

ACMD

Advisory Council on the Misuse of Drugs

Annual Report

Accounting Year 2007 - 2008

**Secretariat
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Science and Research Group
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1. Introduction

The Advisory Council on the Misuse of Drugs (ACMD) is a statutory and non-executive Non-Departmental Public Body, which was established under the Misuse of Drugs Act 1971.

This is the ACMD's eighth Annual Report, which provides an overview of its work, in accordance with both the Office of the Commissioner for Public Appointments Code of Practice for Ministerial Appointments to Public Bodies¹ and the Code of Practice for Scientific Advisory Committees². This report gives a summary of the main issues the ACMD considered between April 2007 - March 2008 as well as general information about its terms of reference, Committees and Working Groups and membership and administrative arrangements.

Any enquiries about this Report or any aspect of the work of the Advisory Council should be addressed to:

**The Secretariat to the Advisory Council on the Misuse of Drugs
Science and Research Group
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SW1P 4DF**

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Will Reynolds
Secretary to the Advisory Council on the Misuse of Drugs
May 2008

¹ http://www.ocpa.gov.uk/upload/assets/www.ocpa.gov.uk/codeofpractice_aug05.pdf

² <http://www.berr.gov.uk/dius/science/science-in-govt/advice-policy-making/codeofpractice/page9483.html>

2. Committees and working groups meeting in the accounting year 2007 – 08

2.1 Technical Committee

This is a standing body of the Advisory Council whose purpose is to “consider and make recommendations to the Advisory Council about scheduling under the Misuse of Drugs Act 1971 and its Regulations of any substance which is being or appears to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to cause a social problem”. It is currently chaired by ACMD member Professor David Nutt.

During the course of the accounting year 2007 - 08, the Technical Committee has discussed numerous issues. These have included:

- Anabolic steroids
- Anti-doping in sport
- 1-benzylpiperazine(BZP)
- Erythropoietin
- Gamma-butyrolactone (GBL) and 1,4 butanediol (1,4-BD)
- Human Growth Hormones
- Khat
- MDMA (ecstasy)

The Technical Committee has led, on behalf of the ACMD, the reviews of:

- 1-benzylpiperazine(BZP)
- Gamma-butyrolactone (GBL) and 1,4 butanediol (1,4-BD)
- MDMA (ecstasy) (reporting early 2009)

The Technical Committee has previously met twice a year. At the November 2007 meeting the Technical Committee agreed to convene three times a year (March, July and October). The first meeting, of three to be held in 2008, was in March (Section 7).

2.2 Prevention Working Group – Hepatitis C (HCV)

This is a standing body of the ACMD whose purpose is to carry out major inquiries on substantial topical issues.

The Working Group is currently investigating reducing the harm caused by Hepatitis C infection among injecting drug users. The Working Group is divided into three sub-groups looking at the following areas:

- Epidemiology of HCV
- Interventions to prevent HCV among Injecting Drug Users (IDU)
- Modelling and implications for policy and practice

The Working Group is currently chaired by Dr Matthew Hickman.

During the course of the accounting year 2007 – 08 the Prevention Working Group:

- Met with representatives from the National Institute for Health and Clinical Excellence (NICE) regarding needle exchange schemes and needle and syringe programmes (NSP).
- Considered a review of the relevant literature and the paper: '*Evidence for the effectiveness of harm reduction interventions in preventing Hepatitis C transmission: a review of reviews*' to inform its advice.

The Prevention Working Group is scheduled to report in February 2009.

2.3 Pathways to Problems Implementation Group

The Pathways to Problems Implementation Group is to assess progress against the ACMD's recommendations published in the *Pathways to Problems* report (published in September 2006); how they are being taken forward and implemented. It will assess what impact *Pathways to Problems* is making on practice to improve outcomes for children and young people, with a focus on:

- how the needs of young people can be met by both the statutory and non-statutory sector services;
- steps to reduce the attractiveness of alcohol and tobacco;
- the responsibilities each service should fulfil; and
- whether each service could do more than it does at present.

