



**HOME OFFICE**

**GUIDELINES  
FOR THE SAFE  
CUSTODY OF  
CONTROLLED  
DRUGS IN  
TRANSIT**



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## CHAPTER 1

### INTRODUCTION & LEGISLATIVE BACKGROUND

- 1.1 The Misuse of Drugs legislation<sup>1</sup> gives the Secretary of State the power to make regulations for preventing the misuse of drugs. This provision specifically allows regulations to be made requiring that precautions are taken for the safe custody and the regulation of the transport of specified drugs, which are usually referred to as "controlled drugs".
- 1.2 The former power has been exercised in Misuse of Drugs (Safe Custody) Regulations 1973<sup>2</sup> together with subsequent amendments<sup>3</sup>. In addition, there is power under Section 11 of Misuse of Drugs Act 1971 to serve a notice on the occupier of premises, where controlled drugs are stored, giving directions specifying the precautions to be taken for their safe custody. Wide use has been made of this power in relation to premises of companies producing and distributing controlled drugs. However no regulations concerning the transport of controlled drugs have so far been made.
- 1.3 The potential for diverting controlled drugs to illicit use, while they are being moved from one location to another, has been demonstrated in a number of cases which have attracted widespread media coverage. Fortunately these incidents have occurred infrequently, though in recent years the typical number of incidents (on average one per month) has often been exceeded, on occasion reaching a level of one a week. Although this remains a small percentage of the thousands of movements of controlled drugs taking place every day, the increase is causing concern, particularly as the drugs involved are almost invariably diverted to the illicit market.
- 1.4 In many cases there is a significant disparity between the levels of security provided for stocks of controlled drugs held at premises, and equivalent quantities in transit.
- 1.5 It has therefore been decided to issue a series of guidelines that reflect the best of current practice. The aim is to secure improvements in those situations displaying the most risk before they become a significant source of drugs for the illicit market.
- 1.6 The guidelines have been produced with the assistance of companies, organisations and individuals within the pharmaceutical and transport industries. In particular the Home Office wishes to acknowledge the assistance of AAH Pharmaceuticals Ltd, Amersham International PLC, the Boots Company PLC, British Generic Manufacturers Association, the British Security Industry Association, Freight Transport Association, Group 4, Nightspeed Ltd, Phoenix Healthcare Distribution Ltd, Road Haulage Association, and UniChem PLC.

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<sup>1</sup> The Misuse of Drugs Act 1971 (Chapter 38); Section 10, subsections 2(a) and 2(f).

<sup>2</sup> Statutory Instrument 1973 No 798.

<sup>3</sup> Misuse of Drugs (Safe Custody) (Amendment) Regulations (Statutory Instruments 1974 No 1449, 1975 No 1449, 1984 No 1146 & 1985 No 2067.

- 1.7 The Home Secretary expects the organisations that are authorised or licensed under the Misuse of Drugs Act 1971<sup>4</sup> to take a responsible attitude towards all losses. Failure to report a loss (as well as being responsible for a loss) will be taken into account when considering applications for granting, extending or renewing authorities and licenses.
- 1.8 Advice on the interpretation of these guidelines and on other aspects of security can be obtained from the staff of the Home Office Drugs Branch Inspectorate. Details of the areas covered by each regional office, together with telephone and other contact details are given in Section A.10.

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<sup>4</sup> Misuse of Drugs Act 1971, Section 7(2) and 30; Misuse of Drugs Regulations 2001, Regulation 5.

## CHAPTER 2

### GENERAL PRINCIPLES

- 2.1 The risk of theft of a particular consignment of controlled drugs will depend on a range of factors. The popularity of those drugs on the illicit market and the availability of other sources of supply or alternative drugs will be particularly relevant, in addition to the factors affecting thefts in general, such as the level of security precautions and the expertise of the potential thieves. The Home Office Drugs Inspectorate has assessed the risks involved and produced these guidelines to assist the pharmaceutical trade and the transport industry in applying the appropriate security arrangements, because people handling controlled drugs in transit may not be aware of all the relevant considerations.
- 2.2 By using these guidelines, companies will be able to establish the level of risk of each consignment they dispatch. Four different levels of risk are described:

MAXIMUM

HIGH

MEDIUM

LOW

A description of the method of assessment of risk is given in an appendix to these guidelines. This appendix is circulated in confidence and recipients should ensure that it is only made available to those who need to know about the information that it contains.

