

ENVIRONMENTAL HEALTH UNIT

THE HEALTH (DRUGS AND POISONS) REGULATION 1996

What Dentists Need to Know

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Queensland Government
Queensland Health

Environmental Health Unit

OFFICE

Floor 10
Queensland Health Building
147-163 Charlotte Street

POSTAL

GPO Box 48
Brisbane Q 4001

PHONE

(07) 3234 0938

FAX

(07) 3234 1480

Drugs and Poisons Services
Environmental Health Unit

What Dentists Need to Know

Health
(Drugs and Poisons)
Regulation 1996

Foreword

The *Health (Drugs and Poisons) Regulation 1996* is made under the provisions of the *Health Act 1937*. The publication - *What Dentists Need to Know* is a Queensland Health initiative intended to assist dentists by defining current policy and providing legislative interpretations for the management of drugs and poisons.

This document will help members of the Queensland dental profession understand and comply with the requirements of the *Health (Drugs and Poisons) Regulation 1996* as it relates to the management and supply of scheduled drugs and poisons and the practice of dentistry.

Queensland Health looks forward to further promoting and maintaining a strong working relationship with the Queensland dental profession to realise our mission of promoting, maintaining and improving the health and well-being of all people in Queensland.

Dr John Scott
State Manager
Public Health Services

February 2001

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Health (Drugs and Poisons) Regulation 1996

What Dentists Need to Know

Introduction

The practice of dentistry frequently requires the use of drugs and poisons subject to regulatory controls under State or Territory legislation. In Queensland, the *Health (Drugs and Poisons) Regulation 1996* (the Regulation) is the legislation which provides controls on drugs and poisons.

This booklet is part of Queensland Health's range of information documents for health professionals. It will assist in providing an understanding of the legislative requirements and their impact on the practice of dentistry. Where appropriate, the number(s) of the corresponding section(s) of the regulation have been provided for easy reference.

Where the obligations of a dentist in relation to the regulation remain unclear, it is recommended that you contact one of the offices listed at the back of this booklet.

Glossary of terms

- Administer:* means to give a person a *single* treatment dose of a drug or poison.
- Controlled Drug:* means a substance listed in schedule 8 of the *Standard for the Uniform Scheduling of Drugs and Poisons*.
- Cyanide:* means cyanide of potassium or sodium, and any inorganic salt of hydrocyanic acid that is a poison, but does not include ferricyanide salts or ferrocyanide salts.
- Dispense:* means sell (or supply) on prescription.
- Inspector:* means an inspector appointed under section 27 of the *Health Act 1937*.
- Obtain:* means acquire, buy, receive or otherwise obtain a drug or a poison.
- Poison:* means a S2, S3, S5, S6, S7 or S9 substance, and includes a substance in Appendix C of the *Standard for the Uniform Scheduling of Drugs and Poisons*.
- Possess:* includes to have custody or control of a drug, poison or other substance and to have an ability or right to obtain custody or control of a drug, poison or other substance.
- Prescribe:* means make a written direction (other than a purchase order) authorising a dispenser to dispense a stated controlled or restricted drug or a stated poison.
- Prescription:* means a prescriber's direction (other than a purchase order) to dispense a stated controlled drug or restricted drug or a stated poison, and includes a duplicate of a prescription attached to a repeat authorisation, under the National Health Act, issued by a dispenser.
- Purchase order:* means an order for the supply of a controlled drug or restricted drug or a poison, placed by an authorised person under chapter 2, 3 or 4 of the regulation.
- Restricted drug:* (a) a schedule 4 substance *other than solasodine*; and
(b) alkaloids and alkaloidal glycosides of plants of the genus *solanum* for human therapeutic use.
- Supply:* for a controlled drug, restricted drug or a poison, does not include administering, dispensing or prescribing the drug or poison, but does include offer to supply.

Overview

Dentists registered in Queensland have several responsibilities under the provisions of the Regulation. This booklet explains those responsibilities and obligations, with particular emphasis on Schedule 4 drugs and Schedule 8 drugs.

This booklet is not an extract from the regulation. The regulation should be used if legal interpretations are required.

