



Home Office

James Brokenshire MP
PARLIAMENTARY UNDER SECRETARY OF STATE FOR CRIME PREVENTION

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Professor Les Iversen
Chair, Advisory Council on the Misuse of Drugs
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02 FEB 2011

Dear Professor Iversen,

In 2009, the Advisory Council on the Misuse of Drugs (ACMD) submitted a report to the previous administration - *'MDMA ('ecstasy'): A review of its harms and classification under the Misuse of Drugs Act 1971'*. You recently brought to my attention that, whilst a response to two of the ACMD's recommendations in the report was provided at the time, the ACMD did not receive a full response to the other 11 recommendations. I am pleased to provide a response now on behalf of the Coalition Government.

In so doing, I have consulted other Government Departments and colleagues within the Devolved Administrations. The recommendations have been sent to the Scottish Government and the Welsh Assembly Government who will respond to the chair of the Council within the context of their devolved responsibility in this policy area.

Drug misuse is a major public health issue. Published in November 2010, *'Healthy Lives, Healthy People'* sets out the Government's long-term vision for the future of public health in England, and we welcome the contribution that the Public Health Guidance at Annex E of the ACMD's report will make to this vision.

Recommendations 3 and 4 relating to the education and prevention amongst young people and those around them – joint responsibility between the Department of Health, the Department for Education and the Home Office –

The Coalition Government welcomes the ACMD's recommendations on a key element of our Drug Strategy to reduce all drug use and change attitudes towards drugs. The Government's view is that education about the risks of drugs, alongside support to encourage abstinence among children and young people will be taken forward through our revised guidance to schools on drug education, expected this year. The new Drug Strategy is supportive of Personal, Social, Health and Economic (PSHE) education as a means of reducing young people's drug and alcohol misuse. The Department for Education (DfE) will conduct an internal review to determine how it can support schools to improve the quality of all PSHE teaching, including giving teachers the flexibility to use their judgement about how best to deliver PSHE education. Information will also continue to be available through the FRANK service to help prevent or delay use, along with support and advice for those young people who are already using, their friends and parents (or carers).

In Northern Ireland, the Department of Health, Social Services and Public Safety (DHSSPS) confirms that information, education and training is provided to young people through the Public Health Agency for Northern Ireland (PHA) and a range of local organisations. In addition, information on substance misuse is now part of the new school curriculum in Northern Ireland.

As part of our prevention work the FRANK service will continue to highlight to young people the harms associated with drugs, including the use of ecstasy. Material providing information and advice on these harms are available and based on the most recent evidence. The National Treatment Agency for Substance Misuse (NTA) has commissioned an update of the 2003 *Dangerousness of Drugs* document, a core reference publication highlighting the health harms associated with drug use. The NTA will ensure that this update incorporates any relevant information from the ACMD review and from other analysis of the evidence on this issue. DfE will also be providing revised guidance for schools on drug issues.

Recommendations 1 and 2 relating to harm minimisation – joint responsibility between the Department of Health and the Home Office –

The Government takes note of the ACMD's interest in minimising the harm of ecstasy use and we believe that public health messages will achieve this. We will continue to provide and update credible information and advice through the FRANK service and any other relevant drugs information materials that provide advice on the effects and harms posed by ecstasy use, and actions to reduce them. The NTA will support local drug partnerships in their annual treatment planning process, to provide adequate access to appropriate advice on harm reduction and treatment services.

In Northern Ireland, the PHA will continue to take forward relevant public information campaigns and support programmes in relation to a wide range of substances.

Government departments have supported the publication of "*Safer Nightlife - Best Practice for those concerned about drug use and the night time economy*", and there is evidence that local community partnerships have been using the guidance. This guide is still freely available online. The importance of information about drugs and the harms and risks associated with them is highlighted in the Government's Drug Strategy, '*Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*'. The Department of Health (DH) will continue its role in helping to ensure that relevant drugs information materials remain available.

