

ACMD

Advisory Council on the Misuse of Drugs

Minutes of the ACMD public meeting held on 11th April 2014 at Dexter House, Tower Hill, London

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Author: ACMD Secretariat

ACMD Members present

Les Iversen (Chair)

Ray Hill

Simon Gibbons

Fiona Measham

David Liddell

Roger Brimblecombe

Simon Bray

Gillian Arr-Jones

Harry Sumnall

Jo Melling

Richard Phillips

Annette Dale-Perera

Fiona Measham

Apologies

Sarah Graham

Fabrizio Schifano

Paul Dargan

Mike White

Nigel Kirby

Kyrie James

Ric Treble

Observers present

John Farina

John McCracken

Dan Greaves

Mark Greenhorn

Fiona Bauermeister

Kostas Agath

Ben Whalley

Steve Pleasance

Angela Scrutton

Michael Gafoor

Mark Prunty

Jo Wallace

Rob Phipps

Alex Stevens

Marcus Roberts

Tim Millar

Emily Finch

Secretariat

Zahi Sulaiman (ACMD Secretary)

Mohammed Ali (ACMD Secretariat)

Steve Taylor (Recovery Committee Secretariat)

PUBLIC SESSION

1. Welcome

- 1.1. The Chair welcomed ACMD members, officials and members of the public and press to the meeting. The Chair explained that the public meeting would include an update from each of the ACMD's Standing Committees and Working Groups followed by an opportunity for the public and press to ask questions relating to the ACMD's work.

2 Diversion and illicit supply of medicines Working Group

- 2.1 The Working Group's Chair (Ray Hill) gave an overview of the ACMD's new inquiry on the diversion and illicit supply of medicines. In September 2013, the Home Secretary formally commissioned the ACMD for advice on the potential for medical and social harms arising from the illicit supply of medicines – predominantly controlled drugs. In commissioning the ACMD, the Home Secretary noted that both the Inter-Ministerial Group on Drugs and the Home Affairs Select Committee recognise that medicines are becoming more widely available through diversion and illicit supply, including via the internet.

3 Recovery Committee

- 3.1 The Recovery Committee's co-chair (Annette Dale-Perera) provided an update on the committee's work. The Recovery Committee's first report, published in January 2013, was the result of an exercise to scope the evidence, or lack thereof, for the many and complex factors that may contribute to recovery from drug or alcohol dependence. The report highlights that recovery from dependence on drugs and alcohol is a complex, and rarely linear process. The journey to overcome dependence, re-integrate into society and achieve a degree of well-being and social integration is highly individual to the person.
- 3.2 The second report of the Recovery Committee was published in November 2013. It built on the scoping paper, and asked: "What recovery outcomes does the evidence tell us we can expect?"
- 3.3 Key messages from that report are:
 - Recovery is a process which involves achieving or maintaining outcomes in a number of domains, not just overcoming dependence on drugs or alcohol. People generally are not able to sustain drug and alcohol outcomes without having gained or maintained recovery capital in other domains, e.g. having positive relationships.
 - We should be optimistic about recovery outcomes: research indicates that many people have periods of dependence or problematic use of alcohol or drugs in their lives but that most overcome this. The UK drug strategies' focus on recovery is welcomed.

