ACMD

Advisory Council on the Misuse of Drugs

Annual Report

(April 2013 to December 2016 consolidated)

Any enquiries about this Annual Report or any aspect of the work of the Advisory Council on the Misuse of Drugs should be addressed to:

ACMD Secretariat
Home Office
1st Floor, Peel Building (NE)
2 Marsham Street
London
SW1P 4DF
Email: ACMD@homeoffice.gov.uk

Contents

1. Introduction

The Advisory Council on the Misuse of Drugs (ACMD) is an advisory non-departmental public body (NDPB) sponsored by the Home Office, established under the Misuse of Drugs Act 1971.

It is the statutory duty of the ACMD under the Misuse of Drugs Act 1971 to keep the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem. The ACMD also became a statutory consultee under the Psychoactive Substances Act 2016 within this reporting period.

The ACMD's full Terms of Reference can be found in Annex A.

1.1. Annual Report

The publication of this annual report is in accordance with the requirements for NDPB scientific advisory committees (such as the ACMD) as per the Code of Practice for Scientific Advisory Committees.

This report is a consolidation of the annual reports outlining the ACMD's work and advice between April 2013 to December 2016. An appendix to government responses to ACMD publications and implementation of recommendations will be published in 2022.

1.2. Support to the ACMD

During this reporting period, secretariat support to the ACMD, its standing committees and working groups was provided by the Home Office, with support from Public Health England (PHE) for the Recovery Committee. The ACMD's secretariat is independent from the Government officials responsible for drugs policy.

The ACMD was also supported by an independent Press Officer provided by the Home Office.

1.3. Key sources of information for the ACMD

1.3.1. Code of Practice for the ACMD

The ACMD's governance standards for this reporting period are defined within the Council's Code of Practice. This document covers the role and remit of the ACMD and sets out the code of conduct for ACMD members, the ACMD Chair and the ACMD Secretariat.

1.3.2. Working Protocol between the Home Secretary and the ACMD

Within this reporting period, the ACMD interacted with the Home Office and Home Office Ministers in accordance with the Working Protocol between the Home Secretary and the ACMD.

This protocol sets out the principles of engagement between the ACMD and Government, supporting the respective roles and responsibilities of both parties. The protocol also supports the ACMD in discharging its duty under the Misuse of Drugs Act 1971, both to provide advice on matters referred to it by Ministers, and also to consider drug misuse issues of its own volition.

1.3.3. ACMD website

Past publications and recent reports can be found on the ACMD's dedicated webpage. Other key information relevant to the ACMD can also be found on this webpage, including current ACMD membership, commissioning letters, the ACMD's programme of work, and the ACMD's terms of reference. A register of interests for ACMD members is also published on the ACMD's website.

1.3.4. Government commissions

The ACMD prioritises its programme of work in line with Government priorities, legislative timeframes and in response to emerging issues or substances of misuse.

The Government issued several annual and in-year commissions during this reporting period, which informed the ACMD's work programme. The below table shows a breakdown of how the ACMD advice published in this reporting period had been commissioned.

Table 1: List of ACMD commissions and how they were commissioned

Commissioned by Government	Self-commissioned by the ACMD
Ketamine: a review of use and harm	Cocaine powder: Review of the evidence of prevalence and patterns of use, harms and implications
Diversion and illicit supply of medicines	Reducing opioid-related deaths in the UK
Drugs Strategy 2016: development review	Phytocannabinoids
ACMD review of alkyl nitrites	ACMD advice in relation to the Psychoactive Substances Bill
Lisdexamfetamine (Home Office request)	Nitrous oxide abuse
Control of Z-drugs (Home Office request)	Pregabalin and Gabapentin
ACMD advice on the scheduling of khat (further to earlier response to a government request)	Estra-4,9-diene-3,17-dione
Scheduling of GHB	What recovery outcomes does the evidence tell us we can expect?
Electronic prescribing for Schedule 2 and 3 controlled drugs	Prevention of drug and alcohol dependence
Allied Health Practitioners independent prescribing of controlled drugs by therapeutic radiographers	ACMD's recommendation on the synthetic stimulant 4,4'-DMAR
Temazepam (Home Office request)	ACMD's reports on synthetic opioids (AH-7921 and MT-45)
Time-limiting opioid substitution therapy	ACMD's report on 'Third Generation' synthetic cannabinoids
How can opioid substitution therapy be optimised to maximise recovery outcomes for service users?	Temporary Class Drug Orders (TCDOs): • Benzofury • NBOMe • Methylphenidate-related NPS • Methiopropamine • Etizolam and 15 other benzodiazepines • U-47,700
Update of the generic definition for tryptamines	

