Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

Departmental Briefing on Mephedrone

25 March 2010

NORTHERN IRELAND ASSEMBLY

_____

COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

_____

Departmental Briefing on Mephedrone

_____

25 March 2010

Members present for all or part of the proceedings:
Mr Jim Wells (Chairperson)
Mrs Michelle O'Neill (Deputy Chairperson)
Mr Thomas Buchanan
Dr Kieran Deeny
Mr Alex Easton
Mr Sam Gardiner
Mr John McCallister
Mr Conall McDevitt
Mrs Claire McGill

Witnesses:
Ms Linda Devlin)
Dr Mike Mawhinney) Department of Health, Social Services and Public Safety
Mr Rob Phipps)

The Chairperson (Mr Wells):

Members are aware of the mephedrone issue, which has received prominent media coverage. On behalf of the Committee, I thank the witnesses for their timely response in agreeing to come before us at such short notice. Your reaction to this important issue is to be commended, and we appreciate that you are very busy people. We are delighted that you are able to help the Committee and we know that, between the three of you, you have a vast knowledge of the issue. We welcome the opportunity to speak to you.

I am going to allow 10 minutes for this. As far as the batting order is concerned, I know that there is a lot of interest. Obviously I will be giving the Deputy Chairperson her usual position, but Colin has indicated that he has some interesting questions to ask, and I know that Sam Gardiner wishes to quiz the witnesses.

All of the witnesses, Rob Phipps, Mike Mawhinney and Linda Devlin, are from the Department of Health, Social Services and Public Safety. Mr Phipps has appeared before the Committee at least twice, so he knows the routine.

Mr Rob Phipps (Department of Health, Social Services and Public Safety):
Would the Committee like us to speak or take questions?

The Chairperson:
Please update us on the status of mephedrone.

Mr Phipps:
The Committee is probably aware that mephedrone is currently not a controlled substance. There were some drugs called legal highs, the whole issue of which has aroused interest for some time. They are drugs which sit outside the current legislation and are typically sold in what people call head shops. Depending on the nature of the product and how they are sold, they are sometimes covered by legislation if sold incorrectly. For instance, selling mephedrone for human consumption would break the law.

There are these types of drugs sit outside the legal system. One is mephedrone, and there have been others. Historically, LSD was a substance that sat outside the law, as was Ecstasy when it first came to people's notice. As a certain substance is used, people become more aware of the harms. That is when they, rightly, become concerned, and controls are brought in. LSD and Ecstasy therefore became class A drugs.

A series of legal highs were brought to the attention of the Advisory Council on the Misuse of Drugs last year. They were assessed on their level of harm and deemed to be harmful. Advice was given to the Home Secretary, and substances such as benzylpiperazine (BZP) then came within the Misuse of Drugs Act 1971 and became illegal. The 1971 Act covers all of the UK.

The Advisory Council on the Misuse of Drugs (ACMD) was established as part of that Act. The Committee may recall the issues around Professor David Nutt before Christmas. The council has a statutory duty to advise the Home Secretary on the harms associated with a range of illicit substances and on whether they should be class A, B or C drugs.

The council's technical committee is meeting today to look at the issues around cathinones, which include mephedrone. The technical committee will table a report to the ACMD on Monday. Professor Les Iversen, the current head of the council, intimated the likely result on the BBC website. I do not want to guess what the committee will do, but there is a suggestion that it will advise the Home Secretary that mephedrone, and perhaps two or three other cathinone drugs, should be brought under the 1971 Act.

My understanding is that the Home Secretary will act on that advice immediately. If necessary, he will then put in place changes to the 1971 Act. My understanding is that if they are purely changes to the 1971 Act, they will cover all the devolved Administrations. If changes have to be made to the regulations, that will involve Northern Ireland, and work may be required here to make sure that the regulations apply to Northern Ireland. Mephedrone is being assessed, and the ACMD will report on Monday.

The issue of legal highs was raised by Guernsey and Jersey delegates at a British-Irish Council meeting four or five years ago. No interest was shown by the other delegates from the Isle of Man, Scotland, England, Wales and the Republic of Ireland. Guernsey and Jersey had this issue, but the other British-Irish Council members reported little knowledge of it. The matter has become more widely known in the past year, and the ACMD has been aware of is and is taking the process forward.

