RECOGNISING AND MANAGING DRUG DEPENDENT PERSONS
NOTES FOR MEDICAL PRACTITIONERS

BACKGROUND

This document has been prepared to assist medical practitioners to recognise and manage drug dependent persons. (This Guide would also apply to nurse practitioners and eligible midwife practitioners authorised by the Secretary of NSW Health under the Poisons and Therapeutic Goods Act 1966 and/or its Regulation to prescribe drugs of addiction).

The NSW Ministry of Health often receives reports and referrals from a number of sources including the Health Care Complaints Commission (HCCC), NSW Police, the NSW Medical Council, pharmacists, medical practitioners and nurses pertaining to the prescribing of drugs of addiction (Schedule 8 drugs).

In addition, routine inspections of community pharmacy dispensing records by officers of the Ministry of Health can result in the detection of substantial numbers of prescriptions for drugs of addiction written by medical practitioners, without the required authority from the NSW Ministry of Health, for persons who may be considered drug dependent.

Drugs obtained on such prescriptions do not help this vulnerable category of patient overcome their addiction, they only delay or disrupt proper treatment and may contribute to the pool of prescription drugs diverted onto the illicit market.

Drug dependent persons including so-called “doctor shoppers” may “do the rounds” of medical practitioners to obtain additional supplies and frequently attend two or more practitioners concurrently.

In contrast to this, it is becoming increasingly evident that drug dependent persons are able to convince one obliging medical practitioner to prescribe excessive quantities of drugs of addiction on request, and consequently will have no need to “doctor shop”.

TYPICAL TACTICS

The drug dependent person may EITHER:

admit addiction or dependence and request long or short-term treatment with a drug of addiction. They may provide one or more of the following reasons in support of their request:-

• just arrived from the country or interstate and needs to continue treatment. A letter of introduction, often forged on a letterhead prepared by computer, for example, may be presented. (If this claim was true, proper arrangements should have been made prior to departure)

• awaiting admission to hospital or rehabilitation facility

• cannot afford to go to hospital or rehabilitation facility

• on bail or bond following conviction or recently released from a correctional facility
• lost prescription or tablets (to prevent misuse, persons on an Opioid Treatment Program (OTP) should not be handed the original prescription for drugs of addiction)

• does not want to attend an OTP clinic because of pressure from dealers or other drug dependent persons there (arrangements can be made for minimal contact with other persons at clinics, if necessary)

• awaiting admission to an Opioid Treatment Program (OTP) e.g. methadone or buprenorphine (Suboxone® or Subutex®)

• on an OTP but “needs something” for another condition, e.g. oxycodone (Endone® or OxyContin®) for back pain, alprazolam for panic attacks or flunitrazepam or other benzodiazepine for sleep.

• on an OTP but requires an interim supply as a take-away dose in an ‘emergency’ situation.

AND/OR:

reports chronic or acute episodes of pain and requests a particular drug by name, by description or by exclusion of other drugs.

The drugs requested are often:

fentanyl transdermal patches (Durogesic®, Denpax®, Fenpatch®)
oxycodone (Endone®, OxyNorm®, OxyContin®)
ydromorphone (Jurnista®, Dilaudid®)
morphine (MSContin®, Kapanol®, MSMono®, Anamorph®)
methodone (Physeptone®)
buprenorphine (Subutex®, Norspan®, Suboxone®)
injectable formulations of opioids (e.g. pethidine or morphine)
benzodiazepines e.g. alprazolam, flunitrazepam, clonazepam and lorazepam.

In support of the request for a particular drug, the pattern of presentation may include:-

• a convincing description of symptoms
• exhibition of old scars or other signs of injury or physical defect
• production of a report and/or x-ray from a hospital, practitioner or clinic in support of the request (these should be checked for authenticity)
• reports lost or stolen prescriptions or medications
• frequent early prescription renewal requests
• attending for urgent or late unscheduled consultations
• an inability to be able to confirm previous history
• providing a residential address from well outside the immediate area
unable to attend appointments when referred for specialist review
requests for private prescriptions, and
requests for greater quantities on private prescriptions than allowed on PBS.

RISKS AND CONSEQUENCES

Acceding to requests for prescribing drugs of addiction to drug dependent persons may result in:

- overdose leading to hospital admission or death
- delay in the person seeking appropriate treatment or management of dependence
- disruption of treatment under an existing drug dependence program
- continued expectation or pressure on the practitioner to supply further prescriptions by using some kind of threat, e.g. reporting earlier prescribing to the police or the Ministry of Health
- trafficking in prescriptions and drugs obtained on prescriptions
- intravenous injection of the contents of patches, capsules or tablets, e.g. chemical and/or physical extraction and then injection of the residue from the matrix of a fentanyl patch
- other drug dependent persons attending the surgery with a similar story
- forging prescriptions on prescription forms stolen during a consultation.

