EXPLANATORY MEMORANDUM TO

THE MISUSE OF DRUGS ACT 1971 (AMENDMENT) ORDER 2026

2026 No. [XXXX]

1. Introduction

1.1 This Explanatory Memorandum has been prepared by the Home Office and is laid before Parliament by Command of His Majesty.

1.2 This memorandum contains information for the Joint Committee on Statutory Instruments and the Secondary Legislation Scrutiny Committee.

2. Declaration

2.1 Sarah Jones MP, Minister for Policing and Crime, at the Home Office confirms that this Explanatory Memorandum meets the required standard.

2.2 Marcus Starling, Deputy Director for the Drugs and Alcohol Unit, at the Home Office confirms that this Explanatory Memorandum meets the required standard.

3. Contact

3.1 Andrew Lewis at the Home Office can be contacted by email at the following address with any queries regarding the instrument: Andrew.lewis5@homeoffice.gov.uk.

Part One: Explanation, and context, of the Instrument

4. Overview of the Instrument

What does the legislation do?

4.1 This instrument amends Schedule 2 to the Misuse of Drugs Act 1971 ("the 1971 Act"), which lists controlled substances whose possession, supply, production, importation or exportation is, in most cases, an offence. It adds 28 named substances and three new 'generic definitions' (which define classes of substances by reference to their chemical structure) to Schedule 2, and expands the scope of four existing generic definitions.

Where does the legislation extend to, and apply?

4.2 The extent of this instrument (that is, the jurisdiction(s) which the instrument forms part of the law of) is the United Kingdom.

4.3 The territorial application of this instrument (that is, where the instrument produces a practical effect) is the United Kingdom.

5. Policy Context

What is being done and why?

5.1 Substances are included in Schedule 2 to the 1971 Act when they can cause harms, either to the health of the people who use them, or to the wider community through, for example, criminality or anti-social behaviour. The purpose of including a substance in Schedule 2 is to reduce those harms, by deterring both the supply of and the demand for that substance. Schedule 2 therefore lists those substances which it is an offence to possess, supply, offer to supply, produce, import or export (except in the situations where the Misuse of Drugs Regulations 2001 ("the 2001 Regulations") state

that those actions are permitted). Sometimes the UK has an international legal obligation to domestically control a substance if the United Nations has scheduled it under the Single Convention on Narcotic Drugs of 1961 as amended by the 1972 Protocol, or under the Convention on Psychotropic Substances of 1971 ("the 1971 UN Convention").

5.2 Parts 1 to 3 of Schedule 2 contain separate lists of Class A, Class B and Class C drugs. The Class in which a substance is placed broadly denotes its relative level of harm, with Class A representing the most harmful. The maximum sentences for supplying, producing, importing or exporting Class A, B and C drugs are imprisonment for life, 14 years and 14 years respectively; for possession they are seven, five and two years.

5.3 This instrument adds several substances to Schedule 2, in each case following recommendations made by the Advisory Council on the Misuse of Drugs ("ACMD") at various points between March 2024 and April 2026. The ACMD was established under section 1 of the 1971 Act to provide advice to Ministers on harmful drugs.

5.4 This instrument makes the following additions to Class A:

5.4.1 An expansion of the generic definition for the 2-benzyl benzimidazole ("nitazene") class of synthetic opioids. Since nitazenes emerged at scale in the UK in June 2023 they have been connected to at least 1,000 deaths.[1] In 2022 the ACMD published a report on nitazenes and on piperidine benzimidazolones ("orphines"), a separate class of synthetic opioids.[2] It recommended adding several named nitazenes, a generic definition of nitazenes and one orphine (brorphine) to Class A. (The purpose of a generic definition is to make it harder for criminals to circumvent legal controls by making small changes to the chemical composition of a drug.) In four subsequent addenda to that report the ACMD recommended adding additional named nitazenes and expanding the scope of the generic definition.[3] In January 2025 the 1971 Act was amended in line with the recommendations in those reports. On 8 November 2024 and 21 October 2025 the ACMD published fifth and sixth addenda to its report, in which it recommended expanding the generic definition to capture additional substances, following consultation with stakeholders to check that this would not capture substances with legitimate uses.[4] On 29 January 2025 and 9 December 2025 respectively, Home Office Ministers confirmed that they accepted those recommendations.[5] A consultation between December 2025 and February 2026 ("the 2025/2026 consultation") did not identify any substances with legitimate uses which might fall within the generic definition.

