

# ACMD

## Advisory Council on the Misuse of Drugs

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Rt. Hon. Theresa May MP

Home Secretary

Home Office

2 Marsham Street

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27 April 2016

Dear Home Secretary,

### **Re: ACMD's work programme for 2016**

Thank you for meeting me in September 2015. The past 12 months have been particularly busy for the Advisory Council on the Misuse of Drugs (ACMD), which has seen the development of the Psychoactive Substances Act 2016 and the forthcoming Drug Strategy. The speed at which advice has been required over the past year has meant that the ACMD has had to reprioritise its work programme to support these developments. I thought it would be helpful to summarise progress under previous commissions, highlight emerging trends which are of concern to the ACMD and set out the ACMD's ambitions for the remainder of 2016 in the context of these new challenges.

Given my tenure ceases at the end of 2016, I am keen to leave the business of ACMD in good order. Our agenda for the year is prioritised to complete outstanding areas of work as well as emerging issues of concern to the ACMD. I would like to invite your views on how the agenda we have set can be prioritised or informed by the Government's ambitions to the forthcoming Drug Strategy, the new Modern Crime Prevention Strategy, the Psychoactive Substances Act 2016, and challenges that Government sees on the horizon.

## *Neurochemistry*

In late 2014, the ACMD set up a Neurochemistry Working Group to respond to recommendations from the NPS Expert Panel report (October 2014). The group recognised the need to look into legal, forensic science, enforcement and prosecution requirements without impeding scientific research. The working group was cautious of unintended consequences with a neurochemical approach, and an early conclusion was that a feasibility study would need to be carried out prior to the ACMD supporting or recommending a neurochemical definition. The work of the Neurochemistry Working Group has since been superseded by the Psychoactive Substances Act 2016 and our work with CAST incorporates the neurochemical approach into the forensic strategy associated with the Psychoactive Substances Act 2016. The ACMD will continue to provide advice, as required, to support the Psychoactive Substances Act 2016.

## *TCDOs*

After we received alarming reports of NPS injecting in Edinburgh in 2015, we are pleased that the TCDOs on methylphenidate-based NPS and Methiopropamine (MPA) have had positive outcomes. Police Scotland have observed a significant reduction in both the physical and mental issues these substances were causing.

## **Completion of current ACMD work**

As well as finalising our reports on the diversion and illicit supply of medicines, (expected by June 2016) and mephedrone (expected later in 2016), we are reconvening the Polysubstance Working Group this year, as this work was temporarily halted in 2015 owing to pressure on resources.

## *Recovery*

The ACMD's Recovery Committee is expecting to complete three reports in the near term:

- Intergenerational substance dependence (expected by May 2016);
- Commissioning: *“What is the extent to which commissioning structures, contracting arrangements and the financial environment impact on recovery outcomes for individuals and communities?”* (expected by June 2016); and,

- Mechanisms: “*What are the processes and mechanisms by which people recover and what does this tell us about how to improve organisations and systems in order to improve recovery outcomes?*” (expected by September 2016).

### *Social harms and decision making*

The ACMD’s Social Harms and Decision Making Working Group is looking at how social harms of drug use should be categorised, evidenced, and evaluated in ACMD reports. This work is being undertaken because of the duty of the ACMD under the Misuse of Drugs Act 1971 to assess how drugs may be capable of having harmful effects sufficient to constitute a ‘social problem’. Due to the nature of the evidence base, particularly with regards to newer drugs such as those categorised as NPS, many ACMD recommendations are made on the basis of laboratory and clinical data alone. Whilst this evidence is essential (and in many cases sufficient) to assess drug harm, it is often more difficult to understand whether or not a drug will have harmful effects beyond the individual level, and what social domains might be affected by use. This Working Group is reviewing frameworks and taxonomies of social harms arising from use of drugs; unintended secondary social harms that may result from drugs legislation, policy and ACMD recommendations; and identify indicators and sources of evidence to evaluate primary and secondary social harms. Whilst evidence may not exist for many of the social harms categories identified, the paper is intended to provide a broader context to ACMD decisions and highlight how recommendations on drug classification may have broader relevance beyond responses to better characterised health harms. This briefing paper is expected in October 2016.

### *Older Drug Users*

The ACMD’s Older Drug Users Working Group has commenced work looking at people over 45 who have a drug problem. That cohort has health needs equivalent to people 15-20 years older in the general population. The intention is to estimate the current size of this population and make projections for future scale of this cohort and their wider needs. This will look at service needs beyond specialist treatment service to include physical and mental health and social care needs. The ambition of this work is to formulate recommendations to improve policy and practice responses to this cohort of users. The Working Group intends to hold an evidence gathering day in September and we expect to report our findings by March 2017.

## **New areas of work**

### *Relation between Misuse of Drugs Act and Psychoactive Substances Act*

I am grateful to your officials for recently setting out the Home Office's position on the Psychoactive Substances Act 2016 in relation to the Misuse of Drugs Act 1971 and the Medicines Act 1968. An ACMD Working Group will investigate this relationship, potential overlap, and the role of TCDOs in more detail once the Psychoactive Substances Act comes into operation (report expected by December 2016).

### *Plant cannabinoids*

The Advisory Council continues to review the generic definitions under the Misuse of Drugs Act 1971 (Norman Baker's commission to ACMD of December 2013). Moreover, recent medical research in the area of isolated plant cannabinoids, including successful late stage clinical trials, has made significant additions to the evidence base describing psychoactivity (or not) of these compounds. Consequently, the Plant Cannabinoids Working Group is currently reviewing all the plant cannabinoids to see which are controlled under their generic definition in the Misuse of Drugs Act 1971 and whether the available scientific data justify their control based on new evidence since the 1970s (report expected by December 2016).

### *Performance and Image Enhancing Drugs (PIEDs)*

The ACMD's Technical Committee is scoping the contemporary evidence base in relation to the abuse of anabolic steroids and other performance and image enhancing drugs (PIEDs) to see how the situation has altered since we reported on anabolic steroids in 2010. We hope to report on our assessment by the end of this year.

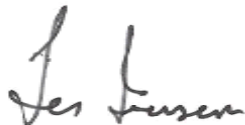
### *Drug related deaths*

Concerns have been expressed about increases in the numbers of drug-related deaths that have been recorded in the UK in recent years, and specifically in relation to heroin. Building on the work of the Recovery Committee with regard to commissioning, treatment and interventions, as well as on the work of public health agencies in each country of the UK, a new Working Group will investigate this issue. The Working Group will utilise a

number of data sets and reports to better understand this problem at the national (UK) level (report expected by December 2016).

I look forward to updating you on the progress of the ACMD's work later this year.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Les Iversen". The signature is written in a cursive style with a large initial 'L'.

**Professor Les Iversen**  
**(Chair of ACMD)**

cc Rt. Hon. Jeremy Hunt, MP, Secretary of State for Health  
Karen Bradley MP, Minister for Preventing Abuse, Exploitation and Crime  
Jane Ellison MP, Parliamentary Under Secretary of State for Public Health