Focal Point Ireland: national report for 2025 – Drug markets and crime

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

Authors of the national report

Lucy Dillon, Brian Galvin, Ciara Guiney, Suzi Lyons, and Sean Millar

Head of Irish Focal Point

Brian Galvin

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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 2024, 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 (Belgium, Croatia, France, Germany, the Netherlands, Poland, Portugal, Spain), Asia (India, Hong Kong, Thailand), South Africa; the United Kingdom, the United States of America (USA); and Canada. The main modes of transport were by freight via Rosslare Europort, Cork and Dublin Port, by plane via Dublin, Cork 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 2024 (16 121) was lower than 2023 (17 243). By type of drug offence for the supply offences, between 2023 and 2024, incidents for importation of drugs increased by 59% and incidents for cultivation or manufacture decreased by 10%. For possession offences, between 2023 and 2024, decreases were evident for both possession of drugs for sale or supply (10%) and possession of drugs for personal use (7%).

- 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 2024; Operation Tara targeted drug trafficking; Operation Mantel and HAECHI targeted money laundering and Operation Thor targeted OCGs. Agencies have aimed to address reoffending: the Irish Youth Justice Strategy was launched in 2021, and interventions are reviewed and strengthened annually. On the island of Ireland, Garda Youth Diversion Projects for juveniles and youth have been established and continue to be expanded; 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 first in 2011 (n=578) and second in 2020 (n=377). Despite substantial interventions by law enforcement, it continues to be cultivated. The most recent figures available have indicated that 86 incidents of cultivation or manufacture of drugs were recorded in 2024, which was approximately 10 lower than that recorded in 2023 (n=96) (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). Moreover, in October 2024, following a coordinated search by Kerry Divisional Drugs Unit, suspected crystal meth (€1000), suspected cocaine (€14,000) and suspected crack cocaine €50), and elements of a full crystal meth lab along with protective PPE, compounds and liquids need to cook crystal meth. One suspect was arrested and charged (An Garda Síochána 2025d).

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 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 Lisbon in ongoing actions aimed at addressing threats and at intercepting and preventing the trafficking of drugs, illegal medicines, NPS, and drug precursors (Revenue 2025).

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.

Additional information can be gleaned from Revenue press releases. In 2024, 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 (Belgium, Croatia, France, Germany, the Netherlands, Poland, Portugal, Spain), Asia (India, Hong Kong, Thailand), South Africa; the United Kingdom, the United States of America (USA); and Canada. The main modes of transport were by freight via Rosslare Europort, Cork and Dublin Port, by plane via Dublin, Cork and Shannon airports, or via the postal system. Products that identified during searchers were marked as parcels, jigsaw puzzles, or hidden in baggage

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 2024, 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 2014). 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 2024 indicated that the most prominent drugs analysed in Ireland were cannabis herb, cocaine, alprazolam, followed by heroin, MDMA, Cannabis resin, Ketamine, cannabis plant, benzocaine, zopiclone (personal communication, FSI, 2025). Table T1.1.5.1 lists the illegal drugs analysed in Ireland, based on FSI records for 2024, 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 2024, where quantities were reported, seizures detained by Revenue officers ranged in size (Revenue Press Releases, 2024). AGS press releases rarely report quantities, as the seized product is sent directly to FSI for analysis.

Smuggling methods

In 2024, drugs were smuggled into Ireland via:

- airports – products were transported in two ways: either concealed or in checked-in luggage; or in parcels
- ports – freight units, articulated trucks, within industrial machinery, hidden compartments of the refrigerated trailer

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).

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
Mephedrone	Cathinone	€10,000/kg
Methadone	Opioid	N/A
Methedrone	Cathinone	€10,000/kg

Drug	Category	Price per gram/tablet/millilitre
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 2024. The most recent Data available is for cocaine (2020, 2021, 2022 and 2023), diamorphine (2021, 2022 and 2023), and amphetamines (2021), and each is presented separately.

Cocaine

No new data is available for 2024. The most recent Cocaine data available were analysed for three-time frames: 2020 and 2021, 2022 and 2023 (personal communication, FSI, 2022; 2023, 2024, 2025). Table T1.1.4.2 shows a breakdown of the overall adulterants detected in quantification analysis between 2016 and 2023.

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.

2023 adulterant analysis

Overall, in 2023, 137 cocaine seizures were submitted to FSI for quantification analysis, of which 34 seizures were classified as street-level substances and 79 seizures were classified as importation-level substances. The dates of seizures ranged from 1 January 2023 to 21 December 2023. Consistent with the findings between 2016 and 2022, overall, the most prominent adulterants in 2023 were benzocaine, followed by levamisole and caffeine (see Table T1.1.4.2). No breakdown is available for Street level or importation level at this time.

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	2023	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	31.0	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	6.0	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	3.0	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	0.0
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	0.0
MDMA	–	–	–	1.2	0.9	–	–	–	–	–	–	–	–	–	–	–	–	–	2.3	1.6	–	–
Xycaine	–	–	–	–	0.9	–	–	–	–	–	–	–	2.1	–	–	–	–	–	–	–	–	–
Procaine	–	–	–	–	–	–	1.0	1.0	–	–	–	–	–	–	3.0							1.5
Other*	4.1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6.0	–	–	–	–	–	–

Note: "–" = not detected
* Includes hydroxyzine
Source: (personal communication, FSI, 2020, 2022, 2023, 2024, 2025)

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 street 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, 2024, 2025). The number of adulterants detected for street level or importation level is not available for 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 2024. The most recent Data available is for 2023. Overall, in 2023, 61 diamorphine seizures were submitted to FSI for quantification analysis of which 22 seizures were classified as street-level substances and 13 seizures were classified as importation-level substances. Dates of seizures ranged from 1 January 2023 to 12 December 2023. The most common adulterant in diamorphine was caffeine which was present in 67% of samples. Paracetamol was present in 36% of samples. Where paracetamol was observed caffeine was also present (personal communication, FSI, 2025).

Table T1.1.4.4 shows a breakdown of the number of adulterants detected by level between 2019 and 2022. (personal communication, FSI, 2020, 2022, 2023, 2024, 2025). This information is not available for 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 2024

	Drug type	Quantity seized
1	Cannabis Herb	6118
2	Cocaine	3085
3	Alprazolam	799
4	Diamorphine	719
5	MDMA	543
6	Cannabis resin	374
7	Ketamine	350
8	Cannabis plant	315
9	Benzocaine	279
10	Zopiclone	165

Source: (personal communication, FSI, 2025)

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 2019 and 2025. 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
Methoxyamphetamine	Phenethylamine	€60 per gram
Methoxetamine	Hallucinogen	€60 per gram

Drug	Category	Price per gram/tablet/millilitre
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, 2025). There is no new data for 2024. The most recent available data are for cocaine (2023) and diamorphine (2023). FSI has operationally defined street-level samples as samples submitted from seizures of less than 100 grams (primarily between 25 and 30 grams), and importation-level samples as samples submitted from seizures greater than 100 grams, primarily more than 500 grams. Street deal samples are defined as samples taken from typical street deal size packs, which aim to provide a snapshot for cocaine and diamorphine content a typical street deal contains (personal communication, FSI, 2025).

Cocaine

Cocaine samples quantified were collected from the DMR and non DMR regions, and Revenue (personal communication, FSI, 2025). The average cocaine content determined was 54%. Figure T1.1.5.1 shows a breakdown of cocaine content by level and location.

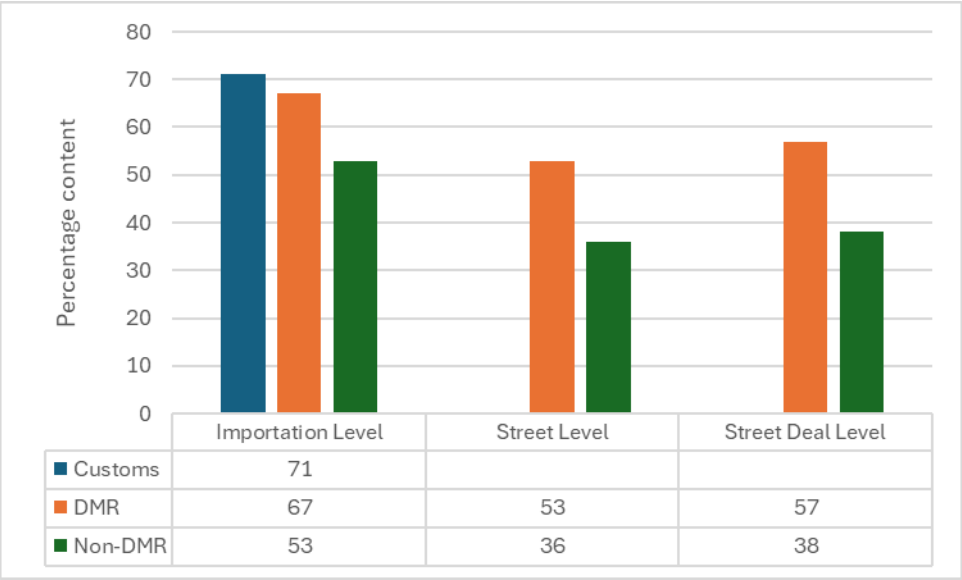


Figure T1.1.5.1 Average cocaine content by level and location in 2023

Source: (personal communication, FSI, 2025)

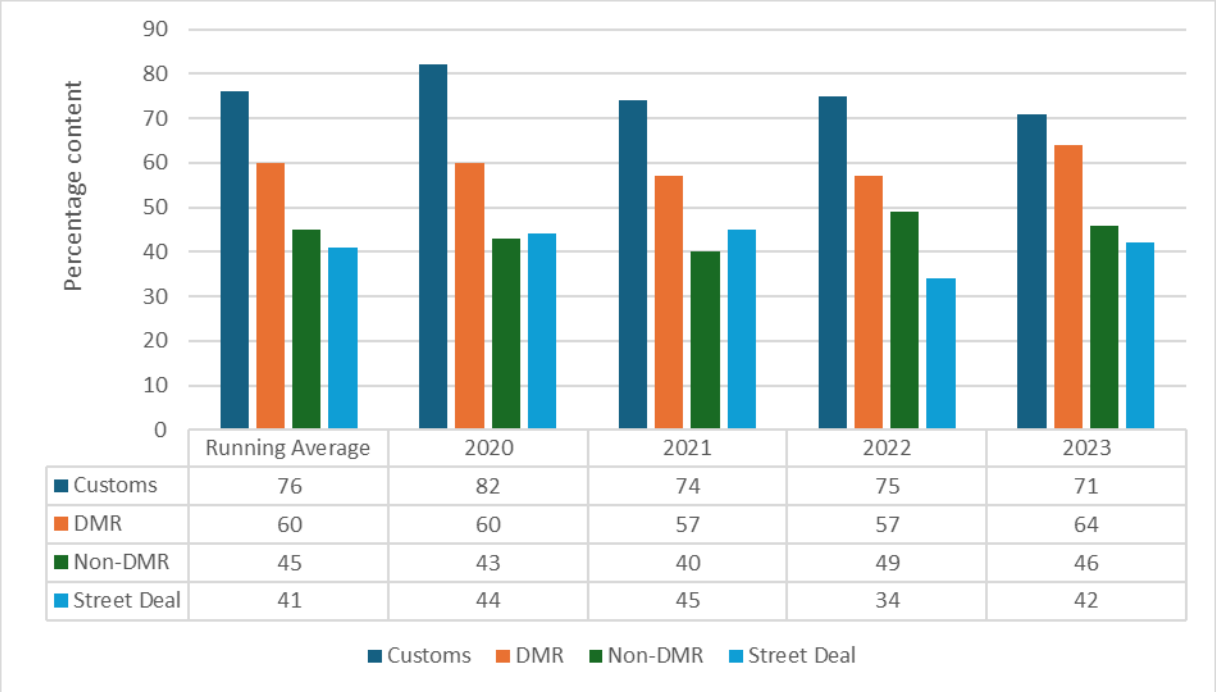


Figure T1.1.5.2 Annual comparison of cocaine content by year and location.

Note: Street deal shown as the combination of DMR and non-DMR 2023

Source: (personal communication, FSI, 2025)

Diamorphine

Diamorphine samples quantified were collected from the DMR and non DMR regions, and Revenue (personal communication, FSI, 2025). The overall purity of diamorphine in 2023 was 40%; samples ranged from 12-59%. Figure T1.1.5.3 shows a summary of purity analyses for diamorphine content in 2023 by level and location. Diamorphine content was higher in DMR across all levels.

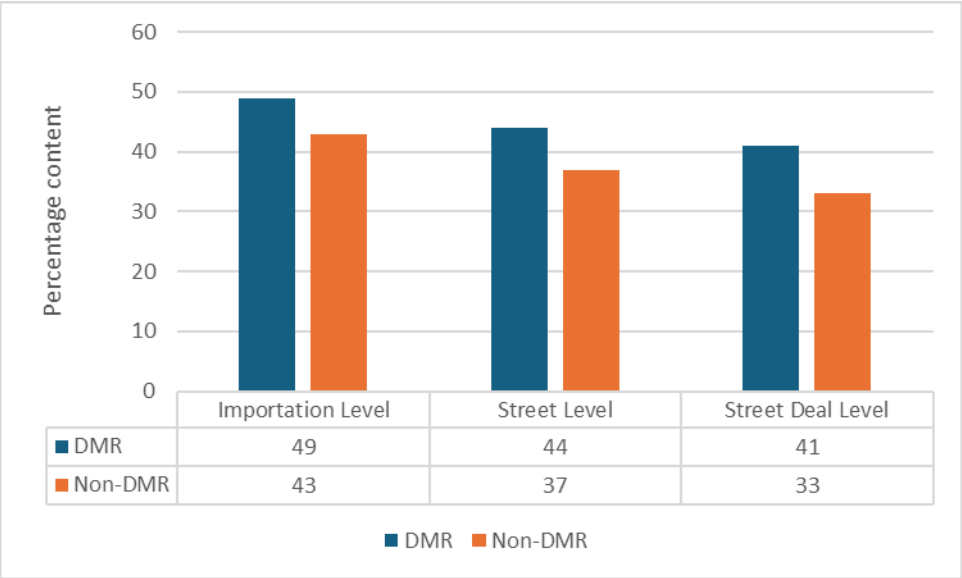


Figure T1.1.5.3 Annual comparison of diamorphine content by location and level in 2023

Note: Street deal shown as the combination of DMR and non-DMR.
Source: (personal communication, FSI, 2025)

Figure T1.1.5.4 shows a summary of purity content analysis for diamorphine between 2020 and 2023 according to location.

