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Mr Phil Willis MP
Chair
House of Commons Science and Technology Committee
Committee Office
7 Millbank
London
SW1P 3JA

13 October 2006

Dear Mr Willis,

House of Commons Science and Technology Committee Report: Drug Classification: Making a Hash of it?

I am writing on behalf of the Advisory Council on the Misuse of Drugs (ACMD) to register Council's response to this report. A copy of our detailed response is attached to this letter.

The ACMD have not responded to every one of your findings, just those which relate directly to the Council's work, or to its interactions with stakeholders, Government and the public.

Yours sincerely,

Sir Michael Rawlins FMedSci
Chair of the Advisory Council on the Misuse of Drugs

‘Drug Classification: Making a Hash of it?’

Response of the Advisory Council on the Misuse of Drugs (ACMD) to the House of Commons Science and Technology Committee’s report:

Introduction

The Advisory Council on the Misuse of Drugs (ACMD) was pleased to learn, in November 2005, of the decision of the House of Commons Science and Technology Committee to hold an inquiry “*To examine the way in which the Government obtains and uses scientific information and uses scientific advice in the development of policy*.”

The Council was further encouraged by the Committee’s statement that *“the inquiry will focus upon the mechanisms in place for the use of scientific advice (including the social sciences) and the way in which the guidelines governing the use of such advice is being applied in practice. It will test the extent to which policies are evidence-based. The Committee will carry out this inquiry by addressing the questions below in a series of case studies. The first three case studies to be addressed are:*

> *1. The technologies supporting the Government’s proposals for identity cards*
>
> *2. The classification of illegal drugs*
>
> *3. The use of MRI equipment: the EU Physical Agents (Electromagnetic Fields) Directive*

In each case, the Committee will be addressing the process of policy development rather than the actual merits of the policies.

The ACMD anticipated that the Committee would explore, amongst other issues, the types and sources of evidence used by the Council, how the Council drew conclusions where the evidence was inadequate, the use of scientific inference, the manner and extent to which the Council exercised scientific and social value judgements in the execution of its responsibilities, and the tensions between the Council’s role in advising Government and yet providing transparency for the public.

The Committee's report is a disappointment. The Committee's discussion and conclusions go much further than its own terms of reference – and investigations – permit. It is, in parts, misleading; and it contains significant errors of fact. Many of the deficiencies in the report are detailed in the Council's responses to the individual recommendations (below) but the most significant ones are detailed in this introduction.

Social Harms

At various points in the report the Committee berates the Council for failing to take "social" factors into account when drawing conclusions or giving advice to ministers.

In the Council's oral and written evidence the point was repeatedly made that the Council is both obliged – and does – take social issues into full account. And so that there can be no further argument about this, the Committee is reminded of the discussions on social issues contained within the Council's reports on cannabis, methylamphetamine and khat. But, if further evidence is required about the importance placed on social issues by the Council, the Committee should examine the two recent Council reports "*Hidden Harm"* and *"Pathways to Problems"* which both deal, almost entirely, with the social problems associated with substance misuse.

The nature of "evidence"

The ACMD, as required, undertakes a full and detailed examination of the available scientific evidence before drawing conclusions and giving advice to ministers. But the evidence base, in this area of public policy, necessarily goes much further than that encompassed by conventional physical, biological or social sciences. It includes, in particular, evidence derived from intelligence obtained by police and customs and excise officers, legal officers, the voluntary sector and educationalists.

The pluralism of the "evidence" required by ACMD, and the interpretation of the significance of the available data, require the Council to possess within its membership a broader range of expertise and skills than those needed by most conventional scientific advisory committees. The scope of the Council's membership also ensures that there is not only a focus on evidence but also a knowledge base that is firmly rooted in the reality of practice and experience, within the field. Additional evidence and expertise is drawn upon through co-opted attendance from other experts in the field, who are invited to participate in specific meetings. For this reason many of the Committee's strictures about the make-up and composition of the ACMD are inappropriate.

The Committee also fails to appreciate that, when faced with "evidence" from such disparate sources, the Council must exercise judgements about the nature

and validity of the available information in drawing its conclusions. The Council must also draw inferences from the available data, especially where the evidence-base is weak.

