**Minutes** 

**Expert Advisory Committee on Drugs meeting**

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| **Date:** | Wednesday 7 October 2015 |
| **Time:** | 10am - 3pm |
| **Location:** | The De Havilland Room, Wellington Airport Conference Centre, Level 2, Main Terminal Building, Wellington International Airport |
| **Chair:** | Associate Professor Cynthia Darlington |
| **Attendees:** | Committee - Cynthia Darlington (Chair), Keith Bedford, Gregory Williams, Helen Moriarty, Richard Schmidt (on behalf of Malcolm Luey), Lynette Knox, Stewart Jessamine, Jaki HornGuest Speakers – Michael McFadden (University of Queensland), Jane Carpenter (MoH, National Drug Policy)Secretariat - Haley Ataera, Sarah Condon, Hannah Hoang, Cherish Low (minutes) |
| **Apologies:** | Malcolm Luey, Vicki Macfarlane, Jamie Bamford, Alison Cossar, Fraser Colson, Peter Kennerley |

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| **Item** | **Notes** |
| 1 | **Morning tea on arrival** |
| 2 | **Welcome, Introductions and apologies**The Chair welcomed the Committee and gave apologies for Vicki Macfarlane, Jamie Bamford, Alison Cossar and Fraser Colson.The Committee and Secretariat introduced themselves and their areas of expertise. |
| 3 | **Conflicts of interest**None. |
| 4 | **Confirmation of previous minutes**Minutes from the previous meeting were confirmed out of session. The Chair went through the action points from the previous meeting. 1. Secretariat to provide a more detailed description of the one stage process to forward to the Committee out of session - this item has been pushed back to the next meeting.
2. Secretariat to provide the Committee with a guidance document for the public consultation process – this item has been pushed back to the next meeting.
3. Secretariat to amend error in handbook under section 3.0 General expectations - complete
4. Secretariat to get advice from Health Legal on whether or not a seconded committee member can vote and if they are able to form part of a quorum – complete, see handbook.
5. Secretariat to update [redacted] title to reflect his current position and add areas of expertise to the list of members on the website - complete
6. Secretariat to send out invites to the Committee for the shared workspace - complete
7. Secretariat to inform the EACD of the Medicines Classification Committee decision on DMAA - complete
8. [redacted] to liaise with NDIB regarding a review of the paper on tramadol – see agenda item 7
9. Secretariat to liaise with Medsafe regarding consultation process for the scheduling of tramadol – see agenda item 7
10. Secretariat to confirm date for next meeting - complete
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| 5 | **Administrative issues**The Committee were advised that processes to ensure availability of the Chair/acting Chair for meetings, were discussed out of session, and had been added to the Committee handbook. The handbook will be forwarded to the Committee out of session for confirmation. |
| 6 | **Update on DMAA and NBOMe**The Secretariat advised that DMAA is currently on the agenda to be scheduled. It has been recommended to the Medicines Classifications Committee (MCC) that DMAA be scheduled as a prescription medicine at their meeting in November. At the previous meeting, the Committee recommended that 25B-NBOMe, 25C-NBOMe and 25I-NBOMe be scheduled as Class B1 controlled drugs under MoDA. These substances are still going through the process of becoming scheduled. It is expected that 25B-NBOMe, 25C-NBOMe and 25I-NBOMe will be scheduled sometime mid-2016.The Secretariat advised that the scheduling process is likely to take at least 12 months in most instances but can take anywhere between six and 18 months.The Secretariat will keep the Committee informed of any progress. |
| 7 | **Tramadol feedback from industry**The Secretariat had previously consulted with industry regarding the potential impact that classifying tramadol as a controlled drug under MoDA would have. Though there is sufficient evidence internationally to point to the dangers and abuse of tramadol, the Committee noted the lack of data that would suggest a high risk of harm in New Zealand.Concern was expressed that scheduling tramadol as a Class C5 drug under MoDA would not have any significant effects on abuse given the fact that there is still a substantial issue with the abuse of benzodiazepines; benzodiazepines are scheduled as Class C5 substances under MoDA. The data suggests that there is a large amount of inappropriate prescribing, which will not necessarily change if tramadol is scheduled. It was advised that the lack of integrated intelligence systems that allow pharmacists and prescribers to know what has been prescribed and to whom was an issue. It was also advised that tramadol is unlikely to be the sole agent for oversupply as data suggests that people are getting an oversupply of a variety of drugs which indicates that polydrug use is the driver for abuse.There was a discussion around potential reasons for inappropriate prescribing, the potential for self-harm, both accidental and intentional, and the risk of abuse and escalation to the use of other drugs among different groups of users. Difficulty accessing alternative means of pain management for patients, and how this links with inappropriate prescribing was also discussed.