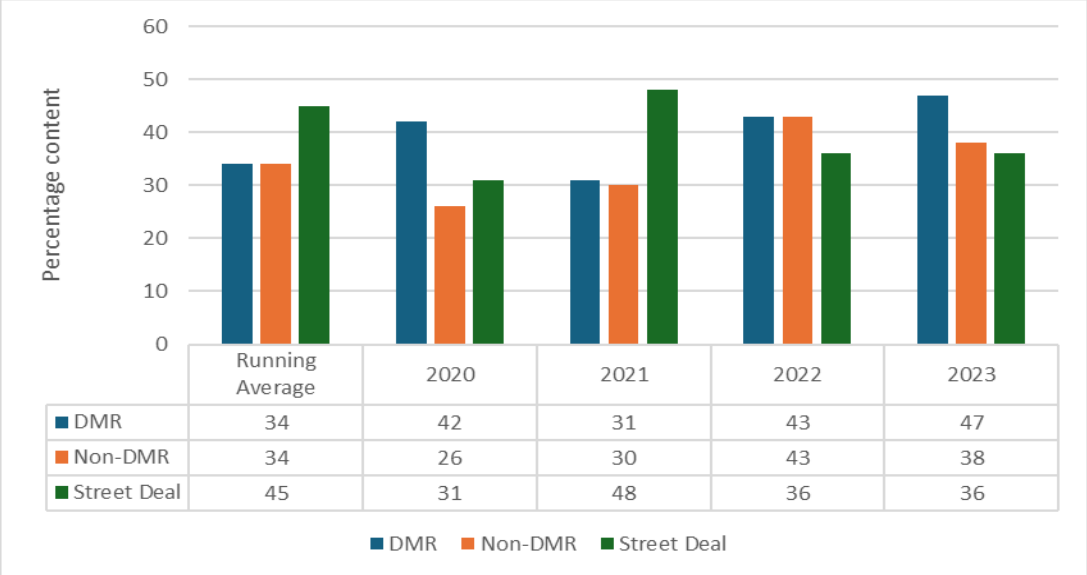


Figure T1.1.5.4 Annual comparison of diamorphine content by location.

Note: Street deal shown as the combination of DMR and non-DMR.
Source: (personal communication, FSI, 2025)

Amphetamines

No new data is available for 2022, 2023 or 2024. 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 2024* presented statistics on prosecutions for drug offences between January and December 2024 (Courts Service 2025). 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, 22,700 21,907 orders were made in relation to drug offences in 2024 – involving 14,727 defendants – which represents a 7% decrease since 2023 (N=15,858) (Courts Service 2025) (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, 2024

Incoming			Resolved: offences		
Offences	Defendants*		Summary	Indictable dealt with summarily	Sent forward for trial
27 783	14 727		1011	21 689	3588

Note: * There may be more than one offence brought against a defendant.
Source: (Courts Service 2025)

Table T1.2.1.2 Summary and indictable offences: outcomes in the District Court, 2024

	Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ det	Susp	Other	Total
Summary offences: outcomes	56	282	221	125	2	0	10	92	58	41	124	1011
Indictable offences dealt with summarily: outcomes	533	6810	3046	2877	62	4	209	2138	595	745	4670	21 689

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 2025)

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 2024 was 577 (see Table T1.2.1.3) (Courts Service 2025), which represented an 11% increase approximately, since 2023 (N=518). In 2024, young offenders received a range of punishments, imprisoned or detained (n=3), community service (n=11) or sentenced to probation (n=137). The number of young people placed on probation in 2024 (n=137) was approximately 15% higher than 2023 (n=119).

Table T1.2.1.3 Juvenile crime outcomes in 2024

Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
32	183	103	16	2	0	11	137	3	4	86	577

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 2025)

Circuit Court

The Circuit Court heard cases for 870 defendants that involved 3,653 drug offences in 2024. There were 2,970 guilty pleas, which represented a 6% increase from 2023 (N=2,803); of the cases that went to trial, 44 resulted in convictions and 15 resulted in acquittals (see Table T1.2.1.4). Trials resulted in 440 imprisonments/detentions and 480 suspended sentences (see Table T1.2.1.5) (Courts Service 2025).

Table T1.2.1.4 Sentences for drug offences in the Circuit Court in 2024

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 2025)

Table T1.2.1.5 Offence outcomes following conviction in the Circuit Court in 2024

	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ det	Susp	Other	Total
Offence outcomes following conviction	406	25	659	2	25	74	440	480	944	3065

Note: TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence
Source: (Courts Service 2025)

Appeals (from District Court)

In 2024, 391 appeals from the District Court, representing 953 offences, were dealt with in the Circuit Court (Courts Service 2025). Appeals and offences in 2024 were approximately 42% and 12% lower than in 2023, respectively (appeals = 677; offences = 1078). Table T1.2.1.6 shows a breakdown of resolved offences.

Table T1.2.1.6 Appeals from District Court, 2024

Incoming			Resolved: offences				
Off	Def		Aff	Varied	Rev	Withdrawn	S/O N/A
953	391		141	545	97	278	253

Note: Off = offences; Def = defendants; Aff = affirmed; Rev = reversed; S/O N/A = struck out no appearance
Source: (Courts Service 2025)

Court of Appeal

Overall, the number of appeals that were lodged from the Circuit Criminal Court for drug/misuse of drugs offences were nearly 46% lower in 2024 (n=97) when compared with 2023 (n=179) (Courts Service 2025). Overall, 179 appeals that originated in the Circuit Criminal Court were resolved in 2024 (Court Services 2025). Table T1.2.1.7 indicates that most appeals resolved were for sentence severity (n=110), followed by sentence leniency (N=53), conviction and sentence (n=10), and other (n=6).

Table T1.2.1.7 Summary of resolved appeals in 2024

Appeal	Conviction	Sentence (severity)	Conviction and sentence	Sentence (leniency)	Director of Public Prosecutions (dismissal)	Miscarriage of justice	Other	Total
Resolved	0	110	10	53	0	0	6	179

Source: (Courts Service 2025)

Prison committals for drug offences

On 30 November 2024, the number of persons in custody that were under sentence for controlled drug offences comprised of 10.6% (422 out of 3,986) of the total prison population (Irish Prison Services 2025). The difference between the share of the total prison population in 2023 (10.5% – 389 out of 3,701) and 2024 was a 0.1 percentage point increase (Irish Prison Service 2025). 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)

No new information

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 2022); *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 2022). 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. The Department of Health in Ireland is currently in the process of developing a new national drugs strategy. Further information on this process can be found in Section T3.1 of 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 2025) 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 late 2025 (Revenue 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. Currently there are 26 detector dogs in the Revenue canine programme (Revenue 2025). 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 (An Garda Síochána 2023). In 2023, the GDU had twenty-nine dogs; three pups also started training (An Garda Síochána 2025a). The most recent data available (2023) indicated that the GDUs participated in 480 searches which included searches for drugs, case, and firearms. In addition, GDU assisted in 140 searches to ensure security at major events in Ireland (An Garda Síochána 2025a).

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 2022).

Revenue also uses mobile X-ray scanners in the fight against smuggling. There are currently three mobile X-ray scanners in Ireland (Revenue 2025). 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 2025).

Cross-border cooperation and collaboration continues between AGS, the PSNI, and other law enforcement agencies north and south of the border. 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 December 2024, the *Cross Border Policing Strategy 2025–2027* was launched by AGS and PSNI (An Garda Síochána and PSNI 2024). This is a three-year strategy which aims to build on existing collaboration on the Island of Ireland. The focus of the strategy is tackling crime and preventing harm, roads policing and road safety, community policing and major emergency management (An Garda Síochána and PSNI 2024). The strategy will be supported by joint investment, developing people in both police services and legislative supports, Work by the Joint Agency Task Force will also be supported by this strategy (An Garda Síochána and PSNI 2024).

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 2020) 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). Justice Ministers Naomi Long MLA and Jim O'Callaghan TD alongside Deputy Chief Constable Bobby Singleton and Commissioner Drew Harris attended the most recent Annual Cross Border Conference on Organised Crime on 10 March 2025 in Belfast. The theme of the conference was 'Defeating serious and organised crime through innovation and collaboration'. In her key speech, Minister O'Callaghan stated that targeting organised crime groups is a priority in his role as Minister for Justices. He concluded that "…strong levels of co-operation that exist between the criminal justice agencies on this island is something to be proud of...". Minister O'Callaghan went on to say that "collaboration at all levels…sends a very clear message to organised criminals that the border is not something that be exploited for criminal gain" (Department of Justice 2025).

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 were drug related, as they all stemmed from disagreements and revenge in relation to the illegal drug enterprise (personal communication, GNDOCB, 2018). In response to gangland violence AGS established is coordinated under Operation Hybrid and is reviewed on a weekly basis to maintain optimal impact. Investigations into the Kinahan OCGs are ongoing, the most recent arrest in October 2024 was part of international efforts to combat transnational crime (An Garda Síochána 2025d). There are several other operations targeting OCGs in Ireland, such as:

- As part of the National Garda Anti-Drugs Operation that commenced on 1 July 2021, Operation Tara targets and disrupts 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. This work is ongoing (Collins 2025).
- Operation Mantel was launched in October 2012. In an investigation by the Money Laundering Investigation Unit, an Irish company was found to launder €1.42m through its accounts. In October 2023 two men were charged and pleaded guilty to money laundering offences (An Garda Síochána 2025a).
- Operation HAECHI targeted cyber-enabled financial fraud and associated money-laundering activities. It is coordinated by INTERPOL. In a recent HAECHI case, the Financial Intelligence Unit Ireland assisted in the recovery and return of almost €1m in funds to an Irish victim who experienced a business email compromise fraud (An Garda Síochána 2025a).
- In a Transnational Organised Crime multinational operation by AGS, Revenue, and the Irish Navy as part of the Joint Agency Task Force that carried out a maritime intervention operation off the coast of Ireland on a cargo vessel, the MV Matthew. This operation was supported by the MAOC-N and the Irish Army Ranger Wing. Overall, 2.2 tonnes of cocaine were seized and eight people were arrested and charged with drug trafficking and organised crime offences. This cocaine seizure was deemed in this jurisdiction and dealt a significant blow to international cocaine trafficking (An Garda Síochána 2025a).
- Operation Thor was launched in 2015 to tackle burglaries, organised criminal gangs and repeat offenders through co-ordinated crime prevention and intelligence led enforcement activity. Between 1 January 2024 and 11 December 2024, 2,058 arrests and 4,663 charges and summons were recorded in association with Operation Thor (Department of Justice, Home Affairs and Migration 2024 updated 2025).
- Operation Liberterra II targeted human trafficking and migrant smuggling in December 2024. This Interpol led operation was supported by Gardaí (An Garda Síochána 2025d).
- Operation Citizen: Gardaí targeted street level sale and supply of illicit tablets in Dublin City centre searches in November 2024. A small quantity of illicit tablets was seized, two were arrested and charged (An Garda Síochána 2025d)

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, Home Affairs and Migration 2021). Section T2.2 of the *Legal framework* workbook provides an outline of the aims, guiding principles, and main themes that underpin the strategy and Section T4.1 details the progress on the Youth Justice Strategy in their Implementation Statement 2024 (Department of Justice, Home Affairs and Migration 2025). In addition, the Probation Service aims to reduce the likelihood of reoffending by developing and maintaining positive professional relationships with offenders, via rigorous assessment and effective supervision (The Probation Service 2025). Their *Statement of Strategy 2024–2026* is underpinned by five pillars: enhancing community safety, empowering staff, building collaboration and engagement, enabling social inclusion and future proofing the service (The Probation Service 2025).

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 (Revenue 2022). Their function includes:

- 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).

2024: National-Level overview

In 2024, 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 26 joint national operations and investigations with AGS – in particular, with the GNDOCB. Overall, 64 individuals were arrested in 100 joint controlled deliveries in 2024 (Revenue 2025). The Revenue were involved in a range of other activities nationally. For example, 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
- 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
- worked closely with the Department of Justice on administrative matters related to passenger movements, via the Irish Passenger Intelligence Unit (Revenue 2025)

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 2025).

2024: International-Level overview

During 2024, the Revenue also:

- 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
- participated in the Cross-Border Joint Agency Task Force where together with AGS,
- worked closely with HMRC and other Northern Irish law enforcement agencies
- co-operated with counterparts in other jurisdictions and worked closely with international bodies such as the World Customs Organisation, OLAF, Europol, and the European Multidisciplinary Platform Against Criminal Threats.
- participated in the European Ports Alliance initiative, which strives to foster collaboration among customs authorities across key European ports and includes a Public Private Partnership

framework to enhance collaboration between public bodies, port operators and private stakeholders to address challenges more effectively (Revenue 2025).

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 2025a). 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 2025a).