Many provisions of the *Standard for the Uniform Scheduling of Drugs and Poisons* (SUSDP) have been adopted under the Regulation to become law in Queensland. The substances listed in Schedule 4 of the SUSDP are taken to be restricted drugs and those listed in Schedule 8 are taken to be controlled drugs.

Parts of the SUSDP that have been adopted are referred to in individual sections of the regulation.

It should be noted that Schedule 8 substances are now referred to as 'controlled drugs.'

Structure of the regulation

The regulation consists of five chapters, each made up of divisions, sections and subsections. Chapters 2, 3 and 4 contain many provisions that are replicated in each chapter in terms of controlled drugs, restricted drugs and poisons respectively.

The regulation also contains eleven appendices, cross-referenced to specific provisions in the regulation. The following appendices are of particular importance to dentists.

- *Appendix 4* - Computer Generated Prescriptions
- *Appendix 6* - Minimum Requirements for Drug Receptacles
- *Appendix 8* - Restricted Drugs of Dependency
- *Appendix 9* - Dictionary of terms

General authorities in relation to drugs and poisons

A person must not have a controlled drug or a restricted drug *in their possession* unless they are authorised to possess that drug.

Similarly, a person must not administer, dispense, prescribe or sell a controlled drug, restricted drug or a schedule 2, schedule 3 or schedule 7 poison without authority under the regulation.

Failing to comply with these requirements of the regulation is unlawful and significant penalties can be imposed for non-compliance.

Specific authority for dentists

Controlled (Schedule 8) drugs [section 56]

Dentists are authorised, *so far as is necessary to practise dentistry*, to-

- (a) obtain the following controlled drugs, possess them at the place where they practise dentistry, and administer them to a person *while treating that person*:
 - (i) codeine
 - (ii) morphine
 - (iii) oxycodone
 - (iv) papaveretum
 - (v) pentazocine
 - (vi) pethidine
- (b) prescribe *no more than three days' supply* of codeine or pentazocine for a person's dental treatment; and
- (c) give to someone who is authorised to administer a controlled drug (eg. a nurse), *an oral or written instruction to administer* codeine, morphine, oxycodone, papaveretum, pentazocine or pethidine at the place where the dentist practices dentistry.

Dentists are not permitted to supply controlled drugs to their patients. If patients require medication following treatment, the dentist can write a prescription for those drugs specified above, which can then be dispensed by a pharmacist.

A new provision relating to the use of fentanyl by certain dentists was included in the regulation in December 2000. This provision states that a dentist who has successfully completed a certified course of training relating to the use of fentanyl may obtain, possess and administer this substance when treating a person.

The Dental Board of Queensland are responsible for determining which training courses are appropriate and forwarding this advice to Queensland Health so that these courses can be certified by the Chief Executive.

Restricted (Schedule 4) drugs [section 159]

Dentists are authorised, *so far as is necessary to practise dentistry*, to-

- (a) obtain restricted drugs, possess them at the place where they practise dentistry, and administer them to a person while treating that person;
- (b) prescribe a restricted drug for a person's dental treatment; and
- (c) give to someone who is authorised to administer a restricted drug (eg. a nurse), *an instruction to administer* the drug.

A dentist is not permitted to supply restricted drugs to patients. If patients require medication following treatment, the dentist can write a prescription for the necessary restricted drugs, which can then be dispensed by a pharmacist.

Samples of restricted drugs may be supplied to dentists by authorised pharmaceutical representatives.

A dentist is not permitted to prescribe or administer a restricted drug of dependency for or to a person the dentist reasonably believes is a drug dependent person, without the approval of the Chief Executive.

If a dentist reasonably believes that it is necessary to treat a drug dependent person with a restricted drug of dependency, the dentist must give the Chief Executive a report in the approved form about the circumstances of the person's treatment. Approved forms are available from the Drugs of Dependence Unit (contact details on back cover).

NB: The Commonwealth Pharmaceutical Benefits Scheme imposes restrictions on the drugs which dentists can prescribe for dental treatment under that Scheme. It is recommended that dentists be familiar with the restrictions in place under the Pharmaceutical Benefits Scheme. The Commonwealth Health Insurance Commission can be contacted for additional details regarding PBS prescribing.