That explains the legal situation. What are we doing about it? The Public Health Agency has produced a legal highs fact sheet for adults and parents, which can be downloaded from the agency's website. There may be a statement today from the Minister of Education on this. Education also covers drug education. It is a statutory part of the curriculum that young people receive drug and alcohol education. Teachers — and, on occasion, outside organisations — deliver that education and are expected to cover those issues. Through the funding that we provide to local organisations, it is expected that they keep up to date and provide young people with this kind of information. There is an expectation, therefore, that where young people are

receiving drug or alcohol information, that information should be kept up to date. There is information about mephedrone and its risks.

I am not sure whether the Committee has seen the statement that the Minister has put out today, but he will be writing to the chairperson of the ACMD to encourage it to take the opportunity to meet on Monday. There is also an issue, which the Committee may wish to discuss, around the time lag between something emerging as an issue and the legal controls coming in. I explained how the process works. However, the Minister has written to the ACMD to suggest that it look at the system to see whether there is any possible way to manage what happens when a substance comes out and suddenly becomes widely available but the legal controls are not there. Different countries do it in different ways. The Minister has written to the council to encourage it to seek other ways to manage the situation if another drug comes out. There is always a new drug coming out, and that is the difficulty. Chemists are quite apt at changing drug formulas. Legal controls are based on the formula of the drugs, and, therefore, chemists will change the formula slightly. We are aware of the issues, and the Minister has asked the council to address that.

Dr Mike Mawhinney (Department of Health, Social Services and Public Safety):
With regards to having our own regulations in Northern Ireland, it is the 1971 Act which is the prohibitive piece of legislation, and, when drugs are classed under that Act as A, B or C, the provision that it is illegal to posses or supply them comes into effect. The regulations that we then have to make are only regulations to allow certain substances to be freed up so that, for example, GPs, pharmacists and those working in research can possess the drug. The delay in making regulations will have no effect on the banning of mephedrone, if that comes in. That should be of some comfort.

The other side of the coin is that the Department of Health has a medicines regulatory team, which I head up. Over the past 24 months, the team has been very proactive; we were the first regulatory body in the UK to prosecute for the illegal sale of BZP. We are very active in this area. BZP was subsequently taken under the remit of the 1971 Act. We conduct follow-up visits to head shops, which are very labour-intensive and usually intelligence-driven. We do lift drugs, and we believe that mephedrone is one drug that we have seized. We look at whether there are any offences under the Misuse of Drugs Act 1971 or the Medicines Act 1968. Unfortunately, however, our hands are tied by both pieces of legislation, neither of which covers mephedrone.

Mr Phipps:

We have been in contact with colleagues in the Department of Health in England and elsewhere to see what the situation there is. A lot of the media reports are about the situation in England too. In England, the Health Department is waiting to hear exactly what the ACMD says. As well as saying that mephedrone should be controlled in some way, it may also make recommendations around education for young people and issues like that. I will be attending the ACMD meeting on Monday, after which we have arranged a meeting with our colleagues in education, the Public Health Agency, addiction services and the NIO. That will be an opportunity to come together, to discuss what comes out of the meeting and to put in place a co-ordinated response. Any response has to be co-ordinated across Northern Ireland, so we are actually holding a meeting next week on the back of the ACMD recommendations on taking things forward. Work is ongoing, but we want to revisit that and ensure that we get a greater consistency across the field.

The Chairperson:

What you have told us is extremely timely, given that the situation might resolve itself within a few days. We hope that it will, anyway.

Mr Phipps:

It has to go through Parliament. There will be a general election, so we are not sure of the actual timing.

The Chairperson:

That was my next question: what would happen if an election was announced tomorrow?

Mr Phipps:

It has to go through Parliament. The Home Secretary and others are aware of the issue. I tried to phone my colleagues in the Home Office and in the Department of Health to see what the situation is, but they are all in meetings. I get the impression that they are trying to work out what the process will be. The Home Secretary will be looking at a range of issues. There may be some import issues, but until we get clarification on that, I cannot say more.

The Chairperson:

I am concerned that there will be a delay, because there is a lot of evidence that people are buying large quantities of the potion because they are expecting a ban. They are buying it cheaply and stockpiling it, and they will sell it on the black market when the ban is introduced. The longer the period that you give for that, the more stockpiling will occur.

