

# ILLICIT DRUG MARKETS IN IRELAND

JOHNNY CONNOLLY AND ANNE MARIE DONOVAN



BAILE ÁTHA CLIATH  
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR  
Le ceannach díreach ó  
FOILSEACHÁIN RIALTAIS,  
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2  
(Teil: 01 – 6476834 nó 1890 213434; Fax 01 – 6476843)  
nó trí aon díoltóir leabhar.

DUBLIN  
PUBLISHED BY THE STATIONERY OFFICE  
To be purchased from  
GOVERNMENT PUBLICATIONS,  
52 ST. STEPHEN'S GREEN, DUBLIN 2.  
(Tel: 01 – 6476834 or 1890 213434; Fax: 01 – 6476843)  
or through any bookseller.

ISBN 978-1-4064-2834-6



9 781406 428346

# CONTENTS

<b>List of Tables</b>	<b>III</b>
<b>Acknowledgements</b>	<b>VI</b>
<b>Glossary of Terms</b>	<b>VII</b>
<b>Abbreviations</b>	<b>IX</b>
<b>Executive Summary</b>	<b>1</b>
<b>NACDA Recommendations arising from the report on Illicit Drug Markets in Ireland</b>	<b>11</b>
<b>1 Overview</b>	<b>13</b>
1.1 Introduction	14
1.2 Background to the study	15
1.3 Study aims and objectives	15
1.4 Structure of this report	16
<b>2 Methodology</b>	<b>17</b>
2.1 Introduction	18
2.2 Site selection	18
2.3 Methodology	19
2.4 Literature review	19
2.5 Qualitative research instruments	20
2.6 Quantitative research instruments	23
2.7 Ethical procedures and issues	25
2.8 Research limitations	25
<b>3 Literature Review and Background Research</b>	<b>27</b>
3.1 The evolution and organisation of illicit drug markets	28
3.2 The impact of illicit drug markets	40
3.3 Responding to illicit drug markets	47
<b>4 Site A</b>	<b>57</b>
4.1 Introduction	58
4.2 Profile of site A	58
4.3 The evolution and organisation of illicit drug markets: site A	61
4.4 Impact of drug markets	83
4.5 Responding to drug markets	85
<b>Key findings</b>	<b>102</b>
<b>5 Site B</b>	<b>105</b>
5.1 Introduction	106
5.2 Profile of site B	106
5.3 The evolution and organisation of illicit drug markets: site B	108
5.4 Impact of drug markets	120
5.5 Responding to drug markets	122
<b>Key findings</b>	<b>134</b>

---

<b>6 Site C</b>	<b>137</b>
6.1 Introduction	138
6.2 Profile	138
6.3 The evolution and organisation of illicit drug markets: site C	141
6.4 Impact of drug markets	155
6.5 Responding to drug markets	157
<b>Key findings</b>	<b>172</b>
<b>7 Site D</b>	<b>175</b>
7.1 Introduction	176
7.2 Profile of site D	176
7.3 The evolution and organisation of illicit drug markets: site D	179
7.4 Impact of drug markets	203
7.5 Responding to drug markets	206
<b>Key findings</b>	<b>222</b>
<b>8 Responding to Drug Markets: Revenue Customs Service</b>	<b>225</b>
8.1 Role and resources	226
8.2 Supply-reduction activity	227
8.3 Couriering drugs	230
<b>Key findings</b>	<b>232</b>
<b>9 Responding to Drug Markets: Garda National Drugs Unit</b>	<b>233</b>
9.1 Role and resources	234
9.2 Garda National Drugs Unit strategy	235
9.3 Supply-reduction activity	235
9.4 Assessing supply-reduction activities	240
9.5 Prioritising resources – prosecuting drug possession	244
9.6 Drug treatment and harm reduction	247
9.7 Inter-agency partnership and community policing	250
9.8 Current and future needs	251
<b>Key findings</b>	<b>254</b>
<b>10 Discussion and Policy Implications</b>	<b>255</b>
10.1 Introduction	256
10.2 Evolution and organisation of illicit drug markets	256
10.3 Impact of illicit drug markets	258
10.4 Responding to illicit drug markets	259
10.5 Refocusing drug-related law enforcement to address harms	263
10.6 Delivering change through partnership	264
10.7 Conclusion	268
<b>References</b>	<b>269</b>
<b>Appendix 1 – Street survey of residents</b>	<b>277</b>
<b>Appendix 2 – Interview schedule</b>	<b>301</b>

---

## LIST OF TABLES

Table 4.1	Deprivation indicators and standardised prisoner ratios (SPRs), site A	58
Table 4.2	Respondents' perceptions of social problems other than illegal drugs, site A	59
Table 4.3	Profile of drug-using/selling participants, site A	60
Table 4.4	Drug-selling profile of participants, site A	61
Table 4.5	Perceived reasons for drug use, site A	62
Table 4.6	Seizures by drug type, site A	65
Table 4.7	Supply offences by drug type, site A	66
Table 4.8	Suspected offenders by age and by offence type, site A	72
Table 4.9	Price of heroin by weight, site A	81
Table 4.10	Price of cocaine by weight, site A	81
Table 4.11	Heroin purity levels, site A	81
Table 4.12	Active ingredients other than heroin in seizure samples analysed, site A	82
Table 4.13	Cocaine purity levels, site A	82
Table 4.14	Active ingredients other than cocaine in seizure samples analysed, site A	83
Table 4.15	Visible drug use, site A	83
Table 4.16	Experience of being offered stolen goods, site A	84
Table 4.17	Reasons for reluctance to report drug-related information to Gardaí, site A	84
Table 4.18	Reasons for avoiding certain areas, site A	84
Table 4.19	Drug offences by month of incidence, site A	90
Table 4.20	Drug offences by offence type, site A	90
Table 4.21	Drug offences by drug and by offence type, site A	91
Table 4.22	Value of primary drug seized in possession offence cases, site A	91
Table 4.23	Value of primary drug seized in supply offence cases, site A	92
Table 4.24	Circumstances of arrest in simple possession cases, site A	94
Table 4.25	Circumstances of arrest in supply cases, site A	95
Table 4.26	Perceptions of Gardaí effectiveness, survey, site A	97
Table 4.27	Awareness of Gardaí activity, site A	98
Table 4.28	Measures needed to reduce drugs and crime, site A	98
Table 4.29	Reporting a young person's involvement in drug-dealing, site A	99
Table 4.30	Reasons not to report a young person's involvement in drug-dealing, site A	99
Table 5.1	Deprivation indicators and standardised prisoner ratios (SPRs), site B	106
Table 5.2	Respondents' perceptions of social problems other than illegal drugs, site B	107
Table 5.3	Profile of drug-using/selling participants, site B	108
Table 5.4	Drug-selling profile of participants, site B	108
Table 5.5	Perceived reasons for drug use, site B	109
Table 5.6	Seizures by drug type, site B	110
Table 5.7	Supply offences by drug type, site B	111
Table 5.8	Suspected offenders by age and by offence type, site B	116
Table 5.9	Price of heroin by weight, site B	119
Table 5.10	Price of cocaine by weight, site B	119
Table 5.11	Active ingredients other than cocaine in seizure samples analysed, site B	120
Table 5.12	Visible drug use, survey site B	120
Table 5.13	Experience of being offered stolen goods, site B	121
Table 5.14	Reasons for reluctance to report drug-related information to Gardaí, site B	121
Table 5.15	Reasons for avoiding certain areas, site B	121

---

Table 5.16	Drug offences by month of incidence, site B	124
Table 5.17	Drug searches by month of incidence, site B	125
Table 5.18	Drug offences by offence type, site B	125
Table 5.19	Seizures by drug type, site B	125
Table 5.20	Main drug offences by drug type, site B	126
Table 5.21	Value of primary drug seized in simple possession cases, site B	126
Table 5.22	Value of primary drug seized in supply offence cases, site B	127
Table 5.23	Circumstances of arrest in simple possession cases, site B	128
Table 5.24	Circumstances of arrest of supply suspects, site B	129
Table 5.25	Perceptions of Gardaí effectiveness, site B	130
Table 5.26	Awareness of Gardaí activity, site B	130
Table 5.27	Measures needed to reduce drugs and crime in the area, site B	131
Table 5.28	Reporting a young person's involvement in drug-dealing, site B	132
Table 5.29	Reasons not to report a young person's involvement in drug-dealing, site B	132
Table 6.1	Deprivation indicators and standardised prisoner ratios (SPRs), site C	138
Table 6.2	Respondents' perceptions of social problems other than illegal drugs, site C	139
Table 6.3	Profile of drug-using/selling participants, site C	140
Table 6.4	Drug-selling profile of participants, site C	141
Table 6.5	Perceived reasons for drug use, site C	142
Table 6.6	Seizures by drug type, site C	144
Table 6.7	Supply offences by drug type, site C	144
Table 6.8	Suspected offenders, by age and offence type, site C	150
Table 6.9	Price of locally available drugs by weight, site C	153
Table 6.10	Heroin purity levels, site C	153
Table 6.11	Active ingredients other than heroin in seizure samples analysed	154
Table 6.12	Cocaine purity levels, site C	154
Table 6.13	Active ingredients other than cocaine in seizure samples analysed, site C	154
Table 6.14	Visible drug use, site C	155
Table 6.15	Experiences of being offered stolen goods, site C	155
Table 6.16	Reasons for reluctance to report drug-related information to Gardaí, site C	156
Table 6.17	Reasons for avoiding certain areas, site C	156
Table 6.18	Drug offences by month of incidence, site C	160
Table 6.19	Drug offences by offence type, site C	160
Table 6.20	Seizures by drug type, site C	161
Table 6.21	Drug offences by drug and by offence type, site C	161
Table 6.22	Value of primary drug seized in simple possession cases, site C	162
Table 6.23	Value of primary drug seized in supply offence cases site C	162
Table 6.24	Circumstances of arrest of simple possession suspects, site C	164
Table 6.25	Circumstances of arrest of supply suspects, site C	164
Table 6.26	Perceptions of Gardaí effectiveness, site C	165
Table 6.27	Awareness of Gardaí activity, site C .	165
Table 6.28	Measures needed to reduce drugs and crime in the area, survey, site C	166
Table 6.29	Reporting a young persons' involvement in drug-dealing, site C	166
Table 6.30	Reasons not to report a young person's involvement in drug-dealing, site C	167
Table 7.1	Deprivation indicators and standard prisoner ratios (SPRs), site D	176

---

---

Table 7.2	Respondents' perceptions of social problems other than illegal drugs, site D	177
Table 7.3	Profile of drug-using/selling participants, site D	178
Table 7.4	Drug-selling profile of participants, site D	179
Table 7.5	Perceived reasons for drug use, site D	180
Table 7.6	Seizures by drug type, site D	182
Table 7.7	Supply offences by drug type, site D	182
Table 7.8	Suspected offenders, by age and by offence type, site D	193
Table 7.9	Price of heroin by weight, site D	201
Table 7.10	Price of cocaine by weight, site D	201
Table 7.11	Heroin purity levels, site D	202
Table 7.12	Active ingredients other than heroin in seizure samples analysed, site D	202
Table 7.13	Cocaine purity levels, site D	203
Table 7.14	Active ingredients other than cocaine in seizure samples analysed, site D	203
Table 7.15	Visible drug use, site D	204
Table 7.16	Experience of being offered stolen goods, survey, site D	204
Table 7.17	Reasons for reluctance to report drug-related information to Gardaí, site D	205
Table 7.18	Reasons for avoiding certain areas, site D	205
Table 7.19	Drug offences by month of incidence, site D	210
Table 7.20	Drug offences by offence type, site D	210
Table 7.21	Seizures by drug type, site D	211
Table 7.22	Drug offences by drug and by offence type, site D	211
Table 7.23	Value of primary drug seized in simple possession cases, site D	212
Table 7.24	Value of primary drug seized in supply offence, site D	212
Table 7.25	Circumstances of arrest of simple possession suspects, site D	214
Table 7.26	Circumstances of arrest of supply suspects, site D	214
Table 7.27	Perceptions of Gardaí effectiveness, site D	216
Table 7.28	Awareness of Gardaí activity, site D	217
Table 7.29	Measures needed to reduce drugs and crime in the area, site D	217
Table 7.30	Reporting a young person's involvement in drug-dealing, site D	218
Table 7.31	Reasons not to report a young person's involvement in drug-dealing, site D	218
Table 8.1	Type of drugs seized, all stations	228
Table 8.2	Weight (kg) of drugs seized, all stations	229
Table 8.3	Seizures exceeding 0.999g, all stations	230
Table 8.4	Seizures exceeding 0.999g by station, all stations	230

---

## ACKNOWLEDGMENTS

This study could not have been undertaken or completed without the help of numerous people who must remain anonymous due to the nature of the study. In order to develop evidence-based responses to complex and largely hidden phenomena such as illicit drug markets, it is necessary to engage with those involved in those markets, whether as participant drug users or suppliers, residents in areas particularly affected by them or public servants and community activists responding to them. For all such groups, participating in research of this nature can be challenging. This is appreciated and the authors would like to thank sincerely all who assisted with the study for their co-operation.

For their assistance in arranging interviews with drug user/dealers we acknowledge the Probation Service, individual drug-treatment centres, the drug users forum UISCE and the various outreach workers. The prison-based interviews were facilitated by the Irish Prison Service, and the former governors of the Dóchas centre and Mountjoy prison, Kathleen Mahon and John Lonergan and the members of their staff. The street survey was conducted in collaboration with Evidence Led Solutions (ELS). We would like to acknowledge Rick Brown and colleagues of ELS for their professionalism. They were a major asset to the study and a pleasure to work with.

A large part of the study is concerned with describing the strategy and activities of drug law enforcement. Although a great deal of media attention and public commentary are focused on responses to drug-related crime, it remains an area that is very poorly understood. Before we can assess responses to illicit drug markets, it is necessary to describe them. We are particularly indebted to those members of An Garda Síochána, Revenue Customs Service and the Forensic Science Laboratory who shared their knowledge, practical experience and data with us. So-called 'real-world research' of this nature is dependent on such co-operation. This would not have been possible without the active collaboration of their representatives on the Research Advisory Committee, Garda Sergeant Brian Roberts, Enda McEvoy of Revenue Customs Service and Nicola Moloney who was employed in the Forensic Science Laboratory to assist with the study.

We would also like to acknowledge the assistance of Chief Superintendent Barry O'Brien, Chief Superintendent Michael O'Sullivan and Brian Carter of the Garda National Drugs Unit; Brian Smyth and Breeda Redican of Revenue Customs Service; Dan O'Driscoll and Eugene Kane and their colleagues in the Forensic Science Laboratory; Donal Landers, Séamus Beirne, Kieran O'Dwyer and the ethics committee of the Irish Prison Service; Alison Reilly and John Garry of the Department of Justice and Law Reform; Joe Barry, Ide Delargy; Des Corrigan, Gemma Cox, Maireád Lyons, Susan Scally, Alan Gaffney and Mary Jane Trimble of the National Advisory Committee on Drugs (NACD)\*; Leah Foley of Ceart Business Services; John O'Connor, Seamus Noone and the ethics committee of the Drug Treatment Centre Board; Conor Teljeur of Trinity College Dublin; Tiggey May and Mike Hough of Kings College London; and Laura Wilson of Matrix Knowledge Group.

Finally, we would like to thank our colleagues in the Health Research Board, in particular Jean Long, Joan Moore and Brigid Pike who gave editorial assistance, and the staff of the National Documentation Centre on Drug Use who gave their support throughout.

---

\* In 2013 the remit of the NACD was extended to include alcohol and is now called the National Advisory Committee on Drugs and Alcohol (NACDA)

## GLOSSARY OF TERMS

An eighth	One-eighth of an ounce, usually heroin or cocaine (3.5g)
Bags	Small 'score' bags of heroin (see below)
Bagged it up	Divided larger quantity of drugs into street-level deals
Bank machine	Money counters
Bar	Standard unit of cocaine or cannabis resin, usually 9oz/0.25kgs
Benzos	The street name for benzodiazepines, which are an effective treatment for anxiety, insomnia and some forms of epilepsy and spasticity
Bigger fish	Higher-level dealers
Blade	Knife
Brown	Heroin
Bullet/Pellet	Small quantity of high-purity cocaine imported and sometimes converted to crack
Chopping	Mixing drugs with an adulterant for onward sale
Click	From 'clique', meaning, in this context, a group of approximately 20 individuals who form a drug gang with a core group of four gang leaders
Coke	Cocaine
Couple of ton	Two hundred
Crack cocaine	A form of smokeable cocaine sold at street level in small lumps or 'rocks'. Crack is formed by dissolving powder cocaine (cocaine hydrochloride) in water, to which an alkali (such as ammonia, sodium bicarbonate or sodium hydroxide) is added; the mixture is heated and then dried into hard smokeable lumps. The name crack is derived from the cracking sound that is made when 'rocks' are being heated and smoked
Crew	Group or loosely defined gang
Crystal meth	Methylamphetamine
D5, D8, D10	Benzodiazepines
Danced on	Drugs heavily diluted or adulterated
Depot	Forensic Science Laboratory
Dipper	A pickpocket
Dole	Social welfare payment
Drought	A temporary shortage of heroin supply at street level
Drug mule	A person who transports drugs on behalf of a drug supplier
E	Ecstasy (MDMA)
Garda/Gardaí	Member/members of An Garda Síochána (the Irish police service)
Gear	Heroin
Gillie	A person who is used by drug-dealers as a decoy by being paid to transport drugs
Grand	Thousand (50 grand = €50,000)
Grass	Garda informant
Half-eighth	See 'eighth'; usually heroin or cocaine (1.75g)
Hash	Cannabis resin
Hiding	A physical assault arising from a dispute with a drug-dealer
K	Kilogram
Labour day junkie	A person who uses their social welfare allowance to purchase drugs
Laid on	Receiving or providing drugs on credit
Lieutenant	A person who is not the leader of a drug gang but is a senior member, and may co-ordinate transport, storage and mixing of drugs without necessarily making contact with the substance
Look out	A person whose role is to keep vigilant for arrival of Gardaí
Magic	Benzocaine, a cocaine adulterant, mimics the effects of cocaine
Merc	Mercedes car
Nixer	A job outside a person's normal work

---

Nodge/nodule	Small lump of cannabis resin
Off the radar	Unknown to Gardaí
Old bill	An Garda Síochána
On a clinic	Attending a drug-treatment centre
On tick	Receiving or providing drugs on credit
Patch	Specific location where dealer sells drugs regularly and over which he/she claims control
Pipe bomb	Improvised explosive device, tightly sealed section of pipe filled with an explosive material
Pissing into the wind	Wasting your time
Player	Senior member of a drug enterprise or gang
Popping smarties	Consuming benzodiazepines or MDMA
Problem drug use	Defined by the European Monitoring Centre for Drugs and Drug Addiction as injecting drug use or long duration/ regular use of opioids, cocaine (including crack) and/or amphetamines
Q	Street-level deal (see 'score bag')
Quarter	Quarter-ounce
Quid	Euro (10 quid = €10)
Rat/ratting	A Garda informant/informing the Gardaí on another
Recreational drug use	The use of drugs for pleasure or leisure; characteristically regular but controlled, usually taking place in a social group. The terms implies that drug use has become part of a person's social life, even though they may only take drugs occasionally
Rocks	Street deals of crack cocaine
Runner	A drug courier in a retail market, often a young person
Sat nav	Satellite navigation device
Scanner	A radio receiver that can automatically tune to, or scan, two or more discrete frequencies. Used by criminals to monitor police movements.
Score bag	Lowest street deal, usually for heroin. Cost €20: hence score (0.1–0.2g)
Scoring	Street name for finding and buying drugs
Script	Prescription from general practitioner
Section 3	Misuse of Drugs Act, 1977, possession of any controlled drug without due authorisation (simple possession)
Section 15	Misuse of Drugs Act, 1977, possession of a controlled drug for the purpose of unlawful sale or supply (possession for sale or supply)
Stash	Quantity of drugs taken from a larger amount
Shit, muck, dirt, rubbish	Poor-quality drugs or reference to mixing agent or adulterant used to bulk up drugs
Shark	A loan shark – a person who lends money at very high rates of interest
Taking the rap	Taking the blame
Touts	Garda informants
Tracking form	Form used in court to process a prosecution
Twists, turns	Drug sellers taking turns dealing in a busy street market
Upjohns	Usually benzodiazepine
Water bed effect	Where, given the continuous demand for drugs, the arrest of one drug dealer leads to his/her immediate replacement by another. Or the removal of one local market leads to its re-emergence elsewhere. Also referred to as the 'balloon effect'
Weight	Someone who deals in weight can access a large quantity of drugs
Whack it out	Sell the drugs
Yokes	MDMA tablets (ecstasy)

---

## ABBREVIATIONS

<b>ATS</b>	Amphetamine-type substances (amphetamine, methamphetamine and ecstasy-group substances)	<b>PRIS</b>	Prisoner Records Information System
<b>CAB</b>	Criminal Assets Bureau	<b>PULSE</b>	Police Using Leading Systems Effectively
<b>CBRN</b>	Chemical, biological, radioactive and nuclear products	<b>RAG</b>	Research Advisory Group
<b>CHIS</b>	Central Human Intelligence System	<b>RCS</b>	Revenue Customs Service
<b>CPF</b>	Community Policing Forum	<b>ROSIE</b>	Research Outcome Study in Ireland
<b>CSO</b>	Central Statistics Office	<b>SOCA</b>	Serious Organised Crime Agency
<b>CDLE</b>	Customs Drugs Law Enforcement	<b>SAHRU</b>	Small Area Health Research Unit
<b>DEA</b>	Drug Enforcement Administration	<b>SAPS</b>	Small Area Population Statistics
<b>DMR</b>	Dublin Metropolitan Region	<b>SPR</b>	Standardised prisoner ratio
<b>DTCB</b>	Drug Treatment Centre Board	<b>SPSS</b>	Statistical package for the social sciences
<b>DTC</b>	Drug Treatment Court	<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>ED</b>	Electoral division	<b>WCO</b>	World Customs Organization
<b>EMCDDA</b>	European Monitoring Centre for Drugs and Drug Addiction		
<b>ENCOD</b>	European Coalition for Just and Effective Drug Policies		
<b>EUROPOL</b>	European Police Office		
<b>EWODOR</b>	European Working Group on Drugs Oriented Research		
<b>FBI</b>	Federal Bureau of Investigation		
<b>FSN</b>	Family Support Network		
<b>FSL</b>	Forensic Science Laboratory		
<b>GNDU</b>	Garda National Drugs Unit		
<b>HRB</b>	Health Research Board		
<b>ICGP</b>	Irish College of General Practitioners		
<b>IDPC</b>	International Drug Policy Consortium		
<b>INCB</b>	International Narcotics Control Board		
<b>IMB</b>	Irish Medicines Board		
<b>Interpol</b>	International Criminal Police Organisation		
<b>IPS</b>	Irish Prison Service		
<b>ISIS</b>	Irish Sentencing Information System		
<b>LSD</b>	Lysergic acid diethylamide		
<b>MAOC-N</b>	Maritime Analysis and Operation Centre–Narcotics		
<b>MDA</b>	Misuse of Drugs Act		
<b>MDMA</b>	Methylenedioxyamphetamine		
<b>MOU</b>	Memorandums of understanding		
<b>NACD</b>	National Advisory Committee on Drugs*		
<b>NCIU</b>	National Criminal Investigation Unit		
<b>NDC</b>	National Documentation Centre on Drug Use		
<b>NDS</b>	National Drugs Strategy		
<b>NSS</b>	National Support Services		
<b>OCG</b>	Organised Crime Group		
<b>OCTA</b>	Organised Crime Threat Assessment		
<b>OCU</b>	Organised Crime Unit		

\* In 2013 the remit of the NACD was extended to include alcohol and is now called the National Advisory Committee on Drugs and Alcohol (NACDA)





## EXECUTIVE SUMMARY

## EXECUTIVE SUMMARY

Understanding the organisation, scale, nature and dynamics of illicit drug markets is a critical requirement for effective policy-making and for interventions designed to disrupt their operation and to minimise the associated harms. Through in-depth research with people involved in the illicit drug market in Ireland, as drug users or sellers, as professionals responding to it or as residents affected by it, this research fills a significant knowledge gap in this important area of Irish drug policy.

The study objectives were to:

- Examine the various factors that can influence the development of local drug markets.
- Examine the nature, organisation and structure of Irish drug markets.
- Examine the impact of drug-dealing and drug markets on local communities.
- Describe and assess interventions in drug markets with a view to identifying what further interventions are needed.

### Site profiles

The research was carried out in four locations: two sites in urban areas, one in a suburban area and one in a rural area. These sites varied considerably in terms of population and geographic location. The basic selection criteria were that the areas should be sufficiently varied to provide a cross section of illicit drug markets in Ireland. The electoral divisions (ED) within the study sites chosen were those where deprivation levels were high (based on proportion of over-15s unemployed, proportion of population in social class 5 [Semi-skilled] or 6 [Unskilled], proportion of households with no car and proportion of rented or local authority housing).<sup>1</sup> Data on the proportion of residents who had served prison sentences for drug offences were also used as an indicator. The identities of these sites have been concealed so as not to consolidate their reputation as illicit drug market locations. Site A is located within a suburban satellite town with a population of approximately 40,000. Site B is a rural site encompassing just two EDs – one representing the town, with a small population of 2,000–3,000 and the second representing the population of the rural hinterland, with a population of 10,000–11,000. Site C is an urban site, encompassing 20 EDs, with a population of 30,000. Site D is an urban site encompassing 19 EDs with a population of some 60,000.

### Methodology

This exploratory study was conducted over a 36-month period (from 2008 to 2010) using a mixed-methodological approach. This involved:

- individual, face-to-face, in-depth interviews with both former and active drug users and street sellers;
- interviews with individuals serving prison sentences of more than seven years for drugs supply;
- interviews with experienced members of dedicated Garda drug units in the four study sites and with senior members of the Garda National Drugs Unit (GNDU);
- interviews with drug-treatment workers and a public health specialist;
- a street survey of 816 local residents and people working in the area (approximately 200 respondents in each location).

Criminal justice data analysed included drug offence data for the period 1 October 2008 to 31 March 2009 obtained from the Garda Síochána PULSE Information Technology system (Police Using Leading Systems Effectively). PULSE includes information on the number of drug seizures, the profile of offenders and the circumstances of arrest. Data on over 1,200 cases were analysed from 12 Garda stations throughout the four study sites.

<sup>1</sup> See Central Statistics Office for full social class categorisation at: [cso.ie](http://cso.ie)

---

Forensic analysis of drug seizures in the study sites between 1 September 2008 and 28 February 2009 was conducted by the Forensic Science Laboratory (FSL). Qualitative analysis was performed to identify the presence of illicit substances. Quantitative analysis (drug purity) was then performed on powders and tablets containing specific drugs, namely amphetamine, cocaine, diamorphine (heroin) and MDMA, to determine the levels of purity of the illicit substances present. The analysis also identified other substances or adulterants present in the samples, giving an indication of the typical bulking agents being used within the illicit drug market.

Analysis of data on nationwide seizures made by Customs Drugs Law Enforcement (CDLE) was collected by CDLE from 18 stations over a six-month period (January–June 2009).

## Main findings

### Factors which can influence the development of local drug markets

Senior experienced members of the GNDU describe the illicit drug market in Ireland as involving a series of sometimes overlapping markets for different substances that have evolved in waves or phases since the 1980s, with the heroin market, for example, beginning in the centre of Dublin and gradually spreading throughout the rest of the country. Most survey respondents highlighted social issues as the main reasons for local drug use. The primary factors identified were: the absence of facilities for young people; high unemployment; boredom; poor parental supervision; and drug availability. Additional factors identified through in-depth interviews included the relocation of people from deprived urban centres to suburban and rural areas and, in one location, the influence of a local prison where people had developed addictions and/or met people who had subsequently introduced them to drug-dealing. The arrival of people, both national and non-national, in specific locations were contributory factors in the development of markets for drugs such as herbal cannabis, heroin and crack cocaine.

The cannabis market is described as geographically dispersed and continuously growing, while the MDMA (ecstasy) market is distinctive in that it emerged in the early 1990s and spread throughout the country very rapidly over an 18-month period. Previously, cocaine use was generally regarded as being confined to specific sectors of the population and specific locations, possibly given the higher prices associated with it. However, the period of rapid economic growth since the early 2000s has seen cocaine use spread widely throughout the country. Crack cocaine is a relatively recent phenomenon, which emerged in north Dublin inner city and has now spread throughout the capital and beyond.

## The nature, organisation and structure of Irish drug markets

There is no simple way to describe the organisational nature of the various drug markets examined as they differed widely in terms of their levels of structure and organisation throughout all four study sites. Site D, for example, was referred to as highly structured with regard to the distribution of heroin, cocaine and cannabis and involved three to four levels of distribution. Several high-level suppliers were involved in drug importation and distribution over a very wide area. The middle market in this location was reportedly heavily populated by individuals and groups or 'gangs' supplying drugs in volumes of kilograms or more. Site D also had several highly visible open street-level markets where heroin, crack cocaine and prescription drugs could be purchased. Although crack cocaine had originated with West Africans, it now involved more Irish sellers. Closed markets in pubs and flat complexes were also reported. Site A also had a visible and busy open street-level market for crack cocaine, where dealers took turns to sell drugs to buyers who often came from outside the area. Here, a large number of individuals performed roles on behalf of higher-level suppliers, including the dilution or preparation of drugs. Those involved in the storage and transport of drugs were generally relatively minor participants in the drug supply chain, either earning drugs for their own use or trying to pay off a drug debt.

---

While site B also attracted non-local buyers to purchase heroin, street-level distribution was closed. Transactions were made over the phone, deliveries made to people's homes and contacts formed through trusted third-party introductions. The heroin supply here was regarded as having originated within families but to have involved more recently a looser network of individuals. Heroin was not imported directly but sourced from the major cities of Dublin and Limerick. Cocaine distribution in this market was more structured and lucrative and dominated by a particular group of individuals who used legitimate businesses as a means of transporting drugs throughout the region. Although this was a large urban area, there was no open street market reported in site C, with drug transactions arranged via mobile phone and at pre-arranged locations. Here, the distribution of drugs such as cannabis and cocaine was concentrated among a small number of established families. Heroin distributors were described as non-local, both Irish and non-Irish, who had arrived in the area with an addiction. The heroin market was also described as less structured and easier to penetrate from a law-enforcement perspective.

Young people played a substantial role in drug distribution at street level in site A. Storing or running drugs was a financially lucrative option for teenagers. Indeed, PULSE data revealed that, over a six-month period, one-fifth of suspected supply offenders were aged 18 or under. Many of these young people were reportedly from unstable home environments. The profile of runners was different in site B. They were often older heroin addicts running drugs in return for a personal supply. Non-drug-using young people (aged under 18) were not reported as playing a significant role in drug distribution. Similarly, in site C, although runners did exist, there was little evidence to suggest the involvement of very young people (aged 16 and under). It was reported that this would not have been tolerated locally by residents. By contrast, in site D, young people (aged under 16) were reported to be heavily involved in running drugs.

## The impact of drug-dealing and drug markets on local communities

The majority of respondents surveyed in all four sites considered illegal drugs to be a big problem in their area – ranging from 67% of respondents in site C to 90% of respondents in site A. However, residents' direct exposure to drug problems, whether through witnessing drug-using behaviour or seeing discarded syringes in their neighbourhoods, differed across the four sites. In site A, of the 60% of respondents who had observed drug use in their area directly, 89% had observed people smoking drugs and almost 50% had seen discarded syringes in their neighbourhood. In site B, 31% of respondents had observed drug use directly: of these, 75% had seen people smoking drugs and 22% had seen discarded needles in the 12 months prior to the study. In site C, again, 31% of respondents had observed drug use directly. Of these, 90% had seen people smoking, but just 9% had seen discarded needles. In site D, which, like site A, had a deeply embedded and thriving open drug market, 55% of respondents had observed drug use directly: of these, almost 90% had witnessed people smoking drugs, and 50% had seen discarded needles in their neighbourhoods.

Open drug markets impacted on local communities by curtailing residents' freedom of movement. In site A, almost two-thirds of respondents avoided certain areas at certain times, primarily because of people hanging around in groups taking drugs. Sixteen per cent cited open drug-dealing as a concern. Over half of site B respondents avoided certain areas at certain times, mostly because of people taking drugs and consuming alcohol. In site C, 40% of respondents avoided specific areas at particular times – mainly because of people hanging around in groups. Of the 41 respondents who gave reasons for their avoidance of certain areas, 10 specifically cited the incidence of people hanging around taking drugs. In site D almost half of respondents avoided certain areas at certain times, with 44% of those doing so because of people in the area taking drugs. This loss of communal space can contribute to a further deterioration in community quality of life. Irish and international research has shown that the detachment of ordinary residents from the place in which they spend their daily lives can create a sense of disempowerment, which further undermines attempts to address this decline in the quality of life in a community. The literature also shows that this cycle of alienation and decline can operate as a catalyst for progressive criminal behaviour, thereby intensifying the grip of local drug markets.

---

---

## Description of interventions in drug markets

This study provides the first comprehensive picture of the role, resources, strategies and activities of the principal drug-law-enforcement agencies in the State, Revenue Customs Service and the Garda Síochána.

Revenue Customs Service is responsible for the surveillance of the frontiers of the state, including the maritime frontiers, territorial waters and contiguous zones, and for enforcing customs and excise legislation. Many drug seizures result from profiling techniques based on risk analysis. The air mail unit (Dublin), Athlone mail centre and Dublin airport passenger terminal accounted for most of the drug seizures made by Customs Drugs Law Enforcement (CDLE) during the research period. The drugs seized are generally en route from source/transit locations such as Amsterdam, South Africa or South America. Mail stations such as Portlaoise report a high rate of low-volume seizures of substances such as cannabis, and the illicit supply of prescribed medication such as benzodiazepines. Customs reported a number of successful operations during the period of the research. Of the 1,378 seizures of illegal or controlled drugs between January and June 2009, 90% were of cannabis herb or resin. The vast majority of these seizures (90%) weighed less than 28g and were most likely for personal use. In the same period, 52 seizures were made by CDLE of illegal substances that weighed 1kg or more (4% of total seizures). Cocaine and cannabis herb accounted for 89% of these seizures. It is not possible to determine accurately the proportion of these drugs that were destined for the Irish market or whether these seizures had a significant impact on drug availability in Ireland.

GNDU strategic operations focus on dismantling and disrupting international and national drug supply networks and organisations and also working with divisional and district Garda drug units to dismantle local networks. The GNDU also co-operates with CDLE and with international organisations. The GNDU also has a role in co-ordinating Garda policy on demand-reduction initiatives. Drug importation and distribution is an unpredictable business, with its success, from the perspective of the drug supplier, contingent on a range of variables. For the Gardaí to mount a successful policing operation, their approach must be cognisant of and sensitive to the various factors affecting the suppliers' activities on a continuous basis. Consequently, as investigations against organised crime groups are complex and time consuming, there can be a number of policing operations ongoing and overlapping at any one time.

The gathering and collation of reliable intelligence is central to the success of the GNDU's work. Unlike other areas of policing, such as robbery or murder, investigations cannot always begin from a crime scene but must depend on intelligence. The recent establishment of the Central Human Intelligence System (CHIS) provides a structure whereby all intelligence is now centralised within a specific unit. The GNDU also manages undercover test purchase operations, to penetrate closed retail markets or recreational markets such as nightclubs where people are less likely to deal drugs to strangers. In all research sites Garda drug unit strategy involved a combination of activity targeting both street-dealing and higher-level suppliers. Intelligence was generally acquired through developing relationships with offenders working in the lower levels of distribution.

## Assessment of interventions

In the previous and current National Drugs Strategies, the main performance indicators outlined under the supply-reduction pillar focus on increasing supply detections and drug-seizure volumes. Both CDLE and the Garda Síochána have surpassed their required targets in this respect, reporting a number of successful operations during the period of this research. However, one challenge from a law-enforcement perspective highlighted in this study relates to the difficulty of identifying any clear link between supply-reduction activity and drug availability and use. The absence of reliable evidence of a straightforward link between supply-reduction initiatives and sustained reductions in drug availability has been highlighted in the international literature and was also identified as an important issue during the preparation of the current National Drugs Strategy (NDS). The development of new indicators in this area is currently

---

---

the focus of attention of the European Commission, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol.

Despite the difficulties associated with policing drug markets, research and evidence suggest that supply-reduction activities can contribute to the containment of drug markets and frustrate the expansion of new markets. Nevertheless, the public demand for illegal drugs and the profits that can be earned from drug-dealing ensure that international and Irish drug markets remain resilient and adaptable to law-enforcement interventions. Across all four study sites, supply offences accounted for between 17% and 33% of all drug offences. The largest proportions of supply offences were in sites A and D, which had a number of open drug markets. Most supply offences related to heroin, cocaine and crack cocaine. On the one hand, this reflects the intelligence-led and focused nature of activity by individual Garda drug units. On the other, it reflects the greater availability of drugs in these areas. In all four sites, most prosecutions were for simple possession of cannabis. Most of these relate to stop and search activities by Garda members, and the amounts seized were valued at between €10 and €20.

Although some drug sellers acknowledged the importance of being wary of Garda activity, there is no evidence from the study that general drug availability was affected significantly for any period by law enforcement. Local community tolerance of cannabis use was highlighted by Garda members and by treatment workers in a number of sites. In sites A and D, the Gardaí had initiated several targeted operations. Despite this, Gardaí acknowledged that, although their activities led to the disruption of the market, the impact was generally of short duration as markets adapted quickly. Again, this is consistent with findings from international research. The limitations of such Garda crackdowns in busy hotspots were also highlighted by local drug sellers, who explained that they would disperse quickly when Gardaí approached and resume when they left the area. Drug sellers also adapted to drug law enforcement by managing risk exposure. Rather than keeping drugs on their person, they were kept in a separate location. Consignments might be divided up and buried at a series of locations, where buyers could collect them. Higher-level sellers often used others to transport drugs for them, either children or people who were in debt to them, or heroin users who did it in return for drugs for their own consumption. Drug sellers also reported using people as decoys, giving them a small amount of drugs and then informing the Gardaí so as to distract the latter from a larger drug deal happening simultaneously. Although relations with communities and other agencies, including treatment agencies, were stronger in some locations than others, in general inter-agency and community links were underdeveloped and often informal. However, formalised community and inter-agency partnerships, where they existed, were regarded as beneficial both in terms of developing responses and reassuring community residents.

### **Impact on drug price and purity**

Other relevant supply-reduction indicators are drug price and purity levels. Interviews suggested that heroin and cocaine had become cheaper to buy in all four sites and at all market levels. However, crack cocaine prices remained high and steady in the markets where it was available. Crack also returned the highest profit margins. Depending on the unit size that they were willing to sell at, sellers could make from 2 to 400% profit on their initial stake or investment. The amount of profit was affected by whether or not the seller was a drug user, thereby consuming part of their own supply. Although there are a number of factors that can affect drug prices in an illicit market, there was no indication from this study that drug law enforcement was having any effect on price levels or profitability. Heroin purity levels varied within markets, but average purity remained fairly consistent across drug markets at around 45%. This suggests that heroin markets, both urban and rural, were relatively stable, with purity levels remaining constant. What this finding probably reflects is the reality that heroin is no longer a Dublin-based phenomenon but has spread countrywide.

Cocaine purity levels were generally very low and averaged at 14% across sites A, C and D. It is unclear why this was the case. One assumption might be that low purity levels are an indicator of a decrease in availability, but other information sources (such as survey data and treatment figures), do not suggest that there was a decline in cocaine use at the time of the study. An important feature of the purity data in this study relates to the adulterants used when mixing or diluting cocaine. The presence of lignocaine and phenacetin in most cocaine seizures throughout all study sites suggest either the wide availability of such substances or, the more likely scenario, that cocaine is most often

---

---

adulterated at a higher stage of the market or prior to being imported. The presence of such substances also has important health implications.

### **Community perspectives**

In site A, only one-third of survey respondents believed the Gardaí to be effective or very effective in dealing with crime. Just over a quarter of residents knew a Garda member by name. In site B over half of survey respondents believed the Gardaí to be effective/very effective in dealing with crime in their area. More than half of the residents surveyed knew a Garda by name and 42% had spoken to a Garda about their area. In site C almost half of survey respondents believed the Gardaí to be effective/very effective in dealing with local crime. More than a third of respondents knew a Garda member by name and/or had spoken to them about the area. In site D, just under half of respondents believed the Gardaí to be effective/very effective in dealing with crime. Just one-quarter of respondents knew a Garda member by name and/or had spoken to them about the area. These findings suggest that there may be a link between perceptions of Gardaí effectiveness and positive engagement with individual Garda members working in the community. Sites A and D also had visible open street level markets and this could have an effect on community perspectives of Garda effectiveness. In all four sites, the most prevalent reason for not reporting information about drug-related activity to Gardaí related to fear of reprisal from those involved in drug-related crime.

### **Unintended consequences of law enforcement**

In all four sites, Gardaí highlighted the importance of using informants for the purposes of intelligence-gathering. However, this could also have unintended consequences. The use of informants by the Gardaí was regarded by sellers as a major source of suspicion which often led to violence in drug markets. It was also pointed out by the GNDU that some of the violence in drug markets that was associated with Garda seizures or arrests arose as a result of paranoia among drug suppliers. In all four sites, most of the violence that occurred related to unpaid drug debts. Drug debts were acquired through people consuming their own supply or as a result of Garda seizures. Where Gardaí seized drugs, debts remained outstanding and still had to be paid. This may be described as an unintended negative consequence of drug law enforcement, whereby effective supply-reduction activities can contribute indirectly to greater levels of drug-related violence. Another unintended effect of law enforcement identified in the literature is the tensions that can arise between law-enforcement and public-health goals. For example, where drug markets develop in close proximity to drug-treatment centres, law-enforcement responses need to be carefully managed. Sensitivities in relation to this issue were acknowledged both by health workers and by Garda members interviewed in one study location, and the Gardaí adopted a pragmatic approach when dealing with dependent drug users seeking treatment. This highlights the importance of nurturing and sustaining effective partnerships between criminal justice, health and social agencies.

## **Policy implications**

### **Preventing the emergence and growth of illicit drug markets**

Future approaches to illicit drug markets and drug-related crime need to address the various environmental, social and economic factors that contribute to the emergence and growth of illicit drug markets in the first place. These factors should be considered in relation to different market levels: import, middle-market and retail level. At a global level, preventative approaches should involve collaboration with international partners in countries where the drugs are sourced. At a national level, environmental crime-prevention measures should be incorporated into housing planning, for example. In seeking to prevent young people from becoming involved in gang formation and local drug markets in the future, international best practice approaches need to be investigated and delivered through the education system. In responding to illicit drug markets, it is important to consider what interventions are seeking to achieve and how specific market structures and forms of organisation can impact on these interventions. Policing responses, whether street patrols or intelligence-led initiatives of a more covert nature, strive to disrupt markets and thus reduce or control supply. On the other hand, demand-reduction strategies attempt to target users and divert

---

---

them into drug treatment, by means of arrest referral schemes, for example. It is important that supply-reduction and demand-reduction initiatives are complementary.

The international literature also suggests that time in prison may contribute to future involvement in illicit drug markets. Although this issue was not the focus of this research, a number of interviewees in particular sites referred to the fact that the prison setting had afforded them the opportunity to make friends/acquaintances with people with whom they subsequently, upon release, engaged in drug-dealing. These interviewees were often dependent drug users whose original imprisonment was drug related. This reaffirms the desirability of diverting people away from imprisonment, where appropriate, and into treatment. The increased use of arrest referral and of alternatives to imprisonment such as the Drug Treatment Court provide a more humane, effective and sustainable approach. In addition, this issue highlights the importance of supporting further efforts in the provision of treatment while in prison.

### **Directing responses towards the specific characteristics of the illicit market to focus on the individuals and markets that cause greatest harm**

When asked what was needed to reduce drugs and crime in the area, the majority of respondents to the street survey across all four sites called for more Gardaí patrolling on the streets. Visible policing can help alleviate some of the fears associated with local drug markets. Regular police patrolling can also disrupt open drug markets and cause them to move continuously so that they do not gain a permanent visible presence. This can make the markets less accessible to people who may wish to experiment with drug use and it can alleviate the corrosive effect that open drug scenes can have on local community morale and local businesses. A regular visible police presence is also very important in fostering interaction between the Gardaí and the local community, as community members become familiar with individual Garda members. Formalised meetings between the Gardaí and local residents can benefit from such interaction.

The main newly emerging drugs identified in specific study locations were crack cocaine, cannabis herb and benzodiazepines. Each of these drugs raises different issues from a legal regulation and law-enforcement perspective and also in terms of the harms associated with it. Clearly, the open dealing of crack cocaine and heroin that was identified in this study in sites A and D is especially damaging to the local communities. Public displays of drug-market violence and the involvement of young people in drug distribution are also particularly harmful consequences of some of the drug markets studied here. The deployment of law enforcement and other resources towards addressing and alleviating these most harmful drug markets, and the limitations in available resources, imply, necessarily, the strategic use of such resources.

A similar sense of perspective should also inform criminal justice responses to those involved in the operation of illicit drug markets. This study highlights that drug-dealing enterprises are dependent on the participation of numerous individuals performing different roles. These include people exploited by high-level drug-dealers to hold or transport drugs, such as children, dependent drug users or non-nationals from low-income countries. Although the ultimate harm to society arising from the supply of those drugs may be the same regardless of the motivation of the individual involved, effective prevention policies need to address the circumstances that lead people to become involved in illicit drug markets in the first place. Similarly, consideration needs to be given to cases in which individuals are found in possession of only a small quantity of drugs, but where other evidence suggests that they are dedicated high-level drug-dealers.

For example, the issue of sentencing, although not covered in detail in this study, did arise – particularly in relation to the imposition of the mandatory minimum sentence of 10 years provided for in the Criminal Justice Act 1999. In deciding whether or not to impose the mandatory sentence for drug possession as provided for in this legislation, the courts must consider and respond to many complex issues arising as a consequence of the operational dynamics of illicit drug markets. Further information about the nature of these issues and their broader societal and criminal justice implications would be of value. The Irish Sentencing Information System that was piloted in 2009 by the Courts

---

---

Service could be a useful source of further information about sentencing for drug-related offences. Ultimately, the importance of developing successful interventions at the highest levels of the illicit drug market should remain a core focus of policy. Recent legislative changes introduced in response to organised crime and the development of a more formalised system of managing Garda informants have potential in this respect.

### **Building community confidence and partnership responses**

There is growing evidence, both internationally and in Ireland, that partnership approaches involving local communities, state agencies and other stakeholders offer the most effective method of responding to many drug problems, including illicit drug markets. Community engagement in partnership approaches is often contingent, however, on the extent to which community concerns are understood and acted upon. In trying to develop the capacity of communities to take positive action against drug markets, it is important to appreciate the limited or constrained choices that are open to many community residents. In particular, the fear and intimidation associated with drug-related crime clearly undermines the willingness of the public to engage with initiatives aimed at disrupting such markets. Consequently, successful approaches depend upon the building of community confidence through initiatives that are locally relevant, that are tangible and that are consistent over time. Such a response can best be delivered through formal inter-agency and community-based structures such as local policing fora, as provided for in the National Drugs Strategy 2009–2016. The Dial-to-Stop Drug Dealing and Intimidation scheme, which has recently been extended, originally emerged from such a locally based policing initiative. The prioritisation of community issues, the implementation of responses with community support and the engagement and fostering of more effective relations between agencies can help ensure that public and human resources are used to their maximum effect.

### **Investigating drug markets and monitoring drug market interventions**

It is necessary to continue to develop methods to improve our knowledge about illicit drug markets, supply-reduction activities and drug-related crime in line with international best practice. Despite Irish research indicating clearly that many arrested and imprisoned offenders are dependent drug users, the absence of accurate indicators to assist us in measuring the proportion of crime committed as a consequence of drug use is a major gap in knowledge and undermines the development of evidence-based responses to drug-related crime.

This study has shown that regular compilation of drug market data, including data on arrests, seizures, price and purity, and adulterants, can assist in explaining both the operational dynamic of illicit drug markets, and can be useful in monitoring and informing both criminal justice and public health responses to them. The regular compilations of such data at different market levels and for different drug types will further enhance this picture. However, a more comprehensive understanding of drug markets, drug-related crime and supply-reduction responses requires such data to be complemented by other data sources and further research. The full impact of supply-reduction activities, for example, cannot be fully assessed by measuring arrests and seizures alone or through proxy measurements such as price and purity. A fuller picture needs to incorporate demand reduction, social, health and community welfare indicators. Although this exploratory study has sought to develop our understanding of illicit drug markets in Ireland, as with most research it has also identified areas where further investigation is warranted. The pathways that lead young people into drug-dealing and drug-related gangs, developing our understanding of higher-level drug markets in association with international partners, and recreational drug markets which are less likely to come to police attention are just some potential areas for further research.

---

## Conclusion

The complete removal of illicit drug markets through drug law enforcement is not an achievable goal in the foreseeable future. It needs also to be recognised, however, that not all drug markets are equally harmful in terms of the effect they can have on individuals and local communities. For example, some are more violent than others and open markets cause more disruption to communities than closed ones. Some involve the exploitation of young people and other vulnerable groups. Future law-enforcement interventions, in partnership with communities and other agencies, need to evolve to address the complexities and particular harms associated with Irish drug markets. It is suggested that such an approach requires a more pragmatic use, co-ordination and streamlining of existing resources and the targeting of those resources at the most harmful aspects of Irish drug markets. Law-enforcement interventions that focus on the particular harms associated with an individual market have the potential to have an impact on those harms and they may also lead to a more effective use of public resources. Further, approaches that seek to divert problematic drug users into treatment and that prioritise local community perspectives, and those that occur in collaboration with other relevant agencies, are more likely to be sustainable over time and to win public support. Finally, it is necessary to develop our understanding of illicit drug markets and drug-related crime and of the interventions made in response to them through an integrated approach, by promoting research and monitoring systems that can enable us to analyse such phenomena and activities across both state and community sectors.

---

---

## NACDA RECOMMENDATIONS ARISING FROM THE REPORT ON ILLICIT DRUG MARKETS IN IRELAND

The Illicit Drug Markets Study was commissioned by the National Advisory Committee on Drugs and Alcohol (NACDA) in an effort to inform the National Drugs Strategy and to provide information on the drugs market situation in Ireland at a moment in time. The Study is therefore an aid to the work of the NACDA and while many of the issues raised by the Study are being addressed by the current National Drugs Strategy, the findings of the Study will inform further work.

### 1. Address at-risk youth involvement in gang formation and local drug markets based on best practice

The report supports the need to fully implement the range of initiatives relating to the prevention of drug use and the problem of people's involvement in drug trade as set out in the National Drugs Strategy (interim) 2009-2016.

In addition, the NACDA recommends that research and programme evaluations are assessed to establish the extent to which youth diversion initiatives, such as the Garda Youth Diversion Projects, are associated with a reduction in drug use among young people participating in these initiatives. Consultation with the Irish Youth Justice Service would be an essential undertaking for this review work.

### 2. Responses to new drug markets crack cocaine, herbal cannabis, prescription drugs and drug adulterants

The report supports the need to fully implement the range of initiatives relating to the prevention of the emergence of new markets and the expansion of existing markets for illicit drugs as set out in the National Drugs Strategy (interim) 2009-2016.

The report also highlights the need to investigate sources of and develop responses to licit prescribed drugs. The Health Products Regulatory Authority, in conjunction the Revenue's Customs Service and An Garda Síochána co-operate closely and effectively to monitor and investigate instances of illegal supply of medicinal products coming into Ireland via the postal system.

Action 15 of the National Drug Strategy (2009-2016) calls for drugs-related legislation to be kept under continuous review and the NACDA notes that this is underway in relation to prescribed drugs.

In accordance with Action 54 of the National Drugs Strategy (2009-2016) the NACDA recommends that consideration is given to the further development of systems monitoring changing drug trends in line with the EU Early Warning System.

To strengthen the Committee's capacity to respond to emerging drug trends, the NACDA recommends that consideration be given to implementing the Drug Trends Monitoring System (NACD 2007), a model of data/information collection developed to facilitate an information flow for the purpose of detecting and monitoring emerging drug use problems and the consequences thereof\*.

---

\* A pilot study (NACD 2007) suggested two indicators that could be successful: 1. A network of trend monitors consisting of frontline workers from around the country to complete a twice-yearly trend questionnaire on the drug situation in their area, and notify the DTMS when new trends arise; and 2. A series of focus groups with drug users to assess latest drug trends.

### 3. Addressing fear and intimidation caused by drug markets in communities

The report highlights the need to build on the approaches set out in the National Drugs Strategy (interim) 2009-2016. Specifically it supports

- Action 5 of the NDS to develop a framework to provide an appropriate response to drug-related intimidation in the community; and
- Action 7 of the NDS to develop an initiative to target adults involved in the drug trade who are using young children to engage in illegal activities associated with the drugs trade.

This dual approach in response to open drug dealing and intimidation in communities is recommended.

Violence and intimidation are strategies employed to protect a customer base at all market levels and more visible policing of communal spaces in tandem with an intelligence led approach needs to be promoted to help develop confidence within the community.

### 4. Develop methods to improve our knowledge about illicit drug markets, supply reduction activities and drug related crime

The NACD recommends the development of indicators to identify and measure drug supply activity and markets in line with EU proposals for the development of supply indicators. The PULSE system could be developed to facilitate enhanced information on drug related offences. There is a need to ensure regular compilation of drug market data including arrest data, seizures, price and purity and drug adulterants at different market levels and for different drugs.

### 5. Sentencing drug related crime

The report highlights the need to further work in relation to Action 6 of the National Drugs Strategy (interim) 2009-2016 – putting in place an integrated system to provide information on progression of offenders with drug related offences through the criminal justice system.

While progress has been made in the provision generally of sentencing information through projects such as the Irish Sentencing Information System, efforts must continue on the provision of information in relation to sentences imposed for drug offences.

---

1

OVERVIEW

# 1 OVERVIEW

## 1.1 Introduction

Understanding the organisation, scale, nature and dynamics of illicit drug markets is a critical requirement for effective policy-making and interventions designed to disrupt their operation and minimise the associated harms. Studies of drug markets can contribute to and enhance intervention strategies, such as law-enforcement or harm-reduction activities. By mapping out 'middle market' levels, studies have investigated how drugs are moved from importation to street level, by whom and for what profit. In doing so, such studies have identified more efficient ways in which drug supply can be disrupted. The ease of access to drugs is regarded as an important determinant of experimental drug use among adolescents. Consequently, there is a need to identify and disrupt local drug sources and supply routes. A greater understanding of how local retail drug markets interact with local communities will enhance local policing, harm-reduction, education and housing initiatives. This is particularly the case where such initiatives seek to involve the local community in partnership with state agencies.

Despite the widespread concern throughout Europe about drug-related harms and the need to develop concerted action, as reflected in the European Union (EU) Drugs Strategy 2005–2012 (Council of the European Union 2004) and the EU Drugs Action Plan 2009–2012 (Council of the European Union 2008), a recent study published by the European Commission has highlighted the lack of research and analysis in relation to drug supply and supply-reduction activities throughout the EU (Buhringer et al. 2009). In reporting that study (a comparative analysis of research into illicit drugs in the EU), the authors state: 'Research on drug supply and on the evidence base of supply reduction measures (for example, access regulations, money laundering, and asset forfeiture) is almost completely lacking.' Contrasting these shortcomings with the volume of research on demand reduction, the report concludes: 'The aim of the EU Drugs Action Plan "to provide a framework for a balanced approach to reducing both supply and demand" is clearly not reflected in the current share of supply-reduction related research' (p.63).

---

## 1.2 Background to the study

Despite concern about the societal impact of illicit drug markets and related crime, there has been an almost total absence of in-depth research and analysis of the organisation and operation of illicit drug markets in Ireland (Connolly 2006a, 2005a). The National Advisory Committee on Drugs (NACD) was set up in 2000 to conduct, commission and analyse research on issues relating to drugs and to advise government on policy development in the area. In its business plan for 2005–2008, the NACD prioritised the area of drugs and crime. The Health Research Board (HRB) was commissioned by the NACD to conduct the current study. A Research Advisory Group (RAG) was established by the NACD to oversee the work.

Through in-depth research with people involved in the illicit drug market in Ireland, as drug users or sellers, as professionals responding to it or as residents affected by it, this research seeks to fill a significant knowledge gap in this important area of Irish drug policy.

## 1.3 Study aims and objectives

The aims of the research were to:

- Examine the various factors that can influence the development of local drug markets.
- Examine the nature, organisation and structure of Irish drug markets.
- Examine the impact of drug-dealing and drug markets on local communities.
- Describe and assess interventions in drug markets with a view to identifying what further interventions are needed.

In relation to the final aim of the research, a primary focus of this research was an assessment of drug-law-enforcement interventions. The study also seeks to inform the relevant provisions of the National Drugs Strategy (interim) 2009–2016 (NDS) which was being developed as this study was under way. The NDS was published in June 2009. The study considered measures that may assist in furthering the objectives and key performance indicators outlined under the supply-reduction pillar:

- 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.
- Tackle and reduce community drug problem through a co-ordinated, inter-agency approach.

The key performance indicators under the supply-reduction pillar are:

- Increase of 25% in the number of supply-detection cases by 2016, based on 2008 figures.
  - Increase of 25% in the volume of drugs seized that are considered to be intended for the Irish market by 2016, based on 2008 figures.
  - Twenty local policing fora established and operating by 2012.
-

## 1.4 Structure of this report

This report is presented in 10 sections. Section 2 outlines the methodology used in the research, and the qualitative and quantitative research instruments employed; it also discusses the research strengths and limitations. Section 3 provides a summary of the relevant literature on the key themes examined in the report – the evolution and organisation of illicit drug markets; the impact of illicit drug markets; and responses to illicit drug markets – and relevant background interviews.

Sections 4 to 7 present the findings of the research on all topics by research site. Section 8 looks at the role of Customs Drugs Law Enforcement (CDLE) on a national basis, while section 9 examines the role and strategy of the GNDU, and the perspective of senior GNDU members on a range of issues is also presented. Section 10 synthesises and discusses the findings, and highlights their implications for current and future drug policy.

---

2

METHODOLOGY

## 2 METHODOLOGY

### 2.1 Introduction

This section details the research methods employed to achieve the study's aims and objectives. A range of disciplinary approaches has been used to study illicit drug markets (Ritter 2006). In this exploratory study of illicit drug markets in Ireland we have sought to combine a number of these disciplinary approaches so as to provide as broad a perspective as possible. Ethnographic and qualitative approaches taken have involved semi-structured interviews with drug users and sellers as well as professionals responding to drug markets such as police and care workers. Criminal justice data such as drug searches, arrests and seizures have also been compiled. Economic approaches to the study of drug markets sometimes rely on drug price and purity data and this has also been gathered where possible. Finally, a street survey of residents in each of the research locations was conducted. The research was carried out in four locations: two sites in urban areas, one in a suburban area and one in a rural area. These sites varied considerably in terms of population and geographic location and were selected in consultation with the NACDA Research Advisory Group (RAG). The socio-economic profile of each site is documented in a manner that maintains its anonymity. This section outlines the sampling and analytic procedures adopted, ethical, access and recruitment issues and the study's limitations.

### 2.2 Site selection

Four general study locations were selected by the RAG. The basic criterion used in choosing these locations was that they should be sufficiently varied to provide a cross-section of illicit drug markets in Ireland. Within these four general locations, the socio-economic profiles of individual electoral divisions (EDs), the smallest legally defined administrative unit in the state and the unit for which Small Area Population Statistics (SAPS), based on the Census, are published, were examined in order to select the specific study sites. Clusters of EDs representing distinct communities were chosen as the study sites, based on analysis of the most up-to-date social, economic and demographic data from the 2006 Census and data from the Irish Prison Service's computer-based records system (PRIS), which facilitated the mapping of the distribution of prisoners released in 2004 after serving sentences for drug offences.

The Small Area Health Research Unit (SAHRU) deprivation index was used to determine the level of material deprivation in the EDs.<sup>2</sup> The index uses four measures of deprivation applied to SAPS data from Census 2006: (i) proportion of over-15s unemployed or seeking a job; (ii) proportion of the population in social class 5 (semi-skilled) or 6 (unskilled);<sup>3</sup> (iii) proportion of households with no car; and (iv) proportion of households renting or buying their accommodation from a local authority. The four measurements are combined to give a single deprivation score for each ED. The EDs are then ranked and grouped into deciles (1 = least deprived, 10 = most deprived).

A further analytic dimension was provided by the creation of a standardised prisoner ratio (SPR) for each ED, based on data compiled by O'Donnell et al. (2007) in an investigation of the spatial distribution of prisoners released in 2004. For the purposes of the present study, the data on prisoners released after serving a sentence for a drug offence were extracted and analysed.<sup>4</sup> The known addresses of prisoners released after serving a sentence for a drug offence were coded to the appropriate EDs, and the SPR was then computed for each ED. This ratio indicated the number of prisoners expected to be residing in an ED (based on the age/gender profile of the ED if prisoners were evenly distributed in a population) against the number of prisoners actually residing in the division. An ED with an SPR of less than 1 has fewer prisoners than expected given the age/gender distribution and deprivation profile of the division. In contrast, an ED with an SPR of more than 1 has more prisoners than expected given the age/gender distribution and deprivation profile of the division.

These various strands of information provide very clear empirical evidence of the geographical distribution of material and socio-economic deprivation and of people released after serving sentences for drug offences. The parameters of the study sites within the four general locations corresponded with EDs that recorded the highest deprivation levels and SPR scores.

<sup>2</sup> This index was calculated by the Small Area Health Research Unit (SAHRU) in Trinity College Dublin (TCD).

<sup>4</sup> This analysis was conducted by Conor Teljeur of SAHRU in TCD.

<sup>3</sup> See Central Statistics Office for explanation of social class categorisations, at: [cso.ie](http://cso.ie)

---

## 2.3 Methodology

The study was conducted over a 36-month period from 2008 to 2010 using a mixed methodological approach, or methodological triangulation. This involved using a combination of qualitative and quantitative methodologies to study the same social phenomena. Triangulation enables the obtaining of information on the same issue using two or more different methods, by using the strengths of one method to overcome the deficiencies of another, which achieves a higher degree of validity and reliability (Sarantakos 1998). When studying illicit activities, for example, some participants might exaggerate or downplay their activities. Others, such as dependent drug users whose lifestyle might be quite chaotic, might forget or confuse information. Consequently, interviews were structured to include internal reliability checks. Questions would be repeated in a modified form to check for inconsistencies. Another triangulation technique employed involved sequencing fieldwork interviews with drug sellers on the one hand and professionals on the other, so that inconsistencies could be checked. Likewise, the street survey data were validated using a pre-determined series of logical or validation checks.

This involved:

- individual, face-to-face, in-depth interviews with both former and active drug users and street sellers;
- interviews with individuals serving prison sentences of more than seven years for drug supply;
- interviews with experienced members of dedicated Garda drug units in the four study sites and with senior members of the GNDU;
- interviews with drug-treatment workers and a public health specialist;
- a street survey of 816 local residents and people working in the area (approximately 200 respondents in each location).

Criminal justice data analysed included drug offence data for the period 1 October 2008 to 31 March 2009 obtained from the Garda Síochána PULSE (Police Using Leading Systems Effectively) information technology system. PULSE includes information on the number of drug seizures, the profile of offenders and the circumstances of arrest. Data on over 1,200 cases were analysed from 12 Garda stations throughout the four study sites.

Forensic analysis of drug seizures in the study sites between 1 September 2008 and 28 February 2009 was conducted by the Forensic Science Laboratory (FSL). Qualitative analysis was performed to identify the presence of illicit substances. Quantitative analysis (drug purity) was then performed on powders and tablets containing specific drugs, namely amphetamine, cocaine, diamorphine (heroin) and MDMA, to determine the levels of purity of the illicit substances present. The analysis also identified the other substances or adulterants present in the samples, giving an indication of the typical bulking agents being used within the illicit drug market.

Estimates of drug prices and profits were made using PULSE data and interviews with drug users/sellers. Analysis of data on nationwide seizures made by CDLE was collected by CDLE from 18 stations over a six-month period (January to June 2009).

## 2.4 Literature review

The literature review was initiated as part of the preparation of the original research tender. The review initially focused on the study aims and objectives and ultimately served a number of functions. First, by indicating the extent to which the topic was already researched it enabled the siting of the study within a wider body of existing knowledge about drug markets. Second, it helped identify specific study themes and topics. Third, it enabled the selection of the most appropriate methods of data collection and analysis and assisted in the development of data-

---

---

collection tools – including surveys, interviews and criminal-justice data sources. Finally, collaboration with colleagues with experience of researching illicit drug markets meant that the research team was informed of previous methodological limitations that could be avoided.<sup>5</sup> The literature review continued throughout the course of the study as new topics emerged and as new studies and/or publications became available.

International and national websites accessed on a regular basis included:

- Australian Drug Foundation.
- Beckley Foundation.
- Daily Dose.
- DrinkandDrugs.net
- DrugScope.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
- EU Commission.
- European Coalition for Just and Effective Drug Policies (ENCOD).
- European Working Group on Drugs Oriented Research (EWODOR).
- Europol.
- International Society for the Study of Drug Policy (ISSDP).
- Pempidou Group.
- Transform Drug Policy Foundation.
- United Nations Office on Drugs and Crime (UNODC).

A wide range of international journals was also reviewed regularly:

- Addiction, Research and Theory.
- British Journal of Criminology.
- Drug and Alcohol Dependence.
- Drink and Drugs News.
- European Journal on Criminal Policy and Research.
- International Journal of Drug Policy.
- Irish Criminal Law Journal.

Available Irish data sources were accessed through the monthly online newsletter of the National Documentation Centre on Drug Use (available at: [www.drugsandalcohol.ie](http://www.drugsandalcohol.ie)).

## 2.5 Qualitative research instruments

Individual, face-to-face, in-depth interviewing was carried out with all interviewees (see Table 2.1). Former and active drug users and sellers were selected in order to obtain information about the operations of illicit drug markets in the four study sites. Many of the individuals interviewed were street-level dealers. A number of interviews were

---

<sup>5</sup> The approach was largely modelled on that taken by May et al. (2005) in their study *Understanding drug-selling in communities: Insider or outsider trading*. We are indebted to Tiggey May and Mike Hough for their assistance. The prison interviews, which sought to access higher-level drug dealers, were informed by the approach

taken by the Matrix Knowledge Group (2007) *The illicit drug trade in the United Kingdom*. Home Office Online Report 20/07. We are indebted to Laura Wilson for her assistance in this respect.

---

conducted with individuals serving prison sentences of more than seven years for drug supply to obtain information on higher-level drug trafficking. In all interviews, a semi-structured interview schedule was used, which focused on the following key areas of interest (Appendix 2):

- Socio-demographic profile.
- Initiation into alcohol and illicit drug use.
- Personal drug-use pattern and purchasing practices.
- Entry into drug-selling and selling practices.
- Market knowledge – price, purity and structure of local market.
- Experience with local police.
- Risk management/experience of drug-related violence.
- Criminal history.

Individual, face-to-face, in-depth interviews were also conducted with experienced members of dedicated Garda drug units to obtain information about the operations of local illicit drug markets and policing responses to market activity. Again, a semi-structured interview schedule was used, which focused on:

- Description of community and drug activity.
- Involvement of young people in drug-selling.
- Drug-related criminal activity.
- Policing response to drug markets.
- Relationship with local community.
- Additional resources needed.

Following the completion of the interviews with local Garda units, a further three interviews were conducted with three senior members of the GNDU. The primary purpose of these interviews was to gain an insight into the GNDU's role and strategy and to obtain their views on a number of issues which had arisen during the course of the study.

Individual, face-to-face, in-depth interviews were also conducted with drug-treatment workers to gather supplementary information on the impact of drug-selling in communities. A semi-structured interview schedule was used to explore the following key areas of interest:

- Description of community and drug activity.
- Involvement of young people in drug-selling.
- Relationship with law enforcement.

Although extensive efforts were made, obtaining access to treatment workers proved difficult in some study locations. This was possibly due to the nature of the study and concerns that their participation might in some way have a negative impact on their relations with their clients, an often 'hard-to-reach' group in these locations. Consequently, follow-up contact was made with three harm-reduction specialists on specific issues which arose during the study. These included a senior public health specialist, a member of a family support group and a representative of the Irish College of General Practitioners (ICGP).

---

---

### 2.5.1 Sampling procedures

Purposive and snowballing sampling procedures were used to select participants for qualitative interviewing. In a purposive sampling procedure, study participants are chosen because they have particular features or characteristics which will enable detailed exploration of the research objectives (Robson 2002). Participants in the present study were selected on the basis of their knowledge of the operation of the illicit drug market. The initial participants were recruited through existing contacts, drug users' forums, and treatment, probation, police and prison services. Thereafter, a snowballing technique was used, whereby the initial participants recruited new interviewees who fit the research criteria through their own networks and contacts (Robson 2002).

### 2.5.2 Recruitment and participation criteria

In order to be eligible to take part in the study, all drug-using and/or drug-selling participants had to self-identify as a drug user and/or drug seller. All participants had to be at least 18 years of age. Although young people under the age of 18 are involved in drug-selling, the numerous ethical issues involved when interviewing minors were beyond the scope of this study. It was also beyond the scope of this study to involve non-English speakers.

Drug service providers acted as gatekeepers and made contact with individuals deemed appropriate for interview, based on their knowledge of the local drug market. Potential participants were informed about the study, or were provided with leaflets explaining the background and objectives of the study in accessible language, before meeting interviewers. Interviews took place in the premises of drug services or in suitable public locations such as cafes and community centres.

Many of the interviews with drug users/sellers were organised through treatment or social services in the different sites. As many of these individuals were dependent drug users, their experience of the illicit drug market was generally limited to street-level dealing. In order to get an insight into higher-level dealing, interviews were organised with people serving lengthy prison terms for drug supply. Data on the number of male prisoners serving sentences for supply were obtained from the Irish Prison Service. Obtaining access to the prisons proved to be time consuming. Interviews were completed during the month of November 2009. Approximately 50 individuals serving sentences of more than seven years in one Irish prison were contacted by the research team. Ten of these individuals responded and expressed a willingness to participate in the research. With regard to the male prisoners interviewed, although all of those who expressed an interest were interviewed, only data from prisoners who were from the areas under study are included in the study. However, one non-Irish male interviewee who was convicted as a courier of drugs is referred to in section 8. Once ethical approval was obtained from the Irish Prison Service, six interviews with female prisoners were conducted in the Dóchas Centre women's prison in Dublin. Most of these women had been convicted of importing drugs into Ireland through Dublin airport. These interviews are referred to in section 8.

As Table 2.1 shows, the total number of interviews conducted was:

- Thirty-nine interviews with drug users and/or sellers.
  - Sixteen interviews with prisoners serving sentences for drug supply offences.
  - Twenty-four interviews with members of the GNDU and of district and divisional Garda drug units.
  - Four interviews with outreach and drug-treatment workers.
  - Two interviews with public health health/harm-reduction specialists.
  - One interview with community-based family support group.
-

**Table 2.1. Number of interviews by site**

Site	Garda	Drug user/seller	Prison	Outreach
A	A1,A2,A3,A4	13 (1,2,3,4,5,6,7,13,14,16,17,25)	1,2,5	
B	B1,B2,B3	34,35,		B1
C	C1,C2,C3,C4,C5,C6	20,21,22,23,37,38,39		C1,C2,C3
D	D1,D2,D3,D4,D5,D6	8,9,10,11,12,18,19,26,27,28,29,30,31,32,33	3,4	

### 2.5.3 Analysis

Except in the case of a number of prison-based interviews where detailed handwritten notes were taken, interviews were recorded, with the consent of participants, using a digital recorder.<sup>6</sup> Recorded interviews were transcribed verbatim. The interviews were analysed by study site, and the QSR Nvivo software package used to manage data. Each interview was coded in line with the themes in the topic guide; these represent 'nodes' in Nvivo. Sub-themes were identified within themes and coded as 'sub nodes'. The interviewees' experiences were described under each theme, and the similarities and differences highlighted where relevant.

## 2.6 Quantitative research instruments

### 2.6.1 Structured survey of local residents

A street survey of local residents and business people was carried out to gather information about the local community in each study site and its experience of illicit drug use. A questionnaire with mainly pre-coded answers (see Appendix I) was designed to investigate the following areas of interest:

- Attitude to locality.
- Drug use and its impact on the area.
- Policing in the locality in relation to drug activity.

The fieldwork for the survey was carried out by a private company, Evidence Led Solutions, between 15 September and 10 October 2008. Interviews were conducted in a variety of locations (supermarkets, post offices, schools, retail and business districts) and at varying times (early morning, afternoon and evening) to capture a cross-section of residents and workers (see Table 2.2).

Site	No. of people approached	No. of interviewees	Response rate (%)
A	428	202	47
B	666	205	31
C	443	204	46
D	670	205	30

**Table 2.2. Response rate for questionnaire**

Non-probability quota sampling logic was used to select respondents.<sup>7</sup> In each study site a sample was achieved that was proportional to the local population in terms of age and gender. Some 2,207 people were approached and 816

<sup>6</sup> Initially interviews were not recorded due to a delay in approval for entering the prison with a recording device.

<sup>7</sup> The sample was selected on a first to agree to respond basis until each allocated quota by age and gender was filled for each area.

interviews (approximately 200 respondents in each location) were completed, giving a response rate of 37% for the entire sample. Overall, the response rate was the same for both males and females (37%). It should be noted that not all survey respondents answered every question. This may have occurred, for example, where the respondent did not have the time to complete the full survey. The number questioned in relation to each specific survey topic is highlighted in the tables presented throughout.

Survey data were entered into the Statistical Package for the Social Sciences (SPSS). The data were validated using a pre-determined series of logical or validation checks. The survey data were analysed by study site and using proportions to describe the respondents' opinions, beliefs or experiences.

### 2.6.2 Drug offence data – Garda PULSE system

Drug offence data can provide an indication of the operation of different market levels, whether the offence is related to drug supply or simply drug use. For example, information in relation to seizure size by drug type and location enhances understanding of drug use and police activity at a local level. Drug offence and search data in relation to each of the study sites for the period 1 October 2008 to 31 March 2009 were obtained from PULSE incident reports. The Garda PULSE system was introduced in late 1999 primarily to service the internal operational activities of the Garda Síochána. Generally, an alleged offence is entered into the PULSE system shortly after it has been committed. PULSE includes information on the number of drug seizures in an area, the profile of offenders and the circumstances of arrest. The PULSE data collected for the present study related to the six primary offences prosecuted under the Misuse of Drugs Act 1977.<sup>8</sup> Data on over 1,200 cases were collected from 12 Garda stations throughout the four study sites. The recorded drug-specific offences or incidents in this analysis exclude drug offences that occurred in a prison located in the study site, because not all study sites had a prison located in the area and not all prisoners would normally be resident in the area. All other recorded drug-specific offences or incidents are included in the analysis regardless of the outcome; it is not known how many of these incidents led to legal proceedings and/or resulted in convictions. PULSE data were entered into SPSS, and the data were then analysed by study site. Frequencies, medians, means, ranges and cross-tabulations were used to describe patterns in the data.

### 2.6.3 Drug purity analysis – Forensic Science Laboratory

Systematic purity testing of drugs seized at all market levels can provide useful information on market dynamics and profit margins. Forensic analysis of seized drugs can also provide information on the types of adulterant used to bulk up drugs for street sale, a factor that can have important health consequences for drug users. A good example of this relates to the alert issued jointly by the NACD and the HSE in relation to the presence of high levels of lignocaine in cocaine in 2007. This highlighted that convulsions and cardiac problems associated with cocaine use may in fact have been caused by lignocaine rather than cocaine overdoses.

Samples from drug seizures made between 1 September 2008 and 28 February 2009 by Gardaí based in the four study sites were submitted to the Forensic Science Laboratory (FSL) for analysis. Qualitative analysis was performed to identify the presence of illicit substances (i.e. those scheduled under the Misuse of Drugs legislation). Quantitative analysis (drug purity) was then performed on powders and tablets containing specific drugs, namely amphetamine, cocaine, diamorphine (heroin) and MDMA, to determine the levels of purity of the illicit substances present. The analysis also identified the other substances found in the samples, giving an indication of the typical bulking agents used within the illicit drug market. The data were analysed by study site. Frequencies, medians, means and ranges were used to describe patterns in the data.

### 2.6.4 Drug seizure data – Customs Drugs Law Enforcement

Data on nationwide seizures made by CDLE were collected by CDLE from 18 stations over a six-month period (January to June 2009) and provided to the research team. On identifying a suspected illicit substance, a customs officer tests the suspected drug with a drug-test kit. Unless the substance returns a positive reading, it will not be recorded. Otherwise, it is then sent to the FSL for confirmation of the drug type. Customs data were entered into

<sup>8</sup> Section 3 – possession of any controlled drug without due authorisation (simple possession); Section 15 – possession of a controlled drug for the purpose of unlawful sale or supply (possession for sale or supply) and Section 21 – obstructing the lawful exercise of a power conferred by the Act (obstruction). Drug

importation contrary to Section 21; permitting one's premises to be used for drug supply or use contrary to Section 19; the use of forged prescriptions (Section 18); and the cultivation of cannabis plants (Section 17).

---

SPSS and analysed in accordance with Customs seizure location. This location did not necessarily correspond with the specific study sites but was used to provide an overview of CDLE activity for the study period. Frequencies, medians, means and ranges were used to describe patterns in the data.

## 2.7 Ethical procedures and issues

Ethical approval for this study was received from the Drug Treatment Centre Board and, for the prison-based interviews, from the Prisoner Based Research Ethics Committee of the Irish Prison Service. The principle of ‘informed consent’ was followed throughout the research and confidentiality and anonymity were afforded to all participants (Appendix 2). Drug users and drug sellers who were interviewed were compensated for their time with a €20 An Post voucher, as per NACD/HRB policy. No payments were offered to professionals working in drug or police services or to respondents in prison. Data were kept securely on encrypted storage devices and were anonymised – all identifiers that could link the data with the participants were removed. All recordings were made on a digital recorder; interviews were then uploaded to the website of the transcription service. Access to these interviews was password protected. Once the transcription was received by the research team, original recordings were deleted. Transcriptions were then entered into Nvivo as described above. The four study sites are identified only by the letters A to D throughout this report, to protect the anonymity of participants and to prevent any of the sites from developing or consolidating a reputation as a drug market.

## 2.8 Research limitations

Our sample of drug sellers is unlikely to be representative of drug sellers across Ireland. Our aim was to describe, as best we could, the operation of illicit drug markets in the four areas. Rates of recruitment of eligible drug users and drug sellers varied in the different study sites. Many service providers reported that suitable individuals were apprehensive of participating in an interview which would probe their illegal activities, albeit at a general level. This apprehension was most apparent in the tightly knit communities in the smaller study sites, which had a relatively short history of local problematic drug use. This was particularly the case in site B, where only two respondents were able to be recruited. We used our contacts to access a purposive sample. For example, for ethical reasons, people under the age of 18 were not interviewed yet other respondents’ claimed that young people performed important roles in some of the drug markets studied. This also became apparent from PULSE data where young people had been arrested for drug selling.

The prison-based interviews with those convicted of drug supply were organised at an advanced stage of the research as we realised that such higher-level sellers were under-represented. Obtaining access to the prison proved extremely time consuming. However, further research with this group would be worthwhile in future research of this nature, particularly where there is an interest in understanding upper-level drug trafficking. Also, although a number of non-Irish prisoners were interviewed, for ethical reasons, we confined our interviews to only those respondents with a proficiency in English. It also needs to be acknowledged that prison-based interviews only provide access to those people who have been apprehended by law enforcement, thereby providing us with limited information on those who evade detection.

It should be noted that not all street survey respondents answered every question. This may have occurred, for example, where the respondent did not have the time to complete the full survey. Although the survey enabled the research to access a large sample of local residents, street surveys also have certain limitations. For example, open street-level interviews are not the best place to discuss sensitive matters such as local drug-related crime. Poor weather can be a hindrance to survey completion and the nature of the survey does not allow for in-depth responses. However, while such surveys can be skewed in favour of the opinionated or those with time on their hands, the

---

---

survey team found that respondents were generally very generous with their time and that most of those approached were prepared to answer the questionnaire. The survey therefore can be said to provide a reasonable indication of local concerns about drug-related crime.

It is important to note that the PULSE system is an operational database and its main function is to record Garda activity. There are therefore limitations to the use of such a system for research purposes. Obviously, not every drug offence comes to the attention of the Garda Síochána. Nor is it possible to quantify the amount of reported crime in the study sites that was drug related. Drug-related crime includes crimes such as burglary, vehicle theft, mugging and assault that occur due to the business of buying and selling illegal drugs. It is therefore safe to assume that the PULSE system underestimates the amount of drug activity and its impact. It is also important to note that drug seizures are an indirect indicator of the extent of drug use in an area. They should be regarded primarily as an indicator of police enforcement activity. This issue is discussed further in section 3.

The research team is confident however that, even in locations where the level of participation in the study by drug sellers was low, a reasonably accurate and reliable picture of the local drug markets was achieved for the purpose of this study through a combination of street survey, interview and criminal justice data. This study represents the first occasion that such a wide range of data sources has been used for the analysis of illicit drug markets and responses to them in Ireland.

---

3

LITERATURE REVIEW AND  
BACKGROUND RESEARCH

## 3 LITERATURE REVIEW AND BACKGROUND RESEARCH

### 3.1 The evolution and organisation of illicit drug markets

This section reviews the available Irish and international literature on illicit drug markets and responses to them. We begin by considering the factors that influence the emergence of illicit drug markets and then review findings on the way in which such markets are structured and organised. We then consider the impact of drug markets, particularly at a local level. The views of senior members of the GNDU on these topics in an Irish context are also included. Finally, this section reviews the literature on current responses to illicit drug markets. This review will provide a background and context to the following sections, which will look at the local drug markets and responses to them in each of the four study locations.

#### 3.1.1 What influences local drug market development?

It is important to investigate why drug markets develop in some communities and not in others as the genesis and scale of the problem associated with local drug markets varies from place to place. Wall (2004) describes the experience of five European cities: Amsterdam (Netherlands), Frankfurt (Germany), Oslo (Norway), Vienna (Austria) and Zurich (Switzerland). Local drug markets generally emerged in those cities in the late 1960s and early 1970s and were, according to Wall, originally associated with 'young people gathering in parks or as squatters in non-traditional places to meet and live'. While, originally, cannabis was the main drug associated with such scenes, amphetamines, heroin and, increasingly, cocaine are now common in places. Those attracted to such markets can range from alienated youths to drug users with severe health and social problems, to established criminals with links to organised crime.

The size of drug markets varies greatly, ranging from small isolated pockets of individuals to scenes with thousands of participants. A market's size can be affected by the length of time it has been in a location, and the way in which established drug markets can exercise a 'pull effect', attracting drug users or 'drug tourists' from other cities or countries.

Edmunds et al. (1996) distinguish between 'central-place' and 'local' markets. Central-place markets are often found in large cities and can attract buyers from across and outside the city. They have established reputations, are linked to good transport networks, and are sometimes associated with sex markets. Markets of this type are not generally linked into local communities, and local communities can play an important role in resisting them, as can local businesses.

