EXPERT ADVISORY COMMITTEE ON DRUGS MEETING

Thursday, 30 March 2006, 9:30am – 3:35pm
C01 & C02, 180 Molesworth Street, Wellington.

MINUTES

Members present

Dr Ashley Bloomfield (Chair)
Dr Keith Bedford
Dr Helen Moriarty
Paul Campbell
Professor Tim Maling
Professor Doug Sellman
Rajesh Chhana

Secretariat attending:
Olivia Tuatoko
Chris Laurenson
Colin Lee
Bruce Atmore
Cynthia Maling (Health)

1. WELCOME

Dr Bloomfield welcomed members, and Olivia Tuatoko as a new member of the Secretariat.

2. APOLOGIES

Keremete Warbrick, Dr Stewart Jessamine, Peter Marshall, and Dr Geoffrey Robinson, Professor Tim Maling (lateness)

3. DECLARATION OF CONFLICTS OF INTEREST

Dr Keith Bedford advised of a potential conflict of interest in relation to item 9 and asked if he could leave the meeting at the appropriate time. The Committee agreed with this.

4. CONFIRMATION OF THE MINUTES OF THE MEETING HELD 27 October 2005.

Members noted that there had been media interest in the minutes of the last meeting, which had been placed on the NDP website.

The minutes of the meeting held on 27 October 2005 were confirmed as a true and accurate record of that meeting.

5.0 MATTERS ARISING FROM THE MEETING HELD 27 October 2005

Report on actions arising from 27 October 2005

5.1 Minute item 5.3

Media interest in the suggestion, by one member, of possibly restricting the number of drugs in Class A had been taken out of context. It was reiterated that the issue had been raised in general discussion but that the Committee is not planning to make any recommendations on this.

Members confirmed that having the minutes posted on the website is appropriate in the light of the statutory objectives of the Committee, as set out in S5AA of the Misuse of Drugs Act 1975, and that the public have the right to see what is discussed.

5.2 Minute Item 6 Ketamine

The Committee's recommendation on Ketamine had been made to the Minister, who had accepted the Committee's advice.

5.3 Minute Item 7 Nitrous Oxide

The Minister had accepted the recommendation that Nitrous Oxide could be regulated under the Medicines Act, and no further action under the MODA is currently indicated.

5.4 Minute Item 8 Zopiclone

Zopiclone was to be discussed under agenda item 7.

5.5 Minute Item 9 Update on Methamphetamine Activities

Dr Bedford would look into this and report back to the Committee at the next meeting

5.6 Minute Item 10 BZP

BZP was to be discussed under General Business.

6. LSD

Members considered a paper prepared for this agenda item comparing LSD and Methamphetamine. Members then discussed LSD's current classification as a Class A controlled drug.

The current status of LSD, dating originally from 1967, reflects its historical classification as a Class A drug. Based on what is known now about LSD, it does not appear to be as harmful as many other Class A drugs, especially methamphetamine. However, members also agreed that LSD is not alone in this respect and there are other apparent anomalies in the classification of some substances, probably for historical reasons.

Members noted that, given these wider anomalies in the classification of some substances under the MODA, further consideration of the overall framework is indicated in time.

Agreed:

1. **That no recommendation on LSD would be made at this time.**

2. **That the Secretariat would prepare a paper on how United Nations decisions on classification are made and see what implications this has for work of the EACD and the obligations New Zealand has to the UN.**

3. **That the Chair would write to the Minister outlining the substantive issue of apparent anomalies in the classifications of some substances, for example as identified by a comparison of LSD and Methamphetamine, and seek the Minister's view on whether he would like further advice he would like on this issue.**

7. ZOPICLONE AND ZOLPIDEM

Members received two papers for this agenda item:

- An update on Zopiclone, which was a revised paper of item 8 from the previous meeting held 27 October 2005.
- An Overview of the Scheduling of the Hypnotic Sedatives

The Committee considered that further information is required before a recommendation on the matter can be made.

