

# ACMD

Advisory Council on the Misuse of Drugs

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## Minutes of the ACMD public meeting held on 16 May 2013 at Double Tree Hotel, London

**Confidentiality** For Information  
**status:**

**Author:** ACMD Secretariat

### ACMD Members present

Leslie Iversen (Chair)  
Gillian Arr-Jones  
Martin Barnes  
Simon Bray  
Roger Brimblecombe  
Paul Dargan  
Simon Gibbons

Dave Liddell  
Richard Phillips  
Howard Roberts  
Fabrizio Schifano  
Arthur Wing  
Raymond Hill

### Apologies

Annette Dale-Perera  
Sarah Graham  
Nigel Kirby  
Hew Mathewson  
Jo Melling  
Harry Sumnall

Linda Harris  
Graham Parsons  
Fiona Measham  
Kyrie James

### Observers and guests present

Rachel Humphrey (HS)  
John McCracken (DH)  
Mark Prunty (DH)  
Angela Scrutton (HO)

Tony Saggars (SOCA)  
Calum McVean (Gurnsey)  
Ric Treble (LGC Forensics)

### ACMD Secretariat present

Rachel Fowler (ACMD Secretary)  
Ali Mohammed (ACMD Secretariat)  
Zahi Sulaiman (Home Office Science)

## **1. Welcome**

- 1.1. The Chair welcomed ACMD members, officials and members of the public and press to the meeting. The Chair explained that the public meeting would include an update from each of the ACMD's Standing Committees and Working Groups followed by an opportunity for the public and press to ask questions relating to the ACMD's work.

## **2. The Ketamine Working Group**

- 2.1. The Group's Chair (Paul Dargan) outlined the review of ketamine, which is a Class C substance under the Misuse of Drugs Act 1971. It was explained that the ACMD had been commissioned by the Home Secretary to carry out an assessment of ketamine misuse and harm in light of emerging evidence of ketamine causing bladder damage.
- 2.2. The Chair stressed that although ketamine was misused it also had a very useful and legitimate use in human and veterinary medicine, for example in equine and military medicine.
- 2.3. The Chair explained that the group had held an evidence gathering meeting earlier that month. The Chair described how evidence had emerged since the ACMD's previous review in 2004 that recreational users taking large frequent doses of ketamine could cause chronic physical harm to their bladder and urinary tract. The Chair explained that these users sometimes then took further ketamine to relieve the pain caused, thus worsening the damage. The Chair noted that there had also been reports of ketamine overdoses and fatalities.
- 2.4. The Chair informed those present that the group was now due to start drafting its report. It was intended that this report would be submitted to the ACMD in October 2013 for publication before the end of the year.

## **3. The Novel Psychoactive Substances Committee**

- 3.1. The Committee's Chair (Simon Gibbons) explained that the ACMD had set up a Novel Psychoactive Substances (NPS) Working Group in October 2009, reflecting the emergence of NPS in the UK. Since then, the field of NPS had continued to develop and there had been an ongoing need for advice on the use and harms of NPS from the ACMD. Reflecting on this continued need for advice on NPS, the Working Group had been established as a Standing Committee by the ACMD.
- 3.2. The Chair described the recent work of the Committee, including preparation of advice that methoxetamine and its analogues should be brought under the Misuse of Drugs Act as class B substances. The Committee had also prepared advice on extending the group of synthetic cannabinoids currently controlled under the Act to cover new analogues.
- 3.3. The Chair informed those present that the Committee had recently been reviewing evidence of misuse and harm associated with two groups of NPS – NBOMe and benzofury compounds.

- 3.4. The Chair explained that the benzofury compounds were stimulants widely marketed in the UK as 'legal highs' and not currently controlled under the Misuse of Drugs Act. The Working Group considered the evidence of misuse and harms of two materials in particular, 5- and 6-APB (5- and 6-(2-aminopropyl)benzofuran). These were commonly being sold as 'Benzofury' (the colloquial name presumably referring to the materials being benzofurans).
- 3.5. The Committee had also considered the evidence of misuse and harms of the NBOMe materials, which were also not controlled under the Misuse of Drugs Act. These were phenethylamine-type materials, related to methylenedioxyphenethylamines such as Ecstasy (MDMA). The Chair went on to explain that NBOMe compounds had hallucinogenic and stimulant properties and were very potent, only requiring microgram doses. Their potency had been of great concern to the Committee as it increased the chance of users overdosing.
- 3.6. The Chair concluded that NPS were a global issue and that the lack of any safety data on NPS compared very poorly to medicinal product developed for market and human consumption.

