

EXPERT ADVISORY COMMITTEE ON DRUGS
Thursday 28 June 2007, 9.00am – 1.00pm
Medsafe Conference Room, Level 6, Deloitte House,
10 Brandon Street, Wellington

EACD MEMBERS PRESENT

Dr Ashley Bloomfield (Chair)	Adrienne Fruean
Dr Tim Maling	Rajesh Chhana
Gavin Jones	Paul Campbell

EACD SECRETARIAT PRESENT

Olivia Tuatoko	Martin Woodbridge
Olivia Stapleton	Mark Heffernan
Chris Laurenson	Mick Alexander (NDIB)

1 WELCOME AND APPOLOGIES

The Chair welcomed members. He welcomed Gavin Jones to his first meeting and introduced Mick Alexander, Co-ordinator of National Drug Intelligence Bureau as part of the Secretariat.

Apologies were received from Dr Helen Moriarty, Dr Keith Bedford, and Dr Geoffrey Robinson.

Professor Doug Sellman joined via teleconference at 10.30 am.

2 CONFIRMATION OF 3 MAY 2007 MINUTES

The Committee agreed that members would review the minutes from the 3 May 2007 EACD meeting over a two week period, and provide comments to the Secretariat before being finalised.

3 MATTERS ARISING FROM 3 MAY 2007 MEETING

3.1 Indan(e)s and Aminoindan(e)s. Item 5.1.2, and Thalidomide. Item 5.1.3

Issue: The Secretariat was scheduled to provide an assessment of indan(e)s and aminoindan(e)s, as well as Thalidomide for discussion at a future meeting.

Outcome: This topic will be considered by the Committee under Agenda 7.i when members review the list of substances scheduled to be discussed at future meeting dates.

3.2 UK Criteria on Drug Scheduling. Item 5.1.5

Issue: The Secretariat would revise this paper for consideration to include information on the Australian Risk Management standards.

Outcome: This will be considered under agenda item 5: Rational drug classification systems.

3.3 Zopiclone. Item 5.1.6

Issue: To maintain a watching brief regarding any updates on the classification of zopiclone by the World Health Organization. It was agreed that no further action would be taken to recommend the classification of Zopiclone under the Misuse of Drugs Act 1975 in New Zealand at this stage.

Outcome: Chair has informed the Associate Minister of Health on the EACD's recommendation that no further action is required.

3.4 Legal Status of 2C-T-7. Item 5.1.7

Issue: The definition of amphetamine analogues in Schedule 3, Part 7 of the Misuse of Drugs Act 1975 be amended to include "and/or alkylthio radicals" after "alkylamino radicals".

Outcome: This topic will be considered by the Committee under Agenda 7.i when members review the list of substances scheduled to be discussed at future meeting dates.

3.5 Gateway Theory. Item 5.1.8

Issue: The Secretariat would provide the EACD with a paper summarising evidence on the gateway theory, drawing in particular on work conducted in the UK.

Outcome: The Ministry of Health currently holds a standing contract with Massey University (SHORE) to provide advice on the gateway theory. The Secretariat will request that this work be done under that contract.

3.6 BZP. Item 6

Issue: The Committee was to review and determine what additional advice the EACD might want to give to the Minister in light of receiving further documents relating to BZP.

Outcome: The Chair updated the Committee on BZP. The Committee was informed that Cabinet has decided to classify BZP, phenylpiperazine and related substances in Part 1 of the Third Schedule (Class C1) of the Misuse of Drugs Act 1975; set a presumption for supply of BZP, phenylpiperazine and related substances at 5 grams or 100 tablets, capsules or other drug forms each containing some quantity of the substance; and provide for an amnesty for those in possession or using BZP or related substances for a period of six months, from the date of enactment of the legislation.

The Committee discussed the EACD's role in the Select Committee process. It was agreed that if Select Committee requested a submission from the EACD that the EACD Chair would speak on behalf of the Committee. The Committee also agreed that individual members of the EACD would not express their views on the classification as a member of the EACD.

The Committee requested that the Secretariat continue to circulate any emerging technical research on BZP and its use to members, as a source of further advice if necessary.

3.7 Assessment of alcohol harm. Item 7

Issue: This paper provided an analysis of the harms of ethanol and has been submitted to Lancet for publication.

Outcome: Committee members noted the paper.

4 DECLARATION OF CONFLICTS OF INTEREST

No conflicts of interest were declared.

5 RATIONAL DRUG CLASSIFICATION SYSTEMS.

Professor Sellman joined the discussion via teleconference.

