

**WRITTEN QUESTION TO THE MINISTER FOR SOCIAL SECURITY  
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QUESTION SUBMITTED ON MONDAY 28th APRIL 2025  
ANSWER TO BE TABLED ON TUESDAY 6th 2025**

**Question**

“Regarding the prescription of opioids and cannabis based medicinal products, will the Minister state –

- (a) the total amount that has been dispensed annually for each of the past 5 years (since the introduction of prescriptions for cannabis-based medicinal products);
- (b) how many of the above are repeat prescriptions for patients that have been taking the drug for a period longer than one year; and
- (c) how many people have received repeat prescriptions for opioids for a periods longer than 5 years and 10 years?”

**Answer**

As Minister for Social Security, I can provide information for Health Insurance Fund ‘Pharmaceutical Benefit’. Those are medicines included on the Prescribed List, prescribed by primary care practitioners and supplied at cost to the Health Insurance Fund (HIF). Cannabis is not including on the Prescribed list and residents who receive prescriptions for medicinal cannabis do so as private patients. The information below also excludes prescribing and dispensing in secondary care.

- (a) A number of opioid-containing medicines are available under the HIF with a range of potencies, from relatively mild painkillers such as co-codamol to strong opioids such as fentanyl and oxycodone. Table 1 (below) provides a breakdown of the number of prescriptions dispensed for each of these medicines each year. The figures show declining numbers of prescriptions dispensed although the relative use of some medicines, such as oxycodone, is increasing. Note that these figures do not indicate the total quantities of each medicine dispensed (for example, a prescription for 10 tablets and a prescription for 60 tablets will both be counted as one prescription in these figures).

To get an overall measure of the total quantities of opioids being dispensed and to account for their different potencies, a measure called the Oral Morphine Equivalence (OME) is used. For this measure, each opioid is given a 'morphine equivalent' dose depending on its potency and the total number of these doses dispensed is expressed in milligrams (mg). Table 2 shows the total Oral Morphine Equivalence (OME) in milligrams dispensed under the HIF each year together with figures for total OME/1,000 patients for Jersey and England. These show a declining use of opioids overall.

<b>Table 1: Annual total number of HIF prescription items dispensed for an opioid</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Buprenorphine	1,365	1,696	1,974	2,157	2,199
Fentanyl	1,014	910	763	636	652
Morphine sulfate	3,497	3,955	4,542	4,729	4,664
Oxycodone hydrochloride	2,350	2,694	2,693	2,969	3,011
Oxycodone hydrochloride/naloxone hydrochloride	1,358	1,457	1,320	1,389	1,334

Pethidine hydrochloride	53				
Tramadol hydrochloride	7,352	6,888	6,664	6,203	5,770
Co-codamol (Codeine phosphate/paracetamol)	24,222	23,447	22,721	22,174	21,187
Codeine phosphate	5,009	5,464	6,399	6,668	6,627
Co-dydramol (Dihydrocodeine/paracetamol)	3,805	3,681	3,758	3,431	2,845
Dihydrocodeine tartrate	6,153	5,732	5,630	5,677	6,069
<b>TOTAL number of prescriptions dispensed</b>	<b>56,178</b>	<b>55,924</b>	<b>56,464</b>	<b>56,033</b>	<b>54,358</b>

<b>Table 2: Total opioids dispensed (expressed as Oral Morphine Equivalence*)</b>					
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
JERSEY - total opioids dispensed (mg)*	22,539,577	22,529,456	22,145,090	21,297,506	20,908,003
JERSEY - total OME/1,000 patients	204,905	204,813	201,319	193,614	189,047
ENGLAND - total OME/1,000 patients	340,750	326,217	313,573	300,117	288,337

\*This measure describes the total oral morphine equivalence (OME) in all opioid prescribing (excluding prescribing for addiction) including low-dose opioids in drugs such as co-codamol and co-dydramol.

(b) and (c):

The Employment, Social Security and Housing (ESSH) Department holds information on dispensing volumes per prescription. This data does not include information on the patient so repeat prescribing information cannot be identified from ESSH data.