Minutes

36th Expert Advisory Committee on Drugs meeting

Date:	4 May 2022
Time:	10am – 12pm
Location:	Teams meeting, 133 Molesworth Street Room 2S.1
Chair:	John Ashton
Attendees:	Committee: Paul Fitzmaurice, Stuart Mills, Carina Walters, Dana McDonald, Patrick O'Connor, Richard Jaine, Brendan Gage, Susan Schenk (new member), Jason Howarth (new member) s 9(2)(g)(ii) Secretariat: Regulatory Analysis Team (Andrea Eng, Shayma Faircloth, Leanne Soo, Joanna Tomlin, Elsa Lotz)
Apologies:	s 9(2)(g)(ii)

Item	Notes
1	**Welcome, introductions and apologies** The meeting started at 10.02 am. The Chair welcomed everyone to the meeting and introductions were given for all attendees. Apologies were received for s 9(2)(g)(ii) s 9(2)(g)(ii), National Drug Intelligence Bureau (NDIB), attended on behalf of s 9(2)(g)(ii)
2	**Conflicts of interest** There were no conflicts of interest to declare.
3	**Previous minutes and action points** The minutes from the previous 15 October 2019 meeting were confirmed out of session. The Secretariat provided updates on the action points from the 15 October 2019 meeting.

	Group scheduling update: The Secretariat provided a paper on group scheduling approaches in other jurisdictions. Group scheduling of synthetic cannabinoids in other jurisdictions includes grouping on the basis of structural similarities and pharmacodynamic properties. Group scheduling of fentanyl analogues have also been implemented in some jurisdictions, as well as analogues being individually listed. The Secretariat confirmed that substances scheduled under the Misuse of Drugs Act 1975 (MoDA) can also be scheduled as medicines. Scheduling under the MoDA does not prevent scientific or clinical research on these substances provided the required licences are obtained. The Committee advised the importance of considering fentanyl analogues in accordance with their harm profile. The Ministry of Health Policy Team reported a group scheduling definition would be possible to implement, but would need to be carefully drafted in terms how the group was described. The description would need to be clear and targeted so that the Expert Advisory Committee on Drugs (EACD) can consider all the matters outlined in the MoDA for all the substances captured in this group. The Committee indicated a consensus for the Secretariat to further investigate the group scheduling of synthetic cannabinoids and fentanyl analogues. The Secretariat will prepare a paper to discuss at the next meeting. **Action:** The Secretariat to prepare papers for the group scheduling of: a. synthetic cannabinoids and; b. fentanyl analogues. Pregabalin prescriber information update: The Secretariat provided an update on pregabalin prescriber information available since October 2019. Temporary Class Drug Order (TCDO) criteria update: On 15 October 2019, the Committee asked if a TCDO could be put in place if the substance had been previously considered by the EACD and not recommended to be scheduled under the MoDA. The Secretariat advised that a TCDO can be issued for any substance that is not scheduled under the MoDA, regardless of whether it had been considered by the EACD or not.
4	**Secretariat update** 49 substances to be scheduled under the Misuse of Drugs Act 1975 It was advised the Order in Council submitted on 21 February 2022 was reviewed by the Health Committee, who recommended the Order be commenced in House. The progression of this Order is subject to the priorities of the House, which is understood to be in the final stages. October 2019 meeting substance scheduling recommendations (synthetic cannabinoids and fentanyl analogues) The synthetic cannabinoids and fentanyl analogues considered in October 2019 were not included in the Order detailed above. The Secretariat is working to progress this and the recommendation to schedule etizolam.

