

Responsible opioid prescribing: identifying and handling drug-seeking patients

Opiates have a long history in the use of alleviating pain and they continue to this day to have an important role in the treatment of acute and chronic pain, providing they are prescribed judiciously.

The last decade has seen an increase in the rate of opioid prescribing in Australia and other countries, particularly the United States. Given the ageing of the general population and the associated increase in chronic illnesses and need for palliative care, an escalation in the overall consumption of pain medication is expected. However, alarming reports from the U.S. and Canada indicate that an increase in pain medication use in these countries has been accompanied by an increase in the abuse of prescription opioids. In some regions of the U.S. and Canada, abuse of OxyContin® (oxycodone hydrochloride) has become a far greater problem than heroin use.

In Australia, household surveys indicate that about 3% of persons aged 14 years or over use painkillers (over-the-counter and/or prescription) for non-medical purposes at least once in a 12-month period. While the rate of misuse of pain medicines in the general community may be moderately low, a small but significant section of the community abuse these medications. Historically drug-seekers have favoured certain opioid preparations, and there is evidence to suggest that the preparations of particular concern at present are high-dose morphine and oxycodone tablets.

Opioids are sought by people for a variety of reasons. These reasons include financial gain (a single high-dose tablet of Ms Contin® or OxyContin® can fetch up to 100 times their retail value on the illicit market); euphoria; amelioration of withdrawal symptoms; substitution for the drug of choice (such as heroin) when it's unavailable; and self-medication for symptoms such as pain, anxiety and depression.

Key Points

- When prescribing an opioid, a doctor must be satisfied – based on clear and reasonable medical judgement – that a pain state exists and that opioid medication is the most appropriate in the particular situation.
- In relation to the ongoing treatment with any opioid (and particularly high dose opioids), it is strongly recommended that the prescriber obtains independent written support by an appropriate specialist (usually from a pain clinic), which includes a well documented treatment plan.
- Opioid medications classified as drugs of addiction (ie. Schedule 8 drugs) can only be prescribed for a person who is known or suspected to be drug dependent after first obtaining authority from the NSW Department of Health (Pharmaceutical Services Branch).
- Even if the patient is non-drug dependent, the prescriber is required to obtain authority from the NSW Health

Relatively little is known about individuals who misuse opioid medication in Australia. Comparison of available State and Territory data suggest that opioid abuse patterns are different between the jurisdictions. Surveys of injecting drug users (IDU) in Sydney indicate that heroin is the drug of choice for these users, but methamphetamine, cocaine and marijuana are also commonly used. Although methadone syrup is the most common pharmaceutical opioid illicitly used, illicit morphine and oxycodone use

Department (Pharmaceutical Services Branch) when the patient has been prescribed a Schedule 8 opioid other than oral oxycodone, morphine, or (single ingredient) codeine preparations, or buprenorphine transdermal patches, for greater than two months.

- Opioid medications, and particularly injectable and high-dose oral preparations, are misused or abused by some individuals.
- Medications prescribed by doctors are a major source of opioids on the illicit market.
- Drug dependent persons and those who seek drugs are skilful manipulators and can be persuasive or threatening in their efforts to obtain drugs.
- By familiarising themselves with the tactics employed by drug-seekers, and adopting a range of strategies for dealing with drug-seekers, doctors can minimise the diversion of medications to illicit channels and also assist the recovery of persons in need of treatment.

appears to be on the increase.

There are a number of ways by which opioids are diverted to the black market. They include theft from pharmacies and other suppliers (wholesalers, manufacturers), importation, and forged prescriptions. However, intelligence gathered by regulatory and law enforcement agencies clearly indicates that the major source for the black market is opioids prescribed by doctors. It is a fact that a proportion of patients presenting to a doctor will do so for the

sole purpose of obtaining medication for misuse, abuse or diversion. Although it is not known how many people in the community are involved in drug-seeking behaviour, Medicare Australia contacted almost 10,000 doctors in 2005/06 about 4,638 patients who were suspected of obtaining PBS medicines in excess of medical need. Recent reports indicate there are more than 20,000 'doctor shoppers' in Australia.¹

A screening tool for identifying opioid-seeking patients has yet to be developed. In the absence of such a tool, doctors must use their judgement to determine whether a patient has a legitimate need for an opioid. Behaviour exhibited by a patient (especially one who is new to a practice) that may raise suspicion includes:

