

Focal Point Ireland: national report for 2023 – 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-phenylacetonitrile (APAAN) and benzyl cyanide, and precursors such as piperonyl methyl ketone (PMK) and benzyl methyl ketone (BMK), have been detected in Ireland in the past number of years. Synthetic drugs are not produced in Ireland, nor are general illegal drugs tableted here. Ireland is viewed as an end source, not a transit country. Its long coastline acts as a route for drugs to be brought into the United Kingdom (UK) and the rest of Europe. In 2022, 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 areas such as Europe (France Germany, Hungary, Lithuania, the Netherlands, Portugal, Spain, Switzerland); Southeast Asia (Thailand), South Africa; the United Kingdom; the United States of America (USA); and Canada. The main modes of transport were by freight via Rosslare Europort and Dublin and Cork Port, by plane via Dublin and Shannon airports, or via the postal system.

- National drug law offences

Information regarding Ireland's drug law offences comes from the Courts Service, the Irish Prison Service (IPS), and AGS data via the Central Statistics Office (CSO). Data provided by the Courts Service refer to the total number of drug offences and are not differentiated by drug type. However, AGS data, which differentiate by drug offence type, indicate that the total number of drug offences detected decreased by 14% between 2021 and 2022. By type of drug offence for the supply offences, incidents for importation of drugs increased by 57% between 2021 and 2022 and incidents for cultivation or manufacture decreased by 45%. For possession offences, there were decreases in possession of drugs for sale or supply (-14%) and in possession of drugs for personal use (-12%) between 2021 and 2022.

- Key drug supply reduction activities

Ireland is very committed to reducing drug supply, as evidenced by law enforcement responses demonstrated in key actions in the national drugs strategy and in policing plans, which have been implemented across the island of Ireland. A multifaceted, multi-agency approach has been drawn upon; this includes collaborative working and information sharing between Irish law enforcement agencies such as AGS, the Revenue Commissioners, the IPS and the Probation Service at the national level; and between cross-border agencies such as the Police Service of Northern Ireland (PSNI) and European and international agencies. Operations have focused on drug interdiction and have targeted organised crime groups (OCGs), gangland crime, and drug-related intimidation; for example, the Garda National Drugs and Organised Crime Bureau (GNDOCB) was established to tackle drugs and organised crime, with operations continuing to be implemented in 2022; Operation Tara targeted drug trafficking; Operation Hybrid and Operation Stratus targeted gangland crime, and Operation Skein targeted OCGs. Agencies have aimed to address reoffending: the Irish Youth Justice Strategy was launched in 2021, and interventions are continually reviewed and strengthened. On the island of Ireland, Garda Youth Diversion Projects for juveniles and youth have been established; child detention schools that have youth advocacy programmes have also been established. The Probation Service prioritises positive behaviour and restorative practice. Intervention and prevention strategies are being strengthened to provide greater early intervention.

T1. National profile

T1.1 Drug market

T.1.1.1. Domestic production

Cannabis

The domestic cultivation of cannabis herb escalated in Ireland in 2007, reaching a peak in 2011. Despite substantial interventions by law enforcement, it continues to be cultivated. The most recent figures available have indicated that 134 incidents of cultivation or manufacture of drugs were recorded in 2022, which was approximately 45% lower than that recorded in 2021 (n=244) (see Figure T2.3.4). As reported in previous workbooks, there are several reasons for this continued cultivation: first, sophisticated growing techniques are utilised, which result in the flowering tops of the female plant being highly potent (20% tetrahydrocannabinol [THC]), making it more profitable. Second, start-up and running costs are low (Police Service of Northern Ireland and An Garda Síochána 2015), and there is a ready availability of vacant houses because of the 2008 financial crisis (Police Service of Northern Ireland and An Garda Síochána 2018). Third, individuals avail of advances in technology and communication, as demonstrated by the Windle study detailed in Section T5.2 of this workbook. Other reasons that have emerged and have been reported by the media are that some offenders are growing cannabis to help manage existing medical health conditions (Lucey 2017; Maguire 2017; McLean 2017; Nic Ardghail 2017).

Synthetic drugs

As reported 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 reported in previous workbooks, pre-precursors (e.g. APAAN, benzyl cyanide) and precursors (e.g. PMK and BMK), which are used in the manufacture of 3,4-methylenedioxymethamphetamine (MDMA) and amphetamine, were detected in Ireland in 2013 (An Garda Síochána and Police Service of Northern Ireland 2016). More recently, four separate 'box labs' were detected in Youghal, Co Cork; Tralee, Co Kerry; Lusk, North Co Dublin; and in Dublin 8, suggesting that methamphetamine was being produced, albeit on a small scale (An Garda Síochána and Police Service of Northern Ireland 2016). Moreover, a suspected crystal methamphetamine laboratory was discovered in Dublin in January 2018 (McMahon 2018).

Tableting operations

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

T1.1.2 Routes of trafficking

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

The Revenue Commissioners also continued its engagement at an international level with the World Customs Organization (WCO), Europol, INTERPOL, the Irish Embassy in the UK, and the Maritime Analysis and Operation Centre – Narcotics (MAOC-N) in ongoing actions aimed at addressing threats and at intercepting and preventing the trafficking of drugs, illegal medicines, NPS, and drug precursors (Revenue Commissioners 2023).

Additionally, interdictions carried out independently and collaboratively by Irish law enforcement agencies – such as AGS, the Criminal Assets Bureau (CAB), the Defence Forces, the Health Products Regulatory Authority (HPRA), and the Naval Service – at a national and international level can provide useful information on the origin, and, sometimes, the intended destination within Ireland, of drugs being brought into the country (Revenue Commissioners 2023).

Additional information can be gleaned from Revenue Commissioners [press releases](#). In 2022, drugs brought into Ireland originated in Europe (France Germany, Hungary, Lithuania, the Netherlands, Portugal, Spain, Switzerland); Southeast Asia (Thailand), South Africa; the United Kingdom, the United States of America (USA); and Canada. The main modes of transport were by freight via Rosslare Europort and Dublin and Cork Port, by plane via Dublin and Shannon airports, or via the postal system. Products that arrived by plane were concealed in baggage, metal containers, toys, cosmetics, tea, and parcels. Another method that was used extensively was the postal system. Several products were intercepted in controlled deliveries by post, using detector dogs.

AGS [press releases](#) provide a summary of operations carried out independently and jointly by various AGS units across the island; for example, the GNDOCB, the Special Crime Task Force, detective units, traffic divisions, dog units, uniformed community gardaí, and divisional drug units. Operations were carried out across the island of Ireland. All products that were seized by AGS in offences that were related to the sale and supply of drugs were sent to Forensic Science Ireland (FSI) for analysis, and thus the estimated weight of seized products was only provided for some operations. In 2022, 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 reported in previous *Drug markets and crime* workbooks, only one study has examined the nature, structure, and organisation of the illegal drug markets in Ireland (Connolly and Donovan 2015). Four local drug markets were included: two urban, one suburban, and one rural (anonymised as A–D). Although

cannabis was shown to be the main drug supplied, heroin, crack cocaine, and prescription drugs could also be obtained at different levels across all locations surveyed. Further information on this study can be found in *Ireland: national report for 2015 – Drug markets and crime* (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs Drug Addiction 2016). To date, no other study provides contextual information on drug trafficking in Ireland. However, figures from FSI for 2022 indicated that the most prominent drugs analysed in Ireland were cannabis herb, cocaine, and heroin, followed by alprazolam, cannabis plants, zopiclone, and MDMA (personal communication, FSI, 2023). Table T1.1.5.1 lists the illegal drugs in Ireland, based on FSI records for 2022, in descending order. Trends for these substances can be found in Section T2.1 of this workbook.

Size of transactions

Estimated transaction sizes vary by product and are reported in Revenue Commissioners press releases. In 2021, where quantities were reported, seizures detained by Revenue Commissioners officers ranged in size; the highest estimate was €3.1 million (Revenue Commissioners [Press Releases](#), 2022). AGS press releases rarely report quantities, as the seized product is sent directly to FSI for analysis.

Smuggling methods

In 2022, drugs were smuggled into Ireland via:

- Airports – products were transported in two ways: either concealed or in checked-in luggage; or in parcels marked, for example as, ‘tea’, or ‘wedding invitations’
- Ports – refrigeration units, articulated lorries and trailers, and
- The postal network – drugs were concealed in parcels, declared as, for example, ornaments, dolls, Christmas gifts, candles, LEGO, tea, coffee beans and other foodstuffs, sports equipment, dog accessories, antique glassware, healthcare products, make-up and clothes.