Responses to recommendations specifically addressed, or relevant, to ACMD

Recommendation 2*: The Government's total reliance on the ACMD for provision of scientific advice on drugs policy gives the Council a critical role to play in ensuring that policy in this area is evidence based. It is, therefore, vital that the Council is fit for purpose and functioning effectively.*

The Council is fully conscious of its role in the provision of advice, based on the best available evidence, to the Government on UK drugs policy. It recognises the impact that some of its previous reports and recommendations have had; and it strives to offer a reliable and accurate source of information and advice to Government. There are areas of the Committee's report which merit further detailed consideration in terms of the *modus operandi* of the Council and we will consider these seriously.

Recommendation 3: *The apparent confusion in the drug policy community over the remit of the ACMD suggests that the Council needs to give more attention to communicating with its external stakeholders.*

The Council refutes, completely, the suggestion that there is a fundamental and widespread lack of understanding of the remit of the ACMD within the drug policy community. The Council considers the Committee's comment to be based on wholly inadequate evidence. It appears to be based on the oral evidence of two relatively minor stakeholders whom have had limited interactions with the ACMD. In reality the ACMD has strong and regular communications and interactions with key drug policy stakeholders including the National Treatment Agency, Drugscope, Adfam, Addaction, local drug action teams and relevant government departments. The ACMD's many, and high profile, outputs range from reports and recommendations on individual substances through to the more social-policy oriented Prevention Working Group reports. These collectively illustrate the range and extent of our stakeholder input and uptake.

It is, perhaps, more a reflection on the two stakeholders who gave evidence themselves that they do not fully understand the role or remit of the Council, given that so many other ACMD stakeholders fully understand and appreciate the breadth of its remit.

Recommendation 4: *The fact that the Chairman of the ACMD and the Home Secretary have publicly expressed contradictory views about the remit of the Council is perturbing.*

It is unfortunate that the previous Home Secretary was inadequately briefed on the breadth of the remit of the ACMD. Nevertheless, the advice he received from ACMD reflected the Council's remit as described in its terms of reference in the Misuse of Drugs Act 1971. The Council have always acknowledged the breadth of its responsibilities and this is reflected in the membership, the discussions that take place, and the advice that is given.

The Misuse of Drugs Act 1971 states that the ACMD shall "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 cause a social problem, and to give any one or more of the Ministers, where either the 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"

The responsibilities of the Council are therefore clearly stated, within the context of the Misuse of Drugs Act, and its members are fully cognisant of their role and responsibilities.

Recommendation 5: *The ACMD must look at social harms in its considerations – it is impossible to assess accurately the harm associated with a drug without taking into account the social dimensions of harm arising from its misuse.*

The ACMD fully agrees with this statement and even the most casual perusal of the Council's reports shows that it does so. The Committee appears to have given insufficient attention to the Council's most recent reports relating to the classification of substances under the Misuse of Drugs Act. These include:

- cannabis (particularly sections 4.6 and 4.7 of the 2002 report)
- khat (particularly sections 6i and 7)
- methylamphetamine (particularly sections 12 and 13)

In all these reports there is discussion of the social, as well as physical, harms associated with these substances. It is perhaps unfortunate that the Committee – before making this erroneous assertion – failed to examine the reports of ACMD's Prevention Working Groups. The 2003 report *Hidden Harm* and the 2006 report *Pathways to Problems* are, for example, almost entirely devoted to the social problems of children whose parents misuse substances, and to the use of drugs by children and young people.

The Council also has the benefit of substantial input from members with backgrounds in the criminal justice, the voluntary, and the educational sectors. The membership of ACMD thus fully reflects the breadth of its terms of reference including the requirement to consider social harms.

Recommendation 6: *We acknowledge that some provision has been made to enable departments other than the Home Office to benefit from the ACMD's expertise but the current levels of co-ordination appear to be entirely inadequate.*
Recommendation 7: *The ACMD must be much more proactive in ensuring it provides and promotes scientific advice to underpin drugs policy in the Department for Education and Skills and the Department of Health.*

It is unclear from its report how, or why, the Committee considers the links between ACMD and other departments are deficient. Representatives from the Departments of Health and Education and Skills are invited to attend all full ACMD meetings and most of its sub-committee and working group meetings. Representatives from the three devolved administrations (Scottish Executive, Welsh Assembly, Northern Ireland Assembly) usually attend all ACMD meetings.

