

Drugs and Poisons Fact Sheet: Strychnine - Application Guide for Strychnine Permits

Description:

This document provides advice on completing the application form to obtain a permit to obtain, possess and use strychnine.

Introduction:

This advice is prepared with a view to assisting you to apply for a strychnine permit. Strict adherence to this advice will enable the speedy consideration of your application.

Content

The *Health (Drugs and Poisons) Regulation 1996* provides for the issue of permits which enable persons to obtain, possess and use strychnine. The purchase, possession or use of strychnine without lawful authority is illegal and offenders are liable to prosecution.

APPLICANT INFORMATION:

Name

Please provide the names of all applicants **in full**. Initials and business names or trading names are insufficient and application forms will not be processed if initials, business or trading names **only** are provided.

In the case of a business name or trading name, the name(s) of the partner(s) or proprietor(s) are required **in full**. In the case of a company, provide the full company name and the ACN number.

Address

Please provide the applicant's **physical** address. A postal address is not sufficient. It will only be used for the purposes of correspondence. When a postal address is provided on the application, it must be accompanied by the physical address of the applicant. Include a **telephone number, fax number and email address** (where applicable) for contact if needed by the reviewing officer.

Local government area

State the Local Government area where the strychnine is to be stored and used.

Verification of name and address

Queensland Health officers processing strychnine permit applications need to verify the name and address details provided in your application. Please supply:

- (a) drivers licence, passport or other type of photographic identification; or
- (b) a *certified true and correct photocopy of a driver's licence, passport or other type of photographic identification; **and**
- (c) a *certified true and correct photocopy of a local government rates notice; or
- (d) a *certified true and correct photocopy of lease notice.

***Note:** Certified means the document bears the original signature of a Justice of the Peace or Commissioner for Declarations.

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Status

Indicate whether you are the owner or occupier or lessee of the property. Occupiers and lessees must attach to their application, an "owner consent letter" - a letter signed by the owner of the property stating permission to undertake strychnine baiting on the property. In addition, the owner consent letter must include the contact details of the owner.

Question details

PURPOSE FOR USE

Q.1 Please specify exactly for what purpose the strychnine is required. List all pest species to be targeted. Biosecurity Queensland have nominated wild dogs (including dingoes) and foxes as the only pest animals for which strychnine can be used for control purposes.

Baiting using strychnine and the use of lethal traps (strychnine treated cloth is attached to the trap) are the only purposes that will be approved.

Q.2 Indicate whether a fluoroacetic acid (1080) baiting program has been attempted previously. If a 1080 baiting program has been previously attempted, indicate the last time this method was attempted. If not, explain why this method has not been attempted. A coordinated fluoroacetic acid (1080) baiting program, which is facilitated free of charge by the Department of Primary Industries and Fisheries (DPI&F), is an effective method of vertebrate pest management. If you have not previously considered such a baiting program, Biosecurity Queensland's DPI&F can advise whether this method is appropriate for your situation.

STORAGE/SECURITY DETAILS

Q.3 Please supply the physical address of the place where the strychnine will be stored. Include the Real Property Description eg. Lot 32, RP 7654321, County of Foxwell, Parish of Blackburn.

Q.4 Strychnine must be stored in a safe secure place, under lock and key. Give details describing the actual building or room where the strychnine will be stored and the security to be provided, eg. locked in safe or metal cabinet in office or machinery shed.

LOCATION(S) FOR STRYCHNINE USE

Q.5 Please provide the property name, actual location and size of all properties where the strychnine will be used. If you are unable to supply information which specifically identifies the property, then insert the real property descriptions for those parcels of land (E.g Lot 32, RP7654321, County of Foxwell, Parish of Blackburn). This can be obtained from your Local Government Rates Notice.

Q.6 Applications for a strychnine permit to bait or set a lethal trap within 2 kilometres of any habitation are not usually approved.

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- Q.7 Applications for a strychnine permit to bait or set a lethal trap within 5 kilometres of a town area are not usually approved.
- Q.8 Draw a map (to scale) of the respective property(ies) where strychnine baiting and lethal trapping are proposed. Include on this map the following items using the symbols indicated:
- areas where strychnine baits are intended to be laid or lethal traps are to be set – (shade in);
 - roads and tracks, indicating those to be used for strychnine distribution;
 - location of dwellings (indicate own and adjacent) (X);
 - constructed recreational sites;
 - proposed location of warning signs. Warning signs must be displayed at the main entrance of the property and the entrance nearest the proposed baiting or lethal trapping sites;
 - public access, highlighting entry points; and
 - water bodies and water courses.

TERM OF PERMIT

- Q.9 Please specify in months or years, the period for which you will require the strychnine. Requests for periods exceeding 2 years will not be approved.
- Q.10 Please specify the period by months, when you intend to lay strychnine baits or set lethal traps eg. early April and late September.

QUANTITY OF STRYCHNINE REQUIRED

- Q.11 Nominate the exact quantity of strychnine required. The smallest commercial pack presently available is 25 grams. Requests for quantities in excess of 200 grams will not usually be approved.
- Q.12 Please state your proposed supplier of strychnine. Include the proposed supplier's business name, telephone number and address, eg. Rex Smith Pharmacy, 321 Cotton Road, Redburn, Q 4123. Ph: 07 1234 5678.

DISCLOSURE

- Q.13 Give details of any current or previous permits for strychnine, which you hold/have held. Details should include the permit number(s), expiry dates and amounts of strychnine endorsed on the permits.
- Q.14 Provide an estimate of the approximate quantity of strychnine (if any) currently in your possession.
- Q.15 If you answer YES to any of these questions, give as much detail as possible in the space provided or attach documentation if you require more space. In relation to offences, please include for each offence:
- details of the type of offence (the offence);

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- the court where the matter was heard;
- the date when the matter was heard; and
- the penalty related to the offence.

If you have been refused a permit to obtain, possess and use strychnine, or you have had a strychnine permit suspended or cancelled, provide details of the reasons why the permit was refused / suspended / cancelled.

In the case of an incorporated company making the application, the form must be signed by a person who is authorised by this company to sign such applications. Applications may be forwarded by facsimile to initiate processing of the application to the stage of issue. However, the Drugs and Poisons Policy and Regulation Unit must receive the application bearing the original signature(s) of the applicant(s) before a strychnine permit will be issued.

Please note that the more information provided in the application, the easier it will be for the reviewing officer to process the permit application. Unclear or inadequate information will cause unnecessary delays in processing the application.

Forward the completed application form and supporting documentation to:

Senior Licensing Officer
Drugs and Poisons Policy and Regulation Unit
Environmental Health Branch
QUEENSLAND HEALTH
PO Box 2368
Fortitude Valley BC QLD 4006