Schedule 2 and 3 poisons [section 249]

Dentists are authorised, *so far as is necessary to practise dentistry*, to administer, prescribe or supply schedule 2 and schedule 3 poisons.

Specific authority for school dental therapists

Restricted (Schedule 4) drugs [section 177]

School dental therapists performing prescribed duties under the *Dental By-law 1988* are authorised to use the following restricted drugs-

- (a) demeclocycline and triamcinolone in combination for topical endodontic use
- (b) lignocaine
- (c) mercury (metallic) for human therapeutic use
- (d) prilocaine.

Schedule 2 and Schedule 3 poisons [section 264]

School dental therapists performing prescribed duties under the *Dental By-law 1988* are authorised to use *fluorides that are schedule 3 poisons* and the following schedule 2 poisons-

- (a) ether
- (b) fluorides
- (c) lignocaine when in preparations for topical human therapeutic use (other than eye drops) that contain not more than 10 per cent lignocaine
- (d) phenol.

Specific authority for dental hygienists ***[section 248]***

Dental hygienists performing prescribed duties under the *Dental By-law 1988* are authorised to use *fluorides that are schedule 3 poisons* and, the following schedule 2 poisons-

- (a) fluorides in preparations for topical human therapeutic use
- (b) lignocaine when in preparations for topical human therapeutic use (other than eye drops) that contain not more than 10 per cent lignocaine
- (c) silver salts.

NB: *The Chief Executive, Queensland Health, may suspend or cancel a dentist's, school dental therapist's, or dental hygienist's authority in relation to controlled drugs, restricted drugs or schedule 2 or schedule 3 poisons if considered necessary.*

Regulated drugs and poisons

The regulation refers to *regulated* controlled drugs, *regulated* restricted drugs and *regulated* poisons. Additional requirements in relation to the possession, prescribing, dispensing, sale and use of these substances exist due to the nature of these substances.

Regulated controlled drugs [sections 77 - 78]

Dentists are not authorised to obtain, dispense, prescribe, sell or use *regulated controlled drugs*.

Regulated controlled drugs include:

- amphetamine
- dexamphetamine
- dronabinol
- methylamphetamine
- methylphenidate
- phenmetrazine

Regulated restricted drugs [sections 185 - 189]

A dentist *must not obtain, dispense, prescribe, sell or use a regulated restricted drug* unless the dentist is approved by the Chief Executive to obtain, dispense, prescribe, sell or use that drug¹. The full list of *regulated restricted drugs* is provided in Appendix 1.

Regulated poisons [sections 271 – 273; appendix 7]

A dentist *must not obtain, possess, prescribe, use or sell a regulated poison* unless the dentist is approved by the Chief Executive to obtain, possess, prescribe, use or sell that poison. The full list of *regulated poisons* is provided in Appendix 2.

Supply of S2 and S3 poisons to children ***[section 286]***

A dentist must not supply a schedule 2 or schedule 3 poison to a child under the age of 16 years.

¹ . To request approval of the Chief Executive, dentists should write to the Chief Executive, C/- Drugs and Poisons Policy and Regulation Unit at the address listed in Appendix 5.

Drugs and poisons for animals **[sections 124, 125, 214, 215, 288, 289]**

A dentist must not, without the approval of the Chief Executive, *administer, prescribe or use for human therapeutic use*, a controlled drug, restricted drug or a poison, labelled, manufactured, packed or prepared for use for animal treatment.

Similarly, a dentist must not administer *to himself or herself* a controlled drug, restricted drug, or poison, which is labelled, manufactured, packed or prepared for animal treatment.

Self-administration of controlled drugs **[section 123]**

A dentist must not self-administer a controlled drug unless that drug was prescribed for, or supplied to the dentist for a medical / dental purpose by a doctor or another dentist.

Writing prescriptions **[sections 79, 80, 190, 191]**

The following information *must be included on a dentist's prescription* for a controlled drug or a restricted drug:

- (a) the dentist's name, address and professional qualifications
- (b) the date it is written
- (c) the name and address of the person for whom the drug is prescribed
- (d) the description of the drug, or the name of the preparation, and the quantity or volume (in words or figures) of the drug or preparation
- (e) adequate directions for use of the drug
- (f) the dose to be taken or administered
- (g) the words - "for dental treatment only".