The Council has had numerous and extensive interactions, with the Department of Health, over a wide range of issues in the last two years. These include the prescribing of controlled drugs by nurses and other non-medical health professionals, advising on the government's response to the findings of The Shipman Inquiry, ensuring the continuing availability of diamorphine, taking appropriate measures to reduce the transmission of hepatitis C as a result of the self-injection of drugs, and the provision of sterile water in needle-exchange schemes.

The Council's interactions with the Department for Education and Skills have particularly revolved around the implementation of the recommendations in *Hidden Harm.* Importantly, liaison with, and pressure from the ACMD resulted in several commitments being made by the DfES to take this work forward and to maintain close links on a long term basis.

Recommendation 8: *We are not in a position to judge whether the current membership is appropriately balanced but emphasise the importance of having a diversity of views represented amongst the experts appointed to reflect the range of views typically held by experts in the wider community.*

Membership of the ACMD reflects the broad range of expertise necessary for it to fulfil the responsibilities placed on it by its terms of reference. Members are appointed to the ACMD on the strength of their application, experience and performance at interview. Adverts for vacancies are placed in the national press, on the Cabinet Office website, and in relevant professional publications.

The selection panel recommends to the Home Secretary that only those with the strongest, most up to date, and most relevant experience and knowledge of the drugs and related fields are appointed. Whilst it is important that variety is reflected in the Council's make-up, it is also of key importance for the credibility of the Council, and its advice, that those appointed are able to contribute fully, and in an informed manner, to debates. ACMD members inevitably hold a variety of opinions and views. Consensus is reached through discussion and negotiation at meetings.

Recommendation 9: *The ACMD's current policy of co-opting experts onto working groups and sub-committees in order to expand access to specific areas of expertise seems eminently sensible.*

The Council welcomes the Committee's comments on this issue. It is important to our work and to the credibility of our reports and recommendations that we access those with the most up to date expertise and knowledge of specific issues. The Committee should appreciate, however, that those members of ACMD with experience of the voluntary sector ensure that the Council is kept aware of views and perspectives of drug users.

Recommendation 10: *We recommend that the term of office for the Chairman of the ACMD be limited to a maximum of five years.*

This is a matter for the Home Secretary to determine. Under the mandatory code issued by the Office of the Commissioner for Public Appointments and guidance from the Cabinet Office, however, terms of office for members and chairs of lower-tier Non-Departmental Public Bodies (NDPBs), of which the ACMD is one, should not exceed a maximum of 10 years

If the Home Secretary felt that the Chair's position was no longer tenable, or that a new Chair should be appointed, it is within his power to decline to reappoint the Chair for further terms or even to terminate his appointment at any time. The Home Secretary has given no indication of any intention to do this and, indeed, the Chair was reappointed for his third and final term on 1 November 2005 (to expire on 31 October 2008).

Recommendation 11: *The Home Office Chief Scientific Adviser should be tasked with overseeing the appointment of members to the Council.*

This, ultimately, must be a decision for the Home Secretary. Nevertheless, the mandatory code of the Office of the Commissioner for Public Appointments (OCPA) states that the process for new appointments to lower-tier NDPBs should

be overseen by an Independent Assessor approved by OCPA. It is up to individual sponsoring Departments, however, to decide upon the composition of the selection panel for lower-tier bodies.

Lower-tier public bodies are not under any obligation under the OCPA rules to even have a full selection panel, although it is recommended for high profile or potentially controversial appointments (Code sections 3.30 b and 3.32 refer). However, the composition of the panel for the ACMD process fits in with section 3.30 of the OCPA Code which indicates the types of individuals that would normally be included on a selection panel for an upper-tier body. OCPA have indicated that they are content with the process followed.

The appointments process for the ACMD is carried out by its Chair and by a senior official from the Home Office; and is overseen and monitored at every stage by an OCPA-approved Independent Assessor. The Assessor's role has been to ensure that fair, open and transparent procedures were followed; and that the principles of public appointments were adhered to. The assessor, working with the ACMD, reported that the process followed was suitable and of an appropriate standard.