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[1] https://www.nationalcrimeagency.gov.uk/news/nca-launches-the-national-strategic-assessment-2026

[2] https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids-accessible-version

[3] https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids

[4] https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids/fifth-addendum-to-acmd-report-on-the-use-and-harms-of-2-benzyl-benzimidazole-nitazene-and-piperidine-benzimidazolone-brorphine-like-opioids-8; https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids/sixth-addendum-to-acmd-report-on-the-use-and-harms-of-2-benzyl-benzimidazole-nitazene-and-piperidine-benzimidazolone-brorphine-like-opioids-2

[5] https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids/government-response-to-the-acmd-on-fifth-addendum-on-nitazenes-and-related-opioids-accessible-version; https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids/government-response-to-the-acmds-sixth-addendum-advice-on-nitazenes-accessible

5.4.2 Seven named orphines and two generic definitions of orphines. The ACMD's 2022 report concluded that there was no current evidence of the misuse of orphines other than brorphine in the UK. In a seventh addendum to the report, published on 30 April 2026, the ACMD found that orphines had been involved in several deaths in the UK. (The latest data shows that they were involved in 28 deaths between March 2025 and April 2026.)[6] It recommended adding seven named substances and two generic definitions to Class A.[7] On 18 May 2026 Home Office Ministers confirmed that they accepted those recommendations.[8] The seven named orphines are currently subject to a Temporary Class Drug Order ("TCDO"), which will control those substances until 10 June 2027, unless this instrument comes into force before that date.

5.4.3 A generic definition for the variants of 2-methyl-AP-237. 2-methyl-AP-237, which was added to Class A in January 2025, is a member of the acyl piperazine class of synthetic opioids, which can cause serious health harms, such as respiratory arrest. In its report of 27 March 2024, the ACMD recommended adding this generic definition to Class A, following consultation to check that substances with legitimate uses would not be captured.[9] On 14 May 2024, Ministers in the then Government confirmed that they accepted that recommendation. [10] The 2025/2026 consultation did not identify any substances with legitimate uses which might fall within the generic definition.

5.5 This instrument makes the following additions to Class B:

5.5.1 Ten named semi-synthetic cannabinoids (SSCs) and an expansion of the existing generic definition of cannabinoids. SSCs are similar in structure to tetrahydrocannabinol (THC), the main psychoactive chemical found in the cannabis plant. They are thought to produce similar health harms to THC, including neurological, cardiovascular and psychiatric effects. On 22 May 2025 the ACMD published a report in which it recommended that the Government add ten named SSCs[11] to Class B and, following stakeholder consultation, expand the existing generic definition for cannabinoids (referred to as "cannabinol derivatives") to capture similar substances.[12] One of the ten substances - hexahydrocannabinol (HHC) – was scheduled under the 1971 UN Convention in March 2025, creating an international legal obligation on the UK to domestically control it. On 20 August 2025, Home Office Ministers confirmed that they accepted the ACMD's recommendations.[13] The

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[6] https://www.ndtms.net/DrugsEarlyWarningSystem/DrugsEarlyWarningSystemPublic ('Deaths – profile', filter for orphines)

[7] https://assets.publishing.service.gov.uk/media/69f3343fab602a88957eef2b/Seventh_addendum_to_the_ACMD_report_on_the_use_and_harms_of_2-benzyl-benzimidazole__nitazene__and_piperidine_benzimidazolone__brorphine-like__opioids_FINAL.pdf

[8] https://www.gov.uk/government/publications/acmd-advice-on-2-benzyl-benzimidazole-and-piperidine-benzimidazolone-opioids/government-response-to-the-acmds-seventh-addendum-on-orphines-accessible

[9] https://www.gov.uk/government/publications/acmd-advice-on-acyl-piperazine-opioids-including-2-methyl-ap-237/acmd-advice-on-acyl-piperazine-opioids-including-2-methyl-ap-237-accessible

[10] https://www.gov.uk/government/publications/government-response-to-acmd-report-on-acyl-piperazine-opioids/government-response-to-acmd-report-on-acyl-piperazine-opioids-accessible

[11] Hexahydrocannabinol (HHC); Hexahydrocannabiphorol (HHCP); Hexahydrocannabihexol (HHCH); 9-Hydroxyhexahydrocannabinol (9-OH-HHC);10-Hydroxyhexahydrocannabinol(10-OH-HHC); 11-Hydroxyhexahydrocannabinol (11-OH-HHC); 10-Hydroxyhexahydrocannabiphorol (10-OH-HHCP); Hexahydrocannabinol-C8 (HHC-C8); Hexahydrocannabinol-C9 (HHC-C9); 11-Hydroxy tetrahydrocannabinol (11-OH-THC).

