

ADVISORY COUNCIL ON THE MISUSE OF DRUGS
ANNUAL REPORT
ACCOUNTING YEAR 2005-6

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INTRODUCTION

The Advisory Council on the Misuse of Drugs ("the Advisory Council") is a statutory and non-executive non-departmental public body, which was established under the Misuse of Drugs Act 1971.

This is the Advisory Council's sixth Annual Report, which provides an overview of its work, in accordance with both the Cabinet Office's Code of Practice for Board Members of Non-Departmental Public Bodies and the Code of Practice for Scientific Advisory Committees. It gives details of the main issues the Advisory Council considered between April 2005 - March 2006 as well as general information about its terms of reference, membership and administration arrangements, as well as the work of its Committees and Working Groups.

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

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Stuart Harwood
Secretary to the Advisory Council on the Misuse of Drugs
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COMMITTEES AND WORKING GROUPS SITTING IN THE ACCOUNTING YEAR 2005-6

• 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 Professor David Nutt.

During the course of the accounting year 2005-6, the Technical Committee considered and reviewed numerous issues. These included:

- Issues surrounding the legal position of cannabis and magic mushrooms
- Ongoing consideration of evidence relating to the harms posed by ketamine and methylamphetamine
- Issues surrounding the appropriate classification of Buprenorphine, Khat and the so called “date rape drugs” (including the establishment of specific working groups to address these issues – see below)
- Ongoing consideration of the Department of Health’s proposals on Independent and Supplementary Prescribing.

• PREVENTION WORKING GROUP (PWG)

The Prevention Working Group is a standing body of the Advisory Council whose purpose is to carry out major inquiries on substantial topical issues relating to drug misuse in the UK. Its Chair in the reporting period was Dr Laurence Gruer.

During the course of this year the current PWG inquiry (looking at the hazardous use of alcohol, tobacco and other drugs by young people) entered into its second stage- a careful assessment of the assembled evidence and detailed discussions about the emerging themes and the nature of the recommendations that should be made to the Government.

In keeping with previous PWG Inquiries, the outcome will be a report for Ministers that is due for publication in summer 2006.

• SHIPMAN COMMITTEE

The ACMD's Shipman Committee, established in January 2003 to consider the likely implications of The Shipman Inquiry's findings in respect of controlled drugs, held its last meeting near the start of this reporting period. It was chaired by Dr. Roy Robertson

The final meeting considered several important issues relating to the proper therapeutic use of drugs controlled under the Misuse of Drugs Act and Regulations. The Committee identified the following key outstanding issues:

- Prisons
- Palliative care
- Management of drug dependents
- New drugs and new preparations of existing drugs

The Committee wanted to draw these issues to the attention of the Government, particularly the Department of Health. Specifically, they wished to ensure that they were not overlooked in the ongoing work by the Department.

• HIDDEN HARM WORKING GROUP

The Hidden Harm Working Group, established in 2004 to monitor the implementation of the recommendations of the Advisory Council's 2003 report 'Hidden Harm: Responding to the Needs of Children of Problem Drug Users' continued to make progress throughout the reporting period. The Chair, Vivienne Evans, took receipt of the Government response for England to the report in March 2005 which gave the Working Group a renewed focus for their work.

The group is due to complete their work and report back to the Full Council in the next reporting period.

• CANNABIS REVIEW

Following a request by the Home Secretary in March 2005, the full Advisory Council on the Misuse of Drugs (ACMD) reviewed its position on the classification of cannabis products at a dedicated 1.5 day meeting in September 2005. In particular it examined recent evidence (published since its last Report in 2002) on the effects of cannabis on mental health and claims of increased prevalence of high strength cannabis.

In January 2006, the ACMD published their report 'Further consideration of the classification of cannabis under the Misuse of Drugs Act 1971' which states that the Council remains of the view that cannabis is harmful and its consumption can lead to a wide range of physical and psychological hazards. Nevertheless, it did not find evidence sufficient to recommend that the classification of cannabis products be changed. Although cannabis is unquestionably harmful, its harmfulness does not equate to that of other Class B substances either at the level of the individual or of society.

The report was prepared after extensive consideration of oral and written evidence from a wide range of external experts with special knowledge of the field.

• KHAT WORKING GROUP

In February 2005, during the passage of the Drugs Act 2005 through parliament there was some discussion about khat use in the UK. As a result Caroline Flint, the then Drugs Minister, wrote to the ACMD asking them to undertake a specific piece of work assessing the extent of the harm posed by khat use in the UK, both to the individual, their communities and to society as a whole. They were also asked to consider whether khat ought to be controlled under the Misuse of Drugs Act 1971.

The ACMD set up a dedicated Khat Working Group to carry out this work, and had a number of meetings to review evidence and to hear from experts. For the purposes of this work, they also seconded representatives from Somali and Yemeni community groups and organisations to their working group.

