

PARLIAMENTARY DEBATES

HOUSE OF COMMONS
OFFICIAL REPORT

Fourth Delegated Legislation Committee

DRAFT MISUSE OF DRUGS ACT 1971
(AMENDMENT) ORDER 2017

Thursday 20 April 2017

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The Committee consisted of the following Members:

Chair: ANDREW ROSINDELL

- | | |
|--|---|
| † Afriyie, Adam (<i>Windsor</i>) (Con) | † Mercer, Johnny (<i>Plymouth, Moor View</i>) (Con) |
| † Aldous, Peter (<i>Waveney</i>) (Con) | † Newton, Sarah (<i>Parliamentary Under-Secretary of State for the Home Department</i>) |
| † Brown, Lyn (<i>West Ham</i>) (Lab) | Pursglove, Tom (<i>Corby</i>) (Con) |
| Coaker, Vernon (<i>Gedling</i>) (Lab) | † Vaizey, Mr Edward (<i>Wantage</i>) (Con) |
| Coffey, Ann (<i>Stockport</i>) (Lab) | † Vara, Mr Shailesh (<i>North West Cambridgeshire</i>) (Con) |
| † Dakin, Nic (<i>Scunthorpe</i>) (Lab) | Whittingdale, Mr John (<i>Maldon</i>) (Con) |
| † Day, Martyn (<i>Linlithgow and East Falkirk</i>) (SNP) | Katya Cassidy, <i>Committee Clerk</i> |
| Elliott, Julie (<i>Sunderland Central</i>) (Lab) | |
| † Fysh, Marcus (<i>Yeovil</i>) (Con) | |
| † Griffiths, Andrew (<i>Lord Commissioner of Her Majesty's Treasury</i>) | |
| Hayes, Helen (<i>Dulwich and West Norwood</i>) (Lab) | † attended the Committee |

Fourth Delegated Legislation Committee

Thursday 20 April 2017

[ANDREW ROSINDELL *in the Chair*]

Draft Misuse of Drugs Act 1971 (Amendment) Order 2017

11.30 am

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

That the Committee has considered the draft Misuse of Drugs Act 1971 (Amendment) Order 2017.

The draft order was laid before Parliament on 14 March.

It is a great pleasure, Mr Rosindell, to serve under your chairmanship. I am sure that you and all hon. Members present will join me in welcoming the *Hansard* trainees, who are observing our proceedings this morning. As we all know, *Hansard* plays an incredibly important role in the life of Parliament. For hundreds of years it has been providing an invaluable service. They will be joining some very illustrious recorders. If we think back in history, some of the greatest writers, such as none other than Charles Dickens, were *Hansard* recorders. In this digital age our constituents, and indeed anyone around the world, can follow the proceedings of Parliament, so accurately reported by *Hansard* recorders, and that is an invaluable part of democracy that has been copied all over the world. I genuinely wish them great success in their traineeships: I hope that you stay on, become recorders and that we see you at events such as this, so we can look up from the Benches and see you in your places—a very warm welcome.

As Members might expect, especially the hon. Member for West Ham, who is a regular attendee at these Committees, the information that informs the draft order was provided from the expert advice of the Advisory Council on the Misuse of Drugs. That advice has led to the order.

The draft order relates to one opioid, U-47,700, 12 methylphenidate-based drugs and 16 benzodiazepines. It places U-47,700 in class A under the Misuse of Drugs Act 1971, in schedule 1 to the Misuse of Drugs Regulations 2001, because the associated harms of U-47,700 are similar to those of other synthetic opioids controlled under the 1971 Act.

In relation to the methylphenidate substances, at the recommendation of the ACMD, 12 compounds will be placed as class B drugs under the Act. They include the seven originally under a temporary ban through a temporary control drug order, which is due to expire on 26 June. That recommendation was informed by a report from the National Programme of Substance Abuse Deaths that, as of November 2016, ethylphenidate had been found in 28 cases of post-mortem toxicology and was implicated in the cause of death in 17 cases, albeit with other drugs present in many of the cases.

