

CASE STUDIES FOR MEDICAL PRACTITIONERS

The following case studies have been prepared to ensure medical practitioners aware of a number of ruses that have been used by drug-seeking patients and to indicate what steps could and/or should have taken. Many of the offenders were prosecuted for obtaining drugs of dependence by false representation; some were charged with trafficking. Please refer to the DPRG web site www.health.vic.gov.au/dpu to obtain summaries of other key requirements for medical practitioners.

“Dodgy” documents

A person successfully obtained prescriptions for MS-Contin® (generally for both 60mg and 100mg tablets) from about 200 medical practitioners during a recent 12-month period. The offender created a fraudulent letter, from a fictitious doctor in a fictitious Tasmanian clinic, which indicated he was on a liver transplant waiting list. The Victorian resident presented the letter as a means of justifying his “urgent” need for drugs, whilst claiming he was visiting Victoria for his son’s wedding.

A group of young men, apparently working together, have been using a similar document to obtain prescriptions for Oxycontin® 80mg from medical practitioners.

“I can’t see my regular doctor”

Some drug-seekers claim that their “regular doctor” is on leave (or away sick or retired or whatever) or that they have just moved and that their previous clinic is simply too far away to visit. Whatever the specifics, these claims are commonly used by drug-seeking patients in order to extract prescriptions for narcotics from trusting medical practitioners, to whom they are unfamiliar.

“I’m visiting from interstate”

A number of drug-seeking patients have successfully claimed to be visiting from interstate as a means of obtaining prescriptions for narcotics from well-intentioned medical practitioners. In some cases the patients have presented medication containers, dispensed at interstate pharmacies, in order to satisfy the doctor that they are from interstate. In some such cases the patient, who is actually resident in Victoria, simply has an isolated prescription dispensed when visiting interstate as a means of substantiation.

PERMITS AND THE 8-WEEK RULE

To address these types of situation, the 8-week period before a medical practitioner must obtain a permit now **includes any preceding period of treatment by other medical practitioners.**

A medical practitioner who considers it necessary to prescribe a Schedule 8 poison for a person (who is not drug-dependent) **must immediately apply for a permit** if there is reason to believe that his/her prescription will result in the patient being treated for a continuous period greater than 8 weeks when the preceding period of treatment is taken into consideration.

Note: Although a permit application must be submitted immediately, to avoid delaying treatment for a genuine patient, a medical practitioner is authorised to continue treating the patient until the outcome of his/her permit application has been determined. In such circumstances, the prescription of less than the maximum PBS quantity might be considered prudent.

Forgeries by a trusted patient

A middle-aged patient wrote dozens of forged prescriptions for MS-Contin® tablets. On each occasion that he attended the clinic, he would help himself to one or two pages from the top of the prescription pad that was left in the consulting room in which he would wait for his doctor. He would then create a forgery by copying the genuine prescription, written during the consultation, knowing that his doctor would confirm he had written a prescription if queried by a pharmacist.

Please ensure that script pads and pages for computer-generated prescriptions scripts are secured and never left unattended where the public can access them.

Fraudulent computer-generated prescriptions

An offender successfully presented more than forty forgeries for MS-Contin® 100mg tablets, during a two-month period, after using his computer printer to copy the details of genuine prescriptions on to stolen computer prescription pages.

To address this growing problem, medical practitioners in Victoria **must** still handwrite significant components of computer-generated scripts for all drugs of dependence and must **not** manually alter computer-generated scripts.

Private (non-PBS) prescriptions

A number of general practitioners wrote “private” prescriptions for dexamphetamine tablets for a young mother, who attended with her child and claimed to be visiting from interstate. The woman, who was allegedly trafficking the dexamphetamine, convinced the general practitioners that “it is okay to prescribe the drug as a private prescription”. This is **not** the case.

General practitioners **must obtain a permit** before prescribing **methadone** (Physeptone®) **dexamphetamine** or **methylphenidate** (Ritalin, Attenta, Concerta®) regardless of whether or not the drug is to be prescribed as a PBS item.

An unusual ruse

A man obtained several prescriptions, for anabolic steroids and other drugs that have a potential for use in the world of bodybuilding, from a general practitioner. He did this by phoning the general practitioner, successfully portraying himself as a specialist practitioner and referring a patient (himself) to the general practitioner to obtain prescriptions for his “regular medications” because he was unable to consult the specialist.

KEY POINTS TO REMEMBER

- ❖ A patient with a valid therapeutic need for drugs of dependence should have a regular medical practitioner to manage his/her medication regime.
- ❖ The success of drug-seeking activity is often facilitated by medical practitioners who prescribe the maximum (PBS) quantity when consulted by patients who claim that their regular prescriber is not available and/or present themselves at a time when it is difficult to contact the “regular prescriber” or the DPRG.
- ❖ Medical practitioners are **not** obliged to prescribe the **maximum PBS quantity** and doing so may be detrimental – especially when a patient’s principal prescriber is unaware of the additional medication.
- ❖ Prescribing additional drugs, without the knowledge of the regular prescriber, can adversely affect a patient’s treatment and significantly contribute to drug-dependency.
- ❖ When consulted by unfamiliar patients who are seeking prescriptions for drugs of dependence, medical practitioners are encouraged to contact the DPRG (**1300 364 545 – option 1**) to determine whether a patient is a known drug-seeking person or whether another medical practitioner holds a permit to treat the patient with Schedule 8 poisons – including pharmacotherapy for opiate dependence.

DIVERSION

Some drug-seeking activities are associated with drug trafficking rather than supporting personal misuse of the drugs being sought. Medical practitioners are advised to be especially alert for patients seeking the following medications – even if the person does not appear to be a drug-

dependent person. Oxycontin 80mg, Oxycontin 40mg, Kapanol 100mg, MS-Contin 100mg, anabolic steroids, alprazolam, clonazepam and products containing pseudoephedrine are known to be especially subject to trafficking.

For further information

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