Local drug markets tend to develop in deprived communities. Based on a number of research studies, May et al. (2005: 4) provide a list of common characteristics of local drug markets. They tend to be located in:

- primarily residential areas in inner cities or in fringe estates;
- areas with a high proportion of social and private rented housing, often catering for transient populations, and areas of concentrated poverty, especially those that have suffered long-term economic decline;
- areas with high unemployment, low levels of basic skills and high numbers of people claiming income support;
- areas with poor transport facilities.

Factors that can account for the greater vulnerability of certain areas over others include:

- People growing up in such areas are more at risk of problematic drug use.
- Problematic drug users are likely to gravitate to such areas, given limited available accommodation.
- Limited economic opportunities provide a recruiting ground for drug-dealers to cater for this drug-using population.

- 
- The physical isolation of certain areas can provide an ideal location for the development of drug markets, as they are protected from police surveillance.

These findings correspond with those of an Irish study (Bradshaw 1982). The association of local drug markets with areas of deprivation is recognised explicitly in the establishment of local drugs task forces in such areas. The development of drug markets in such areas can be affected by a number of factors: political commitment to addressing the issue, the priorities of law enforcement and the resources available to them, and the ability of local communities to mobilise resources to obstruct such development.

### 3.1.2 Market structure and organisation

We did not approach this exploratory study applying a strict definition of a drug market. In interviews with market participants such as sellers and users, we encouraged them to describe the process of buying and selling drugs as if they were operating in a legal market. One reason this approach was adopted was to encourage respondents to answer questions in a matter-of-fact way, without feeling the need to morally justify their activities. As Babor et al. (2010, 63) point out, an illegal drug is a commodity: therefore, 'it can be produced and distributed in markets'. They distinguish between two conceptualisations of a market. The first is an abstract relationship between buyers and sellers where transactions can be made via the internet or mobile phone and where people seldom meet. The second concept is a physical place where transactions occur – a marketplace. This distinction is useful and shows that illicit drug markets share many of the characteristics of conventional markets for legal commodities. Perhaps the most important distinction between legal and illegal markets, however, is that participants in the latter have 'no recourse to the system of property rights and dispute resolution offered by the civil courts and legal system' (Babor et al. 2010, 64). This has important consequences for the way in which drug markets are organised and the way in which business is conducted (Reuter 1983). The absence of a formal regulatory system can also mean that market control or dominance may often be exercised by the seller who can intimidate others most effectively (Caulkins et al. 2006). Early accounts of illicit drug markets highlighted the involvement of organised crime groups and cartels. Most of the research conducted into organised crime and its involvement with drug trafficking has come from the United States of America (US) (South 1995). There is an increasing focus on such studies in Europe (Ruggiero and South 1995; Pearson and Hobbs 2001; Lupton et al. 2002; May et al. 2005; Europol 2004, 2009). Writing about the United Kingdom (UK) in the late 1980s and early 1990s, Dorn et al. (1992) and Wright (1993) described a fragmented, fluid drug-distribution system populated by small groups of opportunists from a variety of backgrounds. However, in later research, Dorn et al. (1998) suggested a more organised distribution structure. Natarajan (2000) described organisations with clear hierarchies and a well-defined division of labour and job functions. More recent scholarship has downplayed the involvement or dominance of organised crime groups and instead highlighted the more diffuse nature of the international drug trade (Reuter 1983; Dorn et al. 2005; Desroches 2007). Summing up this perspective, Babor et al. (2010, 65) suggest that 'the more appropriate metaphor for drug markets is a network. Drugs are produced and distributed by the collective efforts of literally millions of individuals and small organisations that operate in a highly decentralised manner. No one is in charge. Indeed, most people in the network only know the identities of those with whom they interact directly'.

The illicit drug market can be understood as loosely incorporating three inter-related levels or dimensions. First, the global or 'international market' incorporates drug production and international trafficking; second, the 'middle market' involves the importation and wholesale distribution of drugs at a national level (Pearson and Hobbs 2001); and, third, the 'local market' involves distribution at a retail level (Lupton et al. 2002). There can be a great degree of overlap of the individuals involved in these tiers. The structure of drug-distribution systems has generally been viewed as pyramidal – with a relatively small number of importers and traffickers at the top and a much greater number of street-level dealers at the base (Gilman and Pearson 1991).

A Europol (2004) report on organised crime pointed out that the production and distribution of large quantities of drugs has generally required the involvement of trans-national organised crime. The report identified increased co-operation between different groups, which facilitated increased polydrug trafficking. Colombian-organised crime

---

---

groups dominate the cocaine supply and, Europol claims, maintain cells in Spain, the UK and the Netherlands. Turkish-organised crime groups dominate the heroin market, although it is reported that Albanian groups are also increasingly involved. The Netherlands and Belgium are the primary locations for the production of ecstasy-type synthetic drugs, although it is reported that Turkish-, Moroccan- and Chinese-organised crime groups are increasingly involved in their production and trafficking. Most cannabis resin originates in Morocco, with Moroccan groups linked to cannabis trafficking.

The recent EU Organised Crime Threat Assessment (OCTA) report has indicated that some Irish criminal gangs have developed international links and are getting their drug consignments directly from sources in Colombia (cocaine) and Pakistan (heroin) (Europol 2009). According to the report: 'Irish criminals engaged in drug trafficking are active in and, at least partially, based in Spain and the Netherlands' (p.43). The growing involvement of Nigerian and West African gangs in the cocaine and cannabis market was also mentioned. A recent study on the emergence of a crack cocaine market in Dublin has highlighted the role of West Africans in the development of this market, both in terms of the importation of high-purity cocaine and the skilful preparation of crack cocaine (Connolly et al. 2008).

With regard to the second layer of the drug market, research on the middle-market level seeks to describe how drugs are moved from importation to street level and by whom (Pearson and Hobbs 2001). A number of exposés written by Irish journalists describe the individual criminals or organised crime groups involved in the trade of illicit drugs in Ireland (Dooley 2001; Mooney 2001; Williams 2001; Flynn and Yeates 1985). In Northern Ireland, recent studies have considered the implications of the drug trade in terms of the complex political circumstances within that jurisdiction (House of Commons Northern Ireland Affairs Committee 2003). In particular, research has focused on the involvement of loyalist paramilitary organisations in drug-dealing (Silke 2000).

The Garda Síochána believe that the distribution of drugs within Ireland is organised by networks of criminal gangs. In some cases these gangs include members of the same family (Moran et al. 2001). Williams (2001) focused on the gang involved in the murder of crime correspondent Veronica Guerin in 1996 and indicated the significant involvement of both international and national organised crime networks in the Irish cannabis trade.

The third layer of the market is the retail or local level. At the 'local market' level, low-level distribution networks are the principal means by which drugs become available in a neighbourhood. Although low-level drug markets are extremely diverse in terms of their location and type of dealing activity, a useful distinction can be made between 'open' and 'closed' markets (May and Hough 2004). Burgess (2003) describes two different types of low-level 'open' and 'closed' crack markets. An open market is one where a dealer will sell to anyone, and can be located:

- on the street, where several street dealers can congregate offering drugs or waiting to be approached;
- off the street, at premises, such as clubs, cafes, pubs, crack houses, which can be approached by anyone.

In a closed market dealers will sell only to users who are known or introduced to them. Closed markets can be:

- on the street, at meetings arranged via mobile phone;
- off the street, at premises from which drugs are sold only to known or introduced users, and in some of which buyers may stay and consume drugs.

A number of Irish studies have examined aspects of local retail drug markets that underline the extent of the involvement of drug users at retail level (Cox et al. 2006; Connolly 2006a; Loughran and McCann 2006). The Research Outcome Study in Ireland (the ROSIE study) looked at drug-treatment outcomes for adult opiate users at one year following entry to treatment (Cox et al. 2006). At baseline, the study recruited 404 opiate users aged 18 years or over entering treatment at inpatient facilities (hospitals, residential programmes and prisons) or outpatient

---

---

settings (community-based clinics, health board clinics and general practitioners). With regard to drug-dealing, at treatment intake, 70% (n=243) reported having ever dealt/supplied drugs, 30% reported having done so in the 90 days prior to the interview. In a study conducted by the Garda Research Unit (GRU) in the mid-1990s that included a survey of drug users known to the Gardaí (Keogh 1997), the majority of respondents said they used a local dealer as their main supplier; 80% said they did not always use the same dealer, thus suggesting multiple sources. Forty-eight per cent of heroin users in the Keogh study admitted to drug-dealing themselves or to acting as couriers or 'look-outs' for drug-dealers in order to fund their own drug habit.

D'Arcy (2000: 58) sought information from respondents attending a drug-treatment clinic about their involvement in drug-dealing. Of the total sample of 128 individuals, 59% stated that they had sold drugs in the past; 40% had sold heroin, 13% methadone, and 6% hash. Interestingly, respondents did not view their own drug-dealing in a criminal light. Respondents referred to selling drugs to friends who were already using and were anxious to stress that they did not see themselves as pushing drugs. If they did sell drugs, it was either to support their own addiction or alternatively they may have sold drugs in order to "help" a friend'.

A major study by the GRU examined the link between opiate use and criminal activity in Ireland for the years 2000/2001 (Furey and Browne 2004). This work followed on from the earlier study by Keogh (1997).<sup>9</sup> Furey and Browne highlighted the apparent embeddedness of drug markets in local communities over time and the ease of drug availability. The study recorded an increase since the Keogh study, from 46% to 76%, in the number stating that they sourced their drugs from a local dealer.

Since the mid-1990s, there has been a significant alteration in the nature of many retail drug markets, at least in Dublin (Loughran and McCann 2006). The open drug scenes which were characteristic of this period and caused significant levels of community concern, manifested in community-based anti-drug marches, are no longer as common (Lyder 2005; Connolly 2003). One important factor which has enabled retail drug markets to adapt to pressure from local communities or from local policing has been the emergence of the mobile phone. Prior to this, street-based markets operated in specific places where buyers would locate sellers. Mobile phones have facilitated the transition from open markets to closed ones. It is unclear what proportions of illicit drugs are bought in open street-based markets and in phone-facilitated closed markets in Ireland.

Other changes highlighted by Loughran and McCann (2006), who studied three communities and their experiences of drug issues from 1996 to 2004, include:

- increased involvement of more local community members, with young people engaged as 'runners';
- increased levels of violence and intimidation;
- increased use of cocaine.

Results from the 2006/2007 all-Ireland drug prevalence survey give an indication as to how people get access to specific drugs (NACD and PHIRB 2008a, 2008b). The third bulletin of results focuses on use of cannabis by adults (15–64 years).<sup>10</sup> The majority of cannabis users were either given the drug by family or friends (44%) or shared the drug among friends (28%). Most respondents (62%) considered it 'very easy' or 'fairly easy' to obtain the drug within a 24-hour period. The fourth bulletin of results focuses on cocaine use in the adult population. The overwhelming majority of recent cocaine powder users obtained the drug from someone known to them. Nearly half (49%) had been given it by family or friends; one-third (33%) had bought the drug from a friend; and 9% shared the drug among friends. The majority of recent cocaine powder users (64%) considered it 'very easy' or 'fairly easy' to obtain cocaine powder within a 24-hour period. Bulletin 6, which focused on sedatives or tranquilisers and anti-depressants, reported that, although most people got their drugs on prescription, 11% reported that they had got them from someone they knew or had bought them without a prescription in a chemist (NACD and PHIRB 2009).

---

<sup>9</sup> For a comparison of the two Garda studies, see Connolly (2006a).

<sup>10</sup> Findings from the all-Ireland prevalence surveys are published by the NACD in a series of bulletins: see NACD.ie

---

Following a number of seizures of crack cocaine in Dublin in 2006, a study by Connolly et al. (2008) analysed this newly emerged drug market in order to inform a timely policy response. The authors concluded that there were a number of reasons for the emergence of this new market: the increased availability of powder cocaine; the presence of problematic opiate users who had used crack cocaine in the UK or in Europe and had resumed crack consumption on their return to Dublin; and the presence of non-Irish nationals who had access to cocaine supply routes in West Africa and experience of preparing crack cocaine. The study also found that the north inner city was the primary site of the crack market in Dublin and that the market was dominated by non-Irish dealers who imported small amounts of cocaine via couriers.

However, the study also found that a growing number of Irish dealers were reported to be involved in the distribution of crack throughout the Dublin region, and that prepared crack had been available throughout the city since 2006. Further findings indicated that the crack market was a closed one, meaning that dealers did not sell to strangers, exchanges were generally arranged using mobile phones, and buyers were directed to exchange points outside the inner city. The price of crack was relatively stable and uniform, with prepared quantities or 'rocks' being sold for €50 or €100. Crack houses were reported as locations where crack was used, and in some cases prepared in exchange for free crack; they were not reported as major venues for crack dealing or as sites for sex work.

The research discussed above highlights the embedded nature of drug markets in certain communities but it also reveals something about the often typical relationship between buyers and sellers of drugs, challenging the myths that can sometimes surround 'the drug dealer' (Coomber 2006). The term drug dealer can evoke an array of images with popular portrayals of drug sellers in the media and in journalistic exposés often simplifying the more mundane realities of the process of buying and selling drugs and of the typical lives of those often involved. Recent books on the subject include: King scum (Reynolds 1998), Gangster (Mooney 2001) Godfathers (Mc Dowell 2001) The General', Evil empire, Crime lords (Williams 1995, 2001, 2003). In reality, as May et al. suggest (2005: 5), 'relationships between buyers and sellers can range from the exploitative to the collaborative and from the predatory to the supportive'. We will investigate some of these relationships in each of the study sites.

### **3.1.3 The evolution and organisation of Irish drug markets – Garda National Drugs Unit perspective**

#### **3.1.3.1 Evolution of the market**

One member of the GNDU who has had almost 30 years of experience with drug issues and 10 years serving with the GNDU describes the illicit drug market in Ireland as involving a series of sometimes overlapping markets for different substances which have evolved in waves or phases since the 1980s, beginning in the centre of the capital and gradually spreading out throughout the rest of the country. He begins by describing the evolution of the heroin market.

*I mean the idea of a drug market to me is a little bit of a misnomer... So if you look at heroin, my view would be that you really have had three waves, you know, you've had the 79–85 wave, which was concentrated really between the canals, or as we would say, north inner city, south inner city [in Dublin] ... And then you would have seen that abated primarily due to an awful lot of the first generation heroin users basically died. ... then ... came ... the second generation. Which again would have been kind of late '80s, probably '89/'90, and then it spread out. You still had the city centre element but then it spread out obviously to the suburbs, which now, say, for example, form the task forces. If you look at the Garda figures, heroin remained constant right up to 2000 ... What you saw then was pockets around the country ... there were some places where it was probably more an indigenous localised market that was generated by one or two individuals who may be heroin addicts, who had gone abroad and come back. GNDU 2*

---

---

This first phase is described as being followed by a second and third phase from 2000 to the present, when heroin moved beyond Dublin into the larger centres of population around the city and then eventually throughout the rest of the country.

*So, what you've seen really is, in my view the second phase moving into the third phase, a kind of a continuum, not necessarily a break, as you would have seen in the first one. And that would be still the areas of high concentration. But then you've seen other kind of substantial population areas, be they Cork, Limerick, Athlone, Galway. And then you will see, the other areas, if you look at, again the circle gets bigger around the greater Dublin area. So you're looking at, say, for example, the outskirts of Co. Dublin as it borders with Louth, as it borders with Meath, as it borders with, say, for example, Kildare, Wicklow, you know places like Arklow, and you see the major population centres there and you can see a lot of them now have quite a fairly entrenched, solid, heroin-using population. So that's the kind of heroin market. GNDU 2*

The cannabis market is described as geographically dispersed and continuously growing, while the ecstasy market is distinctive in that it emerged in the early 1990s and spread throughout the country very rapidly over an 18-month period.

*And then you'll see kind of overlapping that is, throughout this period, is cannabis, which just constantly records an increase. And you will see that geographically spread diversely ... the market for ecstasy started in the late '80s, early '90s and that market was there again. That market was more dispersed much quicker, you know, if you take it for heroin say for example, when ecstasy came into Ireland, it kind of came in and then it spread quite quickly, so for example you would, the price might be different in Dublin relative but you could get ecstasy in Galway, you could get it in Limerick, you could get it in Cork, you could get it in Athlone, you could get it in Ballinasloe, ... one of the interesting things is why particular markets suddenly manage to spread you know maybe within an 18-month timeframe so that you can access it. GNDU 2*

Previously, cocaine use was generally regarded as being confined to specific sectors of the population and specific locations, possibly given the higher prices associated with it. However, the period of rapid economic growth during the 2000s saw cocaine use spread widely throughout the country.

*And ... the cocaine one spread similar to the ecstasy market, in that [it was] obviously [in] Dublin, but then you look at the major urban centres outside Dublin and around the country. Because if you look at the Garda figures you would have seen up to about 2000–2001, there was still pockets like Roscommon, parts of Galway that you wouldn't have had seizures of cocaine, but if you look at it over maybe the last eight, nine years, every division in the state has to a greater or lesser degree a cocaine population there, so that ... it's probably ... it's a series of markets. GNDU 2*

Another GNDU member provides a similar perspective to that presented above and he also highlights how cocaine use was previously limited to a specific social group and the growing demand for herbal cannabis.

---

---

*Heroin first came into Dublin around 1979 to 1980. It was focused mainly in Dublin and for probably 12 or 14 years you could only buy it in Dublin. If you were in Cork you had to travel here, Galway, anywhere else. Very little cocaine around, except for mainly the showbiz elite, people of that nature, but there was very little coke. Cannabis resin was a commonly used drug and as time went on over the last 10–12 years, cocaine took off, cannabis herb became a favourite drug and the number of heroin addicts has probably doubled from 10,000 to 20,000 and now you can buy heroin in Cork and you can buy heroin in smaller towns throughout Ireland, which wasn't the case 15–18 years ago. GNDU 1*

Although the evidence shows that most dependent opiate users come from areas of high levels of socio-economic deprivation, as suggested above, clearly many of those who consume drugs such as cannabis and cocaine come from a broader social background.<sup>11</sup> Similarly, not all drug-dealers can be regarded as exclusively from a particular class or social background. The GNDU explains that those who come to the attention of the Garda Síochána tend to be from a particular social class. Also, the fact that dependent drug users tend to have more chaotic lifestyles, including engaging in crime to feed their habit, than those who use drugs on a recreational basis at weekends, for example, would contribute to the former coming more to Garda attention.

*There is no question that the majority of cases will involve people that are selling heroin and cocaine at street level. ... the reason being ... is probably that they are in the most abundance out there really, because as I say ... if we have in the region of 16,000 on a physical-dependent drug – unfortunately an awful lot of them ... have to feed their habit somehow as we have described. ... with cocaine again – the answer is simply that there is a lot of people in different sections of society that would never come to Garda attention – their car would never have been stopped. They would mix in different circles and if I was to liken it to people – to somebody working in the Irish Financial Services Centre and there is somebody there who is holding down his job but he has got a psychological addiction to cocaine – and he is spending. And these people exist – €400 a week on his addiction. And he is supplying to a circle of eight people – the chances of them coming into the realm of our intelligence – is a lot less than somebody who is involved in street dealing of crack cocaine or a physically dependent drug like heroin – because unfortunately the effects on the person are a lot stronger and the effects of them holding things together in their life and their productivity and everything starts falling apart around them. GNDU 3*

### **3.1.3.2 Organisation of the market**

#### **Importing drugs**

The importation of illicit drugs to Ireland can be facilitated by Irish nationals who have left Ireland and taken up residence in countries such as Spain or Portugal where they can develop links with individuals or organised crime groups involved in large-scale drug importation from source countries, such as Colombia with regard to cocaine and Morocco where cannabis resin is sourced.

*So, with the Irish criminals and the best description would be the people in the Algarve in Portugal and the south of Spain, that they are there specifically to buy large consignments of cocaine or other drugs. And when I say large consignments that perhaps they'd invest in 100 kilos at a time. GNDU 3*

---

<sup>11</sup> NACD and PHIRB (2008a and 2008b).

---

It is also suggested that Irish criminals have based themselves in the primary source countries for synthetic drugs, such as Holland and Belgium, to facilitate the importation of these substances.

*Holland and Belgium are the principle suppliers of the world really, in terms of production and again – these are – there are Irish criminals that are based there that will buy. GNDU 3*

The Irish suppliers then make arrangements to have the drugs transported to Ireland by air or sea, where they are collected by high-level dealers for further distribution.

*And this naturally comes by freight and the policing of the ports, be it at the airport or by sea is a very challenging thing. If any morning there could be six boats that come into Dublin Port and all you would need is to go down and see the amount of trucks that come in and to try and police it by searching without intelligence – all of that – is next to impossible. So, the market starts off on a global scale with people moving very big weight in high-grade stuff – it is then brought locally by people who are organised on a higher level. GNDU 3*

A distinction is made between different drugs, however, in terms of the internal demand for the particular drug. The recent upsurge in cocaine use described above has seen far larger quantities of cocaine being imported relative to heroin, for example, while the decrease in the demand for and use of ecstasy has seen a reduction in the importation and seizure of this drug.

*The heroin market will differ slightly in the sense that the consumption of heroin throughout the country is nowhere near the same as with cocaine. So, when people import heroin for instance – 5 kilos would be a lot, 10 kilos would be a lot and a lot of this comes through the UK or from mainland Europe and Holland ... synthetic drugs like ecstasy and amphetamines are not really seized any more. GNDU 3*

The GNDU member below states that there is a clear relationship between prevailing demand for a drug and the amount that is supplied and that drug-dealers were unlikely to import large quantities of a drug such as heroin, for example, if they were unable to sell it within a short timescale. In recent years, the high demand for cocaine allowed the importation of large quantities of the drug, while the relatively stable heroin-using population meant that importation of heroin was also organised in such a way as to meet the demand that was there.

*What we have is with regard to supply and demand generally – an astute awareness by criminal organisations that if they are buying 50 or 100 kilos of cocaine for instance ... [there is a market for it]. If they are bringing in 5 kilos of heroin for instance – that they have it up and running and fine-tuned to what they need within a certain timescale – be it a fortnight or be it two months. But it wouldn't be the case that a gang would buy 50 kilos of heroin for instance and have it lying there and then have to try and move it over a 12-month period – it is generally feeding the customer base that they have on a continual basis. And they are quite astute to exactly their needs in that regard. GNDU 3*

The importation of herbal cannabis is regarded as more challenging by virtue of its bulk, relative to powders such as heroin and cocaine.

*So, when it [herbal cannabis] is imported – now it is again – it will come in a much bigger*

---

---

*weight because it is a large – it is a larger substance to put it simply to import a kilo of powder is smaller visually than a kilo of a non-compressed substance like herbal cannabis. GNDU 3*

### **Market structure**

With regard to the organisational structure of the drug market, the following GNDU member identifies a shift over time, from an initial concentration of heroin supply in Dublin among specific families to a greater involvement of criminals in the general trade for all drugs, with some dealers distributing a range of drugs.

*You're seeing a far greater diversity over maybe the 15 years whereby people deal with the general commodity which is illegal drugs. ... so a person, say, for example, in your local town, that you source cocaine, you can also source cannabis. And possibly heroin, ... You will have people that maybe have a higher concentration in particular drugs, but by and large it hasn't been. ... in the first wave of heroin there were certain group of families that supplied heroin, they didn't supply anything else, whereas ... that distinction isn't there anymore. GNDU 2*

The following GNDU member makes a distinction between dealers in heroin relative to dealers in cannabis and cocaine. A dependent heroin user, for example, who is also selling heroin to feed a drug habit, contributes to a more transient, disorganised and unpredictable market.

*There's different markets for different drugs. Heroin users and dealers, you have to know about heroin to sell heroin, so you have to be connected with users to be able to sell heroin and you would have to have some sort of a structure, because of the way heroin is and the nature of the dealers, the street dealers, quite a lot of users deal in drugs, with the result that you don't sell heroin for a very long time without ... the life span, not so much the life span, but the business life span of a heroin dealer wouldn't be very [long] and they don't ... you wouldn't have a Mister Big a [name deleted] type selling heroin. You would have guys who bring in 10–15 kilos and disseminate it. But it's disseminated in a very unstructured way, they would have dealers selling for them as quickly use the drugs and sell it for them and has huge pitfalls and it's a mess basically. Very unpredictable. GNDU 1*

On the other hand, this GNDU member describes the markets for cannabis herb and cocaine as more structured and involving what might be described as 'professional' criminals who, he suggests, would be engaged in other crimes were they not engaged in drug-dealing.

*Cannabis herb, cocaine, more structured. Criminals bringing it in, guys who would use a bit of coke smoke a bit of hash, but they're not addicts and they're organised and if they weren't doing that they'd be doing armed robberies, but this is more lucrative. If they thought they'd make more money robbing a security van, or a warehouse then they'd do that, but they know there's a market out there and it's clean and effective. If they got heroin I don't think they'd know what to do with it. GNDU 1*

Although it does appear that there is some overlap with some dealers selling multiple substances, there still exists a group of people who concentrate on only one substance, such as cannabis, and who perceive this as not as serious

---

---

as dealing other drugs such as cocaine, crack cocaine and heroin and who apply a form of moral hierarchy to the distribution of different drugs.

*But it [the cannabis market] differs from other drugs in the design of the market because it is so widespread and there is a lot of people and there is one thing that people who are engaged in anything with drugs – and it is very interesting to note that a lot of people that would sell cannabis at this low level would view it from their perspective as not really being serious because it is not heroin and it is not cocaine. And for this reason they continue to do it and they don't perceive themselves as being serious drug-dealers – the fact is that they are drug-dealers – but the interesting point of this is that they have this line that they won't cross. And even if somebody makes €100 a week or if they are making slightly more from a small-scale cannabis distribution, they won't cross the line to sell crack cocaine or heroin or cocaine. GNDU 3*

The GNDU claims that it can generally identify the links between different individuals and groups who are sourcing drugs from the same original supply. However, the Unit also points to the likelihood of top-level suppliers avoiding any contact with the drugs once they have been imported, thus rendering them more difficult to apprehend from a law-enforcement perspective.

*The Gardaí are aware who is involved in the distribution of drugs and sometimes we can separate them by the category of drug. But when I say that we are aware – not only would we be aware of who is involved in the distribution but generally a link can be made between a circle of people in a suburban town or in an inner city area – where the source of the drugs is from the same person or group. And it would be a small group, it could be two or three people at the top level. Then we could have – so these would be the people that may be in contact with people abroad. The top level. These would be the people that would be organising the price that they would be buying 100,000 pills in Amsterdam or 30 kilos of cocaine. Then the next job of these people based here – would be to ensure that it gets into the country without detection ... when it comes into the country – generally the top-level of these organisations will be careful not to go hands-on – to go near the substances – and they will have people around them that will then move the drugs to a safe location. GNDU 3*

The following GNDU member describes the organisational structure of drug-dealing as akin to a 'virtual company' with a core group surrounded by a larger group of people performing specific roles, such as storage, distribution and money laundering. However, the individuals providing these various services to the core group may vary over time and the same individuals may provide the same service to different core groups in different locations.

*My view on the kind of current wave of drug traffickers is they're, the best analogy is, like a virtual company. I think there is, in some degree, maybe at a core nucleus three or four, or five individuals that are very closely associated as a group. You know they might even socialise together, but the requirements now for drug trafficking are so many different aspects between the logistics element of it, the import, the distribution ... the technical requirements to cut certain drugs ... the money laundering element of it ... the collection of debts, it's become a more complicated business. And while we have associates, we*

---

---

*don't necessarily always go to the same well for the same service, so I mightn't always go to the same individual every single time to provide the logistics to get me from there, and I mightn't be the only person that might be getting that individual to source the logistics for me.*

*Somebody who's involved in the logistics side of it might be getting requests from five or six, or eight different groupings on a particular job, and those can be diverse around the country. GNDU 2*

Although the following member also identifies the existence of core groups of a few individuals, he points to the tendency for groups not to remain organised on a consistent basis over a long time period. Although some individuals may manage to have a long span of involvement in drug-dealing, particularly where they can avoid Garda attention, there can be a lack of loyalty between people involved in the illicit drug trade.

*There are groups of people, three, four, five, people banding together, bringing in drugs to sell it off to another 20 or 30 people, there's a semblance of organisation in that, but it's not long-term organised and there are some people get a good run on it. [Name deleted] stayed under the radar and had a good run at it and ran out of luck, he was an organised criminal. There aren't that many that organised, there's a lot of disorganised crime groups around and there's no big loyalty, you know? And there's no sort of Al Capone, as I said earlier, type. GNDU 1*

The involvement of non-Irish nationals in drug-dealing is a relatively recent phenomenon and, as discussed above, contributed to the emergence of the crack cocaine phenomenon. It has also been seen to contribute to the growth in herbal cannabis.

*Cannabis herb seems to have been brought in, or attributed to a lot of groups who had contacts in Africa and in the UK and that. It isn't coincidental that a lot of Africans came here and we suddenly started getting in herb before it was cannabis resin, but it is not a huge impact, there isn't large groups of non-nationals, we've enough of our own nationals doing it, you know? GNDU 1*

### **3.1.3.3 Preparation, storage and transport of drugs**

As mentioned above, a range of individuals will perform different roles in the operation of a drug market, from truck drivers importing large quantities of cannabis, to those responsible for mixing cocaine with adulterants to bulk it up for further sale, to transporting between middle- and low-level dealers. Individuals may be paid for this service or they may do it in lieu of debt repayment.

*For the cannabis business, you try and get yourself a truck driver, because it is bulk - you need to get it in bulk. ... you get yourself in a 100 kilos of it and three or four guys and they divide it up and they have their own people who buy and sell and there's no loyalty. And then you've got guys who will take 10 kilos, somebody else will take 15 kilos and they'll sell 2 kilos, that's how cannabis herb is disseminated and distributed. The heroin business, X amount of kilos coming in, one or two guys organising it and within a short time they'll sell 3 or 4 kilos out to people and those people will cut it up into multiples and sell it down to a*

---

---

*guy who'd have maybe 20–30 customers, there's no great organisation in it, you just have the contact that's it and they'll sell it then on the street and it could go for 40–50% [purity] down to 12–15%, so it just depends. GNDU 1*

The process of adulterating certain drugs, such as cocaine, with a mixing agent to bulk it up and increase total profit can also be carried out by specific people who have the implements, know-how and facilities, such as a warehouse.

*Well, if I got in 10 kilos of coke, I'd organise a press and somebody, a couple of guys, to mix it somewhere and I'd get them to mix it so it would triple the amount of cocaine I would have and you'd get a guy, he doesn't have to be an expert he just doesn't have to make a mess of it, a guy who uses cocaine. There is a guy who would package it and won't rip you off and part of the group you know, he would ... he could be a brother or a friend or somebody you'd trust for starters, that he doesn't give away the location, so ... but there isn't a hierarchy, he's doing it for X amount of money and he's happy to do it. GNDU 1*

Other individuals, such as taxi drivers, might be paid to transport the drugs between drug sellers and/or between sellers and buyers.

*Yeah, you want a job done, you say, I can trust your man, will you bring that stuff ... a taxi man or a van driver or a guy with a car would bring that stuff from here to [deleted – Dublin suburb] and drop off to a guy and come back with the money and get a few bob for it, it's a 'nixer'. GNDU 1*

### **3.1.3.4 Street-level distribution**

#### **Open markets**

At street level, heroin dealing tends to be carried out by people who have addictions and this contributes to the market being more chaotic and unpredictable. Also, dealers at this level are more likely to sell drugs to strangers and hence they can be more easily apprehended in Garda undercover operations.

*But generally speaking – there is a hierarchy that is generally followed – that people will break it down and when it comes to the people that are selling a score bag on the street – which is in heroin terms generally 0.1 or 0.2 of a gram. These people generally are unfortunate and they are heroin addicts themselves and this is at the very lower end of the market. But in these cases – when people are desperately selling to people that they don't even know – they are not being astute as to what they do. Generally what they have done is go and buy an eighth of an ounce – being 3.5 grams, the minute they buy it they might smoke a bit to relieve the – alleviate the sickness they have had before scoring and their next task would be to break it up into the smaller, lower denomination deals that they can go out and sell them on the street. GNDU 3*

Dealing at street level by drug users to feed their habit can contribute to the creation of relatively open drug markets where people will deal drugs to strangers.

*That is one way for them to make the money: they will see it – as being less harmful [than other crime such as theft] is to go and buy a smaller amount – be it a half-eighth, or 1.75*

---

---

*grams – which they will buy for €80 or €90 on the street. And they will split that up and sell 0.1 gram bags for €15 on the street and here we can see a clear mark-up – they are feeding their habit and they are sustaining themselves from day to day and it creates zones, if you like, and there is a few in Dublin where people can walk and if they are heroin addicts – they will be able to source heroin from people that they have never met before. GNDU 3*

Street-level dealing, and possibly drug-dealing at all levels, has been greatly facilitated by the mobile phone. On the other hand, the mobile phone has contributed to a decline in the prevalence of open street-level drug markets, thereby facilitating the emergence of closed markets which have less of a negative community impact but which are also more difficult to detect from a law-enforcement perspective.

*From the heroin scene, the mobile phone issue, they couldn't do half the business in all the scene without their mobiles, international connections and national connections and local connections. No longer will you see 20 drug addicts sitting outside Dolphins Barn, they don't need to. I'm looking for a dealer, I'll say I'm looking for gear and someone will say well ring Jimmy Smith, ring that number, you ring the number and they say yeah, I'll see you in such a place. So it has made drug addicts and drug-dealers ... it's put them in connection with each other and by mobile, so that's what it's done for the heroin business. For the crime business, you're only a phone call away from your supplier or courier or whatever, so it's modernised it and it's made it faster and more efficient. GNDU 1*

### **Runners and the involvement of young people**

An issue which has arisen in this and other studies is the increased involvement of young people in the drug trade, as drug couriers or 'runners' or as dealers themselves. The following GNDU member suggests that this has always been a feature of the illicit drug trade to a certain degree and he also highlights the way in which such involvement can bring a certain status to young people among their peers.

*It depends on your definition of young people, you've 17-, 18-, 19-year-olds selling gear, yeah but you always had that. In the early '80s we arrested a guy who was 15 selling heroin, he was 14 and a half, it wasn't his 15th birthday. We caught him the following week doing exactly the same. He's now in Holland and is a major drug importer for here. So young people, 18 and 19, you've 18- and 19-year-old drug addicts who are selling gear for their habit, not making a fortune out of it, but those type of young people, the heroin addicts are doing it to support their habit. You will get 18- or 19-year-olds who might have no jobs and for a variety of reasons it's seen as a status symbol. GNDU 1*

## **3.2 The impact of illicit drug markets**

The impact of drug markets, drug-related crime and anti-social behaviour can cause significant harm to individuals and communities (Connolly 2006a; Loughran and McCann 2006; Cox and Whitaker 2009). Irish legislation defines as criminal offences the importation, manufacture, trade in and possession, other than by prescription, of most psychoactive substances. The principal criminal legislative framework is laid out in the Misuse of Drugs Acts (MDA) 1977 and 1984 and the Misuse of Drugs Regulations 1988. The offences of drug possession (s.3 MDA) and possession for the purpose of supply (s.15 MDA) are the principal forms of criminal charge used in the prosecution of drug offences in Ireland and are reported regularly in the annual reports of the Garda Síochána. The Misuse of Drugs

---

---

Regulations 1988 list under five schedules the various substances to which the laws apply.

However, most Irish drug users who receive sentences of imprisonment, for example, are punished not for drug offences per se, but for offences committed as a consequence of their drug use. Although research studies have identified this clear link between some forms of illicit drug use and crime – findings which are consistent throughout criminological literature – identifying the precise nature of this link is more complex (Stevens et al. 2005; Bean 2002; White and Gorman 2000).

Identifying the causative connection between drugs and crime has been a primary preoccupation of many writers in this area. The link between drugs and crime has been described using four explanatory models (Goldstein 1985; Hough et al. 2000; Connolly 2006a).

1. Psycho-pharmacological: The link between drugs and crime arises as a result of the psycho-pharmacological properties of the drugs themselves. This model proposes that the effects of intoxication cause criminal (especially violent) behaviour or that aggression and crime can be caused by, for example, the effects of withdrawal or sleep deprivation.
2. Economic-compulsive: The economic model assumes that drug users need to generate illicit income from crimes such as robbery and burglary, low-level drug-dealing and from consensual crimes such as prostitution, to support their drug habit.
3. Systemic: The systemic model explains drug-related crime as resulting from activities associated with the illegal drug market. Systemic types of crime surrounding drug distribution include, for example, fights over organisational and territorial issues and disputes over transactions or debt collection. Associated third-party violence can include injuries to bystanders. Also included in this model are drug-related crimes and nuisance and the fears of victimisation which can become associated with local drug markets where they operate.
4. Common-cause model: The fourth model suggests that there is no direct causal link between drugs and crime but that both are related to other factors. This model holds that drug use and crime do not have a direct causal link but that they are related because they share common causes. For example, as Hough et al. (2000: 2) suggest, 'economic deprivation, inconsistent parenting, low educational achievement and limited employment prospects are risk factors not only for chaotic or dependent drug use but also for heavy involvement in crime'.

Retail illicit drug markets can create immense problems for local communities (Loughran and McCann 2006; Connolly 2006a, 2005a, 2003, 2001; May et al. 2005; Murphy-Lawless 2002; Mayock 2000; Fahey 1999). Drug-dealing at the local retail level involves a high number and frequency of transactions and is therefore likely to have an immediate and observable impact on the quality of life of the local community.

A review of illicit drug markets in Europe by the Council of Europe Pompidou Group considered some of the impacts of open drug markets, or what are referred to in some European countries as 'open drug scenes' (Connolly 2006b). These included:

- drug-related mortality;
  - involvement of organised crime groups;
  - violence and gang turf wars;
  - drug-related petty crime in surrounding vicinity;
  - prostitution;
  - visible drug intoxication;
-

- 
- visible drug use and injecting;
  - the discarding of needles and other drug paraphernalia;
  - drug tourism;
  - ‘crack’ houses;
  - development of a drug market for many substances;
  - open drug scenes;
  - creation of ‘no-go’ areas for local residents due to fear;
  - stigmatisation of local community.

The available evidence, when considered along with newspaper and court reports, suggests that there is a significant and increasing amount of violence associated with the illegal trade in drugs in Ireland. A study on homicides in Ireland suggested that between 1992 and 1996 15 homicides were connected to disputes about control of the supply of illicit drugs (Dooley 2001). In more recent years, there appears to have been at least this many drug-related homicides occurring on an annual basis. The likelihood is that this kind of violence in Ireland is associated with the drugs trade (Campbell 2010). These ongoing killings, and their coverage in the media, can have a profound effect on feelings of public safety and they can instil in the general public a sense that the problem is out of hand (O’Connell 2002).

### 3.2.1 Local impact

In its annual report for 2003, the UN International Narcotics Control Board (INCB) highlighted the importance of understanding the relationship between drug abuse, crime and violence at the micro-level as a means of developing practical and sustainable responses. The harm caused to communities ‘by the involvement of both adults and young people in drug-related crime and violence is immense’ (INCB 2004: 6). The report describes the way in which drug-related crime at a micro-level can lead to the creation of ‘no-go areas’, the development of a culture of fear and the general erosion of what it terms the ‘social capital’ of communities. ‘Social capital’ is defined as ‘the norms, or “laws”, that exist in social relations, and through social institutions, that instil foundations for trust, obligation and reciprocity’ (p.6). The concept is most closely associated with Putnam (2000: 22), who describes social capital as ‘networks, norms and trust that enable participants to act together more effectively to pursue shared objectives’. Putnam distinguishes between two types of social capital: (i) ‘bridging capital’ and (ii) ‘bonding capital’. Bonding (or exclusive) social capital involve those close networks that often exist within stable, homogenous communities while bridging (or inclusive) capital involves wider but weaker ties associated less with kinship and friendship networks, and more with membership of groups and organisations. The relevance of social capital in the context of the local impact of illicit drug markets will be considered further below.

A number of Irish studies have sought to provide a micro-perspective on the local impact of drug-related problems and have shown how the problems associated with drug trafficking and drug use impact disproportionately on certain sections of the population or on specific locations. This suggests that analyses of the extent of the drug problem which rely on figures based on national data provide only part of the story of the impact of drug problems on individuals and communities. Studies on drug availability suggest that many drug users have relatively easy access to drugs in their own areas and that many communities throughout Dublin have experienced high exposure to street-level drug-dealing and local drug-related crime and anti-social behaviour (Connolly 2006a; Loughran and McCann 2006). There is also significant evidence to suggest that the drugs phenomenon has undermined the somewhat romantic notion that people do not commit crime in the areas in which they live (Connolly 2006a). Local drug markets and the crime and nuisance often associated with them can create significant internal community tension and conflict (O’Leary 2009; Lyder 2005; Connolly 2003).

---

---

This was borne out by research carried out in Ireland in the 1990s: two-thirds (66%) of respondents in a study by Keogh (1997) said it was easy to get drugs and that they sourced their drugs within their own neighbourhood. When asked where they usually committed the crimes to sustain their drug habits, of the 254 people who answered this question, 105 mentioned their own neighbourhood as a location where they committed crime. Respondents were asked if they had been accused of supplying drugs and, of those who admitted selling drugs (169 respondents), 29% had been accused by local anti-drug activists and 17% by their neighbours.

A study by Fahey (1999) assessed the living conditions in seven local authority estates in Ireland. The estates studied were: Fatima Mansions, South Finglas and Fettercairn in Tallaght – all in Dublin; Deanrock estate in Togher, Cork; Moyross in Limerick; Muirhevnamor in Dundalk; and Cranmore in Sligo. Data were gathered primarily through ethnographic methods such as interaction in the everyday life of residents of the estates, participant observation and in-depth interviewing. Problems of social disorder were found to be central factors affecting the quality of life of the residents of all the estates studied.

Such problems were found to have ‘the greatest impact on residents’ quality of life, through direct experience of anti-social behaviour, a general loss of communal space and a sense of personal safety, and negative labelling of estates in the wider community’ (Fahey 1999: xx). The problems associated with drug use and drug-dealing were particularly acute in the Dublin estates. At the time of the study, the use and dealing of opiates was a problem only in the Dublin estates. In one estate, Fatima Mansions, the researcher concluded that, ‘Heroin dealing and heroin use are dominant and oppressive problems’ (O’Higgins 1999: 156). The problems of drug use and dealing in this estate were compounded by the fact that the area drew in a steady stream of drug users from all over the city and the greater Dublin area. One resident, in describing the corrosive effect of drug abuse on life in the estate, said: ‘Basically, you are not allowed to have a life anymore. The children are driven out of the public spaces’ (O’Higgins 1999: 156).

A survey of residents of Dublin’s north inner city, conducted as part of an evaluation of a community policing scheme in which they were participating, revealed high levels of exposure to drug-dealing and drug-related crime (Connolly 2001). Forty residents of the area were interviewed in October and November 2000. The respondents were chosen on the basis of their participation in meetings organised as part of the process of establishing the North Inner City Community Policing Forum (CPF) (Connolly 2002). The respondents were resident in 29 different streets or local authority flat complexes throughout the area in which the CPF was established; thus, they were regarded as representative of the area as a whole. Moreover, they had been involved in local community activity and were therefore particularly knowledgeable about the drug issues in their respective areas.

Eighty per cent of the sample respondents said that they had witnessed drug-selling in their area in the past year. The survey found that one in every ten households had been burgled. This contrasted with a national survey conducted by the Central Statistics Office (CSO) which recorded a rate of one in 30 households reporting having been burgled (CSO 1999). Over 77% of respondents reported having been disturbed or affected by noise late at night, with 30% of those believing the disturbance was drug related. Eighty-five per cent said they were affected or disturbed by young people gathering in groups, with 37% believing the disturbance was drug related. Respondents were asked about whether they had concerns for their safety. The CSO survey found that 30% of respondents felt ‘unsafe’ or ‘very unsafe’ walking in their neighbourhood after dark, while the CPF survey recorded more than double that rate, with 63% of respondents stating that they felt ‘unsafe’ or ‘very unsafe’ walking in their area after dark. These feelings of insecurity were associated with groups of young people gathered together at specific locations where respondents believed drugs were available.

A study conducted in a more focused network of streets in the same area of north inner city Dublin used a variety of research methods, including a door-to-door survey, to ascertain the impact of drug use, drug-dealing and related problems on the quality of life of the area (Connolly 2003).

Included among the findings were:

- Sixteen respondents, or 36% of the total sample, had been offered drugs in the past year; 53% had witnessed
-

---

drugs being sold in the past year.

- Seventy-six per cent of respondents stated that they were ‘somewhat likely’, ‘quite likely’ or ‘very likely’ to witness drug-selling within the following six months. The percentages of respondents who were able to identify the type of drug being sold were significant, with 83% and 84% identifying heroin and cannabis respectively.
- Twenty-nine respondents identified five specific locations in the immediate area where drugs were being sold, while five respondents stated that drugs were being sold outside their door every day.

A study by Loughran and McCann (2006) focused on three communities’ experiences of the changes in the drug situation and responses to it between 1996 and 2004. Included among the study findings were the following:

- A general sense of fear, vulnerability and intimidation was experienced among the communities as a result of open drug-dealing in public areas. People reported that there had been a decrease in the use of public spaces after dark since 1996.
- A reduction in some types of crime was observed between 1996 and 2004, but the later phase of the study noted an increase in the number of murders associated with drug-dealing.

Family Support Network (FSN)<sup>12</sup> research on the intimidation of the families of drug users by those involved in drug-dealing (O’Leary 2009) showed that nearly all participating family support services indicated that their clients – mostly family members of drug users – had experienced debt-related intimidation ranging from verbal threats to physical violence to damage to homes or other property. Debts could range from €100 to €60,000. Many affected families survived on very low incomes and were given short periods to repay debts using salaries and wages, borrowing money from families, friends, banks, credit unions or other money lenders. Some families were forced to re-mortgage their homes. Drug users themselves often resorted to criminal activity to repay debts to dealers, such as drug-dealing or transporting and storing drugs, performing acts of violence on behalf of sellers and engaging in sex work.<sup>13</sup> The study outlined the varied experience of families who had suffered from debt-related intimidation and violence:

- Threatening behaviour, including verbal threats, intimidation at the workplace, harassment, death threats, threats of shooting, beatings or ‘knee-capping’ and live bullets posted through letter boxes.
- Houses and cars vandalised and burnt out.
- Physical violence, including murder, shootings through doors and windows of family home, hospitalisation due to beatings, burning of a drug user.
- Physical/sexual violence against women.
- Encouraging children by dealers to sell drugs to friends and witness family members being beaten. Use of the family home by mothers for sex work to pay off debt.
- Family members too fearful to approach Gardaí in relation to intimidation, believing Gardaí are powerless to act.
- Forced emigration – in many cases drug users had been forced to move or emigrate and are unable to return home.

While illicit drug markets clearly can have an extremely negative impact on local communities, the relationship between drug markets and their ‘host’ communities is complex. As most drug markets have developed in environments characterised by high levels of poverty and multi-layered deprivation, they can also bring goods and income into such communities. A study of four local drug markets in England (May et al. 2005) highlighted the

---

<sup>12</sup> The FSN was established in 2000 to support the development of family support groups throughout Ireland. There are currently over 70 family support groups affiliated to the FSN.

<sup>13</sup> The issue of drug use and sex work has recently been the subject of a study by Cox and Whitaker (2009).

---

ambiguous relationship that can sometimes exist within communities in relation to the local drug market. The findings of this study, one of the largest ever conducted in the UK, included the following:

- The four markets were linked with both the legal and illegal economies of the neighbourhoods in which they were situated and each had both symbiotic and parasitic relations with the local area.
- Some of the neighbourhoods had a strong sense of community identity that could actually have facilitated the emergence of the drug markets.
- Many drug sellers were from the communities in which they sold.
- The participation of young people in the drug market was increasing in the four communities studied.
- Although the drug market activities were causing concern, they were also bringing money and cheap goods into the neighbourhood.
- Residents' concerns about drugs were focused largely on the negative reputation that the market gave their area and the violence associated with it. The fear of reprisals was a concern for residents in all the neighbourhoods.

In explaining the findings that strong community identity can facilitate the emergence of drug markets May et al. (2005: 30) found that such communities were generally regarded as close-knit, with a strong sense of 'community spirit'. These communities had a 'shared set of values and a shared sense of what their community meant to them'. However, the community was also characterised by 'tolerance of behaviour to which other communities might object and, in the past, this tolerance had – grudgingly – extended to drug sellers'. The authors refer to a comment by one police officer that within the community there had previously been a notion of 'acceptable levels of criminality and drug dealing'. May et al. apply Putnam's social capital concept, discussed above, in explaining this phenomena. They suggest that some disadvantaged communities can be rich in 'bonding social capital' and this characteristic can help residents to 'get by' and cope with the high levels of material deprivation. It can also, however, facilitate the emergence of drug markets. We shall return to this discussion when we consider local responses to illicit drug markets in Dublin.

### 3.2.2 Impact of illicit drug markets: Garda National Drugs Unit perspective

The violence and intimidation associated with illicit drug markets is regarded by the following GNDU member as something that has intensified in recent times. He believes that the increased amount of money within the market has contributed to higher levels of debt and that debts of this magnitude would not previously have existed.

*You have a certain degree of intimidation. There's bigger numbers involved, there's more amounts of money involved. Ten, fifteen years ago you wouldn't have somebody have a drug debt of 3 or 4 grand. You wouldn't be allowed. If they didn't sell the first batch, they weren't getting a second batch, so the numbers are bigger and people are buying stuff on credit and that's leading to intimidation and drug debts, that wasn't around before, that problem wasn't around as I say, because the whole heroin problem is smaller. You just didn't sell to a guy who owed you money that was it. GNDU 1*

The provision of credit is also regarded as reflecting the greater complexity of the market and the higher degree of organisation associated with it. According to the GNDU member below, during the economic growth of the so-called 'Celtic tiger' era, systemic crimes such as debt-related violence or territorial disputes became more of an issue than acquisitive crimes carried out by drug users to feed their habit.

*... a key issue for complex economies is credit, credit is you know maybe years ago, we all*

---

---

*just bought a thing when we had money and handed over the money, it was simple. Whereas the biggest feature for me, is actually the availability of credit in the drug market, which indicates to me the level of sophistication of the market. Whereby if you think about it, in a criminal market, if you get a grouping that are confident to actually provide credit then they're fairly confident that they can retrieve that, that (it) is retrievable back into cash, so what I would see is that it has certainly become more sophisticated. And it has certainly become more systemic, you know, and you can just see that evolution of the drug trade over the years. You know where I mean, and all the negative effects of say for example of credit. Obviously the issues of how do you extract the money, the prospect of intimidation things like that. So, to me it's, although it's happening slowly you can see that gradual change. GNDU 2*

The apparent increase in drug-related intimidation and serious violence widely reported by groups such as the FSN and in the media in recent years (see section 3.2) are also regarded as reflecting a change in the nature of the fears in local communities. According to the following GNDU member, although many of the threats might not be carried out, the fact that they sometimes are gives them a greater credibility and enhances the local influence and control of drug-dealers and gangs and their ability to have their debts paid.

*Yeah, I think it's a key element of it, because in the criminal fraternity the only way you can actually extract [payment for debt] is through fear, and it's how you make that fear obvious. And it can be very subtle. Like, you hear very public pronouncements of gang-land killings, of say for example levels of intimidation. You also see, for example, unreported assaults and things like that. You know, and similar to drugs, there would be a certain level reported, and then it can just be subtly people have the mind- set, that there are groups out there who can intimidate and they may ... Even though the likelihood is in some places that they may not carry out the threat, but the fact that people live in the mind-set that there are groups of individuals who go out and intimidate and will extract funding. That of itself is actually quite a valuable currency, because if you think about it ... if a stranger came along and knocked on your door 20 years ago, and started saying to you, you owe us money for something and we want the money or we'll call back, it has far greater significance in an environment where people believe that threat is credible, you know, in the current environment. GNDU 2*

Acquisitive crimes, also referred to as 'economic compulsive' crimes will, he believes, probably increase again during the economic downturn as less opportunities become available for dependent drug users to support their habit by selling drugs.

*Now I think the economic compulsive was less a feature of it in the Celtic Tiger era, because of virtue of the fact that there was this, the criminal drug market, basically the platform for that was in my view, an awful lot of general drug usage among the population, who could pay for a commodity, therefore, it was easier for me, as somebody engaged in the drug business to supply somebody who could, you know, provide repeat custom, than to engage in a crime of robbing people. So an awful lot of people I think, who would have traditionally gone to the acquisitive crime, just were a cog in the overall distribution network. You know your classic individual who got a certain amount of heroin, broken*

---

---

*down into maybe an ounce, or an eighth of an ounce, or a quarter of an ounce, down into so many deals, paid so much for it, and then spent that day selling heroin, and then had enough to buy the next amount for tomorrow, and also to keep his or her habit going ... you know other examples, we'll say for example benzos, the illegal sale of benzos and things like that, so there's a whole series of markets that actually kept people employed. Kept maybe a cohort of a few thousand people who would have otherwise engaged in you know acquisitive crime.*

*I suppose with the demise of the Celtic Tiger it would be interesting to see what those dynamics [will be], because there will be a certain number of people displaced out of that system. So like, put it at its simplest, they're going to be made unemployed you know the market dries up in particular areas, then all of a sudden you're now unemployed. So a lot of them you could see them trying to move back to the acquisitive crime, and you can even see sometimes if you look at the crime stats at a local level you can see things like a few kind of small-level robberies, robberies in shops and stores for 100 Euro and that, that's kind of come back a little bit more ... but similar to what you're seeing in the 1980s you know, the emphasis on street crime, small cash acquisition to feed a habit you know. GNDU 2*

### 3.3 Responding to illicit drug markets

It is important to consider what interventions in illicit drug markets are seeking to achieve and how specific market structures and forms of organisation can impact on these interventions. Policing initiatives, whether street patrols or intelligence-led initiatives of a more covert nature, strive to disrupt markets and thus reduce or control supply. On the other hand, demand-reduction strategies attempt to target users and divert them into drug treatment, by means of arrest-referral schemes, for example.

Underlying traditional drug-related enforcement approaches is the assumption that by reducing supply and demand, drug markets will be caused to shrink and drug-related crime will decrease accordingly. In reviewing the evidence for law enforcement and supply reduction, Roberts et al. (2005: 2) observe that there is little evidence to support this case. They note that 'during the last 40 years of international commitment to this objective, the global market has expanded exponentially. There are, however, examples of specific interventions that have – in the short term and within constricted geographical areas – led to the reduction in the cultivation of a particular crop, the scale of trafficking along a particular route or an increase in the price of a particular drug or drugs ... But it is hard to find solid evidence for a straightforward link between supply-reduction initiatives and sustained falls in the consumption or availability of illegal drugs.'

Applying basic market logic, it might be assumed that successful attempts to stifle supply should lead to higher prices and this in turn should reduce consumption. In reality, however, most estimates of prices throughout Europe show them to be either stable or falling (Wilson and Stevens 2008; EMCDDA 2006).

The relation between supply-reduction efforts and drug prices is not clear-cut, however, for a number of reasons. First, estimates vary widely as to the amount of drugs in circulation that are seized by law enforcement. In its regular annual reports, UNODC, by comparing global seizures with estimated global production, attempts to estimate the proportion of cocaine, heroin and amphetamine-type substances (ATS – amphetamine, methamphetamine and ecstasy-group substances) seized as a proportion of the total available globally. In its 2010 world drug report, UNODC

---

---

states with regard to heroin: 'Interception rates vary widely between regions; however, estimated global interception rates are approximately 20% of the total heroin flow worldwide in 2008' (UNODC 2010: 46, 67, 105). With regard to cocaine the report states, 'it appears that a large share of the cocaine produced is seized: around 42%'. With regard to ATS, the report estimates that from 2% to 10% of the total available is seized.

These figures should be regarded with a great deal of caution. The UNODC itself acknowledges the limitations of its approach. With regard to heroin, the report states 'the difficulties in calculating the global heroin interception rate are further compounded by the necessity to adjust for purity in heroin production estimates as well as heroin seizures' (p.141). With regard to cocaine, the report states 'the theoretical amount of pure cocaine seized can only be determined by taking into account the purity of seizures, which may vary considerably across countries and according to various factors, such as the size of the transaction (level of sale – retail versus wholesale) and the place of seizure (border versus domestic)' (p.169).

In addition, as a report by the European Commission (EC) points out, estimates as to the total amounts of coca and opium produced (the basic ingredients of cocaine and heroin respectively) also vary widely (Reuter and Trautman 2009). The UNODC estimates are based on aerial observation and ground surveys of law-enforcement agencies. The US also produces an annual estimate in its International Narcotics Control Strategy Report. The EC report points out that, in 2004, for example, 'the UNODC estimate showed an increase in cocaine production of over 15%, while the US estimate showed a decline of almost 4%' (p.26). With regard to ATS, which are often produced in movable facilities or, in the case of methamphetamine in the US, 'in kitchens, with batches of just a few thousand doses', the EC report concludes that 'it is hard to imagine a sampling and observation strategy that can develop defensible estimates of actual production' (p.27).

A second factor related to seizure figures is that the amount that remains undetected is such that the long-term impact of successful enforcement will be minimal, so that while prices may be affected in the short term, this will not be sustained (Connolly 2005a; UNODC 2005). Third, drug-distribution systems adapt quickly, so that where drug suppliers have been arrested, they will quickly be replaced (Wilson and Stevens 2008; Reuter et al. 1990). Fourth, for dependent drug users, relative to moderate or recreational users, their demand for drugs will remain largely constant regardless of the price they are expected to pay. Consequently, increased prices, where they occur, may simply lead users to engage in greater levels of crime in order to pay the higher prices (Wagstaff and Maynard 1988).

Furthermore, a number of writers in this area have shown that, while certain law-enforcement approaches have been shown to be effective, they can also have unintended and often negative consequences. McSweeney et al. (2008: 10) in their review of the evidence relating to UK drug-distribution networks conclude: 'Although there is reasonable empirical evidence that drug-law enforcement can have some localised impacts, any benefits tend to be short-lived and disappear once an intervention is removed or ceases to operate.' They continue, 'law enforcement efforts can have a negative impact on the nature and extent of harms associated with drugs by (unintentionally) increasing threats to public health and public safety, and by altering both the behaviour of individual drug users and the stability and operation of drug markets (e.g. by displacing dealers and related activity elsewhere or increasing the incidence of violence as displaced dealers clash with established ones)' (p.12).

As May and Hough (2001: 141) point out: 'The relationships between the supply of illicit drugs, the demand for them and enforcement activities are poorly conceptualised, under-researched and little understood.' The demand for illicit drugs, from problematic users and recreational users alike, will ensure that, whatever intervention strategy is adopted, the market will tend to adapt and transform rather than disappear. This is not to deny that market interventions are essential in order to reduce drug-related harms to individuals and communities. As Roberts et al. (2005: 2) point out, 'failure to reduce prevalence does not mean that supply reduction initiatives (and, specifically, law enforcement) are having no impact on drug markets. It is widely – and reasonably – argued that supply reduction contains the expansion of drug markets, even if it fails to reduce markets.'

---

---

However, it is important to understand both the positive and negative consequences of law enforcement. As Roberts et al. (2005: 11) conclude, 'The net outcome of supply side interventions should be assessed not only on prevalence and containment levels but on whether the anticipated harm from illegal drugs supply would have been significantly higher than the harm resulting from intervention itself. By contrast, prevention and treatment programmes often have a range of incidental benefits in terms of social inclusion which are routinely acknowledged in evaluations.' Effective intervention strategies may be those that combine attempts to disrupt local markets, thus rendering them less predictable to both buyers and sellers, with attempts to divert drug offenders into treatment services (Lee 1996). A recent report by the non-governmental organisation, the UK Drug Policy Commission (2009) has called for a refocusing of drug-related law enforcement towards reducing drug-related harms to individuals and communities.

### 3.3.1 Disrupting drug markets

Another strategy goal is to frustrate the operation of drug markets by placing obstacles in the way of the buying process. While such an approach is unlikely to deter regular drug users, it may serve to deter casual users. The way in which different societies react to open drug scenes shows considerable variation and this can reflect different societal attitudes and levels of tolerance in relation to drug users, drug use and associated behaviours. Wall (2004) makes a general distinction between two responses – described as the 'restrictive' response and the 'liberal' response. On the one hand, the 'restrictive or repressive response' is influenced, he suggests, by a perception of drug use as a disease which must be prevented from spreading and the drug user as a deviant engaging in behaviours 'in open defiance of society's rules and norms' and in contravention of the accepted order. In this context, the US concept of a 'war on drugs' is seen as influential in encouraging attempts to abolish drug scenes with repressive measures.

The other approach is described as 'a liberal' or 'humanistic' approach, where the problematic opiate or crack user, for example, is perceived as a victim of alienation and/or stigmatisation within an excessively restrictive society. Central to the latter approach is a focus on the sufferings and illnesses of the drug user in the open drug scene or in prison. This approach gained influence, Wall suggests, with the emergence of HIV-related illnesses.

Responses do not always have as their primary objective the complete removal of the open drug markets. While there appears to be agreement in all countries that very large drug scenes must not be permitted to develop, in some countries there is a 'conditional tolerance' of small, more manageable open drug scenes (Connolly 2006b). There are a number of reasons why such relative toleration might exist:

- It can facilitate the provision of low-threshold services, rather than driving drug users underground.
- It reflects an acceptance that drug users are citizens with rights to assemble in public spaces.
- It can facilitate low-level monitoring and control by the police.

In some circumstances, drug-dealing between drug users might be tolerated, although dealing by non-addicted people is prosecuted. In this respect, the law is being applied leniently or adapted to situations where police discretion is practised. However, the main conditions that are applied in this context are that public nuisance is not tolerated, that the broader public must not be intimidated and that vulnerable people such as children must not be involved.

Sometimes, a different approach is adopted because it is felt that allowing open drug scenes of whatever size can send out the message, particularly to young people, that drug use is acceptable. However, even in countries adopting such an approach, initiatives might seek to ensure the removal of the open drug scene and the prevention of a new one through a pragmatic combination of repression, low-threshold drug treatment and social support. In order to address drug markets that become large and difficult to manage, or those associated with increasing levels of violence and crime, an initial focus is sometimes placed on strict law enforcement and an intensification of police action against suspected drug-dealers and users. Emphasis is placed on the dispersion of the 'drug scene'. There may also be quick intervention where a drug scene develops close to a school.

---

---

Interventions can also involve the introduction of civil or criminal legal powers to prevent public nuisance associated with drug markets. Administrative measures such as fines can be used to prevent the gathering of drug users, or court-enforced orders can direct drug users not to visit certain parts of a city, or to enter a drug-treatment programme. To address 'drug tourism', whereby drug users from outside the locality begin to congregate, efforts are made to encourage such users to return to their own localities, through either voluntary inducements, arrest and diversion to drug treatment in their own areas or physical transportation to their home communities. In order to prevent a new open drug scene from developing, situational crime prevention measures can be introduced. These seek to design and manage the street or area so that it does not facilitate the emergence of a 'drug scene'. Measures taken include the provision of street lighting or the cutting of hedges that obscure clandestine activity.

### 3.3.2 Partnership approaches

In recent years we have witnessed throughout Europe a greater level of debate about the most appropriate way to intervene in and respond to drug markets and related problems (Connolly 2006b). Strategic thinking, in-depth problem analysis, long-term planning and partnership between agencies and stakeholders are characteristic of this new development. Such partnership approaches often involve collaboration between law enforcement, social and health services, and other stakeholders, including local communities.

There is a growing consensus that partnership working offers the most sustainable method of responding to many drug problems (Jacobs et al. 2007). A review of responses to problems associated with retail drug markets throughout Europe found that such responses typically involve a combination of law enforcement and harm reduction (Connolly 2006b). Alongside law-enforcement efforts directed at curtailing or removing retail drug markets, most approaches also introduce harm-reduction initiatives and other low-threshold treatment or support services. These approaches seek to minimise the potential negative consequences of some policing practices. In a review of criminal justice approaches to harm reduction throughout Europe, Stevens et al. (2010: 392) argue that 'the introduction of policing practices that are more open to harm reduction can reduce some of the negative consequences of police patrolling such as a reluctance to carry syringes and unsafe disposal, hurried and unsafe preparation of injection, and the potential for police attention to deter drug users from attending treatment centres'. In a comparative study of service provision for police detainees with drug and alcohol problems, MacDonald et al. (2008: 9) also conclude that the police can have a role in harm-reduction provision, without necessarily compromising their legal and moral values. For example, 'they can encourage users in detention to make use of local needle-exchange sites and provide information on their location, and they can use discretion in not arresting users at such sites, while consulting with the community on the need for such methods'. The development of partnership approaches involving police and treatment providers can facilitate such 'joined up thinking', provided that it is done in a sensitive way so as not to undermine the relationship between treatment providers and their clients, where links between such agencies can be viewed with suspicion by service users (Kerr *et al.* 2005).

Arrest referral is an example of a structured combination of harm reduction and crime prevention happening in partnership. These initiatives were introduced throughout the UK in 1999 and they involve the placement of trained substance-use assessment workers in police stations to counsel and refer drug-using arrestees to treatment. A review of these initiatives found that 51% of drug users screened in police stations by an arrest referral worker had never accessed specialist drug-treatment services (Sondhi et al. 2002). However, a problem identified with arrest referral relates to the low rates of retention, whereby many drug users do not go on to contact services. In response to this, in England and Wales, the Drug Intervention Programme was supplemented by a case management system, which involves drug-testing on arrest and structured assessments. The police can now require a person arrested for any one of a specific list of offences to undergo a drug test and, if the test is positive, the person can be ordered to attend an assessment with a treatment worker (Stevens *et al.* 2010: 392).

Local partnerships are leading action on needle collection and public education about risk. Assistance can also involve the provision of food, clothing and laundry services; sleeping and housing services for homeless drug users; medical

---

services, including dental care; financial support, including assistance with debt repayments; and employment assistance. Drug consumption/injection rooms have been established in some countries as a way of addressing problems associated with open drug scenes. While such initiatives have proven controversial, they have had some success in addressing issues of public nuisance associated with open drug scenes (Hedrich *et al.* 2010; EMCDDA 2005).

### 3.3.3 Responding to drug markets in Ireland

In Ireland, the response to illicit drug markets incorporates activities aimed at reducing supply and availability through arrests and drug seizures with demand reduction through prevention, education and treatment. The strategic aim of the supply-reduction pillar of the NDS 2001–2008 (Department of Tourism, Sport and Recreation 2001) was ‘to reduce the availability of illicit drugs’. The strategic objectives were to:

- significantly reduce the volume of illicit drugs available in Ireland, to arrest the dynamic of existing markets and to curtail new markets; and
- significantly reduce access to all drugs, particularly those that cause most harm amongst young people.

Drug supply-reduction activity occurs within a broad legislative framework which builds on the misuse of drugs legislation. Since the mid-1990s a large range of legislative measures has been introduced in response to, or which are related to, addressing illicit drug markets and drug-related crime. These include the Criminal Justice (Drug Trafficking) Act, 1996 which includes the possibility of seven-day detention for suspected drug traffickers and restrictions on the right to silence. The Criminal Assets Bureau Act 1996 and the Proceeds of Crime Act 1996 set up the Criminal Assets Bureau (CAB), which has powers to identify and confiscate illegally acquired assets. The Licensing (Combating Drug Abuse) Act 1997 created powers to disqualify those with convictions for drug offences from obtaining liquor licences. The Non-Fatal Offences against the Person Act 1997 created penalties for offences of robbery and assault involving the use of a syringe containing (possibly infected) blood. The Criminal Justice Act 1999 introduced mandatory minimum sentences of 10 years for possession of drugs with a street value of €13,000 or more (as the original threshold was set in the 1999 Act as being IR£10,000 but this value was converted to become €13,000 by virtue of the Euro Changeover (Amounts) Act of 2001). The Criminal Justice Act 2006 strengthened this legislation by limiting the discretion of the courts by requiring judges to consider a convicted person’s previous convictions for drug-trafficking offences when sentencing. The Act also created the offence of participation in a criminal organisation.<sup>14</sup> The Criminal Justice Act 2007 extended the range of offences for which mandatory minimum sentences should be applied to cover offences linked to organised crime, including firearms and drug-trafficking offences.<sup>15</sup>

More recently, the Criminal Justice (Surveillance) Act 2009 provided, for the first time, a legal framework to allow covert surveillance material to be used in criminal trials. In response to organised crime, the Criminal Justice (Amendment) Act 2009 made provision to enable all organised crime offences to be declared scheduled offences for the purpose of trial in the Special Criminal Court, which operates with three judges and without a jury.<sup>16</sup> Section 3 of the 2009 Act amends section 70 of the Criminal Justice Act 2006 and defines a ‘criminal organisation’ as ‘a structured group, however organised, that has as its main purpose or activity the commission or facilitation of a serious offence’. A ‘structured group’ is defined as: ‘a group of 3 or more persons, which is not randomly formed for the immediate commission of a single offence, and the involvement in which by 2 or more of those persons is with a view to their acting in concert; for the avoidance of doubt, a structured group may exist notwithstanding the absence of all or any of the following:

- a) formal rules or formal membership, or any formal roles for those involved in the group;
- b) any hierarchical or leadership structure;
- c) continuity of involvement by persons in the group.’

<sup>14</sup> For analysis of the effect of these and other drug-related legislative changes see O’Mahony (2008), Walsh (2002) and Charleton *et al.* (1999).

<sup>16</sup> See Connolly (2010).

<sup>15</sup> For a discussion see Connolly and Morgan (2007).

---

Legislation has also been introduced in response to anti-social behaviour, including drug-dealing in local authority housing estates. The Housing (Miscellaneous Provisions) Act 1997 was introduced in response to anti-social behaviour, including drug-dealing, occurring in local authority housing. The Act has been the subject of debate and research in relation to its perceived effectiveness and broader social implications. A study by Memery and Kerrins (2000: 33) concluded that people excluded from public housing can also find themselves discriminated against in seeking hostel accommodation and that such exclusions led to a loss of essential family supports and a detachment from community-based drug services. The authors stated that 'street homelessness resulting from exclusion leads to open drug taking and riskier drug-taking practices'. A study of out-of-home drug users (Cox and Lawless 1999) suggested that the housing legislation had contributed to the rise in homelessness among drug users.

A study commissioned by Dublin County Council and the South Western Area Health Board focused on those who were evicted from Dublin Corporation housing units in 1997 and 1998 for anti-social behaviour (within the provisions of the 1997 Act and the 1966 Housing Act) (Rourke 2001). The study concluded that the Act had become an effective instrument in evicting Dublin Corporation tenants for anti-social behaviour. It also found that the eviction process placed particular pressure and strain on families with children, and that it contributed to family break-up and separation following eviction as subsequent short-term hostel or bed-and-breakfast accommodation was unsuitable for normal family life. The report expressed concern that the application of the legislation was an 'overly "blunt instrument" which serves to penalise innocent parties (adult family members who are not engaged in anti-social behaviour and/or children) as well as targeting the identified culprit/offender' (p.33).

A study by Murphy-Lawless (2002) which sought the views of residents of the north Dublin inner city on this issue found that, whereas there was significant community support for such measures, with some saying it was not leading to enough evictions, others expressed disquiet about due process issues and the potential for the legislation to be used in a discriminatory manner. A further study of the north inner city, by Connolly (2003), also considered the practical operation of this legislation by interviewing local residents. None of those interviewed disagreed with the policy but a number of concerns were expressed, such as the perceived delay in the process and the influence the presence of drug-dealers had on the area if permitted to remain. There was a strong feeling that the needs of drug users, other family members and the position of mothers needed to be considered and concerns were expressed in relation to issues of due process, with some respondents expressing misgivings that people might be moved out for the wrong reasons. Others questioned the long-term results of the policy, questioning whether or not it was simply moving the problem to another area.

A review of the Act conducted by Lawless and Cox (2003: 214) during 2000/2001 concluded that 'the direct and indirect use of the Act has contributed to the further marginalisation of those already excluded from society, resulting in an increase of homeless drug users in Dublin'. However, O'Sullivan (2004: 23), in a report on homelessness in Ireland, concluded that 'the degree to which the Act contributed to the recorded increase in homelessness is questionable'.

Another initiative developed in response to drug markets and drug-related crime is the establishment of community policing fora (Connolly 2005b). These initiatives aim to develop a community-based and multi-agency response to drug-related problems, including those arising from drug-dealing. The most successful of these initiatives is that established in Dublin's north inner city in 2000. An evaluation of the North Inner City Community Policing Forum (CPF) identified a number of positive outcomes, including regular and consistent attendance at local meetings held under the auspices of the CPF (Connolly 2002). Significant progress was also identified as having been made in relation to a series of local drug-related incidents. The evaluation also reported increased co-operation between state agencies as a result of the CPF.

One of the primary objectives of the NDS (interim) 2009–2016 is to put in place 20 community policing fora in areas of greatest need (Department of Community, Rural and Gaeltacht Affairs 2009). Guidelines for these fora, which are

---

---

modelled on the north inner city forum, were published in June 2009 (Department of Justice, Equality and Law Reform 2009). These fora will also form part of the new local policing structures established as part of the Garda Síochána Act 2005. This legislation provided for the establishment of joint policing committees in all 114 local authority areas throughout the state. These committees provide a forum for the Garda Síochána to meet with local representatives and other stakeholders to discuss issues of crime and crime prevention, including drug-related crime. They also facilitate direct contact and enhanced familiarity between local community Gardaí and local community residents, something that research has shown can increase resident confidence in the ability of the police and other authorities to address public nuisance (Moon et al. 2011).

The community engagement facilitated by the North Inner City Community Policing Forum is regarded as an important indicator of success, given residents' serious concerns about co-operating with Gardaí on drug-related issues due to fears of reprisal from those involved in drug-dealing (Connolly 2003). Partnership approaches involving local communities become problematic where markets are deeply embedded in communities, giving rise to strong pressures which can operate as a disincentive to community engagement in responses. The ability of those involved in the drug trade to intimidate local residents and to dissuade them from helping to improve their communities reflects the insidious effect of drug-related crime on community life in particular localities. It also represents a significant challenge to police and inter-agency approaches that seek community engagement and support. In response to the issue of intimidation, the FSN, which commissioned the study discussed in section 3.2, believes that there is a need for a greater level of understanding among Gardaí as to the issues involved, and that this could come about through a process of structured dialogue where the issues and possible responses could be considered in depth (FSN, personal communication, June 2010).

Having said that, another relevant factor relates to the sometimes symbiotic relationships many illicit drug markets can have with their host communities – often in areas with high levels of social deprivation. As shown above, illicit drug markets can be a source of economic benefit to certain communities, bringing in income to those involved in the market and also in terms of supplying cheap stolen goods and property to residents.

One conclusion reached by May et al. (2005: ix) in a report on drug-selling in communities was that the complexity of the relationship that some communities had with their illicit economies needed to be better understood if policies were to have anything other than a short-term impact. The report concluded: 'In trying to develop communities' capacity to take action against drug markets, it is important to appreciate the limited or constrained choices that are open to many residents.' The constraints are associated with the use of violence in the drug markets and also with 'the limited opportunities open to many residents, especially young people' and with 'the impact of family or peer pressure on young people'.

Nevertheless, in terms of local community mobilisation – despite the fears generated by local drug markets, and notwithstanding the observations of May and colleagues above – community-based groups and individuals have reacted to the local harms caused by drug markets by engaging in community protests, self-policing, informal justice and vigilante-type activities on many occasions throughout the history of Dublin's drugs problem (Lyder 2005; Connolly 2003; Murphy-Lawless 2002; McAuliffe and Fahey 1999; O'Mahony 1997; Bennett 1988). Community-based organisations such as the Citywide Drugs Crisis Campaign and the Family Support Network have emerged from this background as important advocacy groups in the contemporary drugs scene in Ireland.<sup>17</sup>

Returning to Putnam's (2000: 22–3) concept of social capital, local drug markets can deplete the social capital of a community through intimidation and fear. However, the community-based activity described above, whether it involves community protests, engaging with community policing initiatives or seeking to mobilise agencies to respond to local problems represent forms of both 'bonding capital' and 'bridging capital', helping communities to 'get by' and 'get ahead'.

The above discussion has highlighted some of the main themes addressed in the available literature in relation to

---

<sup>17</sup> For more information about these organisations, see [www.citywide.ie](http://www.citywide.ie) and [www.fsn.ie](http://www.fsn.ie)

---

some of the typical interventions that have been adopted in Ireland and elsewhere in response to illicit drug markets, as well as some of the challenges faced.

One problem associated with many of these interventions is that their effectiveness is difficult to assess as they are operating on a weak evidence base. First, limitations in the compilation and availability of data in the criminal justice system make it difficult to assess the impact of many of these initiatives on an ongoing basis. The absence of reliable data on drug-related searches, arrests, prosecutions and sentences makes it difficult to measure drug law-enforcement activity (Connolly 2006a). Second, the hidden nature of the market and the activity involved in buying and selling drugs makes it difficult to assess accurately the impact of drug law enforcement and the relationship between law enforcement and drug market dynamics. This problem is further compounded by the absence of reliable data on drug market indicators, such as drug seizures, price and purity (Connolly 2005a).

Some of these limitations were acknowledged during the process of reviewing the previous drug strategy and developing the NDS (interim) 2009–2016 (Department of Community, Rural and Gaeltacht Affairs 2009). In relation to drug seizures and drug supply prosecutions, for example, the previous drug strategy sought to increase the volume of drugs seized by 50% based on 2000 figures and the number of seizures by 20% based on 2004 figures, and to increase the number of supply detections by 20% by the end of 2008 based on 2004 figures. In assessing the progress made in relation to these objectives, the Steering Group which oversaw the review process found that the targets were exceeded in relation to all of these objectives, with both the volume and number of seizures increasing by more than 50%, while the number of detections believed to be for supply increased by 125% over the numbers recorded for 2004.

However, as the Steering Group points out in the current drugs strategy document, ‘the impact of increased seizures on the overall supply of illicit drugs is difficult to determine. Because of problems associated with estimating the size of the illegal drug market in Ireland, it is difficult to conclude whether increased seizures are actually resulting in a reduction in overall supply – or whether the overall supply of drugs has increased and the percentage of seizures has remained relatively even’ (p.23). The Steering Group concludes that ‘other factors around supply and demand, such as the numbers presenting for treatment and the price of drugs on the street, also need to be considered’ (p.23). With regard to the current drug strategy, the Steering Group concludes that ‘it is important to consider whether these [drug seizures as key performance indicators (KPIs)] remain the most appropriate and relevant measurable to indicate whether the overall objective of the supply pillar has been achieved, i.e. to reduce the availability of illicit drugs’ (p.23). The development of new indicators in relation to drug markets, drug-related crime and supply control activities is currently the focus of attention of the EC, the EMCDDA and Europol.

A drug policy guide published by the International Drug Policy Consortium (IDPC) (2010: 32) has sought to broaden the way in which law-enforcement responses to drug markets are evaluated; it concludes: ‘It is no longer possible to rely on the claim that tactics focusing on seizures, arrests and punishments will solve the drug problem. Instead, more attention and resources should be targeted at reducing associated crime and health harms’. Law enforcement should, the IDPC guide concludes, ‘be more focused on the consequences – whether positive or negative – of the drug market rather than its scale’. The guide raises a series of questions that should be considered when assessing interventions:

- ‘Objectives related to the market should focus more on outcome indicators:
    - Have law enforcement operations reduced the availability of a particular drug to young people (measured by the level of use or ease of access indicators)?
    - Have law enforcement operations affected the price or purity of drugs at the retail level? If so, has this had positive or negative effects on the drug market and drug users?
  - Objectives measuring drug-related crime should be given more prominence:
-

- 
- Have the profits, power and reach of organised crime groups been reduced?
  - Has the violence associated with drug markets been reduced?
  - Has the level of petty crime committed by dependent drug users been reduced?
  - Objectives measuring the law enforcement contribution to health and social programmes should be included:
    - How many dependent drug users have law enforcement agencies referred to treatment services?
    - How many people have achieved a sustained period of stability as a result of treatment?
    - Have overdose deaths been reduced?
    - Is the level of HIV infection and viral hepatitis among dependent drug users down?
  - Objectives related to drug use and dependence should be included:
    - How did law enforcement activities impact on affected communities' socio-economic environment?
    - Have patterns of drug use and dependence changed as a result of law enforcement actions?' (p.32)

A similar approach has recently been endorsed by the former executive director of the UNODC, Antonio Maria Costa. In his foreword to the 2010 World Drug Report (UNODC 2010: 4), he argues that the 'roots of drug control' involve 'placing health at the core of drug policy'.

Another issue highlighted by the Steering Group in the current drugs strategy document relates to the use of resources by the Garda Síochána – particularly in relation to the prioritisation of drug-related crime. The Steering Group expressed concern about the 'time being allocated by An Garda Síochána to what is perceived as less serious drug-related crime, such as the possession of cannabis for personal use'. Referring to advice received from the Gardaí that 'about 20% of drugs crime relates to supply offences and 80% to possession', the Steering Group states that 'supply offences generally involve much more time and resources' and that 'Gardaí cannot foretell the outcome of their operations in advance' (Department of Community, Rural and Gaeltacht Affairs 2009: 23).

In considering these issues in the context of the Irish NDS, and following a consideration of the legislative framework governing illicit substances, particularly cannabis, most of the Steering Group were not in favour of legalising, decriminalising or changing/redefining the legal status of drugs. The justification presented by the Steering Group for this approach was that 'findings from the Drug Prevalence Surveys of 2002/03 and 2006/07 indicated that approximately 70% of those surveyed were of the opinion that recreational use of cannabis should not be permitted' (p.26). Although data on drug offence prosecutions for possession and supply will be considered below, it is beyond the scope of this study to critically assess the drug control framework in Ireland.

Another issue that arose during the strategy-review process was that of sentencing in drug-related cases, particularly in relation to the perceived reluctance of the judiciary to impose mandatory minimum sentences as provided for in the Criminal Justice Act 1999. The Steering Group states: 'Overall, the level of sentencing and the fear of imprisonment are not seen as sufficient disincentives for those dealing in drugs in local communities. There is also a sense of frustration at the perceived "wasted" efforts of An Garda Síochána to bring an individual to court, where a minimal sentence can be imposed' (p.21). This is an issue which arose during the course of the present research and one to which we will return below. However it should be noted that having regard to concern about the degree to which the presumptive minimum sentence for drug trafficking offences as provided for in the 1999 Act was being imposed by the judiciary, as has been pointed out above, the Government introduced further provisions under both the Criminal Justice Acts 2006 and 2007 with a view to increasing its application as appropriate. It should also be noted that in a recent review of sentencing throughout Europe by the EMCDDA, average sentences for drug offences in Ireland appeared to be relatively high (EMCDDA 2009)<sup>18</sup>.

---

<sup>18</sup> The EMCDDA report highlights a number of methodological limitations associated with comparing sentencing data across Europe

<sup>19</sup> [www.irishsentencing.ie](http://www.irishsentencing.ie)

---

On the other hand, a very positive development in relation to sentencing in drug-related cases was the decision in May 2010 by the then Minister for Justice, Equality and Law Reform, Dermot Ahern, to extend the operation of the Drug Treatment Court (DTC) (Connolly 2010a). The DTC, which is an alternative to imprisonment for offenders whose offence is linked to drug dependency, has been operating in Dublin since 2001. A review of the DTC conducted by the Department of Justice, Equality and Law Reform (2010) found that participants who engage with the programme have reduced rates of recidivism and improved health, education and social skills.