Mr Phipps:

The Minister made that clear in his letter to Professor Iverson. There is a matter of urgency around the issue, but it has to go through the parliamentary process. It is how we manage that.

Ms Linda Devlin (Department of Health, Social Services and Public Safety):

A draft Order in Council would be laid before both Houses of Parliament; it would have to go through the Commons and the Lords. The convention is that, even if a general election were to be called today or tomorrow, there would be a few days in which urgent business could be taken through. Therefore, it should not be impossible to have action taken quickly on this.

The Chairperson:

This might be an unfair question, but I will ask it anyway. If policing and justice is devolved within a month, as we expect, will the Minister of Justice be able to introduce his own Bill or SL1, or would we have to wait on Westminster taking the lead?

Ms Devlin:

Under the 1971 Act, the power to make a substance a controlled drug lies only with the Home Secretary. That was the case even in 1971, when the Stormont Parliament was in existence and when we had a Minister of Home Affairs here. The Home Secretary is the only person who has the power to add a substance to the schedule to the 1971 Act. I imagine that the rationale behind that was that it would not make sense to have a substance be legal in one part of the country and illegal in another part. If you read the motion regarding the devolution of justice and policing, you will see that the Misuse of Drugs Act 1971 appears as an exception in relation to policing and justice matters.

The Chairperson:

That is that well and truly clarified; that is very helpful. On a different tack, you said that it is about being sold for human consumption. I have two examples: a card shop that sells nothing

but cards and mephedrone, and a clothes shop that sells nothing but clothes and plant food. That would indicate that the clear intent is that the substance will be sold for human consumption. One would expect plant food to be sold in a garden centre, or somewhere equivalent. Is that not enough for a prosecution, given the source of the product?

Dr Mawhinney:

We have responsibility for the Medicines Act 1968 and the Misuse of Drugs Act 1971, and we are very much guided by the police line on the 1971 Act. They take the main responsibility there. I spoke to police colleagues half an hour ago to hear their up-to-date view. They say that they have no reason to believe that they can prosecute on that. We can prosecute under the 1968 Act if it is deemed to be a medicinal product and it is being supplied or offered for supply. We look at the packaging and the claims on it. We could do that with BZP, but we certainly cannot do it with any of the packages and products that we have isolated at the minute. Unfortunately, it appears that the answer to your question is no.

The Chairperson:

Finally, have you spoken to colleagues in the Republic of Ireland? If we go down this route and it is still permissible to buy, consume and presumably import from the Republic, will that not cause some difficulty?

Dr Mawhinney:

The Republic has agreed to bring in a ban on the product from June. In one sense, the Republic appears to be a step ahead of us, but it is really playing catch-up on a number of other products that we banned in December. It has had a blanket run on the issue, and mephedrone is one of the drugs that it intends to ban in June.

Mrs O'Neill:

I have so many questions that I do not know where to start. We need to look at the role of the Internet. I welcome the fact that the Public Health Agency has published a fact sheet, but I could not find that information easily on the Internet. I googled mephedrone, and the first 10 websites that came up were selling it. I searched for the term "mephedrone" on the Department of Health website, and no results were found. It is the same on the Public Health Agency website. You have to know where to go to look for that information; it is not easily accessible. There is a lot of misinformation and not enough information for parents and young people to make an informed

choice.

Mr Phipps:

That is one of the issues that we will be discussing next week. The problem with mephedrone is that a lot of the information out there comes from user groups. I take your point; the information comes from them because the drug is not put out for human consumption, so that moves into an area where the users have their own networks. Increasingly, we are trying to use the same kind of information channels. I will take the points that you have made to the Department.

Mrs O'Neill:

As a parent, I would automatically look to the Public Health Agency for information. That would be where one would automatically look for information, and if it is not easily found, there is an issue.

Mr Phipps:

I will discuss that with the Public Health Agency.

Mrs O'Neill:

If you moved to ban or classify the drug, the sales would be regulated on the Internet, and that would follow automatically. Is that right?

