

ACMD

Advisory Council on the Misuse of Drugs

Annual Report

Accounting Year 2008 - 2009

**Secretariat
Advisory Council on the Misuse of Drugs
Science and Research Group
3rd Floor, Seacole Building
2 Marsham Street
London SW1P 4DF**

Foreword from Professor David Nutt

The annual report from the Advisory Council on the Misuse of Drugs (ACMD) provides an overview of our work in 2008/09 and summarises our on-going commitment to ensure that we provide Government with high quality advice concerning drug misuse and harms in the UK.

In October 2008, I was appointed as Chairman of the ACMD. I was honoured to take up the position and wish my predecessor, Sir Michael Rawlins, all the best for the future. All of the Council wish to thank him for his impartiality, integrity and commitment to the work of the Council during his 10 year tenure.

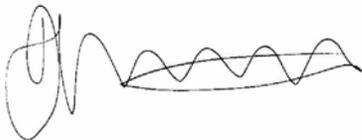
During the last year the ACMD has advised the Government on a range of important issues. These have included the well publicised reports concerning: Cannabis, 1-benzylpiperazine (BZP) and MDMA ('ecstasy'). As with all our advice, the ACMD has striven to provide Government with impartial, balanced and evidence based advice, consistent with our terms of reference.

The ACMD's cannabis and 'ecstasy' reports were produced with an unprecedented level of input from stakeholders, including: experts, interested organisations, government departments, academic groups, and interested individuals. I would like to take this opportunity to thank all of the contributors for their input.

Whilst this report represents a retrospective look at the work ACMD have undertaken we now look forward to providing advice on a range of challenging issues. The Home Secretary has set out Government's priorities for the ACMD in the forthcoming year and has asked for advice on legal highs, cognitive enhancers, polydrug use and how we use the present systems for early warning of new substances to identify emerging threats.

In addition to these areas of work, in 2009/10 the ACMD will be reporting on a follow up report to our 2006 *Pathways to Problems* report (summer 2009), delivering our inquiry into anabolic steroids (spring 2010) and starting a working group considering treatment effectiveness.

I look forward to the forthcoming year and committing to the continued provision of valuable advice to Ministers to help reduce the harms caused by drug misuse.



Professor David Nutt
(ACMD Chairman)

Glossary of acronyms

1,4-BD

ACPO

BZP

CJS

GBL

HCV

MDMA

OCPA

ONS

1,4 Butanediol

Association of Chief Police Officers

1-benzylpiperazine

Criminal Justice System

Gamma-butyrolactone

Hepatitis C Virus

3,4 methylenedioxymethylamphetamine

Office of the Commissioner for Public
Appointments

Office for National Statistics

Index

Chapter	Page
Foreword by Professor David Nutt – ACMD Chair	2
Glossary of acronyms	3
1. Introduction	5
2. Committees and Working Groups meeting in the accounting Year 2007 - 08	6
2.1 Technical Committee	
2.2 Prevention Working Group – Hepatitis C	
2.3 Pathways to Problems Implementation Group	
2.4 Anabolic Steroids Working Group	
3. Summary of ACMD Recommendations and Advice 2008 - 09	8
3.1 Anabolic Steroids	
3.2 Cannabis	
3.3 1-benzylpiperazine (BZP)	
3.4 MDMA ('Ecstasy')	
4. Consultation responses	11
4.1 Department of Health's consultation paper: Safe, Sensible, Social	
4.2 Department for Transport Consultation paper: Road Safety Compliance	
5. Recruitment and Reappointment	12
6. Forward Look - ACMD 2008 - 09	13
6.1 New working groups	
6.2 Spice	
6.3 Advice on foil	
7. Meetings in the Accounting Year 2008 – 09	14

Annexes

Annex A: Terms of Reference	
Annex B: Membership of ACMD	
Table 1: Members of ACMD as of the 31 st March 2009	
Table 2: Members of the ACMD that stood down in the year 2008-2009	
Annex C: Departmental Officials	
Annex D: Administrative arrangements	
Annex E: ACMD advice: Advice on the classification of 24 steroidal and 2 non-steroidal substances	
Annex F: ACMD advice: 1-benzylpiperazine (BZP) letter	
Annex G: Letter from Home Secretary to ACMD regarding Government priorities	
Annex H: ACMD response to Home Secretary's letter (at Annex G)	

1. Introduction

The Advisory Council on the Misuse of Drugs (ACMD) is a statutory and non-executive Non-Departmental Public Body, which was established under the Misuse of Drugs Act 1971.

This Annual Report provides an overview of the ACMD's work, in accordance with both the Office of the Commissioner for Public Appointments Code of Practice for Ministerial Appointments to Public Bodies¹ and the Code of Practice for Scientific Advisory Committees². This report gives a summary of the main issues the ACMD considered between April 2008 - March 2009 as well as information about its Terms of Reference, Committees and Working Groups and membership and administrative arrangements.

