

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Robert Stewart Cameron, this is notice that the Discipline Committee ordered that there shall be a ban on publication of the names and any information that could disclose the identity of patients referred to orally or in the exhibits filed at the hearing, under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45... is guilty of an offence and on conviction is liable,

- (a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or
- (b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

**Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Cameron,
2018 ONCPSD 25**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

IN THE MATTER OF a Hearing directed by
the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of
Ontario pursuant to Section 26(1) of the **Health Professions Procedural Code**
being Schedule 2 of the *Regulated Health Professions Act, 1991*,
S.O. 1991, c. 18, as amended.

B E T W E E N:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. ROBERT STEWART CAMERON

PANEL MEMBERS:
DR. P. CHART (CHAIR)
MAJOR A.H. KHALIFA
DR. S-M. YOUNG
MR. P. GIROUX
DR. A. TURNER

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

MS J. AMEY

COUNSEL FOR DR. CAMERON:

SELF-REPRESENTED

INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MS J. McALEER

Hearing Date: March 26, 2018
Decision Date: March 26, 2018
Release of Written Reasons: May 28, 2018

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on March 26, 2018. At the conclusion of the hearing, the Committee released a written order stating its finding that the member committed an act of professional misconduct, and setting out the Committee’s penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Robert Stewart Cameron committed an act of professional misconduct:

1. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), in that he has failed to maintain the standard of practice of the profession.

The Notice of Hearing also alleged that Dr. Cameron is incompetent as defined by subsection 52(1) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*.

RESPONSE TO THE ALLEGATIONS

Dr. Cameron admitted to the first allegation in the Notice of Hearing, that he has committed an act of professional misconduct, in that he has failed to maintain the standard of practice of the profession. Counsel for the College withdrew the allegation of incompetence.

THE FACTS

The following facts were set out in the Agreed Statement of Facts and Admission, which was filed as an exhibit at the hearing and presented to the Committee:

PART I - FACTS**A. Dr. Robert Stewart Cameron**

1. Dr. Cameron is a 65-year-old general physician who received his certificate of registration authorizing independent practice in 1978.
2. At the relevant time, Dr. Cameron practised at a walk-in clinic in Windsor, Ontario.

B. Information from the Narcotics Monitoring System

3. In July 2016, the College received information from the Ministry of Health and Long-Term Care's Narcotics Monitoring System regarding Dr. Cameron's prescribing of controlled drugs, including narcotics, from January 1, 2015 to December 31, 2015 (the "NMS data").
4. The NMS data indicated that Dr. Cameron had been identified as a physician who, in 2015, prescribed eight or more patients at least 650 oral morphine equivalents per day and issued at least one prescription exceeding 20,000 oral morphine equivalents.

C. Investigation of Dr. Cameron's Practice**(i) Report of Dr. Sloan**

5. The College retained Dr. Jeffrey Sloan, a family physician in Napanee, Ontario, to opine on Dr. Cameron's prescribing of controlled drugs including narcotics. Dr. Sloan reviewed 24 charts, the NMS data, and interviewed Dr. Cameron. A copy of Dr. Sloan's opinion dated March 20, 2017 is attached at Tab 1 [to the Agreed Statement of Facts and Admission].
6. At the request of the College, Dr. Sloan provided an addendum report to the College, containing individual patient reports of the charts he reviewed. His addendum report, dated May 1, 2017, is attached at Tab 2 [to the Agreed Statement of Facts and Admission].

7. Dr. Sloan opined that Dr. Cameron's care of his patients fell below the standard of practice of the profession in 18 of 24 charts and that Dr. Cameron's care in 16 of 24 charts placed his patients at a risk of harm. In particular, Dr. Sloan noted that:

- Dr. Cameron had a tendency to prescribe narcotics at doses well in excess of those recommended in the relevant clinical guidelines, for chronic pain, over many years, with few physical exams or other evaluations of the patient's pain or function;
- He demonstrated questionable and at times very poor judgment in continuing to prescribe large doses of narcotics to patients who had repeatedly demonstrated aberrant behaviour, often at appointments over a period of years, and was too accepting of patients' often questionable explanations for lost, stolen or damaged narcotics;
- He failed to regularly conduct opioid risk assessments, implement narcotics contracts and/or conduct urine drug screening to address repeated aberrant behaviour;
- In respect of at least six patients, he failed to refer patients to specialists, including pain and/or addiction specialists, where indicated;
- In respect of at least seven patients, he failed to react to information from third parties about potential opioid abuse or to follow the advice of consultants who suggested decreasing or discontinuing opioid medications;
- He continued to prescribe high doses of narcotics to patients who may have sustained accidents or injuries due to these prescriptions;
- He prescribed benzodiazepines to patients to whom he was also prescribing high doses of narcotics;
- In respect of at least four patients, he regularly prescribed narcotics to patients also prescribed methadone for addiction without appropriate consultation with the methadone prescriber.

PART II - ADMISSION

8. Dr. Cameron admits the facts at paragraphs 1-7 above, and admits that, based on these facts he engaged in professional misconduct under paragraph 1(1)2 of O Reg. 856/93, in that he failed to maintain the standard of practice of the profession in his care of patients.

FINDING

The Committee accepted as correct all of the facts set out in the Agreed Statement of Facts and Admissions. Having regard to these facts, the Committee accepted Dr. Cameron's admission and found that he committed an act of professional misconduct, in that he has failed to maintain the standard of practice of the profession.

PENALTY AND REASONS FOR PENALTY

Counsel informed the Committee that Dr. Cameron had entered into an undertaking with the College to resign and to never apply or re-apply for membership, effective May 1, 2018 (attached as Appendix "A"). In light of this undertaking, counsel for the College and counsel for Dr. Cameron made a joint submission as to an appropriate penalty, which consisted of a reprimand and the imposition of terms, conditions and limitations on Dr. Cameron's certificate of registration from the date of the hearing until the effective date of his resignation.

The only matter in dispute between the College and Dr. Cameron was the issue of costs. The College sought costs in the amount of \$10,180.00, payable within 30 days. Dr. Cameron's position was that he should not have to pay any costs.

The Committee was mindful that it should not depart from a joint submission as to penalty, unless it would bring the administration of justice into disrepute, or is otherwise contrary to the public interest (*R v. Anthony-Cook*, 2016 SCC 43).

The principles relevant to determining an appropriate penalty in disciplinary proceedings are well-established. Protection of the public was the paramount consideration in this case. Other principles considered included: maintaining the reputation and integrity of the profession and public confidence in the College's ability to regulate the profession in the public interest; general deterrence as it applies to the membership as a whole; and, specific deterrence as it applies to the member. Given Dr. Cameron's resignation from practice, rehabilitation of the member was not a consideration in this case.

In considering the appropriateness of the proposed penalty in this case, the Committee also considered the following aggravating and mitigating factors.

Aggravating Factors

Dr. Cameron has been the subject of two prior findings of professional misconduct by the Discipline Committee in relation to disgraceful, dishonourable or unprofessional conduct. In 2011, Dr. Cameron failed to attend to a child who was having a life-threatening anaphylactic reaction. Dr. Cameron was aware that the child was in the clinic, and yet did not leave his office at any time to attend to the child or to assist the paramedic while a medical emergency was occurring in the immediate vicinity. Fortunately for the child, the paramedic was immediately available and arrived and provided life-saving measures within minutes of the receptionist placing the ambulance call. In 2013, the Discipline Committee found that Dr. Cameron engaged in disgraceful, dishonourable or unprofessional conduct by unwanted, inappropriate and sexual remarks to two registered practical nurses and unwanted touching of one of them. The facts also indicated that he made a threatening remark regarding a physician. Although criminal charges against Dr. Cameron were withdrawn, he was ordered to enter into a recognizance to keep the peace and be of good behaviour for a period of twelve months.

While Dr. Cameron's professional misconduct in this case relates to failing to maintain the standard of practice of the profession, the Committee did not accept Dr. Cameron's submission that the prior findings of professional misconduct had no bearing on this matter. This is Dr. Cameron's third appearance before the Discipline Committee and for variable aspects of professional misconduct. The Committee finds that Dr. Cameron's discipline history is an aggravating factor.

Mitigating Factors

Dr. Cameron cooperated with the College investigation, and admitted the allegation of professional misconduct, which avoided the time and expense of a contested hearing.

The Committee also notes that Dr. Cameron's undertaking to resign and to never re-apply to practise medicine is beyond what the Committee has the jurisdiction to order (i.e., in a case in which the Committee orders revocation, an application for reinstatement may be made).

Case Law

The College referred to the following cases in support of its submission that the proposed penalty is within the range of penalties imposed in similar cases: *Re Sweet*, 2017 ONCPSD 40; *Re Lucas*, 2016 ONCPSD 36; *Re Prevost*, 2015 ONCPSD 14; *Re Laing*, 2013 ONCPSD 34.

Each of these cases proceeded on the basis of an agreed statement of facts and joint submission on penalty and costs. In three of the four cases, an allegation of incompetence was withdrawn and a finding of failure to maintain the standard of practice of the profession was made. In all cases, the physicians had entered into an undertaking to resign and never to apply or re-apply for membership in Ontario or in any other jurisdiction. The effective date of resignation was either before or on the date of the hearing, except in one case where an undertaking previously entered into by the physician was renewed until the effective date of resignation. In each case, costs of the hearing were awarded to the College, based on the tariff rate, to be paid 30-60 days from the date of the order.

ANALYSIS

The Committee was satisfied that Dr. Cameron's undertaking to resign his membership with the College and never to re-apply to practise medicine in Ontario or any other jurisdiction will ensure that the public is protected. The Committee accepted that given his resignation, Dr. Cameron will never be in a position to cause or potentially cause harm to members of the public by his prescribing of controlled substances. Dr. Cameron's misguided and dangerous advocacy for patients and their families in his substandard care of opioid prescribing had profound effects on the individuals and his community.

In the context of the opioid crisis, the Committee, through an open hearing process, has provided the public with assurance that the profession takes responsibility for this significant health epidemic with upmost seriousness.

The penalty also serves as general deterrence to the profession and reminds physicians that inappropriate prescribing practices that put the public at risk will be denounced seriously.

Dr. Cameron's Undertaking

On March 8, 2018, Dr. Cameron had signed an undertaking which provides, in part, that the terms of an Order made by the ICRC on June 27, 2017 remain in force until his resignation on May 1, 2018. The ICRC Order prohibited him from prescribing narcotics and controlled drugs. This measure protects the public from any potential harm until he is no longer practising medicine.

Public Reprimand

The reprimand denouncing Dr. Cameron's misconduct sends an unequivocal message to the profession that that the College will not tolerate a failure:

- i) to recognize opioid abuse and the role that physicians have in responsibly managing the opioid crisis;
- ii) to maintain the standard of practice in this area;
- iii) to put into place safeguards to protect individuals from harm; and
- iv) to use good judgment in advocating for patients and critically assessing patients' explanation for lost, stolen or damaged narcotics.

