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Professor Les Iversen
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24 September 2014

Dear Professor Iversen

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 work programme.

Over the last 12 months, the Council has continued to deliver expert advice on a range of aspects of drug issues. In preparing this commission in consultation with the Department of Health, I am again mindful of the ACMD's ongoing schedule of work, including the need to bring to completion reviews into diversion of medicines and polysubstance misuse in the next period.

It is also important that we continue to balance the Government's requests for advice to inform our priorities, with those matters the Advisory Council considers it is expedient to consider. With the completion of your review into cocaine, I understand that you will be selecting your next inquiry at the Council's meeting later this month. I look forward to hearing about the topic you have chosen and the reasons why.

I do not propose to make any new substantive commission this year. However, I do suggest that the ACMD look further at the way in which it advises, more particularly how it frames and promulgates its recommendations against the backdrop of devolution of aspects of drug policy, localism of the health systems in England and the changes in the law enforcement landscape. As a UK wide body, the ACMD has historically made recommendations to Government for a national level response. I recognise that the Council has been starting to think how it can better flex its advice

to maximise traction with those that are in positions at all levels to consider, and as appropriate, implement its recommendations. Both the Department of Health and I fully support your further consideration of this.

Recovery

Recovery continues to be at the heart of the Government's drug strategy with our key ambition being to provide the best support for people to choose recovery as an achievable way out of dependency, therefore providing them with the opportunity to live a drug free life. It is essential that we deliver structured treatment that can respond to individual needs and that we continue to develop our understanding in this area.

I am grateful for the ACMD's Recovery Committee's work we have so far received on whether the evidence supports the case for time-limiting opioid substitution therapy. I am keen to receive the Recovery Committee's further consideration of how it can be optimised to maximise outcomes for service users.

I also commend the ACMD's consideration of the evidence that exists around intergenerational substance misuse and the impact of commissioning on recovery outcomes. Given the complex and cross-cutting issues associated with drug use, including family breakdown, poverty and crime, it is vital that we understand the evidence available and use this to inform policy and support local commissioners to make decisions that work effectively for their communities.

It is also essential that the Government does all that it can to prevent people taking drugs in the first place, and I welcome the ACMD's review of prevention activities on substance misuse outcomes, and look forward to receiving its findings.

New psychoactive substances (NPS)

I believe that our response to NPS has real strengths. I continue to appreciate the efforts of the Advisory Council in responding to the challenge that NPS continues to present. The Council is now providing advice to ensure that our group definitions used in the Misuse of Drugs Act 1971 are regularly reviewed and updated.

The establishment and continued funding of the Forensic Early Warnings System, our work on global co-operation and on demand reduction are real examples where we have momentum. Our summer campaign, running for the second year, will help keep young people informed of the full facts behind so called 'legal highs' and ensure they are aware of the risks, harms and consequences.

We have continued to build on the Council's report "Consideration of the Novel Psychoactive Substances ('Legal Highs')". You will be aware that the Government established a review to ensure that law enforcement agencies have the best available powers to tackle this reckless trade and we are sending out the clearest possible message that these substances can be dangerous to health. As we go forward with the outcomes of this review, we will ensure that the ACMD is engaged with our plans.

Diversion and illicit supply of medicines

Last year, I asked the Council to build on its preparatory work in considering the issue of diversion and illicit supply of medicines. This commission was in response to the concerns in Government and elsewhere that these drugs are becoming more widely available, including via the internet.

I understand that the review you have instigated is progressing, that the collection of evidence is almost complete and that you will soon commence your deliberations.

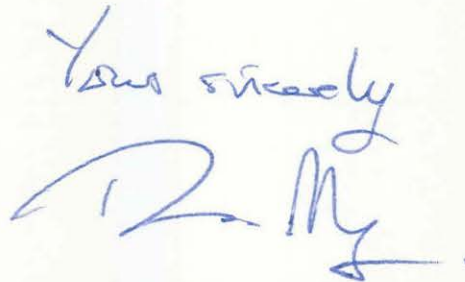
As an emerging drugs threat, I want to ensure that we have a comprehensive understanding of the nature and scale of the issue so we can take informed and appropriate action at the earliest opportunity. I therefore ask that you look to provide advice by the end of the year.

Polysubstance misuse

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

The Minister for Crime Prevention, Norman Baker MP, and the Minister for Public Health, Jane Ellison MP, are available to discuss Council matters within their respective areas of responsibility.

It remains for me to convey my gratitude again to the members of the Advisory Council for their continued efforts and commitment to the ACMD and to providing expert advice to the Government.

Yours sincerely


The Rt Hon Theresa May MP

cc Secretary of State for Health
cc Minister for Crime Prevention