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

Organisation

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

T1.1.4 Wholesale drug and precursor market

There has been no change to wholesale market prices since 2019 (personal communication, GNDOCB, 2021). Basically, wholesale drug prices depend on two things: one, what quantity is being purchased; and two, the

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

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

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

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

Drug	Category	Price per gram/tablet/millilitre
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/kg
Psilocybin	Hallucinogen	€10,000/lg
PVP	Cathinone	€10,000/kg
RCS-4	Synthetic cannabinoid	NE
Salvinorin A	Hallucinogen	NE
STS-135	Synthetic cannabinoid	NE
Temazepam	Benzodiazepine	N/A
Triazolam	Benzodiazepine	N/A
UR-144	Synthetic cannabinoid	NE
Zolpidem	Sleeping agent	N/A
Zopiclone (not controlled)	Sleeping agent	N/A

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

Source: (personal communication, GNDOCB, 2021)

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

Adulterants

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

Cocaine

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

2020 adulterant analysis

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

2021 adulterant analysis

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

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

	Total						Street level						Importation level					
	2016	2017	2018	2019	2020	2021	2016	2017	2018	2019	2020	2021	2016	2017	2018	2019	2020	2021
	% of samples						% of samples						% of samples					
Benzocaine	47.9	21	38	43.9	38	44.5	60	36.8	37.5	53.8	47.8	54.2	42.4	13.1	39.5	34.8	30.5	35.8
Levamisole	45.8	26.3	11.1	15.8	26.6	27	66.6	21	20.8	15.3	19.5	22.8	36.3	28.9	6.2	16.2	30.5	30.7
Caffeine	14.5	7	9.7	3.6	8.5	6.7	40	15.7	20.8	5.1	15.2	5.7	3.0	2.6	4.1	2.3	1.7	7.6
Phenacetin	2.0	1.7	2.7	8.5	3.8	4.0	6.6	5.2	4.1	12.8	4.3	2.8	–	–	3.0	4.6	3.4	5.1
Creatine/ creatinine	–	1.7	–	2.4	1.9	–	5.2	5.2	–	2.5	–	–	–	–	–	2.3	3.4	–
Paracetamol	–	–	–	–	–	1.3	–	–	–	–	–	–	–	–	–	–	–	1.3
Lignocaine	6.2	1.7	1.3	2.4	3.8	1.3	20	–	4.1	5.1	8.6	2.5	–	2.6	–	–	–	2.5
MDMA	–	–	–	1.2	0.9	–	–	–	–	–	–	–	–	–	–	2.3	1.6	–
Xycaine	–	–	–	–	0.9	–	–	–	–	–	2.1	–	–	–	–	–	–	–
Other*	4.1	–	–	–	–	–	–	–	–	–	–	–	6.0	–	–	–	–	–

Note: “–” = not detected

* Includes hydroxyzine

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

Between 2016 and 2021, the number of adulterants detected ranged from zero to four (see Table T1.1.4.3), while 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, 2022).

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

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

Note: “–” = not detected

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

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

Diamorphine

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

No new diamorphine data are available for 2022. Overall, in 2021, 14 diamorphine seizures were submitted to FSI for quantification analysis, of which 14 seizures were classified as street-level substances and 4 seizures were classified as importation-level substances. Seizures at the importation level resulted in the analysis of 14 samples. Dates of seizures ranged from 15 January 2021 to 8 October 2021 (street level) and from 24 April 2021 to 28 September 2021 (importation level). In 2021, FSI also carried out a street deal survey from typical diamorphine street deal-sized packs.

Table T1.1.4.4 shows a breakdown of the number of adulterants detected by level and by year. On average, at the street and importation level, at least one adulterant was found in analysed samples. In 2021, the most prevalent adulterant detected in street- and importation-level seizures was caffeine, at 57.1% and 25%, respectively, followed by paracetamol which was detected only in street-level samples (35.7%). While either caffeine or paracetamol was detected in all samples analysed in 2021, both adulterants were detected in 33.3% of all analysed samples (personal communication, FSI, 2022).

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

Number of adulterants	Street level			Importation level			Street Deal Survey		
	2019	2020	2021	2019	2020	2021	2019	2020	2021
	% of samples			% of samples			% of samples		
0	16.7	19.0	42.8	35.3	12.5	75.0	30.4	42.0	26.6

1	–	4.8	21.4	17.6	12.5	25.0	13.0	–	35.7
2	83.3	76.1	35.7	41.1	75.0	–	52.1	58.0	40.0
3	–	–	–	5.8	–	–	4.3	–	–

Note: “–” = not detected

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

Amphetamines

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

Nature and organisation of buyers, sellers, and intermediaries

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

‘Traditional’ drugs remain prominent. For example:

- Cannabis continues to be the most prevalent drug used/abused on the island of Ireland. At €29/£20 per gram, it is viewed as profitable by OCGs involved in wholesale importation and supply. Cannabis herb blocks or cultivated cannabis plants are mainly seized in the ROI. However, other products – for example, cannabis resin and cannabis oil – have also been seized. Irish national OCGs are deeply implicated in this area, controlling both supply routes and grow houses.
- Improved economic conditions have resulted in the recently increased demand for cocaine and MDMA. Although it is possible to sell these drugs on the Dark Web, they do form a small part of OCG importations. OCGs that participate in ‘polydrug dealing’ are typically smaller than traditional wholesale importers. As a result, they can present issues for law enforcement trying to target the problem (Police Service of Northern Ireland and An Garda Síochána 2018).
- Heroin continues to be a problem across Ireland. While the most problematic area is Dublin Metropolitan Region (DMR) in recent years, similar problems have arisen in small urban centres and in rural towns and villages. Most opioid users reside in Dublin (71%) and are aged over 35 years (>50%). Heroin issues in the ROI are viewed as “stable and entrenched” (Police Service of Northern Ireland and An Garda Síochána 2018) (p. 7). In NI, by contrast, the most problematic area is Belfast city centre, where drug use can be observed every day on the streets.
- In contrast with previous assessments, crack cocaine has recently emerged as an issue for law enforcement agencies and communities in Ireland. For now, it is not viewed as a nationwide issue, but it is believed that it will need to be targeted in the future.
- Synthetic opioids have been a characteristic of Irish OCG activity since 2016. Although reported seizures of these products are low, only 0.02 mg of the synthetic opioid carfentanil is needed in order to produce a fatal overdose. While this is not currently a crisis in the ROI and NI, there is evidence to

suggest that OCGs are selling products on the premise that they are heroin, but that are, in fact, heroin mixed with synthetic opioids and/or bulking agents.

- Another problem is that some OCGs are introducing synthetic opioids into the drug supply chain, and this is placing drug users at considerable risk. This problem has been identified as an area that requires ongoing attention and monitoring.
- Prescription medication is an issue across the ROI and NI and involves the importation, manufacture, and sale of pharmaceutical products. Benzodiazepines are popular with individuals who are using heroin, managing pain, or trying to improve cognitive and/or physical function.
- Another emerging trend is the use of amphetamines by individuals attending third-level education. Targeting the illegal sale of these products is becoming more and more challenging. However, as prescription drug abuse increases, so too will the issues around it.

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

T1.1.5 Retail drug market

Range and relative importance of different products

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

Table T1.1.5.1 Prominent illegal drugs in Ireland based on FSI records for 2022

	Drug type	Quantity seized
1	Cannabis	6429
2	Cocaine	3983
3	Diamorphine	1618
4	Alprazolam	1279
5	Cannabis plants	634
6	Zopiclone	401
7	MDMA	376
8	Amphetamine	329
9	Cannabis resin	294
10	Diazepam	275

Source: (personal communication, FSI, 2023)

Drug prices

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

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

Drug	Category	Price per gram/tablet/millilitre
Alprazolam	Benzodiazepine	€2 per tablet
Amphetamine	Phenethylamine	€15 per gram
AM-2201	Synthetic cannabinoid	€20 per gram
AMT	Tryptamine	€200 per gram
Benzylpiperazine	Piperazine	€5 per tablet/€50 per gram
Butylone	Cathinone	€50 per gram
BKMBDB	Cathinone	€50 per gram
Bromazepam	Benzodiazepine	€1 per tablet
Cannabis resin	Cannabis	€6 per gram
Cannabis herb	Cannabis	€20 per gram
Cannabis plants*	Cannabis	€800
Cocaine	Cocaine	€70 per gram
Chlordiazepoxide	Benzodiazepine	€1 per tablet
Clobazam	Benzodiazepine	€1 per tablet
Clonazepam	Benzodiazepine	€1 per tablet
CPP	Piperazine	€5 per tablet/€50 per gram
Diamorphine (heroin)	Opioid	€140 per gram
Dimethylone	Cathinone	€50 per gram
Diazepam	Benzodiazepine	€1 per tablet
DMT	Tryptamine	€200 per gram
DMAA	Phenethylamine	€60 per gram
Ethcathinone	Cathinone	€50 per gram
Ethylone	Cathinone	€50 per gram
Flephedrone	Cathinone	€50 per gram
Fluorotropacocaine	NPS	€50 per gram
Fluoroamphetamine	Phenethylamine	€15 per gram
Flunitrazepam	Benzodiazepine	€1 per tablet
Flurazepam	Benzodiazepine	€1 per tablet
GHB	Solvent	€1 per millilitre
GBL	Solvent	€1 per millilitre
JWH-018	Synthetic cannabinoid	€20 per gram
JWH-073	Synthetic cannabinoid	€20 per gram
JWH-250	Synthetic cannabinoid	€20 per gram
Ketamine	Hallucinogen	€60 per gram
Khat	Hallucinogen	€0.50 per gram
LSD	Hallucinogen	€10 per tablet

