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Dear Owen,

RE: WORK PROGRAMME 2017-2019

I am pleased to write to you to set out the Government's priorities for your work programme for the first time under your chairmanship.

Over the last 12 months, the Advisory Council on the Misuse of Drugs has delivered expert advice on a varied programme of work, from drug control to thematic reports such as that on opioid-related deaths. I am particularly grateful for the advice of the ACMD in the development of the forensic testing programme to support this crucial legislation. The Council's timely advice on the forensic testing programme has allowed for prompt implementation of the Act and a proportionate enforcement response, resulting in arrests and imprisonment of suppliers and other cases progressing through the criminal justice system. On behalf of the Government, I would like to thank the ACMD for its advice.

I have prepared this commission in order of priority, in consultation with the Department of Health and Public Health England, to inform a three year rolling work programme. I am keen to strike a balance between the Government's requests for advice to inform our priorities and those matters the Advisory Council chooses to investigate independently, so that the Council can focus on those areas where it can add the most value and make the greatest impact. There are likely to be times when new threats emerge and work on such issues may need expediting, so I am keen to work together if such occasions arise to ensure that we mitigate any impact on the delivery of the Council's work programme.

2017 Drug Strategy

I am delighted that we have now published the 2017 Drug Strategy, which raises the ambition to deliver a smarter, partnership-based approach to address the cross-cutting social and health issues linked to substance misuse. For the first time, it also sets out our ambition to continue to play an active role in leading global action on drugs.

The Strategy increases our ambition to reduce illicit drug use and increase the rates recovering from dependence, by enhancing the data we collect on prevalence and treatment. It also commits us to developing a broader set of recovery measures to better capture the joint ownership required to drive action across local authorities, health, employment, housing and criminal justice partners. I appreciate the role that the ACMD played in advising us during its development and I have written to you separately regarding the advice that we would like from the ACMD to assist our implementation of the Strategy. I hope that each of the commissions that follow will, in different ways, contribute to the successful implementation of the four strands of the Drug Strategy.

Legitimate use of controlled drugs: research and healthcare

As set out in the Strategy, the legislative framework must always protect the public from harmful drugs by restricting their supply. This restriction must always be balanced against the need to use substances for legitimate purposes in research and healthcare. In recent months, the scheduling of controlled substances in research has caused partners in academia and industry concern, particularly in relation to promising research using substances with no currently recognised therapeutic value. While this issue is one that we must always take into account when considering drug control, it has been raised specifically in relation to the control of a third generation of synthetic cannabinoids introduced by generic definition under the MDA in December 2016.

I am grateful for the work the ACMD has initiated to respond to these concerns in collaboration with key partners in academia, industry and clinical medicine. This should ensure that the Council has the fullest possible picture of any legitimate use of substances, from discovery research to fully developed medicinal products. I look forward to receiving your advice on whether there is more we can do to facilitate legitimate research involving substances controlled by the third generation synthetic cannabinoids generic description and other substances listed under Schedule 1 to the Misuse of Drugs Regulations 2001 later in 2017.

The Review of the Psychoactive Substances Act 2016

The powers that we provide law enforcement agencies to restrict the supply of both traditional drugs and new psychoactive substances are a critical component of our approach to deliver the aims of the Drug Strategy. Over the course of the last year, your predecessor led a proactive approach to understand the relationships between the Misuse of Drugs Act 1971 (MDA), the Psychoactive Substances Act 2016 (PSA) and Temporary Class Drug Orders (TCDOs).

As you know, the MDA controls the most harmful drugs and as such it imposes stricter offences and penalties than the PSA, including making the possession of controlled substances a criminal offence. The lighter touch approach of the PSA reflects its coverage of those drugs that have either not had their harms assessed, or that are not considered harmful enough to be controlled under the MDA. The differences between the two pieces of legislation are a proportionate and appropriate response to the harms posed by substances controlled by the MDA and those captured by the PSA.

My officials are leading the statutory review of the PSA's operation, due to be published in late 2018, but I would be grateful for the ACMD's close and continued advice to help shape that work. Following the publication of the framework for the statutory review into the operation of the PSA, I would be grateful for your further advice on the evaluation framework, as officials take this forward over the coming year.

