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| Permits for psychostimulants |
| For ADHD and narcolepsy |
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# Introductory notes

The *Drugs Poisons and Controlled Substances Act 1981* (the Act) and the Drugs Poisons and Controlled Substances Regulations 2017 (the regulations) indicate who may possess Schedule 4 and 8 poisons; the extent to which possession is lawful; and the legislative requirements for use, storage and supply of Schedule 4 and 8 poisons. Current versions of the Act and the regulations, which should be considered in concert and not in isolation, can be accessed at [Victorian Law Today](http://www.legislation.vic.gov.au/) <http://www.legislation.vic.gov.au/>.

This is one of a series of documents prepared by Medicines and Poisons Regulation (MPR) to assist multiple or specific categories of health practitioners to understand the more common legislative requirements. Refer to the [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> on the Health.Vic website for other ‘Documents to print or download’ and for a link to the Poisons Standard, which contains details of poisons schedules plus labelling and packaging requirements.

## Evolution of the permit system

The permit system was introduced towards the middle of the 20th century in an attempt to limit a person’s ability to obtain Schedule 8 poisons from multiple prescribers. Since then, more health practitioners have been authorised to prescribe Schedule 8 poisons and the extent of prescribing (and of prescription-shopping) has significantly and progressively increased.

Numerous variations and exceptions to the original permit system, over many decades, made the permit system much more complex whereas problems associated with prescription-shopping and excessive prescribing of Schedule 8 poisons and many Schedule 4 poisons continued to increase.

To address the primary reason for having a permit system, Victoria introduced a monitored poisons database (SafeScript) that enables medical practitioners, nurse practitioners and pharmacists to review recent dispensing records for individual patients in order to make a better informed decision, about whether it is safe to prescribe one or more Schedule 8 poisons and/or monitored Schedule 4 poisons before doing so.

# Special Schedule 8 permits

In addition to the permit requirements that relate to all Schedule 8 poisons, most medical practitioners must not prescribe, supply or administer a special Schedule 8 poison without **first obtaining** a special Schedule 8 permit.

## PBS authorities or private (non-PBS) prescriptions

Authority prescriptions, approved under the Pharmaceutical Benefits Scheme, **merely** indicate that Medicare Australia will subsidise the cost of the medicine; **medical practitioners must still comply with the requirements for a Schedule 8 treatment permit under Victorian legislation.**

Similarly, in the case of a ‘private’ (non-PBS) prescription, medical practitioners must still obtain a Schedule 8 permit where required under Victorian legislation.

## Permit applications forms

Practitioners can apply for permits in SafeScript. Permit application forms are also located on the MPR website (<http://www.health.vic.gov.au/dpcs>).

* **Note**: Permits are unlikely to be issued in relation to amphetamine or methylamphetamine because those drugs are not registered for use in Australia.

# Paediatricians and psychiatrists

**Most** medical practitioners must obtain a permit **before prescribing** special Schedule 8 poisons. However, in recognition of their specialist expertise and the greater likelihood that paediatricians and psychiatrists will diagnose and initiate treatment for patients for ADHD, the Secretary (of the Department of Health) has specified that medical condition and related circumstances under which a Schedule 8 poison may be prescribed, administered or supplied without first obtaining a permit.

## Attention deficit hyperactivity disorder (patient is less than 18 years old)

A **paediatrician** or a **psychiatrist** is not required to obtain a special Schedule 8 treatment permit to treat a patient with a psychostimulant drug (approved by the TGA for the treatment of attention deficit hyperactivity disorder), **provided**:

* the patient is **not** a drug-dependent person; **and**
* the patient has not reached 18 years of age.

## Attention deficit hyperactivity disorder (patient is 18 years or more)

A **psychiatrist** is not required to obtain a special Schedule 8 treatment permit to treat a patient with a psychostimulant drug (approved by the TGA for the treatment of attention deficit hyperactivity disorder), **provided**:

* the patient is **not** a drug-dependent person;

SafeScript

Since the introduction of Victoria’s monitored poisons database (SafeScript), medical practitioners have a mechanism that allows them to readily review recent records of monitored poisons dispensed for patients so that they may make a better informed decision about whether or not to prescribe a monitored poison.

Since 1 April 2020, it has been mandatory for a medical practitioner to take ‘all reasonable steps’ to review the SafeScript database before prescribing (or supplying) a monitored poison for any patient. For an explanation of the term ‘all reasonable steps’, please refer to the document ‘*All reasonable steps and other key terms*’, which is available on the MPR website as a ‘Document to print or download’.

**More information about** [**SafeScript**](https://www2.health.vic.gov.au/public-health/drugs-and-poisons/safescript) <https://www.health.vic.gov.au/drugs-and-poisons/safescript> (including online educational and training options), can be found on the Health.Vic website.

