Minutes

38th Expert Advisory Committee on Drugs meeting

Date:	27 February 2024
Time:	13.00 – 15.00
Location:	Online, Teams
Chair:	John Ashton
Attendees:	Committee: Carina Walters, Jason Howarth, Patrick O'Connor, Stuart Mills, Susan Schenk, Terry Brown Observers: s 9(2)(g)(ii) Secretariat: Regulatory Analysis Team (Tania Jones, Taylor Jillings, Nathalie Bere-Adams)
Apologies:	Richard Jaine**,** Paul Fitzmaurice, Alida Mercuri

Item	Notes
1	**Welcome** The Chair welcomed everyone to the meeting. Apologies were received for Richard Jaine, Alida Mercuri and Paul Fitzmaurice. **Conflicts of interest** There were no conflicts of interest to declare.
2	**Secretariat update** The Secretariat updated the Committee on the Misuse of Drugs (Classification and Presumption of Supply) Order 2022 that scheduled many substances decided in previous meetings, including tramadol and several synthetic cannabinoids. The Secretariat explained that the process for the election of the chair and some members will commence soon, as several terms will end in June 2024. **Action**: Members will be provided with more details in due course from the Secretariat.
3	**Previous meeting minutes** The minutes from the previous meeting held on 27 October 2022 were confirmed.

4	**Bromazolam** **Background:** Bromazolam was placed under a temporary class drug order (TCDO) on 1 December 2022, renewed for a further year, effective from 30 November 2023. This temporarily specifies bromazolam as a Class C1 controlled drug under the Misuse of Drugs Act 1975. Prior to the TCDO, Bromazolam was regulated under The Medicines Act 1981 as a prescription medicine (under group classification for benzodiazepine derivatives). The TCDO request was submitted by the National Drug Intelligence Bureau (NDIB) following evidence of a growing domestic presence of bromazolam and the associated risk to New Zealand – it has been identified in samples seized by the New Zealand Police and the NZ Customs Service. The Committee was provided with a technical report on bromazolam prepared by the Secretariat. Bromazolam now needs to be considered for permanent scheduling by the Committee while the TCDO is in place. **Discussion**: The Committee discussed that this TCDO request was likely put forward as a result of international considerations and harm in places like USA, UK, Germany, however there is no information available regarding seizures or harm being caused in New Zealand since the TDCO has been in place. Generally, the harm that occurs from benzodiazepines tends to be associated with long-term use, and subsequent withdrawal issues. There is no evidence of more harm occurring with bromazolam than with other benzodiazepines, especially not on their own (evidence of overdose when used in conjunction with other drugs). The Committee discussed that benzodiazepines are generally scheduled consistently as Class C5 controlled drugs under the Misuse of Drugs Act 1975. The Committee considered two options for a presumption of supply amount based on advice from the Ministry of Health. *Option 1: Status quo* Set no presumption of supply. The default amount of 56g will apply. This would be approximately 28,000 doses, assuming an average dose of 2mg. *Option 2: Proposed presumption of supply* Set a presumption of supply at 50mg for 25 doses of bromazolam, assuming an average dose of 2mg. Alternatively, a presumption of supply could be set for 100 doses of bromazolam. This would be 200mg, assuming an average dose of 2mg. The committee discussed that as there is no pharmaceutical use, any dose would be illegal, however there are also difficulties defining personal use vs supply. **Motion:** It was moved by s 9(2)(g)(ii) that bromazolam should be classified as a Class C5 controlled drug. The motion was seconded by s 9(2)(g)(ii). The Committee were all in favour. **Motion**: It was moved by s 9(2)(g)(ii) to set no presumption of supply (option 1). The motion was seconded by s 9(2)(g)(ii). The Committee were all in favour.