[12] https://assets.publishing.service.gov.uk/media/682f3f03c054883884bff465/ACMD+Report+-+Semi-synthetic+Cannabinoids+Cannabinoids+related+to+tetrahydro-cannabinol+and+cannabidiol+redacted+FINAL2.pdf

[13] https://www.gov.uk/government/publications/semi-synthetic-cannabinoids-related-to-tetrahydro-cannabinol-and-cannabidiol/response-letter-from-dame-diana-johnson-to-the-acmd-accessible

2025/2026 consultation did not identify any substances with legitimate uses which might fall within the generic definition.

5.5.2 Two isomers (chemically similar versions) of the acid THCA (THCA-A and THCA-B), which are structurally similar to THC and which are easily converted into it (for example by smoking, vaping or cooking). These have been detected in seizures of crystals and in vape canisters in the UK. In its 22 May 2025 report the ACMD recommended controlling these under Class B. In their response of 20 August 2025 Home Office Ministers accepted this recommendation, but confirmed that they intended to consult stakeholders, given these isomers' longstanding status as uncontrolled substances. Three responses to the 2025/2026 consultation argued that THCA had legitimate uses. Home Office Ministers considered these responses but in a letter to the ACMD of 11 May 2026 confirmed that they considered that the two isomers should be controlled.[14]

5.5.3 An expansion of the two generic definitions of synthetic cathinones. These are synthetic stimulants chemically related to cathinone, a psychoactive substance in the khat plant. They can cause health harms such as seizures and hallucinations, which have been reported as leading to violence and anti-social behaviour, particularly in North Staffordshire and surrounding areas, where the use of some of these drugs is concentrated. In 2010 these two generic definitions were added to Class B. In a report of 11 February 2025 the ACMD recommended expanding these definitions, following stakeholder consultation, to capture an additional synthetic cathinone (α-D2PV) and related substances, which were thought to lead to health and social harms commensurate to Class B.[15] On 7 September 2026 Home Office Ministers confirmed that they accepted this recommendation.[16] The 2025/2026 consultation did not identify any substances with legitimate uses which might fall within the generic definitions.

5.6 This instrument makes the following additions to Class C:

5.6.1 Three growth hormone medicines (somapacitan, lonapegsomatropin, somatrogon). The Medicines and Healthcare products Regulatory Agency (MHRA), which has granted marketing authorisations for these medicines, asked the ACMD to consider whether they should be added to Schedule 2. In a report of 13 August 2025 the ACMD recommended that they be controlled in Class C, as their harms would likely be similar to those of three growth hormone medicines already controlled in Class C.[17] In a response of 18 February 2026 Home Office Ministers confirmed that they accepted this recommendation.[18]

5.6.2 Zuranolone, a medicine used to treat postnatal depression. The MHRA asked the ACMD to assess this. In a report of 13 August 2025 the ACMD recommended that it be controlled in Class C, because its potential harms would likely be similar to

[14] https://www.gov.uk/government/publications/semi-synthetic-cannabinoids-related-to-tetrahydro-cannabinol-and-cannabidiol/further-response-letter-from-sarah-jones-mp-to-the-acmd-accessible
[15] https://www.gov.uk/government/publications/synthetic-cathinones-an-updated-harms-assessment/synthetic-cathinones-an-updated-harms-assessment-accessible#recommendations
[16] https://www.gov.uk/government/publications/synthetic-cathinones-an-updated-harms-assessment/response-letter-from-sarah-jones-to-the-acmd-accessible
[17] https://www.gov.uk/government/publications/somapacitan-lonapegsomatropin-and-somatrogon-acmd-advice/acmd-advice-on-somapacitan-lonapegsomatropin-and-somatrogon-accessible
[18] https://www.gov.uk/government/publications/government-response-to-3-medicines-reports/government-response-to-3-acmd-reports-accessible

benzodiazepines already controlled in Class C.[19] In a response of 18 February 2026 Home Office Ministers confirmed that they accepted this recommendation.[20]

5.6.3 Etomidate, a sedative licensed for use as an anaesthetic, which has been the subject of significant misuse in East Asia and New Zealand, usually through vaping liquids. Overdose can lead to hypotension and cardiorespiratory depression. In a report of 21 October 2025, the ACMD recommended controlling etomidate and, following stakeholder consultation, related compounds, in Class C, given the harms etomidate has caused overseas and the risk that its availability and usage in the UK could increase.[21] On 19 January 2026 Home Office Ministers confirmed that they accepted this recommendation.[22] This instrument includes the control of etomidate itself. It does not include the control of related substances, which require consultation; as Ministers' decision post-dated the 2025/2026 consultation, further consultation would have delayed the instrument. Subject to the outcome of the consultation, control of the related substances will be included in a future instrument.