Drug	Category	Price per gram/tablet/millilitre
Lysergamide	Hallucinogen	€20 per gram
Lorazepam	Benzodiazepine	€1 per tablet
Lormetazepam	Benzodiazepine	€1 per tablet
MAM-2201	Synthetic cannabinoid	€20 per gram
MBZP	Piperazine	€5 per tablet/€50 per gram
mCPP	Piperazine	€5 per tablet/€50 per gram
MDMA	Phenethylamine	€10 per tablet/€60 per gram
MDEA	Phenethylamine	€10 per tablet/€60 per gram
MDA	Phenethylamine	€10 per tablet/€60 per gram
MDPBP	Cathinone	€50 per gram
MDPV	Cathinone	€50 per gram
MEC	Cathinone	€50 per gram
Methadone	Opiate	€20 per 100 millilitres
Mephedrone	Cathinone	€50 per gram
Methylone	Cathinone	€50 per gram
Methedrone	Cathinone	€50 per gram
Methylamphetamine	Phenethylamine	€60 per gram
Methoxyamphetamine	Phenethylamine	€60 per gram
Methoxetamine	Hallucinogen	€60 per gram
Methylphenidate	Phenethylamine	€60 per gram
Mirtazapine	Benzodiazepine	€1 per tablet
MMC	Cathinone	€50 per gram
Naphyrone	Cathinone	€50 per gram
Nitrazepam	Benzodiazepine	€1 per tablet
Pentedrone	Cathinone	€50 per gram
Phentermine	Phenethylamine	€10 per tablet/€60 per gram
Phenazepam (not controlled)	Benzodiazepine	€1 per tablet
PMA	Phenethylamine	€10 per tablet/€60 per gram
PMMA	Phenethylamine	€10 per tablet/€60 per gram
Prazepam	Benzodiazepine	€1 per tablet
Psilocin	Hallucinogen	€10 per gram
Psilocybin	Hallucinogen	€10 per gram
PVP	Cathinone	€50 per gram
RCS-4	Synthetic cannabinoid	€20 per gram
Salvinorin A	Hallucinogen	€20 per gram
STS-135	Synthetic cannabinoid	€20 per gram
Temazepam	Benzodiazepine	€1 per tablet
Triazolam	Benzodiazepine	€1 per tablet
UR-144	Synthetic cannabinoid	€20 per gram
Zolpidem	Sleeping agent	€2 per tablet
Zopiclone (not controlled)	Sleeping agent	€2 per tablet
2C-B	Phenethylamine	€10 per tablet/€60 per gram
2C-E	Phenethylamine	€10 per tablet/€60 per gram
2C-I	Phenethylamine	€10 per tablet/€60 per gram
25I-NBOMe	Hallucinogen	€10 per tablet
5AKB48 (not controlled)	Synthetic cannabinoid	€20 per gram

Source: (personal communication, GNDOCB, 2021)

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

Purity of drugs seized and pack sizes

Data for pack sizes and purity of drugs seized are obtained from FSI (personal communication, FSI, 2022).

There are no new data for 2022. The most recent available data are for cocaine (2020, 2021), diamorphine

(2021), and amphetamines (2021). A further breakdown is available for street-level and importation-level diamorphine. FSI has operationally defined street-level samples as samples submitted from seizures of less than 30 grams (primarily between 25 and 30 grams), and importation-level samples as samples submitted from seizures of more than 500 grams. Additionally, in 2021, a diamorphine street deals survey was carried out. FSI defines street deal samples as samples taken from typical street deal-sized packs. The results of the analysis of each substance will be presented separately.

Cocaine

Table T1.1.5.3 shows a summary of purity analysis for cocaine seizures between 2016 and 2021. Data are provided for street- and importation-level seizures. In 2021, the overall average purity ranged from 42.8% to 50.9%. A further examination by classification level indicated that the average purity for importation-level cocaine across all years reported has been consistently higher than the average purity of street-level cocaine.

Table T1.1.5.3 Summary of purity and pack sizes for cocaine seizures between 2016 and 2021

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

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

Diamorphine

Table T1.1.5.4 shows a summary of purity analyses for diamorphine seizures between 2016 and 2021. Data are provided for street- and importation-level seizures. Between 2016 and 2018, the overall average purity ranged from 35.1% to 42.7%. The overall average purity of street- and importation-level diamorphine decreased in 2019 (36.6%) and 2020 (35.4%), while in 2021 the average purity increased to 40.5%. 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 between 2016 and 2019. In 2020, the difference between average purity in street-level and importation-level diamorphine was more notable, at 29.6% and 43.1%, respectively. In 2021, the average purity in street-level diamorphine rose to 39.6%, which was more closely aligned to the average purity of importation-level diamorphine (43.9%).

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

Year	Level	Number of seizures	Seizure size range	Number of samples	Pack size range	Purity	Average purity	Overall average purity (street and importation)
2016	Street	6	25.7 g to 29.6 g	6	25.7 g to 1.8 kg	22.9–53.9%	40.6%	42.7%
	Importation	21	447.0 g to 2.6 kg	28	25.7 g to 1.8 kg	13.6–54.5%	43.1%	
2017	Street	11	3.3 g to 29.4 g	11	1.8 g to 1.2 kg	15.2–59.6%	30.4%	35.1%
	Importation	12	461.8 g to 11.6 kg	14	1.8 g to 1.2 kg	10.1–61.0%	38.9%	
2018	Street	16	0.77 g to 35.9 g	16	0.2 g to 7.1 kg	12.0–90.0%	38.4%	42.0%
	Importation	17	459.7 g to 14.0 kg	21	0.2 g to 7.1 kg	9.5–78.2%	44.8%	
2019	Street	6	1.5 g to 36.2 g	6	25.7 g to 1.7 kg	16.3–58.7%	32.3%	36.6%
	Importation	15	437.4 g to 8.9 kg	17	25.7 g to 1.7 kg	1.0–62.8%	38.1%	
2020	Street	16	0.3 g to 36.0 g	16	0.6 g to 36.0 g	8.3–61.9%	29.6%	35.4%
	Importation	10	498.0 g to 18.7 kg	12	123.7 g to 1.0 kg	5.5–65.7%	43.1%	
2021	Street	10	22.1 g to 30.0 g	14	1.8 g to 30.0g	12.7%–60.3%	39.6%	40.5%
	Importation	4	541.6g to 87.4 kg	4	247.1 g to 9.9 kg	6.8%–56.9%	43.9%	

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

Street deals

In addition to the analysis of street and importation level samples in 2021, a survey of street deals was carried out. FSI defines street deal samples as samples taken from typical street deal-sized packs. The aim was to give a snapshot for the diamorphine content that a typical pack contains. Samples were collected from various locations in Ireland over a 12-month period. Overall, 15 samples were analysed in this survey. Figure T1.1.5.1 shows the average diamorphine content of the street deals survey samples in 2021. Purity content ranged from 26.2% to 37.6% and the overall average content was 31.4%.

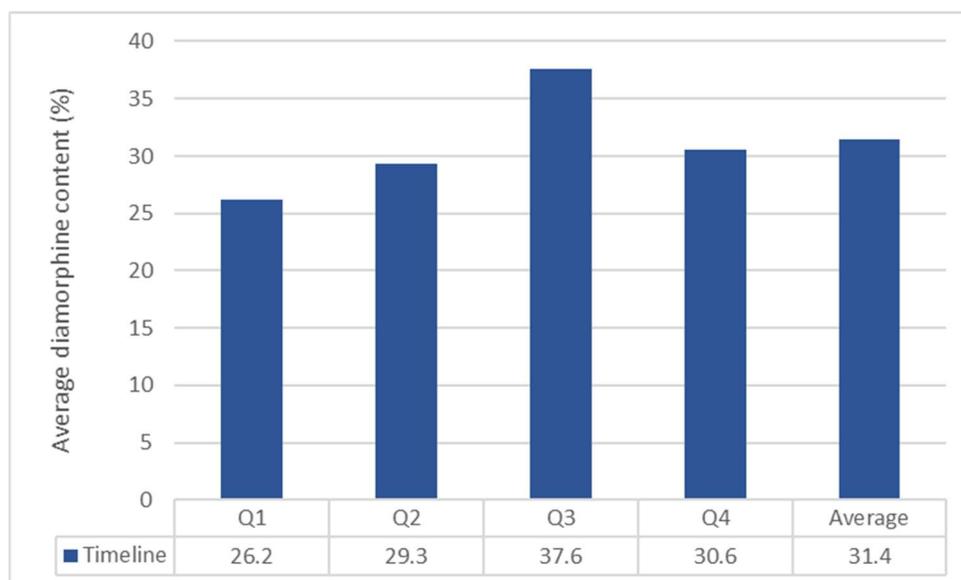


Figure T1.1.5.1 Average diamorphine content of the street deals survey samples in 2021

Source: (personal communication, FSI, 2022)

Amphetamines

Table T1.1.5.5 shows a summary of purity analyses for amphetamine seizures between 2016 and 2021. The overall average purity ranged from 6.7% to 9.4%. Purity levels decreased between 2017 and 2019; however, a slight increase was evident in 2020.

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

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

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

T1.2 Drug-related crime

T1.2.1 Drug law offences

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

Court outcomes for drug offences

The *Courts Service Annual Report 2022* presented statistics on prosecutions for drug offences between January and December 2022 (Courts Service 2023). Notably, data provided are for overall drug law offences. The Courts Service does not distinguish between the different supply offences and possession/use offences (personal communication, Courts Service, 2017).

