

Don't prescribe opiates and benzodiazepines to new patients

Original article by: [Michael Tam](#)

It is a sad state of affairs, but you will not have to work in the emergency department or in general practice for very long before you see a stream of patients coming through asking for opiates and/or benzodiazepines. Your best policy (which often will be the practice and ED policy) is not to prescribe either of these agents to new patients.

No matter how clever you think you are, there will be patients who are smarter. They will have honed the practice of getting opiates and benzos out of doctors to a fine art. I certainly have been duped more than once; and it is going to be the patients who you don't think of who will get the better of you.



Slow release oxycodone (OxyContin) is now the opiate seeker's choice. They can be boiled up to remove the wax and then injected.

"Primum non nocere"

You are not helping your patients by feeding their opiate and benzodiazepine dependence.

For example, my most recent case of being duped was a 65 year old Greek lady who spoke poor English. She hobbled in with two single-point sticks, her infirmity the result of a right total knee replacement which was complicated by a post-operative infection. Apparently, her usual doctor at a medical centre had retired and she wanted a new regular GP. As part of her initial consultation, she needed some scripts, including her prophylactic antibiotics and pain medication (oxycodone SR - OxyContin). She brought in an empty box of her OxyContin tablets where the prescriber details were unclear/smudged. On examination, she had also a severe hypertension (systolic of over 200 mmHg!) and much of my consultation was focussed on that issue, and the fact I need some old medical notes.

She **seemed** genuine and bona fide. Needless to say, after I gave her a script for OxyContin, she never came back, and nor could I find the details of the practice she attended previously.

Now, I am certain that she has had (and might still have) some degree of chronic pain and she does have severe poorly treated medical conditions. However, the prescription was still a mistake on my part. If I hadn't given her the OxyContin, she may well have returned to have some of her other medical conditions sorted out - and we could have addressed her dependence on strong opiates. This cannot be done at a first meeting and certainly not in the ED.

Moral of the story? Be firm and be very very suspicious of anyone who asks you specifically for pain medication or benzos.

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