
Appendix 7: Taking controlled substances to other countries

Some patients receiving palliative care travel to other countries and they will need to take their medicines with them. Practitioners can help ensure a trouble-free journey by advising them, if relevant, about controlled substances (Box A7.A).¹⁻⁴ Travelers need to consider two sets of law, the law of the country they are in and the law of the country or countries to which they are traveling.

Box A7.A USA controlled substance Schedules (FDA 1970)^{5, a}

Schedule I

Drugs with high abuse potential, no accepted medicinal use in the USA and lack of accepted safety, even under medical supervision. Use illegal or restricted to research. Includes hallucinogens (e.g. lysergic acid di-ethylamide/LSD, 3,4-methylene-dioxymethamphetamine/ecstasy, marijuana) and some opioids (e.g. diamorphine/heroin).

Schedule II

Drugs with high abuse potential but recognized medical uses. Abuse may lead to severe psychological or physical dependence. Includes natural opium and coca products and their derivatives (e.g. morphine, cocaine), most synthetic strong opioids (e.g. fentanyl, methadone) and *injectable* methamphetamine.

Schedule III

Drugs with less abuse potential than those in Schedules I and II, and with recognized medical uses. Abuse may lead to severe psychological dependence or mild-moderate physical dependence. Includes most amphetamines and related drugs (e.g. methylphenidate, phenmetrazine), barbiturates and anabolic steroids. Also includes liquid preparations containing defined concentrations of some opioids.

Schedule IV

Drugs with less abuse potential than those in Schedule III, and with recognized medical uses. Abuse may lead to limited psychological or physical dependence. Includes drugs with sedative effects, e.g. chloral hydrate, phenobarbital and meprobamate.

Schedule V

Preparations with low abuse potential and recognized medical uses. Abuse may lead to limited psychological or physical dependence. Includes liquid preparations containing low concentrations of some opioids.

a. see referenced source for complete list of drugs in each Schedule.

The following is general advice, based on regulations current in the USA in the second half of 2005, but should not be regarded as formal legal advice. Detailed advice can be obtained from the regulatory authorities in the relevant countries.

Guidance for entry to and departure from the USA³

A person may enter or depart from the USA with a controlled substance listed in US Schedules II, III, IV or V if:

- it has been lawfully obtained for personal medical use
- the importation of the controlled substance for personal medical use is permitted under both Federal and State law
- the controlled substance is in the original container in which it was dispensed
- the person makes a declaration to an appropriate official of the USA customs service stating:
 - the name of the controlled substance
 - the Schedule of the drug if it appears on the label
 - that the drug is for personal use.

If the name of the drug does not appear on the label, it is necessary to supply the name and address of the pharmacy or physician who dispensed the drug and the prescription number, if any.

An official letter from the patient's physician is generally helpful. This should state:

- patient's name and address
- names and quantities of drugs to be taken abroad
- strength and form in which the drugs will be dispensed
- dates of travel to and from the USA.

Because some drugs in some countries have identical or closely similar proprietary names to FDA-approved proprietary names, generic drug names should be used in all documents relating to travel abroad.

Traveling to or through other countries

It is important to fulfill the controlled substance import/export requirements for *all* the countries in which the patient will have to pass through customs. The International Narcotics Control Board has produced a list of suggested maximum quantities for personal import/export of internationally controlled substances (Table A7.1) and a model import/export certificate (Box A7.B). It is also advisable to carry a duplicate copy of the prescription, preferably stamped by the pharmacy from which the drugs were obtained. *However, patients should check exact legal details and the quantities they are allowed to import/export with the relevant Embassies or High Commissions before traveling.*

Table A7.1 Suggested maximum quantities of controlled substances for international travelers (International Narcotics Control Board)^{2, a}

Drug	Quantity
Buprenorphine	300mg
Codeine	12g
Diazepam	300mg
Dihydrocodeine	12g
Dronabinol	1g
Fentanyl transdermal patches	100mg
Fentanyl (other formulations)	20mg
Hydrocodone	450mg
Hydromorphone	300mg
Lorazepam	75mg
Methadone	2g
Morphine	3g
Oxycodone	1g

a. this is not a complete list; see referenced source for further details.

Box A7.B Model certificate for personal import/export of internationally controlled substances (International Narcotics Control Board)²

Country and place of issue

Country of issue
Place of issue
Date of issue
Period of validity^a

Prescribing physician

Last name, first name
Address
Telephone (including country code)
Professional license number

Patient

Last name, first name
Sex
Place of birth
Date of birth
Home address
Passport or identity card number
Intended country of destination

Prescribed medical preparation

Trade name of drug (or composition)
Formulation (ampules, tablets, etc.)
Number of tablets, etc.
rINN of the active substance
Concentration of the active substance
Total quantity of the active substance
Instructions for use
Duration of prescription in days
Remarks

Issuing authority

Official name of the authority
Address
Telephone (country code, local code, number)
Official seal of the authority
Signature of the responsible officer

a. the recommended duration is 3 months.

1 Myers K (1999) Flying home: Helping patients to arrange international air travel. *European Journal of Palliative Care*. **6**: 158–161.

- 2 International Narcotics Control Board (2004) *Guidelines for travelers*. Available at www.incb.org/incb/guidelines_travellers.html (last accessed June 2005).
- 3 Pain and Policies Study Group (2004) *Guidelines for patients traveling with prescribed controlled drugs*. Available at www.medsch.wisc.edu/painpolicy/internat/travel.htm (last accessed June 2005).
- 4 British National Formulary (2005) Controlled drugs and drug dependence. In: *British National Formulary* (No. 50). British Medical Association and Royal Pharmaceutical Society of Great Britain, London, pp.7–9.
- 5 FDA (1970) *Controlled substances act. Part B - Authority to control; standards and schedules*. Available at www.fda.gov/opacom/laws/cntrlsub/cntrlsub.htm (last accessed June 2005).