We are not aware of any precedent for the Home Office Chief Scientific Adviser to become involved in the appointments process to lower-tier NDPB's in the way suggested by the Committee. Given that the membership of the Council must be far wider than conventional biological, medical and social sciences, in order to reflect its broad statutory remit, it seems questionable as to whether the Chief Scientific Adviser would be willing to contribute to discussions around appointments of members such as police officers, judges, magistrates, voluntary organisations and teachers.

Recommendation 12: *We also recommend that the Chairman always be accompanied by another member of the Council – preferably the Chair of the Technical Committee or the relevant working group – in meetings with Ministers.*

This, again, is primarily a matter for the Home Secretary and other relevant Ministers. These meetings have either been an opportunity to meet incoming Ministers, and explain the work of the Council; or to discuss specific issues upon which ACMD has offered advice. At meetings between the Chair and Ministers, the Chair presents views that have been expressed by, and shared with, the Council. The Chair does not use these meetings to express personal views or opinions that contradict the ACMD's position. To imply otherwise not only impugns the integrity of the Chair but also the trust that the Council has in the Chair to faithfully represent their views.

Recommendation 13: *There is no point ACPO having a seat on the ACMD if its representatives do not bring their expertise to bear on the problems under discussion. The ACPO representatives have as much relevant experience as do other practitioners and academics on the ACMD and they must play a full and active role in developing the ACMD's position. It is highly disconcerting that the Chair of the ACPO Drugs Committee appears to be labouring under a misapprehension about his role on the ACMD more than four years into his term of office.*

Members are appointed to ACMD, by the Home Secretary, on an individual basis and *not* as the "representatives" of any organisation with whom they work. Under the OCPA rules places are not held for representatives from any organisation even one with as much to contribute as ACPO.

The appointments of both Mr Hayman and Mr Roberts (chairman and vice-chairman, respectively of ACPO's Drugs Committee) were on an individual basis. It is unfortunate that the evidence presented by Mr Hayman, to the Committee, suggested that he was uncertain of his role within the Council. It can only be assumed that this was because of competing pressures on his time.

As already explained, ACMD has a statutory duty to consider *both* medical and societal harms when making recommendations about the appropriate classification of drugs. Mr Hayman's and Mr Roberts' membership on Council, along with other experts from the criminal justice sector (including a judge, two magistrates and a senior probation officer) demonstrates the Council's commitment to including evidence from this field within its deliberations.

The ACMD places great importance on police intelligence and information from ACPO as well as other law enforcement agencies. The intelligence and advice of serving police officers was critical in the development of the Council's recommendation, in November 2005, that methylamphetamine remain a Class B drug; and it was as a result of further intelligence from the law enforcement agencies that the Council recommended, in June 2006, that it should be re-classified to Class A.

Issues of crime and criminal disorder as a result of drug use (whether acquisitive crime to fund drug habits or crimes committed whilst under the influence of drugs) are of key importance when considering the harms posed by substances.

Recommendation 14: *It is difficult to understand how the Government can be so confident in the composition and workings of the Council without having sought any expert or independent assessment, and disappointing that it takes such a dismissive view of the need to do so.*

Recommendation 15: *We recommend that the Home Office commission independent reviews to examine the operation of the ACMD not less than every*

five years. The first such review should be commissioned as soon as possible to enable the outcome to feed into the current re-examination of the classification system. This review should also address the relationship between the Home Office and ACMD and whether the current secretariat arrangements are working in a satisfactory manner.

It is the Council's understanding that it is about to be subject to some form of capability and performance review as part of the ongoing Home Office reform programme. If the Home Office is minded to initiate more regular reviews of the ACMD's operation and performance we would, of course, be more than pleased to comply fully.

ACMD does not accept, however, the implied criticism in the report of the Council's secretariat. A suggestion that the Secretariat might be anything other than impartial in the work it does for, and with, the Council has not been demonstrated in its outputs. It provides a highly satisfactory function in support of the Council's work; and offers a useful conduit between officials in the Home Office and Ministers. The Secretariat offers insight and assistance where necessary; but rightly takes a back-seat role in discussions and decisions about recommendations.

