**Minutes** 

**33rd Expert Advisory Committee on Drugs meeting**

|  |  |
| --- | --- |
| **Date:** | Tuesday 17 April 2018 |
| **Time:** | 9am - 3.30pm |
| **Location:** | Eagle room, Miramar Links, 1 Stewart Duff Drive, Miramar, Wellington |
| **Chair:** | Dr John Ashton |
| **Attendees:** | Committee – Detective Superintendent Greg Williams, Ms Lynette Knox, Mr Jamie Bamford, Dr Vicki Macfarlane, Dr Jaki Horn, Dr Paul Fitzmaurice, Dr Patrick O'Connor, Ms Erin Lubowicz, Dr Richard JaineSecretariat –Andrea Eng, Valerie Mills, Vidhiya Damodaran, Cherish Low, Saerom Shin (minute taker) |
| **Apologies:** |  |

|  |  |
| --- | --- |
| **Item** | **Notes** |
| 1 | **Morning tea on arrival 8.45am – 9am** |
| 2 | **Welcome, introductions and apologies**The Chair welcomed everyone to the meeting and introductions were given for all attendees.No apologies were received. |
| 3 | **Conflicts of interest**No conflicts of interest were declared. |
| 4 | **Previous minutes – Action points and standing points**1. The Secretariat updated the Committee on the substances (t-Boc-methamphetamine, flubromazolam, fentanyl and its precursors and MT-45) that were reviewed at the previous meeting in April 2017. Consultation for scheduling those substances considered at the last meeting in 2017 has been completed and the Secretariat is awaiting the Minister of Health’s (the Minister) approval to draft a Cabinet paper.2. Action item 3 from the April 2017 meeting - Escalate the Committee’s concerns within the Ministry of Health (The Ministry) around the amount of time it takes to schedule substances.The Committee pointed out that their concerns over delays in scheduling substances under the Misuse of Drugs Act 1975 (MoDA) had been raised in the past. The Committee believe that delays in scheduling has impacts on people’s health. For example, zopiclone and zolpidem were put forward for scheduling as controlled drugs in 2015 but have not been scheduled under MoDA. The Committee requested that their concerns over delays are escalated to the Minister.[redacted under section 9(2)(ba)] advised that the current analogue provision in MoDA is not adequate because analogues are automatically captured under Schedule 3 (Class C), the lowest classification, regardless of harm that each analogue poses. [redacted under section 9(2)(ba)] expressed a preference to modify the current provision for analogues so they are automatically captured under the same classification as the scheduled substances which they are analogues of (their parent substances) without having to review and name each analogue. The Secretariat advised that such modification requires an Amendment Bill to MoDA which is a longer process than the Order in Council process (a shorter amendment process). The Committee has to review and recommend a classification of each analogue that is recommended for scheduling in order to schedule a substance or group of substances via the Order in Council process.**Action:** Secretariat to draft and circulate a letter from the Committee to the Minister to escalate the Committee’s concerns over delays in scheduling substances as recommended.**Action**: Secretariat to include the Committee’s suggestion to modify the analogues provision in MoDA to allow controlled drug analogues to be captured under the same classification as their parent substances in the letter from the Committee.**Action:** Secretariat to note the Committee’s concerns mentioned above in future Health Reports.  |
| **4** | **UN updates**The Secretariat updated the Committee on the substances that were most recently reviewed by the World Health Organization Expert Committee on Drug Dependence (ECDD) and the Commission on Narcotic Drugs (CND). New Zealand is a signatory country to the three United Nations (UN) Conventions. When the CND (the governing body of the United Nations Office on Drugs and Crime (UNODC)) classifies a substance under one of the Conventions based on the recommendations from ECDD, signatory countries are required to review the substance and amend their domestic legislation to be consistent with the amendment to the Conventions.Some of the agenda items for this Committee meeting such as ocfentanil, carfentanil, 5F-PB-22, UR-144 and tramadol have been reviewed by ECDD and recently scheduled by the CND. |
| **5** | **Prescriber Education Status Update**At the previous Committee meeting in April 2017, there was a discussion centred around tramadol and the potential reasons for inappropriate prescribing, the potential for self-harm in users, the risk of abuse, and escalation to the use of other drugs. The Committee tasked the Secretariat, with finding ways, other than scheduling, to help decrease the potential for medicines to be abused in New Zealand.The Secretariat gave a brief overview of the Ministry’s approach to reduce inappropriate opioid prescribing. As an example, the Safe use of opioids National Formative Collaborative developed by the Health Quality and Safety Commission was introduced as a possible initiative that the Committee can tap into for this work. Furthermore, one of the Medsafe’s committees, the Medicines Classification Committee (MCC) have tasked Medsafe with writing to professional bodies with regard to the importance of education around acute and chronic pain management. MCC also tasked Medsafe with exploring options via which the MCC can advocate a real time opioid dispensing and monitoring system to identify problematic use. It was noted that the message to prescribers be balanced so prescribers do not develop a negative connotation associated with prescribing opioids, as some opioids are necessary for pain management in patients.  |
