Misuse of Drugs Regulations 1973

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Introduction

The Misuse of Drugs Regulations 1973¹ were made in accordance with the powers granted to the Home Secretary by the Misuse of Drugs Act 1971. The regulations, together with the Misuse of Drugs (Notification of and Supply to Addicts) Regulations 1973,² came into operation on 1 July 1973. On the same date regulations 1, 2, 5, and schedule 1 of the Misuse of Drugs (Safe Custody) Regulations 1973³ came into operation; the remainder will become operative on 1 October 1974.

Misuse of Drugs Regulations 1973

It is probably easiest to explain this Statutory Instrument by reference to its schedules.

SCHEDULE 1

This is an exempting schedule and effectively maintains the status enjoyed under earlier legislation of certain commonly used preparations containing small quantities of drugs and which are not designed for administration by injection. These preparations contain certain drugs which, as drugs, are controlled under schedule 2 and, but for the exemption, would be subject to the rigid controls applicable to that schedule.

Of the drugs specified in schedule 1 only the following and their salts are of practical importance to doctors. All commonly used preparations of *codeine* are exempt from the controls applying to codeine itself under schedule 2. These include codeine compound tablets in their official form and their numerous proprietary forms. They also include the various linctuses of codeine and the available forms of codeine phosphate tablets. All available linctuses containing *pholcodine* and all available preparations containing *diphenoxylate* are exempt from the controls applicable to schedule 2 drugs. *Dihydrocodeine* tablets are similarly exempt but *dihydrocodeine* injection is not. Any preparation of *cocaine* containing not more than 0.1% of cocaine calculated as base is exempt provided that it is so compounded that the cocaine cannot be recovered readily or in a yield which would constitute a risk to health. Preparations containing *medicinal opium* or *morphine* containing not more than 0.2% of morphine calculated as anhydrous morphine base are exempt if they are compounded so that the opium or morphine cannot be recovered readily or in a yield which would constitute a risk to health. This effectively exempts kaolin and morphine mixture and similar proprietary mixtures. Dover's powder is also exempt.

However, should any exempted preparation be compounded with a drug specified in any other schedule to the regulations it comes under the control applicable to the appropriate schedule by virtue of the content of the other specified drug.

There is no prohibition of import, export, or possession of drugs specified in schedule 1, and any person may administer such a drug to another.

SCHEDULES 2 AND 3

Schedule 2 specifies over a hundred drugs and their derivatives and looks formidable. Most of the drugs, however, are not in common use and many have never been marketed. These are specified because of the Government's international obligations under the United Nations Single Convention on Narcotic Drugs 1961.⁴

The innovation of most practical importance in schedule 2 is that amphetamine, dexamphetamine, methylamphetamine, methaqualone, methylphenidate, and phenmetrazine are now subject to the same controls as the "narcotics."

Possession, Supply, and Production

A variety of people, including doctors and dentists have, a general authority to possess drugs specified in schedules 2 and 3. Doctors and dentists may also administer or direct any other person to administer such drugs. They may also supply or offer to supply such drugs to anybody who may lawfully possess them. Practitioners may also professionally manufacture or compound any drug specified in schedules 2 and 3.

Among others who may professionally supply or offer to supply a drug specified in schedule 2 are matrons or acting matrons of hospitals or nursing homes which are wholly or mainly maintained by a public authority out of public funds or by a charity or by voluntary subscriptions. Matrons or acting matrons of any hospital or nursing home, however, may supply or offer to supply drugs specified in schedule 3.

The authority referred to above, however, does not extend to matrons or acting matrons if the hospital or nursing home has a pharmacist responsible for the dispensing and supply of medicines. A sister or acting sister in charge of a ward, theatre, or other department in such a hospital or nursing home may supply a controlled drug for a patient in any of these places only in accordance with the directions of a doctor or dentist.

A patient may possess a drug specified in schedule 2 or 3 if it has been supplied to him on a prescription which is properly written. It is important to realize that a drug so supplied is the property of the patient. A patient may not legally possess any drug specified in schedule 2 or 3 if he fails to disclose to the supplying or prescribing doctor that he is already being supplied with a controlled drug by or on the prescription of another doctor. It is also illegal for a patient or a person acting on his behalf to make a false statement for the purpose of obtaining the supply of or a prescription for a controlled drug.

