ACMD

Advisory Council on the Misuse of Drugs

Annual Report

Accounting Year April 2010 – March 2011

Secretariat
Advisory Council on the Misuse of Drugs
Science and Research Group
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF

Foreword by Professor Les Iversen

The annual report from the Advisory Council on the Misuse of Drugs (ACMD) provides an overview of our work in 2010/11. The ACMD has demonstrated its continued drive to the provision of evidence-based advice through a number of high quality reports that are summarised here.

During the reporting period the ACMD has provided advice on a range of issues. In particular the ACMD has advised on the napthylpyrovalerone analogues (e.g. the brand NRG-1), 2-DPMP (branded as 'Ivory Wave'), the use of foil as a harm reduction intervention and the anabolic steroids.

The ACMD has also provided advice on a number of issues from specific compounds (amineptine, sativex and tapentadol) to wider advice concerned with the mixing of medicines in clinical practice and controlled drug licence fees.

Such a breadth of issues requires a diversity of expertise and evidence that the ACMD can call upon. A significant proportion of the expertise presently resides on the Council. During the year a total of 15 talented new members of Council were recruited by the Home Office to replace those who had stood down. It was pleasing to note that the number of well qualified applicants greatly outnumbered the available places.

The Council is grateful to the continued support of a large number of co-opted members and presenters who provide their expertise free of charge. The ACMD extends a thank you to all of those who contribute so that Government may be best informed by the most up to date and high quality advice.

The new drug strategy published in 2010 represents a shift in perspective and places the issue of recovery at its heart. Such a re-think helpfully encourages us all to re-visit assumptions and paradigms about what the drug strategy is trying to achieve. I believe we should be challenged in looking at this and that the Government should look to be challenged in its policies and mechanisms for delivery.

The last year has also seen the development of the proposed temporary class drug orders and also changes to the ACMD's constitution as part of the Police Reform and Social Responsibility Bill. The ACMD welcomes these changes and, in particular is pleased that the Government recognises the importance of statutory consultation with the ACMD as part of the temporary banning powers.

The ACMD looks forward to the future work and challenges in the forthcoming year in which it will deliver a report on novel legally available psychoactive substances ("legal highs") and start reviews of cocaine and khat.

My thanks to those who have supported the work of the ACMD this year.

Professor Les Iversen
(ACMD Chairman)

Index

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 Annual Report provides an overview of the ACMD's work, in accordance with both the Office of the Commissioner for Public Appointments Code of Practice for Ministerial Appointments to Public Bodies[1] and the Code of Practice for Scientific Advisory Committees[2]. This report gives a summary of the main issues the ACMD considered between April 2010- March 2011 as well as information about its Terms of Reference, Committees and Working Groups and membership and administrative arrangements.

Any enquiries about this Annual 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
HOME OFFICE
3rd Floor, Seacole Building (SW)
2 Marsham Street
LONDON
SW1P 4DF

Tel: 020 7035 0454
Email: ACMD@homeoffice.gsi.gov.uk

Will Reynolds
Secretary to the Advisory Council on the Misuse of Drugs
April 2010

[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

1. Committees and working groups meeting in the accounting year 2010 - 2011

1.1. Technical Committee

The Technical Committee is a standing body of the Advisory Council on the Misuse of Drugs. The Committee's primary purpose is to consider and make recommendations to the Advisory Council about classification and scheduling under the Misuse of Drugs Act 1971 and its Regulations.

The Technical Committee had its last meeting on 22nd March 2011. In the last year the Technical Committee has considered a number of issues including;

- Evidence for the use of foil as a harm reduction intervention
- The provision of Naloxone as a rescue medicine
- The mixing of medicines in clinical practice
- Anabolic steroids
- Status of Phenazepam and Tramadol

1.2. Polysubstance use

The Polysubstance Working Group (PSWG) was convened in response to the Home Secretary's commission on this issue.

The PSWG had its last meeting on the 23 March 2011.

The PSWG aims to provide advice and recommendations on the health and social problems connected with polysubstance use.