**Outcome:** Based on this discussion and the available data for tramadol abuse in New Zealand, the Committee agreed that tramadol would not be put forward for scheduling. It was suggested that the Committee make a recommendation to the Mental Health and Primary Health teams within the Ministry of Health (MoH) to convene a working group with representatives from the EACD, the Pharmaceutical Society and the Best Practice Advocacy Centre (BPAC) to explore resourcing and targeted education. The Committee agreed to consider scheduling tramadol under Misuse of Drugs Act 1975 (MoDA) in another two years.**Action:** Secretariat to recommend to relevant branches in MoH, on behalf of the Committee, to establish a working group with representatives from the EACD, Pharmaceutical Society and BPAC to explore targeted education and resources for prescribers.**Action:** Secretariat to update the Committee on tramadol oversupply annually and any effects observed on tramadol and other pain medications following a MoH warning on prescribing oxycodone. |
| 8&9 | **Zopiclone and zolpidem**[redacted] provided some additional oversupply data to supplement the technical paper prepared by the Secretariat on zopiclone. The data provided showed that there is clearly an issue with the oversupply of benzodiazepines and zopiclone in New Zealand. There are many instances where patients visit multiple pharmacies and doctors and are able to access large amounts of benzodiazepines and zopiclone.[redacted] had advised via email that one of the advantages for making both zopiclone and tramadol controlled drugs would be the ability to put a restriction notice in place and for a gazetted service such as community alcohol and drug services (CADS) to provide oversight to GP's who are prescribing for dependence. These comments were noted. The Secretariat also advised that scheduling these drugs would have significant implications with regard to prosecuting dealers.**Outcome:** The Committee agreed that both zopiclone and zolpidem be put forward for classification as Class C5 controlled drugs under MoDA to remain consistent with benzodiazepines as they are used in the same way. In addition, it was also agreed that the previous action be amended to include these drugs, along with tramadol, to be put forward for consideration by the proposed working group for targeted education and resources to address the issue of inappropriate prescribing. [redacted] requested that codeine also be put forward for consideration of the proposed working group. It was also agreed that there was a need for better access to the data collection and analysis around drugs of abuse and emerging drugs of abuse, which will be brought to the attention of the MoH policy team and the National Health IT team.**Action:** Secretariat to consult with industry to assess any potential impacts that scheduling zopiclone and zolpidem would have.**Action:** Secretariat to begin the process to schedule zopiclone and zolpidem as Class C5 controlled drugs under MoDA.**Action:** Secretariat to update the Committee on Section 29 data for zolpidem.**Action:** Secretariat to provide Committee with the UK, US and Australian scheduling reports on zopiclone and zolpidem where applicable and possible.**Action:** Secretariat to provide Committee with the UK, US and Australian scheduling reports on all future substances referred to the Committee for consideration where applicable and possible.**Action:** Secretariat to include zopiclone, zolpidem and codeine in their recommendation to MoH to start up a working group to explore targeted education and resources for prescribers.**Action:** Secretariat to write a letter to the policy team on behalf of the Chair, to find out what processes are in place regarding data collection and analysis regarding drugs of abuse and monitoring issues with prescribing practice, and to highlight the need for better access to this data.**Action:** Secretariat to write a letter to National Health IT on behalf of the Chair highlighting the need for better access to data collected regarding drugs of abuse. |
