Focal Point Ireland: national report for 2024 – Drug markets and crime

Health Research Board. Irish Focal Point to the European Union Drugs Agency (EUDA).

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T0.1 National profile

- Domestic drug market

The only drug produced in Ireland is cannabis. However, the market is constantly changing; pre-precursors such as alpha-phenylacetoacetonitrile (APAAN) and benzyl cyanide, and precursors such as piperonyl methyl ketone (PMK) and benzyl methyl ketone (BMK), have been detected in Ireland in the past number of years. Synthetic drugs are not produced in Ireland, nor are general illegal drugs tableted here. Ireland is viewed as an end source, not a transit country. Its long coastline acts as a route for drugs to be brought into the United Kingdom (UK) and the rest of Europe. In 2023, law enforcement operations on the island of Ireland carried out by the Revenue and An Garda Síochána (AGS) indicated that illegal drugs brought into Ireland originated in areas such as Europe (Croatia, Czech Republic, France, Germany, Italy, the Netherlands, Spain, Switzerland), Asia (India), South Africa; the United Kingdom, the United States of America (USA); and Canada. The main modes of transport were by freight via Rosslare Europort and Dublin Port, by plane via Dublin and Shannon airports, or via the postal system.

- National drug law offences

Information regarding Ireland's drug law offences comes from the Courts Service, the Irish Prison Service (IPS), and AGS data via the Central Statistics Office (CSO). Data provided by the Courts Service refer to the total number of drug offences and are not differentiated by drug type. However, AGS data, which differentiate by drug offence type, indicate that the total number of drug offences recorded in 2023 (17 279) was similar to 2022 (17 290). By type of drug offence for the supply offences, incidents for importation of drugs increased by 50% between 2022 and 2023 and incidents for cultivation or manufacture decreased by 28%. For possession offences, there were increases in possession of drugs for sale or supply (16%) and decreases in possession of drugs for personal use (5%) between 2022 and 2023.

- Key drug supply reduction activities

Ireland is very committed to reducing drug supply, as evidenced by law enforcement responses demonstrated in key actions in the national drugs strategy and in policing plans, which have been implemented across the island of Ireland. A multifaceted, multi-agency approach has been drawn upon; this includes collaborative working and information sharing between Irish law enforcement agencies such as AGS, Revenue, the IPS and the Probation Service at the national level; and between cross-border agencies such as the Police Service of Northern Ireland (PSNI) and European and international agencies. Operations have focused on drug interdiction and have targeted organised crime groups (OCGs), gangland crime, and drug-related intimidation; for example, the Garda National Drugs and Organised Crime Bureau (GNDOCB) was established to tackle drugs and organised crime, with operations continuing to be implemented in 2023; Operation Tara targeted drug trafficking; Operation Hybrid and Operation Stratus targeted gangland crime, and Operation Skein targeted OCGs. Agencies have aimed to address reoffending: the Irish Youth Justice Strategy was launched in 2021, and interventions are continually reviewed and strengthened. On the island of Ireland, Garda Youth Diversion Projects for juveniles and youth have been established; child detention schools that have youth advocacy programmes have also been established. The Probation Service prioritises positive behaviour and restorative practice. Intervention and prevention strategies are being strengthened to provide greater early intervention.

T1. National profile

T1.1 Drug market

T.1.1.1. Domestic production

Cannabis

The domestic cultivation of cannabis herb escalated in Ireland in 2007, reaching a peak in 2011. Despite substantial interventions by law enforcement, it continues to be cultivated. The most recent figures available have indicated that 96 incidents of cultivation or manufacture of drugs were recorded in 2023, which was approximately 28 lower than that recorded in 2022 (n=134) (see Figure T2.3.4). As stated in previous workbooks, there are several reasons for this continued cultivation: first, sophisticated growing techniques are utilised, which result in the flowering tops of the female plant being highly potent (20% tetrahydrocannabinol [THC]), making it more profitable. Second, start-up and running costs are low (Police Service of Northern Ireland and An Garda Síochána 2015), and there is a ready availability of vacant houses because of the 2008 financial crisis (Police Service of Northern Ireland and An Garda Síochána 2018). Third, individuals avail of advances in technology and communication, as demonstrated by the Windle study detailed in Section T5.2 of this workbook. Other reasons that have emerged and have been reported by the media are that some offenders are growing cannabis to help manage existing medical health conditions (Lucey 2017; Maguire 2017; McLean 2017; Nic Ardghail 2017).

Synthetic drugs

As stated in previous *Drug markets and crime* workbooks, synthetic drugs are not produced in Ireland (personal communication, GNDOCB, 2017). However, the synthetic drug market is continually changing; as highlighted in previous workbooks, pre-precursors (e.g. APAAN, benzyl cyanide) and precursors (e.g. PMK and BMK), which are used in the manufacture of 3,4-methylenedioxymethamphetamine (MDMA) and amphetamine, were detected in Ireland in 2013 (An Garda Síochána and Police Service of Northern Ireland 2016). More recently, four separate 'box labs' were detected in Youghal, Co Cork; Tralee, Co Kerry; Lusk, North Co Dublin; and in Dublin 8, suggesting that methamphetamine was being produced, albeit on a small scale (An Garda Síochána and Police Service of Northern Ireland 2016). Moreover, a suspected crystal methamphetamine laboratory was discovered in Dublin in January 2018 (McMahon 2018).

Tableting operations

As stated in previous workbooks, tableting of general illegal drugs does not really take place in Ireland (personal communication, GNDOCB, 2017). However, as reported in previous national reports, there has been some evidence that Irish OCGs have participated in tableting pharmaceutical drugs; for example, drugs such as zopiclone, zolpidem, or benzodiazepines have been obtained in powder form and then used to produce tablets using specialised equipment (personal communication, GNDOCB, 2016). In May 2018, a pill-making factory linked to the Kinahan OCG and run by three males resident in Ireland but formerly from Eastern Europe was discovered in Celbridge, Co Kildare (An Garda Síochána 2018; Pope C 2018). Tableting machines, which have mainly been found in Irish grow houses, tend to be archaic and slow when compared with those that are found elsewhere, for example in the Netherlands. Irish law enforcement agencies do not view the tableting process as chemical drug synthesis because all that occurs is that tablets and binding agents are pressed together (personal communication, GNDOCB, 2017).

T1.1.2 Routes of trafficking

As stated in previous *Drug markets and crime* workbooks, Ireland's extensive 3000 km coastline leaves it susceptible to traffickers seeking less-guarded routes for bringing drugs to the UK and Europe (McDonald and Townsend 2007). Identifying the origin of drugs being transported to Ireland can be difficult, as Ireland is primarily an end source and not a transit country (personal communication, GNDOCB, 2017). Nonetheless, the most recent analysis available of cross-border crime and threat assessment published by the PSNI and AGS indicated that drugs found in Ireland originated from, for example, Morocco (cannabis resin), the Netherlands (synthetic and semi-synthetic drugs), Afghanistan via Balkan routes (heroin), China (new psychoactive substances [NPS]), and India and Pakistan (counterfeit medicines) (An Garda Síochána and Police Service of Northern Ireland 2016).

Revenue also continued its engagement at an international level with the World Customs Organization (WCO), Europol, INTERPOL, the Irish Embassy in the UK, and the Maritime Analysis and Operation Centre – Narcotics (MAOC-N) in ongoing actions aimed at addressing threats and at intercepting and preventing the trafficking of drugs, illegal medicines, NPS, and drug precursors (Revenue 2024).

Additionally, interdictions carried out independently and collaboratively by Irish law enforcement agencies – such as AGS, the Criminal Assets Bureau (CAB), Defence Forces, the Health Products Regulatory Authority (HPRA), and the Naval Service – at a national and international level can provide useful information on the origin, and, sometimes, the intended destination within Ireland, of drugs being brought into the country (Revenue 2024).

Additional information can be gleaned from Revenue press releases. In 2023, law enforcement operations on the island of Ireland carried out by Revenue and An Garda Síochána (AGS) indicated that illegal drugs brought into Ireland originated in areas such as Europe (Croatia, Czech Republic, France, Germany, Italy, the Netherlands, Spain, Switzerland), Asia (India), South Africa; the United Kingdom, the United States of America (USA); and Canada. The main modes of transport were by freight via Rosslare Europort and Dublin Port, by plane via Dublin and Shannon airports, or via the postal system. Products that identified during searchers were marked as toys, candy, bedding, clothing, cosmetics, car parts, healthcare products.

AGS press releases provide a summary of operations carried out independently and jointly by various AGS units across the island; for example, the GNDOCB, the Special Crime Task Force, detective units, traffic divisions, dog units, uniformed community gardaí, and divisional drug units. Operations were carried out across the island of Ireland. All products that were seized by AGS in offences that were related to the sale and supply of drugs were sent to Forensic Science Ireland (FSI) for analysis, and thus the estimated weight of seized products was only provided for some operations. In 2023, drugs seized were mainly located via house, premises, and vehicle searches, often as part of intelligence-led operations.

T1.1.3 Contextual information on trafficking

As stated in previous Drug markets and crime workbooks, only one study has examined the nature, structure, and organisation of the illegal drug markets in Ireland (Connolly and Donovan 2015). Four local drug markets were included: two urban, one suburban, and one rural (anonymised as A–D). Although cannabis was shown to be the main drug supplied, heroin, crack cocaine, and prescription drugs could also be obtained at different levels across all locations surveyed. Further information on this study can be found in Ireland: national report for 2015 – Drug markets and crime (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs Drug Addiction 2016). To date, no other study provides contextual

information on drug trafficking in Ireland. However, figures from FSI for 2023 indicated that the most prominent drugs analysed in Ireland were cannabis herb, cocaine, and heroin, followed by alprazolam, MDMA, cannabis resin and cannabis plants (personal communication, FSI, 2024). Table T1.1.5.1 lists the illegal drugs in Ireland, based on FSI records for 2023, in descending order. Trends for these substances can be found in Section T2.1 of this workbook.

Size of transactions

Estimated transaction sizes vary by product and are reported in Revenue press releases. In 2023, where quantities were reported, seizures detained by Revenue officers ranged in size (Revenue Press Releases, 2023). AGS press releases rarely report quantities, as the seized product is sent directly to FSI for analysis.

Smuggling methods

In 2023, drugs were smuggled into Ireland via:

- airports – products were transported in two ways: either concealed or in checked-in luggage; or in parcels marked, for example as, 'toys', or 'candy,
- ports –articulated lorries and trailers,

The Common Travel Area between the Republic of Ireland (ROI) and Northern Ireland (NI) is also vulnerable to criminality via hauliers who, knowingly and sometimes unknowingly, transport drugs between both locations for OCGs (Police Service of Northern Ireland and An Garda Síochána 2018; National Crime Agency 2018).

Organisation

As stated in previous *Drug markets and crime* workbooks, the Irish drug market is widely dispersed around the island of Ireland and impacts on urban, suburban, and rural communities (Connolly and Buckley 2016). The main players that profit the most are OCGs of various nationalities; for example, Irish, Chinese, Vietnamese, and Eastern European OCGs (personal communication, GNDOCB, 2017). However, there is also evidence to suggest that individual entrepreneur networks that started small are now prospering (personal communication, GNDOCB, 2017). Ongoing research by Dr Sean Redmond and colleagues at Limerick University on criminal networks in Ireland has illustrated the existence of a hierarchical criminal network consisting of one individual (A2) and his family, which has had a negative impact on associates, clients, and residents in a suburban estate (Department of Children and Youth Affairs 2016; Redmond and Naughton 2017)

T1.1.4 Wholesale drug and precursor market

There has been no change to wholesale market prices since 2019 (personal communication, GNDOCB, 2021). Basically, wholesale drug prices depend on two things: one, what quantity is being purchased; and two, the purity of the drug. Table T1.1.4.1 shows the wholesale prices based on average purity of the product in terms of a purchase of 1 kg of a substance in 2019. For example, cocaine with a purity of 85% will sell for €60,000, but in reality, on the wholesale market, OCGs already cut and mix the drugs. As a result, cocaine that the GNDOCB detects may be sold for approximately €25,000 per kilogram; the purity at this price will be less than 40%. The premise of 'the more you buy, the cheaper the price' applies to all drugs. By way of example, a purchase of 100 MDMA (ecstasy) tablets could cost €5 per tablet, a purchase of 1,000 could cost €4 per tablet, a purchase of 10,000 could cost €3 per tablet, etc. There is no evidence of wholesale prices for some substances (see substances in Table T1.1.4.1 marked 'NE') (personal communication, GNDOCB, 2018).

Wholesale price data are determined from undercover purchases and covert human intelligence sources, which are gathered using a continuous assessment approach and through consultation with nationwide drug unit supervisors. When the information is available, random samples are taken. There is no deviation from what is requested in the submitted data. Importantly, there is very little evidence regarding wholesale prices for some NPS producers, such as synthetic cannabinoids (personal communication, GNDOCB, 2018).

Table T1.1.4.1 Drug prices based on current wholesale market value of controlled drugs, October 2019

Drug	Category	Price per gram/tablet/millilitre
25I-NBOMe	Hallucinogen	N/A
2C-B	Phenethylamine	€10,000/kg
2C-E	Phenethylamine	€10,000/kg
2C-I	Phenethylamine	€10,000/kg
5AKB48 (not controlled)	Synthetic cannabinoid	NE
Alprazolam	Benzodiazepine	NE
AM-2201	Synthetic cannabinoid	€5,000/kg
Amphetamine	Phenethylamine	€3,000/kg
AMT	Tryptamine	NE
Benzylpiperazine	Piperazine	€10,000/kg
BKMBDB	Cathinone	€10,000/kg
Bromazepam	Benzodiazepine	NE
Butylone	Cathinone	€10,000/kg
Cannabis herb	Cannabis	€8,000/kg
Cannabis plants*	Cannabis	N/A
Cannabis resin	Cannabis	€1,500/kg
Chlordiazepoxide	Benzodiazepine	NE
Clobazam	Benzodiazepine	NE
Clonazepam	Benzodiazepine	NE
Cocaine	Cocaine	€25,000/kg
CPP	Piperazine	€10,000/kg
Diamorphine (heroin)	Opioid	€35,000/kg
Diazepam	Benzodiazepine	N/A
Dimethylone	Cathinone	€10,000/kg
Dimethylamylamine (DMAA)	Phenethylamine	€10,000/kg
DMT	Tryptamine	NE
Ethcathinone	Cathinone	€10,000/kg
Ethylone	Cathinone	€10,000/kg
Flephedrone	Cathinone	€10,000/kg
Flunitrazepam	Benzodiazepine	N/A
Fluoroamphetamine	Phenethylamine	€3,000/kg
Fluorotropacocaine	NPS	€10,000/kg
Flurazepam	Benzodiazepine	N/A
GBL	Solvent	€200/L
GHB	Solvent	€200/L
JWH-018	Synthetic cannabinoid	€5,000/kg
JWH-073	Synthetic cannabinoid	€5,000/kg
JWH-250	Synthetic cannabinoid	€5,000/kg
Ketamine	Hallucinogen	€10,000/kg
Khat	Hallucinogen	€100/kg
Lorazepam	Benzodiazepine	N/A
Lormetazepam	Benzodiazepine	N/A
LSD	Hallucinogen	N/A
Lysergamide	Hallucinogen	NE
MAM-2201	Synthetic cannabinoid	NE
MBZP	Piperazine	€10,000/kg
mCPP	Piperazine	€10,000/kg
MDA	Phenethylamine	€10,000/kg
MDEA	Phenethylamine	€10,000/kg
MDMA	Phenethylamine	€10,000/kg
MDPBP	Cathinone	€10,000/kg
MDPV	Cathinone	€10,000/kg
MEC	Cathinone	€10,000/kg

Drug	Category	Price per gram/tablet/millilitre
Mephedrone	Cathinone	€10,000/kg
Methadone	Opioid	N/A
Methedrone	Cathinone	€10,000/kg
Methoxetamine	Hallucinogen	€10,000/kg
Methoxyamphetamine	Phenethylamine	€10,000/kg
Methylamphetamine	Phenethylamine	€10,000/kg
Methylone	Cathinone	€10,000/kg
Methylphenidate	Phenethylamine	€10,000/kg
Mirtazapine	Benzodiazepine	N/A
MMC	Cathinone	€10,000/kg
Naphyrone	Cathinone	€10,000/kg
Nitrazepam	Benzodiazepine	N/A
Pentedrone	Cathinone	€10,000/kg
Phenazepam (not controlled)	Benzodiazepine	N/A
Phentermine	Phenethylamine	€10,000/kg
PMA	Phenethylamine	€10,000/kg
PMMA	Phenethylamine	€10,000/kg
Prazepam	Benzodiazepine	N/A
Psilocin	Hallucinogen	€10,000/kg
Psilocybin	Hallucinogen	€10,000/lg
PVP	Cathinone	€10,000/kg
RCS-4	Synthetic cannabinoid	NE
Salvinorin A	Hallucinogen	NE
STS-135	Synthetic cannabinoid	NE
Temazepam	Benzodiazepine	N/A
Triazolam	Benzodiazepine	N/A
UR-144	Synthetic cannabinoid	NE
Zolpidem	Sleeping agent	N/A
Zopiclone (not controlled)	Sleeping agent	N/A

Note: NE = no evidence; N/A = not applicable

Source: (personal communication, GNDOCB, 2021)

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

Adulterants

The FSI laboratory analyses drugs seized by AGS and other law enforcement agencies. Adulterant data are classified as 'street level' where submitted samples are defined as seizures of less than 30 g (25–30 g), and as 'importation level' where submitted samples are defined as seizures over 500 g (personal communication, FSI, 2022). No new data is available for 2023. The most recent Data available is for cocaine (2020 and 2021, 2022), diamorphine (2021 and 2022), and amphetamines (2021), and each is presented separately.

Cocaine

No new data is available for 2023. The most recent Cocaine data available were analysed for three-time frames: 2020 and 2021, and 2022 (personal communication, FSI, 2022; 2023). Table T1.1.4.2 shows a breakdown of the overall adulterants detected in quantification analysis between 2016 and 2022.

2020 adulterant analysis

Overall, in 2020, 94 cocaine seizures were submitted to FSI for quantification analysis, of which 45 seizures were classified as street-level substances and 49 seizures were classified as importation-level substances. The dates of seizures ranged from 17 January 2020 to 18 December 2020 (street level) and from 19 January 2020 to 16 December 2020 (importation level). As seen in Table T.1.1.4.2, the most prominent adulterants in 2020

were benzocaine and levamisole. Further examination at street and importation level also indicated that benzocaine and levamisole were prominent.

2021 adulterant analysis

Overall, in 2021, 69 cocaine seizures were submitted to FSI for quantification analysis, of which 35 seizures were classified as street-level substances and 34 seizures were classified as importation-level substances. The dates of seizures ranged from 22 January 2021 to 30 December 2021 (street level) and from 7 January 2021 to 12 December 2021 (importation level). Consistent with the findings between 2016 and 2019, the most prominent adulterants overall and at street level and importation level in 2020 and 2021 were benzocaine, followed by levamisole and caffeine (see Table T1.1.4.2).

2022 adulterant analysis

Overall, in 2022, 89 cocaine seizures were submitted to FSI for quantification analysis, of which 33 seizures were classified as street-level substances and 56seizures were classified as importation-level substances. The dates of seizures ranged from 20 January 2022 to 22 December 2022 (street level) and from 4 January 2022 to 31 December 2022 (importation level). Consistent with the findings between 2016 and 2019, the most prominent adulterants at street level and importation level in 2020 and 2021 were benzocaine, followed by levamisole and caffeine (see Table T1.1.4.2). While a similar trend was shown in 2022, for overall total and street level, the most prominent adulterant detected for importation level drugs was levamisole, followed by benzocaine and caffeine.

Table T1.1.4.2 Frequency of adulterants detected in cocaine samples, categorised by total, street level, and importation level

	Total							Street level							Importation level						
	2016	2017	2018	2019	2020	2021	2022	2016	2017	2018	2019	2020	2021	2022	2016	2017	2018	2019	2020	2021	2022
	% of samples							% of samples							% of samples						
Benzocaine	47.9	21.0	38.0	43.9	38.0	44.5	32.9	60.0	36.8	37.5	53.8	47.8	54.2	66.6	42.4	13.1	39.5	34.8	30.5	35.8	15.6
Levamisole	45.8	26.3	11.1	15.8	26.6	27.0	16.5	66.6	21.0	20.8	15.3	19.5	22.8	9.0	36.3	28.9	6.2	16.2	30.5	30.7	25.0
Phenacetin	2.0	1.7	2.7	8.5	3.8	4.0	3.1	6.6	5.2	4.1	12.8	4.3	2.8	3.0	–	–	3.0	4.6	3.4	5.1	3.1
Caffeine	14.5	7.0	9.7	3.6	8.5	6.7	7.2	40.0	15.7	20.8	5.1	15.2	5.7	6.0	3.0	2.6	4.1	2.3	1.7	7.6	7.2
Creatine/ creatinine	–	1.7	–	2.4	1.9	–	–	5.2	5.2	–	2.5	–	–	–	–	–	–	2.3	3.4	–	–
Paracetamol	–	–	–	–	–	1.3	2.0	–	–	–	–	–	–	3.0	–	–	–	–	–	1.3	–
Lignocaine	6.2	1.7	1.3	2.4	3.8	1.3	1.0	20.0	–	4.1	5.1	8.6	2.5	3.0	–	2.6	–	–	–	2.5	–
MDMA	–	–	–	1.2	0.9	–	–	–	–	–	–	–	–	–	–	–	–	2.3	1.6	–	–
Xycaine	–	–	–	–	0.9	–	–	–	–	–	–	2.1	–	–	–	–	–	–	–	–	–
Procaine	–	–	–	–	–	–	1.0	–	–	–	–	–	–	3.0	–	–	–	–	–	–	1.5
Other*	4.1	–	–	–	–	–	–	–	–	–	–	–	–	–	6.0	–	–	–	–	–	–

Note: "–" = not detected
* Includes hydroxyzine

Source: (personal communication, FSI, 2020, 2022, 2023)

Between 2016 and 2022 the number of adulterants detected ranged from zero to four (see Table T1.1.4.3), While the most prominent presentation of adulterants for all categories between 2016 and 2021 was one, however in 2022 detecting one adulterant was highest in stee level drugs only. The percentage of samples that were found to have no adulterants was higher for importation-level substances than for street-level substances (personal communication, FSI, 2020, 2022, 2023).

Table T1.1.4.3 Frequency of adulterants detected in cocaine samples, categorised by total, street level, and importation level

	Total								Street level								Importation level						
	2016	2017	2018	2019*	2020	2021	2022		2016	2017	2018	2019	2020	2021	2022		2016	2017	2018	2019	2020	2021	2022
Number of adulterants	% of samples								% of samples								% of samples						
0	27.0	45.6	47.2	39.5	39	40.5	48.4		13.3	26.3	37.5	28.5	34.7	37.1	30.3		33.0	55.2	55.6	51.1	42.3	40.5	57.8
1	39.5	49.1	44.4	46.1	40.1	37.9	39.1		–	63.1	45.8	53.8	32.6	40.0	51.5		–	42.1	43.7	37.2	47.4	35.9	32.8
2	18.7	3.5	6.9	10.5	18.1	17.6	9.2		–	10.5	12.5	12.8	28.2	20.0	12.1		–	–	4.1	9.3	10.1	15.4	7.8
3	14.5	1.4	–	3.9	2.8	4.0	3.1		–	–	–	5.1	4.3	2.9	6.0		–	2.6	–	2.3	1.7	5.1	1.5
4	–	–	1.3	–	–	–	–		–	–	4.1	–	–	–	–		–	–	–	–	–	–	–

Note: "–" = not detected

* Figures for '2019 total' were not provided; figures here were calculated from street- and importation-level data.

Source: (personal communication, FSI, 2020, 2022, 2023)

Diamorphine

Heroin consists of several naturally occurring substances that are extracted from the opium poppy. One substance that is found in heroin is diamorphine (personal communication, FSI, 2022). Adulterants are defined as substances that are typically added after the extraction of diamorphine, not naturally occurring compounds. Some naturally occurring compounds typically found in heroin samples include noscapine, papaverine, and acetylcodeine.

No new diamorphine data is available for 2023. The most recent Data available is for 2022. Overall, in 2022, 32 diamorphine seizures were submitted to FSI for quantification analysis. Dates of seizures ranged from 4 January 2022 to 23 December 2022. In 2022, FSI also carried out a street deal survey from typical diamorphine street deal-sized packs.

Table T1.1.4.4 shows a breakdown of the number of adulterants detected by level and by year. In 2022, the number of adulterants identified ranged from zero to two; zero (34.3%), one (28.1%) and two (37.5%). While a similar profile of adulterants was indicated in the street deal survey, no further detail was available at this time (personal communication, FSI, 2020, 2022 2023).

Table T1.1.4.4 Number of adulterants detected in diamorphine samples, by level and year

	Street level					Importation level					Street Deal Survey			
	2019	2020	2021	2022		2019	2020	2021	2022		2019	2020	2021	2022
Number of adulterants	% of samples					% of samples					% of samples			
0	16.7	19.0	42.8	–		35.3	12.5	75.0	–		30.4	42.0	26.6	–
1	–	4.8	21.4	–		17.6	12.5	25.0	–		13.0	–	35.7	–
2	83.3	76.1	35.7	–		41.1	75.0	–	–		52.1	58.0	40.0	–
3	–	–	–	–		5.8	–	–	–		4.3	–	–	–

Note: "–" = not detected

Source: (personal communication, FSI, 2021, 2022, 2023)

Amphetamines

There is no new amphetamine data for 2022 or 2023. The most recent data available is between 8 January 2021 and 16 December 2021, where 19 amphetamine seizures were submitted for analysis, from which 19 samples were taken. Caffeine was detected in all adulterated samples (personal communication, FSI, 2022).

Nature and organisation of buyers, sellers, and intermediaries

The main organisations running drug markets on the island of Ireland are OCGs. As stated in the previous *Drug markets and crime* workbooks, the most recent data from cross-border reports highlighted that drugs and drug-related criminality have remained a concern throughout the island (Police Service of Northern Ireland and An Garda Síochána 2018). Although 'traditional' drug importation routes are unchanged, the emergence of the Dark Web and NPS, as well as the misuse of prescription medications, have resulted in changes in drug abuse and OCG criminality.

