**EXPERT ADVISORY COMMITTEE ON DRUGS**

**23 October 2014, 10.00 am – 3.00 pm**

**DeHavilland Room, Wellington Airport Conference Centre**

**EACD members present**

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| Associate Professor Dr Cynthia Darlington (Chair) | Malcolm Luey |
| Dr Keith Bedford | Dr Vicki Macfarlane |
| Dr Jaki Horn | Dr Helen Moriarty |
| Dr Stewart Jessamine |  |

**EACD secretariat present**

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| Bruce Atmore | Nicholas Goodwin |

**TECHNICAL ADVISORS present**

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| Haley Ataera | Sarah Condon |
| Alison Cossar |  |

**1 WELCOME, INTRODUCTIONS AND APOLOGIES**

The Chair welcomed members to the first meeting of the EACD since November 2010.

Apologies were received from Chris Howley, Dr Darren Hunt, Lynette Knox and Detective Gregory Williams.

The Chair and Secretariat outlined a number of housekeeping matters.

**2 ROLE AND FUNCTIONS**

The Committee discussed its statutory role and functions, as set out in the Misuse of Drugs Act 1975 (MoDA). This covered the process for assessing substances, the necessary work to be undertaken by the Secretariat and Committee, the provision of advice to the Minister following the assessment process, and the parliamentary procedures required to schedule a substance as a controlled drug in MoDA.

Dr Jessamine provided an overview of the relationship between MoDA and other legislation. He highlighted the overlaps between the various statutes which regulate chemicals and other substances, including the Psychoactive Substances and Medicines Acts and MoDA.

The minutes from the last meeting of the EACD, held in November 2010, were noted. These had already been confirmed by the previous EACD.

The Committee also discussed the process for publishing meeting papers and wider issues of consultation and communication. Members agreed that as much information as possible about the Committee’s work should be made publicly available.

The Committee requested that a number of documents be made available on the National Drug Policy Committees webpage of the Ministry of Health’s website (<http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/ministerial-health-committees/national-drug-policy-committees>), to provide background to the work of the Committee and information about future meetings.

**Action:** The Secretariat to update the appropriate webpage, including providing a link to the sections of the Misuse of Drugs Act relevant to the Committee’s statutory role and functions, a copy of the Committee’s Terms of Reference and information about the substance assessment process, including how the public can engage.

1. **TERMS OF REFERENCE**

The Terms of Reference were discussed and changes were agreed. These included updated Secretariat details and minor amendments to the sections relating to substance assessment and drug classification processes.

**Action:** The Secretariat to draft changes to the Terms of Reference and forward to members for comment out of session, with a view to confirming the updated Terms of Reference at the next meeting of the Committee.

1. **CONFLICTS OF INTEREST**

The Chair thanked members for completing and returning the Ministry’s Declarations of Conflicts of Interest and noted that this would be a standing agenda item to cover the eventuality of any future conflicts of interest. This issue is outlined further in section 5.2 of the Terms of Reference.

1. **SUBSTANCE ASSESSMENTS**

*5.1 NBOMe compounds*

**Issue:** A technical paper was presented on the NBOMe group of compounds to assist the Committee to undertake an assessment of these substances.

**Discussion:** The Committee discussed the evidence presented in the paper and classification options. It was noted that the NBOMes do not meet the criteria in MoDA to be considered controlled drug analogues, i.e. they are not considered ‘substantially similar’ in structure to any drug currently scheduled. However, the risk profile of the NBOMes is such that the committee was comfortable in deciding that at least some of the NBOMe group should be classified under MoDA. The discussion also focussed on:

* whether the NBOMes should be scheduled as class A controlled drugs, to be consistent with the functionally similar drug LSD, or as Class B1 controlled drugs, to be consistent with the risk level of the NBOMes
* the potential for teratogenicity (to inform the classification)
* whether the NBOMes could and should be classified as a group (for example as N-benzyl phenethylamines) classification or as individuals, with non-specified NBOMes being captured under the analogue provisions as Class C controlled drugs.

**Outcome:** The Committee agreed to a provisional recommendation that the specific substances 25B-NBOMe, 25C-NBOMe and 25I-NBOMe be classified as Schedule 2, Part 1 (Class B1) controlled drugs in MoDA. The recommendation is subject, however, to consideration of further information, including available data on prevalence of use in New Zealand, any international teratogenicity data and analysis of legal status and controls in other jurisdictions.

The Committee also agreed to investigate the following out of session:

* The feasibility of a group classification for the NBOMe compounds to future proof against the emergence of similar compounds, as the core structure lends itself to almost endless manipulation; and
* An appropriate ‘presumption for supply’ level for these substances, ie, the amount, level or quantity at and over which these substances can be presumed to be for supply (to be listed in Schedule 5 in MoDA)

**Action:** The Secretariat to seek additional information on NBOMes for consideration at the Committee’s next meeting. This should ensure full information is available in order that a formal recommendation can be confirmed. The information is to include any available international data on teratogenicity, controls on these substances in other jurisdictions and relevant drug survey data extracted from the New Zealand Health Survey, expected to be available in early 2015.

