ACMD

Advisory Council on the Misuse of Drugs

Annual Report

(January 2023 to December 2025 consolidated)

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Foreword by Professor Owen Bowden-Jones CBE, Chair of the Advisory Council on the Misuse of Drugs (ACMD)

This consolidated annual report from the Advisory Council on the Misuse of Drugs (ACMD) provides an overview of our work from January 2023 to December 2025.

During this period the ACMD continued to be exceptionally busy and was pleased to continue to provide evidence-based, independent scientific advice through 17 reports, and several addendums and amendments to previously published reports, in different areas related to drug misuse and harms in the UK. These included:

- Synthetic cathinones
- Semi-synthetic cannabinoids
- Alkyl Nitrites
- Nitrous Oxide
- Synthetic opioids
- Etomidate
- Xylazine, medetomidine, and detomidine
- Carisoprodol

During this period, the ACMD was also pleased to see updates made to the ACMD's Standard Operating Procedure to incorporate clear guidance on how the ACMD comes to decisions on the classification of drugs. This contributed to the ACMD's continued commitment to ensuring that advice is consistent, evidence-based and transparent in its approach. The ACMD continued to take efforts to ensure a diverse array of topics are examined to ensure work addresses Government priorities and UK-wide drug-related issues. As part of this commitment, the ACMD held Full Council meetings in Wales (2023), Scotland (2024) and Northern Ireland (2025).

As part of the ACMD's commitment to supporting the national drug strategy, the Council established a new committee dedicated to Prevention which will be a long-standing committee set up to provide ongoing advice to the cross-departmental Joint Combatting Drugs Unit (JCDU) in relation to the 10-year drugs strategy and prevention. The Prevention committee published its first report in May 2025, providing advice on the key foundational principles needed for the provision of high quality, long-term drug prevention activity for young people.

Throughout this period the ACMD has also progressed several ongoing reports due for publication soon. These include a report on internet-facilitated drug markets, reports assessing the specific drug harms experienced by

individuals in ethnic minority groups and the LGBT+ community, a review of the 2018 rescheduling of cannabis-based products for medicinal use in humans, a review into the drivers of cocaine use, and an updated harms assessment for ketamine. The ACMD is also grateful to the Government for the 3-year commission received in June 2025 and looks forward to providing advice to support Government priorities, including creating safer streets and reducing violence against women and girls.

Providing high-quality advice across such a broad and complex portfolio requires access to diverse expertise and evidence that the ACMD can draw upon. The ACMD is exceptionally grateful to the continued support of a large group of co-opted national and international experts who supported the provision of valuable advice during the reporting period. The ACMD also completed several public calls for evidence and would like to thank all those who provided evidence submissions and considerable inputs during this period.

I am deeply appreciative and would like to thank ACMD full council members and the ACMD secretariat for their continued outstanding expertise, dedication, patience, and commitment.

This report marks the end of my 9 years as Chair of the ACMD and I have every confidence that the ACMD, led by the new chair, will continue to provide independent scientific advice to support effective Government drug policy formulation and implementation.

Professor Owen Bowden-Jones CBE
Chair of the ACMD

1. Introduction

The Advisory Council of 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 (MDA).

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

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 2011.

This report is a consolidation of the annual reports outlining the ACMD's work and advice given in the calendar years 2023 through to 2025.

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 Science, Technology, Analysis, Research (STAR) group. The ACMD's secretariat is independent from the Government officials responsible for drugs policy.

The ACMD was also supported by an independent Press Officer within 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 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 council 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 (the "1971 Act"), both to provide advice on matters referred to by Ministers, and also to consider drug misuse issues of its own volition.

1.3.3 ACMD Webpage

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 ACMD Standard Operating Procedure for using evidence in ACMD reports

The ACMD has a Standard Operating Procedure as a central governance document to allow the Council to follow a consistent mechanism to prepare evidence-based advice. This document describes the process by which the ACMD collects, analyses and presents different types of evidence in a consistent and transparent manner to lead to the formulation of recommendations.

1.3.5 Commissioning letters to the ACMD

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 has commissioned the ACMD for a range of advice over the past 3 years. The ACMD strikes a balance between the matters the Government requests advice on, and those matters that the Council chooses to undertake on its own volition.

The below table shows a breakdown of how the ACMD advice published in this reporting period had been commissioned.

2. Summary of ACMD Advice (2023-2025)

ACMD advice in response to a Government commission	Self-commissioned ACMD advice
2023	
Nitrous Oxide – Updated Harms Assessment	
Use and Harms of Cumyl-PeGaClone	
ACMD Advice on NHS England Electronic Prescribing Proposal	
Review of the Harms of Diphenidine and Related Substances	
ACMD advice on Scheduling and Lawful Access to Nitrous Oxide	
Consideration of Barriers to Research: Part 2	
2024	
Use and Harms of Xylazine, Medetomidine, and Detomidine	Recently encountered uncontrolled novel benzodiazepines and related compounds
ACMD Advice on Acyl Piperazine Opioids, including 2-methyl-AP-237	Fourth Addendum to ACMD report on the use and harms of 2-benzyl benzimidazole (‘nitazene’) and piperidine benzimidazolone (‘brorphine-like’) opioids
Alkyl nitrites: PSA Exemption consideration	Fifth Addendum to ACMD report on the use and harms of 2-benzyl benzimidazole (‘nitazene’) and piperidine benzimidazolone (‘brorphine-like’) opioids
ACMD Advice on Reform to Hemp Licensing Fees	
2025	
Synthetic Cathinones: an Updated Harms Assessment	Updated ACMD Standard Operating Procedure on using evidence
A Whole System Response to Drug Prevention in the UK	Semi-synthetic Cannabinoids related to Tetrahydro-cannabinol and Cannabidiol
	ACMD Advice on zuranolone
	ACMD Advice on ganaxolone
	ACMD Advice on the three growth hormone agonists somapacitan, lonapegsomatropin, and somatrogon
	ACMD Review of the evidence on the use and harms of Etomidate
	Sixth Addendum to ACMD report on the use and harms of 2-benzyl benzimidazole (‘nitazene’) and piperidine benzimidazolone (‘brorphine-like’) opioids
	Amendment to Xylazine, medetomidine and detomidine
	Carisoprodol Harms Assessment

2.1 Advice published in 2023

2.1.1. Nitrous Oxide – Updated Harms Assessment (published 06/03/2023)

Nitrous oxide: updated harms assessment - GOV.UK

In September 2021, the ACMD was commissioned to conduct an updated assessment of the health and social harms of nitrous oxide to provide advice on whether nitrous oxide should be controlled under the MDA. This was prompted by concerns over increasing prevalence of nitrous oxide use, particularly in young people, and reports of an increase in neurological harms associated with use. The ACMD received a supplementary ministerial commission in February 2023, following which this review was expediated.