| **6** | **Tramadol**Tramadol had previously been reviewed by the Committee a few times but it had not been put forward for classification under MoDA due to lack of evidence of harm in New Zealand. [redacted under section 9(2)(ba)] had provided data on the misuse of tramadol in New Zealand prior to the meeting in the form of two case studies. The data showed that legitimate pain patients who don’t have a history of substance use disorder (SUD) can develop tolerance and eventually become addicted to tramadol. This case highlighted the need for education for both prescribers and the public about the possible dependence and risks associated with tramadol. The other case showed that prescribers must be careful when prescribing tramadol to a patient with past history of SUD. [redacted under section 9(2)(ba)] also noted that the number of admissions to addiction services for tramadol dependence is increasing and the number is not insignificant. [redacted under section 9(2)(ba)] proposed to classify tramadol as a controlled drug to send a clear message to both prescribers and patients that tramadol is an addictive opiate and also to be consistent with the current classifications of other controlled drugs such as codeine, benzos, and other opioids in New Zealand. The Committee discussed the potential impact on the industry stakeholders of classifying tramadol as a controlled drug and impact of not applying the same exemption attached to codeine. The Committee agreed that the new classification will not cause any extra hurdles for the industry stakeholders when supplying tramadol given that it is likely that they would already have a safe for morphine and other controlled drugs.**Outcome:** The Committee were in favour of recommending that tramadol be scheduled as a Class C2 controlled drug under MoDA due to the risk of dependency and misuse or illicit use.**Motion:** [redacted under section 9(2)(ba)] proposed that tramadol be put forward to be scheduled as a Class C2 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 tramadol as a Class C2 controlled drug under MoDA. |
| 7 | **Fentanyl analogues**The fentanyl analogues considered by the EACD at this meeting were: - carfentanil- ocfentanil- acetylfentanyl- butyrfentanyl- 4-fluoroisobutyrfentanyl (4-FIBF)- acryloylfentanyl- furanylfentanyl- tetrahydrofuranylfentanyl (THF-F). [redacted under section 9(2)(ba)] commented that fentanyl analogues, especially carfentanil seem to pose a great harm to people. [redacted under section 9(2)(ba)] from [redacted under section 9(2)(ba)] advised that fentanyl is coming into New Zealand and believed that fentanyl analogues should be scheduled the same as fentanyl due to high potency. The majority of the Committee agreed that fentanyl analogues except for carfentanil should be scheduled as controlled drugs due to lack of therapeutic value and high level of abuse and misuse. The Committee queried a difference between Schedule 1 (Class A) and Schedule 2 (Class B) in relation to prescribing and controls. The Secretariat advised that Schedule 1 drugs can still be prescribed with the Ministerial approval and have the most restrictions. [redacted under section 9(2)(ba)] noted that there is no significant difference between Schedule 1 (Class A) and Schedule 2 (Class B) in relation to the seizure and search powers.The Committee also discussed exactly what the obligations under the UN Conventions are. The Committee queried if they make decisions that are not consistent with the UN Conventions for reasons that are specific to New Zealand, would it make New Zealand non-compliant.The Committee further discussed whether “fentanyl analogues” should be scheduled as a group rather than individual fentanyl analogues being assessed by the Committee and recommended for scheduling. This was raised as a measure to stay ahead of the drug market which is constantly producing new analogues. It would also mean there is no longer a lag between a new fentanyl analogue being identified in New Zealand and being scheduled under MoDA. The Secretariat advised that scheduling “fentanyl analogues” as a group would also require an Amendment Bill and could not be done by the Order in Council process. The Secretariat suggested that, in the letter to the Minister, the Committee could express their preference to schedule fentanyl analogues as a group without naming each analogue in MoDA as a possible solution to stay ahead of the constantly changing variants of fentanyl being supplied on the drug market. The Committee also expressed that their recommendation that the analogues provision should allow controlled drug analogues to be captured under the same classification as their parent substances, should also be included in their recommendation letter. The Secretariat advised that the Committee should also make a recommendation for the scheduling of the eight fentanyl analogues before them at this meeting, in case their preferred option cannot be progressed at this stage.The Committee debated over the benefits of scheduling the specified fentanyl analogues in Schedule 1 (Class A) over Schedule 2 (Class B), and agreed