

# ADVISORY COUNCIL ON MISUSE OF DRUGS

(87<sup>th</sup> Meeting)

Tuesday 23<sup>rd</sup> March 2021 2.30pm MS Teams

## PART A

In attendance –

[redacted], Chief Probation Officer, and Chairperson  
[redacted], Consultant Psychiatrist HSS  
[redacted], Chief Pharmacist  
[redacted], Director Customs and Immigration  
[redacted], Detective Inspector States of Jersey Police  
[redacted], Pharmacist  
[redacted], Official Analyst  
[redacted], Legal Adviser  
[redacted], A&E Consultant  
[redacted], Director Alcohol and Drug Service  
[redacted], Interim Medical Officer of Health  
[redacted], Clerk  
[redacted], Senior Policy Officer in Strategic Public Health and wellbeing.

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

Minutes. **A1.** The minutes of the meeting held on Thursday 17<sup>th</sup> December 2020 were accepted.

Apologies. **A2.** Apologies were received from [redacted], and [redacted].

The Chair welcomed the new interim Medical Officer of Health before asking the Council if anyone wished to declare any conflict of interests. [redacted] noted two conflicts; firstly as Director of Susida Medical along with [redacted] another Council member, and secondly as a volunteer for Weekend Welfare. [redacted] declared his interest as founder of the Weekend Welfare.

( [redacted] joins meeting)

[redacted] asked where the issue of conflict was addressed in the terms of reference for the Council, as it needed to be clear as what constituted a conflict of interest. The Chair indicated these terms were found in the Misuse of Drugs (Jersey) Law 1978. [redacted] indicated that although these terms did not define such conflicts, it did allow for the Council to draw up its own procedure (*Legislation in Appendix 1*). The Council agreed that the declarations of conflict that had been made were sufficient to enable the meeting to proceed.

**Matters Arising. A3. Matters arising from the meeting of 17<sup>th</sup> December 2020**

### *Cannabis products*

The Chair asked if the issue raised by [redacted] regarding cannabis products had been followed up with the Youth Service. [redacted] stated that he had spoken to

[redacted] and the process of education was either already underway or was about to start; he would confirm this and update the Council.

*Email update from [redacted] in an email to Council on 25/3/21:  
Just to confirm that engagement with the schools has commenced regarding the input around drugs. My understanding is that work is ongoing to understand what a refreshed Prison Me No Way project might look like and who would arguably be right forum for such deliveries. In the interim, the SoJP Community and Drug Teams are delivering presentations – which includes updates around the drug types discussed through our recent meetings.*

*Update on Alcohol and Drug Strategy*

[redacted] stated that when he last spoke to Julian Blazeby the post of project manager for the strategy had been advertised, but not yet filled. [redacted] said she had also met with [redacted] and the responsibility for the alcohol strategy had now been passed on to her. She added that the time frame for getting the strategy written was dependent on her being able to secure staff to assist, but either way it should be achieved by June at the latest. [redacted] added that he was keen that this should be health led, and [redacted] agreed.

*Increase in demand for codeine-based products*

The Chair asked whether [redacted] had an update from the MHRA with regard to codeine-based products. [redacted] stated that he was still waiting on the conclusions and recommendations from the MHRA as to whether to include these products as prescription only medicines. Originally they were concerned over the high number of codeine linctus sales, but the review has been extended to include all codeine-base products as well as dihydrocodeine medications.

[redacted]

[redacted] joins the meeting.

[redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

**A7. GP's prescribing cannabis and law enforcement – [Redacted]**

[Redacted] asked for the Council's advice on how the police should deal with the use of medicinal cannabis. The issue arose after the police were approached independently by two GPs who asked if their clients might face arrest for having taken medicinal cannabis or whether they might be prosecuted for driving under the influence of cannabis; had any guidance been published? [Redacted] stated that cannabis should be treated like any other drug that was controlled or might affect driving ability. [Redacted] stated that the UK legislation on driving under the influence of drugs had

two sets of limits; one for prescribed medications and one for illegal drugs, and that this may now have to be revisited given the new status of cannabis.

provided a link to two websites advertising the use of medicinal cannabis ID cards (Cancard and Medcannid) which might potentially deal with the issue. stated that she would not recommend the use such cards as it opened the way for counterfeit and other issues. She added that more work was required on pathways; for example how cannabis was prescribed and taken and were the police included so that the prescription could be validated. stated that there was already a high level of governance in such prescribing e.g. more than one person involved in the process. He added that there would always be those trying to get around the process, but we needed to be careful not to interfere with any clinical decisions. He also reminded the Council that smoking of cannabis remained illegal both here, and in the UK. He noted that Cancard had been used in the UK to allow the use of street cannabis, and Medcannid required the upload of a prescription; both however, were subject to manipulation.