5.6.4 Medetomidine and detomidine, veterinary medicines which are also used in conjunction with opiates and synthetic opioids to enhance those drugs' effects. In a report of 21 October 2025 the ACMD noted that medetomidine had begun to be detected in the UK and that its prevalence would likely increase following the addition of xylazine, a related substance, to Class C in January 2025.[23] It therefore recommended that medetomidine be added to Class C. It also recommended that detomidine be added to Class C because, while there was no current evidence of its use in the UK, controlling medetomidine could cause that to change. On 12 January 2026 Home Office Ministers confirmed that they accepted those recommendations.[24]

5.6.5 Carisoprodol, which is licensed in some countries for medicinal use as a muscle relaxant, but which is also misused, sometimes in combination with opioids and benzodiazepines. This can lead to the risk of overdose and addiction. In March 2025 it was scheduled under the 1971 UN Convention, creating an international legal obligation on the UK to control it. On 6 November 2025 the ACMD published a report which recommended that it be added to Class C.[25] On 3 February 2026 Home Office Ministers confirmed that they accepted that recommendation.[26]

5.6.6 Ethylbromazolam, a novel benzodiazepine. On 14 April 2026, the ACMD published a report which recommended that ethylbromazolam be added to Class C, in line with

[19] https://www.gov.uk/government/publications/zuranolone-acmd-advice/acmd-advice-on-zuranolone-accessible
[20] See footnote 18.
[21] https://www.gov.uk/government/publications/acmd-review-of-the-evidence-on-the-use-and-harms-of-etomidate/acmd-review-of-the-evidence-on-the-use-and-harms-of-etomidate-accessible
[22] https://www.gov.uk/government/publications/acmd-review-of-the-evidence-on-the-use-and-harms-of-etomidate/the-governments-response-to-the-acmd-review-of-the-evidence-on-the-use-and-harms-of-etomidate-accessible
[23] https://www.gov.uk/government/publications/use-and-harms-of-xylazine-medetomidine-and-detomidine/amendment-to-acmd-report-use-and-harms-of-xylazine-medetomidine-and-detomidine-21-october-2025-accessible#recommendation-1
[24] https://www.gov.uk/government/publications/use-and-harms-of-xylazine-medetomidine-and-detomidine/the-governments-response-to-the-amendment-to-the-advisory-council-on-the-misuse-of-drugs-acmd-report-on-the-evidence-on-the-use-and-harms-of-xylazi
[25] https://www.gov.uk/government/publications/carisoprodol-review-of-the-evidence-on-its-use-and-harms/acmd-report-a-review-of-the-evidence-on-the-use-and-harms-of-carisoprodol-accessible
[26] https://www.gov.uk/government/publications/carisoprodol-review-of-the-evidence-on-its-use-and-harms/government-response-review-of-the-evidence-on-the-use-and-harms-of-carisoprodol-accessible

other benzodiazepines.[27] On 6 July 2026 Home Office Ministers confirmed that they accepted that recommendation.[28]

What was the previous policy, how is this different?

5.7 The Psychoactive Substances Act 2016 ("the 2016 Act") makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess in a custodial institution, import or export psychoactive substances. The 2016 Act is primarily directed at activities involving substances used for their psychoactive effects. It is likely that the 2016 Act covered all the substances covered by this instrument, as substances capable of producing a psychoactive effect in someone who consumes them, except the seven named orphines (which ceased to be subject to the 2016 Act by virtue of being made subject to a TCDO), and with the further possible exception of the two isomers of THCA. Substances which are added to Schedule 2 cease to be covered by the 2016 Act.

5.8 Adding these substances to Schedule 2 is preferable to relying on the 2016 Act, for three reasons. Firstly, possession is illegal under the 1971 Act (except in those cases set out in the 2001 Regulations), whereas under the 2016 Act possession is illegal only with intent to supply or in a custodial institution. Secondly, prosecution under the 1971 Act is generally easier than under the 2016 Act because it is not necessary to prove that a substance is "psychoactive". Finally, maximum sentences are longer in the 1971 Act than in the 2016 Act (where the maximum sentence is seven years).

