**Minutes** 

**32nd Expert Advisory Committee on Drugs meeting**

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| **Date:** | Tuesday 11 April 2017 |
| **Time:** | 10am - 3pm |
| **Location:** | The Viscount Room, Wellington Airport Conference Centre, Level 2, Main Terminal Building, Wellington International Airport |
| **Chair:** | Dr Cynthia Darlington |
| **Attendees:** | Committee – Superintendent Gregory Williams, Richard Schmidt, Lynette Knox, Jamie Bamford, Dr Vicki Macfarlane  Secretariat – Haley Ataera, Vidhiya Damodaran, Cherish Low |
| **Apologies:** | Dr Keith Bedford, Dr Jaki Horn, Dr Stewart Jessamine |

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| **Item** | **Notes** |
| 1 | **Morning tea on arrival 9.45am – 10am** |
| 2 | **Welcome, introductions and apologies**  The Chair welcomed everyone to the meeting and introductions were given for all attendees.  Apologies were received for Dr Bedford, Dr Horn and Dr Jessamine. |
| 3 | **Conflicts of interest**  Although Dr Bedford could not attend the meeting, he declared a conflict of interest for any future discussion regarding cannabidiol (CBD) as he has been asked to provide an affidavit on the classification of CBD under the Misuse of Drugs Act 1975 (MoDA) for a potential court case over access to CBD for a cancer patient.  No other conflicts of interest were declared. |
| 4 | **Previous minutes – Action points and standing points**   1. The issue of the lack of education around methamphetamine for the public, as part of the National Drug Policy was escalated to the Inter Agency Committee on Drugs (IACD) but did not get much traction. A Proceeds of Crime bid has been submitted which addresses funding towards further education.   **Action:** Secretariat to follow up with the IACD Secretariat regarding what is being done in the way of education.   1. Update on substances previously considered by the Expert Advisory Committee on Drugs (the Committee):  * 25B-NBOMe, 25C-NBOMe and 25I-NBOMe became Class B1 controlled drugs under MoDA on 22 December 2016. * Tramadol is due for full review at the next meeting.   **Action:** Committee to forward any current information on tramadol to the Secretariat for the next meeting.   * The Committee had previously recommended that zopiclone and zolpidem be scheduled as Class C5 controlled drugs under MoDA at the October 2015 meeting. The Secretariat has undertaken two rounds of consultation with stakeholders where all stakeholders except for one were in favour of the proposal. The main concerns that were raised by the stakeholders were around costs. The Secretariat has met with PHARMAC to discuss ways of mitigating the impact of the proposed change and is currently in the process of writing the Health Report for the Minister to consider. The Secretariat also noted that the general timing for scheduling substances will be affected by the fact that it is an election year. * The Minister has received the Health Report with the advice to schedule alpha-PVP, methylone, mephedrone, methamphetamine precursors and lisdexamfetamine under MoDA. The Secretariat is in the process of writing the Cabinet paper and the Regulatory Impact Statement.   The Committee again noted their concern with the amount of time it takes to schedule substances under MoDA is inappropriate as harm may continue to occur in the time it takes to schedule substances. The Committee requested that their concerns are escalated within the Ministry of Health (the Ministry). The Committee also suggested that substances they consider are prioritised with regard to harm and whether or not substances are already controlled.  **Action:** Secretariat to escalate the Committee’s concerns within the Ministry around the time it takes to schedule substances.  **Action:** Secretariat to circulate to the Committee a paper outlining the approach to prioritise substances for the Committee’s consideration. |
| 5 | ***t-*Boc-methamphetamine**  The Secretariat submitted a paper on *t*-Boc-methamphetamine and other protected controlled drugs to the Committee in preparation for the next meeting where a further submission was proposed to be provided.  The Secretariat noted that the only information likely to be additional to the paper would be stakeholder feedback from consultation and further analysis of the scheduling options. To improve the scheduling timeframes, the Secretariat proposed to consult with stakeholders on the potential options with an indication of the Committee’s preferred option, rather than consulting after the Committee had made their recommendation at the next meeting.  The paper noted the difference of opinion between the Ministry and Environmental Science and Research (ESR) as to whether or not *t-*Boc-methamphetamine is already covered by MoDA but that it is peripheral to the main issue. The Secretariat advised that scheduling *t*-Boc-methamphetamine would not address the wider issue of protecting groups being used to conceal controlled drugs. *t-*Boc is a group that can be used to protect controlled drugs that contain a free amine when performing a reaction that could otherwise undesirably change the amine group. The addition of a protecting group changes the chemical formula and structure of the original substance meaning it may no longer be controlled by MoDA. *t*-Boc is one of many groups that can be used in this way.  