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 (An Garda Síochána 2025c). 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 (An Garda Síochána 2025c).

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 2024*, drugs seizures are recorded by one of the following product types:

- cannabis (herbal and resin)
- cocaine and heroin, and
- amphetamines, ecstasy, and other (Revenue 2025).

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 2024 resulted in 10,170 seizures (64,105 kg), which were estimated to be valued at €214.7 million (Revenue 2025). The number of seizures for cocaine and heroin intercepted in 2024 (n=96) was lower than those intercepted in 2023 (n=111). The overall weight of these seizures was estimated at 605kg and had a value of €42.4 million (Revenue 2025). In 2024, a total of 6,699 kg of cannabis (herbal and resin) with an estimated value of €128.6 million was intercepted in 2,963 separate seizures (Revenue 2025). The number of cannabis seizures in 2024 (2,963) was nearly 18% higher than 2023 (2,513). However, it was noted that the quantity seized in 2024 (6,699 kg) was 92% higher than the quantity seized in 2023 (3491 kg). Similarly, the estimated cost of products seized in 2024 (€128.6 million) was 93% higher than the cost reported in 2023 (€66.8 million). The highest number of seizures reported by Customs officers was for amphetamines, ecstasy, and other types of drugs (7,111). The estimated weight of these substances was 56,801 kg, and they had an estimated value of €43.7 million (Revenue 2025).

AGS seizures

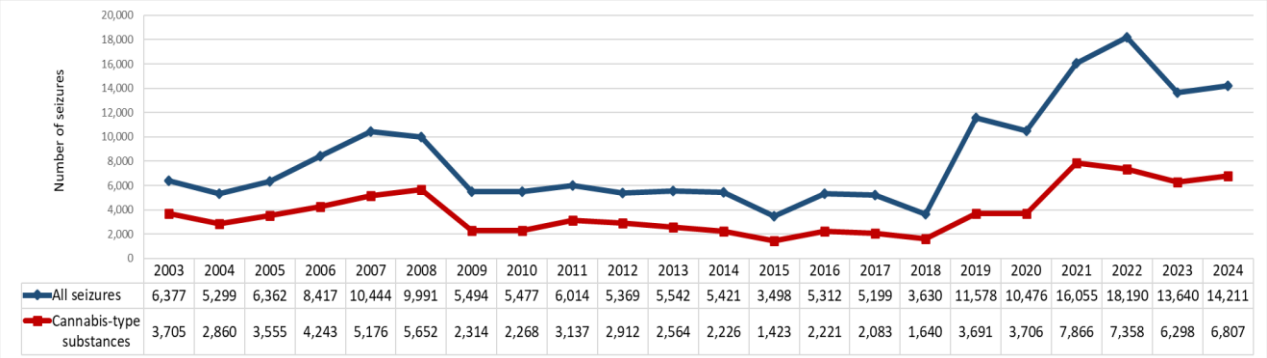
Only drugs seized by AGS for supply offences are sent to FSI for analysis. Figure T2.1.1 shows trends for total seizures and cannabis-related seizures between 2003 and 224 (personal communication, FSI, 2025). Overall, seizures from 7,107 cases were analysed by FSI in 2024, resulting in 14,211 drugs being categorised as identified. Further analysis showed that no controlled drug was detected in 454 analyses, and no controlled drug was identified in 66 analyses. Sample categorisations included, inconclusive (n=8), not analysed/not applicable/not suitable for analysis (n=35), incomplete (n=2) or blanks (n=21). When drawing inferences from this data analysis, the following needs to be considered. The number of samples analysed within cases ranged from one sample to 60 samples. In addition, the total number of drugs identified includes the number of drugs categorised as indicated or as having trace amounts of product.

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 25%. A small increase of 4% was evidence between 2023 and 2024 (see Figure T2.1.1).

Cannabis

Cannabis-type seizures accounted for over 48% of all drug seizures in 2024 (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%). Between 2023 and 2024, the number of seizures analysed increased by 8%.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
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	14,211
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	6,807

Figure T2.1.1 Trends in the total number of drug seizures and cannabis seizures analysed, 2003–2024

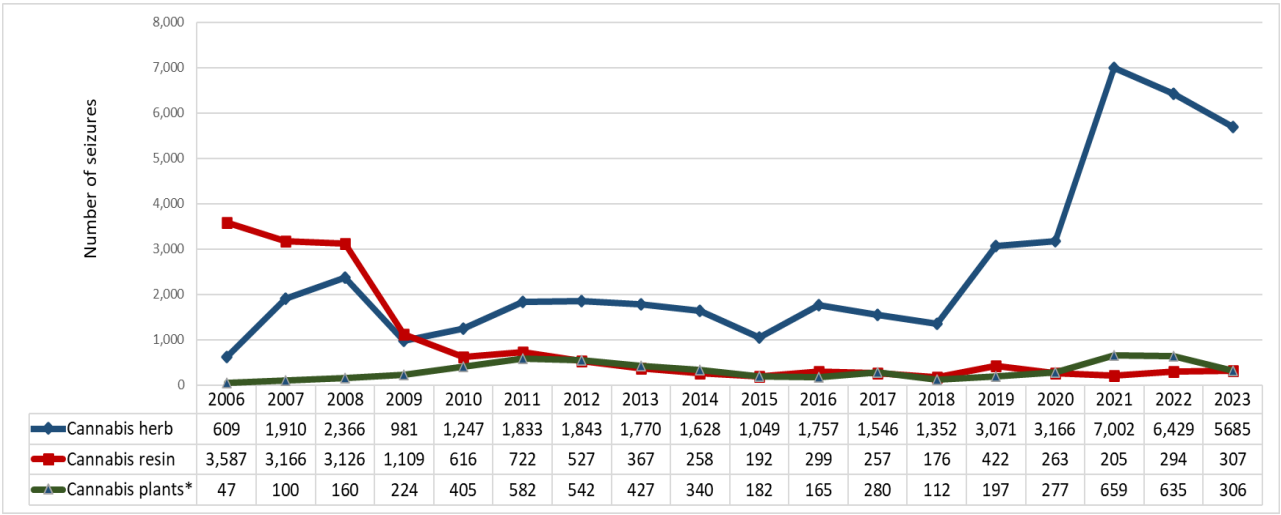
Source: (personal communication, FSI, 2003–2025)

An examination of cannabis substances by type is shown in Figure T2.1.2. 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.

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. 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, between 2018 and 2019, a substantial increase was shown for the three main cannabis products analysed.

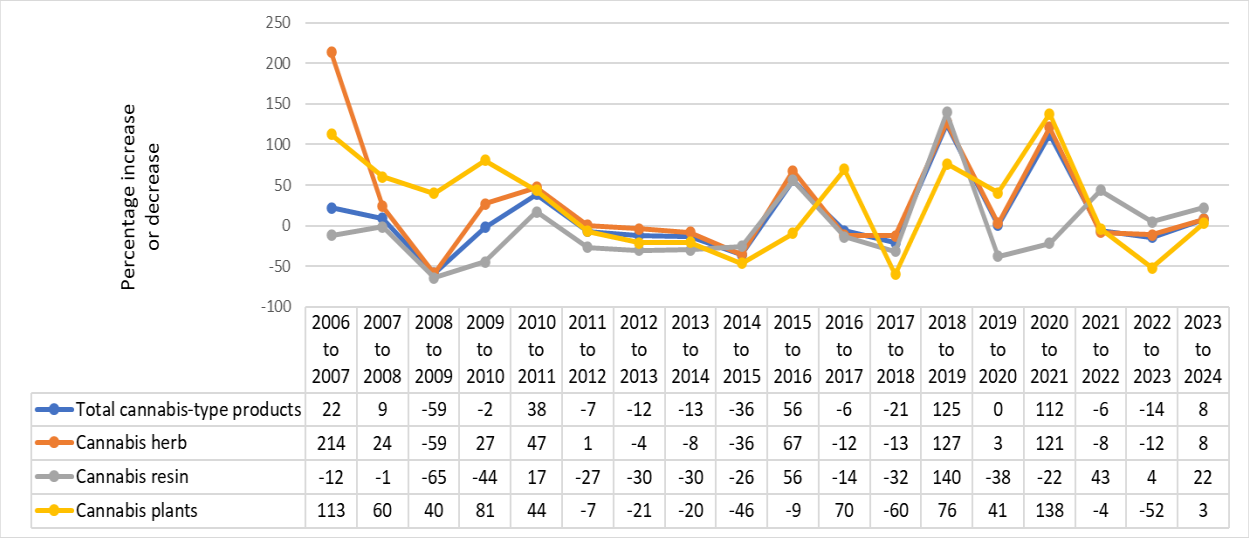
As shown in Figure T2.1.3, in 2020, there was a slight increase in the analysis of cannabis herb seizures, however between 2020 and 2021, the number of analyses increased over twofold for cannabis herb (121%). The analysis of cannabis herb decreased between 2021 and 2022 (8%), and a larger decrease was evident between 2022 and 2023 (12%). Cannabis herb analysis increased by 8% between 2023 and 2024. 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%) with a larger increase evident between 2023 and 2024 (22%). Between 2020 and 2021 the analysis of cannabis plants increased by 138%. Since 2021 the analysis of cannabis plants decreased between 2021 and 2022 (4%) and a larger decrease evident between 2022 and 2023 (52%). However, between 2023 and 2024 a small increase was evident (3%).



	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, 2006–2024

Source: (personal communication, FSI, 2007–2025)
* 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.



	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	2023 to 2024
Total cannabis-type products	22	9	-59	-2	38	-7	-12	-13	-36	56	-6	-21	125	0	112	-6	-14	8
Cannabis herb	214	24	-59	27	47	1	-4	-8	-36	67	-12	-13	127	3	121	-8	-12	8
Cannabis resin	-12	-1	-65	-44	17	-27	-30	-30	-26	56	-14	-32	140	-38	-22	43	4	22
Cannabis plants	113	60	40	81	44	-7	-21	-20	-46	-9	70	-60	76	41	138	-4	-52	3

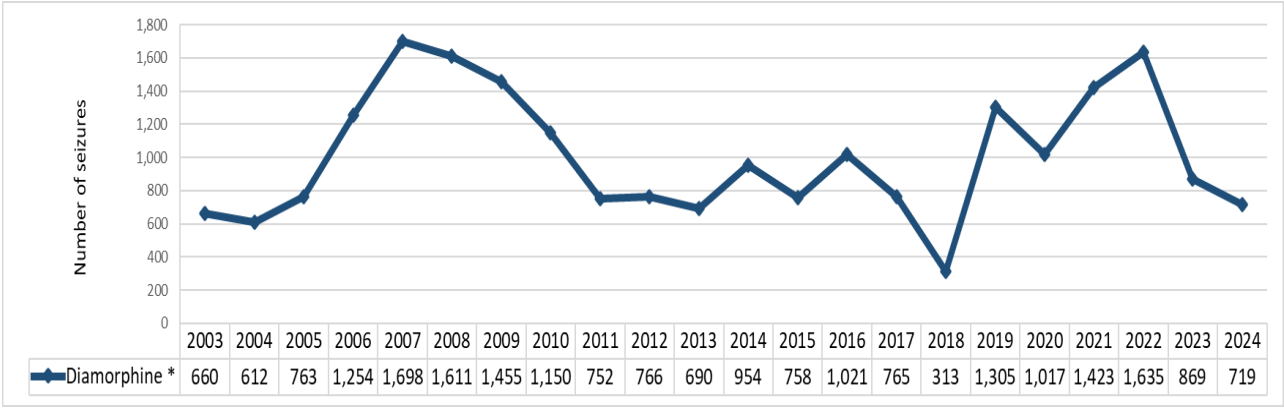
Figure T2.1.3 Comparison of percentage increase/decrease, total drug seizures analysed, and by cannabis type, 2006–2024

In 2024, other types of cannabis products were seized and submitted for analysis (N=181). Tetrahydrocannabinol (THC) including trace amounts was detected in 164 seizures. 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). In addition, seizures analysed included cannabinol (n=6), cannabigerol (n=6), cannabinol (n=3), cannabidiol (n=1). One seizure contained THC acetate.

Other controlled drugs

Opioids

Heroin: Figure T2.1.4 shows trends for seizures of heroin between 2003 and 2024. 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). Since 2022, the number of heroin seizures analysed have decreased annually, between 2022 and 2023 (47%) and smaller decrease between 2023 and 2024 (17%) (see Figure T2.1.4).



