

Prescribing Schedule 8 drugs

PROFESSIONAL
PRACTICE

Risk management



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Case histories are based on actual medical negligence cases, however certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved. This article examines a general practitioner's legal obligations when prescribing Schedule 8 drugs (drugs of addiction), with particular emphasis on dealing with patients who are drug dependent.

Case history

The 39 year old patient saw Dr Ingram and requested a prescription for oxycodone. The general practitioner had not seen the patient previously. The patient gave a history of chronic back problems and said that he had lost his previous prescription. Dr Ingram was concerned that the patient was drug dependent and he was uncertain about his legal obligations in the circumstances.

South Wales, a medical practitioner can prescribe certain drugs of addiction to a patient suffering from cancer without an authority for a period of not more than 12 months.

When writing a prescription for a Schedule 8 drug, the statement of quantity should be in words and figures to prevent fraudulent alteration and a separate prescription should be used for each drug. No space should be left between the last item and the medical practitioner's signature to prevent the fraudulent addition of another drug. Any unusual doses of medication should be underlined on the prescription and initialled in the margin.

Discussion

Drug seeking behaviour describes the presentation of people falsely reporting symptoms in order to obtain a prescription or requesting a drug in order to maintain dependence.¹ The management of drug seeking patients may include denial of a prescription and/or referral to an appropriate drug treatment facility.

In the general practice setting, there are four types of patients who comprise the majority of drug seeking patients:

- patients known to the practice who are dependent on benzodiazepines and want to maintain a continuous supply
- patients known to the practice seeking an opioid (dependence may have arisen following treatment for chronic pain, but later dependence rather than pain relief becomes the major reason for using opioids)
- patients unknown to the practice seeking a benzodiazepine, and
- patients unknown to the practice seeking an opioid.¹

The first two groups are easily recognised. More problematic is how to identify those seeking drugs who are not known to the practice. A number of indicators may

All states and territories have enacted legislation to regulate the prescribing of drugs of dependence/addiction, which includes Schedule 8 drugs. Schedule 8 drugs are 'poisons to which the restrictions recommended for drugs of dependence by the 1980 Australian Royal Commission of Inquiry into Drugs should apply'. These include morphine, hydromorphone, pethidine, methadone, codeine phosphate and oxycodone. Legislation prohibits the prescribing of such medication to a patient who is drug dependent unless the medical practitioner holds a permit/authority in relation to the patient. The aim of the legislation is to enable the coordination of treatment of drug dependent patients by one medical practitioner and to minimise the possibility of the patient obtaining similar medication from elsewhere or 'doctor-shopping'.

Additionally, in circumstances in which a medical practitioner does not have reason to believe that a patient is drug dependent, he or she is prohibited from prescribing certain drugs, including Schedule 8 drugs, for a continuous period greater than 2 months without a permit/authority, unless specific circumstances apply. For example, in New

be useful. These include patients:

- presenting near closing time without an appointment
- requesting a specific drug and refusing all other suggestions
- presenting with inconsistent symptoms being reported (eg. does not appear to be in significant pain)
- reporting a recent move from somewhere beyond the vicinity of the practice, making direct validation of prescribed drug supply with the previous medical practitioner difficult.¹

Symptoms and signs of opioid withdrawal include rhinorrhoea, lacrimation, yawning, palpitations, muscle spasms, feelings of cold and shivering, sweating, abdominal cramps, aches and pains, nausea and diarrhoea, widely dilated pupils (which may be briskly reactive to light), and elevated pulse and blood pressure. Injection sites should be sought. Areas to check for intravenous use include the dorsum of the hands, wrists and forearms (volar and dorsum), both ante cubital fossae and proximally to the biceps regions. Upper limb veins are the most commonly used

areas but other sites may be found on the feet or the ankles. Scarring is sometimes only evident if gentle horizontal traction is applied to the skin in areas of suspicion. Palpation may be required to detect venous thickening or hardening if scarring is not obvious. Other veins may appear collapsed or there may be 'puckering' of the vein.²

The main prescription drugs that are misused are narcotics and benzodiazepines. Many polydrug misusers progress from illicit drugs to prescription drug use as they become chronically ill. Such prescription drug use is thought to escalate over time. An Australian study which examined prescription drug seeking behaviour patterns among young people who subsequently died of heroin related overdose revealed that prescription drugs were found in 80% of the autopsy toxicology reports. A pattern of increasing drug seeking behaviour in the years before death was identified, with doctor visitation rates, number of different doctors seen and rates of prescriptions peaking in the year before death. When faced with difficult, persistent and often threatening patients, it can be tempting to simply provide the prescription as requested,

particularly if the GP feels vulnerable.³

The potential dangers of prescribing to a drug seeking patient include:

- enhancing the development of drug dependence
- interfering with the treatment of the patient's drug problem (eg. if patient is in a methadone program)
- increasing supplies of drugs in illicit markets
- increasing the risk of overdose, in both the patient and others who may eventually use the drug prescribed
- missing an opportunity to refer a patient with a problem of drug dependence to an appropriate service or to treat them within the practice.¹

There are also potentially significant penalties against medical practitioners who prescribe inappropriately to drug dependent patients, including removal or restriction of prescribing rights and disciplinary action before the Medical Board.

Risk management strategies

General practitioners need to be alert to drug seeking behaviour and aware of their legal obligations with respect to prescribing Schedule 8 drugs (drugs of addiction). There is legislation in each state and territory that governs the prescribing and supply of Schedule 8 medications (*Table 1*).

General practitioners can contact their local health department if they have any questions about the legislation or their legal requirements regarding the prescription and supply of medication (*Table 2*).

Conflict of interest: none.

References

1. White J, Tavener D. Drug seeking behaviour. *Aust Prescr* 1997;20:67–70.
2. Misuse of Prescription Drugs & Intravenous Drug Use. Drugs of Dependence Unit, Queensland Health. February 2003.
3. Martyns RF, Clode D, Burns JM. Seeking drugs or seeking help? Escalating 'doctor shopping' by young heroin users before fatal overdose. *Med J Aust* 2004;180:211–214.

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Table 1. State/territory legislation regarding Schedule 8 medications

ACT	<i>Drugs of Dependence Act 1989</i>
NSW	<i>Poisons and Therapeutic Goods Act 1966</i>
NT	<i>Poisons and Dangerous Drugs Act</i>
QLD	Health (Drugs and Poisons) Regulation 1996
SA	<i>Controlled Substances Act 1984</i>
TAS	<i>Alcohol and Drug Dependency Act 1968</i>
VIC	<i>Drugs, Poisons and Controlled Substances Act 1981</i>
WA	<i>Poisons Act 1964</i>

Table 2. State health departments

ACT	Pharmaceutical Services Section, ACT Health: 02 6207 3974
NSW	Pharmaceutical Services Branch, NSW Health: 02 9879 3214 www.health.nsw.gov.au/public-health/psb
NT	Poisons Control Unit, Department of Health and Community Services: 08 8922 7341 www.health.nt.gov.au
QLD	Drugs of Dependence Unit, Queensland Health: 07 3896 3900
SA	Drugs of Dependence Unit, Drug and Alcohol Services, Department of Health: 1300 652 584 www.health.sa.gov.au/gateway/drugsofdependence
TAS	Pharmaceutical Services Branch, Department of Health and Human Services: 03 6233 2064
VIC	Drugs and Poisons Unit, Department of Human Services: 1300 364 545 www.health.vic.gov.au/dpu
WA	Drugs of Dependence Unit, Department of Health: 08 9388 4985