The ACMD concluded that the health and social harms of nitrous oxide were not commensurate with control under the MDA and therefore recommended that control under the MDA was not required, instead recommending a range of alternative actions to reduce the health and social harms. In March 2023 the Government responded to the review and chose to control nitrous oxide as a Class C drug, citing the widespread prevalence and visibility of the drug and the resulting harms for young people and antisocial behaviour in community spaces as the reason for their decision.

2.1.2 Use and Harms of Cumyl-PeGaClone (published 25/05/2023)

ACMD review of the evidence on the use and harms of Cumyl-PeGaClone - GOV.UK

In 2022 the synthetic cannabinoid receptor agonist (SCRA) Cumyl-PeGaClone was added to Schedule II of the UN Convention on Psychotropic Substances 1971, obliging the UK to consider the introduction of control measures for the drug. The ACMD were therefore commissioned to consider the appropriate classification and scheduling of Cumyl-PeGaClone under the MDA. The ACMD had previously advised that SCRAs should be controlled in the MDA and the Misuse of Drugs Regulations 2001 (MDR). Due to the complexity of SCRA molecules, which allows manufacturers to make small modifications to part of the molecule to produce a new substance, control using a generic definition of their chemical structures was recommended. The ACMD reviewed the prevalence and harms of SCRA compounds recently detected in illicit markets both in the UK and internationally which were not controlled by the generic definition for SCRAs at the time of the report, including Cumyl-PeGaClone. The ACMD recommended modifications to the generic definition, providing a proposed generic which would include recently detected SCRAs including Cumyl-PeGaClone, allowing these substances to be controlled in Class B of the MDA and Schedule 1 of the MDR, consistent with other SCRAs. The Government responded in July 2023, agreeing to the recommendations.

2.1.3. ACMD Advice on NHS England Electronic Prescribing Proposal (published 30/06/2023)

ACMD advice on NHS England electronic prescribing proposal - GOV.UK

The ACMD were consulted on a proposal from NHS England regarding a proposed change to the MDR to permit the electronic prescribing of Schedule 2 and 3 controlled drugs in secondary care and health and justice settings. Following a review of the proposal, the ACMD's technical committee concluded that the proposal included sufficient safeguards to reduce risk of diversion and that the change therefore would not facilitate an increase in illicit supply or misuse. The ACMD responded on 30th June 2023, expressing support for the proposed change. The Government accepted the ACMD's recommendation to allow the change and also accepted the ACMD's recommendation to evaluate the impact of the changes once implemented.

2.1.4. Review of the Harms of Diphenidine and Related Substances (published 10/08/2023)

ACMD review of the evidence on the use and harms of diphenidine - GOV.UK

In April 2021 diphenidine was added to the UN Convention on Psychotropic Substances 1971 as a Schedule II material, obliging the UK to review and enact appropriate control of the substance. The ACMD were therefore commissioned to provide advice on the appropriate classification and scheduling of diphenidine. The scope of this report was extended to include related substances ephenidine, methoxyphenidine, fluorolintane, and isophenidine. Substances of this type can have stimulant, analgesic and dissociative effects. The ACMD recommended control of this set of substances as Class B compounds under the MDA, consistent with the classification of other controlled dissociative drugs, and Schedule 1 of the MDR, given this set of substances have no legitimate uses. The Government accepted this recommendation.

2.1.5. ACMD advice on Scheduling and Lawful Access to Nitrous Oxide (published 11/08/2023)

Advice on scheduling and lawful access to nitrous oxide - GOV.UK

Following the Government's decision to control Nitrous Oxide under the MDA as a Class C drug [See 2.1.1], in June 2023 the Minister of State for Crime, Policing and Fire commissioned the ACMD to provide advice on the appropriate scheduling for nitrous oxide under the MDR as per their statutory duty.

The ACMD recommended that nitrous oxide be inserted into Schedule 5 of the MDR, and that consultations take place to agree a legally robust definition of legitimate use so that Schedule 5 of the MDR could be amended specifically for nitrous oxide, to enable all activities required for legitimate use while also enabling control of non-legitimate uses. In September 2023 the Government

accepted the recommendation to place nitrous oxide in Schedule 5 of the MDR.

2.1.6 Consideration of Barriers to Research: Part 2 (published 22/12/2023)

Consideration of barriers to research: part 2 - GOV.UK

The ACMD was commissioned in December 2022 by the Minister of State for Crime, Policing and Fire to provide advice on how to reduce barriers to research for drugs controlled under Schedule 1 of the MDR, in order to ensure the UK remains globally competitive in enabling innovation and development of new medicines in response to emerging evidence for the possible medical benefit of a number of controlled drugs. This followed a 2021 ACMD report, 'Barriers to Research: Part 1', which advised on ways to reduce barriers to research for synthetic cannabinoid receptor agonists (SCRAs).

The ACMD gathered evidence from a range of stakeholders to understand both the barriers and current procedures and regulations in place. This was used to formulate several possible options for reducing barriers to research, and the ACMD provided a set of non-mutually exclusive recommendations, owing to the breadth and complexity of the topic. These included proposed exemptions from the need to apply for a Home Office licence for work with Schedule 1 drugs for universities, hospitals, clinical studies, and the organisations supplying drugs for this work (with certain caveats). The ACMD also recommended a review of the domestic and import/ export licence application system, and the design of a framework to evaluate the impact of any policy changes in relation to research associated with Schedule 1 drugs. A further set of long-term recommendations was also included.

The Government responded in July 2025, accepting most of the recommendations in principle and agreeing that the Home Office should design a framework to assess and evaluate the impact of policy changes to reduce barriers to research. The ACMD have since been commissioned to specifically consider lessons learnt from the rescheduling of Cannabis Based Products for Medicinal Use in Humans (CBPMs) and provide advice on whether any of these may be relevant for the Government to consider when assessing potential use of psilocybin and other controlled drugs in the treatment of depression. This work is ongoing.

2.2 Advice published in 2024

2.2.1 Use and Harms of Xylazine, Medetomidine, and Detomidine (published 16/02/2024)

Use and harms of xylazine, medetomidine and detomidine - GOV.UK

In June 2023 the Government commissioned the ACMD to provide advice on the potential harms of xylazine, a non-opioid tranquiliser approved for use as

a sedative, muscle relaxant, and analgesic in veterinary medicine, following the first reported death associated with this drug in the UK. The ACMD chose to expand the scope of this review to include the closely related compounds medetomidine and detomidine. The ACMD reviewed evidence of prevalence of availability/use and harms of these compounds in order to inform recommendations. In North America, xylazine is commonly detected as an adulterant to illicit opioids such as fentanyl, where it is thought to be used to increase and/or prolong the sedative effects of these opioids. Xylazine may increase the severity and/or duration of sedation and respiratory depression caused by opioids.