5	**Etizolam** A TCDO was published on 17 February 2022 for etizolam. While this TCDO is in place, the EACD must consider if this substance should be permanently scheduled under the MoDA. The Committee noted that benzodiazepines are ubiquitous substances of abuse, and scheduling etizolam alongside other benzodiazepines would be in line with existing regulations, particularly as it is short acting and more potent than diazepam. It was further noted etizolam was often abused when there was limited access to diazepam. Limited evidence suggests the illicit market for etizolam included individuals addicted to similar benzodiazepines. It was highlighted that that this substance has been associated with benzodiazepine-associated deaths worldwide and was cheap to access. Combined, the evidence was clear etizolam had high potential for abuse. NDIB reported that etizolam has previously been seen in the community through the drug early warning system. On 1 July 2021, the Ministry of Public Security, the National Health Commission, and the National Medical Products administration of China added etizolam to the Supplementary List of Categories of Controlled Narcotics and Psychotropic Drugs for Non-medical Use. This means etizolam was legally banned from production, trade, trafficking, use, import and export in China, which has decreased the overall international supply of etizolam. Since July 2021, less seizures have been reported in New Zealand, indicating that the impact of etizolam in New Zealand has likely decreased. **Outcome:** The Committee agreed that etizolam should be scheduled consistently with other benzodiazepines as a Class C5 controlled drug. **Motion:** It was moved by s 9(2)(g)(ii) to schedule etizolam as a Class C5 controlled drug under the MoDA. The motion was seconded by s 9(2)(g)(ii). The Committee were all in favour of the scheduling of etizolam as a Class C5 controlled drug. **Presumption of supply** The Secretariat noted the default of presumption is 56 g. It was also noted that this is the only time that the presumption of supply can be set for etizolam. The Secretariat further noted that three months' supply for a prescription medicine was legal to be held for those coming in from overseas with a valid prescription. The Secretariat also highlighted that there are currently no other benzodiazepines that have a presumption of supply set under the MoDA. *Option one: Status quo. No presumption for supply is set. The default amount of 56 g is applied.* *Option two: Setting a presumption of supply. Presumption of supply is determined from 25 and 100 doses of a substance. 25 doses of etizolam is equivalent to 50 mg, and 100 doses of etizolam is equivalent to 200 mg, assuming that the daily average clinical dosing is 2 mg.* There were concerns on setting a presumption of supply in the context of the New Zealand Bill of Rights Act 1990. The Secretariat advised setting a presumption of supply is appropriate in the context of sufficient evidence-based justification.

	The Committee discussed that there is only a small monetary gain from selling the substance on the illicit market. Therefore, it was unclear if setting a presumption of supply would be a deterrent to supply. It was also commented that if no presumption of supply was set, then the Police would be required to prove intent for supply. NDIB reported the average quantity of etizolam imported in 2020 was 100 tablets. The maximum imported number of tablets was 500. The average dose of etizolam tablets seized was 0.5 mg or 1.0 mg. The Committee discussed that it would be difficult to justify Option two, as it seemed too low, and was not consistent with other scheduled substances. The Committee asked if there was a third presumption of supply amount between Option one and Option two that could be set. However, the Secretariat advised that it would be difficult to specify a clear and justified rationale for setting such an amount. **Outcome:** The Committee considered that Option 1 was appropriate for etizolam to stay consistent with other benzodiazepines already scheduled under the MoDA. **Motion:** It was moved by s 9(2)(g)(ii) that no presumption of supply be set for etizolam. It was seconded by s 9(2)(g)(ii). This decision was not unanimous by all members of the Committee.
6	9(2)(f)(iv)

	9(2)(f)(iv) [redacted]
7	**Update on future substances to be considered** The Secretariat reported a list of substances to be considered, in order of priority. The Committee discussed their preference for at least one yearly in-person meeting, with shorter virtual meetings if necessary to work through the list of substances. It was suggested to hold a meeting in October 2022, to give the Secretariat enough time to prepare papers to present to the Committee. **Action:** The Secretariat is to organise an in-person meeting to be held in October.
8	**Any other business** No other business was noted.
9	**Next meetings – frequency and duration** The Chair closed the meeting at 12.00pm.

Item	Action	Lead	Due Date
1.	The Secretariat to prepare papers for the group scheduling of: a. synthetic cannabinoids and; b. fentanyl analogues.	Secretariat	October 2022
2.	9(2)(f)(iv) [redacted]	Secretariat	October 2022
3.	The Secretariat to prepare an update on other substances, which could be reclassified.	Secretariat	October 2022
4.	The Secretariat is to organise an in-person meeting to be held in October.	Secretariat	June 2022