

CONTROLLED DRUGS INFORMATION

The Misuse of Drugs Act 1971 controls 'dangerous or otherwise harmful drugs' which are designated as Controlled Drugs. The primary purpose of this legislation is to prevent the misuse of this group of drugs. It does this by imposing a total prohibition on the possession, supply, manufacture, import or export of Controlled Drugs except as allowed by regulations or by license from the Secretary of State.

The medical use of Controlled Drugs is permitted through the Misuse of Drugs Regulations 2001 and subsequent amendments. These Regulations define the classes of person who are authorized to supply and possess controlled drugs while acting in their professional capacity and lay down the conditions under which these activities may be carried out.

In the Regulations Controlled Drugs are classified into five different schedules according to different levels of control with Schedule 1 being the most tightly controlled schedule and Schedule 5 the least tightly controlled. Controlled drug means a drug in Schedule 1,2,3,4, or 5 of the Misuse of Drugs Regulations 2001. The legislation regarding Controlled Drugs is subject to change and current information regarding Controlled Drugs can be found at www.dh.gov.uk or www.npc.co.uk.

The five Schedules are as follows:

Schedules	Definition	Drugs included
Schedule 1 (Controlled Drug Licence)	<p>These drugs have virtually no therapeutic use.</p> <p>Production, possession and supply are only allowed for the purposes of research or other special purposes.</p> <p>A Home Office License is required.</p>	Hallucinogenic drugs (e.g. LSD), ecstasy-type substances, cannabis etc
Schedule 2 (Controlled Drug Prescription Only Medicine)	<p>These drugs are used medicinally, but prescribing, dispensing, administration and disposal are all tightly controlled.</p> <p>Enhanced prescription requirements are in place as are safe custody requirements (except secobarbital (quinalbarbitone)), record keeping requirements and tight controls on disposal.</p> <p>Prescriptions are valid for 28 days from the date of being written which means they must be presented for dispensing within 28 days of being written.</p> <p>Recent changes to legislation (November 2005) have removed the prescribers own handwriting requirement; prescriptions for Schedule 2 CDs can now be computer, type or hand written.</p>	<p>Alfentanil</p> <p>Amphetamine</p> <p>Cocaine</p> <p>Dexamfetamine</p> <p>Diamorphine</p> <p>Dihydrocodiene</p> <p>Dipipanone</p> <p>Fentanyl hydromorphone</p> <p>Methadone</p> <p>Methylphenidate</p> <p>Morphine</p> <p>Oxycodone</p> <p>Pethidine</p> <p>Secobarbital (quinalbarbitone) etc</p>

<p>Schedule 3 (Controlled Drug No Register)</p>	<p>These drugs are used medicinally and are liable to abuse.</p> <p>Controls are less rigorous than with Schedule 2.</p> <p>Schedule 3 CDs are exempt from safe custody requirements (except flunitrazepam, temazepam, buprenorphine and diethylpropion) and special record keeping requirements.</p> <p>Prescriptions are valid for 28 days from the date of being written which means they must .be presented for dispensing within 28 days of being written.</p> <p>Recent changes to legislation (November 2005) have removed the prescribers own handwriting requirement; prescriptions for Schedule 3 CDs can now be computer, type or hand written.</p> <p>Invoices should be kept for two years.</p>	<p>Barbiturates (e.g. amobarbital, butobarbital)</p> <p>Buprenorphine</p> <p>Diethylpropion</p> <p>Flunitrazepam</p> <p>Meprobamate</p> <p>Pentazocine</p> <p>Phenobarbital</p> <p>Phentermine</p> <p>Temazepam</p>
<p>Schedule 4 Part I (CD Benzodiazepines)</p>	<p>This schedule has a lower level of control than those described above. Possession of a drug from this schedule is an offence without the authority of a prescription.</p> <p>Possession by practitioners or pharmacists acting in their professional capacity is authorised.</p> <p>Prescriptions are valid for 28 days from the date of being written which means they must .be presented for dispensing within 28 days of being written.</p> <p>There are no special prescription or handwriting requirements, nor is there a requirement for special record keeping.</p>	<p>Most of the benzodiazepines (except Flunitrazepam and Temazepam) appear in this schedule</p> <p>(e.g.Aalprazolam</p> <p>Chlordiazepoxide</p> <p>Clobazam</p> <p>Diazepam</p> <p>Flurazepam</p> <p>Loprazolam</p> <p>Lorazepam</p> <p>Lormetazepam</p> <p>Midazolam</p> <p>Nitrazepam</p> <p>Oxazepam</p>