that there is not a huge advantage in the law enforcement powers but scheduling the analogues as Class A drugs could send a strong message to illicit users of these analogues.It was suggested that consultation would be required to determine if carfentanil should be treated the same as the other fentanyl analogues or treated separately due to its use in veterinary medicine. The Committee considered that if carfentanil were routinely used in veterinary medicine in New Zealand that it would be more appropriate to schedule it in Schedule 2 (Class B) but if there was no medical or veterinary use for carfentanil in New Zealand it could be scheduled in Schedule 1 (Class A) along with the other fentanyl analogues considered.It was noted that there is inconsistency across the current classifications of other fentanyl analogues that were previously scheduled and there was a consensus around scheduling fentanyl analogues in Schedule 1 (Class A). The Committee discussed whether there is a need to review the previously scheduled fentanyl analogues and reclassify them the same as the analogues considered at this meeting. Sufentanil, alfentanil and remifentanil are some of the fentanyl analogues that are currently scheduled as Class B3 controlled drugs.**Outcome:** The Committee were in favour of recommending that the specified fentanyl analogues be scheduled as Class A controlled drugs under MoDA due to the lack of known therapeutic uses and the risk of overdose, dependency and misuse. With the exception of carfentanil, which would require further consultation with veterinary professionals before scheduling. **Motion:** [redacted under section 9(2)(ba)] proposed that the specified fentanyl analogues; ocfentanil, acetylfentanyl, butyrfentanyl, acryoylfentanyl, 4-FIBF, furanylfentanyl and THF-F be scheduled as Class A controlled drugs, and to seek information from veterinary professionals about up-scheduling carfentanil (currently Class C) to Class B1 or Class A (if no therapeutic value). 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 ocfentanil, acetylfentanyl, butyrfentanyl, acryoylfentanyl, 4-FIBF, furanylfentanyl and THF-F as Class A controlled drugs and carfentanil as either a Class A controlled drug or a Class B1 controlled drug if there is a legitimate therapeutic use in veterinary medicine.**Action**: Secretariat to include the Committee’s suggestion to schedule fentanyl analogues as “fentanyl analogues”. **Action**: Secretariat to provide information about why the previously scheduled fentanyl analogues (sufentanil, alfentanil and remifentanil) were classified as Class B3 controlled drugs, at the next meeting in October **Action**: Secretariat to seek advice on obligations around classifications under the UN Conventions.**Recommendation for a presumption of supply**The Secretariat advised that the Committee is not required to make a recommendation for a presumption of supply.The Committee noted that it was difficult to set a level for presumption of supply with the information they had. The Committee requested the Secretariat advise them on the dose forms that fentanyl analogues are found in and therefore the most appropriate wording for setting a presumption of supply level. **Motion**: [redacted under section 9(2)(ba)] proposed to defer consideration and seek further information from [redacted under section 9(2)(ba)] to make decisions on presumption of supply of fentanyl analogues due to lack of information available at the meeting. The motion was seconded by [redacted under section 9(2)(ba)].**Action**: Secretariat to liaise with NDIB to provide information on the following:- forms that the analogues are supplied in - amounts typically sold on the street- amount for presumption of supply in other countries- a useable dose.**Action**: Secretariat to provide the Committee with information provided by NDIB and a recommendation for how a presumption of supply limit could be worded. |
| 9 | **Break for lunch 12pm – 12.30pm** |
| 10 | **Synthetic cannabinoids**The synthetic cannabinoids considered by the Committee at this meeting are:- 5F-ADB- UR-144- 5F-PB-22- MDMB-CHMICA- 5F-AKB-48- XLR-11- JWH-018- AM-2201- AMB-FUBINACA- AB-FUBINACA.[redacted under section 9(2)(ba)] updated the Committee on the history of putting controls on these substances via the Psychoactives Substances Act 2013 (PSA) and expressed his view that New Zealand has enough controls over synthetic cannabinoids under the PSA. [redacted under section 9(2)(ba)] shared provisional information about deaths associated with some synthetic cannabinoids from the Office of the Chief Coroner: * From May 2017, the provisional number of 38 deaths throughout the country are currently suspected to be attributable to synthetic drug toxicity or as a direct consequence of such (for instance positional asphyxia after becoming unconscious due to the drug’s effect)
* 28 deaths occurred in Auckland with the remaining 10 spread throughout the rest of the country
* 20 deaths in Auckland have been confirmed at post-mortem as being directly attributable to synthetic drugs and AMB-FUBINACA is present in every confirmed death in Auckland
* 5F-ADB is present in 4/5 confirmed non-Auckland deaths
* There were 27 deaths attributable to synthetic drug toxicity nationally in 2017
* There continue to be suspected synthetic drug-related deaths with the most recent notification on 13 April 2018.