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

**The Secretariat to the Advisory Council on the Misuse of Drugs
Science and Research Group
HOME OFFICE
3rd Floor, Seacole Building (SW)
2 Marsham Street
LONDON
SW1P 4DF**

Tel: 020 7035 0454

Email: ACMD@homeoffice.gsi.gov.uk

Will Reynolds
Secretary to the Advisory Council on the Misuse of Drugs
May 2009

¹ http://www.ocpa.gov.uk/upload/assets/www.ocpa.gov.uk/codeofpractice_aug05.pdf

² <http://www.berr.gov.uk/dius/science/science-in-govt/advice-policy-making/codeofpractice/page9483.html>

2. Committees and working groups meeting in the accounting year 2008 – 09

2.1 Technical Committee

This is a standing body of the ACMD whose purpose is to “consider and make recommendations to the ACMD about scheduling under the Misuse of Drugs Act 1971 and its Regulations of any substance which is being or appears to be misused and of which the misuse is having or appears to them capable of having harmful effects sufficient to cause a social problem”. In October 2008, Professor David Nutt stood down as Chair of the Technical Committee to take up the Chair of the ACMD. Professor Leslie Iversen took up the Chair of the Technical Committee from October 2008.

During the course of the accounting year 2008 - 09, the Technical Committee discussed issues including:

- Anti-doping in sport
- 1-benzylpiperazine (BZP)
- Evidence for the use of foil as a harm reduction intervention (with reference to the current legislation under Section 9A of the Misuse of Drugs Act 1971)
- Gamma-butyrolactone (GBL) and 1,4 butanediol (1,4-BD)
- Ketamine
- ‘Legal highs’, including: ‘Poppers’, ‘Spice’ (and synthetic cannabinoids more generally), *Salvia divinorum*
- Khat
- Methylamphetamine

The Technical Committee has led, on behalf of the ACMD, the reviews of:

- 1-benzylpiperazine (BZP)
- Gamma-butyrolactone (GBL) and 1,4 butanediol (1,4-BD)

2.2 Prevention Working Group – Hepatitis C (HCV)

This is a Working Group of the ACMD whose purpose is to carry out inquiries on substantial issues relating to preventing the harms caused by drug misuse.

In this reporting year the Prevention Working Group led the ACMD’s report: *The Primary Prevention of Hepatitis C Among Injecting Drug Users*. The report is available on-line at: <http://drugs.homeoffice.gov.uk/drugs-laws/acmd/reports-research/>.

The Working Group was chaired by Dr Matthew Hickman.

2.3 Pathways to Problems Implementation Group

The Pathways to Problems Implementation Group was set up to assess progress against the ACMD's recommendations published in the *Pathways to Problems* report (September 2006); how they are being taken forward and implemented. It will assess what impact *Pathways to Problems* is making on practice to improve outcomes for children and young people, with a focus on:

- how the needs of young people can be met by both the statutory and non-statutory sector services;
- steps to reduce the attractiveness of alcohol and tobacco to young people;
- the responsibilities each service should fulfil; and
- whether each service could do more than it does at present.

The Implementation Group also aims to ensure the ACMD is represented on issues relating to the *Pathways to Problems* report.

The Group is chaired by Ms Caroline Healy and comprises of members of the ACMD with regular input from cross government departments and specialist representatives.

During the course of the accounting year 2008 – 09, the Pathways to Problems Implementation Group hosted a Pathways to Problems conference for practitioners to look at the implementation of the 24 recommendations from the report by Government Departments and other national and local organizations, and; assess the impact of the recommendations. It also provided delegates with an opportunity to share good practice and develop networking opportunities.

The working group also convened two meetings with young people to inform the report and discuss issues emerging from the first report.

The Pathways to Problems Implementation Group is scheduled to report in summer 2009.

2.4 Anabolic Steroids Working Group

The ACMD set up the Anabolic Steroids Working Group in June 2008. Anabolic steroids, which are analogues or derivatives of testosterone, have been used by sportspeople in a number of well publicised cases.

The ACMD has also become increasingly concerned at the use of anabolic steroids by the general public, and in particular young people. These substances have become "popular" in relation to body building and image enhancement. Data from the British Crime Survey (2006/07) estimate that 32,000 people had used them in the last year and 14,000 in the last month (Home Office Statistical Bulletin: Drugs Use Declared, 18/07).

The ACMD established a working group to consider the evidence of harms more fully and provide ministers with advice on potential harm reduction mechanisms. The Working Group is scheduled to report in Spring 2010.

3. Summary of ACMD Recommendations and Advice 2008 - 09

3.1 Anabolic Steroids; classification advice and wider recommendations

The ACMD advised that government should consider the inclusion of 24 steroids and two non-steroidal agents under the Misuse of Drugs Act 1971 in Class C Schedule 4 (IV) under the Misuse of Drugs Regulations (Letter at Annex E).

