

Jemica Louise Purdon, you have pleaded guilty to 129 counts of fraud. On 129 separate occasions between 25 November 2018 and 25 April 2021, you attended a general practitioner and claimed to be someone else in order to obtain a prescription for oxycodone, tapentadol, tramadol or medications containing codeine. You impersonated eight different people when presenting to 51 different doctors practising in Hobart, Bothwell and Launceston. The false names you used were those of family members, friends and acquaintances. Once you obtained the prescriptions, you presented them at various pharmacies throughout Tasmania. The quantity of medication you obtained on each of those occasions ranged from 4 to 60 tablets. During at least some of this time, you were being prescribed similar drugs by your regular GP.

The drugs you obtained by your conduct can only be lawfully obtained on a prescription issued by a doctor or other authorised person. Prescribing and dispensing pharmaceutical drugs in Tasmania is regulated by a number of pieces of legislation. Drugs are classified in a schedule according to the level of regulatory control required to protect public health and safety. The drugs you obtained by this means containing tramadol and codeine, are Schedule 4 drugs and are classified as restricted substances for the purposes of the *Poisons Act* 1971. These are considered strong analgesics but lower in the risk hierarchy than opioids such as oxycodone. Oxycodone and tapentadol are Schedule 8 drugs and are classified as a narcotic substance for the purposes of the *Poisons Act*. While Schedule 4 and Schedule 8 drugs are available for use, they are subject to restrictions including as to their supply, distribution, possession and use in order to reduce abuse, misuse and the risk of physical or physiological dependency.

The statutory regime requires a doctor to report to the Secretary of the Department of Health if they have reason to believe that a person seeking a Schedule 4 and/or a Schedule 8 substance, has a history of drug seeking behaviour or is exhibiting drug seeking behaviour, or has consumed or used, or is likely to consume or use a restricted substance or a narcotic substance contrary to the doctor's instructions. A real time website called the Drugs and Poison Information Services was operating at the time of your offending. The website allowed a doctor to access information about Schedule 4 and Schedule 8 substances dispensed from pharmacies for Tasmanian patients before they write out or dispense the prescription. The information recorded on that website includes the patient's details, their Schedule 4 and Schedule 8 dispensing history and any authorisations that are currently in place in Tasmania.

There are further regulations in place which impose a statutory duty on a doctor to obtain the Secretary of the Department of Health's authority before prescribing narcotic substances to a person who has previously been prescribed a narcotic substance for a period of longer than 60 days, who is or is being declared a drug dependant in Tasmania, or where a doctor has notified the Secretary that the person has a history of drug seeking behaviour, or is exhibiting drug seeking behaviour in respect of such substances. In order to obtain that authority, the doctor had to complete and submit an application in the prescribed form accompanied by a relevant specialist report endorsing opioid treatment.

The investigation of your offending revealed that some of the 51 doctors who provided the prescriptions you acquired by reason of your fraud, had relied on the website information when providing the prescriptions to you. It is the State's case that the use of the assumed names would make it difficult, if not impossible, for a doctor to obtain the information relevant to their compliance with the statutory duties I have just described.

The evidence suggests that you were aware of these sorts of requirements. Between 2017 and 21 May 2021, you saw a general practitioner, Dr S, in respect of chronic pain and lower back pain for which you were treated with pain control medication, sometimes twice a month and as frequently as 12 times a month. In September 2017, you saw another general practitioner at another practice, Dr M, who prescribed oxycodone to you after obtaining the relevant authority. On 27 October 2017, you saw Dr S about lower back and abdominal pain for which you were prescribed Oxycodone. Approximately three days later, Dr S's practice was informed by Pharmaceutical Services that only Dr M was authorised to issue Schedule 8 drugs to you. The fact that you were seeing so many doctors and impersonating so many people in order to obtain prescriptions for these drugs is, according to the State, an indication that you at least believed that if you used your real name, you could only be prescribed the drug for sixty days before a further authority would be required and would also be identified as engaging in drug seeking behaviour.

Your offences were detected when Tasmania Police became aware in November 2020 that you had presented yourself at a doctor's surgery under a false name. You were not interviewed by police until 9 November 2021. There is no information before me to suggest that you were spoken to by police about these matters prior to then. At that time, you did not admit that you committed these offences during the interview but did provide your mobile phone number and confirmed your connection with some of the people you impersonated. Your mobile number had been provided as a contact number at four of the medical practices you attended under an assumed name. Phone records also show that your phone was used to contact the medical practices of a number of the doctors who provided prescriptions to you under a false name.

I am told there is no evidence that you sold or trafficked the medications you obtained in this way. There is no evidence the drugs you obtained were for anything other than your own personal use.