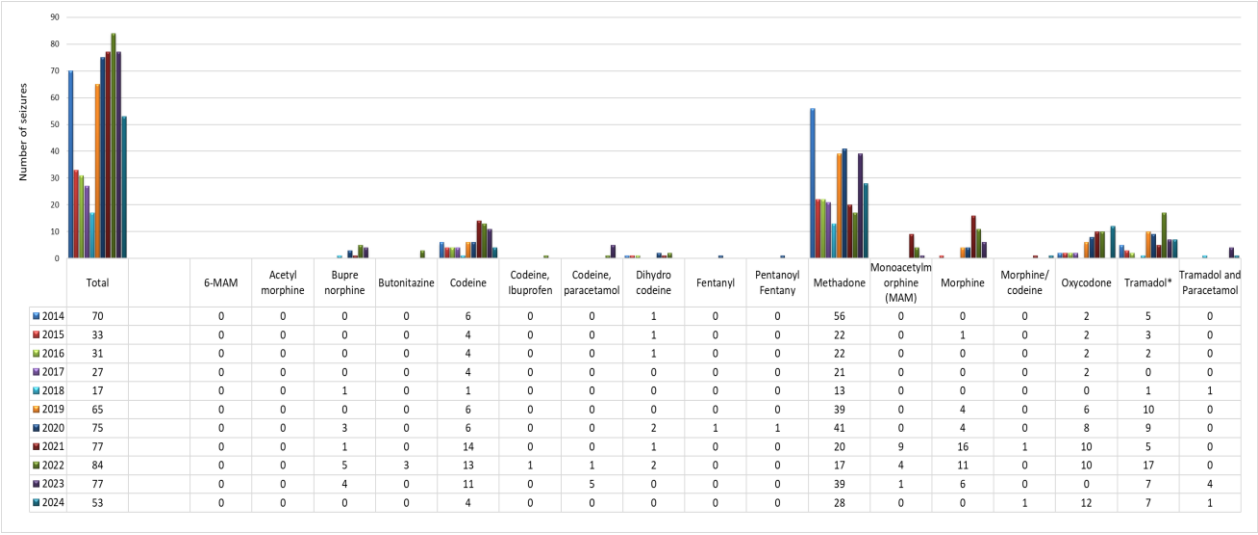
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Diamorphine *	660	612	763	1,254	1,698	1,611	1,455	1,150	752	766	690	954	758	1,021	765	313	1,305	1,017	1,423	1,635	869	719

Figure T2.1.4 Trends in the number of heroin seizures analysed, 2003–2024

*2021 includes trace amounts detected
Source: (personal communication, FSI, 2003–2025)

Other opioids: Figure T2.1.5 shows trends in the number of other opioids seized between 2014 and 2024. 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=17). 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%). A small decrease was evident between 2022 and 2023 (8%). This was followed by a larger decrease between 2023 and 2024 (31%).

Methadone has been the most prominent drug in this category since 2012 and accounted for just over half of the products analysed in this category in 2024, followed by oxycodone (n=12), tramadol (n=7) and codeine (n=4) (see Figure T2.1.5). Indications of codeine and morphine were found in one analysis.



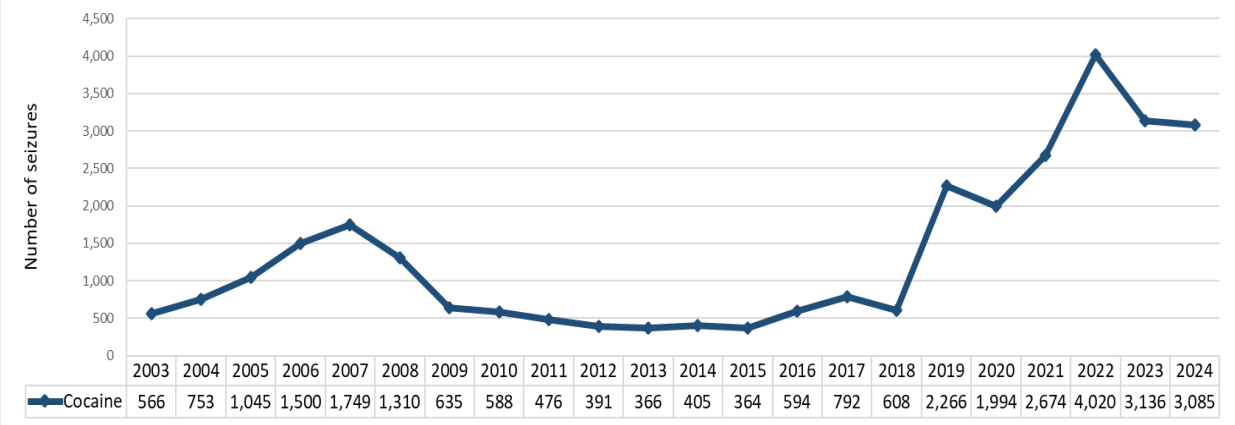
	Total	6-MAM	Acetyl morphine	Bupre norphine	Butonitazine	Codeine	Codeine, Ibuprofen	Codeine, paracetamol	Dihydro codeine	Fentanyl	Pentanoyl Fentany	Methadone	Monoacetylm orphine (MAM)	Morphine	Morphine/ codeine	Oxycodone	Tramadol*	Tramadol and Paracetamol
2014	70	0	0	0	0	6	0	0	1	0	0	56	0	0	0	2	5	0
2015	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	65	0	0	0	0	6	0	0	0	0	0	39	0	4	0	6	10	0
2020	75	0	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	0	5	0	0	0	39	1	6	0	0	7	4
2024	53	0	0	0	0	4	0	0	0	0	0	28	0	0	1	12	7	1

Figure T2.1.5 Trends in the number of seizures of other opioids, 2015–2024

*includes trace amounts detected
Source: (personal communication, FSI, 2012–2025)

Cocaine: Figure T2.1.6 shows the trends for cocaine seizures analysed between 2003 and 2024. 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%). Since 2022, the number of cocaine seizures analysed decreased between 2023 and 2023 (22%) with a smaller decrease evident between 2023 and 2024. Cocaine and diamorphine were identified in one analysis in 2024.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cocaine	566	753	1,045	1,500	1,749	1,310	635	588	476	391	366	405	364	594	792	608	2,266	1,994	2,674	4,020	3,136	3,085

Figure T2.1.6 Trends in the number of cocaine seizures, 2003–2024

Source: (personal communication, FSI, 2003–2025)

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 2024. 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%). Between 2023 and 2024, the number of stimulants other than cocaine analysed increased by 43%.

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). Between 2020 and 2023, 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 (18%). Between 2023 and 2024, the number of MDMA analysis increased by 75%).

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 and between 2023 and 2024, the number analysed decreased by 39% and 20% respectively.

As shown in Table T2.1.1, 56 methylamphetamine seizures were analysed by FSI in 2024.

Table T2.1.1 Stimulants other than cocaine analysed by FSI, 2013–2024

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total	697	642	368	542	469	404	1304	900	826	807	590	844
1,3-Dimethylamylamine (DMAA)	–	1	–	–	–	–	–	–	–	–	–	–
25C-NBOMe	–	–	–	–	–	–	–	–	2	1	–	–
2C-B	–	17	15	3	0	2	15	15	24	14	14	44
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*	161*
Amphetamine (Cocaine)	–	–	–	–	–	–	–	3	–	3	3	–
Beta-hydroxy-2C-B	–	–	–	–	–	–	–	–	–	1	–	1
BZP	7	10	1	–	2	–	–	–	–	–	–	–
Chlorodimethoxyamphetamine	–	–	–	–	–	–	–	1	–	–	–	–
Chloro-pyrrolidinovalerophenon (PVP)	–	–	–	–	–	–	–	1	–	–	–	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	3
MDMA*	434	386	202	345	344	304	977*	632	388	378*	311	543

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
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	11
Methiopropamine	–	–	–	–	–	–	–	1	–	–	–	–
Methoxyamphetamine	–	7	–	–	–	–	–		–	–	–	–
Methylamphetamine	37	24	4	28	29	22*	56*	33	53*	60	39	56
Methylamphetamine, dihydrofuran-2(3H)-one	–	–	–	–	–	–	–	–	–	–	–	1
Methylenedioxyamphetamine	–	–	–	–	–	–	–	–	–	–	1	–
Methylenedioxyethylamphetamine (MDEA)	30	8	2	2	–	–	1	–	–	–	–	–
Methylphenidate	–	1	–	–	–	–	4	5	2	4	3	6
Mitragynine	–	–	–	–	–	–	7	9	6	1	1	6
N-(Dimethylpentyl)-DMA	–	–	–	–	–	–	–	1	9	5	2	2
N, N-Dimethylpentylone	–	–	–	–	–	–	–	–	–	–	9	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, 2013–2025)

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 2024. 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 (45%). Hypnotic and sedative drugs analysed in 2023 (1197) were 43% lower than 2022 (2091). A smaller decrease was evident between 2023 and 2024 (2%).

The most prominent drug in this category in 2024 was alprazolam, followed by zopiclone, diazepam, delorazepam, and Clonazolam. Between 2023 and 2024, the number of alprazolam seizures analysed increased by 10%. However, decreased were evident for zopiclone (26%) and diazepam (23%).

Table T2.1.2 Seizures of a selection of benzodiazepines and Z-hypnotics, 2013–2024

Hypnotic and sedative drugs	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total	861	821	392	350	605	309	1269	1368	1449	2091	1197	1178
Alprazolam	145	201	127	115	304	160	681	745	833*	1284*	729	799
Alprazolam plus adinazolam indicated	–	–	–	–	–	–	–	–	1	–	–	–
Amyl nitrite	–	–	–	–	–	–	–	1	–	–	–	–
Bromazepam	–	–	1	–	–	–	–	2	3	8	1	–
Chlordiazepoxide	–	2	1	–	1	–	1	2	3	3	1	1
Clonazolam	–	–	–	–	–	–	3	5	14*	7*	11	36
Delorazepam	–	–	–	–	–	–	–	62	107	46	13	1
Diazepam	450	420	175	141	155	62	230	163	161	276*	187*	144
Flualprazolam	–	–	–	–	–	–	5	40	28	40*	11*	3
Flualprazolam indicated, Deschloroetizolam	–	–	–	–	–	–	–	–	–	1*	–	–
Flunitrazepam (Rohypnol)	6	1	–	–	–	–	–	–	–	–	–	–
Flurazepam	35	37	15	15	11	4	25	16	12	12	9	2
GBL	–	3	–	–	–	–	7	9	4	11	6	12
GHB	–	–	–	–	–	–	1	–	–	–	–	–
Lorazepam	–	1	–	–	–	2	2	5	4	2	–	3
Nitrazepam	–	2	1	–	–	2	–	–	–	–	–	1
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	3
Zolpidem	7	10	4	–	3	1	7	9	4	4	5	8
Zopiclone	205	125	65	74	126	72	296	301	270	401	224	165

Note: "–" = not detected; * includes amounts indicated or trace amounts
Source: (personal communication, FSI, 2013–2025)

Hallucinogens: Table T2.1.3 shows trends in the number of hallucinogen seizures between 2013 and 2024. Over the course of this time frame, a variety of hallucinogens have been seized, including ketamine, lysergide, psilocin/psilocybin and psilocin. 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 25% was evident between 2021 and 2022. Between 2022 and 2023, hallucinogens analysed decreased by 6%. However, between 2023 and 2024, hallucinogens analysed increased by 46%.

The most predominant hallucinogen seized in 2024 was ketamine (n=350), which was higher (42%) than the number of ketamine analyses in 2023 (n=329). This was followed by lysergide (n=51), psilocin/psilocybin (n=41), psilocin (n=16) and DMT (n=10).

Table T2.1.3 Trends in the number of seizures of hallucinogens, 2013–2024

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total	29	29	27	65	79	72	302	228	280	349	329	480
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	–	2*
Fluoroketamine	–	–	–	–	–	–	–	–	1	–	–	–
Hydroxy-N, N-ethylmethyltryptamine	–	–	–	–	–	–	–	1	–	2	–	1
Ketamine	19	11	11	45	54	48	240*	169	188*	262	246	350*
Ketamine, Cocaine	–	–	–	–	–	–	–	–	–	1	–	1
Ketamine and diamorphine	–	–	–	–	–	–	–	–	–	–	–	1
Ketamine and methylamphetamine	–	–	–	–	–	–	–	–	–	–	–	1
Ketamine, Amphetamine, MDMA	–	–	–	–	–	–	–	–	–	–	–	1
Lysergide (LSD)	10	11	12	13	7	11	36	31	38	38	42	51
Mescaline	–	–	–	–	–	5	1	–	–	–	–	–
Mushrooms	–	–	–	–	–	–	–	–	–	1	–	–
N, N-Dimethyltryptamine (DMT)	–	1	2	7	7	2	18	14	18	18	11	10
Psilocin	–	1	2	–	11	–	–	–	1	11	5	16
Psilocin/psilocybin	–	–	–	–	–	5	3	1	6	14	20	41
Psilocybin	–	5	–	–	–	–	1	2	11	–	2	5
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, 2013–2025)

NPS : Table T2.1.4 shows trends for NPS that are available on the Irish market. In 2024, 243 NPS seizures were analysed by FSI. This figure was 22% lower than the number analysed in 2023 (N=312). The most prominent NPS in 2024 was bromazolam (n=57), followed by Hexahydro cannabinol (n=37) and chloromethcathinone (n=25). 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, 2013–2024

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
		39	79	42	50	41	64	388	320	564	636	312	243
Arylcyclohexylamines	deschloro-N-ethyl ketamine	–	–	–	–	–	–	–	–	–	–	–	2*
	Methoxetamine (MXE)	–	6	10	3	1	–	2	–	–	–	–	
Other Benzodiazepines	Adinazolam	–	–	–	–	–	–	–	43	48*	41*	18*	6*
	Adinazolam and amantadine indicated	–	–	–	–	–	–	–	–	1	2	–	–
	Adinazolam, melatonin and adinazolam	–	–	–	–	–	–	–	–	1	–	–	–
	Adinazolam, melatonin and amantadine	–	–	–	–	–	–	–	–	1	–	–	–
	Bromazolam	–	–	–	–	–	–	–	1	15*	47*	36*	57
	Bromazolam indicated, Alprazolam (trace)	–	–	–	–	–	–	–	–	1	–	1	–
	Clonazepam	16	13	12	6	10	4	15	23	10	17	8	15
	Desalkylflurazepam	–	–	–	–	–	–	–	1	–	–	–	–
	Desalkylgidazepam	–	–	–	–	–	–	–	–	–	–	2	–
	Deschloroetizolam	–	–	–	–	–	–	–	1	1	–	–	1
	Diclazepam	–	–	–	–	–	2	51	31	17*	8*	2*	1
	Diclazepam and Etizolam	–	–	–	–	–	–	–	–	2*	2*	–	–
	Etizolam	–	–	–	–	–	3	221	146	211*	268*	66*	16
	Etizolam and Cocaine indicated	–	–	–	–	–	–	–	–	1	–	–	–
	Etizolam and Flualprazolam	–	–	–	–	–	–	–	–	–	1	–	–
	Etizolam indicated and Phenacetin	–	–	–	–	–	–	–	–	–	1	–	–
	Flubromazepam	–	–	–	–	–	–	–	1	–	3*	1*	–
	Flubromazolam	–	–	–	–	–	–	–	3	51*	49*	27*	12
	Flubromazolam and Alprazolam	–	–	–	–	–	–	–	–	–	–	2*	–
	Flubromazolam and Bromazolam	–	–	–	–	–	–	–	–	–	–	2*	–
	Flubromazolam and Diazepam	–	–	–	–	–	–	–	–	–	–	1	–
	Flubromazolam and Etizolam	–	–	–	–	–	–	–	–	–	–	1	–
	Meclonazepam indicated	–	–	–	–	–	–	–	–	1	–	–	–
	Phenazepam	–	13	12	34	28	21	14	3	4	1	5	2