Suggesting, as the report does, that the Secretariat is in someway deficient in its role because it lacks expertise in substance misuse is inappropriate. The ACMD does not require, or expect, professional expertise in substance misuse from the Secretariat. Members of Council and its sub-committees and working groups – supplemented as necessary by other experts – provide this expertise. The Secretariat provides essential administrative and organisational support.

Cannabis

Recommendation 17: *We recognise that the Home Secretary followed due process in asking the ACMD to review the classification of cannabis in response to concerns about the link between cannabis use and mental illness and perceptions that cannabis was becoming more potent. However, the timing of the second review against a backdrop of intense media hype and so soon after the change in cannabis classification had come into effect gave the impression that a media outcry was sufficient to trigger a review.*

It is not the view of the ACMD that the Home Secretary's request to us to reconsider the evidence on cannabis resulted from the media's interest after reclassification in 2004. Although the media's response might have intruded into the Home Secretary's thinking, his request to the Council was made because of the emergence of new evidence suggesting a causal association between cannabis use and psychosis. This new evidence is clearly discussed in the Council's report.

Magic Mushrooms

Recommendation 21: *The Chairman of the ACMD's attitude towards the decision to place magic mushrooms in Class A indicated a degree of complacency that can only serve to damage the reputation of the Council.*
Recommendation 22: *The ACMD should have spoken out against the Government's proposal to place magic mushrooms in Class A. Its failure to do so has undermined its credibility and made it look as though it fully endorsed the Home Office's decision, despite the striking lack of evidence to suggest that the Class A status of magic mushrooms was merited on the basis of the harm associated with their misuse.*

These comments by the Committee display considerable ignorance about the basic principles of pharmacology.

Magic mushrooms contain psilocybin and psilocin. These are potent indoleamine hallucinogens with similar properties to lysergic acid diethylamide. These psychogenic agents act on serotonin receptors within the central nervous system. Many hallucinogens are controlled under the Misuse of Drugs Act as class A substances; and psilocybin and psilocin are no exception.

Psilocybin and psilocin are hallucinogenic whether contained within dried or fresh magic mushrooms; and the consumption of fresh mushrooms will have no less a pharmacological effect than the consumption of dried forms. Because the Misuse of Drugs Act failed to specify fresh mushrooms as a source of psilocybin and psilocin there was uncertainty as to whether suppliers of fresh produce could be prosecuted. The Drugs Act 2005 included a clause to rectify this anomaly.

When ACMD considered this matter it was aware that: a) psilocybin and psilocin were controlled as class A substances in dried mushrooms; b) substantial quantities of fresh magic mushrooms were being sold in markets (it was estimated that over 400 establishments in the UK were selling fresh magic mushrooms, and HMRC estimated that between 8-16,000 kgs were being imported); c) psilocybin and psilocin are psychedelic substances with hallucinogenic properties; d) psilocybin and psilocin are present in fresh mushooms at a similar strength to that in dried mushrooms. ACMD's support of the Government's proposal that fresh mushrooms should be classified no differently from dried mushrooms, is, under these circumstances, plain common sense. The Council therefore rejects the conclusions of the Committee and fully supports the position of the Chair in his evidence.

Ecstasy and amphetamines

Recommendation 24: *In view of the high-profile nature of the drug and its apparent widespread usage amongst certain groups, it is surprising and disappointing that the ACMD has never chosen to review the evidence for ecstasy's Class A status. This, in turn, highlights the lack of clarity regarding the way the ACMD determines its work programme. We recommend the ACMD carries out an urgent review of the classification of ecstasy.*

We welcome the Committee's recommendation, and will undertake an assessment of the level of available evidence in order to establish whether a review is appropriate. If there is sufficient evidence available, we will undertake a review.

