IMPORT, EXPORT, STORAGE AND DISTRIBUTION OF CONTROLLED DRUGS - REGULATIONS IN UK, FRANCE AND GERMANY

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LIST OF ABBREVIATIONS

ACMD	Advisory Council on the Misuse of Drugs / UK
AFNOR	Association française de normalization / France
ANSM	Agence nationale de sécurité du medicament et des produits de santé / France
BfArM	Bundesinstitut für Arzneimittel und Medizinprodukte / Germany
BtMG	Betäubungsmittelgesetz / Germany
CEIP	Centres d'Évaluation et d'Information sur la Pharmacodépendance / France
CND	Commission on Narcotic Drugs / Global
CNSP	Commission Nationale des Stupéfiants et Psychotropes / France
CSP	Code de la Santé Publique / France
DBS	Disclosure and Barring Service / UK
ECDD	Expert Committee on Drug Dependence / Global
ECOSOC	Economic and Social Council / Global
EFSG	European Fire and Safety Group / EU
EMA	European Medicines Agency / EU
EMCDDA	European Monitoring Center on Drugs and Drug Addiction / EU
EU	European Union
HO	Home Office (a ministerial department of Her Majesty's Government of the United Kingdom) / UK
INCB	International Narcotics Control Board / Global
MDA	Misuse of Drugs Act 1971 / UK
MDR	Misuse of Drugs Regulation 2001 / UK
NDS	National Drug Control System / Global
PSR	Prefabricated Strong Room
Reitox	European information network on drugs and drug addiction; Abbreviation derived from the French 'Réseau Européen d'Information sur les Drogues et les Toxicomanies' / EU
TCDO	Temporary Class Drug Orders / UK
WHO	World Health Organization / Global
UK	United Kingdom
UN	United Nations / Global

1. INTRODUCTION

Humans have always been looking for ways and means to combat pain. In ancient times people tried averting suffering with tattoos, amulets and idols. It was only when the Sumerians and Egyptians discovered opium in 4000 BC that one could speak of a first great success in pain control. The opium poppy, which was specially cultivated in the eastern Mediterranean forms the basis for the opium. Its immature capsules form a whitish, morphine-containing juice. Opium soon became established in Chinese medicine and also became fashionable as a smoked product (1). With this came the first mass addiction problems culminating in the Chinese Opium Crisis at the end of the 19th century (2).

In 1805 the German pharmacist Friedrich Wilhelm Sertürner reported the isolation of morphine; the active ingredient of opium (3). Morphine is named after the Greek god of dreams, Morpheus. A little later morphine came onto the market as a highly effective pain reliever and was used, among other things, in wars to calm the wounded. Here, too, were seen strong addiction symptoms among consumers, since morphine has a euphoric effect in the human body. Diamorphine (heroin), which was produced by Bayer in 1874 as a morphine substitute (4), also showed a similar addictive effect - only this was many times stronger. In order to reduce the risk of addiction with such pain relievers, research was continued and so fully or partially synthetic opioids were discovered, such as methadone synthesized in 1940 (5). It is a less dangerous substitute and mainly used for heroin withdrawal therapies.

Narcotic and psychotropic substance are relevant for medical and scientific purposes. People suffering from pain need medication that relieves pain, such as patients suffering from cancer. But there is also a need for anaesthetics and analgesics for surgeries and for many other health conditions. Mental and neurological disorders afflict hundreds of millions of people and their families. These people are in need of psychotropic substances to treat for example anxiety, insomnia and epilepsy. These substances are very effective but include the problem of potential addiction and abuse which often leads to illegal trade, traffic and consumption. Therefor it is necessary to control these substances by an international drug control system. The international community made a commitment to the United Nations (UN) treaty of the Single Convention on Narcotic Drugs of 1961, amended by protocol in 1972 and the Convention on Psychotropic Substances of 1971 to ensure adequate availability of drugs considered indispensable for medical and scientific purposes. Governments having signed these treaties commit to implement the regulations in national law. The aim of the International Narcotics Control Board (INCB), the expert body established by the Single Convention on Narcotic Drugs of 1961, is the safe use and rational delivery of the best affordable medicines to those patients who need them, while preventing their diversion, misuse and abuse.

This thesis explains the role of the different international organizations and national competent authorities involved in the subject of controlled drugs. It describes the regulations of scheduling and handling of controlled psychoactive substances with regard to the scheduling process, traffic and trade (import/export) in and between the European Member States France, Germany and the United Kingdom (UK) as well as the storage and delivery conditions in those countries. At the time of developing and writing this thesis the UK exits the European Union (EU) and a transition period until 31 December 2020 applies. During the transition period the EU legislation is still valid and no new special agreement/ regulation regarding handling of medicinal products has come into effect.

2. CONTROLLED DRUGS AND SCHEDULING

2.1 CONTROLLED DRUGS AND SCHEDULING – INTERNATIONAL HISTORY AND CURRENT STATUS

Controlled drugs are substances that are regulated by a government with regard to legal manufacture, possession or use. These substances are narcotics (substances that cause insensibility or stupor) or psychotropics (substances capable to affect the mind, emotions, and behaviour) with a potential for addiction or abuse. But also precursor chemicals that can be misused for the illicit production of these drugs are regulated although they have no pharmaceutical effect by the substance itself.

Historically the first international convention on controlled substance was the 1912 Hague International Opium Convention. At that time substances like opium, morphine, cocaine and heroin caused many problems and representatives from China, France, Germany, Italy, Japan, the Netherlands, Persia (Iran), Portugal, Russia, Siam (Thailand), the UK and the British Overseas Territories (including British India) signed the treaty to fight against the consequences of the drug abuse/ misuse. Until 1949 finally 67 countries ratified the Convention (6).

In 1931 the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs substances for the first time were scheduled in an international treaty (7) as follows.

- Group 1 - including morphine, heroine, and cocaine and their salts
- Group 2 - comprising codeine, and ethyl morphine, and their salts

With the establishment of the United Nations both, The Hague International Opium Convention 1912 and the 1931 Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs were replaced by the Commission on Narcotic Drugs (CND) in 1946 to assist the Economic and Social Council (ECOSOC) in supervising the application of the international drug control treaties.

The scheduling became more complex with the UN's 1961 Single Convention on Narcotic Drugs and the UN's 1971 Convention on Psychotropic Substances by scheduling controlled drugs in 4 classes (Schedule I to Schedule IV). In 1988 the Convention against Illicit Traffic in Narcotic Drugs and Psychoactive Substances was added.

The scheduling classifies new substances beside addictiveness and the risk of abuse, in categories based on the principle of a) similarity and b) convertibility. The similarity principle relies on a substance that is similar to one that is already controlled under the international conventions and it is likely that it will be reviewed under the same objections. The convertibility

principle relies on a substance that can easily be converted into a drug with equivalent properties of an already controlled substance (8). Figure 1 lists the different schedules of the 1961, 1971 and 1988 conventions.

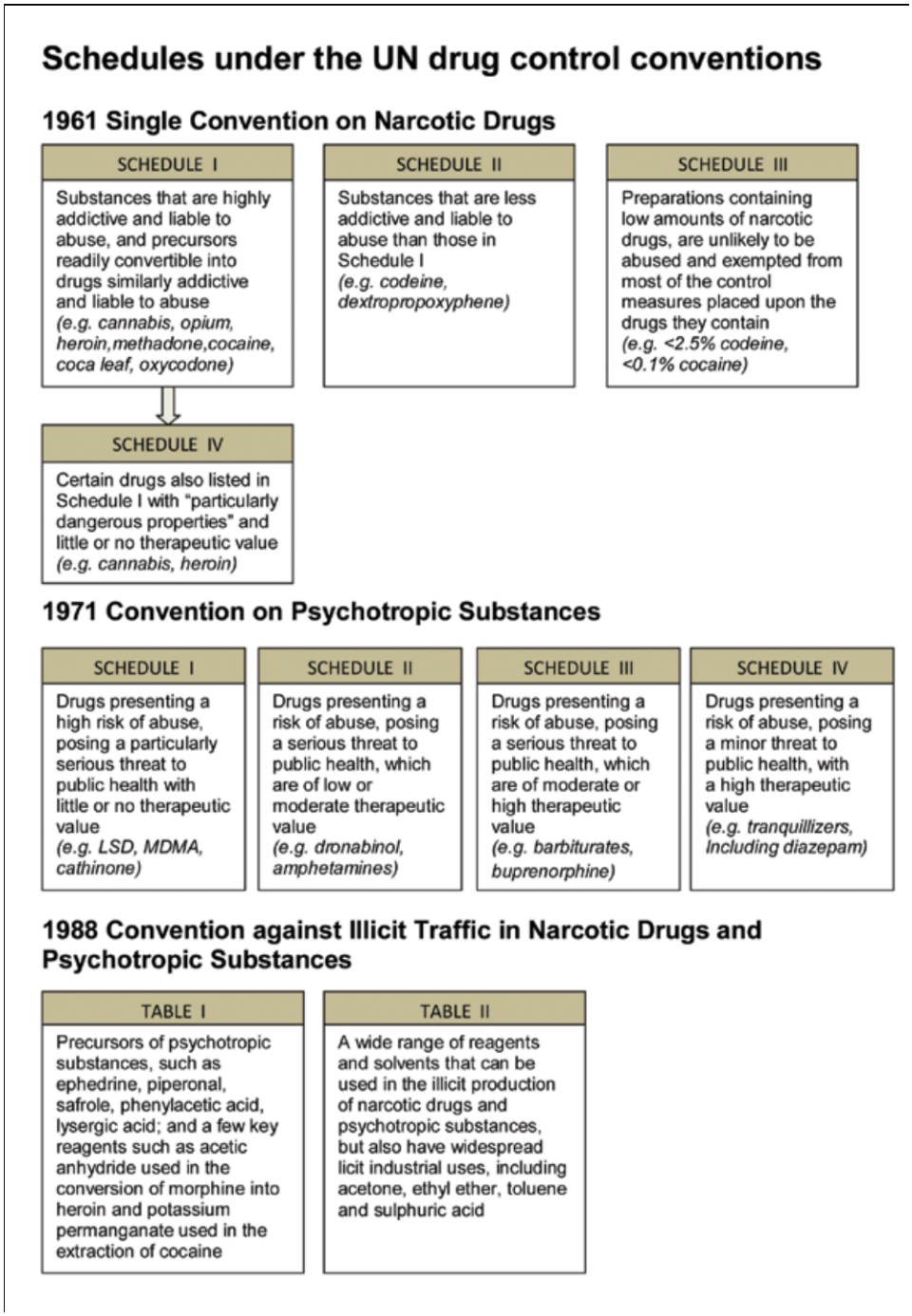

FIGURE 1: SCHEDULING IN THE INTERNATIONAL DRUG CONTROL SYSTEM (SOURCE: C. HALLAM, D. BEWELEY-TAYLOR AND M. JELSMA, SERIES ON LEGISLATIVE REFORM OF DRUG POLICIES NO. 25, JUNE 2014)

The review of substances to be included in one of the schedules or a change of an already controlled substance into another schedule is mandated with responsibility to the World Health Organization (WHO) by the UN Conventions of 1961 and 1971. It may be initiated by a member

state or by the WHO itself. The Expert Committee on Drug Dependence (ECDD) of the WHO assesses the substance on the background of public health orientation, authorized and unauthorized availability, the medical properties of the substance and its liability for abuse. The criteria are as follows:

- Evidence of dependence potential of the substance
- Actual abuse and/or evidence of likelihood of abuse
- Therapeutic applications of the substance

As stated on the ECDD website "*the recommendations of the Expert Committee are based on the best available scientific, medical and public health evidence and must comply with the criteria established in the conventions. Specific rules and procedures for the evaluation of substances are published in Guidance on the WHO review of psychoactive substances for international control. The science of substance evaluation has evolved over time and the methods of the Expert Committee are continuously adapted to embrace newly emerging insights"* (9).

So, the need for medical availability must be balanced against adverse health consequences of unauthorized use. After review the CND decides each year in March in Vienna on the basis of recommendations to place narcotic drugs and psychotropic substances under international control.

For the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychoactive Substances the scheduling recommendation is mandated to the International Narcotics Control Board (INCB), the independent and quasi-judicial monitoring body for the implementation of the United Nations international drug control conventions (10). WHO has no formal role to play in the scheduling of substances covered by the 1988 convention.

2.2 Controlled Drugs and scheduling – Europe

In the EU the Member States classify drugs and precursors according to the three UN Conventions of 1961, 1971 and 1988. But there is also a EU legislation consisting of a regulation that defines classes of precursors with regard to intra-community trade and rules of trade between the Community and third countries, stemming from the EU objective of free movement of goods, Regulation (EC) No 273/2004 amended by Regulation (EU) No

1258/2013 (intra-Community trade) and Regulation (EC) No 111/2005 amended by Regulation (EU) No 1259/2013 (trade between Community and third party countries) (11).

