



Medical Council of New Zealand

Improper prescribing practice with respect to addictive drugs

The over-prescribing of addictive drugs to drug-seekers is harmful to the individual, society, and the medical profession. It is not solely a pharmacological issue. Appropriate prescribing practice requires that a medical practitioner's customary prescribing conforms to proper patterns established by the medical practitioner's peers in similar practice. Inappropriate prescribing of addictive drugs is unacceptable, both clinically and ethically.

Improper prescribing of addictive drugs

1. The Medical Council defines 'inappropriate prescribing of addictive drugs' as any prescribing of addictive drugs that deviates significantly from the practice of one's medical peers. Such prescribing practice may include indiscriminate, excessive or reckless prescribing.

Background

2. Inappropriate use of addictive drugs is detrimental to the user. It impairs both behaviour and the health of the individual, which in turn impacts upon the wider community. The community, as well as the individuals experience the impact of inappropriate prescribing of addictive drugs.
3. Every medical practitioner is bound by the ethics of the medical profession. It is unethical to provide any treatment that is illegal or detrimental to the health of the patient.
4. Inappropriate prescribing of addictive drugs is illegal under Section 24 of the Misuse of Drugs Act 1975. Under section 48 of the Medicines Act 1981 the Medical Council of New Zealand is provided with the jurisdiction to inquire into the prescribing of any medical practitioner for the purpose of considering and determining whether the said practitioner is prescribing inappropriately. If Council concludes a practitioner is prescribing inappropriately Council may recommend to the Minister of Health that the practitioner be prohibited from prescribing all, or specific classes of prescription medicines.

Cause for improper prescribing of addictive drugs

5. *Ignorance*: when a medical practitioner is inexperienced, gullible or unaware of the methods used by drug addicts to obtain drugs for abuse.
6. *Irresponsibility*: when a medical practitioner does not adhere to the medical code of ethics and places full responsibility of the drug addiction upon the patient.

7. *Personal gain*: when a medical practitioner prescribes addictive drugs in return for material goods, or favours.
8. *Threat or intimidation*: when a medical practitioner is forced to prescribe addictive drugs because an individual declares or indicates the intention to harm the medical practitioner or person known to the medical practitioner.

Responsibility of medical practitioners

9. Medical practitioners prescribing addictive drugs to patients must endeavour to ensure the patient is not:
 - dependent upon such drugs;
 - seeking such drugs to supply to other individuals who may be dependent upon such drugs.
10. When prescribing addictive drugs medical practitioners should keep in mind the possible consequences to patients, including:
 - overdoses;
 - development or maintenance of a drug habit;
 - the diversion of drugs onto the street;
 - social consequences including violence or crime.
11. If a medical practitioner has any concern about issuing a prescription for a patient the Medical Council recommends the practitioner consult with peers and/or the Ministry of Health.
12. If a medical practitioner is threatened or intimidated by a patient to provide addictive drugs for inappropriate use, the practitioner's first concern must be his or her own safety. Medsafe (the Ministry of Health) advises medical practitioners in this situation to write a prescription for a 3-day period so the patient will leave the premises. As soon as the patient has left the medical practitioner should call the Police and provide a detailed description of the patient. Medsafe should also be informed (ph. 04 496 2000).

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