

FEATURE

» PHARMACY LEGAL

Supplying and recording pseudoephedrine

BY DR LAETITIA HATTINGH MPS

Pseudoephedrine is an oral sympathomimetic decongestant that causes vasoconstriction of dilated nasal vessels and reduces swelling of nasal congestion.¹ However, it is also a precursor of methamphetamine, more commonly known as 'speed' or 'ice', a stimulant that can be swallowed, snorted, injected or smoked.²

The diversion of significant quantities of pseudoephedrine purchased through community pharmacies was the main stimulus for the up-scheduling of pseudoephedrine. Although there were recommendations from some regulatory authorities to either ban or reschedule all pseudoephedrine products to Schedule 4,³ this suggestion was opposed on the basis that the availability of pseudoephedrine through Prescription Only would disadvantage thousands of people with a real therapeutic need for pseudoephedrine. Instead, pseudoephedrine was up-scheduled from Schedule 2 to Schedules 3 and Schedule 4, depending on the strength of the product, the total amount of pseudoephedrine in the pack and whether it is in a combination with other compounds.⁴ Since 2005 pharmacies are therefore the only legal point of sale for pseudoephedrine products.

Legislative requirements

Additional requirements apply to the supply of pseudoephedrine products in terms of establishing the therapeutic need for the product, the identity of the purchaser and the recording of the supply. These requirements are specified in the jurisdictional drugs and poisons legislation.⁵ In addition to these requirements the Pharmacy Board of Australia *Guidelines on practice-specific issues* states the following with regard to pseudoephedrine:⁶

Requests for pseudoephedrine are to be treated circumspectly because of manipulative behaviour on the part of drug seekers. A genuine therapeutic need is to be established by careful questioning, including when requested on prescription.

Only one package is to be supplied at a time unless there are exceptional circumstances, documentation of which should be kept. The sale of multiple packs of pseudoephedrine-containing products (other than in exceptional circumstances but including on prescription) and failure to comply with the local regulations applying to Schedule 3 (Pharmacist Only) medicines and these guidelines may be considered as unprofessional conduct.

Pharmacists should ensure that stock levels are kept to no more than one week's supply and any reserve stock is to be kept out of public view.

Suspicious requests for pseudoephedrine products should be communicated to that section of the police that deals with drug crimes.

The Board endorses the use of Project STOP as a means of assisting the pharmacist in determining whether pseudoephedrine should be supplied when a person requests it. All purchases, including those on prescription, should be entered on Project STOP.

Project STOP is a real-time online recording system for the sale of pseudoephedrine-based products developed by the Pharmacy Guild of



Australia.⁷ The database tracks purchases by individuals based on their proof of identification and assists pharmacists in deciding whether or not to proceed with suspect sales. The real-time recording of pseudoephedrine product sales is mandatory in Queensland, Western Australia and South Australia.⁸ Project STOP supports pharmacists in complying with these statutory record keeping obligations.

Pharmacy disciplinary cases

The outcomes of pharmacy disciplinary cases involving excessive supply of pseudoephedrine products indicate the significance of the responsibility on pharmacists to supply these products responsibly and to follow the regulatory requirements and professional guidelines. Judge O'Brien in the matter of *Adrian Lim v Pharmacists Board of Queensland*, (Health Practitioners Tribunal, 11 Dec 2001) stated:

'... in the Tribunal's view that the order made is one which is calculated to maintain public confidence in the profession and in the system of disciplinary administration. There is also the need to remind other practitioners of the consequences of such transgressions.'

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And in the matter of *Bevan Honke v Pharmacists Board of Queensland*, (Health Practitioners Tribunal, 14 Dec 2001):

'... I have concluded that a pharmacist, entrusted with the responsibility of selling and dispensing drugs which are capable of such abuse, must exercise a greater level of care than that which was demonstrated by the registrant in this case. So much is expected by the public and by other members of the profession.'

Judge Richards addressed the seriousness of the breach of public trust in sanctioning or 'punishing' the pharmacist in *Ho Sum Lau v Pharmacists Board of Queensland*, (Health Practitioners Tribunal, 27 Oct 2003):

'... it is trite to say that a professional who uses his profession to supply drugs to people of whom he is aware are manufacturing illegal substances commits a very serious breach of

the law and a serious breach of his professional standards. So a significant punishment must be imposed in the circumstances.'

The Pharmacy Board of New South Wales also considered various pseudoephedrine cases since 2004 including: *Paek* [2008] NSWPB 3 (12 Mar 2008); *Huynh* [2008] NSWPB 2 (9 Jan 2008); *Moleta* [2007] NSWPB 2 (12 Sept 2007); *War* [2008] NSWPB 5 (11 June 2008); *Rodger* [2007] NSWPB 3 (12 Sept 2007); *Waskin* [2005] NSWPB 3 (14 Dec 2005); *Barone* [2004] NSWPB 1 (14 July 2004); and *Ton* [2004] NSWPB 2 (8 Dec 2004).

Discussion

Community pharmacy staff have been entrusted with the supply of pseudoephedrine products whether over-the-counter (Schedule 3) or with a prescription (Schedule 4). Additional legislative and professional

requirements apply to assist pharmacists in deciding whether a request for pseudoephedrine is appropriate or suspect. It is crucial for the profession to comply with these legislative requirements and endorsed practice standards and guidelines to maintain public trust in the profession and ensure the safe and responsible supply of pseudoephedrine products.

References

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