The 16 named benzodiazepines, including etizolam, are to be controlled as class C drugs. That is consistent with the classification of other benzodiazepines, which

are already controlled under the 1971 Act. The ACMD has recommended that they are classed as schedule 1 substances. We will continue to monitor them to ensure that their scheduling remains appropriate given that one of the benzodiazepines, etizolam, has been authorised for medicinal use in Italy. The draft order will make it an offence to produce, import, export, supply, or offer to supply the in question drugs without a Home Office licence. For those reasons, I accepted the ACMD's advice that the substances should be subject to the order before the Committee today.

Given the recent media focus on synthetic cannabinoids, or spice as they are sometimes known, it is worth highlighting the Government's action over the past few years to tackle the problems associated with those drugs. The hon. Lady will recall that as recently as December third-generation synthetic cannabinoids, such as those found in spice, were controlled as a class B drug under the Misuse of Drugs Act. That subjects them to the stricter controls and penalties of that Act, including by making the possession of them illegal. That measure followed the Psychoactive Substances Act 2016, which outlawed the production and supply of so-called legal highs. The Act covers the formulation of synthetic cannabinoids capable of producing a psychoactive effect.

The combination of those measures has helped to arm enforcement agencies with the powers they need to tackle these substances, while making it clear that the Government will not tolerate such dangerous drugs. We believe that the harms associated with drug misuse are best tackled through a combined approach that includes reducing demand, restricting supply and improving recovery. We expect the order to have a significant effect on the availability of the three types of synthetic substances and to reinforce the message that the misuse of them poses an unacceptable health risk if they are not placed under the controls of the 1971 Act. I commend the order to the Committee.

11.36 am

Lyn Brown (West Ham) (Lab): It is an absolute pleasure to serve under your chairmanship, Mr Rosindell. I add my welcome to the folk from *Hansard*. I am always very grateful to them, especially on occasions like this when I cannot necessarily pronounce the words that I attempt. From my mangled pronunciations they take something that resembles English—that is going to be very important today. Thank you.

I have some specific comments on the substance of the order, and questions to the Minister about it. Before that, there is an important point to raise about a job that orders such as this can actually do, following on from what the Minister said in the conclusion of her speech about prevention, treatment and education. Let us be honest—the chemicals most commonly referred to using the street name “spice” have now been banned at least twice over, by the Psychoactive Substances Act and by a statutory instrument amendment to the Misuse of Drugs Act that we considered just last year. Despite that, the *Manchester Evening News* exposed an epidemic of spice being abused by vulnerable people in the city centre in recent months. One study found that up to 90% of rough sleepers use the drug, with appalling consequences for individual and public health, serious criminality and antisocial behaviour. The media refer to people who are on spice as “zombies”; that is an unfortunate term, but it does not seem a huge exaggeration, because

they are very vulnerable people who are taken advantage of by drug pedlars who evidently do not care about their activities being criminal.

We have come here today to ban another drug that has already, in effect, been banned under previous legislation. The Acts might be doing the job of making dangerous substances illegal, but on their own they are clearly not sufficient for the more fundamental work of keeping those substances out of the hands of vulnerable people. Can the Minister help us to understand why such problems continue to occur? Does she think it is because Greater Manchester police has lost more than 23% of its officers since 2010, or because the right capacity for personal, social and health education for young people is not in place across the country and shows absolutely no signs of being so? I would genuinely appreciate anything the Minister is able to say about the direction the Government might take in future to rectify this situation. I gently remind her and the Committee that the comprehensive drugs strategy that was promised is now a year overdue—this is the second time that I have asked about it in a statutory instrument Committee in the last year.

That said, the Opposition support the order. Last December, the outgoing chair of the Advisory Council on the Misuse of Drugs expressed concern that the changes might not be brought into law in good time, so I welcome this opportunity to support these amendments to the law, which the advisory council endorses.