You have some relevant prior matters. In March 2020, you pleaded guilty to two counts of uttering a prescription knowing it to be forged and two counts of unlawfully altering a prescription. You were also charged at that time with stating a false name and stealing some earrings from a chemist. You were convicted on those charges and the matter adjourned for 18 months on condition that you be of good behaviour during the period of the adjournment. Forty one of the charges with which I am dealing, breach the undertaking you gave on 31 March 2020.

In October 2022, you were sentenced by this Court to a community corrections order for making a false statutory declaration. That offence occurred on 26 April 2021. It related to you contacting Tasmania Police and telling them that you had been raped the previous day, that is the day on which the final fraud charge that I am dealing with was committed. As a consequence of information received from the public during the course of the investigation of your rape allegation, police identified that you had, in fact, obtained a lift to Launceston where you attended a pharmacy at Prospect to obtain prescription medication. This was one of the prescriptions you had obtained as a consequence of your fraudulent conduct. You explained to the Court that you had lied to police in the context of a background of controlling behaviour by your former partner. There was reference to your addiction to Endone. It is open to infer that the detection of this offence and its context led to you ceasing the offending with which I am dealing.

You are 35 years old. At the time of your offending you were aged between 28 and 31. You were addicted to prescription opioids. You were first prescribed opioids in 2017 for back pain and chronic pain. The offending with which I am dealing commenced in November 2018.

I have been provided a report of Dr Grant Blake, a forensic psychologist. His report outlines that you grew up in a complex family environment. You completed your education at school to grade 10 level. You undertook grade 11 by distance education and later completed a certificate II in hairdressing, but did not pursue that career path due to the physical demands of that work which were incompatible with your chronic back condition. You have had limited formal work since leaving school. You have worked briefly in hospitality but your main focus has been on raising your children since you became a mother at 17 years old. You are now the single parent of five children.

Your first three children were the product of a relationship you commenced when you were 16 years old. You grew apart. You later commenced a relationship with another person who is the father of your fourth child. You have described that relationship as featuring significant physical, mental and emotional abuse. He reportedly threatened to kill you and the children if you ever left him or went to the police. You eventually did go to the police and he was charged with domestic violence offences. He then killed himself. You experienced strong feelings of guilt and some post trauma symptoms relating to his death. You were in this relationship when your prescription opioid use escalated. You described the medication numbing your emotional and physical pain. You told Dr Blake that the opioids enabled you to remain in the abusive relationship without feeling much distress from it, which you considered protective at the time because of the fear you held for yours and your children's lives if you left that relationship. You have subsequently rekindled your relationship with your first partner and now have another child to him. You are not currently in a relationship with him but remain on good terms.

You have a long-standing history of back problems due to scoliosis. These issues apparently worsened after the birth of your fourth child in 2016. You were commenced on prescribed opioid pain medication by your regular GP. You also have a recorded history of anxiety and depression from your adolescence. According to Dr Blake, you have several mental illnesses, namely persistent depressive disorder, generalised anxiety disorder, social anxiety disorder, somatic symptom disorder, and subthreshold posttraumatic stress. Your mental state was strongly affected by fears of opiate withdrawal at the time of your offending. Dr Blake formed the clinical opinion that you are at low risk of committing further fraud offences. According to him, there are a number of protective factors in your case that buffer against re-offence risk despite the presence of numerous risk factors, such as your ongoing functional limitations due to pain, high stress and mental health difficulties. These protective factors include your positive supportive relationships with your nuclear family, some supportive friendships, your supportive ex-partner and your positive treatment response to the opioid replacement therapy you are undertaking through the Alcohol and Drugs Service. You have achieved sustained remission from opioid abuse and never progressed to illicit opioids such as heroin. You have no known history of intravenous drug use. You are generally a person with pro-social orientation and presented to Dr Blake as deeply remorseful.

I also have before me a report of Dr William Kenyon, who is a staff specialist consultant psychiatrist employed by the Alcohol and Drug Service (ADS). You have been under his care since October 2021. His report indicates that you self-referred to the ADS on 28 May 2020. At that time there was a wait list for assessment and treatment by the pharmacotherapy team

and you were added to that wait list. You contacted the ADS by telephone on 23 July 2020 and again on 7 April 2021, enquiring about your place on the wait list. You were offered, and accepted, an appointment for an initial assessment on 27 April 2021. You were then diagnosed with opioid use disorder and started on opioid replacement therapy on 29 April 2021.

