

# ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

## RESPONSE TO HOME OFFICE CONSULTATION

### PROPOSED CHANGES TO THE POISONS ACT 1972, POISONS RULES 1982, POISONS LIST 1982 AND ASSOCIATED AMENDMENTS

The Royal College of Physicians of Edinburgh (the College) is pleased to respond to the Home Office consultation on proposed changes to the Poisons Act 1972, Poisons Rules 1982, Poisons List 1982 and associated amendments.

#### Questions 1-18

Not applicable: questions are for home users of part 1 and 2 poisons.

#### **Q19: Do you agree or disagree that the options set out below will ensure the policy objectives on page 3 are met?**

The College disagrees with the proposals set out in option 2. Experts consulted by the College would prefer for at least the status quo to be maintained (option 1) or more rigorous controls put in place (option 3).

#### **Q20: Please use the space below to explain your answer**

Option 2 is unattractive because of the bureaucracy involved in private users having to obtain a licence. It is not clear how effective the licensing process would be in preventing potential misusers of these chemicals from obtaining them. While option 2 would have negligible costs for businesses, it would have appreciable costs for consumers who would need to purchase licences. While this might be appropriate for explosives, it seems less so for poisons which have bona fide uses in a domestic setting.

Multiple chemicals in the Part 2 list are highly toxic pesticides that could be used for terrorism if introduced into drinking water or food. If the intention is to restrict their access, then Option 2 does not work since they appear to be no longer controlled.

The indicators of a suspicious transaction are subjective in some cases and require skill and experience to perform effectively. Pharmacists are well placed to do this as they are used to dealing with people attempting to obtain drugs inappropriately. It is not clear if other retailers could take on this responsibility effectively.

#### **Q21: Please rank these options in your order of preference**

See response to question 19.

**Q22: Please use the space below to explain your answer**

Part 1 and 2 poisons need to be controlled to prevent their malicious large scale release into water or food supply. Option 2 would no longer control purchase of Part 2 chemicals as long as they do not induce transactory suspicion.

**Q23: Please provide us with any other detail that you would like us to consider as part of this consultation which has not been covered by the questions above**

It is of great importance that appropriate expert advice is available into the future to keep the poisons list(s) under review and to advise on specific chemicals that may need to be added. It is therefore essential to maintain the Poisons Board and ensure that it contains the appropriate expertise, including adequate representation from medically qualified clinical toxicologists.

It is not clear from the consultation document how easy it would be to link the explosives and poisons legislation. The Poisons Board (or equivalent body going forward) would need to have appropriate expertise in explosives as well as poisons.

This legislation will not prevent people from purchasing substances via the Internet, which is probably the greatest risk in terms of malevolent use.

**Annex B** – form for registered pharmacies only - not applicable.

**Annex C** - form for businesses only - not applicable.

**All College responses are published on the College website [www.rcpe.ac.uk](http://www.rcpe.ac.uk).**

Further copies of this response are available from Lesley Lockhart (tel: 0131 225 7324 ext 608 or email: [l.lockhart@rcpe.ac.uk](mailto:l.lockhart@rcpe.ac.uk))

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