Costs

Costs are awarded at the discretion of the Committee in an appropriate case. Costs are not part of the penalty. Costs are intended to partially indemnify the College for the costs incurred in conducting the hearing.

The Committee accepted the College's submission that Dr. Cameron be ordered to pay costs to the College for a one day hearing in the amount of \$10,180.00.

Dr. Cameron submitted that the hearing day was not necessary as he has entered into an undertaking with the College to resign effective May 1, 2018, approximately thirty-four days after the hearing date, and to never apply or re-apply for membership.

However, in the Committee's view, a public hearing was essential in the context of the opioid crisis to uphold public confidence in the integrity of the profession and in the College's ability to regulate the profession in the public interest. The public must be assured that the College treats this significant health epidemic with the upmost seriousness. As discussed above, this was also an appropriate case for a public reprimand, which is delivered in public. The Committee is prepared to allow Dr. Cameron sixty days to pay the costs order.

ORDER

The Committee stated its finding of professional misconduct in paragraph 1 of its written order of March 26, 2018. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. the Registrar impose the terms of the Inquiries, Complaints and Reports Committee's Order dated June 27, 2017 made pursuant to section 25.4(1) of the Health Professions Procedural Code (the "Code"), which is Schedule 2 to the *Regulated Health Professions Act, 1991* (attached hereto as Appendix "B") as terms, conditions and limitations on Dr. Cameron's certificate of registration.

3. Dr. Cameron attend before the panel to be reprimanded.
4. Dr. Cameron pay costs to the College in the amount of \$10,180.00 within 60 days of the date this Order becomes final.

At the conclusion of the hearing, Dr. Cameron waived his right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.

TEXT of PUBLIC REPRIMAND
Delivered March 26, 2018
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
DR. ROBERT STEWART CAMERON

Dr. Cameron

This panel is aware of opioid abuse and the role that physicians have in aggravating and responsibly managing the situation.

Your failure to maintain the standard of practise in this area was significant and reflects both errors in omission and commission.

Your failure to recognize the red flags of abuse and mixing medications inappropriately are but two examples.

Responsible management of chronic pain especially under the conditions you describe is critically important.

The committee has heard you describe the challenges you faced in your practise in a high needs area in Windsor. These challenges are the same at least in part faced by many physicians in small communities or under serviced areas and yet they function well.

Being an advocate for patients means acting in a patient's best interest and not exposing patients to potential harm.

Opioid abuse has a profound effect on patients and their families. The penalty imposed in this matter reflects the impact of substandard care and the need to deal with this openly and effectively.

**APPENDIX “A” TO THE ORDER
OF THE DISCIPLINE COMMITTEE
DATED MARCH 26, 2018**

**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
OF DR. ROBERT STEWART CAMERON**

PREAMBLE

- (1) In this Undertaking:

“Discipline Committee” means the Discipline Committee of the College;

“OHIP” means the Ontario Health Insurance Plan;

“Public Register” means the College’s register that is available to the public.

- (2) I, **Dr. Cameron**, certificate of registration number **30026**, am a member of the College.
- (3) I, **Dr. Cameron**, acknowledge that the College referred allegations of professional misconduct and incompetence to the Discipline Committee in a Notice of Hearing dated June 5, 2017 (the “Notice of Hearing”).
- (4) I, **Dr. Cameron**, acknowledge that I am subject to an Order dated June 27, 2017 made pursuant to section 25.4(1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, (the “Section 25.4 Order”) and that the terms of the Section 25.4 Order will be directed to continue until the Effective Date set out below.

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

- (5) I, **Dr. Cameron**, hereby resign from the College effective April 30, 2018 at 11:59 p.m. (the “Effective Date”).
- (6) I, **Dr. Cameron**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after the Effective Date.
- (7) I, **Dr. Cameron**, acknowledge that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practise medicine in any jurisdiction after the Effective Date, the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this Undertaking and shall have the right to proceed with the specified allegations set out in the Notice of Hearing.
- (8) I, **Dr. Cameron**, hereby agree to bear the risk of any prejudice that the passage of time might cause to my ability to make full answer and defence, and waive the right to seek any

**APPENDIX “A” TO THE ORDER
OF THE DISCIPLINE COMMITTEE
DATED MARCH 26, 2018**

remedy on the basis of the passage of time, should the College proceed with any allegations that may arise as a result of a breach of this Undertaking and/or pursuant to section (7) above.

- (9) I, **Dr. Cameron**, undertake to abide by the College’s Policy on Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation, a copy of which is attached hereto as Appendix “A”.
- (10) I, **Dr. Cameron**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of the OHIP that my billing number be deactivated for services rendered after the Effective Date.
- (11) I, **Dr. Cameron**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (12) I, **Dr. Cameron**, acknowledge and undertake that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., if any, arising from the implementation of any of the provisions of this Undertaking.
- (13) I, **Dr. Cameron**, acknowledge and confirm that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (14) I, **Dr. Cameron**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person who or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.
- (15) I, **Dr. Cameron**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix “B” and that the consent forms part of this Undertaking.
- (16) ***Public Register***
 - (a) I, **Dr. Cameron**, consent to this Undertaking being posted on the Public Register.
 - (b) I, **Dr. Cameron**, acknowledge that, in addition to this Undertaking being posted in accordance with section (16)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

Dr. Cameron was referred to the Discipline Committee on allegations of professional misconduct and incompetence. Dr. Cameron resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.

**APPENDIX “A” TO THE ORDER
OF THE DISCIPLINE COMMITTEE
DATED MARCH 26, 2018**

**TO THE UNDERTAKING OF DR. ROBERT STEWART CAMERON
 (“Dr. Cameron”)**

to

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
 (the “College”)**

**“PRACTICE MANAGEMENT CONSIDERATIONS FOR PHYSICIANS WHO CEASE
 TO PRACTISE, TAKE AN EXTENDED LEAVE OF ABSENCE OR CLOSE THEIR
 PRACTICE DUE TO RELOCATION”**

APPENDIX “B”

**TO THE UNDERTAKING OF DR. ROBERT STEWART CAMERON
 (“Dr. Cameron”)**

to

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
 (the “College”)**

**CONSENT AND DIRECTION
 FOR THE RELEASE OF INFORMATION FROM THE
 ONTARIO HEALTH INSURANCE PLAN**



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

**CONSENT AND DIRECTION
FOR THE RELEASE OF INFORMATION FROM THE
ONTARIO HEALTH INSURANCE PLAN**

I consent to the release of billing information by the Ontario Health Insurance Plan to the
COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO for:

1. Name of Physician: **DR. ROBERT STEWART CAMERON**
2. OHIP billing number:
3. CPSO #: **30026**
4. Date(s) or Time Period: **2018 onward**

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

**INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE OF
THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

In the matter of Dr. Robert Stewart Cameron

ORDER

Pursuant to s. 25.4 (6) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act*, 1991, the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of Ontario (the “College”) has given notice to Dr. Robert Stewart Cameron (“Dr. Cameron”) of its intention to make an interim order under section 25.4(1) of the Code.

THE INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE OF THE COLLEGE has considered, among other things, the materials brought before the Inquiries, Complaints and Reports Committee at its teleconference of June 27, 2017. These materials are listed in **Appendix “A”** attached to this Order. On the information the Inquiries, Complaints and Reports Committee has considered, it is of the opinion that the conduct of Dr. Cameron exposes or is likely to expose his patients to harm or injury.

THE INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE OF THE COLLEGE has considered the order it should make to ensure public protection.

THE INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE OF THE COLLEGE directs the Registrar to impose the following terms, conditions and limitations on the certificate of registration of Dr. Cameron under section 25.4(1) of the Code:

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

Prescribing and dispensing

- (i) Dr. Cameron shall not issue new prescriptions, renew or authorize the renewal of existing prescriptions, authorize the refill of existing prescriptions or dispense or administer any of the following substances:
 - a. **Narcotic Drugs** (from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);
 - b. **Narcotic Preparations** (from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);
 - c. **Controlled Drugs** (from Part G of the Food and Drug Regulations under the *Food and Drugs Act*, S.C., 1985, c. F-27);
 - d. **Benzodiazepines and Other Targeted Substances** (from the Benzodiazepines and Other Targeted Substances Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);

(A summary of the above-named drugs [from Appendix I to the Compendium of Pharmaceuticals and Specialties] is attached hereto as **Appendix “1”**; and the current regulatory lists are attached hereto as **Appendix “2”**)
 - e. **All other Monitored Drugs** (as defined under the *Narcotics Safety and Awareness Act*, 2010, S.O. 2010, c. 22 as noted in **Appendix “3”**);

and as amended from time to time.
- (ii) Dr. Cameron shall return any supplies of the substances referred to in section (i) above that are presently in his possession, in any place, to a pharmacy in a safe and secure manner, as stipulated in the College’s Policy Number 8-12, “Prescribing Drugs.”

Notification of Practice Locations

- (iii) Dr. Cameron shall inform the College of each and every location where he practises including, but not limited to, hospital(s), clinic(s) and office(s), in any jurisdiction (collectively the “Practice Location(s)”), within five (5) days of this Order. Going forward, he shall inform the College of any and all new Practice Locations within five (5) days of commencing practice at that location.

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

Posting a Sign and Translations

- (iv) Dr. Cameron shall post a clearly visible sign in the waiting rooms of all of his Practice Locations in the form set out at **Appendix “4”**. For further clarity, this sign shall state as follows:

IMPORTANT NOTICE

Dr. Cameron must not prescribe any of the following:

- Narcotic Drugs
- Narcotic Preparations
- Controlled Drugs
- Benzodiazepines and Other Targeted Substances
- All other Monitored Drugs

Further information may be found on the College of Physicians and Surgeons of Ontario website at www.cpsso.on.ca

- (v) Dr. Cameron shall post a certified translation(s) in any language(s) in which he provides services, of the signs described above, in his waiting room(s) and each of his examination and/or consulting rooms, in all of his Practice Locations, in a clearly visible and secure location;
- (vi) Dr. Cameron shall provide the certified translation(s) described in (v) above within 30 days of the date of this Order;

Monitoring

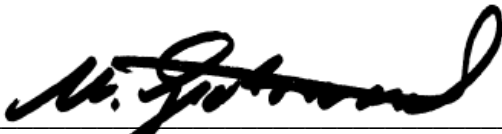
- (vii) Dr. Cameron shall consent to the College making appropriate enquiries of the Ontario Health Insurance Plan, the Drug Program Service Branch, the Narcotic Monitoring System implemented under the *Narcotics Safety and Awareness Act, 2010* and/or any person or institution who may have relevant information in order for the College to monitor Dr. Cameron’s compliance with the terms of this Order and shall promptly sign such consents as may be necessary for the College to obtain information from these persons or institutions; and
- (viii) Dr. Cameron shall submit to, and not interfere with, unannounced inspections of his Practice Locations and to inspections of patient charts

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

by the College and to any other activity the College deems necessary in
order to monitor Dr. Cameron’s compliance with the terms of this Order.

