

Information Circular

Amended Schedule 8 permit and notification requirements under the *Drugs, Poisons and Controlled Substances Act 1981* from 1 March 2009.

Date Issued: 26 February 2009

Distribution: Prescribers of pharmacotherapy (methadone and buprenorphine) for the treatment of opioid dependence.

Attention: Medical practitioners and staff of clinics providing pharmacotherapy for opioid dependence.

Contents: This circular covers amendments to the *Drugs, Poisons and Controlled Substances Act 1981* ("the Act") which relate to:

- (a) the prescribing and/or administration of Schedule 8 poisons, methadone and buprenorphine, for drug-dependent persons being treated for opioid dependence, and
- (c) notification of drug-dependent persons to the Department of Human Services ("DHS").

BACKGROUND

Under the Act, medical practitioners ("practitioners"), in certain circumstances, are required to hold permits issued by the DHS to treat patients with Schedule 8 poisons. The permit assists in coordinating treatment of patients with those drugs and in identifying and minimising "doctor shopping" for the drugs.

In summary, the Act makes it an offence for a practitioner:

- who has reason to believe a patient is drug-dependent, to treat the patient with a Schedule 8 poison without first obtaining a permit from DHS.
- to treat a person with a Schedule 8 poison, who is not drug-dependent, for a continuous period greater than eight weeks without obtaining a permit from DHS.
- not to notify DHS when he or she has reason to believe that a patient is drug-dependent.

Amendments to permit and notification provisions of the Act and the Drugs, Poisons and Controlled Substances Regulations 2006 come into effect on 1 March 2009.

EFFECT OF AMENDMENTS FOR PHARMACOTHERAPY PRESCRIBERS

While generally the above requirements remain in effect, the amendments provide for a number of exceptions or modifications. The amended legislation:

1. authorises a practitioner to treat a person with a Schedule 8 poison without a permit if that person is—
 - (a) a prisoner being treated in a prison for the period in prison and a period not exceeding 7 days after that prisoner's release from custody; or
 - (b) a resident being treated in an aged care service; or
 - (c) an in-patient being treated in a hospital.

Effect: A practitioner no longer requires a permit from DHS to treat an opioid-dependent person in the above circumstances.

2. authorises a practitioner at a multi-practitioner clinic to treat a drug-dependent person with a Schedule 8 poison without a permit if —
 - (a) the treatment is provided at the multiple-practitioner clinic; and
 - (b) a Schedule 8 permit has been issued to another practitioner at that multiple practitioner clinic to administer, supply or prescribe the Schedule 8 poison to or for that drug-dependent person; and
 - (c) the administration, supply or prescription of the Schedule 8 poison is carried out in accordance with that permit.

Effect: A practitioner (eg, *locum tenens* or associate) at the same clinic as the permit holder may treat a person with a Schedule 8 poison without holding a permit issued specifically to him/her. However, the treatment must be in accordance with the permit issued to the other practitioner.

Note: This means that the statement “A permit covering the period of the usual prescriber’s absence must be obtained if they are likely to be unavailable for more than a week” in the Department’s *Policy for Maintenance Pharmacotherapy for Opioid Dependence* no longer applies in multi practitioner clinics. However, the policy on “management by deputising prescribers” in the document remains unchanged.

3. still requires a practitioner to notify DHS when he or she has reason to believe that a patient is a drug-dependent person but only if—

- (a) the patient requests or seeks prescription of a Schedule 8 poison or a Schedule 4 poison which is also a drug of dependence; or
- (b) the practitioner intends to treat or is treating the patient with a Schedule 8 poison or a Schedule 4 poison which is also a drug of dependence.

Note: The term, “**drugs of dependence**”, includes all Schedule 8 poisons **plus** Schedule 4 poisons that are subject to misuse and trafficking, eg, benzodiazepines and dextropropoxyphene. A full list of drugs of dependence is found in Schedule 11 of the Act.

Effect: As is the case currently, the application form for a permit to treat a drug-dependent person with pharmacotherapy incorporates the notification, so a separate notification is not necessary. While permits are no longer required from practitioners treating prisoners in prison or in-patients in hospitals, notifications are still required if the above conditions are met, though one notification per episode of confinement is considered adequate.

4. redefines the 8-week period before requiring a permit to treat a patient who is not drug-dependent to include any preceding period of treatment by other practitioners.

Effect: A practitioner who considers it necessary to treat a patient who is not drug-dependent with a Schedule 8 poison must immediately apply for a permit if he/she has reason to believe that his/her prescription will result in the patient being treated for a continuous period greater than 8 weeks when the preceding period of treatment is taken into consideration.

DHS CONTACTS

Further information on the amended legislation and relevant forms can be obtained from website <http://www.health.vic.gov.au/dpu/> or by telephoning the DHS Drugs and Poisons Regulation Group on telephone 1300 364 545.

Keith Moyle
Manager
Drugs & Poisons Regulation Group