What should Medical Practitioners know about Dangerous Drugs?

DEPARTMENT OF HEALTH
17 July 2018



Story of DDO

- ☐ History of DDO
- ☐ Procurement of DD
- ☐ Storage of DD
- ☐ Supplying DD
- ☐ Record keeping
- ☐ Prescribing DD
- Appendices



Dangerous Drugs Ordinance

power to do that. The other amendments proposed to be made by the Bill are more or less formal or not of very great importance. I do not think I need refer to them at this stage. I beg to move the first reading.

THE COLONIAL SECRETARY seconded, and the Bill was read a first time.

Dangerous Drugs Ordinance

THE ATTORNEY-GENERAL moved the first reading of a Bill intituled, An Ordinance to regulate the importation, exportation, manufacture, sale and use of dangerous drugs. He said: This Bill is intended to give effect to the International Opium Convention which was signed at The Hague on the 23rd January, 1912. That Convention dealt both with opium and other drugs. Forty-two states took part in

be—to have our regulations in the same form as the English regulations. The Bill is largely based on the English Acts, but there are certain provisions which have been adapted from local Ordinances. The general intention of the Ordinance and regulations is that no one shall manufacture, import, export, supply, or possess any of the drugs to which the Ordinance applies without some authority under the Ordinance. Transit cargo—cargo which passes through the Colony on one ship without any transhipment—will not be subject to the Ordinance, provided that it is fully reported and that the ship which brings it in comes straight into the harbour and when it leaves goes straight out of the harbour, away from the Colony altogether. Clause 8 provides that no person is to send by post, except by license, any drug to which the Ordinance



Dangerous Drugs

- ☐ Part I of First Schedule to DDO
- Mainly narcotic drugs or psychotropic substances under international control
- ☐ Mostly Part 1 poisons under the PPO
- Some with medicinal uses (pharmaceutical products)



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Authorization (s.22)

- A registered medical practitioner (RMP) is authorized, so far as may be necessary for the practice of his profession, to possess and supply a dangerous drug
- Each RMP is solely responsible for the DD possessed and supplied by him
 - when a RMP stops working in a clinic, he or she should either take the DD in his/her possession with him/her or dispose appropriately



Authorization

☐ Cannabis/Hemp/Marijuana/Hashish?







Trafficking in dangerous drug

- ☐ Conviction on indictment:
 - Maximum fine of \$5,000,000 and life imprisonment
- ☐ On summary conviction:
 - Maximum fine of \$500,000 and 3 years imprisonment



Past Case

■ Dentist charged for trafficking in DD for procuring phentermine



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Storage of DD (s.23(4))

Except when the necessities of the practice of the profession require, all dangerous drugs must be kept in a locked receptacle which can be opened only by a person authorized under section 22 (maximum fine: \$5,000)



Storage of DD

□ DD at dispensary? Double locks?







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DD as Medicine (s28 of PPO)

- ☐ The medicine must be labelled with the name and address of the supplier, i.e. the RMP
- Record on the day of supply (or following day if not practicable)
 - Date of supply
 - Name and address of the patient
 - Ingredients of the medicine and the quantity, dosage and duration of supply
- Contravention: level 6 (\$100,000) fine and 2-year imprisonment upon conviction

Supply of DD

- Lend DD to another doctor/ clinic?
- ☐ Order DD for other doctors in the same clinic?



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DD Register (r.5 & 6)

- A medical practitioner shall keep, in accordance with regulations 5 & 6, a DD register for the DD in his possession
- Enter in the register in chronological sequence in the form specified in the Schedule 1 true particulars with respect to every quantity of a dangerous drug obtained and supplied by him



DD Register (2)

- A separate register or separate part of the register for entries made with respect to each of the dangerous drugs [Examples?]
- Every entry shall be made on the day the dangerous drugs is received or supplied. If not reasonably practicable, on the following day



DD Register (3)

- No cancellation, obliteration or alteration of any entry shall be made. Every correction of an entry shall be made only by way of a marginal note or footnote which shall specify the date on which the correction is made
- Every entry and correction shall be made in ink or otherwise so as to be indelible



DD Register (4)

- A separate register shall be kept in respect of each set of premises, but save as aforesaid not more than one register shall be kept at one time in respect of each class of dangerous drug
- Every register shall be kept at the premises to which it relates and at all times available for inspection
- Contravention: subject to a maximum fine of \$450,000 and 3 years imprisonment

Keeping of Records (r.7)

- All registers and records shall be preserved for a period of two years from the date on which the last entry therein is made
- □ Contravention: subject to a maximum fine of \$10,000 and 12 months imprisonment