The evaluation of the PSA will also provide us with an opportunity to consider the use of TCDOs. Alongside the review I would welcome the ACMD's views on the past and future use and purpose of TCDOs in relation to the PSA. There are differences in the legislative framework for drugs placed under a TCDO and those captured by the PSA, particularly in relation to possession of such substances in a custodial setting. In the context of the review and as the evidence-base in this area develops, I would be grateful to receive the ACMD's advice on the following questions around the future use and purpose of TCDOs alongside the PSA:

- In the context of their use alongside the PSA, how and when should TCDOs be used to deal with rapidly emerging harms where the ACMD does not believe that the response of the PSA is sufficiently effective?
- Are there improvements or modifications that could be made to the offences created by TCDOs, particularly with regard to offences in custodial settings?

Vulnerability and drug misuse

The Drug Strategy sets out the Government's commitment to a more targeted approach for those most at risk of misusing drugs, and to tackle the threats of a changing drug scene in the UK.

In this context, I would like to understand more about the factors that make vulnerable people misuse drugs and what we can do to prevent misuse and protect these groups from the associated harms. This issue has been the subject of much interest and debate in recent months, focusing on the use of NPS among rough sleepers and homeless people. In light of this interest, I would particularly welcome your advice, during 2018, on the following questions:

- What are the risks and factors which make people susceptible to substance misuse problems and harm?
- How can drug-related harms in homeless populations be reduced?

Drug misuse and imprisonment

We continue to explore what more we can do within the criminal justice system, both to divert people away from crime and into treatment, to improve community sentences and better tackle misuse in prison, and to help recovery of those dependent on drugs whilst being mindful of the recent changing drug trends in this environment. When drug users are sentenced to imprisonment, it is all the more important that they continue to have access to appropriate treatment as they enter prison, during a period of imprisonment and continuation of support following their release from custody. With this in mind, I would like to receive your advice in 2018 on the following question:

- How can the criminal justice and healthcare systems' responses at charging, sentencing, imprisonment and release be made more effective in responding to offenders' drug misuse and its impact on their health and risk of offending?

Review of Safe Custody Regulations 1973 and Consolidation of Misuse of Drugs Regulations 2001

As the ACMD provides regular advice on any amendment to the MDA and its associated regulations, we will be looking to consult the Council on a series of legislative changes to ensure that the regulatory framework for the legitimate use of controlled drugs in healthcare and non-healthcare settings can keep pace with modern practice.

The Government has committed to review the Misuse of Drugs (Safe Custody) Regulations 1973. As part of this review, I am keen to re-evaluate the controlled drugs currently subject to the safe custody requirements. I would be grateful for the ACMD's recommendation on any changes that should be made to the substances subject to safe custody requirements.

In addition, the Government will seek to consolidate the Misuse of Drugs Regulations 2001 (MDR). I would like the ACMD to contribute during the course of this consolidation process. I would be grateful for its involvement at two key stages of this work: first, as part of the scoping work; and second, following wider consultation on potential changes to the Misuse of Drugs Regulations 2001. ACMD input following consultation will be crucial in determining what, if any, changes the Government will make to the MDR. My officials will begin to take this work forward later in the year, with a view to completing any legislative changes in due course.

I would be keen to receive advice on both the review of the Safe Custody Regulations 1973 and the consolidation of the MDR in 2018.

Fentanyl and its analogues

I am concerned about recent evidence, from drug user deaths and police seizures in the UK, of potent synthetic opioids (fentanyls, including carfentanyl) having been added to illicit heroin in the supply chain. PHE is working with others to gather and assess data on the spread and impact of fentanyls, which will inform the development of appropriate responses. As this work progresses, I may commission the ACMD to provide further advice on this matter. In the interim, it would be helpful if ACMD could, based on a review of the scientific literature on the psychopharmacology of the fentanyls, advise me on the number and nature of known analogues, and their known and likely risk factors in the first quarter of 2018.

Licences for the administration and supply of diamorphine, dipipanone and cocaine to treat addiction

I have requested that officials review the processes by which doctors are licensed to prescribe, administer, supply or authorise administration or supply of diamorphine, dipipanone or cocaine for the treatment of addiction. I would like to request that ACMD contributes to that review and then considers its outcome, with a view to making any recommendations on changes to legislation that may then be required.

I recognise that this sets the ACMD a challenging set of objectives that must take place in tandem with the ACMD's advice on drug control, both planned and reactive, where new substances of concern emerge.

I must re-iterate how grateful I am on behalf of Government to the members of the Council for their commitment to providing the highest quality expert advice and I look forward to continuing to strengthen the ACMD's relationship with Government over the course of your chairmanship.

I am copying this letter to the Secretary of State for Health and the Secretary of State for Justice and Lord Chancellor.

A handwritten signature in black ink, appearing to read 'Amber Rudd', is centered on the page.

Rt Hon Amber Rudd MP