- However, our optimism about recovery should be tempered. Evidence suggests that different groups are more or less likely to achieve recovery outcomes. For some people, with high levels of recovery capital recovery may be easier. For others, with little recovery capital or dependent on some types of drugs (especially heroin), recovery can be much more difficult and many will not be able to achieve substantial recovery outcomes.
- Recovery is a very ambitious concept: it asks some people to achieve more than they had before they became dependent on drugs or alcohol. Overcoming drug or alcohol problems is a difficult enough process for most people but this 'extra stretch' of overcoming pre-existing problems and coping with the collateral damage incurred through years of substance dependence is a huge leap and our ambition for recovery should be tempered with realism.
- For those with severe and complex dependence and other problems, recovery can take years and is a long-term battle requiring long-term support.
- Drug and alcohol treatment is an important and sometimes critical part of a recovery journey for many with severe dependence and other problems.
- Treatment and recovery systems need to be designed to take a long term or 'extensive' approach – especially for the UK population of ageing heroin users. If people cannot overcome their drug or alcohol dependence, they should be encouraged to act responsibly and protect themselves and others from harm. Non-evidence based approaches such as enforced detoxification should be discouraged as these will only lead to relapse.
- We can increase recovery potential by helping people achieve outcomes in recovery domains such as positive relationships, education and training, health and wellbeing, meaningful activity.
- The roles of recovery community organisations and mutual aid, including Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery, are to be supported as evidence indicates they can play a valuable role.
- Society as a whole, local communities, employers and others should all be encouraged to welcome recovery which may require tackling stigma against those in recovery.

4 Technical Committee

- 4.1 The Home Office Minister, Norman Baker MP, wrote to the ACMD in March 2014 to update the ACMD in relation to the Tramadol public consultation. In light of the ACMD advice and the consultation responses, the Home Office agreed that Tramadol should be placed in schedule 3 of the Misuse of Drugs Regulations 2001 (as amended) to accompany its Class C control.

4.2 The ACMD was also requested to provide advice on the issue of prescribing exemptions for Temazepam. At its meeting in April 2014, the Technical Committee considered the prescribing exemptions for Temazepam.

5 Novel Psychoactive Substances Committee

5.1 The NPS Committee's Chair (Simon Gibbons) provided an update on the work of the committee.

5.2 In December 2013, the ACMD was commissioned by the Minister of State for Crime Prevention, Norman Baker MP, to review the generic definitions in the Misuse of Drugs Act.

5.3 In considering this Commission and this area more broadly, the NPS Committee will continue to review evidence available to the ACMD, such as the Home Office's Forensic Early Warning System, to help identify new NPS and to inform its decision making.

6 Question and Answer session

NPS

6.1 In response to a question on messaging on NPS, the NPS Committee Chair (Simon Gibbons) stated that he felt FRANK was a useful method of dissemination but felt that more could be done on primary education. The Recovery Committee is looking into prevention and will look at interventions and understanding motivations and behaviours.

6.2 In response to a query on why NBOMe compounds were recommended as Class A under the Misuse of Drugs Act, the Chair explained that its activity was similar to LSD and that ACMD had a concern on the extreme potency of these substances. Unlike LSD, NBOMe substances are also potent stimulants.

Technical Committee and medicines inquiry

6.3. The Technical Committee chair explained that pregabalin is an issue that will be looked at in the public evidence gathering session for the medicines inquiry.

6.4. The Technical Committee chair also explained that doctors are free to prescribe tramadol but this was a potential drug of abuse.

6.5. In response to a question on GPs as being the first point of contact for many people, the Chair accepted that the GP is a very important point of contact and the ACMD's website provides a valuable interface for ACMD's advice.

Khat

- 6.6 The Chair explained that the work of the khat working group is now complete and was very thorough and included speaking to local council and community leaders.

Recovery committee

- 6.7 In response to a concern on community funding, the Recovery Committee's co-chair explained that the Recovery Committee has carers in its membership and this topic was part of a decision for the Recovery Committee to look into commissioning. The reduced resource and the risk in disinvestment in substance misuse was flagged to the Government a year ago.
- 6.8 In response to a question concerning sustained abstinence the Recovery Committee will be passing evidence to Government to assist getting the balance right in abstinence and recovery. Abstinence has been on the recovery agenda and is at the forefront of treatment policy.

Cannabis

- 6.9 In response to a question on whether the ACMD has a public health view on the regulation/deregulation of cannabis, the Chair explained that cannabis was not a current issue as the Advisory Council had already reviewed cannabis on three occasions and provided details reports on the evidence.