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
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-3,5-AB-PFUPPYCA	–	–	–	–	–	–	–	–	–	1*	–	–
	5F-ADB (5F-MDMB-PINACA)	–	–	–	–	–	–	5	4	–	–	–	–
	5F-ADBICA	–	–	–	–	–	–	–	–	1*	–	–	–
	5F-AKB48	–	–	–	–	–	–	1	1	–	–	–	–
	5F-CUMYL-P7AICA	–	–	–	–	–	–	–	–	–	1	–	–
	5F-EDMB-PICA	–	–	–	–	–	–	–	–	17	16*	6*	–
	5F-EMB-PINACA	–	–	–	–	–	–	–	1	–	–	–	–
	5F-MDMB-PICA	–	–	–	–	–	–	17	6	19*	6	–	–
	AB-PINACA	–	–	–	–	–	4*	1	–	–	–	–	–
	ADB-4en-PINACA	–	–	–	–	–	–	–	–	–	1*	–	
	ADB-5'Br-BUTINACA	–	–	–	–	–	–	–	–	–	–	–	1
	ADB-5'Br-PINACA	–	–	–	–	–	–	–	–	–	–	–	2
	ADB-Br-BUTINACA	–	–	–	–	–	–	–	–	–	–	8	1
	ADB-BUTINACA	–	–	–	–	–	–	–	–	32	51*	16*	1
	ADB-BUTINACA, no controlled drug detected	–	–	–	–	–	–	–	–	1	–	–	6
	ADB-BUTINACA/MDMB-4en- Traces	–	–	–	–	–	–	–	–	–	1*	–	–
	ADB-FUBINACA	–	–	–	–	–	1*	–	–	–	–	–	13
	ADB-PINACA	–	–	–	–	–	–	–	–	–	–	21	–
	AMB-FUBINACA	–	–	–	–	–	4*	1	–	–	–	–	–
	CI-2201	–	–	–	–	–	–		1	–	–	–	–
	CUMYL-5F-P7AICA	–	–	–	–	–	–	1	4	–	–	–	–
	EDMB-PINACA	–	–	–	–	–	–	–	–	–	5*	–	–
	Hexahydrocannabinol (HHC)	–	–	–	–	–	–	–	–	–	–	4	37*
	JWH-018	4	–	–	2	–	–	–	–	–	–	–	–
	JWH-019		–	–	–	–	–	–	1	–	–	–	–
	JWH-073	1	–	–	–	–	–	–	–	–	–	–	–
	JWH-210	–	–	–	–	–	–	–	–	–	–	5	1
	MDMB CHMICA	–	–	–	–	–	2	–	–	–	–	–	–

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	MDMB-4en-PINACA	–	–	–	–	–	–	–	–	43*	17*	8*	6
	MDMB-BUTINACA and ADB-BUTINACA	–	–	–	–	–	–	–	–	–	–	–	2
	MDMB-FUBINACA	–	–	–	–	–	–	–	–	–	–	–	1
	NM-2201	–	–	–	–	–	–	–	1	–	–	–	–
	NMDMSB	–	–	–	–	–	–	–	–	–	–	–	1
	Protonitazene N-Pyrrolidino Protonitazene	–	–	–	–	–	–	–	–	–	–	–	10
	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	25
	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-pyrrolidinovalerophenon)	–	–	–	–	–	–	–	–	–	–	1	–
	MAPB	–	–	–	–	–	–	–	–	–	–	1	–
	Methedrone	–	1	–	–	–	–	1	–	–	–	–	–
	Methomethcathinone	–	–	–	–	–	–	1	3	–	–	–	–
	Methylethcathinone (MEC)	–	–	–	–	–	3	3	1	–	–	–	–
	Methylone (3,4-methylenedioxy-N-methylcathinone, MDMC)	12	2	–	–	–	–	–	–	–	–	–	–

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	N-cyclohexyl Methylone	–	–	–	–	–	–	–	–	–	–	3	–
	N-Ethylhexedrone	–	–	–	–	–	9	17	8	8	–	–	–
	N-Ethylpentedrone	–	–	–	–	–	–	–	–	2	–	1	7
	Pyrrolidinohexiophenone (PHP)	–	–	–	–	–	–	–	–	2	–	–	–
Indolalkylamines/tryptamines	AMT	–	4	–	–	–	–	–	–	–	–	–	–
	Metacetin (Acetoxy-N-methyl-N-	–	–	–	–	–	–	–	–	–	–	–	2
	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	Buprenorphine	–	–	–	–	–	–	–	–	–	–	–	2
	Metonitazene	–	–	–	–	–	–	–	–	–	1	–	–
	2C-B-FLY	–	–	–	–	–	–	–	–	–	–	3	–
Phenethylamines	Dimethoxychloramphetamine	–	–	–	–	–	2	–	–	–	–	–	–
	Flephedrone (4-Fluoramphetamine)	6	3	–	–	–	–	1	–	–	–	–	–
	Iododimethoxyphenethylamine (2C-I)	–	–	–	–	–	–	–	–	1	–	–	–
	Isopropylphenidate /propylphenidate	–	–	–	–	–	–	–	–	1*	–	–	–
	Methallylescaline	–	–	–	–	–	–	–	–	–	–	–	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	–	–	–	–	–

NPS Family	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Plants and Extracts	Harmine	–	–	–	–	–	–	2	–	–	1	–	–
	Harmine/Harmaline	–	–	–	–	–	–	1	–	–	–	–	–
	Nicotine	–	–	–	–	–	–	2	1	2*	6*	–	3
	Nicotine (indicated) H4-CBD (indicated)	–	–	–	–	–	–	–	–	–	–	–	1
	Plant material unknown	–	–	–	–	–	–	–	–	2	–	–	–
Other NPS	Dextromethorphan indicated	–	–	–	–	–	–	–	–	1	–	–	–

Note: "–" = not detected; * includes trace amounts and amounts that are indicated
Source: (personal communication, FSI, 2013–2025)

Medicinal products: Table T2.1.5 shows a breakdown of medicinal products seized between 2013 and 2024. The number of medicinal products analysed by FSI in 2024 (N=551) was slightly higher than in 2023 (N=546). The main drug seized in this category in 2024 was benzocaine (n=279) which was significantly lower than in 2022 (n=272). The most prominent substance after benzocaine was creatine/creatinine (n=50), paracetamol (n=33), pregabalin (n=30) and mirtazapine (n=19). 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, 2013–2024

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Overall Total		54	90	56	78	45	104	714	644	550	801	546	551
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	–	–	–	–	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Rivaroxaban	–	–	–	–	–	–	–	1	–	–	–	–
Cholesterol	Atorvastatin	–	–	–	–	–	–	–	1	–	–	–	–
	Pravastatin	–	–	–	–	–	–	1	–	–	–	–	–
	Simvastatin	–	–	–	–	–	–	1	–	–	–	–	–
Gout (Joint Pain)	Febuxostat	–	–	–	–	–	–	1	–	–	–	–	–
Hair loss men/hair growth women	Finasteride	–	–	–	–	–	–	1	–	–	–	–	–
Herpes infections	Aciclovir	–	–	–	–	–	–	1	–	–	–	–	–
Traumatic brain Injury	N-Phenylacetylprolylglycine ethylester	–	–	–	–	–	–	1	–	–	–	–	–
ADHD	Atomoxetine	–	–	–	–	–	–	–	–	1*	–	–	–
Alcoholism	Disulfiram	–	–	–	–	–	–	–	–	1*	–	–	–
Alzheimer's	Coluracetam	–	–	–	–	–	–	–	–	–	–	–	1
Androgenic-anabolic steroids	Dehydrochloromethyltestosterone	–	–	–	–	–	–	–	–	–	–	1*	–
	Mestanolone	–	–	–	–	–	–	–	–	–	1	–	–
	Mesterolone	–	–	–	–	–	–	1	–	6	1*	–	–
	Methandienone	–	–	–	–	–	1	–	–	6	–	–	1*
	Methandienone/ Metandienone	9	7	3	–	–	2	18	2	–	–	–	–
	Methandrostenolone	–	6	2	4	–	2*	11	10	10*	18*	9	5
	Methyltesterosterone	11	2	2	–	–	–	10	4	1*	5*	2	–
	Methyltestosterone and metandienone	–	–	–	–	–	–	–	–	–	1*	–	–
	Methyltestosterone and methandrostenolone	–	–	–	–	–	–	–	–	–	–	–	1
	Oxandrolone	–	–	–	–	–	1*	7	4	7*	4*	5*	2*
	Oxymetholone	–	7	2	7	–	–	12	8	–	6*	3*	3*
	Stanozolol	5	8	2	2	2	5*	11	7	4*	4*	7*	1*
	Trenbolone	–	–	–	–	–	1*	–	–	–	–	–	–
Anaesthetic	Deschloroketamine	–	–	–	–	–	–	–	–	–	–	1*	1*
	Aspirin	–	1	–	–	–	–	6	16	14*	11*	5*	1*
	Benzocaine	–	18	18	28	36	30*	207	225	205*	335	272*	279*
	Benzocaine (cocaine)	–	–	–	–	–	–	–	9	8	6	15*	3*
	Benzocaine (Lignocaine)	–	–	–	–	–	–	–	1	–	–	–	2*
	Benzocaine and Paracetamol	–	–	–	–	–	–	–	–	–	–	1*	–
	Benzocaine indicated, creatine/	–	–	–	–	–	–	–	–	1*	–	–	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	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	2*
	Lignocaine	–	9	12	2	1	2	11	9	16*	9*	2*	5*
	Mefenamic acid	–	–	–	–	–	–	3	2	1*	1*	1*	–
	Midazolam	–	–	–	–	–	–	1	–	–	1	–	–
	Naproxen	–	–	–	–	–	–	2	–	1*	1*	–	1*
	Paracetamol	–	5	1	25	3	15*	46	35	24*	57*	19*	33*
	Phenacetin	5	5	4	2	1	5*	5	10	2*	12*	5*	16*
	Procaine	–	–	–	–	–	–	1	2	1*	–	1	14
Antibiotics	Doxycycline	–	–	–	–	–	–	1	–	–		–	–
	Flucloxacillin	–	–	–	–	–	–	2	–	–	–	–	–
	Metronidazole	–	–	–	–	–	–	1	–	–	1*	–	1*
	Tetracycline	–	–	–	–	–	–	1	–	–	–	–	–
	Trimethoprim	–	–	–	–	–	–	–	1	–	–	–	–
Antidepressant	Agomelatine	–	–	–	–	–	–	1	–	1	–	–	–
	Amitriptyline	–	–	–	–	–	4*	9	17	16*	7*	6*	9*
	Buspirone	–	–	–	–	–	–	–	1	–	–	–	–
	Citalopram	–	–	–	–	–	–	1	2	1*	–	1*	1*
	Clobazam	–	–	–	–	–	–	–	–	–	1	–	
	Clomethiazole	–	–	–	–	–	1*	–	–	–	–	–	
	Doxepin	–	–	–	–	–	–	23	2	–	–	–	
	Escitalopram	–	–	–	–	–	–	2	–	–	3*	–	1*
	Fluoxetine	–	–	–	–	–	–	4	–	2*	2*	1*	5*
	Lisdexamphetamine	–	–	–	–	–	1*	–	–	–	–	–	1*
	Mesembrine	–	–	–	–	–	–	–	2	–	–	–	–
	Mirtazapine	–	5	1	–	–	2	14	19	12*	26	9*	19*
	Nortriptyline	–	–	–	–	–	–	1	–	–	–	–	–
	Paroxetine	–	–	–	–	–	–	1	–	–	1	–	–
	Pregabalin	–	–	–	–	–	10*	41	32	52*	74*	52*	30*