2. Summary of ACMD advice in this reporting period

2.1. Advice led by the ACMD's Technical Committee

The ACMD, through its Technical Committee, makes recommendations to government on the appropriate classification of substances under the Misuse of Drugs Act 1971 (MDA) and scheduling of substances under the Misuse of Drugs Regulations 2001 (MDR).

The ACMD also began an exploration of the impact of MDR 2001 scheduling upon the conduct of legitimate research, as detailed here.

2.1.1. Lisdexamfetamine (publication date: 05/09/2013)

In 2013, the ACMD recommended the placement of lisdexamfetamine into Class B of the MDA and scheduled under Schedule 2 of the MDR owing to its potential for diversion and use as a precursor to amphetamine. The ACMD's advice is available here.

2.1.2. Z-drugs (zaleplon, zolpidem and zopiclone) (publication date: 05/09/2013)

Zaleplon and Zopiclone were found to have a hypnotic effect similar to Zolpidem (Class C of the MDA and scheduled under Schedule 4, Part 1 of the MDR). In 2013, the ACMD recommended Zaleplon and Zopiclone to be controlled and scheduled in a similar way to Zolpidem. The ACMD's advice is available here.

2.1.3. Scheduling of khat (publication date: 20/09/2013)

In 2013, following the then Home Secretary's decision to control Khat as a Class C drug under the Misuse of Drugs Act 1971, the ACMD subsequently advised that khat should be a Schedule 1 drug, as it has no known medicinal purpose. The ACMD's advice is available here.

2.1.4. Scheduling of GHB (publication date: 03/10/2013)

The Home Office requested the ACMD to provide advice in relation the scheduling of Gamma-hydroxybutyrate (GHB) following the Commission on Narcotic Drugs' decision to reschedule GHB from Schedule IV to Schedule II of the Convention on Psychotropic Substances of 1971. The ACMD advised that Schedule 2 of the MDR would have little impact on clinicians and would therefore not be over burdensome. The ACMD's advice is available here.

2.1.5. Temazepam (publication date: 22/07/2014)

The ACMD reviewed the current exemption for temazepam from the rules on prescription writing for controlled drugs under regulation 15 of the MDR. The ACMD agreed with the Home Office proposal to remove this exemption and considered that temazepam no longer needed to be treated differently to other Schedule 3 drugs due to a reduction in its prescribing and the use of electronic prescribing. The ACMD's advice is available here.

2.1.6. Nitrous oxide abuse (publication date: 04/03/2015)

In 2015, the ACMD provided public health advice on the dangers of nitrous oxide abuse. While the ACMD did not consider the dangers of nitrous oxide to be sufficient to warrant control under the MDA, the ACMD provided several recommendations for government to reduce the risk of diversion and harms associated with its abuse. The ACMD's advice is available here.

2.1.7 Electronic prescribing for Schedule 2 and 3 controlled drugs (25/03/2015)

In 2015, the ACMD provided advice on the joint Department of Health and Home Office proposals to enable the Electronic Prescribing Service (EPS) for Schedules 2 and 3 controlled drugs**.** The ACMD's advice can be found here.