Dr Mawhinney:

If it was to be classed as A, B, or C under the 1971 Act, possession and supply would be banned in the UK. Following that, there would be an import and export question. For scheduled drugs, you have to have a licence to import them, so that would control that issue as well. If it were a prescription-only medicine there are no controls over the importation in general, so no import or export licence is needed. However, it appears that these drugs will be classed under the 1971 Act, and therefore import and export will be illegal, as will possession and supply.

Mrs O'Neill:

The Minister was previously able to talk to Internet providers about their role around suicide and how they fed information to young people who looked it up on the Internet. Will that be discussed on Monday also; whether the Minister can again talk to Internet providers?

Mr Phipps:

We can do that, but we need to check. It will depend on the kind of information that the Internet providers can offer.

Mrs O'Neill:

The other thing is that parents read in the media that their child can get high on plant food, for example. If I bought plant food, would I drink it, or what? If I was 16 years old and decided that I wanted to try mephedrone, does it come in a powder form or a liquid form? Would I smoke it or snort it?

Mr Phipps:

It can be ingested. One of the challenges is that people say that we should do this or that about the problem, but part of me is slightly cautious. I used to work in the area of health promotion. If you raise people's curiosity about something, there are interesting issues around that. How much information do you give if you do that? Those are the kind of issues that we had in the past around Ecstasy. It is fairly similar to the mid-1990s and the fears that people rightly had about Ecstasy, and the kind of information provided. Young people do access information, so we have to make sure that the information we give them is correct. Some of that information may be about what the effects are. In conducting information campaigns with young people, they want honesty.

They always want you to be honest about it. However, by being honest, you might highlight what is nice about it. If you did not do that, they would say that you were being dishonest. Therefore, it is not straightforward. You are trying to put out messages to protect young people, but, at the same time, you do not necessarily want to encourage experimentation. The most common type of drug misuse is experimentation, as opposed to more regular use. The problem with these kinds of drugs is that the first time is potentially as dangerous as any other time.

Mrs O'Neill:

I am sure that, as head of the regulatory body, you find that one of the biggest problems is that as soon as one thing comes off the market, something else replaces it. How do you keep up with the pace of that?

Dr Mawhinney:

It is a worldwide problem. The chemists involved in drugs of abuse or counterfeit medicines are top-class, top-drawer chemists, and I have no doubt that they have already come up with substitutes. The advisory council has said very clearly that it is taking enough time to ensure that it bans not just mephedrone, but mephedrone in a generic sense; that it takes in all the derivatives that it can possibly think about that would cause harm. That is the best step that we can take. Unfortunately, the reality of the world is that there are people out there who are looking for the next mephedrone, and, in a sense, we will have to play catch-up. However, that is not a UK problem; that is a worldwide problem.

Mr Phipps:

The other challenge is that there is a demand. There is a supply side and a demand side. The 1971 Act is the supply side, and we will talk about the demand side next week. It is very complex.

Mr McDevitt:

We welcome the advisory council's advice, should it be what we all expect it to be. The SDLP's view is that the legislation, which is actually older than me, is slightly beyond its sell-by date now, particularly given the speed at which we are able to evolve new generics and new generations of drug types. We would be much happier if we saw a more proactive, regional and UK-wide approach to thinking about how you get ahead of chemistry trends and drug types. How many deaths have occurred as a result of mephedrone in recent times in the North?

Mr Phipps:

There is a difference between recorded deaths and reported deaths. If you listen to the media, you will hear about reported deaths. There may have been a couple of recorded deaths; I think that there was one in Sweden and perhaps one in Israel. One of the problems is the nature of it, because it is not designed for human use. Therefore, the effects on the human body are still being worked out. It is a bit like Ecstasy in that you may get an idiosyncratic reaction to it, but you cannot determine what that is going to be. There have been some reported deaths. It is a horrible thing to say, but, as the drug use widens out, you get more information on it.

Mr McDevitt:

The deaths that we have read about in recent times have been minors — school kids. How many

head shops are there in the region?

Dr Mawhinney:

It is very difficult, because they are not licensed in any way. We are being proactive as much as we can, but we are reacting to reports that we got. We are aware of seven or eight head shops, but that is only an estimate. I am sure that that number —

Mr McDevitt:

You are only aware of seven or eight?

Dr Mawhinney:

We have had dealings with seven or eight shops.