3.2 Cannabis

In July 2007, the Home Secretary asked the ACMD to review the classification of cannabis in light of public concern about the potential mental health effects of cannabis use and, in particular, the use of stronger strains of the drug (e.g. skunk).

The ACMD presented their report - *Cannabis: Classification and Public Health* to Ministers on the 28th April 2008. The report was published on the 7th May 2008. The report is available at: <http://drugs.homeoffice.gov.uk/drugs-laws/acmd/reports-research/>.

The report noted that the ACMD is still very concerned about the widespread use of cannabis, particularly among young people, and the threat that cannabis poses to the health of those who use it. The ACMD recommended a concerted public health response to drastically reduce the use of cannabis. In particular, special emphasis should be placed on developing effective primary prevention programmes, directed at young people.

The report concludes that whilst the causal link between cannabis, psychotic symptoms and schizophrenia is undeniable, evidence for its strength is unclear. The most likely situation is that cannabis – in the population as a whole – plays only a modest role in the development of these conditions.

The report notes that there is little evidence that demonstrates cannabis is a significant cause of acquisitive crime or anti-social behaviour. There is, though, cause for concern about the growth of cannabis farms and the emergence of wider organised crime associated with its production.

The ACMD made 21 recommendations including those regarding public health campaigns, research and that the harms associated with cannabis are commensurate with other class C drugs.

3.3 1-benzylpiperazine (BZP)

On 8th March 2008, the European Council responded to concerns over the misuse of the stimulant 1-benzylpiperazine (BZP) by subjecting it to 'control measures and criminal provisions' across the EU Member States. The ACMD considered the misuse of BZP and related compounds and provided advice to Government on the 10th September 2008. The report is available at:

<http://drugs.homeoffice.gov.uk/drugs-laws/acmd/reports-research/>. The letter is available at Annex F.

The ACMD recommended that BZP is brought under control of the Misuse of Drugs Act 1971 as a Class C drug under schedule 2, part III, of the Misuse of Drugs Act (1971); and should be scheduled under Schedule I of the Misuse of Drugs Regulations (2001) (having no recognised medicinal use). In addition, the ACMD considered a group of substituted piperazines (of which BZP is one) which are, or have the potential to be, misused. The ACMD recommended that these substances should also be brought under the control of the Misuse of Drugs Act 1971 by means of a generic definition.

3.4 MDMA ('ecstasy')

The ACMD considered that a review of MDMA ('ecstasy') would be timely as there is a much greater body of evidence regarding the harms and misuse of MDMA since the Council last provided its advice to Ministers in 1996. The ACMD delivered advice to Ministers on 4th February 2009 and published their report on the 11th February 2009. The report is available at:

<http://drugs.homeoffice.gov.uk/drugs-laws/acmd/reports-research/>.

The report notes that MDMA ('ecstasy') use is a significant public health issue due to its prevalence of use – ACPO estimate that between 2.5 and 5 million MDMA tablets are taken every month in the UK. The British Crime Survey shows that among 16-24 year olds, 4.8% report having taken ecstasy in the last year.

Sentencing data and information from the Police suggest that ecstasy is not dealt with by enforcement agencies or the CJS in the same way as other Class A substances. Considering the General Mortality Register (ONS), ecstasy is implicated in the deaths of around 30 people per year and, of those, 17 it is considered the sole drug. These figures are relatively low compared to Heroin and Morphine where there are around 450 deaths per year where it is considered the sole drug.

Other than acute medical consequences, the report notes that there are relatively few adverse health effects and these are generally small in magnitude:

MDMA use seems to have few societal effects; disinhibition and impulsive, violent or risky behaviours are not commonly seen (unlike with cocaine, heroin and amphetamines).

The ACMD recommended that the harms associated with ecstasy are comparable to those of Class B drugs.

The report also recommends that a harm minimisation approach to use should be continued, with appropriate messages to users, friends, parents and venues.

The ACMD provided public health guidance in the report for the Government's consideration.

The ACMD also made recommendations for further research into:

- the effects of MDMA upon brain mechanisms – particularly in combination with other drugs;
- the nature and extent of use in the under 16's to help inform education messages and health interventions;
- quantification of the relative risks and public attitudes towards MDMA in comparison with other drugs;
- consideration of a national scheme of testing MDMA for the purpose of providing harm reduction advice.

4. Consultation responses

The ACMD has responded to two consultations in the last reporting year.