The dentist must sign the prescription. Any alterations to a prescription must be initialled and dated by the dentist.

All of these details must be hand-written on the prescription, except for the dentist's name, address and qualifications, which may be pre-printed on the prescription form.

A prescription may be generated by a computer if the generated prescription complies with the Standard for Computer Generated Prescriptions included in Appendix 4 of the regulation.

The Chief Executive may approve other methods of generating prescriptions.

A dentist must not write on a prescription in code without approval from the Chief Executive to do so.

A dentist must not write a repeat prescription for a controlled drug.

A dentist must not write a prescription for more than the official dose of a restricted drug or a controlled drug.

NB: The only person who can alter a prescription written by a dentist, is the dentist who originally wrote the prescription.

Generic dispensing of drugs (brand substitution) [**sections 83, 195, 275**]

If a dentist wants only a particular brand of drug dispensed for a patient, then the particular brand must be indicated on the prescription. If a dentist does not specify the brand, the dispensing pharmacist may, under certain circumstances, substitute another brand of the drug.

Restricting access to prescriptions

Stolen blank prescription paper is readily sold on the street and care should be taken to reduce its potential theft. The following are helpful hints to reduce this risk:

- keep stocks of prescription pads locked away
- keep prescription pads out of reach or view in surgery rooms
- do not leave patients unattended in surgeries with ready access to prescriptions and drugs.

The Drugs of Dependence Unit has in place a mechanism, via drug wholesalers, to alert pharmacies of stolen prescription paper and thus reduce the number of successful forged prescriptions. If you become aware that your prescription paper has been stolen or forgeries are being presented at pharmacies, contact the Drugs of Dependence Unit on (07)3896 3900.

Obtaining drugs on purchase order

Controlled drugs [section 89]

Dentists can only obtain *controlled drugs* on a purchase order, which includes the following information:

- (a) the date the order is written
- (b) the name and address of the dentist
- (c) the description and quantity (or volume) of the controlled drug required

-
- (d) a number which distinguishes it from other purchase orders used by the dentist.

The dentist must sign the purchase order.

Restricted drugs [section 200]

Dentists can obtain *restricted drugs* on a *verbal order* or a *purchase order*. However, if a purchase order is used, it must comply with the above requirements.

Recording of controlled drugs [section 111]

Dentists who obtain, possess, or administer controlled drugs must keep a record book. An example of an appropriate controlled drug record is included in Appendix 4 of this document. The controlled drug record book must be kept in the following manner-

- (a) a separate book or a separate part of the record book must be used for each class of controlled drug
- (b) full details of each transaction involving a controlled drug administered, obtained or used by the dentist must be recorded
- (c) entries must be made as soon as practicable after the controlled drug is administered, obtained or used by the dentist, but no later than the day after it is administered, obtained or used.

The dentist must record the following information for each transaction-

- (a) the date of the transaction
- (b) the name and address of the person-
 - (i) from whom the controlled drug is obtained, or
 - (ii) on whom the controlled drug is administered or used
- (c) the quantity (or volume) of the controlled drug administered, obtained or used in the transaction
- (d) the balance of the controlled drug in the dentist's possession after the transaction
- (e) the dentist's initials.

False, misleading or incomplete entries [section 126]

A dentist must not make an entry in a controlled drug record book which the dentist knows to be false, misleading or incomplete.

Alteration of transaction entries [sections 117, 129, 133]

Entries in the controlled drug record book cannot be cancelled, changed or obliterated. However, the dentist who made the entry may *correct* an entry by using a *signed and dated* marginal note or footnote giving the correct details.

Records of controlled drugs kept by a dentist must be retained for a period of *no less than two years* from the date of the last entry and the records must be kept in good condition, as far as is practicable.

A dentist must produce for inspection all records relating to controlled drugs that have been in that dentist's possession within the previous two years when required to do so by an inspector.

