



# Home Office

## HOME SECRETARY

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Professor Les Iversen  
Chair, Advisory Council on the Misuse of Drugs  
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*Dear Professor Iversen*

11 September 2013

I am pleased to write again to the Advisory Council on the Misuse of Drugs to set out the Government's priorities for inclusion in your remaining 2013/14 work programme.

In preparing this commission I am mindful of the ongoing priorities that the ACMD continues to respond to as well as its own programme of work. Consequently I am making only one new referral for advice on the diversion and illicit supply of medicines, which we announced early this year. In consultation with the Department of Health, I shall look to commission the Government's work priorities for 2014/15 in early 2014.

### **Diversion and illicit supply of medicines**

I am aware that the Advisory Council's Technical Committee has been considering issues relating to prescription medicines since early 2012. I understand that to date this has included evidence from a number of national and international sources.

I would like the ACMD to build on this preparatory work. Both the Inter-Ministerial Group on Drugs and the Home Affairs Select Committee, to whom the ACMD presented evidence, recognise that these types of drugs are becoming more widely available through diversion and illicit supply, including via the internet. I am keen that the ACMD applies its expertise (and those it co-opts as appropriate) to explore the potential for medical and social harms arising from the illicit supply of medicines - predominantly controlled drugs.

The scope of this work should include; whether diversion and illicit supply displaces the misuse of 'classic' drugs; the prevalence of misuse of these medicines obtained through these means; demographics of users; and the most prevalent drugs being misused in this manner.

## **Ongoing work on Government priorities**

### Recovery

The Recovery Committee, a standing committee of the ACMD, was formed in 2011 to support the ACMD on the provision of advice to Government on how people can best be supported to recover from dependence on drugs and alcohol; and how best to prevent drug and alcohol misuse and the harm it causes.

The Recovery Committee has published one report since it was established. The report – *'Recovery from drug and alcohol dependence: an overview of the evidence'* (published in January 2013) – is a scoping paper providing an overview of the evidence on factors contributing to recovery from drug or alcohol dependence and 'maps the terrain' of recovery. I understand that a second report, - 'What recovery outcomes does the evidence tell us we can expect' - is expected soon and evidence gathering for the third report - "*what are the processes and mechanisms by which people recover and what does this tell us about how to improve organisations and systems in order to improve recovery outcomes?*" - is underway and is expected to be completed within the year.

Future priorities for the Recovery Committee in 2014 are currently being considered.

### New psychoactive substances (NPS)

The threat posed by the production and supply of these substances globally and in the UK remains substantial. In the past twelve months, the ACMD's advice has continued to inform our legislative response through the Class B control of a new generation of synthetic cannabinoids, methoxetamine and other related compounds, as well as O-desmethyltramadol in February, and the temporary class drug order on a number of 'benzofuran' and 'NBOMe' compounds in June. I remain very grateful for the ACMD's attention to this matter of ongoing concern.

### Ketamine review

Despite the most recent data from the Crime Survey in England & Wales indicating a decrease in the misuse of ketamine amongst the general population in the last year, the Government remains concerned about the evidence on harms, especially chronic harms, from the ongoing misuse of this drug. I look forward to receiving the ACMD's advice on ketamine shortly, including related compounds as appropriate, to inform the government's public health response, as well as the classification of the substance.

## **ACMD's own work programme**

### Cocaine


I understand that the Council is finalising its report on cocaine. The Department of Health will lead for the Government on our response and I will be reviewing your findings with the Minister for Crime Prevention.

The Government launched a 6-week public consultation on our proposals to introduce new powers for drug cutting agents. In particular, it sought views on whether there would be any unforeseen impact on the legitimate trade in three specified chemical substances (benzocaine, lidocaine and phenacetin) arising from these proposals. The responses were broadly supportive of the proposals. I appreciate the helpful consultation response provided by the ACMD and will ensure that my officials continue to engage with you as our plans develop further.

### Polysubstance use

I would also welcome an update on the work of the ACMD on its polysubstance use review, as it ties in with our policies on NPS as well as our reducing demand strand of the Drug Strategy to tackle this issue.

The Council continues to produce high-quality advice and I look forward to the forthcoming reports. As always, the Minister for Crime Prevention, Jeremy Browne MP, and the Minister for Public Health, Anna Soubry MP are available to discuss Council matters within their respective areas of responsibility.

Yours sincerely  


**The Rt Hon Theresa May MP**