

DÁIL ÉIREANN

AN COMHCHOISTE UM SHLÁINTE AGUS LEANAÍ

JOINT COMMITTEE ON HEALTH AND CHILDREN

Déardaoin, 9 Iúil 2015

Thursday, 9 July 2015

The Joint Committee met at 9.30 a.m.

MEMBERS PRESENT:

Deputy Catherine Byrne,	Senator Ivana Bacik,
Deputy Joe Costello,	Senator Colm Burke,
Deputy Seamus Healy,	Senator Martin Conway,
Deputy Pádraig Mac Lochlainn,	Senator John Crown,
Deputy Finian McGrath,	Senator Imelda Henry,
Deputy Sandra McLellan,	Senator Jillian van Turnhout.
Deputy Mary Mitchell O'Connor,	
Deputy Dan Neville,	
Deputy Caoimhghín Ó Caoláin,	
Deputy Fergus O'Dowd,	

In attendance: Deputy Maureen O'Sullivan.

DEPUTIES JERRY BUTTIMER AND DAVID STANTON IN THE CHAIR.

Joint Sitting with Joint Committee on Justice, Defence and Equality

The joint committee met in private session until 9.45 a.m.

Legal Highs: Discussion

Co-Chairman (Deputy Jerry Buttimer): I am Chairman of the Joint Committee on Health and Children. My colleague, Deputy David Stanton, chairs the Joint Committee on Justice, Defence and Equality. I welcome the members of both committees. During our first session we will discuss the case for banning so-called legal high drug stimulants. I welcome Mr. Packie Kelly, project co-ordinator for Teach na Daoine, family resource centre, in Monaghan town and Mr. Tim Murphy from the Cavan-Monaghan drug awareness project. I have known Mr. Kelly for a number of years and worked with him on a couple of projects.

I thank the clerks to the Joint Committee on Health and Children and the Joint Committee on Justice, Defence and Equality for their role in arranging this very important public meeting. My colleague, Deputy David Stanton wishes to make some opening remarks.

Co-Chairman (Deputy David Stanton): On behalf of the members of the Joint Committee on Justice, Defence and Equality, I am very pleased that this joint meeting is taking place with the Joint Committee on Health and Children. This is our third joint meeting during this Dáil.

We are looking at the drugs issue from the point of view of the criminal justice system. Recently a committee delegation travelled to Portugal to examine the Portuguese model. Portugal has adopted a very interesting approach in that it has moved from looking at the issue from a criminal justice system to a health viewpoint. It treats addiction and the use of small amounts of drugs as a health and education issue. We are exploring this idea to see whether we should adopt a similar approach in Ireland. It would have the advantage of diverting Garda resources and time away from the courts. It would also mean that young people would not have a criminal record. They might be dissuaded - the word used in Portugal - from going down the path towards further use of illegal drugs.

We are inviting public submissions. The relevant information is on our website and the closing date for receipt of submission is 7 August. We hope to liaise with the Joint Committee on Health and Children and engage in further joint consultation and discussion when submissions have been received. We look forward to our engagement this morning and further engagement with the Minister of State, Deputy Aodhán Ó Riordáin, on the policy in this area.

Co-Chairman (Deputy Jerry Buttimer): The purpose of this morning's session is to hear evidence on the impact of so-called legal high drug stimulants on communities. The committees are meeting jointly for the first time in accordance with Dáil Standing Order 84 and Seanad Standing Order 72. I again thank the Joint Committee on Justice, Defence and Equality for facilitating this important and historic meeting.

Deputy Caomhghín Ó Caoláin who invited the representative of the Cavan-Monaghan drug

awareness project to come is, unfortunately, tied up in the Dáil asking questions of the Minister for Health. He sends his apologies, but he will be here as soon as he can.

Should those watching and listening to the proceedings at home wish to make representations to us on the issue, they can do so through our e-mail address which is available on the Oireachtas website.

I wish to advise witnesses that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the committee. However, if they are directed by the Chairman to cease giving evidence on a particular matter and they continue to do so, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person or an entity by name or in such a way as to make him, her or it identifiable. Members are reminded of the long-standing parliamentary practice and ruling of the Chair to the effect that they should not comment on, criticise or make charges against a person outside the Houses or any official by name or in such a way as to make him or her identifiable.

Apologies have been received from Senator Imelda Henry and Deputies Eamonn Maloney and Ciara Conway. The Co-Chairman, Deputy Stanton has also received an apology from a member.

Co-Chairman (Deputy David Stanton): Yes, from Deputy Gabrielle McFadden.

Co-Chairman (Deputy Jerry Buttimer): I invite Mr. Kelly to make his opening remarks. Before he does so, I remind members and the witnesses to ensure their mobile phones are turned off.

Mr. Packie Kelly: I thank the members of the committee for this opportunity to present the findings of the report we have carried out in Monaghan. I would also like to thank my colleague, Mr. Tim Murphy, for coming along today. As the Chairman stated, Teach na Daoine Family Resource Centre is one the national programme of family resource centres which is currently funded by Tusla, the Child and Family Agency. We had this report in mind as during recent years we were contacted by numerous people seeking support who were facing drug addiction issues and a range of difficulties accompanying those, both psychiatric and other illnesses. We were not sure what was happening within the community in the early days. Unfortunately, today we are mindful that in a very small community of only 170 houses we have lost two of our young people, young P.J. McQuaid and Michael Power, in a 12-month period as a direct result of the synthetic cannabinoids. We are very mindful of their families in Monaghan town.

After those events, a number of public meetings were held at which a huge outcry and frustration was voiced in the community of Monaghan town about how we would tackle this issue and try to solve the problem. As a result of that, the Teach na Daoine Family Resource Centre decided to embark upon a short piece of research, the outcome of which is this report, to gather evidence on the extent of the problem not only within the area of Teach na Daoine but the wider area of Monaghan. We were getting anecdotal evidence that this was the number one drug of choice within the county of Monaghan, that it was becoming a serious problem and more people were surfacing with a range of needs. Thankfully, we got some support from Tusla, the Child and Family Agency, and the HSE and we also got expertise from Cavan Monaghan Drug Awareness Project and we put together this report. Unfortunately, it makes very stark reading.

LEGAL HIGHS: DISCUSSION

This is a very difficult problem. It is compounded by a number of issues that are affecting our community. They range from the services that users and their families will need and difficulties around the legislation on this area. We are facing a difficult problem. It seems to be escalating. Those are the difficulties we face.

I am not going to read the brief that has been provided to members but the report touches on the key issues, namely, awareness of harm and consumption of these products. They are known locally as “herbal”, which is a terrible name because any herbal products carry the connotation that they must be good for us but, unfortunately, that is very much not the case with these products. They have many negative consequences for users and also for the community because they cannot understand the uncertainty surrounding the legality or illegality of these products.

We want to give the members as much information as possible. We have brought along information cards that have been given to families and I will circulate them to members. Probably the most important item we have is the wrappers these drugs come in and I would also like to circulate those to the members. They will note that the way they are packaged and marketed shows that they are clearly targeted at the very young market. Our survey has highlighted that children as young as 13 years of age are using these products and the oldest user, of whom we are aware, is in their early 40s. Unfortunately, these products are freely available.

With regard to the marketing of these products, they are called “Joker”, “Juicy Fruit”, “Clockwork Orange Loaded” and we found a new packet on the market only yesterday that is called “Volume 2”. From a chemical composition, we suggest they contain all the same things, namely, synthetic cannabinoids. The newest version we found on the street yesterday has the exact same kind of compound. It is causing a wide range of difficulties for children and their families. The scale of the problem is escalating as we find that a range of people are accessing our family resource centre every day seeking support.

From the service point of view, the growth of this problem has compounded matters as it is impacting on a number of areas. People are behaving in an extremely psychotic way and they may not have a mental health diagnosis. It is quite difficult from a service point of view to work out the treatment to provide. One of the recommendations in our report is to create a separate path where a detoxification unit could be accessed by high-end users of these products. Unfortunately, in Monaghan town and county, these products are the number one drug of choice. Their availability is quite unbelievable. The report refers to the issue of drug tourism. One can go across the Border to the North and buy these products in a joke shop. They are sold as incense products. If one has an address in the North, one can order these products in large quantities, 100 bags at a time, on the Internet and bring them across the Border where their legal status is somewhat grey. The issue is further compounded with Monaghan’s proximity to the Border and these products being openly available in the North.

Our community has faced a number of difficulties. They are outlined in the report, which is an attempt to seek the support that is required. There are key recommendations in the report. It is a short piece of evidence. We are very thankful that nine users were very honest and truthful in telling their particular stories. It seems clear that high-end users are afraid of coming off these products because one of the deaths was related to a young person struggling to come off them. One seems to go to a very dark place in trying to do that and, unfortunately for that young fellow, it ended in suicide. Many people who are on these products and wish to come off them are terrified about trying to do that on their own. The expert advice suggests that one should not do this on one’s own as it is very dangerous to do so. That is a very small snapshot of where our community is at in dealing with this issue. We will field any questions members may have.

Co-Chairman (Deputy Jerry Buttimer): Does Mr. Tim Murphy wish to make any remarks to the meeting?

Mr. Tim Murphy: I would mention the issue of the legislation. I understand that even perfect legislation will not necessarily solve the drug issue. As was pointed out, investment in treatment services is what will produce change.

As far as I understand, the difficulty with the legislation and the reason it does not appear to be working is because the laboratories are having difficulty demonstrating that these substances are psychoactive. My perception is that they are only able to compare new psychoactive substances against lists of controlled drugs. It is difficult for a laboratory to say with any degree of confidence whether a new substance is psychoactive in effect. The only way we can determine if something is psychoactive is through observable effects. A key recommendation I would make today would be for other evidence to be taken into account when classifying and cataloguing new psychoactive substances, for example, evidence from accident and emergency admissions, psychiatrist and pharmacologists.

Co-Chairman (Deputy Jerry Buttimer): I should have also mentioned there were apologies from Deputy Kelleher, who is in the Dáil Chamber. I welcome Deputy Ó Caoláin to the meeting. I mentioned earlier that he was in the Chamber but that he had made a request for the committee to discuss the Cavan-Monaghan project. Perhaps, in the absence of the Fianna Fáil spokesperson, Deputy Ó Caoláin would like to contribute now.

Deputy Caoimhghín Ó Caoláin: I apologise to both our guests here this morning for not being here to hear their full contribution. However, I read my copy of it in advance of this meeting. The clash between the timing of this committee's sessions and parliamentary questions to Ministers has irked us for a long time.