For new substances that are currently not listed in the schedules of the three UN Conventions of 1961, 1971 and 1988 the Council of the European Union adopted under Title VI of the Treaty on European Union the COUNCIL DECISION 2005/387/JHA of 10 May 2005 on the information exchange, risk-assessment and control of new psychoactive substances. According to Article 1 "*this Decision establishes a mechanism for a rapid exchange of information on new psychoactive substances. It takes note of information on suspected adverse reactions to be reported under the pharmacovigilance system as established by Title IX of Directive 2001/83/EC. This Decision also provides for an assessment of the risks associated with these new psychoactive substances in order to permit the measures applicable in the Member States for control of narcotic and psychotropic substances to be applied also to new psychoactive substances"* (12).

Article 4 states how all parties involved have to exchange information on new psychoactive substances:

- Each Member State shall ensure that its Europol National Unit and its representative in the Reitox network provide information on the manufacture, traffic and use, including supplementary information on possible medical use to Europol and the European Monitoring Center on Drugs and Drug Addiction (EMCDDA), taking into account the respective mandates of these two bodies
- Europol and the EMCDDA shall collect the information received from Member States through a Reporting Form and communicate this information immediately to each other and to the Europol National Units and the representatives of the European Information Network on Drugs and Drug Addiction, 'the Reitox network' of the Member States, the Commission, and to the European Medicines Agency (EMA).

If a new psychoactive substance merits the collection of further information this is presented in a so-called Joint Report by Europol and EMCDDA. This shall be submitted to the Council, the EMA and the Commission within four weeks after the date of receipt of the information. The Council, acting by a majority of its members, may request a risk assessment regarding the following points: health and social risks by consumption, illicit manufacturing and traffic, involvement of organized crime and possible consequences of control measures. The member states or the Commission inform the Council within four weeks after receiving the Joint Report if they are in favour of such an assessment.

The risk assessment will occur after a special meeting by EMCDDA under the leadership of its Scientific Committee. The risk assessment is completed by producing a report, the 'risk assessment report' that "*consists of an analysis of the scientific and law enforcement information available and shall reflect all opinions of the members of the Committee"* and shall

be submitted within 12 weeks from starting date of risk assessment procedure to the Commission and Council (Article 6).
Within six weeks after submission of the risk assessment report the Commission presents the Council an initiative for introduction of control measures for the new psychoactive substance. In case the Commission considers that it is not necessary to present an initiative, a report explaining its views shall be presented to the Council.

If the Council decides to submit control measures for a new psychoactive substance each Member State shall take action to implement the required measures in accordance with their national law no later than one year from the date of that decision. The Member States shall report the measures taken to the Council and the Commission. Thereafter the information will be communicated to the EMCDDA, Europol, the EMA and the European Parliament.
In some circumstances no risk assessment is carried out.

This is the case if:

- the new psychoactive substance is at an advanced stage of assessment within the United Nations system
- the new psychoactive substance has been assessed within the United Nations system, but it has been decided not to schedule the new active substance under the 1961 or 1972 Conventions (as long as there is no significant new information)
- the new psychoactive substance is used to manufacture a medicinal product which has been granted a marketing authorization or,
- the new psychoactive substance is used to manufacture a medicinal product for which an application has been made for marketing authorization or,
- the new psychoactive substance is used to manufacture a medicinal product for which a marketing authorisation has been suspended by a competent authority (Article 7)

This means that no risk assessment will be done for new psychoactive substances being authorized, under evaluation or suspended as medicinal products by a competent authority. Information on abuse or misuse needs to be reinforced and appropriate cooperation with the EMA is required. Suitable regulatory and public health related measures should be taken for substances of established and acknowledged medical value (medicinal products for human or veterinary use as defined in Directive 2001/83/EC and 2001/82/EC) to avoid weakening of either human and veterinary health care.
The COUNCIL DECISION 2005/387/JHA of 10 May 2005 is an approach to harmonize the scheduling process of controlled substances in Europe. This Decision does not prevent Member States from introducing or maintaining national control measures once a new psychoactive substance has been identified.

2.3 Controlled Drugs and scheduling in France, UK and Germany

Being part of the United Nations and having signed the treaties of the UN 1961 Single Convention on Narcotic drugs and the 1971 Convention on Psychotropic Substances they are valid in France, UK and Germany. Being part of the European Union the European Council Decision 2005/387/JHA of 10 May 2005 as described in section 2.2 is also valid in these

countries. But beside these international regulations each state has his own procedure and regulations for scheduling controlled substances.

2.3.1 France

The national classification process for a given substance is based on the evidence developed by WHO as well as the data provided by the national drug dependence assessment system.
In France exists a system to observe cases of abuse and dependence linked to psychoactive substances (except alcohol and tobacco), like the pharmacovigilance system. It is based on a network of centers responsible for collecting and assessing these cases. This system allows health authorities to take all appropriate measures to preserve public health and to inform health authorities, health professionals and the general public (13).
In the Decision DG no. 2019-319 the director of the French authority (Agence nationale de sécurité du medicament et des produits de santé, ANSM) decided on the establishment of a permanent scientific committee for narcotics, psychotropic drugs and addiction to observe the risks of abuse and misuse.
There are centers (Centres d'Évaluation et d'Information sur la Pharmacodépendance, CEIP) to collect drug dependence data, evaluate them together during meetings in the Technical Committee and propose whether or not to handle them in the National Commission for Narcotic Drugs and Psychotropics (Commission Nationale des Stupéfiants et Psychotropes, CNSP).
The CNSP, in the light of the expert reports presented, gives its opinion to the Director of the ANSM (through the Narcotic Drugs and Psychotropics Department) who will consider to take directly applicable measures or will transmit it to the Minister of Health for requiring action.
The processing of a file requires an additional opinion of an internal evaluation concerning in particular:

- the assessment of the risks of drug dependence, abuse and misuse of psychoactive products (except tobacco and alcohol) and the management of drug addiction;
- the evaluation of psychoactive products with view to their classification on the list of narcotic drugs or psychotropics;

- to propose surveys and work useful for the addictovigilance and drug addiction by evaluating the results of these expert opinions;
- measures to promote the proper use, prevent and reduce the diversion and abuse of psychoactive drugs or non-drug psychoactive products or to treat the risks associated with the use of such products;
- to give an opinion on any question relating to poisonous substances and preparations, or relating to the field of drug dependence, abuse and misuse of psychoactive products and addictions.

Scheduling

By amended decree of February 22, 1990, the classification of narcotic drugs at the international level was implemented into French law (Code de la Santé Publique (CSP) aux articles R.5132-74 à R.5132-96) (14).

There are four annexes for narcotic drugs where the international schedules are included (on the ANSM Website lists of narcotic and psychotropic substances are available and regularly updated; https://www.ansm.sante.fr/Mediatheque/Publications/Listes-et-repertoires-Autres-produits-de-sante#folder_15857):

- Annex I and II correspond to schedule I and IV of the UN Single Convention of 1961 for narcotic drugs
- Annex III contains substances from schedule III and IV and some substances from schedule I and II of the Single Convention of 1971 for psychotropic drugs
- Annex IV is constituted of psychoactive substances that are not scheduled under the UN Convention and some precursor substances

For psychotropic drugs the French system is divided into three parts:

- The first part contains substances of schedule III and IV of the UN Single Convention of 1971 for psychotropic substances
- The second part is composed of preparations classified as narcotics in France
- The third part is classified under French Title which means that it contains substances that are not scheduled by the international system

Measures of control

In France the manufacturing, commercialisation, import/ export and distribution of controlled drugs have special requirements and need permissions issued by ANSM (Code de la Santé Publique - Article R5132-74) (15). The requirements are described in detail in later sections of this thesis.

2.3.2 UNITED KINGDOM

In the United Kingdom drugs are controlled under The Misuse of Drugs Act 1971 (MDA) (16), with amendments and the Misuse of Drugs Regulations 2001 (MDR) (17), with amendments. In 2016 the Psychoactive Substance Act came into force to regulate and classify New Psychoactive Substances (NPSs) (18). The following information is taken from a website that explains the British legislation on controlled drugs because the original legal text of the MDA and the MDR is hardly understandable (19).

2.3.2.1 The Misuse of Drugs Act 1971

This Act is intended to prevent the non-medical use of certain drugs. Beside medicinal drugs it also controls drugs with no current medical use. The Misuse of Drugs Act divides drugs into three classes as shown in Table 1:

TABLE 1: CLASSES OF CONTROLLED DRUGS ACCORDING TO THE MISUSE OF DRUGS ACT 1971

Class	Substances
A	cocaine and crack, ecstasy, heroin, LSD, methadone, methamphetamine (crystal meth), fresh and prepared magic mushrooms
B	amphetamine (not methamphetamine), barbiturates, codeine, ketamine, synthetic cannabinoids such as Spice and cannabis (medicinal cannabis is legal in the UK and can be prescribed by specialist doctors since 1st November 2018). All cathinone derivatives, including mephedrone, methylone, methedrone and MDPV were brought under control as Class B substances in 2010.
C	anabolic steroids, minor tranquillisers or benzodiazepines

Source: https://www.drugwise.org.uk/what-are-the-uk-drug-laws/
Drugs of class A are the most dangerous and misuse results in severe penalties.

2.3.2.2 Temporary Class Drug Orders

The Misuse of Drugs Act 1971 was amended on 15th November 2011 to allow the Home Secretary to place a new psychoactive substance not yet controlled as a Class A, B or C drug but causing concerns, under temporary control by invoking a temporary class drug order. Temporary class drug orders (TCDO) come into immediate effect and last for up to 12 months. This period allows the Advisory Council on the Misuse of Drugs (ACMD) time to provide expert advice on the temporary class drug and its potential harms. During or at the end of the

12 month period the TCDO is subject to Parliamentary review. The review considers the independent report given by the ACMD. After 12 months the TCDO will expire unless it is brought under permanent control of the Misuse of Drugs Act 1971 or extended.

2.3.2.3 Misuse of Drugs Regulation 2001

Most controlled drugs have medical uses, others may be of scientific interest, so the Act allows the government to authorise possession, supply, production and import or export of drugs to meet medical or scientific needs. These exemptions to the general prohibitions are in the form of 'regulations' made under the Act.

There are different schedules for controlled drugs of the classes A to C shown in Table 2.

TABLE 2: SCHEDULES OF CONTROLLED DRUGS ACCORDING TO MISUSE OF DRUGS REGULATION 2001

Schedule	Content
1	These drugs are the most stringently controlled. They are not authorised for medical use and can only be supplied, possessed or administered in exceptional circumstances under a special Home Office licence, usually only for research purposes. Examples include cannabis, coca leaf, ecstasy, LSD, raw opium and psilocin (when extracted from magic mushrooms).
2	These drugs are available for medical use and can be prescribed by doctors. It is illegal for people to be in possession of these drugs without having been prescribed them by a doctor. Schedule 2 drugs include amphetamines, cocaine, dihydrocodeine, Diconal, heroin, methadone, morphine, opium in medicinal form, pethidine and Ritalin. They are subject to strict record keeping and storage in pharmacies.
3	These drugs are available for medical use and can be prescribed by doctors. It is illegal for people to be in possession of these drugs without having been prescribed them by a doctor. Schedule 3 drugs include barbiturates, flunitrazepam (Rohypnol) and temazepam tranquillisers and are subject to restrictions on prescription writing.
4	These drugs have been divided into two parts. • Part 1 comprises most minor tranquillisers (other than Rohypnol and temazepam) and eight other substances. This scheduling means that it is illegal to be in possession of all minor tranquillisers without a prescription.

Schedule	Content
	• Part 2 drugs comprise anabolic steroids, which can be legally possessed in medicinal form without a prescription but are illegal to supply to other people.
5	Preparations of drugs considered to pose minimal risk of abuse. Some of these dilute, small-dose, non-injectable preparations are allowed to be sold over-the-counter at a pharmacy without a prescription, and all may be possessed by anyone with impunity. But once bought they cannot legally be supplied to another person, a restriction that is probably ignored more often than it is enforced. Among these schedule 5 preparations are some well-known cough medicines, anti-diarrhoea agents and painkillers

Source: https://www.drugwise.org.uk/what-are-the-uk-drug-laws/
On the UK Home Office Website a list of most commonly encountered drugs currently controlled under the misuse of drugs legislation is available and regularly updated (20).

2.3.2.4 Psychoactive Substances Act 2016

The Psychoactive Substances Act (PSA) received Royal Assent on 28 January 2016. The act applies across the UK and came into force on 26 May 2016.

As stated by Deligianni et al. 2019 "*the UK is one of the biggest consumers of New Psychoactive Substances (NPSs) in Europe with frequent reports of serious clinical and public health issues"* (21). The UK government is banning New Psychoactive Substances by bringing in the Psychoactive Substance Act 2016.

The Act makes it an offence to produce, supply or offer to supply any psychoactive substance, if the substance is likely to be used for its psychoactive effects, regardless of its potential for harm. The exemptions to the Psychoactive Substances Act (PSA) are those substances already controlled by the Misuse of Drugs Act, nicotine, alcohol, caffeine, 'poppers' and medicinal products (22).

It didn't replace the Misuse of Drugs Act (1971), so laws around existing controlled drugs remain the same.

At present, a substance causing concern must be reviewed by the Advisory Council on the Misuse of Drugs (ACMD) to assess any potential harm. The ACMD then advise the government on a course of action. The government do not have to take this advice but are bound to consult with the ACMD first. The ACMD still have a role and a 'new' or emerging psychoactive substance can still be brought under the Misuse of Drugs Act, but this Act was introduced without fully consulting the ACMD and has fundamentally changed drug legislation (23).

