

21 September 2009

Hon Peter Dunne
Associate Minister of Health
Parliament Buildings
WELLINGTON

Dear Minister,

Advice from the Expert Advisory Committee on Drugs on 1,3 dimethylamylamine (DMAA)

At its meeting on 6 August 2007, the Expert Advisory Committee on Drugs (The Committee) discussed the stimulant substance 1,3 dimethylamylamine (DMAA), and an appropriate classification of this substance under the Misuse of Drugs legislative framework. The full assessment of DMAA is attached.

Background

DMAA is a simple aliphatic amine with stimulatory physiological effects. DMAA is also known by other chemical names including 4-methylhexane-2-amine.

A literature search suggests that DMAA was first synthesised by Lilly Pharmaceuticals in the 1940s for use as a nasal decongestant under the trade mark Forthane™. More recently, DMAA is understood to have been included in a line of body building supplements and weight loss products in the American market under the trademark Geranamine™ and at least one New Zealand vendor is distributing these products domestically.

The testing of ten varieties of “new generation party pills” sold in New Zealand at two time points since the introduction of these products following the classification of benzylpiperazine (BZP), indicates that DMAA is the primary active stimulant incorporated into the current range of ‘legal party pills’. The majority of these products are understood to contain between 50 – 100mgs of DMAA per dose, sometimes in combination with caffeine and other substances such as glaucine or kava extracts.

Raw powder that is claimed to be 99.98% pure DMAA has also been sold in quantities of 1 and 5 grams by internet vendors and some retail outlets throughout New Zealand. However, in October 2008 the Ministry of Health issued a request for the voluntary suspension of the sale of pure DMAA powder by retailers following some adverse reactions by users who had taken unmeasured quantities of this substance. Initial indications are that most retailers have complied with this

request. However, only DMAA in powder form was recalled and party pills containing DMAA are still widely available.

Expert Advisory Committee on Drugs Comment

The Committee discussed DMAA against the criteria mandated under Section 4B of the Misuse of Drugs Act 1975 (the Act) and Sections 32 and 35 of the Misuse of Drugs Amendment Act 2005 (MoDAA).

After careful consideration the Committee agreed that there was insufficient evidence available to recommend the classification of DMAA as a controlled drug under the Act. However, the Committee did agree that DMAA has some potential to cause harm, and that this potential is exacerbated by the supply of DMAA to the user in powdered form as this can result in unmeasured dosing of this substance, and an increased likelihood that more harmful methods of administration, such as intravenous administration, will be adopted.

The Committee discussed the potential to Schedule DMAA as a restricted substance and noted that the passage of the Misuse of Drugs (Restricted Substances) Regulations 2008 had significantly strengthened the ability of this framework to place harm preventive controls around low risk substances. The Committee considered the implications that this scheduling could have on the recognition and abuse potential of this substance in the community. It was noted that as prevalence has remained consistently low since the introduction of this substance in April 2008, it is unlikely that any action to restrict it would greatly increase its recognition by prospective users and on balance, the harm preventive controls provided for by this scheduling would outweigh any potential risk of increased prevalence. The Committee therefore agreed to advise you that (DMAA) be scheduled as a Restricted Substance under the Misuse of Drugs Amendment Act 2005.

The Committee further considered the specific risk of the supply of chemicals such as DMAA to the user in powdered chemical form, and specifically to DMAA, of the inconsistency in dose of this substance between various brands of 'party pills.' The Committee agreed to endorse the making of further regulations under the MoDAA to provide that synthetic restricted substances be legally sold to the end user only in tablet or capsule form as this additional control will remove the legal availability of synthetic restricted substances, such as DMAA as a chemical powder. The Committee also recommends that you direct the Ministry of Health to consult with the 'party pill' industry on an appropriate maximum dosage of DMAA per pill, and per packet in view of mandating such a dose by regulation. The Committee's view is that a dose restriction should be set in a manner that requires multiple pills to be taken to reach the maximum recommended dose.

Therefore, the Committee's advice to you is:

- **that DMAA be scheduled as a Restricted Substance under the Misuse of Drugs Amendment Act 2005.**

Additionally, the Committee endorses:

- the making of further regulations under the Misuse of Drugs Amendment Act 2005 to require that synthetic restricted substances (such as DMAA) be legally sold in tablet/or capsule form only,
- that the Ministry of Health consult with the 'party pill' industry in view of reporting back to the Committee on a maximum recommended dose of DMAA that could be mandated by regulation in due course. The Committees preference is that a dose per tablet/capsule requirement be made so that multiple pills containing DMAA be taken in order to reach this maximum dose.

Yours sincerely

Dr Stewart Jessamine
Acting Chair
Expert Advisory Committee on Drugs

encl: Assessment paper on 1,3 dimethylamylamine
Minutes of the 6 August 2009 Expert Advisory Committee on Drugs meeting