MISUSE OF DRUGS ADVISORY COUNCIL

(83rd Meeting)

Monday 20th November 2018 held [redacted]

PART A

In attendance –

[redacted]

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

A1. [redacted]

Minutes. **A2**. [redacted]

[redacted] *arrive.*

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

Matters Arising. **A3.**

a. [redacted]

b. [redacted].

c. [redacted]

[redacted]

d. [redacted]

e. [redacted]

f. [redacted]

g. [redacted]

h. [redacted]

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A4. Any other business.

BH stated that he would be stepping down as chairman as he was going to retire at the end of the year. He agreed to be available if no replacement could found in the interim.

A5. Date of next meeting Dates for four meetings in 2019 would be arranged before the end of the year.

B1. Cannabis.

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a. a. **Update on Medicinal Cannabis**

[redacted] stated that he had been present during the medicinal cannabis debate in the States and expressed the view that the Council's position on the matter was necessary as the Proposition as adopted referred to consultation with the Council. Deputy Tadier's proposition (ref.01 - below) essentially asked the States to agree to GPs prescribing various cannabis products –all sections of the proposition gained the support of the States. There appeared to be some confusion as to what the definition of cannabis was, and [redacted] recited the UK

position under regulation 3 of the The Misuse of Drugs (Amendments) (Cannabis and Licence Fees) (England, Wales and Scotland) Regulations 2018:

"The definition adopted is in regulation 3 of those regulations and it says that: "It relates to a cannabis-based product for medicinal use in humans." That definition has 3 criteria that need to be met; the first is that it is or contains cannabis, cannabis resin, cannabidiol or a cannabinoid-derivative, so that is the first part. On its face taken alone, that would seem to indicate that it does include cannabis. But then there are 2 other parts to the definition, which also need to be fulfilled. The second part is that it is produced for medicinal use in humans and then the third part is that it is a medicinal product or a substance or preparation for use as an ingredient of or in the production of an ingredient of a medicinal product. A key part of what has been approved in the U.K. is that the particular substance has to be a medicinal product. A medicinal product is one that is defined in their legislation under the Human Medicines Regulations."

Furthermore, he stated that in the UK such medicinal products should be prescribed by a "specialist medical practitioner" which means a doctor included in the register of specialist medical practitioners kept under section 34D of the Medical Act 1983(**9**) (the Specialist Register).
[redacted] explained that the agreement of the States to change the law by 28th February 2019 was to be made in consultation with this Council to ensure the right details of implementation; namely what products and who should prescribe them.
[redacted] summarised the original advice:

- Reclassify under schedule 2
- Ensure quality of medicine to GMP standards
- Determined licenced prescribers to be the only prescribers.

He emphasised that the Council agreed that it was not suitable for GPs to prescribe medicinal cannabis.

[redacted] made the Council aware that this was an opportunity to reiterate or update the advice. However it was a matter for the Minister whether or not to adopt the Council's advice.

[redacted] stated that there is no reason why Jersey should not follow the UK lead if there is no logical reason not to do so. The Council agreed.

[redacted] also informed Council that he had received an email from [redacted], who stated that there was no appetite from GPs to prescribe, but that such prescriptions should be made alongside research for which funding should be made, and this was in line with Professor Barnes' recommendations who stated *"We consider that these studies will be facilitated by legalisation of cannabis for medical indications in strictly controlled circumstances with a quality-controlled product and a secure supply chain."*

[redacted] asked the Council whether it should recommend to the Minister that we follow the UK Regulations. The Council agreed unanimously that there was no reason why they shouldn't.

[redacted] agreed to draft a letter by the end of the week for Council approval, and the law draftsman would need to be instructed based on the Minister's decision.

b. CBD products.

[redacted] reminded the Council of the issue of trace THC in CBD products, and whether there should be a de minimis principle applied as Guernsey have done. The Council agreed in principle, but it was agreed that [redacted] would advise on the detail of the new legislation.

c. Cannabis Agency

[redacted] suggested that it was not worth setting up our own agency, and that a memorandum of understanding was potentially the way forward. This item was now closed.

Ref.01

PROPOSITION

THE STATES are asked to decide whether they are of opinion

(a) that all medical professionals with the right to prescribe should be permitted to prescribe –

(i) Cannabis;
(ii) Cannabis-derivatives;
(iii) individual Cannabinoids;
(iv) pharmaceutically-created Cannabis-derived products (including Dronabinol, Epidiolex, Nabilone and Sativex); and

(b) to request the Minister for Health and Social Services to present the relevant changes to the law necessary to give effect to this decision to the States Assembly no later than 28th February 2019, consulting, as appropriate, on the details of implementation with the Misuse of Drugs Advisory Council.

DEPUTY M. TADIER OF ST. BRELADE