

ACMD

Advisory Council on the Misuse of Drugs

Annual Report

Accounting Year 2006 - 2007

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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 seventh 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 details of the main issues the Advisory Council considered between April 2006 - March 2007 as well as general information about its terms of reference, membership and administrative arrangements and 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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Will Reynolds
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November 2007

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

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

2. Committees and working groups sitting in the accounting year 2006 – 07

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 2006 - 07, the Technical Committee considered and reviewed numerous issues. These included:

- Drug Facilitated Sexual Assault
- Buprenorphine classification/scheduling
- Methamphetamine
- Independent Nurse/Pharmacist Prescribing
- GBL and 1.4 Butanediol
- Drug Thresholds.

2.2 Prevention Working Group – Hepatitis C

The UK has a high number of persons infected with the Hepatitis C virus (HCV) with an estimated 200,000 in England and Wales alone. The majority of these persons contract the infection via injecting drug use. The current range or coverage of interventions to prevent HCV appears inadequate. The focus of the Working Group is the prevention of HCV among injecting drug users.

Newly formed under the Chairmanship of ACMD member Dr. Matthew Hickman the inaugural meeting of the Working Group took place on 25th January 2007. Alongside the core membership of this Group are co-opted experts in the fields of epidemiology, virology, general practice, statistics and modelling, health economics social science, public health and drug treatment.

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

2.3 Pathways to Problems Implementation Group

The Group will monitor how the ACMD recommendations published in the *Pathways to Problems* report are being taken forward and implemented. It will assess what impact *Pathways to Problems* is making on practice which will 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;
- the responsibilities each service should fulfil; and
- whether each service could do more than it does at present.

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

The inaugural meeting took place on the 8th March 2007. The Group is chaired by ACMD member Caroline Healy and comprises of members of the ACMD with regular input from cross government departments and specialist representatives.

2.4 Hidden Harm Working Group

The 'Hidden Harm' Working Group has now formally concluded its work with the publication in February 2007 of *Hidden Harm – Three Years On: Realities, Challenges and Opportunities*³.

The purpose of the report was threefold:

- To describe and comment on progress on implementation of the recommendations of the original *Hidden Harm* report in the four countries of the United Kingdom, since its publication and dissemination in 2003.
- To provide practice examples and information about implementation initiatives from the four countries to assist local commissioners and providers in relevant fields, particularly Children's Services, Local Safeguarding Children Boards/ Child Protection Committees, maternity provision, and drug and alcohol provision.
- To identify key learning for the future for central and regional government and local commissioners and providers on ways to strengthen ongoing implementation of the original recommendations and address those areas of policy and practice identified in this report which need further work.

The ACMD have been made aware of a number of regional "Hidden Harm" events taking place in 2007 and will endeavour to provide support where possible by providing guest speakers and materials.

³ See <http://drugs.homeoffice.gov.uk/publication-search/acmd/HiddenHarm1.pdf>

2.5 GBL and 1,4- Butanediol Working Group

In January 2006, the then Home Secretary requested the Council to consider the issue of Drug Facilitated Sexual Assault. As part of their consideration, the Council identified the need to undertake a more comprehensive assessment of gamma butyrolactone (GBL) and 1.4 Butanediol⁴.

The GBL and 1.4 Butanediol Working Group were tasked with undertaking a review of the threat posed within the UK, including a consideration of whether the substances should be brought under the controls of the Misuse of Drugs Act 1971, or whether there were any other restrictions or regulations which might reduce the illegitimate diversion or misuse of the substance.

2.6 Drug Facilitated Sexual Assault (DFSA)

In January 2006 the then Home Secretary asked the ACMD to look into the factors surrounding drug facilitated sexual assault. The Council has produced a report which was published April 2007⁵.

The Council considers drug facilitated sexual assault, whether premeditated or opportunistic, to be a particularly disgusting offence and the report makes a number of recommendations for dealing with the problem.

⁴ GBL (gamma butyrolactone) is more commonly used as a cleaning fluid or industrial solvent to produce plastics and pesticides. GBL is a colourless, odourless, virtually tasteless liquid. Once ingested, it causes a euphoric, hallucinogenic state as well as drowsiness. When mixed with alcohol or taken in larger doses its depressant effect is enhanced. GBL is both a precursor (a primary ingredient in making GHB) and an active analogue (a substance that converts to GHB in the human body), with the same physical effect as GHB which was controlled as a Class C drug under the Misuse of Drugs Act 1971 in June 2003.