In addition to the potential harms by prescribing Schedule 8 drugs of addiction on request or in the above circumstances, prescribing to drug dependent patients without the prior written authority from the NSW Ministry of Health is a breach of the Poisons and Therapeutic Goods Legislation.

TG 212: Requirements for an Authority to Prescribe Drugs of Addiction under Section 28 of the Poisons and Therapeutic Goods Act summarises the legal requirements in NSW and is available on the Pharmaceutical Services Unit website at http://www.health.nsw.gov.au/pharmaceutical/Pages/Resources.aspx

Form 1: Application for Authority to Prescribe a Drug of Addiction can also be found on the website at http://www.health.nsw.gov.au/pharmaceutical/doctors/Pages/Prescribe-S8-opioid.aspx

Please note that the authority from the NSW Ministry of Health is the primary legal requirement for prescribing Schedule 8 drugs of addiction. It is distinct from and independent of any authority from Medicare Australia for Pharmaceutical Benefits (PBS) which is solely for the purpose of subsidising the cost of the medications to the patient.

RECOMMENDED ACTION

Recommended action when consulted by a known or suspected drug dependent person seeking a prescription for a drug of addiction includes:
• referring drug dependent persons to a specialist Drug and Alcohol Unit for assessment and management (see below)
• keeping prescription stationery out of patient access to prevent theft and forgery
• asking the patient whether they have been given any drug of addiction or a prescription for such in the last two months. Note the reply on the patient clinical record
• telephoning the 24 hour NSW Drug and Alcohol Specialist Advisory Service DASAS on telephone 1800 023687 or (02) 9361 8006 for immediate clinical advice on the management of drug dependent persons
• telephoning the Ministry of Health (Duty Pharmaceutical Officer, Pharmaceutical Services Unit on 02 9391 9944 during office hours) for further information or advice on the regulatory requirements when prescribing drugs of addiction.

It is important to be aware that drug dependent persons can be manipulative and persuasive, and in rare circumstances threatening in their efforts to obtain drugs of addiction.

The co-operation of the medical and nurse practitioner professions in observing the points made above will not only assist the recovery of persons seeking treatment but will minimise the diversion of prescription drugs for illicit trafficking.

**NSW DRUG AND ALCOHOL SERVICE INTAKE NUMBERS**

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<tr>
<th>Local Health District</th>
<th>Telephone Number</th>
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<tbody>
<tr>
<td>Central Coast</td>
<td>02 4394 4880</td>
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<tr>
<td>Illawarra Shoalhaven</td>
<td>1300 652 226</td>
</tr>
<tr>
<td>Nepean Blue Mountains</td>
<td>02 4734 1333</td>
</tr>
<tr>
<td>Northern Sydney</td>
<td>1300 889 788</td>
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<tr>
<td>South Eastern Sydney</td>
<td>(02) 9332 8777 – Northern</td>
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<td>(02) 9113 2944 – Central</td>
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<tr>
<td>South Western Sydney</td>
<td>(02) 9616 8586</td>
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<tr>
<td>Sydney</td>
<td>(02) 9515 6311</td>
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<tr>
<td>Western Sydney</td>
<td>(02) 9840 3355</td>
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<tr>
<td>Far West</td>
<td>1300 662 263</td>
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<tr>
<td>Hunter New England</td>
<td>(02) 4923 2060</td>
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<tr>
<td>Mid North Coast</td>
<td>1300 662 263</td>
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<tr>
<td>Murrumbidgee</td>
<td>1800 800 944</td>
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<tr>
<td>Northern NSW</td>
<td>(02) 6620 7600</td>
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<tr>
<td>Southern NSW</td>
<td>1800 809 423</td>
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<tr>
<td>Western NSW</td>
<td>1300 887 000</td>
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NSW Drug and Alcohol Advisory Service DASAS provides a 24 hour clinical advice service for Health Professionals on 1800 023687 or (02) 9361 8006.

For further information or clarification of these guidelines, contact the Duty Pharmaceutical Officer, Pharmaceutical Services during office hours on (02) 9391 9944 or visit the website http://www.health.nsw.gov.au/pharmaceutical

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