SCHEDULE 1

[reg. 5]

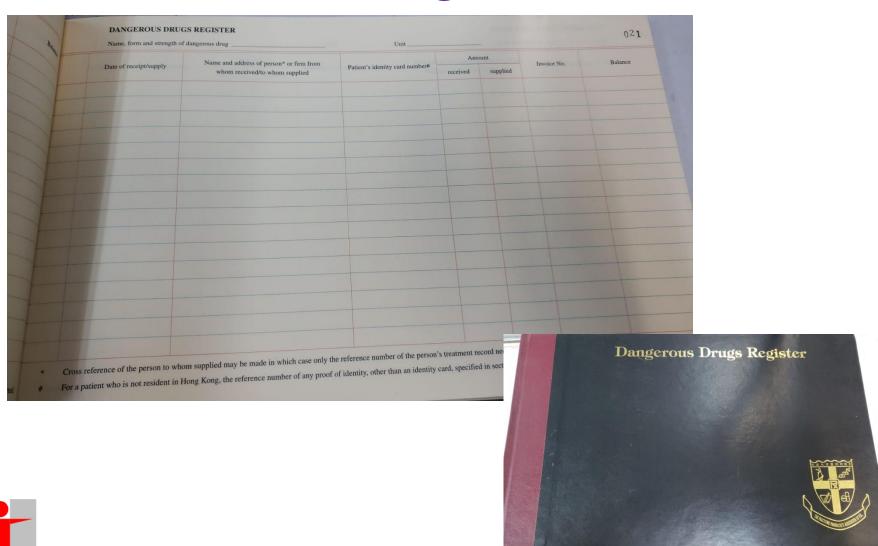
FORM OF REGISTER

Date of receipt/ supply	Name and address of person* or firm from whom received/to whom supplied	Patient's identity card number+	Amount			
			received	supplied	Invoice No.	Balance

^{*} Cross reference of the person to whom supplied may be made in which case only the reference number of the person's treatment record needs to be given.



⁺ For a patient who is not resident in Hong Kong, the reference number of any proof of identity, other than an identity card, specified in section 17B(1) of the Immigration Ordinance (Cap. 115) shall be inserted.





FIRST SCHEDULE

DRUG NAME -: DOBMICHY DZ

FORM OF REGISTER

							
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- Computer records?
- One doctor, one clinic?
- One doctor, many clinics?
- Many doctors, one clinic?
- ☐ HMO?



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Prescription for DD (r.3)

- In writing (indelible), signed and dated by the prescriber
- Address of the prescriber
- Name, ID card number (or reference number of proof of ID for foreigner) and address of patient
- Total amount of DD to be supplied



Supply of DD by ASP

- May carry on the business of retailing, dispensing and compounding any dangerous drug in the registered premises of the ASP
- Shall not supply a DD on a prescription unless he is either acquainted with the signature of the person giving the prescription and unless the prescription complies with the provisions of the DDO relating to prescriptions
- Labelling requirements for poisons set out in section 27 and regulations 15-18 apply

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Disposal of DD

DD should be disposed in accordance with the Waste Disposal (Chemical Waste) General Regulations and guideline issued by EPD



Consequential amendments to PPO under the Private Healthcare Facilities Bill (PHF Bill)



Consequential amendments to PPO under the PHF Bill

■ Definition of "<u>institution</u>" will be amended to include -

"any <u>private healthcare facility</u> within the meaning of the Private Healthcare Facilities Ordinance (of 2017) for which a <u>licence</u> under that Ordinance is in force"

→ All PHFs (e.g. day procedure centres and clinics) licensed under the PHF Ordinance will become an "institution" under the PPO



Supply of Medicine to Outpatients under PPO(r.22 of PPR)

By Registered Medical Practitioner

 In accordance with the requirements under s28 of the PPO, if licensed DPC/ clinic does not employ a registered pharmacist to supervise the pharmacy

OR

By Pharmacy under the supervision of a pharmacist

- On and in accordance with the prescription of an RMP;
- Record for Schedule 1 poisons;
- Label (designation of the institution, instruction of use in Eng or Chi, "For external use only 祇供外用")



Supply of Medicine to In-patients under PPO (r.23 of PPR)

By Pharmacy under in charge of a registered pharmacist

- Cannot supply medicines for use in ward unless upon a written order signed RMP, registered dentist or ward-in-charge
- Label to describe the contents
- In the case of emergency
- All medicines must be kept at the pharmacy, except ward stock (r.24 of PPR)



Thank You