4.1 Department of Health's consultation paper: Safe, Sensible, Social

The ACMD's response to the Department of Health's consultation is available at:
<http://drugs.homeoffice.gov.uk/publication-search/acmd/ACMDDH>

4.2 Department for Transport Consultation paper: Road Safety Compliance

The ACMD's response to the Department for Transport's consultation is available at: <http://drugs.homeoffice.gov.uk/publication-search/acmd/publications>

5. Recruitment and Reappointment

5.1 Under the terms of the Act, members of the Advisory Council - of whom there should be not less than 20 - are appointed by the Home Secretary. There is a statutory requirement that they must include representatives from the practices of medicine, dentistry, veterinary medicine and pharmacy, the pharmaceutical industry, and chemistry other than pharmaceutical chemistry; and people who have a wide and recent experience of social problems connected with the misuse of drugs.

5.2 Appointments are ordinarily limited to a term of three years and made in accordance with the guidance issued by the Office of the Commissioner for Public Appointments (OCPA).

5.3 A successful recruitment campaign for two members (a dentist and a social scientist) to the ACMD was conducted during the period 2008 – 09. The campaign was administrated by the Appointments Commission and the Home Office in accordance with OCPA guidelines.

5.4 A list of current members as at March 2009, together with their professional background is set out in Annex B.

6. Forward Look

6.1 ACMD response to Government priorities – new working groups

The ACMD has responded to correspondence from the Home Secretary that sets out the Government's priorities for the ACMD (see Annex G). The ACMD will establish new Working Groups to deliver advice on each of the priority work areas.

6.2 The synthetic cannabinoid receptor agonists (including 'Spice')

The ACMD is reviewing the evidence concerning the synthetic cannabinoid receptor agonists and will provide advice to the Home Secretary in summer of 2009.

6.3 Foil

The ACMD is considering the evidence regarding the use of foil as an intervention to reduce harm i.e. smoking heroin (chasing) rather than injecting. The ACMD intend to advise Ministers on their findings later in 2009.

7. Meetings in the accounting year 2008 – 09

Committee / Group	Date
The Advisory Council on the Misuse of Drugs	2 nd April 2008 (Cannabis review) 19 th May 2008* 26 th August 2008 (Ecstasy review)* 25 th November* 23 rd and 24 th March 2009 (Awayday)
The Technical Committee	1 st July 2008 7 th October 2008 10 th March 2009
The Prevention Working Group – Hepatitis C	22 nd April 2008 24 th August 2008 22 nd January 2009
Pathways to Problems Implementation Group	14 th May 2008 2 nd June 2008 (conference event) 11 th June 2008 14 th July 2008 9 th October 2008 (DH consultation response)
Anabolic Steroids Working Group	4 th June 2008 23 rd October 2008

*denotes open meetings

Annex A. Terms of Reference

The terms of reference of the Advisory Council are set out in Section 1 of the **Misuse of Drugs Act 1971** (the Act) 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 ACMD 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 Advisory 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.

Under the terms of the Act the Home Secretary is obliged to consult the ACMD before laying draft Orders in Council or making regulations.

Annex B. Membership (as of 31st March 2008 to 31st March 2009)

Under the terms of the Act, members of the ACMD - of whom there should be not less than 20 - are appointed by the Home Secretary. There is a statutory requirement that they must include representatives from the practices of medicine, dentistry, veterinary medicine and pharmacy, the pharmaceutical industry, and chemistry other than pharmaceutical chemistry; and people who have a wide and recent experience of social problems connected with the misuse of drugs.

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

A list of current members as at 31st March 2009 together with a note of their professional background is set out in Table 1. Table 2 gives those members who stood down within the reporting year.

Table 1. Members of the ACMD as of the 31st March 2009

Members	Professional Background	Date took up appointment
Professor David Nutt FRCP, FRCPsych, FMedSci Chair	Edmund J Safra Professor of Neuropsychopharmacology and Head of the Department of Neuropsychopharmacology and Molecular Imaging at Imperial College London	1 st March 2000
Dr Dima Abdulrahim	Senior Researcher, Research Briefings Manager, National Treatment Agency	1 st January 2002
Lord Victor Adebawale CBE	Chief Executive, Turning Point	1 st January 2002
Mr Martin Barnes	Chief Executive, DrugScope	1 st December 2004
Dr Margaret Birtwistle	Specialist General Practitioner, Senior Tutor – Education and Training Unit, St George’s Hospital and Forensic Medical Examiner	1 st January 2002
Commander Simon Bray	Commander, Metropolitan Police	1 st January 2008