[redacted under section 9(2)(ba)] expressed her opinion that the other synthetic cannabinoids can still be dangerous and pose harm to people even though there are no known deaths associated with them so far.[redacted under section 9(2)(ba)] also noted a rise in the number of individuals she was aware of with addiction of synthetic cannabinoids with significant detrimental effects on their lives and that risk of harm wasn’t necessarily only linked to intoxications and death. [redacted under section 9(2)(ba)] also advised that she has seen family violence associated with synthetic cannabinoids and noted that these substances pose great negative impacts on both people’s physical health and their lives.[redacted under section 9(2)(ba)] noted that the Police currently don’t have warrantless seizure and search powers under the Search and Surveillance Act 2012 because synthetic cannabinoids are not controlled under MoDA. [redacted under section 9(2)(ba)] also noted that the penalties under MoDA for possession of controlled drugs are more significant than under the PSA.The Committee discussed whether the PSA is the appropriate regime to control these substances and majority of the Committee agreed that MoDA is more appropriate to regulate these substances given their risk of harm. The Committee also debated whether to schedule all of the above synthetic cannabinoids in the same classification or recommend different classifications based on associated harm of each substance. The Committee considered that there was clear evidence of a very high risk of harm for 5F-ADB and AMB-FUBINACA in New Zealand, however, there was less information on the other synthetic cannabinoids in the New Zealand context and seizures of the other synthetic cannabinoids were relatively low. The Committee considered that if some cannabinoids were scheduled, some others would still be captured as analogues. **Outcome:** As a result of this discussion, the Committee were in favour of recommending that 5F-ADB and AMB-FUBINACA be scheduled as Class A controlled drugs based on the fact that these substances have caused many deaths in New Zealand. The Committee also agreed that the PSA was appropriate for regulating the remaining synthetic cannabinoids put forward to the Committee until more evidence on their harm is available. **Motion**: [redacted under section 9(2)(ba)] proposed the following:* 5F-ADB and AMB-FUBINACA be put forward for scheduling as Class A controlled drugs under MoDA
* acknowledging that substances that are considered to be analogues of 5F-ADB and AMB-FUBINACA will be captured as Class C controlled drugs
* status quo for the rest of the synthetic cannabinoids that are neither of the abovementioned substances and proven to have a psychoactive effect
* seek more information about harm associated with the rest of the synthetic cannabinoids for future review.

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 5F-ADB and AMB-FUBINACA as Class A controlled drugs under MoDA.**Action**: Secretariat to seek more information about harm associated with the following synthetic cannabinoids for future review.* UR-144
* 5F-PB-22
* MDMB-CHMICA
* 5F-AKB-48
* XLR-11
* JWH-018
* AM-2201
* AB-FUBINACA.

**Recommendation for a presumption of supply of 5F-ADB and AMB-FUBINACA****Motion**: [redacted under section 9(2)(ba)] proposed to defer consideration and seek further information from NDIB to make decisions on presumption of supply for both 5F-ADB and AMB-FUBINACA due to lack of information available at the meeting. The motion was seconded by [redacted under section 9(2)(ba)].**Action**: Secretariat to ask NDIB to provide information on the following:- forms that the analogues are supplied in- amounts typically sold on the street- amount for presumption of supply in other countries- a useable dose.**Action**: Secretariat to provide the Committee with information provided by NDIB and a recommendation for how a presumption of supply limit could be worded. |
| 11 | **Ethylone and N-ethyl pentylone**Ethylone and N-ethyl pentylone are synthetic cathinones that are capable of inducing psychoactive effects. Both substances are substantially similar to other controlled drugs such as amphetamine and cathinone which are a Class B1 and B2 controlled drugs respectively. In New Zealand, N-ethyl pentylone was detected at every music festival attended by a volunteer drug testing organisation, KnowYourStuff in 2017 and in 2018. There are overseas reports of death associated with the use of these substances and there have been 13 deaths in New Zealand from use of party pills which were tested and found to contain N-ethyl pentylone.The Secretariat shared extra information about seizure data from the New Zealand Police and the New Zealand Customs Service. Ethylone and N-ethyl pentylone are being sold as MDMA and used as substitutes for Ecstasy. The usual dosage for N-ethyl pentylone is 30 mg whereas the usual dosage for MDMA is 100 mg. Therefore, there is a high chance of overdose associated with N-ethyl pentylone if users take this substance thinking that they are using MDMA. MDMA is currently scheduled as a Class B1 controlled drug in New Zealand.