

# Focal Point Ireland: national report for 2016 - Drug markets and crime

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Health Research Board. Irish Focal Point to the European Monitoring Centre for Drugs and Drug Addiction

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## Table of Contents

<b>0. Summary</b> .....	<b>3</b>
0.1 National profile .....	3
<b>1. National profile</b> .....	<b>4</b>
1.1 Drug market .....	4
1.1.2 Routes of trafficking .....	5
1.1.3 Contextual information on trafficking .....	8
1.1.4 Wholesale drug and precursor market .....	8
1.1.5 Retail drug market.....	9
1.2 Drug related crime .....	12
1.2.1 Court outcomes for drug offences .....	12
1.3 Drug supply reduction activities .....	15
1.3.1 Drug supply reduction .....	15
<b>2. Trends</b> .....	<b>20</b>
2.1 Short term trends (5 years).....	20
2.1 Short term trends in drug law offences data .....	24
<b>3. New developments</b> .....	<b>29</b>
3.1 New or topical developments observed in the drug market in Ireland since 2015 .....	29
<b>4. Sources and methodology</b> .....	<b>30</b>
4.1 Sources .....	30
4.2 Methodology.....	30
4.3 References.....	31
<b>Acknowledgements</b> .....	<b>32</b>

## 0. Summary

### 0.1 National profile

It is generally accepted that Ireland's serious illicit drug problem emerged in the late 1970s and early 1980s, when heroin demand and supply first emerged. This was initially concentrated in economically deprived areas of Dublin's inner city but would eventually spread throughout the city and over the next few decades, throughout the country. When Ireland's principal drug law, the Misuse of Drugs Act 1977, was being introduced, the drug problem was not seen as particularly significant. This was also reflected in a relatively minimal approach to drug law enforcement. The year 1996 can be regarded as a watershed in terms of the state response to the drugs issue. The assassination of an investigative journalist by people involved in the drug trade led to a concerted state response, on the one hand in terms of the introduction of a series of criminal justice measures targeted against drug supply and the enhancement of law enforcement measures and, on the other, the development of policies around demand reduction, which would ultimately lead to the emergence of the National Drugs Strategy in 2001. Supply reduction is one of the five pillars of the NDS and a number of agencies, including the Naval Service, Customs Drug Law Enforcement and the Garda National Drugs Unit are jointly involved in addressing drug supply and drug-related crime.

- Trends

The total number of drug seizures increased from 5,299 in 2004 to a peak of 10,444 in 2007. Between 2008 and 2010, the number almost halved, to 5,477. Following a slight increase in 2011, a steady annual decrease in the number of seizures occurred. Between 2014 and 2015, there was a 35% reduction in the number of drug seizures, decreasing from 5,421 to 3,498. The overall reduction in the number of drug seizures can be partially explained by examining the data on seizures for cannabis-type substances. Similar to all drug seizures, a 36% decrease in the number of cannabis-type substances seized occurred between 2014 (2,226) and 2015 (1,423). Reductions in the number of cannabis seizures may be partially explained by changes in how cannabis is consumed. The data indicate that there has been a move away from cannabis resin and cannabis plants to more potent forms of cannabis such as herbal cannabis. Although a decreasing trend was evident for all cannabis types since 2010, seizures for herbal cannabis have been substantially higher than for cannabis resin and cannabis plants combined. For example, the most recent figures indicate that despite a decrease in herbal cannabis seizures between 2014 and 2015, from 1,628 to 1,049, the number of seizures was nearly three times higher than the number of seizures for cannabis resin and cannabis plants. The reduction in the total number of reported seizures since 2008 may also be explained by a reduction in the number of seizures of other drugs. Since 2007, the number of cocaine seizures has decreased each year. Similar reductions were evident for heroin seizures, except for two periods: a) between 2011 and 2012, when there was a slight increase in seizures ( $n = 14$ ); b) between 2013 and 2014, when a 38% increase was reported. The decreasing trend re-emerged in 2015, when a 21% reduction was reported. Seizures of ecstasy-type substances also decreased significantly between 2008 and 2010. However, in 2011, they increased by more than 900%. Although this upward trend continued in the subsequent three years, a reduction in seizures of ecstasy-type substances was reported in 2015. Another factor that may be influencing the seizure trends for illicit drugs is the illegal street sale of prescription drugs. This has emerged as an important issue in the Irish drug scene in recent years. Another noteworthy development has been the continued work of Gardaí in tackling the illicit drugs trade in Ireland. Although there was a decrease in relevant court proceedings between 2011 and 2013, they resulted in a large number of convictions: 186 (2011), 192 (2012) and 135 (2013). Similarly, although the number of relevant court proceedings for the possession of drugs for personal use (simple possession) continued to decrease between 2010 and 2013, from 8,302 to 7,183 offences, the number of convictions to date has been substantial: 2,886 (2010), 2,573 (2011), 2,220 (2012) and 2,122 (2013).

- New developments

As the NDS 2009–2016 is now nearing the end of its current timeframe, a Steering Committee has been established to oversee the development of a new NDS from 2017 onwards. It is chaired by an

independent chair and it includes representatives from statutory, community and voluntary sectors (see section 1.3.1a National Drugs Strategy 2009–2016 and section 4.2 of the Policy workbook).

A recent audit by Connolly and Buckley (2016) examined via focus groups the hidden harms experienced by individuals by looking at different characteristics of intimidation; for example, when the intimidation occurred, victim profiles, type of incident, gender, age, individuals or groups, etc. The findings of the study demonstrated how drug-related intimidation and violence affected the physical, mental and emotional well-being of victims (Connolly and Buckley 2016). It is hoped that the findings of this study will have an impact on policy implications for Ireland.

Another development observed in the drug market in Ireland 01 August 2015 to 31 July 2016 is the increase in drug-related violence. This is primarily due to an ongoing feud between rival criminal gangs. The feud has resulted in seven murders, a number of which were orchestrated from outside Ireland. The communities in which these crimes have occurred have been left feeling vulnerable and afraid in their own homes. In response to these crimes and with the aim of preventing further violence, there is an increased Garda presence in Dublin (see section 1.3.1 Policing communities). In addition, the Misuse of Drugs (Amendment) Act 2016 gives greater powers to Gardaí and brings more new psychoactive substances (NPS) and prescription drugs under legislative control (see section .2.1 Illicit street-level retail market in prescription drugs)

## **1. National profile**

### **1.1 Drug market**

As reported in the 2015 workbook, two reports provided useful information on domestic production of drugs in Ireland (Police Service of Northern Ireland and An Garda Síochána 2015); (Migrant Rights Centre Ireland 2014).

#### **Cannabis**

According to a joint assessment of cross-border organised crime carried out in 2014 by An Garda Síochána and the Police Service of Northern Ireland (PSNI), the cultivation of domestic cannabis has been increasing recently. This report suggested that despite the intervention of law enforcement, grow houses cultivating cannabis continue to appear. The reasons put forward for this are: firstly, the start-up and running costs are low and secondly, the profits yielded tend to be high. In addition, grow houses are generally run by foreign national organised crime groups (OCGs) who employ foreign nationals to work as gardeners (p.16), (Police Service of Northern Ireland and An Garda Síochána 2015).

Additionally, a report by the Migrant Rights Centre Ireland (2014), which focused on trafficking for forced labour in cannabis production, highlighted cases where the majority of offenders apprehended in raids of cannabis cultivation sites were nationals from Vietnam and China (Migrant Rights Centre Ireland 2014). The report also highlighted an increase in the cultivation of domestic cannabis and noted that in 2011 Gardaí dismantled 500 cannabis cultivation sites.

#### **Synthetic drugs**

As reported in the 2015 workbook, Alphaphenylacetoacetonitrile (APAAN), a precursor of the internationally controlled substance 1-phenyl- 2propanone (P-2-P), also known as benzyl methyl ketone (BMK), was found in Ireland for the first time in September 2013 (Police Service of Northern Ireland and An Garda Síochána 2015). In addition, the 2014 assessment by the Gardaí and the PSNI indicated via various seizures that crystal methamphetamine was available on both the Irish market and the Northern Irish market. The Irish market is centred around a small number of Eastern European nationals, who use over-the-counter pharmaceutical products containing pseudoephedrine to produce the illegal substance. Evidence of Large-scale production has not been reported (p.19), (Police Service of Northern Ireland and An Garda Síochána 2015). Aside from these examples and one other seizure of piperonyl methyl ketone (PMK) and BMK, which are precursors for MDMA and Amphetamine, synthetic drug production is generally not carried out in Ireland (Roberts, 2016, personal communication GNDU).

## Tableting

Some Irish OCGs have participated in tableting pharmaceutical drugs. Drugs such as Zopiclone, Zolpidem or benzodiazepines are obtained in powder form, which is then used to produce tablets using specialised equipment (2016, Garda Drugs and Organised Crime Bureau, personal communication). This is a growing market.

### 1.1.2 Routes of trafficking

Interdictions by the Revenue Commissioners' Customs Service provide useful information on the origin, and sometimes intended final destination, of drugs being brought into the country. Ireland's long coastline is considered vulnerable to traffickers seeking less guarded routes to bring drugs to the United Kingdom and Europe from South America, North Africa and other drug-producing regions.

Table 1.1.2.1. shows that in 2015 drugs that were brought into Ireland originated in Spain, Portugal, Africa (East, South, West, and Central), Northern Europe (Lithuania) and China (Revenue Commissioners 2015).<sup>1</sup> For the most part, drug traffickers travelled from Europe (Spain, Portugal, Netherlands, France, the UK), Africa or United States. The main mode of transport was by freight via ferry to Cork, Rosslare or Dublin, or by plane via Dublin Airport or Cork Airport. The bulk of products that arrived by plane were concealed in luggage. Another method that was also used was the postal system. A number of products were intercepted by post in controlled deliveries (see Table T1.1.2.1).

**Table 1.1.2.1 Origins, estimated value, estimated weight, concealment details of drugs that were brought into Ireland in 2015**

Product type	Date	Estimated Weight	Estimated value: in excess of	Investigators	Location	Product originated in	Travelling from	Concealed or found in
Cannabis Herbal	23/01/15	10 kg	€200,000	Revenue Customs	Dublin		Barcelona	Luggage
Cannabis Herbal	03/02/15	23.5 kg	€470,000	Revenue Customs	Post: Portlaoise Mail Centre			Parcel
Cannabis Herbal	25/02/15	8.3 kg	€166,000	Revenue Customs and Garda Síochána	House in Clonsilla Dublin	Nigeria, West Africa		Lining of suitcase
Cannabis Herbal	08/05/15	9 kg	€180,000	Revenue Customs and Garda Síochána	Portarlington	Nigeria, West Africa		House search
Cannabis Herbal	14/05/15	4 kg	€80,000	Revenue Customs	An Post: Portlaoise Mail Centre	West Africa		Parcel addressed to South Dublin
Cannabis Herbal	22/05/15	30 kg	€600,000	Revenue Customs	Dublin Airport	Nigeria, West Africa		Foodstuff
Cannabis Herbal	11/06/15	50 kg	€1,000,000	Revenue Customs and Garda Síochána	Dublin	Spain		Soap
Cannabis Herbal	24/06/15	85 kg	€1,700,000	Revenue Customs	Dublin		Spain	Freight Consignment

<sup>1</sup> Data extracted from Press Release Archive 2015 at <http://www.revenue.ie/en/press/archive/2015/index.html>