The Implementation Group also aims to influence strategic and operational policy, planning and practice through membership of the Group.

The Group is chaired by Ms Caroline Healy and comprises of members of the ACMD with regular input from cross government departments and specialist representatives.

During the course of the accounting year 2007 – 08, the Pathways to Problems Implementation Group has:

- Discussed the National Alcohol Strategy;
- Met with DCSF representatives regarding the Drug Strategy Evidence Working Group; and,
- Met with government officials, agency representatives and devolved administrations responsible for implementing recommendations in the *Pathways to Problems* report.

The Pathways to Problems Implementation Group is scheduled to report in early 2009.

3. Summary of ACMD Recommendations and Advice 2007- 08

3.1 Drug Strategy Consultation

The ACMD responded to the Home Office Drug Strategy Consultation. The response can be found at: <http://drugs.homeoffice.gov.uk/drugs-laws/acmd/>.

3.2 Non-Medical Prescribing of Controlled Drugs

The ACMD provided advice regarding Independent Prescribing and Patient Group Directions (the expansion of the supply and administration of diamorphine and morphine (Schedule 2 controlled drugs) under Patient Group Directions (PGDs³)) (Annex E).

3.3 Midwife Supply Orders

The ACMD responded to concerns, regarding the risks of diversion of controlled drugs and to midwives operating in the community, by endorsing a proposal, by the Nursing and Midwifery Council (NMC), to update the current arrangements. The ACMD detailed their response to the proposal in a letter to the Minister of State for Public Health in November 2007 (Annex F).

3.3 Anabolic Steroids; letter of concern

The ACMD wrote to relevant Government Departments to convey its grave concerns about performance enhancing substance misuse. The ACMD wrote to Ministers at the following departments: Home Office, Department of Health, Department for Children Schools and Families and Department for Culture, Media and Sport (Annex G).

3.4 Anabolic Steroids; classification advice and wider recommendations

The ACMD advised that government should consider the inclusion of 24 steroids and two non-steroidal agents under the Misuse of Drugs Act 1971 in Class C Schedule 4 (IV) under the Misuse of Drugs Regulations.

3.5 GBL and 1,4-BD; classification and advice and wider recommendations

The ACMD provisionally advised that the drugs GBL and 1,4-BD are included in Class C of the Misuse of Drugs Act 1971; classified in Schedule 1 of the Misuse of Drugs Regulations (having no recognised medicinal use).

However, the ACMD is conscious of the potential impact of control upon the legitimate use of GBL and 1,4-BD and therefore recommended that the Government consults on this advice, and that the ACMD has an opportunity to reconsider its recommendations following the outcome of the consultation.

³ The advice on Patient Group Directions is regarding expansion on a number of counts: - to enable morphine to be used under PGDs by nurses and pharmacists; to expand the physical locations where diamorphine and morphine under PGDs can be used by nurses and pharmacists; and to allow diamorphine and morphine to be used for immediate necessary treatment for severe pain and trauma by nurses and pharmacists under PGDs.

4. Appraisals, Recruitment and Reappointment

4.1 The Chair of ACMD conducted appraisals of all members during the autumn of 2007.

4.2 The terms of the majority of ACMD members expired in December 2007. Six members of the ACMD had served a maximum 9 years and retired from their posts on the 31st December 2007.

4.3 In accordance with guidance from the Office of the Commissioner for Public Appointments⁴ (OCPA) members that had demonstrated effective performance during the reporting period could, should they wish to, be considered for re-appointment. Of those members 23 were invited by the Home Secretary to stand for a further 3 year term in post, a further six members stepped down from service to the ACMD (in addition to those who had served 9 years).

4.4 Under the terms of the Act, members of the Advisory Council - of whom there should be not less than 20 - are appointed by the Secretary of State. There is a statutory requirement that they must include representatives from the practices of medicine, dentistry, veterinary medicine and pharmacy, the pharmaceutical industry, and chemistry other than pharmaceutical chemistry; and people who have a wide and recent experience of social problems connected with the misuse of drugs.