2.1.8. Pregabalin and Gabapentin (publication date: 14/01/2016)

The ACMD's inquiry on the diversion and illicit supply of medicines identified the increasing misuse of Pregabalin and Gabapentin. They have medicinal applications in the treatment of a variety of conditions, but the ACMD considered the risk of addiction and harms from their misuse to be sufficient for control as Class C drugs under the MDA and scheduled under Schedule 3 of the MDR. The ACMD's advice is available here.

2.1.9. Estra-4,9-diene-3,17-dione (publication date: 14/01/2016)

In January 2016, the ACMD recommended the anabolic steroid estra-4,9-diene-3,17-dione, known as dienedione, to be controlled as a Class C drug in the MDA and scheduled under Schedule 4 Part 2 of the MDR, in alignment with other anabolic steroids already controlled. The ACMD's advice is available here.

2.1.10. Allied Health Practitioners: independent prescribing of controlled drugs by therapeutic radiographers (publication date: 05/09/2016)

The ACMD responded to an NHS-England proposal to allow the independent prescribing of certain substances by therapeutic radiographers. Although generally in agreement with the proposals, the ACMD highlighted concerns regarding the lack of recognition of the addiction potential of some of the substances to be included, particularly transdermal fentanyl, a powerful opiate analgesic. The ACMD's advice is available here.

2.2. Advice led by the ACMD's Recovery Committee

The Recovery Committee was formed to advise government on how people can best be supported to recover from alcohol and drug dependency.

2.2.1. What recovery outcomes does the evidence tell us we can expect? (publication date: 28/11/2013)

In 2012, the ACMD presented its first report led by the Recovery Committee to the Inter-ministerial group (IMG) on 'Recovery from drug and alcohol dependence: an overview of the evidence'. This report built up a picture of the evidence base on the complex factors involved in the journey from addiction to the various recovery outcomes.

The second ACMD report led by the Recovery Committee was released in 2013, titled 'What recovery outcomes does the evidence tell us we can expect'. Some of the key findings discussed how recovery was dependent on the circumstances of the individual involved and that quality treatment was effective to recovery, which should be viewed as a potentially long-term process, tailored to the individual and addressing multiple outcomes related to overall health and well-being. The ACMD's advice is available here.

2.2.2. Time-limiting opioid substitution therapy (publication date: 06/11/2014)

The ACMD received a ministerial commission for the Recovery Committee to provide advice on time-limited opioid substitution therapy (OST), in particular:

- To determine if the evidence supports the case for time-limited OST and the ideal length of treatment, with the corresponding risks and benefits; *and,*
- If the evidence did not support time-limited treatment, then how can continuing OST be optimised for maximum recovery outcomes.

The ACMD published its response to the first part of the commission in 2014. The conclusion was that the evidence did not support a blanket time limit on treatment and that the ACMD would not recommend this approach. The ACMD's advice is available here.

2.2.3. Prevention of drug and alcohol dependence (publication date: 25/02/2015)

In February 2015, the ACMD published a report led by the Recovery Committee, which set out some of the key developments in the field of substance use prevention in order to support future ACMD recommendations and discussions. The report highlighted that prevention was most effective through the policies and actions which tackle multiple risk behaviours and evaluated the effectiveness of some of the most popular prevention strategies. The ACMD's advice is available here.

2.2.4. How can opioid substitution therapy be optimised to maximise recovery outcomes for service users? (publication date: 23/10/2015)

The second report on optimising OST was published in October 2015 and addressed the second part of the commission - how OST can be optimised for maximum recovery outcomes. Six key recommendations were made to government, with emphasis on the need for protecting the investment and quality of treatment provided by Local Authorities, tackling the stigma associated with drug recovery, and building on the UK evidence base for recovery-oriented treatment for heroin users. The ACMD's advice is available here.

2.3. Advice led by the ACMD's Novel Psychoactive Substances (NPS) Committee

The ACMD's NPS committee was established in 2011 specifically to deal with the increasing issue of 'legal highs'. The NPS Committee looks at emerging drugs and problematic groups of substances with the potential to cause harm.