District Court

In most cases, prosecutions for drug offences are carried out in the District Court, which is the lowest court in the Irish legal system. The District Court, exercising its criminal jurisdiction, deals with four types of offences: summary offences, indictable offences tried summarily, some indictable offences, and indictable offences not tried summarily. When the District Court hears a criminal case, the judge sits without a jury. The District Court judge decides the issues of fact and whether to convict. He or she also determines the sentence. In the case of most indictable offences that must be tried by a judge sitting with a jury, the District Court may impose a sentence where the accused pleads guilty, provided that the Director of Public Prosecutions consents, and the judge accepts the guilty plea. Otherwise, the accused is sent forward to the Circuit Court on their signed guilty plea for sentencing. The District Court has a limit on the sentence it may impose in respect of a single criminal charge, which is 12 months' imprisonment (Courts Service 2013). Overall, 21,393 orders were made in relation to drug offences in 2021 – involving 17,073 defendants – which represents a 14% decrease since 2020 (N=19 909) (Courts Service 2023) (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, 2022

Incoming		Resolved: offences		
Offences	Defendants*	Summary	Indictable dealt with summarily	Sent forward for trial
30 045	17 073	1030	20 363	3157

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

Source: (Courts Service 2023)

Table T1.2.1.2 Summary and indictable offences: outcomes in the District Court, 2022

	Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
Summary offences: outcomes	57	278	186	135	7	2	10	77	71	69	138	1030
Indictable offences dealt with summarily: outcomes	507	5571	2639	3459	80	7	223	1885	686	883	4423	20 363

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 2023)

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 2021 was 462 (see Table T1.2.1.3) (Courts Service 2023), which represented a 5% decrease, approximately, since 2021 (N=488). In 2022, young offenders received a range of punishments, imprisoned or detained (n=8), community service (n=5) or sentenced to probation (n=114). The number of young people placed on probation in 2022 (n=114) was nearly 7% lower than the 2021 figure (n=122).

Table T1.2.1.3 Juvenile crime outcomes in 2022

Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
43	142	83	28	1	-	5	114	8	1	37	462

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 2023)

Circuit Court

The Circuit Court heard cases for 813 defendants that involved 3,151 drug offences in 2022. There were 2,551 guilty pleas, which represented nearly a 17% increase from 2021 (N=2181); of the cases that went to trial, 25 resulted in convictions and 18 resulted in acquittals (see Table T1.2.1.4). Trials resulted in 362 imprisonments/detentions and 446 suspended sentences (see Table T1.2.1.5) (Courts Service 2023).

Table T1.2.1.4 Sentences for drug offences in the Circuit Court in 2022

Incoming		Resolved: offences							
Offences	Defendants*	Guilty	Trials	Convicted	Acquitted	NP	TIC	Quash	Dec
3151	813	2551	25	18	1039	596	0	18	

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 2023)

Table T1.2.1.5 Offence outcomes following conviction in the Circuit Court in 2022

	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
Offence outcomes following conviction	177	14	632	3	20	106	362	446	860	2620

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

Source: (Courts Service 2023)

Appeals (from District Court)

In 2022, 489 appeals from the District Court, representing 977 offences, were dealt with in the Circuit Court (Courts Service 2023). Appeals and offences in 2022 were approximately 15% and 9%, respectively, lower than that reported in 2021 (appeals = 574; offences = 1,075). Table T1.2.1.6 shows a breakdown of resolved offences.

Table T1.2.1.6 Appeals from District Court, 2022

Incoming			Resolved: offences				
Off	Def		Aff	Varied	Rev	S/O	S/O N/A
977	489		158	388	66	214	209

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

Source: (Courts Service 2023)

Court of Appeal

Overall, the number of appeals that were lodged from the Circuit Criminal Court for drug/misuse of drugs offences was more than 27% higher in 2022 (n=144) when compared with 2021 (n=113). Overall, 122 appeals that originated in the Circuit Criminal Court were resolved in 2022 (Court Services 2023). Table T1.2.1.7 indicates that most appeals resolved were for sentence severity (n=89), followed by sentence leniency (n=23), conviction and sentence (n=5), and conviction (n=5).

Table T1.2.1.7 Summary of resolved appeals in 2022

Appeal	Conviction	Sentence (severity)	Conviction and sentence	Sentence (leniency)	Director of Public Prosecutions (dismissal)	Miscarriage of justice	Other	Total
Resolved	5	89	5	23	0	0	0	122

Source: (Courts Service 2023)

Prison committals for drug offences

The *IPS Annual Report 2022* 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 2022) and on the number of committals under sentence, by sentence length (Irish Prison Service 2023). On 30 November 2022, the number of persons in custody that were under sentence for controlled drug offences comprised 11.3% (386 out of 3,409) of the total prison population. The difference between the share of the total prison population in 2021 (10.9% – 323 out of 2,956) and 2022 was a 0.4 percentage point increase.

The increase in the actual number of persons in custody from 2021 (n=323) to 2022 (n=386) was 19.5%. Of those in custody for drug offences, 127 were under a sentence of 5 years or longer; of these, 17 were under a sentence of 10 years or longer. Twenty-five prisoners were under a sentence of 12 months or less (Irish Prison Service 2023).

Between 2021 (n=325) and 2022 (n=325), there was no change in the number of committals for drug offences. Of the 325 committals to prison during 2022, 37 (11.4%) were for sentences of 3 months or less

(Irish Prison Service, 2023). Further information on prisons can be found in Section T1.2.1. of the *Prison* workbook.

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

N/A

T1.3 Drug supply reduction activities

T1.3.1 Drug supply reduction

a) Key priorities of supply reduction

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

An Garda Síochána Strategy Statement 2022-2024

An Garda Síochána Strategy Statement 2022-2024 was published on 9 June 2022 (An Garda Síochána 2022d). The mission of AGS for the duration of the strategy is simply “Keeping People Safe” (p. 5). While the strategy is set against the backdrop of living in a post-COVID-19 pandemic world, with global political and economic uncertainty, AGS is committed to evolving and meeting policing demands that are continually changing. The pillars that the strategy focuses on are:

- Community
- Tackling crime, and preventative policing
- Victims and the vulnerable
- Protecting the security of the Irish State, and
- Sustainable change and innovation.

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

An Garda Síochána Annual Report Policing Plan 2022

An Garda Síochána Annual Report Policing Plan 2022 (Garda Síochána 2022c) proposed by Garda Commissioner Drew Harris represents the first of three annual plans to give effect to the *An Garda Síochána Strategy Statement 2022-2024* (An Garda Síochána 2022d). The focus of the *Policing Plan 2022* is on community policing and preventing and detecting crime. While drug trafficking is only mentioned in the Community pillar, it is implied throughout the document that drugs will be targeted. Five pillars were highlighted by AGS in 2022:

Community – AGS aims to continue to strengthen connections with communities and work in partnership to keep people safe. It will achieve this by using a proactive problem-solving approach, by continuing to implement the Community Policing Framework, and by increasing engagement with vulnerable and minority groups in order to strengthen understanding about their needs. Tackling drug trafficking and the harm caused by drug dealing will also be continued (Garda Síochána 2022c).

Tackling crime, and preventative policing – The priority is to deal with current and emerging trends in crime by targeting organised crime, implementing approaches that will increase the ability of AGS to identify and disrupt new and emerging criminal activities in private, rural and urban settings. In addition, the aim is to increase collaboration with internal, national, and international stakeholders. It is hoped that this will be achieved by an intelligence-led response to crime, by targeting increases in fraud and cyber-enabled crimes, by finishing and reviewing the National Criminal Intelligence Framework and the Serious Organised Crime Threat Assessment, and by disrupting organised and serious crime (Garda Síochána 2022c).

Victims and the vulnerable – The aim is to reduce harm by promoting and protecting the dignity and human rights of victims and all vulnerable individuals engaging with AGS. This will be achieved by enhancing capability to support victims of domestic violence, including coercive control, and by ensuring that supports are available for victims and those who are vulnerable (Garda Síochána 2022c).

Protecting the security of the Irish State – AGS aims to protect Ireland and its people from terrorism and threats. This will be achieved by increasing security and intelligence capability via the continued implementation of the Security and Intelligence Operating Model, participating in Major Emergency Management interagency structures and carrying out intelligence-led operations nationally and internationally (Garda Síochána 2022c).

Sustainable change and innovation – In order to inspire and sustain a continuous improvement, a culture of innovation needs to be adopted. To achieve this, the AGS change management capacity building plan needs to be implemented. This will enhance innovation and responsiveness to change (Garda Síochána 2022c).

Five enablers are essential to the successful implementation of the plan. AGS needs to be a people-focused organisation that is centred around engagement in collaborative partnerships in order to increase knowledge, service, and effectiveness. Two-way communication needs to be developed, allowing engagement via new and existing channels. A culture of empowerment and trust needs to be nurtured and rooted in integrity and the protection of human rights. Finally, an information-led service centred on using data and technology to inform decisions can be achieved by implementing the 2022 ICT Roadmap, by incorporating data quality processes to improve consistency, and by increasing the abilities of AGS mobility devices and widening their use (Garda Síochána 2022c).

Commissioner Harris acknowledged that 2021 was overshadowed by the COVID-19 pandemic but that AGS remains focused on organisational objectives and goals to keep people safe. The Commissioner stated that “the trust built between the community and AGS is at the heart of the service [provided and] ... whilst there is a degree of uncertainty in the immediate future the Commissioner is confident that AGS are well placed to deliver on their goal of keeping people safe in 2022” (Garda Síochána 2022c) (p. 4).

An Garda Síochána’s Crime Prevention and Reduction Strategy: 2021-2024

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

- Partnerships – AGS aims to reduce crime and fear of crime by working with key internal and external stakeholders, by sharing crime prevention knowledge and trends. In addition, it will work with local authorities and organisations, engage with the development of appropriate legislation, support the operation of Joint Policing Committees, public participation networks, local fora and community safety partnerships as they are introduced (An Garda Síochána 2021b).