**To register to use SafeScript,** go to the [SafeScript website](https://www.safescript.vic.gov.au/) <https://www.safescript.vic.gov.au>.

# Other medical practitioners (not paediatricians or psychiatrists)

Medical practitioners, who are not paediatricians or psychiatrists, should note that prescribing a special Schedule 8 poison **without first obtaining a permit** (in any quantity and even on one occasion) represents a contravention of the regulations unless a specific exception applies (see below).

* It is **not** lawful to prescribe **merely** because a paediatrician or psychiatrist has given their consent or approval.

## Limits and conditions on permits

Special Schedule 8 permits commonly specify the maximum daily dosage of one special Schedule 8 poison plus an expiry date for the permit; additional conditions might also be specified.

* Exceeding the maximum dosage; prescribing beyond the expiry date; or failing to comply with other specified conditions represents a contravention of the Act.

## General permit exceptions

#### Prisons, gaols, residential aged care services, hospital inpatients and day procedure centres

In circumstances where patients are confined or not personally managing their medicines, the risk of concurrent prescribing is significantly reduced. Hence, a permit is not required to prescribe Schedule 8 poisons for residents in a residential aged care service; prisoners being treated in a prison or police gaol; or patients receiving inpatient treatment in a hospital, a hospital emergency department ora day procedure centre **including** a period not exceeding 7 days following the release or discharge of the person from the corresponding establishments.

# Policies for the approval of permits

## Attention Deficit Hyperactivity Disorder

The department’s policy is that specialist involvement is necessary for the diagnosis and ongoing management of all ADHD patients.

* General practitioners will generally only be issued with permits to prescribe dexamphetamine, lisdexamfetamine or methylphenidate where there is evidence of a specialist diagnosis and that a specialist review has taken place within a specified period.
  + Permits are unlikely to be issued in relation to amphetamine or methylamphetamine because these drugs are not registered for use in Australia.

## Narcolepsy

The department’s policy is that an initial diagnosis of narcolepsy must involve a respiratory physician or a specialist in sleep disorders.

* A general practitioner will generally not be issued with a permit unless the application indicates that the physician or specialist has been consulted and endorses the treatment.
* The department considers that, once narcolepsy has been diagnosed, ongoing treatment by a general practitioner is generally appropriate without further reference to the physician or specialist, provided other risks to patient safety are not evident.
  + Permits are unlikely to be issued in relation to amphetamine or methylamphetamine because these drugs are not registered for use in Australia.

# For further information

## Department of Health (DH)

### Medicines and Poisons Regulation

50 Lonsdale Street

Melbourne, 3000

Fax: 1300 360 830

Email: dpcs@health.vic.gov.au

Web: www.health.vic.gov.au/dpcs

* For information and details, relating to current, recent and pending Schedule 8 permits, please refer to the patient’s profile on the SafeScript database.
* For queries relating to the Act or regulations, please:
  + refer to the ‘Documents to print or download’ that are available on the MPR website (see below); or
  + if you are unable to address your query by referring to those documents, forward your query via e-mail to [dpcs@health.vic.gov.au](mailto:dpcs@health.vic.gov.au)

## Documents to print or download from the MPR website

The [Medicines and poisons webpage](http://www.health.vic.gov.au/dpcs) <http://www.health.vic.gov.au/dpcs> on the Health.Vic website in the section for ‘Documents to print or download’, contains summaries of legislative requirements that have been prepared in relation to issues that relate to multiple categories of health practitioner as well as to individual categories of health practitioner. These documents, which are intended to assist health practitioners to comply with key legislative requirements, include the following:

* Issues relating to multiple categories of health practitioner, including:
  + Possession and storage
  + Supply, administration and recording
  + Prescribing
  + Criteria for lawful prescriptions
  + All reasonable steps and other key terms
  + Schedule 2 and 3 poisons
* Summaries that are specific to individual categories of health practitioner:
  + Medical practitioners
  + Pharmacists
  + Nurses and midwives
  + Nurses and midwives with registration endorsement (e.g. nurse practitioners, authorised midwives, etc.)
  + Dentists (and other dental practitioners)
  + Optometrists (and orthoptists)
  + Podiatrists
  + Veterinary practitioners

## Other possible sources of information

### Australian Health Practitioner Regulation Agency (Ahpra)

Web: [www.ahpra.gov.au](http://www.ahpra.gov.au)

### Drug and Alcohol Clinical Advisory Service (1800 812 804)

Registered health practitioners (only) may phone the **DACAS** at any time to seek **clinical advice** from specialists or other practitioners, who have been specially trained to provide advice in relation to pain, addiction and mental health issues, and for assistance with developing safe treatment plans, gradual dose tapering and alternative treatment options.

### Direct Line (1800 888 236)

* 24-hour confidential **drug and alcohol counselling** serviceforpatients
* 24-hour advisory service about available **treatment facilities** for patients, family or health practitioners

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