**THE INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE OF THE
COLLEGE** directs that this Order take effect at 12:01 a.m. on June 29, 2017.

Dated: June 27, 2017



Chair, Inquiries, Complaints and Reports Committee
College of Physicians and Surgeons of Ontario

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

APPENDIX “A”

- 1. Notice of Hearing dated June 5, 2017**
- 2. Materials before the Inquiries, Complaints and Reports Committee at its meeting of June 5, 2017 (re: File no. 7215556)**
- 3. Physician Profile of Dr. Cameron**
- 4. Prior Decisions re: Dr. Cameron**
- 5. Submissions of Dr. Cameron dated June 21, 2017**

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

APPENDIX “1”

**Summary of Narcotic and Controlled Drug Regulations taken from the
Compendium of Pharmaceuticals and Specialties (CPS)**

APPENDIX “B” TO THE ORDER OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018

Narcotic and Controlled Drug Regulations

Office of Controlled Substances, Health Canada

Date of Revision: December 2016

Table 1 summarizes the requirements for prescribing, dispensing and record-keeping for narcotics, controlled drugs, benzodiazepines and other targeted substances. This document is not intended to be a comprehensive review of the topic. The reader is therefore encouraged to seek additional and confirmatory information (e.g., Controlled Drugs and Substances Act, Narcotic Control Regulations, Food and Drug Regulations parts G and J, Benzodiazepines and Other Targeted Substances Regulations, New Classes of Practitioners Regulations and the Regulations Amending Certain Regulations to Access of Restricted Drugs).

In 2013, the *Narcotic Control Regulations* and *Food and Drug Regulations* Part J were amended to change the way that diacetylmorphine (heroin) and its salts (heroin) and cocaine (benzomethylecgonine) or any of its salts (cocaine) are regulated under the *Controlled Drugs and Substances Act* and the *Food and Drugs Act*.

In September 2016, the regulatory oversight of heroin was returned to the Narcotic Control Regulations as it was prior to the changes introduced in 2013. In addition, the regulatory controls for diacetylmorphine that were in place under the Controlled Drugs and Substances Act before the 2013 regulatory amendments were reinstated.

Unauthorized forms of cocaine continue to be regulated as a “restricted drug” under Part J of the *Food and Drug Regulations*. Cocaine that meets one of the following criteria continues to be regulated as a “narcotic” under the *Narcotic Control Regulations*:

- A drug in dosage form, that has a Drug Identification Number (DIN) assigned to it under the *Food and Drug Regulations* (i.e., market authorized); or,
- A drug in dosage form authorized for sale for a clinical trial; or,
- A drug compounded by a pharmacist in accordance with or in anticipation of the receiving of a written prescription from a practitioner with timeliness.

Table 1: Narcotic and Controlled Drugs, Benzodiazepines and Other Targeted Substances: Summary of Requirements

Classification and Description	Legal Requirements
<p>Narcotic Drugs^a</p> <ul style="list-style-type: none"> • 1 narcotic (e.g., codeine, hydromorphone, ketamine, morphine) • 1 narcotic + 1 active non-narcotic ingredient (e.g., Novahistex DH, Tylenol No. 4) • All narcotics for parenteral use (e.g., fentanyl, pethidine) • All products containing hydrocodone, oxycodone, methadone or pentazocine • Dextropropoxyphene (e.g., Darvon-N, 642) • Nabilone (i.e., Cesamet) 	<ul style="list-style-type: none"> • Written prescription required. • Verbal prescriptions not permitted. • Refills not permitted. • Written prescriptions may be prescribed to be dispensed in divided portions (part-fills). • For part-fills, copies of prescriptions should be made in reference to the original prescription. Indicate on the original prescription: the new prescription number, the date of the part-fill, the quantity dispensed and the pharmacist's initials.^b • Transfers not permitted. • Record and retain all documents pertaining to all transactions for a period of at least 2 years, in a manner

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

Classification and Description	Legal Requirements
	<p>that permits an audit.</p> <ul style="list-style-type: none"> Report any loss or theft of narcotic drugs within 10 days after the discovery date to the Office of Controlled Substances at the address indicated on the forms.
<p>Narcotic Preparations^a</p> <ul style="list-style-type: none"> Verbal prescription narcotics: 1 narcotic + 2 or more active non-narcotic ingredients in a recognized therapeutic dose (e.g., Fiorinal-C$\frac{1}{4}$, Fiorinal-C$\frac{1}{2}$, Robitussin AC, 282, 292, Tylenol No. 2, Tylenol No. 3) Exempted codeine compounds: contain codeine up to 8 mg/solid dosage form or 20 mg/30 mL liquid + 2 or more active non-narcotic ingredients (e.g., Atasol-8) 	<ul style="list-style-type: none"> Written or verbal prescriptions permitted. Refills not permitted. Written or verbal prescriptions may be prescribed to be dispensed in divided portions (part-fills). For part-fills, copies of prescriptions should be made in reference to the original prescription. Indicate on the original prescription: the new prescription number, the date of the part-fill, the quantity dispensed and the pharmacist's initials.^b Transfers not permitted. Exempted codeine compounds when dispensed pursuant to a prescription follow the same regulations as for verbal prescription narcotics. Record and retain all documents pertaining to all transactions for a period of at least 2 years, in a manner that permits an audit. Report any loss or theft of narcotic drugs within 10 days after the discovery date to the Office of Controlled Substances at the address indicated on the forms.
<p>Controlled Drugs^a</p> <ul style="list-style-type: none"> Part I <ul style="list-style-type: none"> Amphetamines (e.g., Dexedrine, Adderall XR) Methylphenidate (e.g., Biphentin, Concerta, Ritalin) Pentobarbital Preparations: 1 controlled drug + 1 or more active noncontrolled ingredient(s) in a recognized therapeutic dose 	<ul style="list-style-type: none"> Written or verbal prescriptions permitted. Refills not permitted for verbal prescriptions. Refills permitted for written prescriptions if the prescriber has indicated in writing the number of refills and dates for, or intervals between, refills. Written or verbal prescriptions may be prescribed to be dispensed in divided portions (part-fills). For refills and part-fills, copies of prescriptions should be made in reference to the original prescription. Indicate on the original prescription: the new prescription number, the date of the repeat or part-fill, the quantity dispensed and the pharmacist's initials.^b Transfers not permitted. Record and retain all documents pertaining to all transactions for a period of at least 2 years, in a manner that permits an audit. Report any loss or theft of controlled drugs within 10 days after the discovery date to the Office of Controlled Substances at the address indicated on the forms.
<p>Controlled Drugs^a</p> <ul style="list-style-type: none"> Part II <ul style="list-style-type: none"> Barbiturates (e.g., phenobarbital) Butorphanol Nalbuphine (e.g., Nubain Injection) Preparations: 1 controlled drug + 1 or more active noncontrolled ingredient(s) in a recognized therapeutic dose (e.g., Fiorinal) 	<ul style="list-style-type: none"> Written or verbal prescriptions permitted. Refills permitted for written or verbal prescriptions if the prescriber has authorized in writing or verbally (at the time of issuance) the number of refills and dates for, or intervals between, refills. Written or verbal prescriptions may be prescribed to be dispensed in divided portions (part-fills). For refills and part-fills, copies of prescriptions should be made in reference to the original prescription. Indicate on the original prescription: the new prescription number, the date of the repeat or part-fill, the quantity dispensed and the pharmacist's initials.^b

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Classification and Description	Legal Requirements
	<ul style="list-style-type: none"> • Transfers not permitted. • Record and retain all documents pertaining to all transactions for a period of at least 2 years, in a manner that permits an audit. • Report any loss or theft of controlled drugs within 10 days after the discovery date to the Office of Controlled Substances at the address indicated on the forms.
<ul style="list-style-type: none"> • Part III Anabolic steroids including: Testosterone (e.g., Androderm) Testosterone cypionate (e.g., Depo-Testosterone) Testosterone undecanoate (e.g., Andriol) 	<ul style="list-style-type: none"> • Written or verbal prescriptions permitted. • Refills permitted for written or verbal prescriptions if the prescriber has authorized in writing or verbally (at the time of issuance) the number of refills and dates for, or intervals between, refills. • Written or verbal prescriptions may be prescribed to be dispensed in divided portions (part-fills). • For refills and part-fills, copies of prescriptions should be made in reference to the original prescription. Indicate on the original prescription: the new prescription number, the date of the repeat or part-fill, the quantity dispensed and the pharmacist's initials.^b • Transfers not permitted. • Record and retain all documents pertaining to all transactions for a period of at least 2 years, in a manner that permits an audit. • Report the loss or theft of controlled drugs within 10 days after the discovery date to the Office of Controlled Substances at the address indicated on the forms.
Benzodiazepines and Other Targeted Substances^a Alprazolam Bromazepam Chlordiazepoxide Clobazam Diazepam Ethchlorvynol Lorazepam Oxazepam Temazepam Triazolam	<ul style="list-style-type: none"> • Written and verbal prescriptions permitted. • Refills for written or verbal prescriptions permitted if indicated by prescriber and less than 1 year has elapsed since the day the prescription was issued by the practitioner. • Part-fills permitted as per prescriber's instructions. • For refills or part-fills of prescriptions, record the following information: date of the repeat or part-fill, prescription number, quantity dispensed and the pharmacist's initials. • Transfer of prescriptions permitted except for a prescription that has been already transferred. • Record and retain all documents pertaining to all transactions for a period of at least 2 years, in a manner that permits an audit. • Report any loss or theft of benzodiazepines and other targeted substances within 10 days after the discovery date to the Office of Controlled Substances at the address indicated on the forms.
Meprobamate	

^a. The products noted are examples only.

^b. If the software used in the pharmacy allows at a minimum the effective monitoring between part-fills (quantity, date, prescription number), and the original order to allow verification and prevent the risk or potential risks of fraud, reference copies do not need to be made.