Mr McDevitt:

There are probably seven or eight between my constituency office and the city centre.

Dr Mawhinney:

I am sure there are, but I can only tell you about the shops that I have had dealings with.

Mr McDevitt:

We are not sure how many people are dying as a result of mephedrone, and we do not know how many shops there are. How many Internet outlets are marketing it in Northern Ireland?

Dr Mawhinney:

I do not have that information. Are you talking about Internet sites —

Mr McDevitt:

I am talking about Internet sites that market mephedrone for sale in Northern Ireland.

Dr Mawhinney:

I could not tell you that.

Mr McDevitt:

How many Facebook groups market it for sale in Northern Ireland?

Dr Mawhinney:

We do not have that information.

Mr McDevitt:

I am aware of two. All you have to do is search for the word "mephedrone" on Facebook, and you will see them. I see a blank picture and a huge gap in knowledge. That is compounded, as Mr Phipps rightly pointed out, by the fact that the issue has been on the British-Irish Council's agenda for some years. Indeed, was it not discussed at the most recent British-Irish Council meeting?

Mr Phipps:

It has been on the agenda of the two most recent meetings.

Mr McDevitt:

Our Minister did not attend either of those meetings.

Mr Phipps:

He was unable to attend.

Mr McDevitt:

Either of them?

Mr Phipps:

Yes.

Mr McDevitt:

So, the issue was on the agenda of two meetings of the British-Irish Council, but the Minister of Health, Social Services and Public Safety was unable to attend either meeting?

Mr Phipps:

As officials, we have discussed the situation. You made a point about the access to and availability of mephedrone. We do not disagree with your point that it is available, but we have to work with the demand side as well as the supply side. We will continue to work extremely

hard on all drugs issues, not just mephedrone. We will address the demand, but we are dependent on the law to help us with the supply. The availability of drugs through websites and other outlets may be dealt with through changes to the legislation.

Mr McDevitt:

We did not discover head shops just last month; we have known about them for years. They are in every city and all over Belfast. There is one three doors away from my constituency office in south Belfast. As Mrs O'Neill said, she simply googled "mephedrone" and found sites that market the product directly to minors. They target people who are under 24 or 25 years old. All you have to do is be a Facebook member, and the chances are that you will be invited to join one of the Facebook groups. I have been invited to join two such groups. The British-Irish Council is the obvious body to discuss the issue because it is an islands-wide problem, but our Minister did not attend either meeting at which the issue was being discussed. It seems as though mephedrone is an important issue, but just not for you guys.

Mr Phipps:

It is an extremely important issue for us guys. We have been working on it and have ensured that young people receive accurate information.

Mr McDevitt:

The information is not available, Mr Phipps. I tried to find the official state guidance on legal highs. Eventually, I found a PDF on the Public Health Agency's website, but it was not easy. Every member around the table meets schoolchildren; it is one of the great pleasures of our job. In the past few months I have made a habit of asking them about legal highs. They can tell me a much more about legal highs and the level of use across all sorts of socio-economic groups in the region. However, they are not aware of the dangers. Why? It is because they are legal highs, and, for too many young people, legal equals safe.

Mr Phipps:

The legal process, as I said, is to go through the Advisory Council on the Misuse of Drugs (ACMD), and that is happening. In the meantime, we have been putting out information for young people and for parents. We will have further discussions about that on Wednesday and Thursday of next week.

You asked whether the message is getting through. If there are issues —

Mr McDevitt:

I welcome the fact that the Minister issued a statement today. He should have attended meetings over the past two years to discuss the matter, and I am not pleased to hear that he has not done so.

I want to go back to the fundamental legislation.

The Chairperson:

That is your sixth question, Mr McDevitt.

Mr McDevitt:

I apologise, Chairperson. This will be my last question. Does the Misuse of Drugs Act 1971 — 38 year-old legislation — provide an adequate legal basis on which to regulate a synthetic drugs market that is, as you rightly pointed out, evolving at an extremely fast pace?

Dr Mawhinney:

I agree that it appears that the 1971 Act is well out of date. However, it has been amended, and the working part of the Act, which contains the regulations, has been regularly updated. It is the process that we must go through to get the product's definition covered in the Act, rather than the Act itself, that is the rate-limiting step. That legislation could do with a bit of tweaking in many places, as could the Medicines Act 1968. That is on the agenda. However, the identifying of a substance, determining the harm that it causes and ensuring that it is covered in the appropriate section of the Act is quite an involved process.