2.3.3 GERMANY

The law on narcotic drugs (Betäubungsmittelgesetz, BtMG) in the Federal Republic of Germany is based on the UN Single Convention on narcotic drugs 1961 and the Single Convention on psychotropic drugs 1971. In 1981 there was a fundamental amendment to the law for simplification and clearer presentation. In the mean time it was amended multiple times.

Controlled drugs in Germany are scheduled in three classes (Appendix [Anlage] I – III) as shown in Table 3.

TABLE 3: SCHEDULING OF CONTROLLED DRUGS IN GERMANY

Schedule	Content
Appendix I	Appendix I lists all narcotic drugs that cannot be prescribed and are not marketable; exception for research purposes may be allowed, This includes most of the known illegal drugs such as heroin, LSD, cannabis, psilocybin or MDMA (ecstasy).
Appendix II	Appendix II lists all narcotics that are marketable but not available for prescription. Examples of this are plant parts of the coca shrub such as Coca leaves.
Appendix III	Appendix III lists all marketable and prescription narcotics. This includes, for example, morphine, which is approved for the treatment of severe pain, or methadone, which is used in the substitution of heroin addicts. Cocaine is also generally prescription-only.

The scheduling procedure of new substances is done by evaluation of an expert committee that meets twice a year. The expert committee draws up proposals to include, discharge or reclassify substances or preparations in the annexes to the law on narcotic drugs. After a hearing of the expert committee the Federal government is empowered to amend or supplement Annexes I to III by ordinance with the consent of the Federal Council.

The law on narcotic drugs regulates the cultivation, manufacturing, trade, import, export, hand over, sell or purchase without trading them, and marketing of narcotic drugs or exempted preparations. All these activities require a permission (§3 BtMG). A permission can be applied for at the Federal Institute for medicinal products and medical devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM).

3 IMPORT, EXPORT, STORAGE AND DISTRIBUTION OF CONTROLLED DRUGS

This section describes the requirements for import, export, storage and distribution of controlled drugs for the countries France, United Kingdom and Germany.

The 1961 United Nations Convention on Narcotic Drugs, as amended by the 1972 Protocol, and the 1971 Convention on Psychotropic Substances, provide that each state designates an administrative authority responsible for controlling the licit national and international trade in narcotic drugs and psychotropic drugs.

3.1 FRANCE

For France, this control activity has been entrusted to the ANSM (National Agency for the Safety of Medicines and Health Products). The ANSM has a role in monitoring the legal market for narcotic and psychotropic drugs, which means to limit the use exclusively for medical and scientific purposes and to avoid the illicit traffic of narcotic and psychotropic drugs. In this context, the ANSM monitors the production, manufacture, import, export, distribution and consumption of these products.

According to the legislation of the Code de la Santé Public (CSP, French public health code) (24), activities relating to narcotic drugs and psychotropic substances are based on a prohibition principle (articles R.5132-74 and R.5132-88), meaning that all activities relating to narcotic and psychotropic drugs are prohibited except to prior authorization from the ANSM.

Operators who wish to acquire, hold, use, manufacture or transform products containing substances classified as narcotic and psychotropic must be authorized in advance by the ANSM. Additionally, each import and export operation of narcotic drugs or psychotropics, in Europe or outside Europe, whether it is a drug, a raw material for pharmaceutical use or an analytical standard, is subject to prior authorization by ANSM (articles R.5132-78 and R.5132-92 of the CSP).

3.1.1 APPLICATION FOR CONTROLLED DRUG LICENCE

A request to get a controlled drug licence should be sent in paper format to the ANSM.

The following information needs to be included:

1. The form "Demande d'autorisation portant sur les stupéfiants pour les établissements pharmaceutiques ou vétérinaires dans le cadre de leur autorisation d'ouverture" which contains the elements listed below:

   - Name and capacity of the applicant who will be responsible for operations carried out on narcotic drugs,
   - Address where the drugs will be kept and used,
   - Activity (-ies) for which authorization is requested for narcotic drugs,
   - Name of the drugs used,
   - Name of the supplier of each substance,
   - Types of activity for each substance,
   - Name of the client, if applicable,
   - Detailed description of secure storage conditions (precise description of the storage room, accessibility of the premises / authorized persons, reinforced alert and security system implemented),
   - Signature of the applicant,
   - Signature of the responsible pharmacist or the responsible veterinarian in case of first request.
2. the following supporting documents, if any, indicated in the form:

   - Copy of the certificate of registration to the College of Pharmacists or Veterinarians,
   - Delegation of power from the responsible pharmacist or responsible veterinarian in the event that the applicant is the pharmacist or assistant or delegated veterinarian, co-signed by the applicant,
   - Copy of the authorization to open the pharmaceutical establishment issued by the ANSM,
   - Copy of marketing authorizations for drugs authorized abroad,
   - Drug management procedure.

Beside the application of an authorization the operators have the following obligations:

1. traceability, by keeping a register intended to record each operation; and
2. drawing up an annual summary statement of the quantities received, used, sold or destroyed, as well as the stock at the start and end of the year. This summary statement must be the subject of an annual declaration to the ANSM (R.5132-83 and R.5132-94 CSP).

The annual declaration and the use of the file "JARE":

The United Nations Office on Drugs and Crime (UNODC) has developed a computerized system for the management and control of legal flows of narcotic drugs and psychotropics, the National Drug Control System (NDS). This system allows the entry and recording of data relating to these flows as well as the editing of the documents necessary for operators who acquire, hold, implement, manufacture, transform, or engage in internal or international trade (importer-exporter) substances classified as narcotic or psychotropic.

In addition, the UNODC has implemented the NDS SPA (NDS Statistics Processing and Analysis) system which allows:

- on the one hand, the electronic submission of annual declarations by operators via an Excel file called "JARE";
- on the other hand, the automatic comparison by the authorities of the data transmitted via this file with the data they previously entered in NDS, such as, data relating to imports or exports.

This file is updated by the ANSM each year and published on its website during the first half of January (http://ansm.sante.fr/Mediatheque/Publications/Formulaires-et-demarches-Stupefiants-et-psychotropes#sp). This update is carried out in order to take into account the new classified substances or preparations and the new requests for marketing authorization granted during the past year (n-1). The declaration has to be submitted by February 15 of the year (n) following the previous calendar year (n-1).

The data of these summary statements are checked, analysed and consolidated by the ANSM, which prepares a global annual report to be transmitted to the International Narcotics Control Board (INCB).

3.1.2 IMPORT AND EXPORT

Any import or export operation of narcotic drugs or psychotropics is prohibited unless special authorization is issued for each operation by the General Director of the ANSM (articles R.5132-78 and R.5132-92 of the CSP).

The authorization documents issued are kept by the holders for three years from the date of their issue to be presented at any request to supervisory authorities.

In the case of transit through or passing through the customs territory, the goods are accompanied by the export authorization issued by the competent administrative authority of the exporting state.

The application forms for import or export authorization are available on the ANSM website (https://www.ansm.sante.fr/Declarer-un-effet-indesirable/Pharmacodependance-Addictovigilance/Demandes-d-autorisations/(offset)/7#sp).

The required information to fill the form is:

- Information on the importer/exporter (name, address, authorization no. if applicable, name and address of warehouse if different from above)
- Information of product(s) to be imported (product name and presentation, quantity, CIP number [code identifiant de présentation]
- Total quantities of pure anhydrous base to import (in grams)
- Justification for importation
- Information on the supplier (name, address)
- Customs office of entry (name, address)
- Customs commissioner (
- Mode of transportation

Customs requirements for import and export

Narcotic and psychotropic drugs are goods subject to restrictions under Article 38 of the Customs Code. This article makes it possible to control these goods upon import, introduction and movement / detention on French territory. To import and export narcotic and psychotropic drugs on the national territory, the following points are required:

- have the status of an authorized pharmaceutical establishment;
- obtain the prior authorization issued by the ANSM corresponding to the planned operation (imports and exports but also for the introduction and shipment of narcotic / psychotropic drugs);
- file a customs declaration for each shipment;
- refer in the declaration to the authorization of the ANSM, in the form of a document code;
- present the products classified as narcotic and psychotropic to the customs service which targets and charges the authorization of the ANSM. For intra-community flows, a domiciled presentation procedure is provided;

Packaging and labelling requirements

The containers or packages containing narcotic drugs and used for their import or export, their transport or their detention needs to be coated with a label of a format adapted to their volume, affixed in a way that they cannot be detached unintentionally.

This label must indicate the following particulars in indelible, legible black characters:

1. For a substance, a plant or a part of a plant: the international non-proprietary name recommended by the World Health Organization, whenever it exists or, if not, that of the European or French Pharmacopoeia or, if this is not applicable as well, the scientific name;
2. For a preparation: its commercial name, if applicable, accompanied by the name of the narcotic substance or substances it contains, expressed as above;
3. The gross and tare mass corresponding to the packaging used;
4. The name and address of the manufacturer, distributor or importer;
5. A skull with cross-bones on a square background of yellow orange colour and of sufficient dimensions; this square is placed at the upper left corner of the label;
6. A reference number for each container or packaging.

However, in the case of transport, the outer packaging of packages does not contain any other indication than the name and address of the sender and the recipient. Packages are sealed for example with the sender's mark.

3.1.3 STORAGE, DISTRIBUTION AND DELIVERY

According to the legislation, special requirements are necessary for storage, distribution and delivery of narcotic and psychotropic drugs. Article R5132-77 of CSP defines who is entitled to obtain an authorization. The authorization mentioned in article R. 5132-74 can only be granted to a natural person. In the companies mentioned in articles L. 5124-2 and L. 5142-1, authorization may be requested for the responsible pharmacist, the acting pharmacist, the delegated pharmacists and the assistant pharmacists as well as for the responsible veterinarian, the veterinarian interim manager, delegated veterinarians and assistant veterinarians. In the absence of the holders of the authorization for a period not exceeding fifteen days, the authorization benefits under the same conditions to those who replace them, duly registered in this capacity in the table of the national order of pharmacists or on the board of the order of veterinarians. The authorization indicates the substances or preparations and the plants or parts of plants whose production, manufacture, transport, import, export, possession, offer, transfer, acquisition or use is authorized.

It may be accompanied by special conditions with regard to the possession of substances or preparations, plants or parts of plants classified as narcotic drugs and the control of their extraction, manufacture and processing.

It fixes the quantity of narcotic drugs which can be given up or given back when it is granted for research or teaching purposes. However, no amount is set for government narcotics collection programs for public health research.

It cannot be granted, and it is automatically withdrawn from a person convicted of an offense under the provisions of this section or for illegal use of narcotic drugs.

When the substance or preparation is a raw material for pharmaceutical use, authorization can only be granted if the establishment has been authorized under the conditions provided for in Article L. 5138-1.

3.1.3.1 Storage

Article R.5132-80 of CSP defines the storage conditions. Substances or preparations, and plants, or parts of plants classified as narcotic, need to be kept in safety lockers or locked rooms containing nothing else, provided with an alarm or security system against any attempted break-in. Any quantity found outside of safety lockers or premises will be seized.

The methods for securing the substances are determined by the proposal of the Director General of the National Agency for the Safety of Medicines and Health Products, by order of the Health Minister.

Any theft or misappropriation shall be reported without delay to the police authorities, the regional health agency, the National Agency for the Safety of Medicines and Health Products and the National Food Safety Agency, environment and work for veterinary drugs. The stolen or diverted quantities are entered in the register provided for in article R.5132-36 of CSP.

3.1.3.2 Register according to article R.5132-81

Authorized persons according to 1 ° to 5 ° of I of article R.5132-76 may acquire narcotic substances and preparations classified as narcotic only in an establishment holding the authorization provided for in the first paragraph of article R.5132-75.

The acquisition or disposal of narcotic drugs is entered in a special register or recorded by a specific computer system meeting the following conditions:

a) No modification of the data should be possible after validation of their registration;

b) The conditions requested must be immediately provided at the request of any supervisory authority;

c) Each page edited must include the name and address of the establishment.

The date and number of the authorization issued needs to be mentioned on the first page of the register. The registration of each operation in the register or registration receives a serial number which can apply to all products having been the subject of a single delivery. The registration of each operation is done in ink, without blank or daily overload. The declaration or registration made by the transferee specifies the name, profession and address of the transferor and the declaration or registration carried out by the transferor indicates the name, profession and address of the transferee.

This entry also indicates the quantity of the product acquired or transferred, its name or composition and the reference number provided as stated in article R.5132-79. A monthly balance of inputs and outputs is entered in the register or edited.

When a new authorization has been obtained, the date and the number of it has to be mentioned in the register or has to be recorded to appear on any edition of this registration.

In the event of successive transfers of a product in a packaging covered with an original seal, the reference number on the original label is kept.

3.1.3.3 Prescription and delivery

In France medicinal products to be delivered under medical prescription are listed on list I or list II, depending on their risk (list I = higher risk, list II = lower risk). The classification for new substances is done by the director of the ANSM, confirmed by an order from Health Minister (article R.5132-1). Medicinal products scheduled to be a controlled drug are mandatory for prescription and called prescription only medicinal products.