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APPENDIX “2”

CURRENT REGULATORY LISTS

- **Narcotic Drugs and Preparations**

(from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19)

- **Controlled Drugs**

(from Part G of the Food and Drug Regulations made under the *Food and Drugs Act*, R.S.C., 1985, c. F-27)

- **Benzodiazepines/Other Targeted Substances**

(from the Benzodiazepines and Other Targeted Substances Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19)

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NARCOTIC DRUGS AND PREPARATIONS

Narcotic Control Regulations, C.R.C., c. 1041

made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19

Current to February 16, 2017

1. Opium Poppy (*Papaver somniferum*), its preparations, derivatives, alkaloids and salts, including:
 - (1) Opium
 - (2) Codeine (methymorphine)
 - (3) Morphine (7,8-didehydro-4,5-epoxy-17-methylmorphinan-3,6-diol)
 - (4) Thebaine (paramorphine)and the salts, derivatives and salts of derivatives of the substances set out in subitems (1) to (4), including:
 - (5) Acetorphine (acetyletorphine)
 - (6) Acetyldihydrocodeine (4,5-epoxy-3-methoxy-17-methylmorphinan-6-ol acetate)
 - (7) Benzylmorphine (7,8-didehydro-4,5-epoxy-17-methyl-3-(phenylmethoxy) morphinan-6-ol)
 - (8) Codoxime (dihydrocodeinone O-(carboxymethyl)oxime)
 - (9) Desomorphine (dihydrodeoxymorphine)
 - (10) **Diacetylmorphine (heroin)**
 - (11) Dihydrocodeine (4,5-epoxy-3-methoxy-17-methylmorphinan-6-ol)
 - (12) Dihydromorphine (4,5-epoxy-17-methylmorphinan-3,6-diol)
 - (13) Ethylmorphine (7,8-didehydro-4,5-epoxy-3-ethoxy-17-methylmorphinan-6-ol)
 - (14) Etorphine (tetrahydro-7 α -(1-hydroxy-1-methylbutyl)-6,14-endo-ethenooripavine)
 - (15) Hydrocodone (dihydrocodeinone)
 - (16) Hydromorphinol (dihydro-14-hydroxymorphine)
 - (17) Hydromorphone (dihydromorphinone)
 - (18) Methyl-desorphine (Δ^6 -deoxy-6-methylmorphine)
 - (19) Methyl-dihydromorphine (dihydro-6-methylmorphine)
 - (20) Metopon (dihydromethylmorphinone)
 - (21) Morphine-N-oxide (morphine oxide)
 - (22) Myrophine (benzylmorphine myristate)
 - (23) Nalorphine (N-allylnormorphine)
 - (24) Nicocodine (6-nicotinylcodeine)
 - (25) Nicomorphine (dinicotinylmorphine)
 - (26) Norcodeine (N-desmethylcodeine)
 - (27) Normorphine (N-desmethylmorphine)

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- (28) Oxycodone (dihydrohydroxycodone)
- (29) Oxymorphone (dihydrohydroxymorphine)
- (30) Pholcodine (3-[2-(4-morpholinyl)ethyl]morphine)
- (31) Thebacon (acetyldihydrocodeine)
- but not including
- (32) Apomorphine (5,6,6a,7-tetrahydro-6-methyl-4H-dibenzo[de,g]-quinoline-10,11-diol)
- (33) Cyprenorphine (N-(cyclopropylmethyl)-6,7,8,14-tetrahydro-7 α -(1-hydroxy-1-methylethyl)-6,14-endo-ethenonoripavine)
- (33.1) [Repealed, SOR/2016-239, s. 8]
- (34) Nalmefene (17-(cyclopropylmethyl)-4,5 α -epoxy-6-methylenemorphinan-3,14-diol)
- (34.1) Naloxone (4,5 α -epoxy-3,14-dihydroxy-17-(2-propenyl)morphinan-6-one)
- (34.2) Naltrexone (17-(cyclopropylmethyl)-4,5 α -epoxy-3,14-dihydroxymorphinan-6-one)
- (35) Narcotine (6,7-dimethoxy-3-(5,6,7,8-tetrahydro-4-methoxy-6-methyl-1,3-dioxol[4,5-g]isoquinolin-5-yl)-1(3H)-isobenzofuranone)
- (36) Papaverine (1-[(3,4-dimethoxyphenyl)methyl]-6,7-dimethoxyisoquinoline)
- (37) Poppy seed
- 2. Coca (Erythroxylon), its preparations, derivatives, alkaloids and salts, including:
 - (1) Coca leaves
 - (2) Cocaine (benzoylecgonine)
 - (3) Ecgonine (3-hydroxy-2-tropane carboxylic acid)
- 3. Phenylpiperidines, their intermediates, salts, derivatives and analogues and salts of intermediates, derivatives and analogues, including:
 - (1) Allylprodine (3-allyl-1-methyl-4-phenyl-4-piperidinol propionate)
 - (2) Alphameprodine (α -3-ethyl-1-methyl-4-phenyl-4-piperidinol propionate)
 - (3) Alphaprodine (α -1,3-dimethyl-4-phenyl-4-piperidinol propionate)
 - (4) Anileridine (ethyl 1-[2-(p-aminophenyl) ethyl]-4-phenylpiperidine-4-carboxylate)
 - (5) Betameprodine (β -3-ethyl-1-methyl-4-phenyl-4-piperidinol propionate)
 - (6) Betaprodine (β -1,3-dimethyl-4-phenyl-4-piperidinol propionate)
 - (7) Benzethidine (ethyl 1-(2-benzyloxyethyl)-4-phenylpiperidine-4-carboxylate)
 - (8) Diphenoxylate (ethyl 1-(3-cyano-3,3-diphenylpropyl)-4-phenylpiperidine-4-carboxylate)
 - (9) Difenoxyin (1-(3-cyano-3,3-diphenylpropyl)-4-phenylpiperidine-4-carboxylate)
 - (10) Etoperidine (ethyl 1-[2-(2-hydroxyethoxy) ethyl]-4-phenylpiperidine-4-carboxylate)
 - (11) Furethidine (ethyl 1-(2-tetrahydrofurfuryloxyethyl)-4-phenylpiperidine-4-carboxylate)

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- (12) Hydroxypethidine (ethyl 4-(m-hydroxyphenyl)-1-methylpiperidine-4-carboxylate)
- (13) Ketobemidone (1-[4-(m-hydroxyphenyl)-1-methyl-4-piperidyl]-1-propanone)
- (14) Methylphenylisonipecotonitrile (4-cyano-1-methyl-4-phenylpiperidine)
- (15) Morpheridine (ethyl 1-(2-morpholinoethyl)-4-phenylpiperidine-4-carboxylate)
- (16) Norpethidine (ethyl 4-phenylpiperidine-4-carboxylate)
- (17) Pethidine (ethyl 1-methyl-4-phenylpiperidine-4-carboxylate)
- (18) Phenoperidine (ethyl 1-(3-hydroxy-3-phenylpropyl)-4-phenylpiperidine-4-carboxylate)
- (19) Piminodine (ethyl 1-[3-(phenylamino)propyl]-4-phenylpiperidine-4-carboxylate)
- (20) Properidine (isopropyl 1-methyl-4-phenylpiperidine-4-carboxylate)
- (21) Trimeperidine (1,2,5-trimethyl-4-phenyl-4-piperidinol propionate)
- (22) Pethidine Intermediate C (1-methyl-4-phenylpiperidine-4-carboxylate)
- but not including
- (23) Carbamethidine (ethyl 1-(2-carbamylethyl)-4-phenylpiperidine-4-carboxylate)
- (24) Oxpheneridine (ethyl 1-(2-hydroxy-2-phenylethyl)-4-phenylpiperidine-4-carboxylate)
- 4. Phenazepines, their salts, derivatives and salts of derivatives including:
 - (1) Proheptazine (hexahydro-1,3-dimethyl-4-phenyl-1Hazepin-4-ol propionate)
 - but not including
 - (2) Ethoheptazine (ethyl hexahydro-1-methyl-4-phenylazepine-4-carboxylate)
 - (3) Metethoheptazine (ethyl hexahydro-1,3-dimethyl-4-phenylazepine-4-carboxylate)
 - (4) Metheptazine (ethyl hexahydro-1,2-dimethyl-4-phenylazepine-4-carboxylate)
- 5. Amidones, their intermediates, salts, derivatives and salts of intermediates and derivatives, including:
 - (1) Dimethylaminodiphenylbutanonitrile (4-cyano-2-dimethylamino-4,4-diphenylbutane)
 - (2) Dipipanone (4,4-diphenyl-6-piperidino-3-heptanone)
 - (3) Isomethadone (6-dimethylamino-5-methyl-4,4-diphenyl-3-hexanone)
 - (4) Methadone (6-dimethylamino-4,4-diphenyl-3-heptanone)
 - (5) Normethadone (6-dimethylamino-4,4-diphenyl-3-hexanone)
 - (6) Norpipanone (4,4-diphenyl-6-piperidino-3-hexanone)
 - (7) Phenadoxone (6-morpholino-4,4-diphenyl-3-heptanone)
- 6. Methadols, their salts, derivatives and salts of derivatives, including:
 - (1) Acetylmethadol (6-dimethylamino-4,4-diphenyl-3-heptanol acetate)
 - (2) Alphacetylmethadol (α -6-dimethylamino-4,4-diphenyl-3-heptanol acetate)
 - (3) Alphamethadol (α -6-dimethylamino-4,4-diphenyl-3-heptanol)
 - (4) Betacetylmethadol (β -6-dimethylamino-4,4-diphenyl-3-heptanol acetate)
 - (5) Betamethadol (β -6-dimethylamino-4,4-diphenyl-3-heptanol)

