

ADVISORY COUNCIL ON MISUSE OF DRUGS

(89th Meeting)

Tuesday 21st September 2021 2.00pm MS Teams

PART A

In attendance –

[REDACTED], Chief Probation Officer, and Chairperson
[REDACTED], Consultant Psychiatrist HSS
[REDACTED], Pharmacist
[REDACTED], Legal Adviser
[REDACTED], Crown Officer
[REDACTED], States of Jersey Police
[REDACTED], Medical Officer of Health
[REDACTED], Head of Public Health Policy
[REDACTED], Senior Public Health Policy Officer
[REDACTED], Consultant
[REDACTED], Official Analyst
[REDACTED], Clerk

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

Agenda items taken out of order to allow [REDACTED], [REDACTED], [REDACTED] to leave early.

A5. Alcohol and Drug strategy update – [REDACTED], [REDACTED], [REDACTED]

[REDACTED] welcomed [REDACTED] to the Council as the new Medical Officer of Health and asked how the Council could be of support. [REDACTED] stated that he was encouraged by health based strategy to substance misuse and was keen to be involved in how it moved forward. He added that there was no current strategy and the proposal was to get an overview of the situation and identify priority areas.

[REDACTED] presented the Government of Jersey Substance Use strategy and asked for the Council's feedback – appendix 1 and 2.

[REDACTED] asked if there would be any involvement of outside agencies as there was with the previous strategy which sought the expertise of Imperial College. [REDACTED] stated that we were in a different situation today as there was far more expertise on island and we had the capability, if not the capacity, to carry out our own research through the public strategy team. We were certainly in a better position now than in the past given our information specialists, but that was not to say outside help would not be sought if needed.

[REDACTED] thanked the Council and stated that he would be happy to receive any input going forward. [REDACTED] added that while it would be good to receive input from the Council the strategy would benefit for the depth expertise of individual members.

[REDACTED] said that he was delighted that [REDACTED] had been appointed Policy Officer and asked whether this post (initially of one year) would be renewed. [REDACTED] stated that the Policy Officer was only part of [REDACTED]'s job, and the post would be renewed, but at a time when the capacity of that person could be used to full effect in a dedicated post.

, , leave meeting.

asked if there were any conflicts of interests which the Council was not yet aware of; none were received.

Minutes. **A1.** The minutes of the meeting held on Tuesday 22nd June 2021 were accepted.

Declaration of interests. **A2.** This matter was dealt with at the previous meeting.

Apologies. **A3.** Apologies were received from the Attorney General, , , and .

Matters Arising. **A4.** There were no matters arising from the meeting of 22nd June 2021.

In response to the Alcohol and Drugs Strategy update asked the Council if they were happy to put time aside to assist the with this strategy. stated that this was a health centric collaboration and that from a Law Officer's perspective we should take a step back on that basis the Council agreed to collaborate with the strategy and would write to thanking him for his input and to offer the Council's expertise on a consultative basis.

A6. Setting up medicinal cannabis sub-group – , Chair.

voiced his concerns over the uncoordinated position we were in regarding advice on this issue, and suggested that this Council needed to get to the position where it could give clear advice the Minister having considered all aspects. reminded everyone of the challenges that were raised at the previous meeting stating that there was not much policy guidance and much more work needed to be done. Her main concern was that there was nobody leading the issue, and that this should be driven by someone in health. stated that there had been some work carried out in the background by the health department and the problem appeared larger than that of the UK. GPs here were independent and largely followed UK guidance, and data was available via the electronic capture of prescribing. 's work with the three prescribing clinics was ongoing, and he hoped to meet with Ministers and get the Jersey Care Commission involved. He added that he would be happy to share his report (initially in confidence) which looked at GP's qualifications and prescribing habits and whether they were following UK best practice. He had also met with last week and it was noted that support was available to GPs and it was being used, and they both were reassured that good medical practice was being observed.

enters meeting.

suggested that a sub-group meet before the next meeting to identify the key issues such as challenges in policing, and regulatory issues, but was keen not to limit the cross-section of people involved in that meeting. He asked for a review/update of the situation in order to provide the Council with a short report on the progress. agreed to ensure that the sub-group meeting went ahead before the next meeting of Council.

[Redacted]

A9. AOB – [REDACTED] informed the Council that her role would be changing and that her replacement would be [REDACTED] and she would hand over the role of organising the cannabis sub-group. [REDACTED] thanked her for her time on the Council as a valued member despite her short tenure.

A10. Date of next meeting. To be held in late November early December TBC.

Appendix 1:



MDAC Substance
Use Strategy.pptx

Appendix 2:



MDAC Substance
use paper.docx