

ADVISORY COUNCIL ON MISUSE OF DRUGS

(90th Meeting)

Tuesday 14th December 2021 2.00pm MS Teams

PART A

In attendance –

[redacted], Chief Probation Officer, and Chairperson
[redacted], Pharmacist
[redacted], Crown Officer
[redacted], Medical Officer of Health
[redacted], Head of Public Health Policy
[redacted], Senior Public Health Policy Officer
[redacted], Official Analyst
[redacted], Custom (in for [redacted])
[redacted], A & D Acting Service Lead
[redacted], Legal Adviser
[redacted], States of Jersey Police
[redacted], Chief Pharmacist.
[redacted], Consultant.
[redacted], Consultant Psychiatrist HSS
[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 21st September 2021 were accepted.

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

The Chair welcomed [redacted], [redacted], and [redacted] (stepping in for [redacted]). He added that they would address the Substance strategy first in order to allow [redacted], [redacted], and [redacted] to leave early.

A3. Update: Substance use strategy.

[redacted] updated (Appendix 1) the Council on the Substance Use Strategy which he introduced at the previous meeting stating that the Needs Assessment was almost complete. The grade 10 post had been secured for 18months and would be advertised in late December/early January. The Alcohol profile and health intelligence initiative was due for publication in the New Year. He added that a workshop had been run with internal stakeholders to address issues and gather new ideas. The next steps included one to ones with those unable to make the workshop and collecting information via ideas walls. A more complicated issue was in obtaining information from those people not engaged with any services and he stated that he was looking into ways this might be done. There would also be a future workshop for external stakeholders.

He informed the Council of a meeting with CYPES in which they reviewed updated guidance as to what should be included in the school curriculum. There was also a focus on adopting the Icelandic model of healthy outcomes and positive experiences (HOPE), and linking in with the Health and Wellbeing Hub, the Active Jersey initiatives, and Public Health's mental health strategy. The idea was to identify overlaps and establish what works in order to develop a better strategy.

Another area of progress was pre-natal exposure to alcohol and cannabis, as there was a link with autism and ADHD. The next step was to look at problems encountered in the maternity ward and address some policy issues. Public perception of cannabis needed to be addressed, and a strategy needed to develop a draft statement on cannabis to address this.

[REDACTED]

[REDACTED] asked if there were any headline issues from the data collected. [REDACTED] noted that the data did not yet include results from the Covid Health Survey. Nevertheless, [REDACTED] stated that one concerning issue was the increasing use of drugs by under 18-year-olds; namely, 1 in 4 under 17s have used an illegal drug.

[REDACTED] asked further, if private schools had been included in the survey. [REDACTED] stated that they hadn't yet been involved, but the policy included them, and they would be engaged.

[REDACTED] thanked [REDACTED], [REDACTED] and [REDACTED] for their time and effort.

[REDACTED], [REDACTED], [REDACTED] *leave meeting*

Declaration of interests. **A4.** No conflicts identified.

Matters Arising.

A5. [REDACTED]

A6. Medicinal cannabis sub-group.

[REDACTED] thanked [REDACTED] for the minutes of the sub-group and added that although the Minister had not made a formal request for advice it was important that the Council be prepared and agile to a Ministerial request.

[REDACTED] stated that the sub-group was well attended and that [REDACTED] was already doing work on GP policies, and was intending to share this work with the Council. She showed that most providers were GMC qualified and followed GMC guidance. However, as noted by [REDACTED], governance was in place in Jersey and the Jersey Care Commission should step in to hold providers accountable. [REDACTED] noted that [REDACTED] was taking up her position in January and the Council might want to brief her on this issue.

[REDACTED]
Also, that [REDACTED] had already done some work on doctor shopping which confirmed that there was no evidence of double prescribing.

Three action point from the meeting were:

- [REDACTED] to advise GPs of the need for photo evidence of prescription.
- [REDACTED] to email [REDACTED] on prescription work
- Circulate minutes.

[REDACTED] stated that he had written to GPs regarding the need for patients to have photo evidence of their prescription, but, more importantly that evidence should show that the prescription had been dispensed.

[REDACTED] stated that in a meeting with UK regulators he noted that the issues in the UK were similar to Jersey. There was suggestion there of a cannabis registry, but it there might be issue with data protection. They also suggested the use of an app which uploaded prescription data as evidence, however, this was not yet operational. [REDACTED] expressed concerns that a registry would place cannabis users in a different position from other legitimate drug users. [REDACTED] would find out more at the next UK meeting and update the Council. [REDACTED] added that he was in contact with [REDACTED], who was happy to advise on medicinal cannabis best practice. [REDACTED] suggested that the Council should also seek expert advice on enforcement best practice.

[REDACTED] asked if the Council had the statistics on the numbers prescribed cannabis. [REDACTED] stated that as of September 2021 there were around 2000. Given that [REDACTED] suggested that the clinical need is around 3% jersey was heading for that figure. He added that Jersey was different to the UK in that there were relatively fewer numbers prescribed in the UK as street cannabis was cheaper; the opposite was true in Jersey. He also agreed to get CQC input on the issue of regulation.

[REDACTED] agreed to contact [REDACTED] and put him on alert for a visit to Jersey.

[REDACTED] agreed to put together a document highlighting the main points arrived at by Council in order to have a something in place to pass on to the Minister.

A7. Proposed revisions to Attorney General's Directive to Centeniers

There had been discussion at the previous meeting regarding this issue, but no decision was made regarding amounts. [REDACTED]
[REDACTED]
[REDACTED]

A9. AOB

[REDACTED] informed the Council of the change in the Misuse of Drugs (General Provisions) (Jersey) Order 2009, which now provides for non-medical prescribers. [REDACTED] noted that regulation of non-medical prescribers falls outside of the GMC, and in Jersey would come under the Jersey Care Commission.

A10. Date of next meeting. To be held in March 2022.

Appendix 1:



MDAC Substance
Use Strategy Dec Up