## **HCJ FOI**

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**To:** All States Members (including ex officio members)

**Subject:** Update - Cannabis policy and regulation

Dear States Members.

Following the States sitting on 22 October and the Chief Minister's commitment made during Questions Without Notice (22 October) I am writing to update you on the work underway in relation to cannabis policy and regulation.

Cannabis policy and regulation are largely matters for the Minister for Health and Social Services under the legislative powers provided under the Misuse of Drugs (Jersey) Law 1995 which provides for controlled drugs, and the Medicines (Jersey) Law 1978 which provides for matters related to medicinal products.

Matters related to the three key areas of cannabis activity are described below:

## Commercial cannabis cultivation / CBPM manufacture

Licenses to cultivate/produce cannabis are issued under the Misuse of Drugs (General Provisions) (Jersey) Order 2009 by the MHSS. The application process is managed by the Chief Pharmacist in consultation with the UK Home Office Drugs and Firearms Licensing Unit (DFLU), with whom there is a Memorandum of Understanding.

The existing application process for cannabis cultivation licences was developed at pace and work is underway to improve arrangements in this area. This includes:

- 1. Additional resources allocated to the Chief Pharmacist to deal with applications (complete)
- 2. Development of more robust legislation to underpin the cultivation licencing process (for example, providing for appeals processes)
- 3. Initial scoping of licensing arrangements for production of other controlled drugs, such as psilocybin

In addition, the Chief Pharmacist is working in partnership with the MHRA to review and bring forward a fitfor-purpose process for issuing licences for the manufacture of unlicensed Cannabis Based Medicinal Products (CBPMs) on island. This is the next stage in the commercial process involving the production of marketable unlicensed medical products from cultivated material and rests under the provisions of the Medicines (Jersey) Law 1995.

## Unlicensed Cannabis Based Medicinal Product (CBMP) prescribing

A 2023 audit of medicinal cannabis prescribing in Jersey found that levels of unlicensed CBMPs prescribing is notably higher in Jersey than in England, with around 6% of the working age population receiving prescriptions compared to less than 1% in England.

Work is underway to put in place a proportionate and effective system of regulation that supports islanders to access CBMP's in an informed and safe way (as per access to other medicines and treatments). This includes:

- 1. Publishing high-level public guidance on the use of CBPMs on gov.je (complete)
- 2. Reviewing and updating Orders (made under the Medicines Law) that place controls on the promotion and advertising of medical products, including CBMPs (Q1 2025)
- 3. Providing private cannabis clinics with access to EMIS (the patient record used and maintained by GPs) to ensure cannabis prescribers have better and more timely access to patient information to support them to make informed prescribing decisions (Q4 2024)

4. Developing legislative provisions to enable the Jersey Care Commission to regulate and inspect cannabis clinics, as per the CQC's regulation and inspection of cannabis clinics in the UK. (This is a longer-term legislation project to be developed during 2025)

## Non-Medical Cannabis; Strategic Options (October 2025)

In response to P.31/2024 cross-departmental work is underway to develop credible options for the criminalisation / decriminalisation and / or legalisation & regulation of non-medical cannabis (recreational cannabis). These options will be brought before the Assembly in October 2025.

Options analysis will consider the impact on health, the economy, child protection, external relations and criminal justice, amongst others.

The October 2025 debate will provide for the Assembly to determine the island's high level strategic non-medical cannabis policy, ahead of more detailed policy and / or legislation development work, which would require the provision of additional resources.

Kind regards

Tom