**Lecture 9 Dr. Haider Raheem**

**Preventing Misuse of Medicines**

**What is misuse and abuse of prescription drugs?**

When a person takes a legal prescription medication for a purpose other than the reason it was prescribed, or when that person takes a drug not prescribed to him or her, that is misuse of a drug. Misuse can include taking a drug in a manner or at a dose that was not recommended by a health care professional. This can happen when the person hopes to get a bigger or faster therapeutic response from medications such as sleeping or weight loss pills. It can also happen when the person wants to “get high,” which is an example of prescription drug abuse.

**What’s the difference between misuse and abuse?**

It mostly has to do with the individual’s intentions or motivations. For example, let’s say that a person knows that he will get a pleasant or euphoric feeling by taking the drug, especially at higher doses than prescribed. That is an example of drug abuse because the person is specifically looking for that euphoric response.

 In contrast, if a person isn’t able to fall asleep after taking a single sleeping pill, they may take another pill an hour later, thinking, “That will do the job.” Or a person may offer his headache medication to a friend who is in pain. Those are examples of drug misuse because, even though these people did not follow medical instructions, they were not looking to “get high” from the drugs. They were treating themselves, but not according to the directions of their health care providers.

 However, no matter the intention of the person, both misuse and abuse of prescription drugs can be harmful and even life-threatening to the individual. This is because taking a drug other than the way it is prescribed can lead to dangerous outcomes that the person may not anticipate.

**Misuse of Drugs Act 1971**

The term ‘controlled drug’ is commonly used in the UK to define drugs that have the potential to be misused or abused. Amongst the public generally there is a high level of social anxiety surrounding the use of these types of drug and a potential stigma with regard to patients using this class of medication. The Misuse of Drugs Act 1971 came into operation on 1 July 1973 [SI 1973 No. 795 (C.20)]. It consolidates and extends previous legislation and controls the export, import, production, supply and possession of dangerous or otherwise harmful drugs. The Act is also designed to deal with the control and treatment of addicts and to promote education and research relating to drug dependence.

**Advisory Council on Misuse of Drugs**

The Advisory Council consists of not fewer than 20 members appointed by the Secretary of State after consultation with such organisations as s/he considers appropriate, including at least one person appearing to the Secretary of State to have wide and recent experience in each of the following:

1. the practice of medicine (other than veterinary medicine);

2. the practice of dentistry;

3. the practice of veterinary medicine;

4. the practice of pharmacy;

5. the pharmaceutical industry;

6. chemistry other than pharmaceutical chemistry.

**Class A, class B and class C drugs**

The Misuse of Drugs Act 1971 categorises controlled drugs into three distinct classes: A, B and C. The classes are not relevant to the authorised prescribing and supply of controlled drugs; the requirements relating to this are set out in the schedules in the regulations.

 Class A drugs are considered to be the most harmful. Examples include ecstasy, lysergic acid diethylamide (LSD), diamorphine (heroin), cocaine (powder or crack), magic mushrooms (mushrooms that contain psilocin or psilocin esters), methylamphetamine (crystal meth) and amphetamines for injection.

 Class B drugs include cannabis, amphetamines, methylphenidate and pholcodine.

 Class C drugs include tranquillisers, some painkillers, gamma-hydroxybutyrate (GHB) and ketamine.

 The penalties for illegal possession and supply are very strict and vary according to the class of controlled drug.

 Class A drugs incur the highest penalties for illegal possession and supply, and class C the lowest. Illegal possession of a class C drug can result in being imprisoned for up to 2 years, and illegal supply for up to 14 years.

**Regimes of control**

The drugs controlled under the Act are classified in the Misuse of Drugs Regulations 2001 (SI 2001 No. 3998, as amended) into five schedules in descending order of control, although only four of these are relevant to daily pharmacy practice, the most stringent controls applying to drugs in Schedule 1.

**Schedule 1**

Schedule 1 lists Controlled Drugs which may not be used for medicinal purposes, their production and possession being limited, in the public interest, to purposes of research or other special purposes. Certain limited classes of person have a general authority to possess these drugs in the course of their duties, for example constables or carriers. A pharmacist may potentially come into contact with schedule 1 controlled drugs when patients seek to dispose of cannabinoid-based products as a result of having taken part in a clinical trial, for example in the early stages of testing for Sativex.