While evidence of UK prevalence of xylazine use was found to be limited, the ACMD decided to recommend control of xylazine under Class C of the MDA as a result of the acute toxicity of xylazine when co-used with opioids, which was commensurate to that of co-use of benzodiazepines and opioids. As xylazine does have legitimate use as a veterinary medicine, it was recommended that it be placed in Schedule 4 Part 1 of the MDR. The ACMD also recommended that responsible agencies should monitor for substances such as xylazine and related compounds detomidine and medetomidine that might be used to augment the opioid market in the UK, so that this data could be collected and monitored by the relevant public health agencies. The review did not recommend the control of medetomidine or detomidine, as no evidence of misuse of these compounds in the UK was identified. The Government accepted all of these recommendations.

Since this report was published there has been increasing evidence of availability of medetomidine in the opioid market in North America, and it has been detected in seizures in the UK. The ACMD's NPS committee therefore undertook a further review to assess whether medetomidine, and pre-emptively detomidine, should be controlled. This report has now also been published [See 2.3.7].

2.2.2 ACMD Advice on Acyl Piperazine Opioids, including 2-methyl-AP-237 (published 27/03/2024)

ACMD advice on acyl piperazine opioids, including 2-methyl-AP-237 - GOV.UK

In 2023 2-methyl-AP-237 was added to Schedule 1 of the Single Convention on Narcotic Drugs of 1961. In order to comply with international obligations, the Government commissioned the ACMD to review the harms and consider control of 2-methyl-AP-237. The ACMD had also noted that the recent Taliban ban on growing opium poppy for heroin production in Afghanistan would result in an increase in the appearance of new synthetic opioids, such as acyl piperazines, in the UK illicit drug market.

The ACMD therefore conducted an assessment of the use and harms of 2-methyl-AP-237 and other acyl piperazine opioids and provided advice on appropriate legislative controls. The ACMD concluded that the harms of this group of compounds were at least comparable to those of heroin and of other

synthetic opioids. The ACMD provided a list of the compounds understood to have appeared on the international illicit drug market, and recommended control under Class A of the MDA and Schedule 1 of the MDR, consistent with the classification of other potent opioids. The ACMD also provided a proposed definition for a generic control to cover 2-methyl-AP-237-related variants, in order to counter the possibility that new examples may be encountered which could present a serious risk of harm, and recommended that consultation should be undertaken with stakeholders, including academia and the chemical and pharmaceutical industries, on the introduction of a generic control. The Government accepted all of the recommendations.

2.2.3 Recently Encountered Uncontrolled Novel Benzodiazepines and Related Compounds (published 28/03/2024)

Uncontrolled novel benzodiazepines: 2024 update - GOV.UK

In March 2023 the ACMD published updated advice on uncontrolled benzodiazepines. Prior to this report, the ACMD had previously provided advice on novel benzodiazepines on several occasions, the most recent being in 2020. The 2020 report considered 13 novel benzodiazepines and recommended the control of 3 of these. Since the 2020 report, the ACMD became aware of further benzodiazepines and related compounds being detected in Europe and the UK which were not yet controlled under the MDA. This report therefore considered 18 different compounds detected internationally to establish their prevalence in the UK and review evidence of harms and misuse. The ACMD recommended that 15 of these named benzodiazepines and related substances should be classified under class C of the MDA, consistent with other classified benzodiazepines. As none of the 15 compounds had any medicinal use in the UK, it was also recommended that they all be added to Schedule 1 of the MDR. The Government accepted both recommendations.

2.2.4 Fourth Addendum to ACMD report on the Use and Harms of 2-benzyl Benzimidazole (‘nitazene’) and Piperidine Benzimidazolone (‘brorphine-like’) Opioids (published 05/04/2024)

Fourth addendum to ACMD report on the use and harms of 2-benzyl benzimidazole (‘nitazene’) and piperidine benzimidazolone (‘brorphine-like’) opioids

In July 2022 the ACMD published a review of the use and harms of 2-benzyl benzimidazole (‘nitazene’) and piperidine benzimidazolone (‘brorphine-like’) opioids. In this report a set of named compounds from this group were recommended for control under Class A of the MDA and Schedule 1 of the MDR. Additionally, the ACMD provided a proposed definition for a generic control to be used to capture new examples of 2-benzyl benzimidazole variants and recommended that a consultation should be undertaken with stakeholders to introduce a generic control in order to pre-emptively capture new variants which may be encountered in the future. In the time since the original report was published, three addenda had been published to

incorporate newly encountered variants, either by name or by amendments to the generic control. In 2024 the ACMD were made aware of a further compound which had been detected in the UK, methylenedioxynitazene, which was not captured by the generic definition which had been proposed in the third addendum in 2023. The ACMD therefore published a fourth addendum, proposing a generic definition which would include methylenedioxynitazene. The Government accepted the recommendation. Two further addenda have since been published [See 2.2.7, 2.3.6].

2.2.5 Alkyl nitrites: ACMD Exemption Consideration (published 08/05/2024)

Alkyl nitrites: ACMD exemption consideration - GOV.UK

A commissioning letter from the Home Secretary in August 2020 asked the ACMD to consider a possible exemption to the Psychoactive Substances Act 2016 (PSA) for alkyl nitrites (also known as 'poppers'). The ACMD had previously advised in 2016 that alkyl nitrites did not fall within the scope of the PSA because they did not have a direct effect on the central nervous system, but in 2018 a Court of Appeal judgement suggested that substances with indirect psychoactive effect can still be captured by the PSA. This raised concerns in relation to the supply of alkyl nitrites for use as muscle relaxants by men who have sex with men. The Government were eager to ensure that supply in this context could not be prosecuted as criminal supply under the PSA. This report considered the prevalence, use, benefits, and harms associated with alkyl nitrites in order to provide a set of possible options for legislation. The ACMD recommended that an exemption from the PSA should be made for alkyl nitrites and also made a set of additional recommendations to ensure appropriate safeguards and monitor any unintended consequences. The ACMD recommended the commissioning of research to better understand the safety of this group of compounds. The ACMD are awaiting a Government response to this report.

2.2.6 ACMD Advice on Reform to Hemp Licensing Fees (published 23/10/2024)

ACMD advice on reform to hemp licensing fees - GOV.UK

In April 2024 the ACMD were commissioned to provide advice on a proposal to amend the licencing regimen for industrial hemp in order to simplify the regime in response to the potential economic and environmental advantages of hemp fibre. The ACMD were consulted on a proposal to raise the THC content permissible in seed types used to grow industrial hemp from 0.2% to 0.3%. The ACMD considered the global landscape and evidence from countries where similar changes had been enacted. The ACMD identified some risk of increased diversion which could result from the change but concluded that the potential benefits of the change outweighed increased risk of harms. The ACMD therefore expressed support for the proposed change and recommended that the Home Office should conduct an assessment of the

impact of the legislative change after two years. The Government accepted this recommendation.

