

OBTAINING INFORMATION AND DEALING WITH DRUG-SEEKING PATIENTS

*This summary has been prepared by **Victoria's** Drugs and Poisons Regulation Group (DPRG) to assist medical practitioners who wish to seek information and/or advice about suspected drug-seeking patients. The summary was prepared and revised following consultation with officers from Medicare Australia. The DPRG website (www.health.vic.gov.au/dpu) also contains summaries of key legislative requirements.*

At any time

- Medicare Australia offers access (24 hours a day / 7 days a week) to information and advice through the Prescription Shopping Information Service (PSIS) **1800 631 181**.
- To meet strict privacy conditions, individual medical practitioners **must register** before they may use the service. See the website (www.medicareaustralia.gov.au/providers) for forms.
- Phone the PSIS on **1800 631 181**.
- Provide your name and other requested information to confirm your identity.
- Supply your patient's full name, Medicare number and date of birth.
- Medicare Australia will be able to inform you whether your patient has been identified under the criteria* of the Prescription Shopping Program. **The criteria relate to a person having obtained more than a specified number of items under the Pharmaceutical Benefits Scheme (PBS) or having obtained PBS items from six or more prescribers (excluding specialists) in a 3-month period.*
- Where a person has been identified by the program, you will be able to obtain a Patient Summary Report containing an indication of the recent extent of drug-seeking activity.

Limitations: Some drug-dependent (or other drug-seeking) persons may not be identified by the Prescription Shopping Program because its data **does not include** information relating to:

- **Non-PBS items**, including many less-expensive medications for which there is no co-payment unless patients hold entitlement cards.
- **"Private" prescriptions**, for which there is no co-payment.
- PBS items that have been supplied but have yet to be claimed by the pharmacist or processed by Medicare Australia.
- The provision of **Opioid Substitution Treatment** to opioid-dependent patients.

To illustrate these limitations, one general practitioner conducted an intensive review, in which he contacted Medicare Australia in relation to all patients whom he considered were seeking drugs of dependence for inappropriate purposes; he found that fewer than 20% were identified under the criteria.

What next?

A medical practitioner **must** notify the DPRG if he/she has **reason to believe** a patient is drug-dependent **if the patient seeks a drug of dependence or the medical practitioner intends to prescribe a drug of dependence** for the patient. Notification Forms can be obtained at the DPRG website http://www.health.vic.gov.au/dpu/downloads/hp_notifi_drug_depend.pdf

Notification of a drug-dependent person is a legislative requirement, which provides important information to the DPRG. This data enables DPRG officers to assist medical practitioners who might seek advice or apply for a permit to treat a person. *Such notifications are also essential because the legislation that governs the Pharmaceutical Benefits Scheme prevents Medicare Australia from releasing its information to state authorities.*

Contacting DPRG

In addition to contacting the PSIS, medical practitioners are reminded that they can also telephone the **DPRG** Help Line on **1300 364 545** (select **option 1**), between 9.00 am and 4.30 pm Monday to Friday, to discuss concerns or to seek information about specific patients.

Information available from DPRG differs from that of the PSIS in that it is not limited to drugs that are PBS items and is not limited to only a recent three-month period. DPRG also has details of:

- Medical practitioners who hold permits to treat patients with Schedule 8 poisons, including patients receiving methadone or buprenorphine to treat opioid-dependence.
- Aliases that have reportedly been used by drug-seeking patients.
- People for whom notifications of (suspected) drug-dependence have been received.
- Forged prescription reports.

***Note:** The collection, storage and disclosure of information by the DPRG are governed by legislation including the Health Records Act, 2001. Information held by the DPRG about a patient will only be released to a medical practitioner who possesses a legitimate need to access that information to treat the patient.*

To prescribe or NOT to prescribe?

The medical practitioner must ultimately decide whether or not to prescribe a drug of dependence for a patient; DPRG and Medicare Australia can only provide information or advice that might assist the medical practitioner in reaching a decision.

Having sought information or advice from DPRG and/or Medicare Australia, medical practitioners are encouraged to consider the following points in making a decision:

- A patient with a valid therapeutic need for drugs of dependence **should** have a principal medical practitioner managing or attempting to manage the patient's medication regime. ***Concurrent prescribing by other medical practitioners may be detrimental to the patient.***
- The problem of drug-dependence is **not** limited to illicit drug users.
- The fact that a person has a demonstrable therapeutic need for a drug of dependence does not preclude the possibility that the person is drug-dependent.
- The success of "drug-seeking" activity is often facilitated by the fact that some medical practitioners prescribe the maximum PBS quantity when consulted by patients who claim that their "regular prescriber" is not available and who 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 the patient's principal prescriber is unaware of the additional medication.***
- Drug-seeking activities are not limited to drug-dependent persons; some people have been found to be involved in extensive drug-seeking activities to obtain drugs for subsequent trafficking. ***Medical practitioners should be aware of the drugs that are most commonly subject to misuse or trafficking, e.g. larger strengths of OxyContin, Kapanol and MS-Contin, injectable opioids, anabolic steroids, benzodiazepines and preparations containing pseudoephedrine.***

Further information

- Summaries of Victorian legislative requirements for medical practitioners plus notification forms and permit application forms are available at www.health.vic.gov.au/dpu
- To obtain clinical advice from specialist consultants, health professionals (only) may phone the Drug and Alcohol Clinical Advisory Service (DACAS) on **9416 3611** (metro) **1800 812 804** (rural)
- For 24-hour confidential drug and alcohol counselling and treatment information, patients, family or health professionals may phone **Direct Line - 1800 888 236**

For further information

Department of Health (DOH)

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