

**Guidelines on Proper Prescription and
Dispensing of Dangerous Drugs**

A. Application of Guidelines

1. This set of guidelines applies to the use of psychoactive substances with known potential for abuse as set out in Schedule 1 to the Dangerous Drugs Ordinance (“Dangerous Drugs”), for example, opioids like methadone (Physeptone), dipipanone (Wellconal), fentanyl (Durogesic, Fentanyl); benzodiazepines like diazepam (Diazemuls, Valium), triazolam (Halcion), flunitrazepam (Rohypnol), midazolam (Dormicum); and other psychoactive agents like phentermine (Duromine), ketamine (Ketalar) or methylphenidate (Ritalin or Concerta).
2. These guidelines reflect currently accepted professional standards on the use of Dangerous Drugs in the local context, and are intended to provide general guidance to medical practitioners for the promotion of good clinical practice.
3. The Practice Directions at the Annex below should be followed. Breach of these directions may be construed as improper use of Dangerous Drugs.

B. General Principles

1. The medical practitioner should be familiar with updated knowledge and guidelines on the use of Dangerous Drugs.
2. The medical practitioner should abstain from prescribing at the sole request of the patient Dangerous Drugs that are not medically justified by his condition.
3. Dangerous Drugs should be prescribed with due caution in order to avoid misuse and/or iatrogenic dependence.
4. Dangerous Drugs should only be prescribed after proper clinical assessment and diagnosis.
5. Dangerous Drugs should be prescribed within the range of therapeutic dosage and for such duration as necessary for the clinical condition being treated.
6. Simultaneous use of multiple Dangerous Drugs should be properly assessed and justified. Justification should be clearly documented.
7. The prescription, dispensing and/or administration of Dangerous Drugs should be carefully organized so as to avoid stock piling, resale or other inappropriate use by the patient.
8. An adequate and proper medical record should always be kept concerning the treatment of the patient with Dangerous Drugs.

9. Special clinical problems deserve expert advice. Appropriate referral to specialists or programmes should always be considered.
10. All medical practitioners should comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

C. Handling of Dangerous Drugs Dependence

Doctors who use Dangerous Drugs for the management of patients who have become dependent on such drugs (“Dependents on Dangerous Drugs”) should ensure the following:-

1. They should have relevant training or experience in the management of drug dependence.
2. They should keep themselves updated with relevant guidelines/information published by appropriate professional bodies.
3. Appropriate referral should be made to substance abuse clinics, drug addiction counselling centres, and other available services or facilities in the community with resources and support for a comprehensive care (including physical, psychological, and social aspects) for Dependents on Dangerous Drugs. More information can be found in the website of Narcotics Division of the Security Bureau.
4. Dependents on Dangerous Drugs should be ensured attentive and conscientious care by the attending medical practitioner. Medical practitioners must know their limitations.
5. In every case, the attending doctor should assess the patient thoroughly, formulate a suitable management plan, keep an adequate medical record concerning the treatment of the patient with Dangerous Drugs and monitor the outcome.

D. High-Volume Consumption

Significant social harm can be caused by misuse of Dangerous Drugs supplied by medical practitioners or the inadvertent flow of such drugs into the “black market”. These are especially prone to occur, when Dangerous Drugs are used in large quantities on out-patient basis in non-programme settings. To fulfill our social obligation and to avoid disrepute to our profession, the following measures are considered essential for all medical practitioners regularly prescribing large quantities of Dangerous Drugs:-

1. The use of Dangerous Drugs should be reviewed regularly to ensure that their use meets the standards as stipulated in sections B and C. In every case, the use or continued use of Dangerous Drugs should be adequately accounted for. Dangerous Drugs should be withdrawn appropriately wherever their use is considered ineffective, inappropriate, or unnecessary.
2. Careful measures should be taken to guard against misuse of Dangerous Drugs so supplied. Examples of such measures may include:-
 - (a) the dosage should be within therapeutic range. Strong justification should be properly documented if it exceeds the therapeutic range.
 - (b) regular follow-up assessment, preferably monthly. Exceptions with appropriate justification could be allowed.