Dr Kenyon notes that at the time of the appointment on 29 April 2021, the reported use was oxycodone. You gave a history of extremely high daily doses of opioids which Dr Kenyon considered may have been overstated. You did, however, present in opioid withdrawal which confirmed regular use of and tolerance to opioids. It is apparent from Dr Kenyon's report that it took some time to settle on an appropriate treatment. Ultimately methadone was found to be a successful medication for you in about January 2022. You have continued on that therapy since that time including during and following your pregnancy with your fifth child. Through 2024 and 2025, you have presented as well engaged, stable in treatment, and assessed as low treatment needs and therefore eligible for take away doses of methadone and requiring clinical review every three months. There is no present reported illicit substance use, you regularly attend dosing and present well at clinical reviews. You have provided your urinary drug screens free from illicit substances. Your diagnosis is opiate use disorder in remission on treatment from at least mid 2022.

In Dr Kenyon's opinion, it is reasonable to conclude that you are no longer sourcing illicit opioids for personal use and, if it is accepted that your offending was driven by a need for opioids for personal use, it can be concluded that your risk of similar offending is reduced given your current and sustained engagement and treatment. It is recommended that you continue to engage in treatment with opioid replacement therapy with the ADS Pharmacotherapy team. Dr Kenyon also noted that clinical stability was only achieved for you when you were treated with methadone. If you were made the subject of a custodial sentence, you would no longer have access to treatment with methadone and would require transition to the available treatment of injectable buprenorphine, which may increase your risk of instability, disengagement, and relapse to illicit opioid use.

It is significant that the last of the fraud charges predates you being spoken to by police in November 2021. It is also significant that you had attempted to obtain assistance from the ADS in May 2020, prior to ceasing your offending. Your offending commenced against a background of increased dependence on and tolerance for opioid medication you had initially been lawfully prescribed. Your usual general practitioner first reduced and then ceased your pain medication at one stage. Desperate to obtain more opioids, you used your sister's identity to obtain the medication from a practice you had not attended before. Your first attempt was effective, and you decided to continue. You learned which doctors were liberal prescribers and kept a track of where it would be easiest for you to offend. You did not re-attend doctors who asked too many questions or gave you small prescriptions initially. You became apathetic about offending as it was simple to do, and it met your needs to avoid withdrawal and relieve mental and physical pain.

The cessation of your offending coincides with you being accepted for treatment at the ADS and your success on opioid replacement therapy. You indicated to Dr Blake that you wished that you had been caught sooner. The underlining theme of your version of events was that, while you accept responsibility for the fraudulent offending, you were enabled by it being so simple to commit. You did, however, express shame and regret for your actions. You acknowledged the impact of your behaviour on others, including the doctors you deceived and the people whose names you used to obtain prescriptions.

You are now the single mother of five children who all live with you. The father of four of your children does spend time with them but there are no organised arrangements in place. Your children are aged from 17 to a toddler. You are in government assisted rental accommodation and have little financial means.

This offending was serious for the following reasons. First, the number of charges and the length of time over which you engaged in this course of conduct are both significant. Second, the object of the fraud, namely to obtain Schedule 4 and Schedule 8 drugs which are significant drugs of addiction in circumstances where you knew they would not be lawfully prescribed to you in those quantities or with that frequency without alerting authorities to your drug dependence and drug seeking behaviour, is also significant. Third, you used the names of people you knew. They were no doubt disturbed to have their names associated with the use and potential abuse of these substances.

It is surprising to me how easy it was for you to carry out this fraud. The information before me shows that there were five general practitioners who were prepared to prescribe significant amounts of opioids to you on a reasonably frequent basis. In dealing with each of those doctors, you generally used the same, albeit false, name. This suggests a level of neglect of their statutory duties which arise when prescribing such medication. Taking advantage of a lax approach to those duties runs the risk of the regulatory regime being further tightened. While that may be a good thing, it may lead to unintended consequences such as those in genuine need of pain relief being denied access to necessary medication in a timely manner.

I accept that the circumstances of your offending were entirely related to your drug addiction. There is no suggestion that you supplied or sold the drugs to any other person. It is significant that you had sought assistance to address your addiction prior to the detection of this offending. This supports the view that you are essentially pro-social and ashamed of your conduct. You have co-operated fully with the treatment that has been afforded you by the ADS and are now stable on opioid replacement therapy. These are very significant matters, in my view, which suggest that you are at low risk of re-offending in this way in the future. I also note that you co-operated with the Community Corrections Order that was made in this Court, in respect of your false statutory declaration offending.

The nature of these offences do, however, warrant the imposition of a period of imprisonment. In my view, it is appropriate to suspend that sentence to provide further incentive to you to maintain your abstinence from illegally sourced opioids.

Jemica Louise Purdon, convictions are recorded in respect of each of the 129 charges. You are sentenced to six months' imprisonment, wholly suspended on condition that you are of good behaviour for a period of two years from today. It is a condition of that order that while it is in force you do not commit any offence punishable by imprisonment. If you commit such an offence, then the Court must order that you serve the term of six months' imprisonment unless that is unjust.