Polysubstance is defined, in this context, as 'the consumption of two or more psychoactive substances in one acute episode, such that at least two substances have not passed their acute effect half-life'. The review will also include the multiple use of substances that are separated in time (e.g. cannabis and alcohol on a Friday night, alcohol at lunchtime the next day, ecstasy and cocaine on Saturday night, and a diazepam on the Sunday morning) since such usage represents actual drug occasions and pattern of use which are vital to understand the mechanics.

1.3. New Psychoactive Substances Working Group

The ACMD convened the New Psychoactive Substances Working Group in October 2009 following the then Home Secretary's correspondence to the ACMD about UK government priorities.

The working group aims to develop advice for the UK government on 'legal highs' also referred as novel psychoactive substances. This advice may be concerning specific substances or related groups as appropriate, with a focus on protecting young people. It is also considering the wider implications of the proliferation of new psychoactive substances and assessing methods to address them.

The aims of the working group

- To consider groups of legal highs or specific compounds as appropriate (engagement between policy and ACMD) ; and
- To provide advice to Government on classification and scheduling with a particular focus on protecting young people.

The New Psychoactive Substances Working Group held its last meeting on 31st January 2011. In the last year the Working Group has considered a number of issues including;

- Legislative options
- International perspective
- Measures to reduce supply
- Societal impact of 'legal highs'

1.4. Treatment Working Group

The Treatment Working Group was established by the ACMD to consider and to determine:

1 Goals, outcomes and indicators of what constitutes 'successful' treatment for drug users.

2 Review evidence for effective 'clinical' treatment interventions i.e. psychosocial and pharmacological to determine where evidence is strong, and to identify gaps.

3 On the basis of the strength of evidence accrued, to inform the debate on a balanced approach to harm reduction and abstinence, and thus improve implementation of effective interventions.

The last meeting of the group, this year, was the 16th February 2011; prior to this the group had met 3 times in the last year and hosted an 'Expert Evidence Gathering Seminar'.

The seminar attracted speakers from across the 'recovery' spectrum. The Group's report is to be based on summaries from the seminar and the key principles mentioned above.

At its last meeting the group received a presentation on the government's new Drugs' Strategy which represents a significant change in focus; placing treatment in the context of a recovery agenda.

2. Summary of ACMD Recommendations and Advice 2010-2011

2.1. Consideration of the Napthylpyrovalerone analogues and related compounds (07/07/2010)

In July 2010 the ACMD advised that naphyrone be brought under control of the Misuse of Drugs Act 1971 in Class B and Schedule I of the Misuse of Drugs Regulations (2001 as amended) by way of a generic definition. The ACMD considered that the harms associated with naphyrone closely equate with compounds such as mephedrone and other compounds in Class B. This advice was accepted by the Government. The report is available at: http://www.homeoffice.gov.uk/agencies-public-bodies/acmd/reports-research/

2.2. Amineptine (7-[(10,11-dihydro-5*H*-dibenzo[*a,d*]cyclohepten-5-yl)amino]heptanoic acid) (27/7/2010)

The ACMD considered the status of Amineptine and acknowledged that there is little evidence concerning its licit or illicit use in the United Kingdom as Amineptine is currently off-patent and difficult to obtain. However, considering its potential for harm and the UK's obligations under the Convention on Psychotropic Substances of 1971, the UK is legally obliged to schedule Amineptine, under domestic legislation, i.e. the Misuse of Drugs Act 1971 following the decision of the Commission on Narcotic Drugs (2003). Therefore the ACMD supported Amineptine being controlled as a Class C substance and scheduled as a Schedule II substance under the Misuse of Drugs Regulations 2001. The advice is available at: http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/acmd-letter-amineptine

2.3. Mixing of Medicines in Clinical Practice (27/7/2010)

The ACMD considered the issue of 'mixing of medicines in clinical practice' which has implications for the Misuse of Drugs Regulations 2001 (as amended) (2001 Regulations) as it relates to controlled drugs.