In general, for prescription only medicinal products the delivery is limited to one-month treatment, with some exceptions for example contraceptives. It should not exceed 12 months.

For narcotic or psychotropic drugs, the prescription should not exceed 28, 14 or 7 days treatment duration. The delivery could be split in a week by week delivery. The medical prescription should contain written posology and duration in letters. The prescriber can write the prescription manually or electronically.

Narcotic drugs or those subject in part to the regulation of narcotic drugs must be prescribed on a secure prescription that meets precise technical specifications: natural white watermarked paper without optical brighteners, pre-printed in blue, lot numbering, square in micro-letters

etc. Only publishers approved by AFNOR (French Association for Standardization) are authorized to manufacture them. Figure 2 shows an example for the secure prescription.

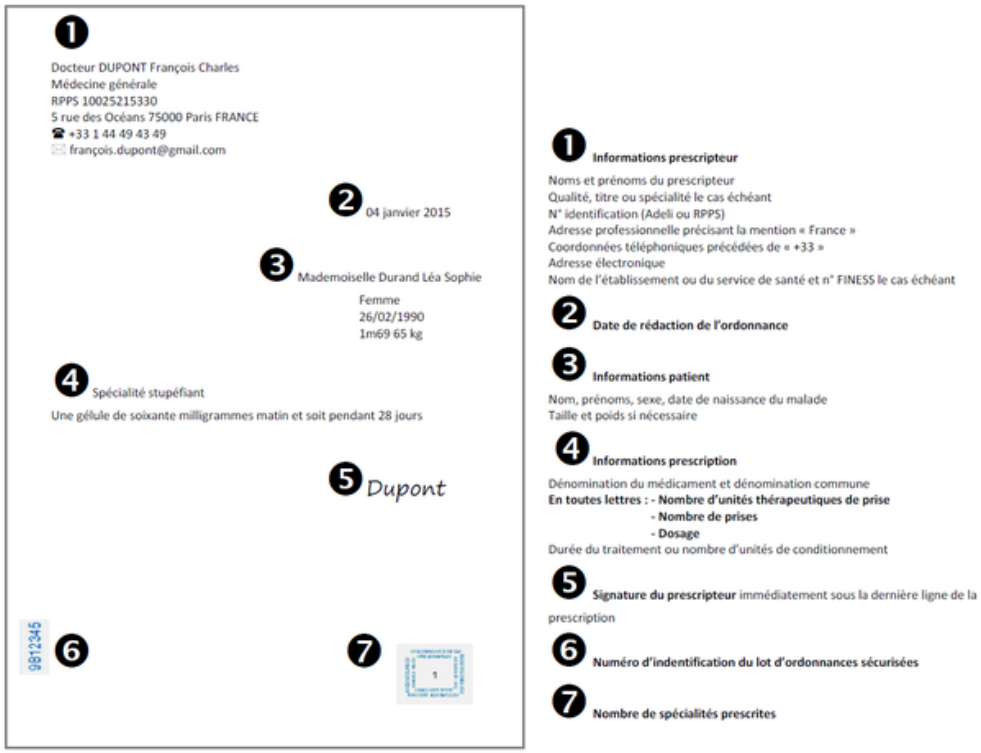

FIGURE 2: EXAMPLE OF SECURE PRESCRIPTION (SOURCE: HTTP://WWW.MEDDISPAR.FR/SUBSTANCES-VENENEUSES/MEDICAMENTS-STUPEFIANTS-ET-ASSIMILES/CONDITIONS-DE-DELIVRANCE#NAV-BUTTONS)

The delivery of narcotic and psychotropic drugs occurs in hospitals for hospitalized patients, in pharmacies or hospital dispensaries. According to article R.5132-31 physicians, dentists, midwives and veterinarians are allowed to be delivered and store narcotic drugs for their professional use within the limits of a provision for urgent care. This provision is determined, after the opinion of the director of ANSM, by order of the Minister of Health. For certain controlled drugs for reimbursement by health insurance it is obligation to indicate the name of the pharmacists in charge of dispensing on the prescription. The concerned substances are

- buprenorphine administered by oral high dosage (> 0.2 mg per dose)
- methadone
- methylphenidate
- flunitrazepam

A quarterly statement indicating the name of the practitioners, the nature and the quantities of the drugs delivered is sent by the pharmacist to the regional health agency to which he reports.

3.2 UNITED KINGDOM

3.2.1 APPLICATION FOR DOMESTIC LICENCE

In the UK the possession, manufacturing, production and supply of controlled drugs requires a domestic licence. The competent authority to issue such a licence in the UK is the Home Office, a ministerial department of Her Majesty's Government of the United Kingdom, responsible for immigration, security and law and order (also security-related issues such as drugs, counter-terrorism and ID cards).

The application of a domestic licence requires the registration at the controlled drugs licensing system (https://eforms.homeoffice.gov.uk/outreach/drugs_registration.ofml). Once the registration was successful the applicant receives a company registration number which should be kept securely. It should be used any time an authorized staff member of a company wishes to log onto the system or apply online for a new controlled drug licence. The person in charge needs to hold a valid Disclosure and Barring Service (DBS) check. The DBS check must be done by Security Watchdog (https://www.securitywatchdog.org.uk/dbs-application-guide). A DBS check certificate from a different company is not accepted by the authority. The DBS check must not be older than 3 years, otherwise a new DBS check must be applied for.

After logging into the application portal the selection of *Controlled Drug licence application* opens a form that must be fully completed. The following information is requested as stated in the application guidance document:

- Person Details (names, business addresses, contact details, position)- of the people to be included on a licence- for example person in charge, authorised witness, person responsible for security, regulatory compliance etc.
- Company or Organisation Details- type of business, funding sources (profit/ charity etc.), (company/ charity) registration details for example Companies House certificates, other relevant licence details- for example a MHRA licences.
- Licences requested- for what activities is the licence applied for (possess/ supply/ produce), schedules and drugs to be held, and the reason to hold licences- the HO needs to understand the reasons for wanting a licence and to be confident that the applicant ask for the appropriate licence.
- Disclosure and Barring Service (DBS)- formerly Criminal Records Bureau (CRB)- checks details- an enhanced DBS/ CRB check is required, obtained within the last three years through CAPITA, for drug licensing purposes, naming DCLU (Home Office Drug Licensing) as the interested party. Details of the check must be provided for each person named on the application.
- Premises details- premises and physical security arrangements must be described
- Record Keeping and audit- what records, hard copy, electronic etc.
- Supplier/ customer details- where getting the drugs from, and to whom intending to supply (where appropriate).

- Destructions- how to deal with waste/ destructions.
- Documents- for example Standard Operating Procedures (SOPs), technical agreements and/or site layout
- Fee Payment details- invoice address, contact details and any Purchase Order number if quote is required

After submission of the form the applicant receives within 48 hours an email acknowledgement confirming submission. The authority checks the form to ensure it has been validly submitted. Improperly completed forms can be rejected.

After the validation step follows the step of triage. An initial appraisal of the application is done, and it is decided whether a visit is needed or whether the application can be considered on paper.

The visit will be arranged after the DBS check is completed. It is a requirement for all new licensee applications and for new sites for existing licensees. The visit is an initial part of the consideration process and done before the issue of a licence.

For renewal, amendment, further or additional licence application a visit is decided after a risk-assessed decision. On average the aim is to visit each site once every 3-5 years.

In case further information is required by the applicant a set timescale is given by the authority to do a compliance visit or getting the information by email.

The last step is the consideration and decision making. A full and balanced decision on the application will be done by the authority and all recommendations will be subject to approval by a senior officer.

Once approval is issued a payment fee will be due immediately (invoice is sent by email). The licence is not issued until reception of the full amount.

In case requested actions by the authority have not been undertaken an application will be withdrawn. The applicant will be contacted by email and informed where the authority is intending to withdraw the application and to enable the applicant to act in a timely manner.

The applicant is responsible to progress DBS checks. Failure to progress DBS checks is the most common reason for withdrawal of an application.

A new or first-time licence application take 12-16 weeks to complete if all required documents are in place. If the DBS disclosure is not in place or other actions have to be completed the process can be much longer. For renewals of licenses it is recommended to apply for 4-6 weeks before the expiry.

More detailed information can be found in the application guidance document *Controlled Substance Domestic Licensing* published by the Home Office Drugs & Firearms Licensing Department (25).

3.2.2 IMPORT AND EXPORT

An import and export licence is required for import and export of controlled drugs and precursor chemicals according to the misuse of drugs legislation (schedules 2 to 4). The competent authority that issues this licence is the Home Office.

To apply for an import and export licence it is required to have an account at the National Drugs control System (NDS). The premise to get an account at the NDS is to have a valid domestic licence (how to apply for domestic licence is described in section 3.2.1). Without a valid domestic licence the request for import and export licence will be cancelled. Application for import and export licenses is done online by using the link on the HO website (https://www.gov.uk/guidance/controlled-drugs-import-and-export-licences). To enter the portal login and password for NDS is required.

Once the account is approved the applicant needs to tell the competent authority (Home Office) about the overseas trading partners and details of the controlled drug preparations.

Valid applications are normally processed in 10 working days.

The import licenses are valid for 3 months. Export licenses are valid for either 2 months or in line with the permit of the importing country, whichever expires first. It must be applied for a new import or export licence for each individual shipment. Licenses cannot be post-dated or retrospectively issued. To apply for a UK export licence an import permit must be included.

3.2.2.1 Specialities

- The Channel Islands (Jersey and Guernsey) have their own licensing rules for controlled drugs. For the export of controlled drugs from mainland UK to the Channel Islands a specific licence will be issued.
- If a company or organisation is making 24 or more shipments in 12 months, it can be applied for a time-limited frequent export licence. This licence is only available for the export of medicines in finished dose form from the UK to the Channel Islands. Frequent export licenses are valid for a maximum of one year. For renewal of the licence the following applies:
  - renewal should be made at least one month before the existing licence expires
  - the licence will not be renewed automatically
  - the application will be assessed as a new one
  - a monthly return form must be submitted to dflu.ie@homeoffice.gov.uk detailing exactly what drugs have been shipped.
  - If no shipment was made for a month or more a return sheet must be provided showing zero, to avoid that the licence will be suspended.

3.2.2.2 Export restrictions

The European Union has adopted an EU-wide control on the export of certain drugs usable in execution by lethal injection.

These controls, which came into force on 21 December 2011, were adopted as an amendment to annex 3 of Council Regulation (EC) 1236/2005 concerning trade in certain goods which could be used for capital punishment, torture or other cruel, inhuman or degrading treatment or punishment.

Exporters need to seek appropriate permission from national export control authorities to export to any destination outside the EU 'short and intermediate acting barbiturate anaesthetic agents including, but not limited to' the following:

- amobarbital (CAS RN 57-43-2)
- amobarbital sodium salt (CAS RN 64-43-7)
- pentobarbital (CAS RN 76-74-4)
- pentobarbital sodium salt (CAS 57-33-0)
- secobarbital (CAS RN 76-73-3)
- secobarbital sodium salt (CAS RN 309-43-3)
- thiopental (CAS RN 76-75-5)
- thiopental sodium salt (CAS RN 71-73-8), also known as thiopentone sodium

Exporters should read the guide on torture goods when exporting these drugs.

Regulations may exist to prevent the export of drugs or chemicals to certain countries, for example during conflicts. Exporters must check the current regulations for the country they are exporting to.

3.2.2.3 Annual statistical returns

As a signatory of the UN Conventions, the HO is responsible for providing yearly statistical returns to the International Narcotics Control Board (INCB).

Wholesaler, manufacturer, producer or supplier of controlled drugs must send a completed annual return form each year, to annualdrugreturns@homeoffice.gov.uk. The form is available on the website of HO (https://www.gov.uk/government/publications/controlled-drugs-annual-returns-form) and must be returned by the 31st of January of each year.

The fully and accurate completed annual statistical return is a condition of any licence. The HO expect to receive a fully completed return from all companies holding the different types of domestic controlled drug licenses (manufacture licenses, supply licenses, wholesaler licenses etc.). On the HO website is a guidance document available that helps completing the form appropriately (26).

Third party storage companies who store controlled drugs on behalf of other licensed companies are not required to complete the annual returns form. It is the responsibility of the

company who owns the controlled drugs to ensure that the annual returns form is completed for their stock.

Endorsements

A condition of all import and export licenses issued by the Home Office is for an immediate online endorsement of the actual shipment amounts to be made on the NDS web portal, once they have been shipped.

If the timely endorsements are not regularly submitted the NDS account may be suspended.

3.2.2.4 Packaging and label requirements

Medicines which are considered as controlled drugs under the Misuse of Drugs Act 1971 should include the following next to the declaration of the legal status on the labelling. The letters CD in an inverted triangle. This isn't compulsory but the HO encourages to include this mark on the product's labelling.