Product type	Date	Estimated Weight	Estimated value: in excess of	Investigators	Location	Product originated in	Travelling from	Concealed or found in
				and GDOCB				
Cannabis Herbal	08/07/15	8 kg	€160,000	Revenue Customs	Dublin Port		Spain	Freezer unit of freight
Cannabis Herbal	14/07/15	1 kg	€20,000	Revenue Customs , GDOCB and Cork Divisiona I Drugs Unit	Douglas Road, Cork	Cameroon, Central Africa		Controlled delivery
Cannabis Herbal	05/08/15	60 kg	€1,200,000	Revenue Customs	Post			Three parcels
Cannabis Herbal	01/09/15	19 kg	€389,000	Revenue Customs and GDOCB	Dublin Port		Rotterdam, Netherlands	Trailer
Cannabis Herbal	13/11/15	10 kg	€200,000	Revenue Customs and GDOCB	Dublin	Spain		Controlled delivery to address off Navan Road Dublin 7
Cannabis Herbal	19/11/15	20 kg	€400,000	Revenue Customs GDOCB	Dublin	Spain		Controlled delivery to address in Clondalkin
Cannabis Herbal	22/12/15	7 kg	€154,000	Revenue Customs and GCOCB	Longford	Uganda, East Africa		Premises search
Cannabis Herbal	30/12/15	2 kg	€40,000	Revenue Customs and Gardaí	Nenagh, Tipperary			
Cannabis Herbal and Cannabis Resin	01/07/15	9.5 kg	€184,000	Revenue Customs	Rosslare Europort	Lithuania, Northern Europe	Cherbourg, France	Lithuanian-registered van
Cocaine	25/03/15	25 kg	€1,750,000	Revenue Customs	Cork Port		Central America	Containers being unloaded from a vessel
Cocaine	07/04/15	3.4 kg	€240,000	Revenue Customs	Shannon Airport		United States	Concealed behind panel in the aircraft cabin
Cocaine	25/07/15	500 g	€40,000	Revenue Customs	Cork Airport	Faro, Portugal	Faro, Portugal	Frame of suitcase
Cocaine	07/08/15	250 g	€16,800	Revenue Customs	Dublin Airport		Dublin to Ibiza	Luggage
Cocaine	07/08/15	60 g	€8,100	Revenue Customs	Dublin Airport		Dublin to Ibiza	Luggage (30 g x 2)
Cocaine	21/08/15	11.2 kg	€784,000	Revenue Customs and GDOCB	Dublin Port			Freight vehicle
Cocaine	02/09/15	1.9 kg	€133,000	Revenue Customs	Dublin Airport		Charles de Gaulle, France	Luggage
Cocaine	13/09/15	15 kg	€1,000,00	Revenue	Dublin Port		UK	Haulage vehicle

Product type	Date	Estimated Weight	Estimated value: in excess of	Investigators	Location	Product originated in	Travelling from	Concealed or found in
			0	Customs and GDOCB				
Cocaine	28/09/15	5.7 kg	€400,000	Revenue Customs	Dublin Airport		Dubai	Baggage
Cocaine	19/10/15	800 g	€56,000	Revenue Customs and GDOCB	Post: Controlled Delivery	Johannesburg South Africa	Johannesburg South Africa	Post to Cobh Co Cork
Cocaine	21/12/15	500 g	€35,000	Revenue Customs and GDOCB	Lucan	South Africa		Picture frames in a premises in Lucan
Cocaine	24/12/15	11 kg	€770,000	Revenue Customs and GDOCB	Dublin Port		Holland	Interception of haulage vehicle
Diamorphine (heroin)	19/08/15	10 kg	€1,500,000	Revenue Customs and GDOCB	Dublin, Naas Road Rathcoole			Interception of two vehicles, travelling south
Diazepam	11/12/15	6000 tablets	€6,000	Revenue Customs and GDOCB	Post: Controlled delivery	Cameroon, Central Africa		Post to address in Blanchardstown
Ecstasy (MDMA)	01/07/15	72000	€720,000	Revenue Customs and GDOCB	Dublin			Two residential premises
Khat	25/09/15	18 kg	€3,600	Revenue and Garda Síochána	Post: Controlled delivery	Kenya, East Africa		Package sent to Ennis Co Clare detected initially at Shannon Airport
Khat	24/11/15	53 kg	€26,000	Revenue Customs	Dublin Airport		Addis Ababa, Ethiopia East Africa	Baggage
Pentedrone	10/04/15	500 g	€17,500	Revenue Customs and Garda Síochána	Post: Controlled Delivery	China		Post to address in Carlow
Pentylone	01/12/15	500 g	€25,000	Revenue Customs and GDOCB	Post: Controlled Delivery	China		Post to address in Enniscorthy

Note. GDOCB = Garda Drugs and Organised Crime Bureau; Revenue Commissioners = Revenue Commissioners Customs personnel  
Source: (Revenue Commissioners Press Releases for 2015')

Although the number of seizures for cocaine and heroin by Revenue Commissioners Customs Division personnel in 2015 (92) was higher than in 2014 (72), the quantity and estimated combined value in 2015 (95.4 kg; €6.69 million respectively) was lower than in 2014 (1,049.2 kg; €73.45 million respectively). A total of 626 kg of herbal cannabis and cannabis resin were intercepted in 1,024 separate seizures (Revenue Commissioners 2016).

### 1.1.3 Contextual information on trafficking

As reported in the 2015 workbook, the nature, structure and organisation of the illicit drug markets in Ireland was examined over a three-year period (2008–2010) (Connolly J and Donovan A M 2014). Four local drug markets were included: two urban, one suburban and one rural drug market (anonymised as A–D). Although cannabis was shown to be the main drug supplied, heroin, crack cocaine and prescription drugs could also be obtained at different levels across all locations surveyed. Further information on this study can be found in the Drugs and Crime workbook 2015.

### 1.1.4 Wholesale drug and precursor market

As reported in the 2015 workbook, a joint assessment of cross-border organised crime by An Garda Síochána and the Police Service of Northern Ireland (PSNI) makes a number of observations about criminal organisation on the island of Ireland (Police Service of Northern Ireland and An Garda Síochána 2015). The report stated that despite OCGs having an ‘innate hierarchical structure’, extensive ‘fluidity exists among individuals within groups. For example, some facilitators within OCGs can have a specialised function within a specific criminal operation, while also being of assistance to other groups. The drugs industry remains, according to the joint assessment, ‘the main driver behind the activities of organised crime groups in Ireland and Northern Ireland’ (p. 8) (Police Service of Northern Ireland and An Garda Síochána 2015).

A key component in the growth of OCGs is diversification, interaction and cooperation with international criminal networks. This enables involvement in more than one venture or “sideline” enterprise (p.8), which can result in more profits for all concerned. As well as increased income, networking facilitates criminal expansion and increased resilience of OCGs regardless of law enforcement (Police Service of Northern Ireland and An Garda Síochána 2015).

Along with the emergence of foreign national OCGs in Ireland, this report states that there is extensive interaction between OCGs operating on either side of the border. Another concern is the link between dissident republicans and OCGs: ‘Despite their public denouncement of organised criminality, dissident republicans heavily depend on organised crime to fund their terrorist activities. A relationship of friction and facilitation appears to exist between OCGs and some dissident elements “Taxing”/extortion of drug dealers by dissident republicans has occurred in recent years’ (p.8), (Police Service of Northern Ireland and An Garda Síochána 2015).

### Adulterants

**Diamorphine** The laboratory of Forensic Science Ireland (FSI) analyses drugs seized by the Gardaí. Between 4 April, 2013 and 15 December, 2015, the following adulterants were detected in diamorphine samples submitted:

- caffeine was detected in 81% of samples
- paracetamol was detected in 70% of samples
- other adulterants (diazepam, phenacetin and benzocaine)

Per case, two adulterants were detected in approximately 65% of diamorphine sampled.

An analysis using a representative sample of street level deals seized between 29 January, 2014 and 16 October, 2015, involved 30 cases (weight not available). Caffeine and paracetamol were the main adulterants detected, and were present in 93% of the cases (FSI, 2016, personal communication).

### Cocaine

In cocaine samples submitted for purity quantification between 22 December, 2013 and 27 November, 2015, levamisole was by far the most common adulterant present (73% of cases). Other adulterants that were detected in cocaine samples were:

- benzocaine (41%)
- caffeine (22%)

- Lignocaine (18%)
- Phenacetin (9%)
- Others (9%)

Powders may also contain adulterants such as sugars, creatine, etc., which cannot be detected by the methods used by FSI (FSI, 2016, personal communication).

Per case, the number of adulterants identified varied, from highest to lowest:

- two adulterants were detected in 41.73% of cases
- one adulterant was detected in 27.34% of cases
- three adulterants were detected in 14.39% of cases
- no adulterants detected in 9.35% of cases
- four adulterants were detected in 6.47% of cases
- five adulterants were detected in 0.72% of cases (FSI, 2016, personal communication)

An analysis using a representative sample of street level deals seized between 29 January, 2014 and 16 October, 2015, involved 36 cases (weight not available). The following adulterants: levamisole, benzocaine, caffeine, phenacetin and lignocaine were detected in 66.6%, 63.8%, 22.2%, 13.8% and 14% of the cases respectively. The number of adulterants detected per case were:

- one adulterant detected in 30.5% of cases
- two adulterants detected in 38.9% of cases
- three adulterants detected in 38.9% of cases
- four adulterants detected in 5.6% of cases

### ***Amphetamines***

Caffeine was detected in 80% of amphetamine cases sampled. In 20% of cases, no adulterants were detected. Amphetamines may also contain sugars or other substances, which are not detected by the methods used by FSI (FSI, 2016, personal communication).

### **Nature and organisation of buyers, sellers and intermediaries**

The predominant organisations running drug markets in Ireland are OCGs. There are approximately 25 OCGs running the criminal underworld in Ireland; five of these may have connections internationally with countries such as Spain, Holland and the UK. Increasingly, it is documented that foreign OCGs, such as Chinese and Eastern European criminal groups, are involved in different illicit trade markets including drugs, human trafficking and counterfeiting. Notably, due to the high demand for drugs in Ireland, drug trafficking is deemed the most profitable (Garda Drugs and Organised Crime Bureau, 2016, personal communication).

### **1.1.5 Retail drug market**

#### **Number of seizures of illicit drugs**

The FSI laboratory analyses all drugs seized by Gardaí and prepares a quarterly report of the findings. The data presented here are from the report for 2015. This tells us the number of cases involving drugs initiated by the Gardaí and gives a picture of the relative frequency of the various types of illicit drugs seized. Table 1.1.5.1 lists in descending order the illicit drugs associated with cases being investigated by the Gardaí.

**Table 1.1.5.1 Seizures of illicit drugs, and associated Garda cases, 2015**

Drug	Number of cases encountered	Total database entries for drug
Cannabis herb	1049	1522
Diamorphine	758	889
Cocaine	364	558

Drug	Number of cases encountered	Total database entries for drug
MDMA	202	262
Cannabis resin	192	237
Cannabis plant	182	182
Zopiclone	65	66
Amphetamine	63	80
PVP	46	67
Methadone	22	23
Pentedrone	19	19
Benzocaine	18	20
2 C-B	15	15
Clonazepam	12	12
Lignocaine	12	12
LSD	12	13
Ketamine	11	18
Methoxetamine	10	10
Sildenafil	9	9
TFMPP	8	8
Chlorpheniramine	6	6
Methylamphetamine	4	4
Ethylone	4	5
Codeine	4	5
Mephedrone	4	7
MDPV	1	1

Source: (FSI, 2016, personal communication)

A number of cases were related to prescription medicines, which it was suspected had been traded illegally. The most common of these were Alprazolam (127), Diazepam (175), Flurazepam (15) and Phenazepam (12).

### ***Pack sizes and purity of drugs seized***

Data for pack sizes and purity of drugs seized were obtained from FSI. It is important to note that due to the volume of work that is being carried out by FSI, there is a backlog of drugs to be analysed; therefore, the figures provided in Table 1.1.5.2 will change as new data become available in the future.

### ***Dimorphine***

A total of 50 diamorphine analyses involving 39 cases were undertaken by FSI on seizures made between January and December 2015. Pack sizes ranged from 24.65 g to 869.60 g. The percentage of diamorphine purity results ranged from 3% to 71%, with an overall average purity of 39%. A similar number of packs were analysed between 2014 (49) and 2015 (50) (FSI, 2016, personal communication).

Additionally, an analysis of a representative sample of street level deals (30 cases) indicated that the overall percentage of diamorphine purity was 34%. The percentage of diamorphine purity detected in cases from the Dublin Metropolitan Region (DMR)(33%) was similar to the percentage detected in cases from non-Dublin Metropolitan Regions (35%) areas.

