

PRESCRIPTION DRUG ABUSE, ADDICTION AND DEPENDENCE

Prescription drugs associated with abuse, addiction or dependence are opioid analgesics, sedative-hypnotics and stimulants. Patients at increased risk are those with acute or chronic pain, anxiety disorders and attention-deficit disorder. Illegal drug users often combine prescription drugs with illicit drugs and value those with water solubility (for IV use) or high volatility (ability to vaporise if smoked).

The street value of controlled prescription drugs has been estimated in the United States to be second only to the street value of cocaine, and greater than the street value of marijuana and heroin.

Risks to addicted patients include overdose, initiation or maintenance of dependence, withdrawal reactions, disregard for other treatment options, and social problems.

RAMIFICATIONS FOR THE DOCTOR

A well-meaning GP can be manipulated into prescribing drugs of addiction when it is not appropriate to do so. Patients who have been taking these medications for some time may not consider themselves to be 'addicted' or dependent. Their pain or health problem is very real to them and any suggestion to contrary or alternative treatments by you may be met with resistance and distress. Other patients are well aware of their dependence. In either case, managing these patients is often very difficult.

Failing to consider these issues, to take an appropriate history, monitor the amount and frequency of prescriptions and to comply with the relevant guidelines and state legislation may result in you being the subject of a disciplinary investigation and action for inappropriate prescribing practices.

The HIC conducts routine inspections of dispensing records, a process that can discover a large number of prescriptions of drugs of addiction for one person. This may involve the HIC, the PSB, complaints bodies or medical boards. Penalties for this type of misconduct may include having to complete courses on prescribing and ethics, loss of prescribing rights, or, in the worst-case scenario, being deregistered.

DRUG SEEKING BEHAVIOUR

It has recently been estimated that 22,000 Australians a year go from doctor to doctor under false pretences in an effort to get prescription drugs to support a drug habit. Drug-seeking behaviour may be manipulative and demanding. Doctors are generally caring and trusting of the information they receive from patients but this same trust will make some doctors susceptible to this behaviour.

Patients involved in drug seeking behaviour may:

- be more likely to be between 16-40 years old
- be new to the practice, present after hours and/or claim to be out of town
- present with a range of problems for which many interventions have apparently been ineffective
- ask for a drug by name
- ask for something to help cope with opiate or benzodiazepine withdrawal
- imply that the only possible solution is the medication
- claim that non-addictive drugs 'don't work' or they have an allergy to them
- say they have a high tolerance to drugs
- lose prescriptions or run out early
- apply pressure to change an initial 'no' to a 'yes' for example, by becoming distressed or expressing anger
- offer bribes or sex or make threats of harm.

The long-term patient of a practice with a dependence on these types of medications may present with similar reasons or excuses. In addition, they may have also refused or failed to attend appropriate specialities for review and advice on managing their pain or addiction.

In the case of a patient receiving Schedule 8 medication this behaviour may well prevent the doctor from obtaining or renewing the necessary authority to prescribe the medication.

Although sudden withdrawal from the medication may expose the addicted patient to risk, continuing to

prescribe it perpetuates the problem. It also exposes the doctor to professional repercussions if they fail to comply with the relevant drug prescribing guidelines and legislation.

STRATEGIES FOR DEALING WITH REQUESTS FOR DRUGS

You should anticipate and have strategies in place to counter drug seeking. Recommended strategies include:

- Have a sign in the waiting room and/or your consulting room stating a policy of no prescribing of drugs of addiction in the first visit. This may limit drug-seeking behaviour and, if you have to turn down a patient's request, the presence of the sign indicates that it is a policy decision, not a personal one.
- Ask about substance-abuse history, including past patterns of alcohol, illicit drug and prescription drug use. Ask about the patient. Understanding an addicted patient's history and clinical presentation comprehensively and over time is a critical part of the decision about whether to prescribe a medication as part of treatment.
- The HIC's Prescription Shopping Information Service can tell you if the patient has been identified under the Prescription Shopping Project in the past three months. If the patient has been identified, you can find out the number of PBS items supplied to that patient and the number of different doctors who prescribed those items. Registration is necessary to access this service and it will take two business days for you to receive your access number. However, once processed the service is available 24 hours a day, 7 days a week on 1800 631 181.
- What to say? The RACGP has the practical suggestions on just what to say to patients making inappropriate requests at RACGP Online 'I just want some Valium, Doc' <http://www.racgp.org.au>.
- Write tamper-resistant prescriptions. Prescribe the exact amount to carry through to the next appointment, write out the number dispensed (eg fourteen not 14), draw a large 'Z' at the bottom so that further items cannot be added and indicate the number of items prescribed (eg write 'two items' in the bottom right hand corner).

OTHER GENERAL STRATEGIES

- Be aware of the relevant state or territory legislation governing the prescription of Schedule 4 and Schedule 8 drugs.
- Maintain current knowledge: pharmacology, drug interactions, signs of intoxication and withdrawal, epidemiology of abuse, treatment indications and contraindications, basic alcohol and drug addiction screening assessment techniques.
- Be aware of alternatives to medications such as pain clinics, psychotherapy, nonaddictive medications, biofeedback, relaxation techniques, TENS, physiotherapy, spinal cord stimulation, and intraspinal drug therapy.
- Consult with peers, supervisors, or specialists to help with decision making.
- When prescribing drugs of addiction, maintain a systematic treatment plan in the notes including expected time course, and use a medication flow chart to monitor repeats to ensure that the frequency of the prescriptions and the actual volume of medications provided are within the recommended guidelines.
- Be aware of aspects of your own background or personality that may make you susceptible to manipulation by drug-seeking patients.
- As the medical practitioner it is your role to set the limits and boundaries of your prescribing practices. This may be assisted by giving the patient clear guidelines about what is expected of them if the therapeutic relationship is to continue.
- Keep prescription pads under close control.

Being mindful of the potential for misuse and abuse of these agents is a key to avoiding the paradox of overprescribing them to high-risk patients and underprescribing them to the majority of patients with conditions that would be improved by their use.