3.2.3 STORAGE, DISTRIBUTION AND DELIVERY

3.2.3.1 Storage

Controlled Drugs and precursor chemicals of Schedules 1 & 2 to the Misuse of Drugs Regulations 2001 (MDR 2001) or those listed in Schedule 3 of the MDR 2001 which are subject to the secure storage provisions of the Misuse of Drugs (Safe Custody) Regulations 1973 should be stored in one of the following ways:

i. A prefabricated strong room (PSR) that has been certified to CEN Grade VI of BS/EN 1143-1
ii. A safe that has been certified to an appropriate CEN Grade (e.g. I to XIII) of BS/EN 1143-1
iii. A small safe that has been certified to Grades S1 or S2 of BS/EN 14450
iv. A cabinet that complies with the specifications set out in the Misuse of Drugs (Safe Custody) Regulations 1973.

Where possible, it is recommended that safes/ cabinets are installed in an area that is already protected by the alarm system installed on the premises. If that is not possible, consideration should be given to adapting the existing system to ensure that it protects the area around the cabinet.

Stocks of controlled drugs that are too large to be stored in a safe should be held in a PSR which is formed from panels that are bolted or welded together depending on the supplier. These rooms should be protected by an intruder alarm system that has a separate circuit.

To ensure that the area around the exterior of the PSR is protected adapting alarm systems like movement detectors are recommended.

The full requirements for each of the repositories is described in detail in the guidance document by the HO (27). The HO requests a confirmation that the supplier of the repository is certified by and member of the European Fire and Safety Group (EFSG).

For the site and building security the following security measures will be adapted:

- Location and wider environment
- Scale of the business, size of premises, staff numbers etc
- Nature of business
- Amounts of CDs/PCs held on the premises

Common security arrangements for licensees of controlled drugs or precursor chemicals are outlined below as stated in the guidance document:

1. External doors and windows fitted with secure locks;
2. Where possible, and amounts permit, bulk stocks kept on racks above ground level. Stock which is ready for delivery/has just been delivered may be kept at ground level for a short time;
3. The premises and the area where the CDs and/or PCs are stored protected by an intruder detection system. Applicants may wish to have an alarm installed by an alarm company registered with the National Security Inspectorate (NSI) (formerly NACOSS or SSAIB);
4. An alarm system which is monitored by an off-site company which is alerted when the system is activated. A dual path communicator may be appropriate.
5. The company which receives the alert may undertake to notify the police in the event of an alarm activation;
6. Certain levels of police response attached to the alarm (e.g. ‘immediate’ or ‘level 1’) may be the most appropriate;
7. An agreed set of Standard Operating Procedures (SOPs) should exist which governs the manner in which CDs and/or PCs are produced, stored and handled on site, subjected to periodic stock checks and, where relevant, supplied to customers. This document should be regularly reviewed and updated, and it is helpful if all employees are familiar with these SOPs and a hard copy is available for reference.

Higher risk-controlled drugs/precursor chemicals like those in Schedules 1 & 2 to the Misuse of Drugs Regulations 2001 (MDR 2001) or those listed in Schedule 3 to the MDR 2001 which are subject to the secure storage provisions of the Misuse of Drugs (Safe Custody) Regulations 1973, should be aware that these drugs are generally considered to be at a higher risk of diversion, and companies should consider the following to further secure their stocks:

1. A perimeter fence & lockable/ access control gates (local planning regulations permitting);
2. Perimeter surveillance e.g. detector-activated CCTV which is recorded;

3. External doors (including fire escape doors) manufactured to the recommended standard (LPS 1175 SR4);
4. An electronic access control system with a clear audit trail e.g. swipe cards or fobs used by all staff;
5. A CD store/safe/cabinet which is manufactured to the appropriate standard (as described above).

The HO offers advice and invites licensees or licence applicants to discuss their security arrangements in more detail.

3.2.3.2 Delivery (transport) and prescription

Transporting controlled drugs

There are some legal requirements around the transportation of specific schedules of drugs. The movement of controlled drugs carries specific risks. So, specific security measures like the type of controlled drugs/ precursor chemicals, the size of shipment, the point of origin and destination, the area through which the movement is being made, the means of transport and the people/ organisations involved have to be taken into account. For some circumstances a combination of measures might be considered as a whole.

Transport of controlled drugs from a licensee to a recipient (customer or patient) is in the responsibility of the original licensee. While controlled drugs are in transit the responsibility for their security remains to the owner and does not transfer to either the courier or the customer until the drugs arrive at their destination and are signed for. This applies even when the original owner/ supplying company does not physically possess the drugs. But a third-party courier or storage firm may also need to hold a Home Office licence.

The HO suggests organisations involved in the movement of controlled drugs to have Standard Operating Procedures (SOPs) in place where handling of controlled drugs in transit and on the premises is clearly and comprehensive laid down. The following points need to be implemented as stated in the Home Office guidance document (28).

1. Responsibility - where it rests; how far it extends; whether and to whom it can be delegated:
2. Record Keeping - what is to be recorded; when and in what form it is to be recorded; who is to record it; where and for how long are records to be kept:
3. Reconciliation - what is to be checked; who is to check it; when are the checks to be made; who is to investigate discrepancies; what enquiries they are to make:
4. Reporting - when should thefts/losses be reported; who report thefts/losses to the Home Office and the police; who decides whether there are sufficient grounds to report the loss to the police as a possible theft; which factors are considered in making that decision.

Good practice and minimum expectations when transporting controlled drugs/ precursor chemicals are:

- To have an agreed set of SOPs which all staff are aware of and follow
- To ensure that only responsible staff members sign the outgoing goods and also the recipient staff members are designated to sign the reception of controlled drugs
- Verification of complete delivery of the expected amount, registration of the vehicles and confirmation of the driver's identity to avoid misappropriation
- Checking the contents of packages immediately on receipt whenever appropriate and practical
- Keeping records of the driver or details of the third-party company (3 months) and signature acknowledging receipt by recipients (6 – 18 months)
- To keep records (all requisitions, signed orders, order and private prescriptions) at least for two years as outlined in the Misuse of Drugs Regulation 2001

Prescription

According to the Misuse of Drugs Regulation 2001 any drug specified in Schedule 2, 3 or 4 may be used for medicinal purposes and be administered by a doctor or a dentist to a patient. Any person may administer to another any drug specified in Schedule 5. Controlled drugs belong to the prescription-only medicines (POM) and need depending on how they are scheduled different prescription writing requirements. On top of the normal prescription requirements of POM prescription of schedule 2 or 3 controlled drugs must also contain the following information as outlined in the Misuse of Drugs Regulation 2001:

- The dose
- The form
- The strength
- The total quantity or dosage units of the preparation in both words and figures
- For instalment prescriptions, specify the instalment amount AND instalment interval
- The words "for dental treatment only" written on it if issued by a dentist

The length of a treatment with controlled drugs of Schedule 2, 3 and 4 is limited for up to 30 days. In case the prescriber believes that a prescription should be issued for a longer period he might justify that there is a clinical need and it would not cause an unacceptable risk to patient safety.

Pharmacists are able to dispense Schedule 2, 3 and 4 controlled drugs prescriptions ordering a supply of more than 30 days.

The prescription form is valid for 28 days and runs from the date the prescription was signed unless the prescriber has specified a start date on the prescription. Repeat dispensing prescriptions for Schedule 4 controlled drugs must be dispensed for the first time within 28 days of the appropriate date. Repeat prescriptions for Schedule 5 controlled drugs must be dispensed for the first time within six months of the appropriate date. After the first dispensing

the repeats are legally valid within the normal periods of validity of the repeatable prescription. Schedule 2 and 3 controlled drugs cannot be prescribed on repeat dispensing prescriptions. In principle of good practice pharmacists may ask individuals to sign the back of the prescription form after receiving Schedule 2 or 3 controlled drugs. In case a person collecting the controlled drugs refuses to sign the back of the form the pharmacists may apply their discretion on whether or not to supply the controlled drugs. For Schedule 2 drugs there is a special legal requirement for pharmacists to document whether the person getting the Schedule 2 controlled drug is the patient, the patient's representative or a health care professional. In case of the patient or patient representative the pharmacist should ask for proof of identity (e.g. photo-ID or Credit card), but this is the pharmacist's discretion. Is the person collecting the Schedule 2 controlled drug a health care professional, the pharmacist must obtain the person's name, address and must ask for proof of identity unless the health care professional knows the person.

Information on private prescription and requisitions for Schedule 2 and 3 controlled drugs can be found on the website of the Pharmaceutical Services Negotiation Committee (29).

3.3 GERMANY

The legal basis for traffic with narcotic drugs (Narcotics and Psychotropics) and raw materials (Precursors) is laid down in the Narcotics Act of 1981 (Betäubungsmittelgesetz, BtMG) (32) and the related decrees (BtM Foreign Trade Ordinance, BtM Internal Trade Ordinance, BtM Prescription Ordinance) as well as in Regulations (EG) No. 273 / 2004, 111/2005 and the Delegated Regulation (EU) 2015/1011 as well as the Implementing Regulation (EU) 2015/1013 and the Supplementary Basic Substances Monitoring Act (Grundstoffüberwachungsgesetz, GÜG).

Cultivation, manufacturing, trade, import, export, hand over, selling or otherwise marketed, or purchase of controlled drug scheduled in Appendix I to III requires a permission from the Federal Institute for Drugs and Medical Devices (Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM) as stipulated in §3 of the Narcotics act, the legal basis on controlled drugs, subsequently named narcotics or narcotic drugs, in Germany. The permission is issued by the Federal Opium Agency (Bundesopiumstelle, BOPST) at the BfArM upon request.
A permit for the narcotics specified in Appendix I can be granted only exceptionally for scientific or other purposes of public interest.

Permission is granted to the relevant company, facility etc. for the respective business premises and the required amount of narcotics traffic. Temporary permits are granted for temporary projects.
For the different groups of applicants (Growers, manufacturers, distributors, clinical trial sites, university institutions, non-university institutions, authorities) application forms and information on how to apply are provided on the homepage of the BOPST. The permit is subject to a fee. The fees are based on the Narcotics Costs Ordinance (BtMKostV). If the person of the licence holder changes or the location of the business premises changes, a new licence must be applied for.
The holder of a licence assumes certain obligations when the licence is issued. According to § 17 BtMG, this includes keeping records and, according to § 18 BtMG, submitting half-annual reports - or annual reports for growers.
If the permit is waived, this can be displayed informally with the original of the licence document and a final report for the last reporting period.
Exceptions to this licence requirement are listed in § 4 (BtMG).

3.3.1 APPROVAL PROCEDURE FOR LICENCE

The application for a licence according to § 3 is to be made in duplicate to the BfArM, that will send then a copy to the competent supreme state authority.

An informal application for approval must be submitted by post on a current header of the applicant / company, which contains the following information or documents:

1. name, surname or the company and the addresses of the applicant and those responsible,
2. the responsible needs to provide evidence of the required expertise and explanations on how they can constantly fulfil their obligations,
3. a description of the location of the business premises by naming street, house number, building, part of the building and the construction of the building,
4. a description of the existing security measures against the removal of narcotics by unauthorized persons,
5. the type of drug trafficking (domestic trade, foreign trade) (§ 3(1)),
6. the type and the expected annual amount of narcotics to be produced or required,
7. in the case of manufacture (§ 2(1) No. 4) of narcotics or exempted preparations, a brief description of the manufacturing process, stating the type and amount of the starting materials or preparations, the intermediate and end products, even if starting materials or preparations, intermediate - or end products are not narcotics; in the case of non-divided preparations additional the weight percentages, in the case of divided preparations, the quantities of weight of the narcotics contained in each divided form and
8. in case of use for scientific or other purposes in the public interest, an explanation of the intended purpose with reference to relevant scientific literature.

Other relevant documents to provide with are

- up-to-date excerpt from the Commercial Register
- copy of ID-card from all managing directors and the responsible person for controlled drugs; BfArM checks the reliability of the concerned persons against the Federal Central Criminal Register
- completed declaration form of the responsible person for controlled drug

Forms and guidance can be found on the website of the BOPST (30).

§ 6 of the BtMG lays down what qualification of the responsible person is required. The required expertise depends on the purpose. For example, a person responsible for the production of narcotics that are not medicinal products needs additionally to a completed scientific university degree in biology, chemistry or pharmacy a certificate that proves at least one-year practical work in manufacture or testing of narcotic drugs. A person that wants to trade with narcotics needs a certificate on a completed vocational training as a merchant in wholesale and foreign trade in the chemical or pharmaceutical industry with at least one year of practical work on narcotic drugs.

According to § 8 of the BtMG the BfArM should decide on the granting of the permit within three months of receipt of the application. It immediately informs the competent supreme state authority about the decision.
(2) If the BfArM gives the applicant the opportunity to rectify defects of the application, the period specified in paragraph 1 shall be suspended until the defects have been remedied or until the deadline set for remedying the defects has expired. The suspension begins on the day on which the applicant is sent the request to remedy the defects.
(3) The holder of the licence must immediately notify the BfArM of any changes to the information specified in § 7. In case of extension in terms of the type of narcotics or the narcotics traffic as well as changes of the person of the licence holder or the location of the business premises, except within a building, a new licence must be applied for. In all other cases, the permission will be changed. The competent supreme state authority will be informed immediately of the change in the permit.