2.3.1. Update of the generic definition for tryptamines (publication date: 10/06/2014)

In December 2013, the ACMD was commissioned by government to carry out an annual review of generic definitions within the MDA in order to identify any that could be updated to capture NPS. In line with this, the ACMD provided the following recommendations:

- A new generic control to capture emerging tryptamines that were not listed under the Act at the time, such as alpha-methyltryptamine and 5-Meo-DALT
- The inclusion of several hallucinogenic LSD-related substances not covered by the Act at the time, such as AL-LAD and LSZ

The ACMD's advice is available here.

2.3.2. The synthetic stimulant 4,4'-DMAR (publication date: 14/11/2014)

In November 2014, the ACMD recommended that 4,4-DMAR (a stimulant) be controlled under Class A of the MDA and scheduled under Schedule 1 of the MDR. This advice followed reports that 4,4'-DMAR had been implicated in a number of deaths throughout Europe and a joint report by the European Monitoring Centre for Drug and Drug Addiction (EMCDDA) and Europol on its potency and toxicity. The ACMD's advice is available here.

2.3.3. ACMD's reports on synthetic opioids

During this reporting period, the ACMD provided advice on the control of several potent synthetic opioids, which had emerged as NPS:

- AH-7921, advice is available here.
- MT-45, advice is available here.

2.3.4. 'Third Generation' synthetic cannabinoids (publication date: 27/11/2014)

In 2009, the ACMD issued its initial advice on the first generation of *synthetic cannabinoid receptor agonists.*

In 2012, the ACMD recommended several further generic definitions to capture a 'second generation' of these synthetic cannabinoids which had been developed to evade the existing legislation (e.g. UR-144, AM-2201).

In 2014, the ACMD published a report detailing how new substances outside of the scope of the previous two generic controls had been appearing on the market. Substances such as AKB-48 and PB-22 were prolific all over Europe and the NPS Committee developed a comprehensive generic description to capture this 'third generation' of synthetic cannabinoids.

The ACMD's advice is available here.

2.3.5. Temporary Class Drug Orders (TCDOs)

TCDOs were implemented in 2012 under Section 2A of the Misuse of Drugs Act 1971 to enable particularly dangerous NPS to be controlled for a twelve-month period while an in-depth review of the evidence of harms was carried out.

In this reporting period, the ACMD recommended six TCDOs:

Benzofury (2013), notably 5-APB and 6-APB, which were prevalent on the 'legal high' market appearing under a range of names and in varying products and causing serious harm. The ACMD's advice is available here.

NBOMe (2013), a particularly potent range of drugs which were causing hallucinogenic effects at an extremely low quantity and extensive evidence of harms. The ACMD's advice is available here.

Methylphenidate-related NPS (2015), the increasing prominence of ethylphenidate, particularly the problems associated with its intravenous administration. The ACMD's advice is available here.

Methiopropamine (2015) Following the TCDO on methylphenidate-related substances, there were reports of possible displacement to methiopropamine (MPA) and reports of a number of deaths and an increase in the prevalence and harms associated with methiopropamine. The ACMD's advice is available here.

- **Etizolam and 15 other benzodiazepines (2016)**, owing to increased reports of harms associated with so-called 'designer' benzodiazepines. Etizolam was of particular concern as it had become the predominant benzodiazepine abused within the illicit drug market across Scotland. The ACMD's advice is available here.

- **U-47,700 (2016)**. The ACMD was concerned that abuse of U-47,700 had the potential for severe harms, particularly following reports from the USA of more than 80 deaths attributed to this substance and that the patterns of misuse mirrored those of heroin. The ACMD's advice is available here.

