



Coronavirus Pandemic – Changes to the Misuse of Drugs Regulations 2001

Please Note: these measures are contingency measures and NOT yet operational

The Home Secretary has exercised certain powers within the Coronavirus Act 2020 to make amendments to the Misuse of Drugs Regulations 2001. These amendments would, on “activation”, enable pharmacists to issue certain controlled drugs without a prescription or to make certain alterations to already issued prescriptions.

The measures were approved by Parliament and came into force on the 30th April 2020, but these are contingency changes which “activate” following an announcement by the Secretary of State and which would specify:

- The date when these changes come into effect
- The duration of the period when these changes are effective
- The specific geographical area these changes are applicable to

In summary, the changes made to legislation would enable pharmacists to:

- supply controlled drugs without a prescription
- substitute controlled products under a SSP (serious shortage protocol)
- vary the instalment intervals specified on a prescription.

There are some specific restrictions in place, for example, a pharmacist will not be able to alter the instalment interval unless he speaks to the prescriber or his representative and his consent is obtained.

Each of the home nations will develop and issue operational guidance on the implementation of these measures.

Patient facing community pharmacists and their teams may face considerable personal risk and the measures, unless fully considered, may also pose a significant risk to persons seeking these controlled drugs without a prescription or when alterations need to be made to already issued prescriptions.

We provide a short bullet point summary of the key issues that need to be considered.

Risks

- Pharmacists may have no knowledge of the presenting patient the patient may be unknown to the pharmacist or a totally new patient in the PMR history of that particular pharmacy.
- Pharmacists lack of access to full clinical records upon which to make informed decisions about the patient and their clinical history.
- There may be difficulty in contacting the prescribing centre (or the prescribing physician) who has the patient's full clinical history and who has full clinical knowledge of the patient.
- The presenting patient may be a high risk individual and may have a history of overdosing or may pose a suicide risk.
- The presenting patient may have a history of using illicitly obtained drugs and combining these with prescribed drugs.
- The presenting patient may not have access to secure storage within their domestic environment (e.g. a house share).
- The presenting patient may have children in the household.
- The presenting patient may have a history of attempting to obtain more drugs than needed in order to sell them in the illicit marketplace.
- Pharmacies may have to keep increased supplies of controlled drugs and thereby increasing their risk to theft and break-in.
- Presenting patients who are aware of the proposed emergency provisions may become violent or abusive if they were to be denied the drugs (for any clinical reason that the pharmacist has judged to be essential).

Potential mitigating measures for National Operational Guidance to consider in order to minimise risks to patients and pharmacy teams:

- Consistent Government messaging that these are exceptional exemptions only to be used in specific defined circumstances at the absolute clinical discretion of the present pharmacist.
- The media needs to be briefed to behave sensibly and not to sensationalise these emergency measures.
- Provision of concise guidelines and conversion charts highlighting known high risk combinations.
- Allowing pharmacists to access full clinical records where feasible when patient presents.
- Considering access to specialised prescribing centres, opening 7 days a week for extended hours (many pharmacies are open until 7 pm, especially in urban areas).
- Collation of all information relating to any supply where these measures have been used (so as to enable regional and national central database for reference purposes and to prevent abuse of the measures).
- Considering the creation of hub pharmacies in each locality where specialist pharmacists can review patients and decide on supply.
- Disabling online 111 referrals for any controlled drugs as this will not have special notes (referrals made by 111 following telephone calls **do** contain special notes)

Lines of reporting and accessing information:

- Clear lines of reporting must be in place.
- These lines of reporting must be accessible as input and outputs (in real time) so that any repeated requests can be quickly and clearly identified by a pharmacist.
- Using existing structures, where possible, would reduce training needs and ensures persons familiar with localities and local issues can provide relevant local knowledge.