

### **BENZODIAZEPINE AND PHARMACEUTICAL OPIOID MISUSE AND THEIR RELATIONSHIP TO CRIME: NORTHERN TERRITORY REPORT.**

#### **NDLERF MONOGRAPH No. 24**

**O'Reilly, Leibrick, Chenhall and Huxtable (2007).**

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

#### **Methodology**

The researchers conducted interviews with key informants from the law enforcement, criminal justice and health sectors, interviewed 101 people who inject drugs (PWID) from the Northern Territory, and analysed a range of relevant secondary indicator data. The research was conducted over 14 months, commencing April 2003.

#### **Key findings:**

- The NT is unusual in that its opioid market is dominated by the use of morphine rather than illicit heroin, and it is the opioid users, rather than organised criminal networks, that largely control distribution. The researchers suggested that this situation benefits users, emergency services, and the criminal justice system.
- Morphine sulphate in the form of MS Contin™ was the pharmaceutical opioid<sup>1</sup> most commonly used and this was usually sourced from general practitioners (GPs), the illicit market and friends. Law enforcement key informants indicated that pharmaceutical opioids had little impact on their work because it is not an offence to be in possession of morphine tablets without a prescription. In order to prove an offence, it is necessary to prove that the drugs were illegally acquired. The main sources of benzodiazepines<sup>2</sup> were prescriptions, friends and the illicit drug market. Some diversion of methadone and buprenorphine<sup>3</sup> was evident.
- Where morphine was readily available, there was less use of benzodiazepines (and therefore less risk of their injection which is very problematic).
- Some 'doctor shopping' was occurring for morphine, but this was becoming more difficult. There appeared to be more exchanging of pharmaceutical opiates without money among groups of friends, compared with monetary trading. There appeared to be no large-scale or professional dealers in the NT. In Alice Springs, however, key informants indicated that the majority of the morphine came in via backpackers and dealers sourcing it via illegal means. There did not appear to be much benzodiazepine trading because the drugs were so easily obtained on prescription.

<sup>1</sup> 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.

<sup>2</sup> 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).

<sup>3</sup> Buprenorphine (Subutex™) is a drug that is commonly used to treat opioid addiction.

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- While the acquisition of pharmaceutical drugs by users is highly organised in the sense of being a regular, planned behaviour involving networks of friends and other contacts, there was little evidence of involvement by criminal networks in the distribution of these drugs. Indeed, people who were using illicit prescription drugs only tended to come into contact with police as a result of activities related directly or indirectly to sourcing money to purchase drugs, or activities related to intoxication, rather than as a result of possession or supply of the drugs.
- There were mixed views on the extent to which there was a relationship between pharmaceutical opioids and crime. There appeared to be little relationship between benzodiazepine availability and crime, although there were some reports of illegal behaviour associated with intoxication with the drugs. Being on the methadone program was probably associated with a lower level of involvement with crime, compared with those who accessed morphine illegally.
- Key informants indicated that problems with illicit pharmaceutical opiates could be dealt with by: treating it as a health issue, rather than a law enforcement issue; the removal of criminal sanctions; improving treatment options; harm minimisation primarily focussed on prescribed morphine for opioid dependent people; community education on the health and social consequences of drug use; and partnerships between police, the courts, treatment agencies and other stakeholders.
- Key informants indicated that useful options to deal with benzodiazepine-related harms were: restricting the supply and introducing a monitoring system; and educating GPs, pharmacists, service providers and the community on the effects of benzodiazepines and the harms associated with drug use.
- Key informants indicated that there could also be benefit in enhancing the professional training of those involved in the methadone program, including formal training in counselling.
- Key informants also called for enhancements in the information systems that would allow accurate data on current trends to be circulated among key stakeholders. There were also suggestions that there could be benefit in enhancing drug treatment options available in that jurisdiction.

## 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](http://www.ndlerf.gov.au).

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