use of opioid replacement drugs such as methadone may mitigate the commission of crime.

Implications for police

- Key issues that were identified for front line policing were: the difficulties associated with distinguishing between illicitly and licitly held prescription pharmaceuticals; the required level of awareness concerning relevant legislation and scheduling issues; the need to develop an understanding of the psychopharmacology of these drugs, their interactions with illicit drugs and the implications of all this for behaviour; and the apparently weaker relationship between prescription pharmaceutical drugs and crime than is the case with illicit drugs.
- The plentiful supply of pharmaceutical drugs through prescription sources, as well as their role in polydrug use, leads to a range of learning needs for police.
- Law enforcement responses to this problem need not be limited to supply reduction initiatives alone. Drug law enforcement can also have a positive impact on demand and harm reduction, and play a complementary role with other strategies that aim to limit the harms associated with drug use.
- A health system response to pharmaceutical misuse is probably a preferable option to a law enforcement or criminal justice system response. The available evidence suggests that supply reduction efforts that limit the diversion of pharmaceuticals can be effective (where the main outcome of interest may either be reduced prescription rates or even removal of a drug from the market altogether). There is, however, some evidence that certain of these strategies may result in negative outcomes, such as the unintended consequences of drug substitution or supplementation.
- It is possible that efforts to reduce the supply of pharmaceutical opioids and benzodiazepines could lead to other 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 (in the context of the Northern Territory) the development of conditions favourable to the return of the heroin trade.
- There are 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.

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

**Funded by the Australian Government Department of Health and Ageing
as part of its commitment to the National Drug Strategy.**

www.ndlerf.gov.au