This document has been prepared by Drugs and Poisons Regulation (DPR) to provide medical practitioners with examples of scams used by drug-seeking patients and to indicate what steps could or should have been taken. Many of the offenders were prosecuted for obtaining drugs of dependence by false representation; some were charged with trafficking. Documents dealing with other key legislative requirements, may be found on the DPR website (at www.health.vic.gov.au/dpcs/reqhealth)

**Target drugs**

Some drug-seeking activities are associated with drug trafficking rather than supporting personal misuse of the drugs being sought. OxyContin® 80mg, OxyContin® 40mg, Kapanol® 100mg, MS-Contin® 100mg, anabolic steroids, alprazolam, clonazepam and products containing pseudoephedrine are especially subject to trafficking. Medical practitioners are advised to be especially alert for patients seeking the noted medications – even if the person does not appear to be a drug-dependent person.

**Drug-seeking behaviour - key issues**

- Drug-seeking behaviour is not limited to users of illicit drugs
- Some drug-seekers have genuine medical problems but have (or are developing) an iatrogenic dependence
- Drug-seeking activity may also be associated with diversion and sale of prescription drugs.

**Managing drug-seeking behaviour**

A patient with a **valid** therapeutic need for drugs of dependence **should** have a principal medical practitioner to manage his/her medication regimen. Concurrent prescribing by other practitioners might be detrimental to the patient or the patient's treatment – especially if the principal prescriber is unaware of that prescribing.

Medical practitioners are **not obliged** to prescribe the maximum PBS quantity of a drug – especially when a smaller quantity can address an immediate need whilst minimising the potential risks associated with drug-seeking behaviour.

Medical practitioners are advised not to authorise **repeat supplies** of drugs of dependence without the knowledge and consent of a patient's principal prescriber.

**Before prescribing a drug of dependence**, a prescriber **must** take **all reasonable steps** to ensure a therapeutic need exists and to ascertain the identity of a patient.

**Further information** about suspected drug-seeking patients may be available from Medicare Australia's Prescription Shopper Information Service **1800 631 181** or the **DPR Help Line - 1300 364 545 (option 1)**.

**Relevant reference documents**

The DPR website (www.health.vic.gov.au/dpcs/reqhealth) contains the following documents:

- “Obtaining information relating to drug-seeking patients”
- “Treating a drug-dependent person”
Fraudulent documents

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

Another Victorian resident created fraudulent letters, from a specialist practitioner and a general practitioner in Ireland, to support his efforts to obtain prescriptions for high-doses narcotic analgesics whilst “on holidays”.

A number of men (or the same man using many aliases) have used a similar fraudulent document, purportedly written by different (fictitious) medical practitioners in Mount Isa, to obtain prescriptions for OxyContin® 80mg from numerous medical practitioners over many years.

Another person, apparently wheelchair bound and with a genuine therapeutic need, obtained 820 OxyContin® 80mg tablets (more than 13 daily) in two months from 22 medical practitioners using a fraudulent letter that purported to be from a specialist at a public hospital.

Note: It is quite simple to create a fraudulent document and give it a look of authenticity by cutting and pasting banners or other information from an internet site. Medical practitioners are strongly advised to check the authenticity of such documents, retain a copy and, if the document is found to be fraudulent, report the matter to DPR.

One drug-seeking Victorian resident created numerous fraudulent letters that contained accurate details of different interstate clinics but an after-hours phone number that, if phoned by a suspicious general practitioner, connected with his accomplice.

Patients claiming to be interstate visitors

Many drug-seeking patients have fraudulently claimed to be visiting from interstate as a means of successfully obtaining prescriptions for Schedule 8 poisons from unsuspecting general practitioners. In some cases, the patients have presented medication containers that had been dispensed at interstate pharmacies, in order to satisfy the medical practitioner that they were from interstate.

Note: Whereas prescriptions for Schedule 8 poisons were not previously valid unless the prescriber was registered in Victoria, now that national registration is in effect, prescriptions from medical practitioners practising elsewhere in Australia are valid in Victoria. Accordingly, transient interstate visitors can be advised to obtain prescriptions from their regular prescribers or, in an emergency, have their regular prescribers phone a Victorian pharmacy to authorise supply of Schedule 8 poisons.

