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Professor Les Iversen
Chair, Advisory Council on the Misuse of Drugs
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28 MAR 2012

Dear Professor Iversen

Thank you for your letter of 23 March with the Advisory Council's advice on methoxetamine further to the Minister for Crime Prevention and Anti-social Behaviour's referral letter of 5 March.

Your letter provides a detailed consideration of the available evidence concerning the prevalence and physical harms of methoxetamine. It highlights the fact that methoxetamine is available in the UK; that its effects are similar to those seen with acute ketamine toxicity including hallucinations, catatonia and dissociative effects; and that, although the chronic harms of methoxetamine are unknown, there is no data to substantiate claims that it is "bladder friendly", noting that the chronic harms of ketamine only became recently apparent after many years of its misuse.

I am pleased to accept the ACMD's advice and confirm that a temporary class drug order for methoxetamine (and its simple derivatives), as recommended by the Council, will now be made. The Department of Health will update public health information available on FRANK in respect of methoxetamine to raise health warning and awareness messages on its harms. It will further communicate health risks through appropriate channels to NHS staff and other local healthcare professionals. We shall also ensure that the appropriate law enforcement agencies, including the police, are aware of this decision.

I would like to thank members of the Advisory Council, especially those on its Review Panel. The ACMD's review of the advice is, I believe, a thorough assessment of the evidence in a short time frame, less than the 20 working days set out in the Joint Working Protocol.

As this is the first time that we will have invoked this new process under the power to make a temporary class drug order, together with the ACMD we will reflect back to see if there are any lessons to be learned. My initial thoughts are that the process

has worked very well, in no small part due to the preparations undertaken by both the ACMD and the Government - including the Joint Working Protocol, the ACMD's internal planning and the Drugs and Forensic Early Warnings Systems.

The next step in this process is for the ACMD to undertake a full assessment of methoxetamine for consideration for its permanent control under the 1971 Act. I ask that the ACMD now undertake that review. Of course, my recent letter setting out the Government's priorities for the ACMD for 2012/13 asked the Council to undertake a review of ketamine, including its analogues. Ideally we would hope that the ACMD can make the most of its resources by including methoxetamine in this process. I am conscious that further advice should be provided in a timescale that, if it is the case, will enable us to have completed the parliamentary process for permanent control of methoxetamine within the 12 months from the making of the current order.

I am copying this letter to the Minister for Public Health, Anne Milton.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Theresa May', written over a horizontal line.

The Rt Hon Theresa May MP