

Controlled Drugs

A basic guide for practice staff

Reviewed and updated June 2025

Index

What is a controlled drug (CD)? Legislation	Page 3
Drug class	Page 4
The schedules	Page 5-6
The Shipman Inquiry	Page 8
Updates and changes	Page 7
Accountable officer/ Authorised witness Standard operating procedures/considerations	Page 8-9
Doctors bag	Page 10
Prescription writing requirements and typing errors	Page 11-12
Collection of CDs	Page 12-13
Installments and Methadone/buprenorphine/Private prescriptions	Pages 13-14
Controlled drugs register	Pages 14-15
Entry errors/ Destruction of controlled drugs	Pages 15-16
Expired stock	Page 16-18
Travel abroad with controlled drugs	Page 18
Controlled drugs and driving, the law	Pages 18-19
References	Page 19
Appendix 1- Controlled drugs stored in locked cabinet	Page 20

1.0 Introduction

This guidance aims to provide practice staff with a basic understanding of the current controlled drug legislation that is most relevant to a GP practice. The guidance is not exhaustive and where answers cannot be found within this guidance the listed references should be accessed or the ICB Medicines Optimisation teams can be contacted for further advice.

1.1 What is a controlled drug?

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called **controlled drugs (CDs)**.

Examples include:

- morphine
- pethidine
- methadone

Stricter legal controls apply to controlled medicines to prevent them:

- being misused
- being obtained illegally
- causing harm

For example, these legal controls govern how controlled medicines may be:

- stored
- produced
- supplied
- prescribed

1.2 Legislation that relates to controlled drugs

- The Misuse of Drugs Act 1971
- The Misuse of Drugs Regulations 2001
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Health Act 2006

2.0 Drug Class

Illegal drugs are put into 3 different classes in the UK- **A, B or C**

2.1 Class A (Considered the most harmful)

- Diamorphine (Heroin)
- Cocaine and crack cocaine
- MDMA (Ecstasy)
- LSD
- Methamphetamine (crystal meth)
- Methadone
- Magic mushrooms

Penalties for unlawful possession

- Up to 7 years imprisonment, an unlimited fine or both

Penalties for unlawful supply

- Up to life imprisonment, an unlimited fine or both

2.2 Class B

- Amphetamines (including dexamphetamine and lisdexamfetamine)
- Barbiturates
- Cannabis
- Methylphenidate
- Codeine
- Gamma hydroxybutyrate (GHB)
- Gamma-butyrolactone (GBL)
- Ketamine
- Synthetic cannabinoids
- Synthetic cathinones (e.g. mephedrone, methoxetamine)

Penalties for unlawful possession

- Up to 5 years imprisonment, an unlimited fine or both

Penalties for unlawful supply

- Up to 14 years imprisonment, an unlimited fine or both

2.3 Class C

- Benzodiazepines (diazepam)
- Ketamine
- Anabolic steroids
- Tramadol
- "Z" drugs (zopiclone, zolpidem)
- Khat
- Nitrous oxide (laughing gas)
- Piperazines (BZP)
- Pregabalin
- Gabapentin

Penalties for unlawful possession

- Up to 2 years imprisonment, an unlimited fine or both (except anabolic steroids- it is not an offence to possess them for personal use)

Penalties for supply

- Up to 14 years imprisonment, an unlimited fine or both

The Misuse of Drugs Regulations 2001 divide controlled drugs intended for lawful purpose into five schedules corresponding with their therapeutic usefulness, misuse and harm potential and level of control.

3.1 Schedule 1 CD licence

Virtually all drugs listed in schedule 1 have **no recognised medicinal use**.
Examples are Cannabis resin and LSD.