Moving on to the details of the order, article 3 controls a synthetic opioid known in the easy-going terminology so beloved of pharmacologists as U-47,700, placing it in class A. The chemical was originally created for research purposes, but it clearly has no legitimate use. Abuse of the substance has started to spread in the United States, with a pattern similar to that of heroin. More than 80 deaths have been attributed to it. The novelty of the substance means that there is relatively little evidence of broader or more long-term social and health harms as yet—although death seems fairly terminal. Similarities to other opiates and the precedents from the US indicate that the substance poses a real threat to the public. With that in mind, it is appropriate for the substance to be brought under legal control at this time.

I am aware that the advisory council plans to conduct a broad-based review of the impact of drug classification on legitimate scientific research. Much of the background remains unclear, and I would appreciate any details that the Minister can offer on the timing and scope of the review. I accept that she may wish to write to me about some of the issues I am raising today.

Article 4 puts a list of 12 methylphenidate-based drugs under control as class B substances. The first seven are already under a temporary control order following advice from the advisory council in 2015 and 2016. More recent advice from the advisory council endorsed the addition of five more similar substances to the list. Methylphenidate and all the substances listed are stimulants, but each has a different chemical structure, and some have different psychoactive effects. The effects are broadly similar to those of cocaine, but the social impact can be even worse. Compulsion to use the drug again can be overwhelming. That can manifest itself in needle users repeatedly taking the drug in public places. The public health impacts have included at least one needle injury to a child, as well as distress at the bizarre and worrying behaviour that the drug can bring on.

The council's full review of substances of this type took place more than two years ago, and more recent information about harms to users does not seem to be available. I would appreciate any additional information that the Minister might have on that. Substances of this type were implicated in two deaths in 2014, and the advisory council considers that they increase risks, understandably, of hepatitis C and HIV transmission from unsafe injections, so there appears to be adequate evidence for the proposed controls.

Finally, article 5 places a list of so-called designer benzodiazepines in class C. Such drugs have psychoactive effects similar to alcohol and can cause sedation, drowsiness and amnesia, as well as slurred speech and lack of co-ordination. There is evidence that a significant number of deaths are associated with these benzodiazepines. In Scotland in particular, there was a sharp and worrying upward trend in their presence in coroners' toxicology findings up to the summer of last year, when the reported data end. There is a real risk of death from overdose, especially when the drugs are mixed with opioids such as heroin. Tolerance and dependence are a strong possibility, with the social harms that often result from that. The advisory council recommendations suggest that there is a strong case for placing these substances under control.

Given that the Minister referred to Italy, I know she is aware that the benzodiazepines controlled by article 5 include etizolam, which has been found to have some therapeutic use in the treatment of insomnia—frankly, I am interested in that—and panic attacks. The council also singled out etizolam as causing the most harm. I know that, bearing those facts in mind, the Minister has written to the council to ask it to keep the inclusion of etizolam in the schedule under review. I would be interested to receive an update from her about any developments as and when they occur. It would be unfortunate to have to revisit the order in months or years to come to remove a substance from the schedule because its inclusion was impeding important medical treatment.

In conclusion, the Opposition support the draft order. It is based on recommendations from expert advisers, which is welcome, and it draws on clear evidence of the real existing and potential harm to communities and vulnerable people.

11.45 am

Martyn Day (Linlithgow and East Falkirk) (SNP): It is a pleasure to serve under your chairmanship, Mr Rosindell. I welcome the people from *Hansard*; they will be pleased to know that I will not attempt any of the names in the draft order—I struggle to read them, let alone pronounce them. I, too, support the order.

