Focal Point Ireland: national report for 2020 – Drug markets and crime

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

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T0. Summary

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. 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 2019, law enforcement operations on the island of Ireland carried out by the Revenue Commissioners and An Garda Síochána (AGS) indicated that illegal drugs brought into Ireland originated in Europe (France, Spain, Italy, the Netherlands, and the UK); South and East Africa (Ethiopia and Kenya); the United States of America (USA); Canada; the United Arab Emirates (Dubai); and Asia (Thailand). The main modes of transport were by freight via Rosslare Europort and Dublin Port, by plane via Dublin and Shannon Airports, or via the postal system.

- National drug law offences

Information regarding Ireland's drug law offences comes from the Courts Service, the Irish Prison Service (IPS), and AGS data via the Central Statistics Office (CSO). Data provided by the Courts Service and the IPS refer to the total number of drug offences and are not differentiated by drug type. However, AGS data, which differentiate by drug type, indicate that the total number of drug offences detected increased by 17% between 2018 and 2019. By type of drug offence for the supply offences, between 2018 and 2019, incidents for importation of drugs increased by 93% and incidents for cultivation or manufacture decreased by 4%. For possession offences, between 2018 and 2019 there were increases in possession of drugs for sale or supply (16%) and possession of drugs for personal use (17%).

- 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 also 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, the Revenue Commissioners, the IPS and the Probation Service at a 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, and Operation Hybrid and Operation Stratus were implemented by AGS to target gangland crime. Agencies have aimed to address reoffending: a new Irish Youth Justice Action Plan is currently being developed, and interventions are being reviewed and strengthened. On the island of Ireland, Garda Youth Diversion Projects for juveniles and youth have been established; child detention schools that have youth advocacy programmes have also been established. The Probation Service prioritises positive behaviour and restorative practice. Intervention and prevention strategies are ongoing.

T1. National profile

T1.1 Drug market

T.1.1.1. Domestic production

Cannabis

The domestic cultivation of cannabis herb escalated in Ireland in 2007, reaching a peak in 2011. Despite substantial interventions by law enforcement, it continues to be cultivated. The most recent figures available have indicated that 192 incidents of cultivation or manufacture of drugs were recorded in 2019 (see Section T2.3, Figure T2.3.4 in this workbook). 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 as a result of the 2008 financial crisis (Police Service of Northern Ireland and An Garda Siochana 2018). Third, individuals' avail of advances in technology and communication, as demonstrated by the Windle study detailed in Section T4.1. 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, 10 March), (Nic Ardghail 2017, 21 November), (Maguire 2017, 9 February), (McLean 2017, 8 February).

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 Siochana and Police Service of Northern Ireland 2016). More recently, four separate 'box labs' were detected in Youghal, Co Cork; Tralee, Co Kerry; Lusk, North County Dublin; and in Dublin 8, suggesting that methamphetamine was being produced, albeit on a small scale (An Garda Siochana and Police Service of Northern Ireland 2016). Moreover, in January 2018, a suspected crystal meth lab was discovered in Dublin (McMahon 2018).

Tableting operations

As stated in previous workbooks, tableting of general illegal drugs does not really take place in Ireland (personal communication, GNDOCB, 2017). However, as reported in previous National Reports, there has been some evidence that Irish OCGs have participated in tableting pharmaceutical drugs; for example, drugs such as zopiclone, zolpidem, or benzodiazepines have been obtained in powder form and then used to produce tablets using specialised equipment (personal communication, GNDOCB, 2016). In May 2018, a pill-making factory linked to the Kinahan OCG and run by three males resident in Ireland but formerly from Eastern Europe was discovered in Celbridge, Co Kildare (An Garda Síochána 2018, 6 May),(Pope C 2018, 6 May). 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 to bring drugs to the UK and Europe (McDonald and Townsend 2007, 8 July). 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 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 Siochana and Police Service of Northern Ireland 2016).

The Revenue Commissioners also continued its engagement at an international level with the World Customs Organization (WCO), Europol, INTERPOL, the European Multidisciplinary Platform Against Criminal Threats (EMPACT), the Irish Embassy in the UK, and the Maritime Analysis and Operation Centre – Narcotics (MAOC-N) in ongoing actions aimed at addressing threats and at intercepting and preventing the trafficking of drugs, illegal medicines, NPS, and drug precursors (Revenue Commissioners 2020).

Additionally, interdictions carried out independently and collaboratively by Irish law enforcement agencies – such as the Revenue Customs Drug Law Enforcement Unit, the GNDOCB of AGS, 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 final destination within Ireland, of drugs being brought into the country (personal communication, Revenue Commissioners Press and Media Division, 2017).

Additional information can be gleaned from Revenue Commissioners press releases. In 2019, illegal drugs brought into Ireland originated in places such as Europe (France, Spain, Italy, the Netherlands, and the UK); South and East Africa (Ethiopia and Kenya); the USA; Canada; the United Arab Emirates (Dubai); and Asia (Thailand) (Revenue Commissioners, 2020, website). The main modes of transport were by freight via Dublin Port and Rosslare Europort, or by plane via Dublin and Shannon airports. Products that arrived by plane were concealed in luggage and packages. Another method that was used extensively was the postal system. A number of products were intercepted by post in controlled deliveries using detector dogs.

AGS press releases provides a summary of operations carried out independently and jointly by various AGS units, for example the GNDOCB, the Special Crime Task Force, detective units, traffic divisions, dog units, uniformed community gardaí, and divisional drug units (DDUs). Operations were carried out across the island of Ireland, and the estimated value of products ranged from €100 to €2.4 million. 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 2019, 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 J and Donovan A M 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 2019 indicated that the most prominent drugs analysed in Ireland were cannabis herb, cocaine, and heroin, followed by MDMA, alprazolam, cannabis resin, and zopiclone (personal communication, FSI, 2020). Table T1.1.5.1 in Section T1.1.5 lists the illegal drugs in Ireland, based on FSI records for 2019 in descending order. Trends for these substances can be found in Section T2.1.

Size of transactions

Estimated transaction sizes vary by product and are reported in Revenue Commissioners press releases. In 2019, where quantities were reported, seizures detained by Revenue Commissioners Officers ranged in size from €1,260 to €2.5 million (Revenue Commissioners Press Releases, 2020). AGS press releases rarely report quantities, as the seized product is sent directly to FSI for analysis.

Smuggling methods

In 2019, drugs were smuggled into Ireland via:

- airports – products were transported in two ways: either concealed or in checked-in luggage; or in parcels labelled clothing
- ports – horse box search and shipment searches
- the postal network – drugs were concealed in parcels, such as yoga cushions, electrical equipment, toys, and plastic ornaments. Some were marked ‘diaries’, ‘kitchen tools, ‘air fresheners’, ‘clothing’, ‘herbal tea’, or ‘slimming products.

The common travel area between the Republic of Ireland and Northern Ireland 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 Siochana 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 profit the most (personal communication, GNDOCB, 2017). However, there is also evidence to suggest that individual entrepreneur networks which 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.

T1.1.4 Wholesale drug and precursor market

There were no changes to wholesale market prices in 2019 (personal communication, GNDOCB, 2020). 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 one kilogram of a substance. For example, cocaine with a purity of 85% will sell for €60,000, but in reality, on the wholesale market, OCGs already cut and mix the drugs. As a result, cocaine that the GNDOCB detects may be sold for approximately €25,000 per kilogram; the purity at this price will be less than 40%. The premise of 'the more you buy, the cheaper the price' applies to all drugs. By way of example, a purchase of 100 MDMA (ecstasy) tablets could cost €5 per tablet, a purchase of 1,000 could cost €4 per tablet, a purchase of 10,000 could cost €3 per tablet, etc. There is no evidence of wholesale prices for some substances (see substances in Table T1.1.4.1 marked 'NE') (personal communication, GNDOCB, 2018).

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

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

Drug	Category	Price per kilogram/per litre
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

Drug	Category	Price per kilogram/per litre
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
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
Psilocybin	Hallucinogen	€10,000
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, 2019)

* 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 gardaí and other law enforcement agencies. Adulterant data are classified as 'street level' where submitted samples are defined as seizures less than 30 g (25–30 g), and as 'importation level' where submitted samples are defined as seizures over 500 g (personal communication, FSI, 2020). Data are available for cocaine, diamorphine, and amphetamines, and each is presented separately.

Cocaine

Cocaine data were analysed for two-time frames: 2016–2018, and 2019 (personal communication, FSI, 2020).

Table T1.1.4.2 shows a breakdown of the overall adulterants detected in quantification analysis between 2016 and 2019. Overall, between 2016 and 2018, 151 cocaine seizures were submitted to FSI for quantification analysis, of which 60 seizures were classified as street-level substances and 91 seizures were classified as importation-level substances. The dates of seizures ranged from 6 January 2016 to 6 December 2018 (street level) and to 19 December 2018 (importation level). Seventy-six seizures were submitted for quantification analysis in 2019, of which 39 were classified as street-level substances and 37 were classified as importation-level substances. The dates of seizures ranged from 10 January 2019 to 21 December 2019 (street level) and from 17 January 2019 to 31 December 2019 (importation level). As can be seen in Table T.1.1.4.2, the most prominent adulterants across all years were benzocaine and levamisole. Further examination at street and importation level also indicated that benzocaine and levamisole were prominent. However, caffeine was only prominent in the analysis of street-level products.

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	2016	2017	2018	2019	2016	2017	2018	2019
	% of samples				% of samples				% of samples			
Benzocaine	47.9	21.0	38.0	43.9	60.0	36.8	37.5	53.8	42.4	13.1	39.5	34.8
Levamisole	45.8	26.3	11.1	15.8	66.6	21.0	20.8	15.3	36.3	28.9	6.2	16.2
Phenacetin	2.0	1.7	2.7	8.5	6.6	5.2	4.1	12.8	–	–	3.0	4.6
Caffeine	14.5	7.0	9.7	3.6	40.0	15.7	20.8	5.1	3.0	2.6	4.1	2.3
Creatine/creatinine	–	1.7	–	2.4	5.2	5.2	–	2.5	–	–	–	2.3

	Total				Street level				Importation level			
Lignocaine	6.2	1.7	1.3	2.4	20.0	–	4.1	5.1	–	2.6	–	
MDMA	–	–	–	1.2	–	–	–	–	–	–	–	2.3
Other*	4.1	–	–	–	–	–	–	–	6.0	–	–	–
Not detected	–	–	–	–	13.3	26.3	37.5	28.5	33.0	55.2	55.6	51.1

* Includes hydroxyzine

Source: (personal communication, FSI, 2020)

The number of adulterants detected ranged from zero to four across 2016, 2017, 2018, and 2019 (see Table T1.1.4.3). The most prominent presentation of adulterants across all years was one. 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).

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*	2016	2017	2018	2019	2016	2017	2018	2019
Number of adulterants	% of samples				% of samples				% of samples			
0	27.0	45.6	47.2	39.5	13.3	26.3	37.5	28.5	33.0	55.2	55.6	51.1
1	39.5	49.1	44.4	46.1	–	63.1	45.8	53.8	–	42.1	43.7	37.2
2	18.7	3.5	6.9	10.5	–	10.5	12.5	12.8	–	–	4.1	9.3
3	14.5	1.4	–	3.9	–	–	–	5.1	–	2.6	–	2.3
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)

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, 2020). Adulterants are defined as substances which 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.

Overall, between 2016 and 2018, 83 diamorphine seizures were submitted to FSI for quantification analysis, of which 33 seizures were classified as street-level substances and 50 seizures were classified as importation-level substances. Seizures at importation level resulted in the analysis of 63 samples. Dates of seizures ranged from 15 February 2016 to 26 December 2018 (street level) and from 4 January 2016 to 22 December 2018 (importation level).

Table T1.1.4.4 shows a breakdown of the number of adulterants detected by year. On average, in street and importation levels, at least one adulterant was found in analysed samples between 2016 and 2018: 60.6% and 53.9% respectively. The most prevalent adulterant detected was caffeine, followed by paracetamol. While either caffeine or paracetamol was detected in all samples analysed, both were detected in 47.9% of analysed samples. Further examination of street and importation levels indicated that the prevalence of caffeine and paracetamol at street level was similar (approximately 60.6%). However, at the importation level, the prevalence of caffeine (52.3%) was higher than that of paracetamol (41.2%) (personal communication, FSI, 2020).

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

	2016	2017	2018
Number of adulterants	% of samples		
0	52.9	24.0	51.4
1	8.8	4.0	5.4
2	41.2	68.0	43.2
3	–	4.0	–

Note. "–" = not detected

Source: (personal communication, FSI, 2020)

Amphetamines

Quantitative data for amphetamines were analysed for two-time frames: 2016–2018, and 2019 (personal communication, FSI, 2020). Between 26 January 2016 and 31 December 2018, 58 amphetamine seizures were submitted for analysis, from which 61 samples were taken. Eighty-five per cent of samples submitted contained at least one adulterant. Table T1.1.4.5 shows a breakdown by year. Caffeine was detected in all adulterated samples (personal communication, FSI, 2020).

Between 19 January 2019 and 23 December 2019, 19 seizures were submitted for quantitative analysis, from which 19 samples were taken and analysed. All seizures were submitted from outside the Dublin Metropolitan Region (DMR). At least one adulterant was detected in 89.5% of the submitted samples. Caffeine was detected in all adulterated samples (personal communication, FSI, 2020).

Table T1.1.4.5 Percentage of adulterants detected in amphetamine samples, by year

	2016	2017	2018	2019
	% of samples			
No adulterants	25.0	6.3	7.5	10.5
Caffeine	75.0	93.7	92.5	89.5
Methamphetamine	12.5	–	–	–
Fluoroamphetamine	6.2	–	–	–
Lignocaine	–	–	3.7	–

Note. "–" = not detected

Source: (personal communication, FSI, 2020)

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 Drugs market 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 Siochana 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 Republic of Ireland (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 Siochana 2018).
- Heroin continues to be a problem across Ireland. While the most problematic area is Greater Dublin, in recent years similar problems have arisen in small urban centres and in rural towns and villages. The majority of 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 Siochana 2018) (p. 7). By contrast, in Northern Ireland (NI), the most problematic area is Belfast city centre, where drug use can be observed every day on the streets.
- In contrast to previous assessments, crack cocaine has recently emerged as an issue for law enforcement agencies and communities. 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 in actual fact are 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 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 Spain, the Netherlands, and the UK. As a consequence, 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 Siochana 2018).