- 2.3 Whenever a theft of controlled drugs in transit occurs the consignor and the consignee should immediately review their procedures with the aim of preventing a recurrence. Even if there are no indications of theft, any repeated pattern of losses in transit should be similarly reviewed. Additional safeguards should be applied in all similar situations, not solely to further consignments to the recipient(s) involved in the incident(s) under review.

## CHAPTER 3

### DOCUMENTS & PROCEDURES

3.1 Each organisation involved in moving controlled drugs between different locations should lay down comprehensive and unambiguous procedures for handling these commodities. It is essential that these procedures cover the following aspects:

#### 3.1.1 Responsibility

- where it rests;
- how far it extends;
- whether and to whom it can be delegated:

#### 3.1.2 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:

#### 3.1.3 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:

#### 3.1.4 Reporting

- when are losses to be reported (see section 3.3 regarding statutory responsibilities to report losses);
- who is to report losses to Home Office;
- who decides whether there are sufficient grounds to report the loss to the police as a possible theft;
- which factors are taken into account in making that decision.

- 3.2 Inevitably there will be occasions where there is doubt as to where a loss actually occurred. (e.g. Was the full quantity sent? Was the parcel intact when signed for?) In the past there have been occasions when neither the supplier nor the recipient has reported incidents of this kind, perhaps to avoid "crying wolf", or for fear that by reporting the incident the loss would be attributed to them. The Home Office considers that both the supplier and the intended recipient have a responsibility to report all unresolved discrepancies, irrespective of legal considerations regarding control of the goods at the time that the loss appears to have occurred.
- 3.3 It is a condition of authorities and licences issued under the Misuse of Drugs Act to produce, possess and supply controlled drugs, that thefts and losses are to be promptly<sup>5</sup> reported to the Home Office. This requirement covers controlled drug stocks held at the authorised premises **and controlled drugs in transit from those premises**. It also relates to **all** drugs controlled under the Misuse of Drugs legislation, **including drugs such as benzodiazepines and dihydrocodeine tablets** that are only subject to limited levels of control. Failure to comply with these conditions constitutes a criminal offence for which the organisation could be prosecuted. Alternatively the Home Secretary may revoke or curtail those authorities and licences.
- 3.4 Many companies make deliveries in accordance with a regular schedule (e.g. on a particular day or within a specific period of an order being placed). In other cases consignors should consider giving notice to the recipient of the impending arrival of the delivery, particularly in cases where its non-arrival would not become apparent for some time. Where a telephone or fax message is relayed to the recipient, the contents should be coded or non-specific wherever possible. Another practice worthy of consideration is to combine the delivery advice with a receipt procedure, for example by using a pre-paid acknowledgement form.
- 3.5 In the case of delivery by road vehicle the following records should be kept:
- (a) a record of the driver (or drivers if more than one is involved) carrying the consignment;
  - (b) a signature acknowledging receipt by the recipient.
- 3.6 Recipients should make appropriate arrangements for consignments to be accepted by a responsible member of staff. It is not satisfactory for it to be left to whoever happens to be around to sign for the delivery.
- 3.7 It is not essential for a driver carrying controlled drugs to be given a detailed description of the contents of his load. For example the driver could sign for a specified number of containers or packages, with the documents specifying the contents being placed within the container or package.

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<sup>5</sup> The incident should be reported to the local office of the Home Office Drugs Inspectorate as soon as possible. Written confirmation should be supplied within 7 days. See Section A.10 for details of the areas covered by the three regional offices, their addresses, telephone and fax numbers.

- 3.8 Reconciliation should take place whenever appropriate and practicable. Ideally recipients should check the contents of packages (etc) immediately on receipt, but if this is impractical or undesirable (e.g. if the goods-in bay is insecure) arrangements should be made for the goods to be checked at the earliest opportunity, and held meanwhile in a secure location.
- 3.9 Records should be kept for the following periods:
- (a) identification of drivers for a minimum of three months;
  - (b) recipients' signatures, documents (etc) for a minimum of six months in the original form, with the facility to reproduce the information for at least a further eighteen months (i.e. two years in total);
  - (c) all requisitions, signed orders, orders and private prescriptions for controlled drugs must be retained for at least two years as required by the Misuse of Drugs Regulations 2001<sup>6</sup>
- 3.10 Consignors must make specific provision for the return of goods from recipients. Whenever practicable, controlled drugs should be returned under laid-down procedures or by pre-arrangement. If this is not possible the driver should:
- arrange for the goods to be temporarily stored at the recipient's premises under the appropriate level of security recommended in the Home Office Drugs Branch Guidelines for Security of Controlled Drugs at Premises; or
  - proceed to another location where the drugs could be properly secured; or
  - as a matter of urgency, return to base.