The ACMD agreed with the option that the Medicines and Healthcare Products Regulatory Agency (MHRA) proposed, supported by the Committee on Human Medicines (CHM): '[to] Enable Nurse and Pharmacist Independent Prescribers to specially prepare products for their individual patients and direct nurses and pharmacists and others who are not prescribers to mix drugs prior to administration. At the same time, enable doctors to direct nurses, pharmacists and others to mix on a similar basis.' This will require an amendment to the 2001 Regulations to allow practitioners to give directions to others to compound controlled drugs in clinical practice; allow nurse independent prescribers and supplementary prescribers to compound controlled drugs and, together with pharmacist independent prescribers direct others to do so. The advice is available at: http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/acmd-letter-mixing-medicines

2.4. Tapentadol (27/7/2010)

The ACMD considered the compound Tapentadol (3-[(1*R*,2*R*)-3-(dimethylamino)-1-ethyl-2-methylpropyl]phenol hydrochloride) (trade name Nucynta). Tapentadol is a painkiller that is likely to be marketed in the UK in the near future by a pharmaceutical company. However, there is risk of misuse of this psychoactive substance and of diversion from legitimate sources.

Tapentadol is a recently developed, centrally-acting, analgesic (painkiller). After consideration of the evidence of harms the ACMD concluded that the potential for abuse of Tapentadol is similar to that of other μ-opioid analgesics, including Hydromorphone and Morphine, (both controlled as Class A under the Misuse of Drugs Act 1971). Tapentadol presents a risk of addiction, potential illegal diversion and medicinal misuse. The ACMD concluded in its advice that the abuse liability of Tapentadol would be substantial and has the potential to cause social harm through diversion and addiction. The ACMD recommended that Tapentadol should be controlled under the Misuse of Drugs Act 1971 in Class A – and Schedule II of the Misuse of Drugs Regulations 2001. The advice is available at:
http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/acmd-letter-tapentadol

2.5. EEA Prescriptions (04/08/2011)

The ACMD has considered the following with regard to the recognition of controlled drugs (CDs) prescriptions written in the EEA and Switzerland "EEA prescriptions" by doctors and dentists only. A copy of the advice is attached at Annex E (letter in annexes).

2.6. Controlled drug licence fees (8/10/2010)

The ACMD considered the issue of the re-introduction of fees for controlled drug licences. The ACMD believe the re-introduction of the fees will serve the stated dual purposes of funding improvements in service to licensees and further strengthening the regulatory framework to reduce the risk of diversion of controlled drugs. The ACMD also made further recommendations as set out in the letter. A copy of the advice is attached at Annex F (letter in annexes).

2.7. Consideration of the anabolic steroids (21/09/2010)

The ACMD convened a Working Group to consider the misuse of anabolic steroids in 2008. The purpose of the anabolic steroids report was to provide Ministers with advice on anabolic steroids and associated harm reduction mechanisms. Among other findings, the report considered the potential harms to users due to the patterns of use and the presence of substandard and counterfeit steroids in the marketplace.

Following the publication of the ACMD's report on anabolic steroids, Professor Les Iversen, Chair of the ACMD, said:

"The misuse and rising prevalence of anabolic steroids is a worrying development. While the health related harms associated with these substances are not as severe as with some other drugs, misuse carries significant risks, particularly for young people whose bodies are still developing".

Key findings:

- use of anabolic steroids by adolescents potentially disrupting the normal pattern of growth and behavioural maturation and leading to virilisation;

- that the majority of users inject anabolic steroids and are potentially at risk of a number of serious harms including blood-borne viruses such as hepatitis B and C as a result of sharing used injecting equipment;

- that there is no recognised drug treatment provision for anabolic steroid users in the UK; and

The advice is available at: http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/anabolic-steroids-report/

2.8. Consideration of 2-DPMP (29/10/2010)

The ACMD kept the harms of the legally available product 'Ivory Wave' under review since it was made aware of its sales and the subsequent presentations to accident and emergency units.