A problem which arises in the context of sentencing in Ireland relates again to the absence of reliable and timely data on sentencing decisions. A recent initiative by the Irish Courts Service has sought to fill this gap in knowledge: the Irish Sentencing Information System website contains statistics on sentencing as well as links to full judgments and access to a database of sentences.<sup>19</sup>

Initiatives such as this can assist in identifying and addressing problems in this area so as to ensure a consistency of approach in sentencing in drug-related cases.

The overall strategic objective of the NDS (Interim) 2009–2016 is 'To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research' (p.6). In relation to the supply-reduction pillar, the Steering Group highlighted a number of issues and priorities for the current drugs strategy:

- The establishment of local policing fora as a means of ensuring the optimum level of local community engagement and disruption to the drugs trade.
- Greater emphasis on drugs issues in the work of Joint Policing Committees (established under the Garda Síochána Act 2005).
- Addressing drug-related fear and intimidation and the reluctance of individuals to report incidences to the Garda Síochána.
- The establishment of an integrated information system to assess the success of law-enforcement initiatives by means of monitoring offences and offenders.
- The perceived lack of consistency in the sanctioning of drug-related offences.
- The limited resources of CDLE in relation to x-ray screening of vehicles and containers, thereby facilitating drug trafficking (Customs have two containerised scanners now in place).
- The issue of young children (some under the legal age of culpability) being used by those involved in the drugs trade to run drugs.
- The lack of resources in the FSL, hindering timely prosecutions and to facilitate potency/purity testing of seized drugs.
- The ongoing monitoring of legislative and regulatory frameworks governing illicit substances with a view to pursuing changes where necessary.

This literature review and background research now leads us to a consideration of the research themes in each of the four study locations. We look in turn at the evolution, organisation and impact of illicit markets in each location. We then consider local law enforcement and other professional responses to these markets in each location. In sections 8 and 9 we focus on the strategies and activities of the agencies primarily responsible for drug interdiction and drug law enforcement. These are CDLE, which is part of the Revenue Commissioners, and the GNDU. These sections provide us with a higher-level analysis of drug law enforcement and serve to contextualise the more localised law-enforcement activities presented in the preceding sections.

---

4

SITE A

## 4 SITE A

### 4.1 Introduction

This section begins with a profile of study site A. The site is briefly profiled using social, economic and demographic data. The characteristics of the drug users and sellers interviewed in the site are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity and relationships with local Gardaí are also explored.

This section also includes interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area on the local drug market. Criminal justice data on drug searches, drug arrests and seizures are also presented as are data on local drug prices. In addition, drug purity data and information about typical drug adulterants provided by the FSL are analysed. Finally, the views of individual Gardaí on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the prioritisation of resources in relation to drug-related crime are investigated. The section concludes with the key findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

### 4.2 Profile of site A

Site A is located within a suburban satellite town with a population of approximately 40,000. The study focused on an area encompassing three electoral divisions (EDs) (named X, Y and Z in Table 4.1). These EDs scored a maximum 10 on the deprivation index, suggesting considerably high levels of material deprivation. More than one in 10 individuals were unemployed, almost one-third reported low socio-economic status and at least 29% of the whole area's housing stock was local authority (almost half in ED Z). The standardised prisoner ratios (SPR) for these three EDs were also elevated: two divisions reported two to five times more released prisoners who had served drug offences than would be expected based on age and gender demographics, and one division reported an SPR greater than 5.

**Table 4.1 Deprivation indicators and standardised prisoner ratios (SPRs), site A**

ED	Unemployed (%)	Low socio-economic status (%)	Local authority housing (%)	No car (%)	Deprivation score	SPR
X	12	27	29	23	10	2-5
Y	11	25	31	28	10	2-5
Z	14	35	47	33	10	>5

ED = electoral division; SPR = standardised prisoner ratios

Source: Various (Irish Census, Irish Prison Service, Small Area Health Unit, Trinity College Dublin, please see section 2.2)

#### 4.2.1 Neighbourhood satisfaction: perspectives of survey respondents

Of the 202 residents surveyed, 52% regarded their area as a fairly good or very good place to live. Over one-third (35%) of residents cited the area's social infrastructure (child care, shops, restaurants etc.) as a benefit of living in the area, and one-quarter (24%) believed the area was a 'good community'. However, 30% believed there were no benefits to living in the area.

#### 4.2.2 Social problems: perspectives of survey respondents

Ninety per cent of those surveyed considered drugs to be a problem in the area. Other social problems were also assessed; 84% of residents considered underage drinking to be a big or very big problem and three-quarters underlined the problems of litter and vandalism in the area (Table 4.2).

**Table 4.2 Respondents' perceptions of social problems other than illegal drugs, site A (n = 202)**

	Respondents questioned* n	Positive responses n	%
Underage drinking	198	167	84.3
Litter	202	155	76.7
Vandalism and graffiti	200	148	74.0
Teenagers loitering	201	145	72.1
Public drunkenness	198	127	64.1
Property/vehicle damage	198	122	61.6
Abandoned/burnt-out cars	201	109	54.2
On-street intimidation	200	96	48.0
Racial motivated harassment and attacks	189	66	34.9
Derelict buildings	199	60	30.2
Noise at night	199	52	29.1

\*It should be noted that not all survey respondents answered every question. This may have occurred, for example, where the respondent did not have the time to complete the full survey. The number questioned in relation to each specific survey topic is highlighted in the tables presented throughout.

#### 4.2.3 Drug services infrastructure

Drug-treatment services such as methadone and needle exchange were available locally.<sup>20</sup> The area also had a variety of low-threshold services for drug users, and outreach services.

#### 4.2.4 Profile of drug-using/selling participants in site A

Eight males and five females aged 18–40 who were current or former drug users were interviewed. Most had left school before the age of 16, had at least one child and lived either with parents or in a local authority house. Participants were in receipt of some kind of welfare payment (disability, job seeker or lone parent benefits). The majority regarded heroin and/or crack as their main problem substance and reported using illegal drugs for the first time before the age of 18. More than half (9) were either currently using drugs or had been drug free for less than six months. Ten participants were currently in treatment for drug use (Table 4.3).

<sup>20</sup> Methadone is provided as a treatment for opiate dependence. For further information, see Farrell M and Barry J (2010) The introduction of the Opioid Treatment Protocol. Dublin: Health Service Executive.

**Table 4.3 Profile of drug-using/selling participants, site A (n=13)**

<b>Gender</b> Male (8) Female (5)	<b>Dependants</b> One or more children (11) No dependants (2)
<b>Ethnicity</b> Irish (13)	<b>Accommodation</b> Local authority (6) Renting/private property owner (3) Living with parents (3) Homeless (1)
<b>Age</b> 18–25 years (4) 26–34 years (5) 35 years or over (4)	<b>Education</b> Left school before age of 15 (4) Junior Certificate (5) Leaving Certificate (3) Third-level qualification (1)
<b>Income</b> Social welfare (11) Drug-selling and social welfare (2)	<b>Problematic drug use</b> Heroin (6) Crack (4) Cocaine (2) Tablets (1)
<b>Current drug use pattern</b> Using in last 6 months (7) Drug free 6 months or more (4) Drug free less than 6 months (2)	<b>Age of first drug use</b> Under 12 years (1) 12–15 years (5) 16–21 years (6) Over 21 years (1)
<b>Treatment history</b> Methadone (current) (7) Non-medical treatment (3) Not receiving treatment (1) Unknown (2)	

Of the 13 users and sellers interviewed in site A, 2 were currently selling drugs and 9 had a history of drug selling. Drug types sold included heroin, cocaine and crack cocaine. Only two drug users interviewed had never sold drugs. Criminal convictions were reported by eight interviewees, of whom six had drug-specific convictions (Table 4.4).

**Table 4.4 Drug-selling profile of participants, site A (n=13)**

<b>Drug-selling history</b>	Currently selling drugs (2) Sold drugs in the past (9) Never sold drugs (2)
<b>Drug type sold</b>	Heroin (4) Cocaine (3) Crack (2) Multiple substance (2) N/A (2)
<b>Criminal convictions</b>	Drug-related supply (2) Drug-related possession (1) Other drug offences (3) Other convictions (2) No criminal history (5)

### 4.3 The evolution and organisation of illicit drug markets: site A

This section presents findings describing the evolution and organisation of the illicit drug market in site A.

#### 4.3.1 Market evolution

Garda drug unit members interviewed with regard to the local drug market in site A believed that the development of the local drug market had been aided by the relocation of people from inner-city communities to the expanding suburb, and that the high proportion of local authority housing estates in the area had contributed to the development of serious drug problems.

*A lot of people were moved out from the inner city areas out to here, and they were built up, and the amenities weren't there for the kids. So I think it probably started in the '80s, drug use here, and then escalated through the '80s with the, I suppose, introduction of heroin into the area, and ecstasy I suppose was a start for young people, and then moving up ... But I think around here it's so readily available that it's so easy for people to get involved in it. Drug Unit A1*

*The area we would most concentrate on is – they're predominantly council estate houses with a young population, high unemployment and a lot of drug abuse in them. Drug Unit A3*

Residents were surveyed on the reasons for drug use in the area (Table 4.5). One-quarter cited the shortage of facilities for young people and 23% highlighted the availability of drugs. One-fifth underlined the influence of high unemployment.

**Table 4.5 Perceived reasons for drug use, site A (n=153)**

	n	%*
No facilities for young people	37	24.2
Availability of drugs	35	22.9
High unemployment	28	18.3
Boredom	24	15.7
Poor parental supervision	22	14.4
Poor education	22	14.4
Don't know	18	11.8
Other	14	9.2
Poverty	6	3.9
It's just the way society is	6	3.9

\*Percentages exceed 100% as multiple answers permitted

One individual, who was serving a lengthy prison sentence for drug supply, saw an opportunity to settle some outstanding gambling debts and maintain an extravagant lifestyle through drug-dealing. At the same time, he had a successful business.

*Well, I got into it as I say I started – when I started doing cocaine in the pub and things were good, I was working at the building, I was earning big money. But then again I was a heavy gambler, so I was losing a lot on the horses. Next thing was I owed about 10 thousand debt to a shark and then he turned around and he said, 'Well what's the story?' And I couldn't pay it off, I was paying my missus and giving her my wages every week. So, he says look if you want a bit of stuff there to sell – so he threw me an ounce of coke and I bagged it up and I just met two people and that was it. Sold it on to them, seen the profit I made – I must have made a thousand pound from the deal. And I said here there is big money in this. And from that then I did the same again until it got bigger. Until I was buying a kilo of it every week. That is where it all started from. Prison Interview 1*

The need to support a drug habit was the prime reason for becoming involved in drug-selling given by five sellers interviewed in site A.

*Basically with heroin it's like you either work or you feed your habit. See, you're selling what you use. Most people can only buy half an eighth, say €100 worth, and they make say 10 bags out of it. Then you'd probably smoke three bags and sell the rest and make enough money for the next half-eighth. Interview (henceforth IV) 6*

Financial gain was cited as a motivation by three sellers. One seller had just served a prison sentence and had mixed with drug suppliers in prison.

---

*Prison friends, mainly ... you're in jail and you get to know a few people from say [town]. And you get to know them ... You get out, phone them and there you go, you know, on the road of destruction from there mainly. IV 1*

Another seller socialised with drug sellers and witnessed the financial benefits.

*I had a good job that was paying good money. And I suppose I had a nice few quid you know what I mean. I wasn't with anyone at the time. I'd work every day of the week, never missed a day for three or four years. But I was dabbling with the gear and was snorting coke; I was still able to brush up for the day, do you know what I mean. The people I was with all went into drugs. It all seemed a good idea to me, I have this much money and double it. IV 14*

One seller initially started running (delivering) drugs for an established seller to make money. After losing a consignment of drugs, he had to start selling drugs himself to pay off his drug debt quickly.

*Because there was good money made out of it. Like there was a lot of money in it and I had no job and social welfare and I was only getting it because my dad was earning so much in the house. I was only getting 50 quid. I was getting means tested, so I had no money.*

*I was a courier for a fellow that did it and I nearly had a big miss, the Garda nearly got me and I had to pay a big bill back and everything and a lot of stuff went missing on your man. That's when I started doing everything. IV 17*

Another prisoner serving a lengthy sentence for drug-dealing who was previously addicted to drugs explained that, due to an outstanding drug debt and the resulting intimidation of him and his family by those to whom he owed money, he eventually agreed to transport drugs on their behalf. He believes that he had been 'set up' for the Gardaí as he was arrested minutes after collecting the drugs.

*I have been a heroin addict since I was 14 years of age and I got clean about four years ago. But when I did get clean there was a lot of trouble there if you know what I mean – money owed and things I have done. But I was clean for three and a half years and say the half year it was just relentless pressure. Like people in that world – when you tell them no and when you tell them no you are more or less telling them to fuck off, do you know what I mean? So, I kept saying no, no, no and then the next time then they targeted me mother's home by discharging a gunshot through the front door of me ma's window. And that was a mess for a couple of weeks and then I started getting phone calls, that these people were letting me know where me younger brothers were going to nightclubs and pubs and stuff like that. And I have young – two young kids myself and then they started mentioning their names and so I was kind of backed into a corner if you know what I mean – it was like if I don't do this – about eight families are going to feel it, do you know that way. No, this is what I am saying – I eventually said yes. I would do it and I would do it once and once only if they knocked money off the bill and – 'Yeah, yeah, yeah – just do it this once and we will*

---

---

*go back to the way we were paying it' and all. So, I seen a situation to get out of – and I took it. And within five minutes of taking the drugs I was arrested. I was used – as a gillie and as a mule and – so I hadn't got the – when you usually get arrested by accident it is usually police in uniform who would probably know you or pull you over but I was arrested by what seemed like the American army. Prison Interview 2*

Another prison-based respondent explained how some people who begin dealing to repay a debt can eventually move up a level in the supply chain and start dealing larger amounts at the behest of the original dealer to whom they owed the debt. In this way, the drug-dealing chain can expand outwards while profits at the top levels can simultaneously increase.

*Well, you would start – as I say – you would start off – there is a lot of people start off that way. They start using coke and next of all they get into debt and they are into debt for a thousand pound and they can't pay it back and your man says 'Well, do you want an ounce – out of an ounce you bag 22 hundred bags out of an ounce that is weighing in at about 1.4. You will get a good decent weight at 1.4 grams. So, 28 grams you get 22 hundred bags, so he will give you an ounce for a thousand pound.*

*And so you go out and you sell your hundred bags. Once you sell them you have 22 hundred quid, so you are 12 hundred up. And you are saying this is good money for one night's work. You know so you can pay your man back and you are left with a couple of ton then. And give us another one sure I have the customers there and from the customers then it all grows. Every week – it just grows and grows and grows, you know. Prison Interview 1*

The media, according to one prison-based respondent, played an important role in glorifying drug-dealers and drug-dealing and making it attractive to young people living in areas with high levels of poverty, particularly when they are in their teenage years and easily influenced by the trappings of wealth and the status it can provide.

*They are introduced to it first, like 12- or 13-year-olds ... I mean all of these kind of fucking media bleedin' coverage and everyone that is earning anything from drugs – why the fuck would a country as small as Ireland allow people to be portrayed as millionaire fucking gangsters ... And these big gangsters have younger brothers so like these are impressed by these people – he is walking around with a fucking brand new Merc, it is brand new and fucking Nike tracksuits and the best of clothes and fucking gold and rings and ears pierced and what have you, yeah. And this fella sees this fella going around with 40 or 50 Euro in his pocket. You know every day of the week he is buying this, he is buying that, he is buying drink, he is buying smokes – do you know what I mean. Here is this drug; try that and that is how it starts. Prison Interview 5*

#### **4.3.1.1 Drug availability**

Garda drug unit members indicated that heroin, cocaine, crack cocaine and cannabis were the main drugs bought and sold in the area.

---

*Heroin, and cocaine and crack cocaine and then obviously your cannabis and cannabis resin you know. But E tablets and that seem to be, you know, they're not worth anything so people aren't really bothered with them. Drug Unit A2*

Garda drug unit members, drug users and sellers stated that, while a small proportion of sellers sold multiple substances, the majority of offenders were considered single-substance sellers.

*But you would get people who are selling both, but generally no, dealers would tend to, as I say, you'd know who to go to for your coke, who to go to for your heroin. Drug Unit A2*

The information obtained in interviews with local Garda drug units and with drug users and sellers is reflected in the PULSE data. Cannabis resin or cannabis herb accounted for 62% of all drug seizures in site A between October 2008 and March 2009 (Table 4.6). Heroin and cocaine accounted for 36.5% of seizure cases. Crack cocaine accounted for 6% of seizures. Seizures of ecstasy were rare, accounting for just 4% of cases.

**Table 4.6 Seizures by drug type, site A (n=274)**

Drug	n	%*
Cannabis resin	128	46.7
Heroin	54	19.7
Cocaine	46	16.8
Cannabis herb	42	15.3
Crack	16	5.8
Ecstasy	10	3.6
Tablets	8	2.9
Other	1	0.4
Cannabis herb (home-grown)	2	0.7

\*Percentages exceed 100 as more than one drug seized  
Source: PULSE, October 2008–March 2009

Seizures associated with supply-related arrests indicate the substances that may be sold locally. Heroin and cocaine accounted for over two-thirds of all supply-related arrests (Table 4.7). Cannabis resin was seized in 21% of cases and cannabis herb in 8% of cases. Crack cocaine accounted for 13% of all supply-related seizures. However, supply seizures may more accurately reflect evidence of law-enforcement activities, rather than of local availability of particular substances. PULSE figures for supply offences indicate that 19% (n=17) of suspected supply offenders were in possession of multiple substances.

**Table 4.7 Supply offences by drug type, site A (n=82)**

Drug	n	%*
Heroin	34	41.5
Cocaine	22	26.8
Crack	11	13.4
Cannabis resin	17	20.7
Cannabis herb	6	7.3
Cannabis herb (home-grown)	1	1.2
Ecstasy	5	6.1
Tablets	5	6.1
Other	1	1.2

\*Percentages exceed 100 as more than one drug involved  
Source: PULSE, October 2008–March 2009

### *Emerging trends in drug use*

Interviews with drug sellers, Garda drug unit members and drug users highlighted the increasing use and availability of crack cocaine and prescription tablets, although the latter are not reflected in PULSE as they are not illegal.

*It [crack cocaine] is quite common and it seems to be fairly readily available... a lot of young dealers are selling, the rocks as they call it, you know the 50 rock or the 100 rock. Drug Unit A2*

*A couple of months ago there I needed money fast so and there's an awful lot of crack cocaine being sold. So I got cocaine powder at a fairly decent price and I cleaned it myself and turned it into crack cocaine and started selling crack cocaine. IV 5*

It was also reported that prescription tablets were widely used and available in site A.

*Yeah, six tablets today I'm on. And I cut myself, gees I didn't even need my sleeping tablets or nothing. I didn't need my antidepressant tablets. But I just needed the D5s, the anxicalm tablets. That's all I needed then. IV 16*

*But it's another thing I think that should be looked at and it doesn't be brought up, there is a big benzodiazepine problem. IV 5*

### **4.3.2 Market structure: buyers and sellers**

#### **4.3.2.1 Buyers**

One prison-based respondent explained that he began dealing to people he met through his legitimate building business. These were people from a variety of social backgrounds.

*I know a lot of people through the building. You know builders and like you are talking*

---

*about the major builders in Dublin, all the hotels, the major hotels, developers I know them personally. We – I was a plasterer myself and I often had 30 or 40 men working for me plastering. But I wouldn't care about the plastering – I would come in at a cheap price just to keep that as cover up. And that was it and I met them and they were my best buyers. And they would buy in quantity, you know. You would sell them a bar, twenty thousand pound. No problem, they would say 'Is it good?' they would trust me. And you would say 'Ah yeah, it is bang on.' It would be only dirt – it is probably after standing me two thousand pound and they are giving me twenty thousand for it, no bother – there you go. And I often said to one of them you would be better off buying yourself a kilo, you know. And they would say how much would that set me back – €45,000. 'Right so, call me tomorrow', and I would have 45 thousand the next day. I was after getting a kilo of dirt and I got it for €20,000 thousand and I was up 25 grand. He thought it was lovely stuff, you convinced him, you know. Prison Interview 1*

Garda drug unit members reported the frequent arrest of non-locals for buying illegal drugs. PULSE data indicates that almost one-quarter (22.8%) of suspected offenders were non-local or non-Irish. Drug unit members indicated that both the reputation of the area (as a market that was consistently able to supply good-quality, competitively priced drugs) and its geographical location (easily accessible by roads and public transport) made site A an attractive market in which to purchase drugs.

*They [arrested drug users] said they'd come here because they're guaranteed of getting stuff, so there always seems to be stuff here. There might be a drought on here, or a drought on there, but people's perception is you'll always get it here. And also people will tell you that it's the best stuff, but now again, that could be just a reputation that people are trying to develop more than anything else, it mightn't necessarily be the best stuff, but that's the perception that's out there. You know because those little country towns, it's hard to get it, and they say that they're paying exorbitant prices for what they're getting so they come here and they get value for money, so they say. Drug Unit A2*

#### **4.3.2.2 Sellers**

According to drug unit members, site A had numerous middle-market sellers. The middle market could be described as double tiered. The first tier was populated by individuals who regularly purchased a kilo or more of a drug from regional or national level suppliers. First-tier middle-market sellers employed people described by Garda members as 'lieutenants' to co-ordinate the transport, storage and adulteration of the substance. The relationship of lieutenants to suppliers in this area could be one of friendship or family. Neither the seller nor his/her lieutenants made physical contact with the substance. The kilo(s) were subdivided into various quantities and sold to a number of second-tier middle-market sellers who had their own networks to store, mix, deliver or sell on quantities of the drug in exchange for cash or drugs. Many retail level or street sellers sourced their drugs from the second-tier middle market, buying quantities such as an ounce, half-ounce, eighths or half-eighths.

One prison-based respondent explained that he was part of a group of about 25 individuals, or 'players' with a core group of about four people at the top, but with most showing loyalty to one individual in particular. He also reported that there were many such groups or 'clicks'.

*Above me, there would have been probably about four people above me ...  
... most of them are dead now anyway. They have been shot dead since. But in our click*

---

---

*there was – well you are talking players involved in the whole lot – you are talking probably 20 or 25 players in it. All willing to do anything for one person in this click, the main man in this click, they would do anything for him, go out and shoot anyone, they would do anything. If they thought they were getting some cocaine out of it, you know. Prison Interview 1*

Individuals in this group performed different roles, including some whose main task was counting money.

*They had different roles – you would get two – there would be two head fellas out of the whole lot running the whole operation and after that then you had another two guys who would look after the money end of it. They were just all money – the bank machines and they were the banks for counting the money. Prison Interview 1*

Garda drug unit members and local sellers estimated that there were multiple middle-market actors supplying drugs to sellers in site A and in other communities in the region.

*There could be 10, more even. Like I'm sure there are people out there dealing kilos that we don't even know about. You know to be honest, like that's the whole idea, if you're good at it, that's where you want to be. Obviously you have your bigger fellas who probably aren't even touching the stuff at all as it is being organised by phone calls, but it seems to get to a fella then who might buy it in kilos, who's a significant dealer, and then he breaks it up into his stashes and he might have someone buying, you know they generally deal in ounces so they're buying a few ounces and they're breaking it down into the bags then and giving it to the younger guys then to sell it you know.... it isn't willy-nilly there is structure there. Drug Unit A2*

#### **4.3.2.3 Transport, preparation and storage of drugs**

A number of individuals can be involved at different levels in preparing and storing drugs. Some work for certain suppliers in exchange for cash, some are drug users paying off a drug debt, others are young non-drug-using teenagers earning significant amounts of money.

A prison-based respondent who had been arrested while a large quantity of drugs was in the process of being mixed or adulterated on his premises explained this particular role.

*And you had other people then cutting it up then personally, doing all the chopping, mixing and then packing it back into a sealed block again. Once it is back in a block again it goes back out and that is when you were getting impure and mixing it back up again. You would buy probably 6 kilos of good stuff – 90% [pure] and you would get another 10 out of that 6 kilos you would make 17 kilos. So, you can imagine the product that was going out there and the money, you know. Prison Interview 1*

Sellers interviewed bought drugs at the second tier of the middle market. At this stage, it is likely that the drug has been mixed at least once. Of the 13 users interviewed, only one reported any experience of mixing. As he was only mixing a 'bar' (9oz/0.25kg), it is likely that the substance had already been mixed. In this case, cocaine was being mixed with creatine, baking soda or a substance known as 'magic'.

---

---

*The new thing – a thing called magic ... I used to get a k [kilo] of it and keep it there do you know what I mean? It was only 600 Euro for a k of it. And you'd put that through, stick two ounces, three ounces to a bar of it do you know what I mean, that's an extra three grand, making eight grand off a bar like. IV 17*

Garda drug unit members have observed that the preparation of drugs has moved in recent times from private premises to outdoor locations, such as fields and vacant lots. This makes associating drugs with suspected offenders very difficult in the event of detection.

*There's one housing estate just across the road here and there's like a waste ground area at the back of it and there's two quite high banks, so they would just go down into the middle of the high banks. They would have been using that area to store drugs, and even prepare drugs; fields have been used to prepare drugs ... We found evidence of kilos. We would have found umbrellas in fields, buckets, seats, they would be over basically underneath an umbrella, sitting on a bucket or a seat, cutting up the kilo and bagging it into smaller amounts. Drug Unit A2*

*There's an underground sewerage system for the new roadway, and we were driving by and we saw the manhole cover open up, and three guys get out with a torch. And when we looked down there was a weighing scales and everything down in the drain. So, they were actually climbing down into an underwater drain and bagging up down there. Drug Unit A2*

Drugs may be stored in houses of people not overtly connected with the use or sale of illegal drugs – friends, family or acquaintances of sellers.

*Hotels, B&Bs, other people's houses, other people that you knew that weren't known by the Garda. IV 14*

*We had a guy who was originally from this area was living in X with his girlfriend and children, and you know he was off the radar, he had no previous connections to drugs or anything. Two guys knew him, knew that he wouldn't have had any Garda attention, they approached him, can we use your premises to bag drugs, whatever, and they were going over there to do it. Drug Unit A2*

Young people were becoming increasingly involved in the storage of illegal drugs. One seller paid teenagers to store drugs, or got drug users who owed him money to hold drugs for him.

*You'd give them, it all depends like on their ages, if they were young fellas say 16 or 17 give them maybe 500 quid, 600 quid. They'd like it. They'd be delighted taking a couple of bags out of it themselves, you know what I mean. That's what it's like. Or, either, if someone was in debt with you, you hold that and give that out. Pay your bill. That is what I was doing as well for other people like do you know what I mean? IV 17*

*They're getting young lads to be, you're talking 14, 15, 16 lads still are in school and they're just being asked, look, hold that for two days and I'll get it off you and I'll give you a*

---

---

*couple of hundred quid for it like. That's seems to be the big thing that's happened here recently. Drug Unit A3*

#### **4.3.2.4 Street-level distribution of drugs**

##### **Open markets**

Both open and closed markets existed in site A at retail level. Site A harboured a busy open market situated in an area of legitimate commercial activity in a residential neighbourhood. Heroin, prescription tablets and crack cocaine were regularly sold in this location. Powder cocaine was also reportedly available. Sellers included the very young who did not consume the drug they sold and user/sellers supporting their habit. Known or recognisable drug users were openly solicited by sellers. This market was classified as open, not just because of its visibility but because drugs could be bought by strangers, without the need for an introduction by existing customers. While the market was visibly busy, buying or selling drugs here was for the desperate or the enterprising who would use this location if their usual source of supply was not available, if they were not selling enough drugs using a mobile phone or if they had just started selling and needed to develop a customer base.

*If I was to get up in the morning and say right, I need a bag, you'd go to [location]. IV 6  
Yeah, I find it hard ... I see blokes at [location] and they just say 'Hi, how are you today' and whatever, 'I got brown' and I just look at them and I say 'I'm on a clinic.' IV 4*

*For a while you probably have to stand at [location], float around, giving your number out. Over the course of six weeks your number would get dished around. So, then it ended up you wouldn't have to stand out so much. It would be more over the phone once you're established then. IV 5*

Selling at the open street market could lead to more lucrative selling opportunities, and involvement with bigger sellers.

*Just go around the [location]. Like after selling a few bags like I would stand and wait. But when you are waiting you can be doing the phone. Like you would know someone that would ring you up for half an eighth, anyone can get half an eighth. Obviously the longer you're around the more you'd sorta know like, who's who and what's what like. Then sometimes you get people asking do you want to sell for so and so, gives you a bit of work like he'd probably ring another dealer and say what's he like you know what I mean? IV 6*

The street market was perceived to be closed to outside sellers. Two sellers interviewed stated that sellers from outside would be 'run out' of the area if they tried to start selling.

*If an outsider came in it would be different altogether like ... If he's just told to move off and he doesn't move off ... probably hospitalised. IV 1*

##### **Closed markets**

To avoid detection by undercover Gardaí, many sellers will not sell to strangers and sell only in closed markets. As a consequence, many transactions for all types of drugs are arranged using mobile phones. Users phone sellers and meet them in a prescribed location, indoors or outdoors, in public commercial locations or in housing estates. Alternatively, runners may deliver the drugs to a user.

---

---

*Say I rang John and I said I want an eighth of crack. He'd say okay, meet me at point X in 20 minutes and there will be a young fella called Joe there. I will say what is on him and he'd say he has, say, a white tracksuit on. And I'd say well tell him I have long brown hair and I'd wear something like, say that I will have my white jacket on and he'd say no problem. And then I'd sort out the price with him on the phone and then he'd ring the runner, tell the runner what to do and then the runner would come to me or else I go to the main man. IV 3*

*It was like wherever they were they'd meet you, stuff like that. Like some people could even call to the house like. So, I think it was just like wherever that person was when you ring them it would be like I'll meet you at the shop or I'll meet you down the road or ..., you know. IV 13*

*Just make a phone call and ask if he got on and then I'd go and meet the person like, wherever they tell me. They change it to different places. There's not only one, there'd be a few. There was a while ago but you'd have a few numbers say for different people. IV 2*

### **Runners**

Runners typically deliver drugs to users who have ordered a quantity over the phone from a local dealer, or they may be given an amount to sell at a local street market. They may be remunerated with cash payments or free drugs. In site A, runners were reported to be young and generally not using the substances they sold. Several sellers interviewed used runners to deliver drugs in exchange for money or for drugs that the runners sold rather than used themselves. One heroin seller had started running drugs himself at the age of 15. He was now selling enough heroin to employ his own runners and avoid the attention of the Gardaí, who knew him well.

*I did it myself for a couple of months and then I started getting a few quid in. I started paying people off then ... If they were taking a half bar or a bar [of cocaine], take a half bar. [I'd] probably give them 300 Euro. A bar would be 600. All different prices. IV 17*

*One of the people I get stuff [heroin] off like sometimes he'd send his son out and his son is in my young fella's class, to hand you it and you hand him the money and he hands you the gear. He's only 12. So he's sending his own child out to do it ... 12, yeah. I rang him one day and I went up and the young fella was there and I was, like, God! IV 2*

Storing or running drugs was a financially lucrative option for teenagers. It was also seen as a way of developing a 'macho' image.

*Yeah they get a little bit of a 'I'm a bad boy' image and 'What are you saying?' and all this crap out of them. It's all trying to act like God, put it that way. Like I have seen people going up with 45 Euro, 'I'm not taking 45 Euro, I want 50, it's 50 Euro not 45 Euro. Go off and get it off someone else.' Trying to act hard and they're only bleeding kids. IV 3*

Drug unit members reported that young people from a variety of backgrounds became involved in drug distribution, but that an unstable home environment was not uncommon. The fact that they were sometimes under the age of criminal consent was an incentive recently used to entice young people into drug distribution.

---

*The way they see it is, it's easy to make money selling drugs, look at this guy going around driving that, looking at this guy going around driving that. And, they see maybe their father is a drug addict, or maybe he's unemployed and he doesn't have a penny to his name. And he's bringing in more money than he [father] is. Drug Unit A1*

*They started using young lads who have had no connection with the police at all, or no dealings with the police at all and they started using them because, number one, they wouldn't be on our radar in any way shape or form. And number two, they're telling them then that they're underage so they're not going to get in trouble and that's started in the last year maybe year and a half that has come in like so, you're searching houses of people that you would never even considered them to be involved in drugs, like. Drug Unit A3*

Table 4.8 outlines the breakdown by age of suspected offenders arrested in site A between October 2008 and March 2009 under the Misuse of Drugs Act and recorded in PULSE. Almost one-fifth (17%) of the 81 suspected offenders arrested in relation to the supply of drugs were aged under 18 years; and 11 were aged 16 or under.

**Table 4.8 Suspected offenders by age and by offence type, site A**

Age	Possession (n=191) n (%)	Supply (n=81) n (%)	Importation (n=1) n (%)	Obstruction (n=6) n (%)
Under 18	38 (19.9)	14 (17.3)	0	1 (16.7)
18-24	99 (51.8)	27 (33.3)	0	2 (33.3)
25-34	42 (22.0)	32 (39.5)	1 (100.0)	1 (16.7)
35 or over	12 (6.3)	8 (9.9)	0	2 (33.3)

Source: PULSE, October 2008–March 2009

#### 4.3.2.5 Drug transactions: payment, credit and stolen goods

##### *Credit*

Four sellers (two of cocaine, two of heroin) received drugs on credit, also referred to as 'laid on' or 'on tick'. These sellers were buying ounces of either cocaine or heroin and selling to street level dealers or directly to users. Sellers were given a specified amount of time to return the value of the drugs to his or her supplier.

*The way it mainly works you're involved in the drug scene so you'd know who would have say weight – that would be someone that's selling drugs in big quantities. So I'd get someone to get introduced to somebody. I'd buy say an ounce of heroin or whatever and I would break that down either into grams or whatever, 50 bags, 20 Euro bags. That would be laid on, you wouldn't pay cash up front. That would be given to you. You'd probably have a week or two to get the cash back to whoever you were after buying the large quantities off. IV 5*

Of the 11 sellers interviewed in site A, most had been willing to sell drugs on credit to customers. One cocaine seller said that he had to provide credit as otherwise he would lose customers.

---

*Yeah, the majority you would put people on tick because there's an awful lot, you don't get cash. There are too many people selling around the area there was... And you'd ring them the next weekend and like you give it to them on a Thursday night, you ring them the following Thursday, 'Right, where's the money?' IV 17*

#### **Non-cash payments**

All sellers accepted payment in the form of certain stolen goods such as satellite navigation devices for cars, jewellery and computer games. Accepting stolen goods could be quite profitable as the item's worth could be substantially greater than the worth of the drugs being purchased:

*No, no, never [gave drugs on credit]. Not unless they have gold or whatever, gold chain, gold bracelet and then I'd say yeah there you go. Sometimes they would come back with the money and then I'd have a lovely big fucking thick gold bracelet worth fucking 800 Euro in the jewellers you know what I mean. Over 20 quid, do you know what I'm saying? IV 16*

*The Playstation games could be 80 Euro to buy out of the shop. But an addict doesn't worry about that. He'll take two Playstation games, 80 Euro each and just give it for 20 Euro and he'd be quite happy with it. Easy money so yeah, a lot of them do want the cash but you will get some of them accepting jewellery, decent clothes, as I said at one stage DVDs or good computer games. IV 6*

#### **Processing stolen goods**

Stolen goods were either retained by sellers for their own personal use or sold to individuals in their community. Sellers could go to individuals known for selling on stolen goods in their community or to people they knew might be interested in certain types of goods.

*Yeah you could go up to [location] ... There's one or two people up there you ask for. You say 'Can you go down and see if anybody is interested in this or that, jewellery to DVDs, to Playstation games?' IV 5*

*If it was clothes like if there was certain people that I knew that would always buy clothes you know and stuff like that, yeah. But other than that like for anything I would just ask around like, you know. There's always someone to buy something. IV 13*

#### **4.3.2.6 Competition, conflict and debt collection**

##### **Competition**

Garda drug unit members reported that drug markets were geographically defined, with one or two middle-market sellers per housing estate in the area. Drug unit Gardaí considered such estates as closed shops – non-locals could not just start selling there.

*People would have their own areas like. There's different estates in the area, and one group would look after that estate, people going up there, and they'd have little places where they'd be known, where they deal from there, and they change them regularly but they're in around that estate, then there'd be another group in another estate who would do the same. And, you wouldn't muscle in on them if you know what I mean. Drug Unit A1*

---

---

However, sellers explained that supply was plentiful in site A and as a consequence the drug market was competitive at retail and middle-market level. Providing competitively priced quality drugs was essential to maintain a loyal customer base. Two local sellers interviewed indicated that they regularly shopped around to get the best deal from a supplier.

*If you're selling drugs ... you are going to be finding out who has the cheaper stuff. You know and you're paying mad money for stuff that isn't nice when someone else can get it to you cheaper and it's nicer, yeah. You'd want to be listening out, do you know what I mean? IV 14*

One seller had returned cocaine because the quality was sub-standard, it had been adulterated so much.

*Well if I would get it and it was shite like, you're not gonna make much money you know what I mean. You take it back, how I am supposed to pay for this if it's rubbish. IV 14*

At street level, customers bought their drugs from multiple sellers to ensure they got the best quality for the best price. Buying from strangers was hazardous, as desperate sellers could sell very poor quality drugs, or another substance that resembled cocaine or heroin. The street-level price did not vary, but quantity could. Some sellers offered generous quantities in a bid to maintain a loyal, regular customer base.

*I [Interviewer]: How many people would you buy from, how many different sellers would you buy from?*

*R [Responder]: Could be five or six people and you'd probably go to the person that has the nicest stuff and say 'What's his stuff like, what's that stuff like.' You know.*

*I: And how would you know what's nice and what's not nice?*

*R: You just buy it anyway but if it's not nice you just go back to them and then you tell them you want your money back or get it off someone else beside them ... you just write that fella off altogether then, you know so. IV 1*

*I: And would you buy from strangers or people that you knew?*

*R: People that I knew. Because you could get a bag of salt and you wouldn't know. IV 17*

### **Conflict between rival dealers**

One prison-based respondent who had been involved in high-level drug-dealing explained that many of the members of the group carried guns. He also highlighted the risks to themselves and to innocent bystanders when people, many of whom were using large amounts of cocaine themselves, were also armed. It should also be noted that paranoia, violence and erratic behaviour can themselves be side effects of the excessive consumption of cocaine.

*Ah, the violence has been in it since it started. Yeah, I know people – personal friends and they are dead now, you know. But they always carried a handgun around with them. Always – even when they were in the house. We were in the house one night having a party and the same fella – he was just showing the handgun, flashing it, out of his head on cocaine. Next of all it went off and where did the bullet go, it went through the ceiling, into the child's bedroom upstairs and the child was upstairs asleep. That is when he ran upstairs and the bullet was after missing the child, it had come through the cot. And that is when he*

---

---

*thought seriously then but he always carried a gun, he always carried handguns. Most of them do. Prison Interview 1*

He suggested that one of the main reasons these individuals carried guns was to protect their drug-dealing 'territory'. He also predicted that there would be many more drug-related killings in the future.

*But what about if someone is taking over you and it is like you own a farm of land and someone comes over and says like I am taking this home, you are not going to let them are you? That is the way they look at it, that is the way they look at it... and they will shoot you no matter what. And they have no qualms about shooting anyone and there is a lot more going to be shot. That is the truth. Prison Interview 1*

Another prison-based respondent explained the upsurge in violence locally as a consequence of more young people becoming involved in drug-dealing and becoming used to the presence of violence at an earlier age. He also suggested that reporting of drug-related violence in the media has contributed to a heightened sense of panic and paranoia among those involved in the drug trade, which can spill over into violence.

*I mean they are going around carrying guns at an earlier age, therefore – like it was like me – you get used to having something around you all the time. It becomes normal, like it becomes a way of life, you know, I will just put this in my waistband or yeah shit, I had better put this in my sock, do you know what I mean or into my such-and-such, do you know what I mean. Nowadays, ... in the drugs business more than likely you have this panic and hysteria over it ... if he walks in here, I mean you could get – like you can see them getting paranoid, more and more paranoid, you know – so we think it is led – well mostly led by the papers as well, you know. Prison Interview 5*

Another prison-based respondent also believed that the increased involvement of young people from deprived backgrounds who are anxious to impress drug-dealers has contributed to a greater level of reckless violence. He also believed that there were now far greater amounts of money involved than before, and a greater range of drugs, including crack cocaine and methyl amphetamine, and this also set the context for the willingness of people to become involved in greater levels of violence than heretofore.

*Well, they [young people] are the most dangerous to come in nowadays – they are the ones who want to be a part of stuff like that. And will do anything to be a part of stuff like that and the bigger fish know they are. So, like you flash €500 at a 15-year-old that comes from a broken home – just shoot anybody – and he would probably boast about it. Why is it more violent, because there is more money involved in it – like years ago it would be a couple of grand – now you are talking in your hundreds and thousands. Do you know that way? There are a lot more new drugs come on the scene as well – cocaine, crack, crystal meth is slowly but surely getting here. Prison Interview 2*

Another respondent felt that although violence has always been associated with the illicit trade in drugs, the debt-related intimidation of family members of those who owed money to drug-dealers was relatively recent.

*Violence, it was, it was always in it. It was part and parcel of like you get stigmatised, you*

---

---

*know, drugs – with drugs comes violence and it is true. With drugs comes violence but I was never violent. I was always sympathetic to those who went off them, always. I would never go around as they do now fucking like tapping on doors, looking for the aul' fella, looking for the fathers or mothers to pay but I was never like that. I would write it off – more times out of 10 like if I got out of pocket from doing it, but I would never use violence. Prison Interview 5*

At the street-market level there was also a level of co-operation or co-existence between dealers. It was normal to allow 'twists' or 'turns', whereby sellers took turns dealing – a seller was expected to wait his or her twist or turn to sell, like taxi drivers in a queue. When this tolerated co-existence broke down, conflict could ensue. If a particular dealer was doing noticeably better than his or her counterparts, or selling at a lower price, conflict could arise, which could involve a degree of violence – 'fighting' or 'a few slaps'. Attempts might be made by the majority to eject the seller from the market area. To avoid any conflict, sellers might ask clients to meet them away from the market.

*Some people take turns in selling it. Like that's my turn and someone else wanted a go whereas if you skip them, there could be a big scrap, a big fight, you know what I mean. Take turns. IV 1*

*Oh yeah I've bumped into people that have tried and knocked the price down and you know, you'd probably have a few words. 'Look, everyone's selling it for this price and that's the price it is.' IV 25*

*It's why all the fights would be on because they are skipping – they have a little yoke like, this is what you call, it's my twist. So, say I'm standing here and then someone comes along selling and then someone else comes along, say there's five of us. Well I was here first so the next person that comes that wants it is my turn and then the next person is his turn, then it's his turn, then it's his turn, then it's back to my turn. Do you understand? Instead of causing arguments and all ... unless people ring me, I would meet them myself somewhere else. That's nothing got to do with them, do you know what I mean. IV 3*

*If you're selling, if you come up to the shops and a lot of customers are coming to you more than the other fellas because there could be five people out there all trying to sell at the same time and if there's more people coming to you and the other people are left there and nobody is buying off them you risk them either running you from the shops, giving you a bad hiding and telling you not to be around here because it's their patch in the area. IV 5*

### **Transaction disputes**

Conflict over the price or purity of drugs sometimes arose during transactions.

*Left in hospital over it, broken up, stitches, staples, super glued up ... Over prices and money ... Some people are 'I am not paying that I want it cheaper' or 'you gave it to him cheaper and you are charging me a bit extra.' Something like that you know. The slightest thing can cause an atmosphere. IV 1*

---

---

*I have often had conflict with people selling me shit as well you know what I mean. 'It's fucking muck that you're after giving me, it's fucking dirt ...' You back away or fucking give them a smoke or something ... if someone whips out a knife what can I do. IV 14*

### **Drug-related debt**

Violent behaviour throughout all levels of the drug market was largely linked to debt rather than to disputes over territory. Of the 13 users and sellers interviewed in site A, 7 had suffered at least one violent assault as a result of debts owed to drug-dealers. Debts sometimes arose when drugs were seized as a result of Garda activity.

*Get caught by Garda you go to prison. You still owe that person that money. Even if you are locked up, you owe that person that money and you would have the hassle in prison from people that know him. 'Ah come on, you have to face the problem in the end.' You know and it's not – if you're caught by a Garda you're not gonna get any more stuff to sell because they think oh well he's after being hit by Garda, he owes me a hell of a lot of money. If he rats on me well that's me out of the way, where do you get the money then? You know so, then you're kinda left with nothing to sell, owing that money, no-one wants to know you and it's fairly hard, very lonely, very sad, very fucking dangerous, very suicidal. Just not a place you'd want to be, you know. IV 14*

The violence affected not only those immediately involved in drug-dealing but also their family members.

*... ended up diving, jumping every time a car drives by or a bike drives by you know. Worrying that someone is going to shoot you ... and then they start threatening your family and start threatening to do something terrible on your brother or someone that you love, do you know what I mean? IV 14*

Debts arose as a result of a seller's drugs being stolen or from the careless handling or distribution of drugs.

*The main risk you have, if you're a normal Joe Soap that's on heroin, if you don't do much business over the phone. You just stand at [location], you could be there on your own so you risk someone pulling up and robbing you, robbing whatever heroin you have on you so they take your heroin from you, they're gone. So, then you can't ring the fella that's supplying you and say 'Oh I'm after getting robbed so I can't pay you', he's gonna want his money regardless. So then that adds a lot of stress and then you either ring someone else and try and get more stuff off someone else to try and sell that to make up the money to pay back the other fella and it's like taking off Peter to pay back Paul, you know that sorta way. IV 5*

*Giving bags out and forgetting who I am giving this to and giving that to. The next day or something I'd be looking at it saying where the fuck has it gone? Do you know what I mean? I got myself into debt a few times over it. IV 17*

Two sellers (of cocaine and heroin) had had guns put to their head as a warning to pay their debts.

---

---

*I've been beaten, stabbed, cut up, bashed, guns put in my head, house shot at and house tried to set on fire, all the windows smashed. IV 14*

*Getting loans out and getting more stuff to cover it ... I'd be back on Square One again. They always threatened us yeah, always threatened us, guns put to my head and everything over it. IV 17*

A few sellers admitted to carrying a weapon for self-protection:

*Yeah I had a few fears because I was a girl and I was on my own but I always had a knife with me for protection. I always had a knife or blade or something. IV 3*

*Oh everyone has something, would have weapons available no matter whether it is guns or knives or anything. You should always have something. IV 1*

And sellers occasionally became violent themselves when they were owed money.

*If they didn't pay for their drugs, you know, you beat them up. IV 25*

#### **Providing information to Gardaí (informing)**

Informing Gardaí about the illegal activities of others was reported as another major source of violence. Two sellers reported experiences with the Gardaí where they were encouraged to inform on other sellers' activities. However, the view of these drugs sellers was that informing the Gardaí was a high-risk activity:

*Often like they'd stop me and all they'd be saying, 'We'll drop the charges if you give us this and tell us that or tell us this and tell us that.' But I have got off – my ribs and everything was broke and everything – I'd had beatings already ... I never ratted in my life. IV 17*

*The only help they [the Gardaí] offered was if you rat on this person, we'll do this for you. That's it. IV 14*

When a seller caught with a large amount of drugs was released or received a light sentence, suspicions were aroused that he/she had become a Garda informant.

*Two or three friends know each other years, they're into selling drugs together. One is making a bit more money than the other or the police start interfering and then this person is supposed to be a rat because he didn't do a big prison sentence. The other fella did a longer prison sentence. IV 5*

#### **4.3.2.6 Profit, price and purity**

The information on profit, price and purity in this section relates only to heroin and cocaine.

##### **Profit**

A prison-based respondent who was earning large amounts of money from high-level dealing provided an indication of his earnings and those of people higher in the drug supply network. While he claimed he could earn €5,000 to €6,000 in a few hours before the weekend, he suggested that those above him could earn from €50,000 to

---

---

€100,000 per week. A problem he identified with earning such large amounts of money was how to invest or launder the money in the legitimate economy, through property investments, for example.

*Someone higher, apparently you are talking about probably about 50 grand a week profit. That is not going near it - that is not touching it, 50 thousand a week easily. 50 thousand a week and that was in them days anyway. There was no bother – the problem was getting invested into houses, which was easily done as well. But easily 50 thousand a week, that would be a bad week 50 thousand. Sometimes you might get a hundred thousand a week.*

*At my level, probably five or six thousand a week. You know I wouldn't – I would be out working and it might be just a two-hour job. That is only two or three hours a week. I would have five or six grand a week for two or three hours on a Saturday morning – say a Thursday I used to do it on a Thursday night, you know. And get it out of the way – a Thursday night and a Friday night, a couple of hours on a Thursday night and a couple of hours on a Friday night that is it, me finished. Prison Interview 1*

Another convicted drug supplier who was serving a lengthy prison sentence was also consuming from €2,000 to €3,000 worth of cocaine on top of the money he needed to buy and sell drugs.

*Using, I would say about two or maybe three grand a week. I can remember doing – what was it – 70 odd grand of cocaine from a Friday night and – I was living at home at this stage – I would only have been about 18, I was living at home at this stage – but I went out Friday night and I came back on Sunday about half 12 and it was gone. Like no coke in my pocket. Like that was just me being greedy. ... like I was going around with a big ball in my pocket like, you know. Like the thought of being caught didn't even enter my mind, you know I was on the drug. Prison Interview 5*

Profit margins for heroin distribution ranged from two to four times the initial investment, depending on the unit size sellers chose or were willing to sell (street-deal 'score bags', half-eighths or eighths). Packaging an ounce into €20 street-deal 'score bags' would earn the highest yield but involved a greater amount of time, cost and risk as drugs had to be stored for longer, and other users often had to be employed to sell a quantity in exchange for free heroin, and consequently were vulnerable to law-enforcement activities such as stop and search and undercover operations. Lower-tier middle-market sellers bought ounces of heroin. Of the 11 sellers interviewed in site A, 6 had regularly purchased between 1oz and 9oz, generally on a weekly basis. The price of an ounce differed from seller to seller. Ounces had been purchased for prices ranging from €800 to €1,600 in the two years prior to the study.

*Yeah, well an ounce of heroin would probably be 50 bags, one or two half-eighths. It depends, when I used to get my ounce, instead of sitting somewhere and going up and breaking it down into 20-pound bags all in the one day I'd probably have the ounce and whoever would ring me they could ask for a 50 bag. So I'd make that up, put it on the scales and see, a 50 bag would weigh about a gram. Or else if they could maybe say they are only looking for a score bag, a 20-Euro bag or whatever so I'd scoop it over. Now there's other people that could buy a half-ounce or an ounce and as soon as they get it go to a safe house and bag it all together into 20-pound bags. IV 5*

---

---

*Because say like six months ago an ounce of gear was only 800 Euro but it turns like and you have the big drought like. Now a lot of that was a bit of a scarcity and they added into it like by holding back on it. But the price went back up like. It went from 800 and they wanted 1,600 and then it went to 1,400 and then they sort of settled at around 1,200 for an ounce. Now that means if you think like over a few ounces, that's a lot of money really then, you know what I mean. IV 6*

*Yeah say if I got 1,400 I'd make, nearly treble the money. Because I would cut it down into small little bags and I'd make, nearly treble my money. IV 3*

The lowest earners in drug distribution were street-level user-sellers, often referred to as 'labour day junkies' as they used their social welfare payments to purchase a quantity of drugs to sell. Of the eleven sellers interviewed, three sold between a half-eighth and an eighth daily. A half-eighth could be purchased for €80–€120 and could produce eight to ten street-deal 'score bags' which sold for €15–€20 each. Such a quantity would sell for €160–€200, meaning profit ranged from €60–€100 daily. However, many user-sellers used the profits made to fund their own daily drug use.

*It wasn't that much money like you'd be standing for 10 hours and it wouldn't even be work. You'd have your own bit like around smoking and you'd have a couple of quid in your pocket as well and something to eat. IV 16*

*See you're selling what you use. Most people can only buy half an eighth, so 100 pound worth and they make, say, 10 bags out of it. Then you get enough say you'd probably smoke three bags and sell the rest and make enough money for the next half-eighth. Half an eighth is like 1.75 grams. An eighth is 3½ grams that would be 200 Euro. IV 6*

Two sellers were buying cocaine at mid-market level, from a 'bar' (9oz) upwards. One seller indicated that the middle-market price of cocaine had dropped dramatically in recent years:

*Coke is after dropping dramatically compared to what it was there a couple of years ago. It was 8,000–9,000 pounds one bar. Now you get a bar for 4,000/5,000. It's a big drop. They're making serious money out of it. IV 17*

Profits generally were limited to doubling their original stake or investment. One seller purchased a 9oz bar per week at a cost of €5,000–€6,000 and turned over €3,000–€4,000 profit per week by selling in quantities of half-eighths, eighths and ounces.

*One bar a week I was going through ... I paid about 5,000 or 6,000 for it. You could turn over three or four grand a week easily. I was going around in flashy clothes, flashy jewellery. IV 17*

### **Price**

Heroin had reportedly become cheaper to buy at all levels of the market. Table 4.9 indicates the prices for different quantities cited by users and sellers. The greater the quantity purchased, the cheaper the price. There was considerable variation in price beyond street-level 'score bags' (the cheapest and smallest unit of purchase).

---

**Table 4.9 Price of heroin by weight, site A**

	Weight (g)	Price (€)
Score	0.2–0.25	15–20
Half-eighth	1.75	80-120
Eighth	3.5	200-240
Ounce	28	800-1500

Source: Prices given in interviews with users/sellers during current research.

With regard to cocaine, of the 11 sellers interviewed, only 2 had sold cocaine regularly in the two years prior to the study. The small number of cocaine sellers interviewed should be borne in mind when interpreting the price data detailed in Table 4.10. Crack cocaine was sold in street-level quantities referred to as ‘rocks’, which were priced at €50 or €100, and these prices did not fluctuate.

**Table 4.10 Price of cocaine by weight, site A**

	Weight (g)	Price (€)
Half-eighth	1.75	100
Eighth	3.5	220
Half ounce	14	300-400
9oz bar	252	5,000-6,000

Source: Prices given in interviews with users/sellers during current research.

### Purity

Data on drug purity can provide useful information about market dynamics and profit margins. Forensic analysis of seized drugs can also provide information on the types of adulterant used to bulk up drugs for street sale, a factor that can have important health consequences for drug users. A prison-based respondent who had been arrested while cocaine was being mixed and adulterated on his premises explained the quantities of substances (referred to by him as ‘dirt’) used in the process.

*Well, you had a 3 to 1 mix for your kilo you would put in three kilos of dirt into one kilo and then you were getting 4 kilos out of it. Prison Interview 1*

Of the 40 seizures of heroin submitted to the FSL for analysis, 26 (65%) of the samples were quantified to determine the heroin purity levels. Purity levels varied considerably, ranging from 17% to 68%, with an average of 43%. One-quarter of the heroin samples recorded less than 27% purity (Table 4.11).

**Table 4.11 Heroin purity levels, site A**

No. of samples	Mean %	Median %	Min %	Max %
26	43.5	46.5	17	68

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=9) weighed between 0.1g and 7g. Purity levels ranged from 23% to 64%, with an average of 46%.

Supply offence seizures (n=17) weighed between 0.3g and 383g. Purity levels ranged from 17% to 68%, with an average of 42%. The largest seizure, weighing 383g, had a purity level of 47%. The five largest seizures, weighing between 28g and 383g, recorded purity levels ranging from 46% to 60%.

Of the 40 seizures submitted, 27 (68%) were analysed for active ingredients or adulterants other than heroin.<sup>21</sup> All 27 samples analysed tested positive for at least one other active ingredient; 24 tested positive for at least two other active ingredients and 7 tested positive for three other active ingredients (Table 4.12).

**Table 4.12 Active ingredients other than heroin in seizure samples analysed, site A (n=27)**

	n	%*
Caffeine	27	100.0
Paracetamol	24	88.9
Lignocaine	4	14.8
Benzocaine	2	7.4
Griseofulvin	1	3.7

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Samples from 40 cocaine seizures were also submitted to the FSL for analysis, 25 (63%) of which were quantified for cocaine purity. Purity levels varied from 2% to 42%, with an average of 14%. The majority of seizures had a very low level of cocaine: half of the samples reported 7% purity or less and three-quarters reported 20% purity or less (Table 4.13).

**Table 4.13 Cocaine purity levels, site A**

No. of samples	Mean %	Median %	Min %	Max %
25	13.8	7.1	1.6	42

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Possession offence seizures (n=15) weighed between 0.1g and 3g and had an average purity of 8%.

Seizures relating to supply offences (n=10) weighed between 1g and 252g and had an average purity of 23%. Three of the largest seizures, weighing between 28g and 252g, had purity levels ranging from 5% to 10%.

Of the 40 seizures submitted for analysis, 35 (88%) were analysed for active ingredients other than cocaine. All 35 samples tested positive for the presence of at least one other active ingredient; 20 (57%) tested positive for two other active ingredients; 6 (17%) tested positive for three other active ingredients; and 3 (9%) tested positive for four other active ingredients. Table 4.14 shows the other active ingredients found, including lignocaine (63%), benzocaine (54%) and caffeine (31%). Samples with only one other active ingredient contained either benzocaine or lignocaine.

<sup>21</sup> Adulterants are the mixing agents or cutting agents added to powders and tablets at various stages of distribution to dilute and bulk up the weight of the product.

**Table 4.14 Active ingredients other than cocaine in seizure samples analysed, site A (n=35)**

	n	%*
Lignocaine	22	62.9
Benzocaine	19	54.3
Caffeine	11	31.4
Phenacetin	6	17.1
Levamisole	4	11.4
Diltiazem	2	5.7

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

## 4.4 Impact of drug markets

This section presents findings on the direct impact of the illicit drug market on site A – such as visible drug use, the fostering of a local economy in stolen goods and property, drug-related crime and fear and intimidation.

### 4.4.1 Visible drug use

As indicated in section 4.2.2, 90% of residents surveyed in site A considered drugs to be a problem in the area. The vast majority of respondents (85%) considered illegal drugs to be a big problem based on their own personal observation, and 60% had directly observed drug use in their area.

Of those who observed drug use in their locality, 89% observed smoking, 63% observed injecting, 56% observed snorting and 56% observed individuals swallowing substances they believed to be illegal (Table 4.15). Of 196 residents who responded, 44% reported seeing discarded syringes in their neighbourhoods.

**Table 4.15 Visible drug use, site A**

	Respondents N	Positive responses n	%*
Smoking	118	105	89.0
Injecting	112	70	62.5
Snorting	111	62	55.9
Swallowing	112	63	56.3

\*Percentages exceed 100% as multiple answers permitted

### 4.4.2 Stolen goods as currency

One-half (49%) of respondents had been offered stolen goods in the 12 months prior to the survey by someone they believed was a drug user. Respondents were also asked how regularly they were offered stolen goods by someone they knew to be a drug user. In total, 23% had been offered stolen goods often or very often. It was also noted that a member of the survey team was approached while working in the area by a person offering to sell a laptop (Table 4.16).

**Table 4.16 Experience of being offered stolen goods, site A (n=194)**

	n	%*
Very often or often	44	22.7
Sometimes	20	10.3
Seldom	31	16.0
Never	99	51.0

#### 4.4.3 Fear and intimidation

One-fifth of residents (20.1%) surveyed had reported drug-related information to the Gardaí within the previous three years. Of those who had not, 48% (n=83) reported they would not report information if they had it. When probed on the reasons for this, 45% stated fear of reprisal. Almost one-fifth did not want to be seen as a Garda informant or 'grass' (Table 4.17).

**Table 4.17 Reasons for reluctance to report drug-related information to Gardaí, site A (n=83)**

Reason	n	%*
Fear of reprisals	37	44.6
Don't want to be a grass	15	18.1
Not my business	13	15.7
Gardaí would not act	13	15.7
Social reasons	9	10.8
Would not wish to involve Gardaí	6	7.2
Other	5	6.0

\*Percentages exceed 100% as multiple answers permitted

##### 4.4.3.1 No-go areas

Respondents were asked whether they actively avoided certain areas. Almost two-thirds (63%) avoided areas at certain times; 45% specifically cited the incidence of people hanging around taking drugs and 15% cited the incidence of open drug-dealing (Table 4.18).

**Table 4.18 Reasons for avoiding certain areas, site A (n=105)**

Reason	n	%*
People hanging around in groups taking drugs	47	44.8
People hanging around in groups	44	41.9
Open drug-dealing	16	15.2
People hanging around in groups drinking alcohol	8	7.6
Other	15	14.3

\*Percentages exceed 100% as multiple answers permitted

---

#### 4.4.4 Drug-related crime

Garda drug unit members believed that the majority of acquisitive crimes such as burglary were performed by drug users, sometimes while under the influence of drugs.

*Burglaries are very prevalent, and you find that most of the people that commit them crimes, 90% of them are drug addicts. Drug Unit A1*

*We recently had one where there was a bookies and another retail unit done by three guys who were just, they were taking up crack cocaine and they were just out for a blast and they were under the influence of crack cocaine at the time like you know. Drug Unit A2*

Most violence in the drug market was related to unpaid drug debts (see section 4.3.2.6). Of the 13 users and sellers interviewed, 7 had suffered at least one violent assault as a result of debts owed to drug-dealers.

*I've been beaten, stabbed, cut up, bashed, guns put in my head, house shot at and house tried to set on fire, all the windows smashed. IV 14*

This violence was not always executed behind closed doors. Daylight shootings were not uncommon.

*There is beatings but most of the stuff that happens here goes under the radar like we have had a number of incidences of shootings in broad daylight, shootings at houses, pipe bombs, that is kind of common around here at the moment. Drug Unit A4*

## 4.5 Responding to drug markets

This section presents findings on supply-reduction strategy and activity employed by the Garda Síochána in site A. The section also examines individual Garda attitudes to a number of policy issues, such as the development of community partnership and inter-agency initiatives, drug-treatment and harm-reduction approaches and the prioritisation of resources in relation to drug-related crime. Public perspectives on local policing and the relationship between local Gardaí and the wider community in each site are also examined.

### 4.5.1 Garda strategy

Site A was policed by two drug units. Unit strategy was ultimately focused on supply offences and specific operations were developed based on perceptions of where the most serious problems were, or in response to specific intelligence or complaints from members of the public.

*All right, well there is no outline, there's no one strategy that we – or there's no one person that we're targeting ... We do every now and then, we do, especially if we receive numbers, numbers of large complaints and stuff like that, or we'd say to our sergeant, 'Look, this is the area we think needs work.' we'd definitely, we'd judge it with him and the local super. Drug Unit A3*

*We would target people, try and get information where drugs were coming from. And we'd search houses, with warrants issued by the courts, just where we believe that drugs are being held maybe carry out surveillance on them properties as well, surveillance on houses*

---

---

*where we believe people are selling drugs from, or might be holding drugs. We'd also, I mean we'd be stopping and searching guys all the time. In around areas where they are selling drugs, that's why we would meet people from all other areas, and we'd just try and gather intelligence from that by talking to them. Drug Unit A1*

Middle-market sellers, defined as those distributing quantities of drugs ranging from ounces to a kilo or more, were the ultimate focus.

*Basically, a guy dealing in ounces and up to a kilo or, you know as I say, like we would consider a kilo quite a substantial haul for us. If we caught a guy with a kilo it would be quite substantial you know. So, we've had quite a number of guys with kilos but anything ... you're talking kilos and tens of kilos it's really outside our range I would say you know. So, anything from a kilo down, again that's what I would be. Drug Unit A2*

When targeting higher-level supply, drug units targeted low-level sellers and worked their way up by building an information base.

*We, like, I understand that most of these people are victims, and it's not them we're after, it's the guys from the top. So, we want to kind of build up an intelligence base of information that might lead us to where the bigger fish is. That starts at the bottom; you have to start at the bottom to kind of work out where all this is coming from. Because the more people you kind of talk to, the better, who's involved in that lower level drugs, the better picture you can create of what's going on, where the stuff's coming from and who's a lieutenant for who, or who's selling to what gangs, and then you can kind of put it altogether and work out who's probably the bigger players in the area, like you know. Drug Unit A1*

General patrolling and stop and search activities played an important role in policing drug markets and were regarded as acting as a deterrent to street dealing.

*It will start off as a general patrol, but after a while like, you might see something, or you might get to talk to people and you might realise... obviously we all want to arrest people for Section 15 rather than summoning people for Section 3 and stuff, you know, but it's what you come across, straight away. Like it's, obviously, if we have information or we realise there might be a drugs transaction or a drugs deal going down, then yeah, we'll go to that area and we'll dedicate our time on that, but if it was general, just general patrol, then no. We'd go around, we'd just patrol around until something happens and then you play it by ear from there. Drug Unit A3*

#### **4.5.1.1 Intelligence-led policing**

Intelligence from informants was deemed to be essential in the arrest and conviction of higher-level drug sellers.

*I think without the help of informants, I think they speed up the process like, you might eventually figure out that this person's involved in it. But if you can get confirmation from this informant that they've actually been at the house and they've seen the drugs there and*

---

---

*stuff like that, where exactly they've been stored or where they've been hidden, or when they're been, when they're in the house, when, at what time of the day or night are they been using like to cut up like and stuff like that yeah I think that is good, I think it just speeds up the process, you might eventually come to it, but I think it does speed up the process and does help like, yeah, I think it would be fighting a losing battle otherwise like you know.*  
Drug Unit A3

Such intelligence was acquired through developing relationships with offenders working in the lower levels of distribution. Persuading an individual who had been arrested to offer information sometimes required a degree of leniency.

*... when you arrest somebody if you know if you treat them decently and you ... just do your job I mean obviously you have to go through with things in your profession and the whole lot but you mightn't throw the book at them as hard as you could if you wanted. Next thing they might have a certain bit of respect for you and it might come down to ... you might just meet them and say ah such and such or whatever. What you'll find is that a lot of time you'll get information from other people involved in the drugs trade where somebody else has done something that they think is out of order where he might have beaten up a female or he might have badly beaten a young fellow over something and then they would say ah sure he is dealing flat out and they wouldn't see themselves as being informants like. They would be kind of evening a score more than anything else you know.* Drug Unit A4

Offenders sometimes disclosed information if they felt they had been betrayed by their peers or informed upon.

*Larger offences, well I mean Section 15s there's nothing really you can do with Section 15s as regards help them out, you can help them out, I suppose by talking to them but you can't really do anything like you might, a lot of these people feel that they've been ratted on. So, they want to get somebody else back. So, that's when they might say ... what's happened and they feel a bit kind of let down themselves by their gang or whatever and then they might start turn around and saying names.* Drug Unit A1

Drug unit members who receive reliable information are obliged to refer their informants to the Central Human Intelligence System (CHIS) where they are registered as official sources and dealt with by specially trained personnel. Garda members who refer informants do not continue to maintain contact with those informants. Drug unit members interviewed valued the aims of CHIS, though some found the procedure change difficult. However, not all informants were referred. In reality, much intelligence was provided on a one-off basis and informants either declined to offer more or did not want to enter CHIS.

*So, like I mean, we can get information off them, but I mean if the information turns out to be good, it's kind of dangerous for us and for them, for us to be kind of dealing with them. So, we pass them on if they're willing to go onto a different agency within the guards. Which would be a lot safer and a lot more I suppose professional. All these guys would be highly trained in dealing with it, with informants. But obviously you get small bits of information where you wouldn't be passing these guys on. They might give you information*

---

---

*once and that's it. Then obviously you deal with that however you see fit, whether that be, just intelligence or could end up be searching a house, and you might ask that person if they want to register, but mainly they don't. They just, maybe it might be something small.*  
Drug Unit A1

*Well it's a good system from the point of view that you are not going to get in any trouble further down the line and that things can't be construed that you have done anything unethical so that's it ... It's protection for us.* Drug Unit A4

*You see it's still quite new, and when I say quite new, it's in a couple of years, but it's still in its infancy, and it would probably take guys who are joining the job, after it was introduced for it really to be beneficial or for it really – you know it's like anything change can be resisted to some degree you know, and especially if you have some reservations about the whole thing, ... it's not the natural way things were done. Now even when you think about it logically and the reasons for its implementation are outlined, you say well that makes perfect sense. But as I say, it's just not as user friendly let's say as the old way like you know.*  
Drug Unit A2

#### **4.5.1.2 Garda informants and drug-market violence**

As highlighted in section 4.3.2.6 providing information to the Gardaí was a major cause of violence within drug markets in site A. According to sellers, Gardaí encouraged them to disclose information on fellow sellers in exchange for leniency. Two sellers reported experiences with the Gardaí where they were encouraged to inform on other sellers' activities. However, as noted above, to provide information was to risk injury or even death.

*Because if you're going to rat, you may as well be running for the rest of your life to be honest with you. Under protection, I wouldn't be the sort of person that would want to be under protection for the rest of my life. I want to live my life. You've heard the case of the fella holding a case of gear for 50 pound a week. Like if you get caught you are taking the rap – no one is going to stop them pointing the finger like. It's not going to happen you know what I mean, you rat and you would be shot like. And your life would be a misery, do you know what I mean.* IV 17

The following respondent, a dependent drug user, was asked if he had ever been offered assistance for his addiction such as diversion to drug treatment.

*Nope. The only help they offered was, 'If you rat on this person, we'll do this for you' That's it.* IV 14

When sellers caught with large amounts of drugs were released or received light sentences, suspicions were aroused that they had become informants.

*They're all – in my opinion like the guards – whatever you think of them they are all ratting on each other like. The guards have an awful lot to answer for... The old bill actually said that to a bloke – does anyone wonder why he doesn't get nicked.* IV 6

---

---

#### 4.5.1.3 Avoiding detection: sellers' strategy versus Garda strategy

Sellers managed the risk of detection in a number of ways. Many sellers were less likely to sell to strangers for fear of undercover Garda members.

*Because the coppers nowadays look like junkies, basically. They're going around in manky dirty clothes and they're getting the nurses to take blood from their arm so they have track marks. IV 3*

The above point was mentioned by one respondent but not corroborated by other sources. Sellers stored small amounts of drugs in their mouths or other orifices.

*I'd have to walk home with them. I put it in my mouth like and if they came I'd swallow but they don't know me so. Like the other day I was walking by, with three bags on me and they went by me because they don't know me so they wouldn't have pulled me. Well I was nervous thinking they were going to pull me like. IV 2*

Some avoided selling at popular street-selling hotspots in response to Garda activity.

*Yeah, you're watching them whole time like and you wouldn't, for me I wouldn't come near shops or anything like that. I always, away, out of the eyesight of the shops here, you know, somewhere the police would be less likely to be. IV 25*

Scanners could be used to overhear information on operations and mobile patrols.

*You seriously couldn't sell without a scanner. IV 7*

The following respondent believed that unmarked Garda cars were easy to recognise because of their brand and aerial fixtures.

*... They go around in unmarked cars right, but the unmarked cars that they go around in, you'd spot them from a bleeding mile away like. Do you know what I mean? They're big fellas, big baldy headed blokes driving past in fucking Mondeos, that's all they drive. Undercover cops drive Mondeos do you know what I mean. And then you'd see the aerial for the radio, then they used to have an aerial on the middle but you'd see the thing that's in the middle of the roof and then another aerial. So that gives you a bit of a hint as well. If you see one aerial sticking up, one that's missing the aerial and another one and it's as well how stupid that they are as well. They only leave one disc in the window. If they put an insurance disc, a fake insurance disc into the window because they're the law like do you know what I mean, no-one would think it's the police at all. That's where their downfall is as well. IV 16*

Sellers avoided physically handling illegal drugs by employing young people and acquaintances.

*I am holding right now a few ounces and if I get caught like I'm probably only getting 100 quid for it for holding it, but if I am caught with it, it is my coke, do you know what I mean.*

---

*I can't turn round and say he is giving me 100 quid for holding it, do you know what I mean like. And a lot of that is going on. IV 6*

*I get other fellas to deliver the drugs, they [guards] know me too well... 15- or 16-year-olds... I used to do it when I was 15. IV 7*

#### 4.5.2 Supply-reduction activity

The details of 283 suspected offences in breach of the Misuse of Drugs Act over a six-month period were retrieved from PULSE (Table 4.19). The number of arrests per month for the two stations combined fluctuated considerably, ranging from 64 in October 2008 to 33 in March 2009.

**Table 4.19 Drug offences by month of incidence, site A (n=283)**

	n	%*
October 2008	64	22.6
November 2008	54	19.1
December 2008	35	12.4
January 2009	51	18.0
February 2009	46	16.3
March 2009	33	11.7

Source: PULSE, October 2008–March 2009

Two-thirds (68%) of drug offences were for simple possession (Table 4.20). Supply offences accounted for just less than one-third (29%) of offences and there was only one importation offence during the period. Only one case of the use of fraudulent prescriptions was reported for the period.

**Table 4.20 Drug offences by offence type, site A (n=283)**

Offence type	N	%
Simple possession	192	67.8
Supply	82	29.0
Obstruction	6	2.1
Cultivation or manufacture	1	0.4
Importation	1	0.4
Fraud	1	0.4

Source: PULSE, October 2008–March 2009

Cannabis resin and herb accounted for over three-quarters (76%) of possession offences (Table 4.21). Heroin and cocaine were rarely involved in simple possession charges, accounting for 10% and 13% respectively over six months. However, heroin and cocaine accounted for more than two-thirds of supply charges – 42% and 27% respectively. Crack cocaine accounted for 13% of supply charges. The single case involving a charge of cultivation and manufacture involved the cultivation of cannabis herb.

**Table 4.21 Drug offences by drug and by offence type, site A (n=274)\***

Drug	Possession (n=192) n (%)	Supply (n=82) n (%)	Cultivation/ manufacture (n=1) n (%)	Obstruction (n=1) n (%)
Heroin	19 (10.0)	34 (41.5)	0	1 (100.0)
Cocaine	24 (12.6)	22 (26.8)	0	0
Crack	5 (2.6)	11 (13.4)	0	0
Cannabis resin	111 (58.4)	17 (20.7)	0	0
Cannabis herb	35 (18.4)	6 (7.3)	0	1 (100.0)
Cannabis herb (home-grown)	0	1 (1.2)	1 (100.0)	0
Ecstasy	5 (2.6)	5 (6.1)	0	0
Tablets	3 (1.6)	5 (6.1)	0	0
Other	0	1 (1.2)	0	0

\*Some offences might have involved possession of more than one drug type. Consequently, the total number of drug types will exceed the total number of offences

Source: PULSE, October 2008–March 2009

The vast majority of seizures were small: 25% of drugs seized from offenders were valued by the Garda member involved at less than €20 and 50% at less than €51 (Table 4.22). Three-quarters (77%) of simple possession offences involved cannabis. The median value of cannabis resin seizures in the case of simple possession offences was €20, meaning 50% of suspected offenders possessed €20 or less of the drug. Median values were substantially higher for heroin, cocaine and crack, reflecting the higher market values of these drugs.

**Table 4.22 Value of primary drug seized in possession offence cases, site A (n=186)**

Drug	Cases valued n	Range €	Mean €	Median €
Cannabis resin	101	5-192	42	20
Cannabis herb	35	5-250	50	30
Heroin	17	20-300	118	100
Cocaine	23	5-3000	129	100
Crack	5	50-250	134	100
Ecstasy	5	10-100	36	20

Source: PULSE, October 2008–March 2009

In the case of supply charges, the median values of seizures varied considerably. Heroin was involved in 42% of all supply charges, followed by powder cocaine (27%), cannabis resin and crack cocaine (Table 4.23). Half (50%) of cocaine seizures were valued at €575 or less; overall, values ranged from €200 to €30,000. Suspected offenders were arrested for supply when apprehended with amounts of heroin valued at as little as €70 and as much as €2,000,000, though half of all heroin-related supply arrests were for seizures valued at €5,000 or less.

**Table 4.23 Value of primary drug seized in supply offence cases, site A (n=81)**

	Cases valued n	Range €	Mean €	Median €
Cannabis resin	101	5-192	42	20
Cannabis herb	35	5-250	50	30
Heroin	17	20-300	118	100
Cocaine	23	5-3000	129	100
Crack	5	50-250	134	100

Source: PULSE, October 2008–March 2009

There are several reasons for the preponderance of cannabis offences among suspected simple possession cases. The majority of possession offenders were likely to have been apprehended by regular Garda members patrolling and conducting routine stop and searches. According to one drug unit member, cannabis use was so widespread and considered so normal that many suspected offenders did not even try to discard the cannabis in their possession when they saw a Garda member in the vicinity.

*It's just part and parcel of everyday activity in an area like this you know. Like cannabis is everywhere, and you know there's young guys smoking it don't see it as being a problem or whatever. ... if you come across it you have to act on it, so that's why, it wouldn't be a thing that we're saying right we're going to target guys in possession of cannabis, ... it would be incidental more than anything else. Because they're in an area where drugs are being sold and you see them act suspiciously and you search them. Drug Unit A2*

Simple possession charges were used to 'tag' an individual who was involved in the distribution of drugs but did not have a previous criminal drug offence. A simple possession drug offence may not bother the suspected offender but its presence in PULSE will alert other Garda members in the future to his/her involvement in illegal drugs.

*You know I mean if there's a junkie with a bit of hash, right he's a bit of hash, of course they all smoke hash. So, I'm not really going to pay too much heed to that, but if I know there's a guy out there, and he'd never be caught with anything else, or I know that he's involved in the distribution of drugs, and I catch him with a bit of hash, I'll charge him with that bit of hash. Drug Unit A1*

With regard to resource prioritisation and the high concentration in PULSE data of Section 3 (Misuse of Drugs Act 1977) offences for possession, drug unit members were probed about the amount of time they would usually spend prosecuting such offences. From the responses below, it is clear that the time resources used can vary significantly from case to case depending on their circumstances.

*Just general possession? Doesn't take long. In and out. I would bring them back here, if you get the stuff on them outside you bring them back for a search. The longest part is probably entering them in the PULSE record. And then if there's nothing else on them, good luck. Summons them down the road and that's it... Yeah, just when you send it, we've a drugs*

---

*liaison officer down there. All the drugs go through him, so you fill out a form, that the drugs, they go off to the depot [FSL] to be analysed. Make sure that they are the drugs that we're saying they are, and then we get a cert back, that's it, that's the only part played then it's going to court. Drug Unit A1*

For most Drug Unit respondents, the time-consuming aspect of these prosecutions arose from time spent in court. However, the time resources required to process a possession case to its conclusion in court ranged from 6 to 12 hours. A defendant might not plead guilty and the arresting officer might have to return to court on several occasions.

*Yeah, 6 to 10 hours would be fair enough to conclusion. Now there are always the days that you would go in and they'll just go guilty or whatever and then there are the days where they won't and it could be put back two or three times and it might go for hearing and you know for something ridiculous like €20 or €30 worth of cannabis you could be looking at 20 hours ... This crack of having to go back three or four times into a court over €20 or €30 worth of cannabis. Drug Unit A4*

*It could take you a day. That's the longest part, yeah, well when you go to court ... well in terms of manpower, this is what takes up the most time, is court, because they get the summons then, they go to the summons court, you have to attend the summons court. Whereas the other courts you can go on a tracking form [form used in court to process a prosecution]. But you'll attend the summons court. And sure some days I don't get out of there until four o'clock. Normally it's before lunchtime but some days it goes on, some of the judges are a bit slower than others. On a good day, well you have to get into court first, so you're leaving your house nine, to get in here to get your stuff, and then you're back at the station by two, so five hours on a good day. Drug Unit A1*

Another drug unit respondent referred to a specific case which involved multiple court visits. However, the overall length of time involved in prosecuting this particular offence, described by the drug unit member below as a typical example, was also affected by delays in having the drugs analysed in the FSL.

*... one fella last year, stopped him, he had I think 50 Euros worth of cannabis, so I didn't arrest him or anything, he was found with it there and then. So I took possession of the cannabis, back to the station, put it into a bag, seal it, do your paper work on that, create an incident on PULSE, not very time consuming that, you're probably 15 minutes, would do you. So, you've your paperwork ready to send it to the depot and your PULSE incident created. You send it to the depot you get your cert of analysis back, whatever it could be, it's taking quite a while especially for cannabis because they're not a priority case. So, let's say six months later you get your thing back, your cert. You create your summons on PULSE that takes another four or five months to come back. You go into court the first morning, ... the case is adjourned, so whether you're working or on a day off, you're still in court that morning. So you're in court at half ten, depending on when you're called, you could be there from half ten to one o'clock. ... And you get out of the box and go home, so you could be there for four and a half hours, and actually for 30 seconds work if you know*

---

---

*what I mean. ... So, say this case last year he pleaded not guilty for possession of 50 Euros worth of cannabis. So, there was myself and another Garda had to go in, and there was a hearing time set aside for this case. And that lasted then probably about 50 minutes. Drug Unit A2*

The following member explained that sometimes there were practical difficulties in discerning who was simply a user and who was a supplier. Many dealers only carried small amounts that could fall within the threshold of personal use but their packaging would indicate that they were for sale.

*But you often see people, we might catch a fella, with a bag of crack, and he's not a junkie, he's selling it, he might have 1,000 Euro on him, circumstances. I mean if the person isn't on drugs, and they're found with maybe ... Like I mean possession could be five bags of crack, sure you see a junkie with five bags of crack, you see somebody selling drugs with five bags of crack, so it just depends on the circumstances. Drug Unit A1*

However, for sentencing purposes, another respondent explained the benefit of having a record of previous possession offences in the PULSE system as an indicator of an individual's sustained involvement with the drug trade.

*Well one reason would be information gathering, another reason would be, I mean you catch a guy with maybe a bit of hash and you convict him on that, down the road he could end up being caught with selling 50 thousand Euros worth, a Section 15a. And he mightn't have any other convictions, so if you have that conviction down, that something else has shown that this guy is involved in the drugs business, where if you just went into court, he could be caught with hash, a little bit of hash ten times and people just let him away with it. So you've nothing on Pulse, this guy is, ah this is his first time. He mustn't have anything to do with drugs. Drug Unit A1*

The issue of court time for possession offences was discussed in section 16 and, following the introduction of the case-tracking system, GNDU management dispute suggestions that cases would generally last as long as suggested above.

#### 4.5.2.1 Types of Garda activity

Seventy per cent of suspects apprehended for simple possession was arrested as part of a pedestrian or vehicle stop and search procedure (Table 4.24). Only 8% of simple possession charges arose from ongoing investigative work (either a house/premises search or a personal search as part of an ongoing investigation).

**Table 4.24 Circumstances of arrest in simple possession cases, site A (n=192)**

	N	%
Stop and search	83	43.2
Vehicle stop and search	52	27.1
Arrested for other offence	41	21.4
House or premises search	14	7.3
Investigation/information/surveillance	2	1.0

Source: PULSE, October 2008–March 2009

---

Unsurprisingly, investigative work accounted for a much higher proportion of supply arrests than it did for simple possession arrests. One-half (53%) of supply arrests were made after a house or premises search or a personal search during an investigation (Table 4.25). However, almost one-third (31%) of supply arrests were made on the beat (pedestrian or vehicle stop and search).