This is not an abstract issue, but is about people. Once again, speaking on behalf of my entire home community, I extend sympathy to Sharon McQuaid and her family on the tragic death of her son, P.J., and to Michael Power and the Power family on the sad passing of his son, Michael junior. This is the reality of the presence and ever-growing threat represented by so-called legal highs. Our community has been severely hit, not only with the tragic loss of two young lives but by the fact that many other lives have been significantly impaired and seriously affected. This was demonstrated in a recent television interview and has been graphically outlined in the report commissioned by Teach na Daoine. I understand copies of that report will be circulated to members before the conclusion of today's session. I commend Teach na Daoine on its initiative and its support for not only the immediate community it serves but the wider community in Monaghan whose interests it has always sought to represent.

It is vital that members not just of the Joint Committee on Health and Children but also of the Joint Committee on Justice, Defence and Equality inform themselves on this issue and collectively impact on Government consciousness in regard to the threat presented by legal highs. We will have an opportunity to hear and question the newly appointed Minister of State with responsibility in this area, Deputy Aodhán Ó Ríordáin, shortly. I wish him every success in his new role and responsibilities. We would urge that one of the first things he should do is inform himself in regard to any deficiency in the legislation to ensure there can be no question or doubt on the part of the Garda or the wider community as to the effectiveness and efficiency of existing legislation. We also urge that he takes the required steps to amend legislation as required to properly combat this substance threat.

The Criminal Justice (Psychoactive Substances) Act 2010, which saw the demise of the head shops, clearly has loopholes that allow for modified and re-modified substance manufacture and marketing. The efforts in evidence in my community are geared towards a particular profile of young people and the opening statement from Packie Kelly indicates the profile of the users. That profile is a particular cohort of people in every one of our communities who are clearly at risk. This is not only a County Monaghan or a Cavan-Monaghan issue. It is an issue of concern throughout this State and island.

I have a few questions in regard to mental health services, for young people in particular. I understand there is some difficulty in this regard and that the mental health services will not deal directly with a young person presenting with substance abuse, either its side effects or active use of legal highs. Their position is that this abuse in some way disguises what might be underlying mental health issues. It is important we give some attention to the point made in the presentation about compounding difficulties in securing treatment for young people. This issue must be examined in tandem with an evaluation of the legislation's fitness for purpose. Will Mr. Kelly and Mr. Murphy explain the situation in regard to the relationship with local gardai? What do they feel are the difficulties in regard to the Garda facing up to and presenting a serious challenge to the proliferation of these products? Will they expand on the difficulties there are in securing access to and support from local mental health services?

Deputy Dan Neville: I welcome Mr. Kelly and Mr. Murphy. I find this extremely interesting, because I was unaware of this development. When the witnesses say this drug is freely available, what do they mean. Is it in shops or where do people get it?

Co-Chairman (Deputy Jerry Buttimer): We will get back to the witnesses for a response when questions are completed.

Deputy Dan Neville: Where do people get this substance? We know the sale of illegal drugs is underground, yet they are freely available. However, the impression given in regard to these drugs is that they are perfectly normal and without side effects. This is obviously not the case. Has research been done in other countries into these products? Our witnesses are based near the Border, but what are the implications in regard to controlling the sale of these drugs in this regard, particularly if the Minister responsible needs to make an urgent response in this area?

I believe Cavan-Monaghan has one of the best mental health services in the country, especially in community mental health services, and it is often held up to other parts of the country as an example of how to improve. I recognise that no system is perfect, but I acknowledge the excellent community health service in Cavan-Monaghan. This is one of the products. How many products are there? I will leave it at that.

Senator Jillian van Turnhout: I join other members in thanking Mr. Packie Kelly and Mr. Tim Murphy for their presentation and in thanking Deputy Ó Caoláin for suggesting they appear before the joint committee. On reading this report, this is a new area for all members but as members of the Joint Committees on Health and Children and Justice, Defence and Equality, it is important that this issue be examined and grasped and that members give consideration to what they can do. On listening to the presentation, I have a specific question. Mr. Kelly mentioned the term "young people", which can have a wide meaning in certain ways. I seek greater understanding of the profile of the type of young people concerned. Is it socio-economic or what is the age profile? I ask to enable me to understand, because it is a new area. On examining the materials and packaging the witnesses circulated to members, some of it certainly is

aimed not even at teenagers, but at very young people. As for the report produced for Teach na Daoine by Dr. Marie Claire Van Hout and Evelyn Hearne, I opened one page on which there was a quote from a participant in one of the case studies stating:

There's also child protection issues, very young children and their parents are taking this stuff, they're exposed to this stuff, and they're walking around picking it up off the street. Sometimes parents and children are fighting over it. Fighting over who needs it the most.

As one of the children then even went on to ask, "How do you expect me to report my mommy and daddy?", there also is an intergenerational aspect. I wish to try to understand better, in order that I do not leave the meeting misinformed. In the specific recommendations made, I note Mr. Kelly called for increasing local sports partnership activities. What of the youth work organisations' activities in the area and the funding thereof because drastic cuts have been made to those areas and perhaps this is an area that should be examined? Mr. Kelly mentioned clinical awareness. What engagement does Teach na Daoine have with the formal health services? Obviously, it is positive that it is getting funding from Tusla, the Child and Family Agency. What engagement does Teach na Daoine have on a clinical level? On the interagency side, is there an issue with regard to dual diagnosis, that is, looking at the mental health issues? While I have not seen it yet, I am merely trying to wade through this report, which was handed to members as the meeting began. Consequently, I would be interested in being apprised regarding the mental health issues and the correlations.

Co-Chairman (Deputy Jerry Buttimer): I thank the Senator and will hand over to Mr. Kelly to respond.

Mr. Packie Kelly: I thank the Co-Chairman and we will do our best to field all those questions.

Co-Chairman (Deputy Jerry Buttimer): As other members also have indicated, I will come back then after Mr. Kelly has responded.

Mr. Packie Kelly: First, I wish to deal with the issue of the Garda, which was raised by Deputy Ó Caoláin. Certainly, in talking to local members of the Garda, they are as frustrated by this issue as is the community. As there appears to be a degree of greyness around the current legislation as to whether they are able to charge people, I believe they are quite frustrated with it. As for the Garda's level of knowledge with regard to availability, this also is within our report, the availability of this substance is that it is easily purchased in the North, where it currently is legal. The BBC programme in which we participated recently highlighted issues whereby the United Kingdom is trying to bring forward legislation that would effect a total ban on this and they were examining existing Irish legislation to ascertain whether that current ban is effective. It certainly showed up anomalies within the current Irish legislative system that allows stuff like this to be legal as such.

In respect of the mental health issue, we certainly have had experiences of young people presenting themselves, either to accident and emergency units or to the mental health service, in a highly psychotic state. The difficulty is that it is not until those young people come off the drugs and are clean, for want of a better word, that the mental health services then can diagnose and confirm the person in question has a mental health difficulty which the service can treat. Consequently, it really is a chicken-and-egg position as such for the mental health services. I hope I have answered the Deputy's question with regards to availability. What one can do is to purchase this substance on the Internet if one has an address in the North and, as stated earlier, one can purchase 100 or 200 bags. Then, if one is a dealer, one gets one's runners or one trans-

ports it oneself across the Border-----

Deputy Dan Neville: Is it in shops?

Mr. Packie Kelly: It is in joke shops, other incense shops and health shops in the North. It is sold openly at a local market that is just across the Border in County Monaghan. The going rate one pays for it is €7 and one sells it on the street at either €10 or €15.

Co-Chairman (Deputy Jerry Buttimer): It is €7 for this package?

Mr. Packie Kelly: Yes. That is the purchase price, while the street price ranges anywhere from €15 to €20. I think I have touched on the point regarding the legal stuff.

To respond to the Senator's point, our age profile is in the range between 14 and 43 or 44 year olds. The socio-economic profile is such that most of the users have a range of socio-economic difficulties such as no formal qualifications, an unemployment history and addictions to other issues. In respect of the youth work, which is an important point the Senator also raised, the only people within the area who are carrying out any youth work are attached to the family resource centre because of the cutbacks to other youth organisations. Within Teach na Daoine's area, it is the only organisation which is doing this. There is the Garda youth diversion project but again, as members will be aware, one may already have committed an offence or have been on the verge of committing an offence before one gets access to that. Perhaps, if it is all right with the Co-Chairmen, to fill up some of the gaps, I will ask Mr. Tim Murphy to respond to some of the questions asked.

Mr. Tim Murphy: As far as the Garda is concerned, I believe that samples have been seized and sent away in earnest. My information, after a couple of queries, going back to November 2014 is that the results coming back from the laboratories stated it was not a controlled drug, which I believe may be answering a different question from the one being asked. Again, one can see how, despite the Garda taking a problem seriously, it is unable to bring a successful prosecution. I think Mr. Kelly outlines the age profile well. Predominantly, we are seeing young males between the ages of 18 to 25, all presenting with serious mental health-type symptoms such as paranoia, suicidal ideation or depression. The difficulty for us as a support service is they often are so affected that they are unable to engage with counselling in any meaningful way and what they probably actually require in many cases is inpatient treatment and for the symptoms to be managed symptomatically by mental health services in an acute setting before they would be able to engage with addiction support services in a structured way.

As for the range of substances extant, I believe a Home Office report was issued in 2013, which I think has been well summarised by an organisation called Drugwatch, which published an article in 2014. Its findings were that there were more than 80 different synthetic cannabinoids available on the European market at that time and that there was potential to make hundreds more by relatively easy manipulation of the production process.

In respect of the mental health services response, the difficulties go back to the A Vision for Change document, which clearly stated that stand-alone addiction problems should be outside the mental health services. In my opinion, the presenting symptoms are so serious - as Mr. Kelly noted, in many cases we are dealing with psychosis and serious suicidal ideation - that there must be at least a short-term response, probably in an inpatient setting. Without going into detail, in one case with which we are dealing, we have someone who has been referred to our service. The person ended up being admitted to acute psychiatric services on an inpatient basis,

only to be released within a few days when the symptoms had abated somewhat. However, because the person does not appear to be past that critical withdrawal period, and these substances are highly unusual in that there appears to be a withdrawal syndrome, the person turns to alternatives very quickly and is constantly bouncing back into the accident and emergency units, the general practitioner and those kinds of services. We have also had recent uncorroborated reports, although I have seen availability of the Internet, that the products may be becoming available in vaporiser form for e-cigarettes. That would be another particularly worrying development if it becomes widespread.

Senator Colm Burke: I thank the witnesses for their presentation and the work they are doing in a very difficult area. Their work is of help to a lot of people.