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Prochlorperazine	–	–	–	–	–	1*	–	1	–	1*	2*	1*
	Quetiapine	–	–	–	–	–	2*	9	12	22*	29*	20*	11*
	Sertraline	–	–	–	–	–	2*	1	6	6*	7*	4*	1*
	Trazodone	–	–	–	–	–	–	1	1	–	1*	–	–
	Venlafaxine	–	–	–	–	–	–	4	4	1*	–	1*	–
Anti-inflammatory	Celecoxib	–	–	–	–	–	–	1	–	–	–	–	–
	Diclofenac	–	–	–	–	–	–	1	1	2*	–	–	1*
	Ketoprofen	–	–	–	–	–	–	–	1	–	–	1*	–
	Nimesulide	–	–	–	–	–	–	1	–	–	1*	–	–
Antihistamine	Bisoprolol	–	–	–	–	–	1*	–	1	2*	–	2*	–
	Camphor	–	–	–	–	–	–	1	–	3*	–	–	–
	Cetirizine	–	–	–	–	–	–	1	–	–	–	–	–
	Cetirizine Indicated	–	–	–	–	–	–	–	–	3	–	–	–
	Chlorphenamine	–	–	–	–	–	1	4	–	–	–	–	–
	Chlorpheniramine	2	3	–	–	–	–	–	–	1*	5	–	–
	Chlorpheniramine and clozapine	–	–	–	–	–	1*	–	–	–	–	–	–
	Chlorpromazine	–	–	–	–	–	1*	1*	–	–	1	–	1*
	Cyclizine	–	–	–	–	–	1*	–	–	2*	1*	1*	–
	Cyproheptadine	–	–	–	–	–	–	–	–	–	1*	–	1*
	Dimethyl sulfone	–	–	–	–	–	1	–	–	–	–	–	–
	Diphenhydramine (Benadryl)	–	–	–	–	–	–	1	1	–	2*	2	–
	Doxylamine	–	–	–	–	–	–	1	1	2*	1*	–	–
	Etodroxizine	–	–	–	–	–	–	–	1	–	–	–	–
	Levocetirizine	–	–	–	–	–	–	2	–	–	–	–	–
	Loratadine	–	–	–	–	–	–	–	1	–	–	–	1*
	Triprolidine	–	–	–	–	–	1*	1	–	–	–	–	–
Antinausea	Domperidone	–	–	–	–	–	–	2	–	–	–	–	–
	Piperine	–	–	–	–	–	–	1	–	–	–	–	–
	Promethazine	–	–	–	–	–	–	1	2	4*	4*	–	1*
Antispasmodic	Mebeverine	–	–	–	–	–	–	–	–	–	–	1	–
	Mebeverine	–	–	–	–	–	–	–	–	–	–	1*	–
Antivertigo/tinnitus/ hearing loss	Betahistine	–	–	–	–	–	–	–	–	1*	–	–	–
Arthritis	Etoricoxib	–	–	–	–	–	–	–	1	–	–	1*	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Asthma/Weight loss	Clenbuterol	–	–	–	–	–	–	2	1	1*	2*	–	–
	Sibutramine	–	–	–	–	–	–	2	–	–	2*	–	–
Beta Blocker	Propranolol	–	–	–	–	–	–	1	1	4*	–	1*	–
Blood Pressure	Amlodipine	–	–	–	–	–	–	–	–	–	–	–	1*
	Clonidine	–	–	–	–	–	–	1	–	–	–	–	–
	Furosemide	–	–	–	–	–	–	–	1	–	–	–	–
	Lercanidipine	–	–	–	–	–	–	–	1	–	–	–	–
	Losartan	–	–	–	–	–	–	–	1	–	–	–	–
	Quinapril	–	–	–	–	–	–	1	–	–	–	–	–
	Ramipril	–	–	–	–	–	–	2	–	1	–	1*	–
Breast Cancer	Anastrozole	–	–	–	–	–	–	–	–	–	1*	1*	–
	Tamoxifen	–	–	–	–	–	–	4	–	–	1*	–	1*
Breathing	Tapentadol	–	–	–	–	–	–	–	–	3	1*	6	1*
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*	1*
Cough Suppressant	Dextromethorphan	–	–	–	–	–	–	–	1	1	–	–	–
Decongestant	Pseudoephedrine	–	–	–	–	–	–	1	–	–	–	–	–
Depression	Duloxetine	–	–	–	–	–	–	–	–	–	–	1*	–
Diuretic	Mannitol	–	–	–	–	–	–	2	–	–	–	–	1*
Epilepsy/Seizures	Gabapentin	–	–	–	–	–	–	4	4	2*	3*	–	3*
	Lacosamide	–	–	–	–	–	–	–	–	–	–	–	1*
	Lamotrigine	–	–	–	–	–	–	1	1	–	4*	–	–
	Levetiracetam	–	–	–	–	–	–	2	2	–	1*	1*	–
	Primidone	–	–	–	–	–	–	1	–	–	–	–	–
	Topiramate	–	–	–	–	–	–	2	–	–	–	–	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Zonisamide	–	–	–	–	–	–	1	–	–	–	–	–
	Carbamazepine indicated	–	–	–	–	–	–	–	–	1*	–	–	
Erectile dysfunction medicines	Sildenafil (viagra)	19	14	9	8	2	6	36	23	27*	19*	14*	17*
	Tadalafil	–	–	–	–	–	–	6	5	5*	4*	2*	3*
	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*	2*
	Carisoprodol	–	–	–	–	–	–	1	–	–	–	–	–
	Drotaverine	–	–	–	–	–	–	1	–	–	–	–	–
	Tizanidine	–	–	–	–	–	–	3	–	–	–	–	1*
Muscle wastage	Ligandrol	–	–	–	–	–	–	–	1	–	–	–	–
Obesity/Flavouring	4-(4-hydroxyphenyl)-2-butanone	–	–	–	–	–	–	–	1	–	–	–	–
Obsessive Compulsive Disorder	Clomipramine	–	–	–	–	–	–	–	–	–	1*	–	–
Performance	Creatine	–	–	–	–	–	–	4	–	–	3*	–	1*
	Creatine/Creatinine	–	–	–	–	–	–	85	92	43*	81*	47*	50*
	Creatinine	–	–	–	–	–	–	3	–	1	–	–	4*
Schizophrenia	Clozapine	–	–	–	–	–	–	–	–	–	1	–	–
	Glycine	–	–	–	–	–	–	–	1	–	–	–	–
	Olanzapine	–	–	–	–	–	–	11	13	2*	9*	5*	5*
Skin care	Dimethylaminoethanol	–	–	–	–	–	–	1	–	–	–	–	–
	Salicylic Acid	–	–	–	–	–	–	–	1	–	–	–	–
Sleep disorders	Armodafinil	–	–	–	–	–	–	2	–	–	–	–	–
	Melatonin	–	–	–	–	–	–	1	2	2*	5*	2*	1*
	Modafinil	–	–	–	–	–	–	1	1	–	–	–	–
Stomach	Amoxicillin	–	–	–	–	–	–	2	1	–	–	–	–
	Esomeprazole	–	–	–	–	–	–	1	–	1*	–	–	–
	Lansoprazole	–	–	–	–	–	–	1	–	–	–	–	–
	Omeprazole	–	–	–	–	–	–	1	1	1*	1*	1*	–

Medicinal Products	Type	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
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 or trace amounts
Source: (personal communication, FSI, 2013–2025)

Other substances: As shown in Table T2.1.6, FSI analysed 45 seizures in this category in 2024, of which 37 were caffeine seizures. Caffeine analysis includes results for trace and small amounts indicated. Eight were levamisole (see Table T2.1.6). Caffeine was also identified along with other products (see Table T2.1.7).

Table T2.1.6 Seizures of other substances in Ireland, 2014–2024

Other substances	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total other substances	8	24	39	15	7	79	68	34	87	77	45
Levamisole	–	–	–	–	–	1	5	1	3	3	8
Caffeine	8	24	39	15	7*	78	63	33*	84*	74*	37*

Note: "–" = not detected; *includes amounts indicated
Source: (personal communication, FSI, 2014–2025)

Table T2.1.7 Total analyses where caffeine was indicated, or trace amounts were found 2018–2024

Other substances	2018	2019	2020	2021	2022	2023	2024
Total analyses where caffeine was indicated, or trace amounts found with other products	16*	53*	48*	17*	44*	29*	22*
Aspirin/Caffeine	–	7	6	–	3*	4*	1*
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	1*
Caffeine/Lignocaine	5*	16	11	3*	5*	1*	2*
Caffeine/Lignocaine (Cocaine)	–	2	–	4	–	1*	–
Caffeine/Lignocaine/Triprolidine	–	1	–	–	–	–	–
Caffeine/Paracetamol	9*	23	25*	7*	30*	20*	18*
Cocaine, caffeine, lignocaine, levamisole	–	–	–	2	–	–	–
Caffeine/ BMK	–	–	–	–	2*	–	–
Caffeine/Piperidine	–	–	–	–	1*	–	–

Note: "–" = not detected; *includes amounts indicated
Source: (personal communication, FSI, 2018–2025)

Preservatives: No preservatives were analysed by FSI in 2024.

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

No new information

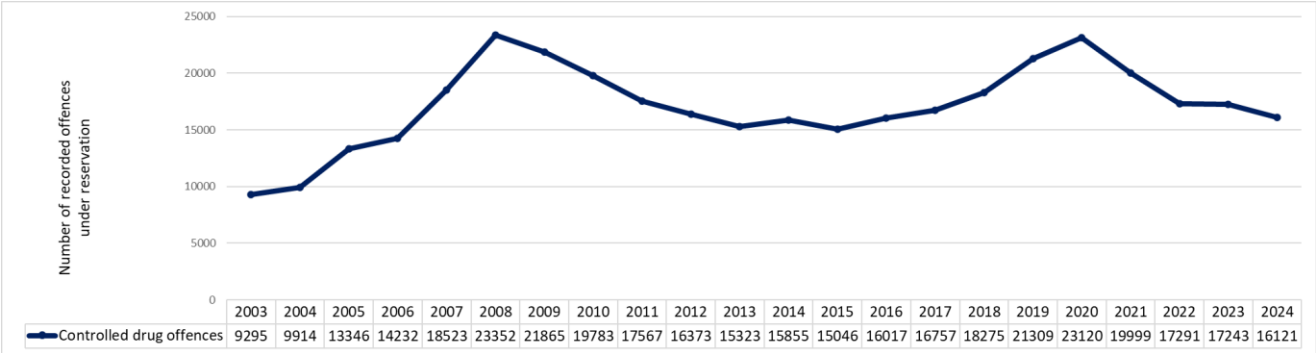
T2.3 Short/long term trends in drug law offences data

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 15,855 to 15,046 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 8% in 2020. Between 2020 and 2021, a 13% decrease was evident. A similar decrease was shown in 2022 (-14%). A slight decrease was evident between 2022 and 2023 (-0.28%). This was followed by a larger decrease (-6.5%) between 2023 and 2024. (Central Statistics Office 2025).



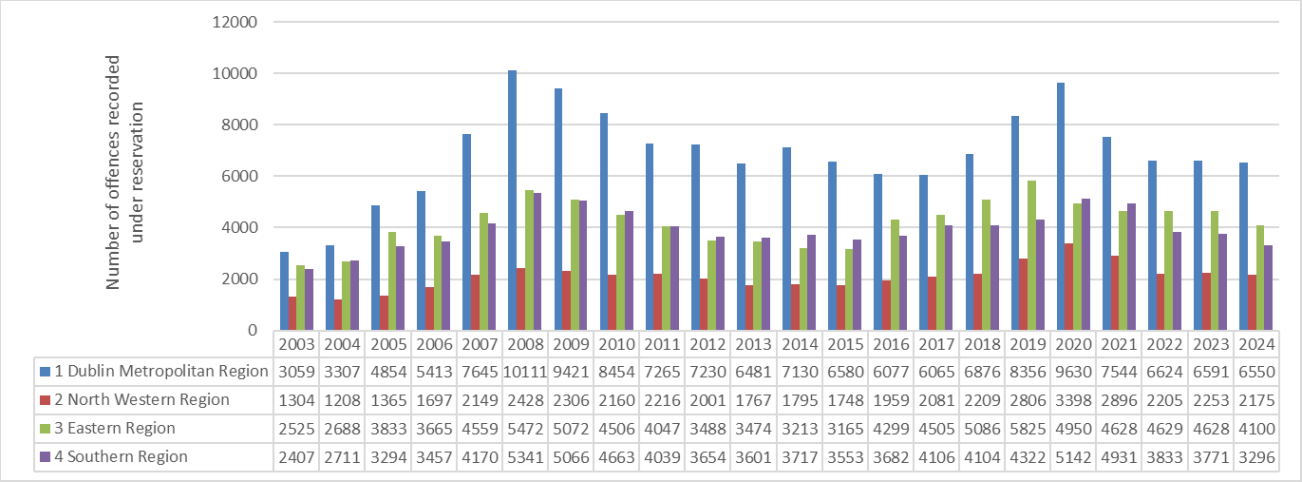
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Controlled drug offences	9295	9914	13346	14232	18523	23352	21865	19783	17567	16373	15323	15855	15046	16017	16757	18275	21309	23120	19999	17291	17243	16121

Figure T2.3.1 Recorded total number of controlled drug offences under reservation between 2003 and 2024

Source: (Central Statistics Office 2025)

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 2023 and 2024, the number of offences recorded decreased across all regions. The highest decrease was reported in the Southern Region (13%), followed by the Eastern Region (11%).



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Dublin Metropolitan Region	3059	3307	4854	5413	7645	10111	9421	8454	7265	7230	6481	7130	6580	6077	6065	6876	8356	9630	7544	6624	6591	6550
2 North Western Region	1304	1208	1365	1697	2149	2428	2306	2160	2216	2001	1767	1795	1748	1959	2081	2209	2806	3398	2896	2205	2253	2175
3 Eastern Region	2525	2688	3833	3665	4559	5472	5072	4506	4047	3488	3474	3213	3165	4299	4505	5086	5825	4950	4628	4629	4628	4100
4 Southern Region	2407	2711	3294	3457	4170	5341	5066	4663	4039	3654	3601	3717	3553	3682	4106	4104	4322	5142	4931	3833	3771	3296

Figure T2.3.3 Recorded incidents of controlled drug offences, by region and year, 2003–2024

Source: (Central Statistics Office 2025)

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 2024.