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- (6) Dimepheptanol (6-dimethylamino-4,4-diphenyl-3-heptanol)
- (7) Noracymethadol (α -6-methylamino-4,4-diphenyl-3-heptanol acetate)
- 7. Phenalkoxams, their salts, derivatives and salts of derivatives, including
 - (1) Dimenoxadol (dimethylaminoethyl 1-ethoxy-1,1-diphenylacetate)
 - (2) Dioxaphetyl butyrate (ethyl 2,2-diphenyl-4-morpholinobutyrate)
 - (3) Dextropropoxyphene ([S-(R*,S*)]- α -[2-(dimethylamino)-1-methylethyl]- α -phenylbenzeneethanol, propanoate ester)
- 8. Thiambutenes, their salts, derivatives and salts of derivatives, including:
 - (1) Diethylthiambutene (N,N-diethyl-1-methyl-3,3-di-2-thienylallylamine)
 - (2) Dimethylthiambutene (N,N,1-trimethyl-3,3-di-2-thienylallylamine)
 - (3) Ethylmethylthiambutene (N-ethyl-N,1-dimethyl-3,3-di-2-thienylallylamine)
- 9. Moramides, their intermediates, salts, derivatives and salts of intermediates and derivatives, including:
 - (1) Dextromoramide (d-1-(3-methyl-4-morpholino-2,2-diphenylbutyryl)pyrrolidine)
 - (2) Diphenylmorpholinoisovaleric acid (2-methyl-3-morpholino-1,1-diphenylpropionic acid)
 - (3) Levomoramide (l-1-(3-methyl-4-morpholino-2,2-diphenylbutyryl)pyrrolidine)
 - (4) Racemoramide (d,l-1-(3-methyl-4-morpholino-2,2-diphenylbutyryl)pyrrolidine)
- 10. Morphinans, their salts, derivatives and salts of derivatives, including:
 - (1) Buprenorphine (17-(cyclopropylmethyl)- α -(1,1-dimethylethyl)-4,5-epoxy-18,19-dihydro-3-hydroxy-6-methoxy- α -methyl-6,14-ethenomorphinan-7-methanol)
 - (2) Drotebanol (6 β ,14-dihydroxy-3,4-dimethoxy-17-methylmorphinan)
 - (3) Levomethorphan (1-3-methoxy-17-methylmorphinan)
 - (4) Levorphanol (1-3-hydroxy-17-methylmorphinan)
 - (5) Levophenacymorphan (1-3-hydroxy-17-phenacymorphinan)
 - (6) Norlevorphanol (1-3-hydroxymorphinan)
 - (7) Phenomorphin (3-hydroxy-17-(2-phenylethyl)morphinan)
 - (8) Racemethorphan (d,l-3-methoxy-17-methylmorphinan)
 - (9) Racemorphan (d, l-3-hydroxy-N-methylmorphinan)but not including
 - (10) Dextromethorphan (d-1,2,3,9,10,10a-hexahydro-6-methoxy-11-methyl-4H-10,4a-iminoethanophenanthren)
 - (11) Dextrorphan (d-1,2,3,9,10,10a-hexahydro-11-methyl-4H-10,4a-iminoethanophenanthren-6-ol)
 - (12) Levallorphan (l-11-allyl-1,2,3,9,10,10a-hexahydro-4H-10,4a-iminoethanophenanthren-6-ol)

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- (13) Levargorphan (1-11-propargyl-1,2,3,9,10,10a-hexahydro-4H-10,4a-iminoethanophenanthren-6-ol)
- (14) Butorphanol (17-(cyclobutylmethyl)morphinan-3,14-diol)
- (15) Nalbuphine (17-(cyclobutylmethyl)-4,5 α -epoxymorphinan-3,6 α ,14-triol)
- 11. Benzazocines, their salts, derivatives and salts of derivatives, including:
 - (1) Phenazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-phenethyl-2,6-methano-3-benzazocin-8-ol)
 - (2) Metazocine (1,2,3,4,5,6-hexahydro-3,6,11-trimethyl-2,6-methano-3-benzazocin-8-ol)
 - (3) Pentazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-(3-methyl-2-butenyl)-2,6-methano-3-benzazocin-8-ol)but not including
 - (4) Cyclazocine (1,2,3,4,5,6-hexahydro-6,11-dimethyl-3-(cyclopropylmethyl)-2,6-methano-3-benzazocin-8-ol)
- 12. Ampromides, their salts, derivatives and salts of derivatives, including:
 - (1) Diampromide (N-[2-(methylphenethylamino)propyl]propionanilide)
 - (2) Phenampromide (N-(1-methyl-2-piperidino)ethyl)propionanilide)
 - (3) Propiram (N-(1-methyl-2-piperidinoethyl)-N-2-pyridylpropionamide)
- 13. Benzimidazoles, their salts, derivatives and salts of derivatives, including:
 - (1) Clonitazene (2-(p-chlorobenzyl)-1-diethylaminoethyl-5-nitrobenzimidazole)
 - (2) Etonitazene (2-(p-ethoxybenzyl)-1-diethylaminoethyl-5-nitrobenzimidazole)
- 14. Phencyclidine (1-(1-phenylcyclohexyl)piperidine), its salts, derivatives and analogues and salts of derivatives and analogues, including:
 - (1) Ketamine (2-(2-chlorophenyl)-2-(methylamino)cyclohexanone)
- 15. Fentanyls, their salts, derivatives, and analogues and salts of derivatives and analogues, including:
 - (1) Acetyl- α -methylfentanyl (N-[1-(α -methylphenethyl)-4-piperidyl]acetanilide)
 - (2) Alfentanil (N-[1-[2-(4-ethyl-4,5-dihydro-5-oxo-1H-tetrazol-1-yl)ethyl]-4-(methoxymethyl)-4-piperidyl]propionanilide)
 - (3) Carfentanil (methyl 4-[(1-oxopropyl)phenylamino]-1-(2-phenethyl)-4-piperidinecarboxylate)
 - (4) p-Fluorofentanyl (4' fluoro-N-(1-phenethyl-4-piperidyl) propionanilide)
 - (5) Fentanyl (N-(1-phenethyl-4-piperidyl)propionanilide)
 - (6) β -Hydroxyfentanyl (N-[1-(β -hydroxyphenethyl)-4-piperidyl] propionanilide)
 - (7) β -Hydroxy-3-methylfentanyl (N-[1(β -hydroxyphenethyl)-3-methyl-4-piperidyl] propionanilide)
 - (8) α -Methylfentanyl (N-[1-(α -methylphenethyl)-4-piperidyl] propionanilide)
 - (9) α -Methylthiofentanyl (N-[1-[1-methyl-2-(2-thienyl)ethyl]-4-piperidyl] propionanilide)
 - (10) 3-Methylfentanyl (N-(3-methyl-1-phenethyl-4-piperidyl) propionanilide)

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- (11) 3-Methylthiofentanyl (N-[3-methyl-1-[2-(2-thienyl)ethyl]-4-piperidyl] propionanilide)
- (11.1) Remifentanyl (dimethyl 4-carboxy-4-(N-phenylpropionamido)-1-piperidinepropionate)
- (12) Sufentanyl (N-[4-(methoxymethyl)-1-[2-(2-thienyl)ethyl]-4- piperidyl] propionanilide)
- (13) Thiofentanyl (N-[1-[2-(2-thienyl)ethyl]-4-piperidyl] propionanilide)
- 16. Tilidine (ethyl 2-(dimethylamino)-1-phenyl-3-cyclohexene-1-carboxylate), its salts, derivatives and salts of derivatives
- 17. Cannabis, its preparations and derivatives, including
 - (1) Cannabis resin
 - (2) Cannabis (marihuana)
 - (3) Cannabidiol (2-[3-methyl-6-(1-methylethenyl- 2-cyclohexen-1-yl]-5-pentyl-1,3-benzenediol)
 - (4) Cannabinol (3-n-amyl-6,6,9-trimethyl-6-dibenzo-pyran-1-ol)
 - (5) and (6) **[Repealed, SOR/2015-191, s. 1]**
 - (7) Tetrahydrocannabinol(tetrahydro-6,6,9-trimethyl-3- pentyl-6H-dibenzo[b,d]pyran-1-ol)
 - (7.1) **[Repealed, SOR/2015-191, s. 1]**
 - but not including
 - (8) Non-viable Cannabis seed, with the exception of its derivatives
 - (9) Mature Cannabis stalks that do not include leaves, flowers, seeds or branches; and fiber derived from such stalks
- 18. Synthetic cannabinoid receptor type 1 agonists, their salts, derivatives, isomers, and salts of derivatives and isomers — with the exception of ((3S)-2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]-1,4-benzoxazin-6-yl)-1-naphthalenyl-methanone (WIN 55,212-3) and its salts — including those that fall within the following core chemical structure classes:
 - (1) Any substance that has a 2-(cyclohexyl)phenol structure with substitution at the 1-position of the benzene ring by a hydroxy, ether or ester group and further substituted at the 5-position of the benzene ring, whether or not further substituted on the benzene ring to any extent, and substituted at the 3'-position of the cyclohexyl ring by an alkyl, carbonyl, hydroxyl, ether or ester, and whether or not further substituted on the cyclohexyl ring to any extent, including
 - (i) Nabilone ((±)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo[b,d]pyran-9-one)
 - (ii) Parahexyl (3-hexyl-6,6,9-trimethyl-7,8,9,10-tetrahydro-6H-dibenzo[b,d]pyran-1-ol)
 - (iii) 3-(1,2-dimethylheptyl)-7,8,9,10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran-1-ol (DMHP)

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- (iv) 5-(1,1-dimethylheptyl)-2-(5-hydroxy-2-(3-hydroxypropyl)cyclohexyl)phenol (CP 55,940)
- (v) 5-(1,1-dimethylheptyl)-2-(3-hydroxycyclohexyl)phenol (CP 47,497)
- (2) Any substance that has a 3-(1-naphthoyl)indole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent and whether or not substituted on the naphthyl ring to any extent, including
 - (i) 1-pentyl-3-(1-naphthoyl)indole (JWH-018)
 - (ii) 1-butyl-3-(1-naphthoyl)indole (JWH-073)
 - (iii) 1-pentyl-3-(4-methyl-1-naphthoyl)indole (JWH-122)
 - (iv) 1-hexyl-3-(1-naphthoyl)indole (JWH-019)
 - (v) 1-(4-pentenyl)-3-(1-naphthoyl)indole (JWH-022)
 - (vi) 1-butyl-3-(4-methoxy-1-naphthoyl)indole (JWH-080)
 - (vii) 1-pentyl-3-(4-methoxy-1-naphthoyl)indole (JWH-081)
 - (viii) 1-(2-morpholin-4-ylethyl)-3-(1-naphthoyl)indole (JWH-200)
 - (ix) 1-pentyl-3-(4-ethyl-1-naphthoyl)indole (JWH-210)
 - (x) 1-pentyl-3-(2-methoxy-1-naphthoyl)indole (JWH-267)
 - (xi) 1-[(N-methylpiperidin-2-yl)methyl]-3-(1-naphthoyl)indole (AM-1220)
 - (xii) 1-(5-fluoropentyl)-3-(1-naphthoyl)indole (AM-2201)
 - (xiii) 1-(5-fluoropentyl)-3-(4-methyl-1-naphthoyl)indole (MAM-2201)
 - (xiv) 1-(5-fluoropentyl)-3-(4-ethyl-1-naphthoyl)indole (EAM-2201)
 - (xv) ((3R)-2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo[1,2,3-de]-1,4-benzoxazin-6-yl)-1-naphthalenyl-methanone (WIN 55,212-2)
- (3) Any substance that has a 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the pyrrole ring, whether or not further substituted on the pyrrole ring to any extent and whether or not substituted on the naphthyl ring to any extent, including
 - (i) 1-pentyl-5-(2-fluorophenyl)-3-(1-naphthoyl)pyrrole (JWH-307)
- (4) Any substance that has a 3-phenylacetylindole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent and whether or not substituted on the phenyl ring to any extent, including
 - (i) 1-pentyl-3-(2-methoxyphenylacetyl)indole (JWH-250)
 - (ii) 1-pentyl-3-(2-methylphenylacetyl)indole (JWH-251)
 - (iii) 1-pentyl-3-(3-methoxyphenylacetyl)indole (JWH-302)
- (5) Any substance that has a 3-benzoylindole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent and whether or not substituted on the phenyl ring to any extent, including
 - (i) 1-(1-methylpiperidin-2-ylmethyl)-3-(2-iodobenzoyl)indole (AM-2233)

