

Advisory Council on the Misuse of Drugs

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Rt Hon Theresa May MP 2 Marsham Street London SW1P 4DF

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Dear Home Secretary,

Thank you for your letter of 24 September 2014 in which you set out the Government's priorities for the Advisory Council on the Misuse of Drugs (ACMD) for the forthcoming year. The ACMD is grateful for your continued support for the Council's work and your consideration of our challenging workload in setting out the Government's priorities.

I am pleased to provide you with an overview of the ACMD's achievements this year and priorities for the forthcoming year.

Novel Psychoactive Substances

The ACMD's Novel Psychoactive Substances (NPS) Committee has published five reports this year: our third report on synthetic cannabinoids; synthetic opioids AH-7921 and MT-45; the tryptamines and LSD-related materials; and the synthetic stimulant 4,4'-DMAR. The ACMD will continue to monitor the emergence of new NPS using the Home Office's early warning systems. I am particularly grateful for the continued funding of the Home Office's Forensic Early Warning System (FEWS), which plays a pivotal role in focusing our efforts to tackle NPS.

Having published our third report on synthetic cannabinoids, which included a generic definition of third generation synthetic cannabinoids, the ACMD will now begin to consider the application of a receptor-based approach as

recommended by the Home Office's Expert Panel. We will welcome the continued engagement from your officials on the possible blanket ban on NPS as this develops. Furthermore, the Council will provide advice on the benefits of extending the period of advice in the event of a temporary class drug order (TCDO) from one year to two years.

Recovery Committee

The ACMD's Recovery Committee recently published its response to the first part of the commission on time-limiting opioid-substitution therapy (OST) from the Inter-Ministerial Group (IMG) on drugs. The Recovery Committee found strong evidence that forcing people off OST would lead to a heroin dependency relapse for the vast majority; and further problems for individuals, their families and communities. The unintended consequences would include a steep rise in drug-driven crime; the spread of blood-borne viruses such as hepatitis and HIV, and an increase in the numbers overdosing on heroin. The Recovery Committee is now considering its response to the second part of the commission on 'how can opioid substitution therapy be optimised to maximise outcomes for service users?' The ACMD will be able to present its interim findings at the IMG meeting in March 2015, with a report to follow.

Furthermore the Recovery Committee will examine the extent to which commissioning structures, contracting arrangements and the financial environment impact on recovery outcomes for individuals and communities. The scope for this work is being revised and evidence sessions will continue through the early part of 2015.

The ACMD's Recovery Committee has committed to undertaking a review of current evidence on the intergenerational transmission of substance use. There is an increasing recognition that patterns of intergenerational substance use are evident in some families in our society. The evidence gathering is currently at an early stage and the first part of the report is expected in 2015.

Diversion and Illicit Supply of Medicines

A new ACMD working group of the Technical Committee was formed in March 2014. This working group, chaired by Professor Ray Hill, has held an inquiry into the diversion and illicit supply of medicines. This inquiry has consulted extensively and has received evidence from more than forty organisations plus professional bodies in the UK. The inquiry has also sought feedback on

the experiences of diversion and illicit supply in the USA and the EU. We expect to report on our findings in early 2015.

The forthcoming year

The ACMD is continuing to review and make improvements in our decisionmaking on how we frame our advice. The Council will shortly be publishing the Recovery Committee's report on prevention. This report summarises some of the key recent developments in the substance use prevention field in order to support future ACMD recommendations and discussions.

A new ACMD Working Group will be looking at how social harms of drug use should be categorised, evidenced and evaluated in our reports. On the aspects of localism, devolution and changes in the law enforcement landscape, the ACMD will welcome further guidance from the Home Office and the Department of Health to inform our understanding as this will enable us to further consider these aspects in our advice.

The Council has selected its next inquiry as a self-generated topic and a new Working Group will be looking at the emerging issue of an aging cohort of problem drug users. This group has survived lengthy histories of problematic drug use and many now experience a range of issues, including deteriorating physical and mental health.

The ACMD is also committed to resuming its review of polysubstance misuse in 2015.

I will welcome an opportunity to update you on the progress of the ACMD's programme of work in due course.

Yours sincerely,

Professor Les Iversen

cc Secretary of State for Health

cc Minister for Crime Prevention

cc Parliamentary Under Secretary of State for Public Health