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<sup>6</sup> Misuse of Drugs Regulations 2001 (SI 2001 No 3998)

## CHAPTER 4

### ROAD VEHICLES

- 4.1 All road vehicles carrying controlled drugs should be in good repair and maintained in accordance with the manufacturer's recommendations. The vehicles must have adequate locking systems and be provided with anti-theft devices appropriate to the level of risk of the load. The use of curtain-sided vehicles is not appropriate unless the curtains are designed to prevent unauthorised opening and successful attack with a bladed instrument.
- 4.2 Drivers should have comprehensive and readily understandable instructions covering both routine and emergency situations. They should not carry unauthorised passengers and should not make visits to their homes or unauthorised locations.
- 4.3 Where this is a practicable option, consideration should be given to varying the route and times of delivery vehicles, particularly where the consignment falls into the MEDIUM, HIGH or MAXIMUM RISK categories. However the unnecessary use of quiet roads is not recommended.
- 4.4 Where vehicles make multiple deliveries, the driver should only leave the vehicle unattended for the minimum period necessary. Whenever practicable (and lawful) the vehicle should be parked during these absences in a location, where any attempt to break into the vehicle is likely to be observed and reported to the police.
- 4.5 Vehicles should be secured at all times when they are left unattended. Strict key security should prevail in order to minimise the risk of unauthorised access, whether by drivers or others.
- 4.6 Tamper-evident containers or packages should be used for all consignments, except those remaining in secure containers throughout their journey.
- 4.7 Where a small number of packages is being carried in a load consisting primarily of goods other than controlled drugs (at all stages, if the vehicles is making a number of deliveries) and the total consignment falls into the LOW RISK category, they may be carried without additional precautions. In such cases the controlled drugs must be widely distributed throughout the load and must not be readily identifiable (e.g. by readily identifiable differences in packaging or documentation). In circumstances where the controlled drugs packages constitute more than about 5% of the total load of a LOW RISK consignment the controlled drugs should be segregated to a more secure part of the vehicle. The driver's cab should only be used for this purpose where the controlled drugs are placed in a secure compartment, or where the container or package in which they are transported is of such bulk or shape that it could not be readily removed through a broken cab window. Lockable containers are often used in hospital situations and where semi-finished goods are being conveyed. These containers should be fastened to the vehicle with secure locks or padlocks unless their dimensions or weight makes mechanical handling (e.g. by fork-lift truck) essential. No further precautions would be required in such cases providing that the total consignment falls into the LOW RISK category.

- 4.8 Consignments in the MEDIUM RISK category should travel in an internal security cabinet or in lockable containers secured within the vehicle. If the vehicle is to be left unattended during its delivery run, it should be fitted with anti-theft protection devices such as an audible alarm or an immobilisation device, which should always be in operation when the driver leaves the vehicle.
- 4.9 Where consignments fall into the HIGH RISK category the controlled drugs should not be accessible from the drivers' cab and should be protected by a security locking system. This could be the whole goods compartment or an internal security compartment, depending on the size of the controlled drug load. Additionally the driver should be able to report any incident undermining the vehicle's security (e.g. by mobile telephone) or the vehicle's location should be monitored by a security tracking device. Where practicable the driver should not be able to gain independent access to the secure section of his vehicle (e.g. the keys being held by the recipient).
- 4.10 MAXIMUM RISK consignments justify the use of security vehicles of the cash-in-transit type. A number of controlled drug distributors are now using such vehicles, and in carefully managed schemes the additional costs are relatively small.