The ACMD considered that the evidence concerning the constituents of 'Ivory Wave', based upon independent test purchasing and forensic testing, was strong enough to consider Desoxypipradrol (also known as 2-diphenylmethylpiperidine (2-DPMP)) as one of the common psychoactive constituents.

The ACMD considered that the Government should take immediate steps to curb the import of 2-DPMP thereby reducing the supply of drug for sale of this harmful substance as a public health measure. The ACMD recommended that an immediate ban was made on the import of 2-DPMP under the Open General Import Licence (OGIL). The prohibition on the import of 2-DPMP would provide powers to seize illegal imports of this substance to prevent harm to those in the UK. This advice was accepted by Government.

The ACMD have committed to keep the situation under review, particularly evidence around use and availability and will provide further advice within 12 months. The advice is available at: http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/advice-ivory-wave?view=Binary

2.9. The use of foil as a harm reduction intervention (10/11/2010)

The provision of foil for the purposes of smoking controlled substances, generally heroin and crack cocaine, is illegal under section 9A of the Misuse of Drugs Act 1971. The ACMD has been considering the evidence on this issue, specifically the position of foil under Section 9A of the Misuse of Drugs Act 1971.

The ACMD considers that the balance of benefit favours exempting foil from Section 9A of the Misuse of Drugs Act 1971.

The ACMD find that the evidence of the benefits of the provision of foil, in controlled settings, to promote smoking over injecting are several: evidence for a reduction in injecting behaviour (with potential for associated reduction in blood borne viruses); greater contact between users and treatment services; reduced systemic infections; reduced soft tissue and venal damage; lower risk of overdose and reduced litter. The report finds that the dis-benefits of foil provision, in controlled settings, are largely theoretical e.g. further individuals being recruited to the user population (by way of foil being a route to the use of heroin).

The advice is available at: http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/foil-report

2.10. Sativex (11/1/2011)

In 2003, the ACMD made its recommendation for 'Sativex' to be placed in Schedule 4. The ACMD advice concludes that the 2003 recommendation remains appropriate. The ACMD considered the relative merits for placing the new marketed drug in either Schedule 2 or 4. The ACMD concludes that 'Sativex' has a low abuse potential and low risk of diversion. Therefore, the ACMD concludes that based on this assessment, 'Sativex' should be scheduled as a Schedule 4, Part 1 substance. The advice is available at: http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/sativex-letter

3. Correspondence and consultations

3.1. Temporary Class Drug Orders

The ACMD responded to the Minister for Crime Prevention's letter of 20 August 2010, in which the ACMD was asked to consider issues concerned with the proposed introduction of a Temporary Banning Power. The ACMD considers the following issues in its letter: 1) the Temporary Banning Power - framework and ACMD input, 2) trigger points for the Temporary Banning Power, 3) a working protocol – agreed between the ACMD and government and 4) proposed changes to the constitution of the ACMD.

The letter is available at: http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/letter-temp-banning-power

3.2. Consultation responses

3.2.1. Drug Strategy (30/09/2010)

The response is available at: http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/acmd-response-drug-strategy-2010

3.2.2. Code of Practice for Science Advisory Committees (10/12/2010)

The response is available at:
http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/copsac-consultation

3.2.3. NI Safe Custody Regulations (02/03/2011)

The response is available at:
http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/MisuseofDrugsSafeCustody

3.2.4. Forensic Science Service (16/03/2011)

The response is available at:
http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/forensic

3.2.5. Sentencing Guidelines (01/07/2011)

The response is available at:
http://www.homeoffice.gov.uk/publications/agencies-public-bodies/acmd1/sentencing-guidelines-council

4. Recruitment and Reappointment

Under the terms of the Act, members of the Advisory Council - of whom there should be not less than 20 - are appointed by the Home Secretary. 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 (OCPA).

A list of current members as at March 2011, together with their professional background is set out in Annex B.

5. Forward Look

The ACMD set out its work priorities for the forthcoming year in a letter to the Minister.