### ***Cocaine***

A total of 115 analyses of cocaine seizures involving 95 cases were undertaken between 1 January 2015 and 27 November 2015. Overall pack sizes ranged from 5.358 g to 4.1713 kg. The percentage of cocaine purity results ranged from 0.336% to 91%, with an overall average purity of 43%. The analyses of cocaine packs increased between 2014 (83) and 2015 (115) by 39%. It is likely that this increase is higher, as data for December 2015 are not yet available (FSI, 2016, personal communication).

Additionally, an analysis of a representative sample of street level deals (36 cases) seized between 29 January, 2014 and 16 October, 2015 indicated that the overall percentage of cocaine purity was 24%. The percentage of cocaine purity detected in cases from DMR (28%) was higher than the percentage of purity detected in cases from non-DMR (19%) areas.

### ***Amphetamine***

Twenty samples containing amphetamine were quantified in 2015, with seizure dates ranging from 21 December, 2012 to 22 August, 2015. Pack sizes ranged from 0.825 grams to 1090.9 grams. The percentage of amphetamine purity results ranged from 0.6% to 49% with an overall average purity of 9.2%, which reduced to 7.1% when one outlier was removed (FSI, 2016, personal communication). The percentage of amphetamine purity detected in cases from DMR (7.0%) was similar to the percentage of purity detected in cases from non-DMR (7.2%) areas.

### Drug prices

Table 1.1.5.2 shows drug prices based on the current market value of controlled drugs in October 2015. No change occurred between 2014 and 2015.

**Table 1.1.5.2. Drug prices based on current market value of controlled drugs, October 2015**

Drug	Category	Per Gram/Tablet	Per Kilo
Alprazolam	Benzodiazepine	€2 Tablet	N/A
Amphetamine	Phenethylamine	€15 per gram	€15,000
AM2201	Synthetic Cannabinoid	€20 per gram	€20,000
AMT	Tryptamine	€200 per gram	€200,000
Benzylpiperazine	Piperazine	€5 tablet/€50 gram	€50,000
Butylone	Cathinone	€50 per gram	€50,000
BKMBDB	Cathinone	€50 per gram	€50,000
Bromazepam	Benzodiazepine	€1 Tablet	N/A
Cannabis Resin	Cannabis	€6 per gram	€6,000
Cannabis Herb	Cannabis	€20 per gram	€20,000
Cannabis Plants*	Cannabis	€800	
Cocaine	Cocaine	€70 per gram	€70,000
Chlordiazepoxide	Benzodiazepine	€1 Tablet	N/A
Clobazam	Benzodiazepine	€1 Tablet	N/A
Clonazepam	Benzodiazepine	€1 Tablet	N/A
CPP	Piperazine	€5 tablet/€50 gram	€50,000
Diamorphine	Heroin	€140 per gram	€140,000
Dimethylone	Cathinone	€50 per gram	€50,000
Diazepam	Benzodiazepine	€1 per tablet	N/A
DMT	Tryptamine	€200 per gram	€200,000
DMAA	Phenethylamine	€60 per gram	€60,000
Ethcathinone	Cathinone	€50 per gram	€50,000
Ethylone	Cathinone	€50 per gram	€50,000
Flephedrone	Cathinone	€50 per gram	€50,000
Fluorotropacocaine	NPS	€50 per gram	€50,000
Fluroamphetamine	Phenethylamine	€15 per gram	€15,000
Flunitrazepam	Benzodiazepine	€1 per tablet	N/A
Flurazepam	Benzodiazepine	€1 per tablet	N/A
GHB	Solvent	€1 per ML	€1,000 Litre
GBL	Solvent	€1 per ML	€1,000 Litre
JWH 018	Synthetic Cannabinoid	€20 per gram	€20,000
JWH 073	Synthetic Cannabinoid	€20 per gram	€20,000
JWH 250	Synthetic Cannabinoid	€20 per gram	€20,000
Ketamine	Hallucinogen	€60 per gram	€60,000
Khat	Hallucinogen	€0.50 per gram	€500
LSD	Acid/Hallucinogen	€10 per tab	N/A
Lysergamide	Hallucinogen	€20 per gram	€20,000
Lorazepam	Benzodiazepine	€1 per tablet	N/A
Lormetazepam	Benzodiazepine	€1 per tablet	N/A
MAM 2201	Synthetic Cannabinoid	€20 per gram	€20,000
MBZP	Piperazine	€5 tablet/€50 gram	€50,000
MCPP	Piperazine	€5 tablet/€50 gram	€50,000
MDMA	Phenethylamine	€10 tablet/€60 gram	€60,000
MDEA	Phenethylamine	€10 tablet/€60 gram	€60,000
MDA	Phenethylamine	€10 tablet/€60 gram	€60,000
MDPBP	Cathinone	€50 gram	€50,000
MDPV	Cathinone	€50 gram	€50,000
MEC	Cathinone	€50 per gram	€50,000
Methadone	Opiate	€20 per 100ml	N/A
Mephedrone	Cathinone	€50 per gram	€50,000
Methylone	Cathinone	€50 per gram	€50,000

Drug	Category	Per Gram/Tablet	Per Kilo
Methedrone	Cathinone	€50 per gram	€50,000
Methylamphetamine	Phenethylamine	€60 per gram	€60,000
Methoxyamphetamine	Phenethylamine	€60 per gram	€60,000
Methoxetamine	Hallucinogen	€60 per gram	€60,000
Methylphenidate	Phenethylamine	€60 per gram	€60,000
Mirtazapine	Benzodiazepine	€1 per tablet	N/A
MMC	Cathinone	€50 per gram	€50,000
Naphyrone	Cathinone	€50 per gram	€50,000
Nitrazepam	Benzodiazepine	€1 per tablet	N/A
Pentedrone	Cathinone	€50 per gram	€50,000
Phentermine	Phenethylamine	€10 tablet/€60 gram	€60,000
Phenazepam (Not Controlled)	Benzodiazepine	€1 per tablet	N/A
PMA	Phenethylamine	€10 tablet/€60 gram	€60,000
PMMA	Phenethylamine	€10 tablet/€60 gram	€60,000
Prazepam	Benzodiazepine	€1 per tablet	N/A
Psilocin	Hallucinogen	€10 per gram	€10,000
Psilocybin	Hallucinogen	€10 per gram	€10,000
PVP	Cathinone	€50 per gram	€50,000
RCS4	Synthetic Cannabinoid	€20 per gram	€20,000
Salvinorin A	Hallucinogen	€20 per gram	€20,000
STS 135	Synthetic Cannabinoid	€20 per gram	€20,000
Temazepam	Benzodiazepine	€1 per tablet	N/A
Triazolam	Benzodiazepine	€1 per tablet	N/A
UR144	Synthetic Cannabinoid	€20 per gram	€20,000
Zolpidem	Sleeping agent	€2 per tablet	N/A
Zopiclone (Not Controlled)	Sleeping agent	€2 per tablet	N/A
2CB	Phenethylamine	€10 tablet/€60 gram	€60,000
2CE	Phenethylamine	€10 tablet/€60 gram	€60,000
2CI	Phenethylamine	€10 tablet/€60 gram	€60,000
25INBOME	Hallucinogen	€10 per tab	N/A
5AKB48 (Not Controlled)	Synthetic Cannabinoid	€20 per gram	€20,000

Source: (Garda Drugs and Organised Crime Bureau, 2016, personal communication)

\*Cannabis plants are valued based on the potential yield of the plant. An actual market value can only be applied when plants are fully mature and ready for sale. Charges contrary to Section 15A of the Misuse of Drugs Act (as amended) are not applied for in relation to nursery plants or plants that are not fully mature.

## 1.2 Drug related crime

### 1.2.1 Court outcomes for drug offences

Data regarding drug law offences are provided by Court Service and the Irish Prison Service via their annual reports.

#### Court outcomes for drug offences

The *Courts Service Annual Report 2015* presented statistics for prosecutions for drug offences between January and December 2015 (Courts Service 2016). Data are provided for the District Court, Juvenile crime, Circuit Court and Appeals from District Court.

#### **District Court**

In most cases, prosecutions for drug offences are carried out in the District Court, which is the lowest court in the Irish legal system. Overall, 12,310 orders were made in relation to drug offences, which represented a 4% increase since 2014 (11,877) and involved 11,023 defendants (see Table 1.2.1.1). This total represented a 1.6% increase on the number of cases prosecuted in 2015 (n = 10,842). A further 1,432 cases were sent for trial in the Circuit Court. A total of 11,802 indictable offences were dealt with summarily (see Table 1.2.1.2); this was approximately 4% higher than the number of offences dealt with in 2014 (11,390).

**Table 1.2.1.1 Sentences for drug offences in the District Court, 2015**

Incoming		Resolved: Offences		
Offences	Defendants*	a) Summary	b) Indictable dealt with summarily	Sent forward for trial
18038	11023	508	11802	1432

Source: (Courts Service 2016)

\*There may be more than one offence brought against a defendant

**Table 1.2.1.2 Summary and indictable offences: outcomes in District Court, 2015**

	Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/Det	Susp	Other	Total
Summary offences: outcomes	30	129	93	67	10	1	16	59	32	19	52	508
Indictable offences dealt with summarily: outcomes	324	3076	1382	2234	53	7	288	1731	323	485	1899	11802

Note. Dis = Dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob. = probation; Imp/Det = imprisonment or detention; Susp = suspended sentence  
Source: (Courts Service 2016)

### Juvenile crime

The total number of orders that were made in respect of drug offences in the Children's Court was 195 (Courts Service 2016), which represented a 14% decrease since 2014 (n = 228), (Courts Service 2015). Table 1.2.1.3 shows the outcomes of these orders.

**Table 1.2.1.3 Juvenile crime outcomes in 2015**

Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/Det	Susp	Other	Total
9	55	40	19	3	-	2	48	3	3	13	195

Note. Dis = Dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob. = probation; Imp/Det = imprisonment or detention; Susp = suspended sentence  
Source: (Courts Service 2016)

### Circuit Court

The Circuit Court heard cases for 434 defendants that involved 1,432 drug offences. Out of 1,307 guilty pleas, 47 were convicted and 26 were acquitted (see Table 1.2.1.4). These trials resulted in 197 imprisonments and 289 suspended sentences (Courts Service 2016).

**Table 1.2.1.4 Sentences for drug offences in the Circuit Court in 2015**

Incoming Offences	Defendants*	Resolved: Offences						
		Guilty	Trials		NP	TIC	Quash	Dec
			Convicted	Acquitted				
1432	434	1307	47	26	926	81	0	0

Note. Guilty = guilty pleas; NP = Nolle prosequi; TIC = taken into consideration non-conviction; Quash – quash return for trial; Dec = accused deceased

\*There may be more than one offence brought against a defendant

Source: (Courts Service 2016)

**Table 1.2.1.5 Offence outcomes following conviction in the Circuit Court in 2015**

	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ Det	Susp	Other	Total
Offence outcomes following conviction	91	15	279	2	25	17	197	289	491	1406

Note. TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob. = probation; Imp/Det = imprisonment or detention; Susp = suspended sentence

Source: (Courts Service 2016)

### Appeals (from District Court)

In 2015, 239 appeals, representing 451 offences from the District Court, were dealt with in the Circuit Court (Courts Service 2016). Table 1.2.1.6 shows a breakdown of resolved offences.

**Table 1.2.1.6 Appeals from District Court, 2015**

Incoming	Resolved: offences
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Incoming		Resolved: offences				
Off	Def	Aff	Varied	Rev	S/O	S/O N/A
451	239	112	209	59	57	55

Note. Off = offences; Def = defendants; Aff = affirmed; rev = reversed; S/O = struck out; S/O N/A = struck out no appearance  
Source: (Courts Service 2016)

### **Court of Appeal**

In 2015, 66 drug offences appeals for convictions, sentence severity, conviction and sentence, sentence leniency (i.e., 7, 33, 3 and 23, respectively) were lodged in the Court of Appeal (Courts Service 2016). A total of 88 appeals were resolved (see Table 1.2.1.7). The highest number of appeals (56) was lodged for sentence severity. Of these, in 26 offences, the original sentence was quashed and another sentence was given in lieu (see Table 1.2.1.8).

