

ADVICE NOTE 23

ENSURING RESTRICTED ACCESS TO CONTROLLED DRUGS

- 1) The purpose of this Advice Note is to focus on the need to restrict access to controlled drugs stored on veterinary practice premises (including vehicles, homes and other premises where smaller supplies may be held on a temporary and occasional basis).
- 2) Controlled drugs may be used inappropriately by people for recreational purposes and may be the cause of intentional or unintentional death. To that extent, veterinary surgeons responsible for storing controlled drugs have an equal responsibility to ensure they are stored securely; there should be no direct access by members of the public (including family and friends); and, staff and contractors employed by the practice should be allowed access only as appropriate.
- 3) Legislation and advice relating to the use, prescription and supply of controlled drugs can be found in the Misuse of Drugs Act 1971 and 2001 Regulations made under it; the Veterinary Medicines Regulations and the *RCVS Guide to Professional Conduct*. The requirements for maintaining a Register of Controlled Drugs are also well documented. Less well covered are the storage and authorised access issues and the checks on those staff and contractors who may seek to obtain access.

Storage and authorised access

- 4) The Misuse of Drugs (Safe Custody) Regulations 1973 provide that any veterinary surgeon keeping a stock of controlled drugs must ensure that, if the drugs are not kept in a locked safe, cabinet or room so constructed as to prevent unauthorised access to the drugs, they are, so far as circumstances permit, kept in a locked receptacle which can be opened only by that person or by someone acting with his/her authority. This applies to Schedule 1 controlled drugs (for which a Home Office licence is required) and Schedule 2 and 3 controlled drugs (with exceptions, most notably any 5,5 disubstituted barbituric acid, for example Euthatal (pentobarbitone))
- 5) The controlled drugs not subject to the 'safe custody' requirements (including certain schedule 3 drugs and schedule 4 and 5 drugs) may still be the subject of misuse and should be stored safely. Examples of such drugs include Euthatal (pentobarbitone), and Ketamine (the *RCVS Guide to Professional Conduct* advises that Ketamine is stored in the controlled drugs cabinet and its use recorded in an informal register).
- 6) The Misuse of Drugs legislation does not give any indication of what factors should be taken into consideration in allowing authorised access, preventing unauthorised access

and what steps should be taken to ensure that keys are kept secure, doors and windows locked, etc, but these need to be considered to ensure compliance with the legislation.

Checks relevant to authorised access (or the likelihood of unauthorised access)

- 7) In determining who should have authorised access to controlled drugs (or the likelihood of unauthorised access) it may be appropriate to consider the following at the start of employment, or when access to controlled drugs is given if this is later:
 - a) Employment or other references
 - b) Whether the person has any relevant convictions [Inquiry might be made of the individual]
 - c) Whether the person has any relevant health problems [Inquiry should be made of the individual and concerns of colleagues, relatives or friends should also be taken into account; permission to consult the individual's GP for a reference should be considered in cases where there is serious concern]
 - d) How long the person has been employed by the practice and how much is known about the person
 - e) Whether the person is ever likely to be alone in the premises or able to gain access [e.g. has keys to open up/lock up the premises or medicines, for example, Euthatal are stored on open shelves]

The limits of authorised access

- 8) Those with authorised access should be made aware that they should only supply or administer controlled drugs at the specific request (direction) of the prescribing veterinary surgeon and they should only obtain controlled drugs and access the controlled drugs cabinet as authorised.

Practice protocols

- 9) Veterinary surgeons and practices are advised to consider practice protocols or Standard Operating Procedures (SOPs) for the following:
 - a) security in relation to the storage and transportation of controlled drugs as required by misuse of drugs legislation, for example:
 - i) where the controlled drugs are stored;
 - ii) who has access to the controlled drugs stored in the controlled drugs cabinet or controlled drugs stored on open shelves;
 - iii) who has access to or holds a set of keys to the controlled drugs cabinet;
 - iv) where the keys for the controlled drugs cabinet are kept;

- v) which controlled drugs not subject to the 'safe custody' requirements will be stored in the controlled drugs cabinet.
 - b) disposal and destruction of controlled drugs;
 - c) who to alert if complications arise; and,
 - d) record-keeping, including:
 - i) maintaining relevant controlled drugs registers under Misuse of Drugs legislation, and
 - ii) maintaining a record of the controlled drugs returned by clients for destruction by a veterinary surgeon (and then signed by the veterinary surgeon when destroyed).
- 10) The veterinary surgeon(s) responsible for the practice controlled drugs should also consider the use of running balances and checking supplies from wholesalers to ensure stock is accounted for, particularly if there are any relevant concerns.

Veterinary accountability

- 11) Veterinary surgeons should remember that they are responsible for controlled drugs obtained, stored, supplied and administered by the practice. The RCVS annex on team-working states that '*veterinary surgeons must account, individually or collectively, for medicines (including drugs controlled under the Misuse of Drugs Act) obtained for use within the organisation or practice...*'
- 12) Veterinary surgeons are reminded of the interim advice from the RCVS on controlled drugs, pending a review of the relevant legislation by the Veterinary Medicines Directorate; this advice was issued in *RCVS News* (March 2007) [www.rcvs.org.uk/rcvsnews].

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