

ACMD

Advisory Council on the Misuse of Drugs

Meeting note: ACMD Full Council Meeting

Thursday 25 September 2014

Victoria Park Plaza, 239 Vauxhall Bridge Road, London SW1V 1EQ

Members in attendance

Les Iversen (ACMD Chair)

Kostas Agath

Fiona Bauermeister

Simon Bray

Roger Brimblecombe

Annette Dale-Perera

Paul Dargan

Emily Finch

Sarah Graham

Ray Hill

Kyrie James

Nigel Kirby

David Liddell

Fiona Measham

Jo Melling

Steve Pleasance

Marcus Roberts

Fabrizio Schifano

Harry Sumnall

Ben Whalley

Apologies

Simon Gibbons

Tim Millar

Rob Phipps

Alex Stevens

Mike White

Steve Taylor (Recovery Committee Secretariat)

Gary Maxwell (Northern Ireland)

Julian Lalor-Smith (Isle of Man)

Ministers and Officials

Rt Hon. Norman Baker MP (am)

Bernard Silverman (CSA, am)

Sean McGarry (am)

Dan Greaves (am)

Angela Scrutton

Chloe Dunnett (am)

John McCracken

Mark Prunty (am)

Observers

Richard Ives (APoSM)

PUBLIC SESSION

Agenda Item 1: Welcome

- 1.1 Professor Les Iversen, Chair of the Advisory Council on the Misuse of Drugs (ACMD) welcomed members of the Council, guests and members of the public.

Agenda Item 2: Diversion and Illicit Supply of Medicines Working Group

- 2.1 The Inquiry held its first meeting on 3rd March 2014 and a further meeting was held on 29th April 2014 at which it considered its terms of reference and received presentations from a pharmaceutical and palliative care perspective.
- 2.2 Professor Ray Hill, Chair of the inquiry, provided an update to the meeting. The inquiry has so far held two expert evidence gathering meetings on 12th June 2014 and 5th September 2014. As part of this exercise, the Inquiry undertook a 'call for evidence exercise' and received written and oral evidence from a broad range of organisations.
 - HMIP reported that 70% of offenders report drug misuse prior to entering prison and 51% report a drug dependency.
 - The British Pain Society highlighted that specialists in pain management acknowledge that diversion and illicit supply of analgesic medicines does occur in the UK, however it is extremely difficult to quantify the extent of this. *"There are no data that tell us what happens to a prescription after it has been dispensed by a pharmacist. In part, this is due to lack of identifying cases, inadequate appropriate recording and a under-reporting cases to the National Drug Treatment Monitoring System."*
 - Information from professional groups has identified a number of medicines that are believed to be diverted and supplied illicitly, these include: opiate analgesics, psychotropic medications e.g. Pregabalin, Mirtazapine, benzodiazepines, opioid substitution medicines and image enhancing drugs.
 - The Royal College of Nurses believes that all controlled drugs are liable for diversion and illicit supply. There are currently good checks and balances processes for high scheduled drugs.

Agenda Item 3: Recovery Committee

3.1 Annette Dale-Perera welcomed new members of the Recovery Committee. There are a number of projects which the Recovery Committee are undertaking and are looking to do:

- Key developments in prevention science.
- In June, the following question was posed to the Recovery Committee on behalf of IMG: “Consider the available evidence on whether or not people in treatment are maintained on opioid substitution therapy (OST) for longer than is necessary or desirable. Does the evidence support the case for time limiting opioid substitution therapy, if so what would a suitable time period be and what would be the risks and benefits? If not, how can opioid substitution therapy be optimised to maximise outcomes for service users?”
- Other areas of future work include:
 - Preventing intergenerational substance dependence (in the early stages of scoping and information gathering);
 - The impact of commissioning on recovery outcomes (scope has been agreed and one evidence session has been held with a further session planned for November).

Agenda Item 4 Technical Committee update

4.1 Ray Hill (Chair of the Technical Committee) provided an update on the work of the Committee. He explained the Committee is considering the extension of the electronic prescribing service to include medicines which are currently controlled under Schedule 2 and 3 of the Misuse of Drug Act. The Committee is liaising with the Department of Health to ensure the current electronic prescribing system is sufficiently secure (for example, the use of CP electronic signatures). The Committee will report its findings during 2015.

4.2 As part of the inquiry into the diversion and illicit supply of medicines, the Committee had taken evidence from the Northern Ireland Prison Service on the diversion and misuse of pregabalin in prisons. The Committee are now considering including pregabalin in the inquiry.

4.3 The Committee has also been asked to look at extending prescribing privileges to other medical practitioners such as paramedics.

- 4.4 The Committee will be considering the World Anti Doping Agency (WADA) Prohibited List 2016 as part of their 2015 work programme.

Agenda item 5: NPS Committee update

- 5.1 Professor Les Iversen (ACMD Chair) explained that Novel Psychoactive Substances are synthetic substances which are usually made to mimic existing controlled drugs. The number of people are dying are relatively small compared to, for example, heroin.
- 5.2 In response to a Ministerial request from Norman Baker, the Council is looking synthetic cannabinoids and synthetic opioids as a priority.
- 5.3 In June 2014, the ACMD provided advice in relation to the tryptamines and LSD derivatives, and the synthetic opioid AH-7921. The ACMD's advice has been accepted by Government.
- 5.4 On synthetic cannabinoids, the Council first issued advice, containing a generic definition for control, in 2009. Further advice from the ACMD followed in 2012 and the Council is now looking at a third generation of synthetic cannabinoids.

Question and Answer Session

NPS

- In response to a question on the prevalence of NPS in the UK, the Chair explained that the figures for the UK were not to hand but that the EMCDDA had detected 80 new substances in the past year. Most of these, but not all, have already been banned in the UK. Although no serious harms had been reported this is still an issue which needs to be dealt with.
- In a follow up question to clarify the number of substances available in the UK, the Chair confirmed that this was difficult to estimate and no statistics are available.

Recovery

- In response to a question on the whether a move to a uniform approach to the treatment and recovery could hinder clinical freedom and potentially impact on results, Annette Dale-Perera (Co-Chair of the Recovery Group) explained that a report was due out soon. This report had considered all the available

evidence and made recommendations. Unfortunately until published it would not be possible to discuss this today.

- In response to a question on the option of a blanket ban for NPS, the Chair explained that a report from the Expert Panel was due out very shortly outlining a number of recommendations for the control of NPS and it would not be possible to discuss the report option in advance of publication.
- In response to a question on time limiting opioid substitution therapy (OST) for recovering addicts and the consequences of sudden withdrawal, Annette Dale-Perera explained that OST is only one aspect of recovery. The best outcomes for recovery are achieved when other factors such as health and wellbeing, employment, social and economic environment are taken together. The report recently prepared by the Recovery Committee and yet to published addresses these issues.

Pregabalin

- In response to a question about the health risks associated with using pregabalin (also known as Lyrica) recreationally, Ray Hill (Chair of the Technical Committee) explained that it had similar effects to opiate. He added that this was a very important for therapeutic use for those who need it so it would not be sensible to restrict its use or prescription. He confirmed there was very little risk when used therapeutically but that little or no data existed on harms through poly-substance use.