4.5 Appointments are ordinarily limited to a term of three years and made in accordance with the guidance issued by the Office of the Commissioner for Public Appointments.

4.6 Three recruitment campaigns for members to ACMD were conducted during the period 2007 – 08. The campaigns were administrated by the Appointments Commission and the Home Office in accordance with OCPA guidelines.

4.7 As part of the recruitment campaign the ACMD undertook to recruit a Chair; as Chair designate until October 2008 when the current chair retires. Professor David Nutt was appointed Chair of the ACMD from October 2008.

4.8 A list of current members as at March 2008, together with their professional background is set out in Annex B.

⁴ http://www.ocpa.gov.uk/upload/assets/www.ocpa.gov.uk/codeofpractice_aug05.pdf

5. Forward Look

5.1 Cannabis review

The Home Secretary asked the ACMD to review the classification of cannabis. In particular, the Government is concerned about the potential mental health effects of cannabis use and, in particular, the use and availability of stronger strains of the drug, commonly known as skunk.

The ACMD met for three days to consider its advice. The first meeting in February was an open meeting where the ACMD heard expert and stakeholder views on the harms associated with cannabis use. The ACMD then met in private in February and April to consider and deliberate the evidence and formulate advice.

The ACMD are to present their report to the Home Secretary on the 28th April 2008.

5.2 MDMA ('ecstasy') Review

The ACMD has undertaken to provide advice to the government on the harm and prevention of harms caused by ecstasy in the form of a review to include issues relating to its classification. The ACMD report is scheduled for early 2009.

5.3 1-benzylpiperazine (BZP)

The ACMD reviewed the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) risk assessment of BZP. The ACMD has advised the Home Office in favour of the European Commission's proposal to bring BZP under legislative control but have not made a formal recommendation to Ministers.

On 3rd March 2008 European Council responded to concerns over the illicit misuse of the stimulant drug BZP (Benzylpiperazine) by subjecting it to 'control measures and criminal provisions' across the EU Member States. As an EU Member State the UK must, within one year put in place measures to submit BZP to; control measures proportionate to the risks posed by the substance and criminal penalties in keeping with its national laws.

The ACMD will report to Government with recommendations for classification in 2008.

6. Meetings in the accounting year 2007 – 08

Committee / Group	Date
The Advisory Council on the Misuse of Drugs	24 th May 2007 29 th Nov 2007
The Technical Committee	3 rd May 2007 25 th October 2007 4 th March 2008
The Prevention Working Group – Hepatitis C	17 th May 2007 30 th October 2007
Pathways to Problems Implementation Group	27 th April 2007 ⁵ 25 th June 2007 15 th October 2007 10 th December 2007 ⁶ 10 th January 2008 19 th March 2008
Drug Strategy Consultation – ACMD working group meeting	14 th August 2007
Cannabis review	5 th February 2008 (open meeting) 6 th February 2008 (closed meeting)
BZP meeting	9 th May 2007
Non-Medical Prescribing of Controlled Drugs	11 th October 2007

⁵ Meetings with Government Departmental officials to discuss implementation of the Pathways to Problems recommendations

Annex A. Terms of Reference

The terms of reference of the Advisory Council are set out in Section 1 of the **Misuse of Drugs Act 1971** (the Act) which states as follows:

“ It shall be the duty of the Advisory Council to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem, and to give to any one or more of the Ministers, where either Council consider it expedient to do so or they are consulted by the Minister or Ministers in question, advice on measures (whether or not involving alteration of the law) which in the opinion of the Council ought to be taken for preventing the misuse of such drugs or dealing with social problems connected with their misuse, and in particular on measures which in the opinion of the Council, ought to be taken:

