Government of **Western Australia**
Department of **Health**
Public Health

Reporting a Drug Dependent Person

The Medicines and Poisons Act 2014 requires that an authorised health professional must make a report to the Department of Health, within 48 hours, when they have reason to believe that a person has acquired, as a result of repeated administration of drugs of addiction or Schedule 9 poisons, an overpowering desire for the continued administration of a drug of addiction or a Schedule 9 poison. The Department of Health does not disclose the source of reports. Drugs of addiction are all Schedule 8 medicines and Schedule 4 medicines monitored via ScriptCheckWA.

1. Patient details

First Name: Surname: DOB:

Address: Suburb: Postcode:

Aliases: Gender: ☐ Male ☐ Female ☐ Unspecified

Is this person of Aboriginal or Torres Strait Islander origin:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander

2. Details of drug dependency

I believe the above mentioned patient is drug dependent. My belief is based on the following grounds:

☐ drug seeking; requesting drugs of addiction in excess of therapeutic need
☐ admits current misuse of illicit drugs or drugs of addiction
☐ describes strong cravings for illicit drugs or drugs of addiction
☐ exhibits withdrawal symptoms or presents with signs of intoxication
☐ presents with physical signs of intravenous drug use
☐ multiple unsanctioned dose escalations of prescribed drugs of addiction
☐ provides a urine drug screen positive for illicit drugs or drugs of addiction that are not prescribed
☐ Other, please specify:

Drugs of addiction or Schedule 9 poisons used:

Length of time drug has been used:

Source (tick box) ☐ licit ☐ illicit ☐ unknown

How taken (tick boxes) ☐ smoking ☐ oral ☐ injection ☐ other, please specfiy:

Is the drug dependence due to medical treatment: ☐ Yes ☐ No

3. Health professional details

Health professional type: ☐ Medical practitioner ☐ Nurse practitioner

First Name: Surname:

Prescriber No: Practice Name:

Address: Suburb: Post code:

Telephone: Fax: Practice Email:

4. Declaration

I hereby report the abovementioned patient as drug dependent under the requirements of the Medicines and Poisons Act 2014. The information provided in this report is true and correct to the best of my knowledge.

☐ Patient provided with: *Patient Information: Reporting drug dependent persons*

Signature: Date:

Please complete both pages

5. Patient acknowledgement (optional)

I am aware that my health practitioner must provide my name and related information included in this form to the Department of Health as I have been assessed as meeting the criteria for inclusion on the Drugs of Addiction Record (the Record). I am aware that the information relating to me on the Record will only be provided to my treating health practitioner(s) to assist with my medical treatment with drugs of addiction. I am aware that before a drug of addiction is prescribed for me my prescribing health practitioner must seek prior approval from the Department to do so. This will not affect my access to emergency treatment with these medicines.

Signature: _____ Date: _____

Name: _____

6. Processing

MODDS noted:	Date:		Officer:	
Correspondence and documentation to delegate	Date:		Officer:	
Send letter to patient ☐ Yes ☐ No	Date:		**Delegate**:	
Letter sent to patient	Date:		Officer:	
Response received: ☐ Yes ☐ No	Date:			
Correspondence and documentation to delegate	Date:		Officer:	
Include on record: ☐ Yes ☐ No	Date:		**Delegate:**	

MODDS updated: Date: _____ Officer: _____ Number: _____