- Creating awareness and communication – AGS aims to provide prevention advice and guidelines, using suitable communication channels, in order to enhance awareness and educate hard-to-reach and vulnerable communities on the tenets of crime prevention and victims of crime support (An Garda Síochána 2021b).
- Protecting communities – AGS aims to reassure and support communities by working hard to prevent, detect, and prosecute criminal behaviour. Problem-solving techniques will be drawn upon and additional support will be provided to the national approach to offender management (An Garda Síochána 2021b).
- Consistent and professional crime prevention service – To ensure that crime prevention services within divisions are provided, personnel will be trained and upskilled to develop and maintain expertise. Crime trend data analysis will enhance understanding of patterns, enabling the delivery of an intelligence-led policing response (An Garda Síochána 2021b).
- Review and evaluation – AGS intend to:
 - evaluate how the Crime Prevention and Reduction Strategy is delivered
 - evaluate the operation of the service provided
 - measure the effectiveness of information campaigns, and
 - evaluate public perception of crime prevention initiatives and the Crime Prevention Officer role (An Garda Síochána 2021b).

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

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

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

Further information on this strategy can be found in Section T1.1 of the *Drug policy* workbook and in Section T4.2 of *Focal Point Ireland: national report for 2017 – Drug markets and crime* (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018a). Further updates on this strategy can be found in the *Drug policy* workbook, Section T1.1.2, Section T1.3, and Section T3.1.

Areas of activity of supply reduction

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

Drug interdiction

The Revenue 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 2022a). 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 Service 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 engage in coastal intelligence work.

Drug detector dog units form a vital component of policing in Ireland. Detector dogs are trained to locate cocaine, cannabis, ecstasy, heroin, tobacco products, and cash. Units are based at strategic locations, including ports and airports around Ireland, by 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 since 1960. One unit is based at Kilmainham Garda Station in Dublin, while another is in the Southern Region of Ireland. The most recent data available indicate that the Garda Dog Units were involved in approximately 1,017 deployments in 2021 (An Garda Síochána 2022a). These included searches for missing persons, drugs, firearms and explosive substances, and stolen goods (An Garda Síochána 2022a). Detector dogs were responsible for the recovery of over €4 million in drugs and cash (An Garda Síochána 2022a).

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. Viewed as the most advanced on the market, it avails of imaging technology to analyse vehicles as well as shipping containers. It was deployed in Dublin Port (Revenue 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 2019). The Revenue Commissioners announced in July 2021 that it had commissioned a new, state-of-the-art mobile scanner, Nuctech MT1213DE, replacing an older scanner that had reached the end of its operational lifespan. The new scanner was deployed to Rosslare Europort. It cost €2.16 million and was part-funded by a grant of €1.73 million from the European Anti-Fraud Agency, OLAF, under its Hercule III Programme (Revenue Commissioners 2021).

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

Organised crime

As reported in previous *Drug markets and crime* workbooks, regional, national, and international organised crime and drug trafficking investigations are managed by the GNDOCB, which was established by AGS in 2015. It aims to disrupt, dismantle, and prosecute groups and individuals involved in serious organised criminal activity. A multidisciplinary approach is viewed as essential to target OCGs effectively via legislation such as the Proceeds of Crime Act, 1996, as amended in 2005 and 2016 (see Section T2.1 of the *Legal framework* workbook) and the powers of the CAB (Fitzgerald 2017).

Moreover, numerous strategic partnerships are in place, both nationally and internationally, and include the Revenue Commissioners Customs Service; the HPRA; the Irish Naval Service; Europol; INTERPOL; and MAOC-N in Lisbon (Fitzgerald 2016; Revenue Commissioners 2022b; Revenue Commissioners 2023).

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

In addition, representatives from law enforcement agencies in the ROI and NI come together annually at the Cross-Border Conference on Organised Crime. The conference is considered an essential and indispensable forum that enables discussion and information exchange, which ultimately keeps communities north and south of the border safe (Department of Justice and Equality 2019) and allows for enhanced co-operation between law enforcement agencies. It also provides an opportunity to assess and address changing trends in crime and to build upon and enhance the operational actions already undertaken in this area (Department of Justice 2020). Ministers Long of the Department of Justice NI and McEntee of the Department of Justice ROI discussed the North-South co-operation on matters related to criminal matters on 19 October 2022 (Department of Justice 2022). Both Ministers agree that the co-operation between the ROI and NI criminal systems continues to produce encouraging outcomes in areas such as tackling rural crime, drugs, financial crime, and human trafficking (Department of Justice 2022). This work is set to continue under the Intergovernmental Agreement Work Programme (2021-2023) on co-operation on criminal justice matters which provides a framework where co-operation in this sector can be increased and enhanced (Department of Justice 2022).

Policing communities

Drug-related crime in the form of gangland violence has become a serious problem in Dublin because of the ongoing feud between the Hutch and Kinahan criminal gangs, which are well known for robbery/burglary and

drug dealing, respectively. The GNDOCB is of the opinion that all associated killings are drug related, as they all stem from disagreements and revenge in relation to the illegal drug enterprise (personal communication, GNDOCB, 2018). The response to gangland violence that the AGS has established is coordinated under Operation Hybrid and is reviewed on a weekly basis in order to maintain optimal impact. There are several other operations targeting OCGs in Ireland:

- As part of the National Garda Anti-Drugs Operation that commenced on 1 July 2021, Operation Tara targets street-level dealing in cities, towns, and villages across Ireland. The main goal of Operation Tara is to protect communities from the ‘scourge of illegal drugs’ by disrupting, dismantling, and prosecuting drug trafficking networks at all levels – international, national, and local – in all aspects of drug-related activities.
- Operation Jaywalk targets OCGs that are suspected of skimming, ‘cashing out’, and money laundering in ROI and NI. Two suspects were arrested in Co Meath. One is serving a sentence for gangland offences in ROI. The other was arrested in NI using a European Arrest Warrant. This trial was scheduled to go ahead in 2022 (An Garda Síochána 2022a)
- Operation Stratus which targets organised crime in Co Louth started on 1 January 2018. Support is provided by Emergency Response Units and Armed Support Units, which form part of the Special Tactics and Operations Command (STOC) (An Garda Síochána 2018; An Garda Síochána 2019). Table T1.3.1.1 shows the charges, arrests and summons associated with Operation Stratus between 1 January 2018 and 13 March 2023 (Harris 2023).
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Table T1.3.1.1 Operation Stratus – Number of arrests, charges and summonses 2018–2022

Year	Charges	Arrests	Summons
2018	32	22	15
2019	87	57	85
2020	179	106	134
2021	59	18	20
2022	17	–	12

Source: (Harris 2023)

- Operation SKEIN is an investigation into an OCG which allegedly is involved in worldwide business email compromise fraud from Ireland. It is alleged that the proceeds of this offence are being laundered through bank accounts in Ireland and transferred to accounts in China, Dubai, Turkey, the UK, and elsewhere (An Garda Síochána 2022a)
- Operation ELBA is a joint operation between An Garda Síochána and the German/Dutch-led Joint Investigation Team. An OCG is believed to have stolen almost €90,000 fraudulently on the gas trading networks. It is suspected that nearly €13 million has been laundered through bank accounts established by shell and virtual companies in Ireland (An Garda Síochána 2022a).

Drug-related intimidation and violence is an area of major concern for Irish communities, and has been shown to affect the physical, mental, and emotional well-being of victims (Connolly and Buckley 2016). Further details on Connolly and Buckley’s study can be found in Section T1.3.1 of the *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 proposed in the most recent national drugs strategy in Ireland, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, in Objective 4.1 of Goal 4: “Strengthen the resilience of communities and build their capacity to respond” (Department of Health 2017) (p. 63). See also *Focal Point Ireland: national report for 2017 – Drug policy* (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b).

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

Reducing reoffending

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

On 15 April 2021, the Minister for Justice, Helen McEntee, and the Minister of State for Law Reform, James Browne, launched a new Youth Justice Strategy covering the period 2021–2027 (Department of Justice 2021). Section T2.2 of the *Legal framework* workbook provides an outline of the aims, guiding principles, and main themes that underpin the strategy. In addition, the Probation Service aims to reduce the likelihood of reoffending by developing positive professional relationships via individual risk and needs assessment, combined with using interventions that are tailored to the individual’s needs. In order to achieve these goals, the Probation Service avails of risk assessment and a risk-based approach to supervision (The Probation Service 2022).

b) 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 head of the Office of Customs Drugs Law Enforcement and the GNDOCB, which is part of AGS, nationwide liaison also takes place at local level between nominated Customs officers and Garda officers. Other State agencies engaged in supporting supply reduction activities include the CAB and FSI. The Naval Service and the Air Corps co-operate 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. These officers are assigned to Permanent Representation in Brussels (2), the Irish Embassy (1), Europol (1), and MAOC-N in Lisbon (1).
- Managing the Revenue Commissioners Customs Division Memorandum of Understanding (MOU) initiative, which is a programme of co-operation 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 yachtmen. The MOU initiative delivers training to company staff by Customs liaison officers to heighten drug smuggling awareness, and practical advice is offered to help prevent vehicles from being used to smuggle drugs and other contraband goods. In addition, company staff are provided with ready channels of communication with 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 2022a)
- Managing the Drug Precursor Programme, which is a mechanism for co-operation between the Revenue Commissioners Customs Division and the chemical industry and was set up to detect the diversion of chemicals for illicit purposes. The Programme is designed to increase the awareness 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.