The Secretariat also advised that, should the Committee agree that protecting groups should be controlled by MoDA, the wording would need to be carefully considered to ensure the provision has no inappropriate wider impacts. Prior to the meeting, [redacted under section 9(2)(ba)] provided comments for all of the agenda items and noted that the Australian Poisons Standard includes all chemical 'derivatives' of controlled drugs. This is considered to include *t*-Boc derivatives of MDMA and methamphetamine. [redacted under section 9(2)(ba)] recommended that this wording should also be considered in addition to the options presented in the paper.  There was a general discussion around the options presented in the paper and potential stakeholders that could be affected by any changes. The Committee decided that there was sufficient information to make a recommendation on the condition that there is no conflicting feedback from relevant stakeholders.  **Outcome:** The Committee agreed that option five, adding to the list of “esters and ethers” to include “amides and carbamates”, was the preferred option to put forward pending feedback from the consultation.  **Motion:** [redacted under section 9(2)(ba)] proposed that option five be put forward to the Minister for consideration pending the outcome of the consultation. The motion was seconded by [redacted under section 9(2)(ba)]. The Committee were all in favour.  **Action:** Secretariat to consult with relevant stakeholders and begin the scheduling process pending the feedback from the consultation. |
| 6 | **Flubromazolam**  Flubromazolam was referred to the Committee by the Medicines Classification Committee (MCC) after the Australian Therapeutic Goods Administration (TGA) recently rescheduled flubromazolam as a schedule 9 prohibited drug under the Poisons Standard. The TGA’s reasons for rescheduling flubromazolam were that it is a very potent benzodiazepine that has no therapeutic use and presents a high risk of dependency and overdose. The MCC also requested that flubromazolam be scheduled higher than a Class C5 controlled drug under MoDA as the dangers associated are sufficient to warrant limiting use to strictly controlled medical and scientific research.  The Secretariat also noted comments from [redacted under section 9(2)(ba)]. [redacted under section 9(2)(ba)] had advised that while flubromazolam had been referred to the Committee by the MCC, with a suggestion that it should be scheduled with a more restrictive classification than Class C5, he was not convinced that it should be singled out as posing more of a risk than other members of the benzodiazepine class. However, [redacted under section 9(2)(ba)] also advised that consensus of the Committee was preferable and would not object, if the Committee were in favour of recommending that flubromazolam be scheduled higher than a Class C5 controlled drug.  The Committee noted [redacted under section 9(2)(ba)]’s comments, however, thought that most, if not all, of the Class C5 benzodiazepines have a therapeutic use whereas flubromazolam does not. The Committee also noted that Class C1 drugs require Ministerial approval for dealing, importing, exporting, supply and administration as well as having to be kept in a safe, unlike Class C5 substances. The Committee agreed that as flubromazolam has no known therapeutic use, it would be very unlikely that it would be prescribed, so the restrictions of Class C1 would likely not cause any issues for prescribers.  **Outcome:** As a result of this discussion, the Committee were in favour of recommending that flubromazolam be scheduled as a Class C1 controlled drug under MoDA due to its lack of therapeutic use and the risk of dependency, misuse or illicit use.  **Motion:** [redacted under section 9(2)(ba)] proposed that flubromazolam be put forward to be scheduled as a Class C1 controlled drug under MoDA. The motion was seconded by [redacted under section 9(2)(ba)]. The Committee were all in favour.  **Action:** Secretariat to consult with relevant stakeholders and begin the process to schedule flubromazolam as a Class C1 controlled drug under MoDA. |
| 7 | **Break for lunch 12.30pm – 1pm** |
