EXPLANATORY MEMORANDUM TO

THE MISUSE OF DRUGS (AMENDMENT) REGULATIONS (NORTHERN IRELAND) 2018

S.R. 2018 No. 4

1. Introduction

1.1 This Explanatory Memorandum has been prepared by the Department of Health to accompany the Statutory Rule (details above) which is laid before the Northern Ireland Assembly.

1.2 The Statutory Rule is made under sections 7, 10, 22 and 31 of the Misuse of Drugs Act 1971 (MDA) as adapted by sections 7(9), 31(4) and 38 of that Act, and is subject to the negative resolution procedure.

2. Purpose

2.1 The Schedule of the Regulations in which a controlled drug is placed affects the extent to which the drug can be lawfully imported, exported, produced, supplied or possessed and dictates the record keeping, labelling and destruction requirements in relation to that drug.

2.2 The Misuse of Drugs (Amendment) (Northern Ireland) Regulations 2018 add methiopropamine, U-47,700, 'designer' benzodiazepines, 'third generation' synthetic cannabinoids to Schedule 1 to the Misuse of Drugs Regulations (Northern Ireland) 2002 and Dienedione as a Schedule 4 Part 2 substance under the Misuse of Drugs Regulations (Northern Ireland) 2002.

3. Background

3.1 Methiopropamine, commonly known as "MPA", has been identified as a "legal high" since 2010 and has been linked to a number of deaths in the past few years. Its prevalence has been associated with so-called "head shops" and reported effects of its misuse include tachycardia, breathlessness, anxiety and nausea; these effects are consistent with amphetamine-type substances. MPA has been clandestinely produced and supplied in the UK, particularly via the Internet.

3.2 The ACMD originally proposed in 2015 that MPA should be banned and it became subject to a temporary class drug order (TCDO) in November of that year. The Home Office also amended the MDA to control MPA as a Class B drug.

3.3 In September 2016, the ACMD heard reports that the prevalence and problematic use related to MPA had abated. This led the ACMD to advise that the TCDO be re-laid for a further year as an appropriate and effective level of control, whilst the council gathered more evidence to consider recommending full control under the MDA. The TCDO was subsequently extended to 27 November 2017. The ACMD further advised that: "…*MPA is a drug that is being, or is likely to be, misused and misuse is having, or is capable of having, harmful effects*".

3.4 U-47,700 is a synthetic opioid, originally developed as a research chemical, which has no legitimate use. The ACMD advised that U-47,700 abuse carries a high risk of

severe harm. U-47,700 is a structural analogue of AH-7921, which has been a controlled, Class A drug since 2015 on advice from the ACMD, given its high addiction potential.

3.5 The ACMD recommended that U-47,700 be included in Schedule 1 to the MDRs. This was on the basis that the associated harms are similar to AH-7921, another synthetic opioid controlled as a Class A drug. The ACMD advised that it was not aware of any known legitimate uses in the UK for U-47,700.

3.6 Benzodiazepines The ACMD indicated that it was aware of increasing reports of harm associated with "designer" benzodiazepines – substances not licensed as medicines in the UK, but imported specifically for abuse as novel psychoactive substances. Particular concern was noted by the ACMD over Etizolam, reportedly as being widely abused through the illegal drugs market in Scotland, and implicated in several deaths. Alongside the inclusion of Etizolam in the list of controlled drugs, the ACMD recommended inclusion of several other designer benzodiazepines: Adinazolam, Bromazolam, 4'-Chlorodiazepam, Clonazolam, Deschloroetizolam, Diclazepam, Flubromazepam, Flubromazolam, Fonazepam, 3-Hydroxyphenazepam, Meclonazepam, Metizolam, Nifoxipam, Nitrazolam and Pyrazolam, to reduce displacement from Etizolam to other related substances with similar associated effects.

3.7 Synthetic Cannabinoids - Given the harms associated with 'third generation' synthetic cannabinoids, the ACMD has advised that they should be placed under the MDA. In line with recommendations from the ACMD, two generations of synthetic cannabinoids have already been controlled.

3.8 The UK Government concluded that intervention was necessary to prevent harm being caused by these substances by restricting their supply using the strict regime provided by control under the MDA.

3.9 A further range of synthetic cannabinoids are added to Schedule 1 to the MDRs, excluding those synthetic cannabinoids which are already specified within the Regulations, two other compounds which are already specified in Schedule 2 to the Regulations (clonitazene and etonitazene), and several other compounds that have legitimate medical uses (acemetacin, atorvastatin, bazedoxifene, indometacin, losartan, olmesartan, proglumetacin, telmisartan, viminol and zafirlukast).

3.10 Dienedione - ACMD advice regarding Dienedione a steroid associated with body building, sport and image enhancement, indicates that the substance is considered potentially harmful and is very similar to other anabolic steroids in that respect. It has already been classified as an anabolic steroid in the United States, and ACMD has recommended classification under the MDA. Dienedione is added as a Schedule 4 Part 2 substance under the MDRs so as not to preclude legitimate use on prescription.

4. Consultation

4.1 The Advisory Council on the Misuse of Drugs was consulted and recommended control of the drugs concerned following a review of the evidence of use and harm of those drugs.

5. Equality Impact

5.1 The Department has considered potential impacts on section 75 groups, and has concluded that specific impacts are likely to be negligible. A full equality impact assessment was therefore not completed.

6. Regulatory Impact

6.1 A Regulatory Impact Assessment was not prepared specifically for this legislation. Costs and benefits associated with its introduction were fully considered in preparation of the equivalent regulations in GB and no specific issues relating to Northern Ireland have been identified.

7. Financial Implications

7.1 There are no anticipated financial implications to the Department of Health.

8. Section 24 of the Northern Ireland Act 1998

8.1 This legislation is considered to be complaint with section 24 of the Northern Ireland Act 1998.

9. EU Implications

9.1 Not applicable.

10. Parity or Replicatory Measure

11. The provisions included in the regulations will bring Northern Ireland into line with measures which are already in place in the rest of the UK.

12. Additional Information

12.1 Not applicable.