3.2 Schedule 2 CD Licence

- Includes **Diamorphine, morphine, pethidine, methadone, oxycodone, fentanyl**
- There are over **100** drugs in this class
- They must be stored in a locked CD cabinet
- There are specific prescription requirements
- Prescriptions are only valid for 28 days
- They cannot be put onto repeat dispensing prescriptions (eRD)
- A license is required to import or export drugs in Schedule 2
- A register recording all transactions must be kept for Schedule 2 CDs
- An authorised witness is not required to attend the denaturing of patient returned CDs. However, its good practice for two members of staff (one to destroy and one to witness) to carry out this task and make an entry into the patient returns book
- An authorised witness is legally required to be present when destroying out of date schedule 2 controlled drugs. An entry will be made by them into the CD Register to validate this
- Invoices must be kept for two years

3.3 Schedule 3 CD licence

Schedule 3 (Controlled Drugs - no register)

- Includes **buprenorphine, midazolam, tramadol and temazepam**
- All are exempt from safe custody requirements and can be stored on the open dispensary shelf except for temazepam, buprenorphine, flunitrazepam and diethylpropion which must be stored in a locked CD cabinet
- All are subject to the same prescription requirements as schedule 2 drugs except phenobarbital. As of June 1st, 2015 temazepam must fully comply with writing

requirements for schedule 3 drugs i.e. **dose, form, strength, quantity in words and figures**

- Prescriptions are only valid for 28 days
- There is no legal requirement to record transactions in a CD register
- If a schedule 3 CD is returned by a patient, then it is good practice to denature the drug with a witness present and a record made into the patient returns book
- Expired schedule 3 drugs must be denatured but there is no legal requirement to record them in the CD register
- Invoices must be kept for two years

3.4 Schedule 4 CDs

This is split into 2 parts

Part 1 - benzodiazepines, “Z drugs”

Part 2 – anabolic steroids

- There is no need to keep this schedule in a locked cupboard; they can be stored on dispensary and pharmacy shelves as they are exempt from safe custody requirements
- There is no need to record the supply in the CD register
- There are no specific prescription requirements
- Prescriptions are only valid for 28 days
- Repeat dispensing prescriptions for Schedule 4 Controlled Drugs must be dispensed for the first time within 28 days of the appropriate date with subsequent issues valid for 12 months from the signed date
- Invoices must be retained for two years

3.5 Schedule 5 CD

- Some schedule 5 drugs are produced from drugs which appear in Schedule 2 and therefore make misuse and harm a risk. However, because of their low strength, the risk of harm is reduced. Examples include codeine, pholcodine, kaolin and morphine mixture
- There is no need to keep this schedule in a locked cupboard; they can be stored on dispensary and pharmacy shelves as they are exempt from safe custody requirements
- There is no need to record the supply in the CD register
- There are no specific prescription requirements
- Prescriptions are valid for six months
- Repeat prescriptions for Schedule 5 Controlled Drugs are treated the same as non-controlled drugs and must therefore be dispensed for the first time within six months of the appropriate date with subsequent issues valid for 12 months from the signed date
- There are no specific requirements relating to destruction of schedule 4 controlled drugs
- Invoices must be retained for two years

3.6 Updates and changes

- As of 31 December 2023, under [The Misuse of Drugs Regulations 2001](#) a paramedic independent prescriber may prescribe any of the following controlled drugs for the treatment of organic disease or injury provided the controlled drug is prescribed to be administered by the specified method
 - (a) Morphine sulphate by oral administration or by injection
 - (b) Diazepam by oral administration or by injection
 - (c) Midazolam by oromucosal administration or by injection
 - (d) Lorazepam by injection
 - (e) Codeine phosphate by oral administration
- From January 2023 Cannabis oil can be prescribed in England (Cannabidiol) to patients with rare seizure causing genetic disorder
- From November 2018 Cannabis was rescheduled (schedule 2) for medicinal use for specific conditions e.g., epilepsy
- From April 2019 pregabalin and gabapentin became schedule 3 /class C controlled drugs. They will be exempt from safe custody requirements
- February 2024 Codeine linctus cough mixture re-classified from P to POM due to misuse concerns