- a) for restricting the availability of such drugs or supervising the arrangements for their supply;*
- b) for enabling persons affected by the misuse of such drugs to obtain proper advice, and for securing the provision of proper facilities and services for the treatment, rehabilitation and after-care of such persons;*
- c) for promoting co-operation between the various professional and community services which in the opinion of the Council have a part to play in dealing with social problems connected with the misuse of drugs;*
- d) for educating the public (and in particular the young) in the dangers of misusing such drugs and for giving publicity to those dangers; and*
- e) for promoting research into, or otherwise obtaining information about, any matter which in the opinion of the Council is of relevance for the purpose of preventing the misuse of such drugs or dealing with any social problem connected with their misuse”.*

A further duty is placed on the ACMD by the Act to consider any matter relating to drug dependence or the misuse of drugs which may be referred to them by any one of the Ministers concerned, and in particular to consider and advise the Home Secretary on any communication which he refers to the Advisory Council which relates to the control of a dangerous or otherwise harmful drug and which is made to Her Majesty's Government by any organisation or authority established by treaty, convention or other agreement or arrangement to which Her Majesty's Government is a party.

Under the terms of the Act the Home Secretary is obliged to consult the ACMD before laying draft Orders in Council or making regulations.

Annex B. Membership (as of 31st March 2007 to 31st March 2008)

Under the terms of the Act, members of the ACMD - of whom there should be not less than 20 - are appointed by the Secretary of State. There is a statutory requirement that they must include representatives from the practices of medicine, dentistry, veterinary medicine and pharmacy, the pharmaceutical industry, and chemistry other than pharmaceutical chemistry; and people who have a wide and recent experience of social problems connected with the misuse of drugs.

Appointments are ordinarily limited to a term of three years and made in accordance with the guidance issued by the Office of the Commissioner for Public Appointments. Nominations come from a wide range of sources including the relevant professional bodies, Public Appointments Unit of the Cabinet Office, other Government Departments and self-nomination.

A list of current members as at 31st March 2008 together with a note of their professional background is set out in Table 1. Table 2 gives those members who stood down within year or retired from Council in completing their tenure.

Table 1. Members of the ACMD as of the 31st March 2008.

Members	Professional Background	Dates
Professor Sir Michael Rawlins (Chair)	Chairman of the National Institute of Health and Clinical Excellence	1 st November 1998 - 31 st October 2008
Dr Dima Abdulrahim	Briefings Manager, National Treatment Agency (NTA)	*1 st January 2008
Lord Victor Adebawale	Chief Executive, Turning Point	*1 st January 2008
Mr Martin Barnes	Chief Executive, Drugscope	*1 st January 2008
Dr Margaret Birtwistle	General Practitioner (Substance Misuse), Clinical Tutor, Forensic Medical Examiner	*1 st January 2008
Commander Simon Bray	Commander Metropolitan Police	**1 st January 2008
Mr Eric Carlin	Chief Executive, Mentor UK	** 1 st January 2008
Ms Carmel Clancy	Lecturer in Mental Health and Addictions, Middlesex University	*1 st January 2008
Professor Ilana Crome	Professor of Addiction Psychiatry, Keele University Medical School	*1 st January 2008

Ms Robyn Doran	Mental Health Nurse and Director of Substance Misuse Services CNWL MHT	*1 st January 2008
Dr Clare Gerada	General Practitioner, London; Primary Care Lead for Drug Misuse	*1 st January 2008
Mr Patrick Hargreaves	Adviser for drugs and alcohol, Durham County Council Education Department	*1 st January 2008
Ms Caroline Healy	National adviser for the commissioning of mental health services for children in secure settings, Department of Health	*1 st January 2008
Dr Matthew Hickman	Deputy Director, Centre for Research on Drugs and Health Behaviour, Senior Lecturer in Public Health, Bristol University	*1 st January 2008
Professor Leslie Iversen	Professor of Pharmacology, University of Oxford	*1 st January 2008
Professor Michael Lewis	Professor of Oral Medicine, Cardiff University	*1 st January 2008
Mr David Liddell	Director, Scottish Drugs Forum	**1 st January 2008
Dr John Marsden	Research Psychologist, Institute of Psychiatry, King's College London	*1 st January 2008
Mr Peter Martin	Independent Consultant in Substance Misuse	*1 st January 2008
Professor David Nutt	Prof of Psychopharmacology, Bristol University	*1 st January 2008
Mr Trevor Pearce	Executive Director, Serious Organised Crime Agency	*1 st January 2008
District Judge Justin Philips	District Judge, Drugs court	**1 st January 2008
Mr Richard Phillips	Independent consultant in substance misuse	**1 st January 2008
Dr Ian Ragan	Pharmaceutical industry consultant	**6 th February 2008
DCC Howard Roberts	Deputy Chief Constable, Nottinghamshire Police	*1 st January 2008
Dr Mary Rowlands	Consultant Psychiatrist in Substance Misuse, Exeter	*1 st January 2008

