

NEWS AND COMMENT

EARLY WARNING SYSTEM FOR SUSPICIOUS OR EXCESSIVE PRESCRIBING OF DRUGS OF ADDICTION

Barry Mewes, Chief Pharmacist
Pharmaceutical Services Branch
NSW Health Department

A protocol has been developed to assist in the identification of suspicious or excessive prescribing of Schedule 8 drugs (Drugs of Addiction) in private practice to facilitate early intervention. While the protocol focuses on Schedule 8 drugs, it would be reasonable for it to be applied to all drugs of dependence. It has already been promulgated widely to the medical and pharmaceutical professions.

Abuse of prescription drugs included in Schedule 8 of the NSW Poisons List, such as pethidine, morphine, methadone (Physeptone) and oxycodone (Endone), is of ongoing concern. These drugs are often obtained by "patients" who shop around to find doctors they can persuade to prescribe for them. The "patients" may be dependent on drugs initially prescribed for the treatment of a medical condition or may have a dependence acquired primarily through the use of illegal drugs such as heroin. They are skilful and experienced operators who have become expert in describing appropriate symptoms and can anticipate and convincingly respond to questions asked about their ailments. Alternatively, the patients may admit addiction and persuade doctors to prescribe narcotic drugs to help prevent or ease withdrawal symptoms.

Guidelines to assist doctors to recognise and deal with possible impositions to obtain prescriptions for drugs of addiction have been developed by the Pharmaceutical Services Branch of the NSW Health Department and will be published in a subsequent issue of this *Bulletin*.

Also of concern is self-administration of these drugs by doctors. Self-administration for non-medical reasons is a disturbingly frequent problem and generally leads to the doctor becoming drug dependent.

The following protocol, designed to address all these situations, has been developed by a group which was convened and chaired by the NSW Branch of the Australian Medical Association and included representatives from the Royal Australian College of General Practitioners, Royal Australian College of Physicians, Royal Australian College of Surgeons (Faculty of Anaesthetics), Pharmacy Guild, Pharmacy Board, Pharmaceutical Society and the Pharmaceutical Services Branch of the NSW Health Department.

1. Where a pharmacist becomes aware that a doctor's total prescribing of Schedule 8 preparations has exceeded 20 ampoules and/or 10 prescriptions for an oral preparation (other than codeine) in any one month, without, to the pharmacist's knowledge, the authority of the NSW Health Department, the pharmacist should forthwith notify Barry Mewes, Chief Pharmacist or John Lumby, Deputy Chief Pharmacist at the Pharmaceutical Services Branch (PSB) of the NSW Health Department on (02) 887-5678.
2. Pharmacists should be particularly alert if the drugs are collected by the doctor or a member of the doctor's family or staff, if the drugs are sent to the surgery, or if

they are collected by any person other than the patient (or the patient's nominated agent).

3. Where the pharmacist is concerned about injectable or oral preparations, even when the above quantities have not been reached, the pharmacist should consider notification.
4. On receipt of the notification, the Chief Pharmacist or the Deputy Chief Pharmacist may make inquiries to establish any grounds for concern. Where the inquiries suggest self-administration by the doctor, several organisations, including the Doctor's Health Advisory Service, are available for help.
5. The PSB will not, in any dealings with a doctor, reveal the identity of the notifying pharmacist.
6. Within two months of taking action under 4 (above), the PSB will check with the notifying pharmacists to ascertain whether there has been any change in the doctor's prescribing pattern.
7. Remedial action, where indicated, other than when self-administration is involved (see point 4), will always involve education of the doctor on the appropriate prescribing and use of Schedule 8 drugs.

TABLE 10

PUBLIC HEALTH OFFICER PLACEMENTS

Year of training	Public Health Officer	Placement August '94-February '95
1st	Jeannine Liddle	Western Sector Public Health Unit
	Veth Guevarra	AIDS/Infectious Diseases Branch
	Suzanne Blogg	Health Promotion (Central Office)
	James Blogg	Policy and Planning Division (Central Office)
	Tony Butler	Hunter PHU/Eastern Sydney PHU
	Stephen Hooppell	Central Coast PHU/Northern Sydney PHU
	Gerard Fitzsimmons	AIDS/Infectious Diseases Branch
	Hugh Burke Valerie Delpech	Far West District Maternal and Child Health Unit (Central Office)
2nd	Jennifer Chipps	Environmental Health, Food and Nutrition Branch (Central Office)
	Magnolia Cardona	Western Sector PHU/Western Districts PHU
	Leena Gupta	Policy and Planning Division (Central Office)/Health Services Evaluation Unit (Central Office)
	Bernie Towler	Western Districts PHU
3rd	Cait Lonie Justine Waters	Injury Unit (Central Office) Health Outcomes Policy and Development Branch (Central Office)