“I can’t see my regular doctor”

Some drug-seekers claim that their “regular doctor” is on leave (or away sick, retired or other) or that they have just moved and that their previous clinic is simply too far away to visit. Such claims are commonly used by drug-seeking patients in order to obtain prescriptions for Schedule 8 poisons from medical practitioners, to whom they are not known.

One Victorian resident, with a genuine therapeutic need and genuine documents to match, obtained prescriptions for Oxycontin® 40mg and 30mg tablets from more than 200 general practitioners on more than 300 occasions. Some prescribers prescribed only a small quantity but this offender managed to obtain multiple prescriptions from many clinics (on as many as 22 separate occasions from several clinics).

Some clinics phoned Medicare Australia’s Prescription Shopper Information Service but the PSIS had not identified the patient as a prescription-shopper because the cost of his medication was being subsidised by Veteran Affairs rather than Medicare Australia.
Note: To address this type of situation, the **8-week period** before which a medical practitioner must obtain a Schedule 8 treatment permit 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 – even if no further prescriptions are intended. A permit is always required to prescribe Schedule 8 poisons for a drug-dependent person.

Note: Although a permit application must be submitted immediately, to avoid delaying treatment for a genuine therapeutic need, 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 trusted patients, staff and family members**

A 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.

A clinic receptionist created dozens of fraudulent computer-generated prescriptions and obtained a large quantity of pethidine ampoules from multiple pharmacies. When pharmacists phoned the clinic, to confirm that the prescriptions were authentic, the receptionist is understood to have claimed the doctor was unavailable and confirmed the prescriptions had been issued.

A general practitioner’s spouse obtained hundreds of morphine ampoules by creating fraudulent computer-generated prescriptions in the name of one of the other medical practitioners at the clinic. Pharmacists failed to contact the purported prescriber because they knew the patient to be the spouse of the other practitioner.

Note: Please ensure that script pads and pages for computer-generated prescriptions are locked away and are never left unattended where members of the public, staff members or anyone else 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 script pages.

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

**Different scams by the same person**

One person has been investigated, charged and/or convicted in relation to multiple episodes involving the acquisition and disposition of significant quantities of testosterone and other drugs that have a potential for use in the world of bodybuilding. The following activities have been alleged or confirmed:

- Phoning a 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
- Presenting a genuine letter, from a specialist practitioner, that supports his therapeutic need for testosterone and related medications
- Altering prescriptions in relation to the prescribed quantity or number of repeats
- Obtaining more than 800 testosterone injections by presenting forged prescriptions
- Convincing a veterinary practitioner that he was a sheep farmer and obtaining enough testosterone, during an 18 month period, to treat 87,000 sheep
• Arranging with a general practitioner to consult ‘his clients’ within the general practitioner’s premises
• Operating his own clinic and engaging the services of a general practitioner to issue prescriptions for large quantities of testosterone for ‘his clients’
• Ordering Schedule 4 poisons (e.g. growth hormone) for supply to his clinic in the name of the general practitioner, who claimed to have had no knowledge or awareness of the drugs in question.

Reminder
Medical practitioners are personally responsible and must be able to account for all Schedule 4 and Schedule 8 poisons that are supplied to a clinic on the basis of their authorisation.

Medical practitioners should not sign documents or open accounts to facilitate the supply of drugs in their names without taking appropriate steps to ensure that any supplied drugs are stored and recorded in accordance with the regulations. Please refer to the document, “Managing drugs in general practice clinics”, on the DPR website (at www.health.vic.gov.au/dpcs/reqhealth) for more details.

Private (non-PBS) prescriptions
A number of general practitioners wrote “private” prescriptions for dexamphetamine tablets for a woman, who attended with a child and claimed to be visiting from interstate. The woman, who was trafficking the dexamphetamine, convinced the general practitioners that it was lawful to prescribe the drug without a permit on a private prescription; this is not the case.

Note: Permit requirements for general practitioners are applicable regardless of whether or not a Schedule 8 poison is to be prescribed as a PBS item. Please refer to the document “Permits and notifications to prescribe Schedule 8 poisons” on the DPR website (at www.health.vic.gov.au/dpcs/reqhealth) to see details of requirements and exceptions. Too many medical practitioners are prosecuted for prescribing without Schedule 8 treatment permits because they are unaware of the requirements.

Other agencies
To obtain clinical advice from specialist consultants, health professionals (only) may phone the Drug and Alcohol Clinical Advisory Service (DACAS) on 1800 812 804.

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

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