The purpose of the restrictive regulations outlined above is to prevent abusers of and traffickers in drugs from obtaining several prescriptions for controlled drugs from different doctors, thereby accumulating large supplies.

A certified midwife who has notified the local supervising authority of her intention to practise may, so far as is necessary for the practice of her profession or employment as a midwife, possess and administer pethidine and surrender to the appropriate medical officer of health any stocks of pethidine which are no longer required by her. The supplies of pethidine referred to must have been obtained on a midwife's supply order signed by

the appropriate medical officer of health. The midwife must not administer pethidine in a hospital or nursing home except on the instructions of a doctor.

Prescription

A prescription containing a controlled drug specified in schedules 2 and 3 issued by a doctor must be in ink or otherwise indelible and be signed by him with his usual signature and dated by him. The date need not be in handwriting.

Except in the case of a National Health Service prescription the address of the person issuing the prescription must be given but need not be in handwriting.

The following details must be in the doctor's own handwriting to minimize the possibility of forgery or alteration of prescriptions.

(a) The name and address of the person for whose treatment the prescription is issued.

(b) The dose to be taken, and in the case of a prescription which is a preparation the form—for example, tablets or capsules—and *where appropriate* the strength of the preparation. This requirement enables doctors to write prescriptions for proprietary preparations the full formulae of which they do not and cannot know. If a proprietary preparation exists in only one strength this strength need not be stated since the proprietary name of the preparation in these circumstances automatically defines the strength.

(c) Either the total quantity of a preparation to which the last paragraph refers or the number of dosage units of such a preparation to be supplied. Either the total quantity or number of dosage units must be written in both words and figures.

(d) In the case of a prescription for a controlled drug specified in schedule 2 or 3 which is not a preparation the total quantity of the drug to be supplied must be stated in words and figures. This situation will only very rarely occur since if any excipient, even water, is added to a drug it becomes a preparation. This requirement would only apply, for instance, if a prescription were written for morphine sulphate in powdered form with no excipient.

(e) In the case of a prescription for a total quantity to be dispensed by instalments the prescription must specify the number of instalments which may be dispensed and the intervals to be observed when dispensing.

Provision is made for the exemption of doctors from the handwriting requirements but this exemption in practice is only intended to apply to doctors working in drug addiction treatment centres who have to issue large numbers of complicated instalment prescriptions, and to doctors who, by reason of a physical disability, cannot issue prescriptions in their own handwriting.

No prescription for a controlled drug other than one specified in schedule 1 can be dispensed (a) unless it complies with the provisions outlined above; (b) unless the address of the prescriber is one in the United Kingdom; (c) unless the dispenser is acquainted with the signature of the prescriber and has no reason to suppose that it is not genuine, or has taken reasonable steps to assure himself that it is genuine; (d) before the date given in the prescription; or (e) later than 13 weeks after the date given in the prescription.

Directions for treatment involving controlled drugs of inpatients in hospitals or nursing homes which are written in casenotes or drug treatment sheets are not regarded as prescriptions but as instructions to staff. The requirements relating to the issue of prescriptions for controlled drugs which have been enumerated above do not, therefore, apply in such cases if the drugs are dispensed from ward stock. If a drug is not dispensed from ward stock the instructions in the casenotes or treatment sheet ordering the treatment must state in the doctor's handwriting the dose in words and figures and the total quantity to be supplied from the dispensary. The instructions must be signed by the doctor with his usual signature.

SCHEDULE 4

The drugs specified in schedule 4 are not widely used in medicine and some are not used in medicine at all. They include cannabis and cannabis resin and some derivatives of cannabis, lysergide related compounds, derivatives, and a precursor of it, raw opium, coca leaf, the hallucinogens bufotenine and mescaline, psilocin—from which is derived the hallucinogen psilocybin, three synthetic hallucinogens, and concentrate of poppystraw.

Nowhere in the Misuse of Drugs Act 1971 or the regulations is it specifically stated that a licence is required to possess, supply, or offer to supply, or administer or cause to be administered any drug specified in schedule 4. In effect, however, such a licence is required because the Act and regulations define those people who are authorized to do any of these things in respect of drugs specified in schedules 1, 2, and 3. Regulation 5 empowers the Secretary of State to license individuals to produce, supply, offer to supply, or possess any controlled drug, and this includes drugs specified in schedule 4.