Limitation of the licence

The licence is to limit the security and control of narcotics traffic or the manufacture of exempted preparations to the necessary extent. In particular, it must regulate:

1. the type of narcotics and narcotics traffic,
2. the expected annual amount and the stock of narcotics,
3. the location of the industrial premises and
4. the manufacturing process and the starting, intermediate and end products, even if they are not narcotic drugs.

The permit can be limited in time, issued with requirements (that means with no right to object, directly binding) or may be subject to conditions (that means an objection can be lodged against the condition and it can be started without conditions).

3.3.2 IMPORT AND EXPORT

Import and Export of narcotic drugs are regulated by the Foreign Trade Ordinance (Betäubungsmittel-Außenhandelsverordnung, BtMAHV).

3.3.2.1 Import

§ 1 stipulates that anyone wishing to import narcotic drugs must apply for an import permit issued by the BfArM. An official form is required for each import shipment.
The applicant must provide the following information on the import application:

1) BtM number, name or company and address of the importer; in the case of an importer with several permanent establishments, BtM number and address of the importing permanent establishment,
2) The name or company name and address of the non-resident exporter as well as the BTM number and the name of the exporting country,
3) for each narcotic drug to be imported:
   a. Central pharmaceutical number (Pharmazentralnummer, PZN), if published,
   b. Number of packing units,
   c. Packing unit (for substances and undivided preparations, the amount by weight, for divided preparations, the number of pieces),
   d. Name of the narcotic drug;

   In addition:
   - in the case of divided preparations, the dosage form and the weight of the pure substance contained in milligrams per divided form,
   - in the case of non-divided preparations, the dosage form and the weight of the pure substance contained per packaging unit,
   - in the case of raw, unpurified and undivided narcotics, the percentage by weight of the pure substance contained,
4) the intended route of transportation and the names and addresses of the carriers,
5) a.) in the case of imports from a country that is not a member of the European Union, the name and address of the customs office through which the goods are to be imported in accordance with section 4 sentence 1,
   b.) when imported from a member state of the European Union, the note "EU Warenverkehr",
6) if the narcotics are to be stored under customs supervision, the name and address of the warehouse and the name and address of the warehouse keeper.

If narcotic drugs intended and processed for transit are to be imported, the import application must be accompanied by the export licence or export declaration of the exporting country that accompanied the narcotics. The BfArM returns these to the authority responsible for narcotic drugs control in the exporting country.

The BfArM decides if the applicant will obtain an import authorisation or a refusal. Reasons for refusal are if the narcotic is to be imported to a financial institution at the disposal of a person other than the importer or to a post office box or if narcotics are listed in Appendix I of the Narcotics Act and these are to be stored under customs supervision. The BfArM must also refuse the import licence or limit the amount of the narcotic drug to be imported if the import cannot be processed within the scope of the Federal Republic of Germany's estimate for this narcotic drug, as announced by the International Narcotics Control Office, unless the importer evidence is provided that this anaesthetic is either intended for re-export or is essential for medical treatment. Another reason to refuse the import licence is if the safety or control of the narcotic drugs traffic is not guaranteed.

If there are no reasons to refuse the application the BfArM issues the import authorisation in triplicate using official forms. It sends two copies to the importer and one to the narcotics control authority in the exporting country. The import permit is not transferable. It is limited to a maximum of three months and, in the case of imports to be carried out by sea, to a maximum of six months. The deadlines can be extended upon request if the importer can prove that the narcotic drugs are already in transit.

Narcotic drugs may only be imported through a customs office designated by the Federal Minister of Finance. They must be registered with this customs office on presentation of a copy of the import licence. This requirement does not apply to imports from a member state of the European Union.

If the import authorization is limited to storage under customs supervision only, the narcotic drugs may only be stored in a customs warehouse, a customs locked warehouse or a free port. The stored narcotic drugs must not be subjected to any treatment that is suitable for changing the nature, packaging or labelling. Changes may only be carried out in accordance with the provisions of §§ 7 to 12 of BtMAHV (Export). If the narcotics are to remain within the scope of the Narcotics Act, the written consent of the BfArM is required for removal from the customs defeat, the bonded warehouse or the free port.

3.3.2.2 Export

As for import anyone wishing to export narcotic drugs must apply for an export permit from the BfArM for each export shipment using an official form. The applicant must provide the following information on the export application:

1. BtM number, name or company and address of the exporter; for an exporter with several permanent establishments BtM number and address of the executing permanent establishment,
2. Name or business name and address of the non-resident importer, the shipping address as well as BtM number and name of the importing country,
3. Number and date of issue of the import licence as well as name and address of the issuing authority of the importing country,
4. for each narcotic drug to be carried out:
   a) Central pharmaceutical number (PZN), if published,
   b) Number of packing units,
   c) Packing unit (for substances and undivided preparations, the amount by weight, for divided preparations, the number of pieces),
   d) Name of the narcotic drug;
   In addition:
   - in the case of divided preparations, the dosage form and the weight of the pure substance contained in milligrams per divided form,

- in the case of non-divided preparations, the dosage form and the weight of the pure substance contained per packaging unit,
- in the case of raw, unpurified and undivided narcotics, the percentage by weight of the pure substance contained,

5. Number and type of packages in which the narcotics are to be carried out and the markings made on them,
6. Route of transport and the names and addresses of the carriers,
7. a) when exporting to a country that is not a member of the European Union, the name and address of the customs office through which the goods are to be exported in accordance with § 11 (1) sentence 1,
   b) when exporting to a member state of the European Union, the note "EU-Warenverkehr",
8. if the narcotic drugs are stored under customs supervision, the name and address of the warehouse and the name and address of the warehouse keeper.

The export application must be accompanied by the import permit of the narcotics control authority in the importing country. This must be compliant with the formal requirements of the international narcotics conventions even if the importing country has not acceded to them.

If narcotic drugs are intended and processed for transit or redirected to a destination country other than that specified in the accompanying export licence or export declaration or if they are to be returned to the exporting country, this export licence or export declaration must be attached to the export application. The BfArM returns these to the authority in the exporting country responsible for narcotic drugs control.

According to § 8 of the BtMAHV the BfArM has to refuse the export licence if

1. the narcotics are to be exported to a financial institution at the disposal of a person other than that of the non-resident recipient or to a post office box,
2. this are narcotic drugs listed in Appendix I of the Narcotics Act, that should be exported for storage in a customs warehouse in the importing country,
3. the narcotics are to be exported for storage in a customs warehouse in the importing country and the storage of the shipment in a customs warehouse is not authorized in the import licence,
4. the export application is accompanied without a foreign import licence or with a foreign import licence that doesn’t comply with the formal requirements of the international narcotics convention,
5. the importing country has notified the Federal Republic of Germany through the Secretary-General of the United Nations that it prohibits the import of narcotic drugs.

The BfArM must also refuse the export licence or limit the amount of the narcotic drug to be exported if the export cannot be carried out within the scope of the estimated amount of the importing country for this narcotic, as announced by the International Narcotics Control Office, unless that the narcotic is intended for re-export or that the performer proves that the narcotic is essential for medical treatment. The BfArM can refuse the export licence if there is reasonable suspicion that the narcotic drug in the importing country should not be used for

medical, scientific or other permitted purposes, or if the safety or control of the narcotic drugs traffic is not guaranteed.

The BfArM issues the export licence using official forms in triplicate. It sends two copies to the exporter and one to the narcotics control authority of the importing country.

The export licence is not transferable. It is valid for a maximum of three months and no longer than the import licence of the importing country has expired.

Narcotic drugs may only be exported through a customs office designated by the Federal Minister of Finance. They must be registered with this customs office on presentation of a copy of the export licence and presented on request. This requirement does not apply to exports to a member state of the European Union.

A further copy of the export licence must be enclosed with the shipping documents. It accompanies the narcotics to the importing country. Shipments of narcotics without an attached export licence may not be dispatched or dispatched.

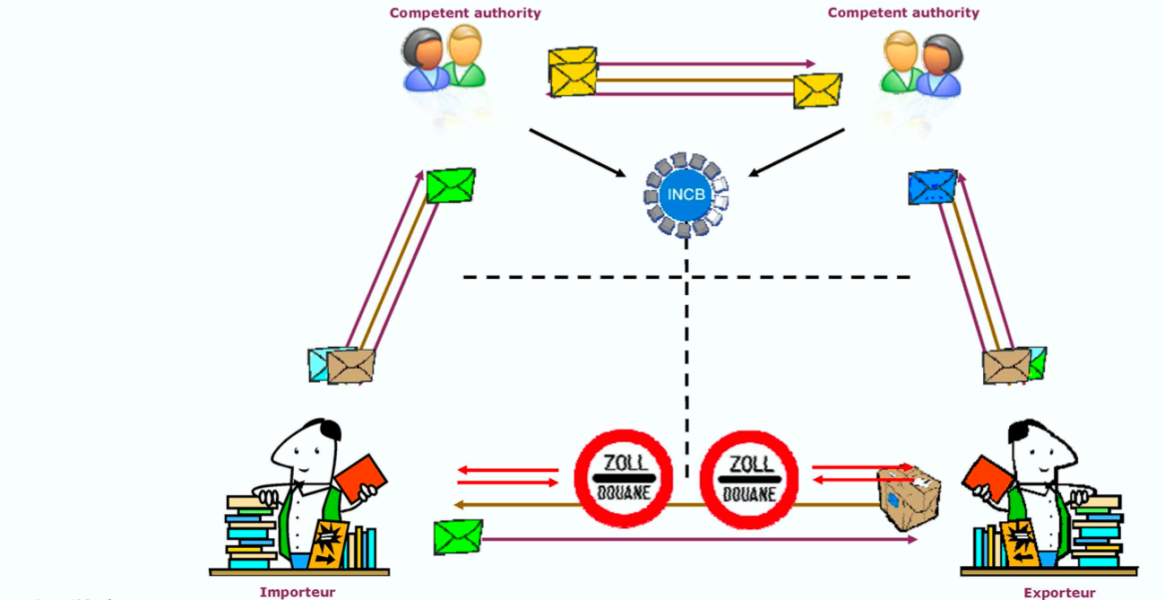

FIGURE 3: SCHEME OF IMPORT/EXPORT ACTIVITIES FOR CONTROLLED DRUGS (SOURCE: D. OHLENFORST – TRAINING ON NARCOTIC DRUGS BY FORUM – INSTITUTE FOR MANAGEMENT GMBH, 24.09.2019 BONN – TRAINING MATERIAL)

After import or export is completed the importer/ exporter must notify the BfArM immediately and provide the notification with the information corresponding to the actual import/ export in accordance with BtMAHV the number and the date of issue of the import or export licence and the date of import/ export. The notification is to be accompanied by the customs clearance note. An official form must be used for the notification. This does not apply to import/ exports to a member state of the European Union. In this case, the exporter must provide the following

information on the back of the export licence to be attached in the field provided for the customs clearance note:

a) Number and date of issue of the commercial invoice or packing list and

b) Number and date of issue of the freight document with details of the carrier and enclose a copy of the commercial invoice or packing list with the export licence.

If the narcotics are not carried out within the period specified in the export licence, the BfArM must be notified immediately. Both copies of the export licence must be enclosed with the notification.

Figure 3 shows a scheme of the procedure.

3.3.3 STORAGE, DISTRIBUTION AND DELIVERY

3.3.3.1 Storage

According to § 15 of the Narcotics Act (BtMG), every participant in the narcotics trade must keep the narcotic drugs in his possession separately and secure them against unauthorized removal. The BfArM publish guidelines on measures to secure narcotics stocks for licence holders in accordance with § 3 of the Narcotics Act on its website. The guideline describes the requirements for storage in cabinets, rooms and their electric surveillance.

1. Storage in cabinets

1.1 Certified security safes with resistance grade I or higher according to EN 1143-1 are to be used. Security safes with a dead weight of less than 1,000 kg must be anchored in accordance with EN 1143-1. Wall cabinets are to be professionally installed in a suitable wall.

2. Storage in rooms

If room security is preferred instead of cabinets, certified security doors with a resistance grade III or higher according to EN 1143-1 must be used as the room closure.

2.1 Walls, ceilings and floors of rooms to be built

• with clinker masonry (KMZ 28) in a thickness of 240 mm with double-sided structural steel mesh N 141 and 30 mm cement plaster (1: 3) as well as steel strip (25/2) inserts in the joints or

• to be made of reinforced concrete (C20 / 25) with a thickness of 240 mm with steel fabric on both sides.

Do not use window openings; if necessary, bent steel pipes with a diameter of 50 mm must be let in for ventilation.

2.2 Existing rooms that do not meet the requirements of section 2.1 are generally to be retrofitted or converted so that behind or in front (inside or outside) of the existing wall elements a clinker brickwork (KMZ 28) with a thickness of 115 mm is included structural

steel mesh N 141 and 30 mm cement plaster (1: 3) as well as steel strip (25/2) inlays must be installed in the joints. Ceilings and floors may need to be reinforced with reinforced concrete (C20 / 25).
If windows have to be preserved, they have to be mechanically secured from the inside, e.g. with latticework made of approx. 20 mm thick square or round steel in longitudinal and cross struts, the clear widths no larger than 120 x 120 mm, their crossing points to be welded and their end points to be anchored in the masonry.