- (c) minimize the quantity of Dangerous Drugs dispensed per visit, bearing in mind that the practitioner has the responsibility to decide the proper medication with appropriate duration and justification.
 - (d) detailed record of justification and prescription.
 - (e) direct supervision of drug-taking where possible.
 - (f) random urine checking.
 - (g) notification to Central Registry of Drug Abuse with patient's consent.
 - (h) other measures as appropriate, e.g. referral to appropriate specialists (e.g. to pain clinic for patients in chronic pain), regular checking of unfinished drugs.
3. If a medical practitioner is not satisfied with the measures he has taken in relation to sections D.1 and D.2, he should seek advice and assistance from the "Advisory Committee on the Use of Psychoactive Agents" of the Hong Kong Medical Association. Continued use of large quantities of Dangerous Drugs cannot be accepted as proper medical practice, unless reasonable measures have been taken against possible misuse.

Annex – Practice Directions for the Use of Dangerous Drugs

The following Practice Directions for selected Dangerous Drugs should be followed.

1. Practice Directions for use of benzodiazepines

- (a) Initial assessment of the patient should include:-
 - (i) proper history and examination
 - (ii) appropriate investigation
 - (iii) proper diagnosis and/or diagnostic formulation
 - (iv) education and counselling
- (b) Patients on benzodiazepines should be informed of the following:-
 - (i) Drugs are only part of the management plan;
 - (ii) Drug dependence is likely to occur with improper use;
 - (iii) Various adverse effects, which include impairment of the performance of skilled tasks and driving;
 - (iv) Interactions with drugs and alcohol are potentially dangerous.
- (c) The lowest effective dose with therapeutic range which can control the symptoms should be used.
- (d) In general, initial prescription and/or dispensing of benzodiazepines should be kept to the minimum appropriate dosage and duration.
- (e) For repeated and/or prolonged prescription, there should be a properly documented management plan.
- (f) If the duration of initial treatment is likely to be prolonged, the patient should be properly reassessed periodically. Alternative methods of therapy, if any, may be offered. In case of clinical problems which cannot be adequately dealt with, expert advice should be sought, or patients be referred to appropriate specialists or programmes.
- (g) Benzodiazepines should be prescribed with caution especially to patients under 18 and the elderly in which cases the prescribing doctor should fully justify the use. Such justification should be properly documented.
- (h) Caution should be exercised in the use of benzodiazepines in the treatment of major depression.
- (i) Caution should be exercised in prescribing benzodiazepines for patients where there is a history or evidence of alcohol abuse or substance misuse (particularly sedative-hypnotic drugs).
- (j) Caution should be exercised in the use of benzodiazepines for bereavement-related problems. A tapering-off regime should be used to minimize benzodiazepine withdrawal symptoms.
- (k) Simultaneous use of multiple benzodiazepines should be prescribed with caution and its justification should be documented.

- (l) The patient should be regularly monitored. An adequate and proper medical record should be kept concerning the treatment provided to the patient and the outcome.
- (m) In addition, the medical practitioner shall comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.

2. Practice Directions on the use of substitute drugs for opioid dependence

- (a) Initial assessment of the patient should include:-
 - (i) proper history and examination
 - (ii) appropriate investigation
 - (iii) proper diagnosis and/or diagnostic formulation
 - (iv) education and counselling
 - (v) promotion of detoxification programmes
- (b) The medical practitioner should inform patients of other treatment modalities available in the community before putting them on long-term maintenance therapy.
- (c) Treatment of opioid dependence should be prescribed only after accurate diagnosis. There should be a properly documented management plan given to the patient and accordingly recorded. In the management plan for the use of substitute drugs for opioid dependence, holistic care is important and success of therapy is highly dependent on the trust between the physician and the patient.
- (d) The attending doctor should ensure that he is fully competent to provide proper care of patients under his care. Specific training in the management of drug dependence is strongly encouraged for all doctors involved in such work.
- (e) The patient should be informed that drugs are only part of the management plan, and should be put in touch with available support for proper social and psychological management.
- (f) The patient should be warned of risks of concurrent heroin/drug use. He should be informed of the need for random urine checking.
- (g) The prescription, dispensing and/or administration of substitute drugs should be organized in such a way as to avoid stock piling by the patient, resale or other illicit usage. The minimum amount of such substitute drugs as necessary should be supplied.
- (h) The patient should be regularly monitored. An adequate and proper medical record should be kept concerning the treatment provided to the patient and the outcome.
- (i) Simultaneous use of other Dangerous Drugs should be justified and used with caution. Adequate and proper documentation for the justification is required.
- (j) In addition, the medical practitioner shall comply with all the provisions in the Dangerous Drugs Ordinance and Regulations.