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- (6) Any substance that has a 3-methanone(cyclopropyl)indole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent and whether or not substituted on the cyclopropyl ring to any extent, including
 - (i) (1-pentyl-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)-methanone (UR-144)
 - (ii) (1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)-methanone (5F-UR-144)
 - (iii) (1-(2-(4-morpholinyl)ethyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)-methanone (A-796,260)
 - (7) Any substance that has a quinolin-8-yl 1H-indole-3-carboxylate structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent and whether or not substituted on the quinolin-8-yl ring to any extent, including
 - (i) 1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (PB-22)
 - (ii) 1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (5F-PB-22)
 - (8) Any substance that has a 3-carboxamideindazole structure with substitution at the nitrogen atom of the indazole ring, whether or not further substituted on the indazole ring to any extent and whether or not substituted at the carboxamide group to any extent, including
 - (i) N-(adamantan-1-yl)-1-pentyl-1H-indazole-3-carboxamide (AKB48)
 - (ii) N-(adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide (5F-AKB48)
 - (iii) N-(1-(aminocarbonyl)-2-methylpropyl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide (AB-FUBINACA)
 - (iv) N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (AB-PINACA)
 - (9) Any substance that has a 3-carboxamideindole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted on the indole ring to any extent and whether or not substituted at the carboxamide group to any extent, including
 - (i) N-(adamantan-1-yl)-1-fluoropentylindole-3-carboxamide (STS-135)
 - (ii) N-(adamantan-1-yl)-1-pentylindole-3-carboxamide (APICA)
- 18.1 Tapentadol (3-[(1R,2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl]-phenol), its salts, derivatives and isomers and salts of derivatives and isomers

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CONTROLLED DRUGS

From Part G of the Food and Drug Regulations
made under the *Food and Drugs Act*, R.S.C., 1985, c. F-27

Current to February 16, 2017

PART I

1. Amphetamines, their salts, derivatives, isomers and analogues and salts of derivatives, isomers and analogues, excluding those substances set out in item 1 of Part I of the schedule to Part J but including:
 - (1) amphetamine (α -methylbenzeneethanamine)
 - (2) methamphetamine (N, α -dimethylbenzeneethanamine)
 - (3) Benzphetamine (N-benzyl-N, α -dimethylbenzeneethanamine)
2. Methylphenidate (α -phenyl-2-piperidineacetic acid methyl ester) and any salt thereof
3. Methaqualone (2-methyl-3-(2-methylphenyl)-4(3H)quinazolinone) and any salt thereof
4. Phendimetrazine (d-3,4-dimethyl-2-phenylmorpholine) and any salt thereof
5. Phenmetrazine (3-methyl-2-phenylmorpholine) and any salt thereof
6. Pentobarbital (5-ethyl-5-(1-methylbutyl)barbituric acid)
7. Secobarbital (5-allyl-5-(1-methylbutyl)barbituric acid)
8. 4-hydroxybutanoic acid (GHB) and any salt thereof
9. Aminorex (4,5-dihydro-5-phenyl-2-oxazolamine) and any salt thereof
10. Fenetylline (d,l-3,7-dihydro-1,3-dimethyl-7-(2-[(1-methyl-2-phenethyl)amino]ethyl)-1H-purine-2,6-dione) and any salt thereof
11. Glutethimide (2-ethyl-2-phenylglutarimide)
12. Lefetamine ((-)-N,N-dimethyl- α -phenylbenzeneethanamine) and any salt thereof
13. Mecloqualone (2-methyl-3-(2-chlorophenyl)-4(3H)-quinazolinone) and any salt thereof
14. Mesocarb (3-(α -methylphenethyl)-N-(phenylcarbamoyl)sydnone imine) and any salt thereof
15. Pemoline (2-amino-5-phenyl-oxazolin-4-one) and any salt thereof
16. Zipeprol (4-(2-methoxy-2-phenylethyl)- α -(methoxyphenylmethyl)-1-piperazineethanol) and any salt thereof
17. Amineptine (7-[(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5-yl)amino]heptanoic acid) and any salt thereof

PART II

1. Barbiturates, their salts and derivatives, excluding the substances set out in items 6 and 7 of Part I but including:

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- (1) Allobarbitol (5,5-diallylbarbituric acid)
- (2) Alphenal (5-allyl-5-phenylbarbituric acid)
- (3) Amobarbitol (5-ethyl-5-(3-methylbutyl)barbituric acid)
- (4) Aprobarbitol (5-allyl-5-isopropylbarbituric acid)
- (5) Barbitol (5,5-diethylbarbituric acid)
- (6) Barbituric Acid (2,4,6(1H,3H,5H)-pyrimidinetrione)
- (7) Butabarbitol (5-sec-butyl-5-ethylbarbituric acid)
- (8) Butalbitol (5-allyl-5-isobutylbarbituric acid)
- (9) Butallylonal (5-(2-bromoallyl)-5-sec-butylbarbituric acid)
- (10) Butethal (5-butyl-5-ethylbarbituric acid)
- (11) Cyclobarbitol (5-(1-cyclohexen-1-yl)-5-ethylbarbituric acid)
- (12) Cyclopal (5-allyl-5-(2-cyclopenten-1-yl)barbituric acid)
- (13) Heptabarbitol (5-(1-cyclohepten-1-yl)-5-ethylbarbituric acid)
- (14) Hexethal (5-ethyl-5-hexylbarbituric acid)
- (15) Hexobarbitol (5-(1-cyclohexen-1-yl)-1,5-dimethylbarbituric acid)
- (16) Mephobarbitol (5-ethyl-1-methyl-5-phenylbarbituric acid)
- (17) Methabarbitol (5,5-diethyl-1-methylbarbituric acid)
- (18) Methylphenobarbitol (5-ethyl-1-methyl-5-phenylbarbituric acid)
- (19) Propallylonal (5-(2-bromoallyl)-5-isopropyl-barbituric acid)
- (20) Phenobarbitol (5-ethyl-5-phenylbarbituric acid)
- (21) Probarbitol (5-ethyl-5-isopropylbarbituric acid)
- (22) Phenylmethylbarbituric Acid (5-methyl-5-phenylbarbituric acid)
- (23) Sigmodal(5-(2-bromoallyl)-5-(1-methylbutyl)- barbituric acid)
- (24) Talbutol (5-allyl-5-sec-butylbarbituric acid)
- (25) Vinbarbitol (5-ethyl-5-(1-methyl-1-butenyl)barbituric acid)
- (26) Vinylbitol (5-(1-methylbutyl)-5-vinylbarbituric acid)
2. Thiobarbiturates, their salts and derivatives, including:
 - (1) Thialbarbitol (5-allyl-5-(2-cyclohexen-1-yl)-2-thiobarbituric acid)
 - (2) Thiamylal (5-allyl-5-(1-methylbutyl)-2-thiobarbituric acid)
 - (3) Thiobarbituric Acid (2-thiobarbituric acid)
 - (4) Thiopental(5-ethyl-5-(1-methylbutyl)-2- thiobarbituric acid)
3. Chlorphentermine (1-(p-chlorophenyl)-2-methyl-2-aminopropane) and any salt thereof
4. Diethylpropion (2-(diethylamino)propiofenone) and any salt thereof
5. Phentermine (α,α -dimethylbenzeneethanamine) and any salt thereof
6. Butorphanol (1-N-cyclobutylmethyl-3,14-dihydroxy-morphinan) and any salt thereof
7. Nalbuphine (N-cyclobutylmethyl-4,5-epoxy-morphinan-3,6,14-triol) and any salt thereof

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8. Pyrovalerone (4'-methyl-2-(1-pyrrolidinyl)valerophenone) and any salt thereof

PART III

1. Anabolic steroids and their derivatives, including:
 - (1) Androisoxazole (17 β -hydroxy-17 α -methylandrostando[3,2-c]isoxazole)
 - (2) Androstanolone (17 β -hydroxy-5 α -androstan-3-one)
 - (3) Androstenediol (androst-5-ene-3 β ,17 β -diol)
 - (4) Bolandiol (estr-4-ene-3 β ,17 β -diol)
 - (5) Bolasterone (17 β -hydroxy-7 α ,17-dimethylandrostand-4-en-3-one)
 - (6) Bolazine (17 β -hydroxy-2 α -methyl-5 α -androstan-3-one azine)
 - (7) Boldenone (17 β -hydroxyandrosta-1,4-dien-3-one)
 - (8) Bolenol (19-nor-17 α -pregn-5-en-17-ol)
 - (9) Calusterone (17 β -hydroxy-7 β ,17-dimethylandrostand-4-en-3-one)
 - (10) Clostebol (4-chloro-17 β -hydroxyandrostand-4-en-3-one)
 - (11) Drostanolone (17 β -hydroxy-2 α -methyl-5 α -androstan-3-one)
 - (12) Enestebol (4,17 β -dihydroxy-17-methylandrosta-1,4-dien-3-one)
 - (13) Epitiostanol (2 α , 3 α -epithio-5 α -androstan-17 β -ol)
 - (14) Ethylestrenol (19-nor-17 α -pregn-4-en-17-ol)
 - (15) 4-Hydroxy-19-nor testosterone
 - (16) Fluoxymesterone (9-fluoro-11 β ,17 β -dihydroxy—17-methylandrostand-4-en-3-one)
 - (17) Formebolone (11 α ,17 β -dihydroxy-17-methyl-3-oxoandrosta-1,4-dien-2-carboxaldehyde)
 - (18) Furazabol (17-methyl-5 α -androstando[2,3-c]furazan-17 β -ol)
 - (19) Mebolazine (17 β -hydroxy-2 α ,17-dimethyl-5 α -androstan-3-one azine)
 - (20) Mesabolone (17 β -[(1-methoxycyclohexyl)oxy]-5 α -androsta-1-en-3-one)
 - (21) Mesterolone (17 β -hydroxy-1 α -methyl-5 α -androstan-3-one)
 - (22) Metandienone (17 β -hydroxy-17-methylandrosta-1,4-dien-3-one)
 - (23) Metenolone (17 β -hydroxy-1-methyl-5 α -androsta-1-en-3-one)
 - (24) Methandriol (17 α -methylandrostand-5-ene-3 β ,17 β -diol)
 - (25) Methyltestosterone (17 β -hydroxy-17-methylandrostand-4-en-3-one)
 - (26) Metribolone (17 β -hydroxy-17-methylestra-4,9,11-trien-3-one)
 - (27) Mibolerone (17 β -hydroxy-7 α ,17-dimethylestr-4-en-3-one)
 - (28) Nandrolone (17 β -hydroxyestr-4-en-3-one)
 - (29) Norboletone (13-ethyl-17 β -hydroxy-18,19-dinorpregn-4-en-3-one)
 - (30) Norclostebol (4-chloro-17 β -hydroxyestr-4-en-3-one)
 - (31) Norethandrolone (17 α -ethyl-17 β -hydroxyestr-4-en-3-one)
 - (32) Oxabolone (4,17 β -dihydroxyestr-4-en-3-one)
 - (33) Oxandrolone (17 β -hydroxy-17-methyl-2-oxa-5 α -androstan-3-one)

