



Presentation

**Methods and Mindsets  
of  
Drug Seeking Individuals**

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***Dedicated to providing training to the medical community to  
combat drug seeking behavior.***

## Handout

### Methods and Mindsets of Drug Seeking Individuals

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#### Presentation Objectives

This presentation is designed to:

1. Define the Desperate, Opportunistic, and Professional drug seekers.
2. Explain how perception can relate to your clinic being targeted by drug seekers.
3. Identify safeguards that can help you identify and/or protect your practice from drug seeking individuals.

#### Overall Objective:

To ensure that legitimate patients are able to receive the medication they deserve.

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#### Categories of Illicit Drug Seekers

In order to understand and attempt to predict illicit drug seeking behavior, we can break the motivation factors down into three categories.

These categories are:

- ✓ The desperate drug seeker,
- ✓ The opportunistic drug seeker, and
- ✓ The professional drug seeker.

#### **The Desperate Drug Seeker**

##### Mindset/Motivation

The majority obtain prescription drugs for their own use.

Examples:

- ✓ People who obtain the medication to consume
- ✓ Addicted or beginning to crave the medication
- ✓ Aberrant behavior – avoiding withdrawal

The minority gain prescription medication for other reasons.

Examples:

- ✓ People who gain medication to sell on the street:
  - To gain money for food or to pay their bills
  - To provide money to their family members for food, etc.
- ✓ People who gain schedule II or III medication under duress.
  - Husband/boyfriend threatens victim with abuse or abandonment if they do not provide the prescription medication.

##### Overall Mindset/Motivation

Obtaining prescription medication could be the most important issue in their life during that small period of time they are in your examining room.

##### Method

- ✓ Relies heavily on past experiences or what they have been told
- ✓ Selects a symptom and acts out the part

##### Clinic Selection

- ✓ Pure chance
- ✓ What patients say about the clinic

##### Flags/Indicators

They may:

- ✓ Display aberrant behavior
- ✓ Exaggerate symptoms

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- ✓ Provide excuses to avoid pill counts/urine testing/physical therapy/weight loss/procedures/etc...
- ✓ Request change of medication to avoid withdrawal or try to get the medication they want
- ✓ Disagree with changing the medication they want
- ✓ Subconscious verbal and non-verbal indicator will likely present in response to a significant question.

#### Safeguards – Pre-examination

1. Query PDMP (in states that have a functioning PDMP in place)  
Query the state PDMP the day before the patient's examination.
  - ✓ If you identify any negative information, verify the information prior to confronting the patient.
    - False information can be found in a PDMP query.
2. Utilize numbered prescription sheets only.
  - ✓ Numbered prescription sheets cause every sheet to be unique, making prescription fraud much easier to prosecute.
3. Utilize an indelible ink pen to write and/or sign prescription sheets.
  - ✓ This makes it next to impossible to wash the writing off the sheet.

#### Safeguards – General

1. Utilize effective risk assessment tools during new patient intake:
  - a. Assess potential risk of abuse.
  - b. Assess potential risk of diversion.
2. Utilize Urine Drug Testing During:
  - a. New Patient Assessment
  - b. Random at appointment
  - c. Random "call to clinic"
  - d. For cause – Examples:
    - i. The clinic staff receives information via telephone or in person from an anonymous or a known person that indicates that the patient is abusing or diverting his medication.
    - ii. The clinic staff receives information via telephone or in person from an anonymous or a known person that indicates that the patient is using clandestine medication or alcohol.
    - iii. Any patient who displays behavior, signs, or symptoms consistent with unanticipated withdrawal
    - iv. Any patient who displays behavior indicating a loss of normal mental or physical faculties
3. Utilize Laboratory Confirmations for UDTs
  - a. Point of care (POC) tests may provide a false positive or false negative result.
  - b. Information to falsify UDT (POC) outcomes is readily available on the internet. Laboratory confirmations are much more accurate than POC results.
4. Utilize Pill Counts:
  - a. Random at appointment
  - b. Random "call to clinic"
  - c. For cause

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Note: Pill counts can be psychologically effective (the patient realizing that their pills will be counted makes them think twice about taking more than directed). Pill counts can aid in identifying a problem the patient may be having with his or her medication before it gets out of hand and can help verify diversion when used with UDT confirmation.