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 20 illegal drugs that are most prominent in Ireland in descending order 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 2019

	Drug type	Quantity seized
1	Cannabis herb	3072
2	Cocaine	2266
3	Diamorphine	1305
4	MDMA	976
5	Cannabis resin	422
6	Zopiclone	296
7	Ketamine	241
8	Diazepam	230
9	Amphetamine	221
10	Etizolam	221
11	Benzocaine	207
12	Cannabis plant	197
13	Creatine/creatinine	85
14	Methylamphetamine	56
15	Diclazepam	51
16	THC	49
17	Paracetamol	46
18	Pregabalin	41
19	Methadone	39
20	Lysergide	36

Source: (personal communication, FSI, 2020)

Drug prices

Table T1.1.5.2 shows drug prices based on the current retail market value of controlled drugs on the retail drug market in October 2019. The prices indicated represent what that substance will sell for on average around the ROI in its lowest denominational street deal. No price change occurred between 2017 and 2019. As stated in previous workbooks, the most credible approach used to set prices on the retail market is via test purchase operations, where gardaí buy drugs in undercover work. 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 sources, 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

Drug	Category	Price per gram/tablet/millilitre
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
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, 2019)

* 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, 2020). The most recent available data are for cocaine (2016–2019), diamorphine (2016–2018), and amphetamines (2016–2019). A further breakdown is available for street-level and importation-level cocaine and diamorphine. The FSI has operationally defined Street-level samples as samples submitted from seizures of less than 30 grams (primarily between 25 and 30 grams), and Importation-level samples as samples submitted from seizures of more than 500 grams. The results of the analysis of each substance will be presented separately.

Cocaine

Table T1.1.5.3 shows a summary of purity analysis for cocaine seizures between 2016 and 2019. Data are provided for street- and importation-level seizures. The overall average purity ranged from 46.8% to 54.2%. A further examination by classification level indicated that the average purity for importation-level cocaine was higher than the average purity of street-level cocaine.

Table T1.1.5.3 Summary of purity and pack sizes for cocaine seizures between 2016 and 2019

Year	Classification level	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Average purity	Overall average purity
2016	Street	15	Not weighed to 19.1 kg	15	0.3 g to 1.0 kg	0.5–82.0%	34.0%	46.8%
	Importation	24	Not weighed to 19.1 kg	33	0.3 g to 1.0 kg	0.5–85.0%	52.2%	46.8%
2017	Street	19	25.1 g to 22.0 kg	19	1.2 g to 1.8 kg	0.5–90.0%	39.0%	54.2%
	Importation	28	25.1 g to 22.0 kg	38	1.2 g to 1.8 kg	17.0–90.0%	61.8%	54.2%
2018	Street	24	17.2 g to 49.0 kg	25	3.2 g to 1.0 kg	7.0–81.0%	44.2%	52.8%
	Importation	40	17.2 g to 49.0 kg	48	3.2 g to 1.0 kg	0.5–90.0%	57.0%	52.8%

Year	Classification level	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Average purity	Overall average purity
2019	Street	39	25.4 g to 34.5 g	39	6.8 g to 1.0 kg	2.5–90.0%	46.5%	52.6%
	Importation	47	456.6 g to 30.1 kg	43	6.8 g to 1.0 kg	2.5–90.0%	58.3%	52.6%

Source: (personal communication, FSI, 2020)

Diamorphine

Table T1.1.5.4 shows a summary of purity analyses for diamorphine seizures between 2016 and 2018. Data are provided for street- and importation-level seizures. The overall average purity ranged from 35.1% to 42.7%. A further examination by classification level indicated that the average purity for importation-level diamorphine was slightly higher than the average purity of street-level diamorphine.

Table T1.1.5.4 Summary of purity and pack sizes for diamorphine seizures between 2016 and 2018

Year	Level	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Average purity	Overall average purity
2016	Street	6	25.7 g to 29.6 g	6	25.7 g to 1.8 kg	22.9–53.9%	40.6%	42.7%
	Importation	21	447.0 g to 2.6 kg	28		13.6–54.5%	43.1%	
2017	Street	11	3.3 g to 29.4 g	11	1.8 g to 1.2 kg	15.2–59.6%	30.4%	35.1%
	Importation	12	461.8 g to 11.6 kg	14		10.1–61.0%	38.9%	
2018	Street	16	0.77 g to 35.9 g	16	0.2 g to 7.1 kg	12.0–90.0%	38.4%	42.0%
	Importation	17	459.7 g to 14.0 kg	21		9.5–78.2%	44.8%	

Source: (personal communication, FSI, 2020)

Amphetamines

Table T1.1.5.5 shows a summary of purity analyses for amphetamine seizures between 2016 and 2019. The overall average purity ranged from 6.7% to 9.4%. Purity levels have been decreasing since 2017.

Table T1.1.5.5 Summary of purity and pack sizes for Amphetamine seizures between 2016 and 2019

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%

Source: (personal communication, FSI, 2020)

T1.2 Drug related crime

T1.2.1 Drug law offences

Data regarding drug law offences are provided by the Courts Service and the Irish Prison Service (IPS) via their annual reports.

Court outcomes for drug offences

The *Courts Service Annual Report 2019* presented statistics on prosecutions for drug offences between January and December 2019 (Courts Service 2020). 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 particular 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 Judge decides the issues of fact and whether to convict. He or she also determines the sentence. In the case of most indictable offices which have to 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, 19,153 orders were made in relation to drug offences in 2019 – which represents a 9% increase since 2018 (N=17,571) – involving 20,354 defendants (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, 2019

Incoming			Resolved: offences		
Offences	Defendants*		Summary	Indictable dealt with summarily	Sent forward for trial
33 242	20 354		767	18 386	4686

Source: (Courts Service 2020)

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

Table T1.2.1.2 Summary and indictable offences: outcomes in District Court, 2019

	Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Fixed	Total
Summary offences: outcomes	51	188	109	93	3	25	15	80	52	35	116	–	767
Indictable offences dealt with summarily: outcomes	446	4238	1857	3034	85	2	317	2208	563	585	5051	–	18 386

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 2020)

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 2019 was 478 (see Table T1.2.1.3) (Courts Service 2020), which represented a 75% increase from 2018 (N=273). In 2019, 6% of young offenders were imprisoned or detained and approximately 26% of young offenders were sentenced to community service (n=3) or probation (n=120). The number of young people placed on probation in 2019 (n=120) was nearly double the 2018 figure (n=64).

Table T1.2.1.3 Juvenile crime outcomes in 2019

Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
19	112	124	6	1	0	3	120	30	9	54	478

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 2020)

Circuit Court

The Circuit Court heard cases for 668 defendants that involved 2,400 drug offences in 2019. There were 1,831 guilty pleas, which represented a 44% increase from 2018 (N=1,273); of the cases that went to trial, 29 resulted in convictions and 22 resulted in acquittals (see Table T1.2.1.4). Trials resulted in 318 imprisonments/detentions and 320 suspended sentences (see Table T1.2.1.5) (Courts Service 2020).

Table T1.2.1.4 Sentences for drug offences in the Circuit Court in 2019

Incoming			Resolved: offences						
Offences	Defendants*		Guilty	Trials		NP	TIC	Quash	Dec
				Convicted	Acquitted				
2400	668		1831	29	22	833	274	0	8

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 2020)

Table T1.2.1.5 Offence outcomes following conviction in the Circuit Court in 2019

	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ det	Susp	Other	Total
Offence outcomes following conviction	208	8	412	1	35	58	318	320	543	1903

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

Source: (Courts Service 2020)

Appeals (from District Court)

In 2019, 363 appeals from the District Court, representing 669 offences, were dealt with in the Circuit Court (Courts Service 2020). This does not show a significant change from 2018 (appeals=362; offences=668). Table T1.2.1.6 shows a breakdown of resolved offences.

Table T1.2.1.6 Appeals from District Court, 2019

Incoming			Resolved: offences				
Off	Def		Aff	Varied	Rev	S/O	S/O N/A
669	363		1104	2887	844	1188	1092

Note: Off = offences; Def = defendants; Aff = affirmed; Rev = reversed; S/O = struck out; S/O N/A = struck out no appearance.

Source: (Courts Service 2020)

Court of Appeal

Overall, the number of appeals that were lodged from the Circuit Criminal Court for drug/misuse of drugs offences decreased by 3% from 2018 (N=61) to 2019 (N=59). Overall, 65 appeals which originated in the Circuit Criminal Court were resolved in 2019. This was 18% higher than the number resolved in 2018 (N=55) (Courts Service 2020). Table T1.2.1.7 indicates that the majority of appeals resolved were for sentence severity (n=48), followed by conviction and sentence (n=6) and sentence leniency (n=5).

Table T1.2.1.7 Summary of resolved appeals in 2019

Appeal	Conviction	Sentence (severity)	Conviction and sentence	Sentence (leniency)	Director of Public Prosecutions (dismissal)	Miscarriage of Justice	Other	Total
Resolved	3	48	6	5	0	0	3	65

Note: MC = miscarriage of justice.

Source: (Courts Service 2020)

Prison committals for drug offences

The IPS Annual Report 2018 provided statistics on the number of persons in custody under sentence (i.e. not on remand) on a given day in that year (30 November) and also on the number of committals under sentence, by sentence length (Irish Prison Service 2020). On 30 November 2019, the number of persons in custody for controlled drug offences comprised 11.2% (358 out of 3208) of the total prison population. The difference between the share of the total prison population in 2018 (11.7% – 371 out of 3171) and 2019 is a 0.5 percentage point decrease, while the decrease in the actual number of persons in custody from 2018 (371) to 2019 (358) is 3.5%. Of those in custody for drug offences, 131 were under a sentence of 5 years or longer; of these, 34 were under a sentence of 10 years or longer. Thirty-five prisoners were under a sentence of 12 months or less (Irish Prison Service 2020).

Between 2018 and 2019, the number of committals for drug offences increased by 23% (n=91), which was significantly greater than the increase evident between 2017 and 2018 (6%, n=23). Of the 485 committals to prison during 2019, 40 (8%) were for sentences of 3 months or less (Irish Prison Service 2020). 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)

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 2019-2021* (An Garda Siochana Strategic Planning Unit 2020); *An Garda Síochána Annual Policing Plan* 2019 (An Garda Siochana Strategic Planning Unit 2019). *An Garda Síochána Crime Prevention & Reduction Strategy: Putting Prevention First* (An Garda Siochana 2017); 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 2019-2021

An Garda Síochána Mission and Strategy 2019-2021 was published on July 17, 2019 (An Garda Siochana Strategic Planning Unit 2020). The An Garda Síochána (AGS) mission for the duration of the strategy is simply "Keeping People Safe" (p. 3). Progress through this strategy will be achieved incrementally by implementing various initiatives through the annual Policing Plans. The areas that the strategy focuses on are:

- community policing
- protecting people
- a secure Ireland
- a human rights foundation
- our people – our greatest resource
- transforming our services.

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

An Garda Síochána Annual Policing Plan 2019

An Garda Síochána Annual Policing Plan 2019 was launched in July 2019 and identifies the main policing concerns for 2019 as prioritised by AGS (An Garda Siochana Strategic Planning Unit 2019). It is the first of three plans proposed by the new Garda Commissioner, Drew Harris, that will implement the new *An Garda Síochána Strategy Statement 2019-2021* through numerous initiatives which will gradually assist AGS to reach its strategic outcomes (An Garda Siochana Strategic Planning Unit 2020). Six areas have been highlighted by AGS in 2019:

Community policing – this includes introducing a new community policing framework in four divisions in 2019, work in this area will continue in 2020 and 2021. AGS also intends to interact and collaborate with communities and stakeholders to determine what their policing needs are and how to achieve them.

Protecting people – this includes building AGS capacity to oversee and coordinate how it responds to crime. The intention is to build crime prevention capacity to reduce crime and the fear of crime. In addition, AGS aims to target organised crime groups that hurt communities via violence and selling/supplying drugs. Moreover, it plans to improve the investigative response to crime by implementing the Investigation Management System and other Information and Communications Technology.

A secure Ireland – this involves improving security capabilities by implementing recommendations put forward in *A Policing Service for the Future: Implementing the Report of the Commission on the Future of Policing in Ireland* (Government of Ireland 2019). For example, AGS intends to carry out intelligence-led operations nationally and internationally to address terrorism. Gardaí will receive specialised training in accordance with international best practice to help them locate and seize finances used for this purpose.

A human rights foundation – this includes building a policing infrastructure that is centred on human rights. AGS aims to embed human rights and ethical behaviour into how gardaí police, and specifically how they deal with criminal service users who are vulnerable.

Our people – our greatest resource – AGS aims to increase engagement and support, and to provide opportunities for continuous development. The new *People Strategy 2019–2021* (An Garda Siochana 2019b) will be implemented and will help determine whether gardaí are in the role most suited to them, in the right place and time. In addition, it is intended to establish a learning culture and to increase leadership capacity via leadership training. Excellent performance will be encouraged and acknowledged. Underperformance and unethical behaviour will be targeted. In order to support health and wellness, AGS will invest in employees' well-being.

Transforming our services – this includes the implementation of a new operational model. The aim is to provide a more effective service, build public confidence via greater accountability and transparency, and improve communication both internally and externally. In addition, AGS plans to re-establish confidence in crime data by working with the CSO, and by ensuring greater accuracy and governance.

Although drugs are only mentioned by name in the 'Protecting people' section, it is implied throughout the document that drugs will be targeted (An Garda Siochana Strategic Planning Unit 2019). Responsibility for actioning and reporting on the progress of each initiative in the plan has been assigned to an assistant commissioner or executive director, who will then report to the Commissioner and the Policing Authority once a month. Moreover, key performance indicators will be used to statistically determine that improvement has occurred in several areas, such as public perception, public safety and demand, offender accountability, roads policing, victim engagement, and data quality-related activity (An Garda Siochana Strategic Planning Unit 2019).