**Table 4.25 Circumstances of arrest in supply cases, site A (n=82)**

	N	%
House or premises search	29	35.4
Stop and search	22	26.8
Investigation/information/surveillance	14	17.1
Arrested for other offence	14	17.1
Vehicle stop and search	3	3.7

Source: PULSE, October 2008–March 2009

#### 4.5.2.2 Disrupting hot spots

Site A contained a busy visible open market located in the midst of legitimate commercial businesses. Despite several targeted operations, Gardaí had been unable to disrupt market activity for any length of time, nor had they been able to displace activity to another location.

*Well we've basically carried out surveillance, [tactic described deleted], we've used rooms in the area where we could observe points and like we've had great success out of it. Might stop people from, we might come in; maybe get seven or eight fellas doing a deal a day ... and then maybe a week will go, nothing will happen, and then sure we can't do it all the time, we don't have the resources, and then they're straight back in. Drug Unit A1*

*But like you talk to the people up there that are working in the shops, or the people who are genuinely concerned, they're like look, you are in when the boys are back out the minute you are gone, and that's the simple fact of the matter, unless we are sitting in that car park, or sitting in a room where we can watch them, we don't know exactly what's going on, who's buying ... But like we stopped the junkies going down the road who bought the stuff, sure, what are you to do with them, they're spending their dole money, they're just going to go out and rob somebody else to get money to buy it when you take it off them, so it's kind of a vicious circle for them, it's a bit of a no-win situation for us. Drug Unit A1*

The geographic location of the market was considered to be a strong factor in its resilience. There were plenty of escape routes.

*Yeah, it's just, it's so hard to police it because they can see you coming for miles and there are so many escape routes from it into the houses, behind the houses. [Named supermarket] is just behind it like and there's a huge park in front of it like so it's very hard to get close to them like. Drug Unit A3*

---

Local business units also provided sellers with space and props to conduct transactions, tucked safely away from the gaze of any observing Gardaí. Sellers were able to loiter and direct users to drugs without being in actual possession of the illegal drugs.

*Well [name deleted] shops in particular is ... there's so many people around there. They walk in and out of the shops, like we have to come in, like if we're not in right on top of them, the drugs are gone. Like you go in they put them into chewing-gum machines, they put them under papers, whatever in the shops, they hide it in little, down the back of the shops, they don't, until they're going to do the deal, they might send the junkie up, it's up there, in a little tuft of grass up there. They'll dig up grass and they'll put it under, put the stuff under. So, like if you're not watching them it could be anywhere you know ... too many props for them to use. Drug Unit A1*

Operations focusing on hotspots had successfully targeted a number of areas that hosted visible market activity. However, in most cases, market activity was displaced to another location after it had received Garda attention.

*It tends to move as well according to our knowledge of the area like, so if we find that such and such an area is in use, like the parks let's say. If we go to that park then and catch X amount of people dealing drugs, well then that shuts down and they move on to somewhere else. Or somewhere else, and then we find out about that, you know what I mean. Drug Unit A2*

#### **5.4.2.3 4.5.2.3 Measuring effective supply reduction**

Among Garda drug unit members there was a reluctance to regard captures and seizures as the essential yardstick to measure a unit member's contribution. Rather, it was their commitment and skills that could contribute to the team as a whole that were seen as important.

*Well I have no doubt that superiors look at charge sheets and you know what's – and seizures and things like that which is fair enough that's the statistic but I think with drugs units they look at the – they don't look at the individual as such they look at the unit as a whole you know units are going to be made up where somebody might be very good at surveillance, somebody might have good relationships with people in the community and they are giving them information. Somebody might be a very good interviewer you know ... it's a team. You might just be working your normal hours for a week and then you might have to work 17–18-hour days for five or six days in a row, you know that's all part of it that you have to. You can't turn around and say well I am going home now. You have to stay. Drug Unit A4*

Convictions, rather than captures, were important; a case that did not stand up in court was seen as encouraging drug-dealers to continue and expand.

*The actual convictions in court, that's what I would determine it on, convictions. Obviously, the more convictions you get, probably the less likely a person is going to re-offend. Whereas if you get a fella and there's no conviction involved, he's going to think, right, nothing happened there, I can go out and do it again. Whereas if you convict a guy, some*

---

---

*people don't work along that rule that we go to jail, but some do, that if they get a prison sentence they might think twice before they do it again, so we've determined effectiveness by the convictions. Drug Unit A1*

However, aside from personnel effectiveness, the overall goal of suppressing market activity was regarded as unattainable by one unit member.

*I just think it's a huge, huge problem and I would say with even large scale seizures...I would say (it) is just a drop in the ocean. I would say drugs are that prevalent out there, are that freely available and as I say I think there's so many people just under the radar, that nobody knows about, that you know, don't get me wrong, you go out and you try hard, and you get success. But as I say, as soon as somebody is dealt with, and even put in jail like I believe that there's somebody else steps in there straight away there's no problem like you know. Greed is just the motivator and that's it. Drug Unit A2*

#### 4.5.3 Working with the community: public perceptions of Garda activity

Garda activity was not regarded as effective by many survey respondents. As shown in Table 4.26, only one-third (38%) of residents and workers surveyed believed Gardaí to be effective or very effective in dealing with crime in their area, and 51% of residents believed that the Gardaí were not very effective.

**Table 4.26 Perceptions of Garda effectiveness, survey, site A (n=189)**

	N	%
Very effective	17	9
Effective	54	28.6
Not very effective	96	50.8
Don't know	22	11.6

Three-quarters (75%) of respondents were aware of Gardaí activity in the area (Table 4.27). Of these, 65% reported being aware of Garda patrol cars, 41% of foot patrols and 38% of Gardaí on bicycles. Less than 10% of respondents had observed arrests being made or specific operations such as house raids and stop and search operations.

---

**Table 4.27 Awareness of Garda activity, site A (n=145)**

	N	%*
Gardaí patrolling in cars	93	64.1
Gardaí patrolling on foot	60	41.4
Gardaí patrolling on bicycles	55	37.9
Response to call from the public	18	12.4
Stop and search operations	15	10.3
House raids	12	8.3
Arrests made in the area	11	7.6
Other	8	5.5

\*Percentages exceed 100% as multiple answers permitted

In relation to reducing drugs and crime in their communities, 61% of residents cited the need for more Gardaí on the street (Table 4.28).

**Table 4.28 Measures needed to reduce drugs and crime, site A (n=158)**

	N	%*
More Gardaí on the streets /patrolling	96	60.8
Improved amenities for young people	44	27.8
Education and awareness programmes targeting young people	26	16.5
Other	19	12.0
Don't know	10	6.3
Harsher sentencing for dealers	8	5.1
More drug-treatment facilities	8	5.1
Regeneration of housing estates and flat complexes	6	3.8
Increase in family support services	6	3.8
Increased social services in the area	1	0.

\*Percentages exceed 100% as multiple answers permitted

#### 4.5.3.1 Information from the public

Residents were asked about their co-operation with local Gardaí on general issues and on drug-related issues. Just over one-quarter (27%) knew a local Garda member by name and one-third had spoken to a Garda member about their locality.

One-fifth (20%) of residents and workers had reported information about drug-related activity to the Gardaí since 2005. Almost one-half of respondents (48%) who had not reported any information to Gardaí would not do so if they had any such knowledge. As indicated in section 4.1, the most prevalent reasons for not reporting included fear

of reprisal (44.6%), reluctance to be an informer or grass (18.1%), the belief that Gardaí would not act (15.7%) and the belief that it was not their business (15.7%).

The willingness of respondents to report the involvement of young people in the distribution of drugs was also examined. Three-quarters (74%) stated that they would act upon information that a young person they knew was involved in drug-dealing. As shown in Table 4.29, almost three-quarters (73.2%) felt they would tell the young person's parent, and less than one-fifth felt they would approach a Garda member with the information.

**Table 4.29 Reporting a young person's involvement in drug-dealing, site A (n=138)**

	n	%*
Parent	101	73.2
Gardaí	25	18.1
School	18	13.0
Talk to young person myself	10	7.2
Social services	6	4.3
Older brother/sister	4	2.9
Other	2	1.4

\*Percentages exceed 100% as multiple answers permitted

Of the respondents who would not report such involvement (41), over half felt it was not their business and over one-third cited fear of reprisal (Table 4.30).

**Table 4.30 Reasons not to report a young person's involvement in drug-dealing, site A (n=41)**

	n	%*
Not my business	23	56.1
Fear of reprisal	15	36.6
Other	6	14.6

\*Percentages exceed 100% as multiple answers permitted

From a Garda perspective, relations with the local community were mixed. Community police attended formal meetings with members of the public and other stakeholders where local drug issues might be discussed. Drug unit members did not attend such meetings and, according to one unit member, did not interact with members of the public until they were directly involved with a drug-related crime.

*... the way policing has gone you don't have contact with people until a number of things happen: one: they're a victim of a crime, or two: you're maybe going making enquiries we'll say for a murder or something. Or a shooting or some incident and you're going door to door. You know and that's the only time you'll encounter people, and from my own experience, you know I would have gone into houses where I would have known people's sons and they would have been in trouble and things, but yet when you go to them they're*

---

*very co-operative and quite friendly and everything you know. But there would be a large element here as well that would have no interest in the police or wouldn't want to see them coming. Probably even to a degree where there would be crimes committed against them and they wouldn't even bother reporting it ... Drug Unit A2*

Local Gardaí did receive a degree of information from the public about drug-related activities.

*I wouldn't call it a healthy flow but you would receive phone calls from neighbours in areas you know, respectable people would ring and say look such-and-such at such-and-such an address seems to be dealing that there is cars coming at all hours of the night or whatever. Drug Unit A4*

To be useful in their enquiries, information reported to Garda authorities had to contain accurate details.

*And you know all you can do is say well look if you can get the reg [registration numbers] of the cars or if you can you know does he go to one spot, does he see when he hands something over, you know but people are at work during the day or they, well they are either at work or they are out looking for work at the moment and you know they can't, they'd miss a visit or this is something they'd notice in the evenings, when you are not going to expect somebody to sit at their window all night you know. Drug Unit A4*

Unit members acknowledged a genuine fear violent reprisal if people were seen to be aiding Gardaí in certain drug-related incidents.

*There's a lot of fear, because nobody like you get people coming, maybe even making anonymous phone calls, but everybody is afraid of what's going to happen. Like I'll tell you now, 80% of the people living in the area don't want drugs to be here, like you know. But unfortunately a lot of their family members have been affected by it. And over the years a lot of people have died, directly because of drugs, so that's a reason why – there's a lot of decent people living in the area, but they're afraid and then they don't report it. Drug Unit A1*

#### **4.5.4 Inter-agency partnerships**

There was little formal co-operation between the drug unit and other agencies. Drug unit members had little knowledge of local drug-treatment agencies, beyond knowing their names and locations. No member knew the drug-treatment service professionals in their area.

*... I know they're there, and I know they exist but ... there's not really cross connection or cross co-operation with them, we would have no dealings with them really. I personally haven't had anyway. Drug Unit A2*

*No, I wouldn't have a good knowledge – I know where the places are, but that's about it like. Some of them will ask for help and you'll see if you can get in touch with one of the clinics like to see what's the story about waiting times and stuff like that, but rarely, that would be a one-off. Drug Unit A3*

---

---

Drug unit Gardaí in site A did not believe that a closer working relationship with treatment agencies would be of benefit as drug-treatment staff needed to maintain confidentiality and could not pass information to the Gardaí. Members felt that it would be difficult to establish a relationship as suspected offenders behaved very differently on the street or in a station than when they were in a treatment centre.

*The guards and other outside agencies can't really work together because there's an issue of – I suppose trust between the other agencies and the lads out there. Because I'm sure that over there in the drop-in centre and the whole thing, they know plenty of stuff that's going on that would interest us, but it never comes through to us, filters to us, from any of them. And I mean absolutely nothing ... there's no problem trying to help them out. But if we approach them, no, it's just straight away no and that's it. Drug Unit A1*

#### **4.5.4.1 Garda attitudes towards treatment diversion and harm reduction**

Garda drug unit members had little experience of diverting suspected offenders to treatment and were hesitant about the appropriateness of Garda members taking a bigger role in diverting offenders to treatment.

*I've only done it a few times, the guys who I've kind of maybe kind of pulled a bit of heart strings with you were you said 'Jesus I feel sorry for this guy' and whatever and you tried to get him a bit of help but it's very hard. Like being a guard trying to get help, I think the best way they can get help is when you see it through the probation services it's done obviously they're referred to them by the courts. Drug Unit A1*

*Yeah I think, it's not that I feel that's not my job, I don't want to do it, but you know firstly you know like I just don't feel that a guard is the right person to be interacting with someone in that direction like. I don't think people would really take them seriously like I don't think they would say well you know he's telling me this for my good or whatever. Drug Unit A2*

Drug unit members pointed out that many offenders were already receiving treatment when they were arrested.

*I've no problem with it starting off, but if you start to see the same people coming back through the books again, like then you would be saying like this really isn't worth the time or worth the paper it's written on.*

Drug Unit A3 Unit members also highlighted the abuse of methadone in the area.

*Now maybe I am wrong in saying it but I suppose my own opinion would be that ... the whole thing of distributing phy [physeptone] or methadone or whatever is just being abused at the moment because they are using it, they are using it on top of heroin which I know is at their own risk or whatever but it seems to be just, they are just maintaining – they are not – there's no – there doesn't seem to be any, any light at the end of the tunnel. I am meeting guys there that you know they are on 80 ml of phy ... for three years like that's just nuts, you know. Drug Unit A4*

Nevertheless, the same Garda did see the merit in initiatives such as the Drug Treatment Court (DTC) (judge-prescribed treatment).

---

---

*I mean on paper it sounds like it would make sense. I wouldn't see anything wrong with that. I mean they did have a drugs – or they do have a drugs court in town where it did, a lot of it was, I mean it was still the criminal system it was still geared towards but it was fines and treatment was what they went down the line of, in that if you got in front of the drugs court there. Drug Unit A4*

## Key findings

### Evolution and organisation of illicit drug markets

- Local residents highlighted the lack of amenities for young people, the easy availability of drugs and high unemployment as factors contributing to drug use in the area. The development of the local drug market was aided by the relocation of many people from deprived central urban areas to expanding suburbs.
  - Heroin, cocaine, crack cocaine and cannabis were the main drugs bought and sold in the area. The majority of offenders were considered single-substance sellers. Crack cocaine was steadily becoming more popular and more widely available.
  - Both open and closed markets operated at retail level, including a visible busy open market where heroin and crack cocaine were regularly available.
  - The area attracted non-local buyers who were enticed by the reputation of a constant supply of high-quality drugs and competitive prices.
  - One prison-based respondent explained that he was part of a group of about 25 individuals, or 'players' with a core group of about four people at the top, but with most showing loyalty to one individual in particular. He also reported that there were many such groups or 'clicks'.
  - The area had numerous middle-market suppliers who used structured methods of distribution involving a large number of individuals performing different roles, such as storage, transport, preparation and delivery.
  - Young people played a substantial role in drug distribution, usually as drug runners. In one six-month period, one-fifth of suspected supply offenders were aged 18 years or under. Storing or running drugs was a financially lucrative option for teenagers, some of whom came from an unstable home environment.
  - A credit/debt system characterised buying and selling at all levels of the market. Conflict and violence throughout all levels of the drug market were primarily linked to drug-related debt rather than to territorial disputes.
  - Prison-based respondents explained the upsurge in violence locally as a consequence of more young people becoming involved in drug-dealing and becoming used to the presence of violence at an earlier age. Reporting of drug-related violence in the media has contributed to a heightened sense of panic and paranoia among those involved in the drug trade, which can spill over into violence. Paranoia, violence and erratic behaviour can themselves be consequence of the excessive consumption of cocaine. Also, greater profits associated with crack cocaine and methamphetamine contributed to increased violence.
  - Another respondent felt that, although violence has always been associated with the illicit trade in drugs, the intimidation of family members of those who owed money to drug-dealers was relatively recent.
  - Drug sellers highlighted the pressure exerted upon them by Garda members to provide information about others and said that this left them open to suspicion and violence.
  - Sellers regularly accepted certain stolen goods, such as satellite navigation devices for cars, jewellery and computer games, in payment for drugs. Stolen goods were either retained for the sellers' own personal use or sold to individuals in their community.
-

- 
- Heroin had reportedly become cheaper to buy at all levels of the market. Crack cocaine prices remained high and steady. Profit margins ranged from two to four times the initial investment, depending on the unit size sellers chose to sell or were willing to sell.
  - Heroin purity levels varied considerably, ranging from 17% to 68%, with an average level of 43%. Other active ingredients besides heroin in samples analysed included paracetamol and caffeine.
  - The purity of cocaine was generally very low: half of the samples analysed had a purity level of less than 7%. Other active ingredients besides cocaine in samples analysed included benzocaine, lignocaine and caffeine.

### Impact of drug markets

- The majority (90%) of respondents considered illegal drugs to be a big problem, and 85% considered drugs to be a very visible problem, in particular, smoking and injecting drug use. Half of the respondents had observed discarded syringes in the area.
- The majority of respondents avoided certain areas at certain times for reasons including visible public drug and alcohol use and drug-dealing.
- Stolen goods were reported to be widely available; half of the respondents claimed to have been offered them at least once, and one-fifth had been offered stolen goods very often in the 12 months prior to the survey.
- Half of the survey respondents would not report drug-related information to Gardaí, many citing fear of reprisal and reluctance to be seen as an informer.
- Acquisitive crime was believed to be largely linked to drug use. Violent crime related to drug debts was not uncommon and often involved public displays of violence such as shootings and property damage.

### Responding to drug markets

- Drug unit strategy was focused on middle-market suppliers, primarily using intelligence from informants. Such intelligence was acquired through developing relationships with offenders working in the lower levels of distribution. Drug users reported coming under pressure from Gardaí to inform and stated that this exposed them to suspicion and potential violence.
  - Possession of cannabis for personal use accounted for the majority of suspected drug offences. Two-thirds (68%) of suspected drug offences were for simple possession and three-quarters (77%) of simple possession offences were for a cannabis product, 50% of which were for quantities valued at €20 or less.
  - Less than one-third of drug offence cases were arrested for selling drugs. Heroin accounted for 42% of supply offences, cocaine for 27% and crack cocaine for 13%. Cannabis accounted for only 28% of supply offences, in contrast to 77% of possession offences.
  - For most respondents, the time-consuming aspect of possession offence prosecutions arose from time spent in court. Also, sometimes there were practical difficulties in discerning who was simply a user and who was a supplier. Many dealers only carried small amounts that could fall within the threshold of personal use but their packaging would indicate that they were for sale. Site A contained a busy visible open market located in the midst of legitimate commercial businesses. On occasion, focused Garda activity succeeded in displacing a drug market to another location. Elsewhere, Gardaí had been unable to disrupt market activity for any length of time, despite targeted operations.
  - Only one-third (37%) of residents and workers surveyed believed the Gardaí to be effective or very effective in dealing with crime. Nearly two-thirds (61%) of survey respondents cited the need for more Gardaí on the street.
-

- 
- Drug unit members received only limited information from the public about drug-related activities. Almost half of survey respondents would not report drug-related information to Gardaí, with fear of reprisal being an important disincentive.
  - Local residents were prepared to intervene in the involvement of young people in drug distribution. Three-quarters (74%) of survey respondents stated that they would act upon information that a young person they knew was involved in drug-dealing, though they were more likely to inform a young person's parent than the Gardaí. Drug unit members had little knowledge of local drug-treatment agencies and did not believe that a closer working relationship with treatment agencies would be mutually beneficial. They were hesitant about the suitability or effectiveness of Garda members taking a bigger role in diverting offenders to treatment.
-

5

SITE B

## 5 SITE B

### 5.1 Introduction

This section begins with a profile of study site B. The site is briefly profiled using social, economic and demographic data. Data from the street survey are used to highlight local perspectives on living in the area.

The characteristics of the drug users and sellers interviewed in the site are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity and relationships with local Gardaí are also explored.

Interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area on the local drug market are also included. Criminal justice data on drug searches, drug arrests and seizures are also presented as are data on local drug prices. In addition, drug purity data and information about typical drug adulterants provided by the FSL are analysed. Finally, the views of individual Gardaí on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the prioritisation of resources in relation to drug-related crime are investigated. The section concludes with the key findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

### 5.2 Profile of site B

Site B is a rural site encompassing just two EDs – one representing the town, with a small population of 2,000–3,000 and the second representing the population of the rural hinterland with a population of 10,000–11,000. As shown in Table 5.1, the town ED had a deprivation score of 10, the surrounding hinterland had a score of 8. Both EDs had SPR scores of less than 1.5. Unemployment in both EDs was higher than the 2006 national average of 4.4% (CSO 2009). It was one-third higher in the hinterland ED and almost double in the town ED. The rate of local authority housing was quite low in both town and hinterland EDs, at 13% and 11% respectively. One-quarter of residents in the town ED and one-fifth in the rural ED were classed as being of low economic status.

**Table 5.1 Deprivation indicators and standardised prisoner ratios (SPRs), site B**

ED	Unemployed (%)	Low socio-economic status (%)	Local authority housing (%)	No car (%)	Deprivation score	SPR
Town	8	25	13	32	10	1-1.5
Hinterland	6	21	11	15	8	<1

ED = electoral division; SPR = standardised prisoner ratios

Source: Various (Irish Census, Irish Prison Service, Small Area Health Unit, Trinity College Dublin, please see section 2.2)

#### 5.2.1 Neighbourhood satisfaction: perspectives of survey respondents

Of the 200 residents surveyed, 84% regarded their area as a fairly good or very good place to live; 43% cited good social infrastructure (child care, shops, restaurants etc.); and 29% cited the geographical location as a benefit of living in the area.

### 5.2.2 Social problems: perspectives of survey respondents

Illegal drugs were considered to be a problem in the area by 70% of survey respondents. In relation to social problems other than illegal drugs, the majority of respondents also considered underage drinking and public drunkenness to be big or very big problems (Table 5.2).

**Table 5.2 Respondents' perceptions of social problems other than illegal drugs, site B (n=204)**

	Respondents questioned n	Positive responses n	%
Underage drinking	194	134	69.1
Public drunkenness	201	124	61.7
Litter	204	107	52.5
Teenagers loitering	203	100	49.3
Vandalism and graffiti	204	80	39.2
Property/vehicle damage	203	77	37.9
Derelict buildings	203	53	26.1
On street intimidation	202	52	25.7
Noise at night	184	37	20.1
Racial harassment and attacks	194	35	17.9
Abandoned/burnt-out cars	203	24	11.8

### 5.2.3 Drug services infrastructure

Drug-treatment services such as methadone and needle exchange were available locally. A limited range of low-threshold services was also available.

### 5.2.4 Profile of drug-using/selling participants in site B

The only two drug-using participants recruited in site B were drug sellers (Table 5.3). Both were male heroin users with at least one child. Both had left school before their Junior Certificate examination and reported their main sources of income as welfare benefits and drug selling. Both had used illegal drugs before the age of 15 and had recently commenced methadone treatment for their opiate addiction. Both sold heroin and had criminal convictions for drug supply; one had recently ceased selling drugs upon entry into drug treatment (Table 5.4).

**Table 5.3 Profile of drug-using/selling participants, site B (n=2)**

Profile attributes	
Gender	Male (2)
Age	18–25 years (1) Over 35 years (1)
Ethnicity	Irish (2)
Dependants	One or more children (2)
Accommodation	Local authority (1) Living with parents (1)
Education	Left school before age of 15 (2)
Income	Social welfare (2) Drug-selling (2)
Problematic drug use	Heroin (2)
Current drug use pattern	Using in last 6 months (2)
Age of first drug use	12–15 years (2)
Treatment history	Methadone (current) (2)

**Table 5.4 Drug-selling profile of participants, site B (n=2)**

Profile attributes	
Drug-selling history	Currently selling drugs (1) Sold drugs in the past (1)
Drug type sold	Heroin (2)
Criminal convictions	Drug-related supply (2)

## 5.3 The evolution and organisation of illicit drug markets

This section presents findings describing the evolution and organisation of the illicit drug market in site B.

### 5.3.1 Market evolution

Before the 1990s, the drug market in site B was restricted to LSD, ecstasy and cannabis. Heroin use emerged in the community in the early 1990s when several criminals had returned to the town after serving prison sentences during which they had been introduced to the drug. Heroin use grew among their social and family networks.

*Like I came here in 1990, there was no heroin, there was a lot of hash abuse, there was a good bit of hash, but then heroin, like fellows went to prison from here, serious criminals, and one particular family, in particular like, they came out of it, and they introduced heroin.*  
Drug Unit B1

*Our first heroin seizure here would have been in the late '80s. Now that was a Dublin guy*

*that came to live here, then the drug culture began to evolve and you have our local individuals going into prison and then coming back out and using then. Drug Unit B 3*

Originally, heroin was not available to purchase locally and users made trips to Dublin-based drug markets to purchase personal supplies.

*So their disability card enables them free train access, so they can get the train, and the great thing, if you don't have it, I would borrow yours, and you can see a guy coming down because there's no photographic identification on them at the time, there wasn't. So they come back down the guys would be waiting for that, he'd sell the bit of heroin, he'd have enough for himself and then he'd go back and do the same the next day. But nowadays people can afford now the going up and they could be buying maybe €5,000–€6,000 worth of heroin, coming back, it has become more sophisticated, even though it's still a rather relatively small operation. Drug Unit B 3*

Some people in the area had begun to use heroin to manage the come-down effects of ecstasy use.

*Another thing we found then about ecstasy I suppose was like a fashion, it went out of fashion there for a while in the early ... say 2001/2002. But talking to a guy, I remember talking to him, I said how did you ever get hooked on heroin, and he said well I used to drop maybe, in his own words, 20/25 yokes [ecstasy tablets], and I said 'How would you handle that?' And he explained, 'Well I'd have four at the start and then four more, and four more', and he said with the ecstasy there was a mother and father of a hangover. And he said I used to smoke heroin, to come down off ... Drug Unit B3*

One-quarter (26%) of residents surveyed cited poor parental supervision and boredom as reasons for drug use in their area. Similarly to site A, over one-fifth (21%) cited the high level of unemployment in the area and 14% cited the availability of drugs (Table 5.5).

**Table 5.5 Perceived reasons for drug use, site B (n=130)**

	n	%*
Poor parental supervision	34	26.2
Boredom	32	24.6
High unemployment	27	20.8
Availability of drugs	18	13.8
Poor education	16	12.3
No facilities for young people	14	10.8
Other	13	10.0
Poverty	9	6.9
It's just the way society is	7	5.4
Don't know	6	4.6

\*Percentages exceed 100% as multiple answers permitted

Sellers reported that they entered the drug market to sustain their own drug habit. Selling may have been seen as a more acceptable means of raising cash than theft.

*I was only on disability, I wasn't working. So I went and I had money coming to me ... I got compensation ... I still never have robbed anyone. IV 35*

Another seller entered the market by pooling funds with other users to buy their initial consignment. It was also pointed out that some non-drug-users financed drug-selling by others to make cash for themselves.

*People you wouldn't think can be involved... Some mother could give a few hundred to a fella and double her money but she wouldn't be using at all. IV 34*

### 5.3.1.1 Drug availability

Garda drug unit members highlighted the use and availability of a wide variety of substances in site B – cannabis, cocaine, crack cocaine, ecstasy and heroin.

*Cannabis, both resin and herb, herb is a big thing at the moment. You still have your ecstasy, not a whole pile, but a little bit of ecstasy. You have heroin being sold here, cocaine of course is widespread and you also have your crack cocaine as well. Drug Unit B2*

An outreach worker highlighted the use of heroin and benzodiazepines in the area.

*Heroin, benzos, they would be the main two. There is crack, it's home-made, it's shite stuff ... cocaine and heroin. And illicit methadone sold on the street which they are clamping down on as well because I think the guards have done quite a few raids and found quite a bit. But the main [drug] is heroin. Yeah, it's a massive problem. Outreach Worker B1*

PULSE data on drug offences indicate the range of substances available locally. Heroin was seized from 44% of individuals charged with a drug offence in site B and cannabis resin or herb from 48% of suspects. Cocaine accounted for 9% of seizures (Table 5.6).

**Table 5.6 Seizures by drug type, site B (n=96)**

	n	%*
Heroin	42	43.8
Cannabis resin	43	44.8
Cocaine	9	9.4
Other	8	8.3
Prescription tablets	5	5.2
Crack	3	3.1
Cannabis herb	3	3.1
Ecstasy	3	3.1

\*Percentages exceed 100 as more than one drug seized  
Source: PULSE, October 2008–March 2009

Seizures made in connection with supply offences give an indication of what substances are being sold locally. Heroin accounted for 17 such seizures, cocaine for 6, and cannabis resin and herb for 6 (Table 5.7).

**Table 5.7 Supply offences by drug type, site B (n=27)**

	n	%*
Heroin	12	63.0
Cocaine	6	22.2
Crack	1	3.7
Cannabis resin	5	18.5
Ecstasy	2	7.4
Tablets	3	11.1
Cannabis herb	1	3.7
Other	1	3.7

\*Percentages exceed 100 as more than one drug involved  
Source: PULSE, October 2008–March 2009

Drug unit members indicated that local sellers generally dealt in one substance only, or in certain combinations, for example cannabis resin and heroin.

*There's a mixture. It depends who you're dealing with. Most of them will do hash and heroin. I mean there's a lot of lads who just deal cocaine and won't deal anything else and what I do tend to find is a lot of people deal cocaine usually are quite, they look after themselves and they'll also deal steroids. Whereas the lads who deal heroin will deal hash, crack, benzos, but nothing else. Drug Unit B1*

PULSE data provide supporting evidence of the specialised nature of drug-selling by drug type. Of the 53 suspected offenders arrested for supply, only four were in possession of more than one illegal substance.

#### **Emerging trends in drug use**

Crack cocaine use emerged in site B in 2008, particularly among problematic heroin users. Drug unit members had little information on the extent or nature of availability, but interviewees believed that crack cocaine was not being sold regularly and that most of the available supply was sourced in Dublin or was home made.

*Well, intelligence would have said about two years ago, we've had a couple of seizures of crack cocaine, but not, you know, like not high, not large volumes or anything like that. It seems to be washed to use as we go along ... They're buying it from people who know how to use it, essentially, because a few people have learned how to do it here. Drug Unit B1*

Outreach workers also noted that a crack market did not exist, that users prepared the drug themselves from powder cocaine.

*Crack is home-made, it's washed. It's not made in; it's not brought in like you would get in the UK. It's not made in factories so it's crap. It tends to be home made, washed up [prepared] themselves. Outreach Worker B1*

---

Herbal cannabis was becoming more prevalent.

*Of late, herbal cannabis at the moment is supposed to be very, very plentiful in the town, a lot of people selling it. Drug Unit B1*

*The fact that we also have a lot of Eastern European people trying to get involved in the factories, cannabis-making factories now as well, we've had two in this county in the last couple of months as well. That were in that scene as well, so maybe it's being pushed stronger here as well, availability is another thing maybe as well, it could be too you see as well. Drug Unit B2*

### **5.3.2 Market structure: buyers and sellers**

#### **5.3.2.1 Buyers**

Drug unit members highlighted that the town attracted a substantial proportion of outside buyers.

*What we find here, we have our own locals, and what I mean by locals, in the town but you also have the county; you have [neighbouring towns] so they'd be all coming in here to buy the heroin. You also have people coming outside of the county coming up here as well, further down the road system, you'd have people coming from [neighbouring county] that area, you have them coming up here to buy their stuff here, sometimes they go to Dublin themselves, but often not, they'll come just here to purchase their stuff as well. Drug Unit B2*

The town had good transport links, giving buyers convenient access to their dealers.

*There is a lot of people using the rail network and people coming in from [neighbouring town] to get supplies through the rail network, they come here by rail, popping down to the local houses, getting there by car, getting their four or five bags of heroin, just off they go. Drug Unit B2*

PULSE data reflected this. It showed that just over one-fifth (22%) of drug offence suspects had non-local addresses; they were either from towns or villages in the surrounding hinterland or from another county.

#### **5.3.2.2 Sellers**

Heroin supply in site B was characterised as having a fluid and relatively loose structure, involving a small number of sellers who purchased wholesale amounts. According to Garda drug unit members there was no dominant supplier or hierarchical system of supply. Rather, it was reported that supply was managed by a small number of individuals who were prepared to risk buying heroin in bulk. Sellers generally bought from an ounce up to a bar (9oz) from several different types of sources (big to small wholesale suppliers) from different areas (Dublin or Limerick).

*In relation to the heroin trade, what you usually have is ... wholesalers who ... will use the sale of heroin to feed their own habit, and what they'll do is, they'll make their contacts in Dublin, they will get their drugs purchased in Dublin on a wholesale basis, I would say and what I mean by wholesale, you're talking maybe about a couple of thousand at a time we'll say that kind of value. Drug Unit B2*

Though operations were relatively small scale, sellers were likely to have a number of individuals assisting them in the buying and selling of heroin.

---

---

*It has become more sophisticated, even though it's still a rather relatively small operation ... they're going up on the train or someone is coming, dropping them up. And collecting them. They get some guy to bring it down, and normally what they do is, they'd maybe bring down four grand, five grand's worth of heroin. Drug Unit B3*

Drug sellers confirmed this loose, small-scale structure. Though heroin use initially stemmed from a small number of families in the area who were also involved in distribution, supply was not restricted solely to those family networks. One interviewee outlined how he competed with an established family to gain a larger market share.

*There was a lot of heroin around but there wasn't many people selling it or there wasn't many people taking the chance of getting a big quantity and selling it. So, then I got more in and then another family got more than I did. They got going and then one fella ended up getting caught ... when this happened to him like they gave me most of my customers. IV 35*

This seller had originally started off by buying eighths of heroin in Dublin, both to sell and for his own personal use, and had moved on to buying larger wholesale amounts such as 9oz bars from contacts in Dublin and Limerick. When buying wholesale amounts he worked primarily with a partner and they took turns in sourcing their consignments of heroin. Although friends were involved in his distribution operations, he did not consider himself as part of a gang.

*I don't know nothing about gangs. We were just fellas that were out to make quick money and didn't destroy the place to get it ... I grew up with some of them. .... Nah there was no boss it was just kind of watching each other. It is hard to explain. IV 35*

Another seller bought much smaller amounts to maintain his habit. He travelled alone to Dublin and purchased half an ounce every three or four weeks. He estimated that there were four or five established sellers in the area and that they were all users themselves.

*I head to Dublin, cheaper to buy weight there ... about half an ounce every three or four weeks, depending on how much I use myself. IV 34*

In contrast to that of heroin, the distribution of cocaine was regarded by local drug unit members as more structured and lucrative. Cocaine supply to the town was dominated by one group of individuals, who also supplied various other locations across Ireland. Cocaine originally sourced in Holland was imported and transported around the country by road.

*The operation that they had going, when that would come into Dublin, the drop-off point, it would be brought down by another guy ... they might have a guy thumbing or hitching a lift outside [location]. This guy would come up in a truck, he would take him up then he would carry him then to [location] which was about four or five miles down the road. The guy in the truck would have an identical bag, to the one that the hitch-hiker had and they would swap bags in the truck. So, if you were actually watching this you literally just see a guy getting into the truck with a black bag, you would see him getting out with the same black bag. And then you see a guy picking him up in a car then ... it was very subtly done .... And they will sell in bulk. They wouldn't sell you small amounts. You'd have to be buying at least maybe half a kilo. Drug Unit B3*

---

---

Responsibility for the distribution of this cocaine was co-ordinated by one individual who had a number of street-level sellers to disseminate the cocaine in the area's pubs and clubs.

*Their main player was Mr X, who would distribute that to about four other guys, and they would actually, if you were going to a club, you would actually ring one of these four, and you'd say, look, I'm looking for two or three grams of coke, whatever. And they would supply, but Mr X would not handle the cocaine per se himself. And that's the way it was distributed around the town. Drug Unit B3*

Cocaine distribution involved many individuals who were employed full time in legitimate businesses, some of whom used the drug recreationally, but not to the extent that they could not maintain their employment. Cocaine was transported and stored under cover of the legitimate business activity of these individuals.

### 5.3.2.3 Transport, preparation and storage of drugs

In some cases, a number of individuals were involved at various stages in the preparation and storage of drugs, even for relatively low-level sellers. These individuals were often family members, friends, debtors or drug users seeking discounted or free drugs or cash.

#### Preparation

Neither of the heroin sellers interviewed in site B reported adulterating the drugs they bought. The main cocaine sellers adulterated the drug themselves as they were directly importing the drug from abroad.

*They used to cut their coke in a tent with a generator, and they were saying that when they were coming down some of the lads that were there and they would talk to me about it, they would be destroyed they would be white. When you're mixing coke or anything like that you have to get it, and when you mix in your lignocane or your mannitol, you have to blend it up so they use a lot of blenders. Drug Unit B3*

#### Storage

Quite often drugs were buried, rather than being stored in a house or premises.

*When that was going on then they were hiding stuff out in the bog. Out fairly close to where their houses were. Drug Unit B3*

According to one dealer, large quantities of drugs were never stored in his own property nor did he have other people storing for him. Rather, he would bury small quantities (ounces) at various points on the trip home.

*... I never kept anything in the house ... After driving down to collect the drugs I used to pull in and hide it here and then go on another few miles... In a ditch, just where there was something, a signpost, that would never be moved I would throw it down, let on I am going for a piss. It is very easy, it's very easy. IV 35*

### 5.3.2.4 Street-level distribution of drugs

Many small-scale sellers sold their heroin at street level themselves. Sellers further up the chain got drug users to distribute their heroin.

*So what I do there is I bag up the ounce and then see if there's a girl and her boyfriend –*

---

---

*the two of them on it like they give you their dole card or the disability or whatever and you would hold that then for cash. And then they'd sell it and you collect your money every week. IV 35*

### **Closed markets**

Street-level distribution was largely confined to closed markets. Exchanges were arranged over the phone and home deliveries were made. New buyers would have to be introduced by existing buyers or wait until their face became known.

*In this town, it's still quite a small town here, and it's still a closed market, it's all done through texting and stuff like that, there's very little of the open market in relation to heroin. Very little of that, ok. If you want to get heroin you'll get it in the sense that you just walk down to a couple of the estates here, you meet a few fellas ... Drug Unit B2*

*If you're coming to [name] you mightn't, no one might supply you, there is that fear. We did X Street here a few times [an undercover operation]. It was very poor, you know, because they wouldn't sell to the stranger. Whereas in Dublin, they would sell to the stranger because they couldn't differentiate between, you know, but here, if you were a stranger coming in, you'd have to be here for a while before they would. Drug Unit B1*

*No, they're quite cautious. They'd actually get the bag and go with you to your place if you know what I mean. That's the way it normally works. It's very much telephone behind closed doors ... it's very hidden. It's more open than it was but it's a lot more – it's still quite hidden you know. Outreach Worker B1*

Both drug sellers interviewed confirmed that they were cautious, only sold over the phone and did not sell to strangers. One seller, if contacted by a stranger, would send someone else to meet them.

*If I got a phone call off a stranger I wouldn't. You'd ring up someone like and get them to meet them. Just to be honest with you. IV 35*

The cocaine market was considered closed as well, with transactions taking place over the phone.

*If you were going to a club, you would actually ring one of these four, and you'd say, look, I'm looking for 2 or 3 grams of coke, whatever. And they would supply, but X would not handle the cocaine per se himself. And that's the way it was distributed around the town. Anyone that was on cocaine. Drug Unit B3*

### **Runners**

Some sellers employed runners to deliver drugs to buyers at street level. The runners were likely to be paid a fee for their services. Drug users were often prepared to run drugs to pay off debts owed to a seller, for which they might be given a very small proportion of the profits being made from the transactions. Drug unit members reported that under-18s who were using drugs were sometimes involved as runners.

*They don't go to school, they're involved in drug abuse, they get involved in running here hither and thither not to the extent maybe in the urban areas, but it is there, it is. Drug Unit B1*

---

However, drug sellers and outreach workers interviewed did not report any involvement of under-18s in the distribution of heroin. The profile of a heroin runner was that of an older heroin addict. They claimed that the involvement of teenagers as runners of heroin was neither needed nor accepted by the local community, even if the teenagers' family members were involved in the sale and supply of drugs.

*No, not in [location] ... I never seen it. But you have enough sellers here to do that. IV 35  
There's a certain amount of respect and if the mothers found out or their uncles, they'd kill em ... it's unaccepted. It's not done ... Outreach Worker B1*

Young people were involved in the sale of drugs such as cannabis and ecstasy. At underage discos, young people disseminated a variety of drugs among their peers.

*But a lot of the kids at that are selling it. And you have, we don't have too many underage discos here, but in the [venue] at [location] now there's an underage disco, and you would have guys there flogging pills and hash and stuff like that at these concerts ... Drug Unit B3*

Table 5.8 presents PULSE data giving the breakdown by age of suspected offenders arrested under the Misuse of Drugs Act in site B between October 2008 and March 2009. Eight juveniles were suspected of drug offences, one of whom was charged with a supply offence. This offence was not related to heroin supply.

**Table 5.8 Suspected offenders by age and by offence type, site B (n=102)**

Age	Possession (n=69) n (%)	Supply (n=28) n (%)	Obstruction (n=4) n (%)	Fraud (n=1) n (%)
Under 18	7 (10.1)	1 (3.6)	0	0
18-24	32 (46.4)	16 (57.1)	1 (25.0)	0
25-34	20 (29.0)	6 (21.4)	3 (75.0)	1 (100.0)
35 or over	10 (14.5)	5 (17.9)	0	0

Source: PULSE, October 2008–March 2009

### 5.3.2.5 Drug transactions: payment, credit and stolen goods

#### *Credit*

Sellers interviewed paid their suppliers cash up front for drugs purchased. One seller offered credit to customers for small amounts. Giving large amounts of drugs on credit to drug users was not regarded as a good investment, unless collateral was provided in the form of a social welfare cards, for example.

*No you'd bag it up like. They'd ask you for an ounce, but you wouldn't give anyone that's on heroin an ounce because that's €1,000 worth whatever way you look at that, that's a €1,000, if someone wants to come and buy that off me it's €1,000 cash. I weigh them an ounce for €1,000 cash but if I wanted to sell it in bags I'd make €2,000, €2,500. So what I do there is I bag up the ounce and then see if there's a girl and her boyfriend – the two of them on it like they give you their dole card or the disability or whatever and you would hold that then for cash. And then they'd sell it and you collect your money every week. IV 35*

---

One street seller interviewed did not offer any credit to customers, and would accept cash or stolen goods only.

*No, cash only. I just don't need the trouble. IV 34*

An outreach worker who worked with local heroin addicts indicated that little debt was incurred by drug users and street-level sellers.

*I think most people don't owe a lot of money. The lads buying the bars might do. But generally the lads using don't, they're quite – they buy what they can, if they haven't got any money, they don't get it. Outreach Worker B1*

#### **Non-cash payments**

Non-cash payments were accepted. These could be far more lucrative than the actual cash price. One seller got a car in exchange for half-ounce of heroin worth €500–€600.

*Yeah. You could swap for things either like, do you know what I mean, I got a car one day for a half ounce. Nice car, a [car make], I got it for a half ounce. Sure it cost me nothing. IV 35*

#### **5.3.2.6 Competition, conflict and debt collection**

##### **Competition**

Attempts by small-scale sellers to enter the market at wholesale level inevitably encroached on another seller's client base. One seller at middle-market level reported that rival sellers attempted to discourage local buyers from sourcing their heroin from him. However, a superior product inevitably attracted more business.

*For the first while it was rough. I mean everyone would call you a rat, this, that but that's coming from other drug-dealers saying to their buyers, 'This fella is a rat and don't buy off him.' It's just word of mouth like, you know what I mean. Then after a while if say he has nothing, sure they are going to have to come to me and the weight here is better than his, they're going to come back to me. So, that's the way it was. Eventually if your gear is good enough you build up all the customers... if they had good money they'd come to me for the weight and the weight would last them longer. It pays to buy the bit of weight. IV 35*

At street level, many drug-using sellers were content to maintain a reliable but small base of clients. One seller interviewed had 10 customers and had no wish to expand this customer base, seeking to avoid trouble from the Gardaí and other sellers. According to an outreach worker, many user sellers were content with a small but reliable circle of clients and did not seek to secure a larger market share.

*I mean if I stepped on someone's toes I might get a few warnings. But it depends who I'm dealing for see because it depends on where I'm dealing as well because a lot of lads would have their own little customer base that they'd be quite happy with and they wouldn't step outside that. Outreach Worker B1*

##### **Conflict**

Violent disputes arose from competition and debt issues. Drug unit members highlighted the incidence of infighting among sellers.

*Well you see, if you were supplying, or if you were giving a bigger bag like the fella that,*

---

---

*he's losing his market, so there's huge infighting within the drug supply, that's in the heroin end for that more like, you know, some fellow would be giving a bigger bag or something.... or if you are supplying for a particular individual and the gas thing about it is families that are supplying, they'll fight with one another, they'll beat one another, brothers and things like that will become, you know, violent towards one another. Drug Unit B1*

Drug unit members and sellers reported assaults with weapons such as knives but no drug-related gun crime was reported.

*No shooting or anything like that. It's not there ... your biggest fear down here will be getting stabbed ... by one of the other young addicts selling for someone and then that's the biggest thing with heroin here. It's more – there is guns like and that but they're for robberies, they're not for shooting. That's what I'm saying, they wouldn't shoot you, I don't know. Never had a gun put to me, so like. IV 35*

Drug unit members believed serious violent assaults, such as stabbings, arose because of debts owed.

*In relation to assaults, and things like that, we will have that – that has been, we've had a few stabbings, we've had a stabbing recently in [town], that's due to people that owe money. Some of the lieutenants we'll say of fellas that owe money to people, we've had stabbings because that's where the violence is coming in relation to that, people that are owed money, and there's people coming down and they're inflicting grievous bodily harm on other addicts and all that. Drug Unit B2*

### **5.3.2.7 Profit, price and purity**

#### **Profit**

Profits depended on a seller's motivation – whether they wanted to make money or just sustain a habit – and their willingness to take risks and maximise the profit from their product. Sellers chose to sell small amounts at expensive prices, which was time consuming, or to deal in bigger and cheaper quantities to ensure a quick sale and less exposure to law enforcement.

Of the two sellers interviewed in site B, one preferred to sell the majority of a 9oz bar (costing €8,000) in half-eighth or one-eighth quantities. He would, however, 'bag up' one ounce in €20 'score' bags and give them to users to sell, thus making maximum profit on one ounce. If he did not use any of the heroin himself, he stood to make about €20,000 in sales on a 9oz bar of heroin, and €12,000 profit.

Another seller bought a half-ounce for €600 every three weeks and sold it in €20 street deals or 'score' bags. A half-ounce could produce 80 street deals priced at €20: thus the seller could potentially make €1,600 in sales and €1,000 profit – almost double his investment.

#### **Price**

Drug price data for site B are limited. Table 5.9 indicates the prices cited by two sellers for different quantities of heroin. Table 5.10 indicates the prices cited by one seller for different quantities of cocaine. No information was available from users or sellers in relation to the price of crack, cannabis resin or prescription tablets.

---

**Table 5.9 Price of heroin by weight, site B**

	Weight (g)	Price (€)
Score	0.2–0.25	20
Half-eighth	1–1.75	100–120
Eighth	3–3.5	200–210
Half-ounce	14	600
Ounce	28	1,000
90z bar	252	8,000

Source: Prices given in interviews with users/sellers during current research

**Table 5.10 Price of cocaine by weight, site B**

	Weight (g)	Price (€)
Half-eighth	1	100
Eighth	1.75	150

Source: Prices given in interviews with users/sellers during current research

### *Purity*

Samples from 19 heroin seizures were submitted to the FSL for analysis, of which six were quantified for heroin purity. These were then analysed by offence type and seizure size. The one seizure relating to a possession offence weighed 1.7g and had a purity level of 2%. Five seizures relating to supply offences weighed between 1g and 13g and had purity levels ranging from 13% to 54%, with an average of 40%.

Of the 19 samples, 7 were analysed for the presence of active ingredients other than heroin; all seven samples contained caffeine and four contained paracetamol.

Samples from 12 cocaine seizures were submitted to the FSL for analysis. Only 2 were quantified for cocaine purity. Both samples were seized in connection with supply offences and weighed less than 5g; purity levels in these samples were 3% and 27%.

Of the 12 seizures, 11 were analysed for the presence of active ingredients other than cocaine. All 11 samples tested positive for at least one other active ingredient, 7 tested positive for two, and 3 tested positive for three other active ingredients. Table 5.11 shows the variety of other active ingredients identified, which included lignocaine (8 cases), caffeine (5 cases) and phenacetin (5 cases). Seizures with only one other active ingredient contained either benzocaine or lignocaine.

**Table 5.11 Active ingredients other than cocaine in seizure samples analysed, site B (n=11)**

	N	%*
Lignocaine	8	72.7
Caffeine	5	45.5
Phenacetin	5	45.5
Benzocaine	3	27.3

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

## 5.4 Impact of drug markets

This section presents findings on the direct impact of the illicit drug market on site B, such as visible drug use, the fostering of a local economy in stolen goods and property, drug-related crime and fear and intimidation.

### 5.4.1 Visible drug use

Seventy per cent of survey respondents considered illegal drugs to be a problem in site B. Of these, three-quarters (74%) considered illegal drugs to be a big problem, based on personal observation. Of the 204 survey respondents, 31% had observed drug use in their community directly. Of those who responded, three-quarters (75%) had observed smoking, 27% had observed injecting, 42% had observed snorting and 40% had observed individuals swallowing substances thought to be illegal (Table 5.12). In total, 22% had observed discarded syringes in their locality in the 12 months prior to the survey.

**Table 5.12 Visible drug use, survey site B (n=205)**

	Respondents n	Positive responses n	%*
Smoking	63	47	74.6
Injecting	60	16	26.7
Snorting	60	25	41.7
Swallowing	60	24	40.0

\*Percentages exceed 100% as multiple answers permitted

### 5.4.2 Stolen goods as currency

Respondents were asked whether they had been offered stolen goods by someone they knew to be a drug user. One-fifth (21%) had been made such an offer in the 12 months prior to the study; 7% had been offered goods often or very often; and 5% had been offered such goods sometimes (Table 5.13).

**Table 5.13 Experience of being offered stolen goods, site B (n=202)**

	n	%
Very often or often	13	6.5
Sometimes	11	5.4
Seldom	16	7.9
Never	162	80.2

### 5.4.3 Fear and intimidation

Three-quarters (72%) of survey respondents said that they would report drug-related information to Gardaí. Just one-fifth (18%) stated they would definitely not do so. Reasons for not reporting information included fear of reprisal and a belief that it was not their business (Table 5.14).

**Table 5.14 Reasons for reluctance to report drug-related information to Gardaí, site B (n=43)**

	n	%*
Fear of reprisals	13	30.2
Not my business	11	25.6
Don't want to be a grass	5	11.6
Would not wish to involve Gardaí	5	11.6
Social reasons	6	14.0
Gardaí would not act	3	7.0
Other	1	16.3

\*Percentages exceed 100% as multiple answers permitted

#### 5.4.3.1 No-go areas

Respondents were asked whether they actively avoided certain areas. Over half (54%) avoided areas at certain times. Only 51% (56) of these respondents offered specific reasons why they avoided certain areas: 24 specifically cited the incidence of people hanging around taking drugs and 10 cited the incidence of open drug-dealing (Table 5.15).

**Table 5.15 Reasons for avoiding certain areas, site B (n=56)**

	n	%*
People hang around in groups	15	26.8
People hang around in groups taking drugs	24	42.9
Open drug-dealing	10	17.9
People hang around in groups drinking alcohol	14	25
Other	6	10.8
General dislike of area	5	8.9

\*Percentages exceed 100% as multiple answers permitted

---

#### 5.4.4 Drug-related crime

Garda drug unit members believed vehicle theft, burglaries, shoplifting and muggings to be associated with drug users perpetrating crimes to raise funds for drugs.

*If there were no drugs you would have a level of crime that would be very acceptable. Drug Unit B1*

There was limited information from drug sellers about drug-related crime in site B but it was reported that violence could result from infighting or competition. Knives or sharp instruments were the predominant weapons used. As highlighted in section 5.3.2.6 above, there had been several instances of debt-related violence.

*In relation to assaults, we've had a few stabbings, we've had a stabbing recently in [location], that's due to people that owe money. Drug Unit B1*

## 5.5 Responding to drug markets

This section presents findings on supply-reduction strategies and activities of the Garda Síochána in site B. The section also examines individual Garda attitudes to a number of policy issues, such as the development of community partnership and inter-agency initiatives, drug-treatment and harm-reduction approaches and the prioritisation of resources in relation to drug-related crime. Public perspectives on local policing and the relationship between local Gardaí and the wider community in site B are also discussed.

### 5.5.1 Garda strategy

A designated Garda drug unit focused on policing local drug markets in site B. However, drug unit members were often diverted to assist on non-drug-related issues. Unit strategy aimed to disrupt and capture higher-level suppliers but did not ignore low-level sellers. Unit members used both a top-down and bottom-up approach in targeting low-level users to collect information and in executing specific operations to gather evidence on higher-level suppliers.

*If you find a fellow with one bag, he has to be prosecuted the same as if you find a fellow with 20 bags or 25 bags. What we try to focus here is on the supply, the big suppliers that, ... I won't say big fellas but if the person is supplying at the moment, we try and target him to catch him for a possession charge and ... bring him out of the market place. And if a fella is very big, we then put in surveillance, we try, we'd leave ourselves with say physical resources here, we're a small unit, like we still have to deal with everything for a big area. Drug Unit B1*

Lower-level sellers were captured by means of patrolling and stop and search activity.

*By catching the drug user, he may be able to assist you in certain ways in helping you to try and catch the bigger fella. So that's another strategy that we use to try and apprehend and catch these people. And it's done by both ways, out there on the street, stopping, searching, detaining them, questioning them, and regular searches, basically that's the way it works. Drug Unit B2*

Higher-level suppliers required a concentration of time and human resources in surveillance work.

---

---

*... taking out a big supplier, you have to put in huge hours, you have to watch, build up your intelligence base and try and anticipate what is happening and then with a small bit of information that may come your way, you might be able to take them out with a substantial, what we call substantial here might be 3,000 or 4,000 Euros worth of heroin, and that in turn like will bring them into the court system and may get him a jail term and may not. Drug Unit B1*

Unit members received little formal training on policing drug markets, learning on the job instead.

*Very little [formal training], you just take an interest, or like you, I suppose, you just ... learn as you go along, like you just find yourself getting more and more involved in it, like just walking into the crime area and as your intelligence built up, we will say, you'd go and do searches for drugs, you go to search his friend, that's just only the, like you know, you just naturally follow into it, there's no particular training like, you just learn the legislation. Drug Unit B2*

#### **5.5.1.1 Intelligence-led policing**

Gathering intelligence from drug users and drug sellers was critical to success. It required particular social skills and an ability to develop good contacts and good relations with those involved in using and selling drugs.

*You build a relationship all the time, like where you might have a certain abhorrence for what they're doing and what it is doing to the community, you have to build relationships, you can't stand back from a mile, you just can't, you have to be involved and that's a particular thing in the drug area, like you just, you have to interact with them, other than that you're pissing into the wind as they say. Drug Unit B1*

Drug unit members had to be mindful when using information disclosed by informants. Garda activities could reveal an informant, leaving him or her vulnerable to potential violent retribution from those implicated.

*You have to be very careful with them because you do not want to put them in a predicament of getting injured or hurt as well, so you have to always bear that in mind as well...if a person gives you information, at times you may not be able to use that information because it would lead back to the person who gave you the information. Drug Unit B2*

#### **5.5.1.2 Avoiding detection: sellers' strategy versus Garda strategy**

Both sellers interviewed in site B regarded apprehension by the Gardai as the greatest threat to their drug activities. One seller used a decoy to attract Garda attention by means of disclosing information to a known informant.

*... guards ... know what they're led to know and they get what they want. If there's a big load coming into town like, I often had to do set up someone with a smaller quantity that way, so you could bring in stuff this way ... I wouldn't set up someone close to me ... I'd never send someone down for big time, I wouldn't, no way. But only something that's just put down for personal use you know what I mean. But guards would think that's great. They'd send four or five unit cars out that road for one little bit like that and they could be bringing in a bar the other side of town. And they'd go wait, they often do, they go wait. ...*

---

---

*I'd just ring a rat, a rat is then straight on the phone to him, 'This fella is going out the road', then I'd send my mate up the road. IV 35*

This seller never stored drugs on his own property, and he employed runners or couriers to physically deliver drugs and collect payment.

*I just kept everything away, I never kept anything in the house. I had a few running for me so I had a few boys and they'd be in and out of the area. IV 35*

As noted above, drug consignments were divided up and buried at a series of locations along a stretch of road.

*I used to pull in and hide it here and then go on another few mile and then ... In a ditch, just where there was something, a signpost, that would never be moved I would throw it down, let on I am going for a piss. IV 35*

When selling relatively large quantities (e.g. ounces) this respondent would take cash from a customer and give them directions to the location of the buried drugs.

*I'd have it in ounces and I'd always travel from [deleted] down and every town I'd pass like I had an ounce or close enough to an ounce. So if there was anyone around that little area then that wanted stuff, that wanted a good bit of stuff, I'd say 'Look, here is such a place' and I'd go and meet them first, I'd get the money because it's not a crime to have the money. So I'd go and get their money and I'd tell them where it is. IV 35*

### 5.5.2 Supply-reduction activity

The details of 102 suspected offences in breach of the Misuse of Drugs Act over a six-month period were retrieved from PULSE. The numbers of monthly offences were relatively steady – between 14 and 20 arrests per month (Table 5.16).

**Table 5.16 Drug offences by month of incidence, site B (n=102)**

	n	%
October	20	19.6
November	17	16.7
December	14	13.7
January	14	13.7
February	19	18.6
March	18	17.6

Source: PULSE, October 2008–March 2009

While 102 suspected offenders had been arrested and charged with a drug offence during the six-month period, there had been 322 additional searches of persons and premises that produced negative results during the period (Table 5.17).

---

**Table 5.17 Drug searches by month of incidence, site B (n=322)**

	n	%
October	67	20.8
November	61	18.9
December	52	16.3
January	35	10.8
February	59	18.3
March	48	14.9

Source: PULSE, October 2008–March 2009

Two-thirds (68%) of suspected drug offenders were charged with simple possession. Supply offences accounted for more than one-quarter (27%) of all drug offences (Table 5.18).

**Table 5.18 Drug offences by offence type, site B (n=102)**

	n	%
Simple possession	69	67.6
Supply	28	27.5
Obstruction	4	3.9
Fraud	1	1.0

Source: PULSE, October 2008–March 2009

Cannabis resin and cannabis herb accounted for 47.9% of substances seized (Table 5.19). Heroin accounted for 43.8% of seizures and cocaine for 9.4%. Substances such as ecstasy were rare, being involved in only 3% of cases. There were three seizures of home-grown cannabis during the period, five involving prescription medication and three involving crack cocaine.

**Table 5.19 Seizures by drug type, site B (n=96)**

	n	%
Heroin	42	43.8
Cannabis resin	43	44.8
Cocaine	9	9.4
Other	8	8.3
Tablets	5	5.2
Crack	3	3.1
Cannabis herb	3	3.1
Ecstasy	3	3.1

Source: PULSE, October 2008–March 2009

Fifty-eight per cent of arrests relating to simple possession involved cannabis resin or herb (mostly resin) (Table 5.20). Heroin was seized in over one-third of arrests relating to simple possession. Heroin and cocaine were the most likely substances involved in suspected supply offences, accounting for 85% of total suspected offences.

**Table 5.20 Main drug offences by drug type, site B (n=97)**

	Simple possession (n=69) n (%)*	Supply (n=28) n (%)*
Heroin	25 (36.2)	17 (63.0)
Cocaine	3 (4.3)	6 (22.2)
Crack	2 (2.9)	1 (3.7)
Resin	38 (55.1)	5 (18.5)
Herb	2 (2.9)	1 (3.7)
Ecstasy	1 (1.4)	2 (7.4)
Tablets	2 (2.9)	3 (11.1)
Other	7 (10.1)	1 (3.7)

Source: PULSE, October 2008–March 2009

\*Percentages exceed 100 as more than one drug involved

Most seizures were small – 25% of drugs seized from offenders were valued at €10 or less and 50% were valued at €25 or less (Table 5.21). The median value for cannabis resin seizures in the case of simple possession was €20, meaning 50% of suspected offenders possessed amounts worth €20 or less. Median values were lower for heroin (€10).

**Table 5.21 Value of primary drug seized in simple possession cases, site B (n=69)**

	Cases valued n	Range €	Mean €	Median €
Resin	37	5-200	36.8	20
Heroin	25	5-50	21.4	10
Cocaine	3	15-50	50	35
Crack	2	10-10	NA	NA
Cannabis herb	2	10-80	NA	NA

Source: PULSE, October 2008–March 2009

In the case of supply offences, the median values of seizures varied considerably (Table 5.22). The value of heroin seizures ranged from €50 to €8,000, but half were valued at €2,000 or less. The median value for cannabis resin seizures in supply offences was €1,500.

**Table 5.22 Value of primary drug seized in supply offence cases, site B (n=32)**

	Cases valued n	Range €	Mean €	Median €
Cannabis resin	5	25—35,000	7,725	1,500
Heroin	17	50—8,000	2,950	2,000
Cocaine	6	500—5,000	1,650	900
Crack	1	500	NA	NA
Cannabis herb	1	35,000	NA	NA
Ecstasy	2	500—5,000	NA	NA

Source: PULSE, October 2008–March 2009

Simple possession accounted for two-thirds (68%) of suspected drug offences recorded on PULSE between October 2008 and March 2009. These offences could potentially absorb a considerable amount of resources. If the suspected offender pleaded not guilty, a Garda member would be obliged to attend a court session, which could demand further time, depending on the circumstances.

*Ten Euro worth of cannabis how much hours goes into it? It's ... let me see ... arrest I mean detaining for the search, that's maybe an hour or two, that has to be put onto the computer, it's another 20 minutes. A file has to be prepared, a short file, another hour or two, ok. We're talking three or four hours, I would say seven or eight hours before, for each individual case because you have to go to court at times with it as well, maybe not, but seven or eight hours per, man-hours maybe to deal with one case. Drug Unit B1*

The following respondent explained, however, that there was generally very little time involved in preparing possession offences, particularly where there was an admission of guilt, but that time delays were usually caused by pressure on the FSL.

*The same for possession, there is very little time, there is only a matter of writing the report, if the offender admits it's heroin or cannabis or cocaine, you can generally prosecute without referring it to the Forensic Science Laboratory. Our big hold-up or one of our big hold-ups is the Forensic Science Laboratory, with the volume of cases they have and to get a result back, if you were to wait, it could be a year. So, we generally, if there's an admission that we have cannabis there and the person admitted, we generally prosecute pretty quickly. Section 3 – we just take a report to the superintendent, he authorises the prosecution, the prosecution goes ahead. Drug Unit B3*

Also, depending on the circumstances of the case, the Garda member may not be required to attend court.

*Well writing the report might take two or three hours, it's all about what you want to put into it. If there's other things associated with it, it's how you present your report, it might take two or three hours to write the report or a statement, that's simple, simple possession*

... It may not, it may not even be a day in court, with the court presenter, you know, the inspector would outline the circumstances; the guard may not have to spend time in court.  
Drug Unit B3

However, where a member is required to attend court, this could be quite time consuming.

The other aspect of it as well, which we didn't include in that, we'll say eight hours, is the day you go to court. You could be number 70 on the list. So you will sit there from early in the morning until evening. Now you know the way the system now, that you have the morning and afternoon, but a lot of the times the morning court will overlap into the afternoon. So you could present yourself down in court at half ten and you mightn't get out of it until maybe three o'clock. Just for one case like ... Drug Unit B2

One unit member referred to what he regarded as the inappropriateness of criminal convictions for individuals with no previous criminal history, which are quite often appealed successfully in the circuit court.

Probably a lot of the cases would just be once-off. And I genuinely believe that a lot of them would be once-off. And people like that should be afforded the opportunity. Because if you get a conviction then you can't get a visa for the different countries, the States, New Zealand, Australia, South Africa. And if someone goes to court with say €20 worth of cannabis, and he or she is convicted, they're left with no option then but to appeal it to the circuit court. And if you have no previous convictions and you're of good character and all of this, and it's a once-off mistake you probably will get Section 1.1 of the Probation Act, the judge will, in the circuit court, and you have all this time tied up then for what like. Drug Unit B3

**5.5.2.1 Types of Garda activity**

At least 40% of suspects apprehended for simple possession were arrested as part of a pedestrian or vehicle stop and search procedure (arrest details were unknown for 20% of cases) (Table 5.23). One-quarter (26%) of arrests for simple possession were the result of ongoing investigative work (either a house/premises search or a personal search as part of an ongoing investigation).

**Table 5.23 Circumstances of arrest in simple possession cases, site B (n=69)**

	n	%
Stop and search (pedestrian/vehicle)	28	40.6
House or premises search	16	23.2
Search as part of investigation	2	2.9
Arrested for other offence	23	33.3

Source: PULSE, October 2008–March 2009

Investigative work accounted for a much higher proportion of supply arrests than simple possession arrests (Table 5.24). Almost two-fifths (39.3%) of supply arrests were made after a search of a house or premises, or a personal search during an investigation. Only 11% of supply arrests appear to have been made by a Garda on the beat or spontaneously.

**Table 5.24 Circumstances of arrest in supply cases, site B (n=28),**

	n	%
Stop and search (pedestrian/vehicle)	3	10.7
House or premises search	11	39.3
Investigation	7	25.0
Arrested for other offence	7	25.0

Source: PULSE, October 2008–March 2009

### 5.5.2.2 Measuring effective supply reduction

A good rate of detection in conjunction with a good aptitude for intelligence gathering was regarded as a measure of effective policing.

*It's a combination of a good few things ... drug searches, drug detections, no matter how small they are, just detections ok... how good you are at getting information and how observant you are at getting information and dealing with your information then as well. That's how you're viewed. And, your ... criminal information will come from how good you are at dealing with these people. It's grand to catch them but it's to be able to deal with them afterwards and have the character to be able to deal with these people and extract the information from them. Drug Unit B3*

It was also regarded as important that people were detained on the grounds of a reasonable suspicion that they were in possession of drugs, rather than on the basis that they were simply a known drug user.

*The quality that he is bringing someone in, that he finds something on him for a start, he is not bringing in 10 people and finding nothing or he's building up his reason to bring a search in, that he's seen something. He's not going down the street and saying, 'Oh, there's A, I know he takes drugs, that's why I'll bring him up for a search' you know like, they must see something around him, like he's – A could be walking down for a choc ice and no drugs, so you just don't interfere with people's rights so willy-nilly. Drug Unit B1*

Receiving positive feedback from residents affected by visible drug activity was also regarded as a measure of success – the ability to to address grass-root issues.

*Where you have the community coming back to you eventually, and they're thanking you for doing things, or sorting out a problem or whatever in relation to a drug problem it may be a house [where] there was a lot of drug activity, and that people come to you and they thank you. Residents come to you and individual people come to you and they thank you, that's success. Drug Unit B2*

There was satisfaction in being able to assist drug users with their addiction

*Success in relation to, you have a drug addict that you have been dealing with, that you have arrested, we'll say, and he has been through the courts or whatever, and for whatever*

---

*reason and he has made an effort to try and fight his addiction, and with your help and encouragement. Drug Unit B2*

### 5.5.3 Working with the community: public perceptions of Garda activity

Over half (56%) of survey respondents believed the Gardaí to be effective/very effective in dealing with crime in their area. One-quarter (28%) of residents believed the Gardaí to be not very effective (Table 5.25).

**Table 5.25 Perceptions of Garda effectiveness, site B (n=199)**

	n	%
Very effective	41	20.6
Effective	70	35.2
Not very effective	55	27.6
Don't know	33	16.6

Sixty-two per cent of respondents were aware of Garda activity in the area. Of these, 70% reported being aware of Garda patrol cars, 52% were aware of foot patrols and 51% were aware of Gardaí on bicycles. Less than 5% had observed house raids, stop and searches or arrests being made (Table 5.26).

**Table 5.26 Awareness of Garda activity, site B (n=126)**

	n	%*
Gardaí patrolling in cars	88	69.8
Gardaí patrolling on foot	65	51.6
Gardaí patrolling on bicycles	64	50.8
Response to call from the public	16	12.7
Other	11	8.7
Stop and search operations	6	4.8
House raids	5	4.0
Arrests made in the area	2	1.6

\*Percentages exceed 100% as multiple answers permitted

In relation to reducing drugs and crime in their communities, the largest proportion of respondents (39%) felt that there was a need for more Gardaí on the street (Table 5.27).

---

**Table 5.27 Measures needed to reduce drugs and crime in the area, site B (n=135)**

	n	%*
More Gardaí on the streets/patrolling	52	38.5
Harsher sentencing for dealers	27	20.0
Improve amenities for young people	24	17.8
Education and awareness programmes targeting young people	24	17.8
Other	20	14.8
Increase drug-treatment facilities	11	8.1
Increase in family support services	7	5.2
Don't know	5	3.7
Regeneration of housing estates and flat complexes	4	3.0
Increase social services in the area	2	1.5

\*Percentages exceed 100% as multiple answers permitted

### 5.5.3.1 Information from the public

Over 200 residents and people who worked in the area were asked about their co-operation with local Gardaí on general issues and on drug-related issues. One-half (52%) knew a Garda member in their area by name and 42% had spoken to a Garda about the area they lived in.

As indicated in section 5.4.3, 13% of residents and workers surveyed had reported information about drug-dealing to the Gardaí, and the majority of these had done so within the last three years. Of the 177 respondents who had not reported any information, 18% stated they would not report information if they had it. When probed on the reasons for this, 30% stated fear of reprisal. One-quarter (26%) did not regard it as their business, 14% specified social reasons and 11.6% stated they did not want to be a 'grass' or Garda informant.

The willingness of respondents to report the involvement of young people in the distribution of drugs was also examined. Eighty-six per cent stated they would report a young person's involvement in drugs to other members of the community (Table 5.28). However, the majority were more likely to approach a parent (68%) rather than a Garda member (26%).

**Table 5.28 Reporting a young person's involvement in drug-dealing, site B (n=160)**

	n	%*
Parent	108	67.5
Gardaí	42	26.3
I'd talk to young person myself	28	17.5
Social services	4	2.5
Other	3	3.2
School	3	1.9
Older brother/sister	2	1.3

\*Percentages exceed 100% as multiple answers permitted

Of the 21 respondents who would not report a young person's involvement in drugs, 10 stated that it wasn't their business and 4 stated fear of reprisal as reasons not to report (Table 5.29).

**Table 5.29 Reasons not to report a young person's involvement in drug-dealing, site B (n=21)**

	n	%*
Not my business	10	47.6
Fear of reprisal	4	19.0
Don't know	3	14.3
Other	2	9.5
Would not make difference	2	9.5

\*Percentages exceed 100% as multiple answers permitted

Drug unit members indicated that there was a flow of information from communities to Gardaí about drug-related activity but that people were reluctant to be involved in any legal proceedings because of fear. They believed that it was the responsibility of the Gardaí to create a trusting relationship with community members, assuring them of confidentiality.

*What we find, what I find, is that once members of the public can trust you, and they know that what they're saying to you is confidential and that what they tell us will help us in our investigations without their names being mentioned they will be quite helpful to us. It's all about building up confidence in the general public. Drug Unit B2*

*They will communicate ... through local community police and through the contacts that would have been built up here. But if they saw something happening where they might be required to be a witness, that would be a different thing, because you'll get the intelligence from them, but if something happens, they're just, they're not prepared to go the extra mile. That's the same everywhere – fear, fear. It might be an unfounded fear, but it's very hard to bring people from that level of fear to the level of comfort where they would go to court. Drug Unit B1*

---

#### 5.5.4 Inter-agency partnerships

Garda drug unit members had no official contact networks with drug treatment services in the area. However, the following Garda respondent believed that relations could be developed further in this respect.

*Sometimes I am of the opinion, at times, that maybe because they're doing their job, they feel they're doing their job, we're doing our job, we feel that we're doing our job properly, we don't want to interact with each other for what reasons, that's another reason. But they could be improved I think all right, those type of relations. Definitely that could be improved, now where it starts I don't know. I've never been in that rehab clinic, never been there, never been in there. I've never had anybody ringing us or anything like that for...*  
Drug Unit B2

Some members had less formal contact with treatment services, and occasionally assisted an individual user to access treatment.

*In some of the cases I would know personally and would have built up a rapport with some of the people that work [in drug treatment]. I would talk to some of the relevant people and I would say How are you doing? Is there any chance you could get this guy in? Just to help a guy out. Drug Unit B3*

##### 5.5.4.1 Garda attitudes toward treatment diversion and harm reduction

The need to address the issue of addiction was highlighted by the Garda drug unit members interviewed. It was felt that policing in this area would remain an almost pointless task.

*Well, I think you're always pissing against the wind where there's huge consumption, that's about the size of it. Unless ... we mentioned earlier, like, that if you get a heroin addict, unless the health board take him on board, you should take him out, you know, the courts maybe, take him out of the system. If they put him into prison he's just going to get an equal amount of supply. We should create a special place for heroin addicts that they go.*  
Drug Unit B2

However, drug unit members had doubts about the effectiveness of methadone treatment; there was concern about the use of fraudulent urine samples to maintain participation in treatment.

*One big problem we have, we have with drug treatment and especially it is that they're being conned in relation to urine tests, the top places we search, we'll find bottles of urine, in cars we'll find the bottle of urine and these fellas on the methadone programme, but also you will find them taking heroin as well. So, they're duping the centres here. Drug Unit B1*

Drug unit members accepted the need for harm-reduction services such as needle exchanges.

*I have no problem with that, like, if it's going to do something. Like, there is a needle exchange, a lot more of them are injecting now so it's, you know like, it's better off having them, we will say, using say a user-safe product rather than exchanging needles and exchanging viruses, things like that, which cause a bigger problem. Drug Unit B1*

---

---

## Key findings

### Evolution and organisation of illicit drug markets

- Seventy per cent of survey respondents considered illegal drugs to be a problem, of which three-quarters believed it to be a visible problem, particularly in terms of smoking and cocaine use [snorting]. Injecting drug use was least apparent, and one-fifth of respondents had observed discarded syringes in the area.
- A local economy of stolen goods did exist but appeared to be limited; while one-fifth (21%) of respondents reported having been offered stolen goods by someone they believed to be a drug user, only 7% had been offered goods often or very often.
- Only one-fifth of residents reported that they would be likely to report drug-related information to Gardaí. A small proportion cited fear of reprisal but many spoke of a general reluctance to become involved with Gardaí.
- Half of respondents avoided areas at certain times; reasons cited included the incidence of people hanging around using drugs and alcohol and open drug-dealing.
- Garda drug unit members indicated that vehicle theft, burglaries, shoplifting and muggings were assumed to be associated with drug users and that violence related to drug debt had become more apparent but was not widespread.

### Impact of drug markets

- A variety of illegal drugs was available in rural site B, including cocaine, cannabis, ecstasy and heroin. Crack cocaine was reported to be used by local drug users but rarely available to buy prepared.
  - Supply and demand for heroin initially emerged after the return of criminals to the town who had served sentences in prison and developed a heroin addiction.
  - Residents surveyed cited poor parental supervision, boredom and unemployment as reasons for drug use in the area.
  - The town attracted a substantial number of non-local buyers to purchase heroin.
  - Heroin supply was fluid and loosely structured but constant and was managed by a small number of sellers who sourced their heroin from Dublin and Limerick. Family networks of sellers had dominated supply but outside individuals had emerged as sellers in recent years.
  - Cocaine distribution was regarded as more structured and lucrative and dominated by one particular group of individuals who supplied locations across Ireland. Legitimate business was used as a means of transporting and storing the drug.
  - Street-level distribution was largely confined to closed markets. Exchanges were arranged over the phone and home deliveries were made. New buyers had to be introduced by existing buyers.
  - The profile of drug runners was that of an older heroin addict. Non-drug-using young people (under-18s) were not reported as playing a significant role in drug distribution.
  - Violence associated with the drug market revolved primarily around disputes over territory and debt.
  - Heroin purity levels varied considerably, ranging from 1% to 54% but sample numbers were low (n=6). Active ingredients besides heroin included paracetamol and/or caffeine in the majority of cases.
  - Only two cocaine seizures were analysed for purity, which ranged from 3% to 27%. Other active ingredients in cocaine samples included benzocaine, lignocaine or phenacetin.
-

---

### Responding to drug markets

- Garda drug unit strategy involved both a top-down and bottom-up approach to tackling supply, targeting low-level users to collect information, and executing specific operations to gather evidence on higher-level suppliers.
  - Unit members received no formal training on policing drug markets, learning on the job instead.
  - Gathering intelligence from drug users and drug sellers was critical to success. Drug unit members had to be mindful when using information disclosed by informants. Garda activities could reveal an informant, leaving him or her vulnerable to potential violent retribution from those implicated.
  - Sellers could adapt imaginatively to intelligence-based supply-reduction strategy. One seller used decoys to attract Garda attention by means of disclosing information to a known informant. Drug consignments were divided up and buried at a series of locations along a stretch of road, for buyers to collect.
  - Two-thirds (68%) of suspected drug offenders were charged for simple possession. Fifty-eight per cent of arrests relating to simple possession involved the seizure of cannabis resin or herb (mostly resin) and 50% of suspected offenders possessed quantities of the drug valued at €20 or less. Heroin was seized in over one-third of arrests relating to simple possession; half of these offences involved quantities worth €10 or less.
  - Supply offences accounted for one-quarter (27%) of drug-related offences. Cannabis had a much less predominant position in supply seizures; heroin and cocaine were the substances most commonly involved in suspected supply offences, accounting for 89% of total suspected offenders.
  - There was generally very little time involved in preparing possession offences, particularly where there was an admission of guilt; time delays could arise when cases had to go to court or because of pressure on the FSL.
  - Over half (56%) of survey respondents believed Gardaí to be effective in dealing with crime in their area, with just one-quarter (28%) regarding their efforts to be ineffective. In relation to reducing drugs and crime in their communities, the largest proportion of respondents (39%) felt that there was a need for more Gardaí on the street.
  - Drug unit members indicated that there was a flow of information from communities to Gardaí about drug-related activity but that people were reluctant to be involved in any legal proceedings due to fear. Only a small proportion (18%) of survey respondents was unlikely to report drug-related information to Gardaí, mainly due to fear of reprisals or the belief that it was not their business.
  - Respondents were positively inclined to report the involvement of young people in the distribution of drugs, with 86% stating that they would do so, most likely to the young person's parents rather than Gardaí.
  - Garda drug unit members had no formal contact with drug-treatment services in the area, though there was recognition that addiction needed to be tackled; otherwise, policing would remain an almost pointless task. Doubts were expressed about the effectiveness of methadone treatment, given the use of fraudulent urine samples to maintain participation in treatment.
-



6

SITE C

## 6 SITE C

### 6.1 Introduction

This section provides a profile of study site C. The site is profiled briefly using social, economic and demographic data. Data from the street survey are used to highlight local perspectives on living in the area.

The characteristics of the drug users and sellers interviewed in the site are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity, and relationships with local Gardaí, are also explored.

Interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area on the local drug market are also included. This section also presents criminal justice data on drug searches, drug arrests and seizures and data on local drug prices. Drug purity data and information about typical drug adulterants provided by the FSL are also analysed. Finally, the views of individual Gardaí on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the prioritisation of resources in relation to drug-related crime are also investigated. The section concludes with the key findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

### 6.2 Profile

Site C is an urban site, encompassing 20 EDs, with a population of some 30,000. All 20 EDs reported the maximum deprivation score of 10. All divisions reported an SPR higher than 2, and seven reported an SPR of 5 or more (Table 6.1). Many of the divisions had high rates of unemployment, of local authority housing and of low socio-economic status. All reported unemployment rates higher than the 2006 national average of 4.4%, and almost half (eight) had rates more than double the national average, at 10%–15%. The rate of low socio-economic status ranged from 25% to 50% across the 20 EDs. The majority reported local authority housing density of 25%–39%, and three divisions had a density of 50% or more.

**Table 6.1 Deprivation indicators and standardised prisoner ratios (SPRs), site C**

Unemployment (%)	Divisions (n)	Low socio-economic status (%)	Divisions (n)	Local authority housing (%)	Divisions (n)	SPR	Divisions (n)
6-9	12	25-39	13	Less than 25	7	2-5	13
10-15	8	40-50	7	25-49	10	5 or more	7
				50 or more	3		

ED = electoral division; SPR = standardised prisoner ratios

Source: Various (Irish Census, Irish Prison Service, Small Area Health Unit, Trinity College Dublin, please see section 2.2)

#### 6.2.1 Neighbourhood satisfaction: perspectives of survey respondents

Of the 202 residents surveyed, 70% regarded their area as a fairly good or very good place to live. Over half (58%) cited the social infrastructure of the area (child care, shops, restaurants etc.) as a benefit of living in the area and one-fifth (22%) cited the presence of a good community.

### 6.2.2 Social problems: perspectives of survey respondents

Over two-thirds (67%) of those surveyed considered illegal drugs to be a problem in the area. Perceptions of social problems other than illegal drugs were also assessed. Three-quarters of the respondents regarded underage drinking as a big or very big problem in the area (Table 6.2).

**Table 6.2 Respondents' perceptions of social problems other than illegal drugs, site C (n=204)**

	Respondents questioned n	Positive responses n	%
Underage drinking	201	157	78.1
Litter	202	127	62.9
Derelict buildings	200	121	60.5
Teenagers loitering	202	118	58.4
Public drunkenness	202	106	52.5
Vandalism and graffiti	202	94	46.5
Property/vehicle damage	200	86	43.0
Abandoned/burnt-out cars	201	81	40.3
On-street intimidation	199	47	23.6
Noise at night	177	34	19.2
Racial harassment and attacks	191	14	7.3

### 6.2.3 Drug services infrastructure

Drug-treatment services such as methadone substitution were available in site C. Harm-reduction needle-exchange services were also available locally. A small number of outreach workers provided services in the area.

### 6.2.4 Profile of drug-using/selling participants in site C

The majority of drug-using/selling participants in site C were aged 21 years or under, had no children, had left school before completing the Leaving Certificate examination, and cited welfare benefits as their main source of income. Cannabis was the main problematic substance for more than half the sample, followed by heroin and tablets (benzodiazepine). Nearly all participants had used illegal drugs (cannabis) before the age of 16. None were in treatment (beyond connecting with outreach or low-threshold services) at the time of interview and the majority were still using or had been drug free for less than six months (Table 6.3).

**Table 6.2.4 Circumstances of arrest of simple possession suspects, site C (n=258)**

	n	%
Stop and search (pedestrian/vehicle)	162	62.8
House or premises search	17	6.6
Search as part of investigation	1	0.4
Arrested for other offence	78	30.2

Source: PULSE, October 2008 - March 2009

**Table 6.2.5 Circumstances of arrest of supply suspects, site C (n=50)**

	n	%
Stop and search (pedestrian or vehicle)	11	22
House search	21	42
Search as part of investigation	2	4
Arrested for other offence	16	32

Source: PULSE, October 2008 - March 2009

**Table 6.3 Profile of drug-using/selling participants, site C (n=8)**

Profile attributes	
<b>Gender</b>	Male (6) Female (2)
<b>Age</b>	18–21 years (7) 26–34 years (1)
<b>Ethnicity</b>	Irish (7) Polish (1)
<b>Dependants</b>	No dependants (8)
<b>Accommodation</b>	Living with parents (5) Homeless (3)
<b>Education</b>	Left school before age of 15 (1) Junior Certificate (5) Leaving Certificate (2)
<b>Income</b>	Social welfare (7) Parents (1)
<b>Problematic drug use</b>	Heroin (2) Cannabis and other* (5) Tablets (1)
<b>Current drug use pattern</b>	Using in last 6 months (7) Drug free 6 months plus (1)
<b>Age of first drug use</b>	Under 12 years (1) 12–15 years (6) Unknown (1)
<b>Treatment history</b>	Not receiving treatment (6) Unknown (2)

\* ecstasy or benzodiazepine tablets

Only three participants reported selling drugs (cannabis) and one participant reported a drug-specific criminal conviction (Table 6.4).