2.2.7 Fifth Addendum to ACMD Report on the Use and Harms of 2-benzyl Benzimidazole ('nitazene') and Piperidine Benzimidazolone ('brorphine-like') Opioids (published 08/11/2024)

Fifth addendum to ACMD report on the use and harms of 2-benzyl benzimidazole ('nitazene') and piperidine benzimidazolone ('brorphine-like') opioids

Further to the fourth addendum published in April 2024 [See 2.2.4] the ACMD were made aware of evidence that carbamoyl derivates of etonitazene retain high opioid potency. Therefore, a fifth addendum to the report was published on a precautionary basis with a revised generic definition to capture carbamoyl derivates. The ACMD had also been alerted to a further 2-benzyl benzimidazole compound, which would not have been captured by the generic published following the fourth addendum. The ACMD therefore also amended the generic definition to ensure inclusion of this compound. The Government accepted the changes.

2.3 Advice published in 2025

2.3.1 Updated ACMD Standard Operating Procedure on Using Evidence (updated 03/01/2025)

Standard Operating Procedure for using evidence in ACMD reports - GOV.UK

The ACMD's standard operating procedure is a central document developed by the ACMD to allow the Council to follow a consistent mechanism when providing evidence-based advice and ensure that the processes followed by the ACMD when making recommendations are consistent and transparent.

On 3rd January 2025, the SOP was updated to include a new chapter on classification. This chapter laid out the guiding principles for classifying drugs under the MDA and outlined the factors the ACMD considers when making classification decisions, ensuring both consistency and transparency in how these decisions are made.

2.3.2 Synthetic Cathinones: an Updated Harms Assessment (published 03/02/2025)

Synthetic cathinones: an updated harms assessment - GOV.UK

In May 2023 the ACMD was commissioned by the Minister for Crime, Policing and Fire to provide an updated harms assessment of 3'-4'-Methylenedioxy-a-pyrrolidinohexiophenone (MDPHP) and other synthetic cathinones. This report was commissioned due to particular concern about 'monkey dust', a term

used to describe a street product which can contain several different synthetic substituted cathinone compounds, in particular MDPHP. ‘Monkey dust’ was causing particular concern in North Staffordshire. The ACMD last provided advice on the use and harms of synthetic cathinones in 2010, where control under Class B of the MDA was recommended, together with the development of a generic definition to combat the likelihood of further psychoactive variants emerging as a result of small modifications to the chemical structure of these compounds. As predicted, large numbers of new synthetic cathinones were reported in illicit drug markets in the subsequent years. Most were captured by the original UK generic definition, but some substances were encountered which evaded this control. The ACMD investigated evidence on the prevalence and harms of synthetic cathinones, particularly MDPHP, in order to form recommendations on the appropriate control of these substances, particularly investigating whether the harms of certain synthetic cathinones, such as MDPHP, may be greater than others and therefore warrant a higher level of classification. The ACMD also checked whether those substances found to be prevalent were appropriately covered by the generic definition or not.

The ACMD recommended that all synthetic cathinones captured by the generic definition should remain as Class B substances, as evidence of increased health harms associated with some specific synthetic cathinones was limited and incomplete. The evidence suggested that the health and social harms associated with ‘monkey dust’ were a particular localised problem to North Staffordshire, and that misuse across the rest of the UK had been declining. The ACMD therefore concluded that the disadvantages of reclassification to Class A outweighed possible advantages. The ACMD suggested that the ongoing problems in North Staffordshire would be better addressed by a public health approach and made a series of recommendations as to how this could be implemented effectively. The ACMD also recommended an update to the generic to ensure that all synthetic cathinones prevalent in international drug markets were captured. The ACMD are awaiting a Government response to this report.

2.3.3 Semi-synthetic Cannabinoids related to Tetrahydro-cannabinol and Cannabidiol (published 22/05/2025)

Semi-synthetic cannabinoids related to tetrahydro-cannabinol and cannabidiol - GOV.UK

The ACMD self-commissioned a review into the use and harms of semi-synthetic cannabinoids (SSCs) and tetrahydro-cannabinol acid (THCA), in order to identify specific compounds causing health and social harms which were not yet captured by the definition for cannabinoids in the MDA. This review aimed to examine current illicit use of SSCs and THCA in order to identify the specific compounds causing, or appearing capable of causing, health and social harms. Evidence on the harms of these compounds was documented in order to provide advice on their appropriate control under the MDA. The ACMD identified a set of SSCs not yet controlled and identified their harms as being comparable to similar SSCs already controlled under

Class B of the MDA and Schedule 1 of the MDR. The ACMD therefore recommended control under Class B for this set of named compounds and also recommended that the generic text for cannabinoids be updated to capture psychoactive SSCs not yet controlled. The ACMD also recommended measures to improve education and awareness of the possible harms of SSCs and recommended that testing should be undertaken to establish the psychoactivity of H4-CBD under the PSA, a widely detected SSC for which there was conflicting evidence of psychoactivity. The Government accepted all of the recommendations.

2.3.4 A Whole System Response to Drug Prevention in the UK (published 28/05/2025)

A whole-system response to drug prevention in the UK - GOV.UK

In July 2023 the ACMD was commissioned to provide advice on drug prevention for young people, to support the 10-year national strategy, which aims to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. The ACMD were asked to provide advice on a whole-system response for prevention of drug use in young people (aged 11-24 years) to support long-term action to reduce harm.

The report evaluated prevention activities internationally and in the UK. It concluded that currently in the UK there is a lack of national coordination of prevention activity, insufficient understanding of what is being delivered locally, no dedicated funding, and a lack of prevention competencies in the workforce. There was also a lack of evidence for specific types of intervention in UK settings in tandem with a lack of robust evaluation of prevention programmes. The ACMD therefore recommended that in order to put in place adequate prevention measures for young people, the Government needed to undertake a stocktake in order to understand the current prevention activity in the UK, develop a dashboard to monitor the quality of all prevention activity taking place, allocate ring-fenced funding for local authorities, develop a UK-wide competence framework for evidence based prevention activities, and embed strong local leadership for prevention activities alongside a national champion to strengthen prevention action and make it more visible. The report also recommended investment in evaluation, innovation, and research to help develop a greater evidence base for drug prevention activity in the UK. The ACMD are awaiting a Government response to this report.

The ACMD have also established a Prevention Standing Committee, which will provide ongoing advice to the Joint Combatting Drugs Unit (JCDU) on prevention topics.

