

## FAQs on Controlled Drugs

### What is a controlled drug?

It is a substance that is regulated by both the *Misuse of Drugs Act* and *The Misuse of Drugs Regulations* because it is known to be particularly dangerous or open to abuse. Some medicines that physiotherapists prescribe and/or administer in their practice will be regulated as ‘controlled drugs’ and will have additional controls in place to monitor their use.

### How are controlled drugs regulated?

The Home Office maintains the central list of UK controlled drugs and reviews this list periodically. Changes to the list can only be made after the Advisory Committee on the Misuse of Drugs (ACMD) has advised the Home Office that changes should be made and a full Public Consultation has taken place. Drugs can be “up-classified” if stronger controls need to be in place, or can be down-classified if a substance has been shown to pose less of a safety risk to patients and the public. The re-classification of substances can affect how physiotherapists prescribe and/or administer controlled drugs, particularly if the drug is made a controlled drug or is moved into a higher classification that has tighter controls on its use.

You must always consult the British National Formulary (BNF) or your local Pharmacist for current advice on the use of controlled drugs.

### What do the ‘classes’ of controlled drugs refer to?

This is the grouping system used by the *Misuse of Drugs Act* to reflect how dangerous substance is. Drugs are grouped into a ‘Class’ - either A, B or C according to their risk level, with Class A substances the most dangerous.

### What do the ‘schedules’ of controlled drugs refer to?

This is the grouping system used by the *Misuse of Drugs Regulations* to reflect the different restrictions that apply to the prescription and monitoring of controlled drugs used for medical purposes. Drugs are grouped into one of five ‘Schedules’ with Schedule 1 having the tightest controls.

### Why can the schedule of controlled drug vary?

The route of administration and the dose of a controlled drug can affect how potent it may be. All controlled drugs for administration by injection have a Schedule 2 rating. The schedule rating of a drug depends, amongst other things, on the dose of the active ingredient. A single drug can have more than one scheduling status. For example, morphine and codeine can be either Schedule 2 or Schedule 5 depending on their strength and/or route of administration.

### What is the impact of controlled drug classification, or reclassification, on physiotherapy practice?

The classification will affect how you can supply and administer and/or prescribe controlled drugs, or medicines containing controlled drugs in your clinical practice. An “up-classification” of a product may mean you have to find an alternative prescribing mechanism, or stop prescribing the medicine.

### **What controlled drugs can independent prescriber physio's currently prescribe?**

HCPC annotated physiotherapist independent prescribers can *\*only\** prescribe the following 7 controlled drugs, by the routes listed:

1. Morphine (oral and injectable)
2. Fentanyl (transdermal)
3. Oxycodone (oral )
4. Dihydrocodeine (oral)
5. Temazepam (oral)
6. Diazepam (oral)
7. Lorazepam (oral)

There are plans to update this list in the near future. NHS England is seeking permission to hold a Public Consultation to add Codeine and Tramadol to this list. Gabapentin and Pregabalin will also be included in the proposed consultation following the announcement of their forthcoming up-classification to controlled drug status in April 2019.

### **What controlled drugs can supplementary prescriber physio's prescribe?**

HCPC annotated physiotherapist supplementary prescribers can prescribe any controlled drug, provided it is listed within the Clinical Management Plan agreed with a Doctor, *\*before\** the prescribing activity occurs.

### **What controlled drugs can physio's supply and administer under a Patient Group Direction?**

Schedule 4 and 5 controlled drugs only.

### **Can physiotherapists mix controlled drugs prior to administration to the patient?**

No. You must not mix controlled drugs prior to administration.

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