The ACMD's work priorities are grouped under the following areas (not in a particular order):

- New psychoactive substances
- Review of Cocaine
- Review of Khat
- Review of Polysubstance Use
- Recovery

The letter of priorities is available at:
http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/acmd1/ACMD-letter-home-sec-priorities

6. Working Protocol

The ACMD has worked with ministers to further develop the joint statement, agreed with ministers in 2009. The Working Protocol that has been developed looks to support the respective roles and responsibilities of the Government and the ACMD. The protocol states:

'High quality advice in the complex field of drugs and their misuse is of the utmost importance to an evidence-based approach to policy making. For this reason, the Government values the work and independent advice of the Advisory Council on the Misuse of Drugs (ACMD).

This working protocol looks to support the respective roles and responsibilities of the Government and the ACMD. It provides a framework under which the Government and the ACMD will continue to engage through the provision and receipt of advice on matters relating to drug misuse as well as associated matters.

The working protocol supports the ACMD in discharging its duty under the Misuse of Drugs Act 1971 (the "1971 Act") both to provide advice on matters referred to it by Ministers, and also to consider drug misuse issues of its own volition.

The working protocol provides a point of reference for those areas of expertise most likely to be relevant to the ACMD. It also outlines the process by which the Government and the ACMD will work under the power that enables the Home Secretary to place a drug under temporary control under the 1971 Act.

The Home Secretary has entered into this protocol with the ACMD, as the Secretary of State who sponsors the ACMD as a non departmental public body and discharges the responsibility for making appointments to the body. Whilst the Home Secretary (together with the Home Office Minister responsible for drug policy, jointly referred to as 'Ministers') also has responsibility for maintaining an effective statutory framework under the 1971 Act and the co-ordination of the government's drug strategy, advice requested and/or provided by the ACMD of its volition will often cover other government departments' area of responsibility or interests.'

The working protocol is available at:
http://deposits.parliament.uk./deposited_papers.asp?year=2011&legis=Commons&x=23&y=8

7. Meetings in the accounting year 2010 - 11

Committee/Group	Date
ACMD Full Council	30 June 2010 8 September 2010 18 November 2010* 7 February 2011
Technical Committee	6 July 2010 6 October 2010 22 March 2011
Polysubstance Working Group	2 December 2010 23 March 2011
New Psychoactive Substances Working Group	18 May 2010 8 July 2010 31 January 2011
Treatment Effectiveness Working Group	20 July 2010 15 September 2010 3 November 2010 16 February 2011
New Member Induction	13 July 2010 29 March 2011

* denotes open meetings

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 2010 to 31st March 2011)

Under the terms of the Act, members of the ACMD - of whom there should be not less than 20 - are appointed by the Home Secretary. 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 (members may be re-appointed twice upon appraisal).

A list of current members as at 31st March 2011 together with a note of their professional background is set out in Table 1. Table 2 gives those members who stood down within the reporting year.

Table 1. Members of the ACMD as of the 31st March 2011

Members	Professional Background	Date took up appointment
Professor Leslie Iversen FRS	Professor of Pharmacology, University of Oxford	January 2010 (member since 1st December2004
Dr Jason Aldiss	Veterinary Medicine & Public Health	June 2010
Ms Gillian Arr-Jones	Chief Pharmacist	March 2010
Mr Martin Barnes	Chief Executive, DrugScope	December 2004
Commander Simon Bray	Commander, Metropolitan Police	January 2008
Dr Roger Brimblecombe	Retired Pharmacologist	June 2010
Ms Annette Dale-Perera	Strategic Director of Addiction & Offender care	January 2011
Dr Paul Dargan	Consultant Physician & Clinical Toxicologist	January 2011

