

FORGED PRESCRIPTIONS FOR ANABOLIC AGENTS

(a case study for pharmacists)

This example has been prepared by the Drugs and Poisons Regulation Group (DPRG) to indicate what steps pharmacists could/should have taken. The DPRG website (www.health.vic.gov.au/dpu) also contains summaries of other key legislative requirements.

Forgeries for anabolic steroids

A robust man, about 33 years of age, obtained more than 800 injections in a three-month period by presenting forged scripts at more than 30 pharmacies. The forgeries commonly specified 20, 30 or as many as 60 injections of drugs including Sustanon, Primoteston, Deca-Durabolin and Profasi.

Most of the dispensing pharmacists did not discover that they had been deceived, until contacted by officers of the Drugs and Poisons Regulation Group (DPRG).

The scam

- The offender generally phoned or visited the pharmacy to arrange for a pharmacist to order the unusually large quantity (for an overseas trip) and to negotiate a price.
- He provided a mobile phone number, so that he could be phoned when the drugs were ready to collect, then phoned the pharmacy on one or more occasions, before attending the pharmacy – possibly to see if there were any suspicions or to see who was on duty.
- He commonly attended the pharmacy just before closing time (or later in the evening) and presented the forged prescription to a pharmacist other than the one who had received the original phone call.
- If questioned by the dispensing pharmacist, as he often was, he would indicate that the other pharmacist had checked things out before obtaining the drugs, which had been ordered especially for him.
- As the prescriber could not be contacted and the drugs had supposedly been specially ordered for an overseas trip, they were often supplied.

Some pharmacists weren't fooled

Three pharmacists refused to supply the drugs because they were not satisfied that the prescriptions were genuine. Their suspicions and actions are summarised below:

Pharmacist A

- The quantity seemed "ridiculous for a long acting medication" (Primoteston).
- The Primoteston was ordered but the pharmacist waited until she saw the script before making a decision about whether to supply.
- She was not satisfied with the appearance of the script, which contained a number that implied an authority might follow.
- The person was unconcerned about the \$400 price when informed that the script was not in the form of be a PBS benefit.
- She declined to dispense the medication until she spoke with the prescriber.
- The person did not return and the pharmacist notified DPRG and the police.

Pharmacist B

- When phoned, the pharmacist asked the person to fax the script and became suspicious when the patient claimed he would be unable to do so; “because it is very easy to access a fax even if you don’t own one”
- He left a note in the pharmacy’s Communications Book to indicate that the stock had been ordered but that the script needed to be checked thoroughly and the doctor contacted before dispensing.
- When the script was brought in, another pharmacist contacted the clinic and discovered the script was a forgery.
- The pharmacist reported the matter to DPRG and the police.

Pharmacist C

- When a pharmacist noticed that a large quantity of Deca-Durabolin had been ordered, she was told that a colleague had been phoned by a customer who had a prescription.
- When the patient phoned to see if it had arrived, she became suspicious because price was not an issue and she knew anabolic steroids were subject to abuse.
- She asked for the prescriber’s name and phone number, so she could confirm the script and became more suspicious when told he would phone her back with the details.
- When provided with the phone number, she rang the supposed clinic and was surprised when the “prescriber” answered the phone.
- She felt that the “prescriber” had been expecting her call and had tended to pre-empt her questions.
- She phoned back an hour later and determined she had not phoned a doctor’s surgery.
- She phoned the patient and told him she would not supply him.

It is disappointing that the offender successfully deceived so many pharmacists, albeit with a very clever scam.

Section 36 of the Drugs Poisons and Controlled Substances Act

Pharmacists **must** notify DPRG when the quantity or frequency of prescribing appears to be greater than reasonably necessary. *Notwithstanding the fact that the scripts were forged, in this case, pharmacists should have notified DPRG in relation to this matter – NONE DID.*

Key issues and options

The vast majority of prescriptions presented to a pharmacist will be from familiar prescribers and/or for typical quantities of a medication. When presented with a prescription that is inconsistent with his or her usual experience, especially for medications that are subject to misuse, abuse and profitable diversion, a pharmacist should attempt to determine why the prescription is atypical.

A pharmacist must **not** simply assume that the prescription is genuine or appropriate or that someone else has already checked it out. *In one of the noted examples, the pharmacy’s Communications Book was used effectively. Pharmacists are encouraged to record details of **all** communications with prescribers – to ensure colleagues are fully aware of relevant matters.*

Many offenders attend at times when it is difficult to contact prescribers but pharmacies with internet access can now log on to the Pharmacy Board website www.pharmacybd.vic.gov.au to examine a frequently updated list of stolen prescriptions.

Prescriptions should be examined in a critical manner to detect anomalies or alterations.

Many people, who attempt to pass forged or fraudulent prescriptions, write the prescription using a false name. When asked to provide identification, the response or excuses offered can often serve to fuel an existing suspicion. *In this case, the offender used a number of different aliases and would not have been able to provide corresponding identification, if requested to do so.*

If an appropriate form of photo ID is provided, it can serve to subsequently identify an offender. *The offender in this case was identified (& convicted) from a phone number recorded in a pharmacy’s Communication Book, supported by digital images from two other pharmacies.*

For further information

Department of Health (DOH)

Drugs and Poisons Regulation Group,
GPO Box 4057,
Melbourne 3001

Tel: 1300 364 545

Fax: 1300 360 830

Web: www.health.vic.gov.au/dpu