

ADVISORY COUNCIL ON MISUSE OF DRUGS

(96th Meeting)

Wednesday 22nd November 2023 2.30pm MS Teams

PART A

In attendance –

[Redacted] Chief Probation Officer, and Chairperson
[Redacted] Chief Pharmacist
[Redacted] Head of Public Health
[Redacted] Official Analyst
[Redacted] A&E Consultant
[Redacted] Director of Customs, and Immigration.
[Redacted] Legal Adviser.
[Redacted] Consultant Psychiatrist HSS
[Redacted] Director of the Alcohol & Drug Service.
[Redacted] States of Jersey Police
[Redacted] Clerk

Note: The minutes of this meeting comprise of Part A and Part B

Declaration of interests.

A1. No further declarations were made.

Minutes.

A2. The minutes of the meeting held on Thursday 28th September 2023 were not received as they were omitted from the distribution list.

Apologies.

A3. Apologies were received from the [Redacted] and [Redacted]

PART B

B1. Update: Medicinal cannabis and psilocybin

The Chair informed the Council that [Redacted] had not sent a letter the Minister regarding [Redacted] presentation (CBPMs prescription audit) at the last meeting as [Redacted] wanted to discuss the matter with [Redacted] beforehand.

[Redacted]
[Redacted]

[Redacted] joins meeting.

[REDACTED]

On the topic of cannabis, [REDACTED] said he had briefed the AG on the CBPMs prescription audit which has had an influence on the way Government is looking at the urgency of the surrounding issues.

[REDACTED] added that the cannabis agency was progressing and would consist of three people not involved in compliance but was contingent on funding from the Economic Development Department which would come under a separate process to the Economic Plan. [REDACTED]

[REDACTED] In terms of cultivation, companies had to demonstrate a legitimate route to market by MHRA regulation in terms of good manufacturing practice (GMP) and comply with legislative definition of a CBPM [REDACTED]

[REDACTED] In terms of regulation protocols were in place for cultivations and pharmacies, but it was lacking in the area of prescribing in private clinics as evidenced in the audit.

[REDACTED] gave an update of issues arising from a recent meeting [REDACTED] attended:

- [REDACTED]
- [REDACTED]
- Number of events (e.g. lobbying Parliament) happening due to the five-year anniversary of being able to prescribe cannabis in the UK.
- [REDACTED]

- [REDACTED]
- CBPM prescriptions are on the rise in the UK - around 10,000 per month from private clinics.
- With reference to CD accountable officers the 2013 regulations are being reviewed.
- Tramadol has been put on the prohibited list for anti-doping as of January 2024.
- Dr. Freeman from Team Sky and British Cycling has been charged with substance possession (testosterone) and banned for three years from sport and removed from the medical register.
- [REDACTED]
- [REDACTED]
- NHS England are concerned about schedule 4 and 5 drugs when they are co-prescribed with schedule 2 and 3 drugs.
- Shortage of ADHD drugs which are mostly controlled and there is a huge independent sector prescribing these.
- [REDACTED]
- Reminder from NHS to Chief Constables about the CDLO (Controlled drug liaison officers) role and representation on local intelligence networks.
- There has been an increase in fraudulent prescriptions [REDACTED]
- Increased amount of diversion [REDACTED]

B2. Cannabis Consensus Statement

[REDACTED] stated that the Medicinal Cannabis Consensus Statement (below) centred around the work of the sub-committee and the Council needed to decide whether it was complete or required further additional steps.



CBPM Revised
Consensus Statement

[REDACTED]

The Chair suggested that there remained some nuances in the language of the statement which still needed to be addressed, and [REDACTED] questioned whether it might be best to agree the statement after political discussion and or following an in-committee debate on decriminalisation. [REDACTED]

[REDACTED]

[REDACTED]. [REDACTED] asked if [REDACTED] could provide [REDACTED] with the latest updates from the GMC guidelines so that it could be synchronised with the latest consensus statement. [REDACTED] also noted that consideration as to whether this guidance should come from government or the ACMD.