Have we any idea of the percentage of young people availing of this drug, although I presume we are talking about any age from 14 or 15 up? I presume it is an illegal high. Is it spreading by word of mouth within communities or are people actively promoting it and making money out of it?

On education, I note Mr. Kelly's presentation stated that three of the user participants were educated to junior certificate level, two only to primary school level, and one to leaving certificate level. In view of the fact that some people did not go beyond primary school, how can a message be gotten across to that group? I have worked in projects in Cork and have found that many people drop out of school because there is no parental support. What is the best way of trying to get the message across of the dangers of using these substances? Is there anything new that can be done to move people away from using these drugs? I know it requires a collective approach.

Deputy Sandra McLellan: I thank the witnesses for their presentations and commend the work they do. It was stated that when someone presents to the mental health services with symptoms, he or she is not dealt with directly if he or she is using legal highs. When this happens, where are those people sent? Is any comparison available with how people are treated in the Six Counties?

Deputy Finian McGrath: I welcome the group. One of the recommendations is to review cross-Border policing approaches in order to address drug tourism. Based on the evidence, is that a two-way flow? Are the drugs coming from the South or from the North?

Deputy Catherine Byrne: I thank Mr. Kelly and Mr. Murphy for their presentations. This is one of the best ideas I have seen in a long time. The whole issue of herbal drugs is something I would be familiar with in my own constituency. I am glad to hear that the HSE and Tusla have helped to produce a document. I have not had a chance to read much of it at this stage, but the information card is very important.

I remember that when the drugs problem was at its height in the inner city, a small group of parents came together to organise groups and information sessions highlighting the drugs issue to young people. The problem is right across the country, in every corner of every town and outside the towns. Herbal highs are very attractive to young people, in particular, and they are marketed very well.

We have just gone through a whole rigmarole with cigarette packaging and we are going through the process of introducing minimum pricing of alcohol. Looking at the price of this drug on the street, €20 would buy 20 bottles of beer rather than one package of the drug.

Where are young people getting the money? Has crime increased in the area? Have there been more break-ins and burglaries? Anywhere we see people hitting hard on drug, we will get the bounce-back in criminal activity. Unfortunately the users themselves often turn to criminal activity to fund their own personal use, which is very sad.

I did not read the community-based study because I did not have time. The one thing that struck me from what I read was the line from one of the participants that “[t]here’s only one way of getting off herbal and that’s taking yourself out of this life.” For me that is very stark.

What has been done to educate parents on this? As parents, we live in a bubble and think our children are far beyond doing anything wrong. On the ground in communities, there are opportunities to bring parents in through schools, local groups or the family resource centres.

What happens to the people the witnesses have met on the street and in the resource centre, who have given their sad and poignant stories? What do we do with people like that? What channel can they be put into? Is there a detox programme for them and, if not, why not? Our job here is to listen to the witnesses and to try to find some solutions to help their work.

Senator Ivana Bacik: I am a member of the Joint Committee on Justice, Defence and Equality and “herbal highs” is the more correct term in the sense that these are not legal highs in this jurisdiction. Is that right? The report said there is a lack of clarity regarding the substances’ legal status. I wanted to clarify that. Did the witnesses mean that people who are taking them are not necessarily clear as to whether or not they are legal in the Republic? Different laws apply in the North, where the substances are obtained. To describe them as legal highs here is, I think, incorrect in legal terms, is it not? The legislation banning psychoactive substances would presumably apply to at least some of these products but there is a question mark over others. Are the witnesses advocating any particular change to criminal justice law in this jurisdiction?

Mr. Packie Kelly: We will try to field as many questions as we can. I thank the members for their questions.

On the issue of availability, the substances can be purchased on the Internet and there are numerous dealers. We have knowledge of about eight dealers within Monaghan town from whom people can freely buy the drugs. When members get time to peruse the report, they will read about the way herbal is advertised. People come into the area in their cars playing very loud music. One participant said it is like the ice cream van. Everyone knows the dealer has arrived.

The age profile of users is 50:50. There are children as young as 14 and some people in their early 40s. While our small study covers Monaghan town, I was glad to hear Deputy Byrne saying the problem is everywhere. It certainly touches every aspect of life in County Monaghan. This is not just a Teach na Daoine or Mullaghmatt Cortolvin issue. Herbal highs are widely available in Monaghan town and in the small villages throughout the county.

The issue of accident and emergency services and what happens to young people was raised. To be fair to everyone, no one knows how to deal with the symptoms of this issue. What the experts would say is: “We do not know what is in this stuff, so we do not know how to treat someone.” The real difficulty for us in the family resource centre with limited resources - although by no stretch of the imagination would I wish to dramatise this - is that on a daily basis we are afraid that once the person who has come in and sought some resource from us, or just some chill-out time, leaves the centre, they may not be back. There is certainly talk within the community of who is going to die next. That is the level of substance use that exists. People are

afraid that another person within the community may die as a result. It is a very difficult issue for a family resource centre or even for an addiction service such as that in Cavan-Monaghan to deal with this issue, as there are many layers to it and it is compounded with many difficult problems, not to mind access to the services or the legality of the issue. We have asked the experts about this because, like the committee today, we are learning in regard to this issue. We asked them what is the equivalent of this problem, and they said it was the equivalent of crystal meth. Given the international experience in this regard, that really hits hard. They say that users who use crystal meth only use crystal meth. In Monaghan, users who use this do not use any other substance. Current users of this would previously have been abusers of alcohol, but they have stopped. I said that in the report. They say, "Forget about alcohol; alcohol does not count any more. This is the stuff." This is the stuff that puts them in a place where they unfortunately want to go.

Mr. Tim Murphy: One of the questions was about where the service users go after they present to mental health services. The answer is to the other community services, such as ourselves, the Cavan-Monaghan drug awareness project, and Teach na Daoine. The issue is that they are not properly equipped to deal with the problem. They present with symptoms so serious that often they require inpatient treatment. Because we cannot get them past that critical withdrawal period that I described earlier, they are discharged quite quickly after being admitted to acute services, and they return to using the drug just as quickly. Clearly, trying to provide a counselling and support service to a person who is in an awful mental state is not the correct approach. In terms of prevention and education initiatives, the leaflet we produced was made because that is what we are currently resourced to produce. As to what education needs to be provided, it needs to be a solid evidence-based approach, possibly delivered through social, personal and health education in schools. I think that is the only way it can be done in a structured and widespread manner.

We have certainly conducted educational initiatives through talking to parents and young people whom we know to be at risk, and certain groups within Youthreach organisations and such places. Again, there are not sufficient resources to cover all the schools and all the areas where there are identified problems.

As a follow-on to a point made by Mr. Packie Kelly about the seriousness of the presenting symptoms, I do not want to be alarmist, but, as the committee has probably deduced, I am originally from just outside Liverpool, where I worked in addiction services, where we had a significant crack problem, and the comparisons in terms of the way people are presenting are quite stark. We run a methadone clinic - opiate substitution - in Cavan. We have a small number of habitual heroin users who have presented to our service, saying they are in a mess. That really focuses the attention. Without doubt, synthetic cannabinoids are a very serious substance. In terms of legality, this is probably a question for legal experts and the Garda rather than me, but there appears to be a general lack of understanding about its legal status. I think users are under the impression that it is perfectly legal because they have been told so by the Garda Síochána or they have been told there is no way the Garda Síochána can pursue a successful prosecution. The people who use these substances know that, and that is why it is an even more attractive alternative to, say, cannabis - because they know it does not carry any penalties under law.

As well as investing in treatments and support services, I believe we need to review the policy document A Vision for Change with a view to establishing dual diagnosis, because there appears to be great emphasis on primary and secondary diagnosis - that is, there is a primary addiction issue which is causing one's secondary mental health symptoms, which are therefore

not within the remit of addiction services. However, the whole principle behind dual diagnosis, and what the research would support, is that the two issues are so inextricably linked that one cannot tell which issue came first, and both needed to be treated in tandem by multidisciplinary organisations or support teams.

Co-Chairman (Deputy David Stanton): I thank the representatives for the presentation. It is very timely, and the work they are doing is very important given that we are dealing with life-and-death issues. Along with Deputy McGrath and two other colleagues, I recently visited Portugal, which is on the real front line. While we were there we engaged with the European Monitoring Centre for Drugs and Drug Addiction. I will read into record what one of them said to us:

New psychoactive substance (NPS or 'new drugs', often sold as 'legal highs') were detected in the EU last year at the rate of around two per week. A total of 101 new substances were reported ... in 2014 (up from 81 substances in 2013), continuing an upward trend in substances notified in a single year. This brings the total number of substances being monitored by the agency to over 450, with more than half of that figure being identified in the last three years alone.

What they told us is that there are labs in third countries where highly qualified people - people with PhDs - are manufacturing these substances and churning them out. The issue we have here, from a justice point of view, is the arrival on the market in Europe, Ireland or wherever of something that is not on our list. They have changed some chemical in it and it is a different substance. It is so difficult, as Deputy Finian McGrath would agree, to keep track of that. The other thing that is playing an increasing role is the Internet. The idea of somebody dealing in the back corner is old hat. There is the deep web, the dark web, and hidden transactions using Bitcoin. It is hugely complicated and a major challenge for policing across Europe and in Ireland, as well as for our health services. It is not simple. It is a multi-million-euro business, billions in fact. These are powerful and wealthy organisations - multinational drug cartels - dealing with this stuff. The growth of online virtual drug markets poses a major challenge to law enforcement and drug control policies, as stated in the report.

Existing regulatory bodies need to be adapted to perform in a global and virtual context. What the representatives are presenting to us today is a microcosm of a larger national and European issue that is growing. I do not think we are equipped to deal with it. Our thinking is back in the 20th century, whereas these guys have moved on to the 21st century. We have got to get away from the idea of somebody dealing and handling stuff. It has gone beyond that at this stage. We were told in Portugal that they are putting this substance in the post. It is so small that it is easily hidden, and it is impossible to detect because the volume of post is so huge.