2.3.2 ACMD Advice on Zuranolone (published 13/08/2025)

Zuranolone: ACMD advice - GOV.UK

Following a written submission and oral presentation from the Medicines and Healthcare products Regulatory Agency (MHRA), the ACMD assessed the oral, synthetic neuroactive steroid zuranolone, which was expecting approval for marketing in the UK for the treatment of moderate or severe postnatal depression in adults following childbirth. Human studies have demonstrated that zuranolone has effects on the central nervous system, including somnolence, euphoria, and dizziness, and abuse potential studies suggested zuranolone produced dose-dependent euphoric and CNS depressant effects. Studies suggested that zuranolone was comparable to benzodiazepines such as midazolam and alprazolam. The ACMD therefore recommended that zuranolone should be controlled as a Class C drug, along with benzodiazepines. The ACMD recommended that Zuranolone be scheduled under Schedule 4 (Part 1) of the MDR, as zuranolone was intended to be a prescription-only medicine which would only be prescribed by a healthcare professional experienced in perinatal psychiatry, meaning use would likely be limited and reducing the potential for misuse. Zuranolone has since received approval for marketing in the UK from the MHRA on 27th August 2025. The ACMD are awaiting a Government response to this report.

2.3.3 ACMD Advice on Ganaxolone (Published 13/08/2025)

Ganaxolone: ACMD advice - GOV.UK

Following a written submission and oral presentation from the Medicines and Healthcare products Regulatory Agency (MHRA), the ACMD assessed the neuroactive steroid ganaxolone to consider whether it warranted control under the MDA. Ganaxolone was approved for marketing in the UK on 7th March 2024 for the treatment of a rare epileptic seizure disorder, ‘Cyclin-dependent kinase-like 5’ (CDKL5) deficiency disorder. Ganaxolone had been found to be associated with CNS-effect in human studies, and adverse effects associated with misuse such as euphoria had been reported with ganaxolone treatment. However, due to the rarity of CDKL5 deficiency disorder, the ACMD considered that it was likely that use of ganaxolone would be highly limited, therefore making the potential for misuse very low. The ACMD therefore recommended that ganaxolone not be controlled under the MDA, on the provision that the MHRA ensure that consideration of misuse, abuse, and diversion are incorporated into their risk management plan for ganaxolone. The ACMD are awaiting a Government response to this report.

2.3.4 ACMD Advice on the three Growth Hormone Agonists Somapacitan, Lonapegsomatropin, and Somatrogon (Published 13/08/2025)

Somapacitan, lonapegsomatropin and somatrogon: ACMD advice - GOV.UK

Further to a written submission and oral presentation from the Medicines and Healthcare products Regulatory Agency (MHRA), the ACMD assessed three growth hormone agonists, somapacitan, lonapegsomatropin, and somatrogon, to consider whether they warranted control under the MDA. All three had been granted a marketing authorisation in the UK for use in individuals with growth

hormone deficiency. It is likely that the potential harms of these three growth hormone agonists would be commensurate to the three growth hormone medicines already controlled under Class C; somatotropin, somatropin, and somatrem. The ACMD therefore advised that these three medications should be controlled under Class C of the MDA, and Schedule 4 (Part 2) of the MDR, in line with the controls currently in place for the growth hormone medicines already controlled. The ACMD are awaiting a Government response to this report.

2.3.5 ACMD Review of the Evidence on the Use and Harms of Etomidate (Published 21/10/2025)

ACMD review of the evidence on the use and harms of etomidate - GOV.UK

Etomidate is a drug that has sedative effects and is used medically as an intravenous general anaesthetic. In recent years, evidence of significant levels of misuse of etomidate and related compounds has emerged in Asia, in particular involving use in young people by vaping devices. In response to the emerging international evidence and reports of small numbers of detections in the UK, the ACMD self-commissioned a review of etomidate and related compounds, to consider whether they should be classified under the MDA. Whilst the ACMD found limited evidence of detection and use in the UK, the ACMD identified that there was potential risk that availability of these compounds may increase given the increasing use and associated harms in Asia. The ACMD therefore recommended control under Class C, commensurate to similar sedatives such as benzodiazepines. As etomidate is licenced for use in medical practice, the ACMD recommended it be listed in Schedule 4 (Part 1) of the MDR. The ACMD also identified that due to limited testing of e-liquids at the border or by police, the true availability and use of etomidate and related drugs which are widely reported to be used through vaping of e-liquids is likely to be significantly underestimated. The ACMD therefore also recommended that law enforcement and trading standards should be encouraged to submit samples of seized vaping products for analysis, and that the availability and capability of UK-based analytical services should be increased to enable wider testing of e-liquids. A Government response is expected in January 2026.

2.3.6 Sixth Addendum to ACMD Report on the Use and Harms of 2-benzyl benzimidazole (‘nitazene’) and Piperidine Benzimidazolone (‘brorphine-like’) Opioids (published 21/10/2025)

ACMD advice on 2-benzyl benzimidazole and piperidine benzimidazolone opioids - GOV.UK

Following the fifth addendum to the report on 2-benzyl benzimidazole and piperidine benzimidazolone opioids published in 2024 [See 2.2.7], the ACMD were alerted to the detection of two further 2-benzyl benzimidazole compounds, ethylene etonitazene and ethylene isotonitazepyne, which would not be captured by the definition published in November 2024. The ACMD therefore recommended an amendment to the previous generic definition to

capture these compounds and associated phenethyl variants that may appear in the future, providing a proposed generic definition. The Government responded in December 2025, accepting the sixth addendum.

2.3.7 Amendment to Xylazine, Medetomidine and Detomidine (published 21/10/2025)

Use and harms of xylazine, medetomidine and detomidine - GOV.UK

In the report 'The Use and Harms of Xylazine, Medetomidine, and Detomidine', published in February 2024 [See 2.2.1], medetomidine and detomidine were not recommended for control due to there being no reports of detections in the UK at the time.

The ACMD were made aware in 2025 of recent detections of medetomidine in the UK drug market, along with increasing evidence of availability of medetomidine in the opioid market in North America. The ACMD therefore self-commissioned a report revisiting these compounds to decide whether to amend the original recommendations to include medetomidine and detomidine. The ACMD found limited evidence of detection and harms relating to medetomidine and detomidine in the UK, but did find evidence of increasing detection and associated harms in North America. Given there was evidence of a small number of detections of medetomidine in the UK, the ACMD identified the possibility that prevalence may increase. The ACMD also identified the potential for detomidine to appear as a substitute if both xylazine and medetomidine were controlled. The ACMD therefore recommended that both medetomidine and detomidine be added to Class C of the MDA, like xylazine, in order to take a precautionary approach in anticipation of the possibility that medetomidine detection increases and detomidine appears in the UK. Given medetomidine and detomidine have legitimate uses in veterinary medicine, the ACMD recommended they be placed in Schedule 4 Part 1 of the MDR. A Government response is expected in January 2026.