Storage of drugs and poisons

Controlled drugs [section 119]

A dentist must store all controlled drugs in a receptacle that complies with Appendix 6 of the Regulation or in some other secure place to the satisfaction of the Chief Executive.

The receptacle or secure place must always be kept locked, except when controlled drugs are being placed into or taken from the receptacle.

The dentist must retain personal possession of the key or lock combination for the receptacle or secure place.

Restricted drugs [section 211]

A dentist must keep all restricted drugs in his or her possession at the place where the dentist practises dentistry, in a cupboard, drawer, storeroom or other part of that place where the public does not have access.

Poisons [section 284]

A dentist must not store schedule 2 or schedule 3 poisons where they are accessible to the public and in any case, not within reach of children.

A dentist must not use, or allow to be used, a food or drink container to hold a poison.

Giving instructions to a nurse **[section 97]**

A dentist who is personally supervising a registered nurse may orally instruct the nurse to *administer* a controlled drug or restricted drug to a patient. The dentist must put an oral instruction for the controlled drug into writing within 24 hours after giving the instruction to the nurse.

If a registered nurse administers a controlled drug on the oral instruction of a dentist and the dentist does not put the instruction into writing within 24 hours after giving the instruction, the nurse must report the incident to:

- the Director of Nursing, if at a hospital
- the Director of Nursing or person in charge, if at a detention centre, nursing home or prison
- in any other place, the person in charge of the place.

When a dentist does not put an oral instruction for a controlled drug into writing as required, the Director of Nursing, or person in charge of an establishment mentioned above, must report the circumstances to the Chief Executive.

Use and disposal of drugs and poisons **[sections 130, 219, 290]**

A dentist must not discharge, dispose of or use a controlled drug, restricted drug or a poison in a way that-

- (a) endangers the life or safety of a person or domestic animal
- (b) exposes food, drink or a condiment or another drug or poison to the risk of contamination from the controlled drug, restricted drug or poison
- (c) allows access to the controlled drug, restricted drug or poison to someone not authorised to possess it.

Labels and containers **[section 291]**

A dentist must not change, deface, cover or remove a brand, declaration, label, mark or statement that is required to be fixed to, or shown on a container of a schedule 2 or schedule 3 poison.

A dentist must not possess or supply a cracked or damaged package containing a schedule 2 or schedule 3 poison.

If a dentist becomes aware that a package containing a schedule 2 or schedule 3 poison is cracked or damaged, the dentist must immediately empty the contents of the package into a correctly labelled poison container, or dispose of the contents in accordance with any requirements of the local government in that area.

Use of cyanides *[section 271]*

A person must not obtain, possess or use cyanide unless the person is authorised or holds a cyanide permit. Dental technicians and other persons who use preparations containing cyanide may require a cyanide permit to purchase and use these substances. Applications for permits can be obtained from any of the Environmental Health Services (see back cover for contact details).

Powers of inspectors *[sections 303 - 304]*

An inspector of Queensland Health may enter and inspect any place where a controlled drug, restricted drug or poison is, or is reasonably suspected to be kept by a dentist.

Upon entry to the premises, the inspector can inspect or examine or remove for examination, any controlled drug, restricted drug or poison held by a dentist. The inspector may remove any controlled drug, restricted drug or poison for analysis or seize the drug or poison or any article which the inspector believes to be a drug or poison.

An inspector can also inspect, copy and take extracts from any records, books, prescriptions or other documents relating to controlled drugs, restricted drugs or poisons held at the place by a dentist.

Appendix 1

Regulated Restricted Drugs

Regulated restricted drug - includes any of the following restricted drugs:

- acitretin
- etretinate
- isotretinoin
- thalidomide
- tretinoin
- dinoprost
- dinoprostone
- urofollitrophin (human follicle stimulating hormone)
- luteinising hormone
- clomiphene, cyclofenil or another substance specifically prepared to stimulate ovulation
- clozapine

Appendix 2

Regulated Poisons

1. The following Schedule 7 poisons:

. azocyclotin	. cyhexatin
. demeton	. 4,4 diaminodiphenylmethane (methyl dianiline)
. dimetilan	. ethylene dibromide
. mirex	. 4,4'-methylenebis [2-chloroaniline]
. phosphides, metallic	. S,S,S-tributylphosphorotrithioate

2. The following Schedule 7 poisons (other than for use for analytical or research purposes):

. abamectin
.alachlor
. chlordecone
. 1,3-dichloropropene.