One suggestion I would like to make - Deputy Finian McGrath and others discussed it earlier - is the idea of a standing parliamentary committee to deal with this issue alone. That is something I will be calling for. Deputies Finian McGrath, Catherine Byrne and others have brought to our attention the major gangland crime issues that feed on this also. It is a major issue for us from a criminal justice point of view. The presentation referred, as have Deputies Ó Caoláin, McLellan and others, to health, education, youth leisure, boredom and increased sports partnership, which is another issue. Justice is in there, and one can go across the whole range of Government Departments. All committees here are extraordinarily busy, but I suggest that there should be a standing parliamentary committee focusing on this alone. I would be interested in the reactions of colleagues and the witnesses to the suggestion. The standing committee would work with the Minister of State with responsibility for drugs, who, thankfully, is now

in position and is very active. This is extraordinarily serious stuff. The witnesses are right that this new substance is highly addictive and very dangerous, and we do not know what chemicals are in there. Those chemicals are changing constantly. The issue has to be dealt with on a multi-agency level. There is no simple answer and it is not just a matter of putting more gardaí out there. Those involved are bypassing that. Borders do not matter here. In many instances, they are just posting the stuff through. It is changing so quickly. We must change our thinking as well to bring it into the 21st century. We have the resources in mental health prevention, etc., but we must focus on this on a constant basis and work with our European partners, as they are also facing the same issue.

Deputy Caoimhghín Ó Caoláin: I refer to Senator Bacik's question and her view that surely these are not legal highs in Ireland. It is certain that they should not be. As I said in my opening remarks, I have met with gardaí in my local community to discuss the tragedies that have occurred, the community response and the need to have effective redress. I can report to the joint committees in session here today that one of the most senior gardaí, whom I respect personally, has told me the Garda does not have the legal resourcing to deal with this. It is not only about manpower; the legislation does not do the business. It links a little bit with what Mr. Tim Murphy was saying. These are synthetic cannabinoids. Mr. Murphy made the point that tests came back and the substance did not fit with any of those listed in the legislation. The Criminal Justice (Psychoactive Substances) Act 2010 listed more than 200 so-called legal highs and we have been adding to that year-on-year in the period since. The trick these people use is not to reuse or rehash; it is to mimic. It is a mimicking process, as the Co-Chairman, Deputy David Stanton, has said. They are finding a way to replicate and reproduce the psychoactive experience of the known drug - cannabis or another illegal drug. There are chemists who are investing all of their knowledge and time in this mimicking process.

We must get away from the notion that once we identify something, we can add it to the list. One is always playing catch-up. We have to leapfrog to be ahead of them. We must put the hand up and stop them in their tracks, which requires strong and tough legislation in the first instance and all of the other resourcing that must come also. We need to have the strongest possible legislation and there must be some way to say that any and all of these, no matter what the substance, are illegal unless they are actually provided for and listed as legal. We should work on the basis that they are illegal until they are, for whatever qualifying and acceptable purpose, brought on to a legal list of substances for human use as drugs, medications etc. I am in favour of simply going ahead of them and doing it most effectively. There is no other answer.

When Mr. Packie Kelly and Mr. Tim Murphy respond to Senator van Turnhout and talk about supports, alternative opportunities and different activities within relatively deprived or unprovided-for communities, this is where the risk presents. We must look at that and provide for and reintroduce the necessary supports in order to provide for that community response. That is also imperative.

Deputy Catherine Byrne: There is a great deal here. The more one listens, the more one learns, they say. I was very interested in what Mr. Tim Murphy said about education, particularly through schools and SPHE. I am a firm believer that if you get people at a very young age, instil in them some sense of who they are, where they have come from and a sense of worth and build their confidence, one can prevent many of them from doing things they know very well to be harmful to them and their families. When my children were in school, I was very aware of local people and community gardaí being able to respond and come in to talk to children about drugs. Sometimes, however, I thought it was not graphic enough. I think back to the television

advertisement about a young girl losing her ability to walk because a guy in a car veered off the road and jammed her up against a wall. Those are very poignant images for young people. My own children hated that ad. They saw the reality of what could happen with this guy completely out of control and bouncing into a wall. I wonder if the issue is whether we can instil in young people through education in school the image of what can happen to them, how this could affect their lives. It is the fact that we do not even know what is in some of these things and how it could affect them, not only now but into the future as regards their bodies and everything else.

Alcohol is the stepping stone into any kind of addiction. It starts off with young people having a few cans and then getting into something else. For some people, unfortunately, the train left the station on this a long time ago. It is very difficult for those people, but we should focus now on those people who are still in school, whether through youth work, music or sports. We should focus on improving their self-image and allow them opportunities. Deputy Ó Caoláin talked about community provision, but I am not talking only about the provision of services; I am talking about the provision of education in school around sport, music, theatre and all of those things that give children a different image of what they want to do with themselves.

Deputy Mary Mitchell O'Connor: I read the submission from the witnesses. I am someone who protested outside a head shop in Dun Laoghaire until it had to close down due to the level of bad publicity we brought to it. I am also very aware that a beautiful young girl died recently in my constituency, while a number of others were rushed to hospital, after taking something like this outside a nightclub in Dublin city centre.

I hear about education and I am a former school principal, but I believe the parents need to be educated. Everyone talks about the children. There is overload in school and we are telling them what not to do. Often, we are bringing in strangers to tell them about things and provide programmes. When I was raising my own boys I felt it was my responsibility to warn them against taking drugs. In my view, when it is done in school and when a parent hands over that responsibility to a school, sometimes parents sit back and think the kids will have the information. However, I think that parents need to be targeted. I am sure they are not aware that these drugs are available which look like chewing gum. It is necessary to empower parents, to give them the power to parent their children properly and to know who they are with and what they are doing.

Co-Chairman (Deputy Jerry Buttimer): There is a vote in the Dáil.

Deputy Mary Mitchell O'Connor: I have concluded and I thank the witnesses.

Deputy Dan Neville: Previously in the health committee I was chairman of a sub-committee on suicide which presented two extensive reports. I suggest the co-chairmen might consider whether a joint sub-committee with its own chairman could examine this area.

Co-Chairman (Deputy David Stanton): We have been discussing that and it might be worth doing.

Co-Chairman (Deputy Jerry Buttimer): I thank Packie Kelly and Tim Murphy for their presence and their presentation this morning and for the work they do. We will discuss our next actions as two committees together.

Sitting suspended at 10.50 a.m. and resumed at 12.10 p.m.

National Drugs Strategy: Minister of State at the Department of Health

Co-Chairman (Deputy Jerry Buttimer): I apologise to the Minister of State's officials, staff, those in the Gallery and Members of the Seanad for the delay. Parliamentary democracy insists on votes being held. I welcome the Minister of State at the Department of Justice and Equality, Deputy Aodhán Ó Ríordáin, to our meeting. This is his first visit to a committee meeting involving the Joint Committee on Justice, Defence and Equality and the Joint Committee on Health and Children. I thank him for his presence and for agreeing to hold a joint meeting of these committees with regard to his new brief and the national drugs strategy.

The committees had an interesting first session this morning and I thank Mr. Packie Kelly and Mr. Tim Murphy from Teach na Daoine and the Cavan-Monaghan drugs awareness project for their presentation. We are keen to consider several proposals with regard to the issues raised this morning. My Co-Chairman, Deputy Stanton, has made a proposal which we will discuss at the end of our meeting. I call on my Co-Chairman to make a few remarks.

Co-Chairman (Deputy David Stanton): On behalf of my colleagues on the Joint Committee on Justice, Defence and Equality, I welcome the Minister of State and his officials. Like my Co-Chairman, I apologise to everybody for the long delay in reconvening the meeting. My committee has done a lot of work on this area. Recently, a number of us visited Portugal to look at the Portuguese approach to the drugs issue. It has dissuasion committees where people are not actually put into the criminal justice system. For small amounts of drugs for personal use, people are sent for education and rehabilitation, treatment and so on and that seems to work pretty well. It ensures the Portuguese police can put more of its resources into tracking down dealers and sellers of drugs.

Today's meeting of the two committees is historic and it is one of the first times this has happened. It shows how seriously we take the issue of drugs. This morning we heard an interesting presentation by people from Monaghan on so-called legal highs. At the time, I pointed out that the monitoring committee of the European Union had told us that two or three legal highs are being detected each week, that there are 450 of these, which are monitored by the agency, and that the number is growing exponentially. We are in a new drugs era. The idea of somebody selling drugs on a back street is gone and people now use the Internet, the dark web, and social media. A while ago, someone told me that people use drones and all kinds of technologies to sell this stuff. There are labs across the world churning out different types of very dangerous chemicals which we are now, unfortunately, beginning to experience here. Therefore, we must treat this matter extremely seriously. We welcome the fact that we now have a dedicated Minister of State. There is no better person than the Minister of State present to lead this initiative. A number of months ago, my committee recommended a dedicated Minister of State when we examined the issue first. I look forward to the engagement and to what the Minister of State has to say to us.

Co-Chairman (Deputy Jerry Buttimer): We are having a joint sitting in accordance with Dáil Standing Order 84 and Seanad Standing Order 72. I wish to advise that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of the evidence they are to give to the committee. If they are directed by it to cease giving evidence on a particular matter and continue to do so, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with these proceedings is to be given and asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person or an entity

by name or in such a way as to make him, her or it identifiable. Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the Houses or an official by name or in such a way as to make him or her identifiable.

I ask Members, witnesses and people seated in the public Gallery to switch off their mobile phones or leave them in airplane mode. I invite the Minister of State to make his opening statement.

Minister of State at the Department of Health (Deputy Aodhán Ó Ríordáin): I welcome the invitation to address members of the Joint Committee on Health and Children and the Joint Committee on Justice and Equality on the national drugs strategy. I am delighted to have been given the opportunity to take on a ministerial role in this area. I see it as a vital role that needs the attention of a dedicated Minister. From my work as a teacher and principal in Dublin's north inner city, I am aware of the devastating consequences of drug abuse and the damage it causes in communities. I am deeply committed to doing all I can in my role, as Minister of State, to ensure that drug users are given the support they need to overcome addiction and once again live fulfilling lives.

Since taking up my new role, I have met many people who share my concern about the extent of the drug problem in Ireland. A lot of people have said that they would like to see a change of attitudes to addiction and a more compassionate health oriented approach to those who are dependent on drugs. Too often those afflicted by addiction suffer from stigma and a lack of public understanding and education which can hold back their recovery. It is against this background that I am delighted that the justice committee is inviting public submissions on its drug policy review, with particular reference to the question of whether an alternative approach to the possession of small quantities of illicit drugs for personal use should be considered. I very much welcome a discussion on this important issue.

The national drugs strategy aims to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment, rehabilitation and research. The strategy encourages inter-agency working in a difficult cross-cutting policy and service area.

The oversight forum on drugs, which I chair, monitors the progress in implementing the strategy. As part of the work of developing a new strategy to cover the period from 2017 onwards, I intend to carry out a comprehensive assessment of the extent to which the current strategy has provided an effective policy response to the drugs problem. I will speak in more detail later about my plans in this area.