Recommendation 25: *The recommendation by the ACMD that methylamphetamine should stay in Class B because of the signal that reclassification might send to potential users has given us serious cause for concern. We recognise that the Council often has to make recommendations on the basis of weak or limited evidence but invoking this non-scientific judgement call as the primary justification for its position has muddied the water with respect to its role.*

Recommendation 26: *It is highly regrettable that the ACMD took it upon itself to make what should have been a political judgement.*

The ACMD's statutory remit requires it to provide advice on ways in which the misuse of drugs should be most appropriately tackled; and how to avoid, or deal with, the social consequences associated with substance misuse. The Council is not, and never has been (and nor does the statute allow it to be) simply a scientific forum. It has an obligation and legal duty to advise on social issues, and a responsibility to make recommendations on how the negative consequences of drug misuse can be avoided or minimised.

In the case of methylamphetamine, the Council made it abundantly clear that methylamphetamine use carries very substantial risks of physical and social harms. Nevertheless, the Council was also of the opinion that, given the nature of some of its effects on sexual function (.e.g. reduced inhibition, increased libido, increased stamina and wakefulness), and the very low level of use at the time, drawing attention via reclassification to an otherwise fairly low profile substance might encourage potential users to try the drug.

Under its terms of reference the ACMD has a statutory remit to make recommendations of this nature. In this instance, the Chair of the ACMD met (at his request) with relevant Ministers to explain the basis for the Council's advice. The Council utterly refutes the Committee's assertion that this decision was beyond its remit. Whether it was "political" is a semantic argument.

Recommendation 27: *The ACMD's decision to revise its position and recommend that methylamphetamine become a Class A substance will be welcomed by many. However, the fact that the ACMD changed its mind so quickly makes it look like the Council either realised that it had made a mistake, or had succumbed to outside pressure.*

The ACMD's decision to revise its position and recommend methylamphetamine become a Class A substance was neither as a result of any realisation of having made a mistake, nor as a result of outside pressure to do so. Any perception that this is the case is not only unfair and unfounded but also indicates the failure of the Committee to have fully read the relevant reports.

The Council stands by both its advice in November 2005, and its amended advice in June 2006 as being correct at the time. In November 2005, the Council fully accepted that methylamphetamine was a very harmful substance; but advised that the classification of methylamphetamine as a Class B substance was appropriate given its low profile in the UK. In giving this advice, however, the Council made two additional points: first, that it would review its advice within 12 months; and, second, that if the law enforcement agencies became aware of an increase in use during the intervening period, an urgent meeting of the Council would be held to consider the case for re-classification.

In May 2006 the Council was informed of significant and credible police intelligence suggesting that the prevalence of methylamphetamine in the UK was on the increase; and that there was increasing evidence of domestic production of methylamphetamine in the UK. The ACMD's views therefore changed because of the increased threats caused by the emerging availability of methylamphetamine. The fact that the Council revised its advice, in the face of new evidence, should be welcomed by the Committee: it reflects ACMD's sensitivity to the ever changing drugs market and the inherent risks to the public.

Transparency

Recommendation 28: *We do not accept that the majority of the Council's work requires the level of confidentiality currently being exercised. The ACMD should, in keeping with the Code of Practice for Scientific Advisory Committees, routinely publish the agendas and minutes for its meetings, removing as necessary any particularly sensitive information.*

Recommendation 29: *Holding open meetings where the public could witness the procedures used by the ACMD in developing its recommendations could have enormous benefits in terms of strengthening public confidence in the scientific advisory process. We do not believe that the need for confidentiality in*

discussion of certain topics is an insurmountable obstacle to holding occasional, if not routine, meetings of this nature.

Recommendation 30: *It is extremely disappointing that the Council has not taken any steps to increase the transparency of its operations and, moreover, that the Chairman displayed so little interest in improving the Council's approach.*

It is incorrect to suggest that the Chair of the Council "displayed so little interest in improving the Council's approach". On the contrary, during his oral evidence the Chair discussed the possibility of 'Citizen's Council' type options for increasing the public involvement in the ACMD's work as has been done by the National Institute for Health and Clinical Excellence. In addition, in the supplementary written evidence provided by the ACMD to the Committee, the Chair made it very clear that the issue of holding open meetings was one which he and the Council were considering.

The Council will explore the most appropriate methods to proceed with publishing its agendas and minutes. Some caution will be required to ensure that intelligence (and similar) information, provided to the Council in confidence, is not inadvertently placed in the public domain through the publication of ACMD papers.