Agreed:

1. **That the main references from the papers be made available to the Committee.**

2. **That a further context paper for the next meeting, including details of international research, be prepared by the Secretariat.**

3. **That further information be obtained from the pharmaceutical manufacturers of Zopiclone.**

8. NOREPHEDRINE

Members received notes from Dr Bedford on Norephedrine.

Dr Bedford pointed out that Norephedrine had the same relationship to Norpseudoephedrine as Ephedrine had to Pseudoephedrine. Norephedrine could also be used as a precursor for amphetamine. Phenylpropanolamine, already listed as a prescription medicine, could be read as including Norephedrine. It had been found that products

containing Norephedrine varied widely and, if possible, it should be listed in the controlled drug schedules.

Members commented that Norephedrine would be too high in the schedules as a B2 and that it should match other precursors. Members noted that Norephedrine was a problem only because it was a precursor to amphetamine and therefore it should be classified no higher than C5, as it is not dangerous in itself, addictive, nor does it lead to psychosis or death.

Agreed:

1. **That Norephedrine should be considered for classification following a formal assessment process.**

2. **That the secretariat prepare a formal assessment of Norephedrine for the consideration of the Committee.**

9. METHYLONE TRIALS

At the request of the Minister, the Ministry had requested a Crown Law Office opinion regarding the use of Methylone in trials on human subjects. Questions posed included whether Methylone is an illegal substance in any legislation and if such human trials are legal.
The key points in the Draft Crown Law Office opinion were presented.

While the final Crown Law Office opinion on the legality of the "trial" in question had not been received, members noted that no ethics committee approval had been obtained and that this is considered essential before any such trials are undertaken.

Dr Bedford outlined that ESR considers Methylone to be captured by the Class C7 controlled drug analogue provisions as it is an analogue of Cathinone, a Class B2 controlled drug.

Dr Bedford left the room.

A proposal was made that the Committee recommend Methylone to be specifically listed as a C7 Controlled Drug as it is an analogue of an existing controlled drug. This could be considered an appropriate level of classification at this time as Methylone may prove to be less harmful than Cathinone and other Class B drugs, as has been claimed. A C7 classification provides enforcement and sentencing powers and would still allow for its classification level to be increased, if indicated, as further information about its effects becomes available.

Discussion also occurred around the lack of current evidence to assess the harm of the compound and that an alternative approach would be to recommend a classification to match its parent compound (Cathinone) and schedule Methylone as a B2 controlled drug.

Dr Bedford was invited back in.

Dr Bedford felt that, given a lack of evidence about methylone, classification at the level of the parent compound (Cathinone) could be justified based on the assumption that it has similar effects until proven otherwise.

Agreed:

That the two possible approaches outlining the advantages and disadvantages of each be put to the Minister for his consideration.

10.0 GENERAL BUSINESS

10.1 Cynthia Maling from the Ministry of Health was introduced to the Committee by the Chair. The Ministry is looking at what might be done to further restrict access to BZP.

The Committee discussed the issue of setting of a 'safe dose' or upper limit for BZP. This would require greater knowledge of the harms of the substance as well as consistency in the manufacturing process.

The Committee discussed a range of other issues related to the possible regulation of BZP. However, the Chair clarified that the Committee's mandate was to provide advice on drug classification and not on how the legislation or regulations are framed. The Committee could provide advice to the Minister on whether further regulation might be warranted.

10.2 Dr Sellman advised that he had been invited to present to the Law and Order Select Committee in relation to the Sale of Liquor (Youth Harm Reduction) Bill and that the Secretary of the Select Committee had referred to his membership of the EACD. The Committee agreed Dr Sellman would present in his own right and not as a representative of the EACD, which had no Committee position on Alcohol. Dr Sellman agreed to make his submission available to Committee members for information.

10.3 The Chair thanked Dr Bedford for his notes and the Secretariat for the papers submitted.

11. NEXT MEETING

The next meeting would be scheduled for Thursday 27 July 2006 and would be arranged by the Secretariat.

The meeting closed at 3:35pm.