Reference: *Rational Drug Classification Systems* paper written by the Secretariat (2007) and a draft *proposed scale for rationally assessing the risk to public health from using a drug* by Sellman & Adamson (2007)

Issue: For the EACD to note the papers provided on Rational Drug Classification Systems and consider the implications of them in a New Zealand environment.

Discussion: The Committee acknowledged Professor Sellman's work on the Draft scale. The Committee agreed that a scoring approach is a useful idea and could be used by the EACD as an additional tool when assessing a substance for classification.

The scale looked at six assessment areas, including:

- Death
- Addiction
- Antisocial behaviour
- Negative physical health consequences
- Negative mental health consequences and
- Positive mental health consequences

The Committee discussed several features of the scale. Members discussed the usefulness of a positive mental health criterion and acknowledged there is a need to recognise the positive effects that substance use on general wellbeing. Members were also noted that the scale would not be useful when assessing new

or emerging drugs when little is known about the consequences of their use. The Committee suggested that the scope of the scale should also include public health factors such as social and economic harm. The Committee suggested that the Australian New Zealand risk management standard could be a useful resource in the development of a scale.

The Committee was given the definition for addiction as compulsive behaviour. Although it has a relationship with withdrawal it is not the primary factor.

The Committee agreed that there should be something in place that puts the responsibility on the marketer to prove that what they are marketing is benefiting the country. And depending on its claims it would then go through the relevant authorities.

Action:

Professor Sellman acknowledged the Committee's comments and will keep developing the scale. Professor Sellman will send a reference to the Secretariat on the risk assessment draft proposed scale he developed.

Secretariat to circulate New Zealand Australian Risk Management Standards and to investigate further published and validated approaches taken internationally.

6. NOREPHEDRINE

Reference: Paper by the Secretariat

Issue: For the EACD to note the formal assessment of the drug substance norephedrine and to determine if the EACD should further consider whether norephedrine should be classified under the Misuse of Drugs Act 1975.

Outcome:

The Committee noted the paper and agreed to stay with current legislative controls.

Discussion:

The Committee noted that norephedrine is a concern as it is one of multiple substances that can be used to extract other possible controlled substances. The Committee was also informed that norephedrine, under the International Narcotics Control Board, is listed as a potential precursor substance in the illicit manufacture of amphetamine drug products. As New Zealand is a signatory to the UN International Drug Control Conventions it could be deemed to be in breach in this regard.

The Committee was informed that norephedrine is not manufactured in New Zealand and the current regulatory system under the Medicines Act 1981 makes it difficult for it to be brought in unless a prescription is written by a New Zealand registered doctor.

The choices given to the Committee were to either:

1. correct the anomaly and recommend its classification as a precursor, or
2. maintain the status quo and the current control of norephedrine under the Medicines Act 1981.

Action: The Committee agreed to maintain the status quo and requested the Secretariat to request Police to monitor clandestine seizures through a 12 month period in order to determine whether there is any evidence that norephedrine is being used as a precursor substance in the manufacture of amphetamine.

7. GENERAL BUSINESS:

I. Strategic Plan for EACD

Committee members discussed the current situation of substances that had previously been discussed by the EACD.

The Committee agreed that a discussion on a possible presumption for supply level for Ketamine would be discussed at the next meeting.

The Committee requested that the Secretariat prepare a full summary of previous EACD discussions and the current situation regarding Zipperol, Dextromethorphan, and Fortal.

The Committee recommended that an amendment of the definition of amphetamine analogues in Schedule 3, Part 7 of the Misuse of Drugs Act 1975 to include 2-C-T-7 would be included in the next Misuse of Drugs Amendment Bill.

Potassium permanganate was flagged at a previous meeting, however, scheduling this substance in the Misuse of Drugs Act 1975 could cause a problem as high schools and laboratories using it for laboratory work.

Indan(e)s and Aminoindan(e)s will be discussed at the November meeting.

Thalidomide will be addressed when the Misuse of Drugs Act 1975 is reviewed.

Action:

The Terms of Reference for the EACD is to be discussed at the next meeting.

The Secretariat is to write up a summary on Zipperol, Dextromethorphan, and Fortal with regards to what was discussed at previous meetings.

Secretariat to provide an assessment Indan(e)s and Aminoindan(e)s at a future meeting.

Ketamine, and Salvia divinorim to be discussed at next meeting with further information from the Secretariat.

II. Other Business

Secretariat informed Committee that the UN drug report is now available.

8. DATE OF NEXT MEETING:

The next meeting is a teleconference and is scheduled for Thursday 30 August 2007, 2pm – 4pm. Ministry of Health Rooms 4.01 & 4.02, 1 The Terrace, Wellington.

The meeting closed at 12.40pm.