The Commissioner believes that this plan is "ambitious", but he is "committed to delivering a victim-centred policing service, focused on keeping people safe, protecting the most vulnerable and providing a consistently high standard of service" (An Garda Siochana Strategic Planning Unit 2019) (p. 2). In addition, Commissioner Harris is committed to "holding the organisation to account for our performance against this plan. This development of a strong performance culture will be key to ensuring the long-term delivery of progressive organisational change and professional victim-focused services" (p. 2) (An Garda Siochana Strategic Planning Unit).

An Garda Síochána Crime Prevention & Reduction Strategy: Putting Prevention First

As stated in previous Drug markets and crime workbooks, the 2017 *An Garda Síochána Crime Prevention & Reduction Strategy: Putting Prevention First* (An Garda Siochana 2017) draws on United Nations guidelines (United Nations Economic and Social Council 2002) and complements the policing and security sections of the *Modernisation and Renewal Programme 2016–2021* (An Garda Siochana 2015). The strategy is underpinned by a problem-solving 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 four pillars:

- building strategic crime prevention capacity
- operating a professional crime prevention service via partnership and collaboration with communities
- implementing customised crime prevention approaches with communities
- communicating crime prevention messages to the public.

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. 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:

- provide a comprehensive and responsive misuse of drugs control framework which 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
- 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 Monitoring Centre for Drugs and Drug Addiction 2018b). Results of an evaluation of this strategy can be found in Section T1.2.2 of the *Drug policy workbook*.

b) 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 2020) 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 Commissioners' Operational Intelligence Unit gathers data with a view to identifying possible drug smuggling routes into Ireland via passenger and cargo traffic; analysing the movement of persons and goods on those routes; and profiling, targeting, and conducting routine surveillance of suspect persons or consignments (Revenue Commissioners 2019b). Many drug seizures result from profiling techniques based on risk analysis. The Operational Intelligence Unit transmits intelligence and details of suspect traffic to the local operational units, whose functions include the examination of suspect passengers' baggage and freight consignments; the search of suspect persons, vehicles, vessels, pleasure craft, aircraft, etc.; and the transmission of information to the Operational Intelligence Unit for further action.

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

Drug detector dog units form an important component of policing in Ireland. Detector dogs are trained to locate cocaine, cannabis, ecstasy, heroin, tobacco products, and cash. Units are based at strategic locations, including ports and airports around Ireland, by the Revenue Commissioners Customs Service. 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 have been providing an operational support service for approximately 58 years. One unit is mainly based at Kilmainham Garda Station in Dublin, while another is located in the Southern Region. The most recent data available indicate that the Garda Dog Unit was involved in

approximately 1,648 searches in 2018 (An Garda Siochana 2019a). These included searches for missing persons, drugs, firearms and explosive substances, and stolen goods (An Garda Siochana 2019a).

The Customs Drugs Watch Programme, launched by the Revenue Commissioners 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.

The Revenue Commissioners also uses mobile X-ray scanners in the fight against smuggling. A state-of-the-art X-ray scanner was launched in June 2017; this was partially funded by a grant from OLAF, the European Anti-Fraud Office, under its Hercule III Programme. It was viewed as the most advanced on the market and avails of imaging technology to analyse vehicles as well as shipping containers. It was deployed in Dublin Port (Revenue Commissioners 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 Commissioners 2019a).

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 T1.1.4 of the *Legal framework workbook*). As stated in previous Drug markets and crime workbooks, the majority of drug-related cash seizures are carried out when attempts are made to export from Ireland, but increasingly, seizures are 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 carried out throughout the EU and worldwide following a drug-related cash seizure. Cash forfeited under this Act is transferred for the benefit of the Exchequer.

Organised crime

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 in order 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 Criminal Assets Bureau (CAB) (Fitzgerald 2017, 30 March)

Moreover, numerous strategic partnerships are in place both nationally and internationally, and include the Revenue Commissioners Customs Service, the Health Products Regulatory Authority (HPRA), the Irish Naval Service, Europol, INTERPOL, and the Maritime Analysis and Operation Centre – Narcotics (MAOC-N) in Lisbon (Revenue Commissioners 2020) (Fitzgerald F 2016, 20 July).

Cross-border cooperation and collaboration continues between AGS, the PSNI, and other law enforcement agencies north and south of the border (Flanagan 2019, 19 November). The Fresh Start Agreement in 2015 created a Joint Agency Task Force led by AGS, the PSNI, the Revenue Commissioners, and Her Majesty's Revenue and Customs 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 Flanagan

notes that this has been successful in addressing cross-border criminality (Flanagan 2019, 19 November).

In addition, representatives from law enforcement agencies in the Republic of Ireland and Northern Ireland come together annually at the Cross-Border Conference on Organised Crime. The most recent 2-day event took place in September 2019 and was centred around the twin themes of 'Information sharing and cooperation' (Department of Justice and Equality 2019). Minister Flanagan stated that these themes are at the "heart of the ongoing partnership, North and South, that continues to yield successful outcomes in terms of crime investigation and prevention. This is vital for communities living along the border in particular" (Department of Justice and Equality 2019).

The conference is considered an essential and indispensable forum that enables discussion and information exchange between law enforcement agencies, which ultimately keeps communities north and south of the border safe (Department of Justice and Equality 2019). It provides an opportunity to examine and address current crime trends while at the same time affording an opportunity to build on operational actions that have been carried out already (Department of Justice and Equality 2019). Agencies that attended the conference included AGS, the PSNI, the National Crime Agency, the Revenue Commissioners, Her Majesty's Revenue and Customs, and relevant government departments from both the Republic of Ireland and Northern Ireland.

Policing communities

Drug-related crime in the form of gangland violence has become a serious problem in Dublin as a result of the ongoing feud between the Hutch and Kinahan criminal gangs, which are well known for robbery/burglary and for drug dealing, respectively. The GNDOCB is of the opinion that all associated killings are drug related, as they all stemmed from disagreements and revenge in relation to the illegal drug enterprise (personal communication, GNDOCB, 2018). The response to gangland violence that the AGS has established is coordinated under Operation Hybrid and is reviewed on a weekly basis in order to maintain optimal impact. Additionally, Operation Stratus has been targeting organised crime in Co Louth. Support is provided by Emergency Response Units and Armed Support Units, which form part of the Special Tactics and Operations Command (STOC) (An Garda Siochana 2018) (An Garda Siochana 2019a).

Drug-related intimidation and violence is an area of major concern for Irish communities and it has been shown to affect the physical, mental, and emotional well-being of victims (Connolly and Buckley 2016). Further details on this 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" (p. 63) (Department of Health 2017). 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 2018a).

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 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. AGS is the lead agency working alongside the National Family Support Network (NFSN). Additional details of the operation of this programme are provided on the websites of both AGS and the NFSN at www.garda.ie and www.fsn.ie.

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.

Work on the new Youth Justice Strategy started in 2019 and is ongoing. It is expected to be published at the end of 2020 (Sheehy 2020, 16 October). As part of the previous youth strategy, *Youth Justice Action Plan 2014–2018*, Goal 3 aimed to review and strengthen targeted interventions to reduce offending. In addition, as part of Goal 2, an action identified under Objective 2.3 is to "profile substance misuse among young people subject to community sanctions/probation service supervision" (Irish Youth Justice Service 2014) (p. 17). The most recent progress report for 2016, published in December 2017, showed that further progress had been made in the implementation of actions that were set out in the action plan (Department of Justice and Equality 2017). In addition, the Probation Service aims to reduce the likelihood of reoffending by developing positive professional relationships via individual risk and needs assessment, combined with using interventions that are tailored to the individual's needs. In order to achieve these goals, it avails of risk assessment and a risk-based approach to supervision (Probation Service 2020).

c) Organisational structures/coordinating bodies

As reported in previous workbooks, responsibility for the prevention of drug trafficking rests primarily with the Revenue Commissioners Customs Division, whereas responsibility for the prevention of drug-related crime within Ireland rests primarily with AGS. In addition to the exchange of information between the Office of Customs Drugs Law Enforcement Head 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 Commissioners Customs Division and AGS, when called upon, through the Joint Task Force on Drugs Interdiction.

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

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

- Gathering national and international intelligence and disseminating this intelligence as necessary.

- Participating in the National Inter-Agency Drugs Joint Task Force, comprising the Revenue Commissioners 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. Officers are assigned to Permanent Representation in Brussels (2), the Irish Embassy (1), Europol (1), and the MAOC-N based in Lisbon (1).
- Managing the Revenue Commissioners Customs Division Memorandum of Understanding (MOU) initiative, which is a programme of cooperation between the Revenue Commissioners Customs Division and the business community on the prevention of smuggling, in particular drug smuggling. The Revenue Commissioners Customs Division has established working links with thousands of diverse companies, ranging from airlines, air express couriers, and shipping companies to airport and harbour authorities, freight forwarders, exporters, road hauliers, chemical companies, and yachtsmen. The MOU initiative delivers training to company staff by Customs liaison officers in order to heighten drug smuggling awareness, and practical advice is offered in order 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 the Revenue Commissioners Customs Division.
- Managing the Customs Drugs Watch Programme. The Revenue Commissioners 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 craft 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 Commissioners 2019b).
- Managing the Drug Precursor Programme, which is a mechanism for cooperation between the Revenue Commissioners Customs Division and the chemical industry and was set up in order to detect the diversion of chemicals for illicit purposes. The Programme is designed to increase the awareness of Customs officers and members of the chemical trade to the

possibility of 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 Commissioners Customs Division detector dog teams which are operational and located nationwide.

2019: National and International Level Overview

In 2019, the Revenue Commissioners 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 in order to act against the illegal drugs trade.

The Revenue Customs Drug Law Enforcement Unit was involved in 19 joint national operations and investigations with AGS – in particular with the GNDOCB. Overall, 45 individuals were arrested in 68 joint controlled deliveries in 2019, compared with 61 in 2018 (Revenue Commissioners 2020). In addition, the Unit coordinated enforcement and interception of illegal goods with the HPRA and participated in the Oversight Forum on Drugs run by the Department of Health, which is responsible for implementing Ireland's national drugs strategy (Revenue Commissioners 2020).

In 2019, Revenue continued its engagement at an international level with the EU Customs Cooperative Working Party, WCO, Europol, EMPACT and the MAOC-N in ongoing actions aimed at intercepting and preventing the trafficking of drugs, and at illicit medicine enforcement. Operations included:

- Operation Pangea XI, which is an international WCO/INTERPOL operation targeting trade in illicit/counterfeit medicines and internet pharmacies
- cross-border cooperation that resulted in the seizure of 35 kg of cannabis herb in January 2019 and 98 kg of cannabis herb in June 2019 (Revenue Commissioners 2020).

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 targeting specific locations, such as nightclubs, where drugs are consumed.

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 2020). It aims to disrupt, dismantle, and prosecute groups and individuals involved in serious organised criminal activity using intelligence-led investigations (An Garda Síochána 2020). 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 2020).

Criminal Assets Bureau

As reported in previous National Reports, the CAB's statutory remit under the Criminal Assets Bureau Acts 1996 and the Proceeds of Crime Acts 1996–2016, and in social welfare and revenue legislation is to carry out investigations into the suspected proceeds of criminal conduct. The CAB uses a multi-agency, multidisciplinary partnership approach in its investigations into the suspected proceeds of criminal conduct. CAB staff are drawn from AGS, the Office of the Revenue Commissioners (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 particular 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 which 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 the area of forensic analysis, and adopted the use of enhanced training. Through making earlier or preliminary applications relating to lower-value assets, the CAB has begun to target more middle-ranking criminals. While this approach may not realise extensive financial returns, it demonstrates the CAB's ability to react to local community concerns.

Forensic Science Ireland

As reported in previous National Reports, the Drugs section of FSI (formerly known as the Forensic Science Laboratory) examines and analyses substances seized by AGS or Revenue Commissioners Customs officers, and sometimes by the Military Police, that are thought to contravene the Misuse of Drugs Acts 1977–2017. 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, MDMA, cannabis resin, and alprazolam. 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 in order to determine whether traces of a controlled substance are present. A number of analytical procedures are used in the laboratory in order to determine whether a substance is a controlled drug, the most common of which is gas chromatography coupled with mass spectrometry (GC/MS). The results of the analysis are issued 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 Commissioners, and the Naval Service (Department of Defence 2015). The JTF is convened whenever AGS and the Revenue Commissioners, which have primary responsibility in this area, review intelligence received and consider that a joint operation with the Naval Service and/or the Air Corps should be mounted. The Naval Service is legally empowered under the Criminal Justice Act, 1994 (as amended by the Criminal Justice (Illicit Traffic by Sea) Act 2003) to engage in drug interdiction operations. The Air Corps provides air support if required and, on occasion, may be requested to carry members of the

Revenue Commissioners in an observational capacity for the purposes of monitoring vessels suspected of drug trafficking. The Air Corps provides an important intelligence-gathering capability when requested by the JTF. Intelligence for drug interdiction operations is provided by AGS and the Revenue Commissioners and via 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 T13). Data for drug seizures are recorded independently by both the Revenue Commissioners Customs Division and AGS, and each will be presented separately below.

Revenue Commissioners 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 Commissioners seizures are recorded on this register. As set out in Table 16 in the Revenue Commissioners *Annual Report 2019*, drugs seizures are recorded by product type:

- cannabis (herbal and resin)
- cocaine and heroin
- amphetamines, ecstasy, and other (Revenue Commissioners 2020).

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 Commissioners Press and Media Division, 2017).

Drug interceptions by the Revenue Commissioners and joint operations in 2019 resulted in 10,279 seizures (3229 kg), which were estimated to be valued at €23.63 million. The number of seizures for cocaine and heroin intercepted in 2019 (231) was higher than those intercepted in 2018 (153). The overall weight of these seizures was estimated at 64 kg and had a value of €4.56 million. These estimates were substantially lower than 2018 figures (195 kg; €16.69 million) (Revenue Commissioners 2020). In 2019, a total of 515 kg of cannabis (herbal and resin) with an estimated value of €10 million was intercepted in 2,284 separate seizures (Revenue Commissioners 2020). The highest number of seizures reported by Customs officers was for amphetamines, ecstasy, and other types of drugs (7,764). The estimated weight of these substances was 2650 kg, and they had an estimated value of €9.07 million.

An Garda Síochána 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 2019 (personal communication, FSI, 2020).

