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The advisory council on the misuse of drugs

Drug Agency Review Advisory CouncilForm1971 (1971)TypeAdvisory non-departmental public bodyJurisdictionSrminister responsible Priti Patel, Home Affairs Agency chief executiveDr Owen Bowden-Jones, Chair of theParent DepartmentHome OfficeKey DocumentsMisus Drug Act 1971Psy active substances act 2016WebsiteAdvisory Council on the Misuse of DrugsMapTerritory of the United United The Advisory Council on Drug Misuse (ACMD) is a British mandatory advisory non-department public body established in 1971. Mandate This powers are, by law, as follows: to monitor the situation in the United Kingdom in relation to drugs that may be misused and likely to be misused, that they may or may appear to have harmful effects which may constitute a social problem and to advise one or more ministers on measures, whether or not related to a change in the law, which the Council considers should be taken to prevent the misuse of such medicinal products or to resolve the social problems associated with their misuse which the Council considers should be, in particular measures which the Council considers should be taken (a) to restrict the availability of such medicinal products or to monitoring the procedures for their supply; (b) to enable persons affected by the misuse of such medicinal products to obtain proper advice and to ensure that appropriate facilities and services are provided for the treatment, rehabilitation and aftercare of such persons; (c) to promote cooperation between the various professional and social services which, in the Council's view, play a role in solving the social problems associated with the misuse of drugs; (d) educate the public (and, in particular, young people) about the risks of misuse of such medicinal products and to disclose those risks; (e) to promote research or otherwise obtain information on any matter which the Council considers essential to prevent the misuse of such medicinal products or to address the social problems associated with their misuse. The functioning of one of the ACMD's key functions is to recommend the classification of new or existing medicines that may be misused. Sources of evidence[1] that the uses of the ACMD are official studies carried out for or on behalf of the Government, including the British Criminal Investigation, Forensic Service Statistics, General Population Studies, School Studies and International/European Studies, such as the European Schools Survey on Alcohol and Other Drugs; law enforcement authorities; voluntary sectoral organisations with problems and obligations towards those who abuse drugs; professional organisations; published and unpublished scientific literature; specific submissions groups and the general public. In order to ensure that drug harm is approximate but quantitatively measured by drug harm, the ACMD[1] uses a risk assessment matrix that assesses nine different aspects of harm for each drug: physical harm Acute chronic parenteral (i.e. intravenous damage) Dependence Intensity Of pleasure Intensity Psychological dependence Physical dependence Social dependence Social harm Intoxication Other social harms Health costs Criticism 2006. , addressing risks and evidence in policy making. The second case study[1] focused on the link between scientific advice and evidence and the classification of illicit drugs. He was investigating the work of the ACMD. Summary of the recommendations on the ACMD: In this case study, we have examined in detail the Government's Advisory Committee on Drug Classics and Policy (We have identified a number of serious errors in the way the Council does its business. Although the Council has produced useful reports explaining the reasons for the recommendations on decisions on the classification of drugs, the Court found a lack of transparency in other areas of its work and a disturbing confusion about its competence. We also note that the ACMD has not complied with the key elements of the Government's Advisory Scientific Advisory Committee. In response to these and other concerns about the Council's activities, we have called on the Home Office to ensure that the council's work is monitored independently in the future. We have also stressed that the ACMD must play a much more proactive role in supporting the work of the Department for Health, Education and Skills: the government's approach to drug education and treatment must be informed through scientific advice, and stronger cross-departmental coordination is essential to achieve the drug policy objectives of the Public Service Agreement. Some specific conclusions: 69. In general, the study of the processes used by the ACMD and the Ministry of the Interior to make recommendations and decisions on the classification of drugs has demonstrated a disturbing ad hoc approach to determining when it should be reviewed and it is worrying that there is no transparency in the classification decisions. 73. .. It is extremely disappointing that the Council has not taken steps to increase the transparency of its activities, and not only did the Chairman show so little interest in improving the Council's approach to us on the evidence. The Chairman shall ensure that the ACMD adheres to the spirit of openness provided for in the Code of Conduct. 