## CHAPTER 5

### OVERNIGHT SECURITY

- 5.1 Where a vehicle undertakes a delivery run lasting more than one day, particular care should be given to the overnight security of the vehicle, **even when it is standard practice for a member of the vehicle's crew to sleep in the vehicle.** The preferred option would be to transfer the load to a store at premises with the appropriate level of physical security. The appropriate regional office of the Home Office Drugs Inspectorate should be contacted for advice on this matter.
- 5.2 LOW RISK consignments may be left unattended overnight in the following circumstances:
- (a) when the vehicle has been fully secured;
  - (b) when the vehicle is protected by an immobilisation device;
  - (c) when the vehicle is fitted with an audible alarm, which is in operation and whose activation is likely to be promptly reported to the police or a designated security company.
- 5.3 MEDIUM RISK consignments should not be left unattended overnight. Vehicles conveying such loads may however be parked in an alarmed secure vehicle compound which is either permanently staffed or is monitored (e.g. by CCTV) from a permanently staffed location.
- 5.4 HIGH RISK consignments should only be left overnight in a delivery vehicles, when those vehicles are immobilised and secured within a locked, alarmed building, which is monitored from a permanently staffed location.
- 5.5 MAXIMUM RISK consignments are not to be left on board unattended vehicles overnight and must be transferred to a store where the level of security meets the relevant standard approved by the Home Office Drugs Inspectorate. The appropriate regional office of the Inspectorate should be contacted for detailed advice.

## CHAPTER 6

### EMERGENCY SITUATIONS AND SCHEDULED TRANSHIPMENTS

- 6.1 All companies need to establish carefully considered procedures for dealing with emergencies and other unscheduled situations, such as vehicle breakdown. Such procedures should recognise the possibility that an accident or other incident could be perpetrated with the intention of attacking a vehicle transporting controlled drugs. (Such situations have occurred with vehicles carrying alcohol and tobacco products.)
- 6.2 The aim should always be to undertake unscheduled transhipments in line with the advice given below. The vehicle will also need to be protected during any delay. It is however recognised that in many cases this will be difficult, so a prompt but less secure transhipment may be the least risky course of action.
- 6.3 Whenever an accident occurs which requires the attendance of the emergency services, the police should be made aware of the incident and the vehicle's contents.
- 6.4 There are particular risks to consignments when transhipments are taking place, and companies' instructions must include advice on the action to be taken if the security of the transhipment appears to be compromised. The routine response to such an incident must be to abort the transhipment. The choice of locations where transhipments take place should be carefully considered, and if there is no opportunity to restrict access to the location, it would be appropriate to choose one where continuous scrutiny of the operation could be expected to occur (eg from passing traffic).
- 6.5 The routine transhipment of MEDIUM RISK consignments should only take place at locations from which the public are excluded, or in which public access can be fully controlled. These transhipments should be monitored by a dedicated staff-member, security-guard etc authorised to initiate appropriate action in the event of security being compromised.
- 6.6 Consignments in the HIGH and MAXIMUM RISK categories should not be routinely transhipped except in premises where the level of security provided meets the relevant standard approved by the Home Office Drugs Inspectorate. The appropriate regional office of the Inspectorate should be contacted for detailed advice.

## CHAPTER 7

### CONTRACT CARRIERS

- 7.1. The responsibility for the safe custody of consignments of controlled drugs rests with the supplier until the recipient acknowledges receipt, even if the supplier employs the services of contract carriers and parcel delivery companies to undertake its deliveries. It also remains the responsibility of the supplier to report any discrepancy, loss or theft to the Home Office, and (if necessary) to the police.
- 7.2 The Home Office requires all suppliers to review their arrangements, whenever a theft or loss occurs. If problems recur, the supplier will be expected to make alternative arrangements.
- 7.3 It is a matter of particular concern that the carriage of controlled drugs has often been entrusted to companies about which the supplier has little or no knowledge. Suppliers should be aware of such factors as the carrying company's ownership, the background of its directors, and the effectiveness of its management and control systems, as well as their policies and practices concerning staff selection, staff instructions, and overnight parking arrangements.
- 7.4 Another practice that gives rise to concern is the use of taxi services to convey controlled drugs. For example some deliveries of controlled drugs between hospitals utilise the standard contract taxi facilities provided for hospital transport. Taxi vehicles have no equipment for securing the drugs, the background of the drivers will not have been assessed for this purpose, they will not have been trained about the proper handling of controlled drugs, nor will appropriate instructions have been issued to them. Consequently taxi services would not normally be appropriate for transporting controlled drugs.
- 7.5 Companies whose operations are undertaken in accordance with BS7931:1998<sup>7</sup> will fulfil the requirements of paragraphs 7.6 to 7.8 of these Guidelines.
- 7.6 The Home Office requires all suppliers using contract carriers or similar services:
  - (a) to check the bona fides of the company;
  - (b) to ensure that it has an effective management and adequate insurance cover for their level of operations;
  - (c) to ensure that it only employs staff with a trustworthy background, checking identities and following up references of new staff authorised to handle controlled drugs;
  - (d) to ensure that subcontracting is not undertaken without the suppliers' approval;
  - (e) to ensure that any discrepancy, loss or theft is reported to the supplier without delay.