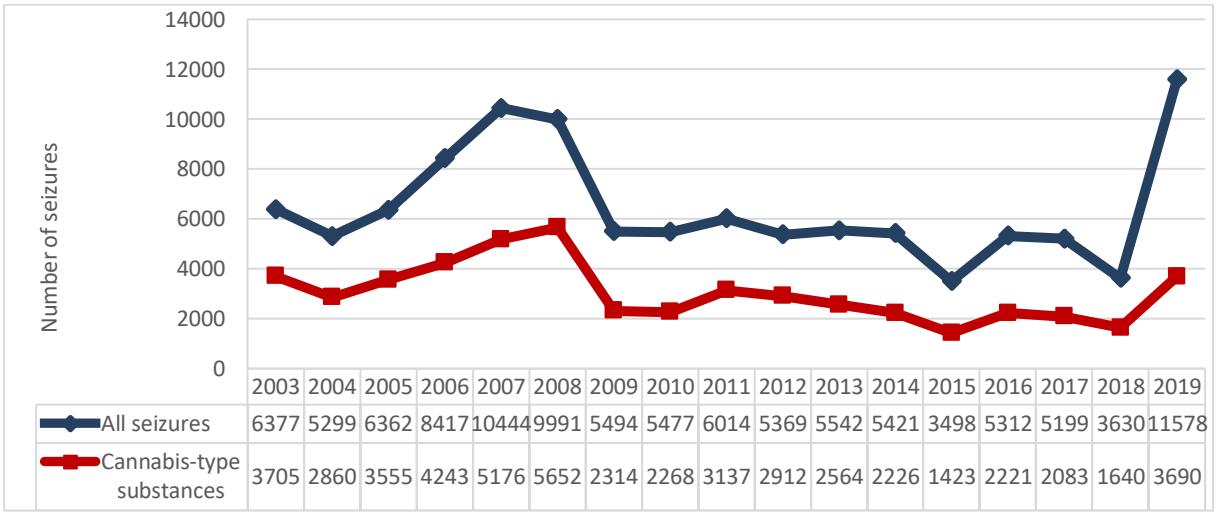
All drug seizures

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, with the 2015 figure showing 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 the FSI in 2019 was more than three times higher than in 2018.

Cannabis

Cannabis-type seizures accounted for nearly 32% of all drug seizures (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 2010, 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 55% 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 analysis reduced by 21% between 2017 and 2018, the number of cannabis-type seizures in 2019 (3,071) was more than double the number analysed in 2018.

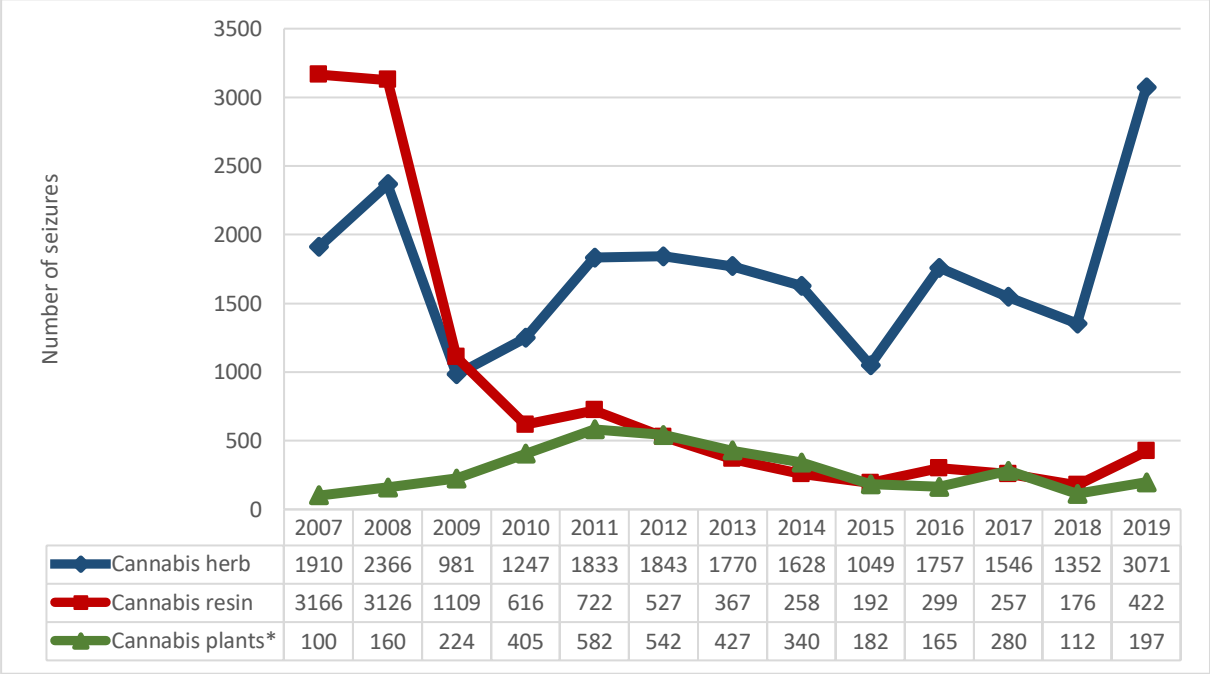


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
All seizures	6377	5299	6362	8417	10444	9991	5494	5477	6014	5369	5542	5421	3498	5312	5199	3630	11578
Cannabis-type substances	3705	2860	3555	4243	5176	5652	2314	2268	3137	2912	2564	2226	1423	2221	2083	1640	3690

Figure T2.1.1 Trends in the total number of drug seizures and cannabis seizures, 2003–2019

Source: (personal communication, FSI, 2003–2020)

An examination of cannabis substances by type is shown in Figure T2.1.2. Cannabis herb has been shown to be the most prominent drug seized in Ireland since 2010. Between 2011 and 2015, there was an overall decrease in the numbers of cannabis herb, cannabis resin, and cannabis plants seizures. While number of cannabis herb and resin seizures analysed increased between 2015 and 2016, the figure illustrates that between 2016 and 2018, the number of seizures analysed for both substances decreased annually. However, between 2018 and 2019, a substantial increase has been shown for the three main cannabis products analysed. In one additional analysis, trace amounts of cannabis herb were found, but this was not included in the overall total.



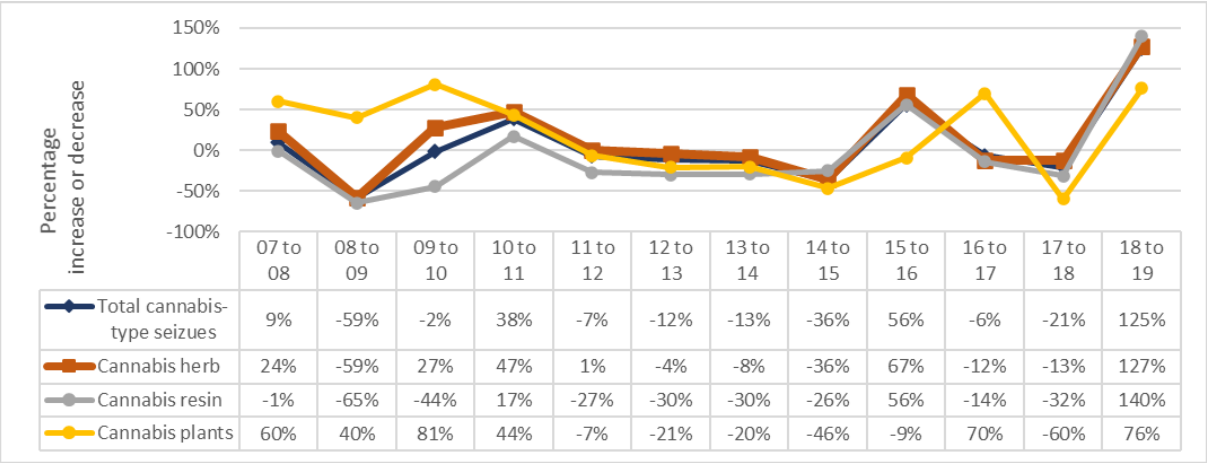
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Cannabis herb	1910	2366	981	1247	1833	1843	1770	1628	1049	1757	1546	1352	3071
Cannabis resin	3166	3126	1109	616	722	527	367	258	192	299	257	176	422
Cannabis plants*	100	160	224	405	582	542	427	340	182	165	280	112	197

Figure T2.1.2 Trends in the total number of drug seizures by cannabis type, 2007–2019

Source: (personal communication, FSI, 2007–2020)

* These figures are not a true reflection of the number of cannabis plants analysed, as only a sample of these seizures is sent for analysis.

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



	07 to 08	08 to 09	09 to 10	10 to 11	11 to 12	12 to 13	13 to 14	14 to 15	15 to 16	16 to 17	17 to 18	18 to 19
Total cannabis-type seizues	9%	-59%	-2%	38%	-7%	-12%	-13%	-36%	56%	-6%	-21%	125%
Cannabis herb	24%	-59%	27%	47%	1%	-4%	-8%	-36%	67%	-12%	-13%	127%
Cannabis resin	-1%	-65%	-44%	17%	-27%	-30%	-30%	-26%	56%	-14%	-32%	140%
Cannabis plants	60%	40%	81%	44%	-7%	-21%	-20%	-46%	-9%	70%	-60%	76%

Figure T2.1.3 Comparison of percentage increase/decrease, total drug seizures, for cannabis-type products, by cannabis type, 2007–2019

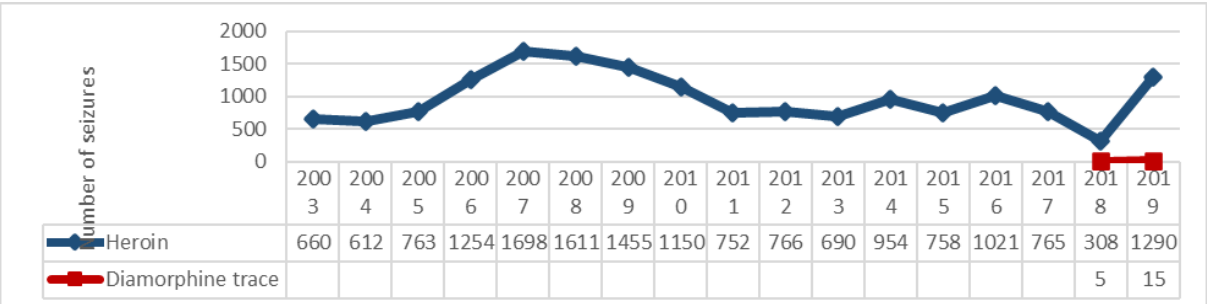
In 2019, other types of cannabis products were seized and submitted for analysis (n=64). Tetrahydrocannabinol (THC) was detected in 47 seizures, and trace amounts of THC were found in 2 seizures. Cannabis oil (cannabidiol [CBD]) was found in 13 seizures, and 1 other seizure had a trace amount of both CBD and THC. 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). Cannabinol was reported once.

Other controlled drugs

Opioids

Heroin: Figure T2.1.4 shows trends for seizures of heroin between 2003 and 2019. 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%), and an even larger decrease was shown between 2017 and 2018 (60%). The number of heroin seizures analysed in 2019 was more than four times higher than 2018.

In addition, FSI analysis determined that traces of diamorphine were present in 15 seizures in 2019 (see Figure T2.1.4).

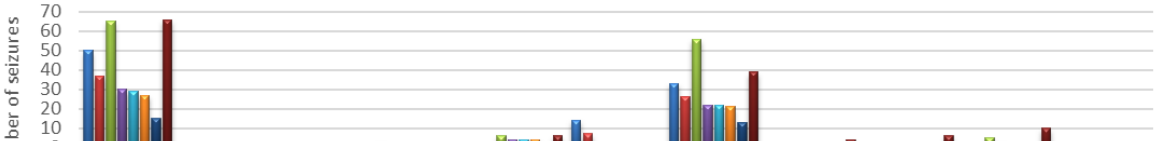


	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Heroin	660	612	763	1254	1698	1611	1455	1150	752	766	690	954	758	1021	765	308	1290
Diamorphine trace																5	15

Figure T2.1.4 Trends in the number of heroin seizures, 2003–2019

Source: (personal communication, FSI, 2003–2020)

Other opioids: Figure T2.1.5 shows trends in the number of other opioids seized between 2012 and 2019. Following a peak in the total number of seizures in 2014, the number of seizures of drugs in this category declined year on year, with the number of seizures in 2018 being approximately 77% lower than in 2014. However, in 2019, the total number of seizures analysed (N=66) was nearly four-and-a-half times higher than in 2018 (N=15). Further analysis indicated that methadone was the most prominent drug in this category, accounting for nearly 60% of analyses in 2019 (see Figure T2.1.5). In 2019, other substances analysed included tramadol (10), codeine (6), oxycodone (6), morphine (4) and acetylmorphine (1). Of these five substances, only codeine was analysed in 2018.



	Total	Acetylmorphine	Buprenorphine	Codeine	Dihydrocodeine	Methadone	Morphine	Oxycodone	Tramadol	Tramadol indicated
2012	50	0	3	0	14	33	0	0	0	0
2013	37	0	2	0	7	26	2	0	0	0
2014	65	0	0	6	1	56	0	2	5	0
2015	30	0	0	4	1	22	1	2	3	0
2016	29	0	0	4	1	22	0	2	2	0
2017	27	0	0	4	0	21	0	2	0	0
2018	15	0	1	1	0	13	0	0	0	1
2019	66	1	0	6	0	39	4	6	10	0

Figure T2.1.5 Trends in the number of seizures of other opioids, 2012–2019

Source: (personal communication, FSI, 2012–2020)

Cocaine: Figure T2.1.6 shows the trends for cocaine seizures between 2003 and 2019. Generally, except for a 11% spike between 2013 and 2014, the number of cocaine seizures 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 in 2016 (63%) and 2017 (33%). Although a decrease of 25% was shown in 2018, this was followed by a substantial increase in 2019 (N=2231), when the number of cocaine seizures analysed was close to four times higher than in 2018 (N=595).

In addition, FSI detected trace amounts of cocaine in 13 other seizures. Trace amounts of cocaine were also found with other products (see Table T2.1.5).