4.0 The Shipman Inquiry

- **The Shipman Inquiry** was the report produced by the government investigation into the activities of the GP, and serial killer, Dr Harold Shipman
- Shipman was caught in 1998, and the inquiry commenced after his trial in 2000. It released its findings in various stages
- While Shipman was convicted of 15 murders, the inquiry established that he probably committed 250 in total
- The inquiry took approximately 2,500 witness statements and analysed approximately 270,000 pages of evidence. In total the six reports ran to 5,000 pages and the investigation cost £21 million
- As a result of this inquiry, it was decided that an **Accountable Officer** must be introduced in organisations to protect patients

4.1 What is an Accountable Officer?

- A senior member of the NHS
- Responsible for managing and supervising CDs and poor performance or practice
- However, **not** responsible for day-to-day handling of Controlled drugs
- The Accountable Officer will appoint **Authorised Witness** to witness the destruction of out-of-date CDs, see below
- The Accountable Officer is responsible for ensuring GP practices and Pharmacies have standard operating procedures in place (SOPs) for day-to-day activity dispensing and storing etc
- Jane Newman is the accountable officer for the East of England region
england.ea-cdao@nhs.net

4.2 Standard Operating Procedures

All healthcare providers holding CD stocks on the premises **must** have, and must comply with, an approved Standard Operating Procedure.

The regulations state that SOPs **must** contain the following:

- Who takes overall responsibility for controlled drugs
- Who has access to the controlled drugs
- Where the controlled drugs are stored
- Security in relation to the storage and transportation of controlled drugs
- Disposal and destruction of controlled drugs
- Who is to be alerted if complications arise
- Record keeping, including the maintenance of a register for stock CDs and the maintenance of a register of patient returned CDs
- Auditing procedure (i.e. stock checks)

The CQC states:

- Each practice should have clear, written standard operating procedures (SOPs) covering all aspects of CD management that are known, understood, and followed by all the relevant staff
- The SOPs should cover the ordering, storing, administering, recording, and destruction of CDs
- Staff should be trained to ensure they have the relevant knowledge and skills to undertake the CD related tasks required of them
- Staff should know what to do and who to contact if they have a concern about an incident or the performance or practice of other healthcare professionals/ staff
- Staff should know how to contact the NHS England lead controlled drugs accountable officer (CDAO) for the area (Jane Newman is the accountable officer for the East of England region. england.ea-cdao@nhs.net)

The Department of Health has also stated that SOPs should also cover the following:

- Ordering and receipt of CDs
- Assigning responsibilities

5.0 Doctor's bag

When CDs are carried in a doctor's bag, this must be lockable. The keys should always be kept separate unless it is fitted with a combination lock. The person in lawful possession of this bag, or an individual authorised by them, must always retain the keys where used. Never leave the case unattended. If kept in a car it needs to be in a locked boot and the vehicle should also be fitted with an alarm.

Doctors are advised to carry the minimum quantity of CDs required to fulfill emergency treatment needs.

To avoid packaging and labeling pitfalls it is best not to carry CDs in any form other than injection ampoules for emergency use. It can also be safer to consider only holding one strength.

- All CDs transferred to the doctor's bag must be entered in the CD register
- Keeping a running stock balance in the register can make sure any problems are identified and dealt with promptly
- It is a requirement for each doctor who carries CDs in a bag/ case to have a personal register, segregated for different drugs and formulations, in which they record the drugs and dose administered to which patient along with the date
- The GP is responsible for the receipt and supply of CDs from their bag
- Monthly date checks should be carried out and recorded
- Restocking the bag from practice stock should be witnessed by another member of practice staff, as should the appropriate entries into the CD register
- Where a prescription is written by a GP following the administration of a CD to a patient, the word "administered" must be added and the date. This aims to avoid unauthorised individuals attempting to reuse these prescriptions to obtain CDs illegally
- Patient's record should be updated immediately

6.0 Prescription writing requirements for Controlled drugs

The following requirements must be present when writing a prescription for schedule 2 and 3 controlled drugs