2022: National-level overview

In 2022, 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 participated in 26 joint national operations and investigations with AGS – in particular with the GNDOCB. Overall, 51 individuals were arrested in 69 joint controlled deliveries in 2022 (Revenue Commissioners 2023). The Revenue Commissioners were involved in a range of other activities nationally. The Revenue Commissioners:

- worked closely with AGS, the CAB, the Naval Service, and the Defence Forces, providing mutual operational, intelligence, and material support
- contributed to the national response in tackling organised crime, including the secondment of 17 staff members to the CAB
- participated in the Oversight Forum on Drugs, led by the Department of Health, which oversees the implementation of the Government’s national drugs strategy, 2017–2025
- coordinated the enforcement and interception of prohibited and restricted goods and products on behalf of our colleagues in the Department of Agriculture, Food and the Marine; the Food Safety Authority of Ireland; the Department of Enterprise, Trade and Employment; the HPRA; and the Competition and Consumer Protection Commission
- collaborated with the Private Security Authority in exchanging information, in accordance with the Private Security Services Act 2004, as amended, and the Taxes Consolidation Act, 1997, in order to support the regulation of the private security industry, and
- worked closely with the Department of Justice on administrative matters related to passenger movements, via the Irish Passenger Intelligence Unit (Revenue Commissioners 2023)

In addition, the Revenue Commissioners Joint Investigation Unit contributed to an intervention strategy by targeting shadow economy activity targeting fraud, illicit trade, smuggling, and organised crime (Revenue Commissioners 2023).

2022: International-level overview

During 2022, the Revenue Commissioners also:

- worked with international bodies and agencies and participated in the EU’s Customs Cooperation Working Party
- seconded officers to Europol in the Hague, the Irish Embassy in the UK, and MAOC-N in Lisbon.
- engaged with the activities of the WCO that are directed towards addressing the threats posed by fraud and smuggling

- worked closely with the European Anti-Fraud Office, sharing intelligence and information
- worked closely with HMRC and other law enforcement agencies in NI. The cross-jurisdictional Joint Agency Task Force, established under the Fresh Start Agreement, prioritises the area of fiscal fraud. Under this framework, the Revenue Commissioners works with the PSNI, AGS, HMRC, the CAB, and the National Crime Agency in the UK, and
- was a key partner at the Annual Cross Border Crime Conference on Organised Crime, a collaborative event between representatives of law enforcement agencies and related organisations in the field of combatting organised crime on both sides of the border (Revenue Commissioners 2023).

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

Garda National Drugs and Organised Crime Bureau

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

Criminal Assets Bureau

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

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

In order to continue to identify and trace assets that are the proceeds of crime, and to present testimony before the courts, the CAB has established the Bureau Analysis Unit, adopted international best practices in forensic analysis, and adopted the use of enhanced training. Through making earlier or preliminary applications relating to lower-value assets, the CAB has begun to target more middle-ranking criminals.

While this approach may not realise extensive financial returns, it demonstrates the CAB's ability to react to local community concerns.

Forensic Science Ireland

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

Joint Task Force on Drugs Interdiction

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

T2. Trends

T2.1 Short-term trends (5 years)

Seizures

The number of drug seizures in any given period can be affected by such factors as law enforcement resources, strategies, and priorities, and by the vulnerability of traffickers to law enforcement activities. However, drug seizures are considered indirect indicators of the supply and availability of drugs (see Standard Table 13). Data for drug seizures are recorded independently by both the Revenue 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 drug 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 18 in the Revenue Commissioners *Annual Report 2022*, drug seizures are recorded by one of the following product types:

- Cannabis (herbal and resin)
- Cocaine and heroin, and
- Amphetamines, ecstasy, and other (Revenue Commissioners 2023).

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 2022 resulted in 10,357 seizures (3603 kg), which were estimated to be valued at €46.57 million (Revenue Commissioners 2023). The number of seizures for cocaine and heroin intercepted in 2022 (143) was lower than those intercepted in 2021 (174). The overall weight of these seizures was estimated at 143 kg and had a value of €10.62 million (Revenue Commissioners 2023). In 2022, a total of 1683 kg of cannabis (herbal and resin) with an estimated value of €30.98 million was intercepted in 2,354 separate seizures (Revenue Commissioners 2023). While the number of seizures reduced significantly in 2022 (-56%), the weight of seizures reported was only approximately 4% lower than that reported in 2021. Similarly, the estimated cost of products seized in 2022 was only 4.6% lower than that reported in 2021. The highest number of seizures reported by Customs officers was for amphetamines, ecstasy, and other types of drugs (7,860). The estimated weight of these substances was 1777 kg, and they had an estimated value of €4.97 million (Revenue Commissioners 2023).

AGS seizures

Only drugs seized by AGS for supply offences are sent to FSI for analysis. Figure T2.1.1 shows trends for total seizures and cannabis-related seizures between 2003 and 2022 (personal communication, FSI, 2023). Overall, 11,547 cases were submitted to FSI for analysis in 2022, resulting in 18,190 drugs being categorised as identified; however, some products were categorised as indicated or as having trace amounts of product. Further analysis showed that no controlled drug was detected in 835 analyses and no controlled drug was identified in 102 analyses. Cases were also categorised as inconclusive (n=20), not analysed (n=76) or blanks (n=48).

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, except for a very slight increase between 2013 and 2014 (3%). The 2015 figure showed the lowest number of seizures in a 12-year period. Following an increase of 52% (1,814) between 2015 and 2016, a slight decrease occurred in 2017 (2%). Between 2017 (5,199) and 2018 (3,630), FSI analyses decreased by 30%. The quantity of drug seizures analysed by FSI in 2019 was more than three times higher than in 2018. In 2020, the total number of drug seizures analysed in 2020 (N=10 475) was nearly 10% lower than 2019 figures (N=11 578). However, between 2020 and 2021, seizures analysis increased by 53% to 16,055. Drug seizures continued to increase in 2022 (+13%).

Cannabis

Cannabis-type seizures accounted for over 40% of all drug seizures in 2021 (see Figure T2.1.1). Following a slight decrease between 2003 and 2004, seizures of cannabis-type substances increased from 2005 to reach a peak in 2008. Between 2008 and 2009, the number of such seizures decreased by approximately 60%. Although there was a 38% spike in seizures in 2011, an annual decreasing trend was evident between 2011 and 2015; 2015 figures were approximately 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 analyses reduced by 21% between 2017 and 2018, the number of cannabis-type seizures in 2019 (3,691) was more than double the number analysed in 2018. While a slight increase was evident in 2020, it was very small (<.5%). The number of seizures analysed in 2021 (7,866) was two times higher than the number in 2020 (3,706). The total number of cannabis-type seizures analysed in 2022 (7,358) was 6.5% lower than that reported in 2021.

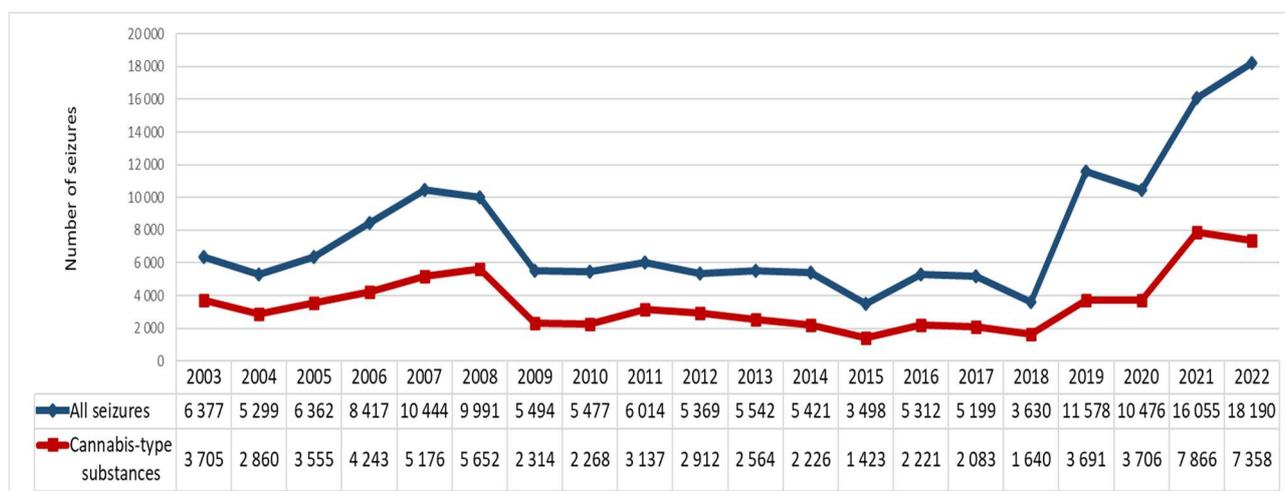


Figure T2.1.1 Trends in the total number of drug seizures and cannabis seizures, 2003–2022

Source: (personal communication, FSI, 2003–2023)

An examination of cannabis substances by type is shown in Figure T2.1.2. Cannabis herb has been shown to be the most prominent drug seized in Ireland since 2010. Between 2011 and 2015, there was an overall decrease in the numbers of cannabis herb, cannabis resin, and cannabis plants seizures. While the number of cannabis herb and resin seizures analysed increased between 2015 and 2016, Figure T2.1.2 illustrates that between 2016 and 2018, the number of seizures analysed for both substances decreased annually. However, between 2018 and 2019, a substantial increase was shown for the three main cannabis products analysed. In 2020, there was a slight increase in the analysis of cannabis herb seizures, and a larger increase was evident for cannabis plants. However, the analysis of cannabis resin decreased from 2019 (N=422) to 2020 (N=263). Between 2020 and 2021, the number of analyses increased over twofold for cannabis herb (121%) and cannabis plants (138%). During the same time frame, cannabis resin seizures decreased by 22%. Between 2021 and 2022, the number of cannabis herb and cannabis plant seizures decreased by 8% and 4%, respectively. In contrast to the previous year, between 2021 and 2022, the analysis of cannabis resin seizures increased by 43%.