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Cocaine	566	753	1045	1500	1749	1310	635	588	476	391	366	405	364	594	792	595	2231
Cocaine trace																13	35

Figure T2.1.6 Trends in the number of cocaine seizures, 2003–2019

Source: (personal communication, FSI, 2003–2020)

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 2012 and 2019. Between 2016 and 2018, there was a steady decline in analyses. However, in 2019, FSI analysed 1,303 stimulants other than cocaine; this was more than three times higher than 2018 figures.

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, between 2017 and 2018, the analyses of MDMA seizures decreased by 12%. Data received from FSI have shown that the number of MDMA analyses in 2019 (n=974) was more than three times higher than in 2018 (n=304).

Following a steady decline between 2012 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 (8%), a further increase was shown in 2019 when 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).

As shown in Table T2.1.1, 54 methylamphetamine seizures were analysed by FSI in 2019, which was more than twice the number analysed in 2018. Traces of methylamphetamine were identified in two additional cases.

Table T2.1.1 Stimulants other than cocaine analysed by FSI, 2012–2019

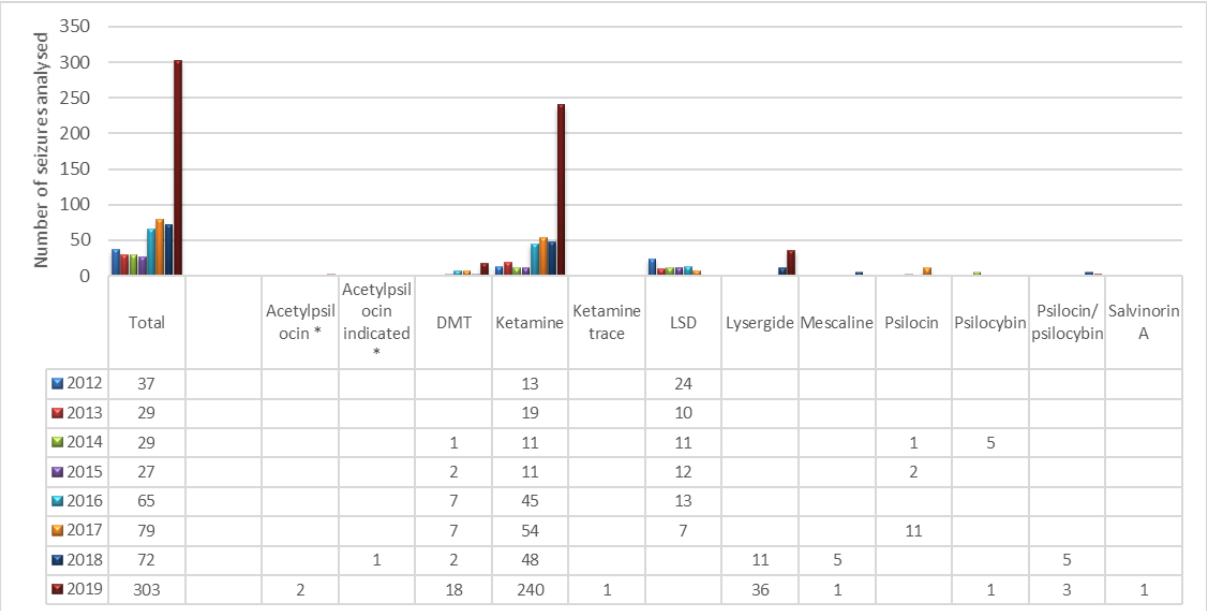
	2012	2013	2014	2015	2016	2017	2018	2019
Total	487	671	618	361	540	467	404	1303
2C-B	17	-	17	15	3	0	2	15
2C-I	-	-	3				2	4
Alpha-PVP/PVP		81	64	46	50	24	2	4
Amphetamine	90	77	75	63	104	62	67	220
Amphetamine (trace)							1	1
BZP	16	7	10	1		2		
4-Chloro-alpha-pyrrolidinovalerophenone							1	1
Desozypipradrol				1				
Dibutylone								2
Dimethylone			2					
1,3-Dimethylamylamine (DMAA)			1					
Dimethoxybromoamphetamine (DOB)			1					1
Dimethoxychloroamphetamine								1
Fluorophenmetrazine								2
Khat							3	2
Methylenedioxyethylamphetamine (MDEA)		30	8	2	2			1
MDMA	311	434	386	202	345	344	304	974
MDMA (trace)								3

	2012	2013	2014	2015	2016	2017	2018	2019
MDPV			6	1	4	1		
Mephedrone/MMC			4	6	3	4		5
Methoxyamphetamine			7					
Methylamphetamine	53	37	24	4	28	29	21	54
Methylamphetamine (trace)							1	2
Methylphenidate			1					4
Mitragynine								7
Pentedrone			4	19	1			
Phentermine			1					
PMA		5	4	1		1		

Source: (personal communication, FSI, 2012–2020)

Hallucinogens: Figure T2.1.7 shows trends in the number of hallucinogen seizures between 2012 and 2019. Over the course of this time frame, a variety of hallucinogens have been seized, including acetylpsilocin, DMT, ketamine, lysergide, mescaline, psilocin, psilocybin, and salvinorin A. While the number of hallucinogen seizures analysed ranged from 65 to 79 between 2016 and 2018, the number reported by FSI in 2019 (303) was more than four times higher than the number reported in 2018 (72).

The most predominant hallucinogen seized in 2019 was ketamine (n=240), which was five times higher than the number of ketamine analyses in 2018 (n=48). This was followed by lysergide (n=36) and DMT (n=18).



	Total		Acetylpsilocin *	Acetylpsilocin indicated *	DMT	Ketamine	Ketamine trace	LSD	Lysergide	Mescaline	Psilocin	Psilocybin	Psilocin/ psilocybin	Salvinorin A
2012	37					13		24						
2013	29					19		10						
2014	29				1	11		11			1	5		
2015	27				2	11		12			2			
2016	65				7	45		13						
2017	79				7	54		7			11			
2018	72			1	2	48			11	5			5	
2019	303		2		18	240	1		36	1		1	3	1

Figure T2.1.7 Trends in the number of seizures of hallucinogens, 2012–2019

Source: (personal communication, FSI, 2012–2020)

Note: *indicated can mean not controlled in Ireland at time of analysis, or a small amount of material present.

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 in recent years. 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).

The most prominent drug in this category in 2019 was alprazolam, followed by zopiclone and diazepam. Following the overall trend for this category between 2018 and 2019, the numbers of analyses reported for the top three most prominent drugs in 2019 were substantially higher than the numbers reported in 2018.

Table T2.1.2 Seizures of a selection of benzodiazepines and Z-hypnotics, 2012–2019

Hypnotic and sedative drugs	2012	2013	2014	2015	2016	2017	2018	2019
Total	675	861	821	392	350	605	309	1269
Alprazolam	111	145	201	127	115	304	160	681
Bromazepam	.	.	.	1	.	.	.	.
Chlordiazepoxide	.	.	2	1	.	1	.	1
Clonazolam	.	.	.	.	.	.	.	3
Diazepam	463	450	420	175	141	155	62	230
Flunitrazepam (Rohypnol)	9	6	1	.	.	.	.	.
Flurazepam	52	35	37	15	15	11	4	25
Flualprazolam	.	.	.	.	.	.	.	5
GBL	.	.	3	.	.	.	.	7
GHB	.	.	.	.	.	.	.	1
Lorazapam	1	.	1	.	.	.	2	.
Lorazepam	.	.	.	.	.	.	.	2
Nitrazolam	.	.	.	.	.	.	.	1
Nitrazepam	.	.	2	1	.	.	2	.
Nordazepam	.	.	.	.	.	.	5	5
Pentobarbitone	.	.	1	.	.	.	.	.
Phenobarbitone	.	.	1	.	.	.	.	.
Prazepam	.	.	1	.	.	.	.	.
Temazepam	12	6	4	1	1	.	.	.
Triazolam	11	7	12	2	4	5	1	5
Zolpidem	16	7	10	4	.	3	1	7
Zopiclone	.	205	125	65	74	126	72	296

Note: . = no data available

Source: (personal communication, FSI, 2012–2020)

NPS: Table T2.1.3 shows trends for NPS that are available on the Irish market. In 2019, 388 NPS were analysed by FSI. This figure was six times higher than the number analysed in 2018 (64). The most prominent NPS in 2019 was etizolam (n=221), followed by diclazepam (n=51), 5F-MDMB-PICA (n=17), ethylhexedrone (n=17), clonazepam (n=15), phenazepam (n=14), N-ethylpentylone (n=12) and clephedrone (n=10).

Table T2.1.3 Seizures of NPS in Ireland, 2012–2019

NPS family	Type	2012	2013	2014	2015	2016	2017	2018	2019
Total		16	39	79	42	50	41	64	388
Arylcyclohexylamines	Methoxetamine (MXE)	.	.	6	10	3	1	.	2
	AMB-FUBINACA indicated	.	.	.	.	.	.	3	.
Cannabinoids (synthetic)	5F-ADB (5F-MDMB-PINACA)	.	.	.	.	.	.	.	5
	5F-AKB48	.	.	.	.	.	.	.	1
	5F-MDMB-PICA	.	.	.	.	.	.	.	17
	AB-PINACA	.	.	.	.	.	.	.	1
	AB-PINACA indicated	.	.	.	.	.	.	4	.
	ADB-FUBINACA indicated	.	.	.	.	.	.	1	.
	AMB-FUBINACA	.	.	.	.	.	.	1	1
	CUMYL-5F-P7AICA	.	.	.	.	.	.	.	1
	JWH-018	.	4	.	.	2	.	.	.
	JWH-073	.	1	.	.	.	.	.	.
	MDMB CHMICA	.	.	.	.	.	.	2	.
	STS-135	.	.	1	.	.	.	.	.
Cathinones (synthetic)	4-Methylethcathinone or 4-MEC	.	.	23	.	.	.	.	.
	3',4'-Methylenedioxy-α-pyrrolidinobutyrophenone (MDPBP)	.	.	2	.	.	.	.	.
	Chlorethcathinone (trace)	.	.	.	.	.	.	.	1
	Clephedrone	.	.	.	.	.	.	2	10
	Eutylone	.	.	.	.	.	.	.	1
	Ethylone (3,4-methylenedioxy-N-ethylcathinone [MDEC])	.	.	6	4	.	.	1	4
	Ethylhexedrone	.	.	.	.	.	.	9	17
	Methedrone	.	.	1	.	.	.	.	1
	Methylethcathinone (MEC)	.	.	.	.	.	.	3	3
	Methylone (3,4-methylenedioxy-N-methylcathinone [MDMC])	.	12	2	.	.	.	.	.
	Methomethcathinone	.	.	.	.	.	.	.	1
Indolalkylamines/tryptamines	AMT	.	.	4	.	.	.	.	.
Opioids	U-51754 indicated	.	.	.	.	.	.	2	.
Other benzodiazepines	Clonazepam	15	16	13	12	6	10	4	15
	Diclazepam	.	.	.	.	.	.	2	51
	Etizolam	.	.	.	.	.	.	3	221
	Phenazepam	.	.	13	12	34	28	20	14
	Phenazepam indicated	.	.	.	.	.	.	1	.
Phenethylamines	Dimethoxychloramphetamine	.	.	.	.	.	.	2	.

NPS family	Type	2012	2013	2014	2015	2016	2017	2018	2019
	Flephedrone (4-fluoramphetamine)	1	6	3	.	.	.	.	1
	N-ethylpentylone	.	.	.	.	.	.	4	12
Piperidines and pyroolidines	Ethylphenidate	.	.	.	.	.	.	.	1
Piperazine derivatives	MBZP (1-benzyl-4-methylpiperazine)	.	.	1	1	.	.	.	.
	mCPP (1-(3-chlorophenyl)	.	.	4	3	5	2	.	2
Plants and extracts	Nicotine	.	.	.	.	.	.	.	2
	Harmine	.	.	.	.	.	.	.	2
	Harmine/harmaline	.	.	.	.	.	.	.	1

Note: . = no data available

Source: (personal communication, FSI, 2012–2020)

Medicinal products: Table T2.1.4 shows a breakdown of medicinal products seized between 2012 and 2019. The most notable outcome from this table is that the number of medicinal products analysed by the FSI in 2019 (N=714) was nearly six-and-a-half times higher than the number analysed in 2018.

The main drug seized in this category in 2019 was benzocaine (n=207). The number of seizures of this drug reported in 2019 was approximately 16 times higher than the number analysed in 2018 (n=13). Moreover, benzocaine was identified along with other substances in 12 other seizures. The most prominent substances after benzocaine included creatine/creatinine (n=85), paracetamol (n=46), pregabalin (n=41), sildenafil (n=36), and doxepin (n=23).

