



Home Office

Sarah Jones MP
Minister of State for Policing
and Crime
2 Marsham Street
London SW1P 4DF
www.gov.uk/home

Professor David Wood
Chair, Advisory Council on the Misuse of Drugs (ACMD)
Professor Graeme Henderson
Chair, Carisoprodol Working Group Committee
C/o ACMD Secretariat
1st Floor, Peel Building
2 Marsham Street
London, SW1P 4DF

By e-mail only: ACMD@homeoffice.gov.uk

3 February 2026

Dear Professor Wood and Professor Henderson

The Government's response to the Advisory Council on the Misuse of Drugs review of the evidence on the use and harms of carisoprodol

I would like to thank the ACMD, particularly the Novel Psychoactive Substances (NPS) Committee, for your work on considering the harms of carisoprodol, which I note has also been scheduled under the Convention on Psychotropic Substances of 1971. As your report sets out, misuse of carisoprodol presents significant risk to individuals, and I therefore agree that it is important to take action with respect to this drug. I have sought views from colleagues in other government departments and my counterparts in the devolved governments where necessary, and I set out each recommendation and the Government's response below:

Recommendation 1

The ACMD's recommendation

“Given the harms associated with its use, carisoprodol should be added to Class C of the Misuse of Drugs Act 1971 and placed in Schedule 4 Part 1 of the Misuse of Drugs Regulations 2001 (as amended).”

Leads: Home Office

Measure of outcome: The inclusion of the listed compounds in Class C of the Misuse of Drugs Act 1971, Schedule 4 of the Misuse of Drugs Regulations 2001.”

The Government's response

I accept this recommendation and will implement it when parliamentary time allows.

Recommendation 2

The ACMD's recommendation

"a) Toxicological testing for both carisoprodol and its metabolite meprobamate should be performed routinely in cases of non-fatal and fatal overdose. Non-comprehensive screening hinders our capacity to understand trends in drug deaths.

b) The presence or absence of either an opioid or a benzodiazepine should be recorded for all deaths involving carisoprodol and/or meprobamate.

Leads: Home Office, Coroners in England, Wales and Northern Ireland and Procurators Fiscal in Scotland.

Measure of outcome: All post-mortem toxicology to include carisoprodol and meprobamate analogues on the testing panel."

The Government's response

It is a decision for the coroner in an individual inquest, in discussion with pathologists, as to which drugs are tested for in *post mortem* examinations. I will shortly write to the Chief Coroner in England and Wales, the Presiding Coroner in Northern Ireland and the Lord Advocate in Scotland, in her capacity of having oversight of the death investigation activities of the Crown Office and Prosecutor Fiscal Service, to ask if they would be able to share the ACMD's report with coroners and Procurators Fiscal and highlight this recommendation to them.

The Scottish Government notes that carisoprodol and meprobamate are not currently tested for routinely in fatal cases, but that the Forensic Toxicology Service will include these drugs in future developments of their testing panel and will update the Scottish Government when this is implemented in the future. It notes too that pathology centres currently record the finding of an opioid or benzodiazepine on the ME4 form for all cases and are now looking for these two drugs routinely. (An ME4 form is completed in all drug-related deaths and this would record the drugs implicated in the cause of death, as well as those present but not implicated.)

Recommendation 3

The ACMD's recommendation

"Resources should be developed for health professionals and drug services on the danger of carisoprodol overdose, and increased risk when combined with benzodiazepines and opioids. These resources to include information on how overdoses that may involve carisoprodol alone or in combination with other drugs should be treated.

Leads: UK Health Security Agency (UKHSA), Office for Health Improvement and Disparities (OHID), Public Health Wales, Public Health Scotland, the Department of Health Northern Ireland, the Association of Directors of Public Health and National Poisons Information Service (NPIS).

Measure of outcome: Information available for health professionals, and drug services."

The Government's response

I accept this recommendation on behalf of the UK Government and the three devolved governments.

In England, the Office for Health Improvement and Disparities (OHID), a part of the Department for Health and Social Care, will work with others to ensure information on the dangers of carisoprodol is available.

The Welsh Government accepts this recommendation and will work with partner agencies to ensure the appropriate information is made available to healthcare professionals.

The Scottish Drugs Forum will be able to provide a carisoprodol resource for health professionals and a dissemination plan in the near future.

The Department of Health in Northern Ireland accepts this recommendation and will work with the Public Health Agency to make appropriate information available to all key stakeholders.

Officials from all four governments will co-ordinate their activities to ensure that these are complementary and not duplicative.

In addition, the National Poisons Information Service (NPIS) can confirm that its advice is already designed well to address the concerns raised by the ACMD.

Current TOXBASE advice on carisoprodol gives examples of single agent and mixed sedative overdose with carisoprodol. It also states that carisoprodol is a precursor of meprobamate, and that “Co-ingestion of alcohol and other central nervous system depressants may potentiate the effects of meprobamate and may increase toxicity.” The management advice in the page is appropriate for substances that cause coma and respiratory depression.

Recommendation 4

The ACMD’s recommendation

“Information on the harm of carisoprodol and the risks of overdose should be developed in formats suitable for people who are currently using carisoprodol, those who may use it in future, their family and friends as well as for the general public.

Information for people who are currently using carisoprodol or who may use it should highlight risk of addiction, dependence and overdose, and the increased harms of combining with benzodiazepines and opioids. Information for the general public should be provided through updates to national drug information channels (FRANK, DAN 24/7, Know the Score).

Leads: UK Health Security Agency (UKHSA), Office for Health Improvement and Disparities (OHID), Public Health Wales, Public Health Scotland, the Department of Health Northern Ireland and the Association of Directors of Public Health.

Measure of outcome: Readily accessible information being available for people who use drugs, their families and friends, and the general public.”

The Government’s response

I accept this recommendation on behalf of the UK Government and the three devolved governments.

In England, OHID is developing information on carisoprodol, which will be provided on the Government’s ‘Talk to Frank’ website.

The Department of Health in Northern Ireland accepts this recommendation and will work with the Public Health Agency to make appropriate information available to all key stakeholders.

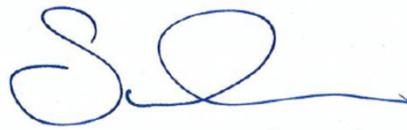
The Welsh Government accepts this recommendation and will work with its national helpline DAN 24/7 and partner agencies to ensure the appropriate information is made available to the public.

The Scottish Drugs Forum will be able to provide a carisoprodol resource for people who use drugs and a dissemination plan in the near future.

Officials from all four governments will co-ordinate their activities to ensure that these are complementary and not duplicative.

As always, I am grateful for the work of the ACMD in supporting the Government's aims to protect the public from the harmful consequences of drug misuse and diversion, as part of the wider mission to keep our streets safe. Home Office officials will continue to work closely across government to implement the recommendations agreed in this letter and I look forward to seeing the delivery of these measures in due course.

Very best wishes,

A handwritten signature in blue ink, appearing to read 'SJ', with a long horizontal flourish extending to the right.

Sarah Jones MP
Minister of State for Policing and Crime