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<sup>7</sup> British Standard 7391 for the Secure Carriage of Parcels was issued in 1998. Details are available from the British Standards Institution, Chiswick High Road, London W4 4AL - Telephone 020 8996 9001.

7.7 The carrier should:

- (a) only use vehicles with effective locking systems and appropriate anti-theft devices for the level of risk (curtain-sided vehicles are not appropriate unless the curtains are designed to prevent unauthorised opening and successful attack with a bladed instrument);
- (b) maintain its vehicles in good condition and in accordance with manufacturers' recommendations;
- (c) issue comprehensive instructions to its staff to deal with routine and emergency situations;
- (d) provide its drivers with identity cards or other appropriate forms of identification;
- (e) prohibit drivers from transporting unauthorised passengers and making visits to their homes and unauthorised locations;
- (f) arrange returns, overnight parking and transhipment procedures as recommended in paragraph 3.10 and Sections 5 and 6 above.

7.8 The supplier should advise the carrier on a confidential basis of the security risk of the goods. It is however inappropriate for this information to be made generally available to the carrier's employees. The sensitivity of information regarding these goods should be brought to the attention of those staff members who need to be made aware that controlled drugs are being handled.

7.9 Contract carriers being used to carry consignments in the MEDIUM RISK range should operate in accordance with BS 7931:1998<sup>7</sup> If they should be a member of the British Security Industry Association, the Road Haulage Association or the Freight Transport Association.

7.10 Consignments in the HIGH RISK category should be conveyed under arrangements fulfilling the specification in Section 4.9 of these Guidelines.

7.11 Consignments in the MAXIMUM RISK category should be conveyed under the terms of BS 7872:1996<sup>8</sup>.

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<sup>7</sup> British Standard 7391 for the Secure Carriage of Parcels was issued in 1998. Details are available from the British Standards Institution, Chiswick High Road, London W4 4AL - Telephone 020 8996 9001.

<sup>8</sup> British Standard 7872 for the Cash in Transit Services was issued in 1996. Details are available from British Standards Institution, Chiswick High Road, London W4 4AL - Telephone 020 8996 9001.

## CHAPTER 8

### POST AND PARCEL DELIVERY SERVICES

- 8.1 It has been standard practice for some companies to send non-routine consignments of controlled drugs by post, often using the recorded delivery or registered parcel services of Consignia (the Post Office). These services are not suitable for controlled drugs deliveries as neither provides in transit security or an audit trail capable of identifying where any loss has occurred.
- 8.2 Many companies including Consignia provide secure parcel delivery services within the UK. Companies providing services which meet the requirements of the British Standard 7931:1998<sup>7</sup> are suitable for LOW RISK consignments.
- 8.3 Services provided by other carriers may also provide a service which is suitable for LOW RISK consignments. Such companies would have a good track record in the transport or associated industries, an effective management and appropriate insurance cover. They would also need to take appropriate precautions (checking identities and references) to ensure that it only employs trustworthy staff, that its services provide a satisfactory audit trail (e.g. bar code recorders at each transshipment point) and that the company does not leave parcels unsupervised.
- 8.4 Where the parcel carrier collects a number of consignments (e.g. at a regular collection time) the risk of theft of the full load may put it into a higher risk category, even though the individual parcels all fall into the LOW RISK category.
- 8.5 If a delivery service is used for consignments which either individually or collectively fall into the MEDIUM risk category the arrangements equivalent to those described in paragraph 4.8 above should be provided.
- 8.6 HIGH or MAXIMUM RISK consignments (whether individually or collectively) should only be sent by delivery services which provide arrangements equivalent to those described in paragraphs 4.9 and 4.10 above.

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<sup>7</sup> British Standard 7391 for the Secure Carriage of Parcels was issued in 1998. Details are available from the British Standards Institution, Chiswick High Road, London W4 4AL - Telephone 020 8996 9001.