Table T2.1.4 Seizures of medicinal products in Ireland, 2012–2019

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019
Overall total		8	54	90	56	78	45	111	714
Androgenic-anabolic steroids	Mesterolone	-	-	-	-	-	-	-	1
	Methandienone/metandienone	-	9	7	3	-	-	2	18
	Methandienone indicated	-	-	-	-	-	-	1	-
	Methandrostenolone	-		6	2	4	-	-	11
	Methandrostenolone indicated	-	-	-	-	-	-	2	-
	Methyltesterosterone	-	11	2	2	-	-	-	10
	Oxandrolone								7
	Oxandrolone indicated	-	-	-	-	-	-	1	-
	Oxymetholone	-		7	2	7	-	-	12
	Oxymetholone indicated	-	-	-	-	-	-	4	-
	Stanozolol	-	5	8	2	2	2	-	11
	Stanozolol indicated	-	-	-	-	-	-	5	-
	Trenbolone indicated	-	-	-	-	-	-	1	-
Corticosteroids	Prednisolone	-	-	-	-	-	-	-	1
	Prednisolone indicated	-	-	-	-	-	-	1	-
Antidepressant medications	Agomelatine							-	1
	Amitriptyline	-	-	-	-	-	-	2	9
	Amitriptyline indicated	-	-	-	-	-	-	2	-
	Citalopram	-	-	-	-	-	-	-	1
	Clomethiazole indicated	-	-	-	-	-	-	1	-
	Doxepin	-	-	-	-	-	-	-	23
	Escitalopram	-	-	-	-	-	-	-	2
	Fluoxetine	-	-	-	-	-	-	-	4

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019
	Lisdexamfetamine indicated	-	-	-	-	-	-	1	-
	Mirtazapine	-	-	5	1	0	-	-	14
	Mirtazapine indicated	-	-	-	-	-	-	2	
	Nortriptyline	-	-	-	-	-	-	-	1
	Paroxetine	-	-	-	-	-	-	-	1
	Pregabalin	-	-	-	-	-	-	-	41
	Pregabalin indicated	-	-	-	-	-	-	10	-
	Prochlorperazine indicated	-	-	-	-	-	-	1	-
	Quetiapine	-	-	-	-	-	-	-	9
	Quetiapine indicated	-	-	-	-	-	-	2	-
	Sertraline	-	-	-	-	-	-	-	1
	Sertraline indicated	-	-	-	-	-	-	2	-
	Trazodone	-	-	-	-	-	-	-	1
	Venlafaxine	-	-	-	-	-	-	-	4
Erectile dysfunction medicines	Sildenafil (Viagra)	-	19	14	9	8	2	1	36
	Sildenafil indicated	-	-		-	-	-	5	-
	Tadlafil/taladafil	-	-	-	-	-	-	-	6
	Testosterone	-	-	-	-	-	-	-	2
Anaesthetic/pain-relief medications	Aspirin	-	-	1	-	-	-	-	6
	Benzocaine	-	-	18	18	28	36	13	207
	Benzocaine indicated	-	-	-	-	-	-	17	-
	Benzocaine, caffeine, and lignocaine	-	-	-	-	-	-	1	-
	Ephedrine (prevents low blood pressure during spinal anaesthesia)	8	3	-	-	-	-	3	1
	Hydromorphone	-	-	-	-	-	-	-	1
	Ibuprofen	-	-	-	-	-	-	-	8
	Lignocaine	-	-	9	12	2	1	-	11
	Lignocaine indicated	-	-	-	-	-	-	2	-
	Mefenamic acid	-	-	-	-	-	-	-	3
	Naproxen	-	-	-	-	-	-	-	2
	Paracetamol	-	-	5	1	25	3	3	46
	Paracetamol indicated	-	-	-	-	-	-	12	-
	Paracetamol/caffeine indicated	-	-	-	-	-	-	1	-
	Paracetamol/tramadol indicated	-	-	-	-	-	-	1	-
	Midazolam	-	-	-	-	-	-	-	1
	Procaine	-	-	-	-	-	-	-	1
	Phenacetin	-	5	5	4	2	1	2	5
	Phenacetin indicated	-	-	-	-	-	-	3	-
Antihistamines	Bisoprolol indicated	-	-	-	-	-	-	1	-
	Camphor	-	-	-	-	-	-	-	1
	Cetirizine	-	-	-	-	-	-	-	1
	Chlorphenamine	-	-	-	-	-	-	1	4
	Chlorpheniramine	-	2	3	-	-	-	-	
	Chlorpheniramine and clozapine indicated	-	-	-	-	-	-	1	-
	Chlorpromazine	-	-	-	-	-	-	-	-
	Chlorpromazine indicated	-	-	-	-	-	-	1	1
	Cyclizine indicated	-	-	-	-	-	-	1	-
	Cyproheptadine	-	-	-	-	-	-	-	-
	Dimethyl sulfone	-	-	-	-	-	-	1	-
	Diphenhydramine (Benadryl)	-	-	-	-	-	-	-	1
	Doxylamine	-	-	-	-	-	-	-	1
	Levocetirizine	-	-	-	-	-	-	-	2
	Triprolidine	-	-	-	-	-	-	-	1
	Triprolidine indicated	-	-	-	-	-	-	1	-
Stomach tablets	Amoxicillin	-	-	-	-	-	-	-	2
	Esomeprazole	-	-	-	-	-	-	-	1
	Lansoprazole	-	-	-	-	-	-	-	1
Antibiotics	Doxycycline	-	-	-	-	-	-	-	1
	Flucloxacillin	-	-	-	-	-	-	-	2
	Metronidazole	-	-	-	-	-	-	-	1

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019
	Omerprazole	-	-	-	-	-	-	-	1
	Tetracycline	-	-	-	-	-	-	-	1
Sleep disorders	Armodafinil	-	-	-	-	-	-	-	2
	Melatonin	-	-	-	-	-	-	-	1
	Modafinil	-	-	-	-	-	-	-	1
Asthma/weight loss	Clenbuterol	-	-	-	-	-	-	-	2
	Sibutramine	-	-	-	-	-	-	-	2
Performance	Creatine	-	-	-	-	-	-	-	4
	Creatinine	-	-	-	-	-	-	-	3
	Creatine/creatinine	-	-	-	-	-	-	-	85
Antinausea	Domperidone	-	-	-	-	-	-	-	2
	Promethazine	-	-	-	-	-	-	-	1
	Piperine	-	-	-	-	-	-	-	1
Epilepsy/seizure medications	Gabapentin	-	-	-	-	-	-	-	4
	Lamotrigine	-	-	-	-	-	-	-	1
	Levetiracetam	-	-	-	-	-	-	-	2
	Primidone	-	-	-	-	-	-	-	1
	Topiramate	-	-	-	-	-	-	-	2
	Zonisamide	-	-	-	-	-	-	-	1
Diuretic	Mannitol	-	-	-	-	-	-	-	2
Vitamins/ supplements	DL-Phenylalanine	-	-	-	-	-	-	-	1
	Inositol	-	-	-	-	-	-	-	1
	Niacinamide (vitamin B3)	-	-	-	-	-	-	-	2
	Vitamin E	-	-	-	-	-	-	-	1
Schizophrenia medication	Olanzapine	-	-	-	-	-	-	-	11
Decongestant	Pseudoephedrine	-	-	-	-	-	-	-	1
Blood pressure medications	Clonidine	-	-	-	-	-	-	-	1
	Quinapril	-	-	-	-	-	-	-	1
	Ramipril	-	-	-	-	-	-	-	2
Breast cancer medication	Tamoxifen	-	-	-	-	-	-	-	4
Muscle spasm medications	Baclofen	-	-	-	-	-	-	-	1
	Carisoprodol	-	-	-	-	-	-	-	1
	Drotaverini	-	-	-	-	-	-	-	1
	Tizanidine	-	-	-	-	-	-	-	3
Anti-flammatory medications	Celecoxib	-	-	-	-	-	-	-	1
	Diclofenac	-	-	-	-	-	-	-	1
	Nimesulide	-	-	-	-	-	-	-	1
Constipation medications	Bisacodyl	-	-	-	-	-	-	-	1
	Hyoscine butylbromide	-	-	-	-	-	-	-	1
	Sorbitol	-	-	-	-	-	-	-	1
Acne and hair growth	RU-58841	-	-	-	-	-	-	-	1
Anti-ageing	Squalene	-	-	-	-	-	-	-	1
Antiflatulent	Simeticone	-	-	-	-	-	-	-	1
Antifungal	Fluconazole	-	-	-	-	-	-	-	1
Antiparkinsonian	Amantadine	-	-	-	-	-	-	-	1
Antipsychotic	Paliperidone	-	-	-	-	-	-	-	1
Bipolar	Valproic acid	-	-	-	-	-	-	-	1
Bladder conditions	Oxybutynin chloride	-	-	-	-	-	-	-	1
Blood thinners	Clopidogrel	-	-	-	-	-	-	-	1
	Apixaban	-	-	-	-	-	-	-	1
Beta blocker	Propranolol	-	-	-	-	-	-	-	1
Cholesterol-lowering medications	Pravastatin	-	-	-	-	-	-	-	1
	Simvastatin	-	-	-	-	-	-	-	1
Gout (joint pain)	Febuxostat	-	-	-	-	-	-	-	1
Hair loss (men)/ hair growth (women)	Finasteride	-	-	-	-	-	-	-	1
Herpes infection medication	Aciclovir	-	-	-	-	-	-	-	1
Throat	Menthol	-	-	-	-	-	-	-	1

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019
Traumatic brain injury	N-Phenylacetylprolylglycine ethylester	-	-	-	-	-	-	-	1
Skin care	Dimethylaminoethanol	-	-	-	-	-	-	-	1

Note: - = no data available

Source: (personal communication, FSI, 2012–2020)

Other substances

As shown in Table T2.1.5, FSI analysed 79 seizures in this category in 2019, of which 78 were caffeine seizures and 1 was levamisole. In addition, caffeine was identified along with 53 other substances.

Table T2.1.5 Seizures of other substances in Ireland, 2014–2019

Other substances	2014	2015	2016	2017	2018	2019
Total other substances	8	24	39	15	5	79
Levamisole						1
Caffeine	8	24	39	15	5	78
Total analyses where caffeine was indicated or trace amounts found					16	53
Caffeine indicated					2	
Caffeine/cocaine (trace)						1
Caffeine/cocaine indicated					1	
Caffeine/lignocaine (cocaine) (trace)						2
Caffeine/lignocaine						16
Caffeine/lignocaine indicated					5	
Caffeine/paracetamol						23
Caffeine/paracetamol indicated					8	
Caffeine (formylamphetamine)						1
Caffeine/lignocaine/tripolidine						1
Aspirin/caffeine						7
Benzocaine/caffeine/phenacetin						2

Source: (personal communication, FSI, 2012–2020)

Preservatives: Two preservatives were analysed by FSI in 2019: methylparaben (1) and xylitol (1).

Seizures with multiple products: Table T2.1.6 shows a breakdown of 2019 seizures where more than one substance was identified.

Table T2.1.6 Seizures of other substances in Ireland, 2019

Type	Number
Total number of other seizures	71
5F-CUMYL-P7AICA/5F-MDMB-PICA	1
Alprazolam/adinazolam	1

Type	Number
Alprazolam/diamorphine	1
Alprazolam/diclazepam	3
Alprazolam/diclazepam/ethylhexedrone	1
Alprazolam/diclofenac/tramadol	3
Alprazolam/etizolam	1
Alprazolam/nordiazepam	1
Alprazolam/paracetamol	4
Alprazolam/paracetamol/tramadol	6
Alprazolam/tramadol	2
Amantadine/cyproheptadine/promethazine	13
Benzocaine (cocaine) (trace)	9
Benzocaine/caffeine	1
Cocaine (THC) (trace)	1
Cocaine/ketamine	2
Cocaine/MDMA (trace)	1
Cocaine/oxycodone (trace)	1
Codeine/ibuprofen	1
Diamorphine (cocaine)	1
Diclazepam/ethylhexedrone	1
Diclazepam/etizolam	7
Ephedrine/pseudoephedrine	1
Ethylhexedrone/Chloro-PVP	1
Etizolam/diclazepam	1
Etizolam/flualprazolam	2
Lignocaine (cocaine) (trace)	1
Morphine/codeine	1
Paracetamol/diphenylhydramine	1
Vitamin B & E	1

Source: (personal communication, FSI, 2020)

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 particular 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'. Essentially, what this means is that the crime statistics are considered to be 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, 28 March). Therefore, the figures that are provided here may not be the same as those in previous years' reports and are likely to change in the future, as quality issues are resolved. 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 in 2014 (by 3%). Although a decline of 5% (from 15,861 to 15,047 offences) was recorded between 2014 and 2015, since then the number of drug offences recorded has increased annually, by 6% in 2016, 5% in 2017, and 9% in 2018. The increase between 2018 and 2019 was 17% (CSO, 2020).

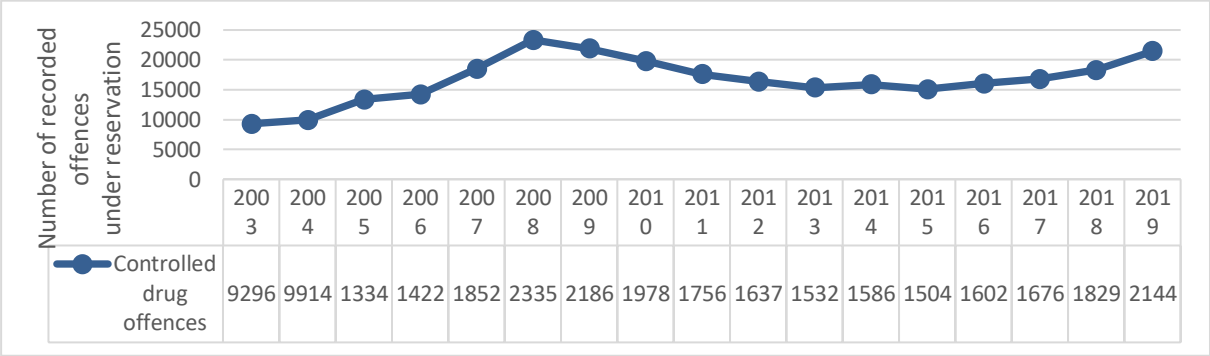
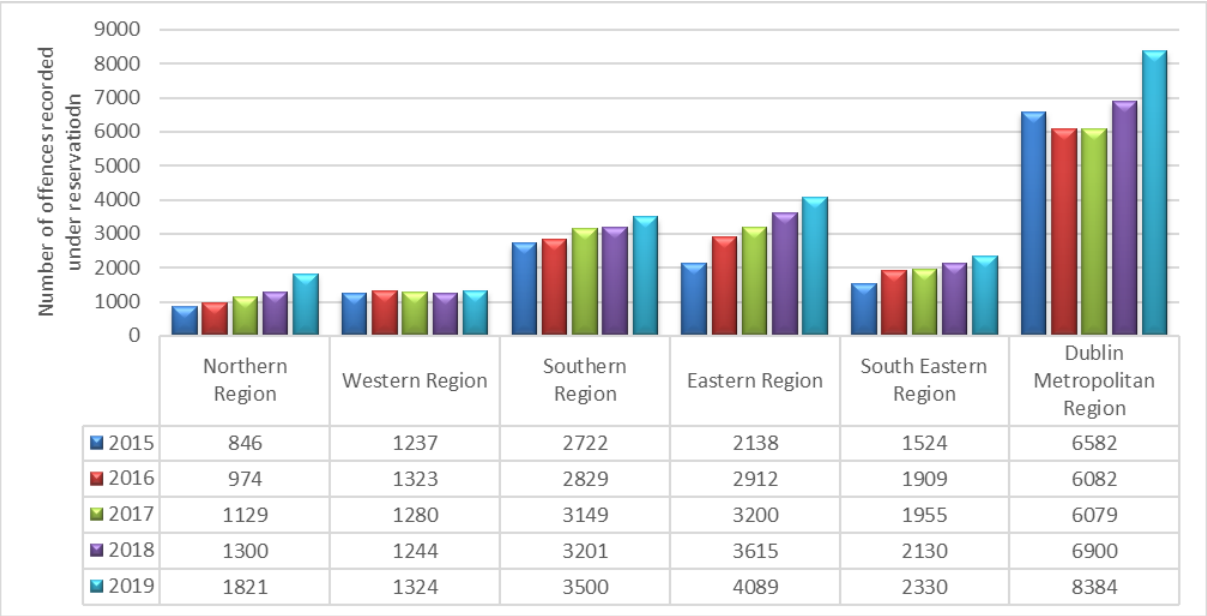


Figure T2.3.1 Recorded total number of controlled drug offences under reservation between 2003 and 2019

Source: CSO, 2020

Figure T2.3.2 Map showing An Garda Síochána administration boundaries before 2019 restructuring

This section provides a breakdown of recorded incidents by region (see Figure T2.3.2). 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). All regions showed an increase in the number of incidents reported between 2018 and 2019. The greatest increase was shown in the Northern Region (40%), followed by the DMR (22%) and the Eastern Region (13%).



