ADVISORY COUNCIL ON MISUSE OF DRUGS

(91st Meeting)

Tuesday 12th May 2022 2.30pm MS Teams

PART A

In attendance –

, Chief Probation Officer, and Chairperson
, Crown Officer
, Medical Officer of Health
, Head of Public Health Policy
, Senior Public Health Policy Officer
, Official Analyst
Customs and Immigration
, A & D Acting Service Lead
, Legal Adviser
, States of Jersey Police
, Chief Pharmacist.
, Consultant.
, Consultant Psychiatrist HSS
, Clerk

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

Minutes.

A1. The minutes of the meeting held on Tuesday 14th 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 3rd 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 6th 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.

stated that had indicated he would be happy to come over, but the Council needed to give some thought to precisely what they would want him to do and contribute while he was over here. He added that if we could get him and the clinics together and talk about trying to develop some sort of code of overarching governance to adhere to which might help with the more consistent prescribing. The Council agreed.

concurred with sentiments saying that a unified code would be very helpful as the Alcohol and Drug service was receiving very different stories from different areas. The chair suggested a small steering group should meet to discuss what was required from and this should consist of someone from prescribing someone from health and someone from law enforcement. The Council agreed to arrange the visit for the end of the year.

informed the Council of the senior leadership team meetings where there had been some concerns noted by the consultant there about people that were being seen for enduring mental health problems and being prescribed medicinal cannabis. She stated that , a local psychiatrist, would be keen to be involved with the Council and give his opinion on the matter. The Chair noted that both the professor and had been invited to this meeting but were unable to attend.

expressed concerns about the different prescribing styles in in each of the clinics. He noted that some of them had very clear MDTS about patient prescribing, which was encouraging. He thought the lack of clarity and consistency across clinics need to be addressed. He also expressed concerns over how to manage medicinal cannabis users if they came into contact with the hospital. He questioned how we were going to use their medicinal cannabis in a hospital when it was not a prescribed medicine.

agreed that this was an issue and he had discussed this with the CQC last week where they were having the same problem. He felt that on the one hand it was straightforward; it was a medicine, a controlled drug, and should be treated like any other prescribed medicine. He did concede that vaping cannabis on ward might be problematic.

From a law enforcement standpoint said there had been no substantial issues other than some people claiming medicinal cannabis use when it was not used in the approved method of administration which was clearly an offence. He did note that guidance from would be invaluable.

noted that the laboratory had not seen any increase in cannabis analysis, and it remained pretty steady. There had been no cases where medicinal cannabis had been implicated.

stated that from a pharmacy perspective there were no major problems. The only issue might be due to an increase in demand for medicinal cannabis. He noted that both here, the UK and Europe the problem was with the consistency of supply of quality products. So, patients might be driven to other sources.

stated that from a forensic toxicology standpoint, in particular drug driving, the UK (s.5a of the Road Traffic Act 1998) dealt with two groups of drugs, prescribed and illegal. Both groups had different criteria for their limits, above which it was illegal to drive a vehicle, similar to the alcohol limit. Prescribed drugs had a limit set around impairment, whereas illegal drugs were set around a limit of detection and were

therefore much lower. [redacted]

A5. AOB - None

A6. Date of next meeting. To be arranged.