

# PARLIAMENTARY DEBATES

HOUSE OF COMMONS  
OFFICIAL REPORT

First Delegated Legislation Committee

MISUSE OF DRUGS ACT 1971 (TEMPORARY  
CLASS DRUG) (NO. 3) ORDER 2015

*Wednesday 6 January 2016*

PUBLISHED BY AUTHORITY OF THE HOUSE OF COMMONS  
LONDON – THE STATIONERY OFFICE LIMITED

No proofs can be supplied. Corrigenda slips may be published with Bound Volume editions. Corrigenda that Members suggest should be clearly marked in a copy of the report—not telephoned—and must be received in the Editor's Room, House of Commons,

**not later than**

**Sunday 10 January 2016**

STRICT ADHERENCE TO THIS ARRANGEMENT WILL GREATLY  
FACILITATE THE PROMPT PUBLICATION OF  
THE BOUND VOLUMES OF PROCEEDINGS  
IN GENERAL COMMITTEES

© Parliamentary Copyright House of Commons 2016

*This publication may be reproduced under the terms of the Open Parliament licence,  
which is published at [www.parliament.uk/site-information/copyright/](http://www.parliament.uk/site-information/copyright/).*

**The Committee consisted of the following Members:**

*Chair:* PHILIP DAVIES

- |  |   |
|--|---|
| † Argar, Edward ( <i>Charnwood</i> ) (Con)   | † Heald, Sir Oliver ( <i>North East Hertfordshire</i> ) (Con) |
| † Bradley, Karen ( <i>Parliamentary Under-Secretary of State for the Home Department</i> ) | † Lee, Dr Phillip ( <i>Bracknell</i> ) (Con)                  |
| † Cartlidge, James ( <i>South Suffolk</i> ) (Con)  | † Lewell-Buck, Mrs Emma ( <i>South Shields</i> ) (Lab)        |
| † Champion, Sarah ( <i>Rotherham</i> ) (Lab)   | † McLaughlin, Anne ( <i>Glasgow North East</i> ) (SNP)        |
| Cunningham, Mr Jim ( <i>Coventry South</i> ) (Lab)   | † Shapps, Grant ( <i>Welwyn Hatfield</i> ) (Con)              |
| † Davies, Byron ( <i>Gower</i> ) (Con)   | Smith, Mr Andrew ( <i>Oxford East</i> ) (Lab)                 |
| † Dowd, Jim ( <i>Lewisham West and Penge</i> ) (Lab)                                       | † White, Chris ( <i>Warwick and Leamington</i> ) (Con)        |
| † Elphicke, Charlie ( <i>Lord Commissioner of Her Majesty's Treasury</i> )                 | † Wragg, William ( <i>Hazel Grove</i> ) (Con)                 |
| † Hayman, Sue ( <i>Workington</i> ) (Lab)  | Daniel Whitford, <i>Committee Clerk</i>                       |
|  | † <b>attended the Committee</b>                               |

# First Delegated Legislation Committee

Wednesday 6 January 2016

[PHILIP DAVIES *in the Chair*]

## Misuse of Drugs Act 1971 (Temporary Class Drug) (No. 3) Order 2015

2.30 pm

**The Parliamentary Under-Secretary of State for the Home Department (Karen Bradley):** I beg to move,

That the Committee has considered the Misuse of Drugs Act 1971 (Temporary Class Drug) (No. 3) Order 2015 (S.I. 2015 No. 1929).

It is a pleasure to serve under your chairmanship, Mr Davies. I believe that it is the day after your birthday, so many happy returns for yesterday—another twelfth night.

I thank the Advisory Council on the Misuse of Drugs for its advice, which has informed the order. The order was laid in Parliament on 25 November last year under the affirmative procedure and came into force on 27 November. The order relates to methiopropamine, commonly known as MPA, and its simple derivatives. The order makes the drugs subject to temporary control under section 2A of the Misuse of Drugs Act 1971, thereby making it an offence to produce, import, export, supply or offer to supply them. The controls will last for up to 12 months while the ACMD considers whether the drugs should be made subject to a permanent ban.

