

Prescriptions to be supplied by a pharmacist in hospital are exempt from the requirements for private prescriptions.

Dependence and misuse

The most common drugs of addiction are **crack cocaine** and **opioids**, particularly **diamorphine hydrochloride p. 477 (heroin)**. For arrangements for prescribing of diamorphine hydrochloride, dipipanone, or cocaine for addicts, see *Prescribing of diamorphine (heroin), dipipanone, and cocaine for addicts* below.

Along with traditional stimulants, such as amphetamine and cocaine, there has been an emerging use of methamphetamine and a range of psychoactive substances with stimulant, depressant or hallucinogenic properties such as lysergide (lysergic acid diethylamide, LSD), ketamine or gamma-hydroxybutyrate (sodium oxybate, GHB).

Benzodiazepines and z-drugs (i.e. zopiclone p. 512, zolpidem tartrate p. 512) have their own potential for misuse and dependence and are often taken in combination with opiates or stimulants.

Cannabis-based products for medicinal use are Schedule 2 Controlled Drugs and can be prescribed only by clinicians listed on the Specialist Register of the General Medical Council. Cannabis with no approved medicinal use is a Schedule 1 Controlled Drug and cannot be prescribed. It remains the most frequently used illicit drug by young people and dependence can develop in around 10% of users. Cannabis use can exacerbate depression and it may cause an acute short-lived toxic psychosis which resolves with cessation, however paranoid symptoms may persist in chronic users; withdrawal symptoms can occur in some users and these can contribute to sleep problems, agitation and risk of self-harm.

Supervised consumption

Supervised consumption is not a legal requirement under the 2001 Regulations. Nevertheless, when supervised consumption is directed on the prescription, the Department of Health recommends that any deviation from the prescriber's intended method of supply should be documented and the justification for this recorded.

Individuals prescribed opioid substitution therapy can take their daily dose under the supervision of a doctor, nurse, or pharmacist during the dose stabilisation phase (usually the first 3 months of treatment), after a relapse or period of instability, or if there is a significant increase in the dose of methadone. Supervised consumption should continue (in accordance with local protocols) until the prescriber is confident that the patient is compliant with their treatment. It is good practice for pharmacists to alert the prescriber when a patient has missed consecutive daily doses.

Prescribing drugs likely to cause dependence or misuse

The prescriber has three main responsibilities:

- To avoid creating dependence by introducing drugs to patients without sufficient reason. In this context, the proper use of the morphine-like drugs is well understood. The dangers of other Controlled Drugs are less clear because recognition of dependence is not easy and its effects, and those of withdrawal, are less obvious.
- To see that the patient does not gradually increase the dose of a drug, given for good medical reasons, to the point where dependence becomes more likely. This tendency is seen especially with hypnotics and anxiolytics. The prescriber should keep a close eye on the amount prescribed to prevent patients from accumulating stocks. A minimal amount should be prescribed in the first instance, or when seeing a patient for the first time.
- To avoid being used as an unwitting source of supply for addicts and being vigilant to methods for obtaining

medicines. Methods include visiting more than one doctor, fabricating stories, and forging prescriptions.

Patients under temporary care should be given only small supplies of drugs unless they present an unequivocal letter from their own doctor. Doctors should also remember that their own patients may be attempting to collect prescriptions from other prescribers, especially in hospitals. It is sensible to reduce dosages steadily or to issue weekly or even daily prescriptions for small amounts if it is apparent that dependence is occurring.

Prescribers are responsible for the security of prescription forms once issued to them. The stealing and misuse of prescription forms could be minimised by the following precautions:

- records of serial numbers received and issued should be retained for at least three years;
- blank prescriptions should never be pre-signed;
- prescription forms should not be left unattended and should be locked in a secure drawer, cupboard, or carrying case when not in use;
- doctors', dentists' and surgery stamps should be kept in a secure location separate from the prescription forms;
- alterations are best avoided but if any are made and the prescription is to be used, best practice is for the prescriber to cross out the error, initial and date the error, then write the correct information;
- if an error made in a prescription cannot be corrected, best practice for the prescriber is to put a line through the script and write 'spoiled' on the form, or destroy the form and start writing a new prescription;
- prescribers and pharmacists dispensing drugs prone to abuse should ensure compliance with all relevant legal requirements specially when dealing with prescriptions for Controlled Drugs (see *Prescription requirements and Instalments* above);
- at the time of dispensing, prescriptions should be stamped with the pharmacy stamp and endorsed by the pharmacist or pharmacy technician with what has been supplied; where loss or theft is suspected, the police should be informed immediately.

Travelling abroad

Prescribed drugs listed in Schedule 4 Part II (CD Anab) for self-administration and Schedule 5 of the Misuse of Drugs Regulations 2001 (and subsequent amendments) are not subject to export or import licensing. A personal import/export licence is required for patients travelling abroad with Schedules 2, 3, or 4 Part I (CD Benz) and Part II (CD Anab) Controlled Drugs if, they are carrying more than 3 months' supply or are travelling for 3 calendar months or more. A Home Office licence is required for any amount of a Schedule 1 Controlled Drug imported into the UK for personal use regardless of the duration of travel. Further details can be obtained at www.gov.uk/guidance/controlled-drugs-licences-fees-and-returns or from the Home Office by contacting DFLU.ie@homeoffice.gsi.gov.uk. In cases of emergency, telephone (020) 7035 6330.

Applications for obtaining a licence must be supported by a cover letter signed by the prescribing doctor or drug worker, which must confirm:

- the patient's name and address;
- the travel itinerary;
- the names of the prescribed Controlled Drug(s), doses and total amounts to be carried.

Applications for licences should be sent to the Home Office, Drugs & Firearms Licensing Unit, Fry Building, 2 Marsham Street, London, SW1P 4DF.

Alternatively, completed application forms can be emailed to DFLU.ie@homeoffice.gsi.gov.uk. A minimum of 10 days should be allowed for processing the application.

Patients travelling for less than 3 months or carrying less than 3 months supply of Controlled Drugs do not require a