Professor Simon Gibbons	Professor of Phytochemistry	March 2010
Ms Sarah Graham	Director Sarah Graham Solutions	January 2011
Professor Raymond Hill	Professor of Pharmacology	June 2010
Judge Kyrie James	First Tier Tribunal	January 2011
Mr Nigel Kirby	SOCA Drugs & Firearms	January 2011
Mr David Liddell	Director, Scottish Drugs Forum	January 2008
Mr Hew Mathewson	Dentist	March 2010
Dr Fiona Measham	Senior Lecturer in Criminology, Department of Applied Social Science, Lancaster University	January 2009
Mrs Jo Melling	Director Drug & Alcohol Action Team	January 2011
Mr Graham Parsons	Pharmacist	June 2010
District Judge Justin Philips	District Judge, Drugs Court	January 2008
Mr Richard Phillips	Independent consultant in substance misuse	January 2008
DCC Howard Roberts	Deputy Chief Constable. Nottinghamshire Police	December 2004
Professor Fabrizio Schifano	Chair of Clinical Pharmacology & Therapeutics	January 2011
Dr Harry Sumnall	Reader in Substance Misuse	January 2011
Mr Arthur Wing	Assistant Chief Officer, Sussex Probation Area	December 2004

Table 2. Members of the ACMD that stood down in the year 2010 - 2011.

Member	Professional Background	Dates
Dr Dima Abdulrahim	Senior Researcher - NTA	December 2010
Lord Victor Adebowale	CEO Turning Point	December 2010
Dr Margaret Birtwistle	Specialist GP	December 2010
Ms Carmel Clancy	Lecturer in Mental Health	December 2010
Professor Ilana Crome	Professor of Addiction Psychiatry	December 2010
Ms Robyn Doran	Mental Health Nurse	December 2010
Mr Patrick Hargreaves	Advisor – Drugs and Alcohol	November 2010
Ms Caroline Healy	Advisor – Mental Health Service for Children in Secure Settings	December 2010
Mr Trevor Pearce	SOCA, Director of Enforcement	December 2010
Dr Hans-Christian Raabe	GP	January 2011
Dr Mary Rowlands	Consultant Psychiatrist in Substance Misuse	December 2010
Ms Monique Tomlinson	Freelance Consultant in Substance Misuse	December 2010

Annex C. Departmental Officials

Departmental officials observe the Council's discussions, input as required on the government's priorities and provide feedback on advice to Government and subsequent progress against actions/recommendations.

Mr David Chater	Department for Education
Mr Patrick Deller	HMRC
Ms Karen Evesleigh	Welsh Assembly
Mr John Farina	Jersey: Alcohol and Drugs Service
Lesley Keenan	Isle of Man
Mr John McCracken	Department of Heath, Programme Manager, Drugs
Mr David Oliver	Home Office, Head of Drug Strategy Unit
Mr Rob Phipps	Northern Ireland Assembly
Dr Mark Prunty	Department of Health, Senior Medical Officer
Ms Angela Scrutton	Home Office, Drug Legislation
Mr John Somers	Scottish Executive

Annex D. Administrative Arrangements

Finance

The ACMD is financed by the Home Office and had a total budget of £152,000 in the accounting year 2010/11. 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. Members of the ACMD are not remunerated.

Administrative arrangements

Administrative support to the ACMD has been provided by a Secretariat made up of staff from Home Office. 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.

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor Les Iversen
Secretary: Will Reynolds

3rd Floor Seacole Building
2 Marsham Street
London
SW1P 4DF

020 7035 0454
Email: ACMD@homeoffice.gsi.gov.uk

James Brokenshire MP,
Home Office
2 Marsham Street
London
SW1P 4DF

9th August 2010

Dear Minister for Crime Prevention,

Re: Recognition of controlled drugs prescriptions written in the EEA and Switzerland.

The Advisory Council on the Misuse of Drugs (ACMD) has considered the following with regard to the recognition of controlled drugs (CDs) prescriptions written in the EEA and Switzerland "EEA prescriptions" by doctors and dentists only.

The ACMD recommends that Schedule 1-3 CDs should be designated as "Subject to Special Medical Prescription" (SSMP) as defined by Article 71 (2) of Directive 2001/83 EC. This means that EEA prescriptions for these CDs are not recognised for dispensing in the UK.