6. Legislative and Legal Context

How has the law changed?

6.1 Under section 2 of the 1971 Act, Ministers may not lay a draft Order in Council before Parliament which amends Schedule 2 unless they have consulted with, or received a recommendation from, the ACMD. Ministers received recommendations from the ACMD to make all of the amendments covered by this instrument.

6.2 The 2001 Regulations make it lawful for persons to do certain acts in relation to substances controlled in Schedule 2 which would otherwise be unlawful under the 1971 Act. They also specify the procedures which those people undertaking those acts must follow. Those authorisations in the 2001 Regulations vary depending on which of its five schedules a substance is placed in. When a substance is added to Schedule 2 to the 1971 Act, it is typically also added to one of the five schedules to the 2001 Regulations. The government responses to the ACMD reports, referenced above, confirm which of the five schedules each of the substances will be placed in. Changes to the 2001 Regulations are made in a separate instrument, subject to the negative procedure.[29] Since that must come into force at the same time as this instrument, it will be laid before Parliament in the coming months. The Economic Note, which is published alongside this instrument, covers both instruments.

6.3 Whereas this instrument applies to the whole UK, scheduling of substances under the 2001 Regulations applies only to England and Wales, and Scotland. Home Office

[27] https://www.gov.uk/government/publications/ethylbromazolam-review-of-the-evidence-on-its-use-and-harms/ethylbromazolam-a-review-of-the-evidence-on-its-use-and-harms-accessible-version

[28] https://www.gov.uk/government/publications/ethylbromazolam-review-of-the-evidence-on-its-use-and-harms/government-response-to-acmd-report-on-ethylbromazolam-accessible-version

[29] That instrument also includes changes to the Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015. When a substance is added to Schedule 1 to the 2001 Regulations – denoting that it has no recognised medicinal uses – it is also added to that Order, which means that the duty on Ministers to make regulations allowing controlled drugs to be used medicinally does not apply to that drug.

Ministers are in close contact with Northern Ireland Ministers, who will bring forward their own similar regulations to come into force at the same time.

Why was this approach taken to change the law?

6.4 Given the evidence that these drugs are harmful, Ministers wished to achieve longer sentences and more straightforward prosecutions than are available under the 2016 Act, and an offence for possession in all circumstances (except where permitted by the 2001 Regulations). Adding these substances to Schedule 2 is the only mechanism to achieve that.

7. Consultation

Summary of consultation outcome and methodology

7.1 The ACMD considered in detail all of the changes this instrument makes to Schedule 2 to the 1971 Act. It consulted experts and other stakeholders as appropriate before making recommendations. For this reason, in line with previous practice, Ministers have not consulted on the controls of individual substances, with the exception of the two isomers of THCA, in light of their longstanding status as uncontrolled substances.

7.2 The Home Office consulted with stakeholders on the new or amended generic definitions, to check that these would not capture substances with legitimate uses. The exception was the two new generic definitions of orphines. In that case Ministers agreed with the ACMD's judgement that the risk to public health of delaying the control to allow for a consultation outweighed the risk of legitimate uses being identified. Based on its discussions with stakeholders, such as the MHRA, the ACMD considered that orphines have no medicinal use and that it is very unlikely that they have legitimate uses in business.

7.3 The consultation on the remaining generic definitions and the two isomers of THCA took place between 17 December 2025 and 11 February 2026. This comprised the six weeks which would ordinarily be appropriate for such an exercise and an additional two weeks in light of the Christmas period. There were 42 consultees, comprising trade bodies, academic organisations and statutory bodies in the science, chemical, pharmaceutical and veterinary medicine sectors. Consultees were invited to identify any legitimate uses of those substances proposed for control, and if possible to suggest how the control could be altered to exclude them.

7.4 Six responses were received to the consultation. Three did not identify legitimate uses of any of the substances. Three raised concerns (solely) about THCA, referring to its use in research and the potential impact of control on consumer cannabidiol products. The Government considered these responses but decided to accept the ACMD's advice that the two isomers of THCA should be controlled.[30]

8. Applicable Guidance

8.1 The Home Office will communicate changes to the law as a result of this Order to stakeholders and the wider public. The Home Office will issue a circular with legislative guidance primarily for the police and the courts, when this Order is laid in Parliament. The Government keeps messaging on the harms of, and legal penalties relating to, these substances, up to date through its FRANK information and advisory service, which is aimed at young people and adults to inform them of drug-related

[30] See footnote 14.

risks and harms.[31] The Government also liaises with the devolved governments in relation to their taking similar actions.

