



Home Office

HOME SECRETARY

2 Marsham Street, London SW1P 4DF
www.homeoffice.gov.uk

Professor Les Iversen
Chair, Advisory Council on the Misuse of Drugs
3rd Floor (SW)
Seacole Building
2 Marsham Street
London
SW1P 4DF

02 FEB 2011

Dear Professor Iversen,

Following the publication of the government's new drug strategy, it is now an opportune time to write to you setting out the Government's priorities for the ACMD for the forthcoming financial year. I intend to write in similar terms on an annual basis.

First, I would like to congratulate you on your appointment as permanent chair of the ACMD. I also wish to thank the ACMD for the advice it has given already to this Government on a range of issues, most notably on specific substances, but also, through consultation, on two major areas of the Government's work: our new drug strategy, and our proposals for temporary class drug orders and changes to the ACMD's constitutional requirements.

Over the coming weeks I look forward to having an agreed joint working protocol which will support our continuing engagement. When we met last year, we agreed the importance of the document to both of us.

It is also important that I re-iterate here, the commitment we have made in the 2010 Drug Strategy to an evidence-based approach to policy making. Sir David Omand's recent review confirms that not only has the ACMD been effective within its resources in fulfilling its statutory remit, it also represents excellent value for money to the public. The Government values the work, independent advice and on-going commitment of members of the ACMD.

The work priorities described below should form the basis of the ACMD's future work programme. These have been developed in consultation with other relevant government departments, in particular the Department of Health where your advice often has significant relevance. In considering these priorities, I have been mindful of the work that the ACMD is currently undertaking, much of which already directly relates to the ambitions of the new strategy. I am pleased therefore to affirm its importance to us. It is also proper for me to take account of the work that, as an independent body, the ACMD has initiated itself.

Where appropriate, I have given an indication of timelines on certain priority areas to help ensure that your advice feeds into the development of government policy.

New Psychoactive Substances ('legal highs')

The Government is determined to address the issue of new psychoactive substances - so called 'legal highs'. We know that these substances can pose a serious threat; the ACMD's consideration of those 'legal highs', where we have taken action - mephedrone, naphyrone and 2-DPMP, has highlighted evidence of the prevalence and harms of such substances. We need to act quickly and flexibly on this problem.

I know that 'legal highs' are an ongoing priority area of work for ACMD, under which you have provided us and previous administrations with substance specific advice. In addition, your consideration of 2-DPMP at the request of the Minister for Crime Prevention is ongoing.

The new powers we are looking to introduce through the Police Reform and Social Responsibility Bill will enable us to take faster legislative action with temporary control measures under the Misuse of Drugs Act 1971. Advice from the ACMD is key to the effective use of this power and the working protocol will provide a framework within which we will engage here. This new power is likely to call on a greater need for time critical advice from the ACMD on an ongoing basis.

An associated matter is the previous administration's commission for the ACMD to consider a more effective UK wide early warning system (EWS) in identifying emerging threats from new drugs and new risks through changes in drug use. Whilst the ACMD will wish to continue its horizon scanning, this work sits better within government, across the respective departments and agencies, by improving our use of existing sources of information. The ACMD is already aware that we have launched a three month pilot to explore improvements to the current forensic EWS for identifying new drugs. My officials will keep you informed as our thinking develops here. I envisage that the outputs of this work will be central to the ACMD's considerations of any new "legal high" and will also provide the necessary contacts for further evidence gathering.

When we met we discussed the need for a multi-faceted and strategic approach to 'legal highs'. I understand that the ACMD is developing a report that will shortly be available. I look forward to receiving the ACMD's thoughts on our future direction in tackling supply, markets and demand with a view to protecting the public.

We share a belief that the issue of 'legal highs' is an area that the ACMD should prioritise. As my remarks make clear, it should continue to do so for the forthcoming financial year and for the foreseeable future.

Drug specific advice – cocaine and khat

In October 2010, the Minister for Crime Prevention asked the ACMD to undertake a further review of the available evidence on khat, to update its assessment and provide the government with advice both in relation to control under the 1971 Act and a wider response. The ACMD last looked at khat in 2005.

I understand that the ACMD has given careful consideration to initiating a forthcoming review of cocaine. You explained to me, when we met previously, that the ACMD had never reviewed the harms of cocaine as a single substance; your review is to be predicated upon the prevalence of the use of cocaine; and the need to disabuse the misapprehension that cocaine is a relatively safe drug. I understand that the aim of your report is to inform our current understanding of the drugs' harms and reinforce our public health work in this area.

I am pleased to hear that you intend to conduct thorough and in-depth inquiries into both khat and cocaine. In particular for khat, it is your intention to improve your understanding of the realities faced by users, their families and their communities by engagement with those groups affected. I commend this approach whereby the ACMD make particular reference to the societal harms of khat.

I am clear that the depth and quality of both these ACMD's inquiries must not be compromised. I understand that at its recent public meeting the ACMD discussed the relative priority of these two pieces of work and the consensus was that there is a compelling case to proceed with its review of cocaine first. As I said earlier on in this letter, I also have to be mindful that as an independent body, the ACMD has the opportunity to undertake work on its own initiative.

In taking account of the ACMD's view and the scale of the harm caused by cocaine use, I therefore ask that the cocaine review starts with immediate effect. In addition, I would like the ACMD to convene the review of khat at the next available opportunity within its work programme, giving khat priority over any other further planned work. During the course of each inquiry, please provide the Minister for Crime Prevention a report on progress at regular intervals.

Polysubstance (or multi-substance) abuse

Polysubstance abuse is a widespread practice amongst drug misusers, and one about which we need a better understanding. I welcome the fact that the ACMD has set up a working group on this issue which has already undertaken an evidence gathering exercise, and I look forward to receiving its report in due course.

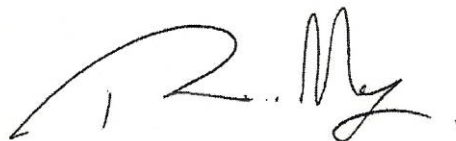
Promoting Recovery

You have previously advised me that the ACMD intended to launch an inquiry into treatment effectiveness. I am pleased that the inquiry has made good progress with its evidence gathering. The ACMD will be aware that the National Treatment Agency is undertaking work on Recovery Oriented Drug Treatment and Patient Placement as part of the implementation of the key theme in our drug strategy of building recovery into our communities. In addition, we are in the process of developing proposals for piloting Payment by Results for drug recovery. In order to inform this work further, officials will provide the ACMD with a note setting out areas of recovery activity that it would be useful for the Treatment Working Group's report to cover. At the April Council meeting, it would be useful to discuss this work and how it can best be taken forward to inform future delivery of a comprehensive recovery based approach to supporting individuals overcome their drug dependency.

Other areas of interest

The ACMD was previously commissioned to consider the harms of cognition enhancers. However, in the context of the priorities set out above, this area of work should not take precedence over those areas which directly relate to the ambitions of the new drug strategy.

I look forward to hearing from you and meeting 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, James Brokenshire and the Minister for Public Health, Anne Milton at your meeting with them on 7 February.

A handwritten signature in black ink, appearing to read 'T. May', with a large, sweeping initial 'T' and a stylized 'M'.

The Rt Hon Theresa May MP