**Table 6.4 Drug-selling profile of participants, site C (n=8)**

<b>Drug-selling history</b>	Sold drugs in the past (3) Never sold drugs (5)
<b>Drug type sold</b>	Cannabis (3)
<b>Criminal convictions</b>	Drug possession (1) Other convictions (2) No criminal history (4) Unknown (1)

### 6.3 The evolution and organisation of illicit drug markets: site C

This section presents findings describing the evolution and organisation of the illicit drug market in site C.

#### 6.3.1 Market evolution

There has been an established drug market in site C for over 20 years, with illegal drugs such as cannabis and ecstasy traditionally available. Prescription medication such as benzodiazepine was reported to be widely used by both young and old, bought either legitimately on prescription, or on the black market using forged prescriptions, or from drug sellers. Cocaine use and availability emerged in recent years in the context of increased prosperity, but has since declined.

*Where prescription medication, actually through GPs and pharmacies, have been used traditionally a lot of hash use, weed, ecstasy use ... During the Celtic Tiger times then it moved onto a lot of cocaine use. Outreach Worker C3*

Since 2007, the demand and supply of heroin has grown steadily. This growth has been attributed to the arrival of non-local heroin users with a history of heroin-selling. This increase is regarded as having developed incrementally rather than suddenly.

*So, these particular guys obviously, they came with the habit and with probably years of experience of dealing heroin and they had no other way of getting into any other markets other than the one they knew best I suppose... I remember we could trace back this heroin distribution in the city to about two or three individuals who had left Dublin because of problems they were having in Dublin. Not particularly gangland type problems but people whose lives were in slight threat because of money difficulties they had in Dublin. They relocated down here where they got away from their problems. They brought their heroin addiction problem with them and they started dealing to feed their own habits ... it just escalated from there. And I suppose quite a number of non-nationals, as well, seem to have arrived here with the heroin. Drug Unit C1*

Almost one-quarter (23%) of residents surveyed cited unemployment and boredom as the reasons for drug use in their area. One-fifth (20%) cited the lack of facilities for young people (Table 6.5).

**Table 6.5 Perceived reasons for drug use, site C (n=121)**

	n	%*
High unemployment	28	23.1
Boredom	28	23.1
No facilities for young people	24	19.8
Poor parental supervision	18	14.9
Availability of drugs	15	12.4
Don't know	10	8.3
Poverty	7	5.8
Other	7	5.8
Poor education	6	5

\*Percentages exceed 100% as multiple answers permitted

The only details of first-hand experience of entering the drug market obtained at interview were given by young cannabis sellers. Of the eight drug market users interviewed, three sold cannabis. They had begun selling in a relatively informal manner when they were 16 or 17 years of age, initially selling to friends before expanding their customer base and managing larger quantities.

*The first time I ever tried it I only got an ounce and then I got my own quarter then for free by selling three of them. I cut them down to four, sold three of them and then kept one of my own and got it for nothing like. So, I could say I was only given three and gave them to three of my friends. So I was just getting my own off nothing. And I just kept doing that for a while and I just got two ounces and then onto a half bar or a bar. IV 20*

*When I started dealing drugs ... it was pretty much hand-to-hand dealing – I'd get it for the person, not making anything myself pretty much like. Just doing a favour for my friends. Well, drug friends like, you know ... I was about 16, that's when I started like. IV 21*

Drug-treatment workers and drug unit members underlined the widespread use of cannabis in the area and the involvement of young people as sellers among their peer group.

*Yeah, very much in cannabis – I know that – I have one client who is 15 years old who is dealing, you know. I have another guy who is 16 and a half or 17 who is dealing in a major way with cannabis. My evidence is that anybody with that kind of age profile isn't really getting involved in the heroin kind of thing ... Outreach Worker C1*

One seller followed his older brother into drug-dealing. His brother sold large quantities of cocaine.

*He was getting bars of coke. You know, he was big like and that's where I learnt the dealing from him. You know because I was looking at him and I was saying fuck, look at the money that he is making. IV 21*

---

One seller recalled being specifically encouraged to sell by his supplier.

*... and he was like instead of buying it off me why don't you start doing it. I was only 16, 17 ... then I started getting half a bar of hash like do you know what I mean, wanted to make money off this. And I was only 16 and I was going to school. Then it ended up like they give me a bar of hash you know. And then I got in a big huge debt over it and I can't do this anymore. IV 39*

#### **6.3.1.1 Drug availability**

Interviews with Garda drug unit members and outreach workers underlined the growth in heroin use and availability around 2007.

*For the last two years all we're dealing with really is heroin. Drug Unit C1*

A recent decline in cocaine use was attributed to the fall in disposable incomes.

*So I mean to talk to people involved in the distribution of cocaine will tell you there's a dramatic decrease ... And I mean some people... instead of using cocaine they're going back to ecstasy because instead of spending 100, 150 a night you could now probably manage with 20 or 30 Euro. Drug Unit C2*

Cannabis herb – rather than resin – was very prevalent drug.

*Cocaine and cannabis, there's very little hash around these days, it's mainly all grass. Drug Unit C1*

The trading of prescription medication was also widespread. Outreach workers considered the use of sedatives to be widespread among older heroin users and teenagers. Among local young people, sedatives were regarded as more popular than ecstasy.

*I suppose really from the ages of maybe 17 upwards, 17 to 24/25 – that kind of demographic. High levels of codeine use – D8s, D10s – those prescription medications ... Outreach Worker C1*

*Yeah here like it would be teenagers, you know, drinking at weekends and popping their Smarties [benzodiazepines] as well like you know, on top of it, with the drink yeah and just really just being totally out of their heads. Outreach Worker C3*

Four sellers had started abusing benzodiazepines and other sedatives in their late teens.

*And then when I got withdrawals I started using coke and taking D10s. IV 38*

*But at 17 I was fucking bad on Smarties and so I got kicked out of home. IV 21*

The data from interviews with drug units and outreach workers are supported by PULSE drug offence data, which was gathered from October 2008 to March 2009. In site C, cannabis resin was seized from 39% and cannabis herb from 36% of individuals charged with a drug offence. Heroin accounted for 13% of seizures and cocaine powder for

---

7%. There were no seizures of crack cocaine during the six-month period. The PULSE data do not reflect the widespread use and availability of prescribed sedatives (Table 6.6).

**Table 6.6 Seizures by drug type, site C (n=307)**

	n	%*
Cannabis resin	120	39.1
Cannabis herb	112	36.5
Heroin	40	13.0
Cocaine	24	7.8
Ecstasy	13	4.2
Cannabis herb (home-grown)	11	3.6
Other	10	3.3
Tablets	2	0.7

\*Percentages exceed 100 as more than one drug seized  
Source: PULSE, October 2008–March 2009

Seizures made in connection with supply offences indicate what substances may be sold locally. Collectively, cannabis herb and resin were involved in 50% of suspected supply offences, heroin accounted for 27% of offences and cocaine for 18% (Table 6.7).

**Table 6.7 Supply offences by drug type, site C (n=50)**

	n	%*
Heroin	13	27.1
Cannabis resin	10	20.8
Cannabis herb	10	20.8
Cocaine	9	18.8
Ecstasy	9	18.8
Other	6	12.5
Cannabis herb (home-grown)	3	6.3
Tablets	1	2.1

\*Percentages exceed 100 as more than one drug involved  
Source: PULSE, October 2008–March 2009

Evidence suggests that drug sellers tended to differentiate between the selling of heroin and the selling of other substances, such as cocaine and cannabis.

*Some of them would sell both – I think you will find a certain few people who will only deal in grass or coke or just ordinary cannabis – it is a different type of person who will be dealing in heroin then. They are all aware that it is a taboo thing to deal with but the money is better in it like. Drug Unit C4*

---

In one seller's community, there were different street-level sellers for different drugs.

*Just certain groups like there'd be one coke dealer and there would be a different weed dealer [and] another person who sells smarties. IV 37*

However, one seller interviewed sold cannabis resin, ecstasy and prescription medication. Some of his suppliers sold a variety of substances and some sold just one substance.

*One of them would have done everything and some people then just do the hash as well like, just nothing else. IV 20*

PULSE data provide supporting evidence of the specialised nature of drug-selling by drug type. Of the 53 suspected offenders arrested for supply, only 4 were in possession of more than one illegal substance.

### **6.3.2 Market structure: buyers and sellers**

PULSE data identified that 86% of suspected offenders arrested under the Misuse of Drugs Act in site C during the period of the study (October 2008 to March 2009) were local. The area did not seem to attract a high proportion of outside buyers.

*It is a very closed shop up around here. Drug Unit C2*

*You wouldn't hear of too many people travelling here to buy it. Drug Unit C4*

#### **6.3.2.1 Sellers**

The distribution of drugs such as cocaine and cannabis was concentrated among a small number of established family networks who have been involved in drug-selling for up to 20 years.

*In relation to the coke and all the rest they're families. Going on for generations there, and they just, do you know the parents are at it, the kids have been at it, they're brought in at an early age, they tend to be harder, a few of them tend to not have, in relation to coke and cannabis, tend to have very little hands-on involvement... These people see drug-dealing as nearly a right. They have known no other way for maybe 20 years of making money and they're not going to change that now. Drug Unit C2*

It was estimated that the cocaine and cannabis markets consisted of up to five high-level distributors who managed multiple kilos and who were known to the Gardaí. Below this level, it was estimated that there was up to 20 sellers buying kilo level amounts, with up to 40 or more ounce-level sellers operating in the area.

*There might be five people who would be dealing in multiple kilos and thousands worth of drugs at one time, whereas people who would be buying a kilo of coke, selling it, buying a couple of kilos of weed, hash, there could be 20 – I don't know, maybe a conservative estimate would be 20 people. Then you'd have people down who are going to be buying in ounces and there would be quite a few there that the numbers would be increasing as you mostly go down obviously. So, I suppose in total the number of drug-dealers in this area, just based on cases we'd have, we catch I suppose anywhere in the region of 70 dealers in [location] per year, at a certain level, not at the bottom rung of the ladder. Drug Unit C2*

---

---

It was estimated that there were about four individuals supplying the area who were managing quantities that varied from 9oz bars to kilos. As noted in sections 4 and 5 above, at this higher level of cocaine and cannabis distribution, suppliers were 'hands-off': they rarely came into contact with the drugs they were selling. Consignments were subdivided and allocated to a variety of lower-level sellers who bought ounces of the product.

*So, they were the three probably top fellas, and after that then they're giving ... do you know they're the ones with the quantity and they're handing it out to other people then, so I suppose there is really three or four. Drug Unit C1*

*The main players won't touch them. They will have second-in-command and third-in-command who will organise the transport of them, will organise to bring a fella up to [location outside area] – the fella he is giving them to will have a girl in the car with him. She will get out, meet somebody else, they will go away, collect it and that car will travel back. The main person never has his hands on it. It ... will go into a flat or an apartment, split up and some of the ounces will go to one supplier and then some of them more to another. Then he will divide those again to someone on a lower level. Drug Unit C4*

Heroin was distributed outside the established networks of sellers. Drug unit members had traced the origins of heroin distribution to outsiders, both Irish and non-Irish, who had arrived in the area with a heroin addiction.

*So, these particular guys obviously, they came with the habit and with probably years of experience of dealing heroin and they had no other way of getting into any other markets other than the one they knew best I suppose. Drug Unit C2*

*Well, the established dealers would have quite an established drug-dealing network for all other types of drugs but the main dealers here would be quite large scale and running big businesses – wouldn't have anything to do with heroin... Drug Unit C1*

There was a less sophisticated structure of distribution in place for heroin. According to drug unit members, heroin suppliers in the area were less likely to have an intricate distribution network and were more 'hands-on', that is, they made contact with the drugs at some point.

*I know from the heroin point of view, it tends to be easier to catch the top fellas because most of them don't trust anyone below, there are only a few fellas that are selling that aren't using, and they don't trust any of the users. So they tend to be hands on, so it makes it, it does make it some bit easier to catch them. Drug Unit C1*

Prescription drugs were widely used and sold in the area by drug users and sellers. Little was known by Gardaí about the distribution of these medications, though they acknowledged it was a serious problem in the area.

*A major problem we have up here too at the moment is these D10s and these D5s you know – these prescription drugs – we had a fella there the other night and he had about 300 of these in his possession ... – I don't know where they are getting them ... They were always there you know but there was something that we never really kind of targeted as such. But they are definitely popping up now like – every fella is on them up here like – the relaxers and all. Drug Unit C6*

---

---

Drug-treatment workers reported that users secured multiple prescriptions from different doctors.

*I have come across a few times now when people would have three or four prescriptions at different doctors you know and what tends to happen as well, you might get five or six people and they would all have a prescription and they'd share their tablets then. So, they would all pool in. Say if I get my prescription on a Tuesday I will share them out – you get yours on a Wednesday and that is the way it goes. Outreach Worker C2*

Young people obtained prescription drugs from older family members. The use of such medication was widespread.

*They can buy them very easily from each other. A lot of them would be taking tablets from their parents or grandparents or whatever. Outreach Worker C1*

There were suspicions that a small number of GPs were irresponsibly writing prescriptions for patients.

*I suppose there is anecdotal evidence to say that clients are going to their GPs, presenting with X and Y symptoms to get the drug of choice that they want. And there is anecdotal evidence to say that while the vast majority of GPs locally are very, very good – they don't give out prescriptions willy-nilly – a few GPs have been doing that. Outreach Worker C1*

### **6.3.2.2 Transport, preparation and storage of drugs**

A variety of individuals were involved in the transport of drugs; many were drug users acting for others in return for drugs.

*I would say a lot of those fellas who are handling it are addicts themselves. They are doing favours for your man by moving it and they are getting a cut of it – but like basically what happens most times is that – this dealer or whatever – middle man – he will go to like a junkie like and he will say look– drop a container with 50 bags off for me to a house there – or drop 55 bags off for me and I will give you a 50 bag for yourself. Drug Unit C6*

Similarly, vulnerable users were prevailed upon to store drugs for others in exchange for drugs or to pay off debts they had accumulated.

*People on the ground then that are handling the most drugs are the people who are probably the most naïve and the most gullible and easily drawn into this kind of circle. And as well as that some of them might have addictions themselves that are preyed upon really and ... they're not master criminals these people, they're just people who are in trouble themselves big time, and a lot of them just don't know how to get out of it, and it's like a vicious circle then. Drug Unit C3*

None of the three cannabis sellers interviewed involved another person in storing or transporting their supplies. Two sellers stored their cannabis outdoors, usually underground.

*Buried it ... in a field, yeah. IV 37*

When dealing with larger quantities, one seller preferred to act as a middleman, linking his buyers to his supplier. He never took the drugs into his possession, organising another individual to pick it up or make a delivery.

---

---

*No. I'd organise it. Just make a phone call like, you can't get 10 years for a phone call but you can get 10 years with the bar in the hand. IV 21*

### 6.3.2.3 Street-level distribution of drugs

#### Closed markets

Respondents did not report open selling of illegal drugs at street level in any of the communities in site C. There was no specific drug market or hot spot, though several sellers lived in close proximity to each other. Transactions were arranged using mobile phones and drugs were exchanged at various locations convenient for buyers and sellers.

*You have to be introduced, or you'll have to have a reasonable explanation how you got their number. Most people won't deal with a person that just rings up that they don't know. You've a few that will, but... what you would more or less see is a few fellas waiting, or someone would be waiting and someone would come from out of a house or someone would come from somewhere else, and do a handover on the street and walk away again. Drug Unit C1*

One seller explained that his own drug habit contributed to his paranoia.

*No, I wouldn't because I'd be too wary you know. You're smoking; you'd be paranoid like, full paranoid. You wouldn't have given it to anyone. IV 37*

Another cannabis seller contacted his customers to let them know when he was expecting his supply.

*If I knew I was going to get them a couple of days before I actually got them I'd be ringing people asking them do they want bars or whatever like. Sell about 20 anyway, no bother. IV 20*

For most buyers, sourcing drugs, whether cannabis or heroin, was all about making calls and using their social networks to find the drugs they wanted.

*You'd have to make phone calls, make arrangements you know that kinda way. And then get it that way. But other than that like you ain't gonna get it on in this town if you don't make arrangements, make phone calls, you know that way. IV 23*

However, given that the area contained several close-knit communities, drug-dealers were accessible via mutual acquaintances and friends.

*Well there's certain people that wouldn't sell it to a stranger. But like if I didn't know the person I would know a person that knows the person to get it off the person for me, do you know. It's just a big circle like, do you know what I mean. IV 21*

Users could be contacted by sellers when they had drugs to sell.

*I never went looking for them in that way. I get paid on a Thursday so when I get paid on a Thursday I could get a message say Friday and I could have money left in my pocket and like there could be 90 D10s or Upjohn 90s or Upjohn 70s know what I mean, if you want them. IV 23*

---

---

One seller lived in a neighbourhood with a reputation for drug supply. Sourcing drugs was a matter of calling into a neighbour's house.

*Yeah I mean, [location] is infested with drugs. I mean, there's kids buying it off old men like, do you know what I mean. You could approach anybody up [location] and ask them for drugs and they'd tell you. You know, that's how bad it is like. IV 21*

### Runners

Some sellers employed runners to deliver drugs to buyers at street level. The runners were likely to be paid a fee for this task. Some drug users ran drugs to pay off debts owed to a seller, for which they received a very small proportion of the profits being made from the transactions. Although it did occur, according to respondents, there was little involvement of very young people (aged 16 and under) in drug distribution.

*Yes, probably in terms of runners the young people are being identified as low risk in terms of if they're caught, the legal implications. I mean, again that family would often use the younger members of the group, under 12s, to bring the drugs to hand over, quite large quantities of drugs but that would be quite unusual. The number of people doing that would be quite small. One or two other dealers have used that system as well, but no, the numbers would be very small I expect. I hear about it but I don't see that as a reality on the ground. Drug Unit C2*

*That [involvement of under-16s] is not prevalent up here, no. I could safely say that doesn't happen up here. Drug Unit C6*

A runner was normally a user who was a friend or an associate of a seller, or an older teenager – aged 16 or over. Only one of the three cannabis sellers used runners to deliver drugs.

*They'd ring me; they'd ring me, yeah. Or else I'd get one of the boys that would run with it like... One of my friends, you know that would be inside smoking with me. I'd just go, 'Just drop that there down around the corner for me.' 'Yeah no bother.' 'I'll give you a nodge.' 'Nice one.' IV 21*

*Two other sellers who did not use runners confirmed that runners aged 16 and over were used in their area. There would be ([runners] yeah ... from 16 and up I would say. IV 37*

Observations by Gardaí, drug users and sellers are supported by PULSE data. Table 6.8 presents PULSE data showing the breakdown by age of suspected offenders arrested under the Misuse of Drugs Act from October 2008 to March 2009. Sixteen juveniles were suspected of drug offences (14 males, 2 females); all 16 were possession offences, and 15 of the suspects were caught with cannabis resin or cannabis herb.

---

**Table 6.8 Suspected offenders, by age and offence type, site C**

Age	Possession (n=258) n (%)	Supply (n=50) n (%)	Cultivation (n=1) n (%)	Obstruction (n=3) n (%)	Fraud (n=2) n (%)
Under 18	16 (6.2)	0	0	0	1 (50.0)
18-24	155 (60.1)	20 (40.0)	0	3 (100.0)	1 (50.0)
25-34	70 (27.1)	21 (42.0)	1 (100.0)	0	0
35 or over	17 (6.6)	9 (18.0)	0	0	0

Source: PULSE, October 2008–March 2009

#### 6.3.2.4 Drug transactions: payment, credit and stolen goods

##### Credit

Drugs are often bought and sold on credit. Drug sellers buy a quantity of drugs on credit ('on tick') and pay their supplier an agreed amount after they have sold them within an agreed time. Three cannabis sellers interviewed all received drugs on credit from their suppliers. There were clear deadlines for full repayment.

*You would ask him for as long as you want like and he'd say 'No, I need the money for whenever like, can you give it to me then if you want it or not.' It would be your choice like. IV 20*

Similarly, users bought drugs on credit and paid their supplier on the next occasion they bought drugs.

*You'd probably be looking about 600 or 700 pound [spent on cannabis and prescription drugs] ... Get it on tick, through the dole. Get money some way you know. IV 23*

One supplier offered sellers larger amounts of drugs on credit.

*It just came, he [supplier] offered and I took it. Any drug-dealer would like you know. IV 37*

However, another seller explained that one had to build up trust with suppliers to obtain larger amounts.

*It depends who you're getting it off. Like if you were only getting a bar a week all the time and you were asking for 10 bars like you haven't got a hope. But if say two bars and then ask them for a k. Start working your way up like once he sees that you can bring back the money every time like. He'll give it to you. IV 23*

When dealing with users, one seller who sold drugs on credit insisted on collateral being provided, such as jewellery.

*Like before like people used to fuck me around a lot, in other words, 'Oh I don't have the money, I'm sorry.' Then I'd have to give them a dig simple as. 'Get my money in an hour or you're going to get a beating.' But then I just started to say, 'Fuck it no, before you get anything else, you can give me a ring or something to cover it so I can sell the ring then.' ... And then it just worked out easier because people had valuable jewellery that they were giving me so they could get a smoke and then people paid me. It was handy enough. IV 23*

---

### 6.3.2.5 Competition, conflict and debt collection

#### Competition

According to drug unit members, the market was competitive but relatively ordered. Although there was tension, this rarely led to serious violence at any market level.

*...everybody knows their own place here. Do you know what I mean? Everybody has their own loyalties, everybody knows their own place. Drug Unit C3*

*Some of – well some would be in, most of them are in competition but they're not violent towards, you know – they're not out shooting each other or they're not out beating the shit out of each other as such, do you know. They're just more, they accept that they're in competition and there's no animosity per se. They mightn't like each other but they don't be out, do you know trying to have battles with each other. Drug Unit C1*

The extent of street-level heroin- or cocaine-selling is difficult to determine. However, both heroin users interviewed had the option to purchase heroin from four different sellers. The local cannabis market involved a considerable number of street-level and middle-market dealers to meet the large demand. Rather than leading to violence, competition compelled dealers and suppliers to give better terms (such as credit), sell larger quantities or sell at a cheaper price.

*If you got it cheaper you're gonna get it off the other fella like. ... You'd have to give out bigger bits like or else give a load of it on tick. Like if your hash is nice then people want it as well. If you start giving out a few, even if you only give out a couple big nodules like inside school people will say, people will show it to someone else and they'll say who did you get that off? IV 20*

*There was a whole load of that [competition]. They'd say all right and you'd tell them what price, they would say they can't do it and then they'd come to a different dealer and he'd probably say nice one and give them a big nodge. IV 37*

#### Conflict

Violence and intimidation was generally related to debt collection, sometimes involving users who were unable to pay for drugs they had received on credit or sellers who owed suppliers money for drugs that had been seized by Gardaí. Levels of violence were not regarded as very serious however.

*There would be definitely be with dealers – intimidating families like we'd often hear now the mother having to pay a dealer because he was threatening her son or you know they'd come up with the money by 5 o'clock or else and they pay him then. That is the only kind of intimidation that we would come across really. Outreach Worker C2*

*There is a lot of that people getting the stuff on tick like and you end up having – if a fellow gets caught then for a Section 15 [supply] or something and he has no money and he goes looking for his debt or looking for the money he is owed and it is not forthcoming – like we would have a few assaults here and there but nothing major down here to be honest. Drug Unit C6*

---

---

One drug unit officer observed that a number of sellers were unable to sell their product at the required prices to pay their supplier. The decrease in demand for cocaine had been problematic for sellers who had purchased several kilos but could not sell it.

*Since January, the start of this year, we have had more people who would have contacted us who were drug-dealers saying, 'Yeah we're at this level, but we're being threatened, our houses are being threatened, we're going to be killed.' Debts have increased quite dramatically because again, these were people who may have taken on 20,000 or 30,000 Euro worth of drugs ... the chances of getting the money back for it nowadays is next to nil so they end up owing quite substantial amounts which somehow is going to have to be paid and if they don't pay and in vast cases they can't pay, I mean there's quite a lot of threats going on around the place to these type of individuals. Drug Unit C1*

No users indicated that they had had problems repaying debts owed. However, offering drugs on credit had its drawbacks for sellers. Users might not produce payment on time, causing sellers who owed money to delay payments to their own suppliers. This provoked sellers to use violence, even when the amount of drugs involved was small or when the user was friend.

*I'd just tell them [customers] you're gonna have to pay me and that's just it. I did [use violence], yeah... Just kill 'em like, you know not kill 'em just give them a beating and that's it like. If they don't have it like, I had to do it to my friends like. One of my friends owed me 50 Euro and I had to beat him like and again in an hour – he came back with the money in an hour. That means you won't mess around like. IV 37*

*But then that [giving drugs on credit] creates violence then as well. You know, because I will be looking for my money, he's looking for his money, if I don't have his money, I get a dig, if I don't have my money, they get a dig you know. It's just a big circle again as I said like. ... Like before like people used to fuck me around a lot in other words, 'Oh I don't have the money, I'm sorry.' Then I'd have to give them a dig, simple as. 'Get my money in an hour or you're going to get a beating.' But then I just started to say, 'Fuck it no, before you get anything else, you can give me a ring or something to cover it so I can sell the ring then.' IV 21*

#### 6.3.2.6 Profit, price and purity

##### Profit

Only three participants admitted to selling drugs (cannabis in each case). Profit margins varied depending on what they had paid for the cannabis. One young seller bought a 9oz (bar) of cannabis per week at a price of €450–€500 and sold it at €30 a quarter-ounce. He could potentially sell this amount for €1,080, but generally he doubled his money, making €450–€500 profit per week. Another seller bought a 9oz bar per week for €700 approximately, which he sold at €30 per quarter-ounce, making €250 profit per week.

*You'd make about €950 up to €1,000 and you'd get it for €700 ... €250 [profit] roughly ... That would be a week. IV 37*

Another seller only sold 3oz of cannabis resin per week, buying an ounce for €90 and selling four quarters at €30 each, making €30 profit per ounce.

---

### Price

Respondents provided information on the street-level prices of different substances in different quantities (Table 6.9). Heroin street deals or 'score bags' retailed at €25 per bag. A half-eighth of cocaine retailed at €100, an eighth at €200. A quarter-ounce of cannabis resin could be purchased for €30, an ounce could be as cheap as €90. Cannabis herb was more expensive; an eighth or quarter-ounce sold for €50 and a half-ounce for €150.

**Table 6.9 Price of locally available drugs by weight, site C**

	Quantity/ street term	Weight (g)	Price (€)
Heroin	Score	0.20–0.25	25
Cocaine	Half-eighth	1.75	100
Cocaine	Eighth	3.5	200
Cannabis resin	Quarter-ounce	63	30
Cannabis resin	Ounce	252	90-100
Cannabis herb	Eighth	3.5	50
Cannabis herb	Half-ounce	14	150
Amphetamine	Speed	1	25
Ecstasy	1 tablet		3
Ecstasy	1,000 tablets		1,000
Benzodiazepine	1 tablet		1.50-2.50

Source: Prices given in interviews with users/sellers during current research

### Purity

Samples from 85 heroin seizures were submitted to the FSL for analysis, of which 30 (35%) were quantified for heroin purity levels. Purity varied considerably, ranging from 28% to 63%, with an average of 46% (Table 6.10). One-quarter of the samples recorded less than 37% purity and one-quarter had purity levels greater than 56%.

**Table 6.10 Heroin purity levels, site C**

No. of samples	Mean (%)	Median (%)	Min (%)	Max (%)
30	46	47	28	63

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

The heroin samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=24) weighed less than 1g and had an average purity of 45%, ranging from 28% to 63%. Seizures relating to supply offences (n=6) weighed between 1g and 4g and had an average purity of 47%, ranging from 32% to 58%.

Two-thirds (56) of the samples were analysed for the presence of active ingredients other than heroin (Table 6.11). All the samples analysed tested positive for one other active ingredient, 39 (70%) tested positive for two other active ingredients and six (10%) tested positive for three other active ingredients. Caffeine was present in 54 of the 56 samples submitted. Paracetamol was identified in 37 samples (paracetamol and caffeine were the additional active ingredients in 54% of cases). A small proportion of cases reported a third active ingredient, such as lignocaine, griseofulvin, levamisole or benzocaine.

**Table 6.11 Active ingredients other than heroin in seizure samples analysed**

	N	%*
Caffeine	54	96.4
Paracetamol	37	66.1
Benzocaine	4	7.1
Lignocaine	3	5.4
Griseofulvin	1	1.8
Levamisole	1	1.8
Mannitol	1	1.8

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Samples from 56 seizures of cocaine were submitted to the FSL for analysis, of which 30 (54%) were quantified for cocaine purity (Table 6.12). Though cocaine purity ranged from 2% to 56%, purity levels were generally low, with an average of 14%. Half of the samples had a purity level of 9% or less.

**Table 6.12 Cocaine purity levels, site C**

No. of samples	Mean (%)	Median (%)	Min (%)	Max (%)
30	14	9	2	56

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. There were 25 seizures relating to possession offences; these weighed between 0.1g and 6g and had an average purity of 12%. Five supply offence seizures weighed between 0.2g and 18g and had purity levels ranging from 9% to 56%, with an average of 24%.

Of the 56 cocaine samples submitted for analysis, 46 were analysed for the presence of active ingredients other than cocaine. All 46 samples tested positive for at least one other active ingredient, 36 for at least two, and 14 for at least three. The additional active ingredients found are shown in Table 6.13.

**Table 6.13 Active ingredients other than cocaine in seizure samples analysed, site C (n=46)**

	n	%*
Lignocaine	33	71.7
Caffeine	18	39.1
Benzocaine	18	39.1
Phenacetin	15	32.6
Levamisole	6	13.0
Creatinine	3	6.5
Mannitol	2	4.3

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

## 6.4 Impact of drug markets

This section presents findings on the direct impact of the illicit drug market on site C, such as visible drug use, the fostering of a local economy in stolen goods and property, drug-related crime and fear and intimidation.

### 6.4.1 Visible drug use

Two-thirds (67%) of respondents considered illegal drugs to be a big or very big problem in site C. Of these, 70% considered illegal drugs to be a big problem, based on personal observation. However, only 31% had observed drug use in their area directly.

Of the 61 respondents who had observed drug use in their locality, 89% observed smoking, 11% observed injecting, 47% observed snorting and 53% observed individuals swallowing substances thought to be illegal. Only 9% of all survey respondents had observed discarded syringes in their locality in the 12 months prior to the survey (Table 6.14).

**Table 6.14 Visible drug use, site C (=204)**

	Respondents questioned n	Positive responses n	%*
Smoking	61	54	88.5
Injecting	56	6	10.7
Snorting	57	27	47.4
Swallowing	57	30	52.6

\*Percentages exceed 100% as multiple answers permitted

### 6.4.2 Stolen goods as currency

One-fifth (20%) of respondents had been offered stolen goods in the 12 months prior to the study by someone they thought was a drug user; 8% had been offered goods often or very often and 3% had been offered goods sometimes (Table 6.15).

**Table 6.15 Experiences of being offered stolen goods, site C (n=201)**

	n	%
Very often or often	16	8
Sometimes	6	3
Seldom	17	8.5
Never	162	80.5

### 6.4.3 Fear and intimidation

Nine per cent of respondents surveyed had reported information about drug-dealing to the Gardaí, the majority within the last three years. Of the 183 respondents who had not reported any information, 30% stated they would not report such information if they had it. When probed on the reasons for this, 35% cited fear of reprisal and 26% did not regard it as their business (Table 6.16).

**Table 6.16 Reasons for reluctance to report drug-related information to Gardaí, site C (n=55)**

	n	%*
Fear of reprisal	19	34.5
Not my business	14	25.5
Would not wish to involve Gardaí	10	18.2
Gardaí would not act	6	10.9
Social reasons	4	7.3
Other	3	5.5
Don't want to be a grass	1	1.8

\*Percentages exceed 100% as multiple answers permitted

#### 6.4.3.1 No-go areas

Respondents were asked whether they actively avoided certain areas, and 39% stated that they avoided areas at specific times. Of the 41 respondents who gave reasons for their avoidance, 10 cited the incidence of people hanging around taking drugs. Only two cited the incidence of open drug-dealing (Table 6.17).

**Table 6.17 Reasons for avoiding certain areas, site C (n=41)**

	n	%*
People hanging around in groups	18	43.9
People hanging around in groups taking drugs	10	24.4
People hanging around in groups drinking alcohol	13	31.7
Open drug-dealing	2	4.9
Other	4	9.8

\*Percentages exceed 100% as multiple answers permitted

#### 6.4.4 Drug-related crime

Drug unit members described site C as a high-crime area, but few could confidently identify a link between the crime and the drug market, or the rise in heroin use. As discussed in section 6.3.1, the demand and supply of heroin has grown steadily since 2007. This growth has been attributed to the arrival in the area of non-local heroin users with a history of heroin-selling.

*It surprises me the lack of drug-related crime. I'd say there is an increase in crime but again that's probably twofold, people out of work who used to work and maybe in tandem with debts, people who are on heroin. There's not a huge crime increase because of heroin. Drug Unit C2*

*Most of the crime I think anyway from my own experience is that it was for money alright but it was never for money for drugs, and now I think that's the way it's going to go ... when I hear how much they have to spend a day on heroin I think they're going to start becoming dangerous like because it's going to be the only way that they can get money. And that's where the problem is going to come. Drug Unit C3*

---

However, one (locally based) district drug unit member believed there had been a rise in drug-related crime, instancing robberies, burglaries and shop break-ins.

*A lot of crime, a lot of robberies went on the rise. We have our own bookies here now that was done twice, even pubs, shops things like that, you know they would be looking for money, any way they can get money, robberies from even old people, robberies of persons – anyway to get money... things went on the rise – crime went on the rise – now this would be a high crime area anyway – but crime when on the rise – and I would say the heroin kicked in about last summer. It was always there but it really kicked in last summer. And even if you were in the district court – you would notice fellas being caught with heroin a lot more than before. A lot more fellas dealing in it as well like. Drug Unit C6*

As indicated in section 6.3.2.5, much of the violence in the drug market is related to debt. This violence affected not only the drug user or drug-dealer but their families as well.

*There would be definitely be [intimidation] with dealers – intimidating families, like. We'd often hear now the mother having to pay a dealer because he was threatening the son or, you know. they'd come up 'Have the money by 5 o'clock or else', and they pay him then. That is the only kind of intimidation that we would come across really. Probably since January, the start of this year we have had more people who would have contacted us who were drug-dealers saying, 'Yeah we're at this level, but we're being threatened, our houses are being threatened, we're going to be killed.' Debts have increased quite dramatically. Drug Unit C1*

## 6.5 Responding to drug markets

This section presents findings on supply-reduction strategy and activity employed by the local drugs units of the Garda Síochána in site C. The section also examines Garda attitudes to a number of policy issues, such as the development of community partnership and inter-agency initiatives, drug-treatment and harm-reduction approaches and the prioritisation of resources in relation to drug-related crime. Public perspectives on local policing and the relationship between local Gardaí and the wider community in each site are also examined.

### 6.5.1 Garda strategy

Local drug markets were policed by a divisional drug unit and two district drug units. Divisional drug unit strategy focused on targeting individual high-level suppliers in the area and sought to disrupt their supply lines as much as possible to prevent an embedded structure of distribution from developing.

*We try and dismantle people at the top end of the distribution networks because that's where you cause some effect ... So we're always trying to aim at the very top of the structure, at the guy directing the distribution who ultimately isn't going to be putting his hands on too many things. I mean, that has been quite successful in terms of seizures and you physically won't find these people in possession of drugs but you'll damage their structure so much by taking large quantities off them ... you hope that these people then won't create empires. Drug Unit C2*

---

---

*From our perspective we tend to deal with the city, deal with who's the bigger players at the time, put our focus into them...Mainly the top fellas. Drug Unit C1*

District drug units policed specific communities. They targeted lower-level sellers and collected information.

*There is district drugs units as well that have been set up in recent times to deal with say, more of the users and to try and get more of an insight into what's happening. Drug Unit C1*

For divisional drug unit members with long-term goals to disrupt high-level supply and distribution networks, policing activities included surveillance and patrolling, primarily to gather intelligence from users and low-level suppliers whom they might stop and search.

*That's basically how we would operate if we were looking to get a target or concentrate on a bigger target, it would be a few stop and searches, try to gather a bit of information on what they're doing. A lot of surveillance, sitting in cars, sitting in vans watching how this man is operating. Drug Unit C1*

District drug unit members had more street-level presence, patrolling, stop and searches and gathering information from locals.

*Patrolling, just talking to the locals around the place and seeing what you hear from them. Drug Unit C5*

*...sometimes you could see a fellow and just something in your mind will say – there is something dodgy about him like you know and you will search him and you would find him with something anyway. Drug Unit C6*

However, as noted in sections 4 and 5, there was little formal training for working in the drug unit. Gardaí learned on the job from senior drug unit members. Little benefit was seen in providing a formal training structure.

*We would have had lectures all right on, you know, addiction and drug use, and just things like that. But most of the training is learned on the ground. It's all about how you kind of adjust to whatever unit you're on or whatever situation you are in, because I mean at the time, if you were stationed in a country town you wouldn't have come across the same things anyway. It's mainly what you learn from the senior members that you're working with. Drug Unit C3*

New drug unit members served an initial six-month period, after which their longer-term suitability for the task was judged.

*Yeah, to be honest, it's you learn to sink or swim fairly quickly. The lads are great, if you're new in you'll get plenty of help fairly quickly, and it's up to yourself to learn. Most fellas that come up are in for a six-month basis, and it's up in that six months how they'll be judged, whether do you know, over time whether they'll be taken back or not. Drug Unit C1*

However, the following respondent believed that this time was too short and that it was important that drug unit members remained in the unit for long enough to allow contacts to be developed.

---

---

*You're in drugs for building up a rapport with people – and you are getting – building up contacts and are sort of getting detections and you are – but even with getting detections you are sort of getting to know people as well that are in the game who are on drugs. And then all of a sudden you are sent out of it – it doesn't make sense. Drug Unit C6*

#### **6.5.2.1 Intelligence-led policing**

The majority of suspected supply arrests were based on intelligence. Intelligence-gathering was centered upon targeting users.

*Through users, and other times it's just you see one fella, you see two fellas wandering off, just taking a chance and walking following after them and see where they go, and do they meet someone, that tends to be... . A lot of it's our own work or stopping and searching fellas, and he might tell you something there and then or, a lot of it is our own work, do you know, I suppose the heroin scene, the big thing about it is every heroin addict will talk, very few won't but most of them will. So we get very little from them in relation to cannabis or weed or coke or ecstasy. Drug Unit C1*

*Well, it depends how you get a fellow first and foremost like. Like you would stop a fellow and you would put a bit pressure on him like you'd say – look come here you were caught with this now you have to give me something if you want me to speak up for you or whatever. So, you can put a bit of pressure on a fellow ... a lot of the time what happens then is especially with the heroin is that fellows will – they will sort of realise themselves – look I want to give up heroin and I will do anything to get rid of heroin. Drug Unit C6*

Garda members who received reliable information were obliged to refer their informants to CHIS where they were registered as official sources and dealt with by specially trained personnel. Garda members who referred informants were no longer permitted to maintain contact with them. The benefits of CHIS had yet to filter through to drug units in the area.

*I believe there's more coming through CHIS now, but it's been very slow, too ... in relation to drugs. Drug Unit C1*

Information from CHIS could sometimes lack specifics.

*Grand, but you wouldn't – you would get your information like all right but you wouldn't – you might have one or two calls now with it. Or things with it you know but ... it is more difficult I suppose but your information could be more specific. Drug Unit C5*

Some Gardai were reluctant to pass on their strongest sources to CHIS because it might deprive them of good arrests themselves.

*They will refer their weakest touts. Drug Unit C6*

#### **6.5.2 Supply-reduction activity**

The details of 316 suspected offences in breach of the Misuse of Drugs Act over a six-month period (October 2008 to March 2009) were retrieved from PULSE. The number of arrests for the combined stations per month was relatively

---

steady, except for February, which recorded a very low number of arrests. However, the preceding month had reported the highest number of arrests (81) for the whole period (Table 6.18). There had also been 1,494 searches of persons and premises that produced negative results during the period.

**Table 6.18 Drug offences by month of incidence, site C (n=316)**

	n	%
October	54	17.1
November	52	16.5
December	65	20.6
January	81	25.6
February	15	4.7
March	49	15.5

Source: PULSE, October 2008–March 2009

The majority of suspected drug offences were for simple possession. Supply offences accounted for 17% of offences (Table 6.19).

**Table 6.19 Drug offences by offence type, site C (n=316)**

	n	%
Simple possession	258	81.6
Supply	50	15.8
Cultivation/manufacture	1	0.3
Obstruction	3	0.9
Fraud	2	0.6

Source: PULSE, October 2008–March 2009

Cannabis resin and cannabis herb accounted for 79.2% of substances seized (Table 6.20). Heroin accounted for 13% of seizures and cocaine accounted for 7.8%. Substances such as ecstasy were rare, being involved in only 4% of cases. There were 11 instances of home-grown cannabis being seized during the period. There were only two instances involving prescription medication.

**Table 6.20 Seizures by drug type, site C (n=332)**

Drug	n	%
Cannabis resin	120	39.1
Cannabis herb	112	36.5
Heroin	40	13.0
Cocaine	24	7.8
Ecstasy	13	4.2
Cannabis herb (home-grown)	11	3.6
Other	10	3.3
Tablets	2	0.7

Source: PULSE, October 2008–March 2009

Cannabis resin and herb accounted for 85% of suspected simple possession offences. Heroin accounted for 11% of possession charges and cocaine for 6%. Cannabis resin and cannabis herb were involved in half (47.9%) of suspected supply offences. Heroin was involved in 27% of supply offences and cocaine accounted for 18%. There was one case involving a charge of cultivation and manufacture and this related to the cultivation of cannabis herb (Table 6.21).

**Table 6.21 Drug offences by drug and by offence type, site C\***

	Possession (n=258) n (%)	Supply (n=50) n (%)	Cultivation/ manufacture (n=1) n (%)	Fraud (n=1) n (%)
Heroin	27 (10.5)	13 (27.1)	0	0
Cocaine	15 (5.8)	9 (18.8)	0	0
Cannabis resin	110 (42.8)	10 (20.8)	0	0
Cannabis herb	101 (39.3)	10 (20.8)	1 (50.0)	0
Cannabis herb (home-grown)	7 (2.7)	3 (6.3)	1 (50.0)	0
Ecstasy	4 (1.6)	9 (18.8)	0	0
Tablets	1 (0.4)	1 (2.1)	0	0
Other	3 (1.2)	6 (12.5)	0	1 (100.0)

\*Some offences might have involved possession of more than one drug type. Consequently, the total number of drug types will exceed the total number of offences

Source: PULSE, October 2008–March 2009

The median value of cannabis resin seizures in the case of simple possession was €15, meaning that 50% of suspected offenders possessed quantities of the drug worth €15 or less (85% of simple possession offences were for a cannabis product). Median values were substantially higher for heroin, cocaine and crack, reflecting the more expensive market values of these drugs (Table 6.22).

**Table 6.22 Value of primary drug seized in simple possession cases, site C**

	Cases valued N	Range €	Mean €	Median €
Cannabis resin	108	2–1,470	39.1	15
Cannabis herb	99	2–13,000	158.6	15
Heroin	27	5–540	46.9	25
Cocaine	15	5–1,700	169	40
Ecstasy	4	5–70	36.3	35
Cannabis herb	7	5–30	17.1	10

Source: PULSE, October 2008–March 2009

The median values of seizures relating to supply offences varied considerably; 50% of heroin seizures were valued at €1,600 or less, and values ranged from €125 to €12,000. The smallest cannabis resin amount seized as a supply quantity was valued at €125, and 50% of suspected cases were valued at €7,235 or less. The maximum value for a cocaine seizure was €56,000, but 50% of seizures did not exceed a value of €1,700 (Table 6.23).

**Table 6.23 Value of primary drug seized in supply offence cases site C**

	Cases valued N	Range €	Mean €	Median €
Cannabis resin	10	125–140,000	34,260	7,235
Cannabis herb	10	30–13,000	1,953	460
Heroin	13	125–12,000	3,643	1,600
Cocaine	9	25–56,000	10,397	1,700
Ecstasy	9	50–70,000	17,494	3,500

Source: PULSE, October 2008–March 2009

As Tables 6.22 and 6.23 indicate, the vast majority of offences were for simple possession, and 85% of these offences involved a cannabis product. Several factors may explain the preponderance of cannabis offences in the incidence of simple possession charges. The acceptability of cannabis use in the area was underlined by outreach workers and Garda drug unit members.

*No, they don't even think it is a drug. They don't see anything wrong with it, that it relaxes people, it helps them sleep at night if they have problems sleeping. They don't get violent on it. Outreach Worker C3*

*Cannabis ... is like – for smoking a cigarette like – everyone is at it – everyone smokes cannabis up here like. I don't know – I honestly don't know where it is coming from. Drug Unit C6*

Drug unit members estimated that the paperwork relating to a charge of simple possession of cannabis could take from 30 to 60 minutes. If the suspected offender pleaded not guilty, the arresting Garda was obliged to attend a court session, which could last between 30 minutes and six hours, depending on the case's position on the waiting list.

---

*... you could be there a couple of hours; you could be there for half an hour. You could be there three or four hours ... Depending where you are on the list. There could be 140 cases on the day and you could be 118 so. Drug Unit C6*

*God, I suppose five or six hours, but do you know what I mean? If it's a normal Section 3, a small bit of drugs, you have your standard sort of statement, sort of that you can just do – but five or six hours if you are in court and ... but you could be in court longer you know. Drug Unit C5*

However, another respondent believed that only about 10% of possession offences were contested and therefore required the Garda member to attend court.

*... the number of people who would be contesting Section 3 cases in the courts would be very few. I mean, of the 700 cases in [location] would there be 50 you know? The percentage would be less than 10% that would contest the Section 3 bit. Drug Unit C3*

With regard to the amount of time required for report writing, the following member believed that this procedure could be streamlined.

*... but in my opinion it should be a case of – you shouldn't even have to do a file. You should be able to just catch him, you have his signed whatever. Write a quick report saying I caught this guy with x... it should be a case of just putting in a computer and printing off summons like. I don't think you should have a file, like. Drug Unit C2*

Possession charges were most likely to result from patrols and stop and search activity by Garda members. Regular Garda members perform a large number of stop and searches of known criminals in high-crime areas; such criminals are often found to have a quantity of cannabis on their person. The pressure on Garda members to produce measurable results was cited as another factor in the high number of Section 3 (Misuse of Drugs Act 1977) arrests for simple possession by regular Gardaí.

*I suppose ..., being honest, there's a lot of pressure on the lads, being on the regular for stop and searches for results. And that's coming down the chain. .... Drug Unit C1*

*Yeah, the regular guards, it's very much search and seize and that's it, you know what I mean? See the first person, you know you're just driving up and whoever ... you see that you suspect maybe are a user you search them, as simple as that. And you take what they have, and you prosecute them for it, but it's because you have to have results. Drug Unit C3*

#### **6.5.2.1 Types of Garda activity**

At least 63% of suspects apprehended for simple possession were arrested as part of a pedestrian or vehicle stop and search procedure (arrest details were unknown for a proportion of cases). Only one arrest on a simple possession charge was the result of ongoing investigative work (either a house/premises search or a personal search as part of an ongoing investigation) (Table 6.24).

---

---

**Table 6.24 Circumstances of arrest of simple possession suspects, site C (n=258)**

Source: PULSE, October 2008–March 2009

Investigative work (house/premises search, surveillance and information received) accounted for a much higher proportion of supply arrests than of simple possession arrests (Table 6.25). In total, 46% of arrests were based on investigative work. However, 22% of supply charges resulted from stop and searches (pedestrian and vehicle).

**Table 6.25 Circumstances of arrest of supply suspects, site C (n=50)**

Source: PULSE, October 2008–March 2009

**6.5.2.2 Measuring effective supply reduction**

Drug unit members had varying views on what constituted effective policing in the drug unit. Divisional members focused on the importance of the individuals they charged and prosecuted and the quantity of the drugs seized as evidence of effective policing.

*Do you know, I would put it down to I would say the amount of drugs taken off the street maybe, but more to who was caught, and how much... it's nicer to catch a bigger player than to catch a small player with a large amount of stuff. So, I consider ourselves effective by ... who we've caught. Drug Unit C1*

*I suppose recovering a good quantity of drugs and prosecuting the people you liked to prosecute. Rather than the lower end of it. Like there is no problem going out and searching people and getting Section 3s – there is no problem with that – it is the people up the chain is what you are looking for. Drug Unit C4*

One district drug unit member focused on the number of seizures, but also on the relationship established with local community members, for example drug users or concerned citizens. The importance of being seen to be active on local drug issues was also highlighted.

*I suppose if they get seizures – if you do get drugs or whatever. But I think if you have people talking to you and telling you – you know if you are seen out there and the public see that you are doing something – if it is the public image – if they see you are doing something they would be happy, you know. I just think getting the stuff off the street is productive like. Drug Unit C5*

**6.5.3 Working with the community: public perceptions of Garda activity**

Almost half (48%) of residents surveyed believed Gardaí to be effective or very effective in dealing with crime in their area; however, 42% of residents believed the Gardaí to be not very effective (Table 6.26).

---

**Table 6.26 Perceptions of Garda effectiveness, site C (n=200)**

	n	%
Very effective	23	11.5
Effective	72	36.0
Not very effective	83	41.5
Don't know	22	11

Sixty per cent of respondents were aware of Garda activity in the area (Table 6.27). Of these, 63% reported being aware of Garda patrol cars, 52% were aware of foot patrols and 40% were aware of Gardaí on bicycles. Only a very small proportion had observed arrests being made or specific operations, such as house raids or stop and search activity.

**Table 6.27 Awareness of Garda activity, site C (n=115)**

	n	%*
Gardaí patrolling in cars	72	62.6
Gardaí patrolling on foot	60	52.2
Gardaí patrolling on bicycles	46	40.0
Response to call from the public	30	26.1
Other	11	9.6
House raids	3	2.6
Stop and search operations	2	1.7
Arrests made in the area	1	0.9

\*Percentages exceed 100% as multiple answers permitted

In relation to reducing drugs and crime in their communities, 43% of residents cited the need for more Gardaí on the street (Table 6.28).

**Table 6.28 Measures needed to reduce drugs and crime in the area, survey, site C (n=145)**

	N	%*
More Gardaí on the streets / patrolling	63	43.4
Improve amenities for young people	53	36.6
Other	19	13.1
Harsher sentencing for dealers	17	11.7
Education and awareness programmes targeting young people	16	11.0
Don't know	9	6.2
Increase drug-treatment facilities	5	3.4
Regeneration of housing estates and flat complexes	3	2.1
Increase in family support services	3	2.1
Increase social services in the area	2	1.4

\*Percentages exceed 100% as multiple answers permitted

### 6.5.3.1 Information from the public

Residents and people who worked in the area were asked about their co-operation with local Gardaí on general issues and on drug-related issues. One-third (34%) knew a Garda in their area by name and 34% had spoken to Gardaí about the area they lived in. As indicated in section 6.4.3, 9% of residents surveyed had reported information about drug-dealing to the Gardaí, and the majority of these had done so within the last three years. Of the 183 respondents who hadn't reported any information, 30% stated they would not report information if they had it. When probed on the reasons for this, 35% stated fear of reprisal and one-quarter (26%) said that they did not regard it as their business.

The willingness of respondents to report the involvement of young people in the distribution of drugs was also examined. Eighty-three per cent of respondents stated they would report a young person's involvement in drugs to other members of the community (Table 6.29). Of these, 60% were more likely to approach the parents of the young person and 23% would approach the Gardaí.

**Table 6.29 Reporting a young persons' involvement in drug-dealing, site C (n=157)**

	n	%*
Parent	94	59.9
Gardaí	36	22.9
I'd talk to young person myself	30	19.1
Social services	12	7.6
School	6	3.8
Other	5	3.2

\*Percentages exceed 100% as multiple answers permitted

Of the respondents who said that they would not report a young person's involvement in drugs, 13 believed that it was not their business and 9 cited fear of reprisal as a reason not to report (Table 6.30).

**Table 6.30 Reasons not to report a young person's involvement in drug-dealing, site C (n=26)**

	n	%
Not my business	13	50.0
Fear of reprisal	9	34.6
Other	1	3.8
Don't know	1	3.8
Person is my friend	1	3.8
Would not make difference	1	3.8

From a Garda perspective, relations with the community were managed formally through the community policing forum, which was attended by community police and high-ranking Gardaí from local stations. Drug unit members did not attend. Drug unit Gardaí were less likely to deal with community members.

*I'm trying to think, to be honest, most of our dealings tends to be just with addicts or dealers, do you know, just we tend to have very little, we'll say with the community, we tend to be focusing our interest or our work mainly on just the addicts. ... And so in relation to that I can't say, you know in relation to community policing ... the local guards would have maybe more of an insight into what the community and what's going on, or they would more likely, you know they are the ones who are there every day, they will know. So for us ... we wouldn't have much to do with the community like. Drug Unit C1*

In the interest of developing relationships with users and sellers, one member felt it would be detrimental to attend such meetings. However, the information from meetings was passed on to the drug unit and appreciated.

*But my personal opinion would be like stay away from things like that because if you know people that you are dealing with if they catch wind that you are talking to people I don't think they'd be too impressed ... I think that they'd prefer to deal with you sort of discretely. They wouldn't want you going to meetings and things like that. But anything that does come up in fairness now at the community meetings about drug-dealing – and it does come up about drug-dealings in certain area the lads do pass it on to us. Guards from the community police will always do a report and send it in to us and send it up to the regular units as well. Drug Unit C1*

For traditional reasons, such as a history of poor Garda–community relations, residents were slow to report drug-related activity. There was also a fear that such action might result in violent reprisals.

*I suppose on one level the majority of them don't like guards ... There is probably no foundation for that – there is – it is the way people are brought up and their friends are I think that way. There would be co-operation for serious events. I suppose they don't want*

---

*to be co-operating with guards, so what they might do is make an arrangement to telephone them afterwards or meet them outside. Drug Unit C4*

*Certain communities are tight knit and they know what's going on but they don't want to be seen as being the one who's talking to the guards or ... I don't know how you're going to ever, just certain sections they're not going to want to be seen talking. Just the fear of reprisals ... most of it is just in fear. Drug Unit C1*

The growth of heroin use, however, was prompting more co-operation from locals in terms of supplying information.

*It would be mixed. I mean I worked in the [name deleted] for 10 years in one of the districts and even though they'd be regarded as tough areas, you know and very easy people to get on with and once they felt you know ... Okay, they wouldn't want to be giving information to the guards for what they perceive as selling hash, maybe selling cocaine but now things are changing a bit when they see heroin and they see the effects of it, they tend to be you know, more co-operative, you know. Drug Unit C2*

Information received from the public was sometimes not detailed enough to assist Gardaí.

*They don't want to be known as a rat, or they don't want it coming back that whoever's dealing is informed that this person rang the guards. They tend to keep shut. Some will say it discretely or will make a phone call; that there is dealing going on there. But that's as much as you'll get, you won't get anything more than that you know. Drug Unit C1*

*See they would want to stop it – but do you know they don't really know how I suppose to help us. They will say like 'Johnny is drug-dealing' but heroin now is so easy to conceal – there is no smell off it and stuff like that. It can be just put anywhere, you know. And if you are going to a house blind – you don't know where to look for it – you are – it is hard like I suppose people just – there are the money rewards out of it but then they are good as well like. Drug Unit C5*

*They wouldn't have the name of the estates and there should be nearly more questions that they should ask to make it more specific. You would get some of the things like 'Mary in X Road is dealing drugs.' Drug Unit C3*

#### **6.5.4 Inter-agency partnerships**

There was limited inter-agency co-operation between the Garda and other state or state-sponsored services such as social welfare, treatment services and housing authorities.

*You can't win this one, you're never going to win it with the current approach and I mean, you've got to think really well outside the box to come up with alternative solutions and that obviously would help if you had several agencies working together. But we seem to defend our independence from each other. We seem to be, all organisations in this country, they do their own job and this is where we draw the line and somebody else's responsibility takes over and it doesn't particularly work too well. Drug Unit C2*

---

---

Unit members identified areas where better inter-agency relationships would improve outputs for all. Better working relationships with social welfare services would assist in identifying drug sellers who claimed benefits yet who had been found in possession of large sums of cash.

*I think a big thing that could be improved all right would be communications with, say, the social welfare office and things like that. And not even in relation to getting information or anything like that, but we've often been onto them in relation to lads that are claiming benefits and just stopping them with a couple of thousand in their pockets here, or a couple of thousand there, and they're still claiming their benefits and the social welfare office don't want to know about it. I think that is a big point, do you know. They're going to be dealing whether they're on the social welfare, or whether they're getting benefits of not, so I suppose that is one point that could be maybe improved a small bit. Drug Unit C1*

*A big problem in the guards – not just for drugs – is getting information from people. Like social welfare – you now have to apply in writing – you get the impression they are very sound people there but it is a hassle to do it like. I think it would help matters on both sides because we have a lot of information say on social welfare people – I suppose we watch people and just keep information on our system that they are here and they have seen so-and-so. Then these people are claiming that they are abroad or that they are not working. I mean sharing information could work both ways. We get current addresses and we get information of these people scamming the system. Drug Unit C4*

Traditionally, neighbours would contact social housing authorities to inform them that a house had been searched for drugs by the guards. The authority would then act upon this information. One unit member felt this was a role the Gardaí could systematically perform.

*It would actually be good though – if we did find something then we would send off a form to whatever – to operations saying that stuff was found in the house. Drug Unit C5*

There was no formal relationship with treatment services.

*There is no formal system. I had a case there with a fella recently – he was caught with 100 or maybe 200 Euro worth of cannabis – but he came in, he was near on suicidal. So, his brother was outside and told to bring him to his doctor straight away. I wouldn't take the drugs off him. Now he ... he has got treatment for depression ... but there is no formal way of doing that, like. Drug Unit C4*

Some unit members believed a better relationship would involve some level of information exchange.

*I suppose like, you know, if they were telling us who was in seeing them – we could maybe keep an eye out for them or whatever. And vice versa like if we thought someone might go in – if we could just make a call or something you know – I suppose it would do no harm just to have a better rapport with them. Drug Unit C5*

---

---

*I suppose you wouldn't be looking for any confidential information on their treatment or whatever like but even if you just know a person's location it is good. Drug Unit C4*

However, one outreach worker felt that the need to maintain trust with his clients meant that he would be prevented from exchanging information with the Gardaí.

*Not so much ... that has never happened because I would lose credibility in my own work. Outreach Worker C1*

One instance of effective inter-agency partnership was reported. Gardaí, drug-treatment services and general practitioners had previously worked together to reduce the sale of prescription medication.

*We did have a meeting upstairs with other doctors around the place, do you know, because with prescription tablets – some doctors were giving out their monthly prescriptions and things like that. That was the only ... sort of meeting (or) anything I ever went to. Because if they got their monthly ones they were nearly selling them all, you know, you would get two Euro a pop for one. And so we were saying just to give weekly and they were grand with that and they were nice and ... that is what was decided. Drug Unit C5*

*So, a lot of our work has been put in, a lot of times put in to who are the doctors involved that are dispensing this medication or simply who are writing the scripts because we know that they're not all at it, we know that the vast majority of them are working in a professional capacity. We have invited in the doctors to speak about it, we have had reps from the doctor's bodies locally to speak about it. They have no problem with us naming and shaming the doctors involved and complaining. So, that piece of work is very much around supply. Outreach Worker C1*

#### **6.5.4.1 Gardaí attitudes to treatment diversion and harm reduction**

Drug unit members appreciated the value of a structured treatment referral process for problematic users, rather than a fine or prison sentence.

*... rather than me having to call on a favour to ring somebody in a service you know, to get people something which is essential treatment if they're on heroin. If you had some formal procedure in place, but again it's a resource issue in terms of the HSE and the ability to fund which is going to be a very expensive activity. Drug Unit C2*

*You find a lot of these people are very decent about it – they have a problem with drugs but that doesn't mean they are bad people at the end of the day like. Sometimes you do know that if they got treatment that they would be a lot better off. Drug Unit C4*

The following respondent believed that referral to treatment was a more effective and sustainable response than simply prosecuting and fining people.

*Where a person is coming in and they're looking for help. And actually sometimes they wouldn't even be looking for help but they're willing to go instead, you know they're willing*

---

---

*to go and seek help ... it's not exactly the easy option, to go to a treatment centre instead of going to a prison, because I mean like in a treatment centre you really do have to address the problem and you're not exactly going to get your supply there. But, I don't know it's the one thing that I do think should be changed. If that was there I mean there's potential that it would be abused as well, but maybe if they had something inside in court where they would give the opportunity for a person to go and get this treatment, that it would probably, at least then you'd be getting some kind of a satisfactory conclusion. Rather than a 100 Euro fine or a 50 Euro fine, and straight out the door, and straight around the corner and get something else like. It just doesn't make any sense. Drug Unit C2*

Some members were sceptical about the genuine effectiveness of a treatment diversion scheme, believing that many users did not sincerely want to give up drugs.

*You can't exactly turn an addict around. Like I mean as you say, I know because I'm addicted to cigarettes and I can't give them up and the only time I'll give them up is when I decide I'm going to give them up. Nobody's going to tell me. And if someone was to come along and take my last cigarette, what am I going to do? I'm going to go to the shop and I'm going to buy another pack. Drug Unit C4*

*I have never done it now to be honest ... Most of them anyway, to be honest with you, they just have no interest in doing that like. It would be a waste of time. The only way they will go into some sort of programme is if they are sent there by a judge to avoid prison. Drug Unit C6*

Unit members supported harm reduction such as needle exchange and methadone substitution. However, they were critical about the effectiveness of methadone treatment as many members were aware of the sale of methadone by users to fund their heroin habit.

*Oh I think it is a good idea but the only thing from what I can see is when people are on methadone they are addicted to that then like and even when people are on methadone they seem more excitable and more jumpy, do you know what I mean. It is probably better than the other like but of course it is a bit. They seem to get addicted to that then and like we have had situations of people on methadone where they are going into to doctors for it and selling prescriptions. Drug Unit C6*

*Some fella's are getting it down here, and they're buying it, there's only a few pharmacies in the city where they're making them sit down and drink it in front of them, most of them will give them a vial and shove them out the door, they're exchanging it for a couple of bags. Drug Unit C1*

---

---

## Key findings

### Evolution and organisation of illicit drug markets

- An established drug market has existed for over 20 years in site C, facilitating trade in cannabis, ecstasy, and cocaine.
- Local residents cited unemployment, boredom and inadequate social amenities as reasons for drug use in their area.
- Since 2007, the demand and supply of heroin have grown steadily with the arrival of non-local heroin users and sellers, both national and non-national.
- Prescription tablets such as benzodiazepines were used widely and traded illegally in the area, by young and old drug users.
- Cannabis use and selling among young people was widespread and cannabis herb had replaced resin as the predominant cannabis product used.
- The area did not attract a high proportion of outside buyers.
- Distribution of drugs such as cocaine and cannabis was concentrated among a small number of established family networks and involved several layers of distribution.
- Many heroin distributors were described as non-local, both Irish and non-Irish, who had arrived in the area with a heroin addiction. Heroin distribution was less structured and intricate than cocaine or cannabis and easier to penetrate from a law-enforcement perspective.
- No type of illegal drug was openly sold at street level in any of the communities in the area. Transactions were arranged using mobile phones and drugs were exchanged at various locations convenient for buyers and sellers.
- Some sellers employed runners to deliver drugs at street level. The runners were likely to be paid a fee for this task. There was little evidence to suggest involvement of very young people (aged 16 and under) in drug distribution.
- The market was competitive but relatively ordered. Violence was almost always linked to drug-related debt.
- Heroin purity varied considerably, ranging from 28% to 63%, with an average of 46%. Other active ingredients besides heroin in samples analysed included caffeine and paracetamol.
- Cocaine purity levels were generally low, with an average of 14%. Half of the cocaine samples analysed had a purity level of 9% or less. Other active ingredients identified besides cocaine included lignocaine, benzocaine, caffeine and phenacetin.

### Impact of drug markets

- Two-thirds (67%) of respondents considered illegal drugs to be a big or very big problem. Less than one-third reported direct observation of drug activity. Visible drug use was largely confined to smoking; only 9% of respondents had spotted discarded syringes in the area.
  - A local economy of stolen goods did exist but appeared to be limited; only one-fifth (21%) of respondents reported having been offered stolen goods by someone they believed to be a drug user and only 8% had been offered goods often or very often.
  - Almost one-third said that they would not report drug-related information to the Gardaí for reasons including fear of reprisal and the belief that it was none of their business.
  - Less than two-fifths avoided certain areas, citing the presence of large groups hanging around, some drinking alcohol and using drugs.
-

- 
- There was no clearly established link between acquisitive crime and drug use in the area, though debt-related violence was growing and impacting on families.

### **Disrupting drug markets**

- Local drug markets were policed by a divisional drug unit and two district drug units. The divisional drug unit sought to disrupt the higher supply lines; the district units tended to focus on local low-level sellers.
  - Drug unit Gardaí learned on the job from senior drug unit members.
  - The majority of suspected supply arrests were based on intelligence, which involved targeting users. It was reported that the benefits of the Central Human Intelligence Service (CHIS) had yet to filter through to drug units in the area; information could lack specifics.
  - The vast majority (81%) of suspected drug offences were for simple possession, usually of cannabis (82% of simple possession cases, half of which involved a quantity valued at €15 or less). Gardaí and drug-treatment workers highlighted the social acceptability of cannabis in the area.
  - Supply offences accounted for just 17% of suspected drug offences. Cannabis resin and cannabis herb were involved in half (48%) of suspected supply offences; heroin was involved in 27% and cocaine in 18%.
  - Drug unit members estimated that the paperwork relating to a charge of simple possession of cannabis could take from 30 to 60 minutes. If the suspected offender pleaded not guilty, the arresting Garda was obliged to attend a court session, which could last between 30 minutes and six hours, depending on the case's position on the waiting list. One respondent estimated that about 10% of possession offences were contested and required the Garda member to attend court.
  - Forty-two per cent of survey respondents believed the Gardaí to be not very effective, and 43% highlighted the need for more Gardaí on the street to reduce drugs and crime in the area.
  - Almost one-third of survey respondents would not report drug-related information if they had it, mainly citing fear of reprisal or that they did not regard it as their business. However, the vast majority would report a young person's involvement in drugs to other members of the community, most likely the person's parents (60%) or, to a lesser extent, the Gardaí (23%).
  - Residents would be slow to report drug-related activity to the Gardaí. There was a fear that such actions might result in violent reprisals. However, the growth of heroin use had prompted a greater response from locals, though information was sometimes not detailed enough to assist Gardaí.
  - There was limited inter-agency co-operation between the Garda Síochána and other social service agencies; better working relationships with social welfare services and housing authorities could produce beneficial outputs for all agencies involved.
  - Relationships with treatment services were very limited and informal. Drug unit members appreciated the value of a structured treatment referral, rather than a fine or prison sentence, for problematic users. However, they were critical about the effectiveness of methadone treatment as many members were aware of the sale of methadone by users to fund their heroin habit.
-



7

SITE D

## 7 SITE D

### 7.1 Introduction

This section provides a profile of study site D. The site is profiled briefly using social, economic and demographic data. Data from the street survey are used to highlight local perspectives on living in the study site.

The characteristics of the drug users and sellers interviewed in the site are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity and relationships with local Gardaí are also explored.

This section also includes interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area on the local drug market. Criminal justice data on drug searches, drug arrests and seizures are presented as are data on local drug prices. In addition, drug purity data and information about typical drug adulterants provided by the FSL are analysed. Finally, the views of individual Gardaí on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the prioritisation of resources in relation to drug-related crime are investigated. The section concludes with the key findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

### 7.2 Profile of site D

Site D is an urban site encompassing 19 EDs, with a population of some 60,000. This area has been classified as disadvantaged, with 17 divisions scoring a maximum 10 on the deprivation index. Table 7.1 shows the deprivation and SPR scores by the number of EDs in each case. SPR scores were generally high, with seven EDs having an SPR of 2–5 and three an SPR of more than 5. Almost half had unemployment rates of 10%–15%. Two-thirds reported low socio-economic status rates of 25%–50%. Only 7 out of the 19 divisions reported a local authority housing density greater than 25%, which was relatively low in comparison with the other deprivation scores. However, as an urban site with a large migrant population, these EDs include a large proportion of private residential property.

**Table 7.1 Deprivation indicators and standard prisoner ratios (SPRs), site D**

Unemployment (%)	Divisions (n)	Low socio-economic status (%)	Divisions (n)	Local authority housing (%)	Divisions (n)	SPR	Divisions (n)
6-9	10	Less than 25	6	Less than 25	12	Less than 1.5	5
10-15	9	25-39 40-50	12 1	25-49 50 or more	6 1	1.5-2 2-5 5 or more	4 7 3

ED = electoral division; SPR = standardised prisoner ratios

Source: Various (Irish Census, Irish Prison Service, Small Area Health Unit, Trinity College Dublin, please see section 2.2)

#### 7.2.1 Neighbourhood satisfaction: perspectives of survey respondents

Of the 205 people surveyed, more than two-thirds (69%) of residents regarded their area as a fairly good or very good place to live. Almost three-quarters (72%) cited the geographical location as a benefit of living in the area and one-third (33%) cited good social infrastructure (child care, shops, restaurants etc.).

### 7.2.2 Social problems: perspectives of survey respondents

More than 90% of survey respondents considered drugs to be a big or very big problem in the area. Perceptions of social problems other than illegal drugs were also assessed. More than half of those surveyed considered problems such as underage drinking, public drunkenness, litter and vandalism, to be big or very big problems in the area (Table 7.2).

**Table 7.2 Respondents' perceptions of social problems other than illegal drugs, site D, (n=205)**

	Respondents questioned n	Positive responses n	%
Underage drinking	204	156	76.5
Public drunkenness	205	144	70.2
Litter	205	108	52.7
Vandalism and graffiti	203	104	51.2
Teenagers loitering	203	92	45.3
Property/vehicle damage	204	89	43.6
Derelict buildings	205	80	39.0
On street intimidation	205	66	32.2
Racial harassment and attacks	200	52	26.0
Abandoned/burnt-out cars	204	39	19.1

### 7.2.3 Drug services infrastructure

Site D offered a range of services for drug users, including methadone substitution, counselling services and training courses for stabilised drug users; needle-exchange services were also located in the vicinity.

### 7.2.4 Profile of drug-using/selling participants in site D

Site D's sample comprised 10 males and 5 females, 11 of whom were aged between 25 and 40 years. A majority were homeless and living in hostels or emergency accommodation, had left school before completing their Leaving Certificate and had at least one child. All participants cited social welfare as a source of income. Heroin and cocaine were the main problematic substances used, and only three participants had been drug free for more than six months at the time of interview (Table 7.3).

**Table 7.3 Profile of drug-using/selling participants, site D (n=15)**

Profile attributes	
<b>Gender</b>	Male (10) Female (5)
<b>Age</b>	22–25 years (4) 26–34 years (6) 35 years or over (5)
<b>Ethnicity</b>	Irish (14) South African (1)
<b>Dependants</b>	One or more children (9) No dependants (6)
<b>Accommodation</b>	Local authority (3) Renting/private property owner (1) Homeless – hostel/emergency accommodation (11)
<b>Education</b>	Left school before age of 15 (6) Junior Certificate (5) Leaving Certificate (2) Third-level qualification (2)
<b>Income</b>	Social welfare (8) Drug-selling and social welfare (7)
<b>Problematic drug use*</b>	Heroin (8) Cocaine (6) Crack (1)
<b>Current drug use pattern</b>	Using in last 6 months (10) Drug free 6 months plus (3) Drug free less than 6 months (3)
<b>Age of first drug use</b>	Under 12 years (3) 12–15 years (6) 16–21 years (4) Over 21 years (2)
<b>Treatment history</b>	Methadone (current) (7) Not receiving treatment (8)

\*In many cases, participants used multiple substances. Substances listed under this heading are what participants regarded as their most destructive addiction.

A majority (13) of the sample reported ever selling drugs, of whom seven reported that they were currently selling. A majority (8) sold heroin and the remainder sold crack, cocaine, ecstasy or tablets (benzodiazepine). Fourteen reported that they had a criminal conviction but only four reported a drug-specific charge (Table 7.4).

**Table 7.4 Drug-selling profile of participants, site D (n=15)**

<b>Drug-selling history</b>	Currently selling drugs (7) Sold drugs in the past (6) Never sold drugs (2)
<b>Drug type sold</b>	Heroin (8) Cocaine (1) Crack and heroin (1) Ecstasy (2) Tablets (1)
<b>Criminal convictions</b>	Drug-related supply (4) Other drug convictions (1) Other convictions (9) No criminal history (1)

### 7.3 The evolution and organisation of illicit drug markets

This section presents findings describing the evolution and organisation of the illicit drug market in site D.

#### 7.3.1 Market evolution

The area had a long history of drug-selling and drug use. Substances such as heroin have been widely available since the late 1970s and have had a significant negative impact on the area. As highlighted in section 7.2, many communities in site D have high rates of unemployment and material/social disadvantage. The local population has become more socially and ethnically mixed in recent years.

Drug unit members and drug users indicated both the widespread and intergenerational nature of drug availability and use in site D.

*It's a poor working class area. The area would have a massive unemployment rate here ... there's a lot of new developments as well, where there would be private people, people with private residences but like it's in the unemployed area, working class areas, you know, that's where the problems are, they're not really, the people who are private and have their own houses and look after themselves. The only time we have dealings with them is when they're victims of crimes. Drug Unit D1*

*The crime level is very high in this part of the city ... a lot of it stems back to drug use and to the areas that people have grown up in and to their customs that they are – you know – that they have been brought up in that. Drug Unit D5*

*There's a lot of shit going on here and it's just on every corner, on every street. It's everywhere you go like. Do you know what I mean, it's just purely everywhere. Kids coming up to you at 13 and 14 selling tablets and heroin and you're just – you're 20 odd years of age and these things are only growing up. IV 29*

One-quarter of residents surveyed cited unemployment as a reason for drug use in their area. Over one-fifth accepted

the level of drug use as a reflection of modern society and 13% cited the availability of drugs as a reason for drug use (Table 7.5).

**Table 7.5 Perceived reasons for drug use, site D (n=136)**

	n	%*
High unemployment	34	25.0
It's just the way society is	28	20.6
Boredom	26	19.1
No facilities for young people	24	17.6
Poor parental supervision	22	16.2
Poverty	21	15.4
Availability of drugs	18	13.2
Don't know	12	8.8
Poor education	11	8.1

\*Percentages exceed 100% as multiple answers permitted

Every seller interviewed had a current or former drug habit. People entered the drug market for various reasons; some did so to sustain a drug habit, others regarded selling as a good way to make money.

A prison-based respondent began using drugs recreationally and then began to sell drugs within his social network.

*I am from [location] and I got into the drugs through friends, everybody else was doing it, so I started doing drugs and then eventually people are asking you if you can get drugs for parties. And I was getting them drugs and then months, weeks down the line people want more drugs. So, you end up buying a load for yourself – just to supply them and it just keeps getting bigger and bigger – the more people that want it, you buy more drugs. Prison Interview 4*

For those who sought to feed their drug habit, selling was seen as an 'occupational hazard'.

*I get a half-eighth, I bag up 14 Qs [street-level deals] out of it, I keep five or six for myself and if it was up in the hostel I mean, you'd sell it to say someone else to kind of keep your habit going. So, they do stuff like that but it's, you know it's a kind of ... it's an occupational hazard you know what I mean. IV 30*

*That's one of the things I didn't like doing but I have to be honest, I never made a penny. I fed my habit and there was a group of about eight of us and we'd all be like feeding our habits and we'd get say an ounce of gear and we'd break it up. It wouldn't be getting danced on [excessively diluted]; it wouldn't be getting mixed with anything else. We were given like proper score bags for a tenner so we weren't actually making any money, we were feeding our habits. IV 9*

---

Aside from feeding their addiction, some users regarded drug-selling as a good way of making money. One seller regarded selling as safer, more lucrative and easier than theft. The demand for drugs meant selling was easy.

*Yeah. I seen the money was good and didn't have to worry about going and robbing something, you know, having to try and get a buyer to buy whatever I had robbed in the shops. And there was a lot of addicts out there that would be looking for drugs. So, that's why I went in. IV 10*

One seller started selling cocaine after serving a prison sentence where he made contacts.

*There was a chap I met in prison and when I got out he came up to me at home and we had a few joints and this, that and the other and cocaine was brought into the conversation and he said would you be interested in knocking out a bit here and there. I was thinking along the lines of well, I'll make so much money and then I'll stop but unfortunately it doesn't happen that way to 90% of the people, you know. IV 18*

One seller started selling cocaine when he was 16 years old, using his inheritance from his father who had been a pickpocket, to fund his first consignments. He started with €2,000 and earned up to €90,000 over a period.

*I just decided I wanted to make money you know what I mean ... I was 15, 16. That's when he left it [inheritance money] to me ... Like my dad used to be a dipper, do you know what I mean. Pickpocket. Left me a lot of money you know, and he died in [deleted]. Left me nearly two grand like to myself ... I worked it up to about 80, 90 grand. Then I blew the lot. IV 31*

Some sellers regarded selling as easy, particularly selling heroin at street level in the area's open markets or at the drug-treatment centre.

*Yeah, very easy. It's surprising how easy it is like people's perception of people who sell drugs like that they are a bit shady and they know people who know people. It's not that at all. Anybody can walk down [location], buy a half-eighth and start selling it. You don't have to know people or you don't have to ask 'Can you get me this, can you get me that?' you know. Like you can literally walk through town and buy anything you want, guns, anything. IV 26*

*No, no. It's pretty easy because when you're known, you go to places like [treatment centre] and your face is known so you're going to make friends, acquaintances you can call them. You can make friends too but few and far between. IV 32*

### **7.3.1.1 Drug availability**

Local drug unit members emphasised that heroin was the most problematic drug and that it was widely available in the area. Cocaine and cannabis were also widely available and used.

*Well, the main drug is obviously heroin, that's kind of the I suppose you'd say the most serious health effects and you can see it around if you just walk around the corner there. Obviously cocaine, cannabis resin, cannabis herb as well is becoming quite popular. Drug Unit D4*

---

PULSE data from October 2008 to March 2009 in relation to drug offences highlight the availability of a variety of substances in site D. Cannabis resin was seized from 51% of suspects charged with a drug offence. Heroin accounted for 25% of seizures. Prescription tablets accounted for 9% and cocaine powder 12%. Crack cocaine accounted for only 2% of seizures (Table 7.6).

**Table 7.6 Seizures by drug type, site D (n=420)**

	n	%*
Cannabis resin	213	50.7
Heroin	105	25.0
Cocaine	54	12.9
Tablets	39	9.3
Cannabis herb	35	8.3
Ecstasy	12	2.9
Crack	8	1.9
Other	8	1.9
Cannabis herb (home-grown)	2	0.5

\*Percentages exceed 100 as more than one drug seized  
Source: PULSE, October 2008–March 2009

Seizures made in connection with supply offences offer an indication of what substances are being sold locally. Heroin accounted for 41% of such seizures, cannabis resin for 30% and herb for 4%, and prescription tablets for 15% (Table 7.7).

**Table 7.7 Supply offences by drug type, PULSE, site D (n=142)**

	n	%*
Heroin	59	41.5
Cannabis resin	43	30.3
Cocaine	29	20.4
Tablets	22	15.5
Crack	5	3.5
Cannabis herb	5	3.5
Ecstasy	5	3.5
Other	8	5.6
Cannabis herb (home-grown)	1	0.7

\*Percentages exceed 100 as more than one drug involved

However, drug unit members had different views as to whether dealers specialised in particular substances; PULSE data does suggest a degree of overlap in markets for different substances.

---

*The majority of the time I've come across is one substance; it wouldn't generally be in a number of different substances. Drug Unit D2*

*Yeah, you'd find that like people are dabbling in absolutely everything, it's very seldom you'd see someone who just sticks to hash, coke, you have smaller dealers sometimes it might be just hash, but they're only small, like they'd be buying maybe a nine bar and selling it and making €200 or €400 but the big man is making everything. Drug Unit D3*

PULSE data for supply offences indicate that in 52 cases where suspected offenders were arrested, more than one illegal substance was seized. The particular substances were recorded in 43 of these cases; there was no discernible pattern in the combinations of drugs.

### **Emerging trends in drug use**

Though not reflected in seizure figures, the demand and supply of crack cocaine was reported by sellers and drug unit members to be increasing steadily.

*Crack cocaine is making a massive impact here at the moment and it's seriously damages people's health. Drug Unit D2*

*I always made decent money selling it [crack] and it flies out. IV 30*

Seizure figures highlight the prevalence of prescription tablets for sale in the area. Drug unit members also identified a growing trend in this respect.

*There's a lot of pills, diazepam and that sort of thing being dealt as well around the place you know. That seems to be kind of taking off quite big now at the moment as well you know prescription drugs. Drug Unit D4*

*It's a massive market like, you know, you get rid of a tray of tablets down there in two minutes, you know, it's a massive amount of money they're making. Drug Unit D1*

## **7.3.2 Market structure: buyers and sellers**

### **7.3.2.1 Buyers**

The markets in site D attracted buyers from a wide variety of areas. Drug unit members reported the frequent arrest of non-locals for buying illegal drugs. PULSE data indicate that 44% of suspected offenders had non-local home addresses. The area was very accessible via public transport.

*A lot of people are, as I said from working-class areas that travel into the city centre like because they know they're going to get whatever they're looking for in here, you know, so they travel from the suburbs, the area is so accessible by public transport. They go in, get whatever they want and they're gone, you know, in and out in half an hour usually so it's from all over. Drug Unit D1*

### **7.3.2.2 Sellers**

Drug unit members and drug user/dealers regarded the distribution of heroin, cocaine and cannabis as highly structured and generally involving three to four levels of distribution. Members referred to 'kingpins' or 'big fellas' who orchestrated the importation of a substance and distributed it in several areas, not just in site D.

---

---

*You're dealing from, say a couple of kilos with this man to maybe a 12-year-old dealing in the street; it just goes down that far.... Drug Unit D3*

*I suppose if you want to call him the kingpin that at one particular level will probably not be hands-on but will have kind of lieutenants if you like that will orchestrate the importation of the stuff with conjunction with them then it's probably, if it's a vast quantity of 10 kilos plus. Obviously that would probably be only housed for a day or two in one particular spot before it's dished out, probably 10 kilos in different areas that will be probably dished out again, maybe to half kilos, quarter kilos, eventually into ounces and eventually into street deals. Drug Unit D4*

*The guys that have the ounces give out half-eighths or eighths and they give it out to street dealers, they bag it up and they sell it and that's how it goes on, you know. IV 30*

It was estimated that there were at least six import-level dealers involved in supplying site D.

