

ACMD

Advisory Council on the Misuse of Drugs

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Rt Hon. Theresa May, MP
2 Marsham Street
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3rd May 2011

Dear Home Secretary,

Thank you for your correspondence of 12 March 2012 in which you set out the Government's priorities for the Advisory Council on the Misuse of Drugs (ACMD) for 2012/13.

On behalf of the ACMD I would like to take this opportunity to welcome your consultation with other Government Departments, particularly the Department of Health, in developing your commission. The work of the ACMD is cross cutting and it is essential that it maintains links across Government to fulfil its broad remit. I look forward to our on-going engagement with you, your ministerial team and your colleagues in other Departments.

One area that I believe has been most productive is the interest that the Inter-Ministerial Group on drugs (IMG) has had in the work of the ACMD. The ACMD has this year had opportunity to make presentations to the IMG on both the Recovery agenda and new psychoactive substances. I am keen to see this engagement with IMG developed so that the consideration of the evidence base is placed at the centre of the Government's decision making on drug related issues.

The ACMD has gathered a significant amount of evidence on a breadth of issues that it has reported on over the last year. We are pleased to publish these reports, and in so doing, ensure the public are aware of the workings of the ACMD, its advice on harmful substances and given issues. Regarding its report on the new psychoactive substances, the ACMD does not purport that its advice provides a single solution to the problem, but rather a number of practicable options that, in combination, seek to tackle the on-going sale, supply and consequential harms.

In responding to your commission the ACMD looks to set out how it intends to approach the programme of work and associated timelines. In addition, as you have highlighted, the ACMD will undertake areas of work of its own volition that I have similarly detailed below.

Promoting Recovery

The ACMD wholly welcomes the Government's commitments, as outlined in the drug strategy, to take forward the recovery agenda. The ACMD has responded to the Department's commission of setting up a standing committee on recovery and looks forward to shortly providing a document that sets out the scope of the work and a 'first pass' of the evidence that will underpin considerations.

The key themes for the committee that you set out are central to the ACMD's work: Evaluation of the existing evidence and identification of gaps; Advice on how the gaps may be addressed; and, how best recovery outcomes can be improved and sustained. The recovery committee will continue to engage with lead policy officials across Government Departments and will apprise you of progress. The ACMD is confident that it will make a constructive contribution to the Drug Strategy. Due to the long term nature of the goals of the Drug Strategy it is important that there is a continued focus of vision so that partners can build consensus across what is often a polarised debate.

We acknowledge your wish that the committee focus on recovery as a priority over prevention. Nevertheless, as part of the ACMD's broader responsibilities under the Misuse of Drugs Act 1971, its advice in other areas will continue to provide consideration of this issue.

New psychoactive substances

The area of new psychoactive substances has, and will remain, a priority for the ACMD. The Council understands that the Government will shortly be publishing a response to its recent consideration of the issue and looks forward to receiving this in due course.

The ACMD was pleased to provide advice on methoxetamine under the new power to make a temporary class drug order and will now prepare full advice in the context of the Misuse of Drugs Act 1971. It is envisaged that the advice will be provided to Ministers by the beginning of November 2012.

The ACMD previously provided advice on a cadre of the synthetic cannabinoids in 2009 and is now considering further compounds that fall outside of these generic controls. The synthetic cannabinoids are those synthetic molecules with a pharmacology similar to that of cannabis, found in samples of smoking material often labelled as 'legal highs'. The ACMD will look to provide further advice on the synthetic cannabinoids in late May 2012.

Polysubstance Misuse

Due to competing work priorities this report will be delivered slightly later than envisaged. The new delivery date to the Government will be Autumn 2012.

Drug Specific Advice

Khat

The ACMD has now commenced its review of khat and will ensure that it has a rigorous process of evidence gathering. I am aware that there is significant public interest around this drug and have therefore taken the step of expediting the ACMD's review process so that we deliver to the Government in October 2012. I can confirm that this will not in any way compromise the rigour and quality of the Council's review.

Cocaine

The ACMD look forward to delivering its review of cocaine to the Government before summer recess. The review will focus on ways of tackling the harms of cocaine; however, it is important that the ACMD is clear that cocaine is a harmful drug that should remain Class A.

Ketamine

The ACMD is pleased to accede to your request and provide further advice on ketamine. The ACMD will conduct a thorough review which it will start at the next opportunity. As you have rightly requested the ACMD will include ketamine analogues in its consideration. I envisage that the review will be completed within the commissioning year in early 2013.

Naloxone

The ACMD has been considering the issue of naloxone (a prescription only medicine) availability and provision, as an intervention to prevent drug-related deaths, since 2009. Naloxone is a safe, efficacious drug for reversing the effects of opioid overdoses. This report provides advice to the Government on policy considerations for making naloxone more widely available. Advice will be provided to the Government, specifically the Department of Health, in the coming weeks.

Tramadol

The ACMD has considered Tramadol (a prescription only medicine) in the context of an increase in the number of deaths where the drug had been diverted. Tramadol has significant medical uses in the treatment of pain. However, in a similar way to

other psychoactive agents of the opioid class, it can be liable to misuse. The ACMD will provide advice to the Government in the coming weeks as to whether it should be controlled under the 1971 Act (with appropriate provision for its continued use in the clinical setting).

Other areas of interest

The ACMD are pleased to contribute to the Government's commitment to considering the issue of drug driving. Dr Roger Brimblecombe will act as a rapporteur to the ACMD on the Department for Transport's Expert Panel that are considering this issue.

I look forward to updating you on the ACMD's progress on the key issues above at our forthcoming meeting next month.

Yours sincerely,

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

Professor Les Iversen FRS

Cc: Lord Henley – Minister of State for Crime Production and Anti Social Behaviour Reduction

Anne Milton – Parliamentary Under Secretary of State for Public Health