

# Stopping the Drug Seeker: Reconizing Drug Diversion



**Brian Goldman, MD, MCFP(EM), FACEP**

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Opioid analgesics are essential to manage moderate and severe acute, as well as chronic pain. Unfortunately, like all controlled substances, opioid analgesics that are obtained from licit sources, such as physicians and pharmacists, can be diverted to the street for sale to recreational drug abusers as well as addicts.

## Drug abuse statistics

### Statistical findings

According to the 1999 Statistical Report on the Health of Canadians:

- 4% of Canadians are dependent on alcohol,
- 7% of Canadians are cannabis users and
- more than two million Canadians are addicted to nicotine.

According to a 2004 Statistical Report, there are an estimated 40,000 to 90,000 injection opioid abusers in Canada.

In general, it is estimated that up to 10% of the general population is at risk of addiction to opioid analgesics. The prevalence of addiction among chronic pain patients is unknown.

### NSDUH

According to the 2004 National Survey on Drug Use and Health (NSDUH) in the US, 2.8 million Americans used psychotherapeutic

## Janet's case

Janet, 32, presents with acute lower back pain after lifting a load of laundry at home. Your diagnosis is lumbar strain and you prescribe a brief period of bed rest with immediate-release oxycodone and acetaminophen.

One week later, Janet returns with constant pain in her lower back. You send her to physiotherapy and prescribe 40 mg of controlled-release (CR) oxycodone t.i.d.

Two months later, Janet states that her medications were stolen from the glove compartment of her car. You replenish the lost medication after viewing a copy of a police report of the alleged theft.

Three months later, Janet returns to you claiming that she is going out of province for four months to care for her ailing mother. She requests a 4 month supply of CR oxycodone.

Reflexes in Janet's legs are normal, with flexor plantar responses. Sensation is normal.

**Is Janet's behaviour suspicious?  
For more, look to page 90.**

drugs for non-medical purposes for the first time. That figure includes an estimated 615,000 new non-medical users of controlled release (CR) oxycodone. In 2004, an estimated 12.3% of past year users of prescription opioid analgesics met the *Diagnostic and Statistical*

### Janet's case cont'd...

At this visit, you confront Janet, during which you refer to the previous episode of stolen drugs and express some disbelief in her story. You ask the patient for proof that she is going out of province as stated. At the same time, you establish an agreement with Janet which sets out a reasonable prescribing interval. You also show Janet the results of her urine drug test, which proved negative for oxycodone.

Janet has not since returned for follow-up.

*Manual of Mental Disorders IV (DSM-IV)* criteria for substance abuse/dependence. By contrast, 67.8% of past-year heroin users and 27.8% of past-year cocaine abusers developed substance abuse/dependence. Clearly, the risk of prescription opioid abuse/dependence is lower than illicit drugs.

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#### *Canadian statistics*

In Canada, as many as 11% of patients that were admitted to Ontario drug rehabilitation facilities revealed that prescription drugs were part of their substance abuse problem. In a Canadian survey, 39% of patients with a diagnosis of drug dependence obtained their drugs from more than one physician. As well, 26% of

patients with a diagnosis of drug dependence purchased their opioids on the street.

The scale of prescription drug diversion in Canada is unknown. According to the Drug Use Patterns of Illicit OPIate users in five CANadian cities: The OPICAN study, diverted drugs include combinations such as:

- pentazocine and methylphenidate,
- benzodiazepines, acetaminophen with codeine (30 mg or 60 mg),
- meperidine, acetaminophen with immediate-release (IR) oxycodone, as well as
- CR oxycodone and hydromorphone.

#### *Price*

Street prices of prescription-controlled substances vary by region. In Edmonton, in 2005, a 100 mg tablet of slow-release morphine had a street price of \$20, a 2 mg tablet of hydromorphone had a street price of \$10 and an 80 mg tablet of CR oxycodone had a street price of \$25.

#### *Acquiring prescription drugs*

According to the OPICAN study, there are several typical sources to acquire prescription-controlled substances among known drug abusers. These depend on the region within Canada and on the drug being sought. Regular and occasional street dealers are a major source for prescription opioids, such as hydromorphone and oxycodone. Yet, drug abusers tend to obtain significant quantities of oxycodone products in roughly equal proportions from friends and family as well as from physicians through prescriptions. However, hydromorphone products are obtained from friends rather

than physicians. This reflects the fact that physicians are more reluctant to prescribe hydromorphone than oxycodone.

Other sources of diverted opioids include:

- multiple doctoring,
- prescription forgery,
- pharmacy employees who steal drugs from inventory,
- individuals who rob pharmacies and drug distributors,
- pharmacists and pharmacy technicians who steal drug stocks and falsify records and
- physicians who sell prescriptions to drug dealers and abusers.

In the past, most drug abusers tended to resort to prescription drugs when heroin was unavailable. Recent data suggests that a growing number of opioid abusers prefer prescription opioids over heroin.