3. The following Schedule 7 poisons (other than for use for industrial or manufacturing purposes or for analytical or approved research purposes):

. acrolein	. allyl alcohol
. ethylene oxide	. HCB
. methyl bromide	. nicotine
. ortho-tolidine	. propylene oxide
. tetrachloroethane	. vinyl chloride.

4. The following Schedule 7 poisons (other than for use for industrial or manufacturing purposes or for analytical or approved research purposes):

. acrylonitrile
. 4-aminopyridine
. arsenic
. benzene
. bromine (other than for use for water treatment and treatment of water in swimming pools and spas)
. brucine
. captafol
. carbon tetrachloride
. chlorine (other than for use for water treatment and treatment of water in swimming pools and spas)
. chloropicrin
. N, N-dimethyl-4-(phenylazo)-benzenamine
. dinitrocresol

- . dinitrophenol
- . dinoseb
- . folpet
- . hydrocyanic acid and cyanide
- . maduramicin
- . mercury
- . methacrifos
- . phosphorus
- . strychnine
- . 2, 2', 6, 6'-tetraisopropyl-diphenyl-carbodiimide (stabaxol)
- . trichloroisocyanuric acid.

5. The following Schedule 7 poisons (other than for use for analytical or approved research purposes):

- . arprinocid
- . carbadox
- . chlordimeform
- . chloromethiuron
- . 4-chloro-o-toluidine
- . 1,2-dibromo-3-chloropropane
- . etaconazole
- . halogenated dibenzodioxins (other than as a contaminant in proportions not greater than a proportion fixed by the Chief Executive)
- . halogenated dibenzofurans (other than as a contaminant in proportions not greater than a proportion fixed by the Chief Executive)
- . nitrofen
- . pyrinuron.

6. The following Schedule 7 poisons (other than for use for industrial or manufacturing purposes):

. brodifacoum	. bromadioline
. calciferol	. cholecalciferol
. coumatetralyl	. difenacoum
. epichlorohydrin	. halofuginone
. hydrofluoric acid	. hydrosilicofluoric acid
. methoxyethylmercuric acetate	. methoxyethylmercuric chloride
. phenylmercuric acetate	. sulcofuron.

7. The following Schedule 7 poisons (other than for use by an authorised person under the *Rural Lands Protection Act 1985*):
 - . fluoroacetamide
 - . fluoroacetic acid (other than for use in prepared baits containing 0.03% or less of fluoroacetic acid)
 - . thallium or a preparation or admixture of thallium (other than in prepared baits containing 0.25% or less of thallium).

8. Schedule 9 poisons

9. A poison included in Appendix C of the *Standard for the Uniform Scheduling of Drugs and Poisons*.

Appendix 3

Restricted Drugs of Dependency

acetyldihydrocodeine	adiphenine
alprazolam	amyl nitrite
amylbarbitone	barbiturates
benzhexol	benzodiazepine
bromazepam	chloral hydrate
chlordiazepoxide	clobazam
clonazepam	clorazepate
codeine	dexfenfluramine
dextromethorphan	dextropropoxyphene
dextrorphan	diazepam
diethylpropion	dihydrocodeine
ephedrine	ethylmorphine
fenfluramine	ketamine
lorazepam	mazindol
medazepam	meprobamate
midazolam	nitrazepam
oxazepam	pentobarbitone
phentermine	propylhexedrine
temazepam	triazolam
zolazepam	

Appendix 4

Example of Controlled Drugs Record

Name of Drug: <i>Pethidine</i> (Approved Name)			Form: <i>ampoules</i>			Strength: <i>100 mg</i>
Date of transaction	Person from whom obtained or to whom supplied (or description of transaction)		Quantity			Remarks and Marginal Notes (eg. Practitioner's initials)
	Name	Address	In	Out	Balance	
	Balance brought forward from book/page: 10					
01/08/97	QDL	Townsville	5	-	15	
02/08/97	Mr A Patient	123 Long Street, Brisbane	-	1	14	JB

Appendix 5

Procedure

Destruction of Controlled Drugs

The following procedure should be adopted when forwarding expired/unwanted controlled drugs (ie. NOT applicable to other scheduled drugs and poisons) for destruction.