Mr Phipps:

The Minister has written to suggest that we re-examine whether it is possible to include another classification in the Misuse of Drugs Act 1971 to cover mephedrone, and he has urged the ACMD to do the same.

Mr Gardiner:

I raised the issue with the Committee in this very room on 18 February 2010, which was five weeks ago. Mr Collins was sitting where you are sitting now when I asked him whether he had heard of mephedrone, to which he replied that he had. The Official Report of that meeting shows

that I then said:

"Are you aware that it can be bought in any shop that sells plant food? The GP said that more and more young people are buying that drug. It puts them on a high without having to buy illegal drugs. It is an issue that must be given serious consideration. The GP said that he came across some of his patients who were out of their minds on the drug, and he was extremely concerned. Today's meeting has come at the right time for me to request that you take action. Before you leave, I will give you the name of the doctor and his practice."

I provided Mr Collins with the doctor's name and address, which is in my constituency, so that he could contact him.

The Deputy Chairperson then asked me whether I was talking about the new drugs that are called legal highs. I replied:

"It could be one of those, yes. They can be bought in shops that sell plant food."

Mr Collins's response was:

"We will take that matter back to the Department for consideration."

The Department would not have requested an emergency meeting with this Committee today had the media not picked up on the issue and spread the message across Northern Ireland. Five weeks have passed since I raised that issue, and yet I have heard not a dicky bird about what the Department or Mr Collins has done to address it. I wish to place on record my disappointment about that. Young lives may have been lost. More people are seeking help from doctors after using that cheap drug, which is putting an unnecessary pressure on resources.

Mr Phipps:

Mr Collins spoke to that GP and reported back to us. The understanding was that you simply wished Mr Collins to phone the doctor, which he did.

As I said, we will have another meeting to discuss how best to proceed. The issue has also been discussed at a meeting of the new strategic direction steering group, at which the factsheets were also discussed. I, therefore, feel that the Department has taken the issue forward. Mr Collins spoke to that doctor, and it is my understanding that he was satisfied with the conversation. I am sorry if that was not the case.

As I said, the Department is doing what it can to address the demand for the drug, and the supply side is being taken forward at a UK level. The Department will carry on working locally. At next week's meeting, we will talk about how to address the problem of websites that sell the drug over the Internet and whether the Department should run a public information campaign or an advertisement? Those are the kinds of questions that we will talk about.

Mr Gardiner:

It has been five weeks since I raised the issue with the Department, and yet the public do not know anything about the drug other than the information that has been released recently with the help of the media.

Mr Phipps:

Are you talking about public information?

Mr Gardiner:

Yes. Nothing has been done.

Mr Phipps:

We have been trying to reach the public in different ways, but not necessarily through a widespread media campaign. We are discussing how best to do that, because a public information campaign requires careful preparation. A great deal of testing must be done to ensure that the message right. In the past, serious complaints have been made, although not in Northern Ireland. A public information campaign requires time to ensure that the message is accurate and credible. For a message to be credible, it must be tested. I am sorry if you feel that progress has been insufficient.

Mr Gardiner:

You have not moved quickly enough.

Mr Easton:

Conall has asked all the questions that I had prepared.

Mr McDevitt:

I am sorry, Alex.

Mr Easton:

Will you run through the timescale? If the Home Secretary were to ban methadrone today or tomorrow, how quickly could that be enforced? If a substance is banned and cannot be sold in shops but can still be sold in garden centres as plant food, what is the point? Let us be honest;

people can simply go into a garden centre and say that they need that product to help their plants to grow. There is duck all you can do about it. Therefore, even before the drug has been banned, there seems to be a loophole. Action must be taken to address that major issue. The last thing that we want is to have people piling into garden centres to buy the stuff because it is easily accessible there.

As other members said, the issue has been on the agenda for many months. It is extremely sad that deaths have occurred and people have become seriously ill before anything has been done. Bangor is awash with the stuff. I spoke to someone whose brother was taking it to such an extent that he threatened to kill his father over a silly matter. It is a huge issue, and we must push for further action.