Dr Polly Taylor	Veterinary surgeon, Cambridgeshire	*1 st January 2008
Ms Monique Tomlinson	Freelance consultant in drug misuse	*1 st January 2008
Mrs Marion Walker	Pharmacist, Berkshire Healthcare NHS Foundation Trust	**1 st January 2008
Mr Arthur Wing	Assistant Chief Officer, Sussex Probation Area	*1 st January 2008

Table 2. Members of the ACMD that stood down in the year 2007-08.

Members	Professional Background	Dates
Rev. Martin Blakeborough	Director, Kaleidoscope Drugs Project	1 st January 1999 - 1 st January 2008
Dr Cecilia Bottomley	Specialist Registrar	1 st January 2002 - 1 st January 2008
Ms Dianne Draper	Public Health Policy Support Officer	1 st December 2004 - 1 st January 2008
Ms Vivienne Evans	Chief Executive ADFAM	1 st January 1999 – 1 st January 2008
Mr Robert Eschle	Magistrate/Teacher	1 st January 2002 – 1 st April 2008
Professor C Robin Ganellin	Emeritus Professor of Medical Chemistry	1 st January 2002 - 1 st January 2008
Mr Paul Hayes	National Treatment Agency (NTA)	1 st January 1999- 1 st January 2008
Mr Russell Hayton	Clinical Nurse Specialist and Clinical and Services Governance Manager	1 st January 1999-1 st January 2008
Mr Alan Hunter	Association of British Pharmaceutical Industry	1 st January 1999- 1 st January 2008
Judge Thomas Joseph	Judiciary	1 st January 2002- 1 st January 2008
Ms Samantha Mortimer	Head of PHSE and Citizenship, St Paul's Catholic High School	1 st October 2005- 1 st January 2008
Mr Richard Pates	Consultant Clinical Psychologist	1 st January 2002- 1 st September 2007
Mrs Kay Roberts	Pharmacist	1 st January 1999- 1 st January 2008

Annex C. Departmental Officials

Mr Michael Gafoor	Jersey: Alcohol and Drugs Service
Mr John Lenaghan	Welsh Assembly
Ms Margaret O'Reilly	Isle of Man Representative
Mr Rob Phipps	Northern Ireland Assembly
Mr Joe Griffin	Scottish Executive
Mr Patrick Deller	HMRC
Dr Mark Prunty	Department of Health
Ms Gul Root	Department of Health
Mr Matthew Scott	Department of Children Schools and Families
Ms Angela Scrutton	Home Office, Drug Legislation

Annex D. Administrative Arrangements

Finance

The ACMD had a budget of £152,800 in the accounting year 2007-8, financed by the Home Office. Their costs were associated with the provisions of facilities for meetings of the ACMD (and its Committees and Working Groups), expenses of members properly incurred, and commissioned research. The ACMD generated no income of its own.

Administrative arrangements

The ACMD has no staff or budget of its own. Administrative support has been provided by a Secretariat made up of staff from the Home Office Science and Research Group, and any queries regarding this annual report, or any other aspect of the ACMD's work, should be directed to the Secretariat using the contact details at the front of this report.