'Traditional' drugs remain prominent. For example,:

- Cannabis continues to be the most prevalent drug used/abused on the island of Ireland. At €29/£20 per gram, it is viewed as profitable by OCGs involved in wholesale importation and supply. Cannabis herb blocks or cultivated cannabis plants are mainly seized in the ROI. However, other products – for example, cannabis resin and cannabis oil – have also been seized. Irish national OCGs are deeply implicated in this area, controlling both supply routes and grow houses.
- Improved economic conditions have resulted in the recently increased demand for cocaine and MDMA. Although it is possible to sell these drugs on the Dark Web, they do form a small part of OCG importations. OCGs that participate in 'polydrug dealing' are typically smaller than traditional wholesale importers. As a result, they can present issues for law enforcement trying to target the problem (Police Service of Northern Ireland and An Garda Síochána 2018).
- Heroin continues to be a problem across Ireland. While the most problematic area is Dublin Metropolitan Region (DMR) in recent years, similar problems have arisen in small urban centres and in rural towns and villages. Most opioid users reside in Dublin (71%) and are over 35 years of age (>50%). Heroin issues in the ROI are viewed as "stable and entrenched" (Police Service of Northern Ireland and An Garda Síochána 2018) (p. 7). In NI, by contrast, the most problematic area is Belfast city centre, where drug use can be observed every day on the streets.
- In contrast with previous assessments, crack cocaine has recently emerged as an issue for law enforcement agencies and communities in Ireland. For now, it is not viewed as a nationwide issue, but it is believed that it will need to be targeted in the future.
- Synthetic opioids have been a characteristic of Irish OCG activity since 2016. Although reported seizures of these products are low, only 0.02 mg of the synthetic opioid carfentanil is needed in order to produce a fatal overdose. While this is not currently a crisis in the ROI and NI, there is evidence to suggest that OCGs are selling products on the premise that they are heroin, but that are, in fact, heroin mixed with synthetic opioids and/or bulking agents.
- Another problem is that some OCGs are introducing synthetic opioids into the drug supply chain, and this is placing drug users at considerable risk. This problem has been identified as an area that requires ongoing attention and monitoring.
- Prescription medication is an issue across the ROI and NI and involves the importation, manufacture, and sale of pharmaceutical products. Benzodiazepines are popular with individuals who are using heroin, managing pain, or trying to improve cognitive and/or physical function.
- Another emerging trend is the use of amphetamines by individuals attending third-level education. Targeting the illegal sale of these products is becoming more and more challenging. However, as prescription drug abuse increases, so too will the issues around it.

Primarily, the cross-border elements of drug crime across Ireland centre on relationships between OCGs in the ROI and NI in the areas of control and supply. Although the links between ROI and NI OCGs are extensive, collaborations between Irish OCGs and foreign national OCGs are stronger, as foreign national OCGs see Ireland, north and south, as one market. The most important supply route on the island is between Dublin and Belfast. This is due to excellent infrastructure linking both areas via motorways and transport systems. Irish OCGs make it possible for NI OCGs to access European drug markets, such as the Netherlands, Spain, and the UK. Consequently, joint collaborations between the PSNI and AGS often involve collaborating with international agencies with the aim of stopping drug supply routes north and south of the border (Police Service of Northern Ireland and An Garda Síochána 2018). More recent explorations of organised crime were published by Chance (2022), who carried out a qualitative study to explore serious and organised crime across Ireland and the UK. A summary of this report can be found in Section T5.2 of this workbook.

T1.1.5 Retail drug market

Range and relative importance of different products

Seizure records for illegal drugs in Ireland provide the best source of data regarding the range and relative importance of different drugs on the Irish retail market. Based on FSI records, Table T1.1.5.1 lists the top 10 illegal drugs that are most prominent in Ireland, in descending order and by quantity seized. Trends relating to these substances and others can be found in Section T2.1 of this workbook.

Table T1.1.5.1 Prominent illegal drugs in Ireland based on FSI records for 2023

	Drug type	Quantity seized
1	Cannabis	5685
2	Cocaine	3136
3	Diamorphine	869
4	Alprazolam	729
5	MDMA	311
6	Cannabis resin	307
7	Cannabis Plant	306
8	Benzocaine	272
9	Ketamine	246
10	Zopiclone	224

Source: (personal communication, FSI, 2024)

Drug prices

There have been no new drug prices since 2019. Table T1.1.5.2 shows drug prices based on the current retail market value of controlled drugs on the retail drug market in October 2019. The prices indicated represent what that substance will sell for on average around the ROI in its lowest denominational street deal. No price change occurred between 2017 and 2020. As stated in previous workbooks, the most credible approach used to set prices on the retail market is via test purchase operations, where undercover gardaí buy drugs. The second approach is via intelligence, which is drawn from covert intelligence sources. The third is to evaluate and compare the experiences of drug units nationwide using self-report surveys. Based on all three approaches, plus the experience of officers in drug policing, prices are calculated systematically (personal communication, GNDOCB, 2017). This method has illustrated that prices vary at different times; for example, the price of a gram of cannabis in Ennis, Co Clare, would be different from the price of a gram purchased in Ballyfermot, Dublin.

Table T1.1.5.2 Drug prices based on current retail market value of controlled drugs, October 2019

Drug	Category	Price per gram/tablet/millilitre
Alprazolam	Benzodiazepine	€2 per tablet
Amphetamine	Phenethylamine	€15 per gram
AM-2201	Synthetic cannabinoid	€20 per gram
AMT	Tryptamine	€200 per gram
Benzylpiperazine	Piperazine	€5 per tablet/€50 per gram
Butylone	Cathinone	€50 per gram
BKMBDB	Cathinone	€50 per gram
Bromazepam	Benzodiazepine	€1 per tablet
Cannabis resin	Cannabis	€6 per gram
Cannabis herb	Cannabis	€20 per gram
Cannabis plants*	Cannabis	€800
Cocaine	Cocaine	€70 per gram
Chlordiazepoxide	Benzodiazepine	€1 per tablet
Clobazam	Benzodiazepine	€1 per tablet
Clonazepam	Benzodiazepine	€1 per tablet
CPP	Piperazine	€5 per tablet/€50 per gram
Diamorphine (heroin)	Opioid	€140 per gram
Dimethylone	Cathinone	€50 per gram
Diazepam	Benzodiazepine	€1 per tablet
DMT	Tryptamine	€200 per gram
DMAA	Phenethylamine	€60 per gram
Ethcathinone	Cathinone	€50 per gram
Ethylone	Cathinone	€50 per gram
Flephedrone	Cathinone	€50 per gram
Fluorotropacocaine	NPS	€50 per gram
Fluoroamphetamine	Phenethylamine	€15 per gram
Flunitrazepam	Benzodiazepine	€1 per tablet
Flurazepam	Benzodiazepine	€1 per tablet
GHB	Solvent	€1 per millilitre
GBL	Solvent	€1 per millilitre
JWH-018	Synthetic cannabinoid	€20 per gram
JWH-073	Synthetic cannabinoid	€20 per gram
JWH-250	Synthetic cannabinoid	€20 per gram
Ketamine	Hallucinogen	€60 per gram
Khat	Hallucinogen	€0.50 per gram
LSD	Hallucinogen	€10 per tablet
Lysergamide	Hallucinogen	€20 per gram
Lorazepam	Benzodiazepine	€1 per tablet
Lormetazepam	Benzodiazepine	€1 per tablet
MAM-2201	Synthetic cannabinoid	€20 per gram
MBZP	Piperazine	€5 per tablet/€50 per gram
mCPP	Piperazine	€5 per tablet/€50 per gram
MDMA	Phenethylamine	€10 per tablet/€60 per gram
MDEA	Phenethylamine	€10 per tablet/€60 per gram
MDA	Phenethylamine	€10 per tablet/€60 per gram
MDPBP	Cathinone	€50 per gram
MDPV	Cathinone	€50 per gram
MEC	Cathinone	€50 per gram
Methadone	Opiate	€20 per 100 millilitres
Mephedrone	Cathinone	€50 per gram
Methylone	Cathinone	€50 per gram
Methedrone	Cathinone	€50 per gram
Methylamphetamine	Phenethylamine	€60 per gram

Drug	Category	Price per gram/tablet/millilitre
Methoxyamphetamine	Phenethylamine	€60 per gram
Methoxetamine	Hallucinogen	€60 per gram
Methylphenidate	Phenethylamine	€60 per gram
Mirtazapine	Benzodiazepine	€1 per tablet
MMC	Cathinone	€50 per gram
Naphyrone	Cathinone	€50 per gram
Nitrazepam	Benzodiazepine	€1 per tablet
Pentedrone	Cathinone	€50 per gram
Phentermine	Phenethylamine	€10 per tablet/€60 per gram
Phenazepam (not controlled)	Benzodiazepine	€1 per tablet
PMA	Phenethylamine	€10 per tablet/€60 per gram
PMMA	Phenethylamine	€10 per tablet/€60 per gram
Prazepam	Benzodiazepine	€1 per tablet
Psilocin	Hallucinogen	€10 per gram
Psilocybin	Hallucinogen	€10 per gram
PVP	Cathinone	€50 per gram
RCS-4	Synthetic cannabinoid	€20 per gram
Salvinorin A	Hallucinogen	€20 per gram
STS-135	Synthetic cannabinoid	€20 per gram
Temazepam	Benzodiazepine	€1 per tablet
Triazolam	Benzodiazepine	€1 per tablet
UR-144	Synthetic cannabinoid	€20 per gram
Zolpidem	Sleeping agent	€2 per tablet
Zopiclone (not controlled)	Sleeping agent	€2 per tablet
2C-B	Phenethylamine	€10 per tablet/€60 per gram
2C-E	Phenethylamine	€10 per tablet/€60 per gram
2C-I	Phenethylamine	€10 per tablet/€60 per gram
25I-NBOMe	Hallucinogen	€10 per tablet
5AKB48 (not controlled)	Synthetic cannabinoid	€20 per gram

Source: (personal communication, GNDOCB, 2021)

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

Purity of drugs seized and pack sizes

Data for pack sizes and purity of drugs seized are obtained from FSI (personal communication, FSI, 2022, 2023, 2024). There is no new data for 2023. The most recent available data are for cocaine (2022), diamorphine (2022). A further breakdown is available for street-level and importation-level diamorphine. FSI has operationally defined street-level samples as samples submitted from seizures of less than 30 grams (primarily between 25 and 30 grams), and importation-level samples as samples submitted from seizures of more than 500 grams. Additionally, in 2022, a diamorphine street deals survey was carried out. FSI defines street deal samples as samples taken from typical street deal-sized packs. The results of the analysis of each substance will be presented separately.

Cocaine

Table T1.1.5.3 shows a summary of purity analysis for cocaine seizures between 2016 and 2022. Data are provided for street- and importation-level seizures. In 2022, the overall average purity ranged from 40.3% to 63.1%. A further examination by classification level indicated that the average purity for importation-level cocaine across all years reported has been consistently higher than the average purity of street-level cocaine.

Table T1.1.5.3 Summary of purity and pack sizes for cocaine seizures between 2016 and 2022

Year	Level	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Average purity	Overall average purity (street and importation)
2016	Street	15	Not weighed to 19.1 kg	15	0.3 g to 1.0 kg	0.5–82.0%	34.0%	46.8%
	Importation	24		33		0.5–85.0%	52.2%	
2017	Street	19	25.1 g to 22.0 kg	19	1.2 g to 1.8 kg	0.5–90.0%	39.0%	54.2%
	Importation	28		38		17.0–90.0%	61.8%	
2018	Street	24	17.2 g to 49.0 kg	25	3.2 g to 1.0 kg	7.0–81.0%	44.2%	52.8%
	Importation	40		48		0.5–90.0%	57.0%	
2019	Street	39	25.4 g to 34.5 g	39	6.8 g to 1.0 kg	2.5–90.0%	46.5%	52.6%
	Importation	47	456.6 g to 30.1 kg	43		2.5–90.0%	58.3%	
2020	Street	45	25.0 g to 30.9 g	46	.451 g to 1.1 kg	1.0–90.0%	39.7%	50.9%
	Importation	49	477.7 g to 61.9 kg	59		7.2–89.5%	59.7%	
2021	Street	35	25.4 g to 30.3 g	35	1.04 kg to 1.2 kg	8.1–88.4%	42.8%	47.1%
	Importation	34	485.5 g to 170.0 kg	39		8.8–84.4%	50.9%	
2022	Street	33	25.1 g to 29.7 g	33	0.8 g to 1.4 kg	9.1–88.3%	40.3%	55.4%
	Importation	64	491.8 g to 42.1 kg	64		3.1–89.0%	63.1%	

Source: (personal communication, FSI, 2020, 2022, 2023)

Diamorphine

Table T1.1.5.4 and T1.1.5.5 shows a summary of purity analyses for diamorphine seizures in 2022 by seizure size and by pack size. The overall purity of diamorphine in 2022 was 43.1%, which was higher that 2021 figures (40.5%). Table T1.1.5.6 shows a summary of purity analyses for dimorphine seizures between 2016 and 2021. Due to changes in the submission criteria for submitted diamorphine samples it is not possible to compare with previous years. Between 2016 and 2021 samples were categorised as Street level (25-30g) and importation level (>500g), where as in 2022, samples were categorised by seizure size (0-30g; 31 to 100g; 101 to 500g and >500g).

Table T1.1.5.4 Summary of purity and pack sizes for diamorphine seizures in 2022 by seizure size

Year	Seizure Size Level (g)	Number of seizures	Seizure size range across all levels	Pack size range	Purity by seizure	Average purity	Overall average purity (across all levels excluding street level deal)
2022	0-30	8	25.78 g to 5.4 kg	1.6 g to 1 kg	23.5–59.1%	37.5%	43.1%
	31-100	8			18.2–58.6%	48.8%	
	101-500	5			13.0–60.1%	38.5%	
	>500	11			20.7–57.4%	45.2%	

Source: (personal communication, FSI, 2023)

Table T1.1.5.5 Summary of purity for diamorphine seizures in 2022 by pack size

Year	Pack Size Level (g)	Number of samples	Average pack size	Purity by pack size	Average purity	Overall average purity (across all levels excluding street level deal)
2022	0-30	13	21.1 g	13.0–59.1%	40.9%	43.1%
	31-100	7	51.2 g	17.0–56.4%	41.6%	
	101-500	8	444.8 g	25.9–60.1%	48.2%	
	>500	7	880.2 g	20.7–57.3%	43.0%	

Source: (personal communication, FSI, 2023)

Table T1.1.5.4 Summary of purity and pack sizes for diamorphine seizures between 2016 and 2021

Year	Level	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Average purity	Overall average purity (street and importation)
2016	Street	6	25.7 g to 29.6 g	6	25.7 g to 1.8 kg	22.9–53.9%	40.6%	42.7%

Year	Level	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Average purity	Overall average purity (street and importation)
	Importation	21	447.0 g to 2.6 kg	28	25.7 g to 1.8 kg	13.6–54.5%	43.1%	
2017	Street	11	3.3 g to 29.4 g	11	1.8 g to 1.2 kg	15.2–59.6%	30.4%	35.1%
	Importation	12	461.8 g to 11.6 kg	14	1.8 g to 1.2 kg	10.1–61.0%	38.9%	
2018	Street	16	0.77 g to 35.9 g	16	0.2 g to 7.1 kg	12.0–90.0%	38.4%	42.0%
	Importation	17	459.7 g to 14.0 kg	21	0.2 g to 7.1 kg	9.5–78.2%	44.8%	
2019	Street	6	1.5 grams to 36.2 g	6	25.7 g to 1.7 kg	16.3–58.7%	32.3%	36.6%
	Importation	15	437.4 g to 8.9 kg	17	25.7 g to 1.7 kg	1.0–62.8%	38.1%	
2020	Street	16	0.3 g to 36.0 g	16	0.6 g to 36.0 g	8.3–61.9%	29.6%	35.4%
	Importation	10	498.0 g to 18.7 kg	12	123.7 g to 1.0 kg	5.5–65.7%	43.1%	
2021	Street	10	22.1 g to 30.0 g	14	1.8 g to 30.0g	12.7%–60.3%	39.6%	40.5%
	Importation	4	541.6g to 87.4 kg	4	247.1 g to 9.9 kg	6.8%–56.9%	43.9%	

Source: (personal communication, FSI, 2020, 2021, 2022)

Street deals

In addition to the overall analysis of diamorphine samples in 2022, a survey of street deals was carried out. FSI defines street deal samples as samples taken from typical street deal-sized packs. The aim was to give a snapshot for the diamorphine content that a typical pack contains. Samples were collected from various locations in Ireland over a 12-month period. Overall, 18 samples were analysed in this survey. Figure T1.1.5.1 shows the average diamorphine content of the street deals survey samples in 2021 and 2022. In 2022 purity content ranged from 21.2% to 52.1% and the overall average content was 36.2%.

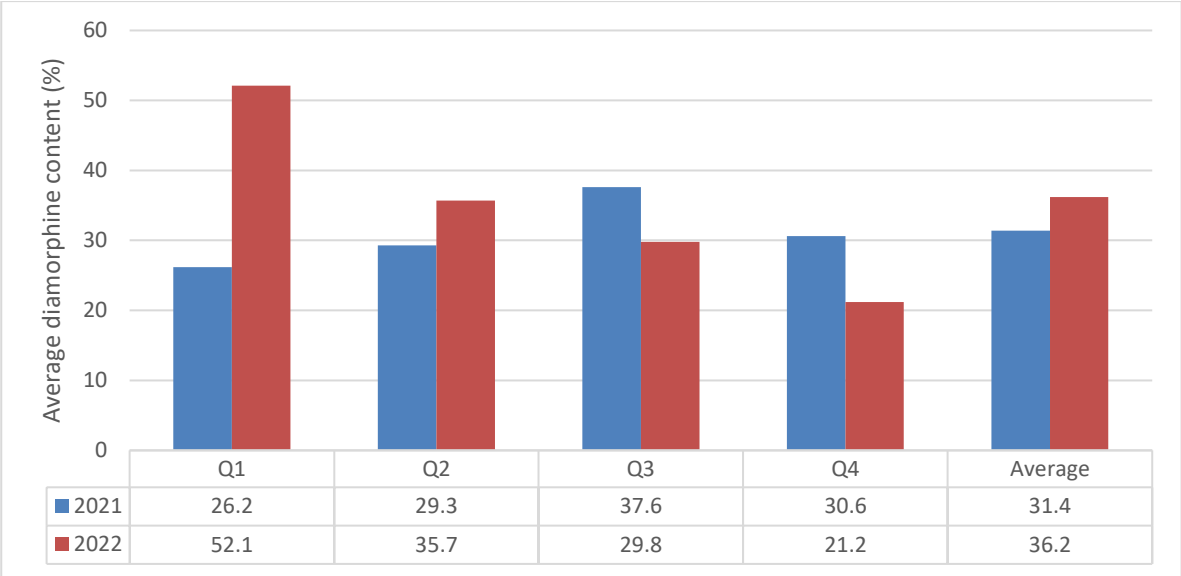


Figure T1.1.5.1 Average diamorphine content of the street deals survey samples in 2022

Source: (personal communication, FSI, 2022, 2023)

Amphetamines

No new data is available for 2022 or 2023. Table T1.1.5.5 shows a summary of purity analyses for amphetamine seizures between 2016 and 2021. The overall average purity ranged from 6.7% to 9.4%. Purity levels decreased between 2017 and 2019; however, a slight increase was evident in 2020 and again in 2021.

Table T1.1.5.5 Summary of purity and pack sizes for amphetamine seizures between 2016 and 2021

Year	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Overall average purity
2016	16	13.3 g to 1.2 kg	15	1.8 g to 793.7 g	0.5–40.0%	7.1%
2017	16	30.6 g to 386.8 g	15	17.1 g to 235.4 g	0.7–16.6%	9.4%
2018	26	27.6 g to 3.7 kg	27	2.1 g to 1.1 kg	0.7–15.4%	7.4%
2019	19	27.0 g to 16.4 kg	19	25.3 g to 2.0 kg	0.6–13.3%	6.7%
2020	32	25.8 g to 995.5 g	33	4.4 g to 995.5 g	0.1–15.6%	7.6%
2021	19	25.0 g to 2.9 kg	19	6.7 g to 1.0 kg	3.9–16.0%	8.7%

Source: (personal communication, FSI, 2020, 2021, 2022)

T1.2 Drug related crime

T1.2.1 Drug law offences

Data regarding drug law offences are provided by the Courts Service via their annual report. Data from the Irish Prison Service (IPS) is normally provided via their annual report; however, this has not been published yet. The most recent data provide by IPS in this report is via their monthly snapshot statistics presented on their website.

Court outcomes for drug offences

The *Courts Service Annual Report 2023* presented statistics on prosecutions for drug offences between January and December 2023 (Courts Service 2024). Notably, data provided are for overall drug law offences. The Courts Service does not distinguish between the different supply offences and possession/use offences (personal communication, Courts Service, 2017).

District Court

In most cases, prosecutions for drug offences are carried out in the District Court, which is the lowest court in the Irish legal system. The District Court, exercising its criminal jurisdiction, deals with four types of offences: summary offences, indictable offences tried summarily, some indictable offences, and indictable offences not tried summarily. When the District Court hears a criminal case, the judge sits without a jury. The District Court judge decides the issues of fact and whether to convict. He or she also determines the sentence. In the case of most indictable offences that must be tried by a judge sitting with a jury, the District Court may impose a sentence where the accused pleads guilty, provided that the Director of Public Prosecutions consents, and the judge accepts the guilty plea. Otherwise, the accused is sent forward to the Circuit Court on their signed guilty plea for sentencing. The District Court has a limit on the sentence it may impose in respect of a single criminal charge, which is 12 months' imprisonment (Courts Service 2013). Overall, 21,907 orders were made in relation to drug offences in 2023 – involving 15,858 defendants – which represents a 7% decrease since 2022 (N=17 073) (Courts Service 2024) (see Table T1.2.1.1 and Table T1.2.1.2).

Table T1.2.1.1 Sentences for drug offences in the District Court, 2023

Incoming		Resolved: offences		
Offences	Defendants*	Summary	Indictable dealt with summarily	Sent forward for trial
29 809	15 858	1018	20 889	3343

Note: * There may be more than one offence brought against a defendant.

Source: (Courts Service 2024)

Table T1.2.1.2 Summary and indictable offences: outcomes in the District Court, 2023

	Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ det	Susp	Other	Total
Summary offences: outcomes	56	253	198	125	7	0	8	89	87	68	127	1018
Indictable offences dealt with summarily: outcomes	507	5571	2639	3459	80	7	223	1885	686	883	4423	20 889

Note: Dis = Dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence

Source: (Courts Service 2024)

Juvenile crime

The age of criminal responsibility in Ireland is 12 years (Section 52 of the Children Act, 2001, as amended by Section 129 of the Criminal Justice Act 2006). Generally, children who come before the courts are aged between 15 and 17 years. The total number of orders that were made in respect of drug offences in the Children Court in 2023 was 518 (see Table T1.2.1.3) (Courts Service 2024), which represented an 12% increase, approximately, since 2022 (N=462). In 2023, young offenders received a range of punishments,

imprisoned or detained (n=4), community service (n=15) or sentenced to probation (n=119). The number of young people placed on probation in 2023 (n=119) was slightly higher than 2022 (n=114).

Table T1.2.1.3 Juvenile crime outcomes in 2022

Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
70	157	94	22	0	0	15	119	4	5	32	518

Note: Dis = Dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence
Source: (Courts Service 2024)

Circuit Court

The Circuit Court heard cases for 865 defendants that involved 3,368 drug offences in 2023. There were 2,803 guilty pleas, which represented nearly a 10% increase from 2022 (N=2,551); of the cases that went to trial, 69 resulted in convictions and 12 resulted in acquittals (see Table T1.2.1.4). Trials resulted in 395 imprisonments/detentions and 500 suspended sentences (see Table T1.2.1.5) (Courts Service 2024).

Table T1.2.1.4 Sentences for drug offences in the Circuit Court in 2023

Incoming			Resolved: offences						
Offences	Defendants*		Guilty	Trials		NP	TIC	Quash	Dec
				Convicted	Acquitted				
3368	865		2803	69	12	946	486	0	23

Note: Guilty = guilty pleas; NP = *nolle prosequi*; TIC = taken into consideration; Quash = quash return for trial; Dec = accused deceased
* There may be more than one offence brought against a defendant.
Source: (Courts Service 2024)

Table T1.2.1.5 Offence outcomes following conviction in the Circuit Court in 2023

	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ det	Susp	Other	Total
Offence outcomes following conviction	237	13	680	3	31	134	395	500	909	2902

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

Source: (Courts Service 2024)

Appeals (from District Court)

In 2023, 677 appeals from the District Court, representing 1078 offences, were dealt with in the Circuit Court (Courts Service 2024). Appeals and offences in 2023 were approximately 38% and 10% higher than in 2022, respectively (appeals = 489; offences = 977). Table T1.2.1.6 shows a breakdown of resolved offences.

Table T1.2.1.6 Appeals from District Court, 2023

Incoming			Resolved: offences				
Off	Def		Aff	Varied	Rev	Withdrawn	S/O N/A
1078	677		124	420	64	178	149

Note: Off = offences; Def = defendants; Aff = affirmed; Rev = reversed; S/O N/A = struck out no appearance
Source: (Courts Service 2024)

Court of Appeal

Overall, the number of appeals that were lodged from the Circuit Criminal Court for drug/misuse of drugs offences were over 24% higher in 2023 (n=179) when compared with 2022 (n=144). Overall, 127 appeals that originated in the Circuit Criminal Court were resolved in 2023 (Court Services 2024). Table T1.2.1.7 indicates that most appeals resolved were for sentence severity (n=107), followed by sentence leniency (N=11), conviction and sentence (n=6), and conviction (n=3).

Table T1.2.1.7 Summary of resolved appeals in 2023

Appeal	Conviction	Sentence (severity)	Conviction and sentence	Sentence (leniency)	Director of Public Prosecutions (dismissal)	Miscarriage of justice	Other	Total
Resolved	3	107	6	11	0	0	0	127

Source: (Courts Service 2024)

Prison committals for drug offences

On 30 November 2023, the number of persons in custody that were under sentence for controlled drug offences comprised 10.5% (389 out of 3,701) of the total prison population (Irish Prison Services 2023). The difference between the share of the total prison population in 2022 (11.3% – 386 out of 3,409) and 2023 was a 0.8 percentage point increase (Irish Prison Service 2023). Further information on prisons can be found in Section T1.2.1. of the *Prison* workbook.