REQUISITION OF CONTROLLED DRUGS

In an emergency a practitioner may obtain from a supplier a controlled drug specified in schedules 2 or 3 if he for some reason cannot immediately supply a signed requisition. The practitioner must, however, undertake to deliver a signed requisition within 24 hours of receiving the drug. A person who is not a practitioner cannot receive such a controlled drug, other than on prescription, unless he has a signed statement by an authorized recipient that he is empowered by the recipient to receive it on his behalf and the supplier is reasonably satisfied that the statement is genuine.

No person may supply a controlled drug specified in schedule 2 or 3 otherwise than on a prescription or by way of administration until he has obtained a written requisition signed by the person to whom the drug is to be supplied. This must give his name, address, and profession or occupation, and state the purpose for which the drug is supplied and the total quantity to be supplied. The supplier must be satisfied that the signature is genuine and that the signatory is engaged in the profession or occupation stated.

The people to whom the controlled drugs may be supplied on a requisition include practitioners and matrons or acting matrons of hospitals or nursing homes (in which case the requisition must be countersigned by a doctor or dentist employed or engaged in that hospital or nursing home). The controlled drugs may also be supplied on requisition to a person in charge of a laboratory of which the recognized activities are, or include, scientific education or research.

REGISTERS

Registers must be kept for all drugs specified in schedules 2 and 4. They need not be kept for drugs specified in schedules 1 and 3. The layout of registers is given in schedule 5 to the Misuse of Drugs Regulations 1973 of which all doctors should now have a copy.

A register must be bound, not a loose leaf book. It need not be printed. Any bound book is sufficient if it is appropriately ruled and the columns are appropriately headed. Printed registers can, however, be purchased—for example, from the National Pharmaceutical Union.

Entries in the register must be made in chronological order giving particulars of every quantity of a drug specified in schedule 2 or 4 obtained and of every quantity of such a drug supplied whether by way of administration or otherwise.

The requirement to enter particulars of drugs administered or caused to be administered is a new one. It is not necessary to enter drugs supplied to a patient on prescription.

A separate register or part of a register must be used for each

class of drugs. A class is any of the drugs specified in paragraphs 1, 3, and 6 of schedule 2 and paragraphs 1 and 3 of schedule 4 together with its salts, and also includes preparations containing these drugs—for instance, dexamphetamine is a class. Drinamyl also belongs to that class because of its dexamphetamine content. The class of drugs to which any page of a register relates must be given at the head of the page.

Entries regarding the obtaining or supplying of drugs must be made on the day on which the drugs are obtained or supplied, or, if this is not reasonably practicable, on the next day. No entry may be cancelled, obliterated, or altered. Any correction must be made by a marginal note or footnote giving the date on which the correction is made. All entries and corrections must be in ink or otherwise so as to be indelible. A register must not be used for any purpose other than the purposes of these regulations.

A doctor must, on demand by the Secretary of State or by any person authorized in writing by the Secretary of State, give such particulars as may be asked for in respect of obtaining or supplying any drug specified in schedule 2 or 4, or in respect of any stock of such drugs in his possession. To confirm these particulars he must in these circumstances produce on request his register and any stock of such drugs in his possession.

If a doctor operating from more than one set of premises maintains a stock of drugs specified in schedule 2 or 4, he must keep a separate register for each and every set of premises at which he keeps such a stock. If more than one register has to be kept each register must relate only to drugs obtained at or supplied from the particular premises to which the register relates. It is stressed again that no entry needs to be made for any controlled drug supplied to a patient on prescription. Registers must be preserved for two years from the date on which the last entry is made.

DESTRUCTION OF CONTROLLED DRUGS

No doctor may destroy a drug specified in schedule 2 or 4 to the regulations except in the presence of an authorized person. A record must be made of the date of destruction and quantity destroyed and this must be signed by the authorized person. The regulations do not specify who is an "authorized person" but police officers and inspectors of the Home Office Drugs Branch and of the Pharmaceutical Society of Great Britain have been authorized by the Home Secretary for this purpose.