Annex E. Letter from ACMD to Minister; Nurse and Pharmacist Independent Prescribing of Controlled Drugs and Patient Group Directions

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor Sir Michael Rawlins
Secretary: Will Reynolds

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8th November 2007

Dear Vernon,

Nurse and Pharmacist Independent Prescribing of Controlled Drugs and Patient Group Directions

Last year the Advisory Council on the Misuse of Drugs (ACMD) met with representatives from the Commission on Human Medicines (CHM) and officials from the Department of Health and the Home Office. The meeting considered proposals to expand Nurse and Pharmacist Independent Prescribing to allow Nurse and Pharmacist Independent Prescribers to prescribe any controlled drug, according to their competence. The meeting also considered changes to the arrangements for providing patients with pain relief under Patient Group Directions.

At that time, the ACMD made a provisional recommendation which formed the basis of consultations by the Home Office and Department of Health/Medicines & Healthcare Products Regulatory Agency, which ended in June 2007. The ACMD have now considered the responses to the consultations, the various options for change, and have met again with Department of Health (who have the lead on nurse and pharmacist prescribing).

On behalf of the ACMD, I write to advise you of our final recommendations, which I wish to predicate with the following remarks.

The legislation around controlled drugs is not intended to impede their legitimate use, but to regulate usage for patient and public safety. ACMD have heard concerns over the current arrangements and the barriers this can create in the provision of services to patients. We have also heard from the Department of Health about its desire to improve services to patients, and their access to medicines, by using experienced nurse and pharmacist skills more flexibly – including those who are more experienced to prescribe within their competence. Our consideration of the proposals has been made in light of the strengthened legal controls and governance arrangements that have been implemented across the health sector following the Government’s response to the findings of the Fourth Report of The Shipman Inquiry. These factors have been central in our consideration of the proposals.

Expansion of Nurse and Pharmacist Independent Prescribing to prescribe any controlled drug

The responses to the Home Offices’ consultation were broadly supportive, although raised some concerns including the need to ensure prescribing is within a prescriber’s competence; the need for robust training; monitoring and governance arrangements, including the role of the Accountable Officer, in both the NHS and non-NHS/private settings; the separation of prescribing and dispensing roles; and the prescribing of controlled drugs in prisons. We considered all these points, discussed them fully with Department of Health officials, and concluded that the issues of competence and the separation of roles are a matter for strong and explicit guidance rather than legislation.

In the light of these discussions, ACMD formally recommends that the Misuse of Drugs Regulations 2001 should be amended to allow the independent prescribing of any controlled drug from Schedules 2, 3, 4 and 5 by Nurse Independent Prescribers and Pharmacist Independent Prescribers, according to competence.

In making our recommendation, however, we wish to raise our concern about the following matters:

- a) Robust governance arrangements in the “third sector” should be adequately addressed particularly by emphasising the role of the Accountable Officer;
- b) Governance arrangements in prisons are adequately addressed through the consistent implementation of robust medicines management systems.

The healthcare provided by both the “third sector” and prisons falls within the remit of Primary Care Trusts (PCTs). In response to the ACMD’s concerns, Dr Keith Ridge, Chief Pharmaceutical Officer for England, has assured us that the Department of Health will ensure that PCT’s Accountable Officers are fully aware

of the need for robust arrangements for medicines management in both of these settings, before services involving nurse and/or pharmacist independent prescribing of controlled drugs are commissioned. Dr Ridge also assured us that he will inform his counterparts in Scotland and Wales of this commitment.

In coming to our recommendations the ACMD also considered a number of alternative options which ranged from no change to an expanded but still limited list. These were rejected in favour of our final recommendation as there was considered to be greater potential for confusion with the alternatives particularly if they involved reference to the schedules of the Regulations.