Importation of drugs

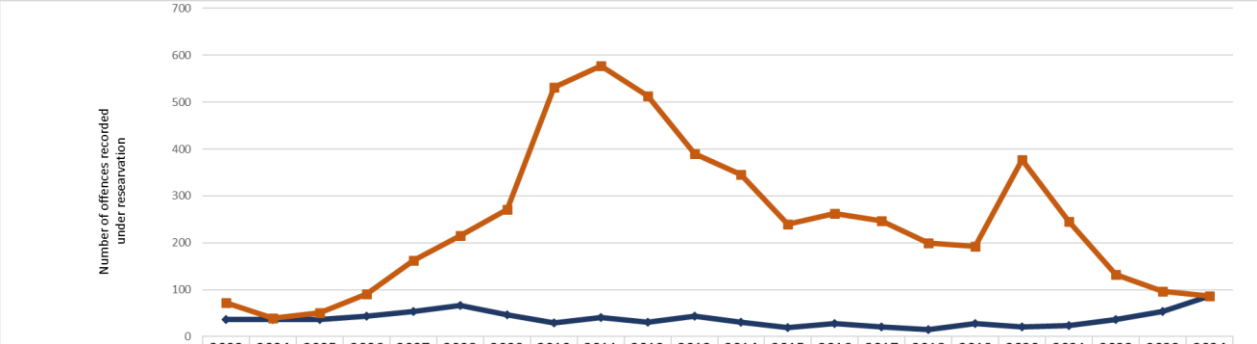
Essentially, from 2003 to 2024, an increase/decrease trend has been evident for recorded importation of drugs incidents. Increases were seen between 2005 and 2008 (86%), 2010 and 2011 (38%), 2012 and 2013 (47%), 2015 and 2016 (47%), and 2018 and 2019 (87%). Incidents recorded in 2019 were nearly double 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%. Between 2023 and 2024 recorded importation of drugs incidents increased by 59%)

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 (46%), between 2022 and 2023 (27%) and between 2023 and 2024 (10%).

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.



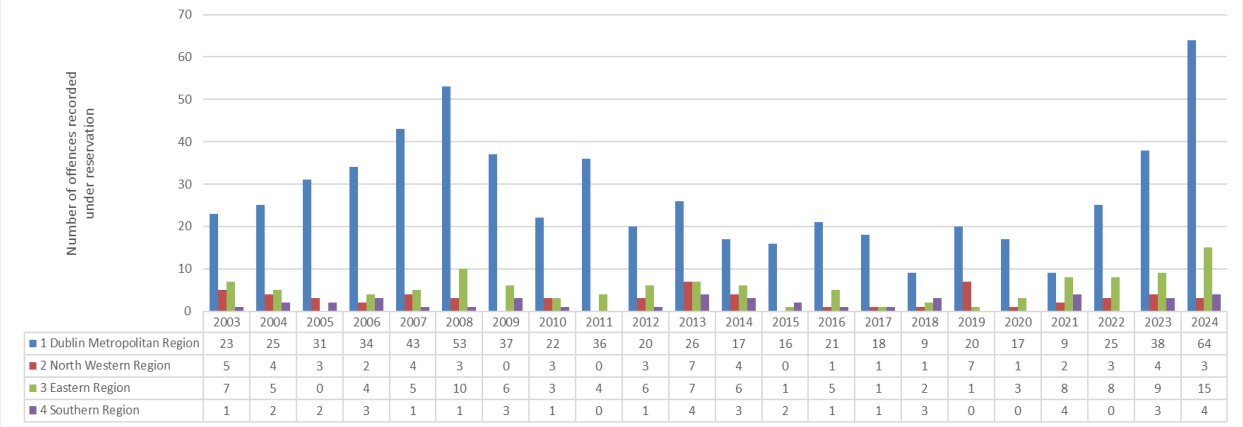
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Importation of drugs	36	36	36	43	53	67	46	29	40	30	44	30	19	28	21	15	28	21	23	36	54	86
Cultivation or manufacture of drugs	72	39	50	91	162	216	271	532	578	513	390	345	240	262	247	199	193	377	245	132	96	86

Figure T2.3.4 Recorded incidents of controlled drug offences categorised by importation of drugs, and by cultivation or manufacture of drugs, 2003–2024

Source: (Central Statistics Office 2025)

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 2024. It clearly illustrates that the highest number of importation of drugs offences was recorded in the DMR which were 68% (+26) higher than those recorded in 2023. The lowest number was recorded in the North Western Region. A similar percentage increase was recorded in the Eastern region (67%, +6).

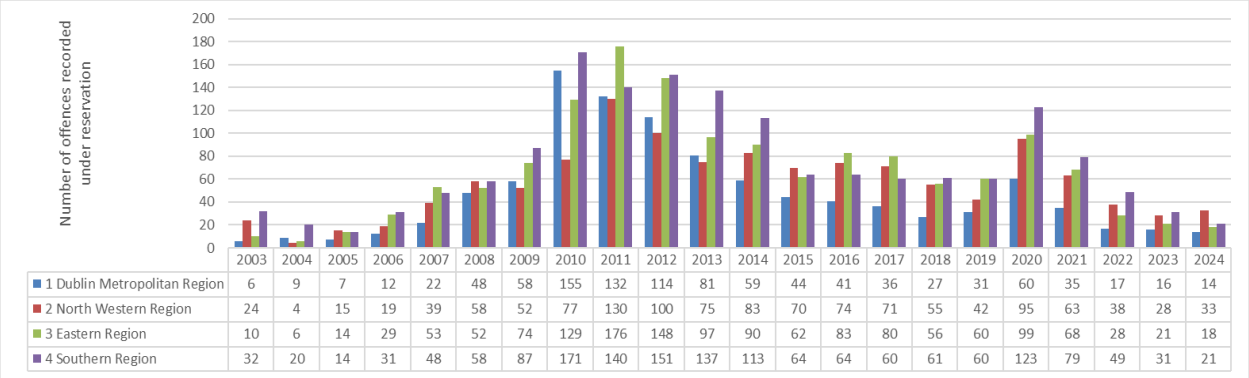


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Dublin Metropolitan Region	23	25	31	34	43	53	37	22	36	20	26	17	16	21	18	9	20	17	9	25	38	64
2 North Western Region	5	4	3	2	4	3	0	3	0	3	7	4	0	1	1	1	7	1	2	3	4	3
3 Eastern Region	7	5	0	4	5	10	6	3	4	6	7	6	1	5	1	2	1	3	8	8	9	15
4 Southern Region	1	2	2	3	1	1	3	1	0	1	4	3	2	1	1	3	0	0	4	0	3	4

Figure T2.3.5 Recorded incidents of importation of drugs offences, by region and year, 2003–2024

Source: (Central Statistics Office 2025)

Figure T2.3.6 presents the frequency of recorded incidents of cultivation or manufacture of drugs offences by region from 2003 to 2024. Overall, decreases were reported in all regions in 2024 (DMR, Eastern Region, Southern Region. The North Western 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	2024
1 Dublin Metropolitan Region	6	9	7	12	22	48	58	155	132	114	81	59	44	41	36	27	31	60	35	17	16	14
2 North Western Region	24	4	15	19	39	58	52	77	130	100	75	83	70	74	71	55	42	95	63	38	28	33
3 Eastern Region	10	6	14	29	53	52	74	129	176	148	97	90	62	83	80	56	60	99	68	28	21	18
4 Southern Region	32	20	14	31	48	58	87	171	140	151	137	113	64	64	60	61	60	123	79	49	31	21

Figure T2.3.6 Recorded incidents of cultivation or manufacture of drugs offences, categorised by region, 2003–2024

Source: (Central Statistics Office 2025)

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.

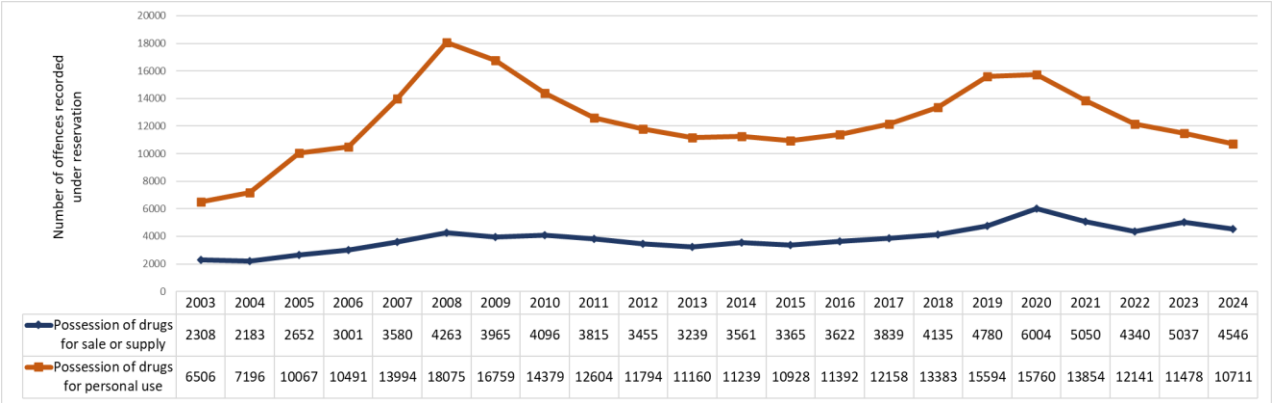
Possession of drugs for sale or supply

The number of recorded offences of possession of drugs for sale or supply nearly doubled between 2004 (N=2183) and 2008 (N=4263). 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%. Between 2023 and 2024 recorded offences of possession of drugs for sale decreased by 10%.

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 2014 and 2015 incidents recorded decreased by 3% (311 fewer incidents). Between 2015 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%), between 2022 and 2023 (5%) and between 2023 and 2024 (7%).

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.



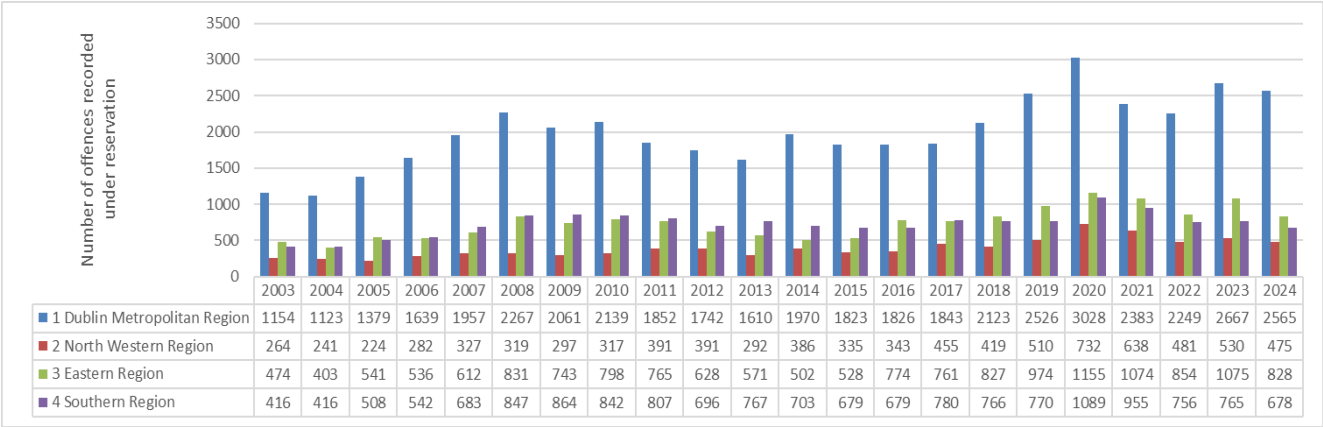
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Possession of drugs for sale or supply	2308	2183	2652	3001	3580	4263	3965	4096	3815	3455	3239	3561	3365	3622	3839	4135	4780	6004	5050	4340	5037	4546
Possession of drugs for personal use	6506	7196	10067	10491	13994	18075	16759	14379	12604	11794	11160	11239	10928	11392	12158	13383	15594	15760	13854	12141	11478	10711

Figure T2.3.7 Recorded incidents of controlled drug offences, categorised by possession for sale or supply or by possession for personal use, 2003–2024

Source: (Central Statistics Office 2025)

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 2024. Between 2023 and 2024, all regions experienced decreases in incidents recorded; the largest decrease was in the Eastern Region (23%), followed by Southern Region (11%), the North Western Region (10%). The highest number of incidents recorded in DMR (n=2,565).