<p>Schedule 4 Part II (Controlled Drug Anabolic Steroids)</p>	<p>There is no restriction on the possession of a drug from this Schedule when it is part of a medicinal product.</p> <p>There are no special prescription requirements, nor is there a requirement for special record keeping.</p> <p>Prescriptions are valid for 28 days from the date of being written which means they must be presented for dispensing within 28 days of being written.</p>	<p>Drugs included in this Schedule include:</p> <p>Clostebol</p> <p>Drostanolone</p> <p>Fluoxymesterone</p> <p>Nandrolone (Deca-Durabolin)</p> <p>Nabilone</p> <p>Propetandrol</p> <p>Quinbolone</p> <p>Stanozol</p>
<p>Schedule 5 (Controlled Drug Invoice)</p>	<p>Schedule 5 contains preparations of certain CDs which are exempt from full control because they are present in these formulations in such low strength that their risk of misuse is reduced.</p> <p>There are no special prescription requirements, nor is there a requirement for special record keeping.</p> <p>Prescriptions are valid for six months. Invoices should be kept for two years.</p>	<p>Examples include:</p> <p>Aspirin and Papaveretum</p> <p>Co-codamol</p> <p>Co-codaprin</p> <p>Codeine linctus BP</p> <p>Codeine Phosphate tablets 15mg and 30mg</p> <p>Co-dydramol</p> <p>DHC Continus</p> <p>Dimotane Co</p> <p>Enterosan</p> <p>Gee's Linctus BPC</p> <p>Kaolin and Morphine mixture</p> <p>Lomotil</p> <p>Oramorph oral solution 10mg in 5ml</p> <p>Paracodol</p> <p>Pavacol-D</p> <p>Solpadeine</p> <p>Tylox</p> <p>Veganin</p>

A comprehensive list of drugs included within each of the schedules is given in the British National Formulary

Amendments to the Misuse of Drugs Regulations 2001.

- Restrict the duration of any prescription for Schedule 2,3 and 4 controlled drugs to 28 days. This means the prescription must be presented for dispensing within 28 days of being written.
- Re-emphasis of the professional guidance that doctors should prescribe controlled drugs for themselves or family members **only in exceptional circumstances.**
- The requirement that Controlled Drug prescriptions should be written in the prescriber's own handwriting has been removed. Prescriptions will be valid as long as they are written indelibly and include all of the legally required elements. This means that CD prescriptions can now be type-written, hand written or computer printed; only the signature of the prescriber needs to be handwritten.
- The definition of CD register has been amended to include a computerised system for drugs listed in schedules 1 and 2.
- Anyone collecting Controlled Drugs (schedule 2) will need to prove their identity. If the person collecting is a healthcare professional, their name and address must be obtained as well as proof of identity.
- Anyone collecting Controlled Drugs (schedules 2 and 3) needs to sign the designated box for CD collection on the back of the prescription form.(good practice requirement)

The Health Act (2006) and Controlled Drug (Supervision of Management and Use) Regulations 2006, provides legislation governing the safe and effective use of all Controlled Drugs by strengthening the governance arrangements. The Act has introduced a duty of collaboration on healthcare organisations and other local and national agencies to share intelligence on controlled drug issues. The Act creates a new power of entry and inspection for the police and other nominated people to enter premises to inspect stocks and records of controlled drugs.

At a local level the PCT is accountable for ensuring that the organisation has robust arrangements for the safe and effective handling of controlled drugs and has appointed an Accountable Officer who is responsible for monitoring the use of Controlled Drugs and taking appropriate action where necessary. The PCT Accountable Officer is responsible for directing the Local Intelligence Network for sharing the information regarding the management and use of Controlled Drugs.

Possession of Controlled Drugs

The Act lays down the rules that a person may not legally have a controlled drug in their possession unless they are allowed to under the regulations.