The ACMD concluded that it would be inappropriate to classify khat under the Misuse of Drugs Act 1971. The prevalence of khat in the UK is relatively low. Furthermore, the evidence of harm resulting from khat use is not sufficient in comparison with controlled drugs to recommend its control. The ACMD did, however, make recommendations about the provision of education and information about khat use and its impact, and about the provision of treatment services. The ACMD's Khat report was published in January 2006.

- **DRUG FACILITATED SEXUAL ASSAULTS (DFSA) REVIEW**

Following a request by the previous Home Secretary, Charles Clarke, to look at the impact and appropriate classification of the so-called 'date-rape drugs', the ACMD set up a dedicated panel of experts to look into drug facilitated sexual assault (DFSA). They considered evidence relating to the prevalence of DFSA and the potential harm posed to society. In addition, they undertook a consideration as to whether the substances reportedly used to facilitate sexual assaults were appropriately controlled. The review took place in March 2006 and its findings will be presented to the Council at its first meeting of 2006, with a view to publish the report thereafter.

- **ACMD BUPRENORPHINE CONSIDERATION**

At their meeting on 24th November 2005, the ACMD agreed to hold a dedicated meeting to look at the classification and scheduling of Buprenorphine. This was in relation to an earlier provisional recommendation from the Council in May 2002 to reclassify the substance from a Class C to a Class B drug, which was not put up to Ministers at that time nor subsequently. In the current review, the Council agreed to also consider issues relating to Buprenorphine's wider use in substance misuse treatment. The dedicated meeting was held in March 2006 and a final decision on Buprenorphine is likely to be made at the first full ACMD meeting in 2006.

MEETINGS IN THE ACCOUNTING YEAR 2005- 6

The table below sets out the dates on which the Advisory Council, its various Committees and Working Groups met during the year.

Committee/Group	Meeting Date
The Advisory Council (in Full Council)	19 May 2005 24 November 2005
The Technical Committee	14 April 2005 3 November 2005
Buprenorphine Meeting	7 March 2006
The Prevention Working Group (PWG)	13 April 2005 27 October 2005 13 December 2005 19 January 2006 16 March 2006
The Shipman Committee	8 April 2005
The Hidden Harm Working Group	9 June 2005 4 November 2005 8 December 2005 23 February 2006 23 March 2006
Khat Working Group (KWG)	7 July 2005 5 October 2005
Cannabis	23/24 September 2005
Drug Facilitated Sexual Assault	28 March 2006

SUMMARY OF THE MAIN RECOMMENDATIONS MADE BY THE ADVISORY COUNCIL IN THE ACCOUNTING YEAR 2005-6

- The Advisory Council recommended that cannabis remains a Class C drug following its reconsideration and subsequent report published in January 2006.
- The Advisory Council recommended that khat ought not to be controlled under the Misuse of Drugs Act 1971; this recommendation was made following the findings of the ACMD Khat Working Group.
- The Advisory Council recommended that methylamphetamine remains a Class B drug for the current time, although undertook to review its recommendation within 12 months.

UPDATE ON SOME PREVIOUS RECOMMENDATIONS OF THE ADVISORY COUNCIL

- The Advisory Council recommended that **Ketamine** be controlled as a Class C drug under the Misuse of Drugs Act 1971. This recommendation followed from the work of the Ketamine Working Group of the Technical Committee. Ketamine became a controlled C drug on 1 January 2006.

FORWARD LOOK

• METHYLAMPHETAMINE

The Advisory Council concluded its work on methylamphetamine and provided its recommendations to the Home Secretary to keep methylamphetamine as a Class B drug for the meantime, although the Council has undertaken to keep the situation under review in regards to prevalence and will review its decision within 12 months.

• PREVENTION WORKING GROUP

The Group will be concluding the final stage of its Inquiry and will prepare their report and draw up a series of recommendations for government policy and professional practice. The draft report will be presented to Council at its first full ACMD meeting of 2006, with a view to publish the report in late summer 2006.

• HIDDEN HARM WORKING GROUP

With the publication of the English Government Response to Hidden Harm (http://www.everychildmatters.gov.uk/_files/73D1398FE270B13D89AF63EF1A8B341D.pdf) in March 2005 the work of the Group will now be able to take a more focused approach. As well as continuing to monitor implementation and assess impact, it will identify where the influencing opportunities now lie for the Advisory Council within the *Every Child Matters* change agenda.

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 Advisory Council 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 Advisory Council before laying draft Orders in Council or making regulations.

MEMBERSHIP

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.

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 March 2006, together with a note of their professional background is set out below.