11.46 am

Sarah Newton: I welcome the constructive comments of the hon. Member for West Ham and will attempt to respond to them now. She raised some detailed points about evidence from the ACMD, and I will be pleased to write to her about them. She is right to say that all our decisions are based on the ACMD's advice; I am very grateful for the work of Dr Owen Bowden-Jones, who so ably chairs the organisation, and that of the people who share their expertise to enable us to make the best possible decisions. I will write to the hon. Lady about the details, but I will say a few words about our

[Sarah Newton]

approach. We asked the ACMD to look at the scope of the scientific research on the particular questions that she raised. That work is ongoing, and I will give an indication in my letter of when we anticipate that the ACMD will complete it.

It is really important that we understand how harmful these substances are. We must make every effort not only to send out very clear messages about their harmfulness, but to restrict supply—both internationally, by preventing such substances from coming into our country, and domestically, by preventing those that are being manufactured here from getting into the hands of the vulnerable people whom the hon. Lady described so well in her speech. Equally, some controlled substances can have a positive medicinal effect, and it is important that we have a regime that permits that to happen. I am very pleased that the ACMD is getting on with looking into and revising the structure of it to ensure that it is really fit for purpose and that we are striking the right balance. I look forward to its coming back to me shortly with its review.

I hope that that has addressed the issues that the hon. Lady raised about these substances. I agree with her that although it is essential that we take action to ban such substances, as we are doing today, that is not everything that we need to do. We must also prevent people of all ages from desiring to take them in the first place, in order to prevent all the terrible consequences—the health consequences for users and the consequences for society more broadly.

The hon. Lady invited me to comment on the Government's direction of travel. It is absolutely clear that, irrespective of whether it has been published, the strategy is really focused on an evidence base for how we can best educate young people in particular about the harms of wanting to take drugs. We need to enable them to be resilient and understand the risks so that they do not even want to take them in the first place. I am sure she agrees that the Government's decision to make PSHE and sex and relationships education compulsory is vital for that. Extremely good work is already being done by PSHE teachers throughout the country. We also have the excellent resource "Frank", which pools all the best available information for young people.

Lyn Brown: I was trying to be sisterly by not intervening any earlier, but the issue of "Frank" has got to me. When we discussed "Frank" on the Psychoactive Substances Bill Committee, we agreed across parties that it was not the best resource that could be available and that it

needed a massive overhaul and update. I say gently to the Minister that it would be lovely if she wrote to me to let me know how that work is progressing.

Sarah Newton: I appreciate the spirit and manner of the hon. Lady's question, and I can assure her that the comments that she made were obviously taken on board. That work is ongoing, and it is regularly updated. I have met the PSHE Association, and I have been to conferences where there have been experts from around the world, so we are constantly learning and updating that resource.

It is pleasing to note that the number of young people taking drugs is really declining. The high was in 2003, and the number now is less than half the number then; it is down to just over 8% of young people who are experimenting with drugs. That is 8% too many, but it is a significant reduction in the number of young people who want to take drugs in the first place.

The interventions to support people to come off drugs are also improving. The number of people going into therapy has increased—it is up on the 2010 number. People get access to that treatment, and the percentage of people who are sustaining not taking drugs after they leave treatment is about 80%, so we have seen significant progress.

I would love to get on and publish the drugs strategy, but I assure Members that even without that strategy we are moving with vigour and at pace to address what we would all agree is a scourge for the people concerned and the communities involved. The hon. Lady mentioned the situation in Manchester. I have been in touch with the police there, and they have reassured me that they have the resources needed. The police budget has been protected, but operational decisions about how the police are deployed are very much down to the police themselves. Of course, measures such as the one we are now considering will give them more enforcement powers. They will be able to go after people even for possession offences, to reduce the prevalence of this harm on the street.

I hope that I have given enough evidence today to enable Members to agree with me that this order is an important step in tackling a very challenging issue for our country, and that alongside work to prevent people from taking drugs and to make sure that good-quality recovery opportunities are always available for people, it will really help to prevent the harms that we associate with these substances.

Question put and agreed to.

11.52 am

Committee rose.