In order to have an informed evidence-based approach to drug policies, we need accurate information on the nature and extent of drug use. The national drugs prevalence survey, which is carried out by the national advisory committee on drugs and alcohol, is a key source of such information. Fieldwork for the fourth wave of the survey in 2014-2015 is at an advanced stage. I look forward to the first results bulletin becoming available later this year. This will give the key findings on drug use and will enable comparisons with the three previous surveys undertaken in 2010-2011, 2006-2007 and 2002-2003.

The nature and scale of the drugs problem is constantly changing. While levels of illegal drug use stabilised between the 2006-2007 and 2010-2011 surveys, drug use in Ireland has increased over the past decade. Cannabis is now the most commonly used illegal drug in Ireland

with 6% of those surveyed reporting use of the drug in the year prior to the survey. The increasing trend towards polydrug use, involving a combination of alcohol, illicit drugs and prescription medication, is a major concern for me and the Government. Our treatment services are also seeing an increase in the use of benzodiazepine and z-drug. The fact that this often occurs in the context of multiple substance use is a particularly worrying trend.

Unfortunately, because of the hidden nature of heroin use, we do not have good data on its usage in Ireland. We know that there are in the region of 9,800 people in methadone maintenance treatment, which is an indicator of the extent of the problem. The NACDA is currently undertaking a survey, which will provide us with an up to date estimate of heroin users later this year. Even without this data, I am satisfied that heroin represents a substantial element of our drug problem and I am determined to find the most effective way to tackle this blight on communities.

I have already highlighted the multi-sectoral nature of our response to the drug problem. I would like to pay tribute to An Garda Síochána and the customs service for their role in the significant drug seizures that we have seen in recent years. The continued disruption of the supply of illicit drugs remains a key priority and this is also reflected in An Garda Síochána's policing plan for 2015.

The emergence of new psychoactive substances, specifically designed to circumvent drug controls, has been a matter of particular concern in recent years both in Ireland and at international level. The Misuse of Drugs Regulations and the Criminal Justice (Psychoactive Substances) Act 2010 have had a significant effect in closing head shops and reducing the supply of the substances. Recent research conducted by Trinity College shows a significant fall in recent and problematic use of head shop drugs among young people, following the national ban that was introduced in 2010, a measure which had cross-party support.

I met the UK Minister for Policing, Crime, Criminal Justice and Victims, Mr. Mike Penning, during the British-Irish Council summit meeting in June. He was keen to discuss with us the practical impact of banning so-called legal highs, as the UK Government has introduced a Psychoactive Substances Bill, currently going through its Parliament, which is modelled on the Irish experience.

The problem of new psychoactive substances is a constantly changing phenomenon. New substances are emerging all the time. We continue to monitor the problem through our national early warning system which enables authorities to identify new drugs, describe new trends in use and report the serious and unusual consequences of drug use.

I view it as vitally important to continue to highlight the potential dangers associated with taking illegal drugs. Evidence-based awareness raising and prevention programmes also play a key role in promoting healthier lifestyles and changing attitudes. Education programmes, such as the SPHE, facilities and services for young people in disadvantaged areas and diversionary programmes for young people at risk, all help to equip young people to make more positive lifestyle choices. However, the drug problem is a wider societal issue and cannot just be addressed within the educational system. As I often say, children and young people do not live in schools. Parental involvement and community concern play a role in protecting young people against substance misuse. Young people have been handed this problem by a previous generation and we should resist the temptation to blame such young victims who are merely continuing and mirroring what their parents and grandparents practised.

I am delighted to confirm that funding of €1 million will be allocated from the Dormant Accounts Fund later this year for substance misuse prevention. Grants of between €30,000 and €50,000 will be available for proposals developed by drug and alcohol task forces to mobilise communities to tackle drug and alcohol-related issues.

As I mentioned earlier, approximately 9,800 people are currently availing of opioid substitution treatment. The number of new entrants to treatment whose main problem drug is heroin is in decline. However, services are seeing an increase in the number of people whose main problem drug is cannabis, as well as an increasing incidence of poly-drug use. The HSE is committed to achieving improved health outcomes for problem drug users and has reoriented its services in recent years to cater for those with poly-drug use issues.

Waiting times for access to services, particularly outside Dublin, have been considerably reduced. The latest figures indicate that in the region of 95% of clients over 18 are accessing treatment within one calendar month of assessment, while almost 100% of under-18s are accessing treatment within a week. Additional funding of €2.1 million has been provided in the HSE budget for 2015 for measures targeting vulnerable drug users, bringing the total allocation for addiction services to almost €109 million. The extra funding includes support for an additional 53 beds, creating 439 new treatments.

The Government has also stepped up the effort to reduce drug-related deaths. In 2012, there were 633 drug-related deaths in Ireland. While there has been a small decline in the overall number compared to 2011, drug-related deaths remain at an unacceptable level, and every death is a tragedy in its own right.

I especially welcome the HSE-led pilot project on naloxone which has been launched recently. Naloxone is an antidote used to reverse the effects of opioid drugs such as heroin, morphine and methadone upon overdose. This innovative project involves training lay persons, such as the family and friends of a drug user, in administering the naloxone injection to overdose victims. Research shows that providing increased access to naloxone for people likely to witness an overdose is an effective way of reducing overdose deaths. I have no doubt that lives can be saved as a result of this initiative. We have an overdose problem in Ireland. I think we have the third worst rate of overdose in Europe.

There is a problem with street injecting in Dublin and elsewhere, which is unhygienic and unsafe for both drug users and the general public. Medically supervised injecting facilities exist in a number of other countries, and have been suggested as a response to the problem of street injecting in this country. I have recently received a draft legislative proposal in relation to this matter, and I have asked my officials to examine the issues in more detail.

Those struggling with drug problems are often the most marginalised in our society. They may have multiple, complex, interlocking needs, such as poverty, housing, poor health and education. This underlines the importance of services working together, through a client-centred approach, to foster client progression. The Government is committed to the full implementation of the national drugs rehabilitation framework, which aims to ensure continuity of care for the recovering drug user through shared care planning.

I would like to outline for committee members my priorities for the remainder of the lifetime of this Government. The first relates to the Misuse of Drugs Acts. In March of this year, the Minister for Health brought forward emergency legislation to deal with an adverse Court of Appeal decision regarding the Misuse of Drugs Act 1977. The ruling had the effect of decon-

trolling all substances that had been controlled by Government order, including ecstasy, new psychoactive substances and benzodiazepines. This meant that it was no longer an offence to possess these substances. The Oireachtas passed emergency legislation on 11 March to restore the controls on such substances by placing these in the Schedule to the Act. I intend to bring forward another Bill by the end of the year to amend the Misuse of Drugs Act so as to allow the Government to declare substances to be controlled, thereby meeting our EU and international obligations to control substances that are dangerous and have the potential for abuse.

The Bill will clarify the provisions under which Ministerial orders and regulations are made. This will once again allow regulations to be made and, if necessary and appropriate, allow the introduction of stricter or less strict controls on substances that are already covered under the legislation.

Second, as Minister with responsibility for the national drugs strategy, I will be leading the development of the drugs strategy for the period after 2016. My intention over the coming months is to lay the groundwork for a concise and focused policy, placing a clear emphasis on the practical implementation of actions. An examination of the approach to drugs policy and practice in other jurisdictions will also help to identify any additional evidence-based approaches which might be considered in an Irish context. The development of the new strategy gives us the opportunity to have a constructive and wide-ranging public dialogue on our current drug policies so that we are in a strong position to develop a fit-for-purpose response to the drug problem which will meet challenges into the future.

I will endeavour to answer any questions that members of the joint committee may have.

Co-Chairman (Deputy Jerry Buttimer): I thank the Minister of State. In the absence of Fianna Fáil, I will now call on Deputy Ó Caoláin.

Deputy Caoimhghín Ó Caoláin: I welcome the Minister of State, Deputy Ó Riordáin, and congratulate him on his appointment. I wish him success in his new role and responsibilities. It is a welcome decision of the Government to appoint a Minister of State dedicated to the task of addressing this need. It is only regrettable that nobody was in that position over the previous four years.

In my questions to the Minister of State, I wish to concentrate on the specifics concerning the earlier presentation by voices representing my own community and their experience in dealing with this matter. There is a big question mark over so-called legal highs. The real question is whether they are legal. Most certainly, they should not be legal.

We are discussing this question against the backdrop of two tragic deaths. As I said earlier, this is not an abstract issue. It has affected people whom I know personally. The friends who made presentations here this morning are dealing with these matters on a continuous basis. The community has been deeply affected by the almost epidemic presence and accessibility of these substances.

I note that the Minister of State met with the UK Minister with responsibility for policing, crime, criminal justice and victims, Mike Penning, during the British-Irish Council summit meeting last month. There is concern in my community as to the effectiveness and fitness for purpose of existing legislation here. Yet we note that the British legislation, the Psychoactive Substances Bill, which is going through Parliament but has not yet been enacted, is modelled on the Irish experience. That is a fact; it is not just the opinion of the witnesses we heard earlier,

Mr. Packie Kelly and Mr. Tim Murphy. I can advise the Minister of State that I have personally met senior representatives of An Garda Síochána in the Cavan-Monaghan division who tell me that the existing legislation is inadequate to allow them to address the growing scourge of packs of dangerous substances. That is the view of senior members of An Garda Síochána, which must be factored in. I would be concerned, if any other jurisdiction were modelling legislation on what we currently have, if the reality is that our legislation is deficient and incapable of properly allowing the policing service in this State to deal with the problem. I sincerely ask the Minister of State to ensure that a serious review of this situation is undertaken. In his closing remarks, he spoke of bringing forward another Bill by the end of this year to amend the Misuse of Drugs Act. The 2010 Bill effectively contributed to the closure of head shops across the country. That legislation listed some 200 banned substances, and the methodology is to continue to proscribe and add to the list over the intervening period. We must face the fact, however, that we simply cannot keep up. As Deputy Stanton, the Chairman of the Joint Committee on Justice, Defence and Equality, put on record here this morning, new substances are being created at a rate of two per week and people who have the chemistry know-how are working continuously to create these substances. We simply will not be able to deal effectively with this situation if we are always trying to catch up. We will never catch up. We need to find a way of getting in front of all of this with some form of blanket legislation that provides that substances are illegal until they are determined to be legal, acceptable and having a valid purpose. That would allow the Garda - and any other police service, where comparable legislation came into effect - to deal with the issue as it must. I ask the witnesses to expand on what they hope the amended legislation will achieve by the year end.

