ADVISORY COUNCIL ON MISUSE OF DRUGS

(92nd Meeting)

Tuesday 13th December 2022 2.00pm MS Teams

PART A

In attendance -

Chief Probation Officer, and Chairperson
, Acting Chief Pharmacist
, Senior Public Health Policy Officer
, Official Analyst
, Deputy head of Customs and Immigration.
, Consultant in Emergency Medicine
, Consultant Psychiatrist HSS
, Acting Consultant Emergency Medicine
, Clerk

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

Declaration of interests.

A1. No conflicts identified.

Minutes. **A2**. The minutes of the meeting held on Tuesday 12st May 2022 were not received as could not get to his office due to the Pier Road explosion.

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

A4. Update: Substance use strategy.

updated the Council on the Substance Use Strategy 'A Change of Direction' (Appendix 1) and indicated that it would be going to the Executive Leader Team tomorrow for endorsement and any changes suggested here would be greatly appreciated. He added that, so far, the document had received good support.

He noted that the big difference from the initial approach was the combination of alcohol and drugs into one strategy. The next key area was looking at the kind of spectrum or substance use, to match the right interventions at the right time. The new strategy looked at ways to make positive changes and finally to adopt a relatively new concept in drug policy, known as the public good focus.

He added that the focus of the strategy was quite broad and looked at alcohol, controlled drugs, but also medicines and supplements which

were being used inappropriately. He then went on to explain the five aims of the strategy which were to:

- Delay the onset of use while preventing problematic use.
- Reduce the harm to individuals, families and our Island.
- Ensure Islanders have access to support covering the spectrum of substance use.
- Improve wider health and wellbeing.
- Continue progress towards a sustainable health and social based approach.

He then added that each aim would be monitored and linked to a large database, and the objectives would be linked to indicators, in order to monitor and evaluate.



On a final note, stated that the strategy would remain under the control of Public Health.

then proceeded to go through the Strategy document to seek the Council's advice on any changes/additions.

stated that GMC would have an interest in the way that this document was worded, especially in terms of doctors that were prescribing products that were unlicensed or obviously controlled. It came back to the lack of well perceived governance from a sort of CQC basis because the Jersey Care Commission hadn't done this work yet.

He also expressed concerns over adequate indemnity in place for those doctors are prescribing, and that there's was a governance framework that dealt with complaints issues, certainly around mental health side effects. His concern was that there's so many unanswered <u>questions</u> from a regulatory point of view

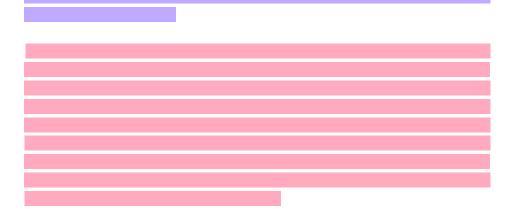
agreed with stating that, although she did not work in mental health, her colleagues at the alcohol and drug service expressed similar concerns.

highlighted a problem with the prescribing of cannabis products for pain whereby the underlying causes might be missed by virtue of improper or lack of thorough consultation; he added that a similar situation arose in psychiatry.

added that the NICE guidance summed up this up well in its key phrase 'unmet clinical need'.

then went on to practical guidance to prescribers, other professionals, patients and their workplaces.

also expressed concerns over UK prescribers prescribing to Jersey residents.



A5. AOB -None

A6. Date of next meeting. To be determined.

Appendix 1:

A Change of Direction 13.10.22.d



Strategic Update Jersey Drugs Probler

