

ADVISORY COUNCIL ON MISUSE OF DRUGS

(88th Meeting)

Tuesday 22nd June 2021 2.00pm MS Teams

PART A

In attendance –

[redacted], Chief Probation Officer, and Chairperson
[redacted], Consultant Psychiatrist HSS
[redacted], Director Customs and Immigration
[redacted], Pharmacist
[redacted], Legal Adviser
[redacted], Crown Officer
[redacted], States of Jersey Police
[redacted], General Practitioner
[redacted], Interim Medical Officer of Health
[redacted], Clerk

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

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

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

Apologies. **A3.** Apologies were received from [redacted] and [redacted]

Matters Arising. **A4.** Matters arising from the meeting of 22nd March 2021

[redacted] ([redacted]) arrives.

In response to [redacted] the Chair confirmed that he had contacted the Minister with regard to issues from the previous meeting.

A5. Reclassification of cannabinol and cannabinol derivatives

[redacted] referred to the proposition prepared by [redacted] which considered reclassifying cannabinol and cannabinol derivatives to class B. [redacted] stated that he had consulted with forensic toxicology colleagues in the UK who had suggested that the UK had erred in reclassifying to class B. [redacted] stated that the AG was minded to retain the class A status, at least until such time as further information is available. The Council agreed that while it had not rejected the proposition, it would revisit when further information became available.

A6. Alcohol and Drug strategy update.

In [redacted]'s absence [redacted] stated that she was unable to shed any light on the update, but noted that [redacted]'s replacement, [redacted], would start his post in June. [redacted]'s comments here were given at the end of the meeting. [redacted] stated that due to Covid and the size of the Public Health Team progress had been delayed, but [redacted] would pick this work up. [redacted], on behalf of the group, thanked [redacted] for her contribution to the Council.

A7. Prescribing medicinal cannabis.

█ stated that this was an agenda item in order to get a better understanding of the problems, and options available to remedy them. For example, the different types of cannabis being prescribed, and how Jersey was dealing with the absence of an equivalent to the UK's Care Quality Commission. █ stated that the sub-group actioned at the last meeting did meet on 28th May, and that █ was the responsible officer for GPs locally. The group agreed that there were gaps in the area and there was a need for clear guidelines. A particular issue of concern was how to deal with someone who has legitimately prescribed cannabis, and how legality be verified.

█ added that █ had written to all GPs to remind them to follow the GMC good practice. █ noted that his clinic was self-regulated based on UK guidelines. He added that both he and █ would be happy to assist in the formulation of local guidelines. █ asked whether the Council should be writing to the Minister of Health to suggest that cannabis prescription be regulated by the Jersey Care Commission or whether the issue should be addressed by the Accountable Officer; an issue for █ at the next meeting. █ expressed concerns over double prescribing of cannabis and potential diversion.

█ noted that he had seen a number of young men under 25 who were prescribed cannabis and suffering developmental issues. He also expressed concerns that some clinics, but not all, were accelerating some people on to a prescription pathway. He asked what data was available on the number of prescriptions and the demographic of the user. █ noted that double prescription is known to occur. █ informed the Council that the issues of diversion, doctor shopping, prescribing figures and Accountable Officer had been long standing agenda items for other drugs, and cannabis should be considered alongside. █ noted complications with cannabis prescription, not least the patient preference for administration; the culture in Jersey was for vaping. █ reiterated the complications and difficulties arising from a policing perspective and emphasised the need for clear guidance. █ suggested that compliance with new regulations should be overseen by some body other than this Council.

The Council agreed that █ should be invited on to the Council.

█ *joins meeting.*

█ suggested that █ formalise the sub-group by defining the key issues and appointing a lead; █ volunteered his services on the sub-group. █ stated that she and █ met to start the sub-group with some key actions specifically the medicard scheme. She added that she had been approached by █, and she was keen to ensure that this was driven by both Health and the Police. █ agreed to share notes of the meeting with █. █ asked whether the membership of the group was wide enough, but agreed that this would be decided once the notes had been received.

A8. Revision to controlled drug schedules.

This issue could not be progressed without █

A9. AOB –None

A10. Date of next meeting. To be held in late September.