Recommendations 5, 7 to 11, 13 relating to the need for research and data on harms, medicinal use, attitudes and prevalence of use – joint responsibility between the Home Office and the Department of Health –

Consideration has been given to the ACMD's advice in respect of developing research and data on ecstasy. We will continue to consider these recommendations alongside other policy research priorities in the research planning process and with research funding providers, such as the Medical Research Council (MRC) and the Economic and social Research Council (ESRC). The ACMD should note that MRC funding is allocated according to an assessment of quality and impact in response mode and that the Council does not normally commission research to address specific topics.

Members of the ACMD will know that MRC is leading a strategy for addiction research that involves partnership with stakeholders (including ESRC) to address areas of need. This strategy has involved building interdisciplinary groups (called clusters) with experts new to the addiction field, to help strengthen the UK research base in this field. The aim is to make these new research clusters deliver research that will be part of the front-line of a cross-Government drive to reduce the harm caused by illicit drugs, alcohol, tobacco and gambling.

As part of the addiction strategy the MRC has issued three calls for proposals. Almost £2 million was awarded in the first round of funding, which supported nine projects addressing substance misuse and gambling, and which aim to make better use of existing resources and to undertake pilot and proof-of-principle research. The second call for interdisciplinary research clusters led to the selection of the addiction clusters (11 initially selected) and four of these clusters were subsequently awarded grants to a value of £4.5 million. The MRC continues to work with these clusters to develop research proposals that have relevance to priorities identified by a range of stakeholders. In addition to this strategic activity, the MRC has a significant portfolio of research into brain mechanisms – for example at the receptor and brain pathway level – which is relevant to the addictive mechanism of many drugs.


There are no immediate plans to assess the social, criminogenic risks or harms of ecstasy. Public attitudes towards certain drugs were measured in the 2010/11 British Crime Survey (BCS), but did not include ecstasy. The Home Office will consider adding ecstasy to the question in the 2012/13 BCS.

The ACMD made a recommendation that there was an apparent conflict between the use of ecstasy in research and its position in Schedule 1 of the Misuse of Drugs Regulations 2001 (as amended). It has been the Home Office's position that *bona fide* research into ecstasy is not disadvantaged in any way due to ecstasy's status as a controlled drug in Schedule 1 of the Misuse of Drugs Regulations 2001. The Misuse of Drugs Act 1971 recognises the importance of research and allows it to take place under licence. The Home Office licensing regime is not prohibitive but enabling. At present, approximately 265 establishments hold licences to possess Schedule 1 drugs (which may include ecstasy). This figure includes universities and research laboratories. There are also a number of specialist companies licensed by the Home Office to supply Schedule 1 drugs for the purposes of research. Licence applicants must provide the Home Office with a copy of the research protocol and their Standard Operating Procedures, with evidence that ethical approval and, if appropriate, that approval from the MHRA has been granted. A Schedule 1 licence sets out similar requirements as those associated with Schedule 2 controlled drugs i.e. record keeping and safe storage. Equally, consideration and issue of a Schedule 1 research licence takes no longer than applications for drugs in lower schedules. If obtaining Schedule 1 licences has been a problem, my officials are available to discuss particular cases.

In respect of prevalence of ecstasy use amongst young people, the annual 11-15 year olds Schools Survey (Smoking, drinking and drug use among young people in England) currently provides information about ecstasy use amongst this age group. This survey is managed primarily by the NHS Information Centre (IC). Additional work to explore in-depth the issue of "the evolution of the patterns and profile of ecstasy use, especially in relation to that of other drugs, particularly in combination" amongst the under-16 age group would require a bespoke piece of research. In Northern Ireland, DHSSPS has confirmed that the Secondary Analysis of the 2007 Young Persons' Behaviour and Attitudes Survey (Drugs, Solvents, Alcohol and Smoking) (http://www.dhsspsni.gov.uk/secondary_analysis_of_2007_ypbas.pdf) collects information on ecstasy use among 11-16 year olds in Northern Ireland.

The 2009 report illustrates how the ACMD's advice often covers Government responsibilities held across Departments. I therefore look forward to our meeting on 7 February where we, the Public Health Minister Anne Milton MP and all the members of the ACMD, will have the opportunity to discuss the ACMD's work programme for the next year as well as the provision and consideration of the ACMD's advice to the Government under the new working protocol.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'James Brokenshire', written in a cursive style.

JAMES BROKESHIRE

Cc: Public Health Minister Anne Milton MP