Dr Simon Campbell CBE, FRS, FMedSci	Scientific consultant. Formerly Senior Vice President for Worldwide Discovery and Medicinal R&D Europe, Pfizer	3 rd April 2008
Mr Eric Carlin	Chief Executive, Mentor UK	1 st January 2008
Ms Carmel Clancy	Principal Lecturer in Mental Health and Addictions Middlesex University	1 st January 2002
Professor Ilana Crome	Academic Director of Psychiatry, Professor of Addiction Psychiatry, Keele University	1 st January 2002
Ms Robyn Doran	Mental Health Nurse and Director of Operations, North-West London Mental Health Trust	1 st January 2002
Mr Patrick Hargreaves	School Inspector, Drugs and Alcohol Adviser, County Durham Children and Young People's Services	1 st October 2005
Ms Caroline Healy	National Adviser for the commissioning of mental health services for children in secure settings, Department of Health	1 st December 2004
Dr Matthew Hickman	Reader in Public Health and Epidemiology, Department of Social Medicine, University of Bristol	1 st December 2004
Professor Leslie Iversen FRS	Professor of Pharmacology, University of Oxford	1 st December 2004
Dr Leslie King	Adviser to the Department of Health and the European Monitoring Centre for Drugs and Drug Addiction	3 rd April 2008
Mr David Liddell	Director, Scottish Drugs Forum	1 st January 2008

Dr John Marsden	Reader in Addiction Psychology	1 st January 2002
Mr Peter Martin	Independent Consultant in Substance Misuse	1 st January 2002
Dr Fiona Measham	Senior Lecturer in Criminology, Department of Applied Social Science, Lancaster University	1 st January 2009
Dr Anita Nolan	Consultant , Honorary Senior Lecturer in Oral Medicine, Dundee Dental Hospital, NHS Tayside	1 st January 2009
Mr Trevor Pearce QPM	Director of Enforcement, Serious Organised Crime Agency	1 st January 2002
District Judge Justin Philips	District Judge, Drugs Court	1 st January 2008
Mr Richard Phillips	Independent consultant in substance misuse	1 st January 2008
Dr Ian Ragan	Executive Director of European Brain Council; formerly Executive Director Neuroscience Research, Eli Lilly UK	6 th February 2008
DCC Howard Roberts	Deputy Chief Constable, Nottinghamshire Police	1 st December 2004
Dr Mary Rowlands	Consultant Psychiatrist in Substance Misuse, Exeter	1 st January 2002
Dr Polly Taylor	Veterinary surgeon, Cambridgeshire	1 st January 2002

Ms Monique Tomlinson	Freelance consultant in drug misuse	1 st January 2002
Mrs Marion Walker	Pharmacist and Clinical Director, substance Misuse Service, Berkshire Healthcare NHS Foundation Trust	1 st January 2008
Mr Arthur Wing	Assistant Chief Officer, Sussex Probation Area	1 st December 2004

Table 2. Members of the ACMD that stood down in the year 2007-08.

Members	Professional Background	Dates
Professor Sir Michael Rawlins (Chair)	Chairman of the National Institute of Health and Clinical Excellence	1 st November 1998 – 31 st October 2008
Dr Clare Gerada	General Practitioner, London; Primary Care Lead for Drug Misuse, Royal College of General Practitioners	1 st December 2004 – 23 rd December 2008
Professor Michael Lewis	Professor of Oral Medicine, Cardiff University	1 st August 2005 – 11 th September 2008

Annex C. Departmental Officials

Departmental officials observe the Council's discussions, input as required on the government's priorities and provide feed back on advice to Government and subsequent progress against actions/recommendations.

Mr John Farina	Jersey: Alcohol and Drugs Service
Mr John Lenaghan	Welsh Assembly
Ms Margaret O'Reilly	Isle of Man Representative
Mr Rob Phipps	Northern Ireland Assembly
Mr Joe Griffin	Scottish Executive
Mr Patrick Deller	HMRC
Dr Mark Prunty	Department of Health
Mr John McCracken	Department of Heath
Mr David Chater	Department for Children Schools and Families
Mr Matthew Scott	Department for Children Schools and Families
Ms Angela Scrutton	Home Office, Drug Legislation

Annex D. Administrative Arrangements

Finance

The ACMD is financed by the Home Office and had a budget of £152,800 in the accounting year 2008/09. Their costs were associated with the provisions of facilities for meetings of the ACMD (and its Committees and Working Groups), expenses of members properly incurred, and commissioned research. The ACMD generated no income of its own. Members of the ACMD are not remunerated.

Administrative arrangements

Administrative support to the ACMD has been provided by a Secretariat made up of staff from the Home Office Science and Research Group, and any queries regarding this annual report, or any other aspect of the ACMD's work, should be directed to the Secretariat using the contact details at the front of this report.

Annex E. ACMD advice on the classification of 24 steroidal and 2 non-steroidal substances

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor Sir Michael Rawlins
Secretary: Will Reynolds

3rd Floor (SW), Seacole Building
2 Marsham Street
London
SW1P 4DF
Tel: 020 7035 0454

Email: ACMD@homeoffice.gsi.gov.uk

Rt Hon Jacqui Smith MP
Home Secretary
Peel Building
2 Marsham Street
London SW1P 4DF

1st April 2008

Dear Home Secretary,

Advice on the classification of 24 steroidal and 2 non-steroidal substances

In May 2007, the Technical Committee of the Advisory Council on the Misuse of Drugs (ACMD) reviewed the World Anti Doping Agency (WADA) Substance List; to identify and consider the status of substances on the list that are currently not controlled under the Misuse of Drugs Act 1971.