The ACMD also carefully considered any implications of its recommendation to you for increasing the risk of diversion of Controlled Drugs from nurses and pharmacists. However, it was not considered that the recommendation would increase such risks. This consideration is in line with the views of the Commission for Human Medicines. Most nurse and pharmacists already have regular access to controlled drugs in either administering or dispensing to patients.

The ACMD were also invited by the Home Office to give their view on the prescribing of controlled drugs – specifically diamorphine, cocaine and dipipanone - for addicts for the management of their addiction. Under current legislation, these can only be prescribed for addicts for the management of their addiction by doctors under license from the Home Office.

Following consideration, the Council's view is that the Misuse of Drugs (Supply to Addicts) Regulations 1997 should be amended to allow Nurse and Pharmacist Supplementary Prescribers to apply for a Home Office licence to prescribe diamorphine, cocaine or dipipanone for addicts for the management of addiction.

Patient Group Directions for Supply and Administration of Morphine and Diamorphine

The ACMD were informed of concerns about current difficulties in providing sick and injured patients with swift access to pain relief where there is no doctor present. This is exacerbated by the relative shortage in some areas of diamorphine, and by the current restrictions on the hospital settings in which diamorphine can be used without a doctor's authorisation.

Following an MHRA consultation (drawn up in consultation with the Department of Health, Home Office and the ACMD) the ACMD has made a final assessment of the proposals. Given that Patient Group Directions (PGDs) were tightly controlled when they were drawn up, the improving situation in regard to diamorphine shortages, and a need to ease restrictions around pain management to provide immediate relief for sick and injured patients the ACMD recommends that:

- diamorphine should be able to be supplied or administered by pharmacists under a Patient Group Direction;
- morphine should be able to be supplied or administered by nurses and pharmacists under a Patient Group Direction;
- the current restrictions on the locations which govern the supply or administration of diamorphine under a Patient Group Direction should be removed; and
- diamorphine and morphine should be supplied or administered by nurses and pharmacists working under Patient Group Directions for the immediate necessary treatment of sick or injured persons.

I understand that the Commission for Human Medicines has also agreed with the proposal to the extent that legislative change is also needed to the medicines legislation by the MHRA, on behalf of the Department of Health. I am therefore copying this letter to Dawn Primarolo, Minister of State for Public Health at the Department of Health.

I look forward to meeting you on Monday 12th November to discuss the ACMD's recommendations.

Yours Sincerely,

Professor Sir Michael Rawlins FMedSci

cc Home Secretary
Dawn Primarolo, Minister of State for Public Health, Department of Health

Annex F. Letter from ACMD to Ministers; Midwife supply orders.

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor Sir Michael Rawlins
Secretary: Will Reynolds

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Dawn Primarolo,
Minister of State for Public Health,
Department of Health

21st November 2007

Dear Dawn,

Re: Midwife Supply Orders

Last month the Advisory Council on the Misuse of Drugs (ACMD) met with the Department of Health and Home Office officials to discuss the Nursing and Midwifery Council proposal to make the Midwife Supply Order patient, rather than midwife, specific.

The Midwives Supply Order (MSO) was devised in 1985 to ensure that midwives had legal and monitored access to opiate for home birth, using existing exemptions to administer the drug without prescription.

Currently under Regulation 11 of the Misuse of Drugs Regulations 2001, a Midwife has the authority to possess “any controlled drug which she may, under and in accordance with the provisions of the Medicines Act 1968 ‘lawfully administer’ provided the controlled drugs have been obtained via a midwives supply order, signed by an “appropriate medical officer” i.e. a doctor or head of midwives.’

Due to a number of concerns regarding the risks of diversion of CDs and to midwives operating in the community the ACMD endorse the proposal by the Nursing and Midwifery Council (NMC) to update the current arrangements.

The proposal is:

“to make the MSO patient, rather than midwife, specific. This will place it on a similar footing to a prescription i.e. when dispensed the controlled drugs becomes the patient’s property and therefore her responsibility, rather than the midwives.”

The ACMD have predicated their endorsement of this proposal on the evidence and current situation following discussion with the Department of Health and Home Office officials.