## CHAPTER 9

### IMPORTS AND EXPORTS

- 9.1 Special considerations need to be applied to international movements of controlled drugs, for practical as well as legal reasons. The considerations listed in the following paragraphs are to be treated as additional rather than as an alternative to the preceding sections.
- 9.2 International movements of controlled drugs are closely monitored under the United Nations Conventions relating to drugs of misuse<sup>9</sup>. Although only a small percentage of the controlled drug consignments, which are imported to or exported from UK, is known to have gone astray, these instances have often been widely publicised by the media, and have therefore attracted public and political concern.
- 9.3 A particular cause of concern in this area is the mislabelling of controlled drugs. It is stressed that the description of controlled drugs as "pharmaceutical products" is insufficient, as an indication that the contents are subject to particular customs scrutiny is required. A description such as "controlled drugs", "narcotic drugs" or "psychotropic substances" would be more appropriate. This type of marking appears to reduce the risk of mishandling and there is no evidence that such packages are more liable to theft.
- 9.4 Mishandling appears to be a particular problem at transit points. It is suggested that freight agents should be asked to route international consignments by the most direct route, to minimise the opportunities for mis-routing, pilferage and theft. There may also be advantages in using road or rail transport for some international journeys providing the vehicle or container can be adequately secured.
- 9.5 There also appears to be some misunderstanding of the difference between transit and transshipment of goods subject to customs control. Agents should contact the appropriate customs authority for advice if a consignment of controlled drugs is scheduled to leave an intermediate country from a port or airport other than that at which it arrives.
- 9.6 There must be clearly defined standard operating procedures known to all parties involved, e.g. importer, exporter, airline, carrier, freight-forwarder. These procedures should include the mechanisms for variation when circumstances change from those previously anticipated (e.g. road vehicle, shipping or aircraft delays). Drivers need to know the extent to which they should accept instructions from the staff of the airline, the carrier, and the freight-forwarder, and when they should refer to their own management.

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<sup>9</sup> These consist principally of the Single Convention on Narcotic Drugs (the New York Convention dated 30 March 1961), as amended by the 1972 Protocol dated 24 March 1972), and the Convention on Psychotropic Substances (the Vienna Convention dated 21 February 1971). The 1988 Convention on Illicit Trade in Narcotic Drugs and Psychotropic Substances is indirectly involved.

- 9.7 The importer/exporter in the UK should make arrangements with H M Customs and Excise and other relevant agencies to minimise the handling and storage time at the port or airport.
- 9.8 The importer/exporter should give ample prior advice of a HIGH or MAXIMUM RISK consignment to a designated member of the carrier's security staff. The airline, carrier or freight-forwarder, as appropriate, should be advised of the planned arrival of such a consignment, and this advice should be updated if necessary (e.g. by the driver using a mobile telephone or by the carrying company where it can monitor the vehicle's progress).
- 9.9 There are particular dangers of impersonation at large installations such as a major port or airport. Organisations should adopt appropriate procedures to verify the identity of all persons to whom they deliver a HIGH or MAXIMUM RISK consignment. These procedures should be adopted by airlines, carriers, and freight-forwarders handing over consignments to importing companies or their carriers, as well as by exporting companies or their carriers delivering to airlines, carriers, and freight-forwarders.
- 9.10 In the past, when a consignment has gone astray, it has been the practice of some organisations to assume that it has been misdirected and to wait for some time before reporting the matter to the carrier, the police and the Home Office. For LOW RISK consignments, any loss should be reported to the Home Office (and if necessary the police) within five working days. It is, however, recommended that, whenever a consignment in the MEDIUM, HIGH or MAXIMUM RISK categories is not received at the expected time by the recipient, the supplier should be advised without delay. The supplier should then promptly report the situation to the relevant agencies, as investigations are more effective if they are begun before the trail goes cold. Enquiries should be initiated with the intention of the supplier to confirm the provisional report within five working days.
- 9.11 Dedicated security staff under the direction of either a senior member of the airline, carrier, or freight-forwarder ground staff or security staff should supervise transshipment of MEDIUM, HIGH or MAXIMUM RISK consignments.
- 9.12 Wherever possible HIGH or MAXIMUM RISK consignments should be transhipped directly between the aircraft/vessel and the delivery vehicle.