Members		Professional Background
1	Professor Sir Michael Rawlins (Chair)	Professor of Clinical Pharmacology, Newcastle University
2	Dr Dima Abdulrahim	Briefings Manager, National Treatment Agency (NTA)
3	Lord Victor Adebowale	Chief Executive, Turning Point
4	Mr Martin Barnes	Chief Executive, Drugscope
5	Dr Margaret Birtwistle	General Practitioner (Substance Misuse), Clinical Tutor, Forensic Medical Examiner
6	Rev Martin Blakebrough	Director, Kaleidoscope Drugs Project, Kingston upon Thames
7	Dr Cecilia Bottomley	Specialist Registrar in Obstetrics & Gynaecology
8	Ms Carmel Clancy	Lecturer in Mental Health and Addictions, Middlesex University
9	Professor Ilana Crome	Professor of Addiction Psychiatry, Keele University Medical School
10	Ms Robyn Doran	Mental Health Nurse and Director of Substance Misuse Services CNWL MHT

11	Ms Dianne Draper	Public Health Policy Support Officer, Leeds
12	Mr Robert Eschle	School teacher and Family Panel Magistrate
13	Ms Vivienne Evans	Chief Executive, Adfam
14	Professor C Robin Ganellin	Emeritus Professor of Medical Chemistry, UCL
15	Dr Clare Gerada	General Practitioner, London; Primary Care Lead for Drug Misuse
16	Dr Laurence Gruer	Director of Public Health Science, NHS Scotland
17	Mr Patrick Hargreaves	Drug and Alcohol Advisor, Durham County Council Education Department
18	Mr Paul Hayes	Chief Executive , National Treatment Agency
19	Assistant Commissioner Andrew Hayman	Assistant Commissioner of Metropolitan Police and Chair of the ACPO Drugs Committee
20	Mr Russell Hayton	Clinical Nurse Specialist and Clinical and Services Governance Manager, Plymouth Drug and Alcohol Action Team
21	Ms Caroline Healy	Children's Services Advisor (Health) DfES
22	Dr Matthew Hickman	Deputy Director, Centre for Research on Drugs and Health Behaviour, Senior Lecturer in Public Health Bristol University
23	Mr Alan Hunter	Director, Law, Regulatory & Intellectual Property and Secretary to the Association of the British Pharmaceutical Industry
24	Professor Les Iversen	Professor of Pharmacology, University of Oxford
25	His Honour Judge Thomas Joseph	Resident Judge, Lewes Crown Council
26	Professor Michael Lewis	Head of Department and Professor of Oral Medicine, Cardiff University
27	Dr John Marsden	Research Psychologist , Institute of Psychiatry, King's College London
28	Mr Peter Martin	Independent Consultant in Substance Misuse
29	Mrs Samantha Mortimer	Head of Personal, Social and Health Education and Citizenship, St Paul's Catholic High School, Manchester
30	Professor David Nutt	Psychiatrist and pharmacologist. Currently Professor of Psychopharmacology and Head of Dept of Community Based Medicine. Bristol University and Honorary Consultant Psychiatrist Avon and Wiltshire Partnership NHS Trust. Chair of the Technical Committee ACMD
31	Dr Richard Pates	Consultant Clinical Psychologist and Clinical Director, Community Addiction Unit, Cardiff
32	Mr Trevor Pearce	Executive Director, Serious Organised Crime Agency
33	DCC Howard Roberts	Deputy Chief Constable, Nottinghamshire Police
34	Mrs Kay Roberts	Pharmacy Consultant, Glasgow

35	Dr Mary Rowlands	Consultant Psychiatrist in Substance Misuse, Exeter
36	Dr Polly Taylor	Freelance Consultant Veterinary Anaesthesia
37	Ms Monique Tomlinson	Freelance consultant in drug misuse
38	Mr Arthur Wing	Assistant Chief Officer, Sussex Probation Area

ACMD Officials

1	Ms Dorothy Ford	Department of Health
2	Mr John Lenaghan	Welsh Assembly
3	Mr Stephen Moore	Home Office Crime and Drugs Legislation and Enforcement Unit –
4	Mr Joe Onofrio	HMRC
5	Ms Margaret O'Reilly	Isle of Man Representative
6	Mr Rob Phipps	Northern Ireland Assembly
7	Dr Mark Prunty	Department of Health
8		
9	Mr Jeremy Sare	Home Office; Drug Legislation
10	Ms Gul Root	Department of Health
11	Ms Patricia Scotland	Scottish Executive
12	Ms Rhian Stone	DfES
13	Dr Mike White	Forensic Science Service

ADMINISTRATIVE ARRANGEMENTS

• FINANCE

The Advisory Council had an expenditure of approximately £165,000 in the accounting year 2005-6, financed by the Drugs Strategy Directorate of the Home Office. Their costs were associated with the provisions of facilities for meetings of the Advisory Council (and its Committees and Working Groups), expenses of members properly incurred, and commissioned research. The Advisory Council generated no income of its own.

• ADMINISTRATIVE ARRANGEMENTS

The Advisory Council has no staff or budget of its own. Administrative support is provided by a Secretariat comprising of staff from the Drugs Legislation and Enforcement Unit of the Drug Strategy Directorate (now known as the Crime and Drugs Strategy Directorate) in the Home Office.