### *Types of drug seekers*

Patients with substance abuse/dependence make up the majority of drug seekers. These individuals meet the *DSM-IV* criteria for substance abuse/dependence. Table 1 has a list of indicators of possible prescription drug abuse.

At times, it can be quite difficult to diagnose substance abuse/dependence in chronic pain patients. There is considerable overlap between the behaviour of those with substance abuse/dependence and *bona fide* pain patients.

Criminal drug seekers are men and women who are in the business of acquiring prescribed controlled substances that they sell to drug dealers in order to make a living. Such individuals may use acquired substances for recreational purposes. They may or may not meet the diagnostic

Table 1

#### **Behaviours suggestive of prescription drug abuse\***

- Continual requests for escalation of dose
- Continual reasons for early refills
- Requesting specific medications with higher street value
- Resistance to change from more street valuable medications to less
- Double doctoring
- Lack of willingness to have medications blister-packed
- Inability to make appointments for medication checks
- Negative urine samples for medication prescribed
- Reasons for longer rather than shorter intervals between visits
- Reasons for more pills of less strength rather than fewer of more strength

\* None of these by themselves are pathognomonic of addiction. (Courtesy Dr. Genevieve Campbell)

criteria for substance abuse/dependence. These individuals pretend to be ill or recycle old injuries in order to fool physicians into writing prescriptions. In some cases, they use forged or stolen medical records to corroborate their history.

Criminal drug seekers and those with substance abuse/dependence may resort to organized scams in order to obtain prescriptions. Pretending to be ill and in need of controlled substances is a form of scam. For instance, it is not uncommon for drug seekers, in search of opioid analgesics, to pretend to have:

- migraine headaches,



**Dr. Goldman** is an Assistant Professor, Department of Family and Community Medicine, University of Toronto, Toronto, Ontario.

Table 2

Conditions favoured by drug seekers

- Chronic pain syndromes
- Dental abscess
- Dry socket
- Headaches
- Lower back pain
- Renal colic
- Whiplash-associated disorder

- back pain,
- renal colic, or
- dental pain (Table 2).

Scams

Some drug seekers concoct elaborate scams to obtain drugs. They include the following:

1. **Telephone scams.** Drug seekers may phone the physician on-call and pose as a patient in need of an emergency supply of opioid analgesics
2. **Phony cast.** The drug seeker prepares an authentic-appearing plaster cast or uses a splint to bolster the claim of a recent fracture
3. **Aggravated amputee stump.** A “professional” patient with a *bona fide* amputee stump visits a physician and claims to have a purported stump infection that requires antibiotics and analgesics. The amputee abraids the stump with sandpaper to make it appear infected
4. **“Never-ending” root canal.** The drug seeker presents to physicians with a root canal that is partially completed and requests analgesics and antibiotics until he or she can see their regular dentist

5. **Open house.** Drug seekers visit open houses that are up for sale. The drug seeker asks to use the bathroom and raids the medicine cabinet for controlled substance prescriptions. Once a *bona fide* pill bottle is acquired, the drug seeker phones the pharmacist and asks for a refill

Stopping the drug seeker

Physicians who prescribe opioid analgesics have a responsibility to prevent drug diversion while ensuring that their legitimate patients can obtain these drugs when they need them.

Strategies

There are several strategies that should be used in managing chronic pain patients suspected of substance abuse/dependence. Such patients should be evaluated at regular intervals. Question the patient closely following any suspicious event. These include requests for early prescription renewals as well as claims of lost or stolen prescriptions. Other sentinel events include reports from dispensing pharmacists of double doctoring and forged prescriptions.

Patient agreement

A patient agreement can help delineate the responsibilities of physician and patient. As well, such agreements help set boundaries between patient and physician. They should be readable, reasonable and be written to permit the physician some flexibility in dealing with lapses. The term “contract” should be avoided to avoid repercussions related to contract law.

*In a Canadian survey, 39% of patients with a diagnosis of drug dependence obtained their drugs from more than one physician.*

### *Additional assessment*


Patients who demonstrate suspicious behaviour may require additional assessment and follow-up. Strategies to deal with such patients include:

- shortening the prescribing interval,
- doing urine drug testing and
- referring patients to a consultant in addiction medicine.

In general, avoid prescribing IR opioids in favour of long-acting products. Make certain prescriptions are dispensed at one pharmacy.

### *Prescriptions*

Prescriptions should be written with the number of dosage units in numerals and in longhand. Never sign a blank prescription. Tamper-evident prescription pads help cut down on forgery. Write “chronic pain” or “acute pain” as appropriate on the prescription. Where permitted under provincial regulations, consider faxing the prescription for later comparison by the pharmacist. Blister pack dispensing helps cut down on diversion.

It is important to remind patients to prevent diversion in the home. Ask patients to consider protecting their medications by placing them in a locked box. 

### Resources

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