Part Two: Impact and the Better Regulation Framework

9. Impact Assessment

9.1 An Economic Note, covering both the changes to the 1971 Act and the associated changes to the 2001 Regulations, is being published alongside this instrument. For the drugs with legitimate uses which are being controlled, it is assumed that businesses will already possess the required licence to utilise these drugs within the UK, or benefit from an exemption under the 2001 Regulations. Therefore, the only costs businesses will face are for licences to import/export the substances being controlled, which are expected to be limited. The only other cost expected is the cost for senior police and Border Force officers to familiarise themselves with this change. No benefits could be monetised, however the change is expected to result in non-monetised benefits including a reduction in hospital admission and deaths due to drug use. As these changes have an Equivalent Annual Net Direct Costs to Businesses below the +/- £10 million threshold the *de minimis* exemption applies, so an economic note has been produced rather than an impact assessment.

Impact on businesses, charities and voluntary bodies

9.2 Businesses will be required to acquire licences to import/export the drugs being controlled in this legislation. Such a licence costs £24. This is estimated to cost approximately £0.06 million in total over the 10-year period following this change. This legislation will not impact charities or voluntary bodies.

9.3 The legislation does not impact small or micro businesses.

9.4 The impact on the public sector is also limited. Public bodies will incur additional costs in familiarising themselves with the new legislation. This is estimated to be approximately £18,400, with this cost occurring only in year 1 of the appraisal period.

10. Monitoring and review

What is the approach to monitoring and reviewing this legislation?

10.1 The Government will continue to monitor the control measures through the regulatory framework governing controlled drugs. It will also maintain oversight through the healthcare regulatory bodies in England and through engagement with the devolved governments. This will include national data collection and surveys on crime and drug misuse.

10.2 The instrument does not include a statutory review clause.

Part Three: Statements and Matters of Particular Interest to Parliament

11. Matters of special interest to Parliament

11.1 A previous version of this instrument was laid before Parliament on 14 September 2026. The ACMD subsequently notified the Home Office that a word in one of the generic definitions in its report on orphines was ambiguous. As Ministers had accepted the recommendation to introduce that definition, the ambiguous wording appeared in the original version of this instrument.

[31] https://www.talktofrank.com/

11.2 The original wording referred to "any material (not being a compound for the time being specified in sub-paragraph (a) [of paragraph 1 in Part 1 of Schedule 2 to the 1971 Act] structurally derived from 8-benzyl-1-phenyl-1,3,8-triazaspiro[4.5]decan-4-one by modification in any of the following ways—

(i)by substitution **of** the nitrogen at the 3- position of the triazaspiro core by alkyl"; [emphasis added]

…

11.3 The Home Office view is that the use of 'of' could be interpreted either as replacing the nitrogen atom, or as leaving it in place. The latter reading represents the policy intention, and the former reading would entail the definition controlling a list of chemicals which is not entirely the same as the one intended. This version of the instrument therefore replaces 'of' with 'at', which is the formulation used elsewhere in the 1971 Act.

11.4 This instrument also corrects two typographical errors in the amended generic definition of cannabinoids: in "a tetrahydro or hexahydro derivatives of cannabinol", replacing "derivatives" with "derivative" and, in "a 3-alkyl homologues of cannabinol", replacing "homologues" with "homologue". By themselves, we consider these would have met the criteria for a correction slip.

11.5 A separate instrument which will add the substances covered by this instrument to the 2001 Regulations and (in the case of substances placed in Schedule 1 to those Regulations) to the Misuse of Drugs (Designation) (England, Wales and Scotland) Order 2015 will be laid before Parliament in the coming months. As that instrument is subject to the negative procedure and must come into force at the same time as this instrument, it can be laid before Parliament later than this draft instrument. The Economic Note, which is published alongside this instrument, covers both instruments.

12. European Convention on Human Rights

12.1 The Minister for Policing and Crime has made the following statement regarding Human Rights:
"In my view the provisions of the Misuse of Drugs Act 1971 (Amendment) Order 2026 are compatible with the Convention rights."

13. The Relevant European Union Acts

This instrument is not made under the European Union (Withdrawal) Act 2018, the European Union (Future Relationship) Act 2020 or the Retained EU Law (Revocation and Reform) Act 2023 ("relevant European Union Acts").