T1.2.2 Drug related crime outside drug law offences (optional)

N/A

T1.3 Drug supply reduction activities

T1.3.1 Drug supply reduction

a) Key priorities of supply reduction

Four documents illustrate the importance of the law enforcement response to drug trafficking in Ireland: *An Garda Síochána Strategy Statement 2022-2024* (An Garda Síochána 2022b); *An Garda Síochána Annual Policing Plan 2024* (An Garda Síochána 2024); An Garda Síochána *Crime Prevention and Reduction Strategy: 2021–2024* (An Garda Síochána 2021b); and the national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*, which commenced in 2017 (Department of Health 2017).

An Garda Síochána Strategy Statement 2022-2024

An Garda Síochána Strategy Statement 2022-2024 was published on 9 June 2022 (An Garda Síochána 2022b). The mission of AGS for the duration of the strategy is simply "Keeping People Safe" (p. 5). While the strategy is set against the backdrop of living in a post-pandemic world, with global political and economic uncertainty, AGS is committed to evolving and meeting policing demands that are continually changing. The pillars that the strategy focuses on are:

- community
- tackling crime, and preventative policing
- victims and the vulnerable

- protecting the security of the Irish State, and
- sustainable change and innovation.

Initiatives related to these areas will be highlighted in the next section.

An Garda Síochána Annual Report Policing Plan 2024

The *AGS Annual Report Policing Plan 2024* (An Garda Síochána 2024) proposed by Garda Commissioner Drew Harris, represents the last of three annual plans to give effect to the *AGS Strategy Statement 2022–2024* (An Garda Síochána 2022b). The Policing Plan 2024 builds on progress and momentum achieved in the previous plans and focuses on community policing and preventing and detecting crime. While drug trafficking is only mentioned in the community pillar, it is implied throughout the plan that drugs will be targeted.

Community – AGS aims to continue to strengthen connections with communities and work in partnership to keep people safe. It will achieve this by collaborating with partners to develop sustainable solutions that will target concerns regarding community safety (An Garda Síochána 2024). Actions identified under the National Drug Strategy will be progressed to tackle harm imposed on communities. Informed by the Equality, Diversity and Inclusion Strategy, AGS endeavours to provide policing services that engage, responds and understands the diverse needs of all communities in Ireland (An Garda Síochána 2024).

Tackling crime, and preventative policing – The priority is to anticipate and target new and emerging trends in crime by availing of information-led policing approaches to disrupt new, seasonal and emerging criminal activities including serious and organised crime at a local, national and international level. The aim is to increase public awareness and understand of criminal threats along with their impacts. To increase AGS ability to do this further investment will be made in technology, and professional specialist skills. This includes the roll out of the National Criminal Intelligence hub and the development of the Cybercrime hub in Cavan (An Garda Síochána 2024).

Victims and the vulnerable – The aim is to reduce harm by promoting and protecting the dignity and human rights of victims and all vulnerable individuals engaging with AGS. This will be achieved by embedding AGS victim-centred approach on all levels. This includes the implantation of the third national strategy on Domestic, Sexual and Gender Based violence. In addition, AGS aims to work with the Road Safety Authority and other partners to increase road safety under the Government Road Safety Strategy 2021 – 2030 (An Garda Síochána 2024).

Protecting the security of the Irish State – AGS aims to protect Ireland and its people from terrorism and threats. This will be achieved by increasing security and intelligence collaborations with national and internation agencies and via the continued implementation of the Security Development Plan (An Garda Síochána 2024).

Sustainable change and innovation – In order to inspire and sustain a continuous improvement, a culture of innovation needs to be adopted. To achieve this, the AGS change management capacity building plan needs to be implemented (An Garda Síochána 2024).

Five enablers are essential to the successful implementation of the plan. AGS values being a people-focused organisation that is centred enhancing human resources, training, learning and development and health and wellbeing supports. They will continue to engage in collaborative partnerships to increase knowledge, service, and effectiveness. Two-way communication with communities is ongoing via new and existing channels to ensure that AGS responds to their needs. A culture of empowerment and trust will nurture a

culture of empowerment rooted in integrity and the protection of human rights. Finally, an information-led service centred on using data and technology to inform decisions can be achieved by implementing the 2023 ICT Roadmap, which will enable AGS to achieve their Data and Technology Vision, (Garda Síochána 2024).

Commissioner Harris acknowledged that the Policing Plan 2024 was developed in the "context of challenge and change across Irish society" (An Garda Síochána 2024, p.4). The Commissioner stated that:

> Policing Plan 2024 comes at a junction point in the history of An Garda Síochána. As implementation of the principles of the Commission on the Future of Policing concludes, the new Policing, Security and Community Safety Bill will reset and realign the statutory framework within which we deliver our services, engage with our partners and oversight agencies, and support our personnel. Adapting to this new landscape in 2024, and beyond, will enable An Garda Síochána to move forward as an innovative, robust and trusted organisation with a fixed focus on tackling crime, protecting communities and the vulnerable, and Keeping People Safe. (An Garda Síochána 2024, p.5).

An Garda Síochána *Crime Prevention and Reduction Strategy: 2021–2024*

The AGS *Crime Prevention and Reduction Strategy: 2021–2024* was published on 21 December 2021 (An Garda Síochána 2021b). The strategy is underpinned by a problem-oriented policing approach that is based on a strong evidence base. The National Crime Prevention Unit and Divisional Crime Prevention officers are critical to its successful implementation in Ireland. The strategy is centred on five pillars:

- Partnerships – AGS aims to reduce crime and fear of crime by working with key internal and external stakeholders, by sharing crime prevention knowledge and trends. In addition, it will work with local authorities and organisations, engage with the development of appropriate legislation, support the operation of Joint Policing Committees, public participation networks, local fora and community safety partnerships as they are introduced (An Garda Síochána 2021b).
- Creating awareness and communication – AGS aims to provide prevention advice and guidelines, using suitable communication channels, to enhance awareness and educate hard-to-reach and vulnerable communities on the tenets of crime prevention and victims of crime support (An Garda Síochána 2021b).
- Protecting communities – AGS aims to reassure and support communities by working hard to prevent, detect, and prosecute criminal behaviour. Problem-solving techniques will be drawn upon and additional support will be provided to the national approach to offender management (An Garda Síochána 2021b).
- Consistent and professional crime prevention service – To ensure that crime prevention services within divisions are provided, personnel will be trained and upskilled to develop and maintain expertise. Crime trend data analysis will enhance understanding of patterns, enabling the delivery of an intelligence-led policing response (An Garda Síochána 2021b).
- Review and evaluation – AGS intend to:
    - evaluate how the Crime Prevention and Reduction Strategy is delivered
    - evaluate the operation of the service provided
    - measure the effectiveness of information campaigns, and
    - evaluate public perception of crime prevention initiatives and the Crime Prevention Officer role (An Garda Síochána 2021b).

Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025

Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025, the national drugs strategy in Ireland, was launched in 2017 (Department of Health 2017). It is aimed at providing an integrated public health approach to drug and alcohol use by focusing on the promotion of healthier lifestyles within society. It consists of five goals and aims to target a 50-point action plan from 2017 to 2025. Goal 3 sets out key actions for reducing the supply of drugs to:

- provide a comprehensive and responsive misuse of drugs control framework that ensures the proper control, management, and regulation of the supply of drugs
- implement effective law enforcement and supply reduction strategies and actions to prevent, disrupt, or otherwise reduce the availability of illegal drugs, and
- develop effective monitoring of, and responses to, evolving trends, public health threats, and the emergence of new drug markets.

Further information on this strategy can be found in Section T1.1 of the *Drug policy* workbook and in Section T4.2 of *Focal Point Ireland: national report for 2017 – Drug markets and crime* (Irish National Focal Point to the European Drugs Agengy2018a). Further updates on this strategy can be found in the *Drug policy* workbook, Section T1.1.2, Section T1.3. This strategy is due to complete in 2025, for an update on the new strategy, please see Section T3.1 in the *Drug policy* workbook.

Areas of activity of supply reduction

As stated in previous workbooks, the following account describes the range of operations in the areas of drug interdiction, organised crime, policing communities, and reducing reoffending. The account is drawn from information published in the reporting period (August 2014 to September 2023) on the websites and in the annual reports of the key agencies involved in supply reduction activities, and in responses to Parliamentary Questions.

Drug interdiction

The Revenue Operational Intelligence Unit gathers data with a view to identifying possible drug smuggling routes into Ireland via passenger and cargo traffic; analysing the movement of persons and goods on those routes; and profiling, targeting, and conducting routine surveillance of suspect persons or consignments (Revenue 2022). Many drug seizures result from profiling techniques based on risk analysis. The Operational Intelligence Unit transmits intelligence and details of suspect traffic to the local operational units, whose functions include the examination of suspect passengers' baggage and freight consignments; the search of suspect persons, vehicles, vessels, pleasure craft, aircraft, etc.; and the transmission of information to the Operational Intelligence Unit for further action.

The Revenue Maritime Unit, based in Cork, is equipped with two Customs cutters, the R.C.C. Suirbhéir and the R.C.C. Faire. Revenue signed a contract in August 2023 for delivery of a new Customs Cutter to replace the R.C.C. Suirbhéir which has been in operation since 2004. The new vessel is expected to come into service in 2025. It will be equipped with advanced navigational and surveillance systems which will extend the quality and range of resources that the Maritime Unit can deploy when targeting illicit trade, smuggling and organised crime (Revenue 2024). When not engaged in operational duties, Maritime Unit personnel engage in coastal intelligence work and work closely with land-based enforcement teams to cover high risk areas along Irelands coastline using mobile x-ray scanners and detector dog teams. This unit is also part of the Joint Task Force (Revenue 2024).

Drug detector dog units form a vital component of policing in Ireland. Detector dogs are trained to locate cocaine, cannabis, ecstasy, heroin, tobacco products, and cash. Units are based at strategic locations, including ports and airports around Ireland, by Revenue. For operational and security reasons, performance statistics are not provided out of respect for individual detector dogs. These units are on call 24/7 all year round. When required, they provide backup to other enforcement agencies.

Similarly, Garda Dog Units (GDU) have been providing an operational support service since 1960. One unit is based at Kilmainham Garda Station in Dublin, while another is in the Southern Region of Ireland. The GDU has twenty-nine dogs (An Garda Síochána 2023). The most recent data available indicate that the GDUs participated in 368 searches which included searches for drugs, case, and firearms. In addition, GDU assisted in 151 searches to ensure security at major events in Ireland (An Garda Síochána 2023).

The Customs Drugs Watch Programme, launched by Revenue in 1994, encourages those living in coastal communities, maritime personnel, and people living near airfields to report unusual occurrences to the Customs Service via a confidential 24/7 drugs watch freephone facility.

Revenue also uses mobile X-ray scanners in the fight against smuggling. A state-of-the-art X-ray scanner was launched in June 2017; this was partially funded by a grant from OLAF, the European Anti-Fraud Office, under its Hercule III Programme. Viewed as the most advanced on the market, it avails of imaging technology to analyse vehicles as well as shipping containers. It was deployed in Dublin Port (Revenue 2018). In 2019, a new mobile X-ray scanner, Z Backscatter Van, was also partially funded by OLAF. It was deployed in Dublin Port and is expected to remain there for at least 11 years. It allows for "unobtrusive and non-invasive cargo examinations" (Revenue 2019). Revenue announced in July 2021 that it had commissioned a new, state-of-the-art mobile scanner, Nuctech MT1213DE, replacing an older scanner that had reached the end of its operational lifespan. The new scanner was deployed to Rosslare Europort. It cost €2.16 million and was part-funded by a grant of €1.73 million from the European Anti-Fraud Agency, OLAF, under its Hercule III Programme (Revenue 2021).

Drug-related cash seizures are undertaken by the Customs Service under Section 38 of the Criminal Justice Act, 1994, as amended by Section 20 of the Proceeds of Crime (Amendment) Act 2005 (see Section T2.1 of the *Legal framework* workbook). As stated in previous *Drug markets and crime* workbooks, most drug-related cash seizures are conducted when attempts are made to export from Ireland, but seizures are increasingly also being made at the point of import and inland. These seizures continue to have a major impact on the activities of both national and international drug traffickers. Investigations are conducted throughout the EU and worldwide following a drug-related cash seizure. Cash forfeited under this Act is transferred for the benefit of the Exchequer.

Organised crime

As stated in previous *Drug markets and crime* workbooks, regional, national, and international organised crime and drug trafficking investigations are managed by the GNDOCB, which was established by AGS in 2015. It aims to disrupt, dismantle, and prosecute groups and individuals involved in serious organised criminal activity. A multidisciplinary approach is viewed as essential to target OCGs effectively via legislation such as the Proceeds of Crime Act, 1996, as amended in 2005 and 2016 (see Section T2.1 of the *Legal framework* workbook) and the powers of the CAB (Fitzgerald 2017). Moreover, numerous strategic partnerships are in place, both nationally and internationally, and include Revenue; HPRA; the Irish Naval Service; Europol; INTERPOL; and MAOC-N in Lisbon (Fitzgerald 2016; Revenue 2024).

Cross-border cooperation and collaboration continues between AGS, the PSNI, and other law enforcement agencies north and south of the border (Humphreys 2021). The Fresh Start Agreement in 2015 created a Joint Agency Task Force led by AGS, the PSNI, Revenue, and Her Majesty's Revenue and Customs (HMRC) in the UK, and which includes other relevant agencies, such as the National Crime Agency in the UK, and the CAB. The aim was to build on existing law enforcement frameworks and to increase operational effectiveness. Minister Charles Flanagan noted that this was successful in addressing cross-border criminality (Flanagan 2019).

In addition, representatives from law enforcement agencies in the ROI and NI come together annually at the Cross-Border Conference on Organised Crime. The conference is considered an essential and indispensable forum that enables discussion and information exchange, which ultimately keeps communities north and south of the border safe (Department of Justice and Equality 2019) and allows for enhanced cooperation between law enforcement agencies. It also provides an opportunity to assess and address changing trends in crime and to build upon and enhance the operational actions already undertaken in this area (Department of Justice 2020). Minister for Justice Helen McEntee, Garda Commissioner Drew Harris and Chief Constable of the PSNI, Jon Boutcher attended the Annual Cross Border Conference on Organised Crime on 28 February 2024. The theme of the conference was "Current Trends and Emerging Risks". In her key speech, Minister McEntee stated that North-South cooperation is a priority for the Irish Government and operationally this joint action continues to have a positive impact which sends a clear message to criminals. She concluded that

> "Organised crime does not stand still and is constantly evolving. So, it's vital that our laws and law enforcement keep pace with new developments and increase their understanding of how criminals seek to exploit new technologies for their own gain." (Department of Justice 2024).

Policing communities

Drug-related crime in the form of gangland violence has become a serious problem in Dublin because of the ongoing feud between the Hutch and Kinahan criminal gangs, which are well known for robbery/burglary and drug dealing, respectively. The GNDOCB is of the opinion that all associated killings are drug related, as they all stem from disagreements and revenge in relation to the illegal drug enterprise (personal communication, GNDOCB, 2018). The response to gangland violence that the AGS has established is coordinated under Operation Hybrid and is reviewed on a weekly basis to maintain optimal impact. There are several other operations targeting OCGs in Ireland:

- As part of the National Garda Anti-Drugs Operation that commenced on 1 July 2021, Operation Tara targets street-level dealing in cities, towns, and villages across Ireland. The main goal of Operation Tara is to protect communities from the 'scourge of illegal drugs' by disrupting, dismantling, and prosecuting drug trafficking networks at all levels – international, national, and local – in all aspects of drug-related activities.
- Operation SKEIN is an investigation into an OCG who allegedly is involved in worldwide business email compromise fraud from Ireland. It is alleged that the proceeds of this offence is being laundered through bank accounts in Ireland (An Garda Síochána 2023). This OCG network is extensive with nearly 800 suspects mainly money mules around Ireland. 200 arrests have been made to date. It has been determined that €40 million has been stolen and laundered via Irish bank accounts. In September 2023, operation Skein resulted in nine searches, 12 arrests under Section 50 CJA 2006 and 23 arrested and charged on the direction of the DPP (An Garda Síochána 2023).
- Operation OMENA is an intelligence-led investigation targeting organised crime gangs (OCG) using Irish bank accounts to launder money. This operation is mainly closed. The OCG involved no longer

uses Irish bank account, however, 12 Foreign national arrests and prosecutions have been carried out to date and investigations are ongoing (An Garda Síochána 2023).

- Operation Elaborate is a Europol-led investigation into a server used by criminals to commit smishing/phishing frauds. The server was taken down by UK and Dutch police. Suspects (n=17) and searches were carried out by Gardaí and resulted in the seizure of more than 100 devices and freezing of €100,000 in cryptocurrency. It is thought that there are over 300 suspects. This investigation is ongoing (An Garda Síochána 2023).

Drug-related intimidation and violence is an area of major concern for Irish communities, and has been shown to affect the physical, mental, and emotional well-being of victims (Connolly and Buckley 2016). Further details on Connolly and Buckley's study can be found in Section T1.3.1 of *Focal Point Ireland: national report for 2016 – Drug markets and crime* (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017).

The national Drug Related Intimidation Reporting Programme was developed by AGS with the aim of addressing the needs of drug users and family members who are subjected to drug-related intimidation. This programme fulfils criteria put forward in the most recent national drugs strategy in Ireland, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*, in Objective 4.1 of Goal 4: "Strengthen the resilience of communities and build their capacity to respond" (Department of Health 2017) (p. 63). See also *Focal Point Ireland: national report for 2017 – Drug policy* (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b).

As stated in previous workbooks, primary responsibility for responding to the issue of drug-related intimidation has been given to one Inspector in every Garda division. Inspectors are at the management level and are chosen by the Garda Commissioner for their expertise, knowledge, and extensive experience. They liaise directly with their local Superintendent in relation to each individual case. Anyone requiring help from an Inspector in their local area can make contact to arrange a formal or informal meeting. Additional details of the operation of this programme are provided on the AGS website.

Reducing reoffending

As stated in previous workbooks, reducing reoffending is addressed via several agencies, such as the Irish Youth Justice Service, the IPS, AGS, and the Probation Service.

On 15 April 2021, the Minister for Justice, Helen McEntee, and the Minister of State for Law Reform, James Browne, launched a new Youth Justice Strategy for 2021 to 2027 (Department of Justice 2021). Section T2.2 of the *Legal framework* workbook provides an outline of the aims, guiding principles, and main themes that underpin the strategy. In addition, the Probation Service aims to reduce the likelihood of reoffending by developing positive professional relationships via individual risk and needs assessment, combined with using interventions that are tailored to the individual's needs. To achieve these goals, the Probation Service avails of risk assessment and a risk-based approach to supervision (The Probation Service 2023).

b) Organisational structures/coordinating bodies

As reported in previous workbooks, responsibility for the prevention of drug trafficking rests primarily with the Revenue Customs Division, whereas responsibility for the prevention of drug-related crime within Ireland rests primarily with AGS. In addition to the exchange of information between the head of the Office of Customs Drugs Law Enforcement and the GNDOCB, which is part of AGS, nationwide liaison also takes place at local level between nominated Customs officers and Garda officers. Other State agencies engaged in

supporting supply reduction activities include the CAB and FSI. The Naval Service and the Air Corps cooperate with the Revenue Customs Division and AGS, when called upon, through the Joint Task Force on Drugs Interdiction.

The Revenue Office of Customs Drugs Law Enforcement, Investigations and Prosecutions Division

Revenue Customs officers have primary responsibility for the prevention, detection, interception, and seizure of controlled drugs being smuggled into or out of Ireland. All strategic management functions relating to drugs issues are attached to the Investigations and Prosecutions Division (personal communication, Revenue Press and Media Division, 2019), and include:

- Gathering national and international intelligence and disseminating this intelligence, as necessary.
- Participating in the National Inter-Agency Drugs Joint Task Force, comprising the Revenue Customs Division, AGS, and the Naval Service. Information is also exchanged between Customs Drugs Law Enforcement and the GNDOCB.
- Analysing national and international drug smuggling trends.
- Researching, planning, and organising both national and international operations targeting drug smuggling and related issues.
- Liaising with other national and international enforcement agencies and government bodies, as well as organising and participating in operations at both national and international level, including joint interagency operations.
- Participating in the International Liaison Network; five officers from the Investigations and Prosecutions Division are currently assigned abroad and are directly involved in the international exchange of information and intelligence. These officers are assigned to Permanent Representation in Brussels (2), the Irish Embassy (1), Europol (1), and MAOC-N in Lisbon (1).
- Managing the Revenue Customs Division Memorandum of Understanding (MOU) initiative, which is a programme of cooperation between Revenue and the business community on the prevention of smuggling, in particular drug smuggling. Revenue has established working links with thousands of companies, ranging from airlines, air express couriers, and shipping companies, to airport and harbour authorities, freight forwarders, exporters, road hauliers and chemical companies. The MOU initiative delivers training to company staff by Revenue liaison officers to heighten drug smuggling awareness, and practical advice is offered to help prevent vehicles from being used to smuggle drugs and other contraband goods. In addition, company staff are provided with ready channels of communication with Revenue.
- Managing the Customs Drugs Watch Programme: The Revenue Customs Division is responsible for monitoring 3000 km of coastline, and therefore individuals living in coastal communities, maritime personnel, and yachting networks are asked to contact Customs Drug Watch if they see any of the following activities:
    - yachts and other crafts sighted in remote areas
    - crew making landings in remote areas
    - unusual objects at sea, underwater or ashore such as buoys or signalling devices
    - merchant shipping at anchor close to land or islands
    - ships away from their normal shipping lanes
    - ships signalling ashore or being met by small craft

    - vessels operating at night without lights (Revenue 2022)
- Managing the Drug Precursor Programme, which is a mechanism for cooperation between the Revenue and the chemical industry and was set up to detect the diversion of chemicals for illicit purposes. The Programme is designed to increase the awareness legitimate chemicals being diverted to the manufacture of illegal drugs. As part of this programme, the Customs Service now has dedicated Precursor Liaison officers located in key areas around Ireland. These officers have been trained in the identification and handling of chemicals and are tasked with liaising with members of the chemical trade for the purpose of identifying suspicious activity.
- Managing the Revenue Customs Division detector dog teams, which are operational and located nationwide (Revenue 2022).

2023: National-Level overview

In 2023, the Revenue worked closely with other agencies internationally and in Ireland, including AGS, the CAB, the Defence Forces, the Naval Service, and the HPRA, sharing operational/intelligence support to act against the illegal drugs trade.

The Revenue Customs Drug Law Enforcement Unit participated in 42 joint national operations and investigations with AGS – in particular with the GNDOCB. Overall, 46 individuals were arrested in 82 joint controlled deliveries in 2023 (Revenue 2024). The Revenue were involved in a range of other activities nationally. The Revenue:

- worked closely with AGS, the CAB, the Naval Service, and the Defence Forces, providing mutual operational, intelligence, and material support
- contributed to the national response in tackling organised crime, including the secondment of 17 staff members to the CAB
- participated in the Oversight Forum on Drugs, led by the Department of Health, which oversees the implementation of the Government's national drugs strategy, 2017–2025
- coordinated the enforcement and interception of prohibited and restricted goods and products on behalf of our colleagues in the Department of Agriculture, Food and the Marine; the Food Safety Authority of Ireland; the Department of Enterprise, Tradeand Employment; HPRA; and the Competition and Consumer Protection Commission
- collaborated with the Private Security Authority in exchanging information, in accordance with the Private Security Services Act 2004, as amended, and the Taxes Consolidation Act, 1997, to support the regulation of the private security industry, and
- worked closely with the Department of Justice on administrative matters related to passenger movements, via the Irish Passenger Intelligence Unit (Revenue 2024)

In addition, the Revenue Joint Investigation Unit contributed to an intervention strategy by targeting shadow economy activity targeting fraud, illicit trade, smuggling, and organised crime (Revenue 2024).

2023: International-Level overview

During 2023, the Revenue also:

- worked with international bodies and agencies and participated in the EU's Law Enforcement Working Party.
- seconded officers to Europol in the Hague, the Irish Embassy in the UK, and MAOC-N in Lisbon and the Irish Permanent Representation based in Brussels.
- engaged with the activities of the WCO that are directed towards addressing the threats posed by fraud and smuggling.
- worked closely with HMRC and other law enforcement agencies in NI.
- worked with the PSNI, AGS, HMRC, CAB, and the National Crime Agency to prioritise the area of fiscal fraud through the cross-jurisdictional Joint Agency Task Force which was established under the Fresh Start Agreement.
- key partner at the annual Cross-Border Crime Conference, a collaborative event between representatives of law enforcement agencies and related organisations in the field of combatting organised crime on both sides of the border.
- engaged with the EU Commission and other Member States on the ongoing implementation of the Traceability and Security Features systems for tobacco products, as required by EU law (Revenue 2024).

An Garda Síochána

As reported in previous *Drug markets and crime* workbooks, supply reduction activities range from participation in international and cross-border operations, to street-level policing of supply and possession offences, to undercover operations targeting specific individuals or groups, or specific locations, such as nightclubs, where drugs are consumed. There are several units within AGS that support the work of divisions and districts in operational duties and investigations.

Garda National Drugs and Organised Crime Bureau

The GNDOCB manages regional, national, and international drug trafficking and organised crime investigations. The main areas of focus are crime detection, supply reduction, harm prevention, demand reduction, and recovery support (An Garda Síochána 2022a). It aims to disrupt, dismantle, and prosecute groups and individuals involved in serious organised criminal activity using intelligence-led investigations (An Garda Síochána 2021a). It is also one of the lead agencies involved in implementing the current national drugs strategy. It is responsible for putting initiatives and policies in place that enable government strategies to lower the demand for drugs and decrease harms linked with their misuse (An Garda Síochána 2022a).

Criminal Assets Bureau

As reported in previous national reports, the CAB's statutory remit under the Criminal Assets Bureau Act, 1996 and the Proceeds of Crime Acts 1996–2016, and in social welfare and revenue legislation, is to carry out investigations into the suspected proceeds of criminal conduct. The CAB uses a multi-agency, multidisciplinary partnership approach in its investigations into the suspected proceeds of criminal conduct. CAB staff are drawn from AGS, the Office of the Revenue (including Customs), the Department of Employment Affairs and Social Protection, and the Department of Justice and Equality. The CAB also works closely with international crime investigation agencies and has successfully targeted proceeds of foreign criminality.

