

NOTIFICATION OF ADDICTION TO DRUGS

EXECUTIVE DIRECTOR, PUBLIC HEALTH:

This is to notify you pursuant to the Drugs of Addiction Notification Regulations, 1980 that I, within forty-eight hours of the date of this notice, have become aware or suspect that the person whose name and other particulars are set out below is addicted to drugs and is under a condition of health that is a prescribed condition of health for the purposes of the interpretation "prescribed condition of health" in section 289B of the Health Act 1911 (as amended), and that the drug of addiction specified below is the drug of addiction to which this person is addicted.

Full name

Full address

..... Postcode

Occupation

Date of Birth State/Country of Birth

Drug (or drugs) of addiction

.....

How taken

(specify whether by smoking, oral, injection etc.)

Estimated period for which any drug of addiction has been taken

Is addiction due to medical treatment?

Name of medical practitioner giving this notice:

.....

Address

.....

Telephone No

Date Signature

Tick this box if you require more forms

Post To: **PHARMACEUTICAL SERVICES
DEPARTMENT OF HEALTH
PO BOX 8172
PERTH BUSINESS CENTRE WA 6849**

**Telephone: 9388 4985
Facsimile: 9388 4988**