STATES OF JERSEY

SATIVEX: POSSESSION FOR TREATMENT PURPOSES – PETITION (P.127/2014) – COMMENTS

Presented to the States on 8th December 2014
by the Minister for Health and Social Services

STATES GREFFE

COMMENTS

Discretionary powers vested in the Minister for Health and Social Services grant the authority to issue a licence for the possession of cannabis for "research or other special purposes".

Jersey legislation is identical to that of UK legislation in this matter. While there is no legal definition of "special purpose", the long standing interpretation of "special purpose" in the UK has been confined to industrial hemp production.

It is unlikely that "special purpose" was ever intended to cover medicinal use, as a substance which is acknowledged as having recognised medicinal benefit would be classified differently under misuse of drugs legislation. As such, the requirement for such a licence would be negated.

Sativex is, however, already a licensed medicinal product, rendering irrelevant the question of issuing of an individual licence under discretionary powers.

Background

Sativex is a licensed cannabinoid-based medicinal product, which has been available to any doctor to prescribe in Jersey since 2008, where there is a clinical assessment that this would be an appropriate treatment for any individual patient.

Prescription and supply of this treatment does not require the issuing of an individual licence under the discretionary powers vested in the Minister for Health and Social Services.

Sativex can be supplied by any pharmacy, in accordance with the doctor's prescription. It is, however, normally only available as a private prescription where the costs are met by the patient.

Issues

The petitioner is a named person, supported by a States Member who is seeking the granting of an individual licence for that person to be professionally prescribed and supplied with Sativex.

As a product that is already licensed, however, the fundamental question is whether this cannabinoid-based product should be supplied, on prescription, at public instead of personal expense.

Previous applications from a consultant to make Sativex routinely available via the Hospital pharmacy – in that case specifically for patients suffering with MS (Multiple Sclerosis) – have been rejected by the Hospital Drugs and Therapeutics Committee, based on assessment of clinical evidence and cost-effectiveness.

This decision has recently been corroborated by the National Institute for Health and Care Excellence (NICE) in its revised guidance, which does not recommend the use of Sativex for MS patients. This was on the basis of failure to meet well established cost-effectiveness thresholds for medical treatments.

Current Health and Social Services Policy directs that the department will not routinely provide treatments at public expense where NICE has rejected that treatment.

However, there is currently a mechanism which enables a HSS Consultant to submit a request to an existing HSS High Cost Treatments Panel, together with supporting evidence as to exceptional circumstances with regard to a patient, asking for consideration of public funding of a non-NICE approved medicine for that individual.

Such a request would be considered by the panel and, should it be approved, the medicine would be made available for the consultant to prescribe for that specific patient on a publicly-funded rather than private basis.

It is inaccurate for Deputy M. Tadier of St. Brelade to state, in his proposition, that there would be no cost or resource implications, should the proposition be accepted.

The cost to the taxpayer of providing Sativex from the HSS funding pot to any one individual patient would be in the region of £4–£5,000 per year, based on assumed average dosage requirements.

There is no way to predict how many patients may subsequently be prescribed this treatment and, therefore, how it would potentially impact overall on the Department's already stretched annual drugs budget if it was made routinely available.

Summary

Sativex is already a licensed medicinal product, so the question is irrelevant of the Minister for Health and Social Services considering the issue of an individual license.

I would argue, therefore, that part (a) of this proposition is unnecessary and I cannot support it.

Sativex remains a non-NICE approved treatment, meaning that it does not meet recognised thresholds of cost-effectiveness for public funding. As such, I also cannot support part (b) of this proposition, for the supply of Sativex to be routinely funded by the taxpayer.

There is an existing mechanism for a recognised professional consultant from an appropriate specialism to make an individual patient request for public funding of a treatment, based on their clinical judgement and demonstrating exceptional circumstances as well as evidence supporting the request. If successful, this could enable a specific patient to be prescribed Sativex, funded by the public purse.

In any event, whether prescription of Sativex is appropriate for any patient must remain a matter for the professional judgement of a prescribing clinician, based on clinical expertise, and the judgement of the expert panel in assessing whether the individual exceptional circumstances should warrant that the drug be made available, and funded, through Health and Social Services.

I would urge members, therefore, to vote against both parts (a) and (b) of this proposition given that (a) no licence is required for the prescribing of Sativex, and (b) that there is already a mechanism in place to provide for requests for the use of licensed, but non-NICE approved medicines (such as Sativex) in exceptional circumstances.