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

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

Forensic Science Ireland

As reported in previous national reports, the Drugs section of FSI (formerly known as the Forensic Science Laboratory) examines and analyses substances seized by AGS or Revenue Customs officers, and sometimes by the Military Police, that are thought to contravene the Misuse of Drugs Acts 1977–2017 (as amended). As shown in Section T2.1 of this workbook, the most common drug encountered in the FSI laboratory was cannabis herb, followed by cocaine, heroin, alprazolam, MDMA, cannabis resin, cannabis plant, benzocaine, ketamine and zopiclone. Moreover, the increase in NPS-type drugs and further changes to drugs legislation have led to an exponential increase in the variety of compounds submitted to the laboratory for analysis. As a result, hundreds of different compounds can be analysed by staff on an annual basis. Items that possibly come into contact with such substances – for example, weighing scales, knives, and equipment from clandestine laboratories – may also be examined to determine whether traces of a controlled substance are present. Several analytical procedures are used in the laboratory to determine whether a substance is a controlled drug, the most common of which is gas chromatography coupled with mass spectrometry. The results of the analysis are issued with a certificate of analysis that is presented as evidence in court.

Joint Task Force on Drugs Interdiction

As reported in previous national reports, the Joint Task Force on Drugs Interdiction (JTF) was established in 1993 as a government measure to improve law enforcement in relation to drug trafficking at sea. The JTF comprises members of AGS, the Revenue, and the Naval Service (Department of Defence 2015). The JTF is convened whenever AGS and the Revenue review intelligence received and consider whether a joint operation with the Naval Service and/or the Air Corps should be mounted. The Naval Service is legally empowered under the Criminal Justice Act, 1994, as amended by the Criminal Justice (Illicit Traffic by Sea) Act 2003, to engage in drug interdiction operations. The Air Corps provides air support if required and, on occasion, may be requested to carry members of the Revenue in an observational capacity for the purposes of monitoring vessels suspected of drug trafficking. The Air Corps provides an important intelligence-gathering capability when requested by the JTF. Intelligence for drug interdiction operations is provided by AGS, the Revenue , and the international intelligence centre MAOC-N (Department of Defence 2015).

T2. Trends

T2.1 Short term trends (5 years)

Seizures

The number of drug seizures in any given period can be affected by such factors as law enforcement resources, strategies, and priorities, and by the vulnerability of traffickers to law enforcement activities. However, drug seizures are considered indirect indicators of the supply and availability of drugs (see Standard Table 13). Data for drug seizures are recorded independently by both the Revenue Customs Division and AGS, and each will be presented separately below.

Revenue Customs Division seizures

Information regarding all Revenue Customs seizures, including Revenue Customs drugs seizures, are held in the Revenue National Seizure Register on C-NET, which is a secure networked intelligence system. Only Revenue seizures are recorded on this register. As set out in Table 18 in the Revenue *Annual Report 2023*, drugs seizures are recorded by one of the following product types:

- cannabis (herbal and resin)
- cocaine and heroin, and
- amphetamines, ecstasy, and other (Revenue 2024).

No further category breakdown is available. When a prosecution is pending, or presumptive field tests are not available, only samples are sent to FSI for analysis (personal communication, Revenue Press and Media Division, 2017).

Drug interceptions by the Revenue and joint operations in 2023 resulted in 9,217 seizures (9085kg), which were estimated to be valued at €302 million (Revenue 2024). The number of seizures for cocaine and heroin intercepted in 2023 (111) was lower than those intercepted in 2022 (143). The overall weight of these seizures was estimated at 3178 kg and had a value of €226.7 million (Revenue 2024). In 2023, a total of 3491 kg of cannabis (herbal and resin) with an estimated value of €66.8 million was intercepted in 2,513 separate seizures (Revenue 2024). The number of cannabis seizures in 2023 (2,513) was nearly 7% higher than 2022 (2,354). However, it was noted that the quantity seized in 2023 (3491 kg) was just over double the quantity seized in 2022 (1683 kg). Similarly, the estimated cost of products seized in 2023 (€66.8 million) was over double the cost reported in 2022 (€30.98 million). The highest number of seizures reported by Customs officers was for amphetamines, ecstasy, and other types of drugs (6593). The estimated weight of these substances was 2416 kg, and they had an estimated value of €8.5 million (Revenue 2024).

AGS seizures

Only drugs seized by AGS for supply offences are sent to FSI for analysis. Figure T2.1.1 shows trends for total seizures and cannabis-related seizures between 2003 and 2022 (personal communication, FSI, 2024). Overall, 14,383 cases were analysed by FSI in 2023, resulting in 13,640 drugs being categorised as identified; however, some products were categorised as indicated or as having trace amounts of product. Further analysis showed that no controlled drug was detected in 565 analyses and no controlled drug was identified in 77 analyses. While some cases were categorised as inconclusive (n=3), not analysed (n=40) or blanks (n=58).

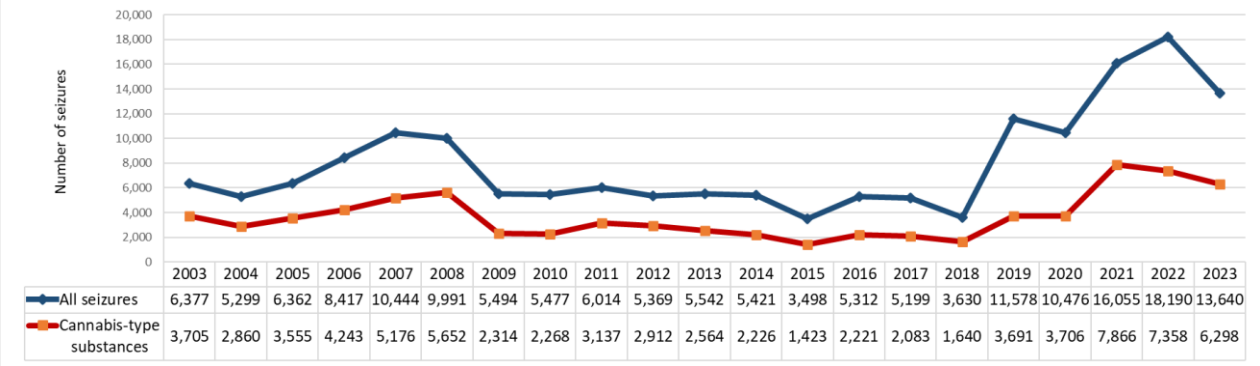
All drug seizures

Figure T2.1.1 shows a breakdown of trends in drug seizure analyses between 2003 and 2023. The total number of drug seizures analysed by FSI increased from 5,299 in 2004 to a peak of 10,444 in 2007. Between 2008 and 2010, the number almost halved, to 5,477. This decrease was followed by a slight increase in 2011 (6,014). An annual decrease occurred between 2011 and 2015, except for a very slight increase between 2013 and 2014 (3%). The 2015 figure showed the lowest number of seizures in a 12-year period. Following an

increase of 52% (1,814) between 2015 and 2016, a slight decrease occurred in 2017 (2%). Between 2017 (5,199) and 2018 (3,630), FSI analyses decreased by 30%. The quantity of drug seizures analysed by FSI in 2019 was more than three times higher than in 2018. In 2020, the total number of drug seizures analysed (N=10 476) was nearly 10% lower than 2019 figures (N=11 578). However, between 2020 and 2021, seizures analysis increased by 53% to 16,055. Drug seizures continued to increase in 2022 (+13%). Between 2022 and 2023, the number of seizures analysed deceased by 23% (see Figure T2.1.1).

Cannabis

Cannabis-type seizures accounted for over 46% of all drug seizures in 2023 (see Figure T2.1.1). Following a slight decrease between 2003 and 2004, seizures of cannabis-type substances increased from 2005 to reach a peak in 2008. Between 2008 and 2009, the number of such seizures decreased by approximately 60%. Although there was a 38% spike in seizures in 2011, an annual decreasing trend was evident between 2011 and 2015; 2015 figures were approximately 35% lower than those reported in 2011. One possible explanation for this outcome is that gardaí targeted the cannabis cultivation industry in numerous operations during that time frame. Between 2015 and 2017, an increasing trend was evident. While FSI analyses reduced by 21% between 2017 and 2018, the number of cannabis-type seizures in 2019 (3,691) was more than double the number analysed in 2018. While a slight increase was evident in 2020, it was very small (<.5%). The number of seizures analysed in 2021 (7,866) was two times higher than the number analysed in 2020 (3,706). The total number of cannabis-type seizures analysed in 2022 (7,358) was 6.5% lower than 2021. This decreasing trend continued between 2022 and 2023 (14%).



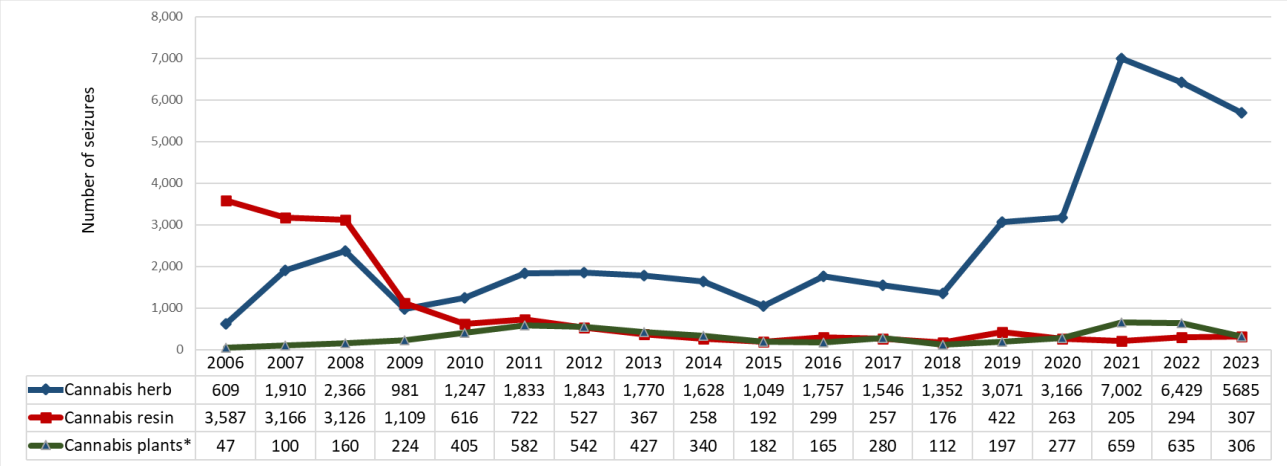
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
All seizures	6,377	5,299	6,362	8,417	10,444	9,991	5,494	5,477	6,014	5,369	5,542	5,421	3,498	5,312	5,199	3,630	11,578	10,476	16,055	18,190	13,640
Cannabis-type substances	3,705	2,860	3,555	4,243	5,176	5,652	2,314	2,268	3,137	2,912	2,564	2,226	1,423	2,221	2,083	1,640	3,691	3,706	7,866	7,358	6,298

Figure T2.1.1 Trends in the total number of drug seizures and cannabis seizures analysed, 2003–2023

Source: (personal communication, FSI, 2003–2024)

An examination of cannabis substances by type is shown in Figure T2.1.2. Cannabis herb has been shown to be the most prominent drug seized in Ireland since 2010. Between 2011 and 2015, there was an overall decrease in the numbers of cannabis herb, cannabis resin, and cannabis plants seizures. While the number of cannabis herb and resin seizures analysed increased between 2015 and 2016, Figure T2.1.2 illustrates that between 2016 and 2018, the number of seizures analysed for both substances decreased annually. However, between 2018 and 2019, a substantial increase was shown for the three main cannabis products analysed. In 2020, there was a slight increase in the analysis of cannabis herb seizures, and a larger increase was evident for cannabis plants. However, the analysis of cannabis resin decreased annually from 2019 (N=422) to 2021 (N=205). In contrast to the previous year, between 2021 and 2022, the analysis of cannabis resin seizures increased by 43%). Between 2022 and 2023, a small increase was evident (4%).

Between 2020 and 2021, the number of analyses increased over twofold for cannabis herb (121%) and cannabis plants (138%). During the same time frame, cannabis resin decreased by 22%. Between 2021 and 2022, the number of cannabis herb and cannabis plant seizures decreased by 8% and 4% respectively. This decreasing trend continued between 2022 and 2023 by 12% and 52%.



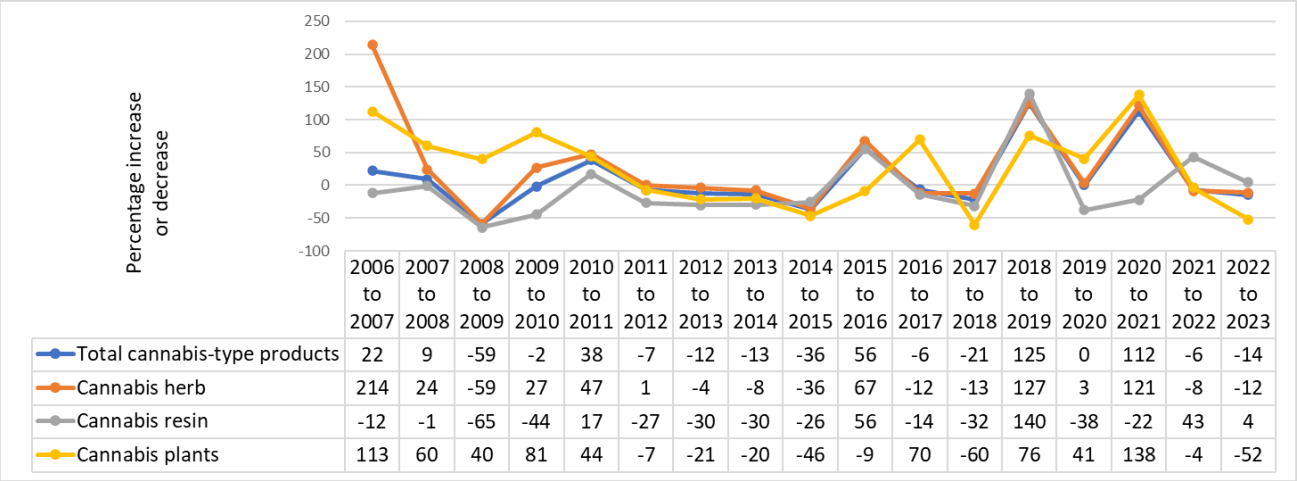
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Cannabis herb	609	1,910	2,366	981	1,247	1,833	1,843	1,770	1,628	1,049	1,757	1,546	1,352	3,071	3,166	7,002	6,429	5685
Cannabis resin	3,587	3,166	3,126	1,109	616	722	527	367	258	192	299	257	176	422	263	205	294	307
Cannabis plants*	47	100	160	224	405	582	542	427	340	182	165	280	112	197	277	659	635	306

Figure T2.1.2 Trends in the total number of drug seizures by cannabis type, 2006–2023

Source: (personal communication, FSI, 2007–2024)
* These figures are not a true reflection of the number of cannabis plants analysed, as only a sample of these seizures is sent for analysis.

As can be seen in Figure T2.1.3, analysis of percentage increases/decreases between 2011 and 2015 follows a similar trajectory as the total number of cannabis seizures. Overall, seizures showed a 56% increase between 2015 and 2016. Similarly, seizures of cannabis herb and resin increased by 67% and 56%, respectively. In contrast, this analysis shows that seizures of cannabis plants decreased by 9% between 2015 and 2016. A different picture emerged between 2016 and 2017; overall, there was a slight decrease in the analyses of cannabis-type seizures (6%). Similarly, the analysis by type indicates that seizures of cannabis herb and resin decreased by 12% and 14%, respectively. In contrast, a substantial increase (70%) was evident for seizures of cannabis plants. As stated previously, a possible explanation for this outcome is that operations by Irish law enforcement agencies have focused specifically on addressing the problem, resulting in arrests and convictions (personal communication, GNDOCB, 2016). However, it is also important to note that while the number of cannabis plants analysed has mainly been lower than the number of cannabis herb and cannabis resin samples, this is not a true reflection of how many cannabis plants are seized in Ireland each year, as only a sample of overall cannabis plant seizures are sent to FSI for analysis. Therefore, this outcome should be interpreted with caution. Between 2017 and 2018, the decrease in cannabis plants (60%) and cannabis resin (32%) accounted for a larger proportion of the overall 21% decrease in cannabis-type seizures. Figure T2.1.3 shows that the analysis of cannabis herb, resin, and plant seizures was significantly higher in 2019 when compared with 2018; however, in 2020, total cannabis-type seizures analyses remained similar to 2019 figures. Further investigation of this indicated that while only a slight increase was evident for the analysis of cannabis herb, analysis of cannabis resin decreased by 38% and analysis of cannabis plants increased by 41%. Between 2020 and 2021, there was a significant increase in the total number of cannabis-type seizures analyses (112%). As can be seen from Figure T2.1.3, cannabis herb and cannabis plants accounted for this increase, at 121% and 138%, respectively. A percentage decrease was shown for cannabis resin (22%). In contrast to the 2020 and 2021 timeframe, there was a small decrease in total cannabis type products (-6%), this decrease was also shown for cannabis herb (-6%) and cannabis plants (-4%), however cannabis resin has increased by 43%. Between 2022 and 2023, total cannabis-type products continued to decrease (14%). A

similar decreasing trend was evident for cannabis herb (12%) and cannabis plants (52%), cannabis resin analysis increased by 4%.



	2006 to 2007	2007 to 2008	2008 to 2009	2009 to 2010	2010 to 2011	2011 to 2012	2012 to 2013	2013 to 2014	2014 to 2015	2015 to 2016	2016 to 2017	2017 to 2018	2018 to 2019	2019 to 2020	2020 to 2021	2021 to 2022	2022 to 2023
Total cannabis-type products	22	9	-59	-2	38	-7	-12	-13	-36	56	-6	-21	125	0	112	-6	-14
Cannabis herb	214	24	-59	27	47	1	-4	-8	-36	67	-12	-13	127	3	121	-8	-12
Cannabis resin	-12	-1	-65	-44	17	-27	-30	-30	-26	56	-14	-32	140	-38	-22	43	4
Cannabis plants	113	60	40	81	44	-7	-21	-20	-46	-9	70	-60	76	41	138	-4	-52

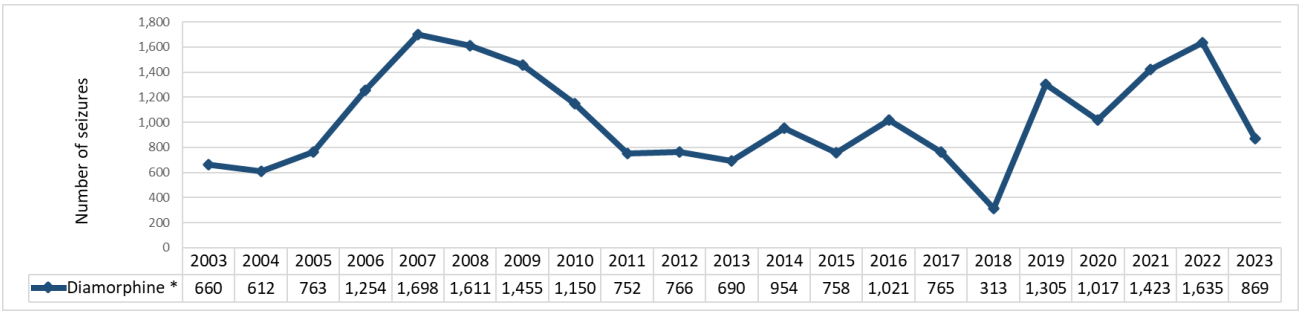
Figure T2.1.3 Comparison of percentage increase/decrease, total drug seizures analysed, and by cannabis type, 2006–2023

In 2022, other types of cannabis products were seized and submitted for analysis (N=151). Tetrahydrocannabinol (THC) including trace amounts was detected in 128seizures. According to FSI, 'trace amount' generally means a very small amount of a substance in the presence of something else, or it might be the residue of a drug on tinfoil (personal communication, FSI, 2019). Cannabis oil (cannabidiol [CBD]) was found in 21 seizures, and one other seizure contained both THC and cocaine.

Other controlled drugs

Opioids

Heroin: Figure T2.1.4 shows trends for seizures of heroin between 2003 and 2023. From 2004, the number of heroin seizures analysed increased, reaching a peak in 2007 (1,698). Although heroin seizures subsequently decreased almost every year between 2007 and 2013, a substantial increase occurred between 2013 and 2014 (38%). Although an increase was evident between 2015 and 2016 (35%), decreases were shown from 2014 to 2015 (21%) and from 2016 to 2017 (25%), with an even larger decrease shown between 2017 and 2018 (60%). The number of heroin seizures analysed in 2019 was more than four times higher than in 2018. While a decrease of heroin seizures analysed was evident between 2019 and 2020, heroin seizures analysed increased by 38% (388) between 2020 and 2021. A further increase was evident between 2021 and 2022 (15%, 212). One case that was analysed contained both diamorphine and cannabis (see Figure T2.1.4).



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Diamorphine *	660	612	763	1,254	1,698	1,611	1,455	1,150	752	766	690	954	758	1,021	765	313	1,305	1,017	1,423	1,635	869

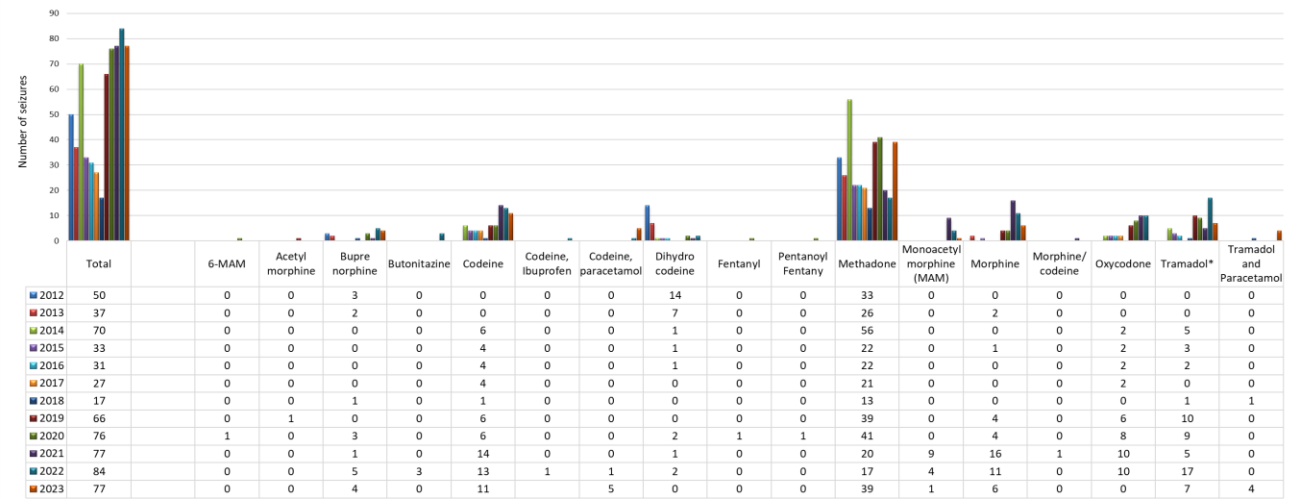
Figure T2.1.4 Trends in the number of heroin seizures analysed, 2003–2023

*2021 includes trace amounts detected

Source: (personal communication, FSI, 2003–2024)

Other opioids: Figure T2.1.5 shows trends in the number of other opioids seized between 2012 and 2023. Following a peak in the total number of seizures in 2014, the number of seizures of drugs in this category declined year on year, with the number of seizures in 2018 being approximately 77% lower than in 2014. However, in 2019, the total number of seizures analysed (N=66) was nearly four-and-a-half times higher than in 2018 (N=15). A slight increase was evident between 2019 and 2020 (15%). The number of other opioids increased by 1% between 2020 and 2021. A further increase was evident between 2021 and 2022 (5%). Between 2022 and 2023 there was a small decrease (8%)

Methadone has been the most prominent drug in this category since 2012 and accounted for 20% of products in this category in 2023, followed by codeine (n=11), and tramadol (n=7) (see Figure T2.1.5). In 2023, other substances analysed included morphine (n=6), buprenorphine (n=4), and monoacetylmorphine (n=1). In 11 cases, codeine and paracetamol (n=5) and tramadol and paracetamol (n=4) were indicated.



	Total	6-MAM	Acetyl morphine	Bupre norphine	Butonitazine	Codeine	Codeine, ibuprofen	Codeine, paracetamol	Dihydro codeine	Fentanyl	Pentanoyl Fentany	Methadone	Monoacetyl morphine (MAM)	Morphine	Morphine/ codeine	Oxycodone	Tramadol*	Tramadol and Paracetamol
2012	50	0	0	3	0	0	0	0	14	0	0	33	0	0	0	0	0	0
2013	37	0	0	2	0	0	0	0	7	0	0	26	0	2	0	0	0	0
2014	70	0	0	0	0	6	0	0	1	0	0	56	0	0	0	2	5	0
2015	33	0	0	0	0	4	0	0	1	0	0	22	0	1	0	2	3	0
2016	31	0	0	0	0	4	0	0	1	0	0	22	0	0	0	2	2	0
2017	27	0	0	0	0	4	0	0	0	0	0	21	0	0	0	2	0	0
2018	17	0	0	1	0	1	0	0	0	0	0	13	0	0	0	0	1	1
2019	66	0	1	0	0	6	0	0	0	0	0	39	0	4	0	6	10	0
2020	76	1	0	3	0	6	0	0	2	1	1	41	0	4	0	8	9	0
2021	77	0	0	1	0	14	0	0	1	0	0	20	9	16	1	10	5	0
2022	84	0	0	5	3	13	1	1	2	0	0	17	4	11	0	10	17	0
2023	77	0	0	4	0	11		5	0	0	0	39	1	6	0	0	7	4

Figure T2.1.5 Trends in the number of seizures of other opioids, 2012–2023

*includes trace amounts detected
Source: (personal communication, FSI, 2012–2024)

Cocaine: Figure T2.1.6 shows the trends for cocaine seizures analysed between 2003 and 2023. Generally, except for a 11% spike between 2013 and 2014, the number of cocaine seizures analysed decreased from a peak of 1,749 in 2007 to 364 in 2015. One possible explanation for this is that the economy in Ireland was not doing well in 2013 and 2014; another possibility is that the market would have been affected by the availability of cheaper white powders that mimic the effects of cocaine (personal communication, GNDOCB, 2016). An increase in cocaine analyses was seen between 2015 and 2016 (63%) and between 2016 and 2017 (33%). Although a decrease of 23% was shown between 2017 and 2018, this was followed by a substantial increase (N=1,658) between 2018 (N=608) and 2019 (N=2,266), where the number of cocaine seizures analysed was close to four times higher than in 2018. The number of cocaine seizures analysed in 2020 was 12% lower than those analysed in 2019. However, since then an increasing trajectory was seen between 2020 and 2021 (34%), and again between 2021 and 2022 (50%). In addition, in 2022, cocaine was also detected along with other substances (n=22): benzocaine (n=15), eutylone (n=3), paracetamol (3) and monoacetylmorphine (n=1).