- The name and address of the patient
- The name of the drug
- The form (this means tablet or liquid etc)
- The strength of the drug
- The total quantity of the medication e.g., for liquids, the total volume in millilitres (in both words and figures) *
- The words 'for dental treatment only' if issued by a dentist
- The date
- The prescribers signature
- The prescribers address
- Clearly state the dose. Examples of doses that are **not** legally acceptable:
 - As directed
 - When required
 - PRN
 - As per chart
 - Titration dose
 - Weekly
 - Decrease dose by 3.5ml every four days
- Where the prescription is intended to be supplied in instalments a valid instalment direction is required i.e. it must contain
 - The amount of medicine per instalment
 - The interval between each time the medicine can be supplied

*The Department of Health and the Scottish Government have issued a strong recommendation that the maximum quantity of Schedule 2, 3 or 4 Controlled Drugs prescribed should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded on the patient's notes.

Electronic Prescribing of controlled drugs

- A computer-generated prescription is acceptable, but the prescriber's signature must be handwritten. Advanced electronic signatures can be accepted for Schedule 2 and 3 Controlled Drugs where the Electronic Prescribing Service (EPS) is used. All prescriptions for Controlled Drugs that are subject to the prescription requirements must always state the legal requirements listed above.
- EPS cannot be used for prescribing in instalments (FP10MDA) or for oral liquid methadone, a paper FP10 prescription will still need to be generated for this to allow the pharmacy to claim the correct fees.

6.1 Typing Errors

Pharmacists can amend some prescriptions for Schedule 2 and 3 Controlled Drugs where the prescription does not comply with the CD prescription requirements. These changes are:

- Minor spelling mistakes
- Minor typographical mistakes (for example, these may include a number being substituted for a letter, or two letters being inverted but where the prescriber's intention is still clear)
- Where the total quantity of the CD/number of dosage units is specified in either words or figures but not both, a pharmacist can add either the missing words or figures as required (but not both)
- Amendments must be made in ink and initialled by the Pharmacist

An electronic NHS prescription cannot be amended once it has been sent to the spine. If an amendment is required, the prescriber needs to cancel the prescription and regenerate it in amended form. The only exception to this is when the dosage instructions are not clear. Most pharmacy systems will have the flexibility to allow you to manually amend this so the dispensing label carries the correct instructions

7.0 Collection of controlled drugs

7.1 Controlled drugs awaiting collection

- Dispensed controlled drugs need to be kept in a sealed, labelled bag in a locked CD cabinet
- If a patient has other non-CD items they may be kept on the shelf outside of a CD cabinet. It is good practice to put a label on the bag to show the dispenser handing out the medication that there is a controlled drug item in the CD cabinet
- More than one CD cabinet is allowed, if it complies with the law

7.2 Is Identification required when collecting controlled drugs?

Person Collecting	Action	Notes
Patient	Unless already known to the pharmacy, request evidence of identity	The decision whether to supply or not is at the discretion of the supplying Pharmacist or Dispenser – based on their professional judgement
Patients' representative		
Healthcare professional acting in their professional capacity on behalf of the patient	Unless already known to obtain • Name of healthcare professional • Address of healthcare professional also request evidence of identity	Where evidence of identity is not available, the Pharmacist or Dispenser has discretion over whether to supply or not – based on their professional judgement

The pharmacist or dispenser must use their own discretion when handing out a controlled drug. If it is a patient representative, then a phone call directly to the patient can be made if they are not sure.

There is a legal requirement for patients or the person collecting controlled drugs on their behalf to sign the back of the prescription form in the designated area.