I did not realise the passage of time. If I am allowed to reflect on one last point, the Minister of State in his contribution said that waiting times, particularly outside Dublin, had been considerably reduced. We placed some attention on this issue earlier this morning, but some of the difficulties concern the fact that people who are users of these substances and who may have underlying mental health issues are not able to access mental health services while they are users. They can only be assessed and assisted when they are absolutely “clean”, which is the word used, and no longer using these psychoactive substances. Those qualified to make the assessment are then able to deal with them as standalones in their own right. There is an absolute need to look at this issue, because the required pathways to secure the help that is badly needed are not there.

This is a life-or-death situation which is, in real terms, currently affecting the county of Monaghan in a serious way, but I believe it is also the experience of communities right across the country. It may not take the format of those little packs to which the Minister of State has now been introduced, but if it has not, I can tell the Minister of State with confidence, it is only a matter of time.

Deputy Seamus Healy: I welcome the Minister of State and his officials to the meeting this morning. I thank the Minister of State for his presentation and congratulate him on his appointment, which I believe to be a significant one. There is a view that, in recent enough times, we have lost focus on this issue. A leading role by the Minister of State is vital to tackling the issue, which is widespread and pervasive. It may not be understood enough at a central level, but this is a problem affecting every town, village and street right across the country. It is significant that a Minister of State is leading in this area and is firmly putting the focus back on dealing with the issues.

I wish to focus briefly on the future. A number of important things need to be done. The

Minister of State indicated some of them in his presentation. The most significant one is the drug strategy after 2016 into the future. It is absolutely essential that we have an inclusive discussion and consultation on that strategy, which involves youth and community organisations, family resource centres, those who have been at the front line in dealing with this matter and those who have been affected directly by drugs. That is absolutely essential, and I hope the Minister of State will put in place a formal structure for such an inclusive consultation.

The Garda has done a lot of good work in the area of prevention by identifying and stopping the shipment of drugs. It has also done excellent work in the area of diversion. In the past, certainly in recent enough years, we have to a large extent lost the community policing element. Unfortunately, due to cutbacks or whatever, community gardaí across the country have been transferred to other duties. In many cases, the community policing aspect is tagged on to other duties. There should be a particular focus on community policing and ensuring these gardaí are available to communities.

Community facilities and services is another crucial area in dealing with drug abuse and misuse. The availability of community centres and sporting facilities in our communities is key to our future drug strategy. There is also the question of the adequacy of the law governing this area. The presentation earlier this morning raised that issue. There is a lack of clarity on legal or herbal highs. This aspect is crucial. Those four areas - the inclusiveness of consultation on the new drugs strategy, community policing, community facilities and clarification of the law - will be vital in fighting this problem in the future.

Senator Ivana Bacik: I welcome the Minister of State and thank him for attending the committee today. I also welcome his appointment, which, as others have said, is hugely important. As a member of the Joint Committee on Justice, Defence and Equality, I welcome, in particular, the fact that the Minister of State is now in charge of developing a national drugs strategy which is to commence after 2016. I welcome the initiatives he has spoken about on prevention and education and the allocation of resources in that regard.

Coming back to the national drugs strategy, the Minister of State has given a welcome commitment to examine policy and practice in other jurisdictions and to identify any evidence-based approaches which might be considered in an Irish context as part of that strategy. The Minister of State will be aware that the Committee on Justice, Defence and Equality is undertaking a review of drug policy. As our Chairman, Deputy David Stanton, said, some members of the committee went to Portugal and looked at the Portuguese approach, which treats drug addiction as a health issue rather than a criminal justice issue. I think we are all conscious from this morning's earlier presentation of the huge harm caused to health and, indeed, life by substance misuse. We also have to be conscious that our most recent survey by the National Advisory Committee on Drugs and Alcohol shows that 25% of Irish people have taken cannabis at least once. There is clearly a huge prevalence of the use of currently illegal drugs. The abuse or misuse of substances by some people is a major health issue. What is the best evidence-based approach for us to adopt? Will the Minister of State, in his development of the drugs strategy, be looking, for example, at the Portuguese approach and that much clearer health-based model rather than the criminal justice model?

Co-Chairman (Deputy Jerry Buttimer): I now call the Minister of State.

Deputy Aodhán Ó Ríordáin: How long do I have to respond?

Co-Chairman (Deputy Jerry Buttimer): As long as is needed, but I have six other people

who have indicated that they wish to speak as well.

Deputy Aodhán Ó Ríordáin: A wide range of issues have been raised and I appreciate the contributions that have been made. Deputy Ó Caoláin raised the issue of psychoactive substances and the effectiveness of the 2010 legislation. We have a cultural problem with addiction in Ireland. Every family in Ireland has an addiction problem. It is in every corner of the country. There is a traditional misconception that it affects only certain geographical areas of Dublin. That is not true. It is everywhere, in every class group, every income level and every part of the country. People in a higher income bracket tend to be able to hide it better. Those in a lower income bracket cannot hide it as easily.

In 2010, there was a cultural shift in that not only do we have a cultural acceptance of misuse of alcohol, which is a dangerous cultural problem, but we also have a cultural problem with our view of cannabis in certain sections of society. Head shops were prevalent in 2010 and schoolchildren in uniform were lining up outside head shops where they could legally purchase substances which were very dangerous. We had crossed a cultural border in the acceptance of that type of activity. The legislation introduced in 2010 was effective in closing down the head shops. There have been 260 controlled substances since then. I agree with Deputy Healy that we are constantly trying to catch up with a very sophisticated and lucrative market because it is only necessary to change one small component of a substance and re-package it. The system is trying to catch up with it. I attended an interesting presentation during the week by a member of An Garda Síochána at the north inner city drugs task force who said he has had conversations with women in his area who ask him how can they tell their children to get a poorly paid job in a department store if they have the option of earning €1,000 per week selling zopiclone on the corner of their street. The vehicle to address this is the Misuse of Drugs (Amendment) Bill 2015 that will come before the House this year. I agree about the challenge in doing that.

I accept that we have challenges in the area of treatment. I am trying to be as open as possible to meeting groups and drugs task forces and those who meet service users and people in recovery and have identified several gaps. One gap appears to be between the moment of realisation for a person with a substance abuse problem and the moment when treatment kicks in. There is an expectation that the person's behaviour or substance intake will change before the person can enter a mainstream programme. There are varying degrees of agreement or disagreement as to whether that really is a gap. We have to identify how we interact with an individual who, for the first time, has had that light bulb moment that life cannot continue in this manner and that he or she needs assistance. Crossing the threshold of a centre involves making a major personal change and calling out for help has a massive effect on self-esteem. Are we engaging with those people effectively and practically at that moment? I am not sure we are. There is also an aftercare issue. Are we just putting those on methadone programmes into cold storage for ten or 20 years, or do we deal with them as people with massive potential, who can work through their recovery and play a significant and important role in society?

We have a cultural problem in how we view people in recovery. It is not edifying to call them by nicknames, which we do. We have to challenge and move beyond that behaviour. They are sometimes very poorly treated by the media and in political circles and we have to move beyond that type of victim blaming. Anyone else with a medical problem would not be treated in such a manner and it does really inhibit them and their potential to recover.

I agree completely with Deputy Healy about the national drugs strategy and inclusive consultation because there are many people with much to say and the nature of the drug problem has changed completely since 2009. We are working with a strategy developed for 2009 to

2016. Ireland was a completely different place in 2009 and the drug issue was completely different then, as is the nature of what young people do now. I do not want to focus only on young people because people of all ages take illegal substances but young people engage in poly drug use, taking benzodiazepines mixed with alcohol and cannabis, which is much more potent and dangerous than it may have been ten years ago. It is a massive problem. I met a man aged 21 in a detox centre in Fingal last month who had been addicted to cannabis for nine years. This weighs heavily on my thoughts when trying to come up with a new drug strategy. I am not convinced we need a seven year one; we need a tighter one, a more focused number of years when we can make a difference through what we are trying to do.

I take on board Deputy Healy's comments about policing. I intend to hold a conference on 29 July in the Mansion House in order to bring as many stakeholders as possible into one room at the one time. I cannot wait for a review of the national drugs strategy to put a proper political focus on the nature of the problem in Ireland, which is a very serious one. What I hear in different parts of the country terrifies me about the nature, prevalence and danger of drug use because we are not giving it the attention it needs. I intend to bring a paper to Cabinet as soon as I possibly can and not to wait for the review of the national drugs strategy to do so. I will do that most likely in the autumn. This committee can certainly help me in that process. On 29 July, in conjunction with the new Ardmhéara of Dublin City, Councillor Criona Ní Dhálaigh, I want to host a conference and start that thought process about how to feed into the snapshot of the nature of the drug problem in Ireland.

Although Senator Bacik had to leave to vote in the Seanad, I will deal with her issue about the Portuguese approach. I do not see any point in persisting with dealing with people who are caught in a possession of a substance for personal use through the criminal justice system. It is a complete waste of Garda time and of the system. Under the Portuguese model there is an intervention, there can be sanctions but it is a waste of everybody's time and efforts to approach a person with an addiction issue who has a substance for personal use and decide that person is a criminal. That person has a medical need and should be dealt with in that manner. We have a lot of hearts and minds to win on that. The committees' consultation process is very useful because as soon as the word decriminalisation is used, people think one is talking about legalisation. They are two very different things. Our terminology has to be carefully used and sculpted. We have to use international models. The value system and dynamic in every country is different. A legislative approach cannot be taken from one country, stuck into another and expected to work. When the Oireachtas Joint Committee on Justice and Equality held discussions on prostitution, it was told not to take the Swedish approach without taking its value system of counselling and education, and the entire package. If we were to go down the Portuguese route, it could not be only a legislative change; it would have to be an entire package of measures.

Deputy Catherine Byrne: In his opening statement the Minister of State said we do not have a database for the number of people using heroin. I know he received a copy of draft legislation from the Ana Liffey project about safe injection rooms. I support that. I get many calls from parents telling me about the needles and drug-related things that are thrown all over the place when they bring their children for a walk in the park or to a playground and in school grounds. On a number of occasions I have met parents whose young children have picked up syringes. That is a real problem, particularly around the inner city. I hope the Minister of State will give due consideration to the draft legislative proposals from the Ana Liffey drug project because I think this is a step in the right direction not only for the people living in the area but for the users. It might also give the Minister some significant data on the numbers who use heroin.