**Table 1.2.1.7 Summary of incoming and resolved appeals in 2015**

Appeal	Conviction	Sentence (severity)	Conviction and sentence	Sentence (leniency)	DPP (dismissal)	MC	Total
Incoming	7	33	3	23	0	0	66
Resolved	11	56	5	16	0	0	88

Note. MC = miscarriage of justice;  
Source: (Courts Service 2016)

**Table 1.2.1.8 Appeals: outcome for drug offence appeals in 2015**

	A	B	C	D	E	F
Conviction	3	0	0	4	4	-
Sentence (severity)	2	26	22	6	-	-
Conviction and sentence	0	2	1	0	0	2
Sentence (leniency)	3	11	2	0	-	-
DPP (dismissal)	0	0	0	-	-	-
Miscarriage of justice	0	0	0	-	-	-

Note. Key given in Table 1.2.1.9  
Source: (Courts Service 2016)

**Table 1.2.1.9 Key for Table 1.2.1.8**

Key	A	B	C	D	E	F
Conviction	Refused	Conviction quashed – retrial	Conviction quashed – no retrial	Struck out/withdrawn	Dismiss	-
Sentence (severity)	Refused	Original sentence quashed – sentence in lieu	Struck out/withdrawn	Dismiss	-	-
Conviction and Sentence	Refused	Conviction affirmed – sentence varied	Conviction quashed – retrial	Conviction quashed – Sentence in lieu	Struck out / withdrawn	Dismiss
Sentence (leniency)	Refused	Original sentence quashed – sentence in lieu	Struck out/withdrawn	Dismiss	-	-
DPP (dismissal)	Refused	Original order quashed	Dismiss	-	-	-

Key	A	B	C	D	E	F
Miscarriage of Justice	Refused	Original order quashed	Dismiss	-	-	-

Source: (Courts Service 2016)

### Prison committals for drug offences

The Irish Prison Service (IPS) annual report for 2015 provided statistics on the number of persons in custody under sentence (i.e. not on remand) on a given day in the year (30 November) and also on the number of committals under sentence, by sentence length (Irish Prison Service 2016). On 30 November 2015, the number of those in custody for controlled drug offences comprised 12% (378/3,150) of the total prison population. This shows a 3% decrease since 2014 (485/3,204). Of those in custody for drug offences, 192 were serving sentences of five years or more; of these, 67 were serving sentences of 10 years or longer. Only 16 prisoners were serving terms of 12 months or less.

Between 2014 and 2015, the number of committals for drug offences increased by 6%, from 761 (2014) to 807 (2015). Of the 807 committals to prison during 2015, 437 were for sentences of three months or less. A possible explanation for disparities in the proportion of short sentences between those committed to prison and those serving sentences at the end of November 2015 is that the same offender may have been committed to prison a number of times during the year (Irish Prison Service 2016).

## 1.3 Drug supply reduction activities

### 1.3.1 Drug supply reduction

Key priorities of supply reduction

The law enforcement response to drug trafficking is an important component of the National Drugs Strategy 2009–2016 and the Garda Síochána Annual Plan 2016.

National Drugs Strategy 2009–2016

Priorities for supply reduction between 2009 and 2016 which were set out in the National Drugs Strategy 2009–2016 (NDS) included:

- significantly reduce the volume of illicit drugs available in Ireland
- prevent the emergence of new markets and the expansion of existing markets for illicit drugs
- disrupt the activities of organised criminal networks involved in the illicit drugs trade in Ireland and internationally and undermine the structures supporting such networks
- target the income generated through illicit drug trafficking and the wealth generated by individuals involved in the illicit drugs trade, and
- tackle and reduce community drug problems through a coordinated interagency approach.

Minister Catherine Byrne has established a Steering Committee to oversee the development of a new NDS from 2017 onwards. Further information on the new strategy can be found in section 4.2 of the Policy workbook.

An Garda Síochána Annual Policing Plan 2016

The annual policing plan of the Garda Síochána sets out the strategic priorities for An Garda Síochána as determined by the Minister for Justice and Equality under Section 20 of the Garda Síochána Act 2005. In 2015, with the help of the Policing and Security with TRUST programme, 2015, a number of changes occurred that allow An Garda Síochána to continue to defend and assist the community:

- Drugs and Organised Crime Bureau brought together investigative and operational expertise to focus on organised crime
- Multi-strand anti-crime strategy to tackle organised crime gangs and repeat offenders
- 28 Victim Service Offices were launched

- A National Protective Services Bureau was established to investigate sexual and domestic violence and child abuse. (An Garda Síochána 2016)

Extending this work further, drug-related crime remains a priority in the 2016 Annual Policing Plan. In the Tackling crime section, it states that the aim is to ‘combat serious and violent crime in all its forms, in particular organised and cross-border crime including human trafficking, as well as burglary, drug-related crime, white collar crime and crimes against businesses and agriculture’ (p.2), (An Garda Síochána 2016). In addition, the reduction of illicit drug supply is implicit in two other areas:

- *Policing communities*: To provide a visible policing service which meets the needs of both urban and rural communities, and
- *Reducing re-offending*: To support an interagency approach to reducing rates of recidivism and to tackle serial offenders, including continued development of the Diversion programme for young offenders.

#### **a) Areas of activity of supply reduction**

As reported in 2015, the following account describes the range of operations in the areas of drug interdiction, organised crime, policing communities, and reducing reoffending. The account is drawn from information published in the reporting period (August 2014–August 2016) on the websites and in the annual reports of the key agencies involved in supply reduction activities, and in responses to Parliamentary Questions.

#### ***Drug interdiction<sup>2</sup>***

The Revenue Commissioners Operational Intelligence Unit gathers data with a view to identifying possible drug smuggling routes into Ireland via passenger and cargo traffic, analysing the movement of persons and goods on those routes, and profiling, targeting and routine surveillance of suspect persons or consignments. Many drug seizures result from profiling techniques based on risk analysis. The Operational Intelligence Unit transmits intelligence and details of suspect traffic to the local *operational units*, whose functions include the examination of suspect passengers’ baggage and freight consignments, the search of suspect persons, vehicles, vessels, pleasure craft, aircraft, etc. and the transmission of information to the Operational Intelligence Unit for further action.

The Revenue Commissioners Maritime Unit, based in Cork, is equipped with rigid inflatable boats and two Revenue Commissioners Customs cutters tasked with the prevention, detection, interception and seizure of controlled drugs, fiscal goods, arms/ ammunition/explosives, prohibited and restricted goods, smuggled or illegally imported into, or intended to be exported out of, Ireland/the EU. When not engaged in operational duties, Maritime Unit personnel are involved in coastal intelligence work.

Drug detector dog units are deployed by the Revenue Commissioners Customs Service at strategic locations throughout the country, including ports and airports. The Customs Drugs Watch Programme, launched in 1994, encourages those living in coastal communities, maritime personnel and people living near airfields to report unusual occurrences to the Customs Service.

Drug-related cash seizures are undertaken by the Customs Service under section 38 of the Criminal Justice Act, 1994 as amended by section 20 of the Proceeds of Crime (Amendment) Act 2005. The majority of drug-related cash seizures are made at cash export from the State, but increasingly, seizures are also being made at import and inland. These seizures continue to have a major impact on the activities of both national and international drug traffickers. Investigations are carried out throughout the EU and worldwide following a drug-related cash seizure. Cash forfeited under this Act is transferred for the benefit of the Exchequer.

#### ***Organised crime***

Europol has identified the need for a community-wide approach to tackling organised crime groupings (OCGs), including law enforcement, Customs, business interests and Government policy (Fitzgerald F 2015). A core focus of the work carried out by An Garda Síochána is aimed at tackling drugs and organised crime (Fitzgerald F 2016, 20 July). An Garda Síochána is acutely aware that in

<sup>2</sup> Downloaded from: (<http://www.revenue.ie/en/customs/customs-drugs-watch-law-enforcement.html>)

order to target OCGs effectively, a multidisciplinary approach is necessary. Therefore, numerous strategic partnerships are in place both nationally and internationally, and include the Revenue Commissioners Customs Service, Health Products Regulatory Authority, the Irish Naval Service, Europol, Interpol and the Maritime Analysis and Operations Centre – Narcotics in Lisbon (Fitzgerald F 2016, 20 July). In addition, another useful resource is availing of the proceeds of crimes legislation, which includes money laundering legislation and the powers of the Criminal Assets Bureau (Fitzgerald F 2015).

### ***Policing communities***

Drug-related crime in the form of gangland violence has recently become a key topic in the Irish parliament. This is the result of the ongoing feud between two criminal gangs (Cormac O'Keeffe and Elaine Loughlin 2016, 26 May), which is linked to seven murders, six of which are thought to have been on the orders of the head of one of the gangs (Murphy, 2016). It is believed that the murders were orchestrated from outside Ireland (Cormac O'Keeffe 2016, 02 June). It has created fear and uncertainty among residents living in Dublin North Inner City communities (Connolly and Buckley 2016). In response to the increase in violence and murders, in recent parliamentary debates, the Taoiseach states that An Garda Síochána has put Operation Hybrid in place. This involves an increased presence of Gardaí in Dublin, along with extensive lines of inquiry; arms are being seized, cases are being prepared for court, armed checkpoints have increased (80 per week), and patrols (in excess of 500) which have been supported by emergency response units and regional support units (An Taoiseach 2016, 25 May). It is believed that this is not enough, and that changes in legislation are required in order to give Gardaí the power needed to address the problem properly (Martin 2016, 25 May). The Taoiseach has advised that primary legislation is currently being prepared to deal with extensions of provisions.

Test purchase operations by the Gardaí target mid-range and low-level drug dealers nationwide. The most recent available data are from 2014; 55 dealers were arrested in respect of 251 criminal offences using this tactical measure (An Garda Síochána 2015).

Drug-related violence and intimidation: Drug-related intimidation is an area of major concern for Irish communities. A recent audit by Connolly and Buckley (2016) examined via focus groups the hidden harms experienced by individuals by looking at different characteristics of intimidation: for example, when it occurred, victim profiles, type of incident, gender, age, individuals or groups, etc. The findings of the study demonstrated how drug-related intimidation and violence affected the physical, mental and emotional well-being of victims (Connolly and Buckley 2016). One route to tackling this problem is via the Drug Related Intimidation Reporting Programme, which was developed with the aim of addressing the needs of drug users and family members who are subjected to drug-related intimidation. The development of the programme fulfils criteria put forward in Action 5 (“Develop a framework to provide an appropriate response to the issue of drug-related intimidation in the community”<sup>3</sup>) of the National Drugs Strategy 2009–2016. An Garda Síochána is the lead agency working alongside the National Family Support Network (NFSN). In general, responsibility for responding to the issue of drug-related intimidation has been given to one Inspector in every Garda Division. Inspectors are at management level and are chosen by the Garda Commissioner for their expertise, knowledge and extensive experience. They liaise directly with their local Superintendent in relation to each individual case. Anyone requiring help from an Inspector in their area can make contact to arrange a formal or informal meeting. More details of the operation of this programme are provided on the websites of both An Garda Síochána and the National Family Support Network at [www.garda.ie](http://www.garda.ie) and [www.fsn.ie](http://www.fsn.ie).

### ***Reducing reoffending***

As reported in 2015, The *Youth Justice Action Plan 2014-2018* (Irish Youth Justice Service 2014) contains an action to ‘profile substance misuse among young people subject to community sanctions/probation service supervision’. Profiling would, according to the action plan, assist the Probation Service to develop interventions that are more effective. The action plan also promotes early intervention and prevention programmes targeting those at risk of offending behaviour through the Garda Juvenile Diversion Programme (GJDP) and the Garda Youth Diversion Projects

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<sup>3</sup> Information downloaded on 1 August 2016 from <http://www.garda.ie/Controller.aspx?Page=11651>

(GYDPs.) (See section 2.2. in the Legal Framework workbook for a description of these two diversion schemes).

