

Modus Operandi Often Used by the Drug-Abusing Patient Include:

- Must be seen right away;
- Wants an appointment toward end of office hours;
- Calls or comes in after regular business hours;
- Traveling through town, visiting friends or relatives (not a permanent resident);
- Feigning physical problems, such as abdominal or back pain, kidney stone, or migraine headache in an effort to obtain narcotic drugs;
- Feigning psychological problems, such as anxiety, insomnia, fatigue or depression in an effort to obtain stimulants or depressants;
- States that specific non-narcotic analgesics do not work or that he/she is allergic to them;
- Contends to be a patient of a practitioner who is currently unavailable or will not give the name of a primary or reference physician;
- States that a prescription has been lost or stolen and needs replacing;
- Deceives the practitioner, such as by requesting refills more often than originally prescribed;
- Pressures the practitioner by eliciting sympathy or guilt or by direct threats;
- Utilizes a child or an elderly person when seeking methylphenidate or pain medication.

What You Should Do When Confronted by a Suspected Drug Abuser

DO:

- Perform a thorough examination appropriate to the condition.
- Document examination results and questions you asked the patient.
- Request picture I.D. or other I.D. and Social Security number. Photocopy these documents and include in the patient's record.
- Call a previous practitioner, pharmacist or hospital to confirm the patient's story,
- Confirm a telephone number, if provided by the patient.
- Confirm the current address at each visit.
- Write prescriptions for limited quantities.

DON'T:

- "Take their word for it" when you are suspicious.
- Dispense drugs just to get rid of drug-seeking patients.
- Prescribe, dispense or administer controlled substances outside the scope of your professional practice or in the absence of a formal practitioner-patient relationship.

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Recognizing the Drug Abuser



Office of Diversion Control
Liaison and Policy Section

Additional information on DEA's Diversion Control Program is available at: www.DEAdiversion.usdoj.gov

The purpose of this guide is to inform and educate you, the healthcare practitioner, to ensure that controlled substances continue to be available for legitimate medical and scientific purposes while preventing their diversion into the illicit market. It is not the intent of this publication to reduce or deny the use of controlled substances where medically indicated. Nothing in this guide should be construed as authorizing or permitting any person to conduct any act that is not authorized or permitted under federal or state laws.

Your Responsibilities

The abuse of prescription drugs—especially controlled substances—is a serious social and health problem in the United States today. As a healthcare professional, you share responsibility for solving the prescription drug abuse and diversion problem.

- You have a legal and ethical responsibility to uphold the law and to help protect society from drug abuse.

- You have a professional responsibility to prescribe controlled substances appropriately, guarding against abuse while ensuring that your patients have medication available when they need it.

- You have a personal responsibility to protect your practice from becoming an easy target for drug diversion. You must become aware of the potential situations where drug diversion can occur and safeguards that can be enacted to prevent this diversion.

This guide will help you meet these responsibilities.

Recognizing the Drug Abuser

Telling the difference between a legitimate patient and a drug abuser isn't easy. The drug-seeking individual may be unfamiliar to you. They could be a person who claims to be from out-of-town and has lost or forgotten a prescription or medication. Or the drug seeker may actually be familiar to you such as another practitioner, co-worker, friend or relative. Drug abusers or "doctor shoppers" often possess similar traits and modus operandi. Recognizing these characteristics and modus operandi is the first step to identifying the drug-seeking patient who may be attempting to manipulate you in order to obtain desired medications.

Common Characteristics of the Drug Abuser:

- Unusual behavior in the waiting room;
- Assertive personality, often demanding immediate action;
- Unusual appearance—extremes of either slovenliness or being over-dressed.
- May show unusual knowledge of controlled substances and/or gives medical history with textbook symptoms **OR** gives

evasive or vague answers to questions regarding medical history;

- Reluctant or unwilling to provide reference information. Usually has no regular doctor and often no health insurance;

- Will often request a specific controlled drug and is reluctant to try a different drug;

- Generally has no interest in diagnosis; fails to keep appointments for further diagnostic tests or refuses to see another practitioner for consultation;

- May exaggerate medical problems and/or simulate symptoms;

- May exhibit mood disturbances, suicidal thoughts, lack of impulse control, thought disorders, and/or sexual dysfunction;

- Cutaneous signs of drug abuse—skin tracks and related scars on the neck, axilla, forearm, wrist, foot and ankle. Such marks are usually multiple, hyper-pigmented and linear. New lesions may be inflamed. Shows signs of "pop scars" from subcutaneous injections.