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- (34) Oxymesterone (4,17 β -dihydroxy-17-methylandrosta-4-en-3-one)
 - (35) Oxymetholone (17 β -hydroxy-2-(hydroxymethylene)-17-methyl-5 α -androsta-3-one)
 - (36) Prasterone (3 β -hydroxyandrosta-5-en-17-one)
 - (37) Quinbolone (17 β -(1-cyclopenten-1-yloxy)androsta-1,4-dien-3-one)
 - (38) Stanozolol (17 β -hydroxy-17-methyl-5 α -androsta-3-one-2-pyrazole)
 - (39) Stenbolone (17 β -hydroxy-2-methyl-5 α -androsta-1-en-3-one)
 - (40) Testosterone (17 β -hydroxyandrosta-4-en-3-one)
 - (41) Tibolone ((7 α ,17 α)-17-hydroxy-7-methyl-19-norpregn-5(10)en-20-yn-3-one)
 - (42) Tiomesterone (1 α ,7 α -bis(acetylthio)-17 β -hydroxy-17-methylandrosta-4-en-3-one)
 - (43) Trenbolone (17 β -hydroxyestra-4,9,11-trien-3-one)
2. Zeranol (3,4,5,6,7,8,9,10,11,12-decahydro-7,14,16-trihydroxy-3-methyl-1H-2-benzoxacyclotetradecin-1-one)

SOR/78-427, s. 10; SOR/79-753, s. 1; SOR/81-84, s. 1; SOR/85-550, s. 14(F); SOR/86-678, s. 1; SOR/89-381, s. 1; SOR/92-386, s. 3; SOR/97-228, s. 21; SOR/99-425, s. 1; SOR/2003-34, ss. 2, 3; SOR/2003-413, s. 2; SOR/2015-210, s. 1; SOR/2016-106, s. 1.

**APPENDIX “B” TO THE ORDER
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BENZODIAZEPINES AND OTHER TARGETED SUBSTANCES

Benzodiazepines and Other Targeted Substances Regulations
made under the *Controlled Drugs and Substances Act*, S.C., 1996 c.19

Current to February 16, 2017

Part 1

List of Class 1 Targeted Substances

Item Name
1. Benzodiazepines, their salts and derivatives, including
(1) Alprazolam (8-chloro-1-methyl-6-phenyl-4H — s-triazolo[4,3-a][1,4]benzodiazepine)
(2) Bromazepam (7-bromo-1,3-dihydro-5-(2-pyridyl) — 2H-1,4-benzodiazepin-2-one)
(3) Brotizolam (2-bromo-4-(o-chlorophenyl)-9-methyl-6H-thieno[3,2-f]-s-triazolo[4,3-a][1,4] diazepine)
(4) Camazepam (7-chloro-1,3-dihydro-3-(N,N-dimethylcarbamoyl) — 1-methyl-5-phenyl-2H-1,4- benzodiazepin-2-one)
(5) Chlordiazepoxide (7-chloro-2-(methylanino)-5 — phenyl-3H-1,4-benzodiazepine-4-oxide)
(6) Clobazam (7-chloro-1-methyl-5-phenyl-1H-1,5 — benzodiazepine-2,4(3H,5H)-dione)
(7) Clonazepam (5-(o-chlorophenyl)-1,3-dihydro-7 — nitro-2H-1,4-benzodiazepin-2-one)
(8) Clorazepate (7-chloro-2,3-dihydro-2,2-dihydroxy — 5-phenyl-1H-1, 4-benzodiazepine-3-carboxylic acid)
(9) Cloxazolam (10-chloro-11b-(o-chlorophenyl)-2,-3,7,11b-tetrahydrooxazolo [3,2-d][1,4] benzodiazepin-6[5H]-one)
(10) Delorazepam (7-chloro-5-(o-chlorophenyl)-1,3-dihydro-2H-1,-4-benzodiazepin-2-one)
(11) Diazepam (7-chloro-1,3-dihydro-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one)
(12) Estazolam (8-chloro-6-phenyl-4H-s-triazolo[4,3-a] — [1,4]benzodiazepine)
(13) Ethyl Loflazepate (ethyl 7-chloro-5-(o-fluorophenyl)-2,3-dihydro-2-oxo-1H-1,-4-benzodiazepine-3-carboxylate)
(14) Fludiazepam (7-chloro-5-(o-fluorophenyl)-1,3-dihydro-1-methyl-2H-1,4-benzodiazepin-2-one)
(15) Flurazepam (7-chloro-1-[2-(diethylamino)ethyl]-5-(o-fluorophenyl)-1,3-dihydro-2H-1,4- benzodiazepin-2-one)
(16) Halazepam (7-chloro-1,3-dihydro-5-phenyl-1-(2,2,-2-trifluoroethyl)-2H-1,4-benzodiazepin-2- one)
(17) Haloxazolam (10-bromo-11b-(o-fluorophenyl)-2,3,7,11b-tetrahydro-oxazolo[3,2-d][1,4]

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Item Name

- benzodiazepin-6(5H)-one)
- (18) Ketazolam (11-chloro-8,12b-dihydro-2,8-dimethyl-12b-phenyl-4H-[1,3]-oxazino-[3,2-d][1,4] benzodiazepine-4,7(6H)-dione)
- (19) Loprazolam (6-(o-chlorophenyl)-2,4-dihydro-2-[(4--methyl-1-piperazinyl)methylene]-8-nitro-1H- imidazo[1,2-a] [1,4]-benzodiazepin-1-one)
- (20) Lorazepam (7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-2H-1,4-benzodiazepin-2-one)
- (21) Lormetazepam (7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-1-methyl-2H-1,4-benzodiazepin-2-one)
- (22) Medazepam (7-chloro-2,3-dihydro-1-methyl-5-phenyl-1H-1,4-benzodiazepine)
- (23) Midazolam (8-chloro-6-(o-fluorophenyl)-1-methyl-4H-imidazo[1,5-a][1,4]benzodiazepine)
- (24) Nimetazepam (1,3-dihydro-1-methyl-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (25) Nitrazepam (1,3-dihydro-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (26) Nordazepam (7-chloro-1,3-dihydro-5-phenyl — 2H-1,4-benzodiazepin-2-one)
- (27) Oxazepam (7-chloro-1,3-dihydro-3-hydroxy-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (28) Oxazolam (10-chloro-2,3,7,11b-tetrahydro-2-methyl-11b-phenyloxazolo[3,2-d][1,4] benzodiazepin-6(5H)-one)
- (29) Pinazepam (7-chloro-1,3-dihydro-5-phenyl-1-(2-propynyl)-2H-1,-4-benzodiazepin-2-one)
- (30) Prazepam (7-chloro-1-(cyclopropylmethyl)-1,3-di-hydro-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (31) Quazepam (7-chloro-5-(o-fluorophenyl)-1,3-dihydro-1-(2,2,2-trifluoroethyl)-2H-1,4-benzodiazepine-2-thione)
- (32) Temazepam (7-chloro-1,3-dihydro-3-hydroxy-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one)
- (33) Tetrazepam (7-chloro-5-(cyclohexen-1-yl)-1,3-di-hydro-1-methyl-2H-1,4-benzodiazepin-2-one)
- (34) Triazolam (8-chloro-6-(o-chlorophenyl)-1-methyl-4H-s-triazolo-[4,3-a][1,4]benzodiazepine)
- but not including
- (35) Clozapine (8-chloro-11-(4-methyl-1-piperazinyl)-5H-dibenzo[b,e][1,4]diazepine) and any salt thereof
- (36) Flunitrazepam (5-(o-fluorophenyl)-1,3-dihydro-1-methyl-7-nitro-2H-1,4-benzodiazepin-2-one) and any salts or derivatives thereof
- (37) Olanzapine (2-methyl-4-(4-methyl-1-piperazinyl)-10H-thieno[2,3-b][1,5]benzodiazepine) and its salts

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Item Name	
2	Clotiazepam (5-(o-chlorophenyl)-7-ethyl-1,3-dihydro-1-methyl-2-H-thieno[2,3-e]-1,4-diazepin-2-one) and any salt thereof
3	Ethchlorvynol (ethyl-2-chlorovinyl ethynyl carbinol)
4	Ethinamate (1-ethynylcyclohexanol carbamate)
5	Fencamfamin (d,l-N-ethyl-3-phenylbicyclo[2,2,1]-heptan-2-amine) and any salt thereof
6	Fenproporex (d,l-3-[(α -methylphenethyl)amino]propionitrile) and any salt thereof
7	Mazindol (5-(p-chlorophenyl)-2,5-dihydro-3H-imidazo[2,1-a]isoindol-5-ol)
8	Mefenorex (d,l-N-(3-chloropropyl)- α -methylbenzene-ethanamine) and any salt thereof
9	Meprobamate (2-methyl-2-propyl-1,3-propanedioldicarbamate)
10	Methypylon (3,3-diethyl-5-methyl-2,4-piperidinedione)
11	Pipradol (α,α -diphenyl-2-piperidinemethanol) and any salt thereof
12	Zolpidem (N,N,6-trimethyl-2-(4-methylphenyl)imidazo[1,2-a]pyridine-3-acetamide) and any salt thereof

PART 2

List of Class 2 Targeted Substances

Item Name	
1	Flunitrazepam (5-(o-fluorophenyl)-1,3-dihydro-1-methyl-7-nitro-2H-1,4-benzodiazepin-2-one) and any salts or derivatives thereof