## IN CONFIDENCE

### APPENDIX

- A.1 The purpose of this appendix is to assist suppliers and carriers in assessing the potential theft risk of consignments of controlled drugs dispatched to customers and other locations. This information has been segregated from the main part of the guidelines to minimise the risk of it falling into criminal hands, and to avoid unnecessarily raising fears among staff.
- A.2 It is unrealistic to lay down precise limits for the maximum quantities of controlled drugs which should be carried under the conditions specified for the four security ratings given in these guidelines (Maximum, High, Medium and Low). Some drugs are more liable to misuse than others. Different forms of drugs are more liable to misuse than others (in general the greatest risks are with powders, followed by injections, then tablets and capsules, with oral liquids and patches having the smallest risks). By using the two sets of tables which are given below the likely security risk of a particular consignment or series of consignments can be assessed.
- A.3 It would be most inconvenient if each individual consignment had to have its potential theft risk assessed and different arrangements made when different levels of risk were identified. Therefore, suppliers should calculate the risk potential of typical consignments. For example a wholesale drug distributor should calculate the value of a typical vanload en route to its pharmacy and/or doctor customers. Likewise manufacturers should assess the value of a typical vanload en route to their regular customers, or typical bulk consignments of controlled drugs sent from one of its premises to another. Many companies will have operations that fall into more than one category. For example there is likely to be a large difference in risk between a routine delivery to a typical retail pharmacy and a bulk delivery to a hospital pharmacy. Separate assessments should be made for each type of operation in such situations.
- A.4 Drugs in assay standards, calibration kits etc appear to have little or no illicit value, except where they could be bulked and sold as if they were in liquid or powder form. In such cases the assessment should be made according to the under-mentioned procedures.
- A.5 To calculate the risk potential of other consignments first identify the drug or drugs to be dispatched in Risk Table A below and note the letter shown against the preparation concerned. (In order to maximise its comprehensiveness the list includes some non-controlled drugs known to be at significant risk of theft by of for drug misusers.)
- A.6 Then use Risk Table B, also below, to establish the risk factor for specific quantities of drugs in different forms.

## RISK TABLE - A

Amyl Nitrite	A	Opium Tincture	A
Chlordiazepoxide Capsules/Tablets	B	Oramorph Concentrated Oral Soln	C
Cocaine Hydrochloride Powder	D	Oramorph Unit Dose Vials 10/30 mg	B
Cocaine Solution	D	Oramorph Unit Dose Vials 100 Mg	C
Codeine Phosphate Injections	B	Oramorph Oral Solution	B
Codeine Phosphate Linctus/Tablets	A	Oxazepam Tablets	B
Cough Suppressants ( <b>Except</b> Methadone)	A	Oxycodone Suppositories	B
Cyclimorph 10/15 mg Injections	C	Oxycontin Tablets 10 Mg	B
Deca-Durabolin Injections	A	Oxycontin Tablets 20/40/80 Mg	C
Dexedrine Tablets	A	Oxynorm Capsules 5/10 Mg	B
Df118 Forte Tablets	B	Oxynorm Capsules 20 Mg	C
Dhc Continus Tablets	B	Oxynorm Liquid Oral Solution	B
Diamorphine Hydrochloride Powder	D	Oxynorm Concentrated Oral Solution	C
Diamorphine Injections	D	Palfium Suppositories	B
Diamorphine Tablets	D	Palfium Tablets 5/10 Mg	C
Diazepam Capsules/Tablets	C	Palladone Caps 1.3/2.6 mg	B
Diazepam Injections	C	Palladone Caps SR 2/4 mg	B
Diazepam Oral Solution	A	Palladone Caps SR 8/16/24 mg	C
Diconal Tablets	D	Pamergan P100 Injections	B
Dihydrocodeine Injections/Tablets	B	Papaveretum Injections	B
Dihydrocodeine Elixir	A	Pentazocine Caps/Tabs/Suppos	A
Durogesic Patches	A	Pentazocine Injections	B
Equasym Tablets	B	Pethidine Injections	B
Flurazepam Capsules	B	Pethidine Tablets	A
Genotropin Injection	A	Phenobarbitone (All Forms)	A
Gonal-F Injection	A	Pholcodine Linctus	A
Heminevrin Capsules	A	Physeptone Injections/Tablets	C
Humatrope Injection	A	Pregnyl Injections	B
Loprazolam Tablets	B	Profasi Injections	B
Lorazepam Tablets	B	Rapifen Injections	B
Lormetazepam Tablets	B	Ritalin Tablets	B
Methadone Hydrochloride Powder	D	Rohypnol Tablets	C
Methadone Injections	C	Saizen Injection	B
Methadone Mixture	C	Sevredol Concentrated Oral Solution	C
Methadone Oral Concentrate	C	Sevredol Oral Solution	B
Midazolam Injections	C	Sevredol Tablets 10/20 Mg	B
Morcap Capsules 10/30 mg	B	Stilnoct Tablets	A
Morcap Capsules 60/100 mg	C	Sevredol Tablets 50 Mg	C
Morphine Hcl/Sulphate Powder	D	Stromba Tablets	A
Morphine Hcl/Sulphate Suppositories	B	Sublimaze Injections	B
Morphine Sulphate Injections	C	Subutex Tablets	C
MST Suspension 20/30 mg	B	Temazepam Capsules/Tablets	C
MST Suspension 60/100/200 mg	C	Temazepam Elixir	A
MST Tablets 5/10/15/30 mg	B	Temgesic Injections	B