2.4. Advice led by ACMD working groups

2.4.1. Ketamine: a review of use and harm (publication date: 10/12/2013)

In 2013, the ACMD published a report on the harms and misuse of ketamine, following a government commission to review the physical and psychological harms associated with its misuse. The report built upon the evidence formulated in the previous ACMD report on the subject in 2004. In light of further evidence, in particular of chronic effects such as toxicity to the bladder and an increase in presentations to hospitals with acute toxicity, the ACMD recommended that ketamine be moved to Class B in the MDA (from Class C). In addition, owing to the necessity for stricter controls for safe custody and register requirements, the ACMD recommended that ketamine be moved to Schedule 2 of the MDR (from Schedule 4, Part 1). The ACMD's advice is available here.

In February 2015, the ACMD further recommended that legislative provisions should be introduced to ensure ketamine continues to be available under patient group directions when it is rescheduled. The ACMD's advice is available here.

2.4.2. Cocaine powder: Review of the evidence of prevalence and patterns of use, harms and implications (publication date: 12/03/2015)

In 2015, the ACMD published a report on cocaine powder following an in-depth study into its prevalence and patterns of use, associated physical and psychological harms and societal implications such as on policing and healthcare. The report found that there had been an increase in cocaine powder use between 1996 and 2008/9 and a spread in the demographic of its user; there appeared to be a two-tier distribution market, separated by drug purity and therefore price; effective treatment methods include cognitive behavioural therapy and contingency management; mass education initiatives specifically highlighting cocaine powder were not found to be helpful or appropriate and may have unintended consequences. The ACMD's advice is available here.

2.4.3. Reducing opioid-related deaths in the UK (publication date: 12/12/2016)

In 2016, the ACMD established a working group to explore recent increases in drug-related deaths in the UK. The ACMD concluded that this was most likely attributable to an ageing profile of heroin users with increasingly complex health needs, a deepening of socio-economic deprivation and changes to

drug treatment and commissioning practices. In December 2016, the ACMD published its report on reducing opioid-related deaths in the UK. Recommendations included better data collection methods to monitor future deaths, the expansion of OST services and the funding of independent research into trends of drug-related deaths. The ACMD's advice is available here.

2.4.4. Diversion and illicit supply of medicines (interim advice publication date: 27/08/2015; final advice publication date: 15/12/2016)

In 2013, the Government commissioned the ACMD to provide advice on the diversion and illicit supply of medicines.

Key findings in the ACMD's report included:

- The most prevalent diverted drugs were opioids and benzodiazepines
- A major source of supply was by prescription prior to diversion
- The Internet was an increasing illicit source of medicines with many unlicensed online pharmacies supplying prescriptions and medicines unethically
- Medicines supplied illicitly may be counterfeit or adulterated
- Use of illicitly supplied medicines increased the risk of accidental overdose, infections and blood-borne viruses (BBVs)
- Most prisons had reported an issue of diversion of medicines

The report recommended the monitoring of those substances most susceptible to diversion, alerting prescribers to those at risk, improved treatment for those affected and the collation of data to measure prevalence. The ACMD's interim advice is available here and the final advice is available here.

2.4.5. Phytocannabinoids (publication date: 16/12/2016)

An ACMD working group was established to review the current definition in the MDA controlling *Cannabinol and its derivatives* as Class B/ Schedule 1 drugs. The ACMD identified all the known phytocannabinoids, determined which would be captured by the definition and reviewed the evidence for psychoactivity. The ACMD's advice is available here.

2.4.6. Neurochemistry Working Group

The ACMD established a working group to consider a receptor-based approach to drug control following the NPS Expert Panel report of October

2014. This working group was disbanded, as a neurochemical approach was adopted for the Psychoactive Substances Act 2016.

2.4.7. MDA/ PSA Working Group

Following the implementation of the PSA in 2016, the ACMD convened a working group to look at the interaction and overlap of the MDA and PSA with respect to future decision making and to consider how the ACMD will operate under the two legislative measures to ensure continuity with respect to drugs advice.

