



AUSTRALIAN CRIME COMMISSION

MEDIA RESPONSE



14 August 2014

Ann Arnold – ABC Background Briefing Misuse of pharmaceutical drugs

The illicit pharmaceuticals market is an emerging issue in Australia and, while the current risk is not at the same level as other illicit drug markets, it is a market that we cannot afford to ignore given overseas trends and the increasing organised crime footprint.

Large-scale organised crime networks have been identified as being involved in distributing pharmaceutical drugs. The ease with which pharmaceuticals can be obtained makes this an attractive market for entrepreneurial individuals and groups. These networks are typically composed of individuals who are users of the substances and are engaged in on-selling due to the high profits that are made.

As the national criminal intelligence agency, the Australian Crime Commission (ACC) is obliged to identify emerging issues such as the non-medical use of pharmaceuticals and understand vulnerabilities that have potential for exploitation by organised crime groups so that we can recommend action to harden the environment against the activities of these groups.

Lessons to be learned from aspects of the illicit pharmaceuticals market are equally applicable to components of the PIEDs, new psychoactive substances, precursor and heroin markets. For example, diversion from legitimate industry is a feature of all markets. It should also be noted that, the heroin market and trends in the heroin market are linked to trends in the illicit pharmaceuticals market.

Australia enjoys advantages, such as the Pharmaceutical Benefits Scheme (PBS), the Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) and the National Pharmaceutical Drug Misuse Strategy (NPDMS). This is compared to some overseas countries where non-medical use of pharmaceuticals has become a significantly larger problem, but even then there are opportunities which can be exploited by criminals and serious and organised crime groups.

Prescription drug misuse, particularly opiate misuse, exists on a massive scale in the USA. In 2010, the latest data available, nearly half of all drug overdose deaths involved opioid pain killers. In 2008 (the latest data available) 14,800 people died from opioid overdose. Prescription opiates account for more overdose deaths in the USA than heroin and cocaine combined.

In Australia, while the number of pharmaceutical detections at the Australian border decreased by 13.9 per cent during 2012-13 (from 1337 in 2011-12 to 1151 in 2012-13), it is the third highest number on record. The majority of these were benzodiazepines.

The total number of pharmaceutical opioid detections doubled from 39 in 2011-12 to 79 in 2012-13. Oxycodone was the primary pharmaceutical opioid detected at the Australian border in 2012-13, accounting for 60.7 per cent of the total number of detections. Other pharmaceutical opioids detected in 2012-13 were morphine, buprenorphine and methadone.

The postal stream continues to account for the greatest number of pharmaceutical detections. In 2012-13, the postal stream accounted for 57.1 per cent of the number pharmaceutical detections, followed by air passenger/crew at 36.3 per cent.

Thailand is the prominent embarkation point, accounting for 19.5 per cent of the number of pharmaceutical detections in 2012-13. Other major embarkation points include India, Singapore, Malaysia the UK, Romania, South Africa, the US and Pakistan.

Collectively, the non-medical use of pharmaceuticals is a large market, with 4.7 per cent of people reporting the recent use of any pharmaceutical for non-medical purposes in the Australian Institute of Health and Welfare's 2013 National Household Survey.

This is the second-highest category of all illicit drugs examined in the survey (second only to cannabis) and a significant increase from the 4.2 per cent reported in 2010 and 3.7 per cent in 2007. Data from the same survey revealed that 3.3 per cent of people reported the recent use of analgesics for non-medical purposes and 0.4 per cent of people reported the non-medical use of other opiates/opioids. This contrasts with 0.1 per cent of people reporting the recent use of heroin.

Data from needle and syringe programs show that the percentage of people reporting the injection of pharmaceutical opioids increased from 9 per cent in 2005 to 16 per cent in 2009, the last date at which such data was available. In 2009-10, there were 2142 hospital separations where poisoning from other opioids or a synthetic narcotic was the principal diagnosis, compared with 649 separations where poisoning from heroin was the principal diagnosis.

Oxycodone has also been increasingly prescribed in Australia over the past 10 years and is now more commonly prescribed by general practitioners than morphine. The quantity of oxycodone supplied on prescription increased from 95.1 kilograms in 1999 to 1270.7 kilograms in 2008 and has trended sharply upwards ever since.

The Australian Institute of Criminology's Drug Use Monitoring in Australia (DUMA) program found that 43 per cent of recent users of prescription opioids who were detained in watch-houses had been given the opioids by a friend or family member, with 21 per cent using a script in their own name. Only 11 per cent had used a script in another person's name, with a further 25 per cent

buying them from a street dealer. This is supported by other research showing that the majority of pharmaceuticals that are misused are acquired either directly or indirectly from the medical system.

In Australia, there were 465 oxycodone-related deaths identified between 2001 and 2009. Deaths adjusted for quantity of oxycodone prescribed each year fluctuated between 3.8 and eight deaths per million defined daily doses. Only 10 per cent of these deaths were due to oxycodone toxicity alone. Multiple drug toxicity was more predominant (82 per cent of deaths), with benzodiazepines and alcohol commonly implicated in these deaths.

This is not a market where law enforcement can arrest its way to a solution—the response involves a holistic approach in partnership with policy departments, the medical and health professions and industry.

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