The order is already having the desired effect. Since it came into force, websites marketing MPA have withdrawn it from sale. On 18 November, the ACMD reported that MPA has recently emerged as a replacement injecting drug for the methylphenidate-based compounds subject to temporary control by way of an order in 2015. While MPA has been monitored by the ACMD for a while, hard evidence of it being injected has surfaced only recently. The advice was accepted, and a temporary order was made for MPA and its simple derivatives on 27 November.

MPA is a stimulant psychoactive substance that is similar in structure to methamphetamine. Indeed, before temporary control, it had been referred to as legal methamphetamine as it shows similar properties. Reported side effects include abnormally fast heart rates, anxiety, panic attacks, perspiration, headaches, nausea, difficulty breathing, vomiting, difficulty urinating, and sexual dysfunction. There is also a potential high risk of blood-borne diseases and local tissue damage from injecting. The national programme on substance abuse deaths reported 30 cases in which MPA was found in post-mortem toxicology between 2012 and 2015—I have to revise my A-level chemistry—and in 22 of those cases MPA was implicated in the cause of death.

Under the order, front-line officers have additional powers to disrupt the sale of so-called legal highs online and in local head shops. The order sends out a clear message to the public, particularly to young people, that the drugs carry serious health risks. The Government

recognise that temporary class drug orders are not the full solution to the threat posed by newly emerging psychoactive substances. The orders are necessarily reactive and only temporarily ban substances once there is initial evidence of harm. The Psychoactive Substances Bill currently before the House will provide a more sustainable, long-term solution that will better protect the public from the harm caused by such substances. In the meantime, Parliament's approval of the order will ensure that it remains in force to reduce the threat to the public posed by these temporary class drugs for up to 12 months. Together with the Advisory Council on the Misuse of Drugs, we will consider the case for placing MPA under permanent control under the 1971 Act. I commend the order to the Committee.

2.33 pm

**Sarah Champion (Rotherham) (Lab):** It is a pleasure to serve under your chairmanship, Mr Davies. May I also wish you a belated happy birthday and you and the Committee a very happy new year?

The motion asks us to affirm the Government's decision to place a temporary class drug order on methiopropamine—may I say that I have both a lisp and no A-level in chemistry?—otherwise known as MPA. Having carefully considered the health risks identified by the Advisory Council on the Misuse of Drugs, I can confirm that the Opposition support the motion. There are serious health harms associated with MPA. As the Minister said, adverse effects reported by users include tachycardia, anxiety, panic attacks, sweating, headaches, nausea, difficulty breathing, vomiting, difficulty urinating, and sexual dysfunction.

The European Monitoring Centre for Drugs and Drug Addiction has reported users suffering seizures across Europe, and, most gravely, MPA was implicated in seven deaths in the UK in 2014. There is therefore clear evidence that the substances controlled by the order pose a significant risk to public health.

The Advisory Council on the Misuse of Drugs reports that the number of deaths and harms related to MPA use is increasing, and it could not find evidence of any past or present legitimate medicinal use for MPA. The Government received a recommendation from the ACMD that MPA be placed under a temporary class drug order on 18 November 2015. Given the increased risk to public health posed by MPA, that seems appropriate.

MPA has been on the market since January 2011. For five years MPA has been perniciously branded as a legal high and has brought real danger into our communities. It has been found in head shops since 2012, so it has found its way on to the high streets up and down our country. The delay between MPA hitting the market and finally coming under control demonstrates why we need new legislation that allows authorities to get ahead of the market, which is why we support the Government's Psychoactive Substances Bill. We look forward to the Bill coming into force as soon as practicable.