2.3 Instead of masonry or concrete rooms, certified security rooms with a resistance grade III or higher according to EN 1143-1 can also be used.

3. Electric surveillance
In addition to mechanical security, electric surveillance could be required due to the type or scope of narcotic drugs traffic:

3.1 Only intrusion alarm systems that comply with the applicable VDE regulations 0/833 parts I and III are considered. Basically,
• Security cabinets on all sides in the field (through capacitive field change systems), whereby all device parts and the lines connecting them must be recorded,
• Rooms using intrusion detection systems based on the structure-borne noise principle to monitor.

3.2 The alarm system must be armed via a mechanical switching device in connection with a mental switching device.

3.3 Alerting
The intruder detection system must be connected to the police via a permanent connection or via a demand-controlled connection with an alternative route.
Safety measures must be coordinated with the BOPST in the project planning phase.
The same requirements apply for hospital and public pharmacies.
In hospital wards and medical practices certified security safes with a resistance level of 0 or higher according to EN 1143-1 must be used. Security safes with a dead weight of less than 200 kg must be anchored in accordance with EN 1143-1. Wall cabinets are to be professionally installed in a suitable wall.

An exception to this is the storage of narcotic drugs, which are daily required and must always be at hand. These must be secured by enclosing them in such a way that quick stealing is made considerably more difficult.

The storage of the corresponding keys is to be regulated by a written distribution plan. As a matter of principle, the authorized persons must take the keys into personal custody.

3.3.3.2 Distribution and prescription

Distribution

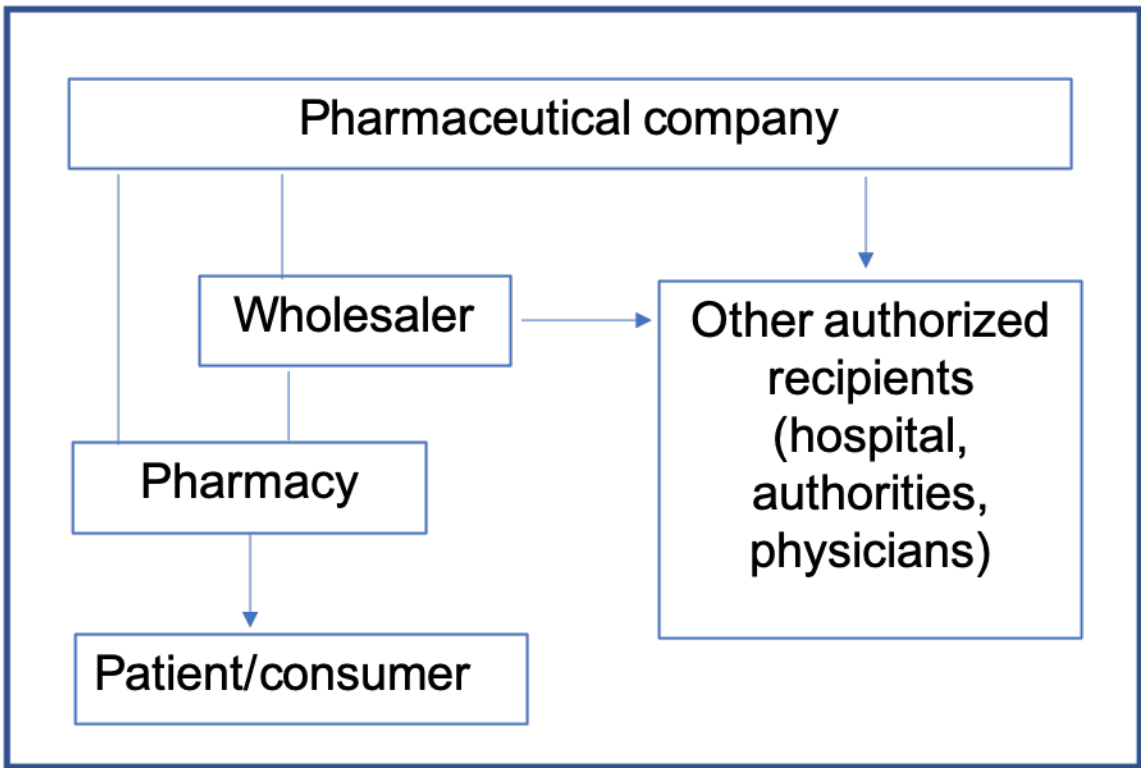

FIGURE 4: DISTRIBUTION CHANNEL ACCORDING TO §47 OF GERMAN MEDICINES ACT (ARZNEIMITTELGESETZ, AMG)

Medicinal products in Germany are distributed by pharmaceutical companies or wholesalers to mainly pharmacies, but also to hospitals, medicals practices or authorities (31). The same route of distribution as shown in Figure 4 applies for narcotic drugs. But there are some special requirements regarding the documentation of delivery and reception. These requirements are laid down in the Narcotics Domestic Trade Regulation (Betäubungsmittel-Binnenhandelsverordnung, BtMBinHV).

Anyone who sells narcotic drugs in accordance with §12 (1) of the Narcotics Act must submit a receipt for each individual delivery in writing using the official form or electronically in accordance with § 6.

The supplier

must provide the following information on all parts of the delivery document (delivery notification, acknowledgment of receipt, delivery note, and delivery note duplicate):

1. BtM number, name or company and address of the sender; in the case of surrenders with several permanent establishments, BTM number and address of the surrendering permanent establishment,

2. BtM number, name or company and address of the purchaser; in the case of purchaser with several business premises, BtM number and address of the business premises to be acquired,
3. for each narcotic drug delivered:
   a) Central pharmaceutical number (PZN),
   b) Number of packing units,
   c) Packing unit according to the PZN used (for substances and undivided preparations, the amount by weight, for divided preparations, the number of pieces),
   d) Name of the anaesthetic; In addition:
   - in the case of divided preparations, the dosage form and the weight of the pure substance contained in milligrams per divided form,
   - in the case of non-divided preparations, the dosage form and the weight of the pure substance contained per packaging unit,
   - for raw, unpurified and undivided narcotics, the percentage by weight of the pure substance contained,
4. Delivery date.

The sender has to sign the delivery report himself with a ballpoint pen or provide it with his electronic signature.

If the sender or purchaser is an authority or institution named in § 4 (2) or § 26 of the Narcotics Act, the BtM number does not apply as well as the PZN if such has not been published by the BfArM.

The confirmation of receipt and the delivery note must be sent to the purchaser together with the narcotic drugs as paper or electronic documents.

In order to report the delivery in accordance with § 12 (2) of the Narcotics Act, the delivery report must be sent to the BfArM within one week of delivery. The delivery note duplicate must be kept until receipt of the confirmation of receipt.

The purchaser has:

1. to check the information on the parts of the proof of delivery received (confirmation of receipt and delivery note),
2. where applicable, to mark deviations ascertained by him by writing or electronically in a manner that the information provided by the sender as such is not changed,
3. to mark these parts in writing or electronically with the date of receipt and to sign them with a ballpoint pen or to provide them with electronic signature and
4. to send the acknowledgment of receipt back to the sender at the latest on the next working day upon receipt of the narcotic drugs.

In the case of §1 no. 2 the supplier in return has

1. to mark on the delivery note duplicate in writing or electronically
   a) the date of receipt of the acknowledgment of receipt and
   b) to enter the deviations noted by the purchaser as such and to declare them to be correct and then
2. to send the delivery note duplicate to the BfArM within one week of receiving the receipt

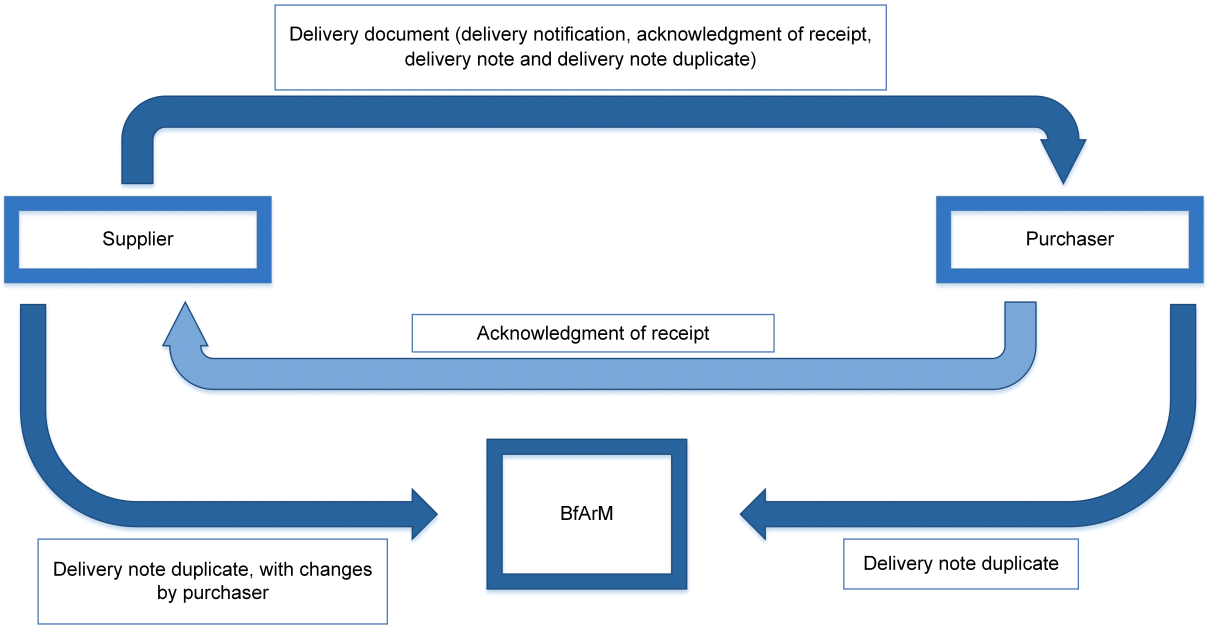

FIGURE 5: DOCUMENTATION OF DELIVERY AND PURCHASE OF NARCOTIC DRUGS ACCORDING TO REQUIREMENTS OF THE BTMBINHV

The acknowledgments of receipt or, until their receipt the duplicate delivery notes are to be kept separately by the sender according to delivery dates. The delivery notes are to be kept separately by the purchaser. This document needs to be stored for three years according to acquisition dates and might be sent on request of the competent authority pursuant to § 19 (1) of the Narcotics Act, or to make it accessible to electronic storage. The storage period for the supplier begins with the date of delivery, for the purchaser with the date of receipt of the narcotic drugs. A scheme of the whole procedure is shown Figure 5.

Prescription

Prescription of narcotic drugs is regulated by the Narcotics Prescription Order (Betäubungsmittelverschreibungsverordnung, BTMVV), which describes the requirements for ordinance on prescribing, dispensing and proving the whereabouts of narcotic drugs.

The narcotic drugs specified in Appendix III of the Narcotics Act may only be prescribed as preparations, cannabis also in the form of dried flowers. The provisions of this ordinance also apply to the salts and molecular compounds of the narcotics, which according to the knowledge of medical science are used by doctors, dentists or veterinarians. Unless otherwise specified in the individual case, the maximum amount set for an anaesthetic also applies to its salts and molecular compounds.

Narcotic drugs for a patient or an animal and for the practical needs of a doctor, dentist or veterinarian may only be provided after presentation of a narcotics prescription, for ward needs, emergency needs according to § 5d and emergency medical services

according to § 6 paragraph 1 only after submission of a completed narcotics request form (prescription for ward needs, emergency needs and emergency services).
The whereabouts and the stock of the narcotics must be documented in full:

1. in pharmacies and veterinary pharmacies,
2. in doctors', dentists' and vets' practices,
3. in wards of hospitals and veterinary clinics,
4. in retirement homes, nursing homes and hospices,
5. in emergency services facilities,
6. in facilities according to § 5 paragraph 10 sentence 1 number 3 letter a, b and e, sentence 2 number 1 letter b and number 4 and § 5a paragraph 2 and
7. on merchant shipping ships that fly the federal flag.

§ 2, 3 and 4 of BtMVV list the maximum amount of narcotic drug per patient allowed to prescribe within 30 days for physicians (doctors), dentists and veterinarians
In individual justified cases and while maintaining the necessary security of the narcotics traffic, the doctor may deviate from the regulation for a patient who is undergoing long-term treatment regarding the number of narcotics prescribed and of the specified maximum quantities. Such a prescription should be marked with the letter "A".
For his practice needs, a doctor may use the narcotics listed in § 2 (1) as well as alfentanil, cocaine for head surgery as a solution up to a content of 20% or as an ointment up to a content of 2%, remifentanil and sufentanil up to prescribe the amount of his average two-week requirement, but at least the smallest packaging unit. For each anaesthetic, stocks should not exceed the doctor's monthly requirement. The doctor may prescribe diamorphine up to the amount of his average monthly requirement. The supply of diamorphine should not exceed the average two-month requirement of the doctor.
Only the doctor who manages a hospital or a sub-unit of a hospital or his deputy may prescribe for ward needs. He may prescribe the narcotic drugs described in the section above, taking into account the restrictions on their intended purpose, content and dosage form. This also applies to an attending doctor if the beds assigned to him are spatially and organizationally separated from other sub-units.