Note: Be sure UDTs and pill counting is a part of your patient agreement:

- d. Define when UDTs and pill counts will be requested.
- e. Define who will actually count the patient's pills.

Note: Making this a part of the Patient Agreement can potentially help protect the clinic from potential charges of a patient's claim that the clinic's staff took possession of medication without their permission.

5. Maintain an updated patient agreement. The patient agreement outlines ongoing safeguards that you will use to identify illegal drug seeking activity. The Patient Agreement is the most important document that you have that outlines what you expect of the patient and what the patient can expect of you. Be sure that you enforce your patient agreement.

Make sure the patient agreement:

- A. Is printed large enough to easily see
- B. Uses simple language
- C. Is current and reflects changes in law
- D. Is read to the patient by a staff member
- E. Is printed in the language the patient understands

Consider having the patient:

- A. Initial beside each issue
  - B. Sign and date the bottom of each page
6. Promote an open rapport with your patients.
  7. Keep a good balance between stating your intention to enforce your opioid agreement and encourage your patients to identify problems they may be experiencing.
  8. Observe (and understand) the patient's body language.
  9. Consider requesting that the patient include their wife or significant other in their treatment and clinic visits.

### The Opportunistic Drug Seeker

#### Mindset

Opportunistic drug seekers primarily obtain schedule II and/or III medication because:

- ✓ Rx medication is safer to use.
- ✓ They like the affect.
- ✓ It is easy to sell on the street to make extra money.
- ✓ There is less risk of going to jail.

Opportunistic drug seekers act because they believe the prescription is easy to obtain and they do not believe that they will be charged with a criminal offense if caught. If an opportunistic drug seeker perceives that their only risk is being turned down by a doctor, they will likely act.

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The best way to describe the motivation of the opportunistic drug seeker is: "If I get it great, if I not no big deal."

If the desperate drug seeker believes that there is a good chance of getting caught and charged with a criminal offense, he or she will likely walk away.

It is not uncommon for opportunistic drug seekers to work with or become professional drug seekers.

Opportunistic drug seekers are not desperate at all. They just take advantage of an opportunity.

#### Clinic Selection

They will look for signs of weakness:

- ✓ Clinic's location
- ✓ Clinic's appearance

They may select their target clinic based on what patients say about their clinic.

#### Method

1. They will make up a symptom and act out the part.
2. They will try to fit in.
3. They will not call in early for refills.
4. They will go along with treatment.

#### Attitude

"The doctor works for me, I'll tell them what I want to tell them. Prove I'm not in pain."

They may appear very friendly. They may bring gifts!

#### Flags/Indicators

1. May ask for specific prescription
2. May request a change of medication (to obtain medication they really want)
3. May appear controlling or friendly
4. May bring gifts
5. Verbal and non-verbal may present.
6. Less intense than a desperate drug seeker

#### Safeguards – Pre-examination

1. Query the state PDMP the day before the examination (in states that have doctor shopping laws).

#### Safeguards - General

1. Utilize New Patient Risk Assessment.
2. Utilize UDTs/pill counts.
3. Utilize lab confirmations.
4. Enforce your patient agreement.
5. Maintain an open rapport with the patient.
6. Observe and understand body language.
7. Include family if possible (in treatment).
8. Consider placing a sign in your lobby that states: "Illegal drug seeking behavior will be reported and prosecuted by this clinic."

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#### The Professional Drug Seeker

There are five types of Professional Drug Seekers:

1. Those who Counterfeit or use stolen prescription sheets
2. The Roamer tactic
3. Those who use Insurance Fraud as a tactic
4. The Recruiter tactic
5. The Doctor Shopper

#### The Counterfeit Tactic

Method

1. Obtains names and DEA numbers of doctors
2. Uses stolen prescription sheets or makes counterfeit sheets that look official
3. Displays a telephone number on the sheet to call for verification
4. Uses scapegoat to pass the prescription sheet to the pharmacy
5. Scapegoat passes prescription sheet during high traffic periods.
6. You will likely not ever see the counterfeiter.
7. The counterfeiter will likely not try to duplicate your prescription sheets.
8. The counterfeiter will attempt to create a sheet that looks like a prescription sheet.
9. The counterfeiter will pass the sheets in areas where your patients will not.