The new Bill and a ban on MPA will be futile without a drugs education policy that is fit for purpose. The Government have consistently emphasised the importance of "Talk to Frank", the Home Office's flagship drug information service. We support "Frank"—it was, after all, the previous Labour Government that established it—but we are concerned that it is neglected. The Angelus

Foundation has argued that there is a strong case for overhauling the service. Release has gone further and described the information that “Frank” provides as oblique. “Frank” received only 29 inquiries about MPA between October 2014 and September 2015. I have looked at the “Frank” website for content on MPA and it is not impressive.

On 16 December, neither the “Drugs A-Z” nor the search function on the “Frank” website had any hits for MPA or methiopropamine. There are no results for the street names of the drugs provided by the ACMD, such as “Ivory Dove Ultra”, “China White”, or “Walter White”. That paucity of content about MPA on the “Frank” website is symptomatic of a stretched information service that cannot keep up with the evolving drugs market. The Government really need an effective drugs education policy, as the laws we pass cannot deal with the problem on their own.

The Opposition support the order before us. The ACMD has made a clear recommendation based on the evidence about the real harms brought about by MPA. A temporary class drug order is an appropriate response, but I urge the Government to look carefully at their drugs education policy.

2.37 pm

**Sir Oliver Heald** (North East Hertfordshire) (Con): I notice in the explanatory notes that this drug and its particular effects first came to light in the Edinburgh area, and that there was a need for a temporary order because of the damage caused as a result of it being used as an injecting drug of choice, with a high risk of bacterial infection and local tissue damage. Is there any evidence that the order will protect young people and drug users in Scotland from the harmful effects? Is it an example of the UK Government taking action that is very helpful to people in that part of the United Kingdom?

2.38 pm

**Anne McLaughlin** (Glasgow North East) (SNP): I agree with most of what has been said, and I will certainly not oppose the order. However, I have one question. The matter will be dealt with under the Psychoactive Substances Bill, but in the meantime we are dealing with this order. I understood that the Psychoactive Substances Bill was due to come back towards the end of last year or the beginning of this year, so my question is: when is it likely to come back? As we are legislating today, I am concerned that there might be a delay.

2.39 pm

**Karen Bradley:** I will attempt to answer the questions that have been posed. I thank all members of the Committee for their support for the order. I will address the question from the hon. Member for Glasgow North East about the Psychoactive Substances Bill. She is absolutely right that we need to have that Bill. It is going through the normal legislative process. The Committee stage was completed shortly before Christmas. Subject to business managers finding time, it will come back to the Floor of the House for Report and Third Reading shortly. There are always time issues, but it will come back as soon as possible. We are legislating for this measure now to ensure that we can protect the public, particularly young people, from the damage that MPA causes.

As my hon. and learned Friend the Member for North East Hertfordshire said, we have seen the issues with injection of the drug in Scotland in particular. The real harm seems to come from that, which is why the ACMD made its recommendation. We fully support that recommendation, which is why the measure has been reintroduced. It is the Government here in Westminster who are taking action.

The hon. Member for Rotherham talked about supporting new legislation and about what is being done in schools. She is right: drugs policy is not just about banning; it is about education, which must ensure that people understand the harm that drugs can do. That is particularly true for young people, who are perhaps susceptible to trends and things that their friends may be doing.

It is important that the tools we have are evidence based. We have evidence-based online tools for educators and commissioners in line with the evidence set out in the ACMD’s report on prevention. That includes, for example, the alcohol and drug education and prevention information service, which provides practical advice and tools based on the best international evidence. There are a number of other measures, and I would be happy to meet separately with the hon. Lady to go through them or perhaps write to her, but I reassure her that the Government are ensuring that the policy on drugs is not just about banning drugs, but about ensuring that we deal with the overall problem and reduce the use of and demand for drugs. Through that, we can ensure that we do not have drugs in our society that cause significant harm to people. I commend the order to the House.

*Question put and agreed to.*

2.41 pm

*Committee rose.*