### **b) Organisational structures/coordinating bodies**

As reported in 2015, responsibility for the prevention of drug trafficking rests primarily with the Revenue Commissioners Customs Division, whereas responsibility for the prevention of drug-related crime within Ireland rests primarily with An Garda Síochána. In addition to the exchange of information between the Customs Drugs Law Enforcement Head Office and the Drugs and Organised Crime Bureau, which is part of An Garda Síochána, nation-wide liaison also takes place at local level between nominated Customs officers and Garda officers. Other State Agencies engaged in supporting supply-reduction activities include the Criminal Assets Bureau and Forensic Science Ireland (FSI). The Naval Service and the Air Corps cooperate with Customs and An Garda Síochána, when called upon, through the Joint Task Force on Drugs Interdiction.

#### ***The Revenue Commissioners Customs Drugs Law Enforcement, Investigations and Prosecutions Division<sup>4</sup>***

As reported in 2015, Revenue Commissioners Customs officers have the primary responsibility for the prevention, detection, interception and seizure of controlled drugs being smuggled into or out of Ireland. All the strategic management functions relating to drugs issues are attached to the Investigations and Prosecutions Division and include:

- gathering national and international intelligence and the dissemination of this intelligence as necessary. (Since the creation of the National Freight Intelligence Unit, Customs has seen a significant increase in both the quantities of drugs and fiscal product that have been seized by Customs officers.)
- analysis of national and international drug smuggling trends
- research, planning and organisation of both national and international operations targeting drug smuggling and related issues
- liaison with other national and international enforcement agencies and government bodies, and organisation of and participation in operations at both national and international level, including joint interagency operations; and
- management of Customs' 13 detector dog teams located nationwide, Customs' Memorandum of Understanding Programme (MOU), the Customs Drugs Watch Programme, and the Drug Precursor Programme.

Both the Customs Drugs Watch Programme and the MOU Programme are specifically referred to in the *National Drugs Strategy 2009–2016*, under the heading of Supply Reduction.

The Memorandum of Understanding (MOU) initiative is a programme of cooperation between Customs and the business community on the prevention of smuggling, in particular drug smuggling. Customs has established working links with thousands of diverse companies ranging from airlines, air express couriers and shipping companies to airport and harbour authorities, freight forwarders, exporters, road hauliers, chemical companies, and yachtsmen. The MOU programme provides for the training of company staff by Customs liaison officers to heighten drug smuggling awareness, and practical advice is offered to help prevent vehicles being used to smuggle drugs and other contraband goods. In addition, company staff are provided with ready channels of communication to Customs.

The Drug Precursor Programme is a mechanism for cooperation between Customs and the chemical industry, set up in order to detect the diversion of chemicals for illicit purposes. The programme is designed to increase the awareness of Customs officers and members of the chemical trade alike to the possibility of legitimate chemicals being diverted to the manufacture of illicit drugs. As part of this programme, the Customs Service now has dedicated Precursor Liaison Officers located in key areas around the country. These officers have been trained in the identification and handling of chemicals and are tasked with liaising with members of the chemical trade, with the purpose of identifying suspicious activity.

#### ***An Garda Síochána***

As reported in 2015, supply reduction activity ranges from participation in international and cross-border operations to street-level policing of supply and possession offences and undercover

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<sup>4</sup> Information downloaded on 1 August 2016 from <http://www.revenue.ie/en/customs/customs-drugs-watch-law-enforcement.html>

operations targeting specific individuals or groups, or targeting specific locations such as nightclubs where drugs are consumed.

The Garda National Drugs Unit (GNDU), founded in 1995, had overall primary responsibility for drug law enforcement within Ireland. The GNDU carried out long-term strategic and short-term tactical investigations into the activities of Organised Crime Gangs (OCGs) based both in Ireland and on the European continent. In February 2015, taking cognisance of the target-focused operations of both the Organised Crime Unit (OCU) and the GNDU, the Garda Commissioner merged the OCU and the GNDU to create a robust new entity, the Drugs and Organised Crime Bureau (DOCB) to tackle organised crime as it currently exists in this country. The recently amalgamated unit is expected to benefit from the skill sets of both OCU and GNDU personnel, establishing an enforcement and investigative unit that will manage national and international drug trafficking and organised crime investigations.

In 2015, the DOCB:

- arrested 90 individuals for drug trafficking offences
- made 51 significant seizures of controlled drugs with an estimated value of €34 million; this included cocaine, heroin, herbal cannabis, cannabis resin and ecstasy
- carried out tactical investigations, which resulted in 238 detections and arrests for offences relating to possession with intent to supply (Fitzgerald F 2016, 05 May).

Additionally, an Garda Síochána was allocated €1.5 billion in the 2016 Budget; this allocation included extra funding of €67 million, which will assist in the response by drug law enforcement by allowing the recruitment of new trainee Gardaí, Garda surveillance, special operations and targeted, intelligence-led policing (Fitzgerald F 2016, 20 July).

### ***Criminal Assets Bureau (CAB)<sup>5</sup>***

As reported in 2015, the Criminal Assets Bureau's (CAB) statutory remit under the Proceeds of Crime Act 1996, as amended by the 2005 Act and Social Welfare and Revenue legislation, is to carry out investigations into the suspected proceeds of criminal conduct. CAB uses a multi-agency, multidisciplinary partnership approach in its investigations into the suspected proceeds of criminal conduct. CAB staff are drawn from An Garda Síochána, the Office of the Revenue Commissioners (including Customs), the Department of Social Protection and the Department of Justice and Equality. CAB also works closely with international crime investigation agencies, and has successfully targeted proceeds of foreign criminality.

CAB supports the roll-out of the Garda Divisional Profiler Programme by providing lectures, training and expertise, with particular reference to targeting middle-ranking drug dealers and others benefiting by derived assets from criminal activity. In turn, CAB receives intelligence, information and evidence from profilers.

In order to continue to identify and trace assets which are the proceeds of crime, and to present testimony before the courts, CAB has established a bureau analysis unit, adopted international best practices in the area of forensic analysis, and adopted the use of enhanced training. Through making earlier or preliminary applications relating to lower-value assets, CAB has begun to target more middle-ranking criminals. While this approach may not realise extensive financial returns, it demonstrates CAB's ability to react to local community concerns.

### ***Forensic Science Ireland<sup>6</sup>***

As reported in 2015, the Drugs section of Forensic Science Ireland (formerly known as the Forensic Science Laboratory) examines and analyses substances seized by [An Garda Síochána](#) or [Revenue Commissioners Customs Service](#) officers and sometimes the Military Police, that are thought to contravene the Misuse of Drugs Act. The drugs most commonly encountered in the FSI laboratory are herbal cannabis, cannabis resin, heroin, cocaine, amphetamines, BZP and MDMA tablets. However, in recent times there has been a huge increase in "headshop" type drugs and further changes to drugs legislation, which has led to an exponential increase in the variety of compounds

<sup>5</sup> Downloaded on 1 August, 2016 at <http://www.garda.ie/Controller.aspx?Page=28>

<sup>6</sup> Downloaded on 1 August 2016 at <http://www.forensicscience.ie/Services/Forensic-Areas/Drugs/#sthash.iVlhE7YT.dpuf>

submitted to the laboratory for analysis. As a result, hundreds of different compounds can be analysed by staff on an annual basis. Items that possibly come into contact with such substances, e.g. weighing scales, knives, equipment from clandestine laboratories, may be examined to determine if traces of a controlled substance are present. A number of analytical procedures are used in the laboratory to determine if a substance is a controlled drug, the most common of which is gas chromatography coupled with mass spectrometry (GC/MS). The results of the analysis are issued in a certificate-of-analysis that is presented as evidence in the court.

### ***Joint task force on drug interdiction (JTF)***

As reported in 2015, the Joint Task Force on Drug Interdiction (JTF) was established in 1993 as a government measure to improve law enforcement in relation to drugs; the JTF comprises members of An Garda Síochána, the Revenue Commissioners and the Naval Service. The JTF is convened whenever the agencies with primary responsibility in this area, including An Garda Síochána and the Revenue Commissioners, review intelligence received and consider that a joint operation with the Naval Service and/or the Air Corps should be mounted. The Naval Service is legally empowered under the Criminal Justice Act 1994 (as amended by the Criminal Justice (Illicit Traffic by Sea) Act 2003) to engage in drug interdiction operations. The Air Corps provides air support if required, and on occasion may be requested to carry members of the Revenue Commissioners in an observational capacity, for the purposes of monitoring vessels suspected of drug trafficking. The Air Corps provides an important intelligence gathering capability on the request of the JTF (p.37), (Department of Defence 2015).

## **2. Trends**

### **2.1 Short term trends (5 years)**

#### **Seizures**

The number of drug seizures in any given period can be affected by such factors as law enforcement resources, strategies and priorities, and by the vulnerability of traffickers to law enforcement activities. However, drug seizures are considered indirect indicators of the supply and availability of drugs (see Standard Table T13).

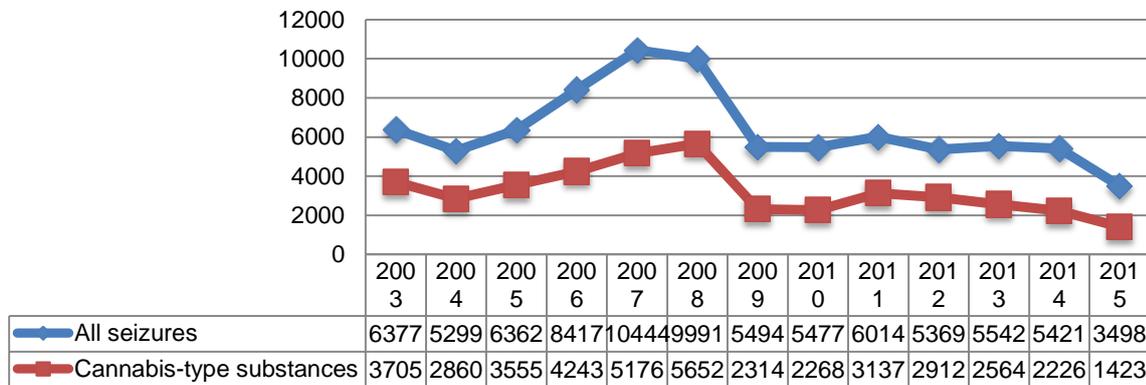
Figure 2.1.1 shows trends for total seizures and cannabis-related seizures between 2003 and 2015.

#### ***All drug seizures***

The total number of drug seizures increased from 5,299 in 2004 to a peak of 10,444 in 2007. Between 2008 and 2010, the number almost halved, to 5,477. This decrease was followed by a slight increase in 2011 (6,014). From 2011 to 2015, the number of drug seizures decreased each year, with the 2015 figure showing the lowest number of seizures in a 12-year period.

#### ***Cannabis***

Cannabis seizures account for the largest proportion of all drugs seized, as Figure 2.1.1 illustrates. Following a slight decrease between 2003 and 2004, seizures of cannabis-related substances increased from 2004, to reach a peak in 2008. Between 2008 and 2010, the number of such seizures decreased by approximately 60%. Although there was a 10% spike in seizures in 2011, between 2011 and 2015 the number of seizures declined each year, with 2015 figures nearly half those of figures in 2011. One possible explanation for this outcome is that Gardaí have targeted the cannabis cultivation industry in numerous operations in recent years.