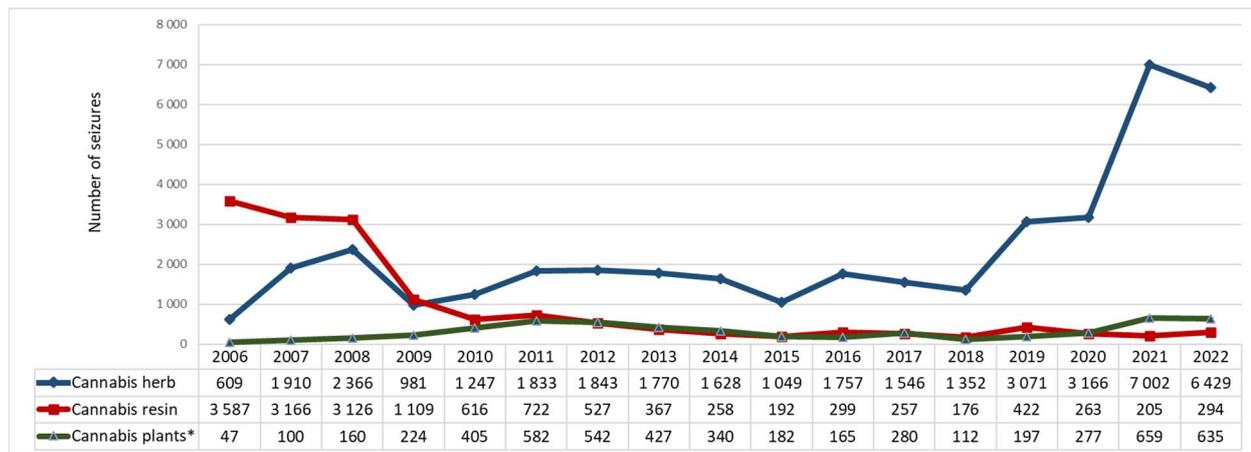


Figure T2.1.2 Trends in the total number of drug seizures by cannabis type, 2006–2022

Source: (personal communication, FSI, 2007–2023)

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

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

cannabis-type seizures. Figure T2.1.3 shows that the analysis of cannabis herb, resin, and plant seizures was significantly higher in 2019 when compared with 2018; however, in 2020, total cannabis-type seizures analyses remained similar to 2019 figures. Further investigation of this indicated that while only a slight increase was evident for the analysis of cannabis herb, analysis of cannabis resin decreased by 38% and analysis of cannabis plants increased by 41%. Between 2020 and 2021, there was a significant increase in the total number of cannabis-type seizures analyses (112%). As can be seen in Figure T2.1.3, cannabis herb and cannabis plants accounted for this increase, at 121% and 138%, respectively. A percentage decrease was shown for cannabis resin (22%). In contrast to the 2020 and 2021 timeframe, there was a small decrease in total cannabis-type products (-6%). This decrease was also shown for cannabis herb (-6%) and cannabis plants (-4%); however, the number of cannabis resin seizures increased by 43% between 2021 and 2022.

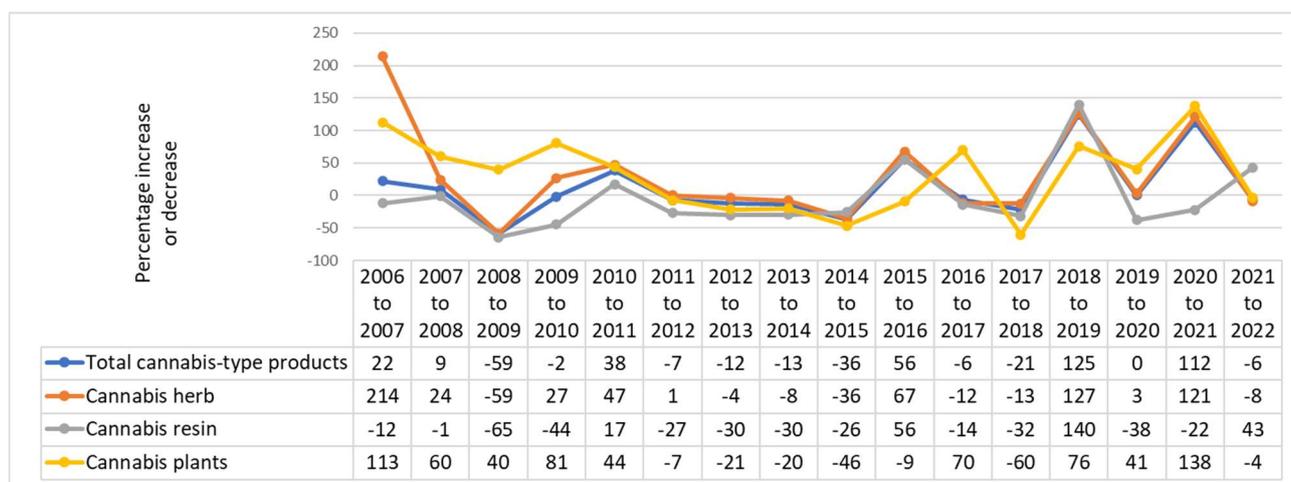


Figure T2.1.3 Comparison of percentage increase/decrease, total drug seizures, for cannabis-type products, by cannabis type, 2006–2022

In 2022, other types of cannabis products were seized and submitted for analysis (N=243).

Tetrahydrocannabinol (THC), including trace amounts, was detected in 214 seizures. According to FSI, ‘trace amount’ generally means a very small amount of a substance in the presence of something else, or it might be the residue of a drug on tinfoil (personal communication, FSI, 2019). Cannabis oil (cannabidiol [CBD]) was found in 27 seizures, and 2 other seizures contained both THC and cocaine.

Other controlled drugs

Opioids

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

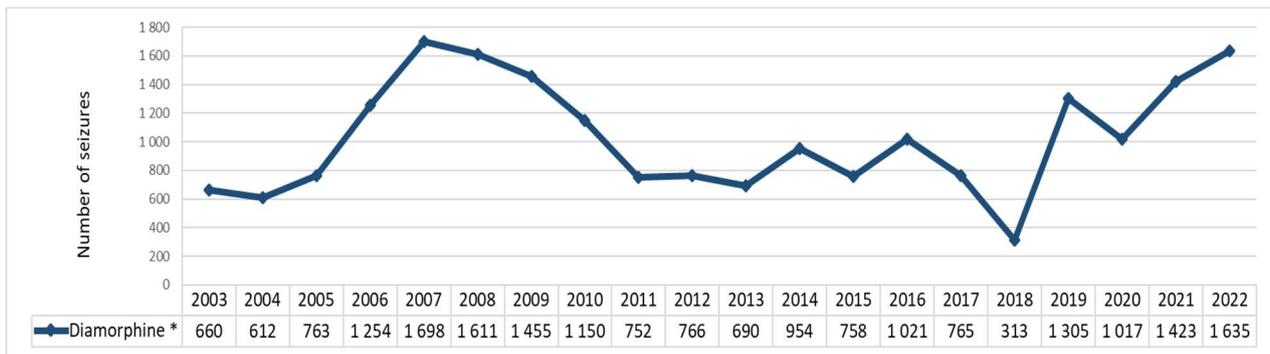


Figure T2.1.4 Trends in the number of heroin seizures, 2003–2022

*2021 includes trace amounts detected

Source: (personal communication, FSI, 2003–2023)

Other opioids: Figure T2.1.5 shows trends in the number of other opioids seized between 2012 and 2022. 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 that reported in 2014. However, in 2019, the total number of seizures analysed (N=66) was nearly four-and-a-half times higher than in 2018 (N=15). A slight increase was evident between 2019 and 2020 (15%). The number of other opioids increased by 1% between 2020 and 2021. A further increase was evident between 2021 and 2022 (5%).

Methadone has been the most prominent drug in this category since 2012 and accounted for 21% of products in this category in 2022, followed by tramadol (n=17) and codeine (n=13) (see Figure T2.1.5). In 2022, other substances analysed included morphine (n=11), oxycodone (n=10), buprenorphine (n=5), monoacetylmorphine (n=4) and dihydrocodeine (n=2). In two cases, codeine and ibuprofen (n=1) and codeine and paracetamol (n=1) were detected.

