

Advisory Council on the Misuse of Drugs Open Meeting Note

Marriot Hotel, 10 Mill Lane, Cardiff, South Glamorgan CF10 1EZ

1. Welcome

1.1. Professor Les Iversen (Chair of the ACMD) welcomed members of the public to the open session of the ACMD Full Council meeting.

2. Recovery Committee

2.1. Annette Dale-Perera provided an update on the work of the Recovery Committee. The Recovery Committee is a standing committee of the ACMD, formed in response to an invitation from the Inter-Ministerial Group on Drugs (IMG) to advise Government on how people can best be supported to recover from dependence on drugs and alcohol, and how best to prevent drug and alcohol misuse and the harms it causes.

2.2. In June 2014, 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?"

2.3. The initial parts of the commission, i.e. whether the evidence supports the case for time limiting OST, were presented at the last ACMD meeting, at the Inter-Ministerial Group on Drugs (IMG) in September and the part 1 report was published in November 2014.

2.4. For the second part of the report, on how opioid substitution therapy can be optimised, the committee has reviewed the literature and heard and received evidence from drug treatment commissioners and providers, Public Health England, the Centre for Social Justice, the University of Manchester, the University of Sheffield, and 'experts by experience' including a national survey of service user representatives in England. Members have also contributed sections.

- 2.5. An interim verbal briefing was given to the IMG in February. IMG asked further questions and commissioned ACMD to consider “whether you could segment the treatment population to identify on commencement of treatment those most likely to fully recover from their dependence and consider whether resources could be prioritised for this group, with a particular focus on employment and social reintegration.”
- 2.6. The committee’s report on key developments in drug prevention science, policy and practice in the last 10 years (principally developed by Professor Harry Sumnall) was published in February 2015. It was very well received, including by education and prevention professionals.

3. Diversion and illicit supply of medicines inquiry

- 3.1. Professor Ray Hill provided an update on the ACMD’s 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.
- 3.2. 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.
- 3.3. To fulfil its statutory duty (section 1(2) of the Misuse of Drugs Act 1971), the ACMD will carry out the review as requested by the Home Secretary and provide advice on the potential for medical and social harms arising from the illicit supply of medicines. Subsequently, the Diversion & Illicit Supply of Medicines Inquiry was formed in early 2014 by the ACMD. The membership of the Group is drawn from ACMD members and co-opted experts.
- 3.4. 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.
- 3.5. The Diversion & Illicit Supply of Medicines Inquiry 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 submissions from a number of organisations, including the General Medical Council (GMC), Royal College of Nursing, HM Inspectorate of Prisons, MHRA, the British Pain Society and Adfam.

4. Novel Psychoactive Substances Committee

- 4.1. Professor Simon Gibbons provided an update on the work of the Novel Psychoactive Substances (NPS) Committee. The Committee recently received representations from Police Scotland in relation to their concerns around the misuse of NPS in Edinburgh particularly the misuse of Ethylphenidate.

- 4.2. The Committee agreed that due to harms being associated with the misuse of ethylphenidate it would recommend to ACMD that it advises the Home Office that ethylphenidate and its related compounds be subject to a Temporary Control Drug Order (TCDO).
- 4.3. Since the advice on the TCDO was provided to Ministers, the ACMD on 25th June 2015 published an addendum recommending that a further two related compound be captured by the TCDO and that control be extended to all related stereoisomers, salt and preparations or other products containing these compounds.

5. Technical Committee

- 5.1. Professor Ray Hill provided an update on the work of the Technical Committee. The Technical Committee received a presentation from a delegation from the MHRA in relation to methoxyflurane. The MHRA provided its analysis of methoxyflurane on behalf of methoxyflurane inhaler developer, Medical Developments International (MDI) UK Ltd.
- 5.2. The Technical Committee heard that pentrox is used in emergency pain relief in conscious adult patients with trauma and associated pain. Pentrox will be available in 3ml dose vials and the maximum recommended dose is 6ml in a 24 hour period. The maximum dose can provide analgesic relief for up to an hour.
- 5.3. The Technical Committee considered that given the conditions on the availability and storage for pentrox, any subsequent potential abuse for pentrox would be low. This is further due to the way in which it will be administered to patients, e.g. it will not be available to patients to collect on prescription from pharmacies.
- 5.4. The Technical Committee had agreed that record keeping, however, should take place due to minimal risk of abuse potential and that these record keeping provisions would be sufficient to address any underlying abuse concerns and that the harms associated with pentrox. The Technical Committee had concluded that the harms are not commensurate with that of controlled drugs under the Misuse of Drugs Act 1971. The ACMD has since provided advice to the MHRA in relation to methoxyflurane.
- 5.5. In April 2014 the Technical Committee received a presentation from the Health & Social Care Board (Northern Ireland) in relation to its concerns around the misuse and abuse of pregabalin. The given street name for pregabalin is 'budweiser' and it has a high usage amongst the prison population in Northern Ireland.
- 5.6. The Technical Committee on 5th March 2015 agreed to refer pregabalin and gabapentin to the ACMD Full Council.

6. Neurochemistry Working Group

6.1. Professor Simon Gibbons provided an update on the work of the Neurochemistry Working Group. At the first meeting, the Working Group agreed that there is no simple solution to this problem. There are challenges which we will need to look at in our report.

6.2. The Working Group would need to look at whether a neurochemical approach would have an impact on research. The Working Group have also met with Industry colleagues to investigate this further. It is likely that a feasibility study would need to be carried out prior to the ACMD recommending or supporting a definition.

7. Social harms and decision making Working Group

7.1. Professor Harry Sumnall provided an update on the work of the Social Harms and Decision Making Working Group. At its first meeting, the Working Group reviewed key dimensions on the taxonomies of harms:

- the types of harm (the drivers of drug use) – these can be targeted by regulations and interventions;
- bearers of harm (this is wider than just the recipient of harm) and potential shifts of harm by making decisions; and,
- the sources of harm.

7.2. The group reviewed several areas which could potentially be included in a social harms framework.

7.3. In order to assist government in the decision making process, it is vital the potential harms and the potential benefits of each option should be explored. The framework should not only address the existing harms but it should tease out other potential harms.

7.4. The Working Group also attempted to map the sources of evidence.

8. Questions and answers

8.1. In response to a question on how compounds falling under the new legislation would be detected by forensic providers, the ACMD Chair stated that the ACMD will publish its first letter on the Psychoactive Substances Bill to the Home Secretary on 3 July 2015.