ACMD comments on the draft review framework document for the Psychoactive Substances Bill

The ACMD’s Impact Working Group met with Home Office and other government officials on 27 August 2015 to discuss the proposed evaluation framework and made recommendations at that meeting. The evaluation framework is well-designed, given resource limitations and the limitations of the data that are readily available. It properly reflects the advice that has been provided by the ACMD’s Impact Working Group to Home Office officials. We offer the following comments:

1. Many of the effects of the PS Act (both harmful and beneficial) will depend on interaction with the market for drugs already legislated for under the Misuse of Drugs Act. The framework recognises this, for example; in respect of changes in MDA stop-and-searches, and in respect of displacement to use of other illicit drugs. We suggest that there should be an explicit link between evaluation of the PS act and of the wider drug strategy.

2. It is unfortunate that it will not be possible, for some indicators, to separate PS banned under the new act and NPS already controlled under the MDA. This is a weakness, albeit that it may be unavoidable.

3. We consider it possible that there may be many more than the five assumed criminal prosecutions per annum. It will be important to capture the numbers of arrests, charges and sentences for supply of PS, as planned. Additionally, we suggest that the age of the offenders involved should be reported and that analysis should, as far as possible, distinguish between those with/without previous criminal records. It would also be useful to gather data on the length of prison sentences given for PS Act offences, as this will enable some calculation of the effect on the prison population.

4. Given that one of the concerns over the Act is the likely complication of bringing prosecutions (due to problems with the definition of PS), it would be useful to gather data on the cost of bringing prosecutions under the Act compared to, for example, the MDA. Also, of the proportion of arrests under the Act that do not reach the stage of prosecution or caution/warning/reprimand.

5. Given its prominence in debate around the PS bill, we should highlight that a death "related to" an NPS (Table 4) is not necessarily a death caused by an
NPS: it is notable that only 27 of the 67 NPS-related deaths registered in 2014 did not also involve another substance. Moreover, we understand that only 18 of the drug-related deaths that were registered in 2014 are believed to have related to NPS that were not controlled under MDA as at July 2015, highlighting the importance of separating those future deaths that are related to NPS that are newly controlled by the Act from those that are related to NPS already controlled under the MDA (see comment 2).

6. The Working Group notes that there is no mention of Northern Ireland in the evaluation framework; please can officials clarify plans in this respect?

7. It is regrettable that additional resource has not been allocated to examine the impact of this clear departure in terms of the UK legislation framework in respect of drug misuse. We strongly reiterate the ACMD recommendation that evaluation of the impact of the Act should be independent and adequately resourced.

8. The Home Office has requested details of other ongoing or planned work that might contribute to the review; we are aware of the following activity which may be informative:

Research assessing prevalence of NPS use, along with motivations for use, consequences of use and relationship to use of legal and illegal drugs:

- annual festivals research by Measham and colleagues 2010 onwards;
- annual South London Surveys of customers in gay-friendly/MSM clubs by Dargan, Wood and Measham;
- rolling programme of research in Manchester and London dance clubs by Measham;
- rolling programme of research (with LCC, BwD and PHE) in Lancashire on emergent drug trends (6 reports all include NPS with most recent one focussing exclusively on NPS use, sales and problems).

ACMD Impact Working Group
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