**Lecture 7 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 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 drugs subject to control are listed in Schedule 2 to the Act and the term *Controlled Drug* means any substance or product so listed. The Schedule is divided into three parts or classes largely on the basis of decreasing order of harmfulness: Part I (class A); Part II (class B); and Part III (class C). This division into three classes is solely for the purpose of determining penalties for offences under the Act.

**Information concerning misuse**

Doctors, pharmacists and persons lawfully conducting retail pharmacy businesses in any area may be called upon to give particulars of the quantities of any dangerous or otherwise harmful drugs (not necessarily controlled under the Act) which have been prescribed, administered or supplied over a particular period of time. The Secretary of State may call for this information if it appears to him/her that a social problem exists in that area caused by a drug or drugs.

Pharmacists may be required to give the names and addresses of the prescribing doctors but may not be required to identify the patients concerned. It is an offence to fail, without reasonable excuse, to give the information required or to give false information.

**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, 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.

**Schedule 2**

Schedule 2 includes the opiates (such as heroin, morphine and methadone) and the major stimulants (such as the amphetamines). 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. The drugs may only be administered to a patient by a doctor or dentist, or by any person acting in accordance with the directions of a doctor or dentist.

**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.

**Schedule 4, Part I**

Part I of Schedule 4 contains the benzodiazepine tranquillisers. 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. There is no restriction on the import, export, possession or administration of these preparations, and safe custody requirements do not apply to them.

**Poppy-straw**

Poppy-straw, which includes poppy heads, is listed as a Controlled Drug in Schedule 2 to the Act, where it is defined as ‘all parts, except the seeds, of the opium poppy, after mowing’. It is not included in any of the schedules to the regulations. Although a licence is required to import or export poppy-straw, its production, possession and supply are free from control.

**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 unlawful for any person to be in possession of a Controlled Drug unless:

1. s/he holds an appropriate licence from or is registered by the Secretary of State; or,
2. s/he is a member of a class specified in the regulations and is acting in his/her capacity as a member of that class; or
3. the regulations provide that possession of that drug or group of drugs is not unlawful.

Possession of poppy-straw or drugs in Schedule 5 and medicinal products in Schedule 4 are not controlled.

**Requisitions**

Standard requisition forms are now produced by the NHS but there is no legal requirement for them to be used. If a non-standard requisition form is used, all the legal requirements must be complied with. The requisition must be signed by the recipient, state his/her name, address and profession or occupation, and must specify the total quantity of the drug and the purpose for which it is required.

**Preservation of records**

All registers and midwives’ record books must be preserved for two years from the date on which the last entry is made therein. Every requisition, order or prescription (other than a health prescription) on which a Controlled Drug is supplied must be preserved for two years from the date on which the last delivery is made.

**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.

**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.