- arrives after regular hours or wants an appointment towards the end of office hours;
- states that he or she is travelling through, visiting friends or relatives;
- exaggerates or feigns medical problems;
- provides a convincing, textbook-like description of symptoms but gives a vague medical history;
- provides an aged clinical report and/or x-ray (often from interstate) in support of their request;
- declines a physical examination or permission to obtain past records or undergo diagnostic tests;
- is unwilling or unable to provide the name of his or her regular doctor, or states that the doctor is unavailable;
- claims to have lost a prescription, or forgotten to pack their medication, or says their medication was stolen or damaged;
- shows an unusual knowledge about opioid medications;
- states that specific nonopioid medications do not work, or that he or she is allergic to them;
- pressures the doctor by eliciting sympathy or guilt or by direct threats;
- uses a child or an elderly person when seeking opioids.

A doctor should be particularly

suspicious if the patient requests a specific opioid medication (by actual name or allusion to it) and is unwilling to try another analgesic.

A patient may admit they have an addiction and provide a range of reasons to try and elicit an opioid prescription from a doctor:

- just arrived in the local area and needs to continue treatment – he or she may present a letter of introduction, which is often a forgery;
- on bail or bond following conviction;
- awaiting admission to hospital or cannot afford to go to hospital yet;
- awaiting admission to a methadone or buprenorphine maintenance program;
- on a methadone or buprenorphine maintenance program but 'needs something' for another condition, eg. codeine for diarrhoea;
- on a methadone or buprenorphine maintenance program but requires an interim supply as a take-away dose in an emergency situation;
- doesn't want to attend a clinic because of pressure from dealers or other drug dependent persons there.

Before prescribing an opioid to an individual, a doctor must be satisfied – based on clear and reasonable medical judgement – that a pain state exists and that opioid medication is the most appropriate in the particular situation. There are numerous potential dangers of prescribing an opioid for a person who is suspected of misusing them, including:

- diverting opioids to the illicit market;
- promoting or maintaining the patient's drug dependence;
- missing an opportunity to refer the patient to treatment for dependence;
- increasing the risk of injection of oral preparations and its associated harms, such as vascular damage, infection, transmission of blood-borne viruses;
- increasing risk of overdose and possible death;
- interfering with a patient's existing drug treatment, for example, if they are on a methadone or buprenorphine maintenance program;
- pressure on the doctor to supply

further prescriptions;

- alteration of prescriptions (eg. change of drug, increase in quantity);
- non-payment of accounts;
- increasing the likelihood of other drug-seeking patients presenting to the practice.

In NSW it is against the law to prescribe or administer a drug of addiction (ie. a Schedule 8 drug) to a person who is known or suspected to be drug dependent without first obtaining written approval from the NSW Department of Health.² A person should be considered to be drug dependent if, through repeated use of a drug, they: are periodically or chronically intoxicated; are compelled to take the drug; have great difficulty in voluntarily ceasing or modifying their use of the drug; and are determined to obtain the drug by almost any means. Drugs of addiction include (but are not limited to) the following opioids: pethidine, morphine, oxycodone, methadone, buprenorphine, fentanyl, and hydromorphone. The benzodiazepine flunitrazepam – a drug often favoured by drug-seekers – is also classified as a drug of addiction.

Where a person is not drug dependent, authorisation to prescribe a drug of addiction is still required in some instances. Specifically, buprenorphine (except transdermal preparations), flunitrazepam, hydromorphone and methadone, and any injectable drug of addiction may not be prescribed or supplied for a period longer than 2 months without prior authority from the NSW Department of Health.

The Pharmaceutical Services Branch (PSB) of the NSW Department of Health maintains a register of authorisations for the prescribing of selected drugs of addiction, and drugs of addiction for drug dependent persons. A doctor who is concerned about prescribing a drug of addiction for a patient should contact the Education and Monitoring Unit of PSB during business hours (ph: 02 9879 5239). The Unit can provide advice as to whether an authority to prescribe a drug of addiction (including methadone or buprenorphine prescribed under the NSW Opioid

Treatment Program) for the patient is held by another doctor.

To assist doctors and promote good prescribing practices, PSB also conducts a prescription monitoring program. As part of this program, pharmacy prescription records are analysed and where a prescription pattern is identified as requiring further explanation, follow-up is made with doctors.

Depending on the circumstances, there are various consequences for doctors who inappropriately or unlawfully prescribe opioids and other drugs of addiction.

