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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 your 2012/13 work programme. I have consulted with other relevant government departments, in particular the Department of Health.

This is the second time I have commissioned the ACMD in this manner. The purpose of these commissions is to ensure that the ACMD's expert advice informs and supports the development of the government's drug policy. In preparing this commission I remain conscious of the need for the ACMD to ensure that it has sufficient resources to respond to government priorities, whilst maintaining the capacity to actively engage in work of its own volition in line with its statutory duties. I am very pleased that we now have a new joint Working Protocol which underscores this, and sets out how we both engage in the provision and receipt of advice as well as how the expertise and membership of the ACMD will be maintained.

I look forward to receiving information from the ACMD on progress against existing work priorities, as previously agreed, and where there are standing items which need to continue to inform key delivery strands of the government's Drug Strategy. Tackling new psychoactive substances remains a key priority for this government alongside the agenda on recovery from dependence on drugs or alcohol, which is a key strand of our strategy. In addition, there is one substantial new item that I am referring to the ACMD for advice – a review of the harms and classification of ketamine.

I am grateful for the advice that the ACMD has delivered in 2011/12 where the focus has necessarily been around new psychoactive substances. Following the ACMD's earlier advice, we are looking to have completed the parliamentary process to bring phenazepam and the pipradrol derivatives under the Misuse of Drugs Act 1971 in the

coming months. The ACMD's thematic review – "Consideration of the Novel Psychoactive Substances ('Legal Highs')" – with its high level recommendations for government is proving extremely useful in helping us to develop a far more strategic response to the threat from these new drugs. As part of our response to the ACMD's report, we intend to embed this in the Drug Strategy, as part of the annual review to be published later this year.

Promoting Recovery

Individually focused recovery is at the heart of the Drug strategy. It is based on three overarching principles – wellbeing, citizenship and freedom from dependence. The ACMD has created a standing Recovery Committee to support this work.

The scope of this Committee is to provide advice on how people can best be supported to recover from dependence on drugs and dependence on alcohol; and how best to prevent drug misuse and the harms it causes.

It has been agreed that the key themes of this work are;

1. The evaluation of the existing evidence on recovery and identification of the key gaps.
2. Advice on how gaps in evidence might most readily be addressed.
3. How best recovery outcomes can be improved and sustained, in particular for poly-substance misusers.

The offer from the ACMD to report on these issues within 2012-13 is welcome and I and Department of Health Ministers look forward to hearing how the ACMD plans to progress this work.

Whilst the ACMD has freedom to determine its work plan as an independent body, I would ask that the Committee's focus remain on recovery for the time being to prioritise work in this area, over drug prevention.

New psychoactive substances

The threat to public health from these new substances and the challenges for policy makers, forensic providers, enforcement agencies and treatment providers remain all too apparent. My expectation is that this area will remain an important part of the ACMD's work in the forthcoming year, especially with the new power to invoke a temporary class drug order. We have now made the first referral to the ACMD under the new power for advice on the ketamine analogue, methoxetamine.

I am grateful that you have agreed with Lord Henley that the ACMD's advice on this will be provided as soon as possible and shorter than the 20 working day timeline.

We must work together to use the new power, when it is needed, informed by the available evidence and best advice from the ACMD. Whilst it was always this government's intention to consult the ACMD before invoking this emergency legislation as you know, I am pleased that we listened to your concerns and made the ACMD a statutory consultee. I am also grateful for the excellent preparatory work

which the ACMD has completed around its advisory process in the event that advice is required, or indeed provided pro-actively by the ACMD, under the new power.

As the ACMD is aware, we have developed the Forensic Early Warning System (FEWS) which has enabled us to detect the availability of new psychoactive substances in the UK in real time. I know that the ACMD has been pleased with the activities of the programme and the timely way in which results are being shared. As we set the strategic direction for the second year of the programme, I ask that you work with my officials to ensure that it continues to meet the ACMD's needs for forensic information and that we obtain the best value for money from the programme.

