

**DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY (DHSSPS)**  
**Prescribing License Application Form**  
**MISUSE OF DRUGS ACT 1971**  
**MISUSE OF DRUGS REGULATIONS (NORTHERN IRELAND) 1973**

**APPLICATION for a licence to prescribe, administer, supply, or authorise the administration or supply of COCAINE, DIAMORPHINE, OR DIPANONE MISUSE OF DRUGS (NOTIFICATION OF AND SUPPLY TO ADDICTS) REGULATIONS (NORTHERN IRELAND) 1973**

**Before completing please read notes attached**

**A**

APPLICANT (BLOCK CAPITALS)
Surname----- Forename(s)-----
Relevant Qualifications, including those in relation to addiction.
Details of current medical post(s)
GMC Number
If <b>NOT</b> a consultant psychiatrist specialising in addiction, please give the name of the appropriate consultant psychiatrist who supports and will supervise the applicant (see para 5 of notes)
Indicate to which controlled substance(s) this application applies

**B**

<b>PREMISES FOR WHICH LICENCE IS REQUIRED</b>				
Name, address and telephone number of premises	In Patients or Out Patients	Do you currently hold such a licence? (State yes or no for each address)	If licence held, has it been used in past year (State yes or no for each address)	State how many addicts you would expect to treat by prescribing the controlled drug each week at each address

**C**

Please provide details of storage facilities and record keeping procedures

**D**

State any factors which you consider should be taken into account in respect of this application

**E**

I hereby declare that to the best of my knowledge and belief all the particulars given in this application are correctly stated

Signed----- Date-----

Special attention is directed to section 18(4)(a) of the Misuse of Drugs Act 1971, which makes it an offence for any person to make a statement or give any information which he knows to be false for the purposes of obtaining the issue of a licence or other authority under the Act.

**F**

**DECLARATION OF SUPPORT BY CONSULTANT PSYCHIATRIST SPECIALISING IN ADDICTION**

(a) I confirm that I have discussed this application with the applicant and  
 (b) I support the grant of an appropriate licence

Name:: Status  
 Address:  
 Signature Date:

After completion, the application should be forwarded to:

Karen Savage  
 Health Protection Branch  
 Room C4.22  
 Castle Buildings  
 Stormont Estate  
 Belfast  
 BT4 3SQ

Tel: 02890 522118

**FOR DEPARTMENTAL USE ONLY**

**RECOMMENDATION BY DEPARTMENT**

The grant of a licence to prescribe Cocaine /Diamorphine/Dipipanone (please delete as necessary) to addicts is **RECOMMENDED/NOT RECOMMENDED**

Date----- Date-----

Dr Ian McMaster Dr Michael Mawhinney -----  
 Medical Officer Head of Inspection and Investigation

**MISUSE OF DRUGS (NOTIFICATION OF AND SUPPLY TO ADDICTS) REGULATIONS (NORTHERN IRELAND) 1973**

Notes for completing the application form for a licence to prescribe, administer, supply or authorise the administration or supply of cocaine/diamorphine/ dipipanone to addicts.

1. The Misuse of Drugs (Notification of and Supply to Addicts) (Northern Ireland) Regulations 1973, as amended by the Misuse of Drugs (Notification of and Supply to Addicts) (Amendment) Regulations (Northern Ireland) 1984 (“the Regulations”), prohibit medical practitioners from administering, supplying, authorising the administration or supply of, or prescribing dipipanone/cocaine/diamorphine to a person addicted to any drug specified in the schedule to the 1973 Regulations (see note 4 below) except under a licence issued by the Department of Health, Social Services and Public Safety (“the Department”). For the purposes of the Regulations, a person is regarded as addicted if, as a result of repeated administration of a drug specified in the schedule, he has become so dependent upon it that he has an overpowering desire for its administration to be continued. A licence is not required if the administration of dipipanone/cocaine/diamorphine to an addict is for the purpose of treating organic disease or injury.

2. Licences will be granted to individual doctors in respect of the address detailed in the application. In considering applications, the Department is advised by the office of the Chief Medical Officer, and the Chief Pharmacist, and account will be taken of the facilities of the premises in respect of which a licence is to be issued, together with the personal qualifications of the doctor who is to be licensed. However, it is stressed that applications should only be made if there is a definite need to prescribe dipipanone/cocaine/diamorphine to addicts and the application is supported by a consultant psychiatrist specialising in addiction.

3. Cocaine diamorphine and dipipanone, includes salts and any preparation or other product containing their salts.

4. The controlled drugs specified in the schedule to the Misuse of Drugs (Notification of and Supply to Addicts) (Northern Ireland) Regulations 1973 are:

cocaine	hydrocodone	morphine
dextromoramide	hydromorphone	opium
diamorphine	levorphanol	oxycodone
dipipanone	methadone	pethidine
phenazocine	piritamide	

together with any stereoisomeric forms, esters or ethers and salts of these substances, and preparations or other products in which they are contained.

#### Applications

5. Applications will be considered from consultants specialising in addiction. They will also be considered from other medical staff whose application has been supported by, and who are under the supervision of, consultant psychiatrists specialising in addiction.

#### General

6. Any subsequent enquiries relating to the issue of a licence, the terms and conditions under which a licence has been issued, or generally relating to the Regulations, should be made to Karen Savage in writing at the above address, by telephone on 02890 522118, or by email to

[karen.savage@dhsspsni.gov.uk](mailto:karen.savage@dhsspsni.gov.uk)

[michael.mawhinney@dhsspsni.gov.uk](mailto:michael.mawhinney@dhsspsni.gov.uk)

[ian.mcmaster@dhsspsni.gov.uk](mailto:ian.mcmaster@dhsspsni.gov.uk)