ACMD

Advisory Council on the Misuse of Drugs

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[redacted]

HM Coroner Sarah Bourke
Inner North London

13th August 2025

Dear Sarah Bourke,

RE: Reg 28 Response: Frederick Ireland Rose

Thank you raising the issue of nitazenes found in vapes with the ACMD. In July 2022 the ACMD published advice on 2-benzyl benzimidazole (nitazene) and piperidine benzimidazolone opioids.

The report has been updated by the ACMD five times through a series of addendums, with a further addendum due to be published later this year:

- First addendum – December 2022
- Second addendum – October 2023
- Third addendum – December 2023
- Fourth addendum – April 2024
- Fifth addendum – November 2024.

The ACMD has a standing function to monitor emerging drugs, including new nitazenes variants and our standard operating procedure includes routes of administration within the consideration of harms. Vaping as a method of administration has also been raised as a concern in other recent ACMD reports. We have acknowledged the presence of nitazenes in vaping fluids and the need to monitor the detection of nitazenes in vapes and vaping fluid.

In the above report, it was identified that nitazenes had been found in vapes and vaping fluids. In the same report the ACMD recommended improved toxicology and testing and increased funding to achieve this (see recommendations listed in the annex). The ACMD also recommended improved information for health professionals and the general public (including people who use both opioid and non-opioid drugs) on the health effects of synthetic opioids.

I shall raise the concerns expressed in this Regulation 28 report to the Chair of the ACMD Novel Psychoactive Substances (NPS) Committee as well as at the upcoming ACMD Full Council meeting in October 2025, where members will discuss emerging issues.

I trust this provides you with assurances that the ACMD has made appropriate recommendations to the UK Government and continues to advise in this important area.

Yours sincerely,

[redacted]

[redacted]

Annex – Recommendations made by the ACMD on nitazenes:

Recommendation 1
The following compounds should be added to Class A of the Misuse of Drugs Act 1971, consistent with the classification of other potent opioids. As these materials have no medical use it is recommended that they should be placed in schedule 1 of the Misuse of Drugs Regulations 2001 (as amended).

- Metonitazene
- Protonitazene
- Isotonitazene
- Butonitazene
- Flunitazene
- Metodesnitazene (metazene)
- Etodesnitazene (etazene)
- N-Pyrrolidino-etonitazene (etonitazepyne)
- N-Piperidinyl-etonitazene (etonitazepipne)
- Brorphine

Lead: Home Office
Measure of outcome: The inclusion of the listed compounds in Class A of the Misuse of Drugs Act 1971 and schedule 1 of the Misuse of Drugs Regulations 2001.

Recommendation 2
The following compounds should be deleted from schedule 2 and added to schedule 1 of the Misuse of Drugs Regulations 2001 (as amended).

- Etonitazene
- Clonitazene

Lead: Home Office
Measure of outcome: The inclusion of the listed compounds in schedule 1 of the Misuse of Drugs Regulations 2001.

Recommendation 3
The ACMD recommends that a consultation should be undertaken with stakeholders, including academia and the chemical and pharmaceutical industries on the introduction of a generic control on 2-benzyl benzimidazole variants, as new examples may be encountered and could present a serious risk of harm. Following this consultation, materials covered by the generic should be added to Class A of the Misuse of Drugs Act 1971, consistent with the classification of other potent opioids. As these materials have no medical use it is recommended that they should be placed in schedule 1 of the Misuse of Drugs Regulations 2001 (as amended).
The proposed wording for the generic for addition to the Misuse of Drugs Act is as follows:
[see most recent addendum published]

Lead: Home Office
Measure of outcome: The inclusion of the described compounds in Class A of the Misuse of Drugs Act 1971 and schedule 1 of the Misuse of Drugs Regulations 2001, following appropriate consultation.

Recommendation 4
In light of the continuing emergence of NPS and particularly synthetic opioid NPS, a working group should be established to consider and provide recommendations on a UK-wide minimum standard set of post-mortem toxicology tests for apparent drug-related deaths, to include testing for relevant novel psychoactive substances to improve consistency of analysis and detection. The best practice recommendations agreed would include standards for reporting. This working group should include (but not necessarily be limited to) representation from the following:

- Chief Coroner's Office for England and Wales
- Coroners Service for Northern Ireland
- Crown Office and Procurator Fiscal Service Scotland
- UK and Ireland Association of Forensic Toxicologists
- London Toxicology Group
- Faculty of Forensic and Legal Medicine
- Office for Health Improvement and Disparities
- Home Office Forensic Early Warning System
- Police
- Local drug-related deaths review partnerships
- The ACMD

Lead: Home Office
Measure of outcome: A report detailing best practice for forensic sample analysis in the investigation of apparent drug-related deaths

Recommendation 5
Adequate funding should be made available by government to allow coroners, procurators fiscal and forensic toxicologists to follow the best practice guidelines developed via Recommendation 4.

Lead: Home Office
Measure of outcome: Consistent and appropriate forensic analysis and reporting for suspected drug-related deaths across the UK.

Recommendation 6
Information for health professionals (such as TOXBASE) and the general public (such as Frank) on the health effects of NSO should be reviewed and updated, ensuring that information is available in an appropriate format on NSO compounds including benzimidazole and piperidinyl benzimidazolone opioids and the risks that result from the inclusion of compounds of varying and sometimes very high potency in heroin preparations and counterfeit medicines.

Leads: National Poisons Information Service, UK Health Security Agency, Office for Health Improvement and Disparities
Measure of outcome: Information available for health professionals and the general public, including those with lived experience.