Narcotics for patients, practice needs, and animals may only be prescribed on a three-part official form (narcotic prescription). The narcotic prescription may only be used for prescribing other medicines if this is in addition to that of a narcotic. Parts I and II of the prescription are intended for presentation in a pharmacy, in the case of prescribing diamorphine according to § 5a paragraph 1 for presentation to a pharmaceutical company, part III remains with the doctor, dentist or veterinarian to whom the narcotic prescription has been issued.

Narcotics prescriptions are issued by the BfArM on request to the individual doctor, dentist or veterinarian. The BfArM can refuse the issue if there is reasonable suspicion that the narcotic prescriptions are not being used in accordance with the narcotics regulations.
The numbered narcotic prescriptions are only intended for use by the requesting doctor, dentist or veterinarian and may only be transferred in the case of a substitute. The unused narcotic prescriptions are to be returned to the BfArM when vacating medical, dental or veterinary work.
The doctor, dentist or veterinarian must secure the narcotic prescriptions against theft. Loss must be reported immediately to the BfArM by stating the prescription numbers. BfArM will then inform the competent state authority.
The doctor, dentist or veterinarian must keep Part III of the prescription and Parts I to III of incorrectly prepared narcotic prescriptions in accordance with the exhibition data or the specifications of the responsible state authority for three years and present or provide them at the request of the responsible state authority.
The following must be stated on the narcotic prescription (according to § 9 BtMVV):

1. The name, first name and address of the patient for whom the narcotic drug is intended; in the case of veterinary prescriptions, the type of animal as well as the surname, first name and address of the animal owner,
2. Date of issue,
3. Medicinal product name, insofar as this does not clearly determine one of the following information, each additional name and weight of the narcotic drug contained per packaging unit, in the case of divided preparations depending on the divided form, pharmaceutical form,
4. Amount of the prescribed medicine in grams or milliliters, number of the divided form,
5. Instructions for use with single and daily doses or, if the patient has been given a written instruction for use, a reference to this written instruction for use;
6. Name of the prescribing doctor, dentist or veterinarian, his professional title and address including telephone number,
7. Signature of the prescribing doctor, dentist or veterinarian, in addition, in the case of substitution, the note "i.V.".

Documentation of inventory

Changes of the inventory of the narcotic drugs in the facilities mentioned in § 1 (3) are to be recorded immediately on the official form. Index cards or narcotic drugs books with consecutively numbered pages can be used. Recording can also be carried out by electronic data processing, ensuring that the stored information can always be printed in the order of the official form.

The entries regarding additions, disposals and stocks of the narcotics as well as the compliance of the stocks with the evidence provided have to be proofed

1. by the pharmacist for the pharmacy he manages,

2. by the veterinarian for the veterinary medicine chest he manages and
3. by the prescribing doctor, dentist or veterinarian referred to in sections 2 to 4 for the practice or ward needs,
4. by a doctor commissioned according to § 5d paragraph 1 sentence 2 number 1 for hospices and facilities for specialized outpatient palliative care and by the doctor commissioned according to § 6 paragraph 2 for facilities of the emergency services,
5. by the person responsible for the implementation of the medical care in accordance with the maritime labour law regulations for the respective merchant boat that flies the federal flag,

at the end of each calendar month and, if the stock has changed, to be confirmed by the name and date. In case of electronic data processing, the test must be carried out on the basis of printouts made at the end of the month. The index cards, narcotics books or IT printouts are to be kept for three years from the last entry. In the event of a change in the management of a hospital pharmacy, a facility in a hospital, a veterinary clinic etc. it must be noted and confirmed by signature the name of the authorized person doing the transfer, the date of delivery and the transferred inventory. The index cards, the narcotics books and the computerized printouts are to be sent to the competent regional authority in accordance with § 19 (1) sentence 3 of the Narcotics Act or to be submitted to an agent of this authority. In the meantime, preliminary records have to be made, which have to be added after the index cards and narcotics books have been returned.

For the inventory of narcotic drugs, the following must be specified for each drug:

1. Name, for medicinal products in accordance with data on the prescription
2. Date of receipt or outgoing,
3. incoming or outgoing quantity and the resulting stock; for substances and undivided preparations, the weight in grams or milligrams, for divided preparations, the number of pieces; for liquid preparations used as part of a treatment, the amount also in milliliters,
4. Name or company and address of the supplier or the recipient
5. in pharmacies, in the case of a prescription for patients and for the practice needs, the name and address of the prescribing doctor, dentist or veterinarian and the number of the narcotic prescription, in the case of prescription for the ward needs, the emergency needs and the emergency services, the name of the prescribing doctor, dentist or veterinarian and the number of the narcotic request form,
   5a) in hospitals, veterinary clinics, hospices as well as in facilities of specialized outpatient palliative care and emergency medical services, in the case of a prescription purchase for ward needs, emergency needs and emergency medical services, the name of the prescribing doctor, dentist or veterinarian and the number of the narcotics request form,
6. at the pharmaceutical company in the case of a prescription of diamorphine, the name and address of the prescribing doctor and the number of the narcotic prescription

When carrying out the verification for liquid preparations, the weight of the anaesthetic contained in the overfilling of the dispensing container, which is required for technical

reasons, should only be considered if the outflow is higher than the access. The difference is to be shown as an entry with "overfill".
The BfArM publishes the official forms for prescribing (narcotic prescriptions and narcotic request forms) and for recording the inventory (index cards and narcotic drugs books).
So, finally the BfArM and its department Bundesopiumstelle are the authorities that control the import, export, distribution, storage and prescription of narcotic drugs in Germany

4. Discussion / Conclusion

4.1 Scheduling of controlled drugs in France, UK and Germany

In France, UK and Germany the scheduling of new substances with the potential of abuse, misuse and addiction can be done by the national state itself with help of expert committees that evaluate the potency of a substance and gives recommendation on the classification. Or the scheduling is done internationally by review of the WHO. In both cases it is important that the UN member states that signed the treaties of the UN Conventions on narcotic drugs and psychoactive substances exchange their expertise and observations and report to the international narcotics control board (INCB). This in return will give support to Member States in achieving the health and welfare aims of the drug control conventions.

4.2 Comparison of controlled drug legislation in France, UK and Germany

The 1961 United Nations Convention on Narcotic Drugs, as amended by the 1972 Protocol, and the 1971 Convention on Psychotropic Substances, provide that each State designate an administrative authority responsible for controlling the licit national and international trade in narcotic drugs and psychotropic drugs. This is the basis for the legislation in France, UK and Germany.

In France it is implemented in the Code de la Santé Public which is the French Public Health code. The Public Health Code determines the field of public health law, is divided in different parts and covers all fields of public health. The French Public Health Code determines the handling of controlled drugs and contains guidance. In UK the UN Conventions are implemented in The Misuse of Drugs Act 1971, The Misuse of Drugs Regulation 2001 and Psychoactive Substance Act 2016 which covers the legislation and the control of drugs. The guidance on how to handle controlled drugs is provided by the Home Office, which is a ministerial department, supported by 30 agencies and public bodies. In Germany the UN Conventions are implemented in the Betäubungsmittelgesetz, the law on narcotic drugs. It is a regulatory law (Ordnungsrecht) and accompanied by regulations for internal trade, external trade, controlled drugs cost regulation and the prescription ordinance of controlled drugs.

In France and Germany, the administrative authorities responsible for controlled drugs are regulatory authorities on medicinal products and medical devices and they are responsible to evaluate and approve marketing authorisations for medicinal products. In UK it is not the

Medicines and Healthcare Products Regulatory Agency (MHRA) that is responsible to grant licenses to handle controlled drugs but it's the Home Office, a ministerial department of Her Majesty's Government of the United Kingdom responsible for immigration, security and law and order (also security-related issues such as drugs, counter-terrorism and ID cards).

4.2.1 Comparison of handling licence requirements between France, UK and Germany

In each of the three countries activities related to controlled drugs are based on a prohibition principle and requires a licence for handling. Handling implicit possession, manufacturing, production and supply. The licence is issued on application by a company specific for one product or substance. The applicant has to prove that the responsible person is qualified (by its expertise in natural science, medicine or pharmacy) and reliable (by check of central criminal register). The company must be registered as an authorized pharmaceutical establishment and possess a wholesalers or manufacturing licence or other licenses to allow trade or manufacturing of medicinal products. A registry for documentation must be in place. And finally it is required to provide a yearly report to the authority. So, the requirements are apart from some country specific documents nearly the same. The systems for application are in Germany and France still paper based, while UK uses an electronically application format.

4.2.2 Comparison of Import and Export requirements for controlled drugs in France, UK and Germany

Any import and export operation requires a special authorization. A prerequisite is that the applicant holds a domestic controlled drugs licence. This applies to each of the countries compared. The authorities to issue such permits are for UK the Home Office, for France the ANSM and for Germany the Bundesopiumstelle at the BfArM. In UK the system for application is based electronically and requires an account at the National Drug Control System, while the application in France and Germany is paper based. The import or export licenses have a defined validity (in general between 2 and 3 month) and must be applied for each individual shipment.

In Germany the import and export of controlled drugs is closely monitored. After import or export is done the importer or exporter must notify the authority immediately by providing a notification together with the customs clearance note.

As there is no EU legislation on narcotics traffic each state has developed its own system to track and monitor it.

Each of the competent authorities are obliged to report type and range of cross-border traffic to the INCB (UN International Narcotics Control Board) and EMCDDA (European Monitoring Center for Drug and Drug Addiction).

4.2.3 Comparison of Storage, Distribution and Delivery For controlled drugs in France, UK and Germany

The storage conditions for controlled drugs depend on the hazardous nature of the drug and its classification. In all three countries the storage conditions are defined in the legislation, regulation and/or guidance documents. Beside the substance class it depends on the quantities to define what the storage requirements are. For example, stocks of controlled drugs that are too large to be stored in a safe should be held in a prefabricated strong room protected by certified alarm systems.

The distribution channel for controlled drugs is more or less the same in France, UK and Germany. In general, the pharmaceutical company sells its products to a wholesaler which distributes them to pharmacies, hospitals, authorities, physicians or other authorized recipients. From there the patient/consumer receive its medication. For controlled drugs special requirements apply like documentation of delivery and reception. It must be trackable which amount of what controlled drug is dispensed to whom and reported back to the competent authority. For transportation of controlled drugs different measures are needed, so that depending on the substance special carriers are required, sometimes even with support of the police.

For controlled drugs, special prescription requirements are necessary. In all three countries the prescription of a controlled drug is limited to a maximum of 28(FR, UK) or 30(DE) days. If the patient needs to be treated longer a new prescription must be issued by the doctor, dentist or other authorized persons and even justified. In each country the prescription form is a special one and differ from the standard prescription form for medicinal products. On the prescription must be indicated information on the prescriber and the recipient. In France and UK the pharmacist has to proof the identity of the recipient.

4.3 CONCLUSION

Narcotic drugs and psychoactive substances are necessary to help patients suffering from pain, to make surgeries feasible and to treat mental and neurologic disorders. Unfortunately, most of these substances have a high risk for addiction, misuse and abuse. To avoid illicit traffic and uncontrolled use the manufacturing, possession, trade, distribution, storage and prescription must be controlled. This control is done internationally by the UN Conventions on narcotic drugs and psychoactive substances and the institutions of the UN, like the Office on Drugs and Crime (UNODC) and the International Narcotics Control Board (INCB). But it's also done at Member-State level based on implementation of the international conventions into national legislation. This is the reason why the regulations how to handle controlled drugs are very similar in the countries investigated in this thesis. They only differ in a few points like the responsible authorities (ANSM, BfArM = regulators for medicinal products and medical devices vs. Home Office = ministerial department of the government responsible for immigration, security and law and order), the way how to apply for licenses (electronically or paper based) or the way to track the trade of controlled drugs.

5. SUMMARY

Narcotic drugs are substances with the ability to relieve pain and makes surgeries feasible. Psychotropic substances are required to treat mental and neurologic disorders. Both, narcotic drugs and psychotropic substances have beside their benefit the effect of leading to addiction, misuse and abuse. But as they have such a high importance in medicine it is necessary to keep them available.

The international community represented by the United Nations created an international drug control system. The member states committed by signing the United Nations treaties of the Single Convention on Narcotic Drugs of 1961, amended by the protocol of 1972 and the Convention on Psychotropic Substances of 1971 to control the trade and traffic and ensure availability of drugs considered indispensable for medical and scientific purposes.

The Conventions must be executed by the member states and implemented in their national legislation. So, each member state has his own laws on controlling narcotic drugs and psychoactive substances based on the international Conventions.

This thesis explains the role of the different international organizations and national competent authorities involved in the subject on controlled drugs. It also explains how to classify new substances by scheduling them according to their potential on addiction, abuse and misuse. Especially the drug control laws and regulations of the European member states France, UK and Germany are illuminated on the aspects of import, export, storage and distribution. This thesis may help to guide compliant handling of controlled drugs in the abovementioned countries.

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Hiermit erkläre ich an Eides statt, die Arbeit selbständig verfasst und kein anderen als die angegebenen Hilfsmittel verwendet zu haben.

Aachen im März 2020 _____

Dr. Caroline Alba