ACMD

Advisory Council on the Misuse of Drugs

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Rt Hon Suella Braverman KC MP
Home Secretary
2 Marsham Street
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25 May 2023

Dear Home Secretary,

Re: ACMD report – Review of the Evidence on the use of Cumyl-PeGaClone and Other Recently Encountered Synthetic Cannabinoid Receptor Agonists

In January 2022 the then-Home Secretary commissioned the Advisory Council on the Misuse of Drugs (ACMD) for advice on the appropriate classification and scheduling of the synthetic cannabinoid receptor agonist (SCRA) Cumyl-PeGaClone. The Home Office was obliged to do this when Cumyl-PeGaClone was added to Schedule II of the Convention on Psychotropic Substances of 1971 during the 64th Commission on Narcotic Drugs (CND) meeting in April 2021.

The ACMD is pleased to enclose this report describing the use and harms of Cumyl-PeGaClone and other recently encountered synthetic cannabinoid receptor agonists. The report includes recommendations on the classification and scheduling of Cumyl-PeGaClone, following a thorough review of the evidence available and utilising the expertise of the ACMD Novel Psychoactive Substances Committee (NPSC) members.

SCRA that fall outside of the current UK generic control such as Cumyl-PeGaClone have been detected recently in illicit markets within the UK and internationally. The ACMD recommends a consultation should be undertaken with stakeholders, including academia and the chemical and pharmaceutical industries on modifications to the current generic control for SCRA, to capture currently uncontrolled SCRA that have been detected in the UK and internationally, including Cumyl-PeGaClone.

The ACMD have drawn the following conclusions, options for control and recommendation based on the evidence presented in this report:

Summary and Conclusions

1. Compounds that have (or are likely to have) cannabinoid receptor agonist activity and that are not controlled via the Misuse of Drugs Act (MDA) 1971 have been identified in illicit drug markets internationally; several of these have also been identified in the UK.

2. One of the listed uncontrolled SCRA, Cumyl-PeGaClone, has been added to Schedule II of the Convention on Psychotropic Substances 1971 so the UK is obliged to introduce control measures, although detections of this compound have not been reported in the UK.

3. Control of the other SCRA listed in Annex A in the report should also be considered, with the priorities being higher potency compounds and those recently identified in the UK.

4. Some compounds listed in Annex A have been sold as precursors, sometimes with instructions on how to convert these to other SCRA, but they are also sold as final products so it is considered appropriate to control of these via the MDA 1971 rather than via precursor legislation.

5. In light of the continuing emergence of New Psychoactive Substances (NPS) including SCRA, there is a need to improve surveillance of compounds involved in episodes of severe toxicity or deaths. The ACMD has previously recommended that a government-led working group should be established to consider and provide recommendations on a UK-wide minimum standard set of post-mortem toxicology tests for apparent drug-related deaths, to include testing for relevant NPS to improve consistency of analysis and detection.

Options for Control

SCRA that are captured by the current generic definition in the MDA 1971 are listed as Class B compounds and, having no recognised medicinal value, appear in Schedule 1 of the Misuse of Drugs Regulations (MDR) 2001. The options for control of the SCRA listed in Annex A that fall outside the current generic definition are as follows:

(a) Control only Cumyl-PeGaClone; the UK is obliged to do this by our national obligations under the UN Convention on Psychotropic Substances 1971.

Other SCRA listed in Annex A would not be controlled via the MDA but for those with CB_1 receptor agonist properties, it is already an offence to produce, supply, offer to supply, possess with intent to supply, possess on

custodial premises, import or export under the Psychoactive Substances Act 2016. The position of these SCRA, however, would not be consistent with those already covered by the current generic.

(b) Control and scheduling of some (including Cumyl-PeGaClone) or all of the SCRA listed in Annex A via the MDA 1971 and MDR 2001 as Class B Schedule 1 compounds. This would be consistent with the position for other established SCRA. It could be achieved by

(i) Control and scheduling of specific compounds by name (including Cumyl-PeGaClone). This is a simpler and quicker option, but would risk being overtaken by the rapid development of further variants, as has been seen in other families of NPS.

(ii) Adjusting the current UK generic description to incorporate further core structures. This would 'future-proof' the legislation by covering known and predicted variants, at least to some extent, although further SCRA which fall outside the revised generic are likely to emerge in the future. Use of the generic approach would require consultation with stakeholders because of the risk of inadvertently including materials of legitimate pharmaceutical or wider industrial use. This would delay introducing legislation, but the numbers of detections in the UK of SCRA outside the current scope of the MDA's controls are currently limited (although could increase).

Having considered these different options for control, the ACMD has made the following recommendation to provide a legal framework to control newly discovered SCRA such as Cumyl-PeGaClone under the Misuse of Drugs Act 1971;

Recommendation:

A consultation should be undertaken with stakeholders, including academia and the chemical and pharmaceutical industries on modifications to the current generic control for SCRA. This modification would capture currently uncontrolled SCRA that have been detected in the UK and internationally, as listed in Annex A. The proposed wording for the generic definition for addition to the MDA is provided in Annex C.

This would include Cumyl-PeGaClone, which has been added to Schedule II of the Convention on Psychotropic Substances 1971. Compounds covered by the revised generic would, therefore, be classified as Class B compounds under the MDA 1971.

As yet, no medical use of any of these compounds has been established, so those covered by the revised generic definition should appear in Schedule 1 of the MDR 2001 (as amended) and added to schedule 1 of the Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015, to which section 7(4) of the Misuse of Drugs Act 1971 applies.

Lead: Home Office.

Measure of outcome: The incorporation of the revised generic descriptions into the MDA 1971 and Schedule 1 of the MDR 2001 and the Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015.

We welcome the opportunity to discuss this report in due course.

Yours sincerely,

Professor Owen Bowden-Jones
Chair of ACMD

Professor Simon Thomas
Chair of NPS Committee