I continually make the point on the social, personal and health education curriculum. I honestly think we need to change the model and look at ways that we can identify in the classroom how drug abuse is destroying young people's lives. We need to be more effective on the ground and get the message out. If young people at school do not get a graphic lesson on the effects of drugs, when they are out of school and into their 30s they are lost in the system and one cannot deal with them. Building self esteem comes not only from parents and education but from the community. I think that is very important.

I have a number of questions related to the task forces. Deputy Dara Calleary tabled a parliamentary question in June about the national drugs strategy budget. We hear all the time about the reduction in the money allocated to the community, but the reply to this parliamentary question included a table setting out the funding from 2010 to 2015. In my area, six different bodies receive local drug task funding and yet after huge sums of money have gone to them, we still have a significant drug problem. I wonder if this is due to the duplication of services. In some areas I see the same people accessing all of the services and nobody knowing who is doing what. The money is going into the services but nobody is tracking who is availing of the services. The services are duplicated in each of the areas.

I have a bugbear about young pregnant women with addiction issues who give birth in maternity hospitals to babies with addiction to alcohol and to drugs. We need to encourage these young pregnant women and help them because the substance abuse is not only killing them but affecting their unborn children. I have reservations around how these young women who have both alcohol and drug addictions are being treated when they go into the maternity hospitals.

Deputy Finian McGrath: I strongly support the joint sitting of the Joint Committee on Health and Children and the Joint Committee on Justice, Defence and Equality. I welcome the Minister of State, Deputy Ó Ríordáin and I have always supported the principle of having a Minister directly responsible for the drugs issue. I feel strongly that we need somebody in politics, a political director, to pull all the different agencies together. I also firmly believe we need somebody outside the political sphere that will pull everybody together and deal with the day-to-day issues. The Minister of State who is focused on the drugs issues has responsibility for asylum and other issues. We need to ensure we have a strong national director who will push the Departments and the services every single day of the week.

We have been discussing the drugs crisis but we have not put enough emphasis on the reasons young people take drugs. When one sits down with young people to observe and talk to them - in a previous day job I worked with young people - about the reason they took drugs, they will say it is for the buzz, to deal with anxiety, low self esteem, lack of love and affection in their personal and family life. Many of them come from very dysfunctional families where there was a lot of violence and aggression. The constant theme of these young people is the constant pain in their lives. As part of any strategy, we have to deal with these issues to prevent those people going down the drugs route. One needs to get in early.

The Minister of State mentioned that we have 9,800 people on the methadone treatment programme. It is great that these people are in a programme and I welcome that, but do we have numbers for those outside the system? To deal with a major national problem we need accurate information on the numbers.

We need to address the impact of drugs on communities. At present the Joint Committee on Justice, Defence and Equality is doing a report on gangland crime and the widespread intimidation that goes on in some communities. We have dealt with horrific stories. We need to focus

on the completely innocent victims of these drug gangs who live in the community and make life a living hell and total nightmare for others. We need to look at the impact of drug gangs as part of the overall response.

I was a member of the delegation that accompanied the Chairman of the Joint Committee on Justice, Defence and Equality, Deputy David Stanton to Portugal to learn about their approach to drugs. We got a very good insight into the problem. We saw at first hand the alternative approach to the aftercare and social integration of drug addicts. I think we should examine their model seriously as an option. From the political perspective I was also fascinated that Portugal has decriminalised drug use. The Minister of State referred to the forthcoming debate on decriminalisation and legalisation of drugs because it will frighten the bunnies and will be open to public opinion.

In Portugal there was all party agreement to do this and it was totally under the radar of public opinion.

Co-Chairman (Deputy Jerry Buttimer): There is a vote in the Dáil.

Deputy Finian McGrath: I am almost finished. It was taken as a natural progression that drug use would be dealt with through early intervention by the health system rather than the criminal justice system.

The Minister of State referred to the 633 drug related deaths in 2012 in Ireland. That is a very high figure. However he failed to mention the number of deaths as a result of gangland murders and violence in the community.

Sitting suspended at 12. 58 p.m. and resumed at 1.15 p.m.

Co-Chairman (Deputy Jerry Buttimer): I call Senator John Crown.

Senator John Crown: I welcome the Minister of State and his officials. I really wish the Minister of State well. This is perhaps the greatest example of a situation where we need first thinking. This is a classical example of society, and not just Irish society, looking at something in a certain way for 50 or 60 years, seeing the evidence stacking up, ceiling high, that what we are doing is wrong but continuing to do it. In medicine and in science, we believe in empiricism and in testing something and if it fails, we say that it failed and that it is time to try something else. In terms of dealing with drug policy, we have not been good at that. Effectively, we are doing the same kind of things now that were done in the 1950s and 1960s with subtle nuances. When I say “we” I do not mean we in Ireland, I mean globally in the western world in the way we tackle the problem. I am not making any personal criticisms or, indeed, any professional or systems criticism of the way we do things in Ireland, because we do it pretty much the same way that most other people do it and we do it wrong.

I am a parent. I have four children and I hope none of them takes drugs. I do not want anybody to think I am saint, which means that I am somehow soft on drugs or that I am some kind of an aging hippy - I am aging - who has got some kind of liberal ideas because I do not; I am very anti-drugs. I would cast a weather eye on people using drugs in any sphere of my life and would do everything I could to stop them doing it. I think we all have that as a goal. I made a few suggestions over the past eight years about different ways of doing it, and one takes a certain amount of personal criticism for that. People assume that somehow one is soft on drugs or one is soft on drug users. I am absolutely well aware of the devastation caused by drugs to individuals, their families and society at large.

The war on drugs has cost hundreds of billions of euro. One would have to say it is as unqualified a failure as we have ever seen internationally in anything. The number of people who are using drugs in most countries is higher than it ever was. There have been very few instances of countries where drug use has systematically gone down or the number of people whose lives are damaged by drugs has gone down.

The major emphasis on interdiction and criminalisation and the metric of success being the street value of the stuff police have in whatever part of the world when they have the great photo opportunities with all the great big bags of stuff they have seized is irrelevant. The metric has to be how many people are taking drugs, how much they are using, what kind of drugs are they using and the cost of the devastation to their health, their families and society. That is what we really should be looking at. The Minister of State has already given us many hints that he is looking at the alternative approach, one which is best exemplified by the Portuguese, by other selective centres in Scotland and by other places that have gone into a harm reduction approach and a medicalisation approach for many of the drugs but one of the key things is to look critically at being brave enough to say to people that we may end up reducing some of the emphasis on police and on naval vessels and that we may do something rather different in the way we are trying to tackle the problem. It is not because we have given up, that we do not care, that we are pro-drugs or that we are liberal but because what we have done in the past has not worked. That is a hard message to get across because people assume that if one is not being *über* tough on drugs or sounding like someone from the Tennessee state house, that somehow one is some kind of a communist.

It is critically important to dissect this problem into the many problems which it is. In the cancer world, it has dawned on us over the past 20 years that diseases which we thought were unitary in fact comprise many different kinds. Drug use is a similar analogy. We cannot hope to tackle cocaine abuse in the same way we would seek to tackle heroin, marijuana, alcohol or tobacco use. We need to see all of these as interrelated issues.

I might be accused of a certain inconsistency in these matters in that I would not hesitate to tighten the noose on the tobacco industry and make it ever harder for it to sell its products. We should be aiming for zero tolerance on tobacco use. It is achievable if we give ourselves a 20-year timeframe and a clear statement of purpose that it will no longer be legal to engage in for-profit commerce in tobacco after some future debate. That type of timeframe would facilitate farmers to switch to other crops, give investment houses time to invest in something else and allow factories scope to retool and so on. At a time when the world is desperately short of food, we could use the bioprocessing capacity currently taken up with tobacco production for something other than growing cancer-causing, addictive drugs. In the case of alcohol, my view is that we should, as a society, be aiming for a huge reduction in the volume we consume. However, these matters are another day's work and I will not go into them today.

My views are somewhat different when it comes illegal drugs. In the case of opioids, which are a special problem on their own, I did some research during my first year as a member of this committee; we met with many individuals and stakeholders and participated in on-site inspections. I came away from all of this convinced that we must regard opioid use as its own particular problem. People with an opioid addiction have a medical illness, and the treatment for the withdrawal phase of opioid addiction is opioids. We need to get people desensitised and ultimately off the drug, but when somebody has an acute withdrawal, the treatment they really need is an opioid of some kind or they will get terribly ill. We need a strategy of harm reduction, which will inevitably involve medicalising the use of heroin and heroin-like drugs in

a bigger way than we currently do. The physical manifestations of the illness and withdrawal are such that people, especially if they are in relatively low-income situations, will do anything to get the drug, with all the social chaos this causes not only for themselves, but also for their families.

I wish the Minister of State well in his undertaking and would be delighted to meet with him again for a more leisurely chat about these issues. I reiterate that when it comes to tackling drugs misuse, each aspect of the problem needs to be dissected and examined on its own merits. There will be no single solution.

Deputy Maureen O’Sullivan: This is the second time today and the third time this week that I have discussed this particular issue with the Minister of State. I thank the Chairman for facilitating me, as a non-member, to participate in the meeting. I wish the Minister of State well with the conference to which he referred. It is important to hear the voices of those affected by this issue. However, his predecessors, as we know, also held conferences; it is time now for concentrated action. The national drugs strategy is not keeping up with reality, which the Minister of State knows from the projects he has visited and as he will have heard at the north inner city drugs task force meeting the other day.

The Minister of State referred in his opening statement to the need for legislation. There was reference to new Z drugs, such as zopiclone, which has the brand name Zimovane. The minute these types of drugs appear, they must be tested and immediately banned. We know, however, that as soon as they are controlled, other drugs will appear. Whatever legislation is put in place, it must include a mechanism whereby whenever a new substance appears, there is immediate testing of it. I acknowledge that the testing centres are under fierce pressure, which is another issue.

The Minister of State referred to people accessing treatment. The problem is that so many who need it are not, for a variety of reasons, accessing any treatment. In the case of a person who presents at accident and emergency with chest pains, for instance, we could string off a list of procedures and treatments they might be offered. When somebody presents at a hospital suffering from the effects of alcohol or drug abuse, there is usually some emergency treatment administered and the person is then discharged. More often than not, that person will be back in the accident and emergency department many times again. We are not providing enough treatment opportunities and options at that particular point of access, which, in many cases, is the main point of access to the health system for people in addiction.