	Northern Region	Western Region	Southern Region	Eastern Region	South Eastern Region	Dublin Metropolitan Region
2015	846	1237	2722	2138	1524	6582
2016	974	1323	2829	2912	1909	6082
2017	1129	1280	3149	3200	1955	6079
2018	1300	1244	3201	3615	2130	6900
2019	1821	1324	3500	4089	2330	8384

Figure T2.3.3 Recorded incidents of controlled drug offences, categorised by region, 2015–2019

Source: (personal communication, CSO, 2020)

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 2019.

Importation of drugs

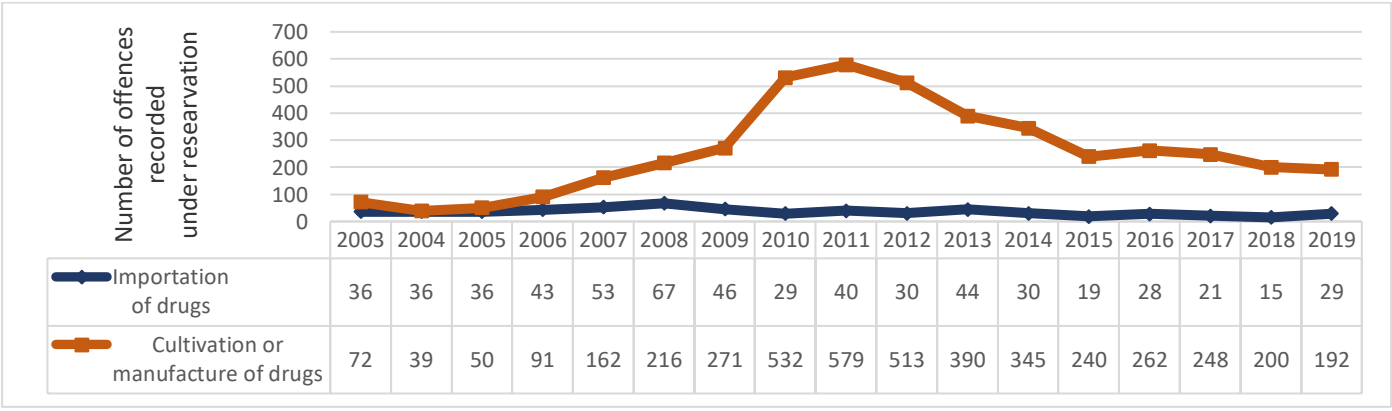
Essentially, from 2003 to 2019, an increase/decrease trend has been evident for recorded importation of drugs incidents. Increases were seen between 2005 and 2008 (86%), 2010 and 2011 (38%), 2012 and 2013 (47%), and 2015 and 2016 (47%). Incidents recorded in 2019 were nearly double the number recorded in 2018. Decreases were seen between 2008 and 2010 (57%), 2011 and 2012 (25%), 2013 and 2015 (57%), 2016 and 2017 (25%), and 2017 and 2018 (29%).

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 six-fold. 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 has declined annually since then; a decline of 5% 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 4% decrease from 2018 (see Figure T2.3.4).

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 T4.1 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.



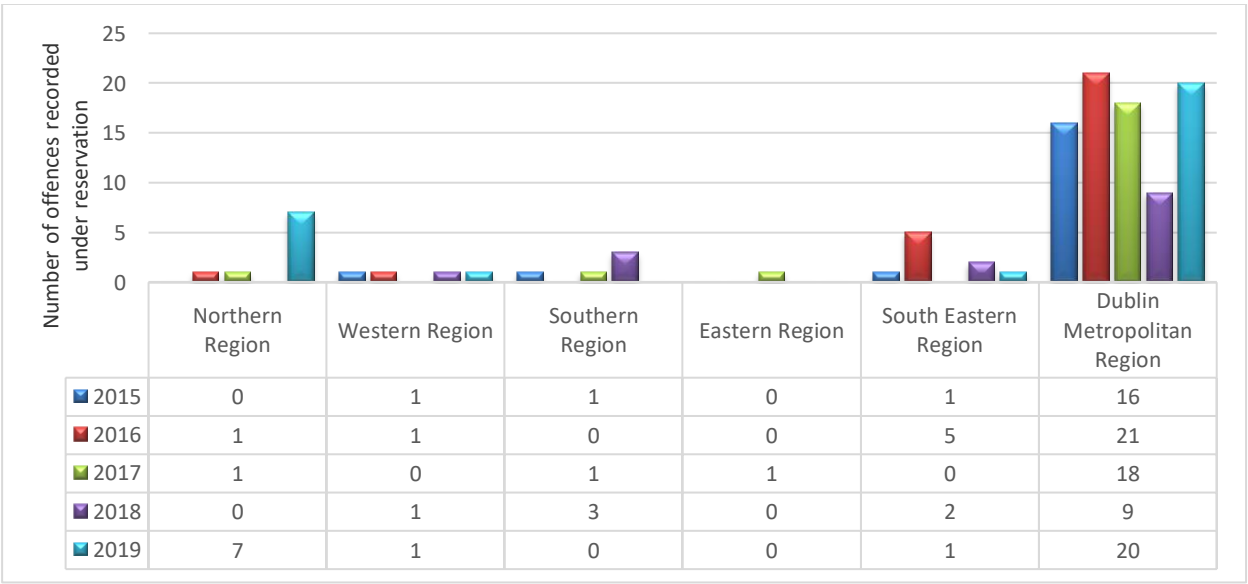
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Importation of drugs	36	36	36	43	53	67	46	29	40	30	44	30	19	28	21	15	29
Cultivation or manufacture of drugs	72	39	50	91	162	216	271	532	579	513	390	345	240	262	248	200	192

Figure T2.3.4 Recorded incidents of controlled drug offences categorised by importation of drugs, and by cultivation or manufacture of drugs, 2003–2019

Source: CSO, 2020

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. It clearly illustrates that the highest number of importation of drugs offences was recorded in the DMR. While the number of incidents recorded between 2016 and 2018 decreased annually, this trend changed in 2019, where incidents recorded (n=20) was more than double the number recorded in 2018 (n=9).

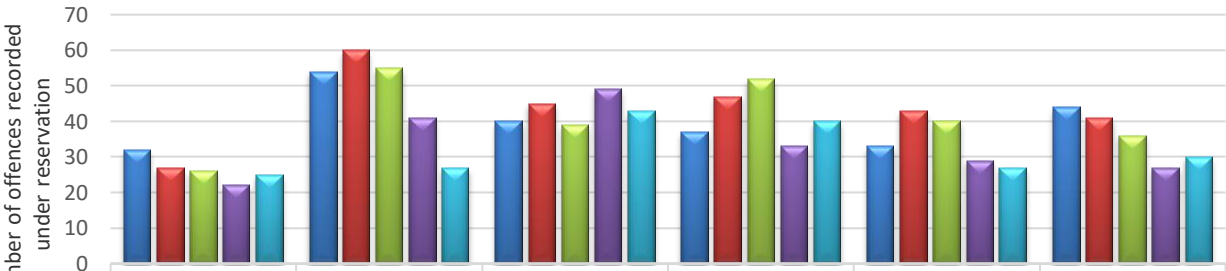


	Northern Region	Western Region	Southern Region	Eastern Region	South Eastern Region	Dublin Metropolitan Region
2015	0	1	1	0	1	16
2016	1	1	0	0	5	21
2017	1	0	1	1	0	18
2018	0	1	3	0	2	9
2019	7	1	0	0	1	20

Figure T2.3.5 Recorded incidents of importation of drugs offences, categorised by region, 2015–2019

Source: (personal communication, CSO, 2020)

Figure T2.3.6 presents the frequency of recorded incidents of cultivation or manufacture of drugs offences by region from 2015 to 2019. Overall, in 2019, the Southern Region reported the highest number of incidents and the Northern Region reported the lowest number of incidents. Between 2018 and 2019, the number of incidences increased in the Northern and Eastern Regions and in the DMR. Decreases in the number of incidents were recorded in the Western, Southern, and South Eastern Regions.



	Northern Region	Western Region	Southern Region	Eastern Region	South Eastern Region	Dublin Metropolitan Region
2015	32	54	40	37	33	44
2016	27	60	45	47	43	41
2017	26	55	39	52	40	36
2018	22	41	49	33	29	27
2019	25	27	43	40	27	30

Figure T2.3.6 Recorded incidents of cultivation or manufacture of drugs offences, categorised by region, 2015–2019.

Source: (personal communication, CSO, 2020)

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.

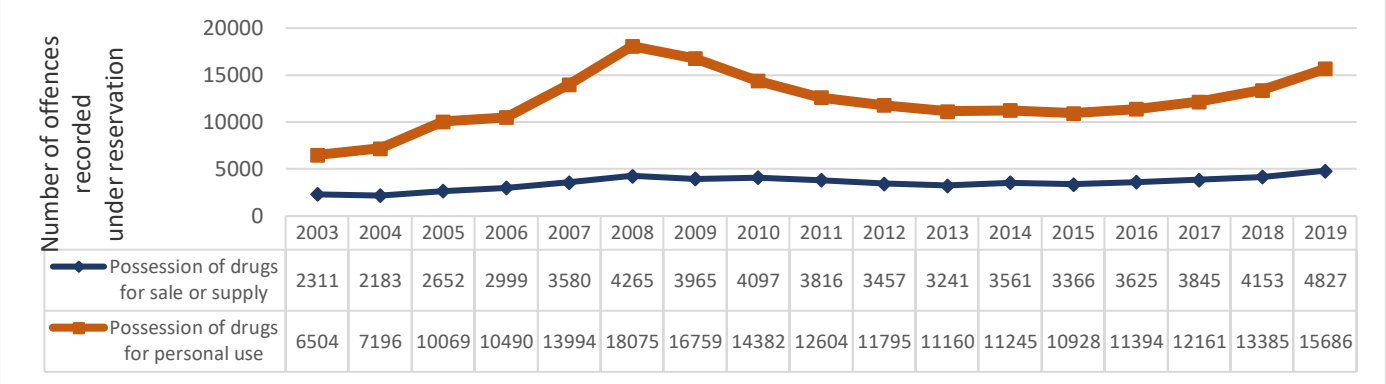
Possession of drugs for sale or supply

The number of recorded offences of possession of drugs for sale or supply nearly doubled between 2004 (N=2183) and 2008 (N=4265). 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 5% 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%), and 2018 to 2019 (16%).

Possession of drugs for personal use

The number of incidents recorded of possession of drugs for personal use peaked in 2008 (N=18 075). This figure was nearly three times higher than that recorded in 2003. A decreasing trend was seen between 2008 and 2013. Since 2013, incidents recorded of possession of drugs increased in 2014 (1%, 85 more incidents) before decreasing again in 2015 (3%, 317 fewer incidents). Between 2016 and 2019, reported incidents have increased annually, by 4% in 2016, 7% in 2017, 10% in 2018, and 17% in 2019 (see Figure T2.3.7).

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



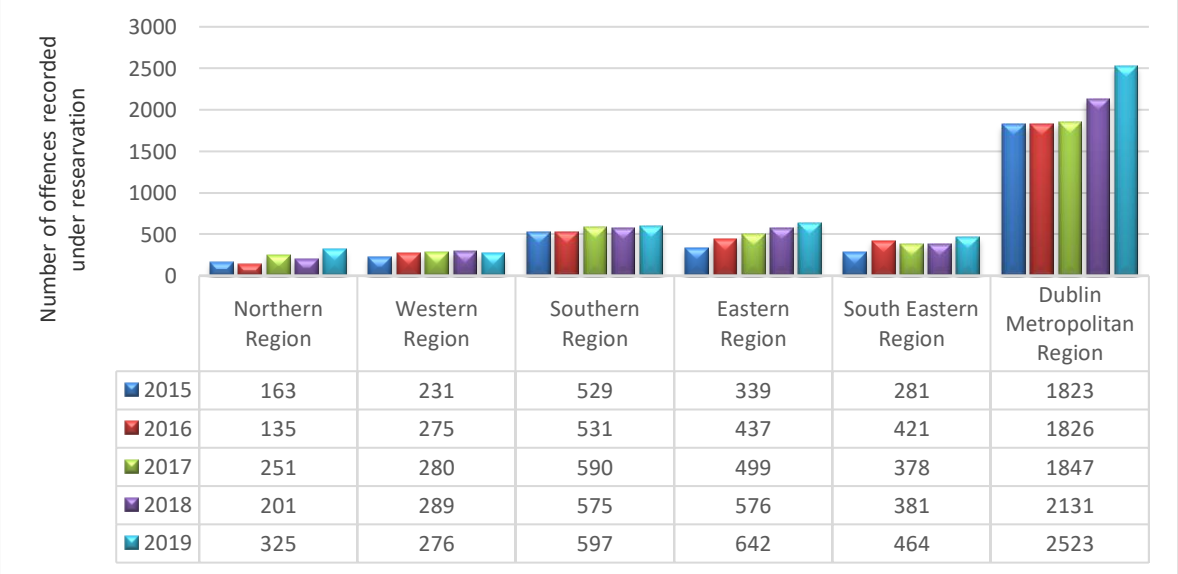
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Possession of drugs for sale or supply	2311	2183	2652	2999	3580	4265	3965	4097	3816	3457	3241	3561	3366	3625	3845	4153	4827
Possession of drugs for personal use	6504	7196	10069	10490	13994	18075	16759	14382	12604	11795	11160	11245	10928	11394	12161	13385	15686

Figure T2.3.7 Recorded incidents of controlled drug offences, categorised by possession for sale or supply or by possession for personal use, 2003–2019

Source: CSO, 2020

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

As shown in Figure T2.3.8, between 2015 and 2019, the majority of recorded incidents for possession of drugs for sale or supply occurred in the DMR. In 2019, the number of incidents recorded in the DMR was approximately 18% higher than in 2018. Between 2018 and 2019, most regions experienced increases in incidents recorded, with the exception of the Western Region, which experienced a 4% decrease.

