

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT

First Delegated Legislation Committee

MISUSE OF DRUGS ACT 1971 (TEMPORARY CLASS
DRUG) (NO. 2) ORDER 2016

Monday 9 January 2017

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The Committee consisted of the following Members:

Chair: MRS CHERYL GILLAN

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| † Burns, Sir Simon (<i>Chelmsford</i>) (Con) | † Jayawardena, Mr Ranil (<i>North East Hampshire</i>) (Con) |
| † Chalk, Alex (<i>Cheltenham</i>) (Con) | † Mak, Mr Alan (<i>Havant</i>) (Con) |
| Clwyd, Ann (<i>Cynon Valley</i>) (Lab) | † Morris, Anne Marie (<i>Newton Abbot</i>) (Con) |
| † Cowan, Ronnie (<i>Inverclyde</i>) (SNP) | † Newton, Sarah (<i>Parliamentary Under-Secretary of State for the Home Department</i>) |
| † Cox, Mr Geoffrey (<i>Torridge and West Devon</i>) (Con) | † Oswald, Kirsten (<i>East Renfrewshire</i>) (SNP) |
| † Dakin, Nic (<i>Scunthorpe</i>) (Lab) | † Pursglove, Tom (<i>Corby</i>) (Con) |
| † Doughty, Stephen (<i>Cardiff South and Penarth</i>) (Lab/Co-op) | Reed, Mr Jamie (<i>Copeland</i>) (Lab) |
| Dugher, Michael (<i>Barnsley East</i>) (Lab) | |
| † Griffiths, Andrew (<i>Lord Commissioner of Her Majesty's Treasury</i>) | Katya Cassidy, <i>Committee Clerk</i> |
| † Harris, Carolyn (<i>Swansea East</i>) (Lab) | |
| † Hart, Simon (<i>Carmarthen West and South Pembrokeshire</i>) (Con) | † attended the Committee |

First Delegated Legislation Committee

Monday 9 January 2017

[MRS CHERYL GILLAN *in the Chair*]

Misuse of Drugs Act 1971 (Temporary Class Drug) (No. 2) Order 2016

4.30 pm

The Parliamentary Under-Secretary of State for the Home Department (Sarah Newton): I beg to move,

That the Committee has considered the Misuse of Drugs Act 1971 (Temporary Class Drug) (No. 2) Order 2016 (S.I. 2016, No. 1126).

It is a pleasure to serve under your chairmanship, Mrs Gillan. The order was first laid before the House on 23 November 2016; it is the first of what I am sure will be many statutory instruments laid before the House by the Home Office. Action to address the harms of drug misuse would not be possible without expert guidance, and I am grateful to the Advisory Council on the Misuse of Drugs for its advice, which informed the order. I also take this chance to place on the record my congratulations to the new chair of the ACMD, Dr Owen Bowden-Jones, who began his important work on 1 January. I look forward to working with him to continue the effective relationship between the ACMD and the Government.

The order subjects methiopropamine—a stimulant drug—to a temporary control order under section 2A of the Misuse of Drugs Act 1971. Methiopropamine, colloquially known as MPA, was controlled under a previous temporary class drug order that expired on 26 November 2016. If the order is made today, the temporary control will continue for a further 12 months. Those further months will allow the ACMD to gather and consider more evidence, in order to make a substantiated recommendation for permanent control under the 1971 Act. That replicates the ACMD's recommended approach to renew the TCDO covering seven Ritalin-related substances in June 2016.

Stephen Doughty (Cardiff South and Penarth) (Lab/Co-op): The Minister mentioned that the drug is known colloquially as MPA; like many other drugs, I am sure it is included in many other products, as with other legal highs previously. Will she tell the Committee what other names it is commonly known by on the street?

Sarah Newton: The hon. Gentleman is right: this drug would commonly have been known as a legal high in the past. However, as far as I am aware, MPA is its colloquial name; I know that other drugs often have a multitude of names, but in this case, the street name—if that is the right term—is MPA. *[Interruption.]* My helpful colleagues sitting to my left have just pointed out that, while MPA is its most common name, it can also go by the names “Ivory Dove”, “China White”, “Walter White”, “Quicksilver”, “Ultra 3”, “Bullet”, “Mind Melt”, “Pink Panthers”, “Poke”, “Rush”, “Snow White” and “Charlie Sheen”. I hope the hon. Gentleman

finds that illuminating. MPA has been compared to cocaine, and some of those names indicate some of the features of that drug.

A number of harms have been evidenced as a result of MPA consumption, including abnormally fast heart rate—perhaps that is related to the nickname “Rush”—anxiety, panic attacks, perspiration, headaches, nausea, difficulty breathing, vomiting, difficulty urinating and sexual dysfunction. A particular concern, as the ACMD noted, is that MPA came to its attention as a replacement for methylphenidate-based compounds, which were controlled under a previous TCDO. Given that the drug is commonly administered by injection, there is a high risk of harm caused by bacterial infection and local tissue damage.

