For discussion on
14 March 2017

Legislative Council Panel on Security

Proposed amendments to the First Schedule to the Dangerous Drugs Ordinance

PURPOSE

This paper seeks Members' views on the Administration's proposal to bring MT-45, 4,4'-DMAR and phenazepam under control in the First Schedule to the Dangerous Drugs Ordinance (DDO) (Cap. 134).

BACKGROUND

MT-45

2. According to the report of the 37th meeting of the Expert Committee on Drug Dependence (ECDD) of the World Health Organization (WHO) published in November 2015, use of MT-45 has toxic consequences including respiratory depression, unconsciousness, paraesthesia, balance and vision disturbances, as well as persistent hearing loss. A total of 28 analytically confirmed deaths were associated with MT-45 in Sweden between 2013 and 2014. Users report using MT-45 via several different routes of administration including oral, insufflation, inhalation and rectally.

3. According to the Advisory Council on the Misuse of Drugs (ACMD) of the United Kingdom (UK), MT-45 is a synthetic opioid which has a high addictive potential and abuse liability. The potency of MT-45 is comparable to morphine[1].

[1] Morphine has been included in both Schedule 1 of the DDO and Schedule 10 (Poison List) of the Pharmacy and Poisons Regulations (Cap. 138A).

4. During the 59th Session of United Nations Commission on Narcotic Drugs (UNCND) held in March 2016, member states adopted ECDD's recommendation to place MT-45 under international control.

5. Currently, MT-45 is not controlled in Hong Kong. There is no record of local seizure of MT-45 by law enforcement agencies. MT-45 does not have any recognized medical use and there is no registered pharmaceutical product containing this substance in Hong Kong. As regards trade declarations, there is no record of import and export of this substance since January 2012.

4,4'-DMAR

6. According to the report of the 37th meeting of the ECDD of the WHO published in November 2015, symptoms in users of 4,4'-DMAR include agitation, hyperthermia, foaming at the mouth, breathing problems and cardiac arrest. A total of 32 analytically confirmed deaths associated with 4,4'-DMAR were reported by Hungary, Poland and the UK between 2013 and 2014. As a tablet or powder, common routes of administration for 4,4'-DMAR are nasal insufflation and oral administration.

7. According to the ACMD of the UK, 4,4'-DMAR is a novel psychoactive substance first detected in Europe in December 2012 and has since caused deaths in Europe, including the UK and most notably in Northern Ireland.

8. During the 59th Session of the UNCND held in March 2016, member states adopted ECDD's recommendation to place 4,4'-DMAR under international control.

9. Currently, 4,4'-DMAR is not controlled in Hong Kong. There is no record of local seizure of 4,4'-DMAR by law enforcement agencies. 4,4'-DMAR does not have any recognized medical use and there is no registered pharmaceutical product containing this substance in Hong Kong. As regards trade declarations, there is no record of import and export of this substance since January 2012.

Phenazepam

10. According to the report of the 37th meeting of the ECDD of the WHO published in November 2015, phenazepam belongs to the same family of medicines to which diazepam, oxazepam and temazepam [2] belong. Phenazepam was first synthesized and developed in 1975 in the former Soviet Union where it was later prescribed to treat sleep disorder, anxiety, alcohol use disorder and epilepsy. It is more potent than diazepam and has more severe and longer lasting adverse effects. At a relatively high dose, phenazepam induces muscle hypotonia, deep sleep and coma. Phenazepam has severe toxicity when concomitantly used with other central nervous system (CNS) depressant drugs, especially opioids and alcohol, which increase the risk of respiratory depression and death. Various overseas fatal cases were associated with phenazepam, mostly in combination with other CNS depressant drugs. Phenazepam is available as tablets, injectable solutions and transdermal patches.

11. According to the ACMD of the UK, the potency of phenazepam is around five times of that of diazepam and has a higher risk of overdose. In addition, discontinuation after prolonged use can lead to such withdrawal syndromes as anxiety, insomnia, tremor and potentially convulsions.

12. During the 59th Session of the UNCND held in March 2016, member states adopted ECDD's recommendation to place phenazepam under international control.

13. In Hong Kong, phenazepam is subject to control under the Pharmacy and Poisons Ordinance (PPO) (Cap. 138). Currently, there is no registered pharmaceutical product containing this substance in Hong Kong. Local seizures of phenazepam by law enforcement agencies, as examined by the Government Laboratory, included 19 426 tablets in 2013, 4 934 tablets in 2014, 133 tablets in 2015, and 1 251 tablets in the first three quarters of 2016. As regards trade declarations, there is no record of import and export of this substance since January 2012.

[2] Diazepam, oxazepam and temazepam have been included in Schedule 1 of the DDO.

PROPOSAL

14. In order to enable law enforcement agencies in Hong Kong to respond effectively to the latest developments as set out above, we propose to include MT-45, 4,4'-DMAR, and phenazepam in the First Schedule to the DDO.

15. Under the DDO, substances included in Part I of the First Schedule are dangerous drugs and are subject to the control of a licensing scheme administered by the Department of Health. The import, export, supply and manufacture of these substances will require respective licences issued by the Department of Health. Trafficking and manufacturing of the substances in contravention of the DDO will be subject to a maximum penalty of life imprisonment and a fine of $5 million. Possession and consumption of the substances in contravention of the DDO will be subject to a maximum penalty of 7 years' imprisonment and a fine of $1 million.

CONSULTATION

16. The Administration has consulted relevant trades, as well as holders of licenses issued under the DDO and the PPO. There was no adverse comment.

17. The Administration has also consulted the Action Committee Against Narcotics, which supports the proposed control.

WAY FORWARD

18. Pursuant to section 50(1) of the DDO, the Chief Executive may by order published in the Gazette amend the First Schedule to the DDO.

19. Having consulted Members' views on the above proposal, we plan to table the relevant amendment order in the Legislative Council for negative vetting within the 2016-2017 legislative session.

ADVICE SOUGHT

20. Members are invited to comment on the Administration's proposal as set out in paragraph 1 above.

Narcotics Division
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