If a patient or his family possesses an excess of controlled drugs doctors would be well advised to urge the patient or his relatives to destroy the excess themselves. Destruction may be supervised in such circumstances by the doctor since the drugs are the property of the patient. A doctor should not take possession of the drugs himself if only because neither the patient nor his relatives have authority to supply.

Misuse of Drugs (Safe Custody) Regulations 1973

So far as doctors are concerned these regulations mean that any controlled drug other than one specified in schedule 1 to the Misuse of Drugs Regulations 1973 must be kept in a locked receptacle which can only be opened by a doctor or somebody authorized by the doctor to open it. Preparations which are excepted in addition to those specified in schedule 1 to the principal regulations are those containing the following and their salts if they are liquid preparations designed for administration otherwise than by injection: (a) amphetamine, benzphetamine, dexamphetamine, levamphetamine, and methylamphetamine; (b) chlorphentermine and mephentermine; (c) methaqualone; (d) methylphenidate; (e) pipradrol.

The regulations do not specify whether a locked car is a satisfactory receptacle and it would be wise to assume that case law built up under previous legislation will still apply. This would mean that a locked car is not a locked receptacle for the purpose of these regulations.

Misuse of Drugs (Notification of and Supply to Addicts) Regulations 1973

NOTIFICATION

A person is to be regarded as an addict if, and only if, he has as a result of repeated administration become so dependent on a drug that he has an overpowering desire for the administration of it to be continued. Notification of addiction is required only in respect of the following drugs (some trade names and synonyms are given but these should not be regarded as comprehensive though every effort has been made to make them so):

Cocaine	Methadone (Physeptone)
Dextromoramide (Palfium)	Morphine (Cyclimorph,
Diamorphine (heroin)	Duromorph,
Dipipanone (Diconal,	Mortha,
Pipadone*)	Omnopon,
Hydrocodone (Dicodid)	papaveretum†)
Hydromorphone (Dilaudid)	Opium
Levorphanol (Dromoran)	Oxycodone (Proladone)
	Pethidine (Pamergan,
	Pethilorfan)
	Phenazocine (Narphen)
	Piritramide (Dipidolor).

Any doctor who attends a person who he considers, or has reasonable grounds to suspect, is addicted to any of the above drugs must, within seven days of the attendance, inform the Chief Medical Officer at the Home Office in writing of certain particulars of the person so far as they are known to him. These are name, address, sex, date of birth, and National Health Service number of the patient as well as the date of attendance and name of the drug or drugs concerned.

The doctor need not notify if he believes in good faith that the administration of the drug or drugs concerned is necessary for the purpose of treating organic disease or injury. Notification is also not required from a doctor if he, a partner, or employee in his practice or, if he is acting on behalf of another doctor, that doctor has furnished the details required during the 12 months ending with the date of the attendance. Neither is notification required in the case of attendance at a hospital if during the same 12-months notification has already been made by a doctor on the staff of the hospital. So long as a doctor continues to attend an addict notifications of that addict should continue to be submitted at 12-monthly intervals.

SUPPLY

Except for the treatment of organic disease or injury or under licence from the Secretary of State a doctor must not administer or supply or cause to be administered or supplied to an addict heroin, cocaine, or any of their salts. A doctor may, however, administer or supply these drugs to addicts if the administration or supply is authorized by another doctor under and in accordance with a licence issued to him by the Secretary of State.

I thank my many colleagues in the Department of Health and Social Security and Home Office Drugs Branch for their valuable help, and comment on and criticism of this article and the accompanying paper on the Misuse of Drugs Act 1971.

*Pipadone has recently been withdrawn from the market but some may still be in circulation.

†Although Omnopon and papaveretum contain other alkaloids of opium they are controlled by reason of their morphine content.

References

- ¹ *Misuse of Drugs Regulations 1973*, S.I. No. 797. London, H.M.S.O., 1973.
- ² *Misuse of Drugs (Notification of and Supply to Addicts) Regulations 1973*, S.I. No. 799. London, H.M.S.O., 1973.
- ³ *Misuse of Drugs (Safe Custody) Regulations 1973*, S.I. No. 798. London, H.M.S.O., 1973.
- ⁴ *United Nations Single Convention on Narcotic Drugs 1961*. United Nations, 1962.