85. .. If, as the Chair of the ACMD has pointed out to us, the In the absence of evidence, the ACMD should have been much more vocal in pressing ministers to ensure that more studies were commissioned to fill the main gaps in the evidence base. 97. .. We understand that ACMD is operating under the 1971 Act. Findings See also: The classification of cannabis in the UK on the recommendation of the ACMD reduced the number of cannabis from Class B to Class C in 2004. However, in 2009, Home Secretary Jacqui Smith returned it to The New York Times. On the same day, he published a report entitled Opportunities for Problems[4], which detailed the 2006 financial crisis. The report noted that not enough has been done in terms of alcohol and tobacco use and that the substance abuse law should be reviewed. Because it was published on the same day as the Cations report, it received no media coverage or response from the Home Office. [5] Members of the ACMD must have at least 20 members. All members are unpaid, although the expenses are reimbursed. January 2011 appointments In January 2011, the government appointed nine new members of the advisory board, including a new chairman. [6] [7] Les Iversen, the new Chairman, is a former specialist in pharmacology and neuropharmacology at the University of Oxford. [8] The appointment of Dr Hans-Christian Raabe, a prominent member of the Maranatha community, with the aim of restoring Christian values in society, gained coverage in the British press. [9] Raabe, a general practitioner from Manchester, had previously been a candidate for the Christian Union in north-west England in 2009. there are a disproportionate number of homosexuals among paedophiles, and the overlapping of the movement to make the gay movement and paedophilia acceptable [11] Dr Raabe once argued that the discredited harm reduction policy[12] is, firstly, an obstruction of death from drug-related deaths. On 8 February 2011, Dr Raabe was fired before his first meeting. [quote needed] Controversial resignation of Professor David Nutt from the University of Bristol was On 15 January 2010, David Nutt established an independent Scientific Committee on Drugs. His new commission aims to complement and ultimately replace the ACMD by providing independent advice that is untouched by government intervention. In February 2009, Professor Nutt accused the government of making a political decision on the classification of drugs, rejecting scientific advice to lower the ecstasy of the Class A drug. The ACMD report on ecstasy, based on a 12-month study of 4,000 academic students, concluded that it was not as dangerous as other class A drugs, such as heroin and cocaine, and should be downgraded to Class B. The advice was not followed. Jacqui Smith, the then Home Secretary, was also widely criticised by the scientific community for bullying Professor David Nutt to apologise for her comments that more people die from falling off horses during a normal year than from taking ecstasy. [17] Professor Nutt was fired as Home Secretary Alan Johnson by Jacqui Smith's successor. Johnson says: It's important that the government's messages about drugs are clear and as an adviser you do nothing to undermine the public's understanding of them. I cannot confuse the public with scientific advice and policy, and I have therefore lost confidence in your ability to advise me as Chairman of the ACMD. [18] In its 2009 work, the Commission has made a first-up in 2009. Alcohol should come fifth behind cocaine, heroin, barbiturates and methadone, and tobacco should rank ninth, before cannabis, LSD and ecstasy, he said. He also claimed that smoking cannabis posed a relatively low risk of psychotic disease. [19] Explaining his sacking crying, Alan Johnson wrote in a letter to the Guardian that He was asked to go because he could not be both a government adviser and campaigner against government policy. [...] As for his comments that riding is more dangerous than ecstasy, which you quote with such respect, this is, of course, a political rather than a scientific point. [20] Response to the Times, Professor Nutt said: I gave a lecture on drug harm assessment and how they relate to drug control legislation. According to Alan Johnson, the Home Secretary, some of the content of this lecture meant I had crossed the line in science politics and so he fired me. I do not know what the comments were outside the line or indeed where the line was [...] After Nutt's dismissal, Dr Les King, a part-time adviser to the Department of Health, and a senior chemist at ACMD resigned His resignation was followed by the resignation of head Marion Walker, clinical director of the substance misuse service at Berkshire Healthcare NHS Foundation Trust and a representative of the Royal Pharmaceutical Society at ACMD. [23] The Guardian revealed that Alan Johnson commissioned what was described as a 40-strong ACMD snap review in October 2009. This, they said, would be to assess whether the agency is performing the functions that it was created to provide and decide whether it still