*Maybe six big, big fellas that would be in the papers. We don't come across them, we just know the people that are working for them. Drug Unit D6*

A prison-based respondent referred to the increased involvement of non-Irish nationals in the importation and sale of high purity cocaine. As has been discussed above, research has shown this to be a contributory factor in relation to the emergence of crack cocaine in Dublin.

*The way it is now the fellas they are buying it off are buying stuff off foreigners – they are mixing it ten to one and they are just getting it out for 15 grand each, 12 grand a key. So, there is more and more of it out there and there is more and more people dealing it. ...The foreigners are coming in with pellets in their stomachs. So, it is more like pure coke. So, they are putting – they are mixing it with [substance name unclear] and Ovaltine – making 10 kilos out of one and they are paying about 40 grand per kilo off the foreigners and making 10 out of it and selling it for 15 grand each. Prison Interview 4*

Below import level, the middle-market level was reported to involve individuals and groups or gangs with regular access to a kilo or more of illegal drugs. Gangs were described as groups of friends centred on one or two strong personalities.

*A lot of the time you get, you'd get a loyalty connection where say this, the big fellow comes from this area, like he'd have grown up there and there'd be five or six people and they'd be sort of probably in this kind of gang all his life. So he'd have them with him then too. IV 9*

Sellers indicated that drug supply to certain communities, such as local authority flat complexes and housing estates, was dominated by an individual or group of individuals with origins in the area.

*Flat complexes like X flats and they're all wrapped up by people originally from the flats. They aren't living there anymore but they still control who's selling, who sells there. They*

---

---

*might have like 10 or 15 young fellas that just do a bit of running and collect the money and dropping bits and bobs off and but like, in town like even like my nephew there's people like anybody can do it. IV 26*

*So, there's not really a big person in X estate. It's just that, it's just the people on the outskirts of it who are actually running the flats itself, you know. IV 18*

Drug supply in one seller's community was dominated by a gang or 'crew' – groups of young men and family members who had grown up together and had developed into serious drug-dealers, with a coterie of people storing, transporting and running drugs for them.

*There's so many doing it, nobody is Mr Big. There's just that many doing it and they're all doing it for different people so there's a few different, what you would call ... probably class as gangs but they're crews like, groups and lads that hang around together. And a few of them that's where the feuding and all is going on and things. But around this area they're basically all just groups of lads that are hanging around and mates together for years but they're actually very serious crews. Like there's a lot that deal in a lot of weight and then they have a lot of other people dealing for them. IV 9*

Gardaí were often surprised to discover that certain individuals were involved in such high-level distribution.

*But I could probably name 10, 15, 20 people that you would consider with access to kilos of heroin in that would have an address in the area. You'd get very surprised when you do searches, we done a search there a while back and we found like a half kilo of heroin and we weren't expecting to find. Like you can be very surprised with who you'd find with a larger quantity, there's always someone that's going to pop up that you hadn't expected to be holding such a large amount of stuff. Drug Unit D3*

Drugs were often distributed to a lower middle-market level before reaching street-level sellers.

These sellers would buy ounces at a time and distribute them to street sellers who paid cash up front or returned profits to the seller and were paid either in drugs or a proportion of the profits.

*The fella at the top, they would live in the suburbs. Would usually meet them or will get someone else to meet them on main road and when they get a kilo they will cut it into ounces and half ounces and people will turn up and take it [ounces] and they have a group of people who will bag it up into eighths and half-eighths [street deals]. They would give it to someone else, usually people with a very bad habit. You would never catch the main men in the [location], they might socialise but they would be another division's responsibility. Drug Unit D6*

Three sellers interviewed had adult users selling drugs for them, whom they paid in drugs or cash.

*Yeah, I have two fellas that are working with me. What happens was I used to give them batches, know what I mean. I'd give them a batch of eight, bring me back six and keep two for yourself. That's the way it worked. IV 28*

---

---

*I used to get someone else to deal with the drugs for me and I would just sit back, watch them doing it...they'd make their own money out of it. I'd give them the – what I'd get them for I'd put on a 10% charge on top of that and then give it to them and they'd be still happy to get what they're getting. IV 33*

### **Distribution of crack cocaine**

Crack distribution patterns differed from those of heroin and cocaine. Crack cocaine sellers needed high-quality cocaine to make crack. Sourcing purer, high-quality cocaine was essential. According to drug unit members, crack distribution became more organised in the hands of non-Irish national importers who imported small amounts of high-purity cocaine and sold it either in powder form to crack users who prepared crack themselves or in prepared form, as rocks. However, drug unit members noted that increasing numbers of Irish sellers were providing prepared crack.

*It was a very, like foreign, foreign nationals.... They very much had control of it, I think it was basically because of, say 12 months ago the Irish couldn't make it properly, but they are getting that now and there's an awful lot more Irish nationals who have crack habits now at the minute, whereas say two years ago, well, they would have had crack habits, but it's a lot more, it can be got a lot more on the streets now, it's still as far as you can see, 75% of it, 80% of it, more would be controlled by the foreign nationals, the [specific African nationality], the Africans and that. Personally I wouldn't have heard of too many of the big names we would be associated with cocaine and heroin and that, being involved in the crack market, I think probably like they are selling on their cocaine and someone else is ... what he does with that now, washing up into crack. Drug Unit D3*

One crack cocaine seller interviewed purchased high-quality cocaine from non-Irish nationals and prepared crack using ammonia.

*Crack is the money maker. That's where I was making most money...I was getting bullets, pure cocaine for 600 Euro. Right, you pay a bullet right. It's three-quarters of an ounce and this is pure like and I used to rock it up myself with the ammonia in the ladle, do you know ladle for making up soup?...I just pour it in, drop ammonia over the gas cooker over there, cook it up then let it go into the rock and I put 0.2g onto the thing and I'd usually get out of bullet you're talking bleeding three-quarters of an ounce, 27 ... about 18 grams, you know what I mean so you're making back for the 600, 0.2g. Think about it, 1 gram is 150, 250, you're pulling back nearly three, four grand for 600 quid, do you know what I mean. Which is decent money. I always made decent money and it flies out. Especially when you get the pure off the bullets. Like I had contacts and I was buying off [specific African nationality] and all that were coming over. IV 31*

### **7.3.2.3 Transport, preparation and storage of drugs**

In some cases, a number of individuals were involved in the transport of drugs, even for relatively low-level sellers. These individuals were family members, friends, debtors or drug users seeking discounted or free drugs or cash.

*It all depends, larger quantities like that, that's, it could be in the car, it could be, like there's absolutely a million ways that they'll move it or ship it from one place to another.*

---

---

*Sometimes they'll get somebody that owes money, tell him for €100 off his bill, he'd have to carry this large quantity of heroin or cocaine or whatever it is, from one place to another....*

*A lot of the time you get, you'd get a loyalty connection where say this, the big fellow comes from this area, like he'd have grown up there and there'd be five or six people and they'd be sort of probably in this kind of gang all his life. So he'd have them with him then too. Then you're looking at, a lot of the time, which we find 50 or 60% of the time too. It's someone who's got into drugs through his own habit and has ended up with a big financial debt and even if the debt wasn't that big, he'd be paying the debt off by holding large amounts of heroin, cocaine, hash and he'd be – like, he'd be moving it on to other people and they can be debts from 10 grand to maybe even like €1,000 or you might have to do 20 jobs to get rid of that debt for €1,000. Where he'd be – like he'd do a job where he might move half kilo or a kilo of heroin and where that kilo could be like have a street value €150,000 and he might only get a hundred quid knocked off his bill for moving it. Drug Unit D3*

A prison-based respondent described how his drug-supply operation involved about four individuals, including the person who supplied him. He then used a range of different people to drive him around or to transport drugs on his behalf.

*I would say it would have been about – there was just me, this fella I had dropping and the fella I was getting it off, four of us max. And I used different fellas to do drops – I actually used a girl a couple of times, if I was – I used to go in and she used to drive around for me. Prison Interview 4*

### **Preparation**

Of the sellers interviewed, no heroin sellers indicated that they adulterated the drug with another substance. One cocaine seller cut his 1oz purchases of cocaine with various substances to increase his profits.

*I'd get an ounce of cocaine off him and we'd just jump on the bus and just head back home and most of the time we'd probably spend four or five hours just mixing it and taking the good stuff out for ourselves and putting the rest away and just using it ourselves...I only found out how to break it down and that and you buy these tablets at a health shop and you break them up and mix it with the cocaine and whatever, you know. It didn't really devalue the cocaine like because it was, as I said there was times when it was 70% pure so you could nearly as you say, stamp on it twice, you know and you'd still make your money and have the person's money and have something for yourself as well. It was, that's the way it was sort of worked.*

*When I started getting in to it myself I'd probably end up mixing up more. Like as they say, dancing on it more and giving them instead of 70% pure it would be probably only 30% pure. That's when I was getting into it myself then, you know. So, it's just they either wouldn't call again or if they called you know, well 'What's the story? Can you not do anything better than that, that was bleeding brutal', or whatever, you know. IV 18*

---

---

### Storage of drugs

Two lower-tier middle-market sellers employed users to hold and store their drugs, paying them with heroin.

*Well, the best person for them [dealers] would be a person that wouldn't really be known to us, maybe for petty stuff but maybe has a debt or whatever or maybe is forced into holding you know so, that's the general thing there you know. Drug Unit D4*

*I'd have someone else, yeah. I wouldn't keep it near my house, never did. I'd always look after someone...I'd throw someone three or four Qs just to put it away because it's not much you know what I mean...There's a lot of people willing to hold it for you because they're strung out to bits, know what I mean. Don't get me wrong, like I have often gave gear to people and I get it back and I noticed that there was about three of four Qs missing as well. But I wouldn't open my mouth, do you know what I mean. Because I know what it's like dying sick, you know. And you're gonna have to expect that from junkies know what I mean. IV 31*

Young people were also used to store drugs.

*We have 14- or 15-year-olds here caught with half-kilos, minding it in bedrooms, and when we walk into the bedrooms and say look we're here to search, they'll tell you straight off where it is and they become a child all over again whereas if I met that child outside with his friend he would have been like the hard man. Drug Unit D6*

#### 7.3.2.4 Street-level distribution of drugs

##### Open markets

Illegal drugs were distributed at street level through a variety of avenues – open street dealing, pubs, flat complexes, personal deliveries and exchanges arranged using mobile phones. Site D had several open markets where crack, heroin and prescription tablets were sold regularly. Cocaine was generally distributed more discreetly in pubs and clubs. Open markets were located in busy commercial areas and thoroughfares and tended to be drug specific: for instance, prescription tablets were sold in one area, crack cocaine in another and heroin in another, though it appears that some sellers sold several substances. Drug-selling activity was visible and noticeable.

*God, there must be 200 or 300 dealers in town you know. It wouldn't be so hard to find it. If you actually walk down [location] now by yourself like I mean dressed like whatever like, you'd be offered heroin. They'll ask you are you looking. They'll actually walk up to you and ask are you looking. And that's basically it you know. IV 30*

Drugs, in particular heroin, were available early in the morning in the street markets. One seller started selling at 7.00 a.m. to catch people on their way to work. This suggests that there is a hidden population who use heroin and are sufficiently stable to maintain employment.

*I could sell more, yeah. Like say if I went down at 7 in the morning right because I get people before they're going to work and all that. Like say if I brought down two batches in the morning that would be 20, 10 each bag, so that would be 10 for him, 10 for me. IV 12*

---

---

One seller had to sell in the street markets because the supply of heroin was controlled in his community; it was a closed shop unless he wanted to work for the established sellers.

*In my community, it was one of the places that heroin was never tolerated for a long time, or cocaine. And there's a real like, the way I look at it is everybody knows who's doing and there's certain people that are allowed to do it and if there's other people that are starting to do it, the corporation would be on top of them and this that and the other. But there is certain people that you could say have a licence to sell you know because I have actually seen it. IV 18*

Transient housing, a needle exchange, and methadone services attracted a large number of heroin users into the area every day, providing a reliable market for drug sellers in certain locations. One seller interviewed travelled from the suburbs into the area to be assured of demand, and could sell over €1,000 of heroin in 20 minutes.

*There would be a huge crowd of people in the morning waiting, it would only take me 20 minutes to sell everything and then hop on the bus back home. IV1*

*Just saying I am going down to get methadone and they'd say [the Gardaí] right move on and I'd move on, you know what I mean. But if I had something on me I would either wait in a coffee shop or something or while I was scoring tablets off someone else I would wait in a coffee shop and just say 'Listen I'm in the coffee shop because the police are hanging around.' IV 19*

The street markets in the area were openly accessible to new sellers, who would deal for a period until they developed a regular number of buyers and then would move to a safer and more reliable phone-based business.

*Just the mobile phone. I would stand on street corners sometimes and I'd just do nice big deals and it's word of mouth then. People just give your number to people and people give the number to their people and you just have a lot of phone calls. IV 26*

Street markets were attractive to users who had not been able to source heroin from their regular established seller and were anxious to buy.

*I'd phone like there's a lot of dealers you can phone and there's, if you haven't got the time to wait around for them like you can just get it on the corner. Like it's actually on your doorstep in this day and age. IV 29*

Heroin users who could not afford 'weight' (large amounts) could get access to cheap small amounts early in the morning if they needed it.

*The price would be 200 for an 8th of gear and for a half an 8th it's 100. So then, yeah, that's the way I'd buy it but if I couldn't afford it that way you just have to go down to the [treatment centre] and everybody is selling it. Do you know [location] – you know [treatment centre]...you'd get a bag down there for 12 Euro or 13 Euro but that would be tiny. But people sell down there from 7 in the morning. IV 12*

---

---

However, buying in an open market came with the risk of being tricked into purchasing an imitation drug.

*Well I have often went down to [location] with Solpadeine and sold them when I was actually sick you know, and rip people off you know. I have actually done a lot more of that because I was so strung out because I wouldn't get into kind a selling heroin and drugs full time because I wouldn't trust myself. IV 29*

### **Closed markets**

A large proportion of transactions remained within closed markets – arrangements were made using mobile phones or users purchased drugs in certain housing estates and flat complexes where they had established contacts with sellers or where drugs could be delivered to them.

*It's a lot safer on the phone because people ring you up and you go and meet them. You're not hanging around the street waiting to sell, you know, so [there's] less chance of getting caught. IV 8*

*You can just go but I usually ring and tell them to hold me a nice one or whatever you know, I am on my way over. But a lot of people can walk in the flats and they're on the stairs like. IV 11*

Another seller paid a driver a wage to drive him around the area making deliveries of drugs.

*Well I had a driver one time, for about six months, but she was just getting paid a wage. She wasn't on drugs. I would sit in the back of the car with her. She would drive me around like just dropping things off ... Like she knew she was getting well paid for it. She knew like, I just knew. Like I had known her for a few years and I knew if we did get pulled she wouldn't say a word like you know and if it came down to it I'd just take the rap anyway. Like she'd never carry drugs or she'd never have drugs on her person, they'd always be on me like, you know. IV 26*

One seller conducted business on a mobile phone and at street markets.

*I did twice, yeah [sell drugs on the street]. Just to pass time until like my phone, I'd have it on for certain times. You know, they knew when to ring like that I'd be on say from 2 o'clock until half 7, 8. IV 10*

Cocaine was less likely to be available from open street markets, and was distributed in a more social context in closed markets such as pubs, clubs and through groups of friends.

*But heroin is more, is a more open main thing, you sell smaller bags and you actually get rid of it quicker. Coke is more or less for pubs and clubs, parties, weddings, 40ths, 50ths, 30ths, all stuff like that, 21sts, even 18ths. I haven't actually sold it on the streets around [location], it's always in pubs. You basically, you know 'cause people keep rubbing their noses every five minutes ... see I'd know most of the people where I'm going or at pubs. Like even around town I know hundreds of people, so I'd ask one person and then it'd all get around. IV 33*

---

---

*Generally, yeah with the party scene it's a kind of free for all – people obviously that are palling around [friends] over the years, they're not making any money, they're just giving them a product that they're paying whatever the going rate is for, you know what I mean, you know, they're generally getting it off someone they know, to pass it over or whatever price they pay for it, you know. Drug Unit D1*

Cocaine dealers remained in local pubs where they would socialise for the evening while conducting transactions with buyers. This dealing sometimes involved a network of family members who socialised in the same pub.

*Yeah it'd be like the uncles would be giving their nieces and nephews the stuff to either hold or while they're, say, sitting somewhere having a drink and they'll have their nieces or nephews over the other side and if someone comes in they just go over and get them and it's nearly always related people that was – especially around where I'm from myself you know. That's what I have noticed about it. IV 18*

One seller indicated that taxis were an important means of selling drugs in the area and that cocaine sellers were themselves driving taxis.

*So no, they sell everywhere and they drive, an awful lot of them are taxi men. That's ... there's a lot of young taxi drivers that are dealing coke. It's hard to say anything much more without actually implicating anybody. IV 9*

The use of taxi drivers to transport drugs was also referred to by a prison-based respondent. He also explained the various costs involved to him of using people in this way.

*Well, if I was sending someone off to collect gear then for me or anything it could be probably up to €500 then to drop it off again – if it is a kilo. And if they are going off dropping bars off for me it could be 200 or 300 quid. If that [the drop-off point] is local, I am probably giving them a bit more. Prison Interview 4*

The use of legitimate businesses such as taxis was also a mechanism to avoid detection by law enforcement, as taxis could be expected to have valid tax and insurance.

*Just used a normal Joe Soap – car had tax and insurance. Older people like not old people but people older than me maybe in their 30s and 40s. That don't look at all suspicious – they are not using – not heroin addicts or anything like that they are going to get stopped and searched. Even taxi drivers, a lot of taxi drivers would do our work, it is easy to put something in a taxi going to town or something and throw them in a taxi and send them on their way. Prison Interview 4*

### **Runners**

Some sellers employed runners to deliver drugs to buyers at street level. Drug users ran drugs to pay off debts owed to a seller in return for a very small proportion of the profits being made from the transactions.

---

---

*You have runners as well, you know what I mean. Not just suppliers you have runners, they would be going for it ... like running back and forward that will carry it where people won't, like to carry it as well you can get paid. You don't have to sell it, you just carry it. IV 10*

The important role of young people used as runners in drug distribution in the area was highlighted.

*Yeah I'm buying off 14- and 15-year-olds just running it for fucking big drug-dealers. They're only kids at this stage, you know what I mean ... Just living in the local area and there's kids hanging around the streets getting off when they do things and they're doing it. Do you know what I mean, they're not saying no. They're making profits for themselves or they think they are anyway. IV 29*

*They're involved heavily in the distribution of at this stage in the inner city now and you're looking at anything from 9, 10 years of age carrying ounces of heroin from one house to another, and I know this. I arrested someone with 8 ounces of heroin about two years, but nearer, about a year ago, a year and a half ago and they told me afterwards, he was a young lad after delivering down to the house on a bicycle and he was about 11 years of age. Drug Unit D3*

Sellers who used young children as runners reasoned that a Garda was unlikely to stop and search a child unless he or she had specific knowledge of the child's involvement in drug distribution, and even if searched and found to be in possession of drugs, a child would not get a criminal conviction.

*Like if you see a 10-year-old walking up the street – like probably as a guard, you're not going to, unless you know him as being someone, you're not going to pass any remarks to him. And even if you talk to him it is only going to be in general conversation, so it's a great way to get it from A to B, to give it to some young lad and give him a tenner, just tell him walk up the street, don't go anywhere else, went into the house and they get their 10 or 20 quid, and sure like 20 quid to a 10-year-old, it's brilliant and they're definitely involved in it heavily. Drug Unit D3*

In this area of high unemployment and high rates of early school leaving, young people could make significant amounts of money by running drugs.

*They're usually like 18 to 19-year-old kids wanting to make money. A lot of them aren't junkies or users. A lot of them don't even touch drugs, they just buy drugs but they just do it for the money ... they usually get dropped off in a car or whatever, dropped off at a certain place and you pick it up, it will all be wrapped up into deals for them and he'll just go and disperse it around ... [they could earn] ... 1,000 a week or 100 quid a day, 150 a day. Depends who you do it for, you know. IV 26*

Table 7.8 presents PULSE data which outlines the breakdown by age of suspects arrested under the Misuse of Drugs Act between October 2008 and March 2009 in site D. Of 22 juvenile suspects, two were charged with drug supply offences. The youngest offender suspected of drug supply was 16 years of age.

---

**Table 7.8 Suspected offenders, by age and by offence type, site D**

Age	Possession (n=264) n (%)	Supply (n=152) n (%)	Cultivation/ manufacture (n=1) n (%)	Obstruction (n=34) n (%)	Fraud (n=6) n (%)
Under 18	18 (6.8)	2 (1.4)	0	2 (5.9)	0
18–24	111 (42.0)	53 (34.8)	0	10 (29.4)	0
25–34	98 (37.1)	61 (40.1)	0	18 (52.9)	4 (66.7)
35 or over	37 (14.0)	36 (25.4)	1 (100.0)	4 (11.8)	2 (33.3)

Source: PULSE, October 2008–March 2009

### 7.3.2.5 Drug transactions: payment, credit and stolen goods

#### Credit

Of the 13 sellers interviewed, 6 bought their drugs on credit ('on tick'), which meant that they paid their supplier for the drugs after they had sold them on.

*I: How long would you keep the drugs before you sold them?*

*R: I'd say if I was after getting them tonight at 10 o'clock I'd go down, I'd sell in the morning and I'd get rid of them, whatever. And then go up with his money and then I'd get more and go out probably that evening, do you know what I mean. IV 12*

Of the 13 sellers, only 4 said that they would sell drugs on credit, and then only if they knew the customer. A number of sellers had had negative experiences of selling drugs on credit and had been in debt with their own suppliers as a result.

*If they were scoring off me and they were stuck or whatever, yeah I do, yeah. Because I know what it's like to be sick, I've been there, you know... . If I didn't know them well and they were with somebody that I knew well and if they vouch for them. It would come back on the ones that vouched. I wouldn't be ending up in debt for anybody. I have already been there. IV 10*

*Yeah, yeah that [giving drugs on credit] was a mistake as well...it would be mostly people that you'd know but at the time it would be say you're after giving six or seven people credit and they'd all organise for it to be paid on a Thursday but when you go to get paid on Thursday, you'd probably get two or three that would give you the money and you'd get probably a half off another person or whatever and you'd be left waiting for probably a couple of weeks. IV 18*

#### Non-cash payments

Jewellery and mobile phones were common types of stolen goods that were offered to sellers in exchange for drugs.

*I have done in the past [accepted stolen goods as payment], yeah. Phones, rings, chains, like if I needed a phone I can just go over to the [location] and like you get offered phones every 5, 10 minutes. IV 26*

---

*I would take them and give a score bag for a mobile phone. Stuff like that. But mostly jewellery. IV 28*

Stolen goods provided sellers with large profit margins, much bigger than those gained from cash payments.

*They'd usually have buyers. Like if they went along and, it would usually be like top of the range digital cameras and like that. The sat navs now are after coming into because they're expensive, they give you a score bag of gear for a sat nav that they know they're gonna get 20 or 40 quid for. I reckon more, 30, 40 quid. So, they're giving you 20 quid's worth of heroin or well it's more or less heroin now but if they give you 20 quid's worth of heroin for what you pay 20 quid, it's only actually about a €5 worth to them ... Big profit. It's all profit then. So, that's why a lot of them would actually prefer and they take stuff off you rather than take money off you because you know you're paying cash, they're still getting their cash but if they get stuff they can sell that and even treble and quadruple their profit. They're still trebling or doubling it when you're buying with cash up front but if you give them something that's worth an awful lot more like jewellery they go for a lot. IV 9*

*I used to get a girl coming up to me right when I was selling the rock. I'd give her two rocks...and she'd throw me 30 bottles of St Tropez, the big bottles and about ten bottles of Jennifer Lopez and Paco Rabanne you know aftershave. And as soon as I got them, that was a money maker in itself. I was getting 25 Euro a bottle ... So I was cleaning up. IV 31*

### **Processing stolen goods**

Stolen goods were either retained by sellers for their own use or sold to individuals in their community. Sellers could go to individuals known for selling on stolen goods in the community or to people they knew might be interested in certain types of goods.

*People where I lived, yeah, in [location] I had a load of buyers. Load of buyers for all them you know what I mean. IV 31*

*Well it would be basically people that's you'd know. You'd ask around or you'd hear certain people that would be probably looking for, say, Kango hammers or drills or someone looking for CDs or someone looking for smokes or whatever and you'd ... the rumour would go out that such and such a person would buy this and another person would buy this, and whatever you got, you knew what person to go to. IV 18*

### **7.3.2.6 Competition, conflict and debt collection**

#### **Competition**

Street-level selling was competitive, though it rarely spilled into violence. At open-street market level, the multitude of sellers made it a buyer's market, and sellers competed for custom.

*Yeah it's a buyer's market sometimes. There's a lot of people selling ... you go to score off somebody and they've got tiny bags of gear so you say no to hell with that and you go to ask the person coming along the road and the one you were going to buy off first starts*

---

---

*arguments then because you're not buying off him. But if there's so many of them out dealing, you know you have a bit of choice. You can see what you're buying. IV 8*

In an attempt to establish a reliable customer base, sellers may be more generous in their measurements or may undercut each other's prices.

*There is a lot of competition. Some guys give out half-eighths and they'd be kinda 1.3 grams. Other guys would give you like 2 grams for 90 Euro so there is quite a lot of competition and ... whose heroin is actually stronger than somebody else's, so. There is quite a lot of competition in the street, yeah. Definitely, and certainly now because the price is starting to come down. IV 30*

Street sellers were keen to get the best drugs at the cheapest price when they needed them, if not they could become someone else's buyer.

*One of my dealers had his phone off for two days and in those two days I kind of switched back to someone else that I used to get it off and I have been getting it off him since and the other guy's been ringing me up and you know and I said 'Well you know this guy Mr X is giving it to me at 85 Euro, you're selling it to me at 100, his weight seems to be a little bit more and I think I'm getting a lot more out of him. He's giving it to me at a cheaper price; I'm going to stick with him.' And the other fella is not happy about that because that's 700 a week like, it's a grand a week that he's lost out on. IV 32*

One seller refused to supply another seller and sought out his customers instead.

*Sometimes when they're stuck like, they'd ring me and ask me can I get them this or get them that and that's where the price wise comes in like I could charge them extra for it. I could say no I can't get it and then just keep it for myself and then sell it to his customers but I wouldn't really do that, not all the time, the odd time I would if I was stuck for money. IV 18*

### **Conflict**

A prison-based respondent who had been involved in the drug trade as a user and dealer for over 20 years described the evolution in the drug market in terms of the changing nature of it in relation to violence and the emergence of a gang culture.

*Ah yeah, there is a lot of violence involved now than there was in the '80s, you know. In the '80s you hadn't got much violence. But, you know from 1989 onwards now it has split sort of – you have one group fighting another group – back in the '80s you hadn't got that, you know – if I hadn't got heroin and I wanted heroin, I could go onto the south side and get heroin, you know. There was no problem, I could score it off anybody, you know. But now 'What are you scoring off that fella for?' if you are seen scoring off that fella – they think you are on that side of the fence. If you are seen scoring off this group, they think you are on that side of the fence. Do you know what I mean? Prison Interview 3*

The same respondent also believed that the prevalence and use of guns and disputes over control of territory were

---

---

relatively modern features of the illicit drug trade. He says that there are higher-level drug-dealers who remain aloof from such activity away from the feuding between rival so-called gangs. He also suggests that the low price of heroin at street level has contributed to a proliferation of dealers.

*In the '80s the only gun out there was an old shotgun, you know. And you bought an auld shotgun and you went down the bank or something, you know. That is the only time you would have a shotgun or you would see any gun. If there was any fucking rivalry – we never had rivalry years ago – now it is different ... and it has gone more vicious. There is stabbings, you know, tit for tat – it has gone crazy, really bad, do you know what I mean. Like you wouldn't have that years ago, you know and these are – you think they are top men, but they are not top, you know. They are after getting in; they are after getting a few quid here and there and the thing. But there is higher men than that – do you know what I mean – that doesn't want any of this rivalry, that will sit back in their luxury homes and you know laugh at this, do you know what I mean. ... in the '80s there was better men than there is now, you know. These all look for a fight, you know. And they want to take patches over, you know. Back in the '80s you hadn't got that – you could have went down and sell gear where you want to sell gear, you know. But now ...fucking they are after bringing the gear down so cheap every second person has There is a lot of competition. Some guys give out half-eighths and they'd be kinda 1.3 grams. Other guys would give you like 2 grams for 90 Euro so there is quite a lot of competition and ... whose heroin is actually stronger than somebody else's, so. There is quite a lot of competition in the street, yeah. Definitely, and certainly now because the price is starting to come down. IV 30*

Sellers and buyers argued over price and purity. Dissatisfied buyers would seek another supplier. Losing customers was to be expected. No sellers reported violence arising over price and purity.

*I just tell them to go somewhere else then if they don't like it. IV 33*

*Yeah I did actually [lose customers], yeah. When I started getting into it myself I'd probably end up mixing up more. Like as they say, dancing on it more and giving them instead of 70% pure it would be probably only 30% pure. That's when I was getting into it myself then, you know. So, it's just they either wouldn't call again or if they called you know, well 'What's the story? Can you not do anything better than that, that was bleeding brutal or whatever,' you know. IV 18*

### **Debt-related conflict**

Most violence arose not from competition or customer dissatisfaction but from debt. The seizure of drugs by Gardaí was particularly dangerous for a seller who had received the drugs on credit from a supplier. Despite the seizure, the debt to the supplier still had to be repaid.

According to one prison-based respondent, the incidence of debt and debt-related violence, including where drugs had been seized by the Gardaí, was also affected by the existence of a drug market 'code of understanding' or 'rules'.

*... if you don't get paid you are going to have to do something about it aren't you?*

---

---

*Somebody will get a few digs because it has to be done. A lot of people don't get a hiding because you can't find them for their money and when you do catch them, they get a hiding for chasing them for so long. Just the temper flares and you end up slapping them. ... Yeah, once it is in your custody, it is in your possession it is yours. Like it is easy to ... say my man and another fella are standing there together and the police come in on top of the two of them. It is my loss because it hasn't really been handed over – but once it gets to the other fella – he is worse off. It is his responsibility then. Prison Interview 4*

As a consequence of this 'rule' and to avoid potential debt-related trouble, another respondent refused to sell for others and he also had a policy of not accepting drugs on credit.

*I wouldn't sell for nobody, never would. And I wouldn't get it on tick neither. I'd buy it cash up front because it's just if you get it on tick off someone you're putting yourself at risk. What happens if you get knicked or else you do it, do you know what I mean. That's what gets you into trouble. IV 31*

Being seized with drugs can also generate suspicion between drug-dealers and this can spill over into violence.

*I've had fights with people over drugs. I had my car and all smashed up over drugs ... a mate of mine got caught with a lot of heroin belonging to someone else but my mate was caught with it and the other guy thought my mate had robbed him. So then there was a fight broke out and my car got broke up so me and him was fair digging and next minute all of his mates come out of nowhere and then the next minute we were just covered in Garda. IV 28*

Sellers who had a drug habit could accrue debts rapidly. One seller had to be financially bailed out by her family.

*Got threatened to be shot. Family paid the money for me as I got in debt. This guy was giving it to me laying it on, laying it on, but I got a bit wary because I didn't know if he was trying to set me up or not because every day, Monday, Tuesday Wednesday, Thursday and Friday like he gave me a quarter ounce. Like that's an awful amount to have from Monday to Friday, every day and not wanting the money. So I just gave it all to a [non-Irish person] for crack cocaine. I got into debt so the family had to pay for it. I was getting threatened to be shot. IV 10*

The individual described in the following quote was in debt and refused to transport drugs as part payment and was badly beaten as a consequence.

*... There was also another guy that came to me and told me, he was asked to drop a couple of kilos of cannabis somewhere because he owed somebody money, he said that he wouldn't, they left it at his house, he said that he wasn't moving it, if they wanted it, they can come and get it. So they put a crow bar through his leg and gave him an awful hiding, broke all his ribs, tried to pull his nails out with pliers, gave him an awful hiding, put a gun to his head, threatened him, this was over €1000 debt, cocaine debt, and, you know, he wouldn't make a complaint to the guards, he just left the city and moved out to the*

---

---

*suburbs, you know what I mean. Drug Unit 2*

Sellers who sold on credit risked non-payment, which could be problematic when it came to repaying their original source.

*Yeah. Started small and before I knew it like, obviously I didn't realise how far I was after going in so short a time. You know like it was a matter of six months and I had a lot of trouble between cocaine and other guys, you know. It's the way they work I think. They get you to do whatever and you think you're Mr Big and before you know it you're getting walked on you know because you think you're out to stay up there with the big guys but it's, it doesn't move that way. IV 18*

Sellers outlined the violence that they regarded as necessary to ensure payments were received from customers. To tolerate non-payment or late payment would endanger their whole enterprise, as they would appear soft and other debtors would not meet their financial obligations as urgently as they should.

*I wouldn't mind like if they come up and say to me look, they have fucking nothing – ok fair enough, you know what I mean. 'Give it to me when you have it or even if you want, work it off,' you know what I mean. 'I'll look after you, just work it off. Pay me whatever you can,' you know what I mean. Then like you give them a half an ounce or something, half an ounce of gear and they don't bother – go up and do it or else fucking whack it out and keep the money, you know, try and make a thick out of you. So I used to just make a couple of phone calls, I wouldn't just have to kill them you know. Don't get me wrong, I never hurt anyone badly. The worse I done is a fella there I broke his legs, that was it. I wouldn't go any further than that you know. That's because he ripped me off nearly three grand, so. It's either that as they say, in the drugs game, coyness is mistaken for weakness, know what I'm saying. So you have to be up there and you have to be willing to smack someone and you want to make sure that they don't want to get up, you know what I mean. That's what I'm saying. That's the bad, the downfall of being a drug-dealer. You get people trying to rip you off. IV 31*

*I'd get a lay-on off four of five different people. Anyone I wanted to because they all knew I wouldn't sting them. I am known as a person that doesn't rip off people or anything like that, do you know what I mean ... But don't get me wrong it doesn't mean I would let them rip me. Then you'd see a different side to me. I can be very nice and very polite but I can also turn on a sixpence. If someone is being aggressive or trying to be cocky with me I'll be twice as cocky and twice as aggressive with him. Just because I am polite and quiet doesn't mean I'm a fool. I have been in and out of prison all my life. My kindness can be taken for weakness rather than anything else and then I'd have to show them that I wouldn't be as weak as ... just because you're kind doesn't mean you're weak. So you have to defend yourself and do things that you wouldn't normally do. IV 9*

No seller admitted to using or possessing a firearm. PULSE data for the period reviewed did not record any firearms being seized during arrests made for drug offences.

---

---

### 7.3.2.7 Profit, price and purity

#### Profit

Profits depended on a seller's motivation (to make money or just sustain a habit) and their willingness to take risks and maximise the returns on their product. Sellers chose to sell small amounts at expensive prices, which was time consuming, or to deal in bigger and cheaper quantities to ensure a quick sale and less exposure to law enforcement.

The following prison-based respondent described the costs and profits associated with buying and selling cocaine in 2004.

*Well, when I started doing it I was paying 28 grand for a kilo of coke ... but you are selling it off in say in bars or two bars at a time. You would be probably making a profit of say 10 grand a bar. That was back then – now it is different nowadays it would be 15 grand for a kilo nowadays.... It was – I started when I was 22 so it was six year ago. Over a year – if you were looking at 6 kilos over a year – it was six 28s ... and then you were making 40 grand on that ... 12 grand profit in a kilo. Prison Interview 4*

The same respondent then described the next stage of selling down to street level which, he explained, can be more profitable but which also involves greater risk of being apprehended by the Gardaí. He also explained, however, that to avoid detection by Gardaí, people try to sell only to people they know or have been introduced to.

*They break it down into 100g deals or eighths or quarters and then they will make more money again. The big money is in them when they break it down they make more out of it than the – they would make more than what we make ... there is [greater risk] – being caught with a couple of deals in their pockets. And selling to guards and all that because they don't know who they are selling to. Because they take – they don't know who they are selling to unless they are going around clubs selling – but people just have local people – they know them. And they know enough about them they have their number and another person will put them onto them so... . Most of the time it will be a friend of a friend will put them onto them. Prison Interview 4*

In the case of heroin, street sellers generally bought either a half-eighth (1.75g) or an eighth (3.5g) and sold street-deal 'score' amounts priced between €15 and €20 each. A seller could buy a half-eighth for €90–€100 and could sell 10–15 street deal 'score' bags, generally doubling their money. As street sellers, this profit was most likely to be channelled into buying more heroin to sustain their habit.

*If you go to buy a half an eighth for yourself on the street it will cost you 90 Euro. So if you buy one off the street for 90 Euro and you bag it up and you sell maybe 12, 13 bags. So you double your money so you can go and buy an eighth then the next time if you want. But if you have a habit you see your profit isn't going to be as big because if you sell, if you make say 13 bags, you will probably use 5 of them. You'd only sell the other 8 to make up your money for the half to pay your dealer. IV 8*

Selling at street level could be quite lucrative if a seller was willing to sell for long hours every day.

*For every 10 bags I sold he got 100 Euro and I got 100 Euro, do you know what I mean? Just feeding my habit and it was keeping me off the streets ... as I said 40 or 60 a day. I could have sold more but being lazy I didn't. I'd get 400 Euro, yeah ... and I'd probably get 500 or 600 Euro if I wasn't lazy. IV 12*

---

---

Above street level, middle-market dealers buying ounces would also double their initial investment. At this level, sellers were generally selling half-eighths and eighths to street dealers.

*I'd get an ounce for 800 quid. And without doing it I'd make back 18. So, I'd make a grand and I'd probably get rid of an ounce in less than an hour sometimes, you know. Two hours. IV 31*

Another seller purchased 5 ounces per week for €5,000, selling in quantities of eighths, half-eighths and €20 street deal 'score' bags, taking in €11,000 and making €6,000 profit per week.

### **Cocaine**

Profits from selling cocaine ranged from double to triple the initial investment. Both cocaine sellers interviewed adulterated the drug to make more money. The following respondent purchased half an ounce of cocaine for €300 and generally doubled his money.

*About 300 Euro [profit] ... that's only if I was going to sell it straight out but if I had to break it down, to cut it up, I'd say I make about 750, 800 quid out of a half-ounce ... just about triple your money. IV 33*

### **Crack cocaine**

The price of crack was uniformly high – €50 per rock using just 0.2g of cocaine – meaning that a seller who was able to make crack cocaine from powder cocaine was in a very profitable position. One crack cocaine seller bought a 'bullet' (17–18g/three-quarters of an ounce) of high-quality cocaine for €600 and earned up to €4,000, returning a profit of €3,400.

### **Prescription tablets**

Prescription tablets such as benzodiazepines sold for €1 or €2 each, depending on the strength of the dosage. The size of the profit depended on how the sellers sourced the tablets. One seller attended several doctors and used her own prescriptions to buy the tablets and sell them on. As these substances were purchased using a medical card, she was making 100% profit.

*Yeah. I was getting them off a doctor out in [deleted] and then I was just selling them then ... Well I had my doctor – my methadone doctor. And then I had a Doctor X out in [location], used to get scripts off him. Just give him a bottle of whiskey and he'd give it to you. IV 19*

Another seller explained that it was popular to travel to foreign jurisdictions where benzodiazepines could be bought without a prescription. Tablets bought in bulk in other countries at a cost of 50 cent per tablet could be sold for €2 each in Irish drug markets.

---

*They're going across waters because they are getting them far cheaper. It's something like 50c a bleeding tablet and they're after making €1.50 on it, you know what I mean. It depends really... . They're going away on holidays because you can buy them over there. Like you'd probably bring five tablets with you like blue Valium and a yellow Valium and ... . Like what is on the market like that's the best sellers when you go across, you go into a pharmacy and say 'Listen, I don't want to go to see the doctor because I can't afford it over here,' and you show them that you ran out of them and this is why you only have four and you show them and you buy them in boxes. IV 10*

## Price

### Heroin

Heroin had reportedly become cheaper to buy at all levels of the market. Table 7.9 indicates the prices cited by 10 users and sellers for different quantities (a price for the half-ounce, bullet and ounce measures was given by only one seller in each case).

**Table 7.9 Price of heroin by weight, site D**

	Weight (g)	Price (€)
Half-eighth	1-1.75	50-100
Eighth	3-3.5	130-200
Half-ounce	14	300-500
Bullet	18-21	600
Ounce	28	600-900

Source: Prices given in interviews with users/sellers during current research

### Cocaine

Respondents reported that the quality and cost of cocaine had decreased. From the information given by seven users and sellers, it appears that the price of cocaine fluctuated dramatically from seller to seller. There was no consistency in measurements: a half-eighth could weigh between 1.0 and 1.3g, and an eighth 3.5g, depending on the seller (Table 7.10).

**Table 7.10 Price of cocaine by weight, site D**

	Weight (g)	Price (€)
Score	0.2-0.25	15-20
Half-eighth	1.0-1.3	60-100
Eighth	3.5	200
Quarter-ounce	7	350
Ounce	28	800-1,200
5 ounces	126	5,000

Source: Prices given in interviews with users/sellers during current research

### Crack cocaine

The price of crack cocaine was remarkably steady. The 15 users and sellers interviewed reported that a rock of crack cocaine was priced at between €40 and €50. A rock contained 0.2g of cocaine and four to six smokes or pipes could be obtained from one rock.

### Cannabis resin

Cannabis resin was generally sold at street level in quarter-ounces. A quarter-ounce could be purchased for €25, a half-ounce for €50 and an ounce for €100.

### Prescription tablets

Prescription tablets ranged in price from €1 to €2, depending on the dose strength rather than on the active ingredient. For example, temazepam and Zimovane were priced at €2 per tablet.

## Purity

### Heroin

Between September 2008 and February 2009, samples from 108 heroin seizures were submitted to the FSL for analysis, 68 (63%) of which were quantified for heroin purity levels. Purity ranged from 20% to 66%, with an average of 46%. One-quarter of the samples recorded less than 36% purity and one-quarter had purity levels greater than 57% (Table 7.11).

**Table 7.11 Heroin purity levels, site D**

No. of samples	Mean (%)	Median (%)	Min (%)	Max (%)
68	46	46	20	66

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=31) weighed 3g or less and had an average purity of 48%, ranging from 20%–66%. Seizures relating to supply offences (n= 37) weighed between than 0.1g and 14g, and had an average purity of 45%, ranging from 21% to 64%.

Of the 108 heroin seizures submitted, 58 (54%) were analysed for the presence of active ingredients other than heroin. All 58 samples tested positive for at least one other active ingredient; 43 (74%) tested positive for two other active ingredients; and 8 (14%) tested positive for three other active ingredients. As Table 7.12 shows, caffeine was present in all 58 samples, caffeine and paracetamol combined was identified in 74% of cases, and 11% of cases reported active ingredients such as lignocaine or benzocaine as a third active ingredient.

**Table 7.12 Active ingredients other than heroin in seizure samples analysed, site D (n=58)**

	n	%*
Caffeine	58	100
Paracetamol	43	74.1
Lignocaine	3	5.2
Benzocaine	3	5.2
Griseofulvin	2	3.4

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

### Cocaine

Samples from 61 cocaine seizures were submitted to the FSL for analysis, of which 36 (59%) were quantified for cocaine purity levels. Purity ranged from 1% to 69% but was generally very low, with an average of 14%. Half of the samples reported purity of 7% or less (Table 7.13).

**Table 7.13 Cocaine purity levels, site D**

No. of samples	Mean (%)	Median (%)	Min (%)	Max (%)
36	14	7	1	69

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=21) weighed between 0.1g and 4g and had an average purity of 16%. Seizures relating to supply offences (n=15) weighed between 0.6g and 144g and had an average purity of 10%. Seven of the largest seizures, weighing between 27g and 144g, had purity levels ranging from 1% to 7%, with an average of 5%.

Of the 61 samples submitted for analysis, 48 (79%) were analysed for the presence of active ingredients other than cocaine. All 48 samples tested positive for at least one other active ingredient; 25 tested positive for at least two other active ingredients; 12 tested positive for at least three; two tested positive for at least four; and one sample tested positive for at least five other active ingredients. Table 7.14 shows the other active ingredients found, which included lignocaine (54%), phenacetin (48%) and benzocaine (31%).

**Table 7.14 Active ingredients other than cocaine in seizure samples analysed, site D (n=48)**

	n	%*
Lignocaine	26	54.2
Phenacetin	23	47.9
Benzocaine	15	31.3
Caffeine	8	16.7
Paracetamol	6	12.5
Levamisole	4	8.3
Creatinine	2	4.2
Diltiazem	1	2.1
Mannitol	1	2.1
Etodroxizine	1	2.1
Hydroxyzine	1	2.1

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

## 7.4 Impact of drug markets

This section presents findings on the direct impact of the illicit drug market on site D, such as visible drug use, the fostering of a local economy in stolen goods and property, drug-related crime and fear and intimidation.

### 7.4.1 Visible drug use

Three-quarters (77%) of respondents considered illegal drugs to be a big or very big problem. For the vast majority (90%) of respondents, this view was based on personal observation. Fifty-five per cent had observed drug use in their area directly, of whom 88.9% witnessed smoking, 59.6% injecting, 40% snorting and 43.6% individuals swallowing substances thought to be illegal (Table 7.15). Almost half (49%) of all respondents had seen discarded syringes in their locality in the 12 months before the survey.

**Table 7.15 Visible drug use, site D\***

	Respondents N	Positive responses N	%
Smoking	108	96	88.9
Injecting	104	62	59.6
Snorting	100	40	40.0
Swallowing	101	44	43.6

\*Percentages exceed 100% as multiple answers permitted

### 7.4.2 Stolen goods as currency

One-third (35%) of respondents had been offered stolen goods in the 12 months prior to the study by someone they thought was a drug user: 12% had been offered goods often or very often and 11% had been offered goods sometimes (Table 7.16).

**Table 7.16 Experience of being offered stolen goods, survey, site D (n=199)**

	N	%
Very often or often	23	11.5
Sometimes	22	11.1
Seldom	18	9.0
Never	136	68.3

### 7.4.3 Fear and intimidation

Twelve per cent of residents surveyed had reported information about drug-dealing to the Gardaí, the majority within the last three years. Of 174 respondents who had not reported any information, 70 stated they would not report information if they had it. When probed on the reasons for this, 50% stated fear of reprisal. Almost one-third (30%) did not regard it as their business (Table 7.17).

**Table 7.17 Reasons for reluctance to report drug-related information to Gardaí, site D (n=70)**

	n	%*
Fear of reprisal	35	50.0
Not my business	21	30.0
Gardaí would not act	11	15.7
Would not wish to involve Gardaí	4	5.7
Don't want to be a grass	4	5.7
Other	4	5.7
Social reasons	3	4.3

\*Percentages exceed 100% as multiple answers permitted

Gardaí also underlined the culture of fear in certain areas.

*I think there's a lot of fear in the community, like a drug-dealer can command an awful lot of fear in the community and you see that in every flat complex. Drug Unit 3*

#### 7.4.3.1 No-go areas

Respondents were asked whether they actively avoided certain areas: 47% avoided areas at certain times. Of those who avoided areas and offered reasons, 44% cited the incidence of people hanging around taking drugs. Only 2% cited the incidence of open drug-dealing (Table 7.18).

**Table 7.18 Reasons for avoiding certain areas, site D (n=59)**

	n	%*
People hanging around in groups taking drugs	26	44.1
People hanging around in groups	19	32.2
People hanging around in groups drinking alcohol	8	13.6
Open drug-dealing	1	1.7
Other	13	22.0

\*Percentages exceed 100% as multiple answers permitted

#### 7.4.4 Drug-related crime

Drug unit members indicated that the vast majority of burglaries, vehicle theft and muggings in the area could be attributed to the drug market.

*As I said, in my previous role I was dealing with the burglaries and breaking into cars and that sort of thing and you know, well, roughly speaking 90% I would say committed by drug users or committed to fund drug use. Drug Unit D4*

Of the 15 users and sellers interviewed, 7 currently or previously robbed to sustain their habit.

---

*Sometimes cars, for, like, they'd be needed for something else and I'd be asked to take a particular car so that they could use it for something else. So, I'd get like probably 500 quid to take a car and the car they'd need it and they'd use it the next morning and then burn it out. Or I'd be actually using the car myself with them. That's how I was funding such a big habit. IV 9*

As noted above, exchanging drugs for stolen goods was much more lucrative for sellers than accepting cash, as the goods tended to be several times the value of the drugs being sold. One user asked his dealer in advance what goods he wanted.

*I'd go up to a dealer and say 'Listen, do you want me to knock some stuff out for you or do you want me to hold some stuff for you'. And that's how you get your quota of the whatever; you know whatever they decided to give you. IV 18*

Two female users and sellers had entered prostitution to fund their habit. Drug unit members suggested that the rise in cocaine use had left many women with no choice but to enter prostitution.

*Prostitution is huge, you know, and coke dealers and coke, sorry, people who use coke socially who find themselves with a coke habit will turn to it, you know, so it is an avenue. Drug Unit D1*

As indicated in section 7.3.2.6 much of the violence in the drug market was related to unpaid drug debts which resulted in threatened shootings or damage to property. One seller had to look to her family to pay off her debt.

*I got into debt so the family had to pay for it... I was getting threatened to be shot. IV 10*

## 7.5 Responding to drug markets

This section presents findings on supply-reduction strategy and activity employed by the Garda Síochána in site D. The section also examines Garda attitudes to a number of policy issues, such as the development of community partnership and inter-agency initiatives, drug-treatment and harm-reduction approaches and drug law reform. Public perspectives on local policing and the relationship between local Gardaí and the wider community in each site are also examined.

### 7.5.1 Garda strategy and activity

Dedicated drug units policed the area. Strategy was supply oriented, targeting both street-dealing and higher-level suppliers.

*We target people from the street level, street-dealing level, all the way up to the importers like, you know. Drug Unit 1*

*I would say 90% supply, you know, although we do deal with the users as well but we're kind of more ... As I said we're specifically more after we'll say the suppliers, the bigger fish. Now, the bigger fish might have 100 Euro worth of stuff on him but it's for supply, do you know what I mean. Not necessarily be a million Euros worth of stuff but specifically for supply, you know. Drug Unit D4*

---

---

Typical activities were patrolling, stop/searches, gathering intelligence, house searches and surveillance operations.

*... your day could be out monitoring the clinics, monitoring [locations] or you could have your planned search of a residence, a house or a B&B or a hostel or something like that, you go in looking for specific drugs like you know, targeting specific people like you know. And then you cultivate information out of other people and there could be an observation post observing what's going on or you know. Drug Unit D1*

*You are patrolling the area, you talk to a few people out on the street and that. You hear what is going on from one or two of them do you know say there is a lot of stuff being sold today on say [street name] or that. So, you would go down there and you will see what is happening. You will pick up one or two for drugs searches that you have studied for a while and watched them say dealing with people, interacting with people and you believe that there's say drug transactions taking place, you'd bring them back ... they might talk to you about someone else that is dealing you know. Drug Unit D6*

Drug unit members generally learnt on the job from senior members. In recent years, Garda members had received specific skills training, such as surveillance, but day-to-day knowledge and general know-how was passed down from senior members.

*A lot of the training you'd learn as you were going along, you would have learned a lot from the people that were working with you, that have long experience doing it, they would have learned from people that were doing it for long periods beforehand. The sergeant or the senior people in the unit ... they'd advise you, whether you were right or wrong in what you were saying and what you were doing. Drug Unit D2*

*No, you learn on the job ... there is no specific training as such, but there's training for breaching doors, putting in doors and stuff like that ... like surveillance and that kind of stuff. Drug Unit D3*

#### **7.5.1.1 Intelligence-led policing**

Gathering intelligence from drug users and drug sellers was critical to success.

*The whole job is information driven, you know, like I mean drugs is information driven, that's the only way it works. Drug Unit D2*

*Basically what you're trying to do is you're trying to arrest someone as high up as you can because if you can get in with him now, then he'd have an awful lot of knowledge than the lower street unit would have. Like, lower street could probably tell you where he gets it. But then you go a step above him then you could be in to all sorts of areas like. Drug Unit D1*

Garda members who received reliable information were obliged to refer their informants to the CHIS where they were registered as official sources and dealt with by specially trained personnel. CHIS was appreciated for the protection it offered unit members; allegations of corruption made by an informant could destroy a Garda's career. CHIS also protected members if an informant was harmed because of information he or she was disclosing.

---

---

*If you do get information and it's good information, you know the person uses CHIS – they use the CHIS system – it's too dangerous not to because if anything happens the person or you, you know, you have no comeback like you know. So, it's just safer and better for everyone. If anything happens to somebody that's giving you information you know and you don't have CHIS you're just not covered. You face losing your job or worse. Drug Unit D1*

CHIS helped protect the informant; information was assessed objectively to determine if it was safe to act on without implicating the informant as a source directly.

*It's improved in some ways, there's more improvement and there's more safety, the whole thing is just geared towards making sure that the informant is safe and not compromised and not going to be putting themselves in the position where they could end up dead or in serious trouble with some gang. Drug Unit D2*

By passing on good informants, unit members sometimes felt that they were cutting off their own intelligence supply line, thus hindering their own ability to make significant arrests.

*Well, I have used CHIS and I have referred persons to CHIS. Obviously CHIS see the wider picture like the persons that I sent there, I would consider excellent informants. I kind of co-handled them there for a while in relation to assessing them to see whether they're suitable for it. One particular person you know put us onto two searches if you like. Those two searches yielded about €45,000 worth of controlled drugs. He's fully CHIS now, I have nothing to do with him anymore. But again, I am not getting his intelligence any more either. So that's the only real drawback, I suppose, of that. But it's the bigger picture that ... you're out of the loop and you're out of the glory. Drug Unit D4*

#### **7.5.1.2 Avoiding detection: sellers' strategy versus Garda strategy**

The following respondent, who was serving a prison sentence for supplying drugs, explained that he used people in legitimate businesses, such as taxi drivers, to distribute drugs so as to avoid detection.

*Just used a normal Joe Soap – car had tax and insurance. Older people like not old people but people older than me maybe in their 30s and 40s. That don't look at all suspicious – they are not using – not heroin addicts or anything like that they are going to get stopped and searched. Even taxi drivers, a lot of taxi drivers would do our work, it is easy to put something in a taxi going to town or something and throw them in a taxi and send them on their way. Prison Interview 4*

One seller highlighted the futility of crackdowns in busy hot spots. Sellers would disperse quickly when Gardaí were spotted and return after they left and resume selling.

*Sometimes they do target the area but it's very hard to control. You need cops standing at every corner 24/7 because as soon as the cops go past, within a minute or two, everyone is back out selling again, you know. And everyone is watching out for the cops. So if the cops start coming along people just drift off into the crowds. IV 8*

---

---

Street sellers were constantly on the move, storing drugs in their mouths, looking out for Gardaí.

*I just stay with people I know. I don't hang around, like I won't stand in one place for more than 10 seconds, like I'm always on the move. You just feel like you're getting watched all the time. That's why I walk around with everything in my mouth like you know. IV 26*

One seller refused to conduct business over the phone for fear that the phone might be confiscated by Gardaí. Buyers contacted his friends and family to find out when they could meet him and order drugs.

*I wouldn't do nothing over the phone. People talking over the phone, this and that, that's what gets you caught, know what I mean. Phones are dangerous, do you know what I mean. You're better off letting people know that you have it and whatever. And if they wanted me, like half my brother's mates that are on it, they give my brother a ring and ask him was I around or whatever you know what I mean. That's what I do, that would be about right, you know. I wouldn't sell it over the phone. I wouldn't talk to no-one over the phone about it because they'll catch you in court and they're able to use the taps now, do you know what I mean. IV 26*

Drug sellers had become aware of the risks posed by undercover Gardaí and were less likely to sell to strangers soliciting them for drugs.

*Sometimes you can't spot Gardaí, like in my case I have actually asked a copper, 'Are you looking for gear?' because his teeth were brown, tattoos all over his hands. And it turned out he was a guard, you know so, you just, that's why I never allow myself to sell to people I don't know. IV 26*

However, other sellers say the differences between Gardaí and real drug users are very obvious.

*You'd know the difference between a pure junkie, even half the police that's going around they think that they look like junkies. You can still cop – they are coming up you know real in your face like that and all but if anyone came up to me like that I'd just say I didn't know, or that doesn't look like a pure junkie I wouldn't give it to them. IV 31*

### **7.5.2 Supply-reduction activity**

The details of 457 suspected offences in breach of the Misuse of Drugs Act over a six-month period were retrieved from PULSE for the period October 2008 to March 2009; the number of offenders per month ranged from 62 to 94 (Table 7.19). During the same period, there had been 1,406 searches of persons and premises that produced negative results.

---

**Table 7.19 Drug offences by month of incidence, site D (n=457)**

	n	%
October	81	17.7
November	79	17.3
December	68	14.9
January	94	20.6
February	65	14.2
March	62	13.6
Month unknown*	8	1.8

\*Offences occurred within the six-month period  
Source: PULSE, October 2008–March 2009

Over half (58%) of suspected offences were for possession and 33% were for supply (Table 7.20).

**Table 7.20 Drug offences by offence type, site D (n=457)**

	N	%
Simple possession	264	57.8
Supply	152	33.3
Fraud	6	1.3
Cultivation or manufacture	1	0.2
Obstruction	34	7.4

Source: PULSE, October 2008–March 2009

Cannabis resin and cannabis herb were involved in 59% of drug seizures. Heroin was involved in 25% of cases and cocaine in 13%. Prescription medication, such as benzodiazepine, was involved in 9.3% of cases. There were only two instances of home-grown cannabis being seized during the period (Table 7.21).

**Table 7.21 Seizures by drug type, site D (n=420)\***

Drug	n	%
Cannabis resin	213	50.7
Heroin	105	25.0
Cocaine	54	12.9
Tablets	39	9.3
Cannabis herb	35	8.3
Ecstasy	12	2.9
Crack	8	1.9
Other	8	1.9
Cannabis herb (home-grown)	2	0.5

\*Some offences might have involved possession of more than one drug type. Consequently, the total number of drug types will exceed the total number of offences

Source: PULSE, October 2008–March 2009

Cannabis resin and herb accounted for three-quarters (73.5%) of simple possession offences; heroin accounted for 16% and cocaine for 8% (Table 7.22). Cannabis resin and cannabis herb accounted for 33% of supply offences; heroin accounted for 41% and cocaine for 20%. The one case involving a charge of cultivation and manufacture related to the cultivation of cannabis herb (Table 7.22).

**Table 7.22 Drug offences by drug and by offence type, site D\***

	Possession (n=264) n (%)	Supply (n=152) n (%)	Cultivation/ manufacture (n=1) n (%)	Obstruction (n=34) n (%)
Heroin	42 (15.9)	59 (41.5)	0	4 (30.8)
Cocaine	22 (8.3)	29 (20.4)	0	3 (23.1)
Crack	3 (1.1)	5 (3.5)	0	0
Cannabis resin	165 (62.5)	43 (30.3)	0	5 (38.5)
Cannabis herb	29 (11.0)	5 (3.5)	0	1 (7.7)
Cannabis herb (home-grown)	0	1 (0.7)	1 (100.0)	0
Ecstasy	7 (2.7)	5 (3.5)	0	0
Tablets	14 (5.3)	22 (15.5)	0	3 (23.1)
Other	0	8 (5.6)	0	0

\*percentages exceed 100%

Source: PULSE, October 2008–March 2009

The majority of seizures were small; in 25% of cases the value of the drugs seized from offenders was equal to or less than €15, and in 50% of cases equal to or less than €40. Seventy-six per cent of simple possession offences involved a cannabis product. The median value of cannabis resin seizures in cases of simple possession was €20, meaning that

50% of suspected offenders possessed a quantity of the drug valued at €20 or less. Median values were higher in the case of heroin (€30) and cocaine (€70) seizures (Table 7.23).

The median values of seizures relating to supply offences varied considerably, ranging from €20 to €5,800,000 for heroin, with 50% valued at €660 or less. The smallest cannabis resin amount seized as a supply quantity was valued at €10, and 50% of seizures were valued at €528 or less. The maximum value for a cocaine seizure was €210,000, but 50% of seizures did not exceed a value of €2,000 (Table 7.24).

**Table 7.23 Value of primary drug seized in simple possession cases, site D**

	Cases valued n	Range €	Mean €	Median €
Cannabis resin	162	2-200	35.6	20
Cannabis herb	29	3-200	45.5	20
Heroin	42	15-500	83.2	30
Cocaine	21	5-280	89.3	70
Crack	3	60-150	110.00	120
Ecstasy	7	10-340	135	150

Source: PULSE, October 2008–March 2009

**Table 7.24 Value of primary drug seized in supply offence, site D**

	Cases valued n	Range €	Mean €	Median €
Cannabis resin	42	10–120,000	7,486	528
Cannabis herb	4	50–10,000	2,866	710
Heroin	55	20–5,800,000	214,982	660
Cocaine	27	30–210,000	14,676	2,000
Crack	4	50–3,500	1,015	255
Ecstasy	5	2–1,550	346	50

Source: PULSE, October 2008–March 2009

As Table 7.22 indicates, simple possession charges accounted for 58% of all suspected offences recorded for the six-month period; 73.5% of simple possession cases involved the possession of cannabis. Drug unit members indicated that cannabis use among the local population was as casual as cigarette smoking.

*Cannabis is huge, you know. Nearly every person you bring in here has cannabis on him, small amount of cannabis or they have, they have evidence that they've been using cannabis like, you know. Cannabis would be ... it's as common as cigarettes at this stage, you know. Drug Unit D1*

There was also a perception that cannabis was deemed socially acceptable by the local community.

---

*Cannabis again, see more of ... especially in around here cannabis has been considered, a lot of the people that live around here consider cannabis as socially acceptable. It would be like having a cigarette and they don't have an issue with it. Drug Unit D2*

With regard to the amount of time involved in prosecuting possession offences, the following respondent explains the general process by which the processing of a possession case is dealt with. The Garda member who originally made the seizure may not need to attend court until a later stage in the process when the case comes up for hearing.

*But there is a system there in relation to charge sheets, that if you charge someone you do out a tracking form it's called and there's a couple of sergeants then in court who look after a prosecutor case up to the point of hearing when the case goes for a hearing then the guard, the prosecuting guard has to turn up with all his witnesses etc. etc. ... Summonses go to [name deleted] Court... they have a tracking form system it's called, fills out a form details the arrest charge and caution, details of the specific offence and that's dealt with then by the sergeant and done at the hearing. Drug Unit D2*

Nevertheless, there are variations in the way the system can operate.

*Obviously, the first hearing or the first ... when you summons someone the first day is just for mention in relation to him looking for legal aid or whatever. Then it could be put back and it could be put back again. You know, it could be dealt with nearly the first day if he wants to plead on the first day but it could be five, six, seven, eight, nine, ten other remands and maybe he pleads guilty to them and the judge orders probation in court and all this. You know, there's so many kinds of variations on it you know. Drug Unit D2*

A simple possession offence could take three to six hours of a Garda member's time in terms of paperwork and court attendance.

*For a simple Section 3 say if he is in here for half an hour, an hour maybe, just to send for analysis paperwork plus to ... I suppose simple possession maybe six hours continuous work estimate now, I have never thought about it before to be honest you know. Drug Unit D2*

*If they go guilty in the court ... well if it is small bit of hash for instance and the judge accepts jurisdiction and it's all dealt with and its summary disposal and that it could be dealt with there and then that day in the court you now so we'll say ... couple of hours in the court, three hours in the court maximum – well hopefully on a good day in court. Drug Unit D5*

The majority of charges of simple possession arose from the work of regular policing units, rather than of the Garda drug units, which were focused on higher-level dealers.

*Not from our unit... it's a small bit of cannabis, you know, that's not what we're looking for, it's not our thing, it's not what we're targeting and it is not what we're looking to prosecute. Drug Unit D2*  
*A lot of the small amounts of cannabis you'll see would be coming in from regular guards*

---

---

*on the regular unit now and we wouldn't really be – we're kind of hoping for larger amounts. Drug Unit D3*

### 7.5.2.1 Types of Garda activity

At least 71% of suspects apprehended for simple possession was arrested as part of a pedestrian or vehicle stop and search procedure (Table 7.25). Just 7% of arrests on simple possession charges were on foot of investigative work (either a house/premises search or a personal search as part of an ongoing investigation). Arrest details were unknown in 17% of cases.

**Table 7.25 Circumstances of arrest of simple possession suspects, site D (n=264)**

	N	%
Stop and search	158	59.8
Vehicle stop and search	28	10.6
House or premises search	17	6.4
Arrested for other offence	60	22.7
Investigation/information/surveillance	1	0.4

Source: PULSE, October 2008–March 2009

Investigative work (house/premises search, surveillance and information received) accounted for a much higher proportion of supply arrests than of simple possession arrests (Table 7.26). Half of all supply arrests were based on investigative work (house/premises search, investigative work); 29% were the result of stop and search activity (pedestrian and vehicle); and the circumstances of arrest were unrecorded in 19% of cases.

**Table 7.26 Circumstances of arrest of supply suspects, site D (n=152)**

	N	%
House or premises search	48	31.6
Stop and search	38	25.0
Investigation/information/surveillance	28	18.4
Vehicle stop and search	6	3.9
Arrested for other offence	32	21.1

Source: PULSE, October 2008–March 2009

### 7.5.2.2 Disrupting hot spots

There were several drug-selling hot spots in site D. These were open drug markets that attracted a steady stream of customers, both local and non-local. Unit members regularly patrolled the areas, stopping and searching suspected sellers.

*We have done operations in relation to a crowd of drug users with, say, congregating, waiting to be supplied or there's someone in that group supplying them and we would arrest them all in that particular area, bring them back down for a drug search. If they have anything on them you know, it would be dealt with in a certain way. If they don't then they'll obviously leave. And if that's done two times a week in that particular area you*

---

---

*would see that drug use in that particular area isn't as open, they're not congregating in the area etc., you know, because they know that they probably could be arrested you know so, that's one particular formal action. Drug Unit D4*

Unit members sought court orders to prevent well-known dealers from selling in certain areas.

*Well, the average strategies I think would be preventing, arresting, searching, you'd be arresting people, searching them and, you know, if they are dealing, getting them to court, preventing that person from hanging around that are... . So we can exclude them from areas and use court orders to get them out ... and prevent them dealing in the areas. I know that kind of pushes it possibly to a different area. Drug Unit D2*

Drug treatment clinics often attracted a number of drug sellers, and unit members sought to make sellers aware of their presence.

*We target specific areas. We might target the clinic some mornings. We watch them; we watch who's dealing down there. We let them away, we'll stop, we'll search them. We'll let them know that we are there. Drug Unit 5*

One member felt that operations to disrupt hotspots were simply a public relations exercise.

*More of a public relations exercise more than anything ... Every three weeks an operation is done ... as a drugs unit you'd rather target higher-level dealers than street dealers. Drug Unit D6*

### **7.5.2.3 Measuring effective supply reduction**

Unit members preferred to judge success on quality rather than quantity – a small number of large captures was more effective than a large number of street sellers. A focus on numbers could be very misleading.

*Yeah, see you get some you can judge on the amount of arrests where that's not always right because I could literally go out and arrest 20 people a day for a small amount of heroin. I could charge every one of them. I go on good captures. Like, captures worth 70 grand, 80 grand, 30 grand or something like that and the more of them you can get. Like I would see maybe 10 or 15 every year as a lot better than getting someone with a deal of heroin and getting 200 of them a year. ... in the guards, some people look at numbers and say, 'Well, 200 were arrested last month'. But they might have only been arrested then and if you combine all the heroin they had, there might have only been three ounces of it. Whereas, then another month two people are arrested and they had 4 kilos of heroin between them. I would think that the two people arrested with 4 kilos, it was 4 kilos off the street. I think that would be better but the hierarchy would be looking at the numbers of arrests, 'We arrested this amount, and this amount.' It's just different people look at it differently. Drug Unit D3*

---

---

*Well I would rather have a 100,000 Euro worth of heroin than 100 prisoners for 100 Euro, or you know, one prisoner for 100,000 Euro in two months' time. I prefer and I think you know really, that's the person that you should be targeting. Drug Unit D4*

Some members expressed doubt about the effectiveness of their work.

*The long and the short of it, it makes no difference if you put somebody in prison, there's always somebody there the next day to sell for it. There's always a new person there the next day, it doesn't make a difference. You could take a hundred people off the street, there'd be a hundred people there tomorrow to deal. Drug Unit D2*

*You know, you think that you're making some sort of an effort, some sort of a contribution to it, like you know, and you're saving some lives or you know but you are not really doing anything like. As I said, for every one you get there's another 10 going on beside you, you know. But you like to think if you get a big seizure, a big capture, you do feel good, you do. Drug Unit D1*

### 7.5.3 Working with the community: public perceptions of Garda activity

Half (46%) of residents and people working in the area surveyed believed that the Gardaí were effective or very effective in dealing with crime in their area, and 36% believed that the Gardaí were not very effective (Table 7.27).

**Table 7.27 Perceptions of Garda effectiveness, site D (n=200)**

	n	%
Very effective	22	11.0
Effective	70	35.0
Not very effective	72	36.0
Don't know	36	18.0

Seventy-five per cent of respondents were aware of Garda activity in the area. Of these, 68% reported being aware of Garda patrol cars, 50% were aware of foot patrols and 33% were aware of Gardaí on bicycles; 12% had observed stop and search activity; 9% had observed house raids; and 3% had observed arrests being made (Table 7.28).

---

**Table 7.28 Awareness of Garda activity, site D (n=148)**

	N	%*
Gardaí patrolling in cars	100	67.6
Gardaí patrolling on foot	74	50.0
Gardaí patrolling on bicycles	49	33.1
Response to call from the public	31	20.9
Stop and search operations	17	11.5
Other	15	10.1
House raids	13	8.8
Arrests made in the area	4	2.7

\*Percentages exceed 100% as multiple answers permitted

In relation to reducing drugs and crime in their communities, 43% of residents cited the need for more Gardaí on the street (Table 7.29).

**Table 7.29 Measures needed to reduce drugs and crime in the area, site D (n=153)**

	N	%*
More Gardaí on the streets/patrolling	65	42.5
Improve amenities for young people	46	30.1
Education and awareness programmes targeting young people	36	23.5
Harsher sentencing for dealers	22	14.4
Other	18	11.8
Regeneration of housing estates and flat complexes	16	10.5
Increase drug-treatment facilities	13	8.5
Redevelop derelict buildings	8	5.2
Increase social services in the area	7	4.6
Increase in family support services	3	2

\*Percentages exceed 100% as multiple answers permitted

### 7.5.3.1 Information from the public

Residents and workers were asked about their co-operation with local Gardaí on general issues and on drug-related issues. One-quarter (24%) knew a Garda in their area by name and 25% had spoken to a Garda about the area they lived in.

As indicated in section 7.4.3, 12% of residents and workers surveyed in site D had reported information about drug-dealing to the Gardaí, and the majority of these had done so within the last three years. Of the 178 respondents who had not reported any information, 30% stated they would not report information if they had it and 18% were

undecided. When probed on the reasons for this, 50% stated fear of reprisal, 30% said that they did not regard it as their business, and 16% said they believed that the Gardaí would not act.

The willingness of respondents to report the involvement of young people in the distribution of drugs was also examined. Three-quarters (74%) of respondents stated they would report a young person's involvement in drugs to other members of the community; two-thirds (64.3%) were more likely to approach the parents of the young person, and one-quarter (22.4%) were more likely to approach the Gardaí (Table 7.30).

**Table 7.30 Reporting a young person's involvement in drug-dealing, site D (n=143)**

	n	%*
Parent	92	64.3
Gardaí	32	22.4
I'd talk to young person myself	27	18.9
Social services	10	7.0
Other	6	4.2
School	4	2.8
Older brother/sister	1	0.7

\*Percentages exceed 100% as multiple answers permitted

Of the respondents who would not, or were undecided as to whether they would, report a young person's involvement in drugs, more than half (27) said that it was not their business and one-quarter (12) cited fear of reprisal as reasons not to report (Table 7.31).

**Table 7.31 Reasons not to report a young person's involvement in drug-dealing, site D (n=50)**

	n	%
Not my business	27	55.1
Fear of reprisal	12	24.5
Other	7	14.3
Don't know	4	8.2

From a Garda perspective, relations with the local communities varied. Gardaí received information from community members in the context of formal meetings and informal contacts, but a culture of fear and intimidation prevailed in certain communities in relation to communicating with Gardaí.

*It's good and bad depending on the areas: some areas are better than others. Some areas are an awful lot more closed, they won't talk to you at all. Again, like you'll always have very decent people in some of these communities and they'll always want to talk to the guards but were always afraid to talk to the guards because they'd be set upon by the little young lads that are in the area. Drug Unit D2*

Gardaí believed that they were extremely unpopular in certain areas.

---

*You would have to be very careful with information and what people are explaining the information and what the information was. You would generally yes, yeah you'll get spirited members of the public giving information all right at times you know. Yeah you do – the odd time. ... but in [location] people can't see that you're there to protect them. You're just seen as scum I suppose and you're spat at and there's stuff thrown at the car and there's stuff thrown at you and abused every time you drive down the street you know what I mean. It's just that's the way it's always been and always will be. Drug Unit D1*

Community meetings were an opportunity for unit members to address the concerns of the local people.

*You learn a lot at them. It's nice for us to hear what they want done and we can go back to them and say we searched the place. Drug Unit D6*

*We have good community relations... We'd attend meetings with them. We give them feedback ... it could be every four, three or four months when we'd have a meeting with them or whatever that you know. We just give them feedback, they give us feedback, not necessarily over the open floor but they might contact their community leaders if you like that would pass on information to us then. Drug Unit D4*

Information obtained in this way could be useful, but was often not sufficient for a warrant.

*If someone gives us information we don't just sit on it or whatever. We'd assess it ourselves. And you know sometimes we're not able to act on it because there's insufficient evidence to justify a warrant or whatever, but you would always, the information is always, you know, we're happy to get it you know. Drug Unit D4*

Gardaí rarely received information about intimidation from community members who were not involved in the drugs trade.

*We don't get much feedback there in relation to people that are intimidated. We might get information of informants that they have been intimidated or their family might have been intimidated. Drug Unit D2*

#### **7.5.4 Inter-agency partnership**

The relationship with local municipal authorities was described as positive.

*The council are great. You always get an awful lot of input and they're always very willing to assist. Any questions and you ring them, they'll always help and we always find them very good now to be honest with you the city council has always been 100%. Drug Unit D4*

Unit members worked with local municipal authorities when trying to secure the eviction of drug sellers from local authority houses. After the first positive search, Gardaí contact the council authority. The second positive search warrants a final warning and upon the third positive search the sellers are evicted. The same sellers are targeted over and over again to get the 'three strikes'. Once Gardaí are searching for the third time, the tenants will be evicted fairly promptly – within two or three months they will be moved out.

---

---

Drug unit members did not have a long-standing co-operative working relationship with drug-treatment services. Unit members had often sought information on drug-dealers operating around drug-treatment facilities, but had found that treatment staff were unlikely to offer information. However, one unit member reported recent improvements in relationships with drug-treatment services. Certain members liaised with treatment services and services were willing to identify drug sellers who were not genuinely using their service, but were hoping to sell to clients of the service.

*We didn't have a good relationship with them for a long time. It has improved brilliantly, which has been a great help to us. We would liaise with the clinics now and the relationship's much better, they would, if they would identify people that might be dealing inside the clinics, if they say 'Look this man, he seems to be down here, he's not a part of our clinic or, he is a part of our clinic and he seems to be hanging around all day dealing, or we believe he's dealing and people are telling us he's dealing', they come down and they tell us now and they'd inform us and they'd let us know what's going on. Whereas before that they would black us out, they wouldn't tell us anything, whereas now the relationship has gotten much better. Drug Unit D2*

Relationships with social services were poor and were identified as an area where vast improvements could be made.

*We're often in the houses and the parents are sitting there smoking heroin and there's kids running around the place and forms have been sent up before in relation to it and you hear nothing back, like you know what I mean. And the families are just left as they are. The parents are still sitting there smoking heroin in front of the kids, like you know what I mean. The smoke is in the room, the kids are in the room so obviously the kids are breathing in the same smoke the parents are breathing in, like you know what I mean. There's not near enough done in relation to it. Drug Unit D2*

#### **7.5.6.1 Garda attitudes to treatment diversion and harm reduction**

The drug unit had no official relationships or structures in place to guide problematic users and sellers to treatment. Unit members indicated the potential value of treatment-diversion programmes.

*If somebody is caught ... the court should direct them as part of a court order, instead of going straight to prison they should be sent to a clinic or somewhere to get off. Drug Unit D2*

*Well I kind of touched on that earlier you know. I think there is a need for it, you know, even for intelligence swapping if you like, you know, in relation to clinics and that sort of thing you know. As we said earlier in relation to us referring someone to say this person generally wants to get off gear, he wants to get off cocaine you know, off crack cocaine or whatever maybe that you know, I think they should be maybe pushed up the ladder or whatever you know. Some kind of scheme like that you know. I think there is merit for it. Drug Unit D4*

Needle exchanges were regarded as a positive facility for users, but it was acknowledged that they attracted a constant stream of drug sellers.

*The majority of them they're a good thing ... but there are places where people hang around to buy drugs as well you know. Because they know there are junkies going to be*

---

---

*there because they're exchanging needles. And they do change them and it's great but I'm sure if you're a junkie it's a great thing to have a needle exchange where you can get a clean needle and stuff like that you know what I mean. But they are also from my point of view are places where wholesale drug-dealing goes on. Drug Unit D1*

#### **7.5.6.2 Other issues raised**

Current sentencing practices were regarded as undermining attempts to disrupt supply. The disruption of an open market rarely had a long-term effect; activity was displaced temporarily to another area. Long-term cessation of street markets was not regarded as attainable given current sentencing practices. Short sentences were not a sufficient deterrent to street dealers.

*Sentencing is unbelievable. That for me is how we have such a big problem in this country, because we have no deterrent. It's the street level which is the problem here in this country, they have only small amounts. That's what people give out about, that's what people don't want their children seeing. I'm sure they don't want to see kilos of stuff going, but all of that stuff is done behind closed doors. Stuff on the street is in people's faces. We catch people with 600 or 700 Euros of stuff and some people get probation. What's the deterrent, like ... that has to be tackled. Drug Unit D6*

Many repeat offenders received short sentences because they were caught with only a small amount of drugs and judges based sentencing on the value of the drugs seized.

*Nearly 100% of the time if you're going into court with somebody and they have a couple of hundred Euros worth of heroin on them, the judge is not going to put them in custody and he's not going to have any intention to putting them in custody and so your hands are tied to a certain extent of what you can do with the person. So the only thing he can do is maybe get them to sign on twice a day in the local Garda station and prevent them, you can even prevent them from going on to a certain street. It is a long uphill battle, but it is something you just have to keep on pounding away at it. Drug Unit D2*

---

---

## Key findings

### Evolution and organisation of illicit drug markets

- The area had a history of drug-selling and drug use dating back to the 1970s. Heroin was the most problematic drug and was widely available in the area. Cocaine and cannabis were also widely available and used.
  - Residents surveyed cited unemployment and availability as reasons for drug use. Drug use was also cited as a reflection of the state of current society is.
  - Though not reflected in drug offence figures, the demand and supply of crack cocaine and prescription tablets were reported by sellers and drug unit members to be increasing steadily.
  - The market attracted a very high proportion of non-local buyers.
  - Drug unit members regarded the distribution of heroin, cocaine and cannabis as highly structured and generally involving three or four levels of distribution. Several high-level suppliers orchestrated the importation of substances and distributed them in several areas, including site D.
  - The middle-market level was reported to be heavily populated by individuals and groups or gangs with regular access to a kilo or more of illegal drugs.
  - Crack distribution originated with non-Irish importers who imported small amounts of high-purity cocaine and sold it in either powder form or prepared 'rocks'. However, Irish sellers were becoming increasingly involved in providing prepared crack.
  - Illegal drugs were distributed at street level through a variety of avenues. There were several open street markets where heroin, crack cocaine and prescription medication could be purchased. Closed markets included mobile-phone-based distribution, pubs and housing estates and flat complexes.
  - Sellers employed runners to deliver drugs to buyers at street level. Young people (under-16s) were reported to be heavily involved in this activity. Drug users were often employed in this role.
  - The use of legitimate businesses such as taxis was also a mechanism to avoid detection by law enforcement, as taxis could be expected to have valid tax and insurance.
  - Stolen goods such as jewellery, mobile phones and electronics were regularly exchanged for drugs. Stolen goods were either retained by sellers for their own personal use or sold to individuals in their community.
  - Most violence arose not from competition but from drug-related debt which was acquired as a result of people consuming their own supply or as a consequence of seizures by Gardaí.
  - A prison-based respondent who had been involved in the drug trade as a user and dealer for over 20 years believed that the prevalence and use of guns and also disputes over control of territory were relatively modern features of the illicit drug trade.
  - A prison-based respondent suggested that at street level the low price of heroin has contributed to a proliferation of dealers.
  - Another prison-based respondent claimed that the existence of a drug market 'code of understanding' or 'rules' determined that, where drugs had been seized by the Gardaí, liability for payment rested with whoever was in possession of the drugs.
  - Heroin had reportedly become cheaper to buy at all levels of the market. The quality and cost of cocaine had also reportedly decreased. The price of crack cocaine was remarkably high and steady.
  - Heroin purity ranged from 20% to 66%, with an average of 46%. Other active ingredients in heroin samples analysed included caffeine and paracetamol.
-

- 
- Cocaine purity ranged from 1% to 69%, but was generally very low, with an average of 14%. Half of the seizure samples analysed was of 7% purity or less. Other active ingredients identified included lignocaine, benzocaine, caffeine and phenacetin.

### Impact of drug markets

- Three-quarters (77%) of respondents considered illegal drugs to be a big or very big problem, and the vast majority based this on personal observation of drugs being smoked or injected. Half of the respondents had seen discarded syringes in the area in the 12 months prior to the survey.
- Stolen goods were available in the area, with one in three respondents reporting that they had been offered stolen goods at least once in the 12 months prior to the study by someone they believed to be a drug user. Of those who had been offered goods, 12% had been offered goods often or very often.
- Almost one-third of respondents said they would be reluctant to report drug-related information to the Gardaí, half citing fear of reprisal and almost one-third stating it was not their business.
- One-half of respondents believed their communities had no-go areas, citing large groups of people hanging around, or using drugs or alcohol as the main reasons to avoid the area at certain times.
- Gardaí attributed the vast majority of acquisitive crime in the area to drug users and highlighted the growth of prostitution. However, prostitution was not cited as a visible problem by residents or workers. Debt-related violence also impacted on the area.