7.3 'Owing' prescriptions

- Normal procedures apply if a CD is owing to the patient, and an owing slip should be given
- The entry in the CD register must only be for the quantity **supplied on that date**
- Only make an entry into the CD register for the remaining balance once this has been supplied
- If the patient does not return to pick up the owing amount, then the prescription needs to be endorsed with the **actual quantity dispensed**, and the reason the remainder was not dispensed
- Any outstanding balances' remaining after the prescription has expired cannot be supplied to the patient i.e. 28 days after the date on the prescription

8.0 What is an Instalment prescription?

- Used for the prescribing of controlled drugs for the treatment of drug addiction
- It enables the prescriber to ensure the patient receives their medication safely at specified intervals
- An FP10 MDA form is used instead of a regular FP10 prescription
- In England only Schedule 2 Controlled Drugs plus buprenorphine, naloxone and diazepam can be supplied in instalments
- The prescriber must state the number of instalments (issues) to be dispensed, and the amount of time between each issue
- The prescription must contain the amount of medicine per instalment and the interval between each time the medicine can be supplied
- Maximum instalment length is 14 days
- The first instalment must be dispensed within 28 days. The remainder of the instalments should be dispensed in accordance with the instructions (even if this is beyond 28 days from the date on the prescription)
- In the bottom left-hand side of the FP10MDA form there is a box to allow pharmacists to record the total number of items on the prescription. It is not mandatory to complete this, but it helps when it comes to reimbursement

8.1 Supervised Consumption

Some instalment prescriptions also require the Pharmacist to supervise the patient taking their medication. This is called supervised consumption. The supervision service only applies to prescriptions issued via a commissioned substance misuse service-for example Turning Point in Suffolk.

The Pharmacist should have an agreed time with the patient and use a private room.

8.2 Bank Holiday Instalments

If one of the dates a patient is due to collect an instalment is on a bank holiday there needs to be specific wording included on the script to enable the patient to collect their supply prior to the bank holiday. For example, *“Instalments due on days when the pharmacy is closed should be dispensed on the day immediately prior to closure.”*

9.0 Private Prescriptions

Private prescriptions for schedule 2&3 drugs must be written on designated standardised form. The form that should be used in England is called an FP10PCD, they are pink in colour.

A prescriber identification number must be obtained from the local area team at NHSE to obtain private prescription pads for stores.

Pharmacies send off all FP10PCDs each month like all NHS prescriptions to the NHS Business Services Authority so they can be monitored.

10.0 Record Keeping

10.1 Controlled drugs register

- In primary care it is a legal requirement to compile records required under the Misuse of Drugs Act 2001 electronically or paper based. All records for Schedule 2 controlled drugs transactions must be kept in a “register” – the Controlled Drugs Register (CDR)
- The register must be a computerised system or a bound book and contain individual sections or pages for each Schedule 2 drug
- A separate section of a register must be used for what the Regulations describes as each class of drug. A class is any of the drugs specified together with its salts and stereoisomers and includes preparations contained these drugs
- Each page must specify the name, strength, and form of the drug at the head of the page
- Details of all Schedule 2 controlled drugs purchased or obtained should be entered on the date of receipt in the purchasing or obtaining section of the register
- An entry must be made in the sales or supply section of the CDR on the date a prescription is dispensed to the patient, or their representative, or personally administered to the patient.

Registers must show

- Entries made in date order in black or blue ink or in a computerised form in which every entry can be audited
- The Schedule 2 drug concerned by the name on the prescription, order, requisition, or invoice
- The date of obtaining or supply (when the drug leaves the practice or is personally administered)
- The name and address of the person from or whom the supply is obtained or made
- The quantity obtained or supplied
- Entered as soon as possible, legal requirement is within 24 hours of issue

10.2 Received Drugs

- Locate the correct page
- Enter the date of receipt
- Enter name and address of supplier plus invoice number
- Enter quantity received
- Perform balance check
- Keep the invoice for at least 2 years as an audit trail

10.3 Supplied Controlled drugs

- Date supplied
- Name and address of patient
- Prescriber details
- Quantity supplied
- Details of person collecting
- Proof of identity asked for or shown
- Running balance