Most benzodiazepines are regulated under Schedule 4 Part 1, with the exception of temazepam, flunitrazepam and midazolam which are regulated under Schedule 3. The ACMD recommends that temazepam, like all other schedule 3 CDs, should be designated an SSMP despite the fact that the prescription requirements placed on this drug are not the same as those in the rest of the schedule. The ACMD has concerns about the potential

implications; diversion, misuse and the safety of patients, if temazepam was not designated.

The ACMD considers that Schedule 4 CDs should also be designated as SSMP, to reduce the risk of diversion and misuse, but will consider their advice further before giving a final recommendation. The ACMD intends to consider the benzodiazepines as part of a working group on polysubstance misuse; the ACMD is minded to consider the designation of the benzodiazepines as part of this working group.

The ACMD has given consideration to forthcoming issues such as the scheduling of the standardised herbal cannabis extract with the brand name "Sativex". The Medicines and Healthcare Products Regulatory Agency (MHRA) recently approved this product for use in the treatment of limb spasticity in patients with multiple sclerosis. "Sativex" is not currently available in EU states and is not known to have misuse properties. Much is, of course, dependent on the ACMD's consideration of Sativex (to be provided). However, as a precautionary measure, the ACMD would at this stage wish to see dispensing of the drug limited to UK prescriptions.

The ACMD also considered Schedule 5 CD's (including those that are available over the counter (OTC) and prescription only medicines (POM)). The ACMD recommends that Schedule 5 CDs should not be designated, as SSMPs as there is insufficient evidence to warrant their inclusion. This means that EEA prescriptions for these CDs will be recognised for dispensing in the UK.

Yours sincerely,

Professor Les Iversen FRS

Cc: Home Secretary
Earl Howe

Annex F.

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor Les Iversen
Secretary: Will Reynolds
3rd Floor Seacole Building
2 Marsham Street
London
SW1P 4DF
020 7035 0454
Email: ACMD@homeoffice.gsi.gov.uk

Mr David Oliver,
Drug Strategy Unit
Home Office
4th Floor, Fry Building,
2 Marsham Street
London
SW1P 4DF

8th October 2010

Dear Mr Oliver,

Thank you for your letter of 14th September 2010 regarding proposals to re-introduce fees for controlled drug licences.

The Advisory Council on the Misuse of Drugs (ACMD) has considered the proposals and broadly supports the re-introduction of fees for controlled drug licences. We believe the re-introduction of the fees will serve the stated dual purposes of funding improvements in service to licensees and further strengthening the regulatory framework to reduce the risk of diversion of controlled drugs. However, the ACMD recommends that the proposals address the points below.

The proposals will have a significant impact on publicly funded universities and teaching hospitals as each university site (and possibly building) would need to apply for a licence - rather than being provided with a university-wide licence. This burden may inhibit research that supports the government's objectives and put further resource burden on the public sector. It would therefore be beneficial to have a clearer and broader definition of how many licenses will be required for each university site (or campus).

The ACMD understands that criminal records bureau (CRB) checks would continue to be undertaken for every named person on the licence application. The ACMD is concerned about the length of time taken to conduct these checks, which may have impact on academic research. Further, the ACMD remains concerned in general about the length of time taken to obtain licences. Potential delay may be detrimental to research in this important field being conducted in a timely way. The ACMD urges the Home Office to ensure that all measures are taken to ensure the timely issuing of licences.

In the context of the continuing emergence of new psychoactive substances, the ACMD is also concerned that these proposals could inhibit research in this fast moving and complex field. This is particularly the case as the ACMD understands that, should the proposals on Temporary Banning Powers be legislated for, research organisations would require a licence for substances that come under the Temporary Banning Power, in the same way as for controlled drugs.

The ACMD recommends that the Home Office considers ways of expediting the proposed procedures to ensure there are not unnecessary delays where research is urgently required on a new psychoactive substance to inform policy decisions.

Yours Sincerely,

Professor Les Iversen