	Outcome: It was decided that bromazolam should be classified as a Class C5 controlled drug under the Misuse of Drugs Act 1975 and that no presumption of supply should be set (ie, allowing the default amount of 56g to apply), to align with other benzodiazepines.
5	**Synthetic cannabinoids: ADB-5Br-INACA, MDMB-5Br-INACA and MDMB-INACA** **Background:** These are novel synthetic cannabinoids that have been detected internationally and within New Zealand. They are not controlled drug analogues of any substances currently listed in the Schedules of the Misuse of Drugs Act 1975, nor are they regulated as psychoactive substances under the Psychoactive Substances Act 2013 or under the medicine's legislation. Following a request by NDIB, the three substances were placed under a TCDO on 23 December 2022, and renewed for a further year, effective from 22 December 2023. The Committee was asked to review these substances and recommend their appropriate classification. **Discussion**: The Committee discussed that generally the potency is different between synthetic cannabinoids and impacts how harmful they are. Some are potent agonists of the cannabinoid receptor types CB1 and CB2, the former being most harmful. There is little pharmacological information for these substances; their structure is basically the same with each having minor 'tweaks' to their structures. There seems to be an unending supply of different synthetic cannabinoids and ideally, they should all be included within the same category, unfortunately they cannot easily be group scheduled under MoDA. Some other synthetic cannabinoids are Class B1 controlled drugs and are in the same category as fentanyl, morphine, amphetamine. While other synthetic cannabinoids are captured as controlled drug analogues (substantially similar), those under discussion today are not considered structurally substantially similar to any scheduled substances, and there is not enough information on their psychoactive effect for them to be regulated as psychoactive substances. They are difficult to police at the borders, and it was felt they are best placed as Class C1 controlled drugs alongside cannabis plant. The Committee considered 2 options for a presumption of supply based on advice from the Ministry of Health. *Option 1: Status Quo* Set no presumption of supply. The default amount of 56 grams will apply. *Option 2: Proposed presumption of supply for:* Plant material containing synthetic cannabinoids at 28g or 100 cigarettes containing the drug, OR synthetic cannabinoids at 250mg, whether contained in a substance, preparation, or mixture.

	They discussed that it is difficult to define as there is no reliable dose information, and that a small amount can be very potent. It was agreed to be consistent with the Category B1 presumption for supply at 250mg. **Motion**: It was moved by s 9(2)(g)(ii) that ADB-5Br-INACA, MDMB-5Br-INACA and MDMB-INACA should be classified as Class C1 controlled drugs. The motion was seconded by s 9(2)(g)(ii). The Committee were all in favour. **Motion**: It was moved by s 9(2)(g)(ii) to set a presumption of supply at 250mg (option 2). The motion was seconded by s 9(2)(g)(ii). The Committee were all in favour. **Outcome**: It was decided that ADB-5Br-INACA, MDMB-5Br-INACA and MDMB-INACA should each be classified as Class C1 controlled drugs under the Misuse of Drugs Act 1975 with a presumption of supply set at 250mg (option 2).
6	**ESR information update – consideration of effect on 2022 decisions** **Background:** ESR identified an error in the data they provided to the EACD which was used in the preparation of three technical reports that informed the October 2022 recommendations on the classification of flualprazolam, and eutylone, 4-chloromethcathinone and dimethylpentylone. The Committee was asked to reconsider their classification recommendations for these three substances and determine if any adjustments would be necessary. **Discussion:** It was clarified that the data relates to detections from toxicology, drug checking, and New Zealand Police and Customs evidence samples. The committee discussed that these data errors do not have an impact on their earlier decisions, therefore they do not require modification. **Motion:** It was moved by s 9(2)(g)(ii) that the Committee stand by its previous decisions and that no changes are necessary to the decisions made regarding the classification of flualprazolam, and eutylone, 4-chloromethcathinone and dimethylpentylone during the October 2022 EACD meeting, despite errors in data coming to light. The motion was seconded by s 9(2)(g)(ii). The Committee were all in favour.
7	**Synthetic cannabinoid paper 2022 – information update and decision** **Background:** During their last meeting, the Committee requested further pharmacological information on six cannabinoids (MDMB-4en-PINACA, 5F-AMB-PINACA, CUMYL-PEGACLONE, 4F-MDMB-BINACA, 4F-MDMB-BICA, ADB-BUTINACA) to aid their consideration of appropriate scheduling. This has since been provided to the Committee. The Committee was asked to decide if they consider the current regulation of these substances as controlled-drug analogues or under the Psychoactive substances act 2013 is appropriate or if they should be specified in the schedules of MoDA, and if so, which schedule, and whether to set a presumption of supply amount.