The Counterfeit Tactic - Safeguards

- ✓ You cannot stop this from happening.
- ✓ If you find out that someone is passing counterfeit prescriptions call:
  - DEA
  - your local law enforcement agency

#### The Roamer Tactic

Two (2) Types

1. Non-confrontational
2. Charismatic

#### The Roamer Tactic - Non-confrontational

Method

1. Obtains vehicle license plates and vehicle descriptions by driving or walking through the parking lot of the clinic.
2. Uses a "public records" website to obtain the address of the owner of the vehicle.
3. Burglarizes the patient's home or sells the information to someone who will.

Safeguards

Considerations:

- ✓ Install security camera to record parking area.
- ✓ Install a fake security camera.
- ✓ Display signs indicating that security cameras are in use.

#### The Roamer Tactic – Charismatic

Methods

1. Enters the waiting room and poses as a patient or someone waiting for a patient

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2. Strikes up a conversation with a patient
3. Utilizing a high level of social intelligence, will obtain information about the patient, their medication and the pharmacy they use, etc.

#### Safeguards

Considerations:

- ✓ Monitor the waiting room;
- ✓ Educate patients not to share their PHI; and
- ✓ Place a sign in the waiting room:  
*"Because we care about our patients, any discussion regarding your personal information, your medical condition or the medication you are taking will not be permitted while in the waiting room."*

### Professional Drug Seekers who Pose the Greatest Threat to Clinician

#### The Insurance Fraud Tactic

##### Methods

1. Locates someone desperate for money that has health insurance
2. Pays for the use of their insurance card
3. Obtains fake ID or driver license and become the insured party
4. Gains access to pain specialist through primary care by way of referral
  - ✓ Uses different fake name and insurance card at each clinic
  - ✓ This makes them untraceable!

#### The Recruiter Tactic

##### Methods

1. Identifies people who have health insurance and want to make extra money
2. Teaches the recruited person what to say and how to act to gain a referral to a pain management specialist and to gain the correct type of drugs
3. Pays the recruited person for the full bottle of medication to sell on the street

#### The Doctor Shopper

##### Methods

1. Uses a fake ID or driver license (no insurance) - cash pay patient
2. Claims to live somewhere close to the clinic
3. Claims to have lost insurance and cannot obtain insurance due to cost or pre-existing condition
4. May drive into rural areas – perceives doctors to be less aware of their tactics

##### Overall method/mindset

- ✓ Makes a living selling prescription drugs;
- ✓ Not desperate;
- ✓ They stay focused;
- ✓ They look at their job as a challenge;
- ✓ Willing to invest money and time to accomplish their objective;
- ✓ Patient, deliberate and methodical; and
- ✓ May work 30 to 50 doctors a month.

Once accepted by the Clinic the drug seeker will:

- ✓ Be on time for each appointment;
- ✓ Not call in early for refills;

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- ✓ Go along with treatment plan;
- ✓ Present themselves as other patients do;
- ✓ Not draw attention to themselves; and
- ✓ Plan on staying in the practice for years.

#### Clinic/Target selection

1. Location
  - ✓ Distance from other targets
2. Perception
  - ✓ Appears professional
    - Looking for clinics that appear professional. They do not want to target clinics that look desperate or unprofessional because they may be investigated and the drug seeker could be identified.
3. Information from existing patients
  - ✓ How much time does the clinician spend with you?
  - ✓ Does the clinician push procedures?
  - ✓ Do you have to sign a patient agreement?
  - ✓ Are you required to provide urine for testing?
  - ✓ Do you hear about the results that day or later?
  - ✓ Does the clinician require pill counts?
  - ✓ How often are urine tests and pill counts required?
  - ✓ Is it hard for you to convince the clinician to change or increase your medication?
  - ✓ Does the clinician ever talk about your hobbies or personal life?
4. Safeguards
  - ✓ Verify the authenticity of the patient's ID or driver license.
  - ✓ Verify all medical records delivered or faxed.
  - ✓ Verify all referrals.
  - ✓ Utilize an abuse assessment and a diversion assessment during new patient intake.
  - ✓ Provide a urine drug screen upon new patient intake.
  - ✓ Utilize and enforce a comprehensive patient agreement. Explain the agreement to the patient.
  - ✓ Enforce a patient accountability protocol of randomly urine drug screening and pill counting patients.
  - ✓ Provide eye-to-eye conversations with your patients.
  - ✓ Query your state PDMP a day prior to each patient's appointment.
  - ✓ Take a digital photograph of all patients during new patient intake.

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