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Tēnā koe Tania

Ministry of Health - targeted consultation - Proposed classification of substances as controlled drugs

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018 specialist General Practitioners (GPs). Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability throughout our Training, Member Professional Development and Quality¹ programmes.

Our members provide first point of contact medical care to patients and their whānau to manage 90 percent of all patient healthcare concerns in the community. Each year approximately 24 million² patient contacts are recorded by 1,085 general practice teams working across Aotearoa.

The College response to the Expert Advisory Committee on Drugs (EACD)

The College notes that recommendations 1 – 5 in the consultation document are not currently listed under the Misuse of Drugs Act 1975 and structurally are substantially similar to the controlled drug etonitazene, and therefore, it is appropriate to categorise them as Class C7 controlled drug analogues.

The College supports the EACD recommendation that the drugs listed below be categorised as C& controlled drug analogues:

- 1. Nitazenes: N-pyrrolidino isotonitazene, N-desethyl protonitazene, and N-pyrrolidino protonitazen
- 2. Synthetic cathinones: 3-chloromethcathinone (3-CMC), 4-methylethcathinone (4-MEC), 3-methylmethcathinone (3-MMC), 1,2-diphenyl-2-(1-pyrrolidinyl)ethanone (alpha-D2PV), N-isopropylbutylone, N-propylbutylone, N-butylpentylone, and N-butylhexedrone.
- 3. Substances scheduled under United Nation conventions: AH-7921, alpha-PHP, alpha-PiHP, amineptine, brorphine, crotonylfentanyl, dihydroetorphine, 2,5-dimethoxy-4-chloroamfetamine (DOC), ethylphenidate,

¹ As at June 2025, 972 out of 1085 general practices met the RNZCGP Foundation Standard.

² Ministry of Health, 2024 data.

etryptamine, N-ethylhexedrone, 4-fluoroamphetamine (4-FA), methiopropamine (MPA), 2-methyl-AP-237, 3,4-methylenedioxypyrovalerone (MDPV), oripavine, para-methyl-4-methylaminorex, pentedrone, valerylfentanyl and zipeprol.

- 4. Ketamine analogues: methoxetamine (MXE), fluorexetamine (3-FXE), and 2-fluorodeschloroketamine (2-FDCK).
- 5. 2C-B.

Summary

Thank you for the opportunity to provide comment on the proposed classification of the listed substances as controlled drugs. The College considers that it is essential that these nitazenes be scheduled as Class A controlled drugs, as they have no known therapeutic value and pose high risks of harm, and liability for abuse by vulnerable populations.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – <u>Maureen.Gillon@rnzcgp.org.nz</u>.

Nāku noa, nā

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