	Discussion: These cannabinoids have more risk of harm than those discussed in the previous agenda point, especially MDMB-4en-PINACA for which very recent information emphasised an increase in domestic harm. The committee discussed that it would be useful for the committee deliberations to have further background information, specifically for MDMB-4en-PINACA, since new information has emerged recently. **Outcome:** The Committee requested to have additional information and to convene an out of session meeting to further discuss and decide the best way forward. **Action:** The Secretariat will collate additional information as requested and convene a specific out of session meeting.
8	**Amphetamine precursors – decision on which Part to include substances under Schedule 4** **Background**: During the October 2022 meeting, the Committee recommended scheduling five amphetamine precursors (MAPA, APAA, APAAN, P2P methyl glycidate and P2P methyl glycidic acid) under Schedule 4 of MoDA. However, no recommendation was made on which part of Schedule 4. The Committee was asked to decide which part of Schedule 4 the five precursor substances should be scheduled in. **Discussion:** The Committee discussed that as we have previously aligned with the United Nations (UN) convention, we should continue to do so. Although P2P methyl glycidate and P2P methyl glycidic acid are not included in the UN scheduling, they are included in Schedule 1 of the Drug Enforcement Administration classification in the US. **Motion:** It was moved by s 9(2)(g)(ii) that MAPA, APAA, APAAN, P2P methyl glycidate and P2P methyl glycidic acid are scheduled in Part 1 of Schedule 4 of MoDA. This was seconded by s 9(2)(g)(ii) . The majority agreed. s 9(2)(g)(ii) dissented as he felt there was not enough information to conclude it should be added to Part 1. **Outcome**: The Committee agreed that to be consistent with the UN scheduling all five amphetamine precursors should be included within Part 1 under Schedule 4 of MoDA.
13	**Any other business and future meetings** There was a question from a member regarding the frequency of the EACD meetings, especially as there has been some distance since the previous meeting. The Secretariat responded that the meetings have been delayed due to competing priorities of the RPA team. The intention is to go forward with meetings twice per year, with the option to also convene additional out of session meetings as needed. A second question related to pseudoephedrine, and the role of the committee in its reclassification. The Secretariat explained that the availability of Pseudoephedrine from pharmacies was included in the Governments 100-day plan, and there is no mandatory requirement to consult the EACD. It is currently in the Select Committee process. It was asked whether the EACD chair could issue a statement. The Secretariat committed to investigating whether this was a possibility and would feedback to the Committee.

	Post-meeting note: this has since been addressed directly with the Chair. The Committee advised that in-person meetings were preferred. The next in session meeting is intended to be held in October 2024.
14	**Meeting close** The Chair thanked everyone for their attendance and closed the meeting at 15.00.

Item	Action	Lead
1	The Secretariat will provide further background information on the synthetic cannabinoids MDMB-4en-PINACA, 5F-AMB-PINACA, CUMYL-PEGACLONE, 4F-MDMB-BINACA, 4F-MDMB-BICA, ADB-BUTINACA, and liaise with the Chair to organise an out of session meeting.	Secretariat
2	Members will be provided with more details on the process for elections for the chair and members whose terms are ending.	Secretariat
3	The Secretariat will progress the scheduling recommendations to the Minister from this meeting.	Secretariat
4	The Secretariat will organise an in-person meeting to be held in October 2024.	Secretariat