### Responding to drug markets

- Dedicated drug units policed the area. Strategy was supply oriented, targeting both street dealing and higher-level suppliers. Gathering intelligence from drug users and drug sellers was critical to success.
  - Drug unit members generally learnt on the job from senior members.
  - The area had several resilient, open drug-selling hotspots; special operations failed to disrupt these markets for any length of time. The futility of such crackdowns in busy hotspots was highlighted by local drug sellers; sellers could disperse quickly when Gardaí approached and resume when they left the area.
  - Over half (58%) of offences were for simple possession. Cannabis resin and herb accounted for three-quarters (76%) of simple possession offences. Drug unit members indicated that cannabis use among the local population was as casual as cigarette smoking. The need for an alternative procedure for dealing with simple possession cases was supported by individual drug unit Gardaí, given the burden such cases placed on the justice system. However, the utility of possession charges as a means of extracting information from low-level sellers and users was highlighted.
  - With regard to the processing of a possession case in court, it was explained that the court tracking system meant that the Garda member who originally made the seizure might not need to attend court until a later stage in the process when the case came up for hearing.
  - One-third (33%) of drug offences were for drug supply. Cannabis accounted for 32% of supply offences, heroin for 38% and cocaine for 19%.
  - More than one-third (36%) of survey respondents believed that the Gardaí were not very effective, and 43% cited the need for more Gardaí on the street.
  - Relations with the local communities varied. Good feedback was received from community meetings; information gained could be useful but was often not sufficient for concrete action. Drug unit members felt they were very unpopular in certain areas and that locals would be too fearful to offer information on drug-dealing.
-

- 
- Almost one-third (30%) of survey respondents stated they would not report drug-related information, half because of fear of reprisal and one-third because they did not regard it as their business. However, three-quarters (74%) of respondents said that they would report a young person's involvement in drug-dealing, most likely to the parents of the person (68%) or to the Gardai (26%).
  - Inter-agency partnership was developing and proving beneficial. The relationship with local municipal housing authorities was described as positive, enabling efficient eviction of drug-dealers. Recent improvements in relationships with drug-treatment services had produced positive results in terms of identifying persistent drug sellers stationed outside drug-treatment clinics.
  - The drug unit had no official relationships or structures in place to guide problematic users and sellers into treatment. Unit members indicated the potential value of treatment diversion programmes.
-

8

RESPONDING TO DRUG MARKETS:  
REVENUE CUSTOMS SERVICE

## 8 RESPONDING TO DRUG MARKETS: REVENUE CUSTOMS SERVICE

Revenue Customs Service (RCS) shares responsibility with the Garda Síochána for drug interdiction and drug law enforcement. This section outlines the supply-reduction activities of RCS from January to June 2009. These data are routinely collected by CDLE officials. Interviews with drug suppliers convicted of smuggling or couriering large amounts of illegal drugs into Ireland offer additional insight into the challenge facing RCS in relation to successful drug detection.

### 8.1 Role and resources

RCS is responsible for surveillance of the frontiers of the state, including the maritime frontiers, territorial waters and contiguous zones, and enforcing customs and excise legislation relating to all goods being imported and exported. This includes mutual assistance, liaison, joint operations, controlled deliveries and investigations. The service has primary responsibility for preventing, detecting, intercepting and seizing controlled drugs intended to be smuggled or illegally imported into the state.

National and international investigations are conducted by Revenue Investigations and the Prosecutions Division. Within that division, CDLE has responsibility for national and international liaison and mutual assistance, including joint operations, joint investigations and controlled deliveries in the following areas: drugs, including precursors and illicit medicines; firearms; explosives; and chemical, biological, radioactive and nuclear (CBRN) products.

CDLE is the national competent authority for mutual assistance requests under EU Council Regulation 98/C 24/01 (Naples II Convention) and the Nairobi Convention (Worldwide) in these areas of responsibility. CDLE is also the designated national competent authority for Article 17 of the UN Vienna Convention relating to requests to/from Ireland on law enforcement drugs interdiction action on the high seas. Revenue is the competent authority with regard to all Revenue (including Customs) offences and, along with An Garda Síochána, in relation to controlled deliveries under the Criminal Justice (Mutual Assistance) Act 2008. Revenue is represented at Country Liaison Officer and Executive Board level in Lisbon as part of the Maritime Analysis and Operation Centre–Narcotics (MAOC–N) agreement.

All of the strategic management functions relating to drugs issues are attached to both Customs Division which handles Customs policy and legislation issues and CDLE Unit, Revenue Investigations and Prosecutions Division.

These functions include:

- Gathering of national and international intelligence and the dissemination of this intelligence as necessary.
- Management of the Customs/Garda national/regional liaison functions.
- Participation in the National Inter-Agency Drugs Joint Task Force consisting of Revenue Customs Service, the Garda Síochána and the Naval Service.
- Analysis of national and international drug-smuggling trends.
- Research, planning and organisation of both national and international operations and investigations targeting drug smuggling and related issues.
- Liaison with other national and international enforcement agencies and Government bodies.
- Organisation and participation in operations and joint investigations at both national and international level, including joint inter-agency operations.
- Management of Customs detector dog programme.
- Management of Customs Drugs Watch Programme.

Currently, RCS has five customs attachés/customs liaison officers posted in the following locations: Brussels

---

(Permanent Representation 2), London (1), Europol, The Hague (1), Lisbon (MAOC–N) (1). A customs officer is also assigned to the Europol National Unit in Garda Headquarters.

The Revenue law-enforcement activities are currently carried out by Revenue enforcement officers within Revenue regions. The Revenue Maritime Unit is based in Cork. The unit is equipped with rigid inflatable boats and two Revenue Customs Cutters, the RCC Suirbheir and the RCC Faire, and is staffed by trained Customs officers. The objective of the cutters is 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, the state/the EU. Essentially, they are Revenue's means of access to ships and yachts at anchor off the Irish coast. Revenue co-operates with the Naval Service and the Air Corps, who provide assistance for maritime operations.

RCS has 18 enforcement reporting locations nationwide. A variety of equipment and resources is available to RCS including:

- two mobile scanner units;
- mobile support teams;
- two Customs cutters;
- full x-ray equipment at all airports;
- thirteen dog units;
- an ion scanner for drug detection;
- surveillance equipment;
- fibre optic scope inspection equipment;
- drug-detection kits;
- rummage equipment for searching confined spaces in sea vessels and vehicles.

## 8.2 Supply-reduction activity

Many seizures result from profiling techniques based on risk analysis. The air mail unit (Dublin), Athlone mail centre and Dublin airport passenger terminal accounted for most of the seizures made by CDLE during the research period. The drugs seized are generally en route from source/transit locations such as Amsterdam, South Africa or South America. Mail stations such as Portlaoise report a high rate of low-volume seizures of substances such as cannabis, and licit but prescribed medication such as benzodiazepines. CDLE has observed a large increase in seizures of prescription medication. Such tablets are generally purchased very cheaply in countries in the Far East and posted to Ireland in large quantities (approximately 6,000 tablets in an average batch). When such seizures are detected, any legal proceedings arising are dealt with by RCS/Irish Medicines Board (IMB). CDLE monitors the sale of legitimate chemicals that can be used in illicit drug production. CDLE has memorandums of understanding (MOUs) with the IMB and with some 50 companies, some of which deal with chemicals and pharmaceutical products. These companies report any unusual orders to CDLE. On a European level, most legitimate precursors are systematically controlled. RCS uses street values to determine whether a seizure is supply or possession. The value of a seizure generally has to exceed €13,000 to be automatically considered a supply seizure.

As at February 2010, drug seizures were deemed to have the following values:

- 1kg of cocaine = €70,000.
  - 1kg of heroin = €150,000 (however, was €200,000 at time of study).
  - 1kg of cannabis resin = €6,000 (again, was €7,000 at time of study).
-

Ultimately, drug traffickers try to adapt to RCS activity. For example, if they observe or receive information that resources are concentrated at Dublin airport or Dublin port, drug importers may divert cargo to other airports (CDLE, personal communication, 2009).

CDLE organized 30 controlled deliveries between January and June 2009. These were carried out in joint operations with the Gardai and the IMB, depending on the substance involved. In addition to this, Revenue took part in a number of international operations. Operation 'ARIANE' was a regional operation aimed at heroin traffic from Central Asia by air, organised by the Pompidou Airport Group of the Council of Europe in co-operation with the World Customs Organization (WCO). The CDLE-organised operation, 'DANU', was a joint regional customs operation of maritime surveillance involving British (including Jersey, Guernsey, Isle of Man, and Gibraltar), French, Irish, Portuguese, Spanish, Italian, Belgian and Netherlands customs operational services. Operation 'Pharmakeus' was a WCO-sponsored operation targeting counterfeit and illegal pharmaceuticals which resulted in 152 seizures. Revenue also participated in a number of ongoing national operations.

CDLE recorded the number and volume of seizures made by RCS staff from January to June 2009. CDLE reported 1,378 seizures of illegal or controlled drugs (Table 8.1). Over 90% of seizures from all 18 enforcement reporting locations nationwide were of cannabis herb or resin. Cocaine and heroin accounted for less than 3% of seizures collectively.

**Table 8.1 Type of drugs seized, all stations**

	N	%
Cannabis resin	364	26.4
Cannabis herbal	889	64.5
Cocaine	37	2.7
Heroin	3	0.2
Amphetamine	12	0.9
Magic mushrooms	26	1.9
Hash cakes	8	0.6
Reefers	27	2.0
Ecstasy	6	0.4
Khat	1	0.1
Morphine tablets	1	0.1
Tablets (medicinal)	4	0.3
Total	1,378	100.0

Source: Customs Drug Law Enforcement, January–June 2009

Cannabis resin and cannabis herb seizures were generally of small quantities, most likely for personal use. Ninety per cent of cannabis seizures weighed between 1g and 25g (less than an ounce), 90% of cannabis herb seizures weighed between 1g and 89g, and 90% of cocaine seizures weighed between 0.2g and 152kg.

CDLE also reported 3,111 seizures of medicines worth €1.2m and a quantity of 321,127 tablets (CDLE, personal communication, February 2010). There has been a continued increase in seizures of medicinal products, most notably

zopiclone and diazepam. The first supply-size seizure of mescaline was recorded during the research period. The first substantial seizure of ketamine also took place. There has also been a marked increase in detections of cocaine swallows coming through Dublin airport (Table 8.2).

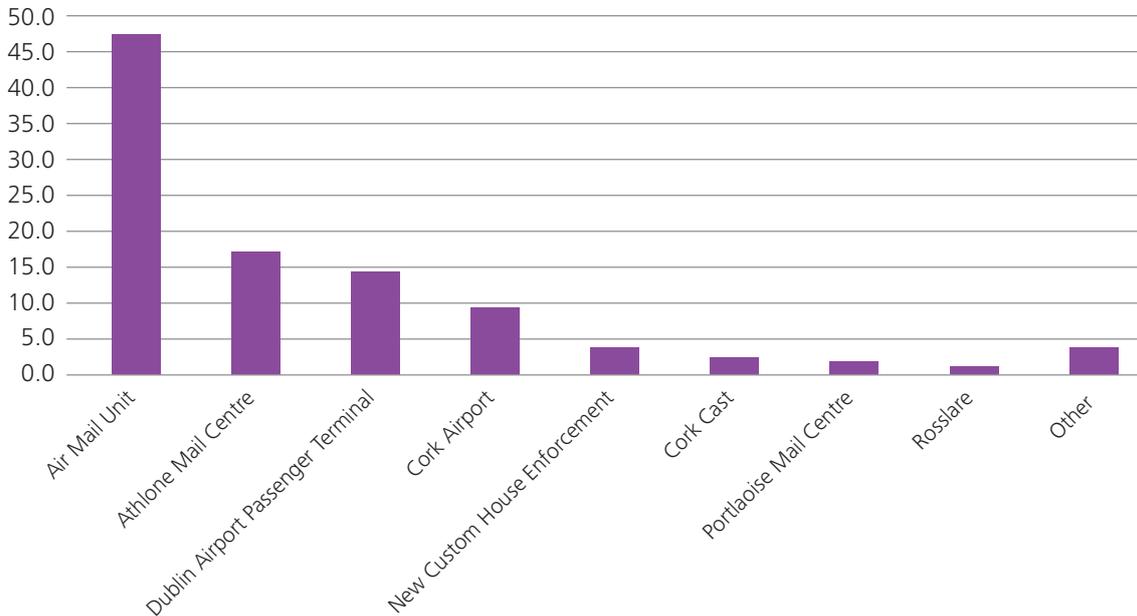
**Table 8.2 Weight (kg) of drugs seized, all stations\***

Drug	Min	Max	Mean	Median
Cannabis resin	0.0010	0.0247	0.0040	4.02
Cannabis herb	0.0010	0.0892	0.0042	0.24
Cocaine	0.0003	152.6910	0.3973	41.24
Heroin	0.0015	30.0000	0.1983	10.07

\*Weight range presented is 5th to 95th percentile (90% of cases are included within this range)  
 Source: Customs Drug Law Enforcement, January–June 2009

The air mail unit (Dublin), Athlone mail centre and Dublin airport passenger terminal accounted for the majority of seizures made by RCS (Figure 8.1).

**Figure 8.1 Percentage of seizures by station, Revenue Customs Service, all stations, January–June 2009**



From January to June 2009, RCS made 52 seizures of illegal substances that weighed 1kg or more; these represented 4% of total seizures (Table 8.3). Cocaine and cannabis herb accounted for 89% of these seizures; heroin accounted for only one seizure.

**Table 8.3 Seizures exceeding 0.999g, all stations**

	n	%
Cannabis herb	31	59.6
Cocaine	15	28.8
Cannabis resin	2	3.8
Tablets (medicinal)	2	3.8
Heroin	1	1.9
Khat	1	1.9
Total	52	100.0

Source: Revenue Customs Service, January–June 2009

The majority (37) of these large seizures entered Ireland via the Dublin airport passenger terminal (Table 8.4).

**Table 8.4 Seizures exceeding 0.999g by station, all stations (n=52)**

Station	Drug type	n
Cork Customs Anti-Smuggling Team	Cannabis herb	2
Cork Maritime Unit	Cocaine	1
Dublin Airport (passenger terminal)	Cannabis herb	23
	Cocaine	11
	Cannabis resin	1
	Khat	1
	Tablets (medical)	1
New Customs House Enforcement (Dublin port)	Cannabis herb	1
	Cocaine	1
	Heroin	1
Portlaoise Mail Centre	Tablets (medical)	1
Rosslare	Cannabis resin	1
Shannon Airport	Cannabis herb	4
	Cocaine	2
Tullamore	Cannabis herb	1

Source: Revenue Customs Service, January–June 2009

### 8.3 Couriering drugs

Interviews were conducted with six drug couriers convicted of drug supply who had couriered drugs through Dublin airport or port. Airline-using couriers transported drugs such as cannabis herb or cocaine and either carried the drugs in their luggage or, in the case of cocaine, ingested them. All couriers were South African, female, relatively mature (aged 40 years or over) and the majority had at least one child. They received payments ranging in value from €500—€5,000 to courier drugs valued by Gardaí and CDLE at up to €140,000.

Drug couriers shared similar experiences. All reported having had financial difficulties before they were approached by

---

individuals in South Africa to consider couriering drugs to Ireland. These individuals had learned of their financial circumstances in various ways. Couriers were approached by friends or acquaintances on behalf of the traffickers. Couriers were assured that the assignment was low risk, and were informed by their suppliers that South African and Irish customs officials had been bribed to ensure their easy passage into Ireland. Obviously, as they were apprehended and convicted in Irish courts, they were misinformed in this respect.

A prison-based interview was also conducted with a male courier, an international haulier, who transported Ireland-bound cannabis resin from Spain to Amsterdam using road and ferry links. He claimed that he had transported drugs using this method once a month for a period of eight years without being caught. The cannabis resin originally came from Morocco.

*Everything I moved was bound for Ireland. Everything I moved was coming here. And it wasn't small quantities as well, you know ... We were bringing four and a half tons of hash from Marbella to Amsterdam. Prison Interview (Convicted drug courier)*

Customs officials were allegedly bribed at border crossings. Couriers were instructed to attend a specific border crossing point (e.g. Lane 1 or 7) at a certain time. Usually, another vehicle involved in the drug transportation would travel ahead or behind the courier vehicle to ensure that officials were paid, including, allegedly, Irish officials.

*There was always – around a border – there was always a car that followed and there was always a car that would go in front of you ... You were told what lane to get – you had to be in Lane 6 not 7, you had to be in lane 6. And they would go through about four cars behind you or in front of you. Usually behind you because I think the man got paid once I went through. You know and even coming into France – get into Lane 7, even when you are coming into Dublin – make sure you go through the third lane on the left, you know. Prison Interview (Convicted drug courier)*

In response to this unsubstantiated allegation, Irish Customs have pointed out that the off-loading of vehicles from vessels in Irish ports is subject to various factors, including health and safety issues, not within their control. Such criteria may include where the vehicle is loaded and positioned on the vessel, and how a vehicle exits a vessel is determined by the ship handlers/operators rather than by Customs personnel. Customs therefore do not give any credence to this allegation.

---

## Key findings

- Customs reported 1,378 seizures of illegal or controlled drugs, 90% of which were of cannabis herb or resin. The vast majority (90%) of these seizures weighed less than 28g and were most likely for personal use.
  - The air mail unit (Dublin), Athlone mail centre and Dublin airport passenger terminal accounted for three-quarters of seizures made by CDLE.
  - Just 4% of total seizures weighed 1kg or more. The majority of such seizures entered Ireland via Dublin airport passenger terminal and consisted of cocaine and cannabis (resin and herb).
  - Foreign female couriers apprehended in airport passenger terminals generally had parental responsibilities and were in straitened financial circumstances, leading them to agree to courier kilograms of illegal drugs for as little €500.
  - Couriering careers can survive for a long time; one male courier alleges that he had transported tonnes of cannabis annually across Europe by road for almost a decade.
-

9

**RESPONDING TO DRUG MARKETS:  
GARDA NATIONAL DRUGS UNIT**

## 9 RESPONDING TO DRUG MARKETS: GARDA NATIONAL DRUGS UNIT

### 9.1 Role and resources

The Garda National Drugs Unit (GNDU) was formed in November 1995. The establishment of the unit at the time reflected the growing recognition of the negative impact which drug usage and supply was having on society. Furthermore, the setting-up of the GNDU reflected an understanding of the relationship between drug trafficking and organised crime. It also mirrored international practices, which recognised the need to have specific resources targeting the international drugs trade. Although no specific terms of reference or core functions were set out at the time, a number of key functions have been identified over time, including:

- Identifying, targeting and dismantling national and international drug trafficking networks and those organisations which supply and distribute illegal drugs both into and within this state.
- Supporting and assisting divisional and district drug units in dismantling local networks involved in the distribution of drugs.
- Working with the Customs services on joint actions designed to reduce the availability of illegal drugs in accordance with the Memorandum of Understanding and the Working Protocol.
- Co-ordinating Garda policy on drug-related issues, including both supply-and-demand reduction initiatives.
- Acting as an information centre on drugs issues for An Garda Síochána as well as external bodies and agencies.
- Working in collaboration with other international enforcement agencies including the Drug Enforcement Administration (DEA), Interpol, the Serious Organised Crime Agency (SOCA) and the Federal Bureau of Investigation (FBI).

#### 9.1.1 Resources

The resources available to the GNDU include direct resources allocated to the unit itself as well as indirect resources, which include the services of specialist units, including the National Criminal Investigation Unit (NCIU), CHIS, National Support Services (NSS), Organised Crime Unit (OCU) as well as divisional and district drug units.

#### 9.1.2 Operational strength

The current operational strength of the GNDU is:

- One chief superintendent.
- Two superintendents.
- Four inspectors (one currently on United Nations duty overseas).
- Eleven sergeants.
- Forty Garda<sup>22</sup> (seven current vacancies).

#### 9.1.3 Administrative support

The unit is supported in its functioning by administrative support comprising

- One sergeant.
- One Garda.
- Nine civilian personnel.

<sup>22</sup> This figure does not include eight Gardai temporarily seconded to the GNDU on a test-purchasing operation.

---

## 9.2 Garda National Drugs Unit strategy

In realising the GNDU's strategic objectives, a number of specific actions are set out in the unit's annual policing plan which directly relate to drug supply, including:

- Targeting international organisations involved in the importation of drugs.
- Conducting joint operations with the Customs services.
- Conducting joint operations with the Police Service of Northern Ireland.
- Conducting investigations with law-enforcement agencies from outside the jurisdiction.
- Identifying and dismantling facilities associated with domestic drug production and processing.
- Conducting investigations into drug distribution networks operating at regional/divisional/district level.
- Conducting operations targeted at disrupting the distribution of illicit drugs.
- Conducting investigations/operations on the sale and supply of illegal drugs at places of entertainment.
- Targeting the monies generated by criminal organisations arising from drug trafficking.

## 9.3 Supply-reduction activity

Supply-reduction activity takes place on a range of levels in response to the complexity of a criminal activity that is also multi-layered. Supply-reduction activity ranges from participation in international and cross-border operations to street-level policing of supply and possession offences and undercover operations targeted against specific individuals or groups or in specific locations, such as nightclubs, where drugs are consumed. The following section gives the views of senior members of the GNDU with responsibility for co-ordinating many of these activities. These GNDU members were interviewed about some of the principal activities undertaken during the period of the study and the general challenges that can arise in the policing of an illicit market.

### 9.3.1 Responding to organised crime

As most illicit drugs consumed in Ireland originate in other countries, many policing operations also have an international dimension. Furthermore, as drug suppliers must arrange for the purchase and transport of drugs from source country to street level in Ireland and across many international borders, this can require sophisticated networks or organised crime groups (OCGs). Equally, Garda operations must respond to this level of sophistication. The following GNDU member explains that many recent seizures in Ireland had an international dimension.

*... the general operations here – have in latter years become a lot more complex and the international perspective to them is always time consuming but naturally it is going to the root of the source of where drugs have come from... . A lot of the seizures during the year last year had an international perspective where we needed to examine organised criminal networks and the routes and where exactly people were and what their roles are within them groups. GNDU 1*

Garda operations set out to target senior figures in the drug supply network in order to dismantle and disrupt the network as much as possible.

*The main – it is like – with any group there is a number of people who are leaders and the leaders or the higher people in these groups are the people that in effect are causing the more grave problems for society. Because it is on their initiative that the business that they are conducting is expanding –So, from that point of view our aim would be – number one –*

---

---

*to get corroborative evidence or you know, good technical evidence with regard to the top people in that organisation and to be able to bring charges against them and to see justice take its course and if they are imprisoned that it sends example ... and secondly that by taking out the people at the higher level – at the higher level that effectively we can dismantle a whole network of drug importation and distribution. GNDU 3*

However, it is also explained that drug importation and distribution is an unpredictable business with its success, from the perspective of the drug supplier, contingent on a range of variables. As explained below, for the Gardaí to mount a successful policing operation, their response and timing must also be aware of and sensitive to the various factors affecting the drug supplier's activities on an ongoing basis.

*... the timing has to be perfect and it very much depends on getting out in investigations all coming to fruition. Some of them are very long term, some of them might only last a month or two and you wouldn't get a result, it depends on a lot ... you're dealing with the drugs business that they set out with the best will in the world to import drugs next Friday, through their best efforts they still wouldn't have it three weeks later and you're working on them and you know they wouldn't have it, and everything is going wrong on their side and you're trying to keep abreast of what they're doing. So it really depends: not everyone is importing the drugs or selling the drugs all the time. If you imported drugs last week, it doesn't mean you're going to import it for the next six weeks, you mightn't have the wherewithal, you mightn't have the cash, you mightn't have the truck driver, you mightn't have the contacts, it could have been disrupted, the last load you imported in could have been got, or the people who sent it in could have been arrested in Holland. So it really depends on the flow of intelligence. We prioritise our targets and are constantly monitoring and constantly meeting...not only with other agencies to see what they have, but we meet with our own people at all levels and see where we're going with things, we just constantly reassess our targets. GNDU 1*

Consequently, because investigations against OCGs are complex and time consuming, there can be a number of policing operations ongoing and overlapping at any one time. The following GNDU member provides an account of some of the recent seizures and the time and resources involved.

*And at any time in the National Drug Unit there would be jobs running parallel to each other in the sense that we don't do one job at a time. There is always different investigations – which would be at different stages. And I know that certainly during the time of this study last year... there was 1.5 million Euro worth of cocaine seized in Tallaght – there was a major investigation which uncovered two or three million Euro worth of heroin and 34 firearms ... out near the airport. There was a big seizure of firearms in March of last year in Finglas, there was another 210 thousand Euro worth of cocaine seized in Tallaght. There was 700 thousand Euro worth of cocaine seized in Bayside and another quarter of a million seized in Lucan. And then there was a large seizure of cannabis in Meath with a value of 1.2 million. But with the big seizures, the one thing that I would say is that they are never – if ever jobs which last for a few days. They are always long-terms projects with a lot of resources put into them and intelligence gathering and eventually*

---

---

*bringing all that information together and having the timing right to apprehend significant targets hands-on or with corroborative evidence to be able to present a case to court.*

*GNDU 3*

### **9.3.2 Intelligence-led policing and the Central Human Intelligence System**

As the interviews above highlight, the gathering and collation of reliable intelligence is central to the success of the work of the GNDU. As the respondent below explains, in general policing terms, intelligence is probably more important in the drugs context as, given the often hidden nature of drug trafficking, offenders must be effectively 'caught in the act' if they are to be prosecuted successfully.

*Intelligence is vital in all aspects of policing, but in particular in the drugs field ... If you're in the murder squad and you go to a murder scene, you have evidence and you pick up the evidence and the crime has started. In the drugs field you don't have a crime, you've lots of balls in the air and you know somebody is bringing in drugs or certainly selling them and you're trying to figure out where, when and how and put that package together and catch him with it. So, it's quite difficult, so you need a degree of intelligence and the intelligence comes from a number of sources. GNDU 1*

One principal source of intelligence is the criminal fraternity. However, a number of challenges can arise in relation to obtaining information from individuals who are already compromised because of their own illegal activities. There are ethical considerations in terms of the potential danger to the informants themselves, due to retribution from their associates. Where due care is not taken in the handling of informants and the information they provide, Garda members can also become implicated in these potential dangers. Also, individuals who provide information to the Gardai about their associates may be merely seeking to better their own position within the illicit drug market.

*And in the drugs arena, obviously one of the greatest sources of intelligence is within you know those who are involved and in need of the use of drugs, or in dealing with drugs. And with any intelligence source there's ethical considerations. GNDU 2*

*There's a whole range of dangers that people might not be suitable to be informants, they may try to use that system to better their own position, and there's been countless cases throughout the world. GNDU 1*

In recent years, in response to such concerns, CHIS has been developed. This provides a structure whereby all intelligence is now centralised within a specific unit, rather than remaining in the sole possession of the investigating Garda member. The following GNDU member explains the idea behind CHIS.

*The CHIS system was set up a couple of years ago. It's in a number of countries. It really is to put a structure on the handling of the informants to give a sense of protection to informants and to give a sense of protection to the police who are handling informants and so that it's a dangerous business for a whole variety of reasons, it's really to structure it, to make sure everything is done in accordance with law in a structured supervised fashion.*

*GNDU 1*

The CHIS system, according to the GNDU member below, provides for an ethical balance to be struck between the operational benefit of the information being provided by the informant and the potential dangers involved.

---

---

*Also I think the good thing about a structure, particularly with a level of independent oversight, is that you have a greater likelihood that people look at the ethical elements of it, not just the operational elements, and say right ok, that may yield us some tangible intelligence or operation, but there is a price to pay and maybe that price isn't worth what it can do. GNDU 2*

A further point made about the CHIS system is that by providing a structure whereby Garda members have to pass on intelligence they receive, it increases the likelihood that the information will be processed more efficiently and ultimately acted upon.

*Also, I think it's important from the point of view of... it makes the best use out of the intelligence in that if it feeds into a structure then somebody says all of that intelligence must be actioned ... operationally. My experience of the CHIS system was it had immense benefit once you broke down the culture that criminal intelligence is not an individual ownership, it's a collective or organisation or state ownership. GNDU 2*

A number of respondents in this study who were active as drug users or dealers in the drug markets studied referred to the dangers associated with providing information to the Gardaí and some suggested that Garda pressure on people to inform was a significant source of violence in the drug market. The GNDU member below provides a further context to this issue and suggests that, while the CHIS system can provide some protection to informants, a great deal of the violence arises from paranoia among drug-dealers and misplaced accusations that someone is an informant.

*Obviously the system would protect informants, there would be confidentiality that very few people would know the identity of an informant. But what you have is the violence you see in a lot of cases with informants comes about from criminals on the ground putting two and two together and getting five. 'He's a grass because he wasn't charged'. He might not have been charged because a file never went to the DPP, but they wouldn't even see that. 'He's a grass because he was caught yesterday and was searched the next day and somebody was caught, so therefore he's a grass'. GNDU 1*

### **9.3.3 Test-purchase undercover operations**

Another important aspect of the work of the GNDU relates to operations targeted at the lower end of the illicit drug market, at street level or in nightclubs. These involve undercover 'test-purchase' operations where a Garda member poses as a drug user in order to build a prosecution against a drug seller. As the GNDU member explains below, the Gardaí have engaged in many such operations since they were initiated around 1996. Operations of this kind are necessary to help penetrate closed markets where drug-dealers would be unlikely to supply drugs to strangers.

*Over the years drug-dealers have become very astute as to operate along the simple premise never to deal to a stranger .... test-purchase operations which have been ongoing for 13 years but now – and are proven very effective and the main goal I suppose of a [test-purchase] operation would be that there is people ... are very difficult to apprehend, with drugs on them or with enough corroborative evidence to say that this person was involved – even if it is organising it at street level – organising it at street level could be instructing someone else to sell drugs. GNDU 3*

---

---

During the course of this study, the GNDU carried out a number of these operations. These are described below. According to the GNDU, 260 people were prosecuted in 2009 using the test-purchase methodology.

*We also, as I said previously – have responsibility towards, you know, the lower end of the market and this is so much more visible I suppose in local communities and in the timescale of this study we did three – what we call long-term, test-purchase operations that lasted between three and six months – and two of them were based in Dublin and one was in the country. The one in the country was a job that was focused on nominated dealers of heroin and cocaine, and the two in Dublin very slightly – the – first of all the country one resulted in the arrest of 13 persons – and there was 27 charges of supply charges – Section 15 charges preferred – there was no question but all 13 of these were people that local Gardaí found difficult to gather evidence against because of their techniques etc. GNDU 3*

An important aspect of test-purchase operations is that they can be targeted at people who are consistently supplying drugs at a local level and they enable the Gardaí to build up a profile of the drug supplier so as to convince the judge that they are dealing. It is explained that the Gardaí would focus on people who are dealing drugs for the sole purpose of making money, rather than those who are addicted to drugs and selling drugs to support their drug habit.

*So, test-purchase operations proved very fruitful in bringing them before the courts and indeed some of them have pleaded guilty already at the time of this interview and have received sentences of between 2 and 3.5 years – so we have a very clear ... impact in the local community that we have notorious drug-dealers – be it at street level that are operating and have been operating for years and that they are given 2 to 3-year jail terms and in that sense it makes it worthwhile – when there is two or three charges put to them. Even though the amount they have sold is relatively small – possibly €100 but a picture is painted for the courts to understand – that the person is consistently selling, is involved in the business for monetary gain, and also is you know – often times not addicted to the drug themselves – which would be deemed by judges to be one of the bigger defences for selling drugs, for supporting the habit. GNDU 3*

The nature of test-purchase operations can vary according to the circumstances of the particular drug market, so one of the benefits of operations of this nature is that they allow a degree of flexibility. Two different Dublin-based test-purchase operations are described below.<sup>23</sup> The first operation was carried out in the centre of Dublin and involved the targeting of a relatively open drug market of transient dealers, some of whom were dependent drug users and others of whom were regarded by the GNDU as being slightly higher up the drug-dealing chain.

*The Dublin jobs varied in quite an important way in the sense that one of them was based in the DMR [Dublin Metropolitan Region] – city centre ... and one of them was based in the [suburb of Dublin]. And the reason that they differ so much is that they differ in the type of dealers that are involved. There is – what we have in the city centre is a very transient amount of our own dealers and users and by virtue of the fact is that if somebody gets up out of bed in [suburb of Dublin] in the morning or they get up out of bed and jump on the DART [Dublin Area Rapid Transit] from [location] – the one place – one of the more certain places is that they can score off an anonymous person is of course in the DMR, North*

---

<sup>23</sup> The precise methodology of these test purchase operations is not provided so as not to undermine future operations.

---

*Central or South Central. So, we do long-term operations from time to time in the city centre. ... This big operation, which was called Operation Feeder, resulted in the arrest of 120 people and 182 charges being preferred – Section 15 supply charges. Ninety per cent of the charges were for heroin and among them 120 – people that were arrested there was approximately 50 people which we would deem to be significant dealers – so they were people that we spent more time – we gave focused efforts to try and gather evidence against them at the request of local drug units – there were people that would be more shrewd and not perhaps at the street level but a slight level above that – in the sense that they would have people working for them. The money that they would be making would be significant and for us, it would be the jewel in the crown of an operation such as Operation Feeder. GNDU 3*

The other operation described took place in a suburb of Dublin and was called Operation Zenon.

*The other operation which we did which was another Dublin job was as I mentioned in [location] – called Operation Zenon – and here was the arrest of 40 people – and again there was 75 charges preferred against them. And the difference between this job and the Dublin Central – you can see straightaway that it is three times as few people – there is three times as many caught in the Central job – and the reason for this is that obviously there is not as many transient dealers out there – the people who are out there are all local dealers and they are all nominated targets. GNDU 3*

Although operations such as those described above are generally focused on relatively low-level dealers (many of whom fit the socio-economic profile of the areas covered by this study, i.e. areas with high levels of socio-economic deprivation), the GNDU also conducts test-purchase operations in entertainment venues to target a broader socio-economic range of people.

*Well, in fact actually with test purchases really it is across the board – because we do street work and then we do club work... so we do police every type of drug... here we have a covert method of gathering evidence and retaining exhibits and putting a proper case together for court. We do – any type of request that we get – we do – regardless of drug type and it is – it is often driven – by the target really. GNDU 3*

The GNDU member was reluctant to divulge too much information about these operations for fear of compromising future ones. However, one of the outcomes of test-purchase operations is discussed below in the next section.

## 9.4 Assessing supply-reduction activities

A difficulty which arises in relation to law-enforcement interventions in illicit drug markets relates to the way in which such interventions can be measured or assessed. This issue was discussed in section 3.3.3. During the process of preparing the NDS, the Steering Group pointed to the limitations of relying primarily on seizure data as a way of measuring whether the overall objective of the supply-reduction pillar of the strategy – to reduce the availability of illicit drugs – was being achieved. The Steering Group concluded that other factors around drug supply and demand also needed to be considered in the future. These issues were discussed with members of the GNDU. In particular, GNDU members were asked how they determined their own success.

---

---

The GNDU member below highlighted firstly the challenges faced in trying to dismantle OCGs, and particularly the difficulties of gathering intelligence on and apprehending those at the highest level of drug importation.

*The main responsibilities of the National Drugs Unit is to dismantle organised criminal networks and the aim is, ultimately, not only to get a seizure but to gather evidence against the most significant players in that group – so with that in mind – jobs – that are undertaken – often times will go on for months. And unfortunately sometimes – a lot of resources can be put into a job and at the end of it – it happens that sometimes a result doesn't come which is unfortunate because the efforts are made and everything that could be done would be done – but what is underlying all of this is basically that criminals are – if they are expert at anything it is at being criminals. People involved at a high level of importation and distribution of drugs – are probably the harder people to gather evidence against. GNDU 3*

#### **9.4.1 Market disruption**

Acknowledging the difficulties associated with quantifying the success of law enforcement, the following respondent believes that the containment and disruption of drug markets are important elements of the law enforcer's role.

*Well I'll put it to you this way, if we didn't do what we're doing, there would be millions of Euros more drugs on the streets and there would be a lot more hardened criminals ... So it's difficult, there is no real way of measuring how effective ... it's very difficult to quantify how effective law enforcement is, even at any level internationally, it's just... we have our figures, the same as Customs would say it, it's a bit like the crime rate you know? The crime rate is down or the crime rate's up, it's difficult to quantify. GNDU 1*

Also, the so-called 'water bed' effect, where drug-dealers who are arrested will quickly be replaced by another supplier, is acknowledged as a permanent challenge given the constant demand for illicit drugs.

*Now, we are not naïve in this regard in the sense that – if a gang is dismantled and a couple of key players are taken out, so that the gang cannot function tomorrow – that is a positive result. We have to keep trying and we have to try and keep achieving these results but also the people on the ground that will look to source – a half-eighth of heroin the next day – where they got it from that gang the day before will get it from somewhere else. But that is a view – that is a fact but it is not something we can take in any defeatist way. Because these people are blatantly breaking the law, committing very serious offences and I suppose An Garda Síochána have a responsibility to society to say 'well look these people can't do this – that we will put the utmost effort into policing and to gathering evidence against them'. Bringing them before the courts and when we see people that are that significant getting a very big sentence. GNDU 3*

The following GNDU member also pointed to the limitations of seizure data as a way of determining the success of a Garda operation, as, while the Gardaí may have apprehended a central figure in a drug importation network with illicit drugs, for example, that will only appear in the statistics as one seizure.

*We see a lot of quality prisoners, if you see a seizure that may have taken us six months to*

---

---

*do and it might only be 50 grand's worth of drugs, we would know that we took out a central figure and ... we've seriously disrupted a group of criminals who are organised in the importation of drugs or whatever. If you look at statistics, that comes up as one seizure, but you can't measure the quality of that prisoner. GNDU 1*

The same GNDU member also believed that it was important to consider the impact of Garda operations from the perspective of a local community in terms of their priorities, particularly in relation to concerns about open street-level drug-dealing. From a local perspective removing a prolific drug-dealer from their streets so that he/she is not visible to their school-going children, would be perceived as very important.

*... equally we can send Gardaí out and they can have 40 prisoners in a month, now that's 40 dealers who will obviously push up the figures, push up the number of prisoners, but if you remove one dealer from main street [Dublin suburb] or two dealers, you can't measure the satisfaction to the locals who realise those young fellas aren't at the end of the road selling drugs anymore. So it's all relative, they really don't care about the seizure of a yacht off the coast of Cork, but they do care that those two guys who have been outside the Spar shop for the last two years and their kids passing by or near the school, whatever. GNDU 1*

Similarly, with regard to test-purchase operations, as described in section 9.3.3, it is believed that such undercover work has an impact in terms of transforming open drug markets into closed markets as people are no longer willing to deal drugs to strangers. While this creates greater challenges for the Gardaí as it is more hidden, it may also have an impact on reducing access to drugs by those who may wish to experiment, either by approaching people on the street or in a recreational setting.

*So, briefly with Feeder [test-purchase operation] – there is a lot of benefits to it – one is that it decreases somewhat the availability of heroin or serious drugs on the street – because people become aware that they can't sell to just anybody that approaches them, so that is the sort of silent and unappreciated argument – unrecognised sort of benefit to these type of operations. but this is very good news for local communities because somebody living in a borough or an area such as [Dublin suburb] – and when they can name 10 prolific street dealers in their area that have all of a sudden, all been arrested because of a Garda operation, there is generally a sigh of relief in the community and there is – these type of operations are well received. GNDU 3*

With regard to the impact of test purchasing in recreational settings, the following GNDU member believes that such operations have had a significant impact on the nature of drug markets in recreational settings such as nightclubs.

*A decade ago or more it was an amazing – there was an amazing change that people would genuinely walk around like clubs and say to people, 'Are are you looking for ecstasy? Are you looking for coke?' And sometimes people will still say that this happens but I can assure you that it doesn't – it is very rare that somebody would go around offering drugs now. And this is a silent or, sorry, a hidden sort of benefit of test-purchase operation because not only do you have all these people that are brought before the courts but also – it puts it by these people who casually go selling drugs because they are afraid of engaging somebody – an undercover guard and then ending up being caught. So, for that reason people have become more wary of who they sell to – which operationally might hinder us*

---

---

*but for society – it is a very good thing because it has decreased the availability of drugs or coke in the club world. And it is absolutely astonishing at how it has had an impact and I know – because I can see year-on-year how it has gone. GNDU 3*

A core objective of the criminal law and policing is deterrence and, as explained by the following GNDU member, if the Gardaí can maintain a relationship with drug traffickers whereby the latter believe that they may be caught and this impacts on their behaviour then, in his view, that is a measure of effectiveness.

*And I think for me in terms of a policing element is that, as I say, if you can keep individuals looking over their shoulder, and if their actions, if they're involved in drug trafficking at any level, if their actions are predetermined by a genuine potential belief that they may be caught, I think that's probably the most potent rep [reputation] that you would have. GNDU 2*

#### **9.4.2 Education and prevention**

Successful Garda operations are also regarded by the GNDU members as having a potentially educational or preventative effect in that they can undermine the status of local drug-dealers in the eyes of young people who may look up to them.

*When groups are taken out, it serves as a wake-up call to youngsters who think, look at these role models and we got this amount of money and we did X, Y and Z, he's doing great. Then he ends up getting caught, he wasn't as smart as he thought he was. GNDU 1*

The principle of deterrence is also regarded as potentially effective in encouraging people to reduce or cease their drug use, particularly in the case of recreational drug users, if not dependent users.

*So, for example, at its individual level, if I'm somebody who has a cocaine habit and I take cocaine regularly at the weekends, if I have a genuine fear that the likelihood of me being detected is quite high, and then if that activity... if the consequence of being prosecuted for that activity has enormous effect on me, that will cause me to dramatically reduce my cocaine consumption. It mightn't cause me to totally remove it, but certainly it would say cause me to reduce it by tenfold. In fact, so the element for me in terms of policing is not always on the issue of how many people we detect, how much drugs we seize, but whether or not in the mind of somebody who technically is engaged in a criminal activity, if there is a genuine belief that there is a likelihood that the Guards are going to catch them. And that the consequence of that action are considerable, it does change behaviour. GNDU 2*

However, he also believes that the area of prevention is one that requires more focus and understanding, particularly in relation to the factors that deter or reduce people from using drugs.

*I think there is another element that we need to work on, and that is the prevention element of it. And what are the features that deter people from consuming drugs? What features stop them from consuming drugs every day of the week? But if you look, to me the key element of drugs is the, say for example, the timeframe within which people use drugs, how long that period is and the frequency of use within the timeframe, that all leads to what levels of drug usage. So if you can affect those it doesn't mean that you're not going, a certain percentage of the population are not going to take drugs. But you may significantly reduce the frequency within which they use. And you may just narrow the timeframe. GNDU 2*

---

---

## 9.5 Prioritising resources – prosecuting drug possession

Another issue highlighted by the NDS Steering Group, and discussed in section 3.3.3 above, relates to the use of resources by the Garda Síochána, particularly in relation to the prioritisation of drug-related crime and, in particular, the time being allocated by the Garda Síochána to personal possession of cannabis offences. The view was expressed that this time might be more usefully spent on more serious offences, such as supply offences.

### 9.5.1 Cannabis possession and policing

The fact that cannabis is the most prevalent illicit drug used in Irish society is identified as the primary reason that it comes to Garda attention most often during routine police patrolling and ‘stop and search’ operations.

*Drugs are illegal and if somebody's caught with them ... the easiest ones to be caught with them are Section 3 cannabis, for a variety of reasons, people are stopped and searched and they could have cannabis on them or they could be stopped for other reasons and have cannabis or during the course of the search, they're found with cannabis. It's the most used drug in the state, and I'd say in most states. GNDU 1*

The following GNDU member also makes the point that people carrying larger amounts of drugs will be more careful about concealing them from detection, where they might be quite casual about being caught in possession of small amounts of cannabis.

*And I think that they are incidental nearly to proactive policing that ... people will generally have small amounts of drugs in their possession, but when it comes to carrying more there is a lot more care and so it will always be the case – and it will always be the case that there will obviously be more personal possession cases than supply cases. GNDU 3*

### 9.5.2 Prosecuting possession offences in court

With regard to the issue of the resources used on possession offences (Section 3 Misuse of Drugs Act 1977), one area where such offences can be time consuming for the Garda member involved is when they are required to attend court. This issue arose during interviews with some of the local Garda units in the research sites covered by this study. However, the following GNDU member did not accept that Gardai spent an undue amount of time on prosecuting possession offences in court. He first explained the summons system in relation to cannabis possession prosecutions in court.

*Guards are under instruction not to go to court unless the case is for hearing. So you fill in your form and you send it down....with Section 3 cannabis there isn't a power of arrest, so what happens with Section 3 cannabis is somebody is summonsed and they go along to the summons court and 99 times out of 100 they're going to plead guilty to the piece of cannabis on them and they're probably thankful that they hadn't got 10 pieces on them and they'll get a fine. If a Guard stops you with no lights, you will be summonsed and if a Guard stops you for no insurance, you'll be summonsed and if you've other minor offences, unless you're arrested, you will be summonsed and the case will be sent to court. Will you spend all day in court? Most unlikely, because the case is listed and the court clerks list cases, I've got four hours this morning, and three hours in the afternoon, or whatever, and they look at the number of cases they have. You would be unlucky if you're there all morning and in many cases it just doesn't happen that a plea is entered, a case is called, a young fella pleads [guilty] and he's fined. GNDU 1*

---

---

He explained that while on occasion a Garda member might spend a long time in court on a possession offence, this would be an exception in his view.

*But it's a system we have, are we spending large amounts of resources prosecuting Section 3? No we're not, absolutely not. A lot of cases are being prosecuted for Section 3, but people are not wasting a huge amount of time, I don't believe and certainly rarely, wasting huge amounts of time and I don't know of anyone, I think in the survey you said there was one guy with several hours or something, and how he was several hours in court, you could get caught the very odd time, but you could have a guy who stole a purse and you could be standing there all day in court. GNDU 1*

The following member explained that, in his experience, the way things happened in practice, Gardaí generally would accumulate a number of summonses and then at the end of the month seek to have them all addressed on the same day.

*The other point is I suppose in terms of resources may be with regard to the process of how a personal possession is dealt with in terms of taking up time and by and large these would be dealt with by summonses – so it would be a very quick - at the end of a month, the guard would apply for (summonses) and it would take – you know, no time and when a Section 3 case for instance comes to court – in a summons application – there generally will be 20 cases and the guard will deal with that morning so he will be there anyway dealing with a lot of stuff. GNDU 3*

### 9.5.3 Redirecting resources from possession to supply

One reason why the issue of cannabis possession offences arose in the context of the NDS was that there was a belief that perhaps resources used in such prosecutions could be re-directed into prosecuting more serious drug offences, such as supply. GNDU members were asked for their views in relation to this perception. The following member believes that, as Gardaí cannot predict the outcome of their routine police activities, such as 'stop and search' operations, the idea of simply transferring resources from possession to supply does not reflect the nature of everyday police work. He also believes such an approach is over-simplistic.

*Yeah, like it came up in discussion in relation to this idea that say, for example, if 80% of your seizures are on possession offences, therefore, if you could divert those to supply offences then the consequences as such would be that you'd have a far greater impact on supply. An awful lot of the drug seizures of all levels come from very simple things where police officers encounter something which their instinct tells them is not, doesn't fit in with this environment. Causes them then to proceed to enquire and the results of their enquiry are a seizure of a greater or lesser magnitude. So I couldn't see how you could automatically transpose all of that 80% into the supply thing so that I could make a determination that an individual who I know is suspect for dealing in drugs that I could say right today he's only carrying, he probably only has personal use ... I can't as a police officer, or I can't as a police manager, legislate to people to say right, I just want you to go out and catch drug suppliers. If life was as simple as that, we'd have this thing cracked long ago. GNDU 2*

The following member agrees with the above position and also highlights the role of Section 3 in the general investigation of drug offences.

---

---

*Does that take from the resources or could we redirect resources from policing Section 3s to the larger level? And the answer is no in my opinion – because guards are out there and they are stopping and searching people, they are making efforts, they are, you know, talking to people, gleaning intelligence perhaps, along the way – that it is only Section 3s that come to light – it doesn't mean that it has been a wasted resource. GNDU 3*

The point is also made that many of those Gardaí who go on in their career to become involved in major drug-related investigations often began learning about drug issues through dealing with possession-type offences at street level.

*You know, and you really do have to, the other elements say for example is, even from the professional development of police officers, I mean you will look at any officers who are involved in the major investigation of drug traffickers; they cut their teeth on the lower end of it. GNDU 2*

#### **9.5.4 Presumptive drug testing and adult cautions**

GNDU members acknowledged that there was potential to develop ways of streamlining the commitment of resources throughout the criminal justice system, from initial seizure to prosecution. One procedure recently developed by the GNDU is 'presumptive testing' of drugs such as cannabis resin, cannabis herb and cocaine. The process works in the following way. Where a person is found in possession of an illegal substance believed to be cannabis resin, cannabis herb or cocaine and the quantity seized is consistent with personal use, the person must voluntarily admit that they believe the substance to be one of those substances. They must then voluntarily admit that the substance seized was for personal use and that, when charged, they intend to plead guilty. The substance is then seized and sent to be tested in a Garda station by a certified Garda. The suspect's details and suspected plea are retained in a notebook. If any of the above steps are not completed satisfactorily, then the case is proceeded with as per normal.<sup>24</sup>

One objective of this process is that, if adopted successfully, it would mean that certain drugs might not need to be forwarded to the FSL to be tested, thereby freeing up resources in the laboratory. Presumptive testing was initially piloted at a music festival and has since been developed in a number of Garda regions.

*And that's how, you know, so for example if at the end of the day for possession offence the reality is that you'll get a monetary fine or something like that. The element of processing and I think that's where the presumptive testing came in, is that what probably needs to happen is, you need to streamline the commitment of resources ... from seizure of product to prosecution. GNDU 2*

The 'presumptive testing' process is explained further by the GNDU member quoted below. One aspect of the process is that it requires the individual to admit that the substance seized is theirs and that it was for their personal possession. If they deny possession or are dealing then the normal procedure applies.

*... if, for example I stop you with a piece of cannabis, I go to the tester myself, I'd ask you about it and you'd say, 'Yeah it's mine, I wasn't selling'. If you said, 'Look it's not mine, somebody planted it on me', or 'I was selling it', that's a different ball game, with simple possession, the guard goes to another guard who tests it and is trained to test it and an arrangement is made then, you don't have to send it to the bureau [FSL]. An arrangement is made ... you end up summoning the guy basically and it goes through the court system. GNDU 1*

---

<sup>24</sup> Information obtained from the Garda Síochána Presumptive drug testing flow diagram (30/11/2009) provided to the authors by the GNDU (GNDU, personal communication, June 2010).

---

Another possible way of addressing cannabis possession offences, suggested by the GNDU member below, is the consideration of an adult cautioning system for possession offences in certain less serious cases. This may help in saving resources and be a fairer way of dealing with certain individuals.

*So, there is of course room for debate with regard to – you know – adult cautions and different things that might be deemed appropriate with you know – if somebody was caught with a Section 3 cannabis and they had never been in trouble before and divisional officer deemed that this was the appropriate thing to do. Of course there is room for discussion with regard to – saving resources or indeed being fair to people. GNDU 3*

## 9.6 Drug treatment and harm reduction

As discussed in section 3.3.2 evidence from Ireland and internationally suggest that improved links between policing and harm-reduction initiatives can assist in reducing the harms associated with illicit drug markets and drug-related crime. GNDU members were asked to comment on the challenges which arise in relation to improving links between policing and treatment provision. Also, the dealing of drugs in the vicinity of treatment clinics was an issue which arose in a number of interviews across the study sites.

### 9.6.1 Policing and drug treatment

From the perspective of the GNDU members interviewed, a distinction is made between drug offenders who are involved in drug use and drug-related crime as a consequence of an addiction and those who are selling drugs from a pure profit motivation. GNDU members were asked about their general views in relation to links between policing and drug treatment.

The GNDU member quoted below explains that both the Gardaí in general and the criminal justice system as a whole would generally take a lenient view on problematic drug users in order to aid their potential rehabilitation.

*We're in the business of arresting people who break the law in respect of drugs. Now that is not to say we're completely unsympathetic. The police force in general aren't unsympathetic, that they will...if guys deserve a break or they will liaise with social workers etc. and in many cases there's the drug courts now which will assist individuals and very many cases that when young addicts are arrested, 9 times out of 10 somebody is making a case for them saying it's his first time or second time or his third time and he's going to get a job and he has a little baby and a wife and all these things, and if he can rehabilitate himself, I don't see a judge anywhere or anytime, and I've seen serious criminals with serious convictions and supplying serious quantities of drugs, getting second or third chances. GNDU 1*

An issue which arose in the study, particularly in relation to site D, concerns drug-dealing in the vicinity of treatment centres. The following member states that, while relations between the Gardaí and drug-treatment centres is generally positive and co-operative, from the perspective of the treatment centre, difficulties might arise from their clients if they are perceived as being too close to the Gardaí.

*And the other part is, the likes of [treatment centre], we don't directly liaise with them, they don't want us to directly liaise with them, but we will do whatever they ... if they rang up and said 'Listen, we've difficulty with this fella and he's coming to treatment and would you*

---

---

*mind speaking up for him because ... to give him a break?' Nobody would have any difficulty ... we don't land at treatment centres because there's that gap between us and treatment centres insofar as ... not a gap but a perceived gap, because they have their clients and they can't be seen to be pals with the Guards. GNDU 1*

The following respondent, however, believes that drug-selling in the vicinity of treatment centres is a problem that needs to be addressed in co-operation between the Gardaí and the treatment centre as it has the potential to undermine the service being provided in the centre.

*And say, for example, if you look at the issue around dealing around treatment centres, it isn't in anybody's interest to encourage that. And I think even from the point of view of perception, if I was the manager or worker of a treatment centre, and I'm trying to maybe get people to change their drug habits, and to adjust and modify, if my client's walking in and seeing active dealing outside it, I can't see how I can persuade them, because in his her mind why should I change, you're tacitly allowing that, so it must be ok. ... So for example in terms of and it may be for treatment centres to say right we need you as a police service to actively discourage ... That may be a painful process for us, because some of our clients could also be dealing, you know, but for us to maintain the integrity of the service we provide for the greater client group and to be able to say, look we're here to provide a service to you, to provide a quality service, and that service is providing a prescribed product within a controlled environment for your stabilisation. Therefore, we're not going to turn a blind eye to what we know will de-stabilise your treatment process, because that's telling you that we actually provide sub-standard service. GNDU 2*

This respondent also believes that, while issues might arise in relation to the exchange of information between the Gardaí and treatment service providers, for example, such issues can usually be resolved through dialogue where there is a willingness to do so.

*I think like for most people, if you ask people a question that they're fully not sure of the answer, they tend to kind of hide behind, 'Ah we can't give you that.' All organisations are brilliant at that, you know, and there are rules and regulations as to how organisations govern giving information to outside, so solicitor says client confidentiality, doctor says patient confidentiality, Guard says security confidentiality, and ... it's probably a little bit of honest dialogue. GNDU 2*

A leading public health specialist interviewed for the study also highlights the difficulties which can arise for clients trying to be drug free where there is drug-dealing occurring in the vicinity of the treatment clinic.

*I suppose the challenges are – I mean obviously particularly if somebody is trying to be drug free and they are being offered drugs – that is the difficulty. I mean – any studies that have been done on people attending for methadone – like people don't just take nothing else – I know people take other stuff and the individual clinic staff have to make a judgement with the individual client or patient ... Again I know some clinics have policies about trying to make sure that doesn't happen. But that can become a sort of a police issue – so on those situations –the Gardaí might be well able to help...making a sort of drug-free zone around the clinic. But it – obviously if somebody was trying to do their best to stabilise their life was*

---

---

*offered drugs – that is a problem. Public health specialist*

He also believed, based on his own experience, that pragmatic arrangements could be reached which could accommodate both the requirements of the Gardaí and the treatment agencies.

*Well, in my experience – I used to be the manager of the service – but not anymore – but certainly when we were setting up the service, we spoke to ... the local Garda station and said 'We are going to develop a needle exchange.' A huge percentage of the people we had been trying to work with could well have warrants now for them. But obviously the system won't work if they are arrested – and the guards were quite pragmatic – they said 'We understand'. You know, you can't say you can't arrest somebody. But certainly in my experience – this is going back to the '90s – we said to the guards – you know – this system won't work if there is a squad car or if there is a feeling that there is guards watching. And they [the Gardaí] didn't ... they stayed away. Public health specialist*

The development of such a dialogue requires, according to the GNDU member below, a consensus between different services as to what is acceptable and then an agreement between each relevant agency on the practical steps required to address the problem.

*So, to me it's actually not about clients and it's not about divulging on clients, it's just about saying, ok, it is in our interests to ensure that our service operates this way. Therefore, if the following things happen, or if the service is undermined by the following actions, that could be actions inside the premises, actions outside the premises, then we need to do something about it. What elements of those actions are within our control? What elements of those actions do we need to get in another agency who have responsibility? And then how do we do that? How do we reach consensus? And then how do we execute it? And then say yeah, that has actually had the desired effect. GNDU 2*

He further suggests that the experience of working through the structures and processes of the NDS has facilitated the development of a common approach between different agencies.

*And often you find in my experience of 10 years in national drugs strategy, sitting down talking to people from whole diverse backgrounds, perspectives, services, qualifications and all that, there's not too much we differ on. Like the fundamentals all of us are desirous of providing a good quality service to a vulnerable group of people. You know, and I think it can be as simple in my view, as honest dialogue. GNDU 2*

Such an approach should, this respondent believes, be based on case management of particularly problematic individuals where all agencies engage together in the case-management approach.

*I mean, one of the interesting things at the moment is in the whole area of case management ... of individuals. So if I'm dealing exclusively with the crime element of it, I'm a firm believer that the high proportion of our crime is probably at any given time the responsibility of a small number of people. The best examples of that are the Garda open study, the positive correlation between treatment and crime, and even there was stuff done*

---

---

*in the drugs court by the Garda Superintendent and the reduction in recidivism is monumental. But I think that element, if you were to crack that nut, it is really the cross-agency working, and that is more case management. Looking at the individuals whose drug habit actively contributes to the upheaval or the kind of community concern about what's going on, because of all of the adverse effects associated with it. And that element of case management I think that's probably where you start getting the smarter approach to it, but again that's based on intelligence, not just intelligence from the police, it's intelligence from the service providers and the sharing of intelligence. GNDU 2*

## 9.7 Inter-agency partnership and community policing

### 9.7.1 Partnerships and local policing fora

An aspect of the Government policy approach to the illicit drug phenomenon since the mid-1990s has been the development of inter-agency approaches and structured consultation with local communities. The establishment of local drugs task forces in the areas throughout the state most affected by problematic drug use was a key recommendation of the Ministerial Task Forces established to develop a strategic response to drug use and related problems. These drugs task forces subsequently formed a core localised structure in the NDS 2001–2008.<sup>25</sup> In the area of drug-related crime, these structures have been enhanced by the development of local policing fora in a number of areas and the establishment of joint policing committees following the Garda Síochána Act 2005. As discussed in section 3.3.3, the further development of local policing fora is a core goal of the NDS 2009–2016. These initiatives have had a positive impact in areas where they have been introduced. GNDU members were asked for their views on these inter-agency and community-centred approaches.

The following GNDU member believes that a core development over the lifetime of the drugs strategy, since the first Ministerial report, has been a greater structured engagement with local communities.

*If you looked at the 1990s in terms of the two elements of the first Ministerial report and the second Ministerial report, the focus was on the areas of high concentration of heroin from a law-enforcement perspective. But also it was the first real, in my view, policy-driven direction in terms of community engagement. Guards will always engage with individuals on an individual basis... on a community basis, well that to me was probably somewhat ad hoc. And therefore, and not always a valued commodity, but when you have a government or a strategy saying look this is a critical element, if we want to reduce the effect and the demand for drugs, we need to actively engage ... and probably the beginning of a recognition that communities had a key role to play in our ability to successfully police this. GNDU 2*

He also believes that the recognition of the importance of agencies working together was a key outcome of this period and that this had an impact on how the Gardai saw their overall role, as not exclusively crime oriented. This arose particularly, he suggests, in relation to an acknowledgement of the link between drug-treatment services and crime reduction.

*I also think the other important thing there ... was, a recognition within the police that we couldn't kind of be bystanders in this. A classic example was the whole area of, ... we'll say the provision of clinics and treatment for drug users. If you looked at the traditional view of the police, a lot of things you'll say 'well look that's not our role, that's a role for somebody*

---

<sup>25</sup> This refers to the first and second reports of the Ministerial Task Forces on Measures to Reduce the Demand for Drugs. Published in 1996 and 1997, they would subsequently influence key elements of the National Drugs Strategy 2001–2008. For a discussion see Pike B (2008).

---

*else, we're a bystander here, our only concern here is if there's crime and we'll deal with the policing elements of it'. So, that was the way the traditional view of policing, whereas now, we're seeing where we have to say, look, in actual fact, there's a clear correlation between reduction in crime and treatment. GNDU 2*

As the strategy progressed there was also an acknowledgement that working in partnership with other agencies and local communities required an acceptance of the approaches or concerns of other agencies or communities and a willingness to be influenced by them. The development of the North Inner City Community Policing Forum, discussed in section 3.3.3 was, he believes, the forerunner of this approach.

*You actually had to approach it in a more inclusive way. And also to be able to say, yes, you know there will be problems associated with treatment. Yes, it mightn't necessarily be what everybody wants, but the overall benefits of providing treatment in terms of the reduction in all of the issues of public order, or crime, arising from treatment, far outweighs any localised concern ... So I think that's a certain kind of educational element, and then if you look at the specific actions within the strategy, it was probably the evolution or the second phase of it, which was saying, right ok, if you come to the party or come to the table, and you, as an organisation say look we have to be more proactive here, there's a price to pay for that, and that is that people you're sitting around the table with, they also have to be able to influence what you do ... and to me it started with the, in its fledgling element as the local policing fora in the north inner city. GNDU 2*

## 9.8 Current and future needs

GNDU members were asked to comment on any other issues they felt might be relevant to the study or any further changes they believed may be necessary to enhance their work.

### 9.8.1 Training

One issue that came up during the research throughout the four study areas related to training. GNDU members did not believe that this was a major issue as, generally, they regarded individuals as either suited to the type of work involved in drug detection or not. Training could be useful to enhance people's skills but it was felt that they needed to have those basic skills already if they were to be successful in the field of drugs.

*...then, clearly, people will demonstrate a skill or a gravitas, a direction towards drugs, and then what you do then in my view you enhance their skills, because there will be a lack somewhere, you know no more yourself or myself, I have areas that I'm lacking. So for me the key element of training is, and it's what we do, and we do quite well, you provide the general training. And the Guard who can detect drugs will detect them irrespective of where he goes, or where she goes. And, you could put Guards into areas where you've the highest concentration of drugs in the city, and they may never get a drugs seizure. And from that then you identify talent, and then you enhance it. So to me the training element only comes when you identify the talent. It's like sport, you know, some people like Messi [Argentine footballer] has a God-given talent. Now, he trains the exact same as everybody else, but he just has a sixth sense, you know. And drugs is no different and policing is no different. GNDU 2*

---

---

### 9.8.2 Garda powers and other legal issues

As discussed in section 3.3.3, Garda powers have been enhanced significantly in recent years. GNDU members were asked if these powers were sufficient or if further changes were needed. In general, respondents felt their powers were now sufficient.

*Well, I think we are quite lucky in this country and in fact because – broadly speaking first of all – the Criminal Justice (Drug Trafficking) Act of 1996 and [the Act of] 2006 and the CAB Act – are really very broad and effective powers – in the sense that for us to keep somebody in custody for a Section 15 offence – for up to seven days – it gives us ample time to investigate and everything else. And as well – I have to say that the feeling in the Guards isn't one of frustration in regard to you know – not enough empowerment. So, even the organised crime legislation that came in – the surveillance bill that came in last year, these are very forward thinking, effective instruments if you like – when applied in the right circumstances. GNDU 2*

However, the rapidly changing nature of drug markets and drug-related crime meant that legal changes needed to be able to keep pace and adapt quickly to market developments and innovations.

*You see the drug situation is very fluid ... changes occur so quickly, not just in society but in the criminal justice systems and in dealing with criminals and the regulations we might have had years ago have to be constantly updated ... who would have foreseen organised groups that we have at the moment 20 years ago ... detention periods you know ... When the Misuse of Drugs Act came in, in 1977, nobody foresaw guys swallowing gear and bringing it in ... at airports. And there wasn't a legislation there to hold them, holding people for a couple of days, you catch a guy on a boat ... or even without a boat you catch a guy walking down O'Connell Street with a load of gear and you find a ticket on him and it's a ticket to ... it's an address to some B&B in Cork or some flight number, you need that time, because things move very quickly, it's a very fluid situation ... It's not beneficial just to drugs, it's beneficial to law enforcement. GNDU 1*

The following GNDU member listed a number of pieces of legislation that he felt had a useful impact in terms of policing the drug situation.

*What pieces of the legislation have had significant impacts? I think certainly the detention for the seven days of drug trafficking was an important piece of legislation because I think it was a recognition that it takes a long time to investigate drug trafficking cases. I think the mandatory sentencing in a strange way had an impact certainly in terms of the conduct of criminal trials. And the outcome, and in certain drugs cases has led to an increase in sentencing. Some it's probably moderated a little bit less. Certainly the criminal assets, all of the legislation to do with assets has had an impact on the behaviour of organised criminals and they kind of move up to another level. I do believe the gangland legislation could have a really potential ... but it's a bit early. I know my own as an investigator and as a police officer in charge of investigation it is quite good legislation from an investigating point of view. GNDU 2*

---

---

The following respondent believes that the introduction of mandatory drug and alcohol testing in the workplace may also operate as a deterrent or preventative measure.

*I think the one area that probably outside of the criminal legislation that would have had an interesting feature is the mandatory drug and alcohol testing in the workplace. Remember when I talk about the risk of detection and the consequences. GNDU 2*

With regard to the prosecution of offences and sentencing, the respondents quoted below believe that certain changes are required. The first respondent believes that the time taken for offences come to trial needs to be shortened.

*Something that's out of our control is probably the length that it takes somebody to go to trial. If you're caught with a tonne of drugs and you're quite entitled to bail as long as you appear in court, you're out running around for 18 months or two years ... if they expedited the period by which people were arrested and the time that they come for trial. GNDU 1*

The issue of sentencing, as discussed in section 7.5.3, is one that has arisen as a concern during the review of the NDS. The GNDU member quoted below believes that sometimes members of the judiciary, when deciding sentences, give too much weight to the value of the drug. While the amount involved may be low, the fact that the accused was caught selling drugs repeatedly is not, he believes, given sufficient importance.

*And, unfortunately, there can be a lack of consistency with sentencing, but it is really something that is not a matter for the Gardaí – we present the best evidence that we can. And sometimes the judiciary may take into account that the amount of the drug may be €100 per transaction, for instance, and not really see that the value of the drug is irrelevant compared to the picture that we are painting. That this – or that we are illustrating that this person is consistently selling drugs and although they have sold to – on this occasion a member of An Garda Síochána – on three occasions – this is to show you that they are selling to anybody and everybody in an area – and for that reason they should receive significant sentences. GNDU 2*

### 9.8.3 Evidence-based policy

The final issue raised in this section by a GNDU respondent relates to the need to build policy on the evidence base developed during the lifetime of the previous drugs strategy. The respondent believes that an important aim of the current strategy should be to build on the information we have, not only in relation to the significant negative impact of illicit drug use on society but also in terms of the responses that are most effective.

*I think we're a lot more knowledgeable about what drugs is, and then again you have to remember that drugs as a key feature in quite a sizable minority of Irish people's lives, has only happened in the last 15 years. Do you know what I mean? So we're a little bit like the guinea pig. Look at the research that's been undertaken internationally that we can tap into. Look at say, for example, the work that's done by the HRB, like drug-related deaths, I mean at it's very simplest it is now clear that drugs is a huge issue, that contributes to over 400 premature deaths annually. Like, I mean that is, if you look at it say for example compared to road statistics that should be the key focus of a society. GNDU 2*

*I think maybe the knowledge base in terms of drugs might be the key driver of the current strategy. And that is to make, we know a lot more about it, we have everybody, the general public, everybody has a far greater access to information about drugs. And I think those ... informed developments in research kind of gives a reasonable pathway to go to. You know, what are the things that work ... all of the work of the local drugs task forces, all of the*

---

---

*projects, it's quite clear even from the evaluation, there are certain things that work, and work well ... the key challenge would be to translate all of that acquired knowledge, and some of it's unique to Ireland and the Irish experience, and transfer all of that knowledge into meaningful, focused sub-strategies, and that to me probably is maybe where the third strategy should kind of look as its key element. GNDU 2*

## Key findings

- The GNDU targets all levels of the illicit drug market, import, middle market and local retail markets. Operations targeted at the lower end of the illicit drug market, at street level or in nightclubs, involve undercover 'test-purchase' operations where a member of the Garda Síochána poses as a drug user in order to build a prosecution against a drug seller. The necessity for operations of this kind is to help penetrate closed markets where drug-dealers would be unlikely to supply drugs to strangers. In 2009 there were 260 people prosecuted using the test-purchase methodology.
  - Outcomes include the containment and disruption of drug markets. However, the so-called 'water bed' effect, where drug-dealers who are arrested will quickly be replaced by another supplier, is acknowledged as a permanent challenge given the constant demand for illicit drugs.
  - Undercover work has an impact in terms of transforming open drug markets into closed markets as people are no longer willing to deal drugs to strangers. Removing visible drug-dealers is also important from a community perspective.
  - Successful Garda operations also have an educational or preventative effect in that they can undermine the status of local drug-dealers in the eyes of young people who may look up to them.
  - The fact that cannabis is the most prevalent illicit drug used in Irish society is the primary reason that it comes to Garda attention most often during routine police patrolling and 'stop and search' operations. One area where cannabis possession offences can be time consuming for the Garda member involved is where they are required to attend court.
  - The idea of simply transferring resources from possession to supply offences does not reflect the nature of everyday police work. The prosecution of possession offences also has a role in the general investigation of drug offences in terms of building intelligence and in developing the skills of Gardaí.
  - There is potential to develop ways of streamlining the commitment of resources throughout the criminal justice system, from initial seizure to prosecution, for example, 'presumptive drug testing' of cannabis and cocaine and the introduction of an adult cautioning system for possession offences in certain cases.
  - Drug-selling in the vicinity of treatment centres is a problem that needs to be addressed in co-operation between the Gardaí and the treatment centre as it has the potential to undermine the service being provided in the centre.
  - Sensitive issues can arise in relation to the exchange of information between the Gardaí and treatment service providers, for example. However, such issues can usually be resolved through co-operation and dialogue.
  - The rapidly changing nature of drug markets and drug-related crime means that legal changes need to be able to keep pace and adapt quickly.
  - There is a need to reduce the time taken for offences to come to trial. In sentencing, consideration should be given not only to the value of the drug seized but also to the role of the offender in the drug market.
  - The current drugs strategy should build on the evidence already developed in terms of the negative impact of illicit drug use on society and also in terms of the responses that are most effective.
-

10

DISCUSSION AND POLICY  
IMPLICATIONS

## 10 DISCUSSION AND POLICY IMPLICATIONS

### 10.1 Introduction

This first comprehensive study of illicit drug markets in Ireland has used a range of data sources to shed light on the nature of illicit drug markets and their impact on Irish society. It has also provided us with an insight as to the criminal justice response to drug-related crime. It has facilitated in the addressing of some key issues and questions in drug policy, such as:

- How do illicit drug markets in Ireland evolve?
- How are illicit drug markets organised?
- What is the impact of illicit drug markets?
- What are the main responses to illicit drug markets?

The study sought to describe and assess, in particular, law-enforcement interventions in illicit drug markets. This concluding section synthesises some of the key findings from across the four study sites in terms of the main themes outlined above and compares the findings of this study with those of other similar studies. It then moves on to discuss the implications of the research findings for future drug policy – particularly in relation to the relevant aims and objectives of the NDS 2009–2016.

In the discussion that follows we use our research findings to highlight a number of key factors that future policy responses need to take into consideration. First, the complete removal of illicit drug markets through drug law enforcement is not an achievable goal in the foreseeable future. The aim here is to consider how future drug law enforcement, in particular, might evolve to address the complexities and particular harms associated with Irish drug markets. It is suggested that such an approach does not necessarily require a change in the legal control framework but rather a more pragmatic use and co-ordination of existing resources and the targeting of those resources at the most harmful aspects of drug markets.

Second, not all drug markets are equally harmful. For example, some are more violent than others and open markets cause more disruption to communities than closed ones. Third, law-enforcement interventions that focus on the particular harms associated with an individual market have the potential to have an impact on those harms and they may also lead to a more effective and economically viable use of public resources.

Finally, approaches that seek to divert problematic drug users into treatment and that prioritise local community perspectives, and those that occur in collaboration with other relevant agencies, are more likely to be sustainable over time and to win public support.

### 10.2 Evolution and organisation of illicit drug markets

The association of local drug markets with areas of deprivation has been identified in Irish research since the emergence of the drugs crisis in the late 1970s (Bradshaw 1982; Connolly 2005; Loughran and McCann 2006). This link is recognised explicitly in government policy with the establishment of local drugs task forces in such areas. In our research, when asked what they thought were the main reasons for local drug use, most respondents highlighted social issues – with drug use seen as a symptom of deeper underlying factors. These included the absence of facilities for young people, high unemployment, boredom, poor parental supervision and drug availability. A number of explanations were also advanced during interviews as to how illicit drugs entered the areas. Factors mentioned included the relocation of people from deprived urban centres to suburban and rural areas, the influence of prison where people had developed addictions and/or met people who would subsequently introduce them to drug-dealing, and the arrival in an area of people, both national and non-national, with heroin habits. These findings

---

complement the findings of the few international research studies that have sought to investigate why drug markets tend to become embedded in specific communities (May et al. 2005). They also highlight the importance of situating interventions within the specific socio-economic and environmental context in which drug markets develop and thrive.

Despite popular portrayals of illicit drug markets as hierarchical entities controlled by organised crime groups, recent international research has emphasised a more complex, de-centralised and fluid phenomenon involving numerous participants, most of them strangers to each other (Babor et al. 2010; Desroches 2007; Dorn 2005). Our findings correspond with this more nuanced perspective.

Our research showed key differences in how drug markets are organised across the four sites surveyed – from the more loosely structured to more co-ordinated arrangements. Site D, for example, was highly structured in terms of distributing heroin, cocaine and cannabis, with several high-level suppliers involved in drug importation and distribution over this very wide area. The middle market in this location was reportedly heavily populated with individuals and groups or ‘gangs’ supplying kilograms or more. Although crack cocaine had originated with West Africans in site D, it now involved more Irish sellers. In site C, the distribution of drugs such as cannabis and cocaine was concentrated among a small number of established families. Heroin distributors were described as non-local, both Irish and non-Irish, who had arrived in the area with an addiction. The heroin market was also described as less structured and easier to penetrate from a law-enforcement perspective. In site B the heroin supply was regarded as having originated within specific families but more recently it involved a looser network of individuals. Heroin was not imported directly but sourced from the major cities of Dublin and Limerick. Cocaine distribution in site B was more structured and lucrative and dominated by a particular group of individuals who used legitimate businesses as a means of transporting drugs throughout the region.

A senior member of the GNDU with more than a decade of experience described the structure of those involved in drug selling as similar to ‘virtual companies’, where a core group is surrounded by a larger group of people who perform specific roles. Such roles might include the mixing of drugs with adulterants and the storing and transporting of drugs. However, those who provide these various services may vary over time and the same individuals may provide the same service to different core groups in different locations. Our research bore this out – across all sites, it was found that a large number of individuals performed roles on behalf of higher-level suppliers. Another common factor we found across all sites was that higher-level suppliers usually avoid any contact with drugs once they have been imported. This was substantiated in interviews with GNDU staff and drug sellers themselves. Respondents also stated that they often stored drugs in the homes of people not overtly connected to the use or sale of illegal drugs. This was one of a number of ways in which people could become implicated in the drugs trade, in return for payment or through intimidation. In site A, a large number of individuals performed roles on behalf of higher-level suppliers, including diluting or preparing drugs. Those involved in the storage and transport of drugs were generally relatively minor participants, either earning drugs for their own use or trying to pay off a drug debt.

The increased involvement of young people in the drugs trade has also been highlighted in recent community-based studies (May et al. 2005; Loughran and McCann 2006; Connolly et al. 2008). The NDS 2009–2016 highlights the necessity of examining the ‘issue of young children (some under the legal age of culpability) being used by those involved in the drugs trade to run drugs’. We found mixed results regarding the role of young people in drug distribution. In site A, young people played a substantial role in drug distribution at street level. Storing or running drugs was a financially lucrative option for teenagers. Over a six-month period, PULSE data revealed that one-fifth of suspected supply offenders were aged 18 or under. Many of these young people were reportedly from unstable home environments. Not all of these runners used drugs themselves and some were doing it as a way of earning money. The profile of runners was different in site B. They were often older heroin addicts running drugs in return for a personal supply. Non-drug-using young people (aged under 18) were not reported as playing a significant role in drug distribution. Similarly, in site C, although runners did exist, there was little evidence to suggest the involvement

---

---

of very young people (aged 16 and under). It was reported that this would not have been tolerated by local residents. By contrast, in site D, young people (aged under 16) were reported to be heavily involved in running drugs. The main drug sold across all four sites surveyed was cannabis. Heroin, crack cocaine and prescription drugs could be purchased at different levels in all areas. All the main drugs were available in all four study locations, although heroin was a relatively recent phenomenon in site C.

The research indicated that some dealers sell multiple substances. PULSE data also suggests a degree of overlap between drug types, with multiple substances often being seized from the same individual in supply type offences. However, there are also many sellers who concentrate on only one substance (such as cannabis). What was also noted by some Garda respondents was that many sellers apply a 'moral hierarchy' to drug distribution, with cannabis sellers perceiving this form of drug-selling as not as serious as dealing other drugs, such as cocaine or heroin. It was also reported by Garda respondents and outreach workers that there was a certain degree of tolerance for cannabis in some communities relative to other drugs. Another distinction drawn between heroin dealers relative to cannabis or cocaine dealers was that dependent heroin users who were selling heroin to feed a drug habit contributed to a more transient, disorganised and unpredictable market. The heroin market was also reported as being quite specific in that dealers needed to know heroin users and to have some insight into the 'street culture' of heroin use.

In section 3, the distinction was made between two conceptualisations of drug markets – (i) as physical markets or 'marketplaces' and (ii) as abstract relations between people who might seldom meet or who may conduct transactions by mobile phone or through intermediaries such as 'runners' as described above (Babor et al. 2010). In our research, where drugs are sold was shown to vary across sites – not all drugs were sold on the open market. For instance, no drugs were reported to be sold openly in sites B and C, yet sites A and D had several highly visible open street-level markets, often located in the midst of legitimate commercial businesses. In site A, dealers took turns to sell drugs to buyers who came from outside the area. Across all sites, it was reported that closed markets were to be found in pubs and flat complexes. There were thriving open markets for crack cocaine in sites A and D, while site B, which was a rural town, had an emerging crack problem. Drug sellers in all sites reported the increased use of mobile phones to assist in the carrying-out of drug transactions.

### 10.3 Impact of illicit drug markets

In a report on local drug markets in the United Kingdom, May et al. (2005) emphasised the importance of understanding the complexity of the relationship that some communities can have with their illicit economies. They show how different drug markets can have different relationships with their communities – 'sometimes entirely parasitic', 'sometimes symbiotic' (p42). They conclude that: 'In trying to develop communities' capacity to take action against drug markets, it is important to appreciate the limited or constrained choices that are open to many residents.' The constraints are associated with the use of violence in the drug markets and also with 'the limited opportunities open to many residents, especially young people' (p.ix). These points are reinforced by the present research.

Open drug markets have a negative impact on the quality of life in a community – particularly in terms of drug-related crime and nuisance and the fear of victimisation. Open drug-selling necessitates a high number and frequency of transactions, so it is likely to have an immediate and observable impact on the local community. Residents' freedom of movement can be affected by the presence of open drug markets, creating 'no-go areas' and thus contributing to community decline (Connolly 2006b). When asked if they avoided areas in their neighbourhood (and why), many respondents noted that this was mainly because of people hanging around in groups taking drugs. This figure varied across the sites, however – from almost three-quarters of respondents in site A to under half of respondents in site D (40%). Open drug-using scenes can serve to normalise drug use, particularly for young people who may be likely to experiment with drug use or, as we have seen above, may be attracted to the possibility of

---

---

earning money by running drugs. Another major concern for residents of areas in which local drug markets develop relates to the stigma that can become associated with such areas.

Most respondents considered illegal drugs to be a big problem in their area (ranging from 67% of respondents in site C to 90% in site A). However, we found that residents' direct exposure to drug problems, whether through witnessing drug-using behaviour or seeing discarded syringes in their neighbourhoods, varied.

Research of this kind conducted in Ireland (Loughran and McCann 2006; O'Leary 2009) and elsewhere (May et al. 2005) over the last decade has highlighted the increased violence that has become associated with the illicit drug trade and the way in which this has affected the families of drug users and communities as a whole. Violence in all four markets was largely related to unpaid debts, although territorial disputes did occasionally emerge in less ordered drug markets. In site A, drugs were provided on credit at all levels of distribution and most of the violence related to money owed. Drug market disputes over debt or territory can also 'spill over' into public displays of violence, or innocent third parties can become embroiled in such conflicts. In site A, in a busy open street market for crack cocaine, dealers took turns with new buyers. If one individual began to dominate however, this could contribute to conflict, which could lead to public fights. However, not all drug markets studied here can be described as equally violent. In site C, where the drug market was described as competitive but relatively ordered, with everyone 'knowing their place', violence was almost always related to drug debts.

However, all four sites reported an increase in violence associated with the drug trade – violence that was increasingly visible in public in the form of fights or damage to property. It was also pointed out by the GNDU that some of the violence in drug markets that was associated with Garda seizures or arrests arose as a result of paranoia among drug suppliers. (Of course, high levels of paranoia may also be a side effect of excessive drug consumption by drug suppliers themselves.) Sometimes violence erupted because of unfounded suspicions that a person had become a Garda informant. Our research found that one of the major consequences of drug-related violence and intimidation is that it can act as a major disincentive to taking action and/or engaging with state agencies in responding to such problems. In refusing to report local drug-related problems, the majority of residents in all locations stated their fear of a reprisal from those involved in the drug trade. This creates a significant policy obstacle and will be discussed further below.

Nevertheless, as noted above, it must also be acknowledged that drug markets can have an ambiguous relationship with their host communities and, although there may be opposition to them – particularly in terms of the stigma they can bring to the local area – they can also provide a source of cheap goods in deprived communities. Residents in all four study sites reported being offered stolen goods by people they suspected of being drug users. Interviews with drug users and sellers revealed that stolen property was an important currency in everyday drug transactions, so there was clearly a local market for the proceeds of drug-related crime. Stolen goods, such as jewellery, mobile phones, satellite navigation devices and computer games were regularly exchanged for drugs. Stolen goods were either retained by the dealer for their personal use or they were sold in the local community.

## 10.4 Responding to illicit drug markets

### 10.4.1 Law enforcement, supply control strategy and activity

Data obtained from the Irish Revenue Service and the Garda Síochána and interviews with law-enforcement personnel have given us a detailed insight into the strategies and activities of drug law enforcement.

