Conning the general practitioner—how drug-abusing patients obtain prescriptions

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SUMMARY. A sample of 100 patients attending drug dependence clinics was questioned about the methods they used to obtain psychotropic drugs from general practitioners. Sixty-one per cent said they were obtaining psychotropic drugs and 39 per cent said they had obtained psychotropic drugs from this source during the preceding 12 months. Drugs obtained included minor tranquillisers, barbiturates, amphetamines, and methylphenidate (' Ritalin '). Some degree of deception of the general practitioner by the patient was almost always clear. Three recommendations to help prevent this are suggested.

Introduction

Many patients attending drug-dependence treatment clinics periodically abuse psychotropic drugs not prescribed at the clinics. In this study an attempt was made to find the percentage of patients who obtained psychotropic drugs from general practitioners. The degree of deception and the common ploys used to obtain these drugs on prescription were sought. In general some drug-dependent patients appear to be unreliable individuals; " Mumbling the general practitioner " was their term for " conning " a doctor.

If deception of general practitioners is practised, then it is probable that some of the patients also deceived the interviewer. Caution should therefore be exercised in interpreting these findings.

Method

The study population was drawn from a sample of 100 patients, 79 male and 21 female (mean age 25·7 years), attending drug-dependence outpatient clinics at St George's and Lambeth Hospitals. The total number of patients attending these outpatient clinics at that time was 210.

In June/July 1973 during a four-week period the patients were interviewed, using a semi-structured anonymous questionnaire. All patients were interviewed by one interviewer, a visiting American medical student. It was felt that anonymity was important both for the patient and the interviewer when questions were being asked about successfully obtaining psychotropic drugs on prescription.

Results

The results of the study are presented in tables 1–5.

In addition, three other significant figures emerged from the study:

(1) Seventy-eight per cent of those questioned initially registered with the general practitioner as a temporary patient.

(2) Eighty-eight per cent of those questioned usually returned to the same doctor more than once.

(3) Seventy-seven per cent of those questioned obtained information from ' friends ' about general practitioners prepared to prescribe psychotropic drugs.

TABLE 1

DEGREE OF DIFFICULTY EXPERIENCED OBTAINING A PRESCRIPTION FOR PSYCHOTROPIC DRUGS

	Minor tranquillisers	*Nitrazepam* (Mogadon)	*Barbiturates*	*Methaqualone* (Mandrax)	*Methylphenidate* (Ritalin)	*Amphetamines*
Easy	*80*	*71*	*50*	*46*	*26*	*17*
Difficult	*12*	*17*	*46*	*48*	*63*	*75*
Not disclosed	*8*	*12*	*4*	*6*	*11*	*8*
Total	*100*	*100*	*100*	*100*	*100*	*100*

CURRENT ATTITUDE OF GENERAL PRACTITIONERS TOWARDS PRESCRIBING PSYCHOTROPIC DRUGS (JUNE/JULY 1973) COMPARED WITH 12 MONTHS PREVIOUSLY. (AS REPORTED BY SAMPLE)

	%
Much easier	*0*
Easier	*2*
The same	*14*
More difficult	*54*
Much more difficult	*30*

TABLE 2

PROBLEMS ENCOUNTERED AT CHEMISTS*

	%
Phone the doctor	*47*
Say they are out of stock	*38*
Refuse the prescription	*36*
Ask the patient to call back later to collect the drugs	*28*
Question the prescription (e.g. amount)	*22*

TYPE OF CHEMIST TO WHICH PRESCRIPTION TAKEN

Small independent pharmacy	*42*
Large chain-store	*12*
Immaterial	*46*
	100

*Some patients reported more than one

TABLE 3

DISPOSAL OF DRUGS OBTAINED BY THE PATIENT

	%
Use all themselves	*39*
Use some and sell some	*30*
Sell or exchange all	*13*
Use some and exchange some	*10*
Use some and give some away	*8*

TABLE 4
CURRENT " STREET-PRICE " OF PSYCHOTROPIC DRUGS (JUNE/JULY 1973)

