

Drug Seeking Behaviours

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Background

About Drug Seeking Behaviours:

General practice is often the first point of contact for a person who is dependent on drugs, and seeking or needing help. The role of the general practitioner is to work with the patient to facilitate agreement to seek appropriate help.

As a healthcare professional you have a:

- legal and ethical responsibility to uphold the law and to help protect individuals and society from drug abuse.*
- professional responsibility to prescribe controlled drugs appropriately, guarding against abuse while ensuring that people have medication available when they need it.*
- personal responsibility to protect your practice from becoming an easy target for drug seekers. It is important to be aware of potential situations where drug seeking can occur, and safeguards that can be enacted to prevent diversion.*



Practice Point - Display sign in medical practice

Clearly display a sign indicating "Controlled drugs are not prescribed at this medical practice on request".

Be aware of any of the following behaviours. These are established warning signs for patients seeking drugs.

Drug seeking behaviours

Drug-seeking behaviours

- Exhibits unusual behaviour in the waiting room, can be assertive, demanding immediate attention and action.
- Unusual appearance, e.g., extremes of overdressing or untidiness.
- Gives evasive or vague answers to history questions.
- Reluctant or unwilling to provide information.
- Has a good knowledge of medications and symptoms.
- Is likely to request a specific controlled drug and reluctant to try a different drug.
- May exaggerate or simulate medical or mental health problems.
- May say they have epilepsy and require benzodiazepines e.g., clonazepam or diazepam.
- Is seeing multiple clinicians for treatment of the same problem.
- History shows escalating use of medicine, i.e., increased dosage and frequency because the prescribed amount is not reducing their symptoms.
- May demand their medical record in order to approach another general practitioner. AMA advises that the practice should supply these, preferably within 30 days.
- Drug seeking activity may also be associated with diversion and sale of prescription drugs (1 tablet of Oxycodone 40 mg can sell for up to \$40).

See also AMA – [Ethical Guidelines for Doctors Disclosing Medical Records to Third Parties](#).

Drugs commonly sought

Drugs commonly sought

S8 poisons:

- Opioids e.g., morphine, oxycodone, codeine, tramadol
- Benzodiazepines e.g., alprazolam, clonazepam, diazepam, zopiclone
- Dexamphetamine, methylphenidate, cyclizine

S4 poisons:

- Anticholinergics e.g., benztropine
- Quetiapine
- Anabolic steroids
- Pseudoephedrine containing drugs
- Compound analgesics e.g., Panadeine forte
- Anorectic drugs such as Duromine

Management

1. Avoid prescribing controlled drugs for any person unknown to your practice whom you suspect to be a prescription shopper.
2. Use **scripted responses** to patients suspected of prescription shopping.

Scripted responses

Responses for unfamiliar patients:

- *I'm sorry, I will not prescribe these medications for you until I hear from your regular doctor.*
- *I'm sorry, I won't prescribe anything like that for you but is there another way we can help with your complaint, or anything else I can help you with?*

Responses for all patients:

- *This is quite concerning, as ongoing use of [drug of concern] in the manner you have described may result in long-term harm for you or your health.*
- *Without a permit, it is unlawful in these circumstances for me to prescribe these medications to you.*
- *The level of care needed to properly manage your case is outside my area of expertise. However, I am happy to refer you to our [insert local drug and alcohol services] to ensure that you get the care you need.*
- *I am quite happy to provide other care outside these medications.*
- *I'm sorry, I cannot prescribe this to you. It seems that you have used more than I am allowed to give you. Do you think you might have been using more than you intended to?*
- *I'm sorry but I have to inform you that you have been notified to me as someone over- using medication, which means I can no longer prescribe X to you. I'm really sorry for the inconvenience. Can I help you in any other way?*

3. Check the [SafeScript](#) prescription monitoring program when considering prescribing a drug of dependence or a patient requests such a drug.
4. Notify Drugs and Poisons Authority if suspected drug-dependent patient and:
 - patient is seeking a drug of dependence, or
 - medical practitioner intends to prescribe a drug of dependence.
5. If opioids are being sought, assess for dependence – see [Opioid Dependence](#).
 - Consider [opioid replacement therapy](#).
 - See **Directline**.

DirectLine

- *Provides (24 hours, 7 days a week) statewide referral and advice for patients, families, and health professionals.*
- **Phone: 1800-888-236**
- [Website](#)

6. If benzodiazepines are being sought, assess for [dependence](#) and discuss **tapering**.

Benzodiazepine tapering

- Provide an information sheet about [benzodiazepine withdrawal](#).
- Taper benzodiazepines by 15% of the starting dose per week.
- Titrate the rate of decrease against symptoms.
- Higher doses require stabilisation on an equivalent dose of diazepam before dose reduction.
 - If several different benzodiazepines are being used concurrently, sum the various diazepam equivalents to obtain the stabilisation dose.
 - This diazepam stabilisation dose should not normally exceed 80 mg daily.
 - It is common practice to prescribe 40% of the stated dose of unsanctioned benzodiazepines.

For clinical advice, phone the **Drug and Alcohol Clinical Advisory Service (DACAS)** on **1800-812-804**.

Drug and Alcohol Clinical Advisory Service (DACAS)

Free 24-hour addiction medicine specialist advice line for healthcare professionals

- Phone: **1800-812-804**
- [Website](#)

7. If indicated for safety reasons, consider prescribing a small amount of the requested drug, bearing in mind that it is a legal responsibility for any prescriber to verify the identity of any patient being prescribed a drug of dependence.
8. Be aware of safety for yourself and other staff. Consider:
 - Does the doctor sit nearest the door?
 - Is there a duress alarm in the room?
 - Is there a way that receptionists can be separated from patients?
 - Is there a policy about seeing new patients late in the evening?
9. If patient ready to address their drug-seeking behaviour, refer to [drug and alcohol assessment](#) and support services
10. Consider obtaining
 - clinical advice from specialist consultants, by phoning the Victorian [Drug and Alcohol Clinical Advisory Service \(DACAS\)](#) on **1800-812-804**.
 - treatment information by phoning the Victorian [Direct Line](#) on **1800-888-236**.
11. Advise patient to phone:
 - Victorian [Direct Line](#) on **1800-888-236** – for 24-hour confidential drug and alcohol counselling for them and their family.
 - [Family Drug Support \(FDS\)](#) on **1300-368-186** – for volunteer-provided support for families in crisis due to alcohol and drug issues.

Referral

- Consider obtaining:
 - clinical advice from specialist consultants, by phoning the Victorian [Drug and Alcohol Clinical Advisory Service \(DACAS\)](#) on **1800-812-804**.
 - treatment information by phoning the Victorian [Direct Line](#) on **1800-888-236**.
- If patient with complex needs, refer to [drug and alcohol assessment and support services](#).

Information

For health professionals

Further information

- Australian Prescriber – [Dealing with Drug-seeking Behaviour](#)
- RACGP – [Clinical Guidelines: Prescribing Drugs of Dependence in General Practice – Appendix F: Drug Misuse Behaviours](#)
- Settlers Health Centre – [Handling Drug Seekers](#)

Sources

References

1. [Clinical Guidelines: Prescribing Drugs of Dependence in General Practice – Appendix F: Drug Misuse Behaviours](#). [place unknown]: RACGP; 2016.

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