(Endeavour to keep a blank copy of the letter for the next time one is needed.)

Complete the top section of the letter attached with all relevant details:

- Business name (eg Smith's Pharmacy, Stanley Private Hospital, Black's Nursing Home,) address and telephone number
- Name, strength, form and quantity of each type of drug to be destroyed
- Name and usual signature of the person who prepared the list
- Name and signature of the witness
- Date of forwarding
- Approval Number of pharmacy (not applicable for aged care facilities or hospitals).

Mark each package with the number corresponding to the package number in the list. If there are more than fifteen packages, amend the numbers on the second sheet to go 16, 17 etc (refer to form in Attachment 1).

All items in the parcel must be cushioned and held sufficiently firmly to prevent damage in transit. Do not allow glass bottles to clash together.

Put your (sender's) **company name and address** on the **outside** of the completed parcel. It also keeps the parcel sealed, when we register it for later processing.

For the laboratory to identify the parcel, please describe the contents as "THERAPEUTIC GOODS FOR DESTRUCTION".

Endorse your controlled drugs record book and adjust progressive balances. Entries should be marked "forwarded to analyst for destruction."

For clarification on any other issue, either contact the analyst on 3274 9104, or ring your local Environmental Health Officer (refer to Attachment 2 contact list).

If the packaged pharmaceuticals are sent by courier, the sender should ensure that they receive a delivery confirmation receipt. The acknowledgement should be delivered to the sender for their records. If the package is sent by registered post, a delivery confirmation receipt should be sent to you.

Forward the parcel by **courier** or **registered mail** to the analyst:

Forensic and Scientific Services
Investigative Chemistry
39 Kessels Road
Coopers Plains Qld 4108

N.B. You should contact Australia Post to determine their current guidelines on sending pharmaceuticals in the post.

Population Health Queensland – Contact Details

OFFICE	TELEPHONE NUMBER	FAX NUMBER
Brisbane Northside – Population Health Unit	(07) 3624 1111	(07) 3624 1159
Brisbane Southside – Population Health Unit	(07) 3000 9148	(07) 3000 9121
Bundaberg – Population Health Unit	(07) 4150 2780	(07) 4150 2729
Cairns – Population Health Unit	(07) 4050 3600	(07) 4031 1440
Charleville – Population Health Unit	(07) 4656 8100	(07) 4654 2615
Gold Coast – Population Health Unit	(07) 5509 7222	(07) 5561 1851
Hervey Bay – Population Health Unit	(07) 4120 6000	(07) 4120 6009
Logan - Population Health Unit	(07) 3412 6070	(07) 3299 3045
Longreach – Population Health Unit	(07) 4658 0859	(07) 4658 0869
Mackay – Population Health Unit	(07) 4968 6611	(07) 4968 6610
Mt Isa – Population Health Unit	(07) 4744 4846	(07) 4745 4573
Redcliffe – Population Health Unit	(07) 3142 1800	(07) 3142 1825
Rockhampton – Population Health Unit	(07) 4920 6989	(07) 4921 3230
Sunshine Coast – Population Health Unit	(07) 5409 6600	(07) 5443 5488
Thursday Island – Primary Health Care Centre	(07) 4069 0400	(07) 4069 2862
Toowoomba – Population Health Unit	(07) 4631 9888	(07) 4639 4772
Townsville – Population Health Unit	(07) 4753 9000	(07) 4753 9011
West Moreton – Population Health Unit	(07) 3810 1500	(07) 3810 1155
Drugs of Dependence Unit – PA Hospital	(07) 3896 3900	(07) 3896 3933
Drugs and Poisons Policy and Regulation Unit – Environmental Health Branch	(07) 3234 0938	(07) 3234 1480

Mailing Address:

Drugs and Poisons Policy and Regulation Unit
 Queensland Health
 147 – 163 Charlotte Street
 GPO Box 48
 Brisbane QLD 4001