**Schedule 2**

Schedule 2 includes the opiates (such as heroin, morphine, diamorphine and methadone) and the major stimulants (such as the amphetamines). Drugs within this schedule have the highest level of restrictions for manufacture, possession and supply. A licence is needed to import or export drugs in this schedule, but they may be manufactured or compounded by a practitioner, or a pharmacist, or a person lawfully conducting a retail pharmacy business acting in their capacity as such, or a person holding an appropriate licence. A pharmacist may supply a Schedule 2 drug to a patient (or the owner of an animal) only on the authority of a prescription.

**Schedule 3**

Schedule 3 includes the barbiturates (except quinalbarbital, which is a Schedule 2 Controlled Drug) and a number of minor stimulant drugs, such as benzphetamine, and other drugs which are not thought likely to be so harmful when misused as the drugs in Schedule 2. The requirements for supply of schedule 3 controlled drugs are similar to those in schedule 2 but are not quite so restrictive: one of the main differences is that there is no need for register entries to be made. The most commonly used schedule 3 drugs in community pharmacy are temazepam, phenobarbital and buprenorphine. Midazolam was reclassified as a schedule 3 controlled drug in 2007.

**Schedule 4, Part I**

Part I of Schedule 4 contains the benzodiazepine tranquillisers, for example, diazepam and nitrazepam. The restrictions on part 1 of the schedule are much more relaxed than those for schedules 2 and 3 but can still cause potential problems for pharmacists. There is no restriction on imports and exports.

**Schedule 4, Part II**

Part II of Schedule 4 contains the anabolic and androgenic steroids and derivatives, together with an andrenoceptor stimulant and polypeptide hormones.

**Schedule 5**

Schedule 5 specifies those preparations of certain Controlled Drugs for which there is only negligible risk of abuse. Schedule 5 includes products that contain controlled drugs from schedule 2 as an ingredient but at a much reduced strength. The most commonly used examples are morphine oral solution, kaolin and morphine mixture, codeine linctus and pholcodeine linctus. Many schedule 5 drugs can be purchased over the counter in pharmacies. There is no restriction on the import, export, possession or administration of these preparations, and safe custody requirements do not apply to them.

**Import and export**

Controlled Drugs may only be imported or exported in accordance with the terms and conditions of a licence issued by the Secretary of State but drugs in Schedules 4 (Part II) and 5 are exempted from this requirement. Drugs in Schedule 4, Part I are subject to certain restrictions. Unlawful import or export is an offence under the Customs and Excise Management Act 1979.

**Possession and supply**

It is normally unlawful for anyone to be in possession of or to supply controlled drugs in schedules 2, 3 and 4. Exceptions to this include when they have been lawfully prescribed for the person, an individual holding an appropriate Home Office licence or those persons belonging to a class, such as practitioners and pharmacists when acting in their professional capacity, as specified in the regulations.

**Purchasing controlled drug stock**

When a pharmacist purchases controlled drugs from wholesalers or manufacturers for stock the level of record keeping required will differ depending on the schedule to which the preparation belongs. For schedule 2 controlled drugs the legislation requires that all purchases must be recorded in a controlled drug register either on the date of receipt or by the end of the next following day. These records must be recorded in chronological order (in sequence according to time) and the minimum requirements for the controlled drug register, which may be maintained electronically or as a paper version, are set out in the regulations. The register must be kept for at least 2 years after the last entry recorded in it (5 years if relating to veterinary medicines). There is no requirement to keep written records of purchases of schedules 3, 4 and 5 controlled drugs in a controlled drug register.

**Destruction of Controlled Drugs**

Persons who are required to keep records in respect of Controlled Drugs in Schedules 1, 2, 3 or 4 may only destroy them in the presence of a person authorised by the Secretary of State either personally or as a member of a class. Among the classes of authorised persons for this purpose are police officers, inspectors of the Home Office and of the RPSGB and, for stock kept in a hospital, the regional pharmaceutical officer or the senior administrative officer employed on duties connected with the administration of the hospital concerned.

 Particulars of the date of destruction and the quantity destroyed must be entered in the register of Controlled Drugs and signed by the authorised person in whose presence the drug was destroyed. The authorised person may take a sample of the drug which is to be destroyed, and destruction must be carried out according to his/her directions.

**Addicts**

There are separate regulations relating to addicts and the supply of certain Controlled Drugs to them. A person is regarded as being addicted to a drug ‘if, and only if, s/he has, as a result of repeated administration, become so dependent on a drug that s/he has an overpowering desire for the administration of it to be continued’.

 There is provision for addicts to receive daily supplies of cocaine, heroin, dextromoramide, dipipanone, methadone and pethidine on special prescription forms issued by drug addiction clinics. There is also provision for supplies of all Schedule 2 Controlled Drugs for the treatment of addiction to be issued by general medical practitioners on special prescription forms.