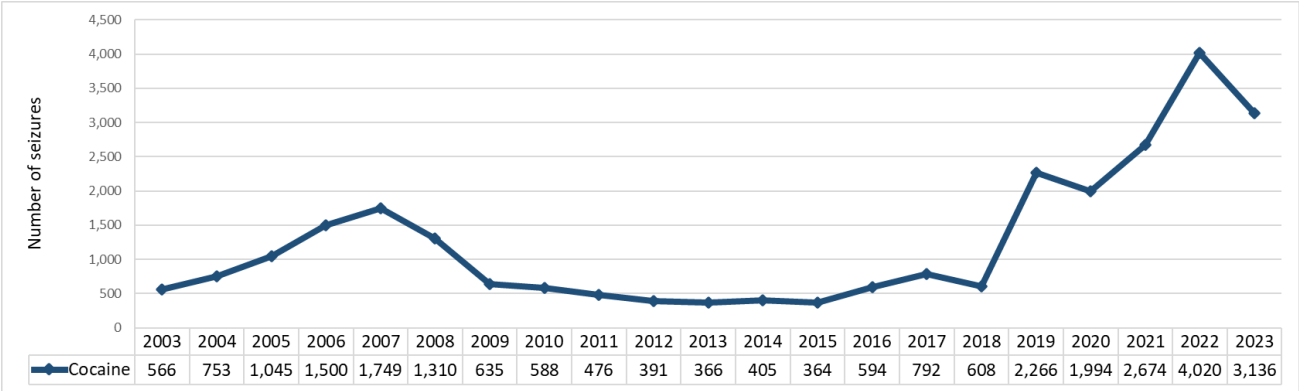


Figure T2.1.6 Trends in the number of cocaine seizures, 2003–2023

Source: (personal communication, FSI, 2003–2024)

Stimulants other than cocaine: Table T2.1.1 shows a breakdown of the stimulants other than cocaine that were seized and analysed by FSI between 2013 and 2023. Between 2016 and 2018, there was a steady decline in analyses. However, in 2019, FSI analysed 1,304 stimulants other than cocaine; this was more than three times higher than 2018 figures. Since 2019, analyses have decreased annually, between 2019 and 2020 (31%), between 2020 and 2021 (11%), between 2021 and 2022 (2%) and between 2022 and 2023 (27%).

As shown in Table T2.1.1, a breakdown by substance indicates that the most prominent substance in this category is MDMA, followed by amphetamine and methylamphetamine. Following a peak in 2013 (n=434), the number of MDMA seizures decreased until 2015 (n=202). Between 2015 and 2016, an increase of 71% was shown. Although the change between 2016 and 2017 was negligible, the analyses of MDMA seizures decreased by 12% between 2017 and 2018. Data received from FSI have shown that the number of MDMA analyses in 2019 (n=977) was more than three times higher than in 2018 (n=304). Since 2020, a decreasing trajectory has been shown, between 2019 and 2020 (35%), between 2020 and 2021 (39%), between 2021 and 2022 (3%) and between 2022 and 2023 (39%)

Following a steady decline between 2013 and 2015, the number of analyses of amphetamine seizures peaked in 2016 (n=104). Between 2016 and 2017, a decline of 40% was recorded. While a slight increase occurred in 2018 (10%), a further increase was shown in 2019, where the number of analyses carried out was more than three times higher than in 2018, and more than double the analyses reported in 2016 (n=104) (see Table T2.1.1). Between 2019 and 2020, the analysis of amphetamine seizures decreased by approximately 16%. However, between 2020 and 2021, the analysis of amphetamine seizures was nearly two times higher than those analysed in 2019. The number of amphetamine seizures analysed in 2022 was similar to 2021, however between 2022 and 2023, the number analysed decreased by 35%.

As shown in Table T2.1.1, 39 methylamphetamine seizures were analysed by FSI in 2023.

Table T2.1.1 Stimulants other than cocaine analysed by FSI, 2013–2023

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total	697	642	368	542	469	404	1304	900	826	807	590
1,3-Dimethylamylamine (DMAA)	–	1	–	–	–	–	–	–	–	–	–
25C-NBOMe	–	–	–	–	–	–	–	–	2	1	–
2C-B	–	17	15	3	0	2	15	15	24	14	14

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
2C-I	–	3	–	–	–	2	4	1	–	–	–
5-MAPB	–	–	–	–	–	–	–	1	–	–	–
6-APB	–	–	–	–	–	–	–	1	–	–	–
6-MAPB	–	–	–	–	–	–	–	1	–	–	–
4-Chloro-alpha-pyrrolidinovalerophenone	–	–	–	–	–	1	1	–	–	–	–
Alpha-PVP/PVP	81	64	46	50	24	2	4	–	–	–	–
Amphetamine *	77	75	63	104	62	68*	221*	185	335	333	202*
Amphetamine (Cocaine)	–	–	–	–	–	–	–	3	–	3	3
Beta-hydroxy-2C-B	–	–	–	–	–	–	–	–	–	1	–
BZP	7	10	1	–	2	–	–	–	–	–	–
Chlorodimethoxyamphetamine	–	–	–	–	–	–	–	1	–	–	–
Chloro-pyrrolidinovalerophenon (PVP)	–	–	–	–	–	–	–	1	–	–	–
Desozypipradrol	–	–	–	–	–	–	–	–	–	–	–
Dibutylone	–	–	–	–	–	–	2	1	–	–	–
Dimethoxybromoamphetamine (DOB)	–	1	–	–	–	–	1	–	–	–	–
Dimethoxychloroamphetamine	–	–	–	–	–	–	1	–	–	–	–
Dimethylone	–	2	–	–	–	–	–	–	–	–	–
Fluoroethylamphetamine	–	–	–	–	–	–	–	1	–	–	–
Fluoromethylamphetamine	–	–	–	–	–	–	–	1	–	–	1
Fluorophenmetrazine	–	–	–	–	–	–	2	1	–	–	–
Hordenine	–	–	–	–	–	–	–	1	–	–	–
Khat	–	–	–	–	–	3	2	2	–	2	1
MDMA*	434	386	202	345	344	304	977*	632	388	378*	311
MDMA in plastic bag	–	–	–	–	–	–	–	–	1	–	–
MDMA, Cocaine, Amphetamine	–	–	–	–	–	–	–	–	1	–	–
MDMA, Cocaine										1	–
MDPV	–	6	1	4	1			–	–	–	–
Mephedrone (Methylmethcathinone/MMC)	–	4	6	3	4		5	2	3	3	3
Methiopropamine	–	–	–	–	–	–	–	1	–	–	–
Methoxyamphetamine	–	7	–	–	–	–	–		–	–	–
Methylamphetamine	37	24	4	28	29	22*	56*	33	53*	60	39
Methylenedioxyamphetamine						–	–	–	–	–	1
Methylenedioxyethylamphetamine (MDEA)	30	8	2	2	–	–	1	–	–	–	–
Methylphenidate	–	1	–	–	–	–	4	5	2	4	3
Mitragynine	–	–	–	–	–	–	7	9	6	1	1

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
N-(Dimethylpentyl)-DMA	–	–	–	–	–	–	–	1	9	5	2
N,N-Dimethylpentylone	–	–	–	–	–	–	–	–	–	–	9
Pentedrone	–	4	19	1	–	–	–	–	–	–	–
Phentermine	–	1	–	–	–	–	–	–	2	–	–
PMA	5	4	1	–	1	–	–	–	–	–	–
TFMPP (Trifluoro-methyl-phenylpiperzine)	26	24	8	2	2	–	1	1	–	1	–

Note: "–" = no data available; * includes trace amounts

Source: (personal communication, FSI, 2013–2024)

Hypnotic and sedative drugs: Another factor that may be influencing seizure trends for illegal drugs is the illegal street sale of prescription drugs. Table T2.1.2 shows trends for some of the main prescription drugs, primarily benzodiazepines and Z-hypnotics, seized by AGS and analysed by FSI between 2013 and 2023. Following a peak in 2013 (N=861), the number of seizures of hypnotic and sedative substances decreased annually until 2016. A 73% increase in these seizures was recorded between 2016 and 2017, followed by a 49% decrease between 2017 and 2018. However, the number of seizures analysed in 2019 (N=1269) was more than four times higher than those reported in 2018 (N=309). Since 2019, an increasing trajectory has been evident between 2019 and 2020 (8%), between 2020 and 2021 (6%). Between 2021 and 2022 there was a significant increase in the analysis of hypnotic and sedative substances (44%). Hypnotic and sedative drugs analysed in 2023 (1197) were 43% lower than 2022 (2091).

The most prominent drug in this category in 2022 was alprazolam, followed by zopiclone, diazepam, delorazepam, and then flualprazolam. Following the overall trend for this category between 2022 and 2023, alprazolam decreased by 43% in 2023, while decreases were also evident in zopiclone (44%) and diazepam (32%). Between 2021 and 2022 the analysis of delorazepam seizures decreased by 72%.

Table T2.1.2 Seizures of a selection of benzodiazepines and Z-hypnotics, 2012–2023

Hypnotic and sedative drugs	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total	861	821	392	350	605	309	1269	1368	1449	2091	1197
Alprazolam	145	201	127	115	304	160	681	745	833*	1284*	729
Alprazolam plus adinazolam indicated	–	–	–	–	–	–	–	–	1	–	–
Amyl nitrite	–	–	–	–	–	–	–	1	–	–	–
Bromazepam	–	–	1	–	–	–	–	2	3	8	1
Chlordiazepoxide	–	2	1	–	1	–	1	2	3	3	1
Clonazolam	–	–	–	–	–	–	3	5	14*	7*	11
Delorazepam	–	–	–	–	–	–	–	62	107	46	13
Diazepam	450	420	175	141	155	62	230	163	161	276*	187*
Flualprazolam	–	–	–	–	–	–	5	40	28	40*	11*
Flualprazolam indicated, Deschloroetizolam	–	–	–	–	–	–	–	–	–	1*	–
Flunitrazepam (Rohypnol)	6	1	–	–	–	–	–	–	–	–	–
Flurazepam	35	37	15	15	11	4	25	16	12	12	9
GBL	–	3	–	–	–	–	7	9	–	–	–

Hypnotic and sedative drugs	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
GHB	–	–	–	–	–	–	1	–	–	–	–
Lorazepam	–	1	–	–	–	2	2	5	4	2	–
Nitrazepam	–	2	1	–	–	2	–	–	–	–	–
Nitrazolam	–	–	–	–	–	–	1	1	1	–	–
Nordazepam	–	–	–	–	–	5	5	1	–	–	–
Pentobarbitone	–	1	–	–	–	–	–	–	–	–	–
Phenobarbitone	–	1	–	–	–	–	–	–	–	–	–
Prazepam	–	1	–	–	–	–	–	–	–	–	–
Temazepam	6	4	1	1	–	–	–	1	3	–	3
Triazolam	7	12	2	4	5	1	5	5	5	7	3
Zolpidem	7	10	4	–	3	1	7	9	4	4	5
Zopiclone	205	125	65	74	126	72	296	301	270	401	224

Note: "–" = not detected; * includes amounts indicated or trace amounts
Source: (personal communication, FSI, 2013–2024)

Hallucinogens: Table T2.1.3 shows trends in the number of hallucinogen seizures between 2013 and 2023. Over the course of this time frame, a variety of hallucinogens have been seized, including ketamine, lysergide, N, N-Dimethyltryptamine (DMT), psilocin, and psilocin/psilocybin. While the total number of hallucinogen seizures analysed ranged from 65 to 79 between 2016 and 2018, the number reported by FSI in 2019 (302) was nearly four times higher than the number reported in 2018 (n=72). Between 2019 and 2020, the total number of seizures in this category decreased by 25%. An increase of 23% was evident between 2020 and 2021 and an increase of 24% was evident between 2021 and 2022. Between 2022 and 2023, hallucinogens analysed decreased by 6%.

The most predominant hallucinogen seized in 2023 was ketamine (n=246), which was slightly lower (6%) than the number of ketamine analyses in 2022 (n=262). This was followed by lysergide (n=42), psilocin/psilocybin (n=20), DMT (n=11), and psilocin (n=5).

Table T2.1.3 Trends in the number of seizures of hallucinogens, 2013–2023

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total	29	29	27	65	79	72	302	228	280	349	329
1cP-LSD	–	–	–	–	–	–	–	1	1*	1*	1*
1P-LSD	–	–	–	–	–	–	–	1	2*	–	1
2-fluorodeschloroketamine (2-'FI-2-Oxo-PCM)	–	–	–	–	–	–	–	2*	4*	–	–
Acetylpsilocin **	–	–	–	–	–	1*	2	1	–	–	–
ALD-52	–	–	–	–	–	–	–	3	–	–	1*
Fluorodeschloroketamine	–	–	–	–	–	–	–	2	10*	1	–
Fluoroketamine	–	–	–	–	–	–	–	–	1	–	–
Hydroxy-N, N-ethylmethyltryptamine	–	–	–	–	–	–	–	1	–	2	–
Ketamine	19	11	11	45	54	48	240*	169	188*	262	246
Ketamine, Cocaine	–	–	–	–	–	–	–	–	–	1	–

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Lysergide (LSD)	10	11	12	13	7	11	36	31	38	38	42
Mescaline	–	–	–	–	–	5	1	–	–	–	–
Mushrooms	–	–	–	–	–	–	–	–	–	1	–
N,N-Dimethyltryptamine (DMT)	–	1	2	7	7	2	18	14	18	18	11
Psilocin	–	1	2	–	11	–	–	–	1	11	5
Psilocin/psilocybin	–	–	–	–	–	5	3	1	6	14	20
Psilocybin	–	5	–	–	–	–	1	2	11	–	2
Salvinorin A	–	–	–	–	–	–	1	–	–	–	–

Note: "–" = not detected; * includes amounts indicated; ** Can mean not controlled in Ireland at time of analysis, or a small amount of material present
Source: (personal communication, FSI, 2013–2023)

NPS: Table T2.1.4 shows trends for NPS that are available on the Irish market. In 2023, 318 NPS seizures were analysed by FSI. This figure was 51% lower than the number analysed in 2022 (N=647). The most prominent NPS in 2023 was etizolam (n=66), followed by chloromethcathinone (n=53), bromazolam (n=36), and flubromazolam (n=27). As can be seen from Table T2.1.4 several products included cases labelled as 'indicated'. In this context, FSI defines indicated as meaning not controlled in Ireland at time of analysis, or a small amount of material present.

Table T2.1.4 Seizures of NPS in Ireland, 2013–2023

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
		39	79	42	50	41	64	388	320	568	647	318
Arylcyclohexylamines	Methoxetamine (MXE)	–	6	10	3	1	–	2	–	–	–	–
Other Benzodiazepines	Adinazolam	–	–	–	–	–	–	–	43	48*	41*	18*
	Adinazolam and amantadine indicated	–	–	–	–	–	–	–	–	1	2	–
	Adinazolam, melatonin and adinazolam	–	–	–	–	–	–	–	–	1	–	–
	Adinazolam, melatonin and amantadine	–	–	–	–	–	–	–		1	–	–
	Bromazolam	–	–	–	–	–	–	–	1	15*	47*	36*
	Bromazolam indicated, Alprazolam (trace)	–	–	–	–	–	–	–	–	1	–	1
	Clonazepam	16	13	12	6	10	4	15	23	10	17	8
	Desalkylflurazepam	–	–	–	–	–	–	–	1	–	–	–
	Desalkylgidazepam	–	–	–	–	–	–	–	–	–	–	2
	Deschloroetizolam	–	–	–	–	–	–	–	1	1	–	–
	Diclazepam	–	–	–	–	–	2	51	31	17*	8*	2*
	Diclazepam and Etizolam	–	–	–	–	–	–	–	–	2*	2*	–
	Etizolam	–	–	–	–	–	3	221	146	211*	268*	66*

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	Etizolam and Cocaine indicated	–	–	–	–	–	–	–	–	1	–	–
	Etizolam and Flualprazolam	–	–	–	–	–	–	–	–	–	1	–
	Etizolam indicated and Phenacetin	–	–	–	–	–	–	–	–	–	1	–
	Flubromazepam	–	–	–	–	–	–	–	1	–	3*	1*
	Flubromazolam	–	–	–	–	–	–	–	3	51*	49*	27*
	Flubromazolam and Alprazolam indicated	–	–	–	–	–	–	–	–	–	–	2
	Flubromazolam and Bromazolam indicated	–	–	–	–	–	–	–	–	–	–	2
	Flubromazolam and Diazepam	–	–	–	–	–	–	–	–	–	–	1
	Flubromazolam and Etizolam	–	–	–	–	–	–	–	–	–	–	1
	Meclonazepam indicated	–	–	–	–	–	–	–	–	1	–	–
	Phenazepam	–	13	12	34	28	21*	14	3	4	1	5
Cannabinoids (Synthetic)	3F-MDMB-PINACA	–	–	–	–	–	–	–	1	–	–	–
	4F-MDMB-BICA	–	–	–	–	–	–	–	–	–	2	2
	4F-MDMB-BINACA	–	–	–	–	–	–	–	13	19*	2*	–
	4F-MDMB-BUTICA	–	–	–	–	–	–	–	–	2*	2	–
	4F-MDMB-BUTINACA	–	–	–	–	–	–	–	–	–	2	–
	5F-ADB (5F-MDMB-PINACA)	–	–	–	–	–	–	5	4	–	–	–
	5F-ADBICA	–	–	–	–	–	–	–	–	1*	–	–
	5F-AKB48	–	–	–	–	–	–	1	1	–	–	–
	5F-EDMB-PICA	–	–	–	–	–	–	–	–	17	16*	6*
	5F-EMB-PINACA	–	–	–	–	–	–	–	1	–	–	–
	5F-MDMB-PICA	–	–	–	–	–	–	17	6	19*	6	–
	5F-3,5-AB-PFUPPYCA	–	–	–	–	–	–	–	–	–	1*	–
	EDMB-PINACA	–	–	–	–	–	–	–	–	–	5*	–
	5F-CUMYL-P7AICA	–	–	–	–	–	–	–	–	–	1	–
	AB-PINACA	–	–	–	–	–	4*	1	–	–	–	–
	ADB-Br-BUTINACA	–	–	–	–	–	–	–	–	–	–	8
	ADB-BUTINACA	–	–	–	–	–	–	–	–	32	51*	16*
	ADB-BUTINACA, no controlled drug detected	–	–	–	–	–	–	–	–	1	–	–
	ADB-BUTINACA/MDMB-4en- Traces	–	–	–	–	–	–	–	–	–	1*	–
	ADB-FUBINACA	–	–	–	–	–	1*	–	–	–	–	–
	ADB-4en-PINACA	–	–	–	–	–	–	–	–	–	1	–
	ADB-PINACA	–	–	–	–	–	–	–	–	–	–	21
	AMB-FUBINACA	–	–	–	–	–	4*	1	–	–	–	–

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	CI-2201	–	–	–	–	–	–		1	–	–	–
	CUMYL-5F-P7AICA	–	–	–	–	–	–	1	4	–	–	–
	Hexahydrocannabinol (HHC)	–	–	–	–	–	–	–	–	–	–	4
	JWH-018	4	–	–	2	–	–	–	–	–	–	–
	JWH-019		–	–	–	–	–	–	1	–	–	–
	JWH-073	1	–	–	–	–	–	–	–	–	–	–
	JWH-210	–	–	–	–	–	–	–	–	–	–	5
	MDMB CHMICA	–	–	–	–	–	2	–	–	–	–	
	MDMB-4en-PINACA	–	–	–	–	–	–	–	–	43*	17*	8*
	NM-2201	–	–	–	–	–	–	–	1	–	–	–
	STS-135	–	1	–	–	–	–	–	–	–	–	–
Cathinones (synthetic)	3',4'-Methylenedioxy-α-pyrrolidinobutyrophenone (MDPBP)	–	2	–	–	–	–	–	–	–	–	–
	4-Methylethcathinone or 4-MEC	–	23	–	–	–	–	–	–	–	–	–
	Bupropion	–	–	–	–	–	–	–	–	1*	–	–
	Butylhexedrone	–	–	–	–	–	–	–	–	–	1	–
	Chlorethcathinone	–	–	–	–	–	–	1*	–	3	4	–
	Chloromethcathinone	–	–	–	–	–	–	–	2	15	48	53
	Chloro-N,N-dimethylcathinone	–	–	–	–	–	–	–	–	2	1	–
	Clephedrone	–	–	–	–	–	2	10	5	9	–	–
	Dipentylone	–	–	–	–	–	–	–	–	–	8	5*
	Ethylhexedrone	–	–	–	–	–	–	–	–	–	2	–
	Ethylone (3,4-methylenedioxy-N-ethylcathinone; MDEC)	–	6	4	–	–	1	4	–	1	–	–
	Ethylpentylone	–	–	–	–	–	–	–	1	–	–	–
	Eutylone	–	–	–	–	–	–	1	7	6	6	1
	Fluoro-methyl-PVP	–	–	–	–	–	–	–	–	3	1	–
	Fluoro-PVP (Fluoro-pyrrolidinovalerophenone)	–	–	–	–	–	–	–	–	–	–	1
	MAPB	–	–	–	–	–	–	–	–	–	–	1
	Methedrone	–	1	–	–	–	–	1	–	–	–	–
	Methomethcathinone	–	–	–	–	–	–	1	3	–	–	–
	Methylethcathinone (MEC)	–	–	–	–	–	3	3	1	–	–	–
	Methylone (3,4-methylenedioxy-N-methylcathinone, MDMC)	12	2	–	–	–	–	–	–	–	–	–
	N-cyclohexyl Methylone	–	–	–	–	–	–	–	–	–	–	3

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N-Ethylhexedrone	–	–	–	–	–	9	17	8	8	–	–
	N-Ethylpentedrone	–	–	–	–	–	–	–	–	2	–	1
	Pyrrolidinohexiophenone (PHP)	–	–	–	–	–	–	–	–	2	–	–
Indolalkylamines/tryptamines	AMT	–	4	–	–	–	–	–	–	–	–	–
	Methoxy-DBT	–	–	–	–	–	–	–	1	4	2	1
	Methoxy-DBT and Alprazolam	–	–	–	–	–	–	–	–	–	1	–
	Methoxy-DMT	–	–	–	–	–	–	–	–	–	1	1
	Methoxy-N,N-diisopropyltryptamine	–	–	–	–	–	–	–	–	–	1	–
	U-51754 indicated	–	–	–	–	–	2	–	–	–	–	–
Other Opioids	Metonitazene	–	–	–	–	–	–	–	–	–	1	–
	2C-B-FLY	–	–	–	–	–	–	–	–	–	–	3
Phenethylamines	Dimethoxychloramphetamine	–	–	–	–	–	2	–	–	–	–	–
	Flephedrone (4-Fluoramphetamine)	6	3	–	–	–	–	1	–	–	–	–
	Iododimethoxyphenethylamine (2C-I)	–	–	–	–	–	–	–	–	1	–	–
	Isopropylphenidate/propylphenidate	–	–	–	–	–	–	–	–	1*	–	–
	N-Ethylpentylone	–	–	–	–	–	4	12	3	1	1	–
	Phenethylamine	–	–	–	–	–	–	–	1	–	2*	–
Piperazine derivatives	MBZP (1-benzyl-4-methylpiperazine)	–	1	1	0	0	–	–	–	–	–	–
	mCPP (1-(3-chlorophenyl))	–	4	3	5	2	–	2	–	–	2	–
Piperidines & pyroolidines	4-anilino-1-Boc-piperidine	–	–	–	–	–	–	–	–	1*	–	–
	BOC-4-ANP/4-anilinopiperidine	–	–	–	–	–	–	–	1	–	–	–
	Ethylphenidate	–	–	–	–	–	–	1	–	–	–	–
Plants and Extracts	Harmine	–	–	–	–	–	–	2	–	–	1	–
	Harmine/Harmaline	–	–	–	–	–	–	1	–	–	–	–
	Nicotine	–	–	–	–	–	–	2	1	2*	6*	–
	Plant material unknown	–	–	–	–	–	–	–	–	2	–	–
Other NPS	Dextromethorphan indicated	–	–	–	–	–	–	–	–	1	–	–

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	Dihydrofuran-2(3H)-one (GBL)	–	–	–	–	–	–	–	–	4	11	6

Note: "–" = not detected; * includes trace amounts and amounts that are indicated
Source: (personal communication, FSI, 2013–2024)

Medicinal products: Table T2.1.5 shows a breakdown of medicinal products seized between 2013 and 2023. The number of medicinal products analysed by FSI in 2023 (N=546) was nearly 32% lower than in 2022 (N=801).

The main drug seized in this category in 2023 was benzocaine (n=272) which was significantly lower than in 2022 (n=335). The most prominent substance after benzocaine was pregabalin (n=52), creatine/creatinine (n=47), quetiapine (n=20), paracetamol (19) and benzocaine/cocaine (15). Similar to the NPS category, several cases were analysed where small amounts of a substance were identified and categorised as 'indicated.'