2.3.8 Carisoprodol: Review of the Evidence on its Use and Harms (published 06/11/2025)

Carisoprodol: review of the evidence on its use and harms - GOV.UK

In March 2025 the UN commission on Narcotic Drugs moved carisoprodol into Schedule IV of the 1971 Single Convention on Narcotic Drugs, obliging the UK, as a signatory, to consider introducing appropriate legal control measures for this compound. Carisoprodol is an orally active centrally acting muscle relaxant that had been used as a medicine until 2007, when the European Medicines Agency recommended that member states suspend marketing authorisation due to the conclusion that the evidence no longer suggested that the benefits of the medicine outweighed the risks. In the UK carisoprodol had not previously been controlled under the MDA, so following the decision by the UN, the ACMD reviewed evidence on the harms and use of carisoprodol in order to provide advice on whether the drug warranted control. The ACMD found evidence of recent increases in the numbers of detections of

carisoprodol in the illicit drug supply in the UK and identified that further increases in its prevalence were likely. The ACMD also found evidence of potential health and social harms associated with the use of carisoprodol, especially when taken along with an opioid or benzodiazepine, commensurate with those of drugs in Class C of the MDA. The ACMD recommended carisoprodol be placed in Class C of the MDA and Schedule 4 Part 1 of the MDR. The ACMD also recommended that routine toxicological testing for carisoprodol and its metabolite meprobamate should be performed routinely to improve the ability to monitor trends in use and harms associated with the drug, and made recommendations to improve education and awareness of the harms. A Government response is expected in February 2026.

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 His Majesty's Government by any organisation or authority established by treaty, convention or other agreement or arrangement to which His Majesty's Government is a party.

Annex B: ACMD Membership (as of December 2025)

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 to the ACMD are made in accordance with the Governance Code on Public Appointments - GOV.UK.

A list of ACMD members as of December 2025, together with a note of their professional background, is set out below. The ACMD website lists the current membership of the ACMD, including any declarations of interest.

Chair	
Professor Owen Bowden-Jones CBE	Consultant Psychiatrist, Central North-West London NHS Foundation Trust
ACMD Council Members	
Professor Judith Aldridge	Professor of Criminology at University of Manchester
Professor Anne Campbell MBE	Professor of Substance Use and Mental Health, and Co-Director of the Drug and Alcohol Research Network at Queens University, Belfast
Dr Caroline Copeland	Senior Lecturer in Pharmacology & Toxicology, King's College London. Director, National Programme on Substance Use Mortality
Professor Colin Davidson	Professor of Neuropharmacology, University of Lancashire
Professor Karen Ersche	Professor of addiction neuroscience at the University of Cambridge and an adjunct Professor of Translational Addiction Research at the Central Institute of Mental Health in Mannheim at the University of Heidelberg in Germany
Mr Mohammed Fessal	Chief Pharmacist, Change Grow Live
Professor Amira Guirguis	Professor of Pharmacy, MPharm Programme Director and Deputy Pro Vice Chancellor at Swansea University and Chief Scientist at Royal Pharmaceutical Society
Professor Graeme Henderson	Honorary Professor of Pharmacology, School of Physiology, Pharmacology & Neuroscience, University of Bristol
Dr Hilary Hamnett	Associate Professor in Forensic Science, University of Lincoln
Mr Jason Harwin	Director and Co-founder of E-T-E Solutions Limited
Professor Katy Holloway	Professor of Criminology, University of South Wales
Dr Carole Hunter	Chair SDF Board. Doping Control Officer UK Antidoping

Professor Stephen Husbands	Professor of Medicinal Chemistry, University of Bath
Professor Sunjeev Kamboj	Professor of translational clinical psychology at University College London and an honorary consultant clinical psychologist in the North London Foundation NHS Trust.
Professor Roger Knaggs	Professor in Pain Management and Clinical Pharmacy Practice, University of Nottingham
Mrs Sapna Lewis	Senior Lawyer, Welsh Government Legal Services Department
Dr Lorna Nisbet	Principal Investigator for Forensic Toxicology at the Leverhulme Research Centre for Forensic Science, University of Dundee.
Detective Sergeant Jon Privett	Detective Sergeant and Expert Witness in Drug Trafficking, Metropolitan Police Service
Mrs Fiona Spargo-Mabbs OBE	Director and Founder, Daniel Spargo-Mabbs Foundation. Chair, Drug Education Forum.
Dr Richard Stevenson	Emergency Medicine Consultant, Glasgow Royal Infirmary
Professor Paul Stokes	Professor of Mood Disorders and Psychopharmacology, King's College London
Professor Harry Sumnall	Professor in Substance Use, Liverpool John Moores University (LJMU)
Professor Simon Thomas	Emeritus Professor of Clinical Pharmacology and Therapeutics, Newcastle University
Professor Derek Tracey	Chief Medical Officer, South London and Maudsley NHS Foundation Trust
Ms Rosalie Weetman	Group Manager Inclusion Health, Derbyshire County Council and Programme Manager, Drug and Alcohol Improvement Support Team
Professor David Wood	Professor of Clinical Toxicology and Consultant Physician, Guy's and St Thomas' NHS Foundation Trust, King's Health Partners and King's College London

The following experts demitted during the reporting period. Note that the affiliations listed here are accurate to the time of their membership and may not reflect their current roles.

Dr Kostas Agath	Consultant Psychiatrist (addictions), Change Grow Live, Southwark
Dr Emily Finch	Clinical Director of the Addictions Clinical Academic Group and a Consultant Psychiatrist for South London and Maudsley NHS Trust
Professor Sarah Galvani	Professor of Social Research and Substance Use, Manchester Metropolitan University
Mr Lawrence Gibbons	Head of Drug Threat at the National Crime Agency Intelligence Directorate – Commodities
Miss Bethan Gibbs	Senior Mental Health Clinician, Specialist Social Worker, NELFT

Professor Tim Millar	Professor of Substance Use and Addictions, University of Manchester
Mr Rob Phipps	Retired, Department of Health, Social Services and Public Safety in Northern Ireland
Mr Harry Shapiro	Director – DrugWise
Dr Ann Sullivan	Consultant physician in HIV and Sexual Health, and Trustee and executive (Hon secretary) of the British HIV Association
Professor David Taylor	Professor of Psychopharmacology, King's College, London and Director of Pharmacy and Pathology at the South London and Maudsley NHS Foundation Trust

Annex C: ACMD NPS Committee membership (as of December 2025)