As regards the Health Minister's absence from the two British-Irish Council meetings, he was probably dealing with swine flu at the time and was, therefore, unable to attend.

The Chairperson:
Were there any questions among your comments, Alex?

Mr Easton:
I asked about the timescale.

The Chairperson:
You also asked whether the substance, if banned, would still be available in garden centres.

Dr Mawhinney:
If the substance is banned, it will not be available in garden centres. The sale of cocaine, for example, regardless of the form in which it is sold, is banned because it is a class A drug.

As regards our regulatory inactivity, we tried hard with BZP. We were the lead regulatory body on that drug in the UK. No BZP prosecutions had been taken except for our prosecution. It was the lead prosecution, which resulted in subsequent prosecutions in the rest of the UK.

Our hands are tied on legislation — the Medicines Act 1968 and the Misuse of Drugs Act 1971. We are waiting for a ruling from the ACMD and for amendments to the Misuse of Drugs

Act 1971. We try to establish whether the law is being broken in any way. I assure the Committee that, if it is, we will take appropriate action. However, we cannot do that if the law does not exist.

I understand people's frustration and share in it. We know that that drug is being misused, but we cannot do anything about it. Our police colleagues feel exactly the same way. Half an hour before I came to this meeting, I spoke to a police officer. He said that there is nothing that the police can do because they do not have the law behind them. They know what is happening, and they are also waiting for the law to change. I sympathise with the Committee's concerns, and we reflect those concerns. We must wait for changes to be made that will allow us to get on with our jobs.

Dr Deeny:

I listened intently to the discussion. We are giving you a hard time. As a GP, I believe that the issue must be treated as a matter of urgency. Otherwise, more young people's lives will be lost.

The use of mephedrone as a recreational drug is a recent development. Although I have been a GP for almost 30 years, I first heard about it just before the end of 2009. I had not heard about previously. This morning, I looked up some information about it. The reason why I was not at the meeting when you arrived was because I had gone back up to my room to check that information. Even the spelling of the drug's name appears differently in places. You have spelled it "mephedrone" rather than "methadrone". I am aware that it is an amphetamine.

Michael, you are quite right to say that you always have to tackle certain rogue chemists. It is the same scenario in sport; the rogue chemists are always one step ahead of the game. I understand that a biological change has been made to one of the amphetamines to make it far more dangerous.

As Conall said, it is hard to talk about the deaths from the use of mephedrone, because its side effects — collapsing, seizures, fits, insomnia, heart palpitations and suicidal ideation — can all lead to death. However, the ultimate cause of the death is the drug. We are all interested in the issue. I checked the Internet and was horrified —

The Chairperson:

Kieran, will you come to your question?

Dr Deeny:

Yes, I will, although I have not spoken for as long as other members.

The number of people who are affected is frightening. Can we get international Internet control? We must remember that individuals as well as Internet providers are responsible.

To call this drug "recreational" is unbelievable. Two radio stations from Derry contacted me this morning to say that use of the drug is rife there, so much so that it, rather than alcohol, was a major problem on St Patrick's Day. However, people may have been mixing mephedrone with alcohol.

The drug is relatively new to me and to everyone else, but we must urgently address its use. How soon will we be able to get it out of our shops? What can we do at a UK and European level on international Internet control?

Ms Devlin:

Do you mean how long will it take to classify the drug?

Dr Deeny:

How quickly can it be classified and removed from shops, including plant shops?

Ms Devlin:

There should not be any undue delay with the legislation. If the Home Secretary recommends that mephedrone becomes a controlled drug, it is simply a matter of laying an Order in Council before both Houses of Parliament. That can happen quickly, and, once the substance is added to the schedule, mephedrone will instantly become illegal.

Mr Phipps:

Getting the regulations through in Northern Ireland will take a very short time, perhaps a couple of weeks. We are ready for that. I was talking to the person with responsibility for such regulations, and she is already liaising with her English counterparts. There is very close liaison

with our counterparts in the rest of the UK, and the Ministers have made it quite clear that we are ready for the classification to take effect and will do what we have to do.

Dr Deeny:

What about the control of individuals who use the Internet to source the drug?

Mr Phipps:

I have made a note of that issue, and it warrants a wider discussion. You are correct to be concerned about it.