Table T2.1.5 Seizures of medicinal products in Ireland, 2013–2023

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Overall Total		54	90	56	78	45	104	714	644	550	801	546
Acne and hair growth	RU-58841	–	–	–	–	–	–	1	–	–	–	–
Anti-aging	Squalene	–	–	–	–	–	–	1	–	–	–	–
Anti-flatulent	Simeticone	–	–	–	–	–	–	1	–	–	–	–
Antifungal	Fluconazole	–	–	–	–	–	–	1	–	–	–	–
Antiparkinsonian	Amantadine	–	–	–	–	–	–	1	–	–	–	–
	Biperiden	–	–	–	–	–	–	–	–	–	1*	–
	Procyclidine	–	–	–	–	–	–	–	1	–	1	–
Antipsychotic	Paliperidone	–	–	–	–	–	–	1	–	–	–	
Bipolar	Valproic Acid	–	–	–	–	–	–	1	1	1*	1*	–
Bladder conditions	Oxybutynin Chloride	–	–	–	–	–	–	1	–	–	–	–
Blood thinners	Apixaban	–	–	–	–	–	–	1	–	–	–	–
	Clopidogrel	–	–	–	–	–	–	1	–	–	–	–
	Rivaroxaban	–	–	–	–	–	–	–	1	–	–	–
Cholesterol	Atorvastatin	–	–	–	–	–	–	–	1	–	–	–
	Pravastatin	–	–	–	–	–	–	1	–	–	–	–
	Simvastatin	–	–	–	–	–	–	1	–	–	–	–
Gout (Joint Pain)	Febuxostat	–	–	–	–	–	–	1	–	–	–	–
Hair loss men/hair growth women	Finasteride	–	–	–	–	–	–	1	–	–	–	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Herpes infections	Aciclovir	–	–	–	–	–	–	1	–	–	–	–
Traumatic brain Injury	N-Phenylacetylprolylglycine ethylester	–	–	–	–	–	–	1	–	–	–	
ADHD	Atomoxetine	–	–	–	–	–	–	–	–	1*	–	–
Alcoholism	Disulfiram	–	–	–	–	–	–	–	–	1*	–	–
Androgenic-anabolic steroids	Dehydrochloromethyltestosterone	–	–	–	–	–	–	–	–	–	–	1*
	Mestanolone	–	–	–	–	–	–	–	–	–	1	–
	Mesterolone	–	–	–	–	–	–	1	–	6	1*	–
	Methandienone indicated	–	–	–	–	–	1	–	–	6	–	–
	Methandienone/Metandienone	9	7	3	–	–	2	18	2	–	–	–
	Methandrostenolone	–	6	2	4	–	2*	11	10	10*	18*	9
	Methyltesterosterone	11	2	2	–	–	–	10	4	1*	5*	2
	Methyltestosterone and metandienone	–	–	–	–	–	–	–	–	–	1*	–
	Oxandrolone	–	–	–	–	–	1*	7	4	7*	4*	5*
	Oxymetholone	–	7	2	7	–	–	12	8	–	6*	3*
	Stanozolol	5	8	2	2	2	5*	11	7	4*	4*	7*
	Trenbolone	–	–	–	–	–	1*	–	–	–	–	–
Anaesthetic	Deschloroketamine	–	–	–	–	–	–	–	–	–	–	1*
	Aspirin	–	1	–	–	–	–	6	16	14*	11*	5*
	Benzocaine	–	18	18	28	36	30*	207	225	205*	335	272*
	Benzocaine (cocaine)	–	–	–	–	–	–	–	9	8	6	15*
	Benzocaine (Lignocaine)	–	–	–	–	–	–	–	1	–	–	–
	Benzocaine and Paracetamol	–	–	–	–	–	–	–	–	–	–	1*
	Benzocaine indicated, creatine/	–	–	–	–	–	–	–	–	1*	–	–
	Ephedrine (prevents low blood pressure during spinal anaesthesia)	3	–	–	–	–	3	1	–	–	–	–
	Ephedrine/pseudoephedrine	–	–	–	–	–	–	–	–	1	–	–
	Ephedrine/pseudoephedrine/paracetamol	–	–	–	–	–	–	–	–	–	1	–
	Ephedrine	–	–	–	–	–	–	–	1	–	–	–
	Hydromorphone	–	–	–	–	–	–	1	–	–	1	–
	Ibuprofen	–	–	–	–	–	–	8	8	3*	8*	1
	Lignocaine	–	9	12	2	1	2	11	9	16*	9*	2*
	Mefenamic acid	–	–	–	–	–	–	3	2	1*	1*	1*
	Midazolam	–	–	–	–	–	–	1	–	–	1	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	Naproxen	–	–	–	–	–	–	2	–	1*	1*	
	Paracetamol	–	5	1	25	3	15*	46	35	24*	57*	19*
	Phenacetin	5	5	4	2	1	5*	5	10	2*	12*	5*
	Procaine	–	–	–	–	–	–	1	2	1*	–	1
Antibiotics	Doxycycline	–	–	–	–	–	–	1	–	–		–
	Flucloxacillin	–	–	–	–	–	–	2	–	–	–	–
	Metronidazole	–	–	–	–	–	–	1	–	–	1*	–
	Tetracycline	–	–	–	–	–	–	1	–	–	–	–
	Trimethoprim	–	–	–	–	–	–	–	1	–	–	–
Antidepressant	Fluoxetine	–	–	–	–	–	–	4	–	2*	2*	1*
	Agomelatine	–	–	–	–	–	–	1	–	1	–	–
	Amitriptyline	–	–	–	–	–	4*	9	17	16*	7*	6*
	Buspirone	–	–	–	–	–	–	–	1	–	–	–
	Citalopram	–	–	–	–	–	–	1	2	1*	–	1*
	Clobazam	–	–	–	–	–	–	–	–	–	1	–
	Clomethiazole	–	–	–	–	–	1*	–	–	–	–	–
	Doxepin	–	–	–	–	–	–	23	2	–	–	–
	Escitalopram	–	–	–	–	–	–	2	–	–	3*	–
	Lisdexamphetamine	–	–	–	–	–	1*	–	–	–	–	–
	Mesembrine	–	–	–	–	–	–	–	2	–	–	–
	Mirtazapine	–	5	1	–	–	2	14	19	12*	26	9*
	Nortriptyline	–	–	–	–	–	–	1	–	–	–	
	Paroxetine	–	–	–	–	–	–	1	–	–	1	–
	Pregabalin	–	–	–	–	–	10*	41	32	52*	74*	52*
	Prochlorperazine	–	–	–	–	–	1*	–	1	–	1*	2*
	Quetiapine	–	–	–	–	–	2*	9	12	22*	29*	20*
	Sertraline	–	–	–	–	–	2*	1	6	6*	7*	4*
	Trazodone	–	–	–	–	–	–	1	1	–	1*	
	Venlafaxine	–	–	–	–	–	–	4	4	1*	–	1*
Anti-inflammatory	Celecoxib	–	–	–	–	–	–	1	–	–	–	–
	Diclofenac	–	–	–	–	–	–	1	1	2*	–	–
	Ketoprofen	–	–	–	–	–	–	–	1	–	–	1*
	Nimesulide	–	–	–	–	–	–	1	–	–	1*	
Antihistamine	Bisoprolol	–	–	–	–	–	1*	–	1	2*	–	2*
	Camphor	–	–	–	–	–	–	1	–	3*	–	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	Cetirizine	–	–	–	–	–	–	1	–	–	–	–
	Cetirizine Indicated	–	–	–	–	–	–	–	–	3	–	–
	Chlorphenamine	–	–	–	–	–	1	4	–	–	–	–
	Chlorpheniramine	2	3	–	–	–	–	–	–	1*	5	–
	Chlorpheniramine and clozapine	–	–	–	–	–	1*	–	–	–	–	–
	Chlorpromazine	–	–	–	–	–	1*	1*	–	–	1	–
	Cyclizine	–	–	–	–	–	1*	–	–	2*	1*	1*
	Cyproheptadine	–	–	–	–	–	–	–	–	–	1*	–
	Dimethyl sulfone	–	–	–	–	–	1	–	–	–	–	–
	Diphenhydramine (Benadryl)	–	–	–	–	–	–	1	1	–	2*	2
	Doxylamine	–	–	–	–	–	–	1	1	2*	1*	–
	Etodroxizine	–	–	–	–	–	–	–	1	–	–	–
	Levocetirizine	–	–	–	–	–	–	2	–	–	–	–
	Loratadine	–	–	–	–	–	–	–	1	–	–	–
	Triprolidine	–	–	–	–	–	1*	1	–	–	–	–
Antinausea	Domperidone	–	–	–	–	–	–	2	–	–	–	–
	Piperine	–	–	–	–	–	–	1	–	–	–	–
	Promethazine	–	–	–	–	–	–	1	2	4*	4*	–
Antispasmodic	Mebeverine	–	–	–	–	–	–	–	–	–	–	1
	Mebeverine											1*
Antivertigo/tinnitus/hearing loss	Betahistine	–	–	–	–	–	–	–	–	1*	–	–
Arthritis	Etoricoxib	–	–	–	–	–	–	–	1	–	–	1*
Asthma/Weight loss	Clenbuterol	–	–	–	–	–	–	2	1	1*	2*	–
	Sibutramine	–	–	–	–	–	–	2	–	–	2*	–
Beta Blocker	Propranolol	–	–	–	–	–	–	1	1	4*	–	1*
Blood Pressure	Clonidine	–	–	–	–	–	–	1	–	–	–	–
	Furosemide	–	–	–	–	–	–	–	1	–	–	–
	Lercanidipine	–	–	–	–	–	–	–	1	–	–	–
	Losartan	–	–	–	–	–	–	–	1	–	–	–
	Quinapril	–	–	–	–	–	–	1	–	–	–	–
	Ramipril	–	–	–	–	–	–	2	–	1	–	1*
Breast Cancer	Anastrozole	–	–	–	–	–	–	–	–	–	1*	1*
	Tamoxifen	–	–	–	–	–	–	4	–	–	1*	–
Breathing	Tapentadol	–	–	–	–	–	–	–	–	3	1*	6

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Chest Infection	Erythromycin	–	–	–	–	–	–	–	1	–	–	–
Cholesterol	Atorvastatin (Lipitor)	–	–	–	–	–	–	–	–	1*	–	–
	Lipitor	–	–	–	–	–	–	–	–	–	–	1*
Constipation	Bisacodyl	–	–	–	–	–	–	1	–	–	–	–
	Glycerol 1,2-diacetate	–	–	–	–	–	–	–	–	–	1*	–
	Hyoscine Butylbromide	–	–	–	–	–	–	1	–	–	–	–
	Sorbitol	–	–	–	–	–	–	1	–	–	–	–
Coronavirus	Hydroxychloroquine	–	–	–	–	–	–	–	1	–	–	–
Corticosteroids	Hydrocortisone	–	–	–	–	–	–	–	1	–	–	–
	Prednisolone	–	–	–	–	–	1*	1	1	1*	–	3*
Cough Suppressant	Dextromethorphan	–	–	–	–	–	–	–	1	1	–	–
Decongestant	Pseudoephedrine	–	–	–	–	–	–	1	–	–	–	–
Depression	Duloxetine	–	–	–	–	–	–	–	–	–	–	1*
Diuretic	Mannitol	–	–	–	–	–	–	2	–	–	–	–
Epilepsy/Seizures	Gabapentin	–	–	–	–	–	–	4	4	2*	3*	–
	Lamotrigine	–	–	–	–	–	–	1	1	–	4*	
	Levetiracetam	–	–	–	–	–	–	2	2	–	1*	1*
	Primidone	–	–	–	–	–	–	1	–	–	–	–
	Topiramate	–	–	–	–	–	–	2	–	–	–	–
	Zonisamide	–	–	–	–	–	–	1	–	–	–	–
	Carbamazepine indicated	–	–	–	–	–	–	–	–	1	–	–
Erectile dysfunction medicines	Sildenafil (viagra)	19	14	9	8	2	6	36	23	27*	19*	14*
	Tadalafil	–	–	–	–	–	–	6	5	5*	4*	2*
	Tadalafil and Sildenafil	–	–	–	–	–	–	–	–	–	–	1*
	Testosterone	–	–	–	–	–	–	2	1	–	–	–
	Yohimbine	–	–	–	–	–	–	–	1	–	–	–
Eyes	Tetracaine	–	–	–	–	–	–	–	2	–	–	–
Heart	Amiodarone	–	–	–	–	–	–	–	1	–	–	–
Infertility	Clomiphene	–	–	–	–	–	–	–	1	–	–	1
Muscle relaxant/pain relief	Cyclobenzaprine	–	–	–	–	–	–	–	–	1*	–	–
Muscle spasm	Baclofen	–	–	–	–	–	–	1	1	3*	–	1*
	Carisoprodol	–	–	–	–	–	–	1	–	–	–	–
	Drotaverine	–	–	–	–	–	–	1	–	–	–	–
	Tizanidine	–	–	–	–	–	–	3	–	–	–	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Muscle wastage	Ligandrol	–	–	–	–	–	–	–	1	–	–	–
Obesity/Flavouring	4-(4-hydroxyphenyl)-2-butanone	–	–	–	–	–	–	–	1	–	–	–
Obsessive Compulsive Disorder	Clomipramine	–	–	–	–	–	–	–	–	–	1*	–
Performance	Creatine	–	–	–	–	–	–	4	–	–	3*	–
	Creatine/Creatinine	–	–	–	–	–	–	85	92	43*	81*	47*
	Creatinine	–	–	–	–	–	–	3	–	1	–	–
Schizophrenia	Clozapine	–	–	–	–	–	–	–	–	–	1	–
	Glycine	–	–	–	–	–	–	–	1	–	–	–
	Olanzapine	–	–	–	–	–	–	11	13	2*	9*	5*
Skin care	Dimethylaminoethanol	–	–	–	–	–	–	1	–	–	–	–
	Salicylic Acid	–	–	–	–	–	–	–	1	–	–	–
Sleep disorders	Armodafinil	–	–	–	–	–	–	2	–	–	–	–
	Melatonin	–	–	–	–	–	–	1	2	2*	5*	2*
	Modafinil	–	–	–	–	–	–	1	1	–	–	
Stomach	Amoxicillin	–	–	–	–	–	–	2	1	–	–	
	Esomeprazole	–	–	–	–	–	–	1	–	1*	–	–
	Lansoprazole	–	–	–	–	–	–	1	–	–	–	–
	Omeprazole	–	–	–	–	–	–	1	1	1*	1*	1*
Throat	Menthol	–	–	–	–	–	–	1	–	–	–	–
Travel sickness	Scopolamine	–	–	–	–	–	–	–	–	1*	1*	1*
Veterinary	ACP mix	–	–	–	–	–	–	–	6	–	–	–
	Menadione	–	–	–	–	–	–	–	1	–	–	–
Vitamins/Supplements	Ascorbic Acid	–	–	–	–	–	–	–	1	–	–	–
	Daidzein	–	–	–	–	–	–	–	1	–	–	–
	DL-Phenylalanine	–	–	–	–	–	–	1	–	–	–	–
	Inositol	–	–	–	–	–	–	1	–	–	–	–
	Niacinamide (Vitamin B3)	–	–	–	–	–	–	2	–	–	1*	
	Vitamin E	–	–	–	–	–	–	1	1	1*	4*	1*
Worms	Mebendazole	–	–	–	–	–	–	–	1	–	–	–

Note: "–" = not detected; *includes amounts indicated
Source: (personal communication, FSI, 2013–2024)

Other substances: As shown in Table T2.1.6, FSI analysed 77 seizures in this category in 2023, of which 74 were caffeine seizures. Caffeine analysis includes results for trace and small amounts indicated. Three were levamisole (see Table T2.1.7).

Table T2.1.6 Seizures of other substances in Ireland, 2014–2023

Other substances	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Total other substances	8	24	39	15	7	79	68	34	87	77
Levamisole	–	–	–	–	–	1	5	1	3	3
Caffeine	8	24	39	15	7*	78	63	33*	84*	74*

Note: "–" = not detected; *includes amounts indicated
Source: (personal communication, FSI, 2014–2024)

Table T2.1.7 Total analyses where caffeine was indicated, or trace amounts were found 2018–2023

Other substances	2018	2019	2020	2021	2022	2023
Total analyses where caffeine was indicated, or trace amounts found with other products	16*	53*	48*	17*	44*	29*
Aspirin/Caffeine	–	7	6	–	3*	4*
Aspirin/Paracetamol/caffeine	–	–	–	–	1*	–
Benzocaine / Caffeine	–	–	5	1*	1*	1*
Benzocaine/Caffeine/Phenacetin	–	2	–	–	–	–
Benzocaine, caffeine and lignocaine	1	–	–	–	–	–
Caffeine (Formylamphetamine)	–	1	–	–	–	–
Caffeine /Phenacetin	–	–	1	–	–	–
Caffeine/Cocaine	1*	1*	–	–	1*	1*
Caffeine/Ketamine	–	–	–	–	–	1
Caffeine/Lignocaine	5*	16	11	3*	5*	1*
Caffeine/Lignocaine (Cocaine)	–	2	–	4	–	1*
Caffeine/Lignocaine/Triprolidine	–	1	–	–	–	–
Caffeine/Paracetamol	9*	23	25*	7*	30*	20*
Cocaine, caffeine, lignocaine, levamisole	–	–	–	2	–	–
Caffeine/ BMK	–	–	–	–	2*	–
Caffeine/Piperidine	–	–	–	–	1*	–

Note: "–" = not detected; *includes amounts indicated
Source: (personal communication, FSI, 2018–2024)

Preservatives: No preservatives were analysed by FSI in 2023.

T2.2 Explanations of long-term trends and short-term trends in any other drug market data

No new information

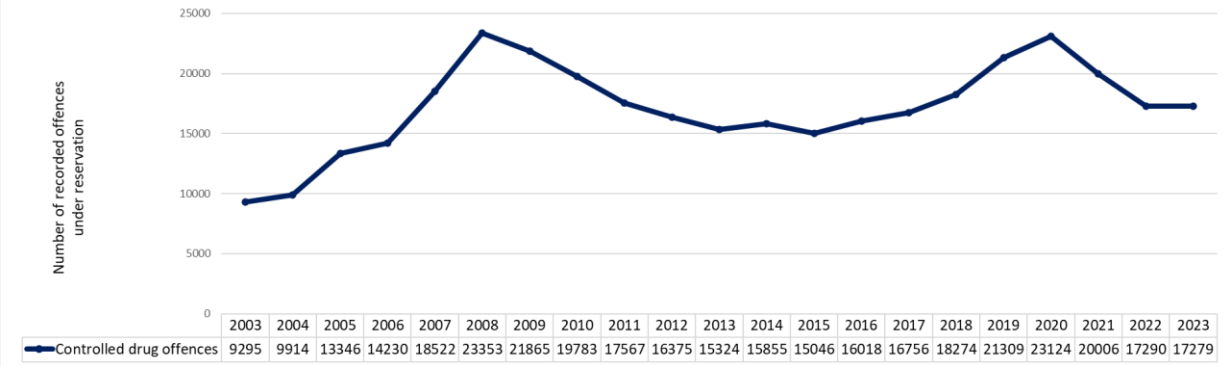
T2.3 Short/long term trends in drug law offences data

Garda-recorded incidents of drug offences

Crime data, which are collated on the Police Using Leading Systems Effectively (PULSE) system by AGS, are provided to the CSO for analysis. An incident may consist of more than one criminal offence, and a primary offence or detection may refer to one offence within an incident. Sometimes, a charged offence may be different from the offence originally identified in the incident. Nevertheless, incidents are a useful indicator of the level of types of criminal activities (Central Statistics Office 2014).

In September 2017, due to issues with the quality of data received from PULSE, crime statistics were suspended by the CSO. In 2018, the CSO announced that publication of crime statistics would resume; however, as the quality of PULSE data was still under review, they would be published in a new category: 'under reservation' (Central Statistics Office 2018). Essentially, what this meant is that the crime statistics are of sufficient quality to allow publication; however, due to the ongoing issues with PULSE data, the quality does not meet the higher standard required of official statistics by the CSO (Central Statistics Office 2018). On 25 October 2023, the "Under reservation" category for recorded crime statistics disseminated by the CSO from Quarter 1 2023 was lifted by the CSO (Central Statistics Office 2023). Hence it would be important to bear in mind quality issues when comparing "Under Reservation" pre 2023 data with post 2023 data. What follows are the available statistics for recorded incidents of drug offences and court proceedings, as entered in the PULSE system by gardaí.

As Figure T2.3.1 shows, following a decline between 2008 and 2013, the total number of controlled drug offences recorded increased by 3% in 2014. Although a decline of 5% (from 15,859 to 15,047 offences) was recorded between 2014 and 2015, between 2016 and 2019 the number of drug offences recorded increased annually, by 6% in 2016, 5% in 2017, 9% in 2018, 17% in 2019, and 9% in 2020. Between 2020 and 2021, a 13% decrease was evident. A similar decrease was shown in 2022 (-14%). No change was evident in 2023 (Central Statistics Office 2024).

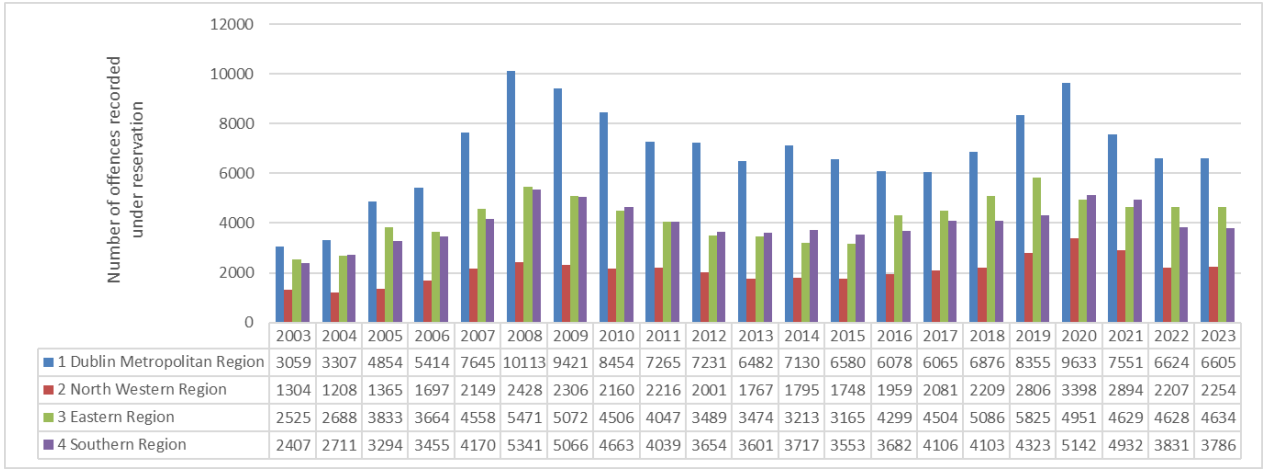


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Controlled drug offences	9295	9914	13346	14230	18522	23353	21865	19783	17567	16375	15324	15855	15046	16018	16756	18274	21309	23124	20006	17290	17279

Figure T2.3.1 Recorded total number of controlled drug offences under reservation between 2003 and 2022
Source: (Central Statistics Office 2024)

Figure T2.3.2 Map showing AGS administration boundaries after 2019 restructuring

Figure T2.3.3 shows a breakdown of importation of drugs offences by region and year. It clearly illustrates that the highest number of controlled drug offences was recorded in the Dublin Metropolitan Region (DMR) and the lowest number was recorded in the North Western Region. Between 2022 and 2023, the number of offences recorded decreased across all regions. The highest decrease was reported in the North Western Region (24%), followed by the Southern Region (22%), and the DMR (12%).



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1 Dublin Metropolitan Region	3059	3307	4854	5414	7645	10113	9421	8454	7265	7231	6482	7130	6580	6078	6065	6876	8355	9633	7551	6624	6605
2 North Western Region	1304	1208	1365	1697	2149	2428	2306	2160	2216	2001	1767	1795	1748	1959	2081	2209	2806	3398	2894	2207	2254
3 Eastern Region	2525	2688	3833	3664	4558	5471	5072	4506	4047	3489	3474	3213	3165	4299	4504	5086	5825	4951	4629	4628	4634
4 Southern Region	2407	2711	3294	3455	4170	5341	5066	4663	4039	3654	3601	3717	3553	3682	4106	4103	4323	5142	4932	3831	3786

Figure T2.3.3 Recorded incidents of controlled drug offences, by region and year, 2003–2023
Source: (Central Statistics Office 2024)

Supply: Recorded incidents

Figure T2.3.4 shows the number of controlled drug offences by importation, and by cultivation or manufacture of drugs, recorded under reservation between 2003 and 2023.

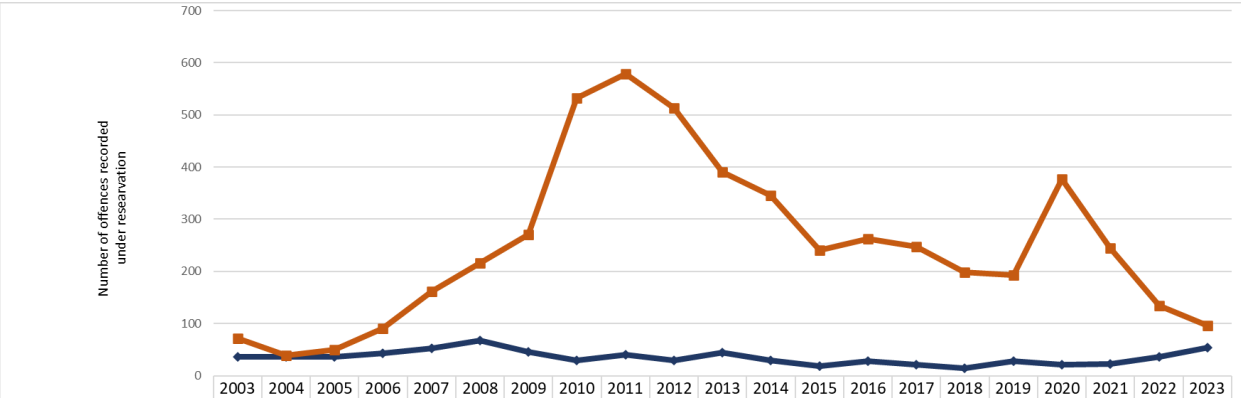
Importation of drugs

Essentially, from 2003 to 2022, an increase/decrease trend has been evident for recorded importation of drugs incidents. Increases were seen between 2005 and 2008 (86%), 2010 and 2011 (38%), 2012 and 2013 (47%), 2015 and 2016 (47%), and 2018 and 2019 (87%). Incidents recorded in 2019 were nearly double the number recorded in 2018. Decreases were seen between 2008 and 2010 (57%), 2011 and 2012 (25%), 2013 and 2015 (57%), 2016 and 2017 (25%), 2017 and 2018 (29%), and 2019 and 2020 (25%). Between 2020 and 2021, offences for importation of drugs recorded was 10%, with a larger increase evident between 2021 and 2022 (57%) however between 2022 and 2023, recorded incidents for this category decreased by 7%.