Chair	
Professor Simon Thomas	Consultant Psychiatrist, Central North-West London NHS Foundation Trust
ACMD Council Members	
Dr Caroline Copeland	Senior Lecturer in Pharmacology & Toxicology, King's College London. Director, National Programme on Substance Use Mortality
Professor Colin Davidson	Professor of Neuropharmacology, University of Lancashire
Professor Amira Guirguis	Professor of Pharmacy, MPharm Programme Director and Deputy Pro Vice Chancellor at Swansea University and Chief Scientist at Royal Pharmaceutical Society
Dr Hilary Hamnett	Associate Professor in Forensic Science, University of Lincoln
Professor Graeme Henderson	Honorary Professor of Pharmacology, School of Physiology, Pharmacology & Neuroscience, University of Bristol
Professor Stephen Husbands	Professor of Medicinal Chemistry, University of Bath
Professor Roger Knaggs	Professor in Pain Management and Clinical Pharmacy Practice, University of Nottingham
Dr Lorna Nisbet	Principal Investigator for Forensic Toxicology at the Leverhulme Research Centre for Forensic Science, University of Dundee.
Dr Richard Stevenson	Emergency Medicine Consultant, Glasgow Royal Infirmary
Professor David Wood	Professor of Clinical Toxicology and Consultant Physician, Guy's and St Thomas' NHS Foundation Trust, King's Health Partners and King's College London
Co-opted Expert Members	
Paul Bunt	Director of Casterton Event Solutions Ltd, Former Drug Strategy Manager for Avon and Somerset Constabulary
Peter Cain	Drugs Scientific Advisor, Eurofins Forensic Services
Dr John Corkery	Associate Professor in Research (Psychoactive Substances' Epidemiology, Toxicology and Mortality), University of Hertfordshire; mortality. Epidemiological lead for EU-MADNESS project
Dr Simon Hill	Consultant Clinical Toxicologist, National Poisons Information Service, Newcastle Unit
Professor Fiona Measham	Chair in Criminology, University of Liverpool, UK, Chair and Founder, The Loop Drug Checking Service, Co-founder and Director, The Loop Australia
Ric Treble	Retired Laboratory of the Government Chemist (LGC) Expert

Annex D: ACMD Technical Committee membership (as of December 2025)

Chair	
Professor Roger Knaggs	Professor in Pain Management and Clinical Pharmacy Practice, University of Nottingham
ACMD Council Members	
Professor Judith Aldridge	Professor of Criminology at University of Manchester
Professor Amira Guirguis	Professor of Pharmacy, MPharm Programme Director and Deputy Pro Vice Chancellor at Swansea University and Chief Scientist at Royal Pharmaceutical Society
Dr Hilary Hamnett	Associate Professor in Forensic Science, University of Lincoln
Mr Jason Harwin	Director and Co-founder of E-T-E Solutions Limited
Professor Graeme Henderson	Honorary Professor of Pharmacology, School of Physiology, Pharmacology & Neuroscience, University of Bristol
Professor Katy Holloway	Professor of Criminology, University of South Wales
Dr Carole Hunter	Chair SDF Board. Doping Control Officer UK Antidoping
Mrs Sapna Lewis	Senior Lawyer, Welsh Government Legal Services Department
Dr Lorna Nisbet	Principal Investigator for Forensic Toxicology at the Leverhulme Research Centre for Forensic Science, University of Dundee.
Dr Richard Stevenson	Emergency Medicine Consultant, Glasgow Royal Infirmary
Professor Paul Stokes	Professor of Mood Disorders and Psychopharmacology, King's College London
Professor Simon Thomas	Emeritus Professor of Clinical Pharmacology and Therapeutics, Newcastle University
Professor Derek Tracey	Chief Medical Officer, South London and Maudsley NHS Foundation Trust
Professor David Wood	Professor of Clinical Toxicology and Consultant Physician, Guy's and St Thomas' NHS Foundation Trust, King's Health Partners and King's College London
Co-opted Expert Members	
Dr Stephen Brinksman	Medical Director Cranstoun and Clinical Director Addiction Professionals
Peter Cain	Drugs Scientific Advisor, Eurofins Forensic Services
John Campbell	Injecting Equipment Provision Manager, Alcohol and Drug Recovery Services, Glasgow City Health and Social Care Partnership
Dr John Corkery	Associate Professor in Research (Psychoactive Substances' Epidemiology, Toxicology and Mortality), University of

	Hertfordshire; mortality. Epidemiological lead for EU-MADNESS project
Professor John MacLeod	Professor of Clinical Epidemiology and Primary Care, University of Bristol
Professor Fiona Measham	Chair in Criminology, University of Liverpool, UK, Chair and Founder, The Loop Drug Checking Service, Co-founder and Director, The Loop Australia
Howard Roberts	Retired Chief Police Officer
Ric Treble	Retired Laboratory of the Government Chemist (LGC) Expert

Annex E: ACMD Harm Reduction, Treatment & Recovery Committee membership (as of December 2025)

Chair	
Professor Anne Campbell MBE	Professor of Substance Use and Mental Health, and Co-Director of the Drug and Alcohol Research Network at Queens University, Belfast
ACMD Council Members	
Mr Mohammed Fessal	Chief Pharmacist, Change Grow Live
Mr Jason Harwin	Director and Co-founder of E-T-E Solutions Limited
Professor Katy Holloway	Professor of Criminology, University of South Wales
Dr Carole Hunter	Chair SDF Board. Doping Control Officer UK Antidoping
Dr Lorna Nisbet	Principal Investigator for Forensic Toxicology at the Leverhulme Research Centre for Forensic Science, University of Dundee.
Mrs Fiona Spargo-Mabbs OBE	Director and Founder, Daniel Spargo-Mabbs Foundation. Chair, Drug Education Forum.
Professor Derek Tracy	Chief Medical Officer, South London and Maudsley NHS Foundation Trust
Rosalie Weetman	Group Manager Inclusion Health, Derbyshire County Council and Programme Manager, Drug and Alcohol Improvement Support Team
Professor Harry Sumnall	Professor in Substance Use, Liverpool John Moores University (LJMU)
Co-opted Expert Members	
Mr Andrew Misell	Alcohol Change UK, Director for Wales
Aunee Bhogaita	Research Contributor and Lived Experience Consultant- Trauma and Addiction
Dr Deepak Sirur	Consultant Psychiatrist
Dr Kostas Agath	Consultant Psychiatrist (addictions), Change Grow Live, Southwark
Lakhvir Randhawa	CEO, EACH Counselling & Support
Mohammed Ashfaq MBE	Managing Director, KIKIT Pathways to Recovery
Dr Sarah Fox	Senior Lecturer and Researcher in Women's Substance Use, Manchester Metropolitan University
Tracy Carr	Health Improvement Programme Manager, OHID Midland

Annex F: ACMD Prevention Committee membership (as of December 2025)