10.4 Entry Errors

If a mistake is made

- **Never cross through an error**
- Put an asterisk * by the line or mistake
- At the top or bottom of that page put an asterisk * and state the error, e.g. entered twice or entered in error
- Another member of staff should witness and sign in the register to agree to the amendment/ correction
- Always check the stock balances with the register

10.5 Stock Checks

- **Stock checks should be completed regularly, ideally once a week**
- Any discrepancies need to be investigated and reported to the Pharmacist or GP in charge
- All CD related incidents should be reported to the NHSE Controlled Drug Accountable Officer by the practice and pharmacy immediately. This should be done via online CD reporting tool: www.cdreporting.co.uk

11.0 Destruction of controlled drugs

11.1 Patient returned Controlled Drugs

- From time-to-time **patients may return controlled drugs** which have not been used or have expired
- They do not need to have been dispensed at that practice/pharmacy
- Denaturing (destroying) is required of these drugs upon return, this should be done in a timely manner
- A patient returns book should be kept in the pharmacy or dispensary and should be filled in by a member of staff once a CD has been returned
- One member of staff should complete the patient returns book and witness another member of staff destroying the CD
- Both members of staff should sign the book
- A good example of this is pethidine prescribed to a pregnant woman who is having a home birth and does not use the drug

11.2 What is an Authorised Witness?

- A person who has been trained to witness the destruction of controlled drugs in pharmacies and dispensaries once they have expired
- Within SNEE ICB some of the Medicines Optimisation Technicians have this role. They should only witness in places where they have no working relationship
- Where the authorised witness identifies concerns with the controlled drugs they have been requested to witness the destruction of, they may refuse to carry this out at the time

11.3 Expired Stock

- **Expired** schedule 2, 3, and 4 controlled drugs need to be stored in a separate part of the CD cabinet, to avoid accidentally dispensing they should be clearly labelled 'out of date stock'
- Complete a CD destruction request via the CD Reporting Tool <http://www.cdreporting.co.uk>
- For safety reasons we would never refuse to witness due to small amounts, but where possible we would advise practices to wait until there is a reasonable amount to destroy.

- The Medicines Optimisation team will send their standard operating procedure to read through and prepare for the destruction, which comes with a form to complete. The form requests details of the drugs to be destroyed and must be returned before the destruction
- A T28 exemption certificate must be in place for the premises for the destruction to take place
- Once this is all in place, a date and time will be agreed with the practice for an authorising witness to attend, and the destruction will take place
- There should be an area set aside in which destructions can take place uninterrupted. The appropriate paperwork should be ready and available for the Authorised Witness to complete
- Ordering denaturing kit(s) to break or pour the controlled drugs into prior to the authorised witness coming
- Make sure all equipment is available. Examples are gloves, ampoule snapper, and a sharps bin
- It may be necessary to use a needle and syringe there are any ampoules with a stopper or a bung that cannot be easily removed
- The controlled drugs register should be in order and available for the authorised witness to be able to make an entry to authorise the destruction in

Tablets and capsules

- Wear gloves and remove outer packaging and place into a denaturing kit. Once the kit is full, follow the instructions for filling with water, secure the lid, and shake vigorously
- Place it in the CD cupboard for 24-48 hours, or as directed on the container
- Place it in pharmaceutical waste container after the stated time has elapsed

Liquid Dose formulations

- Pour from container into denaturing kit. Cat litter may also be used and disposed of into the incinerator bin. Once the kit is full follow the instructions for filling with water, secure the lid, and shake vigorously
- Place in the CD cupboard for 24-48 hours, or as directed on the container
- Place it in the pharmaceutical waste container after the stated time has elapsed

Ampoules

- Wear gloves to open the amps (easier with an ampoule snapper) and empty contents into the denaturing kit
- Ampoules containing a powder should be opened and then have water added to dissolve the powder inside. The resulting mixture can then be poured into a CD denaturing kit
- The ampoule can then be placed into the sharps bin
- It may be necessary to use a needle and syringe if there are any ampoules with a stopper or a bung that cannot be removed
- Once the kit is full, follow the instructions about filling with water, secure the lid, and shake vigorously
- Place in the CD cupboard for 24-48, hours or as directed on the container
- Place it in the pharmaceutical waste container after the stated time has elapsed