⁵ See <http://drugs.homeoffice.gov.uk/drugs-laws/acmd/> for DFSA publication

3. Other ACMD advice

3.1 Non-Medical Prescribing of Controlled Drugs

The former Committee on Safety of Medicines recommended to Department of Health (DH) Ministers in October 2005 that Nurse Independent Prescribers and Pharmacist Independent Prescribers should be able to prescribe any licensed medicine for any medical condition within their competence. After DH Ministers accepted this advice changes to medicines and NHS regulations followed, coming into effect on 1 May 2006. The current restrictions around Controlled Drugs remain, as this is the remit of the Home Office.

The Home Office requested advice from the ACMD 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 (PGDs⁶)).

The advice that ACMD provided formed the base of a Home Office Consultation published in March 2007.

⁶ 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. Meetings in the accounting year 2006 – 07

Committee / Group	Date
The Advisory Council on the Misuse of Drugs	25 th May 2006 23 rd November 2006
The Technical Committee	20 th April 2006 2 nd November 2006
The Prevention Working Group	25 th January 2007
Pathways to Problems Implementation Group	8 th March 2007
The Hidden Harm Working Group	15 th June 2006 15 th September 2006 6 th October 2006 30 th October 2006
GBL Working Group	11 th September 2006 15 th March 2007
Non-Medical Prescribing of Controlled Drugs	24 th October 2006

5. Published Reports and Recommendations in the Accounting Year 2006 – 07

5.1 Recommendations

- The ACMD recommended, to the Home Secretary, to reclassify Methamphetamine from a Class B drug to a Class A drug.

5.2 Reports and publications

- Pathways to Problems – Hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy (September 2006).
- Hidden Harm - Three Years on: Realities, Challenges and Opportunities (February 2007).
- ACMD Response to the House of Commons Science and Technology Select Committee report on drug classification (December 2006).

6. Update on previous recommendations

- The Home Secretary accepted the ACMD's recommendation that cannabis should remain a Class C drug in January 2007
- The Home Secretary accepted ACMD's recommendation not to control Khat under the Misuse of Drugs Act 1971.

7. Forward Look

7.1 Ecstasy Review

The Department of Health has made available a Health Technology Assessments Group (HTA) to the ACMD to undertake a scientific literature review of Ecstasy. A small steering group of ACMD members has been formed to oversee the work of the HTA and set the review parameters. The HTA review will form the basis for the ACMD review of Ecstasy. The ACMD review will consider both harm reduction and classification in their final report.

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 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.

Annex B. 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 Abdulahim	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	Mr Russell Hayton	Clinical Nurse Specialist and Clinical and Services Governance Manager, Plymouth Drug and Alcohol Action Team
20	Ms Caroline Healy	Children's Services Advisor (Health) DfES
21	Dr Matthew Hickman	Deputy Director, Centre for Research on Drugs and Health Behaviour, Senior Lecturer in Public Health Bristol University
22	Mr Alan Hunter	Director, Law, Regulatory & Intellectual Property and Secretary to the Association of the British Pharmaceutical Industry
23	Professor Les Iversen	Professor of Pharmacology, University of Oxford
24	His Honour Judge Thomas Joseph	Resident Judge, Lewes Crown Council
25	Professor Michael Lewis	Head of Department and Professor of Oral Medicine, Cardiff University
26	Dr John Marsden	Research Psychologist , Institute of Psychiatry, King's College London
27	Mr Peter Martin	Independent Consultant in Substance Misuse
28	Mrs Samantha Mortimer	Head of Personal, Social and Health Education and Citizenship, St Paul's Catholic High School, Manchester
29	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
30	Dr Richard Pates	Consultant Clinical Psychologist and Clinical Director, Community Addiction Unit, Cardiff
31	Mr Trevor Pearce	Executive Director, Serious Organised Crime Agency

32	DCC Howard Roberts	Deputy Chief Constable, Nottinghamshire Police
33	Mrs Kay Roberts	Pharmacy Consultant, Glasgow
34	Dr Mary Rowlands	Consultant Psychiatrist in Substance Misuse, Exeter
35	Dr Polly Taylor	Freelance Consultant Veterinary Anaesthesia
36	Ms Monique Tomlinson	Freelance consultant in drug misuse
37	Mr Arthur Wing	Assistant Chief Officer, Sussex Probation Area

Annex C. 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/ Mr Patrick Deller	HMRC
5	Ms Margaret O'Reilly	Isle of Man Representative
6	Mr Rob Phipps	Northern Ireland Assembly
7	Dr Mark Prunty	Department of Health
9	Ms Angela Scrutton	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

Annex D. Administrative Arrangements

Finance

The Advisory Council had a budget of approximately £152,000 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 Crime and Drugs Strategy Directorate in the Home Office.