Notification of drug dependent person

Drugs, Poisons and Controlled Substances Act 1981

Section 33 of the Act requires a medical or nurse practitioner who has reason to believe that a patient is a drug dependent person to notify the department, using this form, where:

- the patient seeks prescription of a Schedule 8 or Schedule 9 poison, or a Schedule 4 poison which is also a drug of dependence, or



the practitioner intends to treat or is treating the patient with a Schedule 8 or Schedule 9 poison, or a Schedule 4 poison which is also a drug of dependence. (Please print **legibly** in block letters and provide all information)

PRACTITIONER DETAILS	
SURNAME (FAMILY NAME)	FIRST NAME
PRACTICE ADDRESS (OR HOSPITAL NAME (IF APPROPRIATE))	
SUBURB/TOWN	POSTCODE
QUALIFICATIONS TELEPHONE	FAX
EMAIL ADDRESS	
PATIENT DETAILS	
SURNAME (FAMILY NAME)	FIRST NAME
ADDRESS	
suburb/town	POSTCODE
DATE OF BIRTH (DAY/MONTH/YEAR) SEX MALE O	HEIGHT (cm) DPR NUMBER (IF KNOWN)
FEMALE O	
ALIASES (IF ANY)	SOURCE OF DRUGS (LICIT/ILLICIT/UNKNOWN)
APPROXIMATE PERIOD OF DRUG DEPENDENCY	OTHER DRUGS USED BY PATIENT
have reason to believe that the patient is drug-deper	ndent and my belief is based on the following grounds:
☐ Admits current misuse or abuse of pharmaceutical drugs	☐ Admits current misuse or abuse of illicit drugs
☐ Is "doctor shopping" for prescription drugs	☐ Has physical signs of intravenous drug use
☐ Has obtained prescription drugs from illicit sources	☐ Has been forging prescriptions
☐ Has had multiple unsanctioned dose escalations of prescribed drugs	
☐ Another doctor holds a permit for opioid replacement therapy (ORT) (methadone syrup or buprenorphine sublingual tablet/film)	
□ Other	
Did the nationt request a Schedule 8 poison, a Sched	lule 9 poison or a Schedule 4 poison that is also a drug
of dependence?	If yes, specify which poison(s):
Is it your intention to prescribe a Schedule 8 poison	a Schedule 9 poison or a Schedule 4 poison that is also
a drug of dependence?	If yes, specify which poison(s):
If treating a hospital inpatient or prisoner with OR	T, please indicate: ☐ Methadone ☐ Buprenorphine
Important note: If it is your intention to treat the patient with a Schedule 8 drug you need to obtain a permit to do so pefore prescribing, except in certain limited circumstances. Please see explanatory notes overleaf.	
Signature	Data

DRUGS AND POISONS REGULATION

tel: 1300 364 545 fax: 1300 360 830 email: dpcs@health.vic.gov.au



Explanatory notes

(i) Permit required BEFORE treating a drug dependent person

The Act requires a medical or nurse practitioner to hold a permit BEFORE prescribing any Schedule 8 poison to a drug dependent person, except in certain exempt circumstances.

(ii) General exemptions

Medical or nurse practitioners are not required to hold a permit where the patient:

- is an in-patient in a hospital;
- is in an aged care service;
- is a prisoner being treated in prison or for a period not exceeding 7 days after release from prison;

These exemptions also apply to the treatment of drug dependent persons, but the practitioner is still required to make a notification of drug dependence using this form if he or she intends to treat.

A practitioner working in a multiple practitioner clinic may prescribe without holding a permit if:

- the treatment is provided at the multiple practitioner clinic, and
- another practitioner at that clinic already holds a permit to treat the patient with the same drug, and
- the treatment is in accordance with that permit.

(iii) Precautions when prescribing to drug dependent patients

A medical or nurse practitioner who prescribes a drug of dependence (listed in Schedule 11 of the Act, e.g. benzodiazepines, opioids, dexamphetamine) for a drug dependent person should take steps to ensure the drug is used to the extent and for the purpose for which it was prescribed.

The following precautions can be used to reduce potential harm:

- If you believe there may be sound clinical reasons to prescribe a drug of dependence, prescribe small quantities until you are able to validate the medical or medication history.
- Consider having the prescription dispensed at a nominated pharmacy with the doses collected daily or at other appropriate intervals.
- With permission of the patient, obtain from Medicare Australia information on the number of prescriptions, quantity, calculated daily dose and number of different prescribers for each Pharmaceutical Benefit Scheme (PBS) item obtained in the most recent 6 month period.

IMPORTANT NOTICE ABOUT PRIVACY

It is a requirement of the *Drugs, Poisons and Controlled Substances Act 1981* (the Act) that the information set out in this form is provided to the Department of Health to meet statutory notification requirements, and for the issuing of permits as required under the Act. The collection, use and disclosure of the information provided will be in accordance with the law, including the provisions of the *Health Records Act 2001*. The information collected may be disclosed to health practitioners practising in the following health professions: medical, nursing and midwifery and pharmacy, when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs. For example, it may be necessary to disclose this information when another health practitioner applies for a permit or is considering prescribing a drug of dependence. The notification may not be processed if all information requested on the form is not completed.

Further information about privacy or about Victorian drugs and poisons legislation may be obtained by calling Drugs and Poisons Regulation (DPR) on 1300 364 545 or visiting the DPR website at: www.health.vic.gov.au/dpcs.