The ACMD accepts, though, that it should take steps to improve the transparency of its work; and will therefore continue to explore suitable options for making information more readily available.

The need for a systematic approach

Recommendation 33: *More generally, we have identified a pressing need for both the Home Office and ACMD to institute a more systematic approach to reviewing the classification of individual drugs. We recommend that the Home Office and ACMD draw up a list of criteria to be taken into account when determining whether a review of a particular drug is required.*

The Council's approach, when considering whether to review the classification of individual substances, is to assess whether there is *a priori* evidence indicating actual or potential harm to individuals and society. Both criteria are crucial because there are many substances which, though dangerous to health (e.g. amyl nitrite, cyanide) do not presently constitute a societal harm. It is unclear to the Council, however, whether – and in what manner – the Committee considers this inadequate.

Evidence base for classification decisions

Recommendation 36: *If, as the ACMD Chairman indicated to us, the Council's work has been seriously hindered by lack of evidence, the ACMD should have been far more vocal in pressing Ministers to ensure that more research was commissioned to fill the key gaps in the evidence base.*

It is incorrect for the Committee to imply that the ACMD has not been vocal in proposing further research in key areas. In its recent publications, the Council recommended further specific research in order to improve the evidence base. These recommendations are included in the ACMD's report on cannabis (2002 and 2005), Hidden Harm (2003), Ketamine report (2004), methylamphetamine (2005), and Khat (2005). Where the Council identified gaps in the evidence base during each of these pieces of work, or where they identified that data could be gathered or recorded in better ways, they made appropriate recommendations to the Government to do so. The recommendations of all of the reports listed above, with the exception of Hidden Harm (2003), were accepted in full by the Government. The majority of the Hidden Harm recommendations were accepted although it is relevant to note that the Government declined the recommendations about further research in this area.

UK investment in research

Recommendation 39: *It is essential that the ACMD and Home Office develop better relationships with the Research Councils, particularly the Medical Research Council and the Economic and Social Research Council, and further improve relations with the Department of Health. The fact that the Council has not devoted much effort to this in the past has been a contributing factor to the weakness of the UK evidence base on drugs policy and addiction.*

To suggest that the Council should make further efforts in "improving" relationships with the Department of Health is, at best, curious and does not appear to be evidence-based. The ACMD has extremely close (and good) relations with the Department of Health: officials from the Department attend all meetings of the Council; and, between meetings, the Council's officers and its secretariat interact extensively with Departmental officials as well as (where relevant) with health Ministers. Meetings, at all levels, are invariably cordial and constructive.

The Council accepts, however, that its relationships with the Research Councils have been less strong. It notes the suggestion that it develops better relationships with the MRC and ESRC and will explore ways of taking this forward.

Assessment of harm

Recommendation 41: *We welcome the initiative taken by the ACMD Technical Committee to develop a standard framework for the assessment of harm but we also note that determining harm scores using the matrix is almost as much an art as a science.*

The risk assessment matrix (the work of Professor Nutt and his colleagues) is the first attempt to provide some partially objective scoring system to assess the relative harm of drugs under consideration. Although still under development it has proven remarkably robust as data is added to it. It has not yet been approved or adopted by the full ACMD although the Council welcomes this initiative and appreciates that, with further refinement, it should become a useful tool. Professor Nutt and his colleagues continue to refine and test the system.

Current classifications

Recommendation 42: *We understand that the ACMD operates within the framework of the Misuse of Drugs Act 1971 but, bearing in mind that the Council is the sole scientific advisory body on drugs policy, we consider the Council's failure to alert the Home Secretary to the serious doubts about the basis and effectiveness of the classification system at an earlier stage a dereliction of its duty.*

ACMD reject outright the accusation that it has been in dereliction of its duty, by failing to recommend to the Home Secretary that the classification system be reviewed. The Council welcomed the announcement by Charles Clarke to review the system because it believes that there is scope to explore how effectively the current system is operating; and to examine whether there are any opportunities to improve it. As with any system, regular review clarifies and confirms its fitness for purpose.

This is not to suggest, however, that we have been labouring under any significant difficulties whilst working with the existing approach. It is for this reason that the Council has not felt it necessary, formally, to recommend to the Home Secretary that he revise it.