2.5. ACMD advice on the Psychoactive Substances Bill and Act

In May 2015, the government outlined its plans to take a new approach to dealing with the prevalence of NPS. The Psychoactive Substances Bill (PSB) would make the production, supply and trafficking of any substance deemed as being psychoactive illegal, with specified exemptions. This psychoactive effects based approach, as opposed to the structural approach of the MDA, aimed to pre-empt the so-called 'designer' drugs created to circumvent the existing legislation.

2.5.1. ACMD advice in relation to the Psychoactive Substances Act 2016 (publication dates: 02/07/2015; 13/07/2015; 17/08/2015; 23/10/2015)

The ACMD made several recommendations during the development of the Psychoactive Substances Act 2016.

- The ACMD provided advice on 2 July 2015 – the ACMD's advice is available here.
- The ACMD wrote to the then Home Secretary again on 13 July 2015 to provide more detail on its recommendations concerning the use of the word novel and on determining psychoactivity. The ACMD's advice is available here.
- The ACMD sent further correspondence to the then Home Secretary concerning the scope and definitions in the bill – the ACMD's advice is available here.
- The ACMD provided its final advice in October 2015 on its recommended definitions for the bill – the ACMD's advice is available here.

The Psychoactive Substances Act 2016 was implemented on 26 May 2016. The ACMD provided advice to assist the development of the forensic strategy for the Psychoactive Substances Act 2016. The ACMD also provided advice to the Home Office team who carried out the 30 month review of the PSA (advice on the draft review framework and a summary of the contribution to the impact review).

2.5.2. Drugs Strategy 2016: development review (publication date: 01/02/2016)

The Home Office invited the ACMD to provide commentary and comments on the refreshed drug strategy in 2016. The ACMD response to the strategy focused on the demand, recovery and supply aspects and summarised the key ACMD recommendations from previous reports for consideration.

2.5.3. ACMD review of alkyl nitrites (publication date: 16/03/2016)

In March 2016, the ACMD was commissioned to provide advice on whether alkyl nitrites should be 'exempted' from the PSA, including an updated harms assessment and whether alkyl nitrites would be considered as 'psychoactive' under the definition in the PSA. Upon reviewing the harms, the ACMD noted that alkyl nitrites were not seen to be capable of having harmful effects sufficient to constitute a societal problem.

The ACMD concluded that in its interpretation of the definition of psychoactivity in the PSA, drugs such as alkyl nitrites, acting indirectly on the CNS did not fall within scope of the current definition of a "psychoactive substance" within the PSA.

The ACMD's advice is available here.

Annex A: ACMD Terms of Reference

The ACMD's terms of reference are set out in Section 1 of the Misuse of Drugs Act 1971 (MDA) which states as follows:

"It shall be the duty of the Advisory Council to keep under review the situation in the United Kingdom with respect to drugs which are being or appear to them likely to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to constitute a social problem, and to give to any one or more of the Ministers, where either Council consider it expedient to do so or they are consulted by the Minister or Ministers in question, advice on measures (whether or not involving alteration of the law) which in the opinion of the Council ought to be taken for preventing the misuse of such drugs or dealing with social problems connected with their misuse, and in particular on measures which in the opinion of the Council, ought to be taken:

a) *for restricting the availability of such drugs or supervising the arrangements for their supply;*

b) *for enabling persons affected by the misuse of such drugs to obtain proper advice, and for securing the provision of proper facilities and services for the treatment, rehabilitation and after-care of such persons;*

c) *for promoting co-operation between the various professional and community services which in the opinion of the Council have a part to play in dealing with social problems connected with the misuse of drugs;*

d) *for educating the public (and in particular the young) in the dangers of misusing such drugs and for giving publicity to those dangers; and*

e) *for promoting research into, or otherwise obtaining information about, any matter which in the opinion of the Council is of relevance for the purpose of preventing the misuse of such drugs or dealing with any social problem connected with their misuse".*

A further duty is placed on the Council by the Act to consider any matter relating to drug dependence or the misuse of drugs which may be referred to them by any one of the Ministers concerned, and in particular to consider and advise the Home Secretary on any communication which he refers to the Council which relates to the control of a dangerous or otherwise harmful drug and which is made to Her Majesty's Government by any organisation or authority established by treaty, convention or other agreement or arrangement to which Her Majesty's Government is a party.