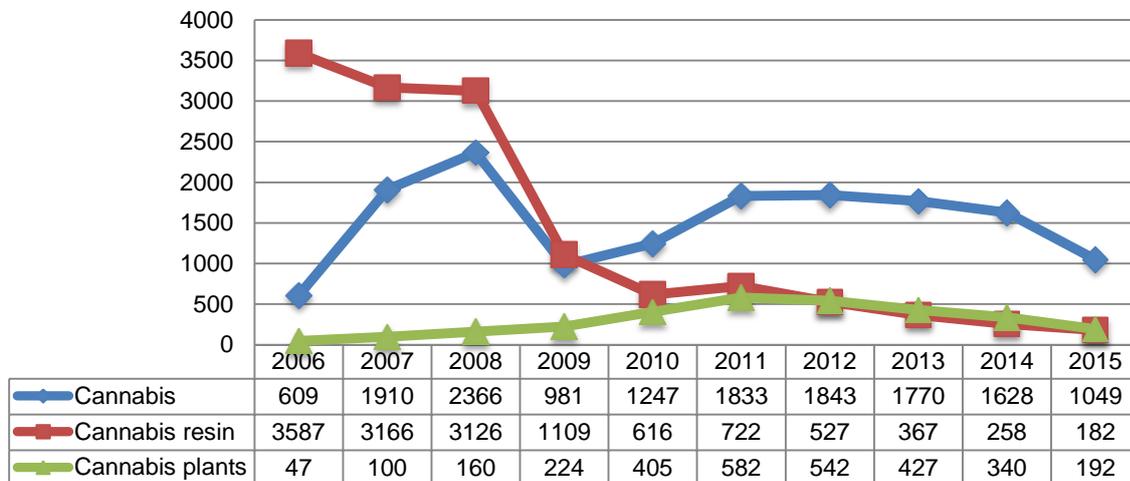


**Figure 2.1.1. Trends in the total number of drug seizures and cannabis seizures, 2003–2015**

Source: (FSI 2003–2015, personal communication)

The decrease in cannabis seizures between 2008 and 2010 may also be partly explained by a change in the nature of cannabis use, with people moving from resin to more potent forms of cannabis, such as herbal cannabis. For example, Figure 2.1.2 shows that although seizures of cannabis resin decreased between 2006 and 2011, seizures of cannabis plants increased steadily during the same period.

Since 2011, both cannabis resin and cannabis plants seizures have decreased. One possible explanation for this outcome is that Irish law enforcement agencies have carried out focused operations to address the problem (Roberts, 2016, GNDU, personal communication). Groups involved, such as Chinese and Vietnamese groups who have managed cultivations, have been arrested and brought before the courts. Due to the sophisticated and large-scale nature of the operations, more often than not operations were connected and managed by the same criminals (Garda Drugs and Organised Crime Bureau, 2016, personal communication).



**Figure 2.1.2 Trends in the total number of drug seizures by cannabis type, 2006–2015**

Source: (FSI 2006–2015, personal communication)

### Other controlled drugs

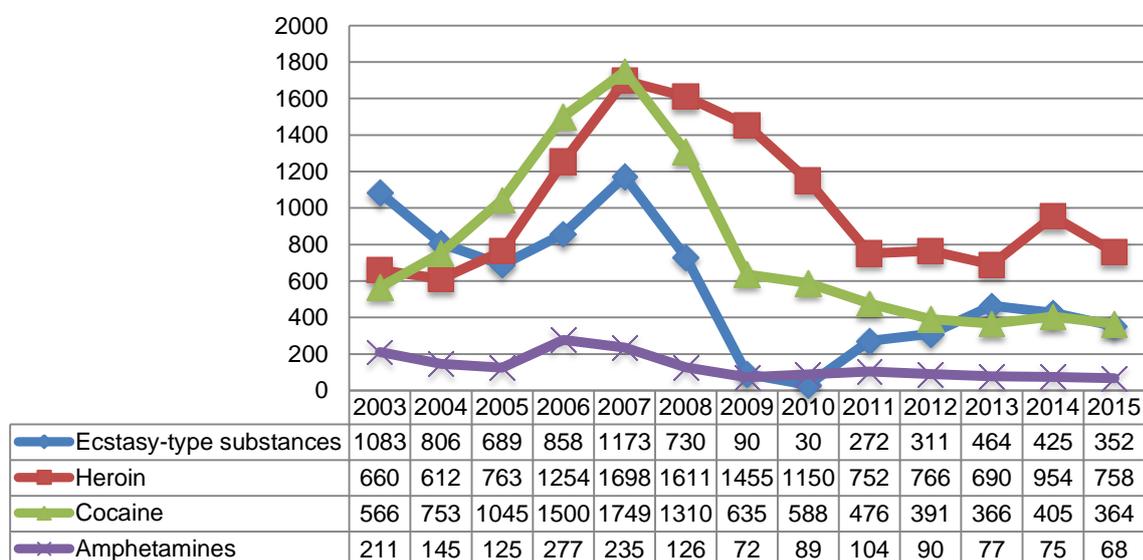
The reduction in the total number of reported cannabis seizures since 2008 shown in Figure 2.1.2 may also be explained by a reduction in the number of seizures of other drugs. Figure 2.1.3 shows trends in seizures for a selection of drugs, excluding cannabis, between 2003 and 2015.

*Cocaine:* Generally, except for a 10% spike between 2013 and 2014, the number of cocaine seizures has decreased since its peak in 2007. One possible explanation for this is that the economy in Ireland was not doing well in 2013–2014; another possibility is that the market would

have been affected by the availability of cheaper white powders that mimic the effects of cocaine (Roberts, 2016, GNDU, personal communication).

*Heroin:* From 2004, the number of heroin seizures increased, reaching a peak in 2007 (1,698). Although heroin seizures subsequently decreased each year from 2007 to 2013, a substantial increase occurred between 2013 and 2014 (38%). The downward trend re-emerged in 2015, with a 20% reduction in the number of such seizures.

*Ecstasy-type substances and amphetamines:* Although there was a sharp decrease between 2007 and 2010, and again between 2010 and 2011, the number of seizures increased by 807%. A steady increase was reported between 2011 and 2013. Between 2013 and 2015, a decreasing trend has been reported for ecstasy-type substances. Although the number of seizures for amphetamines was lower, following a downward trajectory between 2003 and 2005, the number of amphetamine seizures in 2006 was more than double the 2005 figure. Between 2006 and 2009, the number of seizures decreased each year to a low of 72. Following a slight increase between 2009 and 2011, the number of amphetamine seizures has reduced each year. Over a 13-year period, the lowest figures were evident in 2015 (68). This trend may be partially explained by the higher availability of ecstasy and amphetamine-like substances that mimic the effects of amphetamines.



**Figure 2.1.3 Trends in the number of seizures of selected drugs, excluding cannabis, 2003–2015**  
Source: (FSI 2003–2015, personal communication)

### ***Illicit street-level retail market in prescription drugs***

Another factor that may be influencing seizure trends for illicit drugs is the illegal street sale of prescription drugs. This has emerged as an important issue in the Irish drug scene in recent years (see the 2012 *National Report (2011 data) to the EMCDDA by the Reitox National Focal Point. Ireland: new developments, trends and in-depth information on selected issues* (Health Research Board 2012) (Chapter 1.2) and the 2013 *National Report (2012 data) to the EMCDDA by the Reitox National Focal Point. Ireland: new developments, trends and in-depth information on selected issues* (Health Research Board 2013) (Chapter 10.2.3) and is closely linked to the higher occurrence of polydrug use (Fitzgerald F 2016, 8 June). Minister Fitzgerald purports that a major challenge for Gardaí relates to existing controls under the Misuse of Drugs legislation, which provides Gardaí with powers to tackle drug-related offences. In order to increase these controls, a Misuse of Drugs (Amendment) Act 2016 was enacted in July 2016. The Act brings a number of new psychoactive substances, including prescription medicines, under the control of the legislation. It also includes additional measures such as import and export controls, tighter prescribing and dispensing control, as well as an offence of possession, thereby assisting the law enforcement roles of the Customs authorities and An Garda Síochána (Fitzgerald F 2016, 8 June). For further information, see section 3.1 of the Legal workbook. Table 2.1.1 shows trends for some of the main

prescription drugs, primarily benzodiazepines and Z-hypnotics, seized by An Garda Síochána and analysed by FSI in recent years.

**Table 2.1.1 Seizures of a selection of benzodiazepines and Z-hypnotics, 2009–2015**

Benzodiazepines	2009	2010	2011	2012	2013	2014	2015
Methadone	15	33	36	33	26	56	22
Alprazolam	42	89	121	111	145	201	127
Bromazepam	-	-	-	-	-	-	1
Chlordiazepoxide	-	-	-	-	-	-	1
Clonazepam	2	12	16	15	16	13	12
Diazepam	270	448	479	463	450	420	175
Flunitrazepam (Rohyp)	7	9	3	9	6	1	0
Flurazepam	34	37	46	52	35	37	15
Lorazepam	14	5	2	1	0	1	0
Nitrazepam	-	-	-	-	-	-	1
Phenazepam	-	-	-	-	-	-	12
Temazepam	5	9	5	12	6	4	1
Tramadol	-	-	-	-	-	-	3
Triazolam	7	12	13	11	7	12	2
Zolpidem	8	10	14	16	7	10	4
Zopiclone	67	138	155	0	205	125	65
Overall total	471	802	890	723	903	880	441

Note: - = no data available.

Sources: (FSI 2016, personal communication)

### **New psychoactive substances**

Another factor that may have contributed to the decline in the number of seizures of traditional drugs is due to the increase in the availability of new psychoactive substances. Table 2.1.2 shows trends for some of the new substances that are available on the Irish market. The main substances seized in Ireland produce effects similar to ecstasy and amphetamines. The highest number of seizures was for MDMA (202) followed by amphetamines (63) PVP (46), Pentedrone (19), and 2 C-B (15).

**Table 2.1.2 Seizures for new psychoactive substances in Ireland in 2015**

New psychoactive substances seized in 2015	Effect	Number of seizures
2 C-B (2,5-dimethoxy-4-bromophenethylamine)	Ecstasy/LSD	15
Amphetamine	Amphetamines similar to ecstasy	63
BZP (Benzylpiperazine)	Ecstasy mimic	1
Desoxypipradrol (2-diphenylmethylpiperidine or 2-DPMPO)	Amphetamine-like stimulant	1
Dimethyltryptamine (N,N-; DMT)	Ecstasy-type – Entheogens	2
Ethylone (MDEC)	Ecstasy-type	4
Ketamine	Ecstasy-type	11
Khat	Amphetamine effect – speed	1
LSD (Lysergic acid diethylamide)	Ecstasy/Entheogen	12
MBZP (methyl-4-benzylpiperazine)	Ecstasy-type	1

New psychoactive substances seized in 2015	Effect	Number of seizures
mCPP (meta-Chlorophenylpiperazine)	Ecstasy mimic	3
MDEA (methylenedioxyethylamphetamine) -	Ecstasy-type	2
MDMA (Ecstasy or 3,4 methylenedioxyamphetamine)	Ecstasy	202
MDPV (3,4-Methylenedioxypropylvalerone)	Amphetamine-like effect	1
Mephedrone	Ecstasy	4
Methoxetamine (MXE)	Ecstasy-type – Legal high	10
Methylamphetamine (speed or 4-MTA)	Ecstasy-type	4
MMC (4-methyl Methcathinone)	Ecstasy	2
Pentedrone	Amphetamine or MDMA effect	19
PMA (para-Methoxyamphetamine or Dr Death)	Ecstasy-type	1
Psilocin	Ecstasy/Entheogens	2
PVP (pyrrolidinopentiophenone)	Amphetamine effect	46
TFMPP (trifluoro-methyl-phenylpiperazine)	Ecstasy mimic	8

Source: (FSI, 2016, personal communication)

## 2.1 Short term trends in drug law offences data

### Garda recorded incidents of drug offences

Crime data, which are collated on the Pulse System by An Garda Síochána, are provided to the Central Statistics Office (CSO) for analysis. An incident may consist of more than one criminal offence. A primary offence or detection may refer to one offence within an incident. Sometimes, a charged offence may be different from the offence originally identified in the incident. Nevertheless, incidents are a useful indicator of the level of particular types of criminal activities (Central Statistics Office 2014). Figure 2.4.1 shows the available statistics for recorded incidents of drug offences and court proceedings, as entered on the Pulse System by Gardaí.

As Figure 2.4.1 shows, following a decline between 2008 and 2013, the total number of controlled drug offences recorded increased slightly in 2014. Between 2014 and 2015 a decrease from 15,915 to 15,119 was recorded (CSO website, 2016).