| 10 | **Hypophosphorous Acid** Concern was raised regarding the impacts scheduling hypophosphorous acid as a controlled precursor substance under MoDA would have on industrial uses. [redacted] advised that there is a precursor monitoring framework under MoDA. When goods are imported into New Zealand, they come across under a certain classification. If there is a watch on certain precursors, importations can be highlighted in the system for monitoring. It was also noted that hypophosphorous acid is a strong acid that can cause significant damage to soft tissue, which in itself is indicative of risk of harm. As a chemical, hypophosphorous acid is regulated under the Hazardous Substances and New Organisms Act 1996 (HSNO). However, HSNO doesn’t have any regulations for importation monitoring; only labelling, storage and transport requirements. Scheduling hypophosphorous acid as a controlled precursor substance would have significant enforcement implications for charging and prosecution of those knowingly importing for the purpose of manufacturing methamphetamine. It would also allow enforcement to identify and target hypophosphorous acid importation and possession. There has been a dramatic increase in precursor importation and seizure as it is more profitable to manufacture methamphetamine in New Zealand than import it from overseas. There are a number of different industrial substances that are used to manufacture methamphetamine that have been scheduled as controlled precursor substances. Industrial organisations have coped well with the scheduling of other substances therefore it is likely that scheduling hypophosphorous acid will not have significant impacts on industry uses.The Committee queried why only hypophosphorous acid had been put forward to be scheduled when red phosphorous is used for the same purpose in the manufacture of methamphetamine and have not been put forward for scheduling. The Secretariat advised that NDIB had submitted a list of substances to be considered for scheduling as precursor substances some time ago, however, hypophosphorous acid was the only substance that was followed up.**Outcome:** The Secretariat will liaise with Police in regard to all of the potential substances to be put forward for scheduling as precursors under MoDA. The Committee will look at all potential precursor substances once sufficient information has been collected. **Action**: Secretariat to add the person/organisation who introduced agenda items to the top of the technical papers for future meetings so the Committee know why the substances are being considered for scheduling.**Action:** [redacted] to go back to NDIB to get more up to date information on precursors to see if there are any more that need to be considered for scheduling and come back to the Committee with more information to make recommendations.**WHO Expert Committee on Drug Dependence and UN Commission on Psychotropic Substances update**The Secretariat gave a brief update regarding the WHO Expert Committee on Drug Dependence who are reviewing nine psychoactive substances at their next meeting in November and the UN Commission on Psychotropic Substances who are meeting in December. It was agreed that, pending the outcome of the WHO Committee meeting, the EACD would consider MT-45, para-methyl-4-methylaminorex (4,4-DMAR) and para-methoxymethylamphetamine (PMMA) provided it is not already a controlled drug in New Zealand. MT-45 and 4,4-DMAR are scheduled as class A drugs in the UK. 4,4-DMAR is also banned in Germany. Other substances being considered by the WHO Committee include acetylfentanyl, alpha-PVP, 4-fluoroamphetamine, paramethoxymethamphetamine, etizolam, phenazepam and methoxetamine. These substances are already controlled drugs or prescription medicines in New Zealand so it is less urgent that these are considered by the EACD.**Action:** Secretariat to keep the Committee up to date with the activities of the WHO Expert Committee on Drug Dependence and the UN Commission on Psychotropic Substances.**Action:** MT-45, 4,4-DMAR and PMMA to be added to the draft agenda for the next Committee meetingThe Committee was asked to consider how they see the interface between psychoactive substances and controlled drugs working. In particular, the Committee was asked what factors should determine whether a substance is referred to the Committee for consideration under MoDA or remains controlled under the PSA. **Action:** Committee to feedback to Secretariat on the psychoactive substances/controlled drugs interface.**Other Business**[redacted] advised that she would be retiring from the practice of medicine in February 2016 but will consider remaining as a Committee member on the premise that the Secretariat relook at the conditions of appointment and confirm her eligibility.**Action:** Secretariat to check conditions of appointment to reconfirm [redacted] eligibility as a Committee member.Following this, the Chair advised that she would be out of the country with no access to communications from 3 December 2015 until 10 January 2016, and nominated [redacted] as Deputy Chair pending her eligibility after February 2016. This was seconded by [redacted].[redacted] left the meeting at 1pm. |
| 11 | **Break for lunch** |