Annex B: ACMD membership (in December 2016)

Under the terms of the Misuse of Drugs Act 1971, members of the ACMD, of whom there should be not less than 20, are appointed by the Home Secretary.

Appointments are ordinarily limited to a term of three years and are made in accordance with the guidance issued by the Office of the Commissioner for Public Appointments (members may be re-appointed following appraisal).

A list of ACMD members (from December 2016), together with a note of their professional background, is set out below. The ACMD website lists the current membership details of the ACMD.

Professor Leslie Iversen – Chair of ACMD, Neuropharmacologist and Visiting professor of pharmacology, Oxford University

Dr Kostas Agath – Consultant psychiatrist (Addictions), Medical Director of Addaction

Gillian Arr-Jones – Pharmacist and expert reviewer and pharmacist consultant in health and social care

Fiona Bauermeister – Assistant Chief Officer with London Community Rehabilitation Company

Commander Simon Bray – Commander in the Metropolitan Police, Specialist Operations

Dr Roger Brimblecombe – Pharmacologist

Annette Dale-Perera – Independent consultant

Professor Paul Dargan – Consultant physician and clinical toxicologist, clinical director, Guy's and St Thomas' NHS Foundation Trust Professor of Clinical Toxicology, King's College London

Dr Emily Finch – Clinical director of the Addictions Clinical Academic Group and consultant psychiatrist for South London and Maudsley NHS Trust

Professor Simon Gibbons – Professor of medicinal phytochemistry, Research Department of Pharmaceutical and Biological Chemistry, UCL School of Pharmacy

Sarah Graham – Director, Sarah Graham Solutions

Professor Raymond Hill – Neuropharmacologist and visiting Professor of pharmacology, Imperial College London

Kyrie James – First Tier Tribunal (Immigration and Asylum Chambers)

David Liddell – Chief Executive Officer at the Scottish Drugs Forum

Professor Fiona Measham – Professor of criminology in the School of Applied Social Sciences, Durham University

Jo Melling – Head of performance and delivery, NHS England (Midlands)

Dr Tim Millar – Senior research fellow and addiction research strategy lead, University of Manchester

Richard Phillips – Independent consultant in substance misuse

Rob Phipps – Former senior policy official (drugs and alcohol), Department of Health, Social Services and Public Safety in Northern Ireland

Dr Steve Pleasance – Analytical chemist and head of industry at the Royal Society of Chemistry

Professor Fabrizio Schifano – Consultant psychiatrist (addictions), CRI Hertfordshire drug and alcohol recovery services and Professor of clinical pharmacology and therapeutics, University of Hertfordshire

Professor Alex Stevens – Professor of criminal justice and deputy head of the School of social policy, sociology and social research, University of Kent

Professor Harry Sumnall – Professor in substance use, Liverpool John Moores University

Professor Ben Whalley – Professor of neuropharmacology, University of Reading

<u>The following ACMD members had demitted before December 2016:</u>

Nigel Kirby
Dr Marcus Roberts

Annex C: Expenditure

The ACMD is sponsored by the Home Office. The total expenditure in the financial years covered by this reporting period have been broken down annually below:

Accounting Period	Costs Incurred
2013 – 2014	£44,620
2014 – 2015	£54,204
2015 – 2016	£33,356
2016 – 2017	£44,780

These costs were associated with the provisions of facilities for meetings of the ACMD (and its committees and working groups), including expenses of members properly incurred. The ACMD generated no income of its own. Members of the ACMD are not remunerated.