**APPENDIX “B” TO THE ORDER
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**SCHEDULE 2
(Subsection 1(1))**

SPECIFIED NAMES OF TARGETED SUBSTANCES

Item	Column 1 Specified Name	Column 2 Chemical Name
1	Alprazolam	8-chloro-1-methyl-6-phenyl-4H — s-triazolo[4,3-a][1,4]benzodiazepine
2	Bromazepam	7-bromo-1,3-dihydro-5-(2-pyridyl) — 2H-1,4-benzodiazepin-2-one
3	Brotizolam	2-bromo-4-(o-chlorophenyl)-9-methyl-6H-thieno[3,2-f]-s-triazolo[4,3-a][1,4]diazepine
4	Camazepam	7-chloro-1,3-dihydro-3-(N,N-dimethylcarbamoyl) — 1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one
5	Chlordiazepoxide	7-chloro-2-(methylamino)-5 — phenyl-3H-1,4-benzodiazepine-4-oxide
6	Clobazam	7-chloro-1-methyl-5-phenyl-1H-1,5 — benzodiazepine-2,4(3H,5H)-dione
7	Clonazepam	5-(o-chlorophenyl)-1,3-dihydro-7 — nitro-2H-1,4-benzodiazepin-2-one
8	Clorazepate	7-chloro-2,3-dihydro-2,2-dihydroxy-5-phenyl-1H-1,4-benzodiazepine-3-carboxylic acid
9	Cloxazolam	10-chloro-11b-(o-chlorophenyl)-2,-3,7,11b-tetrahydrooxazolo[3,2-d][1,4]benzodiazepin-6[5H]-one
10	Delorazepam	7-chloro-5-(o-chlorophenyl)-1,3-dihydro-2H-1,-4-benzodiazepin-2-one
11	Diazepam	7-chloro-1,3-dihydro-1-methyl-5-phenyl-2H-1,4-benzodiazepin-2-one
12	Estazolam	8-chloro-6-phenyl-4H-s-triazolo[4,3-a] — [1,4]benzodiazepine
13	Ethyl Loflazepate	ethyl 7-chloro-5-(o-fluorophenyl)-2,3-dihydro-2-oxo-1H-1,-4-benzodiazepine-3-carboxylate
14	Fludiazepam	7-chloro-5-(o-fluorophenyl)-1,3-di-hydro-1-methyl-2H-1,4-benzodiazepin-2-one
15	Flurazepam	7-chloro-1-[2-(diethylamino)ethyl]-5-(o-fluorophenyl)-1,3-dihydro-2H-1,4-benzodiazepin-2-one
16	Halazepam	7-chloro-1,3-dihydro-5-phenyl-1-(2,2,2-trifluoroethyl)-2H-1,4-benzodiazepin-2-one
17	Haloxazolam	10-bromo-11b-(o-fluorophenyl)-2,3,7,11b-tetrahydro-oxazolo[3,2-d][1,4]benzodiazepin-6(5H)-one

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

Item	Column 1 Specified Name	Column 2 Chemical Name
18	Ketazolam	11-chloro-8,12b-dihydro-2,8-dimethyl-12b-phenyl-4H-[1,3]-oxazino-[3,2-d][1,4]benzodiazepine-4,7(6H)-dione
19	Loprazolam	6-(o-chlorophenyl)-2,4-dihydro-2-[(4--methyl-1-piperazinyl)methylene]-8-nitro-1H-imidazo[1,2-a][1,4]-benzodiazepin-1-one
20	Lorazepam	7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-2H-1,4-benzodiazepin-2-one
21	Lormetazepam	7-chloro-5-(o-chlorophenyl)-1,3-dihydro-3-hydroxy-1-methyl-2H-1,4-benzodiazepin-2-one
22	Medazepam	7-chloro-2,3-dihydro-1-methyl-5-phenyl-1H-1,4-benzodiazepine
23	Midazolam	8-chloro-6-(o-fluorophenyl)-1-methyl-4H-imidazo[1,5-a][1,4]benzodiazepine
24	Nimetazepam	1,3-dihydro-1-methyl-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one
25	Nitrazepam	1,3-dihydro-7-nitro-5-phenyl-2H-1,4-benzodiazepin-2-one
26	Nordazepam	7-chloro-1,3-dihydro-5-phenyl-2H-1,4-benzodiazepin-2-one
27	Oxazepam	7-chloro-1,3-dihydro-3-hydroxy-5-phenyl-2H-1,4-benzodiazepin-2-one
28	Oxazolam	10-chloro-2,3,7,11b-tetrahydro-2-methyl-11b-phenyloxazolo[3,2-d][1,4]benzodiazepin-6(5H)-one
29	Pinazepam	7-chloro-1,3-dihydro-5-phenyl-1-(2-propynyl)-2H-1,4-benzodiazepin-2-one
30	Prazepam	7-chloro-1-(cyclopropylmethyl)-1,3-di-hydro-5-phenyl-2H-1,4-benzodiazepin-2-one
31	Quazepam	7-chloro-5-(o-fluorophenyl)-1,3-dihydro-1-(2,2,2-trifluoroethyl)-2H-1,4-benzodiazepine-2-thione
32	Temazepam	7-chloro-1,3-dihydro-3-hydroxy-1methyl-5-phenyl-2H-1,4-benzodiazepin-2-one
33	Tetrazepam	7-chloro-5-(cyclohexen-1-yl)-1,3-di-hydro-1-methyl-2H-1,4-benzodiazepin-2-one
34	Triazolam	8-chloro-6-(o-chlorophenyl)-1-methyl-4H-s-triazolo-[4,3-a][1,4]benzodiazepine
35	Clotiazepam	5-(o-chlorophenyl)-7-ethyl-1,3-dihydro-1-methyl-2-H-thieno[2,3-e]-1,4-diazepin-2-one

**APPENDIX “B” TO THE ORDER
OF THE DISCIPLINE COMMITTEE DATED MARCH 26, 2018**

	Column 1	Column 2
Item	Specified Name	Chemical Name
36	Ethchlorvynol	ethyl-2-chlorovinyl ethynyl carbinol
37	Ethinamate	1-ethynylcyclohexanol carbamate
38	Fencamfamin	d,l-N-ethyl-3-phenylbicyclo[2,2,1]-heptan-2-amine
39	Fenproporex	d,l-3-[(α -methylphenethyl)amino]propionitrile
40	Flunitrazepam	3(5-(o-fluorophenyl)-1,3-dihydro-1-methyl-7-nitro-2H-1,4-benzodiazepin-2-one
41	Mazindol	5-(p-chlorophenyl)-2,5-dihydro-3H-imidazo[2,1-a]isoindol-5-ol
42	Mefenorex	d,l-N-(3-chloropropyl)- α -methylbenzene-ethanamine
43	Meprobamate	2-methyl-2-propyl-1,3-propanedioldicarbamate
44	Methypylon	3,3-diethyl-5-methyl-2,4-piperidinedione
45	Pipradol	α,α -diphenyl-2-piperidinemethanol
46	Zolpidem	N,N,6-trimethyl-2-(4-methylphenyl)imidazo[1,2-a]pyridine-3-acetamide

SOR/2003-38, s. 4.

APPENDIX “3”

LIST OF OTHER MONITORED DRUGS

The drug products listed hereunder are opioids that are not listed under the *Controlled Drugs and Substances Act (Canada)*, as set out under s.2 of Ontario Regulation 381/11 made under the *Narcotics Safety and Awareness Act, 2010* and are designated as a monitored drug for the purposes of the Act.

Note: The Ministry of Health and Long-Term Care reserves the right to make changes to this list at its sole discretion and will post changes on this website, as well as provide notice through the ONEMail system, prior to the effective date of the change.

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MANUFACTURER CODE
02336790	Apo-Tramadol/Acet	37.5mg/325mg	Tab	APX
02426153	Apo-Tramadol	50mg	Tab	APX
02373017	Durela	100mg	Cap	CIP
02373025	Durela	200mg	Cap	CIP
02373033	Durela	300mg	Cap	CIP
02388308	Jamp-Acet-Tramadol	37.5mg & 325mg	Tab	JPC
02378272	Nucynta IR	50mg	Tab	JAN
02378280	Nucynta IR	75mg	Tab	JAN
02378299	Nucynta IR	100mg	Tab	JAN
02360373	Nucynta CR	50mg	ER Tab	JAN
02360381	Nucynta CR	100mg	ER Tab	JAN
02360403	Nucynta CR	150mg	ER Tab	JAN
02360411	Nucynta CR	200mg	ER Tab	JAN
02360438	Nucynta CR	250mg	ER Tab	JAN
02264846	Tramacet	37.5mg/325mg	Tab	JAN
02349469	Ultram	50mg	Tab	JAN
02415577	Nucynta ER	50mg	ER Tab	JAN
02415585	Nucynta ER	100mg	ER Tab	JAN
02415593	Nucynta ER	150mg	ER Tab	JAN

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MANUFACTURER CODE
02415607	Nucynta ER	200mg	ER Tab	JAN
02415615	Nucynta ER	250mg	ER Tab	JAN
02296381	Tridural	100mg	ER Tab	LAB
02296403	Tridural	200mg	ER Tab	LAB
02296411	Tridural	300mg	ER Tab	LAB
02388324	Mar-Tramadol/Acet	37.5mg & 325mg	Tab	MAR
02389800	Mint-Tramadol/Acet	37.5mg & 325mg	Tab	MIN
02388294	Tramaphen-Odan	37.5mg & 325mg	Tab	ODN
02389274	Pat-Tramadol/Acet	37.5mg & 325mg	Tab	PAR
02401657	PMS-Tramadol-Acet	37.5mg & 325mg	Tab	PMS
02286424	Zytram-XL	150mg	ER Tab	PFP
0286432	Zytram-XL	200mg	ER Tab	PFP
02286440	Zytram-XL	300mg	ER Tab	PFP
02286459	Zytram-XL	400mg	ER Tab	PFP
02360322	Zytram-XL	75mg	ER Tab	PFP
02360349	Zytram-XL	100mg	ER Tab	PFP
02388197	Ran-Tramadol/Acet	37.5mg & 325mg	Tab	RAN
02450429	Taro-Tramadol ER	100mg	ER Tab	TAR
02450437	Taro-Tramadol ER	200mg	ER Tab	TAR
02450445	Taro-Tramadol ER	300mg	ER Tab	TAR
02347180	Teva-Tramadol/Acetaminophen	37.5mg & 325mg	Tab	TEV
02299194	Ralivia	100mg	ER Tab	VAL
02299208	Ralivia	200mg	ER Tab	VAL
02299216	Ralivia	300mg	ER Tab	VAL

DIN/PIN	BRAND NAME	STRENGTH	DOSAGE FORM	MANUFACTURER CODE
02436175	PMS-Zolpidem ODT	5mg	SL Tab	PMS
02436183	PMS-Zolpidem ODT	10mg	SL Tab	PMS

Updated to: February 28, 2017

IMPORTANT NOTICE

Dr. Cameron must not prescribe any of the following:

- **Narcotic Drugs**
- **Narcotic Preparations**
- **Controlled Drugs**
- **Benzodiazepines and Other Targeted Substances**
- **All other Monitored Drugs**

Further information may be found on the College of Physicians and Surgeons of Ontario website at

www.cpsso.on.ca