Previously the ACMD considered the misuse of anabolic steroids in January 1993 and concluded that the misuse of steroids (and other related substances) constituted a social problem; a key criterion that needs to be satisfied under the Misuse of Drugs Act (1971) before a substance can be brought within its controls. The ACMD recommended at the time that legislative controls should be introduced - aimed at the activities of the illicit suppliers and traffickers who supported anabolic steroid misuse, but that an offence of simple possession would be “undesirable as it would criminalise a whole group of people”.

In November 1994, the then Home Secretary accepted this advice; confirming that the anabolic steroids would be brought under the control of the Act as Class

C drugs and that they should be subject to Schedule 4 of the Misuse of Drugs Regulations, but with additional import/export restrictions. It was to be an offence under the Act to produce, supply or possess/import/export with intent to supply without a licence. The current regulations state that a Home Office licence is required by persons importing/exporting anabolic steroids, unless the substance is in the form of a medicinal product being imported for personal use only.

In January 1995, the ACMD gave further consideration to substances that should be included in the legislative measure, in addition to anabolic steroids, beta-2-agonists and growth hormones were considered for control. Resulting from this advice, 54 substances became Class C drugs under the Act and Schedule 4 Part 1 drugs under the Misuse of Drugs Regulations 1985.

In May 2007 Department for Culture Media and Sport (DCMS) made representation to the Technical Committee of ACMD to request that they consider the 'The World Anti-Doping Code –The 2007 Prohibited List'. Mindful of the ACMD's responsibilities under the Misuse of Drugs Act 1971, the recommendation for the classification of the 24 steroidal and 2 non-steroidal substances (listed Annex 1) associated with sport, body building and image enhancement is based on: i) demand reduction; ii) harm minimisation, and; iii) reduction of supply.

During meetings in 2007 the ACMD's Technical Committee was presented new evidence by Drugscope and Liverpool John Moores University regarding the current trends of steroid misuse in the UK, and doping in sport from UK Sport and the Department for Culture, Media and Sport (DCMS).

The Technical Committee heard from John Moores University that the problem of anabolic steroid misuse was further compounded by counterfeits and fakes, and incidents of steroid diversion from pharmaceutical sources. However, the business of anabolic steroids remained commercially lucrative, with numerous internet suppliers.

Evidence from Drugscope highlighted data from the British Crime Survey, the most recent of which (2006/07) estimates that 32,000 people had used steroids in the last year, and 14,000 in the previous month (Home Office Statistical Bulletin: Drug Misuse Declared, 18/07). Figures from the Department of Health's Smoking, Drinking and Drug Use Survey (2006) show a steady increase in the number of young people that had "ever" tried anabolic steroids from 0.2% in 2001-2004 to 0.3% in 2004/05 and 0.5% in 2006.

The Advisory Council on the Misuse of Drugs has carefully considered the issues discussed by the Technical Committee and recommends that:

The Government should consider the inclusion of the 24 steroids and 2 non-steroidal agents annexed in this letter under the Misuse of Drugs Act 1971 in Class C and these to be scheduled as Schedule 4

(IV) substances under the Misuse of Drugs Regulations, so as not to preclude legitimate use on prescription.

You will be aware from my letter dated 9th January that the ACMD has become increasingly concerned at the use of anabolic steroids by the general public, and in particular young people. There is evidence to show that anabolic steroid use can be harmful; potentially causing both psychiatric and physical problems to the individual. I look forward to being able to report back to you on the findings from our anabolic steroids working group to provide further advice to you and the ministers of relevant departments.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Michael Rawlins', written in a cursive style.

**Professor Sir Michael Rawlins FMedSci
Chairman**

cc. Vernon Coaker MP - Parliamentary Under Secretary of State
Gerry Sutcliffe MP - Parliamentary Under Secretary of State

Annex 1. Anabolic Steroids and 2 non steroidal agents recommended by the ACMD for classification in Class C (Misuse of Drugs Act 1971) and scheduled as schedule 4 (IV) (Misuse of Drugs Regulations) on the 2007 WADA list - but not presently controlled by the Misuse of Drugs Act 1971.

All 26 substances are **not** subsumed by MDA 1996 generic definition and neither listed explicitly by SI 1243:2003 nor SI 1300:1996. Zeranol & Zilpaterol are not steroids but WADA sub-category includes Clenbuterol, which **is** MDA controlled.