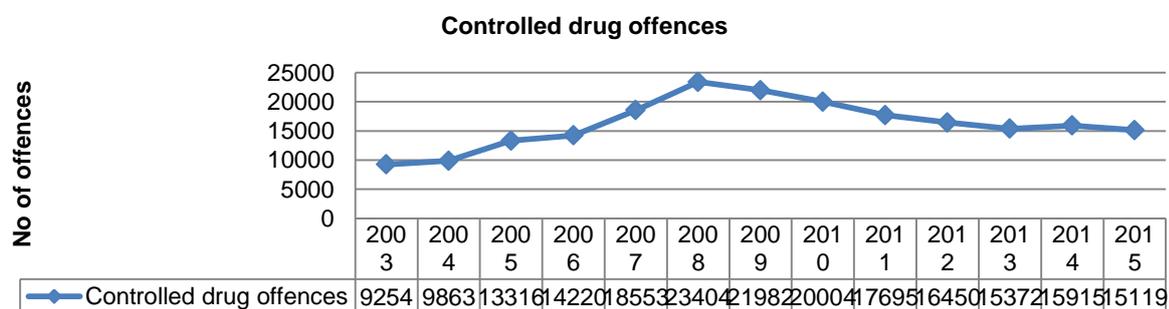


Figure 2.4.1. Recorded total number of controlled drug offences between 2003 and 2015.

Source: CSO Website ([www.cso.ie](http://www.cso.ie))

### Supply: Recorded incidents

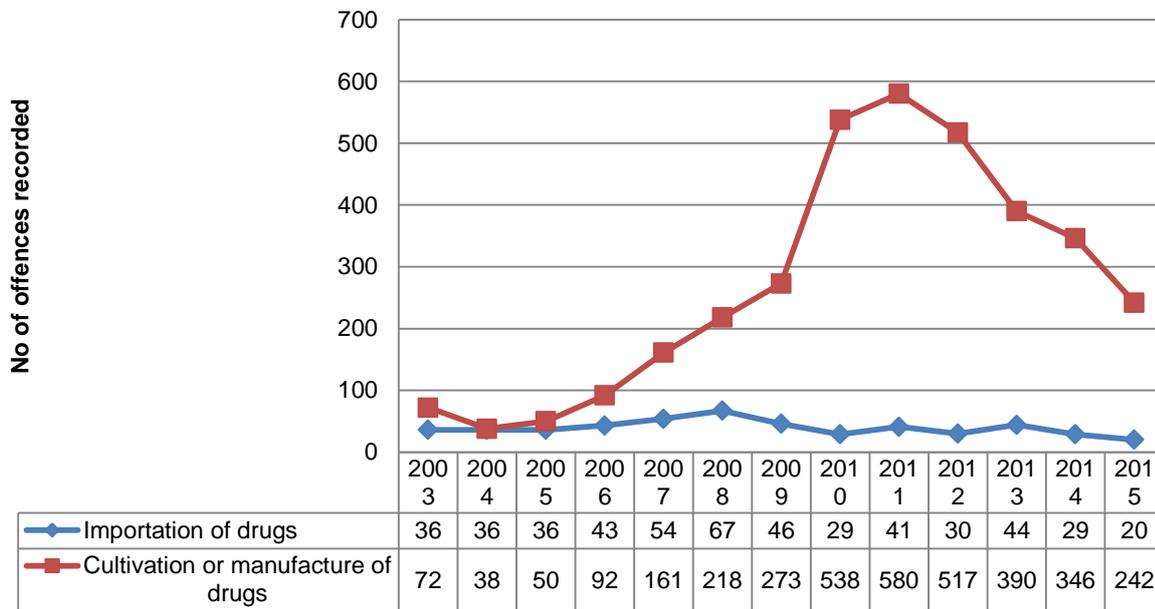
Figure 2.4.2 shows the number of controlled drug offences by importation, or cultivation, or manufacture of drugs, recorded between 2003 and 2015.

#### Importation of drugs

From 2005 to 2008, an annual increase in the importation of drugs was reported. Although a decrease/increase trend was recorded between 2009 and 2013, since 2013 the number of drug seizures related to the unlawful importation into the State of controlled drugs has declined.

#### Cultivation or manufacture of drugs

Seizures for the cultivation or manufacture of drugs increased between 2003 and 2011. The increase each year between 2006 and 2010 was substantial. Since 2011, there has been a steady decline in the number of such seizures, with 2015 figures more than 50% lower (see Figure 2.4.2)



**Figure 2.4.2 Recorded incidents of controlled drug offences categorised by importation of drugs, and by cultivation or manufacture of drugs, by year**

Source: CSO Website ([www.cso.ie](http://www.cso.ie))

### ***Possession of drugs for sale or personal use: Recorded incidents***

Figure 2.4.3 shows the number of recorded incidents for possession of drugs for sale or supply and personal use.

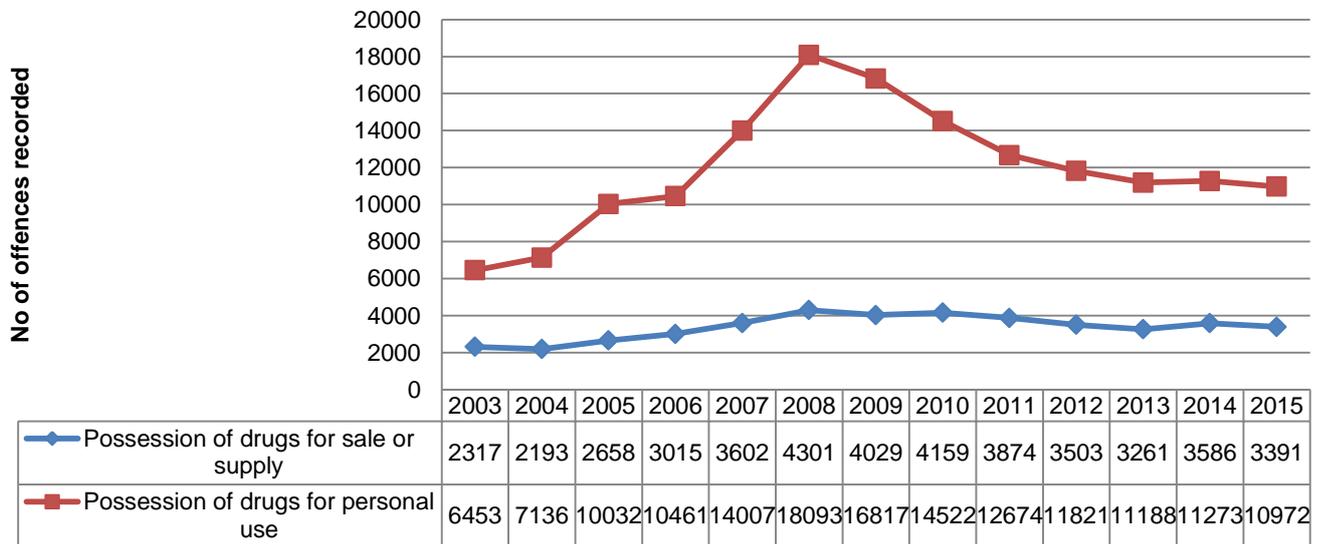
#### ***Possession of drugs for sale or supply***

Although the number of recorded offences for possession of drugs for sale or supply increased between 2004 and 2008, between 2008 and 2013 a steady decline was seen. Following a slight increase in 2014, a decline was seen again in 2015.

#### ***Possession of drugs for personal use***

The number of incidents recorded showed that between 2003 and 2008 there was a steady increase in the number of recorded incidents of possessing drugs for personal use. A decreasing trend was seen between 2008 and 2013. Following a slight increase in 2014 (85 records), the 2015 figures showed a decrease in the number of recorded incidents of possessing drugs for personal use (10,972) (see Figure 2.4.3).

A possible explanation for the continual decline in the number of drug offences is that both supply and possession of drugs have been the target of focused operations by Gardaí and other agencies in recent years. Another point to note is that the pattern of recorded incidents of controlled drug offences (see Figure 2.4.1), particularly possession of drugs for personal use (see Figure 2.4.3), broadly reflects the pattern of seizures of cannabis, with peaks in both around 2008 and 2009 (see Figures 2.1.2 and 2.1.2), which may reflect changing behaviour in drug use.



**Figure 2.4.3. Recorded incidents of controlled drug offences categorised by possession for sale or supply or personal use**

Source: CSO Website (www.cso.ie)

### Garda recorded crime statistics: Court proceedings between 2010 and 2013

Court proceedings statistics recorded by An Garda Síochána for the total number of controlled drug offences are available for the period 2010 to 2013 (see Table 2.4.1). Across all categories there was a decrease between 2010 and 2013, except for the category 'Pending (incl. appeals allowed)', which showed a substantial increase between 2012 (652) and 2013 (1,036).

**Table 2.4.1 Court proceedings: Controlled drug offences between 2010 and 2013**

Overall controlled drug offences	Recorded	Detected	With relevant proceedings	Court proceedings commenced	Conviction <sup>1</sup>	Pending (incl. appeals allowed)	Non-conviction
2010	20004	19731	12131	11791	5102	575	6114
2011	17695	17485	11331	11000	4600	573	5827
2012	16450	16234	10465	10092	4061	652	5379
2013	15372	15183	10246	9884	3609	1036	5239

Note. <sup>1</sup>Includes Conviction; Proved and order made without conviction; Probation of Offenders Act.

Source: (CSO 2016, personal communication)

### Garda court proceedings for supply of controlled drug offences

Table 2.4.2 shows the total number of court proceedings in the period 2010 to 2013 for supply of controlled drug offences; this is broken down by importation and cultivation or manufacture of drugs. Between 2012 and 2013, the overall total decreased from 214 to 159. An examination of controlled drugs by category indicated that this decrease occurred only in the cultivation or manufacture of drugs category.

**Table 2.4.2 Court proceedings: Controlled drug offences broken down by importation of drugs, or cultivation or manufacture of drugs**

		Recorded	Detected	With relevant proceedings	Court proceedings commenced	Conviction <sup>1</sup>	Pending (incl. appeals allowed)	Non-conviction
Overall total	2010	567	554	341	333	185	25	123
	2011	621	607	402	389	217	47	125
	2012	547	540	374	364	214	58	92
	2013	434	419	294	288	159	53	76
Importation of	2010	29	27	24	24	13	7	4

		Recorded	Detected	With relevant proceedings	Court proceedings commenced	Conviction <sup>1</sup>	Pending (incl. appeals allowed)	Non-conviction
drugs	2011	41	40	36	36	31	3	2
	2012	30	27	25	25	22	3	0
	2013	44	39	30	30	24	5	1
Cultivation or manufacture of drugs	2010	538	527	317	309	172	18	119
	2011	580	567	366	353	186	44	123
	2012	517	513	349	339	192	55	92
	2013	390	380	264	258	135	48	75

Note. <sup>1</sup>Includes Conviction; Proved and order made without conviction; Probation of Offenders Act.  
Source: (CSO 2016, personal communication)

### **Garda court proceedings for possession of drug offences**

Table 2.4.3 shows the total number of court proceedings between 2010 and 2013 for controlled drug offences, broken down by possession of drugs. During this period, the overall total number of convictions for possession of drugs decreased from 4,661 to 3,326. An examination by category indicated that this decrease was evident in both possession of drugs for sale or supply and in possession of drugs for personal use.