Considerations by the ACMD in reaching their decision to support the NMC proposal were as follows:

- Record keeping would be enhanced as details of the drug’s use would be kept in the maternity records held by the patient;
- Strict advice on the safe storage of controlled drugs would be provided to the patient by the midwife;
- The amounts of controlled drugs being issued and used would be small;
- For women, who require opiate relief, retaining the drug in their own home this lessens the amount of opiate in the community and lessens the risk of controlled drugs being diverted in transit;
- Whilst there is little evidence of diversion of controlled drugs held by midwives, the risks for midwives carrying controlled drugs have increased when they are out in the community, and;
- There is clear guidance available on the destruction and disposal of controlled drugs; under the new arrangements the expectation would be that the Supervisor of Midwives would oversee disposal and this would be recorded in the maternity record of the patient.

The ACMD were assured that women who would be unlikely to be assessed as suitable for planned home birth include:

- substance misusers; because of potential complications for the new-born which must be managed immediately at birth, and;
- those who have not presented for antenatal care early in the pregnancy

The ACMD would recommend that assurance is sought that strict guidance/local Standard Operating Procedures/protocols would be introduced to ensure that any legislative change allowing implementation of the proposal is followed up with good practice.

Yours Sincerely,

Professor Sir Michael Rawlins FMedSci

cc Home Secretary

Vernon Coaker, Under-Secretary of State, Home Office

Annex G. Letter from ACMD to Ministers; concern regarding anabolic steroid use.

ACMD

Advisory Council on the Misuse of Drugs

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Rt Hon Jacqui Smith MP
Home Secretary
Peel Building
2 Marsham Street
London SW1P 4DF

9th January 2008

Dear Home Secretary,

Anabolic steroid misuse

I am writing on behalf of the Advisory Council on the Misuse of Drugs (ACMD) to highlight our concerns regarding the misuse of anabolic steroids.

Anabolic steroids, which are analogues or derivatives of testosterone, have been used by sportspeople in a number of well publicised cases. The Council is working with colleagues in the Department of Culture, Media and Sport to ensure that growth promoting substances, abused by sportspersons, are appropriately controlled under the Misuse of Drugs Act.

The ACMD has also become increasingly concerned at the use of anabolic steroids by the general public, and in particular young people. These substances have become “popular” in relation to body building and image enhancement. The most recent data from the British Crime Survey (2006/07) estimates that 32,000 people had used them in the last year and 14,000 in the last month (Home Office Statistical Bulletin: Drugs Use Declared, 18/07). Figures from the Department of Health’s Smoking, Drinking and Drug Use Survey (2006) has

shown a steady increase in the number of young people that had “ever” tried anabolic steroids from 0.2% in 2001-2004 to 0.3% in 2004/05 and 0.5% in 2006.

Anabolic steroid use can be harmful; potentially causing both psychiatric and physical problems to the individual, including: testicular atrophy, acne, breast enlargement and sterility and increased aggression.

There is anecdotal evidence that anabolic steroid users are increasingly accessing needle exchange services; and we understand that there is some evidence of crossover with recreational drug use (primarily as a means of weight loss). We also have concern for the potential of unsafe practices, such as needle sharing, amongst steroid users with the associated risk of transmission of blood borne diseases such as Hepatitis B, C and HIV.

The ACMD is establishing a working group to consider the evidence of harms more fully and provide you and ministers of other relevant departments advice on potential harm reduction mechanisms. Whilst we welcome, and fully endorse, steps taken by ministers concerning the misuse of anabolic steroids in sports, we are concerned that attention should also be given to the use of anabolic steroids by others - and particularly amongst young people.

I have also written to the Secretaries of State at the Department of Health, Department of Children, Schools and Families, Department of Culture, Media and Sport and the Minister for the Olympics.

Yours sincerely,

**Professor Sir Michael Rawlins FMedSci
Chairman**

cc. Vernon Coaker
Parliamentary Under-Secretary of State