ADVISORY COUNCIL ON THE MISUSE OF DRUGS ANNUAL REPORT ACCOUNTING YEAR 2003-4

Secretariat
Advisory Council on the Misuse of Drugs
Drug Legislation and Enforcement Unit
Drug Strategy Directorate
Home Office
50 Queen Anne's Gate
London SW1H 9AT

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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 fourth Annual Report, which provides an overview of its work, as

required by the Commissioner for Public Appointments in respect of non-departmental public

bodies. It gives details of the main issues the Advisory Council considered between April 2003 -

March 2004 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:

The Secretariat to the Advisory Council on the Misuse of Drugs

c/o Drugs Legislation and Enforcement Unit (DLEU)

Drugs Strategy Directorate

HOME OFFICE

Room 243, 50 Queen Anne's Gate

LONDON

SW1H9AT

Tel: 020 7273 4096

Email: ACMD@homeoffice.gsi.gov.uk

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 2003-4

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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 substances 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".

During the course of the accounting year 2003-4, the Technical Committee considered and reviewed numerous issues. These have included:

- The further development of the Risk Assessment System.
- Considering issues relating to the effects of khat.
- Reviewing the classification and scheduling of benzodiazepines.
- Monitoring and advising on issues relating to cannabis based medicine (Sativex) and the reclassification of cannabis.
- Considering the Department of Health's proposals on Supplementary Prescribing and Extended Formulary Nurse Prescribing.
- The provision of water for injection for injecting drug users.

KETAMINE WORKING GROUP

In July 2003, the Technical Committee established the Ketamine Working Group to undertake a detailed review of ketamine, in particular to consider whether ketamine should be made a controlled drug under the Misuse of Drugs Act 1971. The Advisory Council is due to consider its findings at its first meeting in the next accounting year.

PREVENTION WORKING GROUP (PWG)

This 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. The outcome of these inquiries often takes the form of a published report. The latest report was Hidden Harm: Responding to the needs of children of problem drug users.

During the course of the accounting year 2003-4 the Prevention Working Group began a new inquiry, chaired by Dr Laurence Gruer, to consider (1) the current nature of first and persisting substance misuse by young people (between 10-25 years of age) in the UK and the underlying factors (including age, gender differences, regional differences, cultural, ethnic and family background, socio-economic circumstances and relationships between the use of tobacco, alcohol and illegal drugs); and (2) the implications of these findings for policy and practice.

SHIPMAN COMMITTEE

The Advisory Council established the Shipman Committee in January 2003 to consider both the likely implications for the misuse of drugs legislation arising from the activities of Shipman and to contribute, when and where appropriate, to the Government Response to the Fourth Report of The Shipman Inquiry - The Regulation of Controlled Drugs in the Community.

The Committee is comprised of both Advisory Council and co-opted members, the latter being representatives of professional bodies and organisations (including the General Medical Council, The Royal Pharmaceutical Society of GB, British Medical Association, Royal College of General Practitioners, ACPO, British Association of Pharmaceutical Wholesalers, Nursing and Midwifery Council, National Prescribing Centre and the Medical Defence Association), and clinical practitioners (Professors of Anaesthesia and Palliative Care, hospital doctors, GPs and nurses).

During the accounting year 2003-4, the Committee continued its enquiries and discussions pending the publication of the Fourth Report of The Shipman Inquiry.

HIDDEN HARM WORKING GROUP

The Advisory Council's latest Report Hidden Harm: Responding to the needs of the children of problem drug users, published in June 2003, received a very positive reception across the whole community. The Advisory Council was keen to continue to contribute to this area of concern and in November 2003 it established the Hidden Harm Working Group to monitor how the Report's 48 recommendations are being taken forward and implemented, and to assess what impact the Report is making on practice.

During the accounting year 2003-4, the Working Group had one meeting, which was largely concerned with the Group's membership, vision and methodology. The Working Group is due to report to the Advisory Council in November 2006.

NOTE: The Advisory Council disestablished the long-standing **STATISTICS**, **INFORMATION AND RESEARCH COMMITTEE** (SIRC) in its present form and agreed that in future ad hoc groups would be assembled as and when required.