Patches

- Wear gloves, remove the back of the patch and fold over itself, and place into a denaturing kit. Once the kit is full, follow the instructions for filling with water, secure the lid, and shake vigorously
- Place in the CD cupboard for 24-48 hours, or as directed on the container
- Place the denaturing kit in the pharmaceutical waste container after the stated time has elapsed

Aerosol Formulations

- Wear a face mask and expel into water
- Put the resulting solution into the denaturing kit
- Place in the CD cupboard for 24-48, hours or as directed on the container
- Place the denaturing kit in the pharmaceutical waste container after the stated time has elapsed

Lozenges

- Wear gloves, remove the lozenge from the stick and place into denaturing kit. Once the kit is full, follow the instructions about filling with water, secure the lid, and shake vigorously
- Place in the CD cupboard for 24-48 hours, or as directed on the container
- Place the denaturing kit in the pharmaceutical waste container after the stated time has elapsed

12.0 Travel

Pharmacists and GPs are often asked about arrangements for patients who are taking controlled drugs abroad

If a person is **carrying less than 3 months' supply** of a controlled drug, then a personal licence from the Home Office is not needed

However, it is advised that a covering letter from the prescriber is obtained that confirms the following.

- Full name of the patient
- Travel plans
- Name of the controlled drug
- Total quantities and dose
- It is still advisable that the patient checks with the embassies, or high commissions, for the countries they will be travelling through to ensure regulations are complied with

13.0 Controlled drugs and Driving

A new drug driving law came into force on 2nd March 2015.

The list of drugs includes illegal drugs and medicinal drugs. Here is the list of medicinal drugs included in this law.

Medicinal' drugs (risk-based approach)	Threshold limit in blood
Amphetamine (separate approach, to balance its risk)	250µg/L
Clonazepam	50µg/L
Diazepam	550µg/L
Flunitrazepam	300µg/L
Lorazepam	100µg/L
Methadone	500µg/L
Morphine	80µg/L
Oxazepam	300µg/L
Temazepam	1,000µg/L

The limits that have been set for these drugs exceed normal prescribed doses, meaning that most people can drive as they normally would, so long as:

- they are taking their medicine in accordance with the advice of a healthcare professional and/or as printed in the accompanying leaflet
- their driving is not impaired

This new legislation provides a valuable opportunity to offer patients the option to start a withdrawal programme to come off these drugs if the GP deems this to be clinically appropriate.

For full details on this law visit <https://www.gov.uk/drug-driving-law>

References

1. <https://www.england.nhs.uk/2023/01/nhs-to-offer-licensed-cannabis-based-medicine-to-treat-rare-genetic-condition/>
2. <https://www.gov.uk/penalties-drug-possession-dealing>
3. <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-28-management-controlled-drugs>
4. <https://www.health-ni.gov.uk/articles/controlled-drugs>
5. [List of most commonly encountered drugs currently controlled under the misuse of drugs legislation - GOV.UK \(www.gov.uk\)](#)

6. <https://bnf.nice.org.uk/medicines-guidance/controlled-drugs-and-drug-dependence/>
7. <https://www.legislation.gov.uk/ukpga/1971/38/contents>

Appendix 1

Controlled drugs that must be stored in a locked cabinet

The BNF provides some examples of CDs which have safe custody requirements i.e. need to be locked in an appropriate cabinet.

For a more detailed list, the [Misuse of Drugs Act 1971 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1971/38/contents) notes all substances in schedule 1 & 2 (which all require safe custody)

Examples include:

Schedule 2	Schedule 3
Diamorphine	Buprenorphine
Morphine	Temazepam
Methadone	
Oxycodone	
Pethidine	
Cocaine	
Ketamine	
Cannabis	

Only controlled drugs should be kept in the controlled drug cabinet