



Department of Health,
P.O. Box 5013,
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CLINICAL SERVICES LETTER NO. 167

To Medical and Dental Practitioners

(Copy to Proprietors of Retail Pharmacies)

MISUSE OF DRUGS ACT AND REGULATIONS

The Misuse of Drugs Act 1975 and the Misuse of Drugs Regulations 1977 come into operation on 1 June 1977. This legislation, which replaces the Narcotics Act 1965 and the Narcotics Regulations 1966, is extended to include drugs designated "prohibited substances" in the Poisons Regulations 1964 as well as some "prescription poisons" subject to abuse.

The main purpose of the new legislation is to give effect to the provisions of the Convention on Psychotropic Substances 1971, to which New Zealand is a signatory, to give effect to some recommendations of the Board of Health Committee inquiring into drug dependency and drug abuse in New Zealand, and to consolidate and update the law controlling the use and misuse of drugs enacted over a decade ago.

The new legislation, in the main, continues most of the provisions of the old, but there are certain aspects of particular concern to practitioners which are summarised below. The comments are not comprehensive; on points of detail please consult the medical officer of health or refer to the Act and regulations. To avoid repetition, the general term "practitioner" is used to include doctors, dentists, and veterinarians.

Controlled Drugs

The term "controlled drug" replaces the term "narcotic" and is applied to all preparations listed in the three Schedules to the Misuse of Drugs Act. These include drugs listed in the Single Convention on Narcotic Drugs 1961 and the Convention on Psychotropic Substances 1971. Included are the traditional narcotics as well as amphetamines, barbiturates, hallucinogens, and a few tranquillisers. The Schedules contain drugs in descending order of potency and danger. The degree of control also varies downwards from the most restricted drugs which are Class A in the First Schedule, to the least restricted which are Class C drugs in Part VI of the Third Schedule.

The First Schedule comprises the Class A controlled drugs and includes the hallucinogens, cantharidin, heroin, the tetrahydrocannabinols, and thalidomide. As Class A controlled drugs are not likely to concern the

practitioner in practice, they are not referred to specifically in the notes which follow. Requirements for Class B controlled drugs do, however, also apply to those in Class A.

The Second Schedule of Class B controlled drugs includes those next in order of potency and abuse potential. The Schedule is divided into three parts.

Part I contains those drugs with a high potential for abuse including cannabis resin and its extracts and tinctures, cocaine, morphine, and opium.

Part II contains those "prohibited substances" which are supplied by hospital pharmacies, namely the amphetamines, methaqualone, and methylphenidate.

Part III contains many of the traditional "narcotics" at present in the First Schedule to the Narcotics Act 1965. Examples are dextromoramide, dipipanone, fentanyl, methadone, pethidine, and phenoperidine.

The Third Schedule of Class C controlled drugs is divided into six parts.

Part I contains the less potent forms of cannabis (fruit, plant, and seed) and the coca leaf.

Part II contains codeine and its isomers, salts, etc., except in preparations found in Part VI.

Part III covers such substances as acetyldihydrocodeine, ethylmorphine, and pholcodine except in preparations contained in Part VI.

Parts IV and V include the barbiturates, glutethimide, and meprobamate.

Part VI contains preparations with a limited concentration of certain controlled drugs in combination with other pharmacologically active substances.

Prescriptions for Controlled Drugs and Period of Supply (Regulations 21, 29, 31, and 34).

Every prescription for a Class B controlled drug must be in the handwriting of the practitioner and personally signed by him with his usual signature. In the case of a Class B controlled drug for human use the prescription must be written on a form to be provided by the Director-General. Arrangements are being made for the issue of these prescription forms through district health offices.

The following information must be given in all prescriptions for controlled drugs apart from those which are exempted or partially exempted:

- (1) The date on which it was written.
- (2) The address of the practitioner signing it.
- (3) Surname, initials, address of the patient, and the age in years and months if a child under 12 years of age.
- (4) The name of the controlled drug to be supplied, with the total amount to be dispensed on each of the one or more occasions set down, and the dose and frequency of dose. When an unusual dose is prescribed it should be underlined and initialled in the margin.

A prescription by a dentist can be only for the dental treatment of a patient under his care, the prescription must be endorsed "for dental treatment only", and the period of supply must not exceed 7 days.

In the case of a medical practitioner, the period of supply for Class B controlled drugs must not exceed 1 month. In an emergency, a medical practitioner need not give a prescription on the prescribed form but may telephone the prescription to a pharmacist who personally knows him. He must, within 2 business days, deliver to the pharmacist a prescription covering the supply and setting out all the information referred to above.

Custody of Controlled Drugs (Regulation 28)

The requirements closely follow those in the present narcotics legislation but there is emphasis on the same stringent care when the drug is in the course of "carriage". For the practitioner making house calls or going to an emergency this means, in practice, locking the controlled drug in the boot of the car. New cabinets for controlled drugs have to be approved at the time of installation by the local medical officer of health after consultation with the police.

Exemptions and Disciplinary Action (Sections 8, 23, and 33)

Section 8 exempts practitioners from certain requirements of the Act and authorises them to prescribe, produce, manufacture, supply, or administer controlled drugs. Under section 23 however, the Minister of Health has the power, by a notice in the *Gazette*, to prohibit the prescribing of controlled drugs by any practitioner. Before doing so he must refer the case to the Medical Council, Dental Council, or Veterinary Surgeons Board, as appropriate, for a full inquiry. The Minister acts on their recommendations.

In accordance with section 33, Courts are required to send to the relevant registration body, particulars of a conviction of any registered practitioner for an offence against the Misuse of Drugs Act or Regulations.

Powers for Dealing with Dependent Persons (Sections 20, 24, and 25; Regulation 35)

The present powers of a medical officer of health to publish statements to medical practitioners, hospital boards, the police, etc., about persons believed to be dependent on narcotics, will extend to all controlled drugs including prescription poisons, e.g., barbiturates and prohibited substances such as amphetamines.

A medical officer of health will have the power to restrict the supplies of any controlled drug to an individual believed to be dependent on it. To do so he can prohibit every dental and medical practitioner from issuing prescriptions to that person and define how the patient will receive his supplies. An added provision in the new legislation permits the person, if aggrieved by the action of the medical officer of health, to appeal to the Minister of Health.

The Misuse of Drugs Act continues the arrangements outlined in the Narcotics Regulations for the treatment of dependent persons. It is an offence for a medical practitioner to prescribe, administer, or supply any controlled drug for the treatment of a dependent person for his dependency unless he is authorised so to do.

Regulation 35 requires every practitioner to answer in writing to the medical officer of health any question addressed to him about his prescribing, administering, or supplying controlled drugs and details of the patient for whom they were prescribed. In addition pharmacists are required to provide to the medical officer of health copies of any prescriptions dispensed for Class B controlled drugs outside the pharmaceutical benefits scheme.

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