MEETINGS IN THE ACCOUNTING YEAR 2003-4

The Table below sets out the dates the Advisory Council and its various Committees and Working Groups met during the accounting year 2003-04.

Committee/Group	Meeting Date
The Advisory Council (in Full Council)	1 April 20036 November 2003
The Technical Committee	3 April 20032 October 200311 March 2004
The Ketamine Working Group (a Working Group of the Technical Committee)	17 July 200310 September 200313 November 200327 January 2004
The Prevention Working Group (PWG)	16 September 20035 November 200316 December 200327 January 2004
The Shipman Committee	 1 April 2003 22 July 2003 9 December 2003 18 February 2004 25 March 2004
The Hidden Harm Working Group	• 24 February 2004

SUMMARY OF THE MAIN RECOMMENDATIONS MADE BY THE ADVISORY COUNCIL IN THE ACCOUNTING YEAR 2003-4

- The Advisory Council recommended that the cannabis based medicine Sativex should be placed in Schedule 4 to the Misuse of Drugs Regulations 2001, subject to it receiving marketing approval from the Medicines and Healthcare products Regulatory Agency.
- The Advisory Council recommended to the broadening of the availability of controlled drugs by allowing GPs to set up clinical management plans and appoint named independent prescribers, and to have supplement prescribers (nurse or pharmacists) to manage the patients using medication.
- The Council recommended that section 9A of the Misuse of Drugs Act 1971 be amended to allow for the provision of generic filters.
- The Advisory Council also launched a new Inquiry of the Prevention Working Group, and established the Hidden Harm Working Group and the Ketamine Working Group of the Technical Committee (see details given above).

UPDATE ON SOME PREVIOUS ACMD RECOMMENDATIONS

CANNABIS RECLASSIFICATION

Following the Advisory Council's recommendation, cannabis and cannabis resin were reclassified from being Class B to Class C drugs in Schedule 2 to the Misuse of Drugs Act 1971 on 29th January 2004.

THE CONTROL OF GAMMAHYDROXY-BUTRATE (GHB) AND ZOLPIDEM

Following the Advisory Council's recommendation, Gammahydroxybutrate (GHB) and Zolpidem were bought under the control of the Misuse of Drugs Act 1971 on 1st July 2003.

HIDDEN HARM

The Advisory Council report *Hidden Harm: Responding to the needs of children of problem drug users* was published on 5th June 2003. After the launch follow up action was pursued with particular organisations to ensure the report had an impact. Government Departments and Drug Action Teams were also briefed. Twenty thousand copies of the report (Full and Executive Summary) have now been disseminated. The Government response is expected soon.

FORWARD LOOK

Technical Committee

Due to Methylamphetamine use / misuse in South East Asia and certain parts of United States of America, the Advisory Council is keen to consider the issue as a preemptive measure in the event that methylamphetamine misuse becomes widespread in the UK. The Technical Committee will establish a Working Group and report to the Advisory Council in the next accounting year.

Prevention Working Group

The first stage of the Inquiry - the patterns and trends around the current nature of first and persisting substance misuse by young people (between 10-25 years of age) in the UK- is due to be completed in May 2005. The Prevention Working Group will be commissioning a number of specific items of work, including secondary analysis of unique datasets, which are likely to be of considerable value to the Inquiry.

Shipman Committee

The Shipman Committee will be providing advice to assist with the preparation of the Government Response to the Fourth Report of The Shipman Inquiry and the Advisory Council will be fully engaged with the likely changes to be needed to the Misuse of Drugs Act 1971 and its Regulations.

Foresight Brain Science, Addiction and Drugs

Having been advanced by the Advisory Council, this Foresight Project was accepted by the Government in July 2003. The Advisory Council will continue to be given updates on its progress and a number of its members will continue to be actively involved in the Project.