I will pick up Conall's point: one of the challenges is to create an early warning system. We need an early warning system because users get to know about the drugs before we do. At a recent meeting, we discussed how quickly we react to such information. We accept the point about reacting quickly, and we raised the issue of an early warning system and how we can control the situation better. We will reflect on both those points.

Dr Mawhinney:

Internet sales are a worldwide problem, and I totally sympathise with your point. We face the problem of prescription-only medicines being purchased over the Internet and coming into the country. Our problem is that regulation here is fine, but Governments in countries such as India, Pakistan and China have to be ready to impose a ban on websites in their countries. It is not an offence here to access the Internet; it is an offence to offer drugs for sale. Therefore, an Internet provider here that allows drugs to be offered for sale can be prosecuted by the MHRA. However, we have no ability to do that if the drugs are being offered for sale outside the UK. That is a worldwide problem, and we are examining it with the MHRA and other organisations.

Dr Deeny:

What about the European Union?

Dr Mawhinney:

It has a role, and we are involved in tackling the issue within it. We sit on an international forum on pharmaceutical crime, which takes an interest in counterfeit medicine issues. As you can imagine, it is a huge task to reach agreement within the European Union on the issue of Internet sites.

Mr Phipps:

My understanding is that, under the Misuse of Drugs Act 1971, possession is illegal even if the drugs are imported.

The Chairperson:

It is a problem in chairing meetings that, when all the questions are relevant and accurate, it is hard to cut the discussion short; however, we are running out of time for this evidence session. I will allow three single questions from three different members and then bring an end to the session. To compensate for that, I will allow those members who are not selected to ask their questions first in the next evidence session.

Mr McCallister:

You said that the Department wants a better system. Has anything concrete emerged from the British-Irish Council meetings at an official level to build in the necessary early warning systems, to examine how to react to the new drugs coming onto the market, and, as Michael said, to update the Misuse of Drugs Act 1971?

Mr Phipps:

The first issue is the impetus that is given to the four UK Administrations through their input to the ACMD. The second issue is sharing people's responses and providing information to young people.

Mr Buchanan:

I welcome the fact that moves are afoot for mephedrone to be legislated against, and I hope that that will be done quickly. For how many years has the Department been aware of the fact that mephedrone is a legal high and of the damage that it has caused to users, as highlighted in the information from the BBC website that you provided to the Committee? What has the Department done to try to put a stop to its use?

Mr Phipps:

On the supply side, the Department has put pressure on the ACMD in meetings, because a change in the law for mephedrone must come through that body. On the demand side, I return to the fact that the Department must provide information to young people. Currently, they receive education

on drugs in school and from community and voluntary organisations outside school. Through various departmental processes, those providers are encouraged to keep that information up to date and ensure that young people receive it.

However, there have been no public information campaigns on mephedrone, and the Department will discuss that. As I said earlier, those campaigns must be carefully thought through to ensure that the correct message is disseminated. Often, when a new drug comes onto the market, the response to it is somewhat delayed. That is a challenge, which is why we need an early warning system. There will always be chemists out there, and it is difficult to keep up with them.

The Chairperson:

We have only one minute left, and, as a special dispensation, I will allow Conall to ask one quick question. We must finish at 3.25 pm.

Mr McDevitt:

Dr Mawhinney suggested that we need a more responsive way in which to deal with new drugs than is currently provided under the Misuse of Drugs Act 1971. Will the Department introduce the temporary, or pre-emptive, banning of drugs and a fast-track regulatory process? That would create an injunction process for emerging formulations, and that seems to be the only way that we will be able to stay ahead of it.

Ms Devlin:

We do not have the power —

Mr McDevitt:

Obviously, the law would have to be amended; the question is whether the Department would advocate that amendment.

Ms Devlin:

One issue that must be considered is the creation of different systems throughout the UK. If a drug was illegal here and legal elsewhere, that would impact on people accessing substances in other areas.

Mr McDevitt:

Would it have a positive impact on our people?

Ms Devlin:

It may well do.

The Chairperson:

I thank the witnesses for answering the questions in such detail, because they had very little advance warning of their appearance before the Committee. Your assistance is much appreciated, and your comments will be extremely helpful to the Committee in formulating its view on this important issue.