## ADVISORY COUNCIL ON MISUSE OF DRUGS

(91st Meeting)

Tuesday 12th May 2022 2.30pm MS Teams

## PART A



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

Minutes. A1. The minutes of the meeting held on Tuesday 14<sup>th</sup> December 2021 were

accepted.

Apologies. A2. Apologies were received from the Attorney General.

The Chair reminded the Council that they had been due to meet on the 3<sup>rd</sup> March but were unable to due to the number of apologies.

Matters Arising.

A3. The Chair raised two points: Firstly, he asked whether the grade 10, mentioned in presentation, had been appointed. stated that after some delay due to Covid the person had now been in post for about a month and was being funded by the Home Affairs department., and secondly, he asked whether private schools had engaged with CYPES regarding the update of the curriculum. stated the work was ongoing, and they were taking a whole systems kind of approach to endorse the work around PHSE. He added discussions were going to be around which schools endorse the curriculum effectively, and that most private public partnerships all take on board the curriculum policies that were brought forward by CYPES.

informed the Council that the Centenier's guidelines (item 7 of the previous minutes) were published on the 6<sup>th</sup> May and he would make the link available for people to give to colleagues and would be happy to address any questions.

## A4. Substance Use Strategy update.

updated the Council on the policy on behalf of who was unable to attend the meeting; the updates were highlighted in green in the document below.



MDAC Substance Use Strategy May 20

## **B1.** Medicinal Cannabis.

The chair stated that he had written to the Minister and informed him of the Council's intention to invite over to promote the discussion about medicinal cannabis. had also informed the Chair of a webinar on the 7th or 8th of June on the discussion of cannabis where was presenting.

then updated the Council on his work with Scrutiny panel looking at medicinal cannabis. He stated that the scrutiny review wasn't looking at the medical use of cannabis, but the process of producing the medicines in the first place and everything that was involved in that. He thought scrutiny had come up with helpful recommendations around how current process could be improved and strengthened, and the report would soon be published. He suggested that Jersey could provide a better framework going forward for how to manage the cultivation and subsequent production of medicinal products including the ingredients that were required to make the medicinal products; the scrutiny review was really about that side of the argument rather the problems about the actual use of the finished product itself which included the prescribing and the governance.

He added that he had spoken with the lead from the Care Quality Commission (CQC) in the UK and the chief pharmacist in Guernsey, with a view to join working group to look at these sorts of issues and try and come up with some sort of cross border consensus to manage the emerging issues; he would report back on any outcomes. He noted that there were concerns around the prescribing because, in the absence of any definitive guidance, it was up to left up to individual GP to decide.

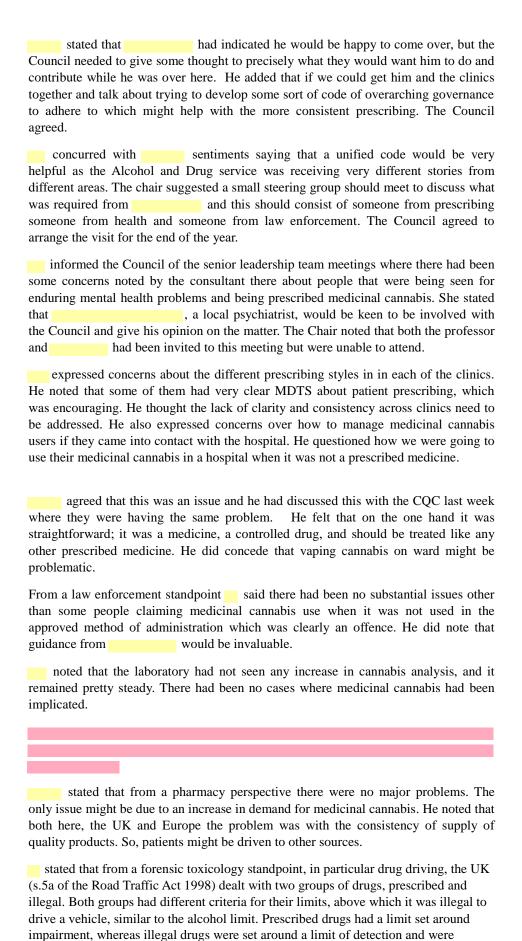
asked, from a customs viewpoint, why there had been such wide fluctuations in the importation of cannabis.

suggested that this coincided with the establishment of the three local clinics and the on island and the consequent rapid increase in on island prescribing and dispensing.

added that there were around 40 individuals who regularly got their monthly prescriptions from the UK, and there were between 1500 to 2000 individuals on island being prescribed medicinal cannabis.

The Chair asked if we were monitoring the efficacy and how well medicinal cannabis was working. Stated that patients should have their response monitored as part of the ongoing prescribing process and thought that at least one clinic was trying to collect information on that. He thought there been approval for a formal clinical trial in the UK to obtain objective data so that evidence would gradually emerge.

agreed with the and added that with the advice and guidance from it would be a good opportunity to get some proper evidence based prescribing data. He added that in terms of governance it was really difficult to get clear line of sight of the clinical care that was being given in the clinics. They had done a review and had demonstrated that clinics were doing multi-disciplinary team meetings for their new prescribing patients, but there lacked consistency. He thought that education was the key to this and the development of good governance.



therefore much lower.			

A5. AOB - None

**A6. Date of next meeting.** To be arranged.