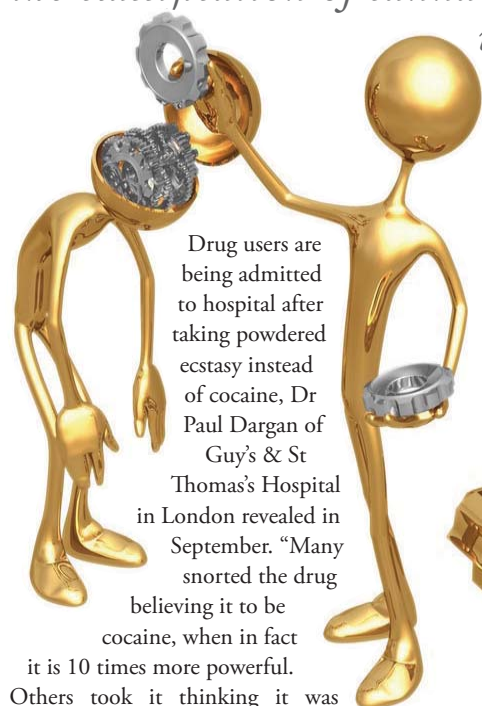


## ACMD: ACRONYM OR ANOCHRONISM?

*After the debacle and harm stemming from its recommendation to downgrade the classification of cannabis, the ACMD now wants to downgrade a drug which can be 10 times more powerful than cocaine. Read the investigation by the House of Commons Science and Technology Committee.*



Others took it thinking it was ketamine.”

Dargan was speaking to the Advisory Council on the Misuse of Drugs, set up by the *Misuse of Drugs Act* to keep the classification of drugs under review and advise government. Unasked, the ACMD had decided to review the classification of ecstasy – its chairman David Nott publicly advised that it be downgraded even before evidence was heard. This is despite the very public harms caused by its earlier recommendation to downgrade cannabis from a class B to class C drug. That decision was eventually reversed by Gordon Brown this year.

Two years ago, the ACMD was investigated by the House of Commons Science and Technology Select Committee. Its report – *Drug classification: Making a hash of it?* – is enlightening.

“We have identified serious flaws in the way the Council conducts its business. Although the Council has produced useful reports explaining the rationale behind its recommendations on drug classification decisions, we found a lack of transparency in other areas of its work and a disconcerting degree of confusion over its remit,” the report states. “We also note that the ACMD has failed to adhere to key elements of the government’s Code of Practice for Scientific Advisory Committees.

“In response to these and other concerns about the Council’s operations, we have called for the Home Office to ensure that there is, in future, independent oversight of the Council’s workings... It is difficult to understand how the government can be so confident in the composition and workings of the Council without having sought expert or independent assessment, and disappointing that it takes a dismissive view of the need to do so.”



### CONFUSION OVER REMIT.

“The apparent confusion in the drug policy community over the remit of the ACMD suggests that the Council needs to give more attention to communicating with its external stakeholders,” urged the report. “We were surprised to discover a marked divergence of views between the then home secretary [Charles Clarke] and the chairman of the ACMD on the extent to which consideration of social harm fell within the Council’s remit.”

Clarke had asserted that “clinical, medical harm is the advisory council’s predominant consideration”, as did ACMD member Andy Hayman, chair of the Association of Chief Police Officers’ Drugs Committee. ACMD then-chair Sir Michael Rawlins correctly contradicted this.

“It is impossible to assess accurately the harm associated with a drug without taking into account the social dimensions of harm arising from its misuse,” the report commented.

### LACK OF CONSISTENCY IN RATIONALE.

“With respect to the ABC classification system, we have identified significant anomalies in the classification of individual drugs and a regrettable lack of consistency in the rationale used to make classification decisions,” the report states.

“We have criticised the government for failing to meet commitments to evidence-based policy making in this area. More generally, the weakness of the evidence base on addiction and drug abuse is a severe hindrance to effective policy making.”

### LACK OF SERVICE USERS OR PEOPLE WITH EXPERIENCE OF RECOVERY.

The Select Committee heard “several” witnesses query the balance of expertise on the Council, with particular concern over the composition of the Council during its considerations of cannabis in 2001-2 and 2005. The campaigning organisation Rethink argued that there was too much emphasis on professionals as opposed to service users: “To our knowledge, there is no-one with personal experience of using drug or mental-health services involved in making cannabis policy. This seems a significant omission”.

### INDEPENDENT REVIEW NEEDED.

“We recommend the Home Office commission independent reviews to examine the operation of the ACMD not less than every five years,” the report advocated.

### MORE OPENNESS?

“The Committee asked for greater openness and transparency for the ACMD,” reiterated Home Office undersecretary Vernon Coaker a year after the report. “The ACMD will publish the minutes of its meetings on the Home Office website. I ask why it is not on the website already.”

Coaker also referred to the recommendation for ACMD open meetings – but not all decisions are made here, nor are they clear: attendees at the first ‘open’ meeting left unaware that a decision was passed to prescribe cocaine.

The secretariat of the ACMD has moved under the management of Professor Paul Wiles, the Home Office chief scientific adviser. He will also oversee council recruitment, about whose partiality the report had been very concerned.

### THE PRESENT: ECSTASY DANGERS.

Read relevant research at [www.addictiontoday.org/addictiontoday/2008/10/ecstasy-research.html](http://www.addictiontoday.org/addictiontoday/2008/10/ecstasy-research.html)

The 179-page report can be downloaded free from: [www.publications.parliament.uk/pa/cm200506/cmselect/cmstech/1031/1031.pdf](http://www.publications.parliament.uk/pa/cm200506/cmselect/cmstech/1031/1031.pdf)

*Image by Scott Maxwell*