We have also reviewed the alignment of drugs early warning systems across health and law enforcement bodies at the local, national and international levels to ensure the ACMD has access to joined-up, evidenced and timely UK wide information to support the delivery of advice on drug harms and drug control, with particular emphasis on delivery of temporary banning powers. As a result of the review, the UK Focal Point has agreed to act as a de facto information hub for the ACMD. I would now like the ACMD to work with the Focal Point to ensure that information sharing between both bodies is quick and effective.

Polysubstance misuse

I understand that this work is due to be completed by Summer 2012. I look forward to seeing how the ACMD's advice will help us take forward our Drug Strategy commitment to tackle polysubstance misuse.

Drug specific advice

Khat

I asked the ACMD to convene a review of khat at the then next available opportunity within its 2011/12 work programme, giving khat priority over any other further planned work. I am very pleased to hear that the review has now started and that the planned process of evidence gathering will be rigorous and include engagement with communities, stakeholder organisations and a public evidence gathering meeting. I understand that you believe that the review will be completed by December 2012 at the latest. I am very keen to ensure that this timeline is maintained.

Cocaine

I commend the ACMD for undertaking the cocaine review and I am pleased to hear it is progressing with advice due later this year.

Ketamine

The ACMD last reviewed ketamine in 2004 and its advice to control it as a Class C drug was accepted by the previous government. At that time, the ACMD advised that ketamine was a harmful drug; that it posed risks for people with disorders of the heart and circulation and for those with schizophrenia and other psychotic disorders; and regular use of ketamine could result in dependence.

Since that time, the evidence base on harms associated with ketamine misuse has grown and there is particular concern associated about ketamine misuse and irreversible bladder damage. Findings from the latest British Crime Survey show that levels of ketamine use in the last year have doubled since 2006/7, from 0.3% to 0.6% amongst the general population (around 207,000 16-59 year olds) in England and Wales as estimated by the British Crime Survey 2010/11. The drug appears to be particularly prevalent amongst 16-24 year olds (2.1%). The DrugScope Street Drug Trends Survey 2011 also reported a rise in the use of ketamine as well as its association with psychological and physical problems.

A review of the latest evidence by the ACMD is now warranted. The ACMD is therefore asked to refresh its advice both on the individual and societal harms of ketamine to inform our public health response and information, as well as its classification as a Class C drug under the Misuse of Drugs Act 1971.
In making this referral, I am clear that the ACMD's review should start at the next available opportunity in 2012/13, taking into account the work due to be finished in the course of this year, and be completed by the end of the commissioning year, if not sooner. Irrespective of the actions under consideration for methoxetamine, I ask that the ACMD consider the ketamine analogues as part of its review of ketamine and provide advice on their harms and the case for permanent control, in light of evidence of availability in the UK.

Other areas of interest
In the Department of Transport's Strategic Road Safety Framework (May 2011), the Government committed to explore the case for introducing an additional offence of driving with a specified drug in the body, without the need for impairment. The DfT are now setting up a panel of medical and academic experts to provide scientific, evidence-based advice on the technical aspects of introducing a new offence of driving with a specified drug in your body. I would like the ACMD to input into, and be consulted by, the panel during the course of its considerations.

Finally, I am also conscious that the ACMD provides advice on changes to regulations made under the Misuse of Drugs Act 1971. In the next period, we will be making the legislative changes to regulate the cannabis-based medicinal product 'Sativex' and consolidate the Misuse of Drugs Regulations 2001. It is anticipated that the ACMD will be consulted further on the final proposed changes.

I look forward to hearing from you and meeting with you again soon. In the meantime, please take the opportunity to discuss how these priorities will be taken forward with the Minister for Crime Prevention and Anti-Social Behaviour Reduction, Lord Henley, and the Minister for Public Health, Anne Milton.

Yours sincerely

The Rt Hon Theresa May MP