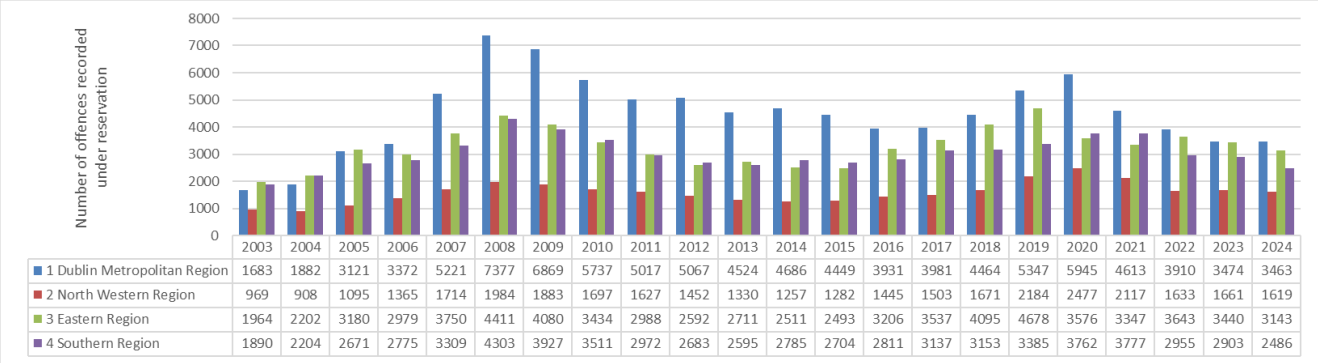


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Dublin Metropolitan Region	1154	1123	1379	1639	1957	2267	2061	2139	1852	1742	1610	1970	1823	1826	1843	2123	2526	3028	2383	2249	2667	2565
2 North Western Region	264	241	224	282	327	319	297	317	391	391	292	386	335	343	455	419	510	732	638	481	530	475
3 Eastern Region	474	403	541	536	612	831	743	798	765	628	571	502	528	774	761	827	974	1155	1074	854	1075	828
4 Southern Region	416	416	508	542	683	847	864	842	807	696	767	703	679	679	780	766	770	1089	955	756	765	678

Figure T2.3.8 Recorded incidents of possession of drugs for sale or supply offences, categorised by region, 2003–2024

Source: (Central Statistics Office 2025)

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. The number of recorded incidents of possession of drugs was lowest in the North Western Region in 2024. Three Regions reported lower recorded incidents in 2024, Southern Region (14%), Eastern Region (9%) and North Western Region (3%). There were no changes between recorded incidents in the DMR between 2023 and 2024.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Dublin Metropolitan Region	1683	1882	3121	3372	5221	7377	6869	5737	5017	5067	4524	4686	4449	3931	3981	4464	5347	5945	4613	3910	3474	3463
2 North Western Region	969	908	1095	1365	1714	1984	1883	1697	1627	1452	1330	1257	1282	1445	1503	1671	2184	2477	2117	1633	1661	1619
3 Eastern Region	1964	2202	3180	2979	3750	4411	4080	3434	2988	2592	2711	2511	2493	3206	3537	4095	4678	3576	3347	3643	3440	3143
4 Southern Region	1890	2204	2671	2775	3309	4303	3927	3511	2972	2683	2595	2785	2704	2811	3137	3153	3385	3762	3777	2955	2903	2486

Figure T2.3.9 Recorded incidents of possession of drugs for personal use offences, categorised by region, 2003–2024

Source: (Central Statistics Office 2025)

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 2024 (Kehoe 2017; Department of Defence and Defence Forces 2020; Department of Defence and Defence Forces 2021, Department of Defence Forces 2022, Department of Defence and Defence Forces 2023; Department of Defence and Defence Forces 2024). Table T2.3.2 also shows a breakdown by organisation between 2015 and 2023 (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; Department of Defence and Defence Forces 2024). There is no new data for 2024, the most recent data available is for 2023, the Defence Forces drug testing team carried out 949 random drug tests in different locations (N=15), of which 17 were positive, representing 1.56% of those tested.

At the start of 2023, 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 2023, three personnel remained in the targeted drugs testing process (Department of Defence and Defence Forces 2024). 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 2024).

Table T2.3.1 Details of compulsory random drug tests, 2009–2023

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
2023	959	959	15

Note: "-" = no data available
Source: Department of Defence, 2020; 2021, 2022, 2023, 2024

Table T2.3.2 Details of compulsory random drug tests completed, by organisation, 2015–2023

	Brigade/Formation	1 Brigade	2 Brigade	Defence Forces Training Centre	Air Corps	Naval Service	DFHQ	Total
2015	Number tested	553	220	54	230	76	-	1133
	Positive tests*	-	-	-	-	-	-	0
2016	Number tested	453	376	242	47	86	-	1204
	Positive tests	5	2	4	1	0	-	12
2017	Number tested	433	357	146	87	164	-	1187
	Positive tests	1	4	3	1	6	-	15
2018	Number tested	530	310	111	70	80	-	1101
	Positive tests	8	1	2	2	6	-	19
2019	Number tested	202	501	35	158	158	54	1108
	Positive tests	1	6	1	3	5	0	16
2020	Number tested	129	500	0	99	8	42	778
	Positive tests	3	6	0	2	0	2	13
2021	Number tested	0	125	210	32	1	20	388
	Positive Tests	0	2	3	2	0	0	7
2022	Number tested	281	369	92	66	190	17	1015
	Positive Tests	3	3	1	1	9	0	17
2023	Number tested	169	324	332	59	75	0	959
	Positive Tests	5	9	1	0	0	0	15

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 – 2024

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.

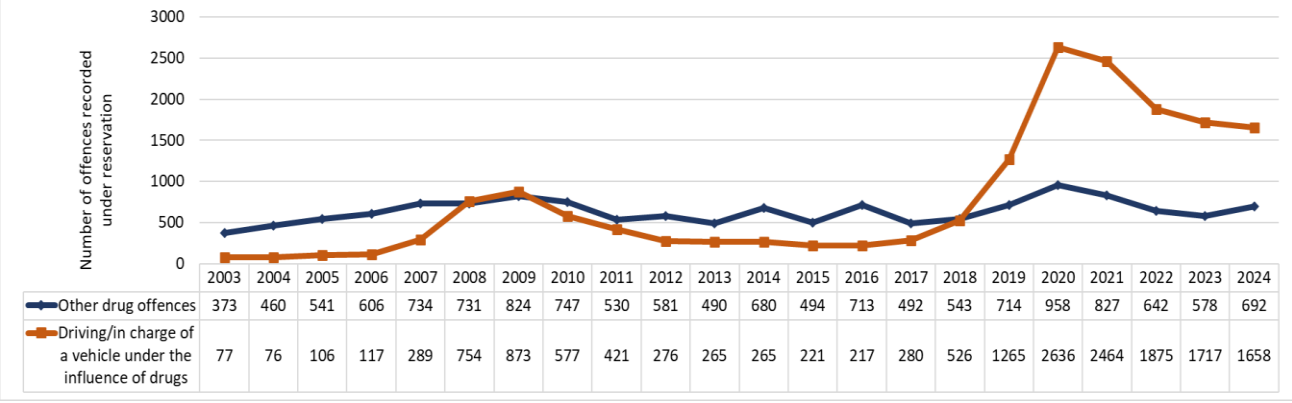
Forged or altered prescription/obstruction offences under the Misuse of Drugs Acts 1977–2017

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. A decreasing trend has been shown, between 2020 and 2021 (14%), between 2021 and 2022 (22%) and between 2022 and 2023 (10%). Between 2023 and 2024, the number of other drug offences increased by 20% (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=2636) 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%), between 2022 and 2023 (8%) and between 2023 and 2024 (3%).

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



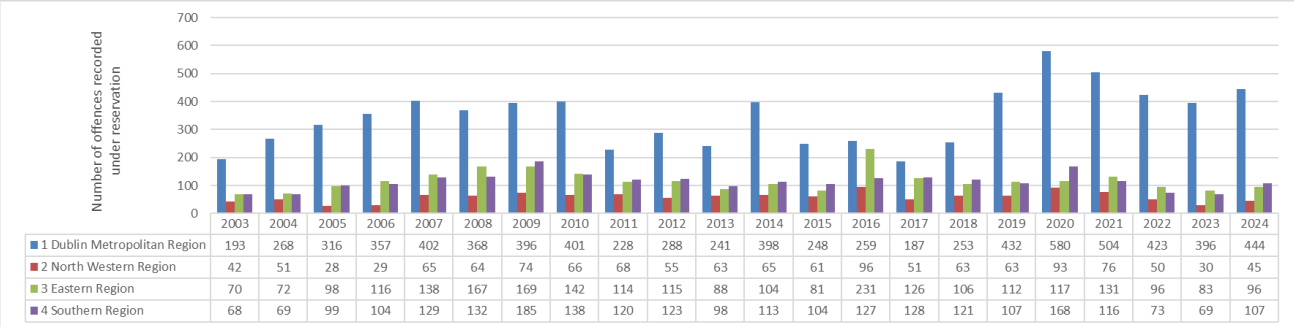
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Other drug offences	373	460	541	606	734	731	824	747	530	581	490	680	494	713	492	543	714	958	827	642	578	692
Driving/in charge of a vehicle under the influence of drugs	77	76	106	117	289	754	873	577	421	276	265	265	221	217	280	526	1265	2636	2464	1875	1717	1658

Figure T2.4.1 Recorded incidents of other drug offences and driving under the influence of drugs under reservation, 2003–2024

Note: Other drug offences include forged or altered prescription offences and obstruction under the Misuse of Drugs Acts 1977–2017
Source: (Central Statistics Office 2025)

By region

Figure T2.4.2 presents the frequency of recorded incidents for other drug offences by region between 2003 and 2024. 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 2024 were reported for the DMR (N=444), followed by the Southern Region (N=107) and the Eastern Region (N=96). The lowest number of incidents recorded was reported for the North Western Region (n=45). All regions showed a decrease in the number of incidents recorded between 2023 and 2024.

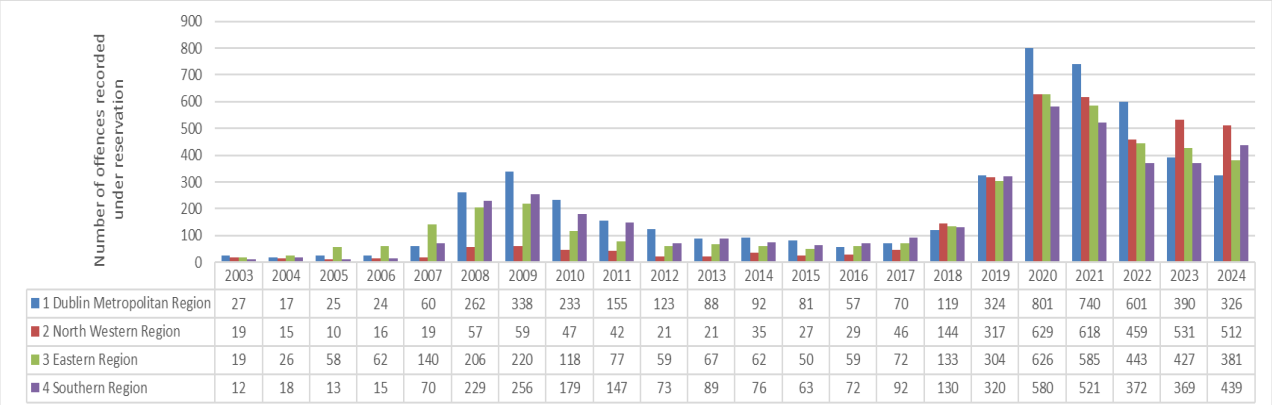


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Dublin Metropolitan Region	193	268	316	357	402	368	396	401	228	288	241	398	248	259	187	253	432	580	504	423	396	444
2 North Western Region	42	51	28	29	65	64	74	66	68	55	63	65	61	96	51	63	63	93	76	50	30	45
3 Eastern Region	70	72	98	116	138	167	169	142	114	115	88	104	81	231	126	106	112	117	131	96	83	96
4 Southern Region	68	69	99	104	129	132	185	138	120	123	98	113	104	127	128	121	107	168	116	73	69	107

Figure T2.4.2 Recorded incidents of other drug offences, by region and year, 2003–2024

Source: (Central Statistics Office 2025)

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 2024. 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. In the main an annual decrease was evident across regions between 2021 and 2024 except between 2022 and 2023, an increase of 1% was evident in the North Western Region. In 2024, the highest number of incidents recorded for driving under the influence was reported in the North Western Region (n=512). The lowest number was reported in the DMR (n=326).



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Dublin Metropolitan Region	27	17	25	24	60	262	338	233	155	123	88	92	81	57	70	119	324	801	740	601	390	326
2 North Western Region	19	15	10	16	19	57	59	47	42	21	21	35	27	29	46	144	317	629	618	459	531	512
3 Eastern Region	19	26	58	62	140	206	220	118	77	59	67	62	50	59	72	133	304	626	585	443	427	381
4 Southern Region	12	18	13	15	70	229	256	179	147	73	89	76	63	72	92	130	320	580	521	372	369	439

Figure T2.4.3 Recorded incidents of driving/being in charge of a vehicle while under the influence of drugs, by region and year, 2003–2025

Source: (Central Statistics Office 2025)

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). There is no new data for 2024.

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:

- **Development of New National Drugs Strategy**

  The Department of Health in Ireland is currently in the process of developing a new national drugs strategy. Further information on this process can be found in Section T3.1 of the *Drug policy* workbook.

- **Joint Committee on Drugs Use Interim Report**

  The Joint Committee on Drugs use was established by the Government to provide a response the Report of the Citizen's Assembly on Drugs Use. Further detail on the work of this committee can be found in the *Drug policy* workbook.

T3.1 of the Legislative workbook provides an outline of recent developments

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 http://www.garda.ie/

Central Statistics Office	https://data.cso.ie/
Courts Service	http://www.courts.ie/
Defence Forces	https://www.military.ie/en/#1
Department of Health	https://health.gov.ie/
Department of Justice, Home Affairs and Migration	http://www.justice.ie/
Extern	https://www.extern.org/
Forensic Science Ireland	https://forensicscience.ie/
Garda Ombudsman	https://www.gardaombudsman.ie/
Health Products Regulatory Authority	http://www.hpra.ie/
Health Research Board National Drugs Library	http://www.drugsandalcohol.ie/
Houses of the Oireachtas	https://www.oireachtas.ie/
Irish Prison Service	https://www.irishprisons.ie/
Irish Statute Book	http://www.irishstatutebook.ie/
Law Reform Commission	http://www.lawreform.ie/
Revenue	www.revenue.ie
The Policing Authority	http://www.policingauthority.ie/
The Probation Service	http://www.probation.ie/

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

An Garda Síochána 2021a. *An Garda Síochána annual report 2020*. Dublin: An Garda Síochána. 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 2022. *An Garda Síochána strategy statement 2022–2024*. Dublin: An Garda Síochána. Available at: https://www.drugsandalcohol.ie/36428/.

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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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