| 8 | **Fentanyl and its precursors**  A joint paper from National Drug Intelligence Bureau (NDIB) and the Ministry on fentanyl, was submitted for the Committee to consider. Fentanyl was brought forward to the Committee due to increased abuse and prevalence internationally, specifically in North America and Canada. Canada has also recently scheduled six precursor substances of fentanyl. The Committee were asked to consider if the current classification of fentanyl (Class B3) was sufficient and whether specified fentanyl precursor substances should be added to Schedule 4 of MoDA. The Secretariat advised that information from NDIB indicated that there are not many seizures of fentanyl coming into the country, however, the concern is that since fentanyl is so potent that it would be very hard to detect as it would only need to be brought in in small amounts.  The Committee discussed the potential impact on the medical profession of rescheduling fentanyl in a higher Class, and queried whether it was fentanyl or its derivatives that was being abused. The Secretariat also noted that morphine, which is used in a similar way to fentanyl, is scheduled as a Class B1 controlled drug under MoDA. Class B1 drugs usually require Ministerial approval, but morphine is also exempted under Regulation 22 of the Misuse of Drugs Regulations 1977 (the Regulations). This means that the penalties associated with Class B1 still apply, however, the Ministerial approval (which is normally required for Class B1 substances) is not required for supply, administration or prescribing.  The Committee agreed that fentanyl posed a high risk of harm. However, it is used a lot for its therapeutic value and although there is high level of abuse and misuse internationally, fentanyl abuse has rarely been seen in New Zealand. The Committee discussed the differences between Class B1 and Class A controlled drugs and agreed that fentanyl should be classified more in line with morphine.  Comments provided by [redacted under section 9(2)(ba)] advised that although fentanyl is very potent, it has wide therapeutic use and there is little evidence to suggest that it is being abused in New Zealand. [redacted under section 9(2)(ba)] was in favour of keeping the status quo, at least for the time being. However, [redacted under section 9(2)(ba)] noted that [redacted under section 9(2)(ba)] would have no objections to a recommendation to move fentanyl to either a Class B1 or B2 if the majority of the Committee were in favour.  The Committee also discussed the differences between Class B3, B2 and B1 controlled drugs. They noted that the difference between Class B1, with a Regulation 22 exemption and B3 is that B1 has tighter controls around import and manufacturing, even with the requirement for Ministerial approval being removed for prescribing, administration and supply. Police also have warrantless search powers with a Class B1 classification.  The Committee also queried the rationale behind the classification for morphine.  **Action:** Secretariat to look into the reasoning for the way morphine has been scheduled.  **Outcome:** The Committee agreed to recommend fentanyl be scheduled in line with morphine as a Class B1 controlled drug with an exemption under Regulation 22 of the Regulations subject to feedback from the consultation with relevant stakeholders.  **Motion:** [redacted under section 9(2)(ba)] proposed that the Committee advise that fentanyl be scheduled in line with morphine as a Class B1 with the exemption under Regulation 22 of the Regulations. The motion was seconded by [redacted under section 9(2)(ba)]. The Committee were all in favour.  **Action:** Secretariat to liaise with NDIB and Police regarding whether fentanyl or its derivatives are mainly being misused or abused.  **Action:** Secretariat to look into fentanyl derivatives and whether known derivatives which are being abused should be considered by the Committee separately.  **Action:** Secretariat to consult with relevant stakeholders and begin the process to reschedule fentanyl from a Class B3 to a Class B1 controlled drug.  The Committee also discussed the benefits of classifying the seven named precursor substances under Schedule 4 of MoDA and queried the potential impacts it may have on relevant stakeholders. The substances are:   * propionyl chloride * 1-piperidone and its salts * 4-piperidone and its salts * norfentanyl and its salts * 1-phenethylpiperidin-4-ylidenephenylamine and its salts * N-phenul-4-piperidinamine and its salts * N-phenyl-1-(2-phenlethyl)piperidin-4-amine.   The Secretariat advised that [redacted under section 9(2)(ba)] was in favour of classifying the seven named substances under Schedule 4 of MoDA and noted that the only substance that would likely to be used in research and development would be propionyl chloride, so a consultation would be recommended.  Scheduling the named substances under Schedule 4 in MoDA would give Customs greater search powers around import and export which may make some of the elements of an offence easier to prove (section 12A, 12AB and 12AC, MoDA). Scheduling the named precursors under MoDA is not likely to cause any additional burdens to industry as there are no licensing requirements.  **Outcome:** The Committee agreed to recommend that the seven precursors identified in the submission be classified under schedule 4 of MoDA as precursors of fentanyl.  **Motion:** [redacted under section 9(2)(ba)]proposed that the seven fentanyl precursors identified in the submission be put forward for classification under schedule 4 of MoDA. The motion was seconded by [redacted under section 9(2)(ba)]. The Committee were all in favour.  **Action:** Secretariat to consult with relevant stakeholders and begin the process to classify the seven named substances under Schedule 4 of MoDA. |