English heroin	£1·50 per 10 mg tablet
' Chinese ' heroin	£5 per " bag "—quantity unknown
Methadone	£1·50 per 10 mg ampoule
Methadone mixture D.T.F.	No market
Amphetamines	20p per capsule or tablet
' Ritalin '	20p " "
Barbiturates	15p " "
Minor tranquillisers	10p " "

TABLE 5
CRIMINAL CONVICTIONS FOR OFFENCES RELATED TO PSYCHOTROPIC DRUGS*

	%
Possession of unauthorised dangerous drugs	63
Supplying dangerous drugs	21
Forging prescriptions	20
Altering prescriptions	12
Deception (false name)	12
Burglary of chemists	9
Theft from doctors' surgeries	7
Never convicted	24

*Some patients had more than one type of conviction.

Discussion

In addition to the tabulated information, many of the patients described more fully their usual techniques of ' mumbling '. A composite of the commonest practices is as follows:

A doctor, from whom a friend has obtained a prescription for psychotropic drugs in the past, is visited at his surgery at a busy time. A full waiting room, preferably with young children, is favoured. The drug-abuser registers as a temporary patient, giving his correct name, but a false address. This assures him legal safety if he is arrested (the drugs are in a container with his name on it), as well as protection against being traced. A claim is made of having been prescribed stimulants for ' depression ' or barbiturates for insomnia by a doctor in another town from which the patient has recently moved. A story of personal tragedy is provided if asked for, " My parents were recently killed in a motor accident " or " My wife died in labour ".

Should the practitioner demonstrate a reluctance to prescribe the drugs requested, the patient adopts an attitude indicating that he will not leave unless something is prescribed. With little time and a full waiting room compliance is the quickest solution to this difficult problem, particularly if there is an implied threat of a disturbance. Since 88 per cent return for a repeat prescription, and as 77 per cent of the sample interviewed usually visited practitioners who had been known to prescribe for other drug-abusers, such solutions of compliance are unlikely to be permanent; the probabilities are that not only will the patient be back, but so will his friends.

More subtle techniques include the use of cards from outpatient epileptic clinics (which appear to be relatively easy to procure) to obtain barbiturates from general practitioners as well as from casualty officers. Diabetic clinic cards are used to obtain stimulants " I have trouble sticking to my diet and require amphetamines ". During evenings and weekends, when drug dependence clinics are closed, attempts may be made to obtain various psychotropic drugs from casualty departments or general

practitioners. Drug-dependence outpatient cards are presented, along with convincing stories of broken or stolen ampoules and realistic simulations of opiate or sedative drug withdrawal.

Some patients interviewed stated that they experienced fewer difficulties in obtaining prescriptions for psychotropic drugs than in having the prescriptions made up at pharmacies! However, 84 per cent of patients found it was becoming more difficult to get supplies of psychotropic drugs and that amphetamines were the most difficult drugs to obtain from general practitioners. Nevertheless, 50 per cent of patients found it easy to obtain barbiturates and 61 per cent of patients did not use all the drugs that they were prescribed themselves.

Recommendations

(1) That general practitioners have a high index of suspicion when young patients register as temporary patients and then ask for psychotropic drugs.

(2) That the patient's forearms be examined for needle or track-marks.

(3) That in dubious cases the general practitioner should prescribe only a 24-hour supply of drugs and check the patient's story with his regular doctor.

MATERNITY MEDICAL SERVICES: THERAPEUTIC ABORTION

The Department of Health and Social Security (letter to Family Practitioner Committee March 1975. ". . . Where an abortion is indicated, it is the Department's view that the arrangement should be regarded as part of the general medical services a practitioner provides for his patient in the same way as any other condition necessitating surgical treatment. Remuneration for such work is provided for through the normal fees and allowances.

However, in cases where a patient is accepted by a doctor for the provision of maternity medical services and a decision is later taken to arrange an abortion, the ' miscarriage ' fee is payable under the provisions of paragraph 31·10 of the *Statement of Fees and Allowances* for any maternity medical services given to the patient prior to the abortion decision.

Antenatal care fees would not be payable in these circumstances as, in accordance with paragraph 31·9, such fees are only payable where the patient is confined after the 28th week of pregnancy or earlier if a live birth results."

REFERENCE

The Family Practitioner Services (1975). **2**, No. 6, 117.