**Action:** The Secretariat to coordinate out of session discussion among Committee members about the possibility of a group classification for the NBOMe compounds and an appropriate presumption for supply level for these substances.

*5.2 DMAA (1,3-Dimethylamlyamine)*

**Issue:** A technical paper was presented on DMAA. DMAA is not currently specifically regulated; rather it is considered to be an unapproved substance under the Psychoactive Substances Act 2013.

**Discussion:** The Committee discussed the evidence presented in the paper and classification options. The discussion mostly focussed on:

* the appropriate regulation for DMAA, including whether it should continue to be captured ‘by default’ under the Psychoactive Substances Act 2013
* whether DMAA meets the threshold of a moderate level of harm that would allow it to be scheduled under MoDA.

**Outcome:** The Committee acknowledged the potential of DMAA to cause harm and agreed that this substance requires regulation. However, the Committee also agreed that DMAA does not meet enough of the criteria or reach the appropriate harm threshold required in order to be classified as a controlled drug in MoDA. The Committee therefore recommended that this substance be referred to the Medicines Classification Committee for consideration on the basis that the substance was originally developed as a medicine and is structurally and functionally similar to a substance which is scheduled as a pharmacy only medicine.

**Action:** The Chair to refer consideration of DMAA to the Chair of the Medicines Classification Committee.

**Secretariat’s note:** The Secretariat later clarified that DMAA must first be referred to the Medicines Categorisation Committee to decide if DMAA should be categorised as a medicine. If the Committee agrees that DMAA is a medicine, the Categorisation Committee will refer it to the Medicines Classification Committee to determine what type of medicine it will be categorised as.

*5.3 Tramadol*

**Issue:** The Secretariat presented an update paper on tramadol. Tramadol was previously considered by the EACD, which agreed to put the classification decision on hold to allow further evidence of any misuse associated with tramadol to be gathered and discussed at a future meeting.

**Discussion:** In addition to the presented paper, Committee members discussed growing trends in tramadol use and abuse in New Zealand since it has become PHARMAC funded. Tramadol sustained release tablets were funded from 1 January 2013.

The Committee was informed that tramadol now equates to ~25% of oversupply reports, which is evidence that individuals are receiving far more units of tramadol than is usual or required for the period. Some of these oversupply reports may relate to personal use, but a number of incidences appear to be for supply and this indicates that tramadol use and abuse is on a similar scale to other drugs of abuse. The Committee was further informed that prescription rates of tramadol have increased significantly since it became PHARMAC funded. Some of this may be due to doctors assuming that it is “safe” because it is PHARMAC funded and the Committee discussed the option of providing an education campaign for prescribers.

**Outcome:** The Committee agreed to proceed with a formal review of tramadol at its next meeting.

**Action:** The Secretariat will commission a technical assessment on tramadol for the next meeting of the Committee. This process will include public notification of the pending review and consultation with the pharmaceutical industry.

1. **TWO STAGE ASSESSMENT PROCESS**

The Committee discussed a paper prepared by the Secretariat for the previous EACD in 2010. The paper proposed changes to the formal review approach to classifying substances. The previous EACD had agreed to adopt an approach whereby the Committee would discuss the available evidence on a selected substance at one meeting and determine whether or not to conduct a formal review at a subsequent meeting.

**Outcome:** The Committee agreed in principle with the approach adopted by the previous EACD, but noted this may be varied depending on circumstances. The Committee also discussed the issue of public notification and consultation and requested clarification of the scope of consultation required during the substance assessment process.

**Action:** The Secretariat to seek a legal opinion on the requirements for, and extent of, consultation during the substance assessment process for tabling at the next meeting of the Committee.

1. **FUTURE AGENDA ITEMS**
   1. *Review of Misuse of Drugs Act*

The Secretariat presented on the pending review of MoDA, due to commence in 2015. This included background on the Law Commission’s earlier review of the legislation and its recommendations, including those related to the make-up, roles and functions of the EACD. The Secretariat noted that the Ministry of Health will lead the review, but it was in its early stages and requires discussion on its scope with the Government. The Secretariat will continue to update the Committee on the progress of the review.

*7.2 Working Schedule of Substances*

The Chair tabled aspreadsheet prepared by the Secretariat for the previous EACD containing a comprehensive list of substances, including all controlled drugs currently scheduled in MoDA. The Secretariat noted that the schedule had not been updated, but was brought to the attention of the Committee for reference purposes.

**Outcome:** The Committee requested that the schedule be updated with any developments, including progress or changes to substance classifications, for discussion at the next meeting.

**Action:** The Secretariat to update the working schedule for consideration at the next meeting of the Committee.

**8. FUTURE MEETINGS**

The next meeting is tentatively scheduled for April or May 2015, however the frequency and dates for subsequent meetings are yet to be determined. It was agreed that meetings can be conducted via teleconference as well as face-to-face.

**Action:** The Secretariat to discuss possible dates with the Chair and forward these to members for agreement.

The meeting closed at 2.30 pm.