[redacted under section 9(2)(ba)] and [redacted under section 9(2)(ba)] expressed their preference to schedule these substances as Class B controlled drugs given the similar structure as amphetamine (Class B1) and cathinone (Class B2) and to be consistent with other jurisdictions’ classifications for these substances such as the UK.**Outcome:** The Committee agreed that both ethylone and N-ethyl pentylone be scheduled as Class B1 controlled drugs under MoDA to align with drugs such as MDMA, methcathinone and amphetamine, given the similarity in their structure and risk of harm. **Motion:** [redacted under section 9(2)(ba)] proposed that both ethylone and N-ethyl pentylone 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 ethylone and N-ethyl pentylone as Class B1 controlled drugs under MoDA. |
| 12 | **Afternoon tea 2-2.13pm** |
| 8 | **U-47700**The Committee discussed the physical effects, prevalence and both domestic and international evidence of risk of harm associated with this substance and agreed that there is not enough evidence that suggests an urgent need to schedule this substance under MoDA. [redacted under section 9(2)(ba)] suggested that the status quo be maintained for U-47700 and to keep monitoring U-47700, as it is currently captured under PSA and there is currently insufficient evidence of misuse in New Zealand. It was pointed out that some of the fentanyl analogues were recommended to be scheduled even though they have not been seen in New Zealand. However, there was a general consensus that the Committee needs more information about risk of harm of this substance in order to recommend an appropriate classification.**Outcome:** [redacted under section 9(2)(ba)] proposed that U-47700 be deferred to the next meeting in October when there may be more information available. The Committee were all in favour.  |
| 13 | **PMMA****Outcome:** Deferred to the October meeting. |
| 13 | **Other business****Action**: The Committee to email Secretariat for availability for the October meeting.  |
| 14 | **Future meetings**The next meeting will be held in October. Time and exact date TBC. |

The meeting closed at 2.50pm

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Action** | **Who** | **Completed** |
|  | Draft a letter from the Committee to the Minister on the following:- the Committee’s concerns over the time it takes to schedule substances and impacts of delays - the Committee’s suggestion to modify the analogues provision in MoDA to allow controlled drug analogues to be captured under the same classification as their parent substances in the letter from the Committee.- the Committee’s suggestion to schedule fentanyl analogues as “fentanyl analogues”. | Secretariat |  |
|  | Note the Committee’s concerns mentioned above in future Health Reports.  | Secretariat |  |
|  | Consult with relevant stakeholders and begin the process to schedule tramadol as a Class C2 controlled drug under MoDA. | Secretariat |  |
|  | Consult with relevant stakeholders and begin the process to schedule ocfentanil, acetylfentanyl, butyrfentanyl, acryoylfentanyl, 4-FIBF, furanylfentanyl and THF-F as Class A controlled drugs and carfentanil as a Class A controlled drug or a Class B1 controlled drug if there is a legitimate therapeutic use in the veterinary practice. | Secretariat |  |
|  | Provide information about why the previously scheduled fentanyl analogues (sufentanil, alfentanil and remifentanil) were classified as Class B3 controlled drugs, at the next meeting in October | Secretariat |  |
|  | Seek advice on obligations around classifications under the UN Conventions. | Secretariat |  |
|  | Liaise with NDIB to provide information on the following to inform the amount for presumption of supply for fentanyl analogues, 5F-ADB and AMB-FUBINACA:- forms that the analogues are supplied in- amounts typically sold on the street - amount for presumption of supply in other countries- a useable dose. | Secretariat |  |
|  | Provide the Committee with information provided by NDIB and a recommendation for how a presumption of supply limit could be worded for fentanyl analogues, 5F-ADB and AMB-FUBINACA. | Secretariat |  |
|  | Consult with relevant stakeholders and begin the process to schedule 5F-ADB and AMB-FUBINACA as Class A controlled drugs under MoDA. |  |  |
|  | Provide more information about harm associated with the synthetic cannabinoids currently not recommended for scheduling under MoDA when more information is available. | Secretariat |  |
|  | Consult with relevant stakeholders and begin the process to schedule ethylone and N-ethyl pentylone as Class B1 controlled drugs under MoDA. | Secretariat |  |
|  | Seek more information about harm associated with U-47700 | Secretariat |  |
|  | Send out submission papers at least a month out electronically and provide hardcopy of agenda papers at the meeting. | Secretariat |  |
|  | The Committee to email Secretariat for availability for the October meeting. | Committee |  |