#### **4. The Technical Committee**

- 4.1. The Committee's Chair (Ray Hill) updated those present on the recent advice the ACMD had provided on extending prescribing rights for Allied Health Practitioners, the scheduling of the cannabis based medicinal product Sativex and the classification and scheduling of the medicine Tramadol.
- 4.2. The Chair also explained that the Committee was currently looking at 'z-class' drugs (zaleplon, zolpidem and zopiclone). The Committee was considering whether zaleplon and zopiclone should be classified under the Misuse of Drug Regulations 2001 (Schedule 4 Part 1) to bring them into line with the current classification of zolpidem.
- 4.3. The Technical Committee was also considering the issue of appropriate control to avoid diversion and misuse of lisdexamfetamine. Lisdexamfetamine is the active ingredient in a new medicine (Elvanse) for the treatment of attention deficit/hyperactivity disorder (ADHD).
- 4.4. The Chair set out an on going piece of work by the Committee, considering evidence from various sources about the potential misuse of prescription drugs in the UK. The Technical Committee was due to report back to the ACMD in October 2013.
- 4.5. The Chair concluded by noting the recent appearance of users injecting mephedrone and informed those present that the Committee was going to be looking into this further in coming meetings.

## **5. The Recovery Committee**

- 5.1. The Committee's co-Chair (Richard Philips) gave an overview of the Committee's objective, which was to support the ACMD to advise the government on how people can best be supported to recover from dependence on drugs and alcohol, and how best to prevent drug and alcohol misuse and the harms it causes.
- 5.2. The Committee published its first report in January 'Recovery from drug and alcohol dependence: an overview of the evidence'. This report scoped the evidence around recovery and informed their further work.
- 5.3. The Committee's second report 'What recovery outcomes does the evidence tell us we can expect?' was due for publication in late 2013 and their third report would be due in early 2014 'What are the processes and mechanisms by which people recover and what does this tell us about how to improve organisations and systems in order to improve recovery outcomes?'
- 5.4. An ACMD member commented on the related matter of treatment funding. Concern was raised that funding available for drug treatment may be cut by local authorities.

## **6. Question and Answer session**

### *Drug Driving*

- 6.1. The Chair of the ACMD confirmed that it had been represented on the Department for Transport's Drug Driving Scientific Panel of experts to give advice on matters such as threshold levels of drug use at which it would be considered dangerous to drive.

### *Funding for drug treatment services*

- 6.2. The ACMD heard concerns over a lack of funding for drug treatment services and in particular that there was no funding for residential rehabilitation for cocaine or heroin use. It was suggested that residential rehabilitation services should be provided for Ketamine use.
- 6.3. ACMD members recommended that Local Authorities would be able to provide information to the public on their area's budget for drug treatment services and what the local priorities were. For example, residential rehabilitation service provision would be a local decision and probably available in some areas but not in others. An ACMD member stated that they did not support any cut in drug treatment service budgets by Local Authorities.

### *Payment by results*

- 6.4. In the view of members it was too early to tell how successful the government's 'payment by results' pilots would be, however, some members were of the view that the system was looking at too short a time frame. The Recovery Committee's review of evidence suggested

that recovery goes well beyond a short treatment period.

*Provision of foil*

- 6.5. The Home Secretary had asked for further advice on the legal provision of foil in November 2012, to which the ACMD had responded in February 2013. The ACMD Chair informed those present that they were now awaiting a response to that, and recognised that it was taking longer than they would like for the government to come to a decision.

*Novel Psychoactive Substances*

- 6.6. The ACMD heard concerns about whether the current UK drug control system could keep up with the number of NPS emerging on to the market and whether a different regulatory system would not be better. The Chair of the ACMD praised the Home Office Forensic Early Warning System, through which the ACMD was able to gather a good picture of NPS on the UK market. The Chair also explained how Temporary Class Drug Orders (TCDO) were a mechanism through which substances could be controlled very quickly and also the UK generic system for controlling whole groups of substances at once.
- 6.7. The Chair explained that the ACMD's 2011 advice on NPS had suggested the government investigate whether other legislation, such as the Consumer Protection Act, could be used to tackle NPS. The Chair reminded those present that the Minister of State for Crime Prevention was looking at systems used across many countries to tackle NPS. The Chair also explained that the ACMD were watching the recent approach taken by New Zealand with interest. This system was based on the collection of safety data before licensing of an NPS product. In the Chair's view this system did not seem likely to succeed in tackling NPS.

*Drug use prevention*

- 6.8. The ACMD heard concerns about the lack of drug education and funding for this. It was noted that Mentor UK had recently received funding to provide drug education.