The ACMD notes that the initial TCDO “has been effective in halting the problematic proliferation of MPA” since it was first introduced in November 2015. Evidence indicates that the prevalence of the substance prior to the TCDO, most notably in Scotland, appears to have abated. Sources note fewer instances of users injecting MPA, a reduction in phone calls and database inquiries to TOXBASE and a reported decrease in the availability of MPA online.

Parliament's approval of the order will enable UK law enforcement to continue, under the strict offences and robust penalties of the 1971 Act, to take consistent action against traffickers and suppliers of temporary class drugs while the ACMD gathers further evidence. The order sends out a clear message to the public that the drug carries serious health risks and, in addition to our legislative response, we continue to take action to reduce the damage of drugs and to ensure that those who become dependent have access to the support they need.

We really want to carry on our vital work in updating the public, promoting health messages and informing the public about the harms of these dreadful psychoactive substances. We are utterly determined to continue our work with the ACMD, to do everything we can to prevent these harmful psychoactive substances from being used by people in our country.

4.36 pm

Carolyn Harris (Swansea East) (Lab): Thank you for your excellent chairmanship, Mrs Gillan. I would like to associate myself with the Minister's remarks about Dr Owen Bowden-Jones, and I congratulate him on his appointment.

Labour Members fully support the order. It is clear that MPA has become an increasingly popular psychoactive substance and, although the evidence gathered by the ACMD has been largely anecdotal, we cannot take lightly the mounting evidence that it has found of associated deaths and harm. This is one of the first orders to place new psychoactive substances under the 1971 Act that Parliament has been asked to affirm since the Act came into force. Such measures are vital, to allow the ACMD to gather further evidence on the substances and subsequently allow law enforcement officials the opportunity to take action against offenders. I note that nearly 500 people have been arrested since the Psychoactive Substances Act 2016 came into force six months ago and that the first offenders have been jailed under the new powers, with more cases progressing through the courts.

We welcome the message that the order sends out to the general public: that the drugs have serious health implications. However, I recall that a five-year reduction strategy for new psychoactive substances was due to be published in the summer, so perhaps the Minister will enlighten us as to whether, and when, we can expect to see that.

4.37 pm

Kirsten Oswald (East Renfrewshire) (SNP): It is a pleasure to serve under your chairmanship, Mrs Gillan.

Given the devastating effects that this drug has had in Scotland, the Scottish National party supports the order. We welcomed last year's notification by Police Scotland that instances of injecting MPA appeared to have reduced. It is a little disappointing, however, that the UK Government have responded to the issue by granting a further temporary order. Since we have identified that this is a particularly dangerous drug, a more permanent solution would have been welcome—the Minister herself has raised concerns about the health implications of taking this sort of drug. We should all aspire to making this kind of substance unlawful, less visible and less available, and a more permanent solution would allow us to do that.

4.38 pm

Sarah Newton: I am grateful to the hon. Member for Swansea East for her support; it is really encouraging that every time we come together to look at drugs issues there is absolute unanimity. It is really important that we send out a strong, united message to all those who seek to exploit the vulnerable people in society by selling them these appallingly harmful drugs.

I also welcome the comments of the hon. Member for East Renfrewshire about seeking to list the drug permanently. Once the ACMD has enough evidence, we will, of course, be able to do that, but I can absolutely assure the hon. Lady that in the meantime the temporary measure gives law enforcement all the powers it needs to go after the people who trade in this most harmful of all trades, selling these appalling substances to some very vulnerable people.

The hon. Member for Swansea East made a point about the drugs strategy. We have been working hard across Government on a thorough and balanced drugs strategy that looks at educating young people, making sure that teachers and everyone working with young people communicate the risks of taking drugs, so that young people themselves make good, informed choices. We have also been working closely with law enforcement bodies to make sure that they have all the powers that they need, and we have been putting the rehabilitation of people who have taken substances and have a problem with them at the heart of our strategy. We are working closely with the Department of Health and we will publish the strategy soon.

In the meantime, we have not been sitting on our hands. We have introduced a whole range of measures, most particularly updating the work done to look at the effectiveness of the educational tools available to teachers and youth workers, and issuing new guidance in that regard. We have also been looking at what works for rehabilitation and detox. We have been doing a lot of work with the Department of Health and sharing that best practice, communicating it out to people on the frontline. New services, communicating tools that people can use to measure the toxicity of drugs, the early intervention schemes—all this good work has been going on while we have been developing the strategy across Government. Although I had hoped that the strategy would be published just before Christmas, I am sure that it will be published very shortly.

I have answered questions and provided the Committee with information this afternoon. I hope that Committee members will feel able to support this important new measure, which, as hon. Members have mentioned, will help us in the good work of increasing the number of prosecutions for the sale of psychoactive substances, closing down head shops and making sure that people who have become addicted to these substances get the support they really need to get their lives back on track.

Question put and agreed to.

4.42 pm

Committee rose.