agreed with both and , and raised concerns that GPs were having these issues and suggested that education was required. He added that he was against a database singling out specific drugs, and would be happy to help educate doctors and GPs on such issues.

stated he would be happy to assist in educating prescribers as his medicinal cannabis clinic, which was set up in 2020, provided face to face assessments of patients and did not prescribe to under 25s. He added that there needed to be a clear distinction between medicinal cannabis and street cannabis.

stated that as there was no CQC in Jersey there needed to be something to deal with this issue, and the GPs raising concerns needed to be taken seriously; the regulations needed to be reviewed. stated that while he agreed with the principle he did not think that cannabis prescribing should be singled out. observed that part of the difficulty lay in the fact that GPs in the UK did not prescribe cannabis and so offered little to no guidance.

emphasised that it was not a major police issue, and was just passing on information received from two GPs.

The Chair suggested that , , and should form a subgroup to address the issue; agreed to organise a meeting.

8. **AOB** – Next meetings to be held on Tuesday afternoons with dates to be arranged.

## **Appendix 1**

### ***Misuse of Drugs (Jersey) Law 1978***

**2 Constitution of Advisory Council on Misuse of Drugs**

- (1) *There shall be constituted in accordance with Schedule 1 an Advisory Council on the Misuse of Drugs (in this Law referred to as “the Council”) and the supplementary provisions contained in that Schedule shall have effect in relation to the Council.*
- (2) *It shall be the duty of the Council to keep under review the situation in Jersey with respect to drugs which are, or appear to it likely to be, misused, and of which the misuse is having, or appears to it capable of having, harmful effects sufficient to constitute a social problem, and to give to the Minister, where either the Council considers it expedient to do so or it is consulted by the Minister, advice on the measures which, in the opinion of the Council, ought to be taken for preventing the misuse of such drugs or dealing with social problems connected with their misuse, and in particular on measures which, in the opinion of the Council, ought to be taken –*
  - (a) *for restricting the availability of such drugs or supervising the arrangements for their supply;*
  - (b) *for enabling persons affected by the misuse of such drugs to obtain proper advice, and for securing the provision of proper facilities and services for the treatment, rehabilitation and after-care of such persons;*
  - (c) *for promoting co-operation between the various professional and community services which in the opinion of the Council have a part to play in dealing with social problems connected with the misuse of such drugs;*
  - (d) *for educating the public, and in particular, the young, in the dangers of misusing such drugs, and for giving publicity to those dangers;*
  - (e) *for obtaining information about any matter which, in the opinion of the Council, is of relevance for the purpose of preventing the misuse of such drugs or dealing with any social problem connected with their misuse.*
- (3) *For the purposes of carrying out its functions under paragraph (2) of this Article, the Council may, from time to time, consult with the Advisory Council on the Misuse of Drugs set up by the Misuse of Drugs Act, 1971 of the United Kingdom.*
- (4) *It shall also be the duty of the Council to consider any matter relating to drug dependance or the misuse of drugs which may be referred to it by the Minister and to advise the Minister thereon, and in particular to consider and advise the Minister with respect to any communication referred to it, being a communication relating to the control of any dangerous or otherwise harmful drug made by any organisation or authority established by or under any treaty, convention or other agreement or arrangement.*
- (5) *The States may by Regulations amend Schedule 1*

## **SCHEDULE 1**

(Article 2)

### ***Constitution of Advisory Council on Misuse of Drugs***

1. *The members of the Council, of whom there shall be not less than 10, shall be appointed by the Bailiff after consultation with the Minister and such other bodies as the Bailiff considers appropriate, and shall include –*
  - (a) *the Attorney General and the Medical Officer of Health;*
  - (b) *in relation to each of the activities specified in paragraph 2, at least one person appearing to the Bailiff to have wide and recent experience of that activity; and*
  - (c) *persons appearing to the Bailiff to have wide and recent experience of social problems connected with the misuse of drugs.*
2. *The activities referred to in paragraph 1(b) are –*
  - (a) *the practice of medicine (other than veterinary medicine);*
  - (b) *the practice of dentistry;*
  - (c) *the practice of veterinary medicine;*
  - (d) *the practice of pharmacy;*
  - (e) *chemistry (other than pharmaceutical chemistry).*
3. *The Bailiff shall appoint one of the members of the Council to be chairman.*
4. *The Council may appoint sub-committees, which may consist in part of persons who are not members of the Council to consider and report to the Council on any matter referred to them by the Council.*
5. *At a meeting of the Council the quorum shall be 5.*
6. *Subject to the foregoing provisions of this Schedule the Council may determine its own procedure.*

### ***Financial provisions***

7. *The Minister may pay to the members of the Council such remuneration as may be prescribed and defray such expenses of the Council as the Minister may determine, and may provide such accommodation for the Council as the Minister thinks fit.*