Chemical Name
1-Androstendiol
1-Androstendione
Boldione
Gestrinone
Danazol
Desoexomethyltestosterone
19-Norandrostenedione
Prostanazol
Tetrahydrogestrinone
Dihydrotestosterone
5 α -Androstane-3 α ,17 α -diol
5 α -Androstane-3 α ,17 β -diol
5 α -Androstane-3 β ,17 α -diol
5 α -Androstane-3 β ,17 β -diol
Androst-4-ene-3 β ,17 β -diol ('Androstenediol')
Androst-4-ene-3 α ,17 α -diol
Androst-4-ene-3 α ,17 β -diol
Androst-4-ene-3 β ,17 α -diol
5-Androstenedione
Epidihydrotestosterone
3 α -Hydroxy-5 α -androstan-17-one
3 β -Hydroxy-5 α -androstan-17-one
19-Norandrosterone
19-Noretiocholanolone
Zeranol
Zilpaterol

Annex F. 1-benzylpiperazine (BZP) advice letter

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor Sir Michael Rawlins
Secretary: Will Reynolds

3rd Floor (SW), Seacole Building
2 Marsham Street
London
SW1P 4DF

Tel: 020 7035 0454

Email: ACMD@homeoffice.gsi.gov.uk

Rt Hon Jacqui Smith MP
Home Office
2 Marsham Street
London
SW1P 4DF

10th September 2008

Dear Home Secretary,

On 8th March 2008 the European Council responded to concerns over the misuse of the stimulant 1-benzylpiperazine (BZP) by subjecting it to 'control measures and criminal provisions' across the EU Member States. The Advisory Council on the Misuse of Drugs (ACMD) has considered the misuse of BZP and related compounds and I am pleased to enclose the ACMD's report and advice.

The ACMD recommends that BZP is brought under control of the Misuse of Drugs Act 1971. In addition, the ACMD recognises a group of substituted piperazines (of which BZP is one) which are, or have the potential to be, misused. The ACMD therefore recommends that these substances should be brought under the control of the Misuse of Drugs Act 1971 by means of a generic definition.

Data from seizures by the forensic science providers indicate that several of the substituted 1-phenyl and 1-benzyl piperazines are also being misused; some appear to mimic or potentiate the effects of MDMA ('ecstasy'). A generic definition would legislate for compounds that may otherwise need to be controlled separately, and would bring the UK into line with other countries that already control a number of substituted piperazines.

The ACMD recognises the potential legitimate use of substances that would be covered by this generic definition and has identified options to mitigate against the impact of control for legitimate use.

The ACMD considers that the harms and misuse of BZP and substituted piperazines (identified in Annex 4) are commensurate with Class C, under schedule 2, part III, of the Misuse of Drugs Act (1971); and should be scheduled under Schedule I of the Misuse of Drugs Regulations (2001) (having no recognised medicinal use).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Michael Rawlins', written in a cursive style.

**Professor Sir Michael Rawlins FMedSci
Chairman**

Annex G. Letter from Home Secretary to ACMD regarding Government priorities



HOME SECRETARY
2 Marsham Street, London SW1P 4DF
www.homeoffice.gov.uk

Professor David Nutt
Chair
Advisory Council on the Misuse of Drugs

13 MAR 2009

The Government has previously asked the ACMD for advice by means of individual requests. However, I believe that it will benefit both the ACMD and the Government to adopt a more structured approach to the way in which we ask the ACMD for advice.

Following consultation with the Department of Health, I set out below the key areas that I would like the ACMD to consider and integrate into its future work plan. I would be grateful if you would discuss these proposals with my officials, confirm if they are achievable and provide a timescale for delivery.

Early warning mechanism

While we already have monitoring and alert systems in place via the Serious Organised Crime Agency and Department of Health's Central Alerting System, the ACMD has a central role to play in identifying emerging threats from new drugs or new risks through changes in drug use. I am keen to ensure that this activity is undertaken on a systematic basis, with a longer range and international focus.

As part of that work, I would like the ACMD to consider how it could improve the current system of information flows into it, and the data sources it draws from. A more robust early warning system would enable advice to be given in real time, maximising the ACMD's contribution to the identification of emerging threats and enable us to take swift pre-emptive action.

"Legal highs"

The ACMD provided advice on benzylpiperazine and its related compounds last year; and my department are taking steps to bring these under the control of the 1971 Act in line with your recommendation. I am also aware that my

officials have discussed with the ACMD Secretariat our concerns about "spice", a mixed product that reportedly contains a variety of plant/herbal ingredients but has recently been found to include a cannabinoid receptor agonist. I would be grateful for the ACMD's advice on this and other associated products at the earliest opportunity.

I am concerned that there is a wide and largely unregulated market in the sale of psychoactive legal alternatives to illegal drugs, particularly as they are actively marketed to young people in "headshops" and via websites. Advice on the availability and harms of these so called "legal highs", with a particular focus on protecting young people, will be very useful in informing future Government policies.