| 12 | **National Drug Policy (NDP)**[redacted] from the MoH policy team joined the meeting to give a brief presentation on the National Drug Policy and how it relates to the EACD.There was a discussion around the need for a review for the entire framework which would encompass both MoDA and the Medicines Act 1981; however, this would be a huge undertaking. It was noted that developing the EACD guidelines had not begun yet but it is intended to begin before the end of 2015. There was also a discussion around what the potential elements of harm minimisation are, how they link together to drive change in behaviours and how much influence the EACD has for change within the current framework.The Committee agreed that someone from the Secretariat should be included in the Interagency Committee on Drugs (IACD).**Action:** Secretariat to arrange to be included in the IACD. |
| 13 | **Drug Harm Index**[redacted] joined the meeting via teleconference at 1.41 pm and gave an overview of the background of the previous National Drug Harm Index (DHI) and progress with the current review.The logic behind the formulae used to calculate the monetary cost to reflect the different levels and categories of harm was also outlined.There was a discussion around the costs of intervention and whether or not this would include costs provided by the private sector and how prescription drug abuse would be factored into the DHI as well as illicit drugs. It was advised that the cost of harm of prescription drugs would be calculated in the same way as illicit drugs, but they would sit in their own category in the analysis.The Committee commented that it would be beneficial if the DHI showed whether or not measures, such as prescriber education or other methods, worked with regard to reducing the abuse of prescribed drugs. |
| 14 | **Break for afternoon tea** |
| 15 | **Future meetings**The next meeting will be held in late April 2016.**Action:** Secretariat to schedule next meeting for late April 2016.The Chair thanked the Committee and closed the meeting at 2:22pm. |

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| **Item** | **Action** | **Who** | **Completed** |
| 1 | Recommend to relevant branches in MoH, on behalf of the Committee, to establish a working group with representatives from the EACD, Pharmaceutical Society and BPAC to explore targeted education and resources for prescribers. | Secretariat |  |
| 2 | Update the Committee on tramadol oversupply annually and any effects observed on tramadol and other pain medications following a MoH warning on prescribing oxycodone. | Secretariat |  |
| 3 | Begin the process to schedule zopiclone and zolpidem as Class C5 controlled drugs under MoDA. | Secretariat |  |
| 4 | Update the Committee on Section 29 data for zolpidem. | Secretariat |  |
| 5 | Provide Committee with the UK, US and Australian scheduling reports on zopiclone and zolpidem where applicable and possible. | Secretariat |  |
| 6 | Provide Committee with the UK, US and Australian scheduling reports on all future substances referred to the Committee for consideration where applicable and possible. | Secretariat |  |
| 7 | Consult with industry to assess any potential impacts that scheduling zopiclone and zolpidem would have. | Secretariat |  |
| 8 | Include zopiclone, zolpidem and codeine in the recommendation to MoH to establish a working group to explore targeted education and resources for prescribers. | Secretariat |  |
| 9 | Write a letter to the policy team on behalf of the Chair, to find out what processes are in place regarding data collection and analysis regarding drugs of abuse and monitoring issues with prescribing practice, and to highlight the need for better access to this data. | Secretariat |  |
| 10 | Write a letter to National Health IT on behalf of the Chair highlighting the need for better access to data collected regarding drugs of abuse. | Secretariat |  |
| 11 | Add the person/organisation who introduced agenda items to the top of the papers for next meetings so the Committee know where they originated from. | Secretariat |  |
| 12 | Liaise with NDIB and the Secretariat to gather more up to date information on precursor substances to see if there are other precursor substances that need to be considered for scheduling and come back to the Committee with more information to make recommendations. | [redacted] |  |
| 13 | Keep the Committee up to date with the activities of the WHO Expert Committee on Drug Dependence and the UN Commission on Psychotropic Substances. | Secretariat | ongoing |
| 14 | MT-45, 4,4-DMAR and PMMA to be added to the draft agenda for the next Committee meeting | Secretariat |  |
| 15 | Committee to feedback to Secretariat on the psychoactive substances/controlled drugs interface. | Committee |  |
| 16 | Secretariat to check appointment criteria to reconfirm [redacted] eligibility as a Committee member. | Secretariat |  |
| 17 | Arrange for a member of the Secretariat to be included in the IACD. | Secretariat |  |
| 18 | Schedule the next Committee meeting for late April 2016. | Secretariat |  |