Cultivation or manufacture of drugs

As shown in Figure T2.3.4, recorded incidents of the cultivation or manufacture of drugs increased steadily after 2004 and peaked in 2011. Alarmingly, between 2006 and 2010, the number of offences recorded increased nearly sixfold. A 9% increase was shown between 2010 and 2011. Between 2011 and 2015, there was a steady decline in the number of such incidents reported; 2015 figures were nearly 60% lower than 2011 figures. Although an increase was shown between 2015 and 2016 (9%), the number of recorded offences declined annually between 2016 and 2019; a decline of 6% was evident between 2016 and 2017, and a larger decline was evident between 2017 and 2018 (19%). The decreasing trajectory continued in 2019 with a 3% decrease from 2018 (see Figure T2.3.4). Between 2019 and 2020, the number of offences recorded for cultivation and manufacture of drug offences nearly doubled; however, a decrease was evident between 2020 and 2021 (35%), between 2021 and 2022 (45%) and between 2022 and 2023 (28%).

Windle (2017) argued that changes in trends between 2010 and 2012 could be explained by: a) emigration, due to higher levels of young people who consume drugs leaving Ireland during the recession; or b) adaptation, where dealers and consumers adapted to having less income by growing their own product, which resulted in the decline in drug importation (Windle 2017). Further information on this study can be found in Section T5.2 of this workbook. In addition, trends have also been impacted by operations by Irish law enforcement agencies that have specifically targeted drug crimes in recent years.

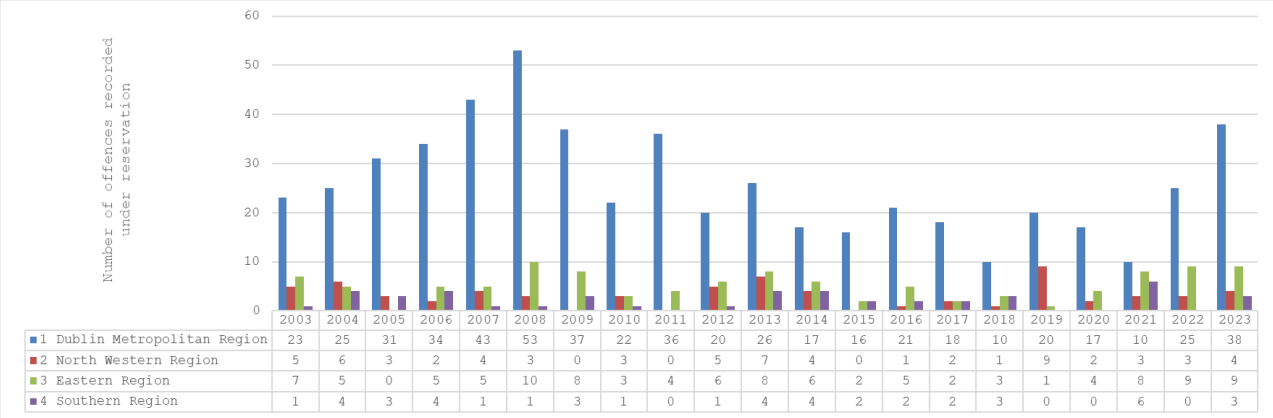


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Importation of drugs	36	36	36	43	53	67	46	29	40	30	44	30	19	28	21	15	28	21	23	36	54
Cultivation or manufacture of drugs	72	39	50	91	162	216	271	532	578	513	390	345	240	262	247	199	193	377	245	134	96

Figure T2.3.4 Recorded incidents of controlled drug offences categorised by importation of drugs, and by cultivation or manufacture of drugs, 2003–2023
Source: (Central Statistics Office 2024)

Supply: Recorded incidents by region

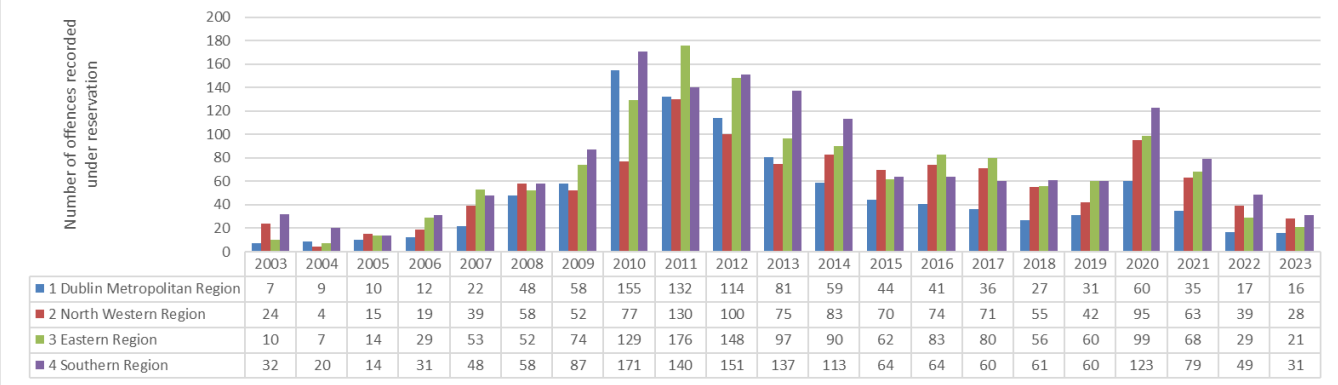
This section provides a breakdown of recorded incidents by region. Figure T2.3.5 shows a breakdown of importation of drugs offences by region and year between 2003 and 2023. It clearly illustrates that the highest number of importation of drugs offences was recorded in the DMR. While the number of incidents recorded between 2016 and 2018 decreased annually, this trend changed in 2019, when the number of incidents recorded (N=20) was more than double the number recorded in 2018 (N=9). Between 2019 and 2021, a slight decrease was shown each year (N=3 and N=7, respectively). Since 2021, incidents recorded have increased annually, between 2021 and 2022 (150%) and between 2022 and 2023 (52%).



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1 Dublin Metropolitan Region	23	25	31	34	43	53	37	22	36	20	26	17	16	21	18	10	20	17	10	25	38
2 North Western Region	5	6	3	2	4	3	0	3	0	5	7	4	0	1	2	1	9	2	3	3	4
3 Eastern Region	7	5	0	5	5	10	8	3	4	6	8	6	2	5	2	3	1	4	8	9	9
4 Southern Region	1	4	3	4	1	1	3	1	0	1	4	4	2	2	2	3	0	0	6	0	3

Figure T2.3.5 Recorded incidents of importation of drugs offences, by region and year, 2003–2023
Source: (Central Statistics Office 2024)

Figure T2.3.6 presents the frequency of recorded incidents of cultivation or manufacture of drugs offences by region from 2003 to 2023. Overall, decreases were reported in all regions in 2023. The Southern Region reported the highest number of incidents and the DMR reported the lowest number of incidents.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1 Dublin Metropolitan Region	7	9	10	12	22	48	58	155	132	114	81	59	44	41	36	27	31	60	35	17	16
2 North Western Region	24	4	15	19	39	58	52	77	130	100	75	83	70	74	71	55	42	95	63	39	28
3 Eastern Region	10	7	14	29	53	52	74	129	176	148	97	90	62	83	80	56	60	99	68	29	21
4 Southern Region	32	20	14	31	48	58	87	171	140	151	137	113	64	64	60	61	60	123	79	49	31

Figure T2.3.6 Recorded incidents of cultivation or manufacture of drugs offences, categorised by region, 2003–2023
Source: (Central Statistics Office 2024)

Possession of drugs for sale or personal use: Recorded incidents

Figure T2.3.7 shows the number of recorded incidents under reservation for possession of drugs for sale or supply and for personal use.

Possession of drugs for sale or supply

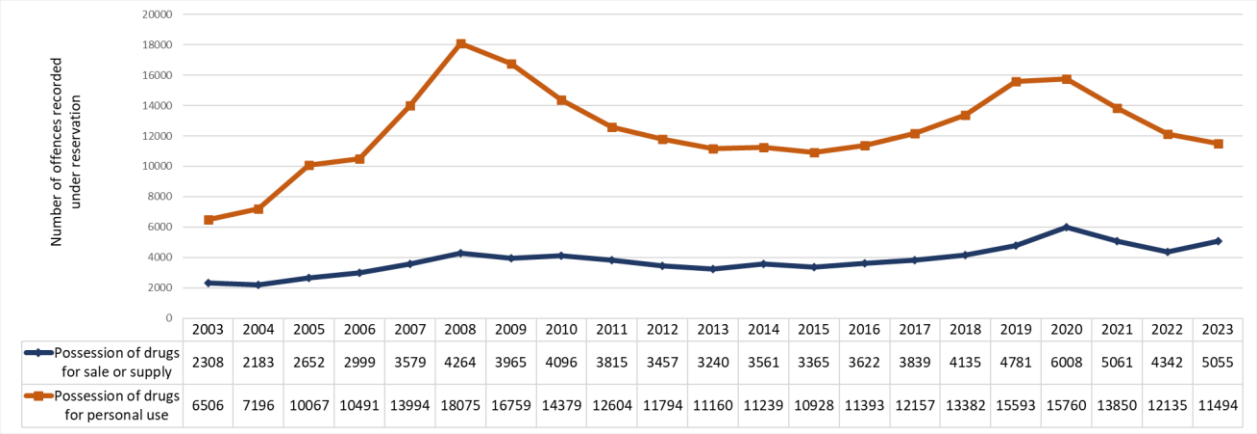
The number of recorded offences of possession of drugs for sale or supply nearly doubled between 2004 (N=2183) and 2008 (N=4264). A steady decline was seen overall between 2008 and 2013, except from 2009 to 2010, which showed a 3% increase. Since 2013, the number of incidents recorded increased by 10% in 2014, followed by a 6% decrease in 2015. An increase in incidents of possession of drugs for sale or supply

was shown annually from 2015 to 2016 (8%), 2016 to 2017 (6%), 2017 to 2018 (8%), 2018 to 2019 (16%), and 2019 to 2020 (26%). Between 2020 and 2021, the number of incidents of possession of drugs for sale or supply decreased (16%). This decreasing trajectory continued between 2021 and 2022 (14%). However, between 2022 and 2023, the number of incidents recorded increased by 16%.

Possession of drugs for personal use

The number of incidents recorded of possession of drugs for personal use peaked in 2008 (N=18 075). This figure was nearly three times higher than that recorded in 2003 (N=6506). A decreasing trend was seen between 2008 and 2015 except for between 2013 and 2014 which showed a slight increase of 1% (79 more incidents). Between 2015 and 2016 incidents recorded decreased by 3% (311 fewer incidents). Between 2016 and 2019, reported incidents increased annually, by 4% in 2016, 7% in 2017, 10% in 2018, 17% in 2019, and 1% in 2020 (see Figure T2.3.7). Since 2021 a decreasing trend has been shown, between 2020 and 2021 (12%), between 2021 and 2022 (12%) and between 2022 and 2023 (5%).

A possible explanation for the recent annual decreases in the number of drug offences recorded is that both supply and possession of drugs have increasingly been the target of focused operations by AGS and other agencies in recent years.

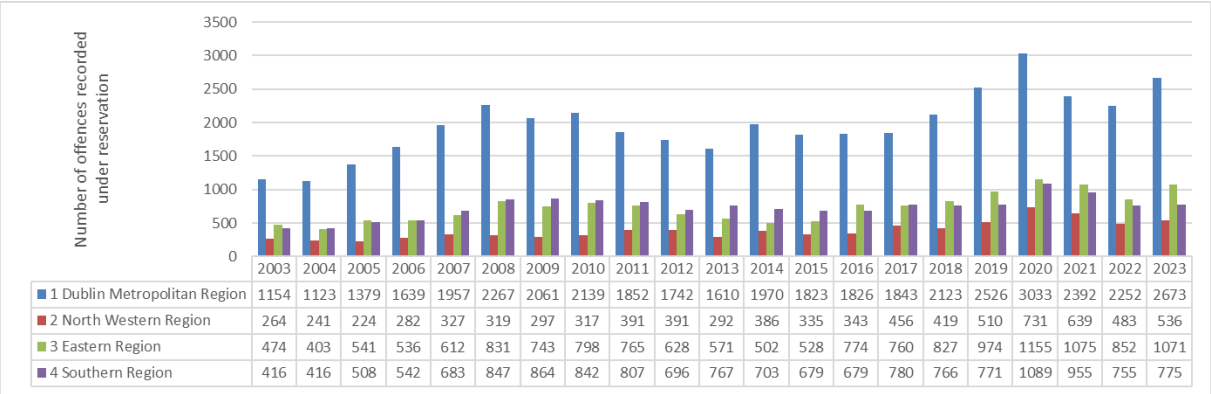


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Possession of drugs for sale or supply	2308	2183	2652	2999	3579	4264	3965	4096	3815	3457	3240	3561	3365	3622	3839	4135	4781	6008	5061	4342	5055
Possession of drugs for personal use	6506	7196	10067	10491	13994	18075	16759	14379	12604	11794	11160	11239	10928	11393	12157	13382	15593	15760	13850	12135	11494

Figure T2.3.7 Recorded incidents of controlled drug offences, categorised by possession for sale or supply or by possession for personal use, 2003–2023
Source: (Central Statistics Office 2024)

Possession of drugs for sale or for personal use: Recorded incidents by region

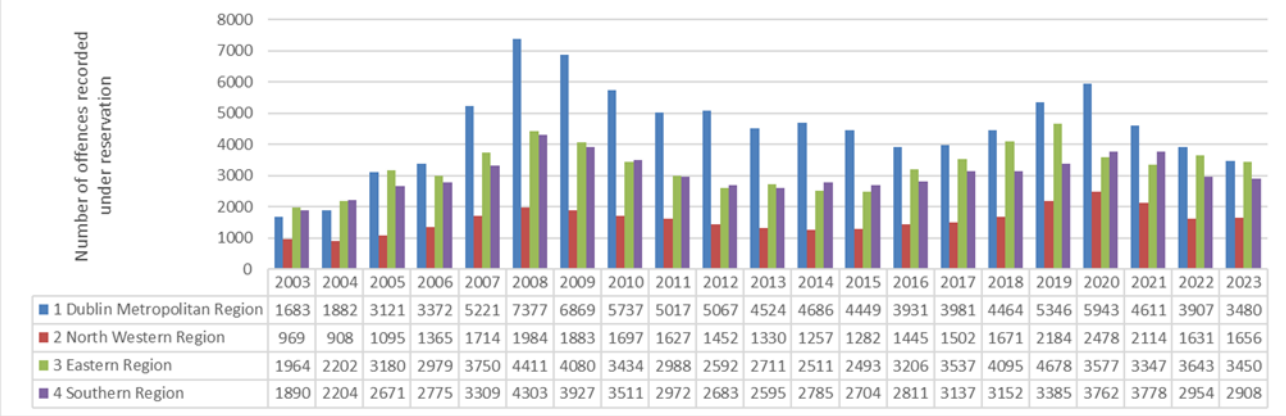
As shown in Figure T2.3.8, most recorded incidents for possession of drugs for sale or supply occurred in the DMR between 2003 and 2023. Between 2022 and 2023, all regions experienced increases in incidents recorded; the largest increase was in the Eastern Region (26%), followed by DMR (19%), the North Western Region (11%). The highest number of incidents recorded in DMR (n=2673)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1 Dublin Metropolitan Region	1154	1123	1379	1639	1957	2267	2061	2139	1852	1742	1610	1970	1823	1826	1843	2123	2526	3033	2392	2252	2673
2 North Western Region	264	241	224	282	327	319	297	317	391	391	292	386	335	343	456	419	510	731	639	483	536
3 Eastern Region	474	403	541	536	612	831	743	798	765	628	571	502	528	774	760	827	974	1155	1075	852	1071
4 Southern Region	416	416	508	542	683	847	864	842	807	696	767	703	679	679	780	766	771	1089	955	755	775

Figure T2.3.8 Recorded incidents of possession of drugs for sale or supply offences, categorised by region, 2003–2023
Source: (Central Statistics Office 2024)

Similar to Figure T2.3.8, Figure T2.3.9 also indicates that the highest number of recorded incidents of possession of drugs for personal use occurred in the DMR. Only the North Western Region experienced an increase in the number of incidents recorded between 2022 and 2023 (2%); the highest decrease was reported in DMR (11%), followed by the Eastern Region (5%), and the Southern Region (2%). The number of recorded incidents of possession of drugs was lowest in the North Western Region in 2023.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1 Dublin Metropolitan Region	1683	1882	3121	3372	5221	7377	6869	5737	5017	5067	4524	4686	4449	3931	3981	4464	5346	5943	4611	3907	3480
2 North Western Region	969	908	1095	1365	1714	1984	1883	1697	1627	1452	1330	1257	1282	1445	1502	1671	2184	2478	2114	1631	1656
3 Eastern Region	1964	2202	3180	2979	3750	4411	4080	3434	2988	2592	2711	2511	2493	3206	3537	4095	4678	3577	3347	3643	3450
4 Southern Region	1890	2204	2671	2775	3309	4303	3927	3511	2972	2683	2595	2785	2704	2811	3137	3152	3385	3762	3778	2954	2908

Figure T2.3.9 Recorded incidents of possession of drugs for personal use offences, categorised by region, 2003–2024
Source: (Central Statistics Office 2024)

Defence Forces

As stated in Section T1.1.4 of the *Legal framework* workbook, Compulsory Random Drug Testing (CRDT) and targeted drug testing have existed for Defence Forces personnel (the Army, the Air Corps, the Naval Service, and the Reserve) since 2002 and 2009, respectively. Table T2.3.1 shows the total number of personnel who were tested between 2009 and 2022 (Kehoe 2017; Department of Defence and Defence Forces 2020; Department of Defence and Defence Forces 2021, Department of Defence Forces 2022, Department of Defence Forces 2023). Table T2.3.2 also shows a breakdown by organisation between 2015 and 2021 (Department of Defence and Defence Forces 2017; Department of Defence and Defence Forces 2018; Department of Defence and Defence Forces 2019; Department of Defence and Defence Forces 2020; Department of Defence and Defence Forces 2021; Department of Defence and Defence Forces 2022; Department of Defence and Defence Forces 2023). In 2022, the Defence Forces drug testing team carried out

1015 random drug tests in different locations (N=6), of which 17 were positive, representing 1.7% of those tested. There were no new data updates in 2023.

At the start of 2022, one member of the Defence Forces personnel was in the targeted drug testing programme, and four more joined the programme during the year. Two were removed from the programme, once completed testing and was retained in service and one person was Discharged by Purchase. At the end of December 2022, three personnel remained in the targeted drugs testing process (Department of Defence and Defence Forces 2023). If an individual fails a CRDT in accordance with the Defence Forces administrative instruction, there are three options to conclude the case:

- discharge for enlisted ranks, retirement for both officers/cadets
- retention in service, or
- defer decision, allowing the individual to be retained in service, conditional on participation in a targeted drugs testing process for a specified period (Department of Defence and Defence Forces 2023).

Table T2.3.1 Details of compulsory random drug tests, 2009–2022

Year	Total tested	Negative tests	Positive tests
2009	1719	–	6
2010	1586	–	7
2011	1362	–	6
2012	2058	–	16
2013	1054	1041	13
2014	1092	1087	5
2015	1184	1167	17
2016	1204	1192	12
2017	1187	1172	15
2018	1101	1082	19
2019	1054	1037	16
2020	778	767	11
2021	388	381	7
2022	1015	998	17

Note: "-" = no data available

Source: Department of Defence, 2020; 2021, 2022, 2023

Table T2.3.2 Details of compulsory random drug tests completed, by organisation, 2015–2022

	2015		2016		2017		2018		2019		2020		2021		2022	
Brigade/ formation	Number tested	Positive tests*	Number tested	Positive tests	Number tested	Positive tests	Number tested	Positive tests	Number tested	Positive tests	Number tested	Positive tests	Number tested	Positive tests	Number tested	Positive tests
1 Brigade	553	–	453	5	433	1	530	8	202	1	129	3	–	–	281	3
2 Brigade	220	–	376	2	357	4	310	1	501	6	500	6	125	2	369	3

	2015		2016		2017		2018		2019		2020		2021		2022	
Defence Forces Training Centre	54	–	242	4	146	3	111	2	35	1	–	–	210	3	92	1
Air Corps	230	–	47	1	87	1	70	2	158	3	99	2	32	2	66	1
Naval Service	76	–	86	–	164	6	80	6	158	5	8	–	1	–	190	9
Defence Forces Head quarters	–	–	–	–	–	–	–	–	54	–	42	–	20	–	17	0
Total	1133	–	1204	12	1187	15	1101	19**	1108	16	778	11**	388	7**	1015	17

Note: "–" = no data available

* Data for positive tests by location were not provided in 2015.

** Includes two positives in 2018, 2020, and 2021; in 2018 and 2020 under the heading "Failure to Report", and in 2021 under the heading "Failed to Provide a Sample"

Source: Department of Defence, 2017 – 2023

T2.4 Other drug offences

Other drug offences

The category 'possession/supply drug offences, drug-related crime' also has a classification for other drug offences, which includes forged or altered prescription/obstruction offences.

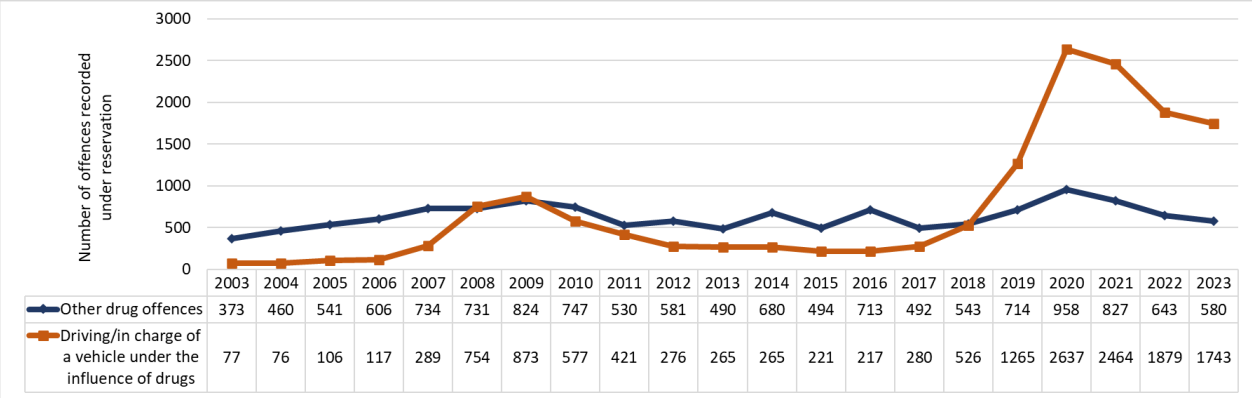
Forged or altered prescription/obstruction offences under the Misuse of Drugs Acts 1977–2017

Following a peak in 2009 (N=824), the number of other drug offences recorded decreased annually until 2011. Between 2011 and 2012, the number of incidents recorded increased by 10%. Offences recorded declined between 2012 and 2013 by nearly 16%, before increasing by 39% between 2013 and 2014. Although a substantial decrease (27%) was shown in this category between 2014 and 2015, crimes recorded increased by 44% from 494 in 2015 to 713 in 2016. While incidents recorded in this category decreased in 2017 (31%), the number of incidents recorded has increased annually between 2017 and 2020, by 10% from 2017 to 2018, by 31% from 2018 to 2019, and by 34% from 2019 to 2020. Since 2020 a decreasing trend has been shown, between 2020 and 2021 (14%), between 2021 and 2022 (22%) and between 2022 and 2023 (10%) (see Figure T2.4.1).

Driving under the influence of drugs

Driving under the influence of drugs has been a statutory offence in Ireland since the enactment of the Road Traffic Act, 1961. The number of offences of driving under the influence of drugs peaked in 2009 (N=873). A decreasing trend for this offence was evident between 2009 (N=873) and 2016 (N=217). Between 2016 and 2020, the number of offences recorded increased annually, by 29% between 2016 and 2017 and by 88% between 2017 and 2018. In 2019, the number of incidents recorded was nearly two-and-a-half times higher than the number recorded in 2018 (see Figure T2.4.1) (Central Statistics Office 2024). This increase was not surprising; due to provisions in the Road Traffic Act 2016, preliminary roadside drug testing by AGS commenced in Ireland in April 2017. The number of incidents recorded in 2020 (N=2637) was over double that reported in 2019 (N=1265). Between 2020 and 2021, drug driving incidents decreased by 6%, a further decrease was evident between 2021 and 2022 (24%) and again between 2022 and 2023 (7%).

Further information on the Road Traffic Act 2016 can be found in Section T1.1.4 of the *Legal framework* workbook.