## RISK TABLE – A (CONTD)

MST Tablets 60/100/200 mg	C	Temgesic Tablets	C
MXL Capsules 30 Mg	B	Tuinal Capsules	B
MXL Capsules 60/90/120/150/200 mg	C	Valoid Injections/Tablets	B
Nitrazepam Tablets	C	Zolpidem Tablets	A
Norditropin Injections	B	Zopiclone Tablets	A
Nubain Injections	B	Zimovane Tablets	A
		Zomacton Injections	B

## RISK TABLE - B

	<b>Capsules, Injections, Tablets</b>  More than number (units) below	<b>Liquids</b>  More than volume (litres) below	<b>Powders</b>  More than weight (Kg) below
<b>Medium</b>	10000 (A) 5000 (B) 2000 (C) 1000 (D)	5000 (A) 2500 (B) 1000 (C) 500 (D)	5.0 (A) 2.5 (B) 1.0 (C) 0.5 (D)
<b>High</b>	50000 (A) 25000 (B) 10000 (C) 5000 (D)	25000 (A) 12500 (B) 5000 (C) 2500 (D)	25.0 (A) 12.5 (B) 5.0 (C) 2.5 (D)
<b>Maximum</b>	100000 (A) 50000 (B) 20000 (C) 10000 (D)	50000 (A) 25000 (B) 10000 (C) 5000 (D)	50 (A) 25 (B) 10 (C) 5 (D)

- A.6 The risk for consignments consisting of different drugs/forms (etc) can be calculated by converting to a single factor using the following equivalents:

$$1 \text{ (D)} = 2 \text{ (C)} = 5 \text{ (B)} = 10 \text{ (A)}$$

Thus 5000 codeine phosphate tablets (coded A in Risk Table A) plus 2500 pethidine injections (coded B in the table) would be the equivalent of 1000 units of a code D drug and therefore just reach the MEDIUM risk category (see Risk Table B).

- A.7 The different columns in Risk Table B can be cross-referred as in the following example:

250 grams of cocaine hcl powder (code D) is an equivalent risk to  
500 litres of methadone mixture (code C) **or**  
2500 diazepam tablets (code B) **or**  
5000 anabolic steroid tablets (code A).

Each of the four consignments listed above would have the same level of risk.

- A.8 It is stressed, however, that risks do not suddenly change from one level to another, so these tables should only be used to provide a general indication of the level of security protection which should be provided. It would not be

appropriate to provide different levels of protection for two consignments simply because one consignment consists of a few more tablets or grams of powder than the other.

A.9 Further advice regarding the use of these tables, on mixed consignments or on drugs/ forms not listed in the above tables can be obtained from the local office of the Home Office Drugs Branch Inspectorate. For details of the areas covered by each office and their addresses, telephone and fax numbers see Section A.10 below.

A10 Home Office Drugs Branch Inspectorate's Regional Offices:

MIDLAND REGION  
PO Box 26  
BRISTOL BS99 7HQ

Tel: 0117 927 6736 Fax: 0117 925 5996

Area covered:

Avon	Cornwall	Derbyshire
Devon	Dorset	Gloucestershire
Hereford/Worcester	Leicestershire	Lincolnshire
Northamptonshire	Nottinghamshire	Somerset
Staffordshire	Warwickshire	West Midlands
Wiltshire	Wales	

NORTHERN REGION  
Jefferson House  
27 Park Place  
LEEDS LS1 2SZ

Tel: 0113 220 4570 Fax: 0113 242 4927

Area covered:

Cheshire	Cleveland	Cumbria
Durham	Greater Manchester	Humberside
Lancashire	Merseyside	Northumbria
Yorkshire	Scotland	

SOUTH EAST REGION  
Room 245  
50 Queen Anne's Gate  
LONDON W1H 9AT

Tel: 0207 273 3530 Fax: 0207 273 2671

Area covered:

Bedfordshire  
Cambridgeshire  
Hampshire  
Norfolk  
Surrey

Berkshire  
Essex  
Hertfordshire  
Oxfordshire  
Sussex

Buckinghamshire  
Greater London  
Kent  
Suffolk

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