B3. Cannabis Policy Group.

[REDACTED] explained that this group came about via an interest of the Home Affairs Minister and the Health Minister around decriminalisation of cannabis and other related issues. This piece of work brought together the different ministerial portfolios relating to cannabis policies. [REDACTED] explained that it started in SPPP with [REDACTED] and [REDACTED] and brought in Ruth Johnson from the Health Service policy and finally joined with the Criminal Justice policy. An option was then put to ministers to form a Cannabis Policy Group which dealt with issues other than cultivation. The group formed comprising of the Health Minister, Home affairs Minister and the Environment Minister and they have been looking to expand to include the Children’s Minister and the Social Security Minister on an ad hoc basis. The purpose of the group is to provide a coordinated approach to developing and realising public policy to ensure mechanisms related to medicinal and non-medicinal cannabis products in Jersey are in place. They would work closely with the Medicinal Cannabis Cultivation Group which concentrates solely on matters relating to cultivation and manufacture of medicinal cannabis – that is not the property of this group and is out of scope. [REDACTED]

[REDACTED]

[redacted] made it clear that we now have a ministerial decision-making group which may seek guidance from the ACMD. [redacted] added that the initial focus of the group was to prepare for an in-committee debate (in Q1 of 2024) on the decriminalisation of cannabis a commitment which had been made in the Substance Misuse Strategy. [redacted] concluded by saying that as a ministerial group they are convened at the permission of the Chief Minister and [redacted] would provide their terms of reference as soon as they were made available; [redacted] noted they were very much interested in the prescription audit and the use of cannabis in the workforce.

The Chair noted that the terms of reference for the ACMD were that they reported to the Health Minister, but it might be that it would refer to this group in the future of which the Health Minister is a member.

[redacted] said that [redacted] would be interested in how the group interpreted decriminalisation. [redacted] suggested that this might be included in the papers for the in-committee debate.

[redacted] said the challenge, with regard to defining decriminalisation was to get the right balance between giving the Assembly members something that is meaningful and not committing themselves before considering all the issues in detail. [redacted] suggested that instead of using the word decriminalisation they could use depenalisation.

B4. Proposition to control Flualprazolam, Flunitrazolam and Norfludiazepam.

[redacted] advised the Council that a number of drugs needed to be considered for control which had perhaps been missed over the last few years starting with these new benzodiazepines for which there was no medicinal use. The Council agreed with the proposition below. [redacted] wrote the Chair to express [redacted] agreement.



MDAC
Flualprazolam Flunit

[redacted] added that the Council had agreed some time ago that other benzodiazepines should be controlled for which had been minuted

and [redacted] would provide details after the meeting to [redacted] so that they could be included in the forthcoming legislation.

B5. Proposition to control Nitrous Oxide.

[redacted] proposed that this should be controlled as a class C schedule drug. [redacted] asked if there would be any implications for the hospital to which the reply was no as it was a schedule 6 drug.



[redacted] stated that there was little if any evidence of its misuse in Jersey and suggested that control should be delayed until a further scoping exercise had been conducted. The Council agreed not to control nitrous oxide at this time but would keep a watching brief on this issue.



MDAC Nitrous
Oxide.doc

B5. Proposition to control Remimazolam.

The Council agreed to control Remimazolam as a class C schedule 4 drug. [redacted] wrote the Chair to express [redacted] agreement.



MDAC
Remimazolam.doc

B6. Shipman 25 years later.

[redacted] presented the report below, but the Council agreed that this item needed further discussion and it was agreed to put on the agenda for the next meeting in February.



Shipman - 25 years
later.doc

A4. AOB - [REDACTED]

[REDACTED] The Council agreed to keep a watching brief on this and [REDACTED] would provide an update at the next meeting.

A5. Date of next meeting. To be confirmed.

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