| 9 | **MT-45**  The Secretariat submitted a paper on MT-45, a synthetic opioid that was classified as a Schedule I substance under the United Nations Single Convention on Narcotic Drugs 1961 in November 2015. MT-45 was originally synthesized as a research chemical and has no known therapeutic uses.  The Secretariat noted [redacted under section 9(2)(ba)]’s comments that the associated risks warranted tighter controls than how it is currently controlled under the Psychoactive Substances Act 2013. [redacted under section 9(2)(ba)] was in favour of scheduling MT-45 as a Class B1 controlled drug under MoDA but advised that there would be no objections to a recommended classification of Class B2 or B3.  The Committee had a general discussion around whether or not Schedule 2 (Class B) of MoDA should only include substances with therapeutic use and how to approach synthetic opioids. The Committee noted the need to remain consistent in Committee advice with a clear rationale for the decisions made, and taking into account all potential repercussions of those decisions. The Secretariat advised that they were working on a guideline document to give a clear outline of the schedules which was intended to assist with providing consistent advice, and will be provided out of session.  **Action:** Secretariat to provide guideline document to the Committee as soon as possible.  The Secretariat noted that substances that are synthesized illicitly or for research purposes, are unlikely to ever have research done on humans since they are never intended to be used therapeutically. Therefore, the data available for use is likely to be poor.  **Outcome:** The Committee agreed on the advice that MT-45 be scheduled as a Class B1 controlled drug under MoDA to align with other opioids such as morphine. The Committee also noted that given the time it takes for scheduling, the advice for *t-­*Boc-methamphetamine and fentanyl and its precursors would take priority for being progressed over MT-45 as it has not been seen in New Zealand yet.  **Motion:** [redacted under section 9(2)(ba)] proposed that MT-45 be put forward for scheduling as a Class B1 controlled drug under MoDA. The motion was seconded by [redacted under section 9(2)(ba)]. The Committee were all in favour.  **Action:** Secretariat to consult with relevant stakeholders and begin the process to schedule MT-45 as a Class B1 controlled drug under MoDA. |
| 10 | **Other business**  *Terms of Reference*  The Committee accepted the updated Terms of Reference as final.  *Handbook*  The Committee accepted the updated Members Handbook as final.  *Committee appointments*  The three year terms for Dr Bedford, Dr Jessamine and Dr Darlington expire in May 2017. The Secretariat has advertised to fill the positions as well as for replacements for Dr Helen Moriarty and Dr Darren Hunt, and is in the process of making recommendations to the Minister.  The Committee thanked the Chair for her contribution to the Committee over the years. |
| 11 | **Future meetings**  The next meeting will be held in October. Time and exact date TBC |

The meeting closed at 1.50pm

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| **Item** | **Action** | **Who** | **Completed** |
| 1 | Follow up with the IACD Secretariat regarding what is being done in the way of education about methamphetamine. | Secretariat |  |
| 2 | Forward any up to date information on tramadol to the Secretariat for the next meeting. | Committee |  |
| 3 | Escalate the Committee’s concerns within the Ministry around the time it takes to schedule substances. | Secretariat |  |
| 4 | Circulate to the Committee a paper outlining the approach to prioritising substances for the Committee’s consideration. | Secretariat |  |
| 5 | Consult with relevant stakeholders and begin the scheduling process pending the feedback from the consultation. | Secretariat |  |
| 6 | Consult with relevant stakeholders begin the process to schedule flubromazolam as a Class C1 controlled drug under MoDA. | Secretariat |  |
| 7 | Look into the reasoning for the way morphine has been scheduled. | Secretariat |  |
| 8 | Liaise with NDIB and Police regarding whether fentanyl or its derivatives are mainly being misused or abused. | Secretariat |  |
| 9 | Look into fentanyl derivatives and whether they should also be considered by the Committee. | Secretariat |  |
| 10 | Consult with relevant stakeholders and begin the process to reschedule fentanyl from a Class B3 to a Class B1 controlled drug. | Secretariat |  |
| 11 | Consult with relevant stakeholders and begin the process to classify the seven named substances under schedule 4 of MoDA. | Secretariat |  |
| 12 | Provide guideline document to the Committee as soon as possible. | Secretariat |  |
| 13 | Consult with relevant stakeholders and begin the process to schedule MT-45 as a Class B1 controlled drug under MoDA. | Secretariat |  |