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INFORMATION CIRCULAR FOR PHARMACISTS IN TASMANIA

1. Changes to the Tasmanian Poisons List

Consistent with the recommendations of the National Drugs and Poisons Scheduling Committee (NDPSC), a number of amendments have been made to the Tasmanian Poisons List that take effect from the 1st January 2005. The consolidated Schedules are available on the website www.thelaw.tas.gov.au. Below are detailed the more notable changes:

1. Schedule 2- Amendments

1.1 Antifungal preparations

A number of Schedule 2 antifungal products specifically “**for dermal use for the treatment of tinea pedis**” will be made unscheduled. **The compounds affected are BIFONAZOLE, CLOTRIMAZOLE, ECONAZOLE, KETOCONAZOLE, MICONAZOLE, OXICONAZOLE AND TIOCONAZOLE.**

***Background:** The committee agreed that in order to harmonise with New Zealand, the scheduling of these antifungal compounds be amended. Note that unscheduled status relates to preparations labelled for the treatment of tinea pedis only. The external preparations of these substances for other dermal and topical indications remain in Schedule 2, 3 and 4 as specified in the existing schedule entries.*

1.2. Nicotine

Sublingual nicotine tablets have been deleted from the S2 entry and are therefore now unscheduled. The Schedule 2 entry for nicotine has been amended to read:

NICOTINE for use as an aid in withdrawal from tobacco smoking in preparations for inhalation.

***Background:** The committee was satisfied that there is no available evidence of misuse or poisoning with the sublingual tablets. Note that nicotine as an aid in withdrawal from tobacco smoking in preparations presented as chewing gum, lozenges, transdermal patches and for sublingual use are now unscheduled.*

2. Schedule 3 amendments

2.1. Pseudoephedrine

The S3 pseudoephedrine entry is to be amended to read:

PSEUDOEPHEDRINE in preparations (other than preparations for stimulant, appetite suppression or weight-control purposes), in a primary pack with a recommended daily dose of 240 mg or less of pseudoephedrine:

- (a) in undivided preparations containing 60 mg or less of pseudoephedrine per recommended dose;
- (b) when in combination with other therapeutically active substances;
- (c) in slow-release preparations; or
- (b) in other divided preparations, where pseudoephedrine is the only therapeutically active substance, containing 60 mg or less of pseudoephedrine per recommended dose in a pack containing 30 or less dosage units.

Background: *This amendment was notified earlier in our circular of the 9th November 2005. In response to mounting public health concerns about methamphetamine abuse, the committee made a number of recommendations which will further restrict access to pseudoephedrine. The NDPSC recommended implementation of the scheduling amendments in two stages:*

- *The first stage, as detailed above, is to be implemented on 1 January 2006, and will place all current Schedule 2 pseudoephedrine (slow-release, combination and undivided preparations) products into Schedule 3.*
- *The second stage will move all liquid preparations containing more than 800mg of pseudoephedrine and all other preparations containing more than 720mg of pseudoephedrine to Schedule 4. This change will be gazetted to come into effect on 1 April 2006.*

The decision to implement the scheduling amendment over two dates was so as to strike a balance between providing all stakeholders with additional time to meet the requirements of the scheduling changes whilst also ensuring that the real public health concerns regarding the illicit diversion of pseudoephedrine are addressed as soon as is possible.

Pharmacy managers have been advised to consider the move of pseudoephedrine products to the dispensary/ pharmacy store ahead of the busy Christmas period if staffing resources will not allow changes nearer the effective date.

Evidence of harms from methamphetamine

Data indicates that methamphetamine has emerged as the most widely used illicit drug in Australia after cannabis. Consistent with the national experience there is increasing evidence of harms from the use of methamphetamine in Tasmania. In a recent local report, the Illicit Drug Reporting System (IDRS) has highlighted concerns at the extent of methamphetamine use:

- The methamphetamine market is becoming established
- Multiple sources indicate increased usage
- More young people (14-17) are using this drug
- A wider socio-economic group is using methamphetamine
- More females are using
- Tasmania Police data has indicated that local production has increased
- It is likely that increased mental health harms amongst drugs users (identified by the number of persons seeking professional help for treatment of anxiety and panic) is related to methamphetamine use.

It is estimated that around 50% of admissions for psychosis to a public hospital psychiatric intensive care unit are cannabis and/or amphetamine related.

2. Other important information for pharmacists

2.1 CONDITIONS ON THE SUPPLY OF OPIOIDS TO PATIENTS

Pharmacists will be aware that under Section 22 of the *Alcohol and Drug Dependency Act 1968*, restrictions apply to the ongoing prescribing of narcotic medications for a period of longer than two months. Under the Act, the Secretary of this Department may authorise doctors for the extended prescribing of these substances.

Before an authorisation is issued, the applications are referred to a medically based expert panel of advisors. A delegate of the Secretary of the Department of Health and Human Services convenes the panel to provide information, advice and/or recommendations in relation to whether or not a particular authorisation should be issued or under what conditions it should be issued.

This advice may also recommend the inclusion of particular supply conditions, which the Secretary has the power to place on the authority. These conditions may also include dose supervision requirements.

The reasons that these conditions may be imposed are that the:

- the medication is one of a class of substances which is known to be subject to misuse or abuse by some recipients, causing serious harm including overdose or death in some cases;
- the drug is subject to illegal trafficking, leading to increased levels of criminality, drug abuse and dependency and spread of infectious diseases;
- there is a reasonable suspicion that there may be a risk of misuse or diversion of this medication; and
- one of these concerns is relevant to the particular patient.

These conditions are not imposed lightly but as a matter of public and patient safety and are mandatory, not voluntary. They apply for the duration of the authorisation. If prescribers ignore the implementation of these conditions they are in breach of the authorisation.

The role pharmacists play in the application of these conditions makes an important contribution in the support of the patient as well as public health and safety. In the event that it appears that a doctor has overlooked the continuation of conditions on a prescription, please check with the prescriber that they have been removed. Alternatively you may check with this Branch on 6233 3906.

PHARMACY MANAGERS- PLEASE CIRCULATE TO ALL PHARMACISTS IN YOUR EMPLOYMENT.

Jim Galloway
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