Many CDLE seizures result from profiling techniques based on risk analysis. The air mail unit (Dublin), Athlone mail centre and Dublin airport passenger terminal accounted for most of the seizures made by CDLE during the research period. The drugs seized are generally en route from source/transit locations such as Amsterdam, South Africa or

---

---

South America. Mail stations such as Portlaoise report a high rate of low-volume seizures of substances such as cannabis, and licit but prescribed medication such as benzodiazepines.

As outlined in section 3, during the lifetime of the first NDS 2001–2008, Customs surpassed its required targets for the volume and number of seizures, and reported a number of successful operations during the period of this research. However, as discussed in section 8, of the 1,378 seizures of illegal or controlled drugs between January and June 2009, 90% of total seizures were of cannabis herb or resin. The vast majority (90%) of these seizures weighed less than 28g and were most likely for personal use. From January to June 2009, CDLE made 52 seizures of illegal substances that weighed 1kg or more (4% of total seizures). Cocaine and cannabis herb accounted for 89% of these seizures. It is not possible to determine accurately the proportion of these drugs that were destined for the Irish market or whether these seizures had any significant impact on drug availability in Ireland.

As noted above, sites A and D contained busy, visible open drug markets with a variety of drugs available. There, Garda Síochána drug unit strategy focused on middle-market suppliers, primarily using intelligence from informants. Such intelligence was acquired through developing relationships with offenders working in the lower levels of distribution. In site D, where dedicated drug units policed the area, strategy was supply oriented (targeting both street dealing and higher-level suppliers). In site B, Garda drug unit strategy involved both a top-down and bottom-up approach to tackling supply, targeting low-level users to collect information and carrying out specific operations to gather evidence on higher-level suppliers. In site C, local drug markets were policed by both a divisional drug unit and two district drug units. The divisional drug unit sought to disrupt higher-level supply lines, while district policing tended to focus on local low-level sellers.

It was shown across all four sites that supply offences accounted for between 17% and 33% of all drug offences, and that the largest proportions of supply offences were in sites A and D. On the one hand, this reflects the intelligence-led and focused nature of activity by individual Garda drug units. On the other, it suggests a greater availability of drugs in these areas. While some drug sellers acknowledged the importance of being wary of Garda activity, our research showed no evidence that drug availability was affected for any significant period because of successful law enforcement. In all four sites, most prosecutions were for simple possession of cannabis: most of these related to stop and search activity by Garda members and the amounts seized were valued at between €10 and €20. Local tolerance of cannabis use was highlighted by Garda members and by treatment workers in a number of sites.

#### **10.4.2 Assessing drug-related law enforcement**

In section 3 we discussed the many challenges that arise in any attempt to assess the effectiveness of responses to illicit drug markets. Such problems are related to the obvious difficulties in trying to account for largely hidden activities, but they are due also to the limitations of criminal justice data. Moreover, the absence of reliable evidence of a straightforward link between supply-reduction initiatives and sustained reductions in drug availability has been highlighted in the international literature (Baboret al. 2010, Reuter and Trautmann 2009). The public demand for illegal drugs and the profits which can be earned from drug-dealing ensure that Irish drug markets, like those elsewhere, remain resilient and adaptable to law-enforcement interventions.

For instance, in section 8, a convicted drug courier claimed that he had smuggled cannabis across Europe into Ireland for many years without detection. For this individual, and for many others, the transporting of drugs was a lucrative business and one in which he participated for monetary gain, regardless of the consequences for society. Nonetheless, the exploitation of people from very poor countries, who take significant risks to transport drugs for small amounts of money, relative to the potential value of the drugs themselves, represents a major challenge of a different kind. It was noted in section 8 that non-national female drug couriers apprehended in airport passenger terminals generally were in desperate financial circumstances, and had agreed to courier kilograms of illegal drugs, sometimes for as little as €500. Given the harm caused to Irish society as a result of these drugs when they reach the streets, such individuals should, of course, be apprehended and prosecuted.

---

---

However, the incarceration of such individuals, while it removes some drugs from circulation, is unlikely to have any real impact on those individuals higher up the supply chain, and thus its effect on drug availability will be limited in the longer term. While not ignoring the illegal nature of the couriers' activities, responses need to be proportionate and set in context. This situation illustrates the globalised nature of the challenges faced and the need to develop sustainable responses in collaboration with international partners. For example, with regard to the non-national couriers referred to above, preventative measures could be put in place in airports at source countries to discourage them from taking such risks.

#### 10.4.3 Price and purity

Another way of assessing whether drug law-enforcement seizures have an impact on drug availability is by monitoring drug prices, profit and drug purity levels. If basic market logic is applied, it could be assumed that a significant reduction in drug availability would mean an increase in prices and/or a reduction in drug purity. However, our interviews with drug sellers, drug users and Gardaí suggest that heroin and cocaine had in fact become cheaper to buy in all four sites and at all market levels. Crack cocaine prices remained high and steady in the markets where available. Depending on the unit size sellers were willing to sell at, people could make between 200% and 400% profit on their initial stake or investment. Although a number of factors can affect drug prices in an illicit market, such as whether or not the seller was a drug user, thereby consuming part of their own supply, there was no evidence that drug law enforcement was having any effect on price levels or profitability.

It was found that heroin purity levels varied within markets, but average purity remained fairly consistent across drug markets (at around 45%) – suggesting that heroin markets were relatively stable, with purity levels remaining constant. Dependent opiate users would be unlikely to tolerate poor-quality heroin for any sustained period of time unless they had no choice in terms of supply. What this finding also reflects is that heroin is now no longer a Dublin-based phenomenon but has spread countrywide.

Cocaine purity levels, however, were generally very low, averaging at 14% across sites A, C and D. It is unclear why this was so. It might be assumed that low purity levels would be an indicator of a decrease in availability but other information sources, such as survey data and treatment figures, suggest no decline in cocaine supply. Rather, the low purity levels could be caused by the emergence of a multitude of dealers and repeated dilution of the drug at street level. (One seller referred to the way in which the mobile phone facilitated the emergence of numerous small dealers.) Another important factor relates to the adulterants used when mixing or diluting cocaine. The presence of lignocaine and phenacetin in most cocaine seizures throughout all study sites suggest either the wide availability of such substances or – more likely – that the adulteration of cocaine happens most often at the higher stage of the Irish market or prior to its being imported.<sup>26</sup> Tests on drug seizures elsewhere have shown that most adulteration of drugs occurs during production and prior to their being exported from their country of origin (Coomber 2006). These findings support other research which suggests that drug law enforcement has little or no effect on drug pricing, availability and demand (Reuter and Kleiman 1986; May and Hough 2001).

#### 10.4.4 Market disruption – organised and disorganised crime

In general, the issues discussed in the previous section raise the fundamental point that illicit drug markets are structured around a network of countless organisations and individuals performing a variety of roles. One objective of the NDS is: 'To disrupt the activities of organised criminal networks involved in the illicit drugs trade in Ireland and internationally and to undermine the structures supporting such networks'. Another aim of the strategy is 'to prevent the emergence of new markets and the expansion of existing markets for illicit drugs' (NDS 2009–2016). A complication with regard to law enforcement highlighted in this research and elsewhere relates to the diffuse nature of drug markets and the adaptability of dealers and users (Wilson and Stevens 2008).

In sites A and D, despite several targeted operations, Gardaí acknowledged that they were unable to disrupt market activity for any length of time, nor had they been able to displace activity to another location. The limitations of such

---

<sup>26</sup> Also, the dangers to health associated with lignocaine, the subject of a NACD/HSE alert, highlights the importance of regularly monitoring adulterants found in drug seizures.

---

Garda crackdowns in busy hotspots was also highlighted by local drug sellers, who would disperse quickly when Gardaí approached and resume when they left the area. Drug sellers adapted to drug law enforcement by managing risk exposure. For instance, many interviewees did not keep drugs on their person: they would divide up consignments and leave them at different locations, for buyers to collect. Higher-level sellers often used others to transport drugs for them. Drug sellers also reported using people as decoys, where they would give them a small amount of drugs and then inform the Gardaí so as to distract the latter from a larger drug-deal happening simultaneously elsewhere.

#### 10.4.5 Engaging and reassuring communities

Another way of determining the impact of law-enforcement approaches is whether they reassure the public. Policing requires public confidence and support to be effective. Fears associated with drug-related crime mean that the challenges in attracting public support to police drug markets are particularly acute. The public's willingness to engage actively with the policing process will reflect to a large degree, however, how the public perceives that process. Residents' perceptions of Garda anti-drug activity were investigated in the street survey. In site A, only one-third of survey respondents believed the Gardaí to be effective or very effective in dealing with crime. In sites B and C, approximately half of respondents believed Gardaí to be effective or very effective in dealing with crime in their area. In site B, more than half of them knew a Garda by name, while in site C more than a third knew a Garda member by name. In site D, just under half of respondents believed Gardaí to be effective or very effective in dealing with crime, while 36% of residents said they were not very effective. Just one-quarter of respondents knew a Garda member by name and/or had spoken to a Garda about the area. These findings suggest that there may be a link between perceptions of Garda effectiveness and familiarity with Garda members working in the community; they support the findings of other research which suggests that police visibility can increase resident confidence in the ability of the authorities to address public nuisance (Moon *et al.* 2011).

#### 10.4.6 Partnership responses

Evidence is growing, both internationally and in Ireland, that partnership approaches involving local communities, state agencies and other stakeholders offer the most sustainable method of responding to many drug problems, including illicit drug markets (Jacobs *et al.* 2007; Connolly 2006b, 2002). Senior members of the GNDU acknowledged the importance of developing closer links with other agencies. However, it was also noted that, in the development of closer links, the perspective of treatment agencies, for example, needed to be taken into account. In some cases, treatment agencies did not wish to be seen to be too close to the Gardaí in case it undermined their relationships with drug-using clients. This point was also acknowledged by service providers and has been highlighted in other research (Kerr *et al.* 2005).

Drug unit members' contact with treatment providers varied across sites. In three sites (A, B and C) for example, Garda members had little contact with local drug-treatment agencies and factors such as confidentiality issues were cited as possibly preventing closer links. However, in site C, it was felt that better working relationships with social welfare services and housing authorities could produce beneficial outputs for all agencies involved. There was also doubt expressed about the suitability or effectiveness of Garda members taking a bigger role in diverting offenders to treatment. While drug unit members appreciated the value of a structured treatment referral for problematic users, rather than a fine or prison sentence, some were critical about the effectiveness of methadone treatment. Others acknowledged the merits in more focused treatment – such as that prescribed by the Drug Treatment Court. In site D, however, inter-agency partnership was developing and proving beneficial. The relationship with local municipal housing authorities was described as positive, and efficiently assisted in the eviction of drug-dealers. Recent improvements in relationships with drug-treatment services had also produced positive results in terms of identifying persistent drug sellers stationed outside drug-treatment clinics. However, Gardaí had no official relationships or structures to guide problematic users and sellers to treatment. Unit members indicated the potential utility of treatment diversion programmes. As discussed above, such initiatives have proven crime-reduction capacities.

---

---

#### 10.4.7 Unintended consequences of law-enforcement activity

In all four sites, Gardai highlighted the importance of using informants for the purposes of intelligence gathering. However, this could also have adverse consequences. The use of informants by the Gardai was regarded by sellers as a major source of suspicion which often led to violence in drug markets. Garda members also highlighted the importance of being careful when using information disclosed by informants. It was reported that the recently introduced CHIS, whereby informants are managed by a central unit, has the potential to alleviate some of the risks to informants. As noted above, high levels of paranoia among those involved in the drug trade, some of possibly drug induced, could also have contributed to suspicion and conflict. Garda drug seizures could also contribute to increased violence in drug markets. In all four sites, most of the violence which occurred related to unpaid drug debts. Drug debts were acquired through people consuming their own supply or as a result of Garda seizures. Where Gardai seized drugs, debts remained outstanding and still had to be paid. This may be described as an unintended or adverse consequence of drug law enforcement, whereby effective supply reduction activities can indirectly contribute to greater levels of drug-related violence (Reuter and Trautman 2009).

### 10.5 Refocusing drug-related law enforcement to address harms

In the section above we highlighted some of the major challenges facing drug law enforcement if it is to have a meaningful and sustainable impact on addressing the harms associated with illicit drug markets. The absence of any clear association between increased drug seizures and the availability and price of drugs, the resilience of open drug markets despite targeted police operations, and the potential for the violence associated with drug markets to increase as an indirect consequence of policing activity should all be of concern from a policy perspective. The challenges are made greater due to the diffuse nature of drug markets and the difficulties associated with detecting closed markets facilitated, in particular, by the mobile phone. Furthermore, the exploitation of the vulnerable by higher-level drug-dealers – non-nationals from low-income countries, children and young people, problematic drug users and people caught up in a cycle of drug-related debt – which is central to the operational dynamic of illicit drug markets, results in those at the lower end of the market being the most likely to be detected. And while the crimes committed by dependent drug users to feed their habit or the drugs brought into Ireland by so-called ‘drug mules’ can cause immense harm to local communities and do require an appropriate response, those at the higher end of the market become increasingly difficult to apprehend.

Along with the practical difficulties associated with policing drug markets, the fear and intimidation associated with drug-related crime clearly undermines the willingness of the public to engage with initiatives aimed at disrupting such markets. In the next section we use the findings of the research to consider the potential for a refocusing of drug-related law enforcement to address the particular harms associated with illicit drug markets. Such an approach needs to begin from the premise that not all drug markets are equally harmful to individuals and communities. The deployment of law enforcement and other resources towards addressing and alleviating the most harmful drug markets and associated problems may have more obvious benefits for individuals and society and they may also prove more effective in terms of obtaining community support. Such an approach also calls for a realignment of traditional drug law-enforcement approaches with harm-reduction initiatives and other low threshold drug-treatment or support services. As MacDonald et al. (2008) argue, the police can have a role in harm-reduction provision, without necessarily compromising either legal or moral values. Such an approach can also complement law-enforcement approaches that concentrate on disrupting higher level drug-dealing.

The final part of this discussion will address four key challenges which, this research suggests, need to be addressed if such an approach is to be successful:

- Delivering change through partnership.
  - Engaging with communities.
-

- Prioritising harms and using resources to their maximum effect.
- Profiling drug markets, monitoring response and further research.

## 10.6 Delivering change through partnership

*To tackle and reduce community drug problem through a co-ordinated, inter-agency approach*

*The establishment of local policing fora to ensure the optimum level of local community engagement and An Garda Síochána focus and disruption to the drugs trade*

*Include drug issues in a central way in the work of Joint Policing Committees*

*(NDS 2009–2016)*

As discussed in section 3, there is growing evidence, both internationally and in Ireland, that partnership approaches involving local communities, state agencies and other stakeholders offer the most sustainable method of responding to many drug problems, including illicit drug markets. Central to the concept of partnership is the development of a co-ordinated inter-agency approach. Effective intervention strategies often involve attempts to disrupt local markets, thus rendering them less predictable to both buyers and sellers, with attempts to divert drug offenders into treatment and other social services.

The development of more formal links between agencies that are responding to related phenomena should be a priority. Examples of good practice in existing inter-agency approaches, such as those referred to in site D, should be disseminated widely. The building of successful partnerships as envisaged in the NDS is contingent on communication and co-operation across agencies involved in all pillars of the strategy.

In recent years we have seen the emergence of local policing fora in a number of local drugs task force areas. The NDS 2009–2016 envisages 20 such fora being established and in operation by 2012. Joint policing committees established under the Garda Síochána Act 2005 are also now in operation throughout the state. These initiatives provide a potential infrastructure through which a partnership response to the harms associated with illicit drug markets might be delivered.<sup>27</sup>

### 10.6.1 Engaging communities in building responses

*To prioritise prevention interventions on those in communities who are at particular risk of problem drug/alcohol use*

*Addressing drug-related fear and intimidation and the reluctance of individuals to report incidences to An Garda Síochána*

*The issue of young children (some under the legal age of culpability) being used by those involved in the drugs trade to run drugs*

*(NDS 2009–2016)*

In trying to develop the capacity of communities to take positive action against drug markets, it is important to appreciate the limited or constrained choices that are open to many community residents. Firstly, many of those involved in local drug-dealing were born in and continue to live in the communities in which they sell drugs. Secondly, local drug sellers can provide a source of cheap goods for their host communities. Thirdly, as noted above,

<sup>27</sup> Detailed guidelines for local policing fora based on best practice were published by the Department of Justice, Equality and Law Reform following discussions with a number of stakeholders, including the community-based umbrella group: Citywide Drugs Crisis Campaign. These guidelines offer a potential framework through which practical responses to some of the issues raised in this section and throughout the report can be addressed.

---

the relationship between drugs and crime is clearly connected to underlying social factors and is viewed as such by residents. Consequently, in order to be effective, prevention strategies must move beyond an exclusive focus on the individual and address the socio-economic and environmental context in which drug use and crime occur. Furthermore, law-enforcement responses can only ever be expected to deal with the symptoms of these deeper underlying problems. That is not to say, however, that these symptoms can be ignored, as sustainable long-term responses must also address the immediate and disruptive consequences of drug markets for community life.

In section 3 we discussed the concept of social capital (Putnam 2000) and the way in which local drug markets can undermine community cohesion and the networks and trust that enable local residents to act together to pursue shared objectives. A major policy challenge for the future lies in building and sustaining this important resource in the face of the many challenges posed by local drug markets. The first step involves developing formal channels of engagement between communities and relevant state agencies.

Community engagement in partnership approaches, however, is often contingent on the extent to which community concerns are understood and acted upon. The street survey of residents showed a clear link between drug market fear and intimidation and a reluctance of people to engage with the Gardaí. Local residents were asked whether they would be willing to report drug-related information to the Gardaí and, if not, why not. The willingness of people to provide such information differed across the four sites. In site A half of survey respondents would not report such information to the Gardaí, in site B just one-fifth stated that they would not report such information, in sites C and D one-third of respondents stated that they would not report such information. When asked to select from a list of possible reasons as to why they would not report such information, the majority of residents in all locations indicated their fear of a reprisal from those involved in the drug trade. The percentages giving this response were highest in sites A and D, which had embedded open drug markets.

Garda drug unit members were also questioned about relations with the local community. Drug unit members in site A reported receiving only limited information from the public about drug-related activities. In site B Gardaí indicated that there was a flow of information from residents about drug-related activity but that people were reluctant to be involved in any legal proceedings due to fear. In site C, although residents were fearful that reporting to Gardaí might result in violent reprisals, the growth of heroin use prompted a greater response from locals. Also, although drug runners did exist, there was little evidence to suggest the involvement of very young people (aged 16 and under). It was reported that this would not have been tolerated locally by residents.

According to Gardaí in site D, relations with the local residents varied. In certain locations in site D, Gardaí felt they were very unpopular and that locals would be too fearful to offer information on drug-dealing. Positive feedback was, however, received from community meetings, although the information gained, while useful, was often not sufficiently detailed to build a prosecution. Formal Garda–community communication and relations were progressing however and this was having benefits. Receiving positive feedback from residents affected by visible drug activity was regarded as a measure of success by Garda members as it meant that they were having some impact on pressing local issues. Also, the majority of residents across all sites stated that they would report a young person's involvement in drugs to other members of the community, most likely to the person's parents and, to a lesser extent, to the Gardaí.

The implications of these findings are that, despite the fears and intimidation associated with local drug markets, residents were prepared to engage with responses provided that they were focused on issues of local priority, such as open drug markets, on the drugs perceived locally as most serious, such as heroin, or where young people were involved.

Effective responses that seek to encourage community engagement will be those which reflect and act upon local communities' understanding of the causes of the problem, which prioritise community concerns and which are based

---

---

on a realistic appreciation of the complex way in which illicit drug markets interact with their host communities. The identification and agreement of such priorities in communities of often diverse interest groups and the reconciling of such priorities with those of state agencies is an important starting point in the development of an agreed response. How priorities are acted upon and resources used are of equal importance.

### 10.6.2 Prioritising harms and using resources to their maximum effect

*The ongoing monitoring of legislative and regulatory frameworks governing illicit substances with a view to pursuing changes where necessary (NDS 2009–2016)*

As discussed in section 3 and above, despite the difficulties associated with policing drug markets, research and evidence suggest that supply-reduction activities can contribute to the containment of drug markets and frustrate the expansion of new markets. Visible policing can also help alleviate some of the fears associated with local drug markets. In the street survey, when asked what was needed to reduce drugs and crime in the area, the majority of respondents across all four sites called for more Gardaí patrolling on the streets. Regular police patrolling can disrupt open drug markets and cause them to move continuously so that they do not gain a permanent visible presence. This can make them less accessible to people who may wish to experiment with drug use and it can alleviate the corrosive effect open drug scenes can have on local community morale and local businesses. A regular visible police presence is also very important in fostering interaction between the Gardaí and the local community, as community members become familiar with individual Garda members. Formalised meetings between the Gardaí and local residents can benefit from such interaction.

The main newly emerging drugs identified in the particular study locations were crack cocaine, cannabis herb and benzodiazepines. Each of these drugs raises different issues from a legal regulation and law-enforcement perspective and also in terms of the harms associated with them.

Clearly, the open dealing of crack cocaine and heroin which was identified in this study in sites A and D is particularly harmful to the local communities. Public displays of drug-market violence and the involvement of young people in drug distribution are also particularly harmful consequences of some of the drug markets studied here. The deployment of law enforcement and other resources towards addressing and alleviating the harms associated with such markets to the individuals involved, be they young sellers or drug users, as well as their host communities, and the limitations in available resources implies, necessarily, the strategic use of such resources.

During the preparation of the NDS, the Garda Síochána acknowledged that approximately 80% of drug prosecutions are for possession offences. Our research showed that most of those are for possession of small amounts of cannabis. The Steering Group involved in the preparation of the NDS highlighted the use of resources by the Garda Síochána, particularly in relation to the prioritisation of drug-related crime. The Steering Group expressed concern about the time being allocated by the Garda Síochána to the possession of cannabis for personal use. However, despite these concerns, most of the Steering Group were not in favour of legalising, decriminalising or changing/redefining the legal status of drugs. The justification presented by the Steering Group for this approach was that most of the general public opposed the recreational use of cannabis. Although a review of the drug control framework is beyond the scope of this study, it is an area that should be kept under constant review in light of EU and broader international experience and best practice.

Senior GNDU representatives and Garda drugs unit members in each location were asked for their views on the issue of resource prioritisation. GNDU management believed that cannabis possession prosecutions did not use up significant resources, particularly following the introduction of a case-tracking system. In addition, they held that such prosecutions could facilitate drug-related intelligence gathering in general. They also believed that the idea that

---

---

resources could be simply transferred from possession to supply was simplistic and did not reflect the reality of drug law-enforcement activity. However, other drug unit members interviewed explained that, depending on the circumstances of the case, they could spend quite significant amounts of time prosecuting such cases in court. At the same time, this and other research shows that local communities consistently highlight the necessity of having a visible police presence in the community as the best way to respond to drug-related crime. There is a clear need to reconcile these issues so that the Gardaí can spend more time patrolling local communities.

Many Garda members felt there was a need for discretion when dealing with different types of drugs. The recent development of a 'presumptive drug testing' system for personal possession of cannabis and cocaine has the potential to alleviate some of the pressure on FSL resources, and this is a positive step. The introduction of a cautioning system for certain drug offences might be another measure that could help reduce resource pressures. Ultimately, the objective of any such change should be to enable Garda resources to be best deployed so that the most harmful drug markets can be targeted and a greater focus put on community priorities.

A similar sense of prioritisation and proportion should inform all criminal justice responses, from policing to sentencing. For example, the increased use of arrest referral for young offenders or the use of alternatives to imprisonment for problematic drug users, such as the Drug Treatment Court, provide a more humane, effective and sustainable approach to the issues raised. With regard to those exploited by high-level drug-dealers to hold or transport drugs, such as children, dependent drug users or non-nationals from low-income countries, sentencing approaches need to be proportionate to the circumstances.

Similarly, although individuals may only be found in possession of a small quantity of drugs, where other evidence suggests that they are dedicated high level drug-dealers, this also needs to be considered. The development of the Irish Sentencing Information System by the Courts Service provides a useful resource through which a consistent approach to drug-related sentencing can be progressed. Ultimately, the importance of developing successful interventions at the highest levels of the market should remain a core focus of policy. Recent legislative changes introduced in response to organised crime and the development of a more formalised system of managing Garda informants offer potential in this respect.

### 106.3 Profiling drug markets, monitoring responses and further research

*Develop a mechanism for early identification and onward referral of substance misuse among under 18 year old service users in wider state, community and voluntary sector*

*Develop a drug intervention programme, incorporating a treatment referral option for people who come to the attention of the Gardaí and the Probation Service due to behaviour caused by substance misuse*

*(NDS 2009–2016)*

This study has utilised a range of methods to investigate the four drug markets studied. It has shown that there is quite a degree of diversity between markets across the four areas and also within each market. Although many of the harms associated with drug markets are similar, not all markets are equally harmful. Problem identification and priority setting conducted in collaboration with local communities is a prerequisite to the development of partnership approaches which seek community engagement with the responses developed.

The refocusing of drug law enforcement to address the particular harms needs to be complemented by the development of new measures to assess the full impact of such interventions. Further possible measures have been discussed in section 3. The development of new key indicators in the areas of drug-related crime, drug markets and

---

---

supply reduction is currently being considered by the European Commission and the European Monitoring Centre on Drugs and Drug Addiction. Traditional measures, such as arrest and seizure records, and even proxy measures, such as price and purity levels, although complementary, are inadequate on their own. More regular compilation of price and purity data at various market levels would however greatly facilitate comparative analysis, future research and impact assessment. With regard to drug purity, this study has presented the most comprehensive drug purity analysis yet conducted in Ireland. The analysis completed by the FSL also provides valuable information on drug adulterants, an important indicator as to how some of the harms associated with drugs are produced and, consequently, how they can be responded to.

Further assessment measures need to focus not only on the relative harms associated with different drugs but also on the overall impact or 'net outcomes' of law-enforcement and supply-reduction activities (Roberts et al. 2005). Objective measurements of the contribution of law enforcement to health and social programmes should also be developed in collaboration between all agencies (IDPC 2010). Data collected in the Garda Síochána PULSE system have provided us with a useful insight into routine drug law enforcement. It is suggested that this IT system has further potential to facilitate the measurement of partnership-based approaches. For example, the diversion of drug users to treatment and other social services could be recorded in PULSE as an outcome measure.

Further research in this area should improve our understanding of the scale and nature of the full range of drug market harms. Specific areas that would merit further research include higher-level drug market roles. Interviews with convicted drug suppliers conducted as part of this research suggest that this is an area which deserves closer attention. Also, the role of young people (aged under 18 years) in drug markets is an important issue arising from this and other recent studies in Ireland (Loughran and Mc Cann 2006; Connolly et al. 2008). Research is needed to help understand how and why young people become involved in local drug markets so as to inform future preventive work in this area.

## 10.7 Conclusion

Despite widespread concern about the societal impact of illicit drug markets and related crime, there has been an almost total absence of in-depth research and analysis of the organisation and impact of illicit drug markets in Ireland. Although significant resources are invested in responding to drug-related crime and other harms associated with the trade in illicit drugs, we have only a limited understanding of the impact of such interventions. Through in-depth research with people involved in the illicit drug market in Ireland, as drug users or sellers, as professionals responding to it or as residents affected by it, this research has filled a significant knowledge gap in this important area of Irish drug policy.

Drug markets are complex phenomena which do not allow for simple categorisation. The organisational structure can vary significantly from location to location and between drug types and so can the level of disruption they cause to local communities.

Understanding the organisation, scale, nature and dynamics of a drug market is a critical requirement for effective policy-making and interventions designed to disrupt their operation and minimise the associated harms. Despite the best efforts of drug law enforcement, illicit drug markets will be a feature of Irish society for the foreseeable future. Future responses need to prioritise the concerns of those communities most affected. They also need to be realistic and co-ordinated. Finally, they need to be evidence based: it is hoped that this research can contribute in that respect.

---



## REFERENCES

## REFERENCES

- Babor T, Caulkins J, Edwards G, Fischer B, Foxcroft D, Humphreys K, Obot I, Rehm J, Reuter P, Robin R, Rossow I and Strang J (2010) *Drug policy and the public good*. Oxford: Oxford University Press.
- Bean P (2002) *Drugs and Crime*. Devon: Willan Publishing.
- Bennett D (1988) Are they always right? Investigation and proof in a citizen anti-heroin movement. In Tomlinson M, Varley T and McCullagh C (eds) *Whose law and order? Aspects of crime and social control in Irish society*. Studies in Irish Society. Belfast: Sociological Association of Ireland.
- Bradshaw JS (1982) *Drug misuse in Dublin*. Dublin: Medico-Social Research Board.
- Bühringer G, Farrell M, Kraus L, Marsden J, Pfeiffer-Gerschel T, Piontek D, Karachaliou K, Kunsel J and Stillwell G (2009) *Comparative analysis of research into illicit drugs in the European Union*. Strasbourg: European Commission Directorate-General Justice, Freedom and Security.
- Burgess R (2003) *Disrupting crack markets: a practice guide*. London: Home Office.
- Campbell L (2010) Responding to gun crime in Ireland. *British Journal of Criminology*, 50(3): 414–34.
- Charleton P, McDermot PA and Bolger M (1999) *Criminal law*. Dublin: Butterworths.
- Connolly J (2001) *Community Policing Forum panel survey*. North Inner City Drugs Task Force. Unpublished.
- Connolly J (2002) *Community policing and drugs in Dublin: The North Inner City Community Policing Forum*. Dublin: North Inner City Drugs Task Force.
- Connolly J (2003) *Drugs, crime and community in Dublin: monitoring quality of life in the north inner city*. Dublin: North Inner City Drugs Task Force.
- Connolly J (2005a) *The Illicit drug market in Ireland*. HRB Overview Series 2. Dublin: Health Research Board.
- Connolly J (2005b) *Report on community policing for Oireachtas joint committee on justice, equality, defence and women's rights*. Dublin: Government publications.
- Connolly J (2006a) *Drugs and crime in Ireland*. HRB Overview Series 3. Dublin: Health Research Board.
- Connolly J (2006b) *Responding to open drug scenes and drug-related crime and public nuisance – towards a partnership approach*. Strasbourg: Council of Europe Pompidou Group.
- Connolly J and Morgan A (2007) Criminal Justice Act, 2007. *Drugnet Ireland*, 22: 10.
- Connolly J, Foran S, Donovan A, Carew A and Long J (2008) *Crack cocaine in the Dublin region: an evidence base for a Dublin crack cocaine strategy*. HRB Research Series 6. Dublin: Health Research Board.
- Connolly J (2010) Legal update 2009. *Drugnet Ireland*, 33: 22.
- Connolly J (2010a) Drug treatment court to continue operating. *Drugnet Ireland*, 35: 23.
- Coomber R (2006) *Pusher myths: re-situating the drug dealer*. London: Free Association Books.

- 
- Council of the European Union (2004) *EU Drugs Strategy 2005–2012*. Brussels: Council of the European Union.
- Council of the European Union (2008) *EU Drugs action plan for 2009–2012*. Brussels: Commission of the European Communities.
- Cox G, Comiskey C, Kelly P and Cronly J (2006) *ROSIE Findings 1: summary of 1-year outcomes*. Dublin: National Advisory Committee on Drugs.
- Cox G and Lawless M (1999) *Wherever I lay my hat... a study of out-of-home drug users*. Dublin: Merchants Quay Project.
- Cox G and Whitaker T (2009) *Drug use, sex work and the risk environment in Dublin*. Dublin: National Advisory Committee on Drugs.
- CSO (Central Statistics Office) (1999) *Quarterly National Household Survey: crime and victimisation*, available at: [www.cso.ie](http://www.cso.ie)
- CSO (Central Statistics Office) (2009) *Quarterly National Household Survey: Unemployment*, available at: [www.cso.ie](http://www.cso.ie)
- D’Arcy J (2000) *Drugs and community: an exploration of the nature and extent of drug use in the greater Blanchardstown area*. Dublin: Greater Blanchardstown Response to Drugs.
- Department of Community, Rural and Gaeltacht Affairs (2009) *National Drugs Strategy (interim) 2009–2016*. Dublin: Department of Community, Rural and Gaeltacht Affairs.
- Department of Justice, Equality and Law Reform (2009) *Garda Síochána Act 2005: local policing fora in local drugs task force areas guidelines*. Dublin: Department of Justice, Equality and Law Reform.
- Department of Justice, Equality and Law Reform (2010) *Review of the drug treatment court*. Dublin: Stationery Office, available at [www.justice.ie](http://www.justice.ie)
- Department of Tourism, Sport and Recreation (2001) *National Drugs Strategy 2001–2008*. Dublin: Stationery Office.
- Desroches F (2007) Research on upper level drug trafficking: a review. *Journal of Drug Issues*, 37 pp 271–75. California: Sage.
- Dooley E (2001) *Homicide in Ireland 1992–1996*. Dublin: Stationery Office.
- Dorn N, Murji K and South N (1992) *Traffickers: drug markets and law enforcement*. London: Routledge.
- Dorn N, Oette L and White S (1998) Drug importation and the bifurcation of risk: capitalization, cut outs and organised crime. *British Journal of Criminology*, 38(4): 537–60.
- Dorn N, Levi M and King L (2005) *Literature review on upper level drug trafficking*. United Kingdom. Home Office Online Report 22/05, available at: <http://www.policypointers.org/Page/View/1767>
- Edmunds M, Hough M and Urquia M (1996) *Tackling local drug markets*. Crime detection and prevention series. Paper No. 80. London: Home Office.
- EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) (2005) *Drug-related public nuisance: trends in policy and preventive measures*. Annual report 2005 – selected issues. Lisbon: EMCDDA.
-

- 
- EMCDDA (2006) *Annual report on the state of the drugs problem in the European Union and Norway*. Luxembourg: Office for Official Publications of the European Communities.
- EMCDDA (2009) *Drug offences: sentencing and other outcomes*. Lisbon: EMCDDA.
- Europol (2004) *2002 European Union organised crime report*. Online version available at: <http://www.europol.eu.int/>
- Europol (2009) OCTA 2009: *EU organised crime threat assessment*. The Hague: Europol.
- Fahey T (ed.) (1999) *Social housing in Ireland: a study of success, failure and lessons learned*. Dublin: Oak Tree Press.
- Farrell M and Barry J (2010) *The introduction of the Opioid Treatment Protocol*. Dublin: Health Service Executive.
- Flynn S and Yeates P (1985) *'Smack': the criminal drugs racket in Ireland*. Dublin: Gill & Macmillan.
- Furey M and Browne C (2004) *Opiate use and related criminal activity in Ireland 2000 & 2001*. Research report No. 4/03. Templemore: Garda Research Unit.
- Gilman M and Pearson G (1991) Lifestyles and law enforcement. In Whyne D and Bean P (eds), *Policing and prescribing*. Basingstoke: Macmillan.
- Goldstein P (1985) The drugs/violence nexus: a tripartite conceptual framework. *Journal of Drug Issues*, 15: 493–506.
- Hedrich D, Kerr T and Dubois-Arber F (2010) Drug consumption facilities in Europe and beyond. In Rhodes T and Hedrich D (eds) (2010) *Harm reduction: evidence, impacts and challenges*. Luxembourg: Publications Office of the European Union.
- Hough M, Mc Sweeney T and Turnbull P (2000) *Drugs and crime: what are the links?* A review prepared for DrugScope's submission to the Home Affairs Select Committee (The Runciman Committee). London: DrugScope, available at: [www.drugscope.org.uk](http://www.drugscope.org.uk)
- House of Commons Northern Ireland Affairs Committee (2003) *The illegal drugs trade and drug culture in Northern Ireland: interim report on cannabis*. Sixth report of session 2002–2003. London: The Stationery Office.
- International Drug Policy Consortium (2010) *Drug policy guide*, available at: [www.idpc.net](http://www.idpc.net)
- International Narcotics Control Board (INCB) (2004) *Report 2003*. New York: United Nations Publications.
- Jacobs K, Burke T, Green M, Saggors S, Mason RL and Barclay A (2007) *Making sense of partnerships: a study of police and housing department collaboration for tackling drug and related problems on public housing estates*. Project Report. National Drug Law Enforcement Research Fund. Tasmania: Australia.
- Keogh E (1997) *Illicit drug use and related criminal activity in the Dublin Metropolitan Area*. Dublin: An Garda Síochána.
- Kerr T, Small W and Wood E. (2005) The public health and social impacts of drug market enforcement: a review of the evidence, *International Journal of Drugs Policy*, 16, 210–20.
- Lawless M and Cox J (2003) Managing urban tensions – an integrated approach to drug-related anti-social behaviour in Dublin. In *Pieces of the jigsaw: six reports addressing homelessness and drug use in Ireland*. Dublin: Merchants Quay Ireland.
-

---

Lee M (1996) Community damage limitation through policing? In Dorn N, Jepsen J and Savona E (eds) *European drug policy and enforcement*. Basingstoke: Macmillan.

Loughran H and McCann ME (2006) *A community drugs study: developing community indicators for problem drug use*. Dublin: Stationery Office.

Lyder A (2005) *Pushers out: the inside story of Dublin's anti-drugs movement*. Victoria BC: Trafford.

Lupton R, Wilson A, May T, Warburton H and Turnbull PJ (2002) *A rock and a hard place: drug markets in deprived neighbourhoods*. Home Office Research Study 240. London: Home Office.

Mayock P (2000) *Choosers or losers? A study of drug use, young people and the inner city*. Dublin: University of Dublin.

May T and Hough M (2001) Illegal drugs: the impact of low-level police enforcement on drug markets. *European Journal on Criminal Policy and Research*, 9(2): 137–62.

May T and Hough M (2004) Drug markets and distribution systems. *Addiction Research & Theory*, 12(6): 549–63.

May T, Duffy M, Few B and Hough M (2005) *Understanding drug-selling in communities: insider or outsider trading*. York: Joseph Rowntree Foundation.

McAuliffe R and Fahey T (1999) Responses to social order problems. In Fahey T (ed.) *Social housing in Ireland: a study of success, failure and lessons learned*. Dublin: Oak Tree Press.

MacDonald M, Atherton S, Berto D, Bukauskas A, Graebisch C, Parasanau E, Popov I, Quaramah A, Stover H, Sarosi P, Valdaru K (2008) *Service provision for detainees with problematic drug and alcohol use in police detention: a comparative study of selected countries in the European Union*. Paper No.27 Helsinki: European Institute for Crime Prevention and Control.

McDowell J (2001) *Godfathers: Inside Northern Ireland's drugs racket*. Dublin: Gill & Macmillan.

McSweeney T, Turnbull PJ and Hough M (2008) *Tackling drug markets and distribution networks in the United Kingdom*. London: UK Drug Policy Commission.

Memery C and Kerrins L (2000) *Estate management and anti-social behaviour in Dublin: a study of the impact of the Housing (Miscellaneous Provisions) Act 1997*. Dublin: Threshold.

Ministerial Task Force on Measures to reduce the Demand For Drugs (1996) *First report of the Ministerial Task Force on Measures to reduce the Demand For Drugs*. Dublin: Stationery Office.

Moon D, Flatley J, Parfremment-Hopkins J, Hall P, Hoare J, Lau I and Innes J. (2011) *Perceptions of crime, engagement with the police, authorities dealing with antisocial behaviour and Community Payback: Findings from the 2010/11 British Crime Survey Supplementary Volume 1 to Crime in England and Wales 2010/11*.

Mooney J (2001) *Gangster: the inside story of John Gilligan, his drugs empire and the murder of journalist Veronica Guerin*. Edinburgh: Cutting Edge Press.

Moran R, O'Brien M, Dillon L, Farrell E and Mayock P (2001) *Overview of drug issues in Ireland 2000*. Dublin: Health Research Board.

---

---

Murphy-Lawless J (2002) *Fighting back: women and the impact of drug abuse on families and communities*. Dublin: Liffey Press.

National Advisory Committee on Drugs and Public Health Information and Research Branch (2008a) *Drug use in Ireland and Northern Ireland. 2006/2007 drug prevalence survey: cannabis results*. Bulletin 3. Dublin: National Advisory Committee on Drugs.

National Advisory Committee on Drugs and Public Health Information and Research Branch (2008b) *Drug use in Ireland and Northern Ireland. 2006/2007 drug prevalence survey: cocaine results*. Bulletin 4. Dublin: National Advisory Committee on Drugs.

National Advisory Committee on Drugs and Public Health Information and Research Branch (2009) *Drug use in Ireland and Northern Ireland. 2006/2007 drug prevalence survey: sedatives or tranquilisers and anti-depressants results*. Bulletin 6. Dublin: National Advisory Committee on Drugs.

Natarajan M (2000) Understanding the structure of a drug trafficking organisation: a conversational analysis. In Natarajan M and Hough M (eds) *Illegal drug markets: from research to prevention policy*. Monsey NY: Criminal Justice Press.

O'Connell M (2002) The portrayal of crime in the media – does it matter? In O'Mahony P (ed.) *Criminal justice in Ireland*. Dublin: Institute of Public Administration.

O'Donnell I, Teljeur C, Hughes N, Baumer E and Kelly A (2007) When prisoners go home: punishment, social deprivation and the geography of reintegration. *Irish Criminal Law Journal* 17(4): 3–9.

O'Higgins K (1999) Social order problems. In Fahey T (ed.) *Social housing in Ireland: a study of success, failure and lessons learned*. Dublin: Oak Tree Press.

O'Leary M (2009) *Intimidation of families*. Dublin: Family Support Network.

O'Mahony P (1997) Community vigilanteism: curse or cure? *Doctrine and Life*, 47.

O'Mahony P (2008) *The Irish war on drugs: the seductive folly of prohibition*. Manchester: Manchester University Press.

O'Sullivan E (2004) Homelessness in the Republic of Ireland. In Redmond D and Norris M (eds) *Housing in contemporary Ireland: economy, society, space and shelter*. Dublin: Institute of Public Administration.

Pearson G and Hobbs D (2001) *Middle market drug distribution*. Home Office Research Study 227. London: Home Office.

Pike B (2008) *Development of Ireland's drug strategy 2000–2007*. HRB Overview Series 8. Dublin: Health Research Board.

Putnam R (2000) *Bowling Alone: The collapse and revival of American community*. New York: Simon and Schuster.

Reuter P (1983) *Disorganised crime*. Cambridge, MA: MIT Press.

Reuter P and Kleiman M (1986) Risks and prices: An economic analysis of drug enforcement. *Crime and Justice: An Annual Review* 9, 128–79.

---

---

Reuter P, MacCoun R, Murphy P, Abrahamse A and Simon B (1990) *Money from crime: a study of the economics of drug-dealing in Washington DC*. Santa Monica, CA: RAND.

Reynolds P (1998) *King Scum: The life and times of Tony Felloni, Dublin's heroin boss*. Dublin: Gill & Macmillan.

Reuter P and Trautmann F (2009) *A report on global illicit drugs markets 1998–2007*. Brussels: European Commission.

Rhodes T and Hedrich D (eds) (2010) *Harm reduction: evidence, impacts and challenges*. Luxembourg: Publications Office of the European Union.

Roberts M, Trace M and Klein A (2005) *Law enforcement and supply reduction*. Report 3 in the Beckley Foundation Drug Policy Programme. London: DrugScope.

Robson C (2002) *Real world research: a resource for social scientists and practitioners*. Oxford: Blackwell.

Rourke S (2001) *Research project on people evicted from Dublin Corporation housing units in 1997 and 1998 for anti-social behaviour: final research report*. Dublin: EHB/Dublin Corporation Consultative Committee.

Ritter A (2006) Studying illicit drug markets: disciplinary contributions. *International Journal of Drug Policy*, 17: 221–8. Elsevier.

Ruggiero V and South N (1995) *Eurodrugs: drug use, market and trafficking in Europe*. London: UCL Press.

Sarantakos S (1998) *Social research*. Hampshire, Palgrave Macmillan.

Silke A (2000) Drink, drugs, and rock'n'roll: financing loyalist terrorism in Northern Ireland - part two. *Studies in Conflict & Terrorism*, 23(2): 107–27.

Sondhi A, O'Shea, and Williams T (2002) *Arrest referral: emerging findings from the national monitoring and evaluation programme*. DPAS briefing paper 18. London: Home Office Drug Prevention Advisory Service.

South (1995) *Drugs, crime and criminal justice*. Volume II. Aldershot: Dartmouth Publishing Company.

Stevens A, Trace M and Bewley-Taylor D (2005) *Reducing drug related crime: an overview of the global evidence*, available at: [www.beckleyfoundation.org](http://www.beckleyfoundation.org)

Stevens A, Stover H and Brentari C (2010) Criminal justice approaches to harm reduction in Europe. In Rhodes T and Hedrich D (eds) *Harm reduction: evidence, impacts and challenges*. Luxembourg: Publications Office of the European Union.

UK Drug Policy Commission (2009) *Refocusing drug-related enforcement to address harms*. London: UKDPC Publications.

UNODC (United Nations Office on Drugs and Crime) (2005) *2005 World drug report. Vol. 1: analysis*. New York: United Nations Publications.

UNODC (2010) *2010 World drug report*. New York: United Nations Publications.

Wagstaff A and Maynard A (1988) *Economic aspects of the illicit drug market and drug enforcement policies in the United Kingdom*. Home Office Research Study 95. London: Home Office.

---

---

Wall H (2004) *Comparative overview of public nuisance with regard to open drug scenes and of different approaches taken by European countries to address them*. Presentation to the 2nd meeting of the Pompidou Group Expert Forum on Criminal Justice, Strasbourg, 18–19 November 2004.

Walsh D (2002) *Criminal Procedure*. Dublin: Thomson Round Hall.

White HR and Gorman DM (2000) Dynamics of the drug-crime relationship. In *Criminal justice 2000: the nature of crime, continuity and change*. Washington: US Department of Justice.

Williams P (1995) *The General. Godfather of crime*. Dublin: O'Brien Press.

Williams P (2001) *Evil empire: John Gilligan, his gang and the execution of journalist Veronica Guerin*. Dublin: Merlin Publishing.

Williams P (2003) *Crime Lords*. Dublin: Merlin Publishing.

Wilson L and Stevens A (2008) *Understanding drug markets and how to influence them*. Report 14. The Beckley Foundation Drug Policy Programme, available at: [www.beckleyfoundation.org](http://www.beckleyfoundation.org)

Wright A, Waymont A and Gregory F (1993) *Drug units: drug law enforcement and intelligence in England and Wales*. London: Police Foundation.

---



## APPENDIX 1 - STREET SURVEY OF RESIDENTS

## APPENDIX 1 - STREET SURVEY OF RESIDENTS

### Alcohol and Drug Research Unit, Health Research Board

AFTER ENGAGING WITH RESPONDENT GIVE THEM AN INFORMATION LEAFLET.

EXPLAIN THAT THE INTERVIEW IS CONFIDENTIAL AND ALL RESPONSES ARE ANONYMOUS. THE RESPONSES WILL ONLY BE USED TO GET ON OVERALL PICTURE OF DRUGS AND CRIME IN THE AREA.

MAKE IT CLEAR THAT NO INFORMATION WILL BE GIVEN TO THE GARDA SÍOCHÁNA.

BEFORE CONTINUING, CHECK THAT THE RESPONDENT IS HAPPY TO BE INTERVIEWED

### Section 1 Administration details

#### 1. Interview location (please tick relevant box)

**Tick one box only**

- |   |                          |    |
|---|--------------------------|----|
| Outside Church                            | <input type="checkbox"/> | 1  |
| Main street                               | <input type="checkbox"/> | 2  |
| Side street                               | <input type="checkbox"/> | 3  |
| Outside public bar                        | <input type="checkbox"/> | 4  |
| Shopping Centre                           | <input type="checkbox"/> | 5  |
| Outside local hall                        | <input type="checkbox"/> | 6  |
| Outside office block or industrial estate | <input type="checkbox"/> | 7  |
| In local park                             | <input type="checkbox"/> | 8  |
| Outside local school                      | <input type="checkbox"/> | 9  |
| In main park                              | <input type="checkbox"/> | 10 |
| Outside post office                       | <input type="checkbox"/> | 11 |
| In a shop                                 | <input type="checkbox"/> | 12 |
| In a café / restaurant / pub              | <input type="checkbox"/> | 13 |
| In other premises                         | <input type="checkbox"/> | 14 |
| Other, please specify:                    | <input type="checkbox"/> | 12 |

---



---

#### 2a. Date of interview

DD   MM   YY  0  8

#### 2b. Hour that interview commenced (24 hour clock)

:00

#### 2c. Interviewer name

#### 2d. Interview location

---

## Section 2: Interviewee details – to be completed by all respondents

### 3. Gender of respondent? [DON'T ASK - TICK ON THE BASIS OF OBSERVATION]

**Tick one box only**

- Male  1  
 Female  2

### 4a. Do you live in [NAME OF AREA]?

**Tick one box only**

- Yes  1 GO TO QUESTION 4B  
 No  2 GO TO QUESTION 4B

### 4b. Do you work in [NAME OF AREA]?

**Tick one box only**

- Yes  1 GO TO QUESTION 5  
 No  2 TERMINATE THE INTERVIEW

**IF RESPONDENT LIVES AND WORKS IN THE AREA, ASK QUESTIONS ON THE BASIS THAT THEY LIVE IN THE AREA.**

### 5. Which of the following age bands do you fall into? [SHOW CARD No. 5]

**Tick one box only**

- Under 18  1 IF UNDER 18 THEN TERMINATE THE INTERVIEW  
 18-24  2 GO TO NEXT SECTION  
 25-34  3 GO TO NEXT SECTION  
 35-64  4 GO TO NEXT SECTION  
 65+  5 GO TO NEXT SECTION

**IF RESIDENT, GO TO SECTION 3**

**IF NON RESIDENT BUT WORKS IN THE AREA, GO TO SECTION 4**

## Section 3: To be completed by residents

### 6. In general, how would you rate this area as a place to live? [SHOW CARD No. 6]

**Tick one box only**

- A very good place to live  1  
 A fairly good place to live  2  
 Neither good nor bad place to live  3  
 A fairly bad place  4  
 A very bad place  5
-

**7. What do you feel are the benefits you or your family have experienced from living in [NAME OF AREA] DO NOT READ LIST BUT TICK ALL RELEVANT BOXES**

**IF NECESSARY, NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**IF WORKING IN THE AREA, CONTINUE OTHERWISE GO TO Q 9**

**8. What are the benefits to working in [NAME OF AREA]?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**9. I'm going to ask you to tell me how much of a problem the following things are in the area where you live. I need you to tell me if you think they are 'not a problem at all', 'not a very big problem', 'a fairly big problem' or 'a very big problem'. [SHOW CARD No 9]**

**How much of a problem are/is....**

*- Large groups of teenagers hanging around on the streets?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Rubbish or litter lying around?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Vandalism and graffiti*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Deliberate damage to property or vehicles?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- People being attacked or harassed because of their skin colour or ethnic origin?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- People being drunk or rowdy in public places?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Under age drinking?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Abandoned or burnt out cars?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- People being insulted, pestered or intimidated in the street?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Derelict buildings or boarded up properties*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Noise OUTSIDE YOUR HOME from people out late at night*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

*- Nuisance neighbours?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

**10. Are there any other issues not mentioned that you believe are a problem in the area in which you live?**

	Any other problems in the area	New Code
1		
2		
3		
4		
5		

**IF DRUGS ARE STATED AS PROBLEM IN QUESTION 10 ABOVE THEN GO TO Q 12 IF NOT THEN CONTINUE BELOW.**

**11a. Do you think misuse of substances such as alcohol, sedatives/tranquillisers and illegal drugs\* are a problem in the area in which you live?**

**\*Illegal drugs in this context are amphetamines (stimulants, speed), cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms. Although not illegal, also think about other substances like poppers, solvents and benzodiazepine [SHOW CARD IF RESPONDENT IS NOT SURE].**

**Tick one box only**

- Yes  1    GO TO QUESTION 11b
- No  2    GO TO QUESTION 15A
- Don't Know  3    GO TO QUESTION 15A

**11b. To what extent is it a problem? Would you say it was 'a very big problem', 'a fairly big problem', or 'not a big problem'?**

**Tick one box only**

- A very big problem  1
- A fairly big problem  2
- Not a big problem'  3

---

**12. And how do you come to that opinion?**

CODES									

**13. What impact do you think illegal drugs have on the area in which you live?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**14. From your experience, what do you think are the causes of drug in the area where you live?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**15a. In the area where you live, in the last year have you seen anyone taking drugs?**

**Tick one box only**

- Yes  1 [GO TO QUESTION 15b](#)  
 No  2 [GO TO QUESTION 16](#)

**15b. If Yes to Question 15a, Have you seen anyone...**

**Tick one box only**

- Smoking drugs?  1  
 Injecting drugs?  2  
 Snorting drugs?  3  
 Swallowing drugs?  4

**16. In the last year have you found or seen any syringes or needles discarded in the area in which you live?**

**Tick one box only**

- Yes  1  
 No  2

**17a. Are there places in this area that you would actively avoid**

- Yes  1 [GO TO QUESTION 17B](#)  
 No  2 [GO TO QUESTION 18A](#)  
 Don't Know  3 [GO TO QUESTION 18A](#)
-

**17b. Please ask the respondent to identify the place they avoid and enter responses in the box below. Get as specific answer as possible.**

.....then ask the respondent for the exact reason why the respondent would avoid each place – if generally feel unsafe – probe why and

.....then ask the respondent what time of the day they would avoid the area

	Areas that respondent would avoid	Main Reason that respondent would avoid each of these areas	Times that you would avoid the area
1			
2			
3			
4			
5			
6			

**18a. Over the last year have you been aware of any Garda activity in the area you live?**

**Tick one box only**

- Yes  1 [GO TO QUESTION 18B](#)
- No  2 [GO TO QUESTION 19A](#)

**18b. What activity have you been aware of?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**19a. Have you ever had any information about drug related activity such as drug-dealing or anti-social behaviour that you have reported to the Gardaí?**

**Tick one box only**

- Yes once  1 [GO TO QUESTION 19B](#)
- Yes, more than once  2 [GO TO QUESTION 19B](#)
- No  3 [GO TO QUESTION 19D](#)

---

**19b. If yes to 19a, Was this in the last 3 years?**

**Tick one box only**

- Yes  1  
 No  2

**19c. If yes to 19a, The last time you reported information, what happened as a consequence of you passing on this information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**19d. If no to 19a, If you did have any information about drug-dealing, would you pass it to the Gardaí?**

**Tick one box only**

- Yes  1 GO TO QUESTION 20a  
 Maybe  2 GO TO QUESTION 19e  
 No  3 GO TO QUESTION 19e

**19e. If no / maybe to 19d, what is the main reason you would not / might not pass on information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**20a. If you were aware that a young person that you know was becoming involved in drug-dealing would you tell anyone?**

**Tick one box only**

- Yes  1 GO TO QUESTION 20B  
 No  2 GO TO QUESTION 20C  
 Don't Know  3 GO TO QUESTION 20C

**20b. Who would you tell?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**GO TO QUESTION 21A**

---

**20c. If No to 20a, Why would you not tell someone?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**21a. We're also asking everyone about whether they've been offered stolen goods. Has someone you thought was a drug user ever offered you goods you thought may have been stolen?**

**Tick one box only**

- Yes  1 GO TO QUESTION 21B
- No  2 GO TO QUESTION 22A

**21b. If yes to 21a, How often have you been offered stolen goods from a person you thought was a drug user?**

**Tick one box only**

- Never  1
- Seldom  2
- Sometimes  3
- Often  4
- Very often  5

**Fear of crime/crime victimisation**

**22a. Do you worry about the possibility that you, or anyone else who lives with you, might become a victim of crime?**

**Tick one box only**

- Yes  1 GO TO QUESTION 22B
- No  2 GO TO QUESTION 23

**22b. What type(s) of crime do you worry about most? [DO NOT READ LIST BUT TICK MOST RELEVANT BOX]**

**Tick one box only**

- Personal injury  1
- Property theft or damage  2
- Both personal injury and property theft or damage  3
- Other, please specify  4

**23. How safe do you feel alone in your home at night [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]?**

1	2	3	4
Very unsafe	Unsafe	Safe	Very safe

**24. How safe do you feel walking alone in the area you live after dark? [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

1	2	3	4
Very unsafe	Unsafe	Safe	Very safe

**25. In the last year, would you say your feelings of safety in the area that you live had: [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

0	1	2	3
Unable to comment	Decreased	Stayed the same	Increased

**26a. Have you been a victim of crime in the last year?**

**Tick one box only**

- Yes  1 GO TO QUESTION 26B  
 No  2 CONFIRM RESPONSE BY SHOWING LIST OF OFFENCES.  
 IF STILL NO THEN GO TO QUESTION 27

**26b. Which of the following crimes have you been the victim of in the last year? [SHOW CARD no. 26b]**

**Tick one box only**

- Theft from your person  1  
 Theft from your home  2  
 Theft from your business or at work  3  
 Theft from your vehicle  4  
 Attempted theft of your vehicle  5  
 Theft of your vehicle  6  
 Attempted burglary  7  
 Burglary  8  
 Fraud / forgery / deception  9  
 Was in a fight  10  
 Was assaulted  11  
 Property vandalised  12  
 Criminal damage to property  13  
 Harassment  14  
 Other, please specify  15

---

**26c. Did any of these crimes occur in the area in which you live?**

- Tick one box only**
- |                                     |                          |    |
|-------------------------------------|--------------------------|----|
| Theft from your person              | <input type="checkbox"/> | 1  |
| Theft from your home                | <input type="checkbox"/> | 2  |
| Theft from your business or at work | <input type="checkbox"/> | 3  |
| Theft from your vehicle             | <input type="checkbox"/> | 4  |
| Attempted theft of your vehicle     | <input type="checkbox"/> | 5  |
| Theft of your vehicle               | <input type="checkbox"/> | 6  |
| Attempted burglary                  | <input type="checkbox"/> | 7  |
| Burglary                            | <input type="checkbox"/> | 8  |
| Fraud / forgery / deception         | <input type="checkbox"/> | 9  |
| Was in a fight                      | <input type="checkbox"/> | 10 |
| Was assaulted                       | <input type="checkbox"/> | 11 |
| Property vandalised                 | <input type="checkbox"/> | 12 |
| Criminal damage to property         | <input type="checkbox"/> | 13 |
| Harassment                          | <input type="checkbox"/> | 14 |
| Other, please specify               | <input type="checkbox"/> | 15 |

**26d. Was a weapon(s) used in any of the crimes experienced in the last year**

- Tick one box only**
- |            |                          |   |                    |
|------------|--------------------------|---|--------------------|
| Yes        | <input type="checkbox"/> | 1 | GO TO QUESTION 26E |
| No         | <input type="checkbox"/> | 2 | GO TO QUESTION 26F |
| Don't Know | <input type="checkbox"/> | 3 | GO TO QUESTION 26F |

**26e. What weapon(s) was/were used during any of the crimes experienced in the last year?**

- Tick one box only**
- |                                 |                          |   |
|---------------------------------|--------------------------|---|
| Knife                           | <input type="checkbox"/> | 1 |
| Gun / rifle                     | <input type="checkbox"/> | 2 |
| Syringe / needle                | <input type="checkbox"/> | 3 |
| Screwdriver                     | <input type="checkbox"/> | 4 |
| Club / stick                    | <input type="checkbox"/> | 5 |
| Bottle or other glass container | <input type="checkbox"/> | 6 |
| Other, please specify           | <input type="checkbox"/> | 7 |

**26f. Did you report the most recent incident experienced in the last year to the Gardaí?**

- Tick one box only**
- |     |                          |   |                    |
|-----|--------------------------|---|--------------------|
| Yes | <input type="checkbox"/> | 1 | GO TO QUESTION 27  |
| No  | <input type="checkbox"/> | 2 | GO TO QUESTION 26G |
-

**26g. What was your main reason for not reporting the most recent incident to the Gardaí?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**27. How effective do you feel the Gardaí are in dealing with crime in the area? Are they...**

**[SHOW CARD no. 27]**

**Tick one box only**

- Very effective      1
- Effective             2
- Not effective         3
- Don't know           4

**28. Do you know any uniformed Gardaí in the area in which you live by name?**

**Tick one box only**

- Yes                     1
- No                      2

**29. Have you ever spoken to a Garda about the area in which you live?**

**Tick one box only**

- Yes                     1
- No                      2

**30. I'm going to read out four statements and I need you to tell me the extent to which you agree or disagree with each one. You can say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. [SHOW CARD no. 30]**

**a. I like my neighbourhood/area**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**b. I would recommend my neighbourhood/area as a place to live in**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**c. My neighbours are very helpful and friendly**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**d. I do not want to move away from my neighbourhood/area**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**31. What more could be done to reduce drugs and crime in the area where you live?**

	Measures to improve the area	New Code
1		
2		
3		
4		
5		

**GO TO SECTION 5**

**Section 4: To be completed by non residents who work in area**

**32. In general, how would you rate this area as a place to work? [SHOW CARD No. 32]**

**Tick one box only**

- A very good place to work  1
- A fairly good place to work  2
- Neither good nor bad place to work  3
- A fairly bad place  4
- A very bad place  5

**33. What are the benefits to working in [NAME OF AREA]?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

34. I'm going to ask you to tell me how much of a problem the following things are in the area where you work. I need you to tell me if you think they are 'not a problem at all', 'not a very big problem', 'a fairly big problem', or 'a very big problem'. [SHOW CARD No 34]

**How much of a problem are/is....**

- *Large groups of teenagers hanging around on the streets?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *Rubbish or litter lying around?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *Vandalism and graffiti*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *Deliberate damage to property or vehicles?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *People being attacked or harassed because of their skin colour or ethnic origin?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *People being drunk or rowdy in public places?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *Under age drinking?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *Abandoned or burnt out cars?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *People being insulted, pestered or intimidated in the street?*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

- *Derelict buildings or boarded up properties*

Not a problem at all  1    Not a very big problem  2    Fairly big problem  3    A very big problem  4

35. Are there any other issues not mentioned that you believe are a problem in the area in which you work?

	Any other problems in the area	New Code
1		
2		
3		
4		
5		

**IF DRUGS ARE STATED AS PROBLEM IN QUESTION 35 ABOVE THEN GO TO Q 37 IF NOT THEN CONTINUE BELOW.**

**36a. Do you think misuse of substances such as alcohol, sedatives/tranquillisers and illegal drugs\* are a problem in the area in which you work?**

**\*Illegal drugs in this context are amphetamines (stimulants, speed), cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms. Although not illegal, also think about other substances like poppers, solvents and benzodiazepine [SHOW CARD IF RESPONDENT IS NOT SURE].**

**Tick one box only**

- Yes  1 GO TO QUESTION 36b
- No  2 GO TO QUESTION 41A
- Don't Know  3 GO TO QUESTION 41A

**36b. To what extent is it a problem? Would you say it was 'a very big problem', 'a fairly big problem', or 'not a big problem'?**

**Tick one box only**

- A very big problem  1
- A fairly big problem  2
- Not a big problem'  3

**37. And how do you come to that opinion?**

CODES									

**38. What impact do you think illegal drugs have on the area in which you work?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**39. What impact do you think misuse or problem drug use has on the business where you work?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**40. From your experience, why do you think misuse of drugs are a problem in the area you work?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

---

**41a. In the area where you work, in the last year have you seen anyone taking drugs?**

**Tick one box only**

- Yes  1 [GO TO QUESTION 41B](#)  
 No  2 [GO TO QUESTION 42](#)

**41b. If Yes to Question 40a, Have you seen anyone...**

**Tick one box only**

- Smoking drugs?  1  
 Injecting drugs?  2  
 Snorting drugs?  3  
 Swallowing drugs?  4

**42. In the last year have you found or seen any syringes or needles discarded in the area in which you work?**

**Tick one box only**

- Yes  1  
 No  2

**43a. Are there places in this area that you would actively avoid**

**Tick one box only**

- Yes  1 [GO TO QUESTION 43B](#)  
 No  2 [GO TO QUESTION 44A](#)  
 Don't Know  3 [GO TO QUESTION 44A](#)

**43b. Please ask the respondent to identify the place they avoid and enter responses in the box below. Get as specific answer as possible.**

.....then ask the respondent for the exact reason why the respondent would avoid each place – if generally feel unsafe – probe why and

.....then ask the respondent what time of the day they would avoid the area

	Areas that respondent would avoid	Main Reason that respondent would avoid each of these areas	Times that you would avoid the area
1			
2			
3			
4			
5			
6			

---

**44a. Over the last year have you been aware of any Garda activity in the area you work?**

**Tick one box only**

- Yes  1 GO TO QUESTION 44B
- No  2 GO TO QUESTION 45A

**44b. What activity have you been aware of?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**45a. Have you ever had any information about drug related activity such as drug-dealing or anti-social behaviour that you have reported to the Gardaí?**

**Tick one box only**

- Yes once  1 GO TO QUESTION 45B
- Yes, more than once  2 GO TO QUESTION 45B
- No  3 GO TO QUESTION 45D

**45b. If yes to 45a, Was this in the last 3 years?**

**Tick one box only**

- Yes  1
- No  2

**45c. If yes to 45a, The last time you reported information, what happened as a consequence of you passing on this information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**45d. If no to 45a, If you did have any information about drug-dealing, would you pass it to the Gardaí?**

**Tick one box only**

- Yes  1 GO TO QUESTION 46a
- Maybe  2 GO TO QUESTION 45e
- No  3 GO TO QUESTION 45e

**45e. If no / maybe to 45d, what is the main reason you would not / might not pass on information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**46a. If you were aware that a young person that you know was becoming involved in drug-dealing would you tell anyone?**

**Tick one box only**

- Yes  1 GO TO QUESTION 46B  
 No  2 GO TO QUESTION 46C  
 Don't Know  3 GO TO QUESTION 46C

**46b. Who would you tell?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

GO TO QUESTION 47a

**46c. If No to 46a, Why would you not tell someone**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

**47a. We're also asking everyone about whether they've been offered stolen goods. Has someone you thought was a drug user ever offered you goods you thought may have been stolen?**

**Tick one box only**

- Yes  1 GO TO QUESTION 47B  
 No  2 GO TO QUESTION 48

**47b. If yes to 47a, How often have you been offered stolen goods from someone you thought was a drug user?**

**Tick one box only**

- Never  1  
 Seldom  2  
 Sometimes  3  
 Often  4  
 Very often  5

## Fear of crime/crime victimisation

**48. How safe do you feel walking alone in the area you work after dark?**

**[READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

1	2	3	4
Very unsafe	Unsafe	Safe	Very safe

**49. In the last year, would you say your feelings of safety in the area that you work had:**

**[READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

0	1	2	3
Unable to comment	Decreased	Stayed the same	Increased

**50a. Have you been a victim of crime in the last year?**

**Tick one box only**

- Yes  1 **GO TO QUESTION 50B**  
 No  2 **CONFIRM RESPONSE BY SHOWING LIST OF OFFENCES.  
 IF STILL NO THEN GO TO QUESTION 51**

**50b. Which of the following crimes have you been the victim of in the last year?**

**[SHOW CARD no. 50b]**

**Tick one box only**

- Theft from your person  1
- Theft from your home  2
- Theft from your business or at work  3
- Theft from your vehicle  4
- Attempted theft of your vehicle  5
- Theft of your vehicle  6
- Attempted burglary  7
- Burglary  8
- Fraud / forgery / deception  9
- Was in a fight  10
- Was assaulted  11
- Property vandalised  12
- Criminal damage to property  13
- Harassment  14
- Other, please specify  15



---

**51. How effective do you feel the Gardaí are in dealing with crime in the area? Are they...**  
**[SHOW CARD no. 51]**

**Tick one box only**

- Very effective  1  
 Effective  2  
 Not effective  3  
 Don't know  4

**52. Do you know any uniformed Gardaí in the area in which you work by name?**

**Tick one box only**

- Yes  1  
 No  2

**53. Have you ever spoken to a Garda about the area in which you work?**

**Tick one box only**

- Yes  1  
 No  2

**54. What more could be done to reduce drugs and crime in the area where you work?**

	<b>Any other problems in the area</b>	<b>New Code</b>
1		
2		
3		
4		
5		

---

## 5. Demographics

### 55. Which of the following best describe your ethnic background? [SHOW CARD 55]

**Tick one box only**

- White Irish  1
- White Irish Traveller  2
- Any Other White Background  3
- Black African Background  4
- Any Other Black Background  5
- Chinese Background  6
- Any other Asian Background  7
- Other, please specify  8

### 56a. Which of the following best describe your living situation? [SHOW CARD 56a]

**Tick one box only**

- House or apartment rented from local authority or voluntary group  1
- Private rented house or apartment  2
- Owned house or apartment  3
- Other, please specify  4

### 57. Who do you live with or do you live alone?

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

CODES									

### 58a. Do you have any dependants?

**Tick one box only**

- Yes  1 **GO TO QUESTION 58B**
- No  2 **GO TO QUESTION 59a**

### 58b. Who are your dependants?

**Tick one box only**

- Child / children under 18  1 How many?
- Child / children over 18  2 **GO TO QUESTION 59a**
- Elderly relative  3 **GO TO QUESTION 59a**
- Dependant spouse / partner  4 **GO TO QUESTION 59a**
- Dependant relative  5 **GO TO QUESTION 59a**
- Other, please specify  6 **GO TO QUESTION 59a**

---

**58c. If have children under 18 in Q58b, are any of these children living at home with you?**

**Tick one box only**

- Yes  1  
No  2

**59a. Which of the following welfare benefits do you receive? [SHOW CARD No.59a]**

**Tick one box only**

- Lone parent allowance  1  
Widow's / widower's pension  2  
Unemployment benefit  3  
Disability benefit  4  
Supplementary welfare  5  
Children's welfare allowance  6  
Carer's allowance  7  
State non-contributory pension  8  
State contributory pension  9  
Private pension  10  
Other, please specify  11  
None  12

**59b. Which of the following best describes your current situation? [SHOW CARD 59b]**

**Tick one box only**

- Unemployed  1  
Full time employed  2  
Part time employed  3  
Full time carer  4  
Retired or pensioner  5  
Student or trainee  6  
Working in the family home  7  
Other, please state  8

**THANK RESPONDENT FOR THEIR TIME AND FINISH INTERVIEW**

---





## APPENDIX 2 - INTERVIEW SCHEDULE

## APPENDIX 2 - INTERVIEW SCHEDULE

### Illicit Drug Market Study Interview schedule A Semi-Structured Section

**A. Begin with general conversation to put interviewee at their ease. Thank them for their participation.**

**Identify location by code and interview number**

**B. Explain the research to the interviewee and highlight the importance of their input.**

This research is being carried out by the Alcohol and Drug Research Unit of the Health Research Board on behalf of the National Advisory Committee on Drugs. The aim of this research is to find out about illicit drug markets in Ireland. We are interested in learning about the nature, organisation and structure of Irish drug markets. We also want to examine the various factors which can influence the development of local drug markets and the impact of drug dealing and drug markets on local communities. We also wish to describe and assess interventions in drug markets with a view to identifying what further interventions are needed. At the end of the research we will write a report which will be used to inform future policy responses in this area.

**C. Show them the consent form and ask them to sign it. Remind them that the research is voluntary and that all data collected will be anonymous. Explain that they can terminate the interview at any stage and that refusal to take part will not affect their attendance at this service. If not in a prison setting, ask their permission to record the interview and explain what will happen to the tape after the interview. Inform them about the gratuity token and offer to answer any questions they may have.**

Anything that you tell the researcher will be strictly confidential. Only members of the research team will have access to this information and it will not be given to any outside agencies such as the probation, police or the prison service. You will be asked to tell us your age and the area where you live but you will not be asked for your name or any other identifying details. The data will be stored on a secure password protected computer. The tape will be destroyed at the end of the study.

If you have any questions or problems regarding this research you can contact the project manager.

**D. Explain to the interviewee that the schedule is split into two sections: a semi-structured section and a structured section. The semi-structured section will be a conversation but with set topics covered. The structured section is a table which looks at current drug prices.**

**Thanks them again and offer any refreshments if available.**

---

## 1) Profile information

### I just have some specific profile questions to ask before we begin.

- Area of residence
- Age
- Ethnic background
- Accommodation status [rent from local authority, own house or apartment etc]
- Live alone/with people [parents, spouse, children, friends]
- Dependents [Children over/under 18, elderly relative, spouse/partner]
- Current employment situation [Full/part time employment, unemployed, student]
- Main source of income
- Age left school and formal qualifications

### 2) Early drug use

Do you use drugs?

Could you tell me about your introduction into drugs use?

- age first drank alcohol regularly
- age first used illicit drugs
- who introduced to drugs
- what drug first used
- did parents use drugs
- did other family members use drugs

### 3) Personal drug use

Do you consider yourself a dependent drug user? (Explain term dependent – problematic/ addicted)

- Main drug of dependency
- How many days used this drug in the last month
- How much consumed on an average day in the last month
- How old were you when first used this drug
- Average weekly spend on drugs

### 4) Paying for drugs

How do you fund your drug use? (READ OUT LIST BELOW)

- Wages
  - Social welfare
  - Crime – theft/burglary/shoplifting
  - Sex work
  - Dealing drugs
-

### 5) Buying drugs

How do you typically buy drugs?

- Buy from strangers on the street? Phone/exchange on street)
- How many sellers do you buy from?
- How do you pay for drugs [e.g. cash, stolen goods, credit, sex etc]
- If you commit crime is this in your own community or in outside areas?

### 6) Selling drugs

Have you ever sold drugs?

Have you ever sold drugs to friends? If yes:

- When?
- What circumstances?
- How often?
- What drugs

How did you become involved in drug dealing?

- Involved since when
- Why become involved
- What drugs?
- What quantity?
- How did you become involved/where did you gain knowledge to start
- Who got you involved –relationship to them and their role in the market
- Personal circumstances at the time
- What money was needed to start and where did you get it
- Did you have to pay it back?
- How easy was it to enter the market? – was it a struggle?
- Involved in any other crime?
- What legal jobs or business involved in?

I would like to discuss your career within the drug trafficking environment. I would like you to think about it across time from the beginning to the end and the changes that there were. I am going to ask you questions under the categories of types and quantities of drugs, roles conducted and people worked with.

### 7) Types and quantities of drugs

What drug(s) do you sell

- Always sold only one drug?/ Proportions of different drugs sold?
  - If changed –why change the type of drug?
  - Why do you sell this particular drug (personal drug use, demand, profit, easy to sell)
-

---

What are the typical quantities of drugs you sell per week?

- Average amount per week in weight that you sell of this drug
- Average amount per week that you buy of this drug (Euros)
- Average amount per week that you sell of this drug (Euros)

Have these quantities change over time?

- Have you increased the amount you sell over time? Why? How?

Have you attempted to expand your dealing business?

- If so what factors are important in allowing/making this happen?
- If not, what factors prevented you from doing this?

### **8) Structure of local market**

How would you describe the structure of selling in your market in general?

- Involvement of families [old or new families, when did they emerge]
- Gangs [old or young people, when did they emerge]
- A pyramid structure
- A Mr. Big
- A free for all?

Are there people selling drugs for others? [couriers/runners]

- role in buying and selling drugs
- profile of runners (age, gender, drug users, locals, outsiders)
- relationship of runners to dealers (family, neighbors etc)
- runners approach dealers to sell or vice versa

Are sellers mostly local or have they moved into the area?

### **9) Roles conducted and methods of working**

Role conducted when started dealing?

- What did you do, job

Did your role remain the same throughout involvement?

What factors are important for a successful deal?

- reliable supplier/ buyer
- management of risk
- planning

Why did you carry on dealing drugs?

Would you consider becoming a more established seller?

- Why/why not?
-

---

### 10) Working relationships

[Questions will vary according to what role participant plays in drug market]

Who do you work with and what are their roles?

- Bosses, suppliers, runners, transporters etc....
- How to identify people to work with?
- How many suppliers, customers, workers etc?
- Skills needed?
- Did people change, how?
- How do you pay them-what does pay depend on?
- How are you paid-what will pay depend on?
- Risks working with others?
- How assess if safe to work with?
- Ever any conflict-violence?
- Ever felt the threat of violence, how, why?
- Factors made you trust or distrust someone?
- How communicate with them – directly, through a third party, always same way or change methods, who initiated contacts?

### 11) Method of working

Can you describe your method of working?

How do you sell drugs? (strangers on street/phone contact and arrange exchange)

- How are you normally contacted?
- Why do you sell this way?
- How long have you sold this way?
- Have you always sold drugs in this way – if no: why change?

Do you only sell drugs in this community?

- Why do you sell in this particular area?

### 12) Costs and price

Do you keep a track of the costs of doing a deal?

- What costs are there?
- Average profit?

What factors affect the price you sell your drugs for?

- Availability
  - Competition
  - Selling to friend/ acquaintance
  - Quality of product, volume.
-

---

Did you ever pay more than usual for drugs? If so, did you sell them on for more or reduce the purity or reduce the weights?

If the costs of the person you bought the drugs from increased do you think these were passed on to you? How?

- Increased price, decreased purity, reducing weights?

Ever do anything to try and reduce how much a drug deal costs you?

- Change suppliers, cheaper transport, reduce weights, decrease purity, cheaper wages

### 13) Customers

Who do you sell to? (Strangers, friends, acquaintances)

- How acquire these customers
- How many customers do you have?
- Did you usually have customers lined up when you purchase drugs?
- Ever attempt to sell drugs to new customers/customers you don't know?

Do you use marketing strategies to find new customers?

- Deal party packs, diversify products
- Deal outside clinics
- Do customers find you or do you look for them?

Do you charge different prices to different customers?

- When, why, location, how well you know them

Were there ever conflicts with your customers over price or purity?

- Why, when, how resolved

Are there fluctuations in demand from customers?

- Low demand, high demand, how did you respond to changes in demand?

Did you ever lose any customers?

- When, why, location

### 14) Competition:

Do you know people dealing in the same type of and quantities of drugs as you in your local area?

- how many
  - aware of their prices
  - discuss prices with them
  - fix prices with them
-

---

Do you tend to compete or collaborate with them?

- Fix areas for dealing with them
- Fix which customers to sell to
- People cut their prices to compete
- Share information on cheaper suppliers
- Share information on law enforcement activities
- Lend people a supply of your drugs if they had a shortfall
- Borrow drugs of another supplier if you had a shortfall
- Any violence between competitors
- Do you trust others at your level- how and why

Do other suppliers ever try and sell you drugs?

- How? Did they make them seem more attractive in any way?

### 15) Branding

Are your drugs branded?

- Which drugs? How many brands do you know of? Effect on prices?

Did you brand drugs?

- Why? Effect on the prices you sold for

### 16) Money

I would like to talk through what happens to the money involved in buying and selling drugs.

What do you accept as payment? – [cash, stolen goods, sex]

- do you give credit?
- problems/benefits with giving credit?
- how deal with buyers who owe you money?
- How much do you earn in an average week?

Do you have a regular income from your deals?

Do you know how much profit you make on an average deal?

- Variation for different drugs

What do you spend your money on?

- Spend profits on
  - Buy more drugs, what proportion
  - Invest, what proportion, how
  - Invest money in legitimate businesses
  - Probe to find if money is being spent in local business
-

- 
- Employ specific people to deal with money (eg accountants, solicitors) what tasks did they perform, how did you meet them, how trust them, how much pay them, same people each time, work just for you

Did you ever have cash flow problems?

- If yes, for how long? Why? Would you change strategy? Would you become involved in other crimes?

### 17) Risks

Without using specific names or details, can you tell me about any difficulties you have on a day to day basis?

- Logistical problems, problems getting hold of drugs, violence, drugs stolen, law-enforcement activity.

What risks do you face?

- which concern you the most?

At what point during a deal do you feel vulnerable?

- either to LEAs or other dealers?

Do you do anything to reduce these risks?

- Did any risk prompt you to change you way of working?

Did you ever not go through with a deal?

- If so, what made you decide not to?

Of the risks you faced which concerned you the most/ (try to get them to rank them)

Why do you sell drugs given the risks?

Have you ever experienced violence because of your involvement in drug selling?

### 18) Law-enforcement activities

Does Garda activity impact on the way you work?

- How and why

Has garda activity changed over time?

- is it better for business or worse for business now

Do you use risk management strategies?

- Change routes, stop dealing, change drugs, merge networks, change roles, increase collaboration, reduce collaboration, increase prices, change transport methods, deal only to known people

Do you think this area is heavily policed?

Are you ever able to anticipate where and when Garda activities will occur?

---

---

Are there key people who if removed from the market would significantly disrupt your work?

- Why? Would it take long to fill this role?

Have you ever changed your behavior because of increased knowledge/awareness of

- a) Garda activities?
- b) Sentencing?

### 19) Getting arrested/ Imprisoned

Have you ever been arrested for a drug-related offence?

- How old were you when you were first arrested?
- What was this for? For what drug and what amount
- How many convictions do you have?
- How old were you when you were first convicted by a court?
- How many times have you been to youth custody?
- Have you ever been to prison?

Have you been caught for serious dealing offences?

- Why were you caught? (Doing something different, working with different people, working with different drugs, using a different route, doing a different role)

Did you think you would go to prison if you were caught?

How long a sentence did you expect if you were caught?

- How much disruption did your arrest/ imprisonment cause to your involvement in the drug trade?

If you have not been caught, why do you think that is?

- Where do you commit your offences? [in the community/outside the community]
- Why there?

Have you ever received any help in connection with your offending?

- What type?

### 20) Local community

How would you describe the community you live/work in?

Do you see yourself as the part of the community?

- Why not?

What facilities do you use in the area?

What effect do you think drug selling and buying has on the community?

- Probe issue of local people buying stolen goods linked to drug trade
-

To what extent do you think young people are involved in buying and selling drugs?

- Probe about runners profile and role if it has not been discussed already

Could you tell me the places in your area where drug selling takes place?

Places you know using takes place?

**21) Services and treatment (If problematic user)**

Have you ever received assistance or treatment in connection with your drug use?

How old were you when you first received assistance with your drug use?

From which service did you first receive assistance from?

What is you most recent experience with drug treatment services?

**Structured Section**

How much do the following drugs cost to buy? **PROBE DIFFERENT WEIGHT COSTS AT DIFFERENT MARKET LEVELS IF INTERVIEWEE KNOWS THEM.**

Drug	Weight	Price
Heroin <sup>1</sup>		
Cocaine <sup>2</sup>		
Crack <sup>3</sup>		
Herbal cannabis <sup>4</sup>		
Cannabis resin <sup>5</sup>		
Ecstasy <sup>6</sup>		
Amphetamine <sup>7</sup>		
Ketamine <sup>8</sup>		
Benzodiazepine <sup>9</sup>		
LSD <sup>10</sup>		

<sup>1</sup> Heroin per Gr/bag

<sup>2</sup> Cocaine Gr/bag

<sup>3</sup> Crack rock

<sup>4</sup> Herb Can Oz.

<sup>5</sup> Can res Oz

<sup>6</sup> Ecstasy tab

<sup>7</sup> Amphet Gr

<sup>8</sup> Ket Gr

<sup>9</sup> Benzo

<sup>10</sup> LSD tab











Copyright © National Advisory Committee on Drugs and Alcohol(NACDA), 2014

Published by the National Advisory Committee on Drugs and Alcohol (NACDA)  
Hawkins House  
Dublin 2  
Tel 01 6354283  
Email [nacda@nacda.ie](mailto:nacda@nacda.ie)  
[www.nacda.ie](http://www.nacda.ie)

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission in writing of the copyright holder.

ISBN 978-1-4064-2834-6



9 781406 428346