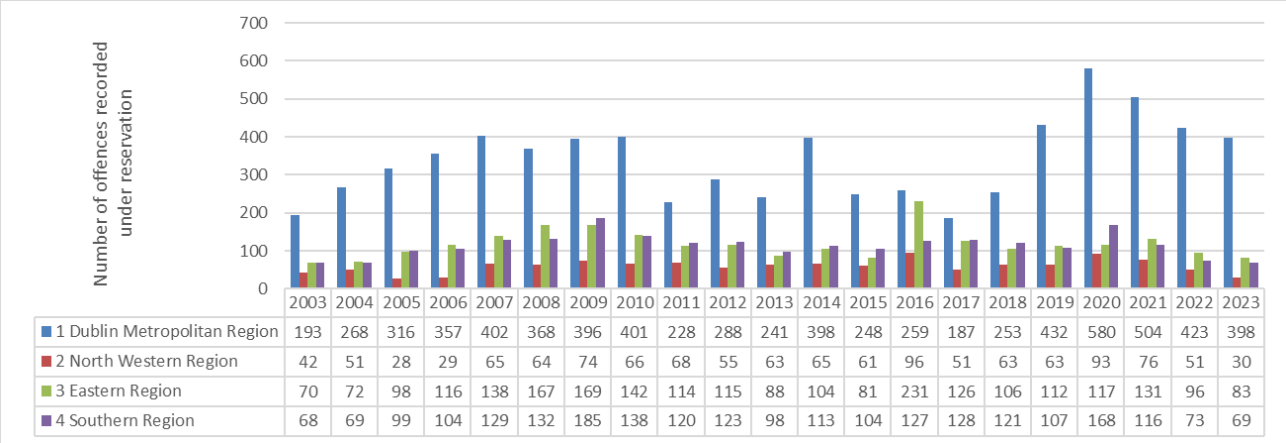


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Other drug offences	373	460	541	606	734	731	824	747	530	581	490	680	494	713	492	543	714	958	827	643	580
Driving/in charge of a vehicle under the influence of drugs	77	76	106	117	289	754	873	577	421	276	265	265	221	217	280	526	1265	2637	2464	1879	1743

Figure T2.4.1 Recorded incidents of other drug offences and driving under the influence of drugs under reservation, 2003–2023
Note: Other drug offences include forged or altered prescription offences and obstruction under the Misuse of Drugs Acts 1977–2017
Source: (Central Statistics Office 2024)

By region

Figure T2.4.2 presents the frequency of recorded incidents for other drug offences by region between 2003 and 2023. Other drug offences include forged or altered prescription/obstruction offences and obstruction under the Misuse of Drugs Acts 1977 to 2017. The highest number of incidents recorded in 2023 were reported for the DMR (N=398), followed by the Eastern Region (N=83) and the Southern Region (N=69). The lowest number of incidents recorded was reported for the North Western Region (n=30). All regions showed a decrease in the number of incidents recorded between 2022 and 2023.

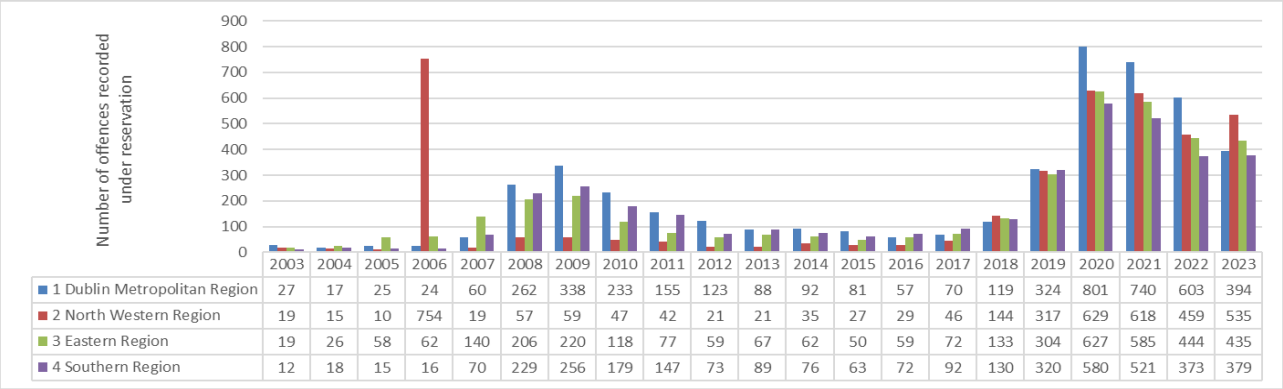


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1 Dublin Metropolitan Region	193	268	316	357	402	368	396	401	228	288	241	398	248	259	187	253	432	580	504	423	398
2 North Western Region	42	51	28	29	65	64	74	66	68	55	63	65	61	96	51	63	63	93	76	51	30
3 Eastern Region	70	72	98	116	138	167	169	142	114	115	88	104	81	231	126	106	112	117	131	96	83
4 Southern Region	68	69	99	104	129	132	185	138	120	123	98	113	104	127	128	121	107	168	116	73	69

Figure T2.4.2 Recorded incidents of other drug offences, by region and year, 2003–2023
Source: (Central Statistics Office 2024)

Figure T2.4.3 presents the frequency of recorded incidents for driving or being in charge of a vehicle while under the influence of drugs, by region between 2003 and 2023. Between 2015 and 2020, the frequency of incidents reported mainly increased annually across regions. As stated above, a possible explanation for the recent annual increases up to 2020 is that, in April 2017, a new measure to address this offence was introduced: roadside drug testing. Gardaí have been given power to carry out Preliminary Drug Testing sing the Dräger Drug Test 5000 device (and, more recently, the Dräger Alcotest 7510) on motorists who are thought to be driving under the influence of drugs (Sheehan 2019). However, between 2020 and 2022, all

regions showed an annual decrease in recorded incidents. The device tests the driver's oral fluid (saliva) for the presence of cannabis, cocaine, opioids (such as heroin or morphine), and benzodiazepines (such as Valium). The decreasing trend evident between 2020 and 2021 was likely due to the COVID19 lockdown in Ireland. Between 2021 and 2022, further decreases were seen across regions. Between 2022 and 2023 increases in incidents reported in North Western Region (17%) and Southern Region (2%), while decreases wither evident in DMR (35%) and Eastern Region (2%).



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1 Dublin Metropolitan Region	27	17	25	24	60	262	338	233	155	123	88	92	81	57	70	119	324	801	740	603	394
2 North Western Region	19	15	10	754	19	57	59	47	42	21	21	35	27	29	46	144	317	629	618	459	535
3 Eastern Region	19	26	58	62	140	206	220	118	77	59	67	62	50	59	72	133	304	627	585	444	435
4 Southern Region	12	18	15	16	70	229	256	179	147	73	89	76	63	72	92	130	320	580	521	373	379

Figure T2.4.3 Recorded incidents of driving/being in charge of a vehicle while under the influence of drugs, by region and year, 2003–2023
Source: (Central Statistics Office 2024)

Roadside drug testing

Since April 2017, gardaí have been carrying out Preliminary Drug Testing (PDT) using the Dräger DrugTest 5000 (DT5000) device on motorists who are thought to be driving under the influence of drugs (Sheehan 2019). The device tests the driver's oral fluid (saliva) for the presence of cannabis, cocaine, opioids (such as heroin or morphine) and benzodiazepines (such as valium). On 01 December 2022, the Securetec DrugWipe 6S (DW6S) replaced the DT5000 device (Medical Bureau of Road Safety 2023). This new device uses a cassette only system hence does not need an analyser. Similar to the DT5000 device the DW65 detects cannabis, cocaine, opiates and benzodiazepines, however it can also detect amphetamine, methamphetamine and ecstasy type drugs such as MDMA (Medical Bureau of Road Safety 2023). The DW65 is considered a more deployable test than the previous system. In 2023, 30 000 were issued to AGS (Medical Bureau of Road Safety 2024).

Recent figures suggest that drug driving is still an issue in Ireland. Overall, in 2023, drugs were detected using the DW6S. This was the first full year that the DW6S was in operation (Medical Bureau of Road Safety 2024). In the previous year, the DT5000 (01 January 2022 – 30 November 2022) and the DW6S (01 December 2022 – 31 December 2022) were used. Table T2.4.1 shows the prevalence of drug positives from downloads from the DT5000 carried out between 01 January 2022 and 30 November 2022. The number of tests carried out are not a reflection of enforcement activity because the system does not differentiate between tests carried out during training, demonstration, quality control or enforcement purposes (Medical Bureau of Road Safety 2023).

In 2023, 2,033 specimens were returned with a Drug Information form, which indicates than an oral fluid PDT has been conducted, this was nearly 27% higher than 2022 (n=1,606). Of these 2,031 showed a positive drug result for at least one of the drugs the DW6S detects. Table T2.4.2 shows the prevalence of drugs detected

by the DT5000 and DW6S between 2019 and 2023. Amphetamine detection was only possible from the 01 December 2022. The continued recording of these offences is the result of the implementation of legislative changes that gave more powers to gardaí to carry out PDT at roadside checkpoints or in Garda stations (Sheehan 2019). As a result, there has been an increased focus on the performance of road policing members (Sheehan 2019).

Table T2.4.1 Prevalence of drugs detected by the DT5000, 01 January 2022 – 30 November 2022

Drug Class	2019	2020	2021	2022
Cannabis	66%	63%	66%	62%
Cocaine	43%	45%	43%	49%
Opiates	13%	14%	11%	11%
Benzodiazepines	6%	7%	8%	9%

Source: (Medical Bureau of Road Safety 2023)

Table T2.4.2 Prevalence of drugs detected by the DT5000 and DW6S, 01 January 2022 – 31 December 2023

Drug Class	2019	2020	2021	2022	2023
Cannabis	66%	67%	69%	66%	53%
Cocaine	43%	46%	45%	48%	58%
Opiates	8%	8%	6%	6%	7%
Benzodiazepines	4%	5%	5%	5%	9%
Amphetamines	n/a	n/a	n/a	3%	7%

Note: Amphetamine detection was only possible after the DW6S was introduced on 01 December 2022. 2023 was the first year of full use of the DW6S

Source: (Medical Bureau of Road Safety 2024)

T2.5 Notable trends or important developments in the organisation, coordination, and implementation of drug supply reduction activities over the past 5 years

See Section T1.3.1 of this workbook for an overview of recent developments in the organisation and coordination of supply reduction activities.

T3. New developments

T3.1 New or topical developments observed in the drug market in Ireland since 2015

Please see Section T3.1 of the *Drug policy* workbook, which provides an outline of recent developments that will likely have an impact on the Irish drug market in the future. Areas discussed include:

- Report by the Citizens' Assembly on Drug Use
- Oireachtas Joint Committee on Drugs use
- Report by the SIG with responsibility for implementing actions relating to alternatives to coercive sanctions
- Ongoing growth of cocaine and crack cocaine use in Ireland
- Supervised Injecting Facility – an update

T4. Additional information

T4.1 Specific studies

No new studies included in this report

T4.2 Other Aspects of drug market and crime

No new information

T5. Sources and methodology

T5.1 Sources

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

An Garda Síochána

Central Statistics Office

Courts Service

Defence Forces

Department of Health

Department of Justice and Equality

Forensic Science Ireland

Garda Ombudsman

Houses of the Oireachtas

Irish Prison Service

Irish Statute Book

Law Reform Commission

Policing Authority

Probation Service

Revenue

T5.2 Methodology

Previous studies

Department of Children and Youth Affairs. *Lifting the Lid on Greentown: Why we should be concerned about the influence criminal networks have on children's offending behaviour in Ireland.* Dublin: Government Publications, 2016. Available at http://www.drugsandalcohol.ie/26850/

This study examined the effect of a criminal network on the offending behaviour of children between 2010 and 2011 in a regional Garda sub-district outside Dublin referred to as Greentown. Further information about the study can be found in Section T4.1 of *Focal Point Ireland: national report for 2017 – Drug markets and crime*.

Connolly J and Buckley L. *Demanding money with menace: drug-related intimidation and community violence in Ireland.* Dublin: CityWide Drugs Crisis Campaign, 2016. Available at http://www.drugsandalcohol.ie/25201/

This report presented the findings of research on drug-related intimidation and community violence in several Local and Regional Drug and Alcohol Task Force areas throughout Ireland. Further information on this study can be found in Section T6.2 of *Focal Point Ireland: national report for 2016 – Drug markets and crime*.

Connolly J and Donovan AM. *Illicit Drug Markets in Ireland*. Dublin: National Advisory Committee on Drugs and Alcohol, 2014. Available at http://www.drugsandalcohol.ie/22837/

This study examined the nature, structure, and organisation of four local drug markets over a 3-year time span (2008–2010). Further information on this study can be found in Sections T1.1.3 and T6.2 of *Ireland: national report for 2015 – Drug markets and crime*.

Redmond S and Naughton C. *National prevalence study: do the findings from the Greentown study of children's involvement in criminal* networks (2015) extend beyond Greentown? Interim report. Limerick: School of Law, University of Limerick, 2017. Available at http://www.drugsandalcohol.ie/28326/

Windle J. The impact of the Great Recession on the Irish drug market. *Criminal Crim Justice*, 2017; 18(5), 548–567. Available at https://doi.org/10.1177/1748895817741518

This study examined the relationship between economic recessions and drug markets from an Irish perspective. While he draws on trends that have been presented in the Irish National Report (2016), he puts forward explanations as to why these trends have occurred.

Chance, A. 2022. *Exploring serious and organised crime across Ireland and the UK towards a shared understanding of a shared threat*. Dublin: The Azure Forum for Contemporary Security Strategy. Available at: https://www.drugsandalcohol.ie/35946/.

This study examined serious and organised crime in Ireland and the UK. The aim of this report was to conduct a qualitative assessment of information that was publicly available about serious and organised crime to determine how criminality occurs across and between Ireland and the UK. The report considers methods and activities that make up serious and organised crime along with the wider criminal markets where criminal behaviour takes place. It focuses on three issues: human trafficking, drug trafficking, and economic crime.

T5.3 References

An Garda Síochána 2018*. An Garda Siochana: annual report 2017. Dublin: An Garda Siochana.* Available at: https://www.drugsandalcohol.ie/29532/.

An Garda Síochána 2021a. *An Garda Síochána annual report 2020*. Dublin: An Garda Siochana. Available at: https://www.drugsandalcohol.ie/34969/.

An Garda Síochána 2021b. *Crime Prevention and Reduction Strategy*. Available at: https://garda.ie/en/about-us/publications/policing-plans/strategy/crime-prevention-reduction-strategy-2021-2024.pdf.

An Garda Síochána 2022a. *Garda National Drugs and Organised Crime Bureau.* Available at: https://www.garda.ie/en/about-us/organised-serious-crime/garda-national-drugs-and-organised-crime-bureau/ [Accessed: 7 September 2022].

An Garda Siochana 2022b. *An Garda Síochána strategy statement 2022 - 2024*. Dublin: An Garda Siochana. Available at: https://www.drugsandalcohol.ie/36428/.

An Garda Síochána 2023. *An Garda Síochána annual report 2022*. Dublin: An Garda Siochana. Available at:

An Garda Siochana and Police Service of Northern Ireland 2016. *Cross border organised crime threat assessment 2016*. Dublin: Department of Justice and Department of Justice and Equality. Available at: http://www.drugsandalcohol.ie/27737/.

Central Statistics Office 2014. *Interpreting crime statistics: a background briefing note*. Dublin: Central Statistics Office. Available at: http://www.drugsandalcohol.ie/24806/.

Central Statistics Office 2018. *Recorded crime Q4 2017 - statistics under reservation*. Available at: https://pdf.cso.ie/www/pdf/20180328085247_Press_Statement_Recorded_Crime__Statistics_Under_Reservation_full.pdf.

Central Statistics Office 2023 *Review of the Quality of Recorded Crime Statistics 2023*. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-rqcs/reviewofthequalityofrecordedcrimestatistics2023/ [Accessed: 30 September 2024]

Central Statistics Office 2024. *Statistics: crime and justice*. Available at: https://www.cso.ie/en/statistics/crimeandjustice/ [Accessed: 30 October 2024].

Chance, A. 2022. *Exploring serious and organised crime across Ireland and the UK towards a shared understanding of a shared threat*. Dublin: The Azure Forum for Contemporary Security Strategy. Available at: https://www.drugsandalcohol.ie/35946/.

Connolly, J. and Buckley, L. 2016. *Demanding money with menace: drug-related intimidation and community violence in Ireland*. Dublin: Citywide Drugs Crisis Campaign. Available at: http://www.drugsandalcohol.ie/25201/.

Connolly, J. and Donovan, A. M. 2014. *Illicit drug markets in Ireland.* Dublin: National Advisory Committee on Drugs and Alcohol. Available at: http://www.drugsandalcohol.ie/22837/.

Courts Service 2013. *Courts Service annual report 2012*. Dublin: Courts Service. Available at: http://www.drugsandalcohol.ie/20180/.

Courts Service 2024. *Courts Service annual report 2023*. Dublin: Courts Service. Available at: https://www.drugsandalcohol.ie/42158/

Department of Children and Youth Affairs 2016. *Lifting the lid on Greentown. – Why we should be concerned about the influence criminal networks have on children's offending behaviour in Ireland*. Dublin: Government Publications. Available at: http://www.drugsandalcohol.ie/26850/.

Department of Defence 2015. *White paper on defence*. Dublin: Government of Ireland. Available at: http://www.drugsandalcohol.ie/24802/.

Department of Defence and Defence Forces 2017. *Department of Defence and Defence Forces annual report 2016*. Kildare: Department of Defence and Defence Forces. Available at: http://www.drugsandalcohol.ie/27852/.

Department of Defence and Defence Forces 2018*. Department of Defence and Defence Forces annual report 2017*. Kildare: Department of Defence and Defence Forces. Available at: https://www.drugsandalcohol.ie/29425/.

Department of Defence and Defence Forces 2019. *Department of Defence and Defence Forces annual report 2018*. Kildare: Department of Defence and Defence Forces. Available at: https://www.drugsandalcohol.ie/31108/.

Department of Defence and Defence Forces 2020. *Department of Defence and Defence Forces annual report 2019*. Kildare: Department of Defence. Available at: https://www.drugsandalcohol.ie/33236/.

Department of Defence and Defence Forces 2021. *Department of Defence and Defence Forces annual report 2020*. Kildare: Department of Defence and Defence Forces. Available at: https://www.drugsandalcohol.ie/34481/.

Department of Defence and Defence Forces 2022. *Department of Defence and Defence Forces annual report 2021*. Kildare: Department of Defence and Defence Forces. Available at: https://www.drugsandalcohol.ie/36986/.

Department of Defence and Defence Forces 2023. *Department of Defence and Defence Forces annual report 2022*. Kildare: Department of Defence and Defence Forces. Available at: https://www.drugsandalcohol.ie/39467/

Department of Health 2017. *Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025*. Dublin: Department of Health. Available at: http://www.drugsandalcohol.ie/27603/.

Department of Justice 2020. *Collaboration is key, Long tells cross border organised crime webinar*. Available at: https://www.justice-ni.gov.uk/news/collaboration-key-long-tells-cross-border-organised-crime-webinar.

Department of Justice 2021. *Minister Browne launches Youth Justice Strategy 2021-2027*. Available at: https://merrionstreet.ie/en/news-room/releases/minister_browne_launches_youth_justice_strategy_2021-2027.html.

Department of Justice 2024. *Minister McEntee attends Annual Cross Border Conference on Organised Crime*. Available at: https://www.gov.ie/en/press-release/a4910-minister-mcentee-attends-annual-cross-border-conference-on-organised-crime/#:~:text=The%20Annual%20Cross%20Border%20Conference%20on%20Organised%20Crime%20is%20taking,Chief%20Constable%20of%20the%20PSNI [Accessed 30 October 2024].

Department of Justice and Equality 2019. *Minister Flanagan attends 17th Annual Cross Border Conference on Organised Crime.* Available at http://www.justice.ie/en/JELR/Pages/PR19000235#:~:text=The%2017th%20Annual%20Cross%20Border%20Conference%20on%20Organised%20Crime%20is,Russell%20Hotel%20in%20Ballyconnell%2C%20Co.&text=It%20provides%20an%20opportunity%20to,operational%20actions%20already%20being%20undertaken [Accessed 30 October 2022].

Fitzgerald, F. 2016. Dáil Éireann Parliamentary Debate: Written answer – 77 *drugs crime*. Vol 919 No 1. Available at: http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail2016072000071?opendocument#WRD02600.

Fitzgerald, F. 2017. Dáil Éireann Parliamentary Debate: Written answer – 124 *garda resources*. Vol 945 No 1. Available at: http://oireachtasdebates.oireachtas.ie/debates%20authoring/DebatesWebPack.nsf/takes/dail2017033000062?opendocument&highlight=%22organised%20crime%22.

Flanagan, C. 2019. Dáil Éireann Parliamentary Debate – *Cross-Border Co-operation*. Available at: https://www.oireachtas.ie/en/debates/question/2019-11-19/279/.

Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs Drug Addiction 2016. *Ireland: national report for 2015 - drug markets and crime*. Dublin: Health Research Board. Available at: http://www.drugsandalcohol.ie/25286/.

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017. *Ireland: national report for 2016 - drug markets and crime*. Dublin: Health Research Board. Available at: http://www.drugsandalcohol.ie/25286/.

Humphreys, H. 2021. Dáil Éireann Parliamentary Debate – *Other questions - Cross-border co-operation.* [36818/21]. Available at: https://www.oireachtas.ie/en/debates/debate/dail/2021-07-08/24/?highlight%5B0%5D=joint&highlight%5B1%5D=agency&highlight%5B2%5D=task&highlight%5B3%5D=force&highlight%5B4%5D=agencies&highlight%5B5%5D=task&highlight%5B6%5D=force#s25.

Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018a. *Ireland: national report for 2017 - drug markets and crime*. Dublin: Health Research Board. Available at: https://www.drugsandalcohol.ie/25286/.

Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b. *Ireland: national report for 2017 – drug policy*. Dublin: Health Research Board. Available at: https://www.drugsandalcohol.ie/25262/.

Irish Prison Service 2023. *Snapshot statistics.* Available at: https://www.irishprisons.ie/information-centre/statistics-information/snapshot-statistics/ [Accessed: 30 October 2024]

Kehoe, P. 2017. Parliamentary Debates Dáil Éireann: Written answer 818 – *Air corps*. Vol. 946 No. 2. Available at: http://oireachtasdebates.oireachtas.ie/debates%20authoring/debateswebpack.nsf/takes/dail2017041100109?opendocument&highlight=%22Drug%20testing%22.

Lucey, A. 2017. Chef says he grew cannabis to treat his bipolar disorder. *Irish Times* 10 March. Available at: https://www.irishtimes.com/news/crime-and-law/courts/circuit-court/chef-says-he-grew-cannabis-to-treat-his-bipolar-disorder-1.3005668 [Accessed: 20 August 2018].

Maguire, S. 2017. "I did it for Cian" Dad who defied law to grow cannabis in Donegal for his critically ill son was 'prepared to go to jail' as long as it helped. The Irish Sun 9 February. Available at: https://www.thesun.ie/news/559197/dad-who-defied-law-to-grow-cannabis-in-donegal-for-his-critically-ill-son-was-prepared-to-go-to-jail-as-long-as-it-helped/ [Accessed: 20 August 2018].

McDonald, H. and Townsend, M. 2007. Ireland's cocaine coast*. The Guardian* 8 July. Available at: https://www.theguardian.com/uk/2007/jul/08/drugsandalcohol.drugstrade.

McLean, S. 2017. Café owner who grew cannabis to ease back pain given 240 hours community service. *thejournal.ie* 8 February. Available at: http://www.thejournal.ie/cannabis-plants-cafe-3227608-Feb2017/ [Accessed: 20 August 2018].

McMahon, A. 2018. Man (50) arrested after 'crystal meth lab' raided in Dublin. *Irish Times*. Available at: https://www.irishtimes.com/news/crime-and-law/man-50-arrested-after-crystal-meth-lab-raided-in-dublin-1.3368959 [Accessed: 20 October 2020].

Medical Bureau of Road Safety (2023). Medical Bureau of Road Safety annual report 2022. Medical Bureau of Road Safety, Dublin. Available at https://www.drugsandalcohol.ie/39589/

Medical Bureau of Road Safety (2024). Medical Bureau of Road Safety annual report 2023. Medical Bureau of Road Safety, Dublin. Available at https://www.drugsandalcohol.ie/41891/

National Crime Agency 2018. *National strategic assessment of serious organised crime. London: National Crime Agency*. Available at: https://www.drugsandalcohol.ie/29579/.

Nic Ardghail, A. 2017. Mechanic who claimed he was growing €38k of cannabis for medical use avoids jail. *Irish Independent* 21 November. Available at: https://www.independent.ie/irish-news/courts/mechanic-who-claimed-he-was-growing-38k-of-cannabis-for-medical-use-avoids-jail-36340585.html [Accessed: 20 August 2018].

Police Service of Northern Ireland and An Garda Síochána 2015. *Cross border organised crime assessment 2014.* Belfast and Dublin: Department of Justice and Department of Justice and Equality. Available at: http://www.drugsandalcohol.ie/22721/.

Police Service of Northern Ireland and An Garda Siochana 2018. *The cross border organised crime threat assessment report 2018*. Department of Justice and Department of Justice and Equality. Available at: https://www.drugsandalcohol.ie/29908/.

Pope, C. 2018. Gardaí seize €500,000 worth of drugs in Co Kildare raid. *Irish Times* 6 May. Available at: https://www.irishtimes.com/news/ireland/irish-news/garda%C3%AD-seize-500-000-worth-of-drugs-in-co-kildare-raid-1.3486197.

Redmond, S. and Naughton, C. 2017. *National prevalence study. Do the findings from the Greentown study of children's involvement in criminal networks (2015) extend beyond Greentown? Interim report*. Limerick: School of Law, University of Limerick. Available at: http://www.drugsandalcohol.ie/28326/.

Revenue 2018. *Revenue Commissioners annual report 2017*. Dublin: Revenue Commissioners. Available at: https://www.drugsandalcohol.ie/29315/.

Revenue 2019. *Revenue Commissioner Gerry Harrahill's speech at commissioning of Revenue's new 'ZBV' mobile scanner*. Dublin: Revenue Commissioners. Available at: [Accessed: 20 October 2020].

Revenue 2021. *Revenue deploys new mobile container scanner to target smuggling*. Available at: https://www.revenue.ie/en/corporate/press-office/press-releases/2021/pr-072221-revenue-deploys-new-mobile-container-scanner.aspx#:~:text=Today%20(22%2F7%2F2021,under%20its%20Hercule%20III%20Programme [Accessed: 24 October 2022].

Revenue 2022. *Drug and tobacco smuggling*. Available at: https://www.drugsandalcohol.ie/33267/ [Accessed: 23 October 2022].

Revenue 2024. *Revenue Commissioners annual report 2023*. Dublin: Revenue Commissioners. Available at: https://www.drugsandalcohol.ie/40919/

Sheehan, D. 2019. *Keeping people safe: roads policing*. Dublin: An Garda Siochana. Available at: https://www.rsa.ie/Documents/Press%20Office/RSA%20Academic%20Lecture%20-%20Presentation%20by%20Asst%20Commissioner%20David%20Sheahan%20An%20Garda%20Siochana.pdf.

The Probation Service 2023. *Probation Service annual report 2022*. Dublin: Probation Service. Available at: https://www.drugsandalcohol.ie/39786/

Windle, J. 2017. The impact of the great recession on the Irish drug market. *Criminology & Criminal Justice* 18(5), pp. 548–567.

European Monitoring Centre for Drugs and Drug Addiction

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

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

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

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