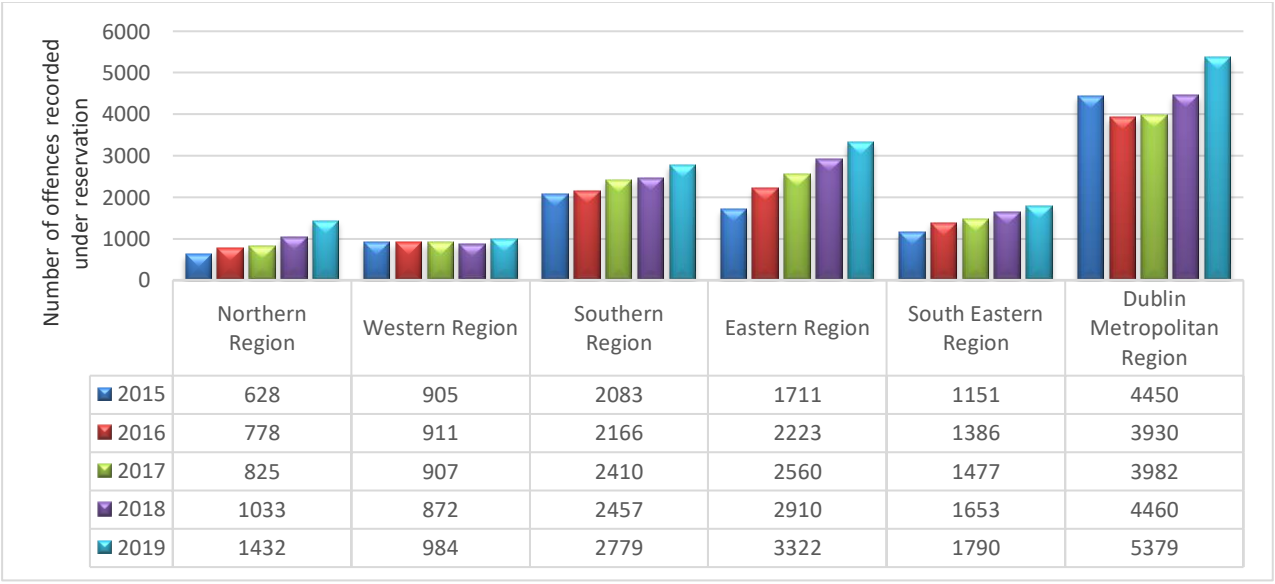


	Northern Region	Western Region	Southern Region	Eastern Region	South Eastern Region	Dublin Metropolitan Region
2015	163	231	529	339	281	1823
2016	135	275	531	437	421	1826
2017	251	280	590	499	378	1847
2018	201	289	575	576	381	2131
2019	325	276	597	642	464	2523

Figure T2.3.8 Recorded incidents of possession of drugs for sale or supply offences, categorised by region, 2015–2019

Source: (personal communication, CSO, 2020)

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. All regions experienced an increase in the number of incidents recorded between 2018 and 2019. The number of recorded incidents of possession of drugs was lowest in the Western Region in 2019.



	Northern Region	Western Region	Southern Region	Eastern Region	South Eastern Region	Dublin Metropolitan Region
2015	628	905	2083	1711	1151	4450
2016	778	911	2166	2223	1386	3930
2017	825	907	2410	2560	1477	3982
2018	1033	872	2457	2910	1653	4460
2019	1432	984	2779	3322	1790	5379

Figure T2.3.9 Recorded incidents of possession of drugs for personal use offences, categorised by region, 2015–2019

Source: (personal communication, CSO, 2020)

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 2019 (Kehoe 2017, 11 April) (Department of Defence 2020). Table T2.3.2 shows a breakdown by organisation between 2015 and 2019 (Department of Defence 2020) (Department of Defence 2019) (Department of Defence 2018) (Department of Defence 2017). In 2019, the Defence Force drug testing team carried out 1,054 random drug tests in different locations (N=16), of which, 16 were positive representing 1.52% of those tested. Positive test results in 2019 were approximately 16% (n=3) lower than those found in 2018.

At the start of 2019, three Defence Forces personnel were in the targeted drug testing programme, and four more joined the programme through the year. Overall, 15 targeted tests were carried out during the testing period. Of these personnel, one finished the process and remained in service, 16 tested positive for controlled drugs and were put back into the administrative process. In December 2019, five personnel remained in the programme (Department of Defence 2020).

Table T2.3.1 Details of compulsory random drug tests, 2009–2019

Year	Total tested	Negative tests	Positive tests
2009	1719	-	6
2010	1586	-	7

Year	Total tested	Negative tests	Positive tests
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

Source: Department of Defence, 2020

Table T2.3.2 Details of compulsory random drug tests completed, by organisation, 2015–2019

	2015		2016		2017		2018		2019	
Brigade/formation	Number tested	Positive tests*	Number tested	Positive tests	Number tested	Positive tests	Number tested	Positive tests	Number tested	Positive tests
1 Brigade	553	-	453	5	433	1	530	8**	202	1
2 Brigade	220	-	376	2	357	4	310	1	501	6
Defence Forces Training Centre	54	-	242	4	146	3	111	2	35	1
Air Corps	230	-	47	1	87	1	70	2	158	3
Naval Service	76	-	86	0	164	6	80	6	158	5
Total	1133	-	1204	12	1187	15	1101	19	1054	16

Source: Department of Defence, 2016 – 2020

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

** Including two positives in 2018 under the heading “Failure to Report”.

T2.4 Other drug offences

Other drug offences

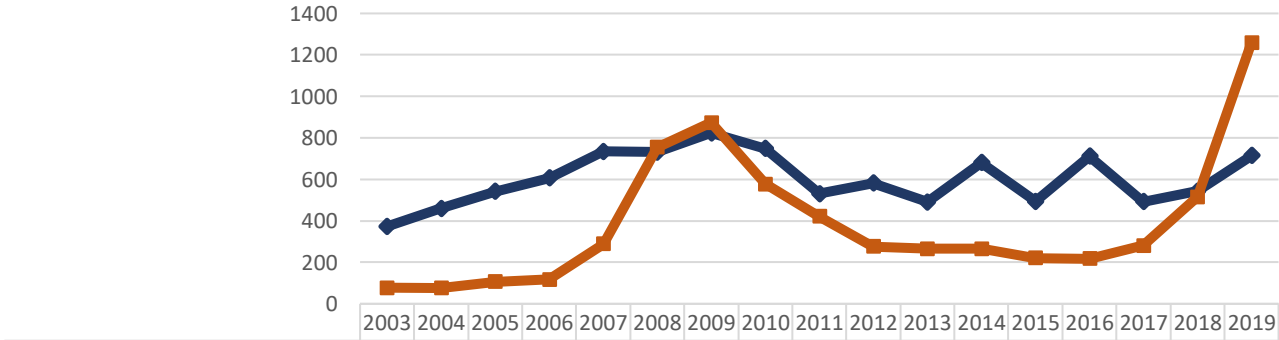
The category ‘possession/supply drug offences, drug-related crime’ also has a classification for other drug offences, which includes forged or altered prescription/obstruction offences.

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 712 in 2016. While incidents recorded in this category decreased in 2017 (31%), since then the number of incidents recorded has increased annually, by 10% from 2017 to 2018 and by 31% from 2018 to 2019 (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). Since 2016, the number of offences recorded has increased annually, by 29% between 2016 and 2017 and by 84% 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) (CSO, 2020). 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. More information on roadside drug testing can be found in the next section. Further information on the Road Traffic Act 2016 can be found in Section T3.1 of the *Legal framework workbook*.



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Other drug offences	373	460	541	606	734	731	824	748	530	581	490	680	494	712	492	543	714
Driving/in charge of a vehicle under the influence of drugs	77	76	106	117	289	754	873	577	421	276	265	265	220	217	280	515	1260

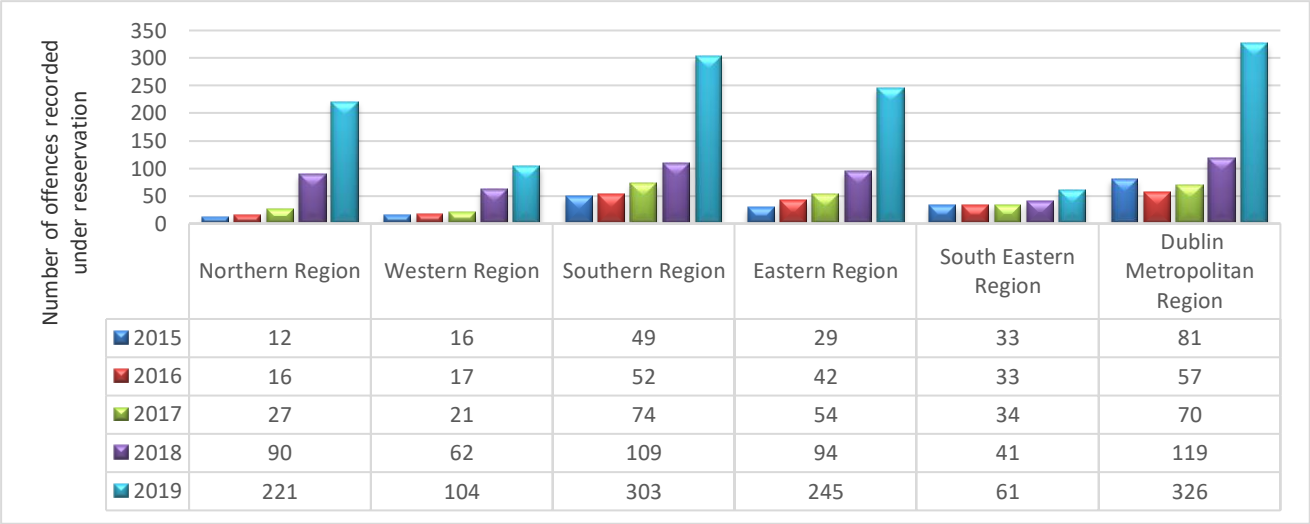
Figure T2.4.1 Recorded incidents of other drug offences and driving under the influence of drugs under reservation, 2003–2019

Note: Other drug offences include forged or altered prescription offences and obstruction under the Misuse of Drugs Acts 1977–2017.

Source: (CSO, 2020)

By region

Figure T2.4.2 presents the frequency of recorded incidents for driving or being in charge of a vehicle while under the influence of drugs by region between 2015 and 2019. Overall, the data indicate that the frequency of incidents reported has increased substantially across regions, with the highest shown in the DMR, followed by the Southern Region. In 2019, the South Eastern Region recorded the lowest number of incidents (n=61). As stated above, a possible explanation for this is that in April 2017, a new measure to address this offence was introduced: roadside drug testing. Further information on this can be found in the next section on roadside drug testing.



	Northern Region	Western Region	Southern Region	Eastern Region	South Eastern Region	Dublin Metropolitan Region
2015	12	16	49	29	33	81
2016	16	17	52	42	33	57
2017	27	21	74	54	34	70
2018	90	62	109	94	41	119
2019	221	104	303	245	61	326

Figure T2.4.2 Recorded incidents of driving/being in charge of a vehicle while under the influence of drugs, categorised by region, 2015–2019

Source: (personal communication, CSO, 2020)

Roadside drug testing

Since April 2017, gardaí have been carrying out Preliminary Drug Testing (PDT) using 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). 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).

Recent figures suggest that drug driving is still an issue in Ireland. The most recent data available indicate that there were 1,216 drug driving arrests between January and June 2020 (Medical Bureau of Road Safety 2020). A comparison of the number of blood and urine samples increased by 17% from 2,375 in 2019 to 2,787 in 2020. During the Irish lockdown (27 March to 29 June 2020), the number of samples taken from arrested drivers increased by 6.5% when compared to the same time frame in 2019. These figures were despite a 70% decrease in traffic due to COVID-19 restrictions. Cannabis has been identified as the most prevalent drug present in samples, followed by cocaine. The increase in offences recorded 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).

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 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:

- new Minister of State for Public Health, Wellbeing and the National Drugs Strategy
- new Programme for Government
- Health Diversion Approach to possession of drugs for personal use
- supervised injecting facilities.

T3.2 Describe any other important aspect of drug market and crime that has not been covered in the specific questions above (optional)

No information

T4. Additional information

T4.1 Specific studies

No specific studies

T4.2 Other Aspects of drug market and crime

T5. Sources and methodology

T5.1 Sources

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

An Garda Síochána

Central Statistics Office

Courts Service

Defence Forces

Department of Health

Department of Justice and Equality

Forensic Science Ireland

Garda Ombudsman

Houses of the Oireachtas

Irish Prison Service

Irish Statute Book

Law Reform Commission

Policing Authority

Probation Service

Revenue Commissioners

T5.2 Methodology

No new studies

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 a number of 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*.

Central Statistics Office. *Review of the quality of crime statistics 2016*. Cork: Central Statistics Office, 2016. Available at http://www.drugsandalcohol.ie/26176/

Central Statistics Office. *Review of the quality of crime statistics*. Dublin: Government of Ireland, 2015. Available at http://www.drugsandalcohol.ie/24887/

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. *Criminol Crim Justice*, 2017; 18(5), 548–567. Available at https://doi.org/10.1177/1748895817741518

T5.3 References

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European Monitoring Centre for Drugs and Drug Addiction

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

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

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

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