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:

- for restricting the availability of such drugs or supervising the arrangements for their supply;
- 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;
- 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 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 2004, together with a note of their professional background is set out below. With the exception of the Chair, all members current terms of appointment are due to expire on 31st December 2004. The Committees and Working Groups have members that are not members of the Advisory Council, but who are "coopted" because of the expertise and knowledge.

	Members	Professional Background
1	Professor Sir Michael Rawlins (Chair)	Professor of Pharmocology, Newcastle University
2	Dr Dima Abdulrahim	Briefings Manager, National Treatment Agency (NTA)
3	Lord Victor Adebowale	Chief Executive - Turning Point
4	Chief Constable Norman Bettison	Chief Constable, Merseyside Constabulary
5	Dr Margaret Birtwistle	General Practitioner (Sub Misuse), Clinical Tutor, Forensic
		Medical Examiner
6	Rev Martin Blakebrough	Chief Executive, Kaleidoscope
7	Dr Cecilia Bottomley	Specialist Registrar in O&G
8	Mr Raj Boyjoonauth	Deputy Director/Lead Nurse
		Central and North West London Mental Health Trust

9	Ms Carmel Clancy	Lecturer in Mental Health and Addictions, Middlesex University
10	Professor llana Crome	Professor of Addiction Psychiatry, Keele University
	Ms Robyn Doran	Mental Health Nurse and Director of Substance Misuse
		Services CNWL MHT
12	Mr Robert Eschle	Magistrate & Essex County Councillor
	Professor Hugh Edmondson	Consultant Maxillo Facial Surgeon
14	Ms Vivienne Evans	Chief Executive, Adfam
	Professor C Robin Ganellin	Emeritus Professor of Medical Chemistry, UCL
	Dr Laurence Gruer	Director of Public Health Medicine NHS Scotland
	Mr Paul Hayes	Chief Executive , National Treatment Agency
18	Chief Constable Andrew Hayman	Chief Constable Norfolk Constabulary and Chair of the
		Association of Chief Police Officers
19	Mr Russell Hayton	Clinical Nurse Specialist and Manager of Drug & Alcohol Services Plymouth NHS
20	Mr Peter Housden	Chief Executive , Nottinghamshire Council
21	Mr Roger Howard	Chief Executive, Crime Concern
22	Mr Alan Hunter	Director, Law, Regulatory & Intellectual Property and
		Secretary to British Pharmaceutical Industry
	His Honour Judge Thomas Joseph	Resident Judge, Croyden Crown Court
24	Dr John Marsden	Senior Lecturer in Addictive Behaviour, Institute of
		Psychiatry, King's College London
	Mr Peter Martin	Chief Executive, Addaction
	Professor David Nutt	Professor of Psychopharmocology, Bristol University
27	Dr Richard Pates	Consultant Clinical Psychologist, Clinical Director - Community Addiction Unit, Cardiff
28	Mr Trevor Pearce	Acting Director General, National Crime Squad
	Mr Arthur Preddy	Chief Executive West Glamorgan Council Alcohol and Drug
	· ·	Abuse
30	Mrs Kay Roberts	Co-ordinator Greater Glasgow Pharmacy Needle Exchange
		Scheme and lead Pharmacist, Royal College of General
		Practitioners National Drug Misuse Training Programme
	Mrs Patricia Roberts	Teaching (Substance Misuse) Oxford University
	Dr Roy Robertson	General Practitioner, Muirhead Medical Group
33	Dr Mary Rowlands	Consultant Psychiatrist (Substance Misuse), Devon Partnership Trust
34	Dr Polly Taylor	Veterinary Surgeon, Gravelhead Farm
	Ms Monique Tomlinson	Freelance Consultant, Drugs Misuse
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ANNEX C

ADMINISTRATIVE ARRANGEMENTS

FINANCE

The Advisory Council had an expenditure of approximately £80,000 in the accounting year 2003-4. This sum was financed by the Drugs Legislation and Enforcement Unit (DLEU) of the Drugs Strategy Directorate of the Home Office. It met costs associated with the meetings of the Advisory Council (and its Committees and Working Groups), including the expenses of members properly incurred, as well as commissioned research.

The Advisory Council generates 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 in the Home Office.