MINISTERIAL STATEMENT

TO THE HOUSE OF ASSEMBLY

BY THE HONOURABLE KIM N. WILSON, JP, MP

MINISTER OF HEALTH

UPDATES AND MODERNIZATION OF DRUG SCHEDULES

24 November 2017

Mr Speaker and Honourable Members,

I am pleased to highlight for this Honourable House and the public that today the Government will be laying amendments to the pharmacy and misuse of drugs legislation to bring about important and overdue updates to Bermuda's pharmaceutical drugs. Updating of the drug Schedules is a joint effort by the Ministry of Health and the Ministry of Social Development and Sports.

My Honourable Members may be aware that the Misuse of Drugs Act 1972 and the Misuse of Drugs Regulations 1973 aim to reduce the harm, abuse of, or addiction to controlled drugs that are recognised by the International Narcotic Control Board. Further, the Pharmacy and Poisons Act 1979 regulates pharmacists and pharmacies, and controls the importation and sale of medicinal drugs in Bermuda.

Mr Speaker, these statutes are interrelated and as Schedules to the Misuse of Drugs Act 1972 and the Misuse of Drugs Regulations 1973 are updated, Schedules to the Pharmacy and Poisons Act 1979 will also need to be amended.

Schedule 3 to the Pharmacy and Poisons Act 1979 lists drugs that can only be sold by prescription. Schedule 3 is complimented by Schedule 4, which lists drugs that can only be sold at a pharmacy, or by a registered pharmacist in a pharmacy. These classifications

are necessary health and safety precautions as they ensure restricted access to drugs that can cause harm if not properly dispensed and consumed.

Mr Speaker, these updates regularize a number of drugs that are already sold in Bermuda by prescription but are not listed in the Schedules. Additionally, these drugs meet the criteria established by the Ministry of Health and the Pharmacy Council. As in other areas of drug control and regulation, the Ministry primarily relies on the expertise and resources of larger jurisdictions to direct our local drug classifications. Accordingly, the standard criterion typically used for adding drugs to any of the Schedules is that local classification aligns with the classification of the drug by two out of three of the approved jurisdictions' regulatory authorities. These regulatory authorities are:

i. Canada - Health Canada;

ii. USA - Federal Drug Administration

iii. UK - Medicines and Healthcare products Regulatory Agency

Mr Speaker, for a number of reasons, these Schedules had not been updated recently to reflect changes over the years. I am pleased to report that the Ministry of Health and the Pharmacy Council have implemented administrative practices that will assist in capturing drugs more readily and identifying needed updates going forward.

Over 260 drugs were recommended for addition to the Schedules during this update as well as the removal of obsolete drugs and the need for several spelling corrections to ensure the most current spelling is listed in the legislation. These updates include the addition of several controlled drugs that were previously unregulated and challenged the Ministry's public health oversight.

Mr Speaker, I would also like to highlight additional updates based on the classification of drugs in other jurisdictions. The drug commonly known as the “morning-after-pill”, will be made available over-the-counter. Currently, the substance is available only through a prescription, which limits women’s access to emergency birth control. This re-classification aligns with other jurisdictions like the US, Canada and the UK.

Further, **Mr Speaker** the updates will now permit the importation of Cannabidiol (CBD)-containing products for medicinal purposes to allow more options for treatment. Currently persons with a physician referral have been able to import CBD products by obtaining an authorization from Office of the Chief Medical Officer and the Minister responsible for drug control. These requests have come, in particular, from persons suffering with terminal illnesses.

After some years handling the requests and doing further research and consultation, it was determined that CBD-containing products with less than 1% tetrahydrocannabinol (THC) could be safely re-classified as an over-the-counter medicine rather than a controlled substance. This will eliminate the unnecessary burden of processing applications and remove access barriers, based on the low level of risk attributed to the substance. This approach is consistent with that of other jurisdictions. For example, the UK has recently classified CBD oil as a medicine.

Accordingly, CBD with less than 1% THC content will also be available over-the-counter, by a registered pharmacist in a pharmacy.

Mr Speaker, it is important to note that updating the drugs listed in these Schedules is a continual requirement to ensure we can regulate the importation, exportation, distribution and possession

of such drugs to protect public health and safety. I, personally would like to recognize and thank Bermuda's Pharmacists, the Department of Customs, and Medical Practitioners for their professionalism and patience whilst we endeavour to consistently bring our current legislation up to date.

The Pharmacy and Poisons Order 2017, the Misuse Of Drugs Order 2017, and the Misuse of Drugs Amendment Regulations 2017 were published today and are therefore in effect.

Thank you **Mr Speaker**.