Following discussion with the NSW Department of Health, a doctor may agree to relinquishing his or her authority to prescribe Schedule 8 drugs. Once the authority is withdrawn, a doctor is typically unable to possess, supply, administer or prescribe a Schedule 8 drug.

In some instances, a doctor may be referred to the Health Care Complaints Commission (HCCC) for professional misconduct. HCCC prosecutions for professional misconduct are heard before the Medical Tribunal, which has the power to suspend or de-register a doctor.

The NSW Medical Board has the power to take urgent interim action by suspending a doctor or imposing conditions upon their registration where it is reasonably satisfied that such action is necessary for the protection of the public's health or safety. The Board may exercise this power in relation to a doctor who continues to recklessly prescribe opioids in a manner which is dangerous and likely to cause harm, despite previous warnings or counselling. When the Board uses this power, the case is then referred on to the HCCC.

To best manage situations involving drug-seekers, a doctor should be prepared. Useful strategies may include:

- displaying a notice in the surgery stating that drugs of addiction are not prescribed on patient request;
- keeping prescription pads (and computer-generated prescription paper) out of patient access to prevent theft and forgery;
- concealing the location of medications within the surgery;
- asking the patient about other doctors seen in the last 2 months and any drug of addiction supplied or prescribed in that time;
- refusing requests for prescriptions for drugs of addiction in simple but polite terminology;
- in cases where the patient is strongly suspected of being a drug-seeker, establishing straight away whether or not the visit is a request for a drug – sometimes it can be more difficult to refuse a request for medication after a long history is taken;
- referring the patient to a hospital or community Drug and Alcohol Unit (contact Alcohol and Drug Information Service, ph: 02 9361 8000 or 1800 422 599);
- referring the patient to a specialist practitioner for support of a proposed treatment, before prescribing;
- undergoing continuing education in drug and alcohol issues – doctors who are knowledgeable in these issues are better able to manage drug-seeking patients;
- developing strong links with local pharmacies – pharmacists are well-placed to detect doctor-shopping behaviour, and close cooperation between doctors and pharmacists enhances the chances of detection;
- explaining the need for a State Health Department authority before prescribing;
- contacting Medicare Australia's Prescription Shopping Information Service³ (PSIS – ph: 1800 631 181; you must first register with the service);
- contacting the Duty Pharmacist at Pharmaceutical Services Branch, NSW Health Department (ph: 02 9879 3214 during business hours) for further information or advice;
- recording the consultation accurately – what drugs were prescribed and any advice given. Clear documentation will enable all doctors in the surgery to act consistently with respect to the patient;
- where a person appears to have significant withdrawal symptoms, consider admitting the patient to hospital. Temporary relief may be afforded by prescribing or supplying a Schedule 4 preparation, such as an anti-diarrhoeal or anti-spasmodic. Care should be taken to avoid prescribing drugs that have the potential in their own right to produce dependence.

The decision of whether or not to prescribe opioid medication in some cases may be a difficult one. Drug dependent persons or those seeking drugs are often skilful manipulators and can be persuasive or threatening in their efforts to obtain drugs. By observing the above points, doctors will assist the recovery of persons in need of treatment and will minimise the diversion of drugs to illicit channels.

Ongoing prescription of opioids should only occur where medically appropriate and should be in accord with recommendations from a specialist in pain management. The therapeutic plan for the patient (stating the goals and objectives of treatment and the treatment interventions planned to achieve them) should be clearly documented.

The NSW Department Health has developed a number of useful resources on the prescribing of opioids. Contact the Duty Pharmacist at Pharmaceutical Services Branch on (02) 9879 3214 during business hours for further details.

1. 'Doctor shoppers' or 'prescription shoppers' in this context are defined as persons who are supplied prescription drugs by 6 or more different prescribers in a 3-month period or who have been prescribed a total of 25 target pharmaceutical benefits or 50 or more pharmaceutical benefits in total in a 3-month period.

2. This requirement does not include treatment of the person as an in-patient in a hospital for a period not exceeding 14 consecutive days following admission.

3. It should be noted that the PSIS only includes information on patients who obtain 'PBS medicine in excess of medical need', such as people who have been supplied PBS items prescribed by

6 or more different prescribers during a 3-month period. Patients who obtain medicine on private prescription or patients registered for Opioid Treatment are not included. For full details on the PSIS, contact Medicare Australia.

For more information contact:

Pharmaceutical Adviser
Education and Monitoring Unit
Pharmaceutical Services Branch
New South Wales Health Department
Telephone: (02) 9879 5239