Chair	
Professor Harry Sumnall	Professor in Substance Use, Liverpool John Moores University (LJMU)
ACMD Council Members	
Professor Anne Campbell MBE	Professor of Substance Use and Mental Health, and Co-Director of the Drug and Alcohol Research Network at Queens University, Belfast
Professor Colin Davidson	Professor of Neuropharmacology, University of Lancashire
Mohammed Fessal	Chief Pharmacist, Change Grow Live
Professor Katy Holloway	Professor of Criminology, University of South Wales
Sapna Lewis	Senior Lawyer, Welsh Government Legal Services Department
Fiona Spargo-Mabbs OBE	Director and Founder, Daniel Spargo-Mabbs Foundation. Chair, Drug Education Forum.
Professor Derek Tracy	Chief Medical Officer, South London and Maudsley NHS Foundation Trust
Co-opted Expert Members	
Professor Steve Allsop	Emeritus Professor - National Drug Research Institute at Curtin University
Dr Emma Ashworth	Associate Professor in Child & Adolescent Mental Health at Liverpool John Moores University
Professor Vashti Berry	Professor in Prevention Science, University of Exeter, NIHR Applied Research Collaboration South West Peninsula (PenARC)
Dr Hannah Carver	Associate Professor in Substance Use, University of Stirling
Dr Brendan Collins	Senior Lecturer - Public Health Economics, Department of Public Health, Policy & Systems, University of Liverpool, and Head of Health Economics and Modelling, Public Health Wales
Emma Crawshaw	CEO, Crew 2000 Scotland
Professor Karen Duke	Professor of Criminology at Middlesex University
Angela Hall	Public Health Manager, North Yorkshire Council
Nick Hickmott	Early Intervention Lead, We Are With You
Dr Lindsey Hines	Lecturer in Psychology at the University of Bath. Research: Adolescent drug use and mental health epidemiology
Professor Ruth McGovern	Professor of Public Health and Social Care, Population Health Sciences Institute, Newcastle University

Jennifer Rushworth-Claeys	Director of Young Persons Service Delivery, We Are With You
Dr Jeremy Segrott	Senior Lecturer, Centre for Trials Research, Cardiff University
Alice Wiseman	Director of Public Health for Newcastle and Gateshead

Annex G: 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. This is an incomplete record and an update to this report will be published in 2026 to include the April 2025 to March 2026 financial year.

Accounting period	Costs incurred
April 2023 to March 2024	£39,609.75
April 2024 to March 2025	£37,247.06

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 and the Chair of the ACMD are not remunerated for their involvement with the ACMD.

Annex H: ACMD Advice Published from 2013 - 2015

During this reporting period (2023-2025), the council considered whether further advice was required on a given topic 10 years after publication.

ACMD Advice	Date of Publication	Publication link
Recovery from drug and alcohol dependence: an overview of the evidence	9 January 2013	ACMD - Recovery from drug and alcohol dependence: an overview of the evidence (2012) - GOV.UK
ACMD further advice on foil	6 February 2013	ACMD further advice on foil, 2013 - GOV.UK
Khat report	12 February 2013	Khat report 2013 - GOV.UK
Advice on Sativex	13 February 2013	ACMD advice on Sativex - GOV.UK
Advice on tramadol	13 February 2013	ACMD advice on tramadol - GOV.UK
Advice on independent prescribing of controlled drugs	13 February 2013	ACMD advice on independent prescribing of controlled drugs - GOV.UK
Temporary class drug order on benzofury and NBOMe compounds	4 June 2013	Temporary class drug order on benzofury and NBOMe compounds - letter from ACMD - GOV.UK
Advice on lisdexamfetamine	5 September 2013	ACMD advice on lisdexamfetamine and z-drugs - GOV.UK
Advice on z-drugs	5 September 2013	ACMD advice on lisdexamfetamine and z-drugs - GOV.UK
Advice on the scheduling of khat	3 October 2013	ACMD advice on the scheduling of khat - GOV.UK
Advice on the scheduling of GHB	3 October 2013	ACMD advice on the scheduling of GHB - GOV.UK
Benzofurans: A review of the evidence of use and harm	28 November 2013	Benzofurans: A review of the evidence of use and harm - GOV.UK
ACMD Recovery committee: What Recovery outcomes does the evidence tell us we can expect?	28 November 2013	ACMD Recovery Committee: second report, November 2013 - GOV.UK
NBOMe compounds: a review of the evidence of use and harm	28 November 2013	NBOMe compounds: a review of the evidence of use and harm - GOV.UK
Ketamine report	10 December 2013	Ketamine report - GOV.UK
Recommendation on the synthetic opiate AH-7921	10 June 2014	NPS report: AH-7921 - GOV.UK
Addendum to tryptamines report	10 June 2014	NPS report: tryptamines - GOV.UK
Temazepam advice	22 July 2014	Temazepam advice - GOV.UK
Time limiting opioid substitution therapy	6 November 2014	Time limiting opioid substitution therapy - GOV.UK

Report on synthetic stimulant 4,4'-DMAR	14 November 2014	Report summary: synthetic stimulant 4,4'-DMAR - GOV.UK
Report on synthetic opioid MT-45	14 November 2014	Report summary: synthetic opioid MT-45 - GOV.UK
Prevention of drug and alcohol dependence	25 February 2015	Prevention of drug and alcohol dependence - GOV.UK
ACMD advice on nitrous oxide abuse	4 March 2015	ACMD advice on nitrous oxide abuse - GOV.UK
Allied health practitioners independent prescribing	11 March 2015	Allied health practitioners independent prescribing - GOV.UK
Advice on 'third generation' synthetic cannabinoids	11 March 2015	Advice on 'third generation' synthetic cannabinoids - GOV.UK
Proposal to consolidate the Misuse of Drugs (Designation) Order 2001	11 March 2015	Proposal to consolidate the Misuse of Drugs (Designation) Order 2001 - GOV.UK
Cocaine powder: review of its prevalence, patterns of use and harm	12 March 2015	Cocaine powder: review of its prevalence, patterns of use and harm - GOV.UK
Response to Home Office and Department of Health proposals to enable electronic prescribing service for schedules 2 and 3 controlled drugs	25 March 2015	Electronic prescribing service for schedules 2 and 3 controlled drugs - GOV.UK
Letter on Methylphenidate-based novel psychoactive substances	25 June 2015	Letter to Mike Penning on methylphenidate-based novel psychoactive substances - GOV.UK
4 Letters on the Psychoactive Substances Bill	3 July 2015 13 July 2015 17 August 2015 23 October 2015	ACMD letter to the Home Secretary: Psychoactive Substances Bill - GOV.UK ACMD letter to the Home Secretary: Psychoactive Substances Bill, 13 July 2015 - GOV.UK ACMD report on definitions for the Psychoactive Substances Bill - GOV.UK ACMD's final advice on definitions for the Psychoactive Substances Bill - GOV.UK
ACMD advice about Northern Ireland's continued maintenance of the Addicts Index	17 August 2015	ACMD advice about Northern Ireland's continued maintenance of the Addicts Index - GOV.UK

ACMD interim advice: diversion and illicit supply of medicines	27 August 2015	ACMD interim advice: diversion and illicit supply of medicines - GOV.UK
How can opioid substitution therapy be optimised to maximise recovery outcomes for service users	23 October 2015	How can opioid substitution therapy be optimised to maximise recovery outcomes for service users? - GOV.UK
ACMD's temporary class drug order report on Methiopropamine	26 November 2015	ACMD's temporary class drug order report on Methiopropamine - GOV.UK