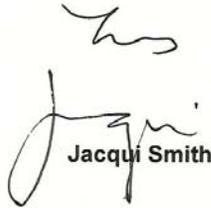
Cognitive enhancers

Following the findings of the Foresight project, the Academy of Medical Sciences (AMS) Report *Brian Science, addiction and drugs* made a number of recommendations around this class of psychoactive substances. The AMS identified a role, together with others, for the ACMD in increasing our understanding of the harms of these drugs, including possible developmental issues, psychological dependence or addiction. The AMS also raised the issue how best we regulate cognitive enhancers. I would like the ACMD to take an active part in these considerations and advise the Government accordingly, especially as to how we keep pace with this rapidly evolving field.

Poly drug use

Poly drug use is a matter raised with my officials when they visit treatment centres of every modality and, as your recent report on MDMA states, there is a great deal of uncertainty about changes in levels and styles of poly drug use. Poly drug users are often the most at risk and are those with the most complex needs. The *2008 Drug Strategy* committed the Government to target those users most at risk through new approaches to drug treatment and social re-integration. I would, therefore, be grateful for your advice on the issues raised by poly drug use and what the appropriate responses are.

I hope that this letter clarifies the Government's priorities for the coming year, and provides a framework within which we, and the Advisory Council, can continue to work together to further reduce the harms caused by drugs.


Jacqui Smith

Annex H. ACMD response to the Home Secretary regarding Government priorities

ACMD

Advisory Council on the Misuse of Drugs

Chair: Professor David Nutt
Secretary: Will Reynolds

3rd Floor (SW), Seacole Building
2 Marsham Street
London
SW1P 4DF
Tel: 020 7035 0454
ACMD@homeoffice.gsi.gov.uk

Rt Hon Jacqui Smith
2 Marsham Street
London
SW1P 4DF

31st March 2009

Dear Home Secretary,

Thank you for your letter of 13th March 2009 in which you set out the Government's priorities for the Advisory Council on the Misuse of Drugs (ACMD) for the forthcoming year. I am pleased that I have now had chance to present these to Council members and discuss how we may best deliver the advice. Overall, the Council were very receptive; the consensus was that the communication of your priorities to the ACMD can only serve to ensure that we provide advice on issues that are most pertinent to you.

The ACMD would be pleased to provide advice on each of the areas that you outlined. I have set out below a summary of each of these and a very brief note on our early consideration. I would welcome the opportunity to meet with you and your officials to discuss further detail and timelines and will use the opportunities I have meeting with your Ministerial team to update them fully.

Early Warning Mechanism

ACMD members have links to existing international and national systems and structures that provide surveillance of trends in drug use both in the UK and globally. We have arranged for a small working group of the ACMD to fully explore how we best collate and exploit the evidence gathered and best provide timely information to Ministers and officials of emerging/new drugs and associated risks.

Legal highs

The ACMD will set up a working group to develop advice on 'legal highs' with a focus on protecting young people. In particular, the ACMD is concerned about the increasing use of the drug product 'Spice' a herbal preparation with added synthetic cannabinoids. I intend, very shortly, to send you early advice relating specifically to this product.

Cognitive enhancers

The Academy of Medical Sciences report (*Brain Science, addiction and drugs*) was thorough in its consideration of the psychoactive substances termed 'cognition enhancers'. The ACMD will, through a working group, provide you with an assessment of their harms and associated issues.

Poly-drug use

The ACMD believes that this is a particularly important issue (as noted in many of our reports) as this is very often the way that drugs are taken and the situation that drug treatment agencies and workers are faced with on a daily basis. We will convene a working group to tackle this subject which will, of course, also consider alcohol and tobacco.

Other advice

The Council has now considered its wider work plans in addition to the work you have requested above. I can confirm that the ACMD is minded to postpone further reviews of individual drugs currently in the classification system until such times as you request a review, or when we believe that there is a clear requirement to provide advice to you. Of course, we will continue to provide advice on the classification of 'legal highs' as outlined above, as we have done in past (for example for Benzylpiperazine).

You will wish to be aware that we are currently engaged in a process of developing the way in which we structure and assess the evidence that underpins the advice on classification we provide. At our most recent meeting we worked with Professor Larry Phillips of the London School of Economics whom is an international expert in Multi Criteria Decision Analysis. The aim of this work is to continually improve the way we provide advice, ensuring it is embedded in a transparent framework of an assessment of harms. We will continue to ensure that your officials are fully apprised of our work and welcome their input as we develop our thinking in this area.

The ACMD is also considering reviewing the evidential base for optimal treatment approaches for drug users in support of the government's current harm reduction strategy. I will keep you informed when we have considered this issue further.

I would welcome the opportunity to meet and discuss any of these issues with you. The ACMD is extremely grateful for the support and information your

officials continue to provide us at our meetings and I would like to reaffirm that they and ministerial colleagues are always very welcome to attend our Council meetings – the next full Council will be on the 14th May.

Yours sincerely,

A handwritten signature in black ink, consisting of a large, stylized initial 'D' followed by a series of smaller, connected loops and a final horizontal stroke.

Professor David Nutt FMed Sci