

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

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Smith, Miller, O’Keefe & Fry (2007).

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

Methodology

The research involved interviews with key informants recruited from law enforcement and health agencies; interviews with people who inject drugs (PWID); and analyses of secondary data indicators relevant to prescription drugs use in Victoria.

Key findings:

- Most of the PWID sampled were polydrug users¹, and benzodiazepines² such as temazepam, as well as morphine and to a lesser extent buprenorphine³, were commonly used. The researchers reported that these drugs were not difficult to obtain and that they were used to increase the effects of heroin, or as substitutes for heroin.
- PWID mainly acquired their benzodiazepines via friends and family, via medical prescriptions and via small-time dealers. These tablets were being sold for as little as \$1 each. PWID tended to either use buprenorphine that they were prescribed, or to share other people’s doses. Morphine tended to be acquired from friends or dealers, costing around \$50 for 100mg. This represents a substantial profit over and above the dispensed price. Generally, dealers were also users who had prescription drugs for sale, although they may have sold other drugs as well. In this way, the market for prescription drugs in Melbourne appears to be dominated by small time dealer-users and a small network of users sharing their own prescription drugs and swapping drugs amongst themselves.
- ‘Doctor shopping’ for benzodiazepines was common as was ‘doctor shopping’ for morphine, with the latter being relatively unsuccessful due to a high level of vigilance among prescribers.
- The use of prescription drugs may be linked to crime in two ways. Firstly, by the diversion of drugs to the black market; and secondly, PWID reported that they were more likely to commit criminal offences when they were intoxicated by prescription drugs, especially benzodiazepines. The greater the amount of illicit benzodiazepines that the PWID used, the more different types of crimes they were likely to have committed. The more dependent the users were on these drugs, the more likely they were to have committed a crime while affected by, or when withdrawing from, benzodiazepines. Equally, there was a relationship between morphine dependence and committing crime while intoxicated with this drug. In this regard,

¹ This refers to the use of multiple kinds of drugs.

² 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).

³ Buprenorphine is a drug used in the treatment of heroin and other opioid dependence.

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methadone treatment may mitigate this criminal behaviour. Many of the PWID seemed to be involved in a cycle of drug use and criminality. This lifestyle possibly makes them more likely to offend, or to offend more frequently than if they were not using these drugs. In addition, their level of drug use may demand a higher income than can be attained legitimately.

- The PWID interviewed in this research experienced a range of harms that were associated with their drug use. These included: vein damage; blood clots; 'dirty hits'; scarring and infections; drug dependence and overdose; needle sharing; violent behaviour; social and relationship problems; anxiety; lack of motivation; irritability; and the coercion of female drug users into sex work to obtain funds to procure drugs for themselves and for their partners. Two thirds of the PWID were probably dependent on benzodiazepines, morphine, buprenorphine and/or methadone.
- Police cautioning and diversion programs appeared to have a favourable impact on all illicit drug use including illicit pharmaceutical use. In addition, police activity in shopping malls was thought to make access to these drugs more difficult and to reduce crime. It was also considered that this kind of police activity may reduce the incidence of forged prescriptions being presented. A number of other strategies were also suggested including: restricting prescription of the drugs; dispensing drugs used in the treatment of drug dependence on a 24 hour basis; establishing pharmacies in more areas than is currently the case (to avoid 'hot spots'); having traceable batches of drugs cross-matched with data on dispensing; the provision to police of information about emerging problems; improving the vigilance of medical staff in relation to prescription pads; encouraging pharmacists to call police when forged prescriptions are presented; using injectable buprenorphine (or at least ensuring that tablet doses of buprenorphine are crushed prior to being dispensed); and increasing the number of pharmacological treatment programs and waving the associated costs.
- Dramatically reducing the supply of pharmaceutical drugs could lead to these users seeking more harmful replacements, thus causing a whole new raft of law enforcement and health problems.

Implications for police

The policing of prescription drugs is complicated by the fact that the drugs themselves are legal, even if their possession is not. Thus it is difficult for police to determine when an infringement has been committed.

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; and the substitution of more problematic drugs such as alcohol, methamphetamine or other analgesics.

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 polydrug use, leads to a range of learning needs for police. Identifying pharmaceutical drugs and understanding their effects on the behaviour of offenders are particularly important for police. The wider dissemination of the Victoria police publication *An Investigation Guide to Pharmaceutical Drug Trafficking and Use* would be very useful in this regard.

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

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