The Minister of State gave a very blasé answer this morning to my question about alcohol services, saying he had never heard of a project that did not claim to be struggling. I am asking him to examine those projects where the evidence is that they are doing well. Staff and clients at Áit Linn are very excited about his upcoming visit. I met a group from that facility the other day who are in recovery from alcohol addiction. They spoke about the economic cost of their alcoholism by way of accident and emergency visits, hospitalisation, missed work, doctor visits, medication and so on. The cost of their residential treatment was either paid for by themselves or covered by the medical card and they are now back in work and paying their taxes. Some have their own businesses and are employing people. Furthermore, there is a knock-on beneficial effect for their families and communities and, in many cases, they are supporting others in recovery. Áit Linn receives funding of €150,000 a year. We need such a facility in every town in the country such is the extent of the abuse of alcohol and drugs in our society.

There has been talk since 2010 about making naloxone available for the treatment of pa-

tients with drug overdoses. Will the Minister of State indicate whether there is any progress in that regard?

On the question of decriminalisation, it is important that age be given due consideration as a factor. There are extenuating circumstances to consider when a young person is caught with a small quantity of an illegal substance. When we are young, we think we are immortal and will never be caught out. It is a totally different scenario when an adult is habitually engaged in criminal behaviour around drugs. Our emphasis must be on supporting young people to get off a criminal path that will have massive implications for their future.

The Minister of State mentioned the changing nature of the drug culture and the need for urgency in addressing the issues. I urge that he consider replicating on a broader scale those projects, some of which he has seen or will soon see for himself, that are working and making a difference.

Deputy Aodhán Ó Ríordáin: I thank members for their contributions. I agree with Senator John Crown's sentiments about it not being enough to continue on with what has been handed down to us but that we must instead form a logical view of what is happening and what needs to be done. As I said earlier, there is no point in clogging up the courts system and criminalising people for what is a medical need. There can be a lot of tough talk around this issue, which is really pointless. We have an understanding of the issues facing people who live on the edges of society and the excesses that can sometimes arise in their behaviour. Tough talk offers great one liners for journalists to latch onto but essentially amounts to meaningless and vacuous commentary which does not address the reality of the situation.

Continuing down the road of the Just Say No policy is a waste of time because a lot of young people do not listen to that message. Some are affected by the call and respond accordingly, but many others do not. I agree with Deputy Catherine Byrne that the education component is very important in terms of setting out our stall, but it is not really the most effective way of reaching young people. If children were influenced to that extent by everything they are told in school, we would not have the issues we have.

I am instinctively an advocate for the idea of medically supervised consumption rooms. I am in favour, too, of a decriminalisation model, but it must be one that suits the Irish context. That is a crucial point. I referred to the different legislative approaches taken in different countries. We must ensure any provisions we bring in will work in this country and in the context of Irish dynamics.

There is a huge amount of work to do in terms of raising public awareness. Deputy Finian McGrath mentioned the 633 people who died from drug misuse in 2012. It is an appalling statistic. If it applied to road deaths, there would be a massive public awareness programme arising out of it. We need to look at how to hone our message, but there remains work to do on what that message should be. This is an issue that impacts people of all ages, young, middle-aged and older. Deputy Maureen O'Sullivan made an interesting point about age being a factor in decisions around criminal sanctions. Some people have taken drugs all their lives and do not make a connection in their own heads with the tragic stories that enter the public realm from time to time. Consequently, I do not know; I am willing to listen and learn as to how best to approach this matter. I accept the Deputy's point about how the Government is constantly trying to catch up with a lucrative and sophisticated industry. The Deputy and I are aware, from the area she represents and which I used to represent and in which I used to teach, that this is an extremely lucrative industry. It is not a casual, recreational activity in which people get

involved but is a parallel economy. It employs people, one can make money out of it, people derive power from it and it has a hierarchy within it. Why would one spend one's time in education or further training when is a lot of money to be made within this parallel economy? As there is a huge amount of empowerment to be gained from doing that, the question is how should that also be tackled. I acknowledge the Deputy mentioned that the previous Minister held a conference in early 2014 and I understand the focus was mainly on the issue of alcohol. My intention is not to allow this conference, which is to be held at the end of the month, to feed into the national drugs strategy necessarily but to let it feed into a paper I wish to present to Cabinet, which basically will outline Ireland's current position in this regard. As for waiting for the national drugs strategy, such a strategy will be produced anyway. Governments and the political system will deliver that anyway. However, I wish to provide a snapshot in time of the nature of our drug problem, how important it is, how dangerous it is, and how serious this is. I want people to say things like people are not showing up, to refer to the drugs task forces, the gaps in the service, the aftercare and all the rest of it. I believe we can get to the bottom of these issues at the conference at the end of the month.

Deputy Caoimhghín Ó Caoláin: In picking up on Deputy Maureen O'Sullivan's point about trying to dovetail analysis and banning with the presentation or the advent of a new substance, I note it probably is extremely difficult. I refer the Minister of State back to the earlier point I made. Is it at all possible to be out ahead of it? Without wishing to repeat everything I stated earlier, I suggest a general ban on human use or absorption of substances that are not actually deemed legal and within approved purpose might be a means by which the Garda would be better able to carry out its function in the face of the presentation of new substances on a continuous basis, which is the case and unquestionably will continue to be the case. I refer to when a new substance presents and the definition as to whether it is psychoactive. The laboratory testing will make a determination as to whether the chemical structure of the new substance is comparable with existing psychoactive substances. However, of itself, it perhaps cannot decide that it is; it can only tell one what is the make-up of the substance and that it is similar to known psychoactive particles. Is there a way, within the existing or the new legislation the Minister of State is planning, of having legal certainty whereby one could allow for the prosecution to proceed on the basis of the laboratory testing and of all the available information? Is there a way to ensure beyond reasonable doubt that this comparable make-up to known psychoactive substances is sufficient to proceed? It is the case that some of these are challenged, there is uncertainty and it is unknown, particularly in respect of synthetic cannabinoids. As I stated in the earlier session, these are not the same but are mimicking what something else we know of can and does do. Can the legislation be amended to ensure the laboratory test is adequate confirmation of the purpose, the intent and the effect of the use of these substances?

I refer to the role of the mental health services in treating induced psychosis or other presenting crises such as, for example, suicidal ideation. I made the point earlier that there is not immediate access. There must be an amendment to the existing brief regarding mental services in order that people are not turned away only to then go back to a community-based or similar service within the community. There must be some access to professional help and services, not awaiting the person to be off the particular drug in which he or she is involved. For all of this, increased investment in treatment and support is needed. Finally, I refer to the establishment of inpatient stabilisation and detoxification facilities. Are these matters the Minister of State will proactively consider in the new amending Bill he proposes to bring in before the end of this year? He should provide members with greater certainty as to what he intends to do.

Deputy Aodhán Ó Ríordáin: Prior to the court case earlier this year, the Minister had the

power to control substances. It was the court case that caused the confusion and the emergency legislation and that is why we are in this position. If I might suggest, the pre-legislative stage in this committee or committees would be key to teasing out those issues, be it the justice committee, the health committee or whichever committee is deemed appropriate. Collectively, across the House, there is a determination to deal with and nail this issue and to be on top of it. I completely accept the point made by the Deputy that when one is dealing with a highly sophisticated industry, which can change a small component of whatever substance it is and then repackage, reproduce and distribute it, one is constantly playing catch-up. The Government wishes to have as robust a legislative framework as possible to deal with that. My understanding of the 2010 legislation is that psychoactive substances effectively were banned and that there is a list of those which were not in order to give a legal structure around it. I suggest the pre-legislative stage here at this committee or in joint sittings of committees might be the best way to tease that out. However, on the Deputy's question, I certainly have an open mind as to how best we can deal with the issues he has raised.

One of the Deputy's questions pertained to the issue of mental health and addiction and a new strategy. That absolutely will be a central part of the new strategy and I believe it is key to it. Earlier, I mentioned the interaction I have had with people, including those in recovery and their families and the trauma their families have also gone through sometimes is overlooked. As I mentioned at the outset of my presentation, I believe it should be acknowledged that every family in Ireland has had an addiction problem. Therefore, every family has suffered from it, every family understands it and every family needs to be helped through that process too, because it is not just the person in recovery who needs assistance; it also is the people who care for the person in recovery.

Co-Chairman (Deputy David Stanton): As we are almost at the end of the meeting, I thank the Minister of State and his officials for their attendance today. It was an interesting and engaging meeting. I noted one or two points. The Minister of State initially spoke about a focus on supply reduction, prevention, treatment, rehabilitation and research and then he spoke about inter-agency working in a difficult cross-cutting policy and service area. This encapsulates the challenge and as someone mentioned earlier, the Sports Council has a full-time chief executive officer who is focused on sports and on sports only. Perhaps there is a need for somebody, perhaps somebody already is doing this, to pull together everybody, all the agencies and Departments, and to work with the Minister of State on a full-time basis. This might be something worth considering.

I also wish to mention the issue of youth work. The Minister of State or perhaps someone else earlier this morning noted that students do not live in school, which is a good comment as they do not. They live in communities and in homes. Very often, if youngsters are engaged in out-of-school formal youth settings, one can have outreach there as well and this is an area that might be expanded and explored and which might be worth considering. Deputy Maureen O'Sullivan mentioned this earlier but in Portugal, members noted the importance of the local treatment centres. People have somewhere local to go so they do not have to travel long distances for treatment.

I wish to bring the Minister of State's attention to the amazing work done by the Churchfield Community Trust in Cork and ask him to visit it at some stage. The Cornmarket Project in Wexford also does amazing work with people who are really challenged. I visited both and have met the people involved. Next week representatives from Churchfield Community Trust will come before the Joint Oireachtas Committee on Justice, Defence and Equality to make a

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presentation on the very impressive work they do. Colleagues have said such work is being done throughout the country.

The Minister of State said many people have multiple complex interlocking needs such as poverty, housing, poor health, education and mental health issues. The challenges are massive. I speak for all colleagues when I say that the sense I have is that everybody is behind the Minister of State in the work he wants to do and he has full support. If I am wrong I ask people to pick me up on it, but I sense a real impatience to get on with it, that the Minister of State should do what he needs to do and that he will not have resistance. People will be impatient to get on and have this dealt with. This is above politics. It is life and death for many people and we want to give the Minister of State fair wind to get on with it. The idea of committees coming together like this is useful because it is cost-cutting. As Chairman of the Working Group of Committee Chairmen I will explore with colleagues whether we can do this to give the Minister of State further support.

Co-Chairman (Deputy Jerry Buttimer): I thank members of both committees for their presence and participation. I thank the Minister of State and his staff and departmental officials. I also thank those working on the committee and the two clerks for organising the meeting.

The joint committee adjourned at 1.40 p.m. until 11.45 a.m. on Tuesday, 14 July 2015.