**Table 2.4.3 Controlled drug offences broken down by possession of drugs**

		Recorded	Detected	With relevant proceedings	Court proceedings commenced	Conviction <sup>1</sup>	Pending (incl. appeals allowed)	Non-conviction
Overall total	2010	18681	18431	11290	10974	4661	511	5802
	2011	16548	16354	10583	10282	4214	502	5566
	2012	15324	15122	9728	9376	3673	556	5147
	2013	14449	14283	9645	9304	3326	944	5034
Possession of drugs for sale or supply	2010	4159	4132	2988	2872	1775	293	804
	2011	3874	3855	2843	2754	1641	248	865
	2012	3503	3492	2601	2500	1453	271	776
	2013	3261	3245	2462	2378	1204	464	710
Possession of drugs for personal use	2010	14522	14299	8302	8102	2886	218	4998
	2011	12674	12499	7740	7528	2573	254	4701
	2012	11821	11630	7127	6876	2220	285	4371
	2013	11188	11038	7183	6926	2122	480	4324

Note. <sup>1</sup>Includes Conviction; Proved and order made without conviction; Probation of Offenders Act.  
Source: (CSO, 2016, personal communication)

## **2.6 Other drug offences**

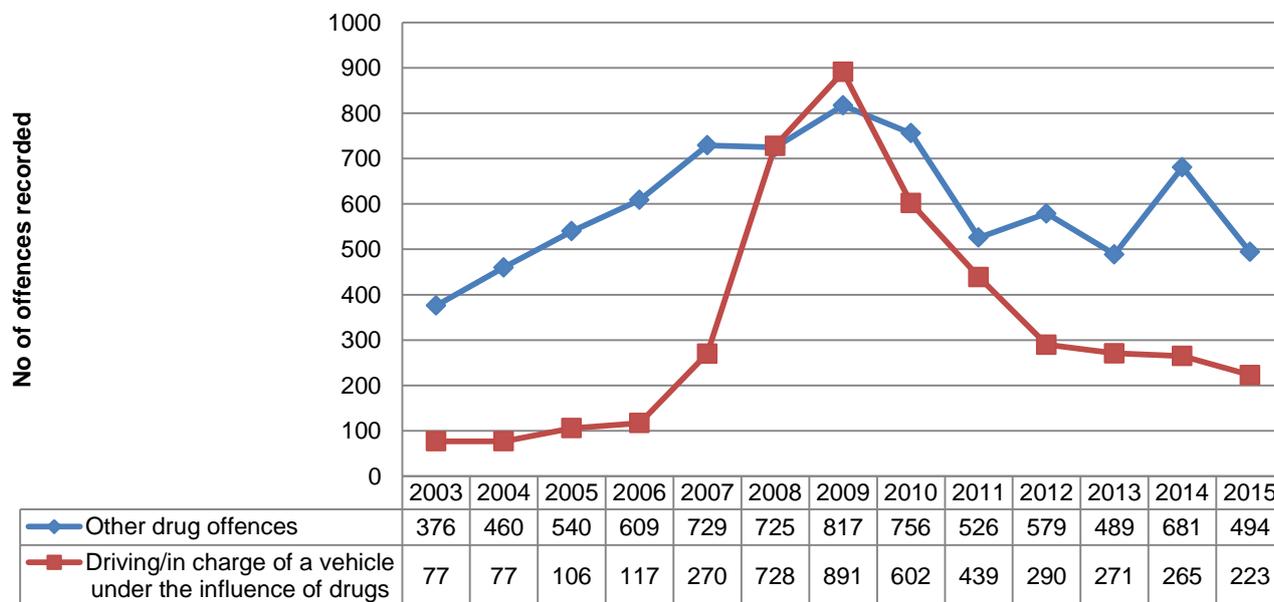
### **Other drug offences**

The category 'possession/supply drug offences, drug-related crime' also includes other drug offences (forged or altered prescription/obstruction) and offences recorded for driving/in charge of a vehicle under the influence of drugs. Although a peak for other drug offences was recorded in 2014 (681), the number recorded in 2015 (494) was relatively close to that recorded in 2013 (489). (See Figure 2.6.1).

### **Driving under the influence of drugs**

Offences recorded for drug driving have been decreasing since 2009 (see Figure 2.6.1) (CSO, 2016). One possible explanation for this is that it coincides with the enactment of the Road Traffic Act 2010. If a driver is suspected of driving under the influence of alcohol or drugs, Gardaí have the power to request a sample of blood, urine or breath to be tested by the Medical Bureau of Road

Safety (MBRS) (Cusack, *et al.* 2012). If the blood alcohol concentration is 89 mg/100 ml or less, or if the urine alcohol concentration is 107 mg/100 ml or less, the specimen is tested for the presence of drugs using a two-stage analytical process. Drugs tested include cannabinoids, benzodiazepine class, amphetamines class, methamphetamine class, cocaine, methadone and opiate class drugs. A certificate, which is issued by the MBRS, indicates whether a drug is present or not. The Road Traffic Act 2010 also made provisions for Roadside Impairment Testing (RIT), which came into operation in late 2014. This extended Gardaí powers further by allowing them to carry out roadside impairment tests. The certificate from the MBRS, plus Garda evidence of impairment, is needed in order to prosecute an offender (Cusack, *et al.* 2012). In addition, the Road Safety Authority ran a number of campaigns on Anti-Drug Driving in 2011 and 2014<sup>7</sup> with the aim of increasing awareness, which may have also contributed to the reduction in driving under the influence of drugs offences.



**Figure 2.6.1 Recorded incidents of other drug offences and driving under the influence of drugs, 2003–2015**

Source: (CSO website)

\*Other drug offences include forged or altered prescription offences and Obstruction under the Drugs Act

## Garda recorded court proceedings between 2010 and 2013 for other drug offences

### Other drug offences

Table 2.6.1 shows a breakdown of court proceedings between 2010 and 2013 for other drug offences. Since 2010, the total number of other drug-related offences recorded, detected, and associated relevant proceedings, has been declining. A similar picture emerged for forged or altered prescription offences, but not for obstruction under the Drugs Act. Specifically, between 2010 and 2011 there was a large decrease in the number of offences; in 2012, an increase in the number of offences was recorded; in 2013, a decrease in the number of offences was recorded.

**Table 2.6.1 Garda recorded crime: Court proceedings between 2010 and 2013 for other drug offences**

		Recorded	Detected	With relevant proceedings	Court proceedings commenced	Conviction <sup>1</sup>	Pending (incl. appeals allowed)	Non-conviction
Other drug offences	2010	756	746	500	484	256	39	189
	2011	526	524	346	329	169	24	136
	2012	579	572	363	352	174	38	140
	2013	489	481	307	292	124	39	129
Forged or altered prescription	2010	176	170	124	119	71	9	39
	2011	150	149	101	95	54	9	32

<sup>7</sup> More information available at <http://www.rsa.ie/RSA/Road-Safety/Campaigns/Current-road-safety-campaigns/Anti-Drug-Driving/>

		Recorded	Detected	With relevant proceedings	Court proceedings commenced	Conviction <sup>1</sup>	Pending (incl. appeals allowed)	Non-conviction
offences	2012	146	143	102	100	54	23	23
	2013	105	104	69	66	20	10	36
Obstruction under the Drugs Act	2010	580	576	376	365	185	30	150
	2011	376	375	245	234	115	15	104
	2012	433	429	261	252	120	15	117
	2013	384	377	238	226	104	29	93

Note. <sup>1</sup>Includes Conviction; Proved and order made without conviction; Probation of Offenders Act.  
Source: (CSO Website)

### ***Driving under the influence of drugs***

Table 2.6.2 shows a breakdown of recorded and detected crimes and their associated court proceedings status for drug driving between 2010 and 2013. The number of driving under the influence of drugs convictions decreased between 2010 and 2013. The largest decrease occurred between 2011 (204) and 2012 (120).

**Table 2.6.2 Garda recorded crime: Court proceeding between 2010 and 2013 for driving/in charge of a vehicle under the influence of drugs offence**

	Year	Recorded	Detected	With relevant proceedings	Court proceedings commenced	Conviction <sup>1</sup>	Pending (incl. appeals allowed)	Non-conviction
Driving/In charge of a vehicle under the influence of drugs	2010	602	598	456	450	256	17	177
	2011	439	438	348	343	204	8	131
	2012	290	289	217	212	120	8	84
	2013	271	270	222	222	127	17	78

Note. <sup>1</sup>Includes Conviction; Proved and order made without conviction; Probation of Offenders Act.  
Source: (CSO Website)

## **3. New developments**

### **3.1 New or topical developments observed in the drug market in Ireland since 2015**

#### ***Key priorities for supply reduction: National Drug Strategy from 2017 onwards***

A Steering Committee has been established to oversee the development of a new National Drug Strategy from 2017 onwards. It is chaired by an independent chair and includes representatives from statutory, community and voluntary sectors (see section 4.2 of the Policy workbook).

#### ***Key priorities for supply reduction: National Drug Strategy from 2017 onwards***

A Steering Committee has been established to oversee the development of a new National Drug Strategy from 2017 onwards. It is chaired by an independent chair and includes representatives from statutory, community and voluntary sectors (see section 4.2 of the Policy workbook).

#### ***Drug-related violence***

A recent audit by Connolly and Buckley (2016) examined via focus groups hidden harms experienced by individuals by looking at different characteristics of intimidation, for example, when it occurred, victim profiles, type of incident, gender, age, individuals or groups, etc. The findings of the study demonstrated how drug-related intimidation and violence affected the physical, mental and emotional well-being of victims (Connolly and Buckley 2016). The findings of this study have resulted in a number of implications for future policy in Ireland. Five areas that need to be addressed have been identified.

These are:

- recording information on drug-related intimidation
- responding to the experience of young people
- supporting community-based services in responding to intimidation

- addressing fear of reprisal and people's unwillingness to engage with authorities
- further discussion and evidence, for example, supporting mothers, young people and gangs, and responding to local drug markets (see section 6.2 for further details).

Another development, observed in the drug market between 01 August 2015 and 31 July 2016 in Ireland is the increase in drug-related violence. This is primarily due to an ongoing feud between the Kinahan and Hutch cartels. The feud has resulted in seven murders, some of which were carried out in broad daylight. It is believed that these murders were orchestrated from outside Ireland. The communities in which these crimes were committed have been left feeling vulnerable and afraid in their own homes. In response to these crimes and with the aim of preventing further violence, there is an increased Garda presence in Dublin (see section 1.3.1 Policing communities). In addition, the Misuse of Drugs (Amendment) Act 2016 has recently been enacted and provides greater powers to Gardaí and brings more new psychoactive substances (NPS) and prescription drugs under legislative control (see section 2.1 Illicit street-level retail market in prescription drugs).

## 4. Sources and methodology

### 4.1 Sources

Web sites, annual reports and unpublished data from the following agencies are the 'notable' sources of information:

[Central Statistics Office](#)

[Courts Service](#)

[Customs](#)

[Forensic Science Ireland](#)

[Garda Síochána](#)

### 4.2 Methodology

Only one study was included in this report.

Connolly J and Buckley L (2016) *Demanding money with menace: drug-related intimidation and community violence in Ireland*. Dublin: CityWide Drugs Crisis Campaign. Available at

[http://www.drugsandalcohol.ie/25201/1/citywide\\_demanding\\_money\\_with\\_menace\\_drug\\_related\\_intimidation\\_report\\_final\\_digital\\_lr.pdf](http://www.drugsandalcohol.ie/25201/1/citywide_demanding_money_with_menace_drug_related_intimidation_report_final_digital_lr.pdf)

### Abstract

This report presents the findings of research on drug-related intimidation and community violence in a number of Local and Regional Drugs Task Force areas throughout Ireland. The research was a joint collaboration between the CityWide Drugs Crisis Campaign and the Health Research Board (HRB). Drug-related intimidation was identified as a key issue by local communities and Drugs Task Forces, and identifying effective responses is one of CityWide's key policy objectives. The research consisted of an audit of 140 incidents of intimidation reported to projects in 13 Drugs Task Forces areas, (11 Local and 2 Regional).

The audit took place between April 2014 and December 2015. Focus groups were also conducted with 8 Local Drugs Task Forces and 5 Regional Task Forces (approximately 150 people from various local projects attended these meetings). Additional focus groups were conducted with Travellers, former prisoners, Youth Workers and Family Support Workers and a Community Safety Forum in Dublin.

### 4.3 References

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## **European Monitoring Centre for Drugs and Drug Addiction**

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised EU agency based in Lisbon. The EMCDDA provides the EU and its Member States with information on the nature, extent, consequences and responses to illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the European Union and Member States.

There are 30 National Focal Points that act as monitoring centres for the EMCDDA. These focal points gather and analyse country data according to common data-collection standards and tools and supply these data to the EMCDDA. The results of this national monitoring process are supplied to the Centre for analysis, from which it produces the annual *European drug report* and other outputs.

The Irish Focal Point to the EMCDDA is based in the Health Research Board. The focal point writes and submits a series of textual reports, data on the five epidemiological indicators and supply indicators in the form of standard tables and structured questionnaires on response-related issues such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances.

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