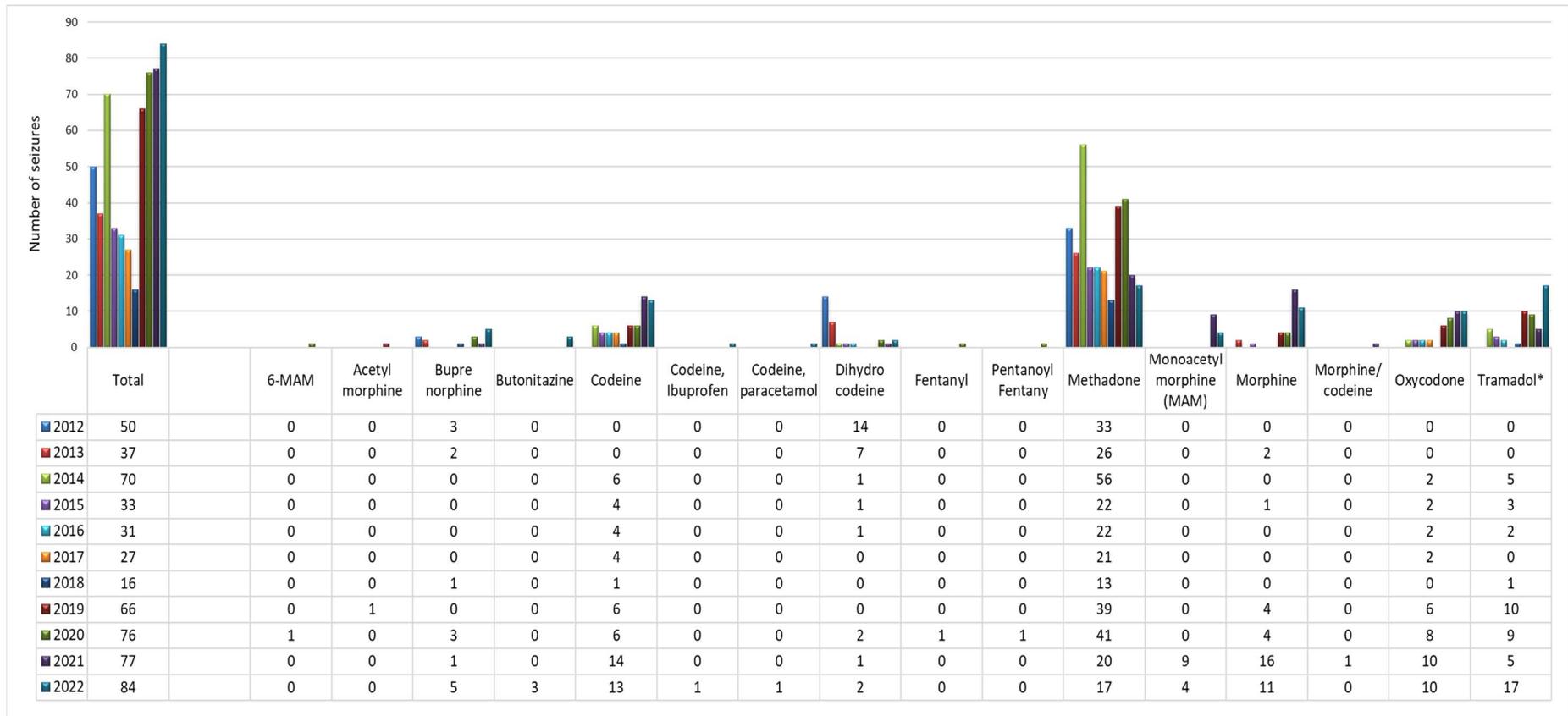


Figure T2.1.5 Trends in the number of seizures of other opioids, 2012–2022

*includes trace amounts detected

Source: (personal communication, FSI, 2012–2023)

Cocaine: Figure T2.1.6 shows the trends for cocaine seizures between 2003 and 2022. 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 between 2015 and 2016 (63%) and between 2016 and 2017 (33%). Although a decrease of 25% was shown between 2017 and 2018, this was followed by a substantial increase (N=1636) between 2018 (N=595) and 2019 (N=2231), when the number of cocaine seizures analysed was close to four times higher than in 2018. The number of cocaine seizures analysed in 2020 was 11% lower than those analysed in 2019. However, since then an increasing trajectory was seen between 2020 and 2021 (34%), and again between 2021 and 2022 (50%). In addition, in 2022, cocaine was also detected along with other substances (n=12): benzocaine (n=9, includes indicated and trace amounts), amphetamine (n=1), ketamine (n=2, includes one case with trace amounts).

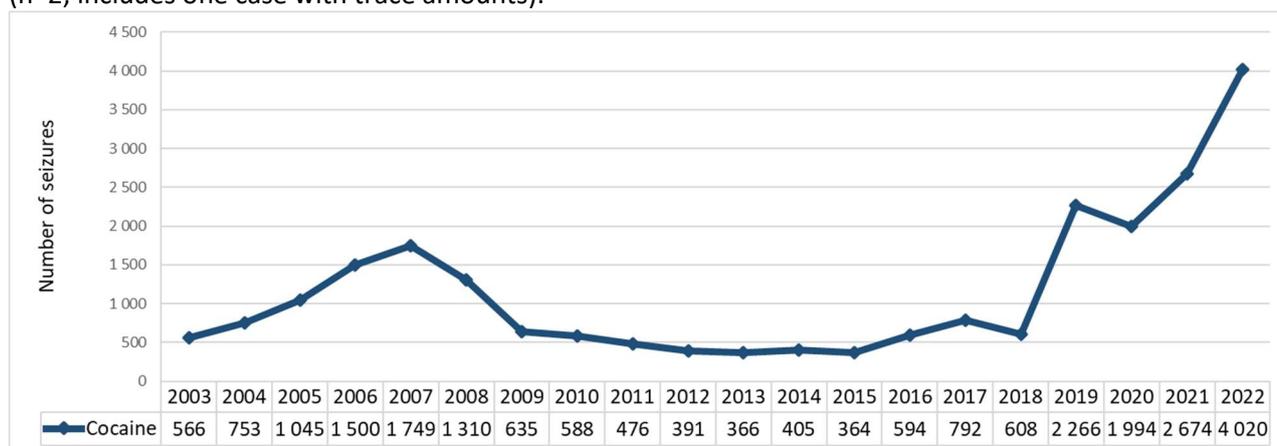


Figure T2.1.6 Trends in the number of cocaine seizures, 2003–2022

Source: (personal communication, FSI, 2003–2023)

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 2022. Between 2016 and 2018, there was a steady decline in analyses. However, in 2019, FSI analysed 1,304 stimulants other than cocaine; this was more than three times higher than 2018 figures. Since 2019, analyses have decreased annually between 2019 and 2020 (31%), between 2020 and 2021 (11%), and between 2021 and 2022 (2%).

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

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 (10%), a further increase was shown in 2019, where the number of analyses carried out was more than three times higher than in 2018, and more than double the analyses reported in 2016 (n=104) (see Table T2.1.1). Between 2019 and 2020, the analysis of amphetamine seizures decreased by approximately 16%.

However, between 2020 and 2021, the analysis of amphetamine seizures was nearly two times higher than those analysed in 2019. The number of amphetamine seizures analysed in 2022 was similar to 2021.

As shown in Table T2.1.1, 60 methylamphetamine seizures were analysed by FSI in 2022.

Table T2.1.1 Stimulants other than cocaine analysed by FSI, 2012–2022

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	531	697	642	368	542	469	404	1304	900	824	805
1,3-Dimethylamylamine (DMAA)	-	-	1	-	-	-	-	-	-	-	-
25C-NBOMe	-	-	-	-	-	-	-	-	-	-	1
2C-B	17	-	17	15	3	0	2	15	15	24	14
2C-I	-	-	3	-	-	-	2	4	1	-	-
5-MAPB	-	-	-	-	-	-	-	-	1	-	-
6-APB	-	-	-	-	-	-	-	-	1	-	-
6-MAPB	-	-	-	-	-	-	-	-	1	-	-
4-Chloro-alpha-pyrrolidinovalerophenone	-	-	-	-	-	-	1	1	-	-	-
Alpha-PVP/PVP	-	81	64	46	50	24	2	4	-	-	-
Amphetamine *	90	77	75	63	104	62	68*	221*	185	335	333
Amphetamine (Cocaine)	-	-	-	-	-	-	-	-	3	-	3
Beta-hydroxy-2C-B	-	-	-	-	-	-	-	-	-	-	1
BZP	16	7	10	1	-	2	-	-	-	-	-
Chlorodimethoxyamphetamine	-	-	-	-	-	-	-	-	1	-	-
Chloro-pyrrolidinovalerophenon (PVP)	-	-	-	-	-	-	-	-	1	-	-
Desozypipradrol	-	-	-	-	-	-	-	-	-	-	-
Dibutylone	-	-	-	-	-	-	-	2	1	-	-
Dimethoxybromoamphetamine (DOB)	-	-	1	-	-	-	-	1	-	-	-
Dimethoxychloroamphetamine	-	-	-	-	-	-	-	1	-	-	-
Dimethylone	-	-	2	-	-	-	-	-	-	-	-
Fluoroethylamphetamine	-	-	-	-	-	-	-	-	1	-	-
Fluoromethylamphetamine	-	-	-	-	-	-	-	-	1	-	-
Fluorophenmetrazine	-	-	-	-	-	-	-	2	1	-	-
Hordeine	-	-	-	-	-	-	-	-	1	-	-
Khat	-	-	-	-	-	-	3	2	2	-	2
MDMA*	311	434	386	202	345	344	304	977*	632	388	378*
MDMA in plastic bag	-	-	-	-	-	-	-	-	-	1	-
MDMA, Cocaine, Amphetamine	-	-	-	-	-	-	-	-	-	1	-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
MDMA, Cocaine											1
MDPV	-	-	6	1	4	1			-	-	-
Mephedrone/MMC	-	-	4	6	3	4		5	2	3	1
Methiopropamine	-	-	-	-	-	-	-	-	1	-	-
Methoxyamphetamine	-	-	7	-	-	-	-	-		-	-
Methylamphetamine	53	37	24	4	28	29	22*	56*	33	53*	60
Methylenedioxyethylamphetamine (MDEA)	-	30	8	2	2	-	-	1	-	-	-
Methylphenidate	-	-	1	-	-	-	-	4	5	2	4
Mitragynine	-	-	-	-	-	-	-	7	9	6	1
N-(Dimethylpentyl)-DMA	-	-	-	-	-	-	-	-	1	9	5
Pentedrone	-	-	4	19	1	-	-	-	-	-	-
Phentermine	-	-	1	-	-	-	-	-	-	2	-
PMA	-	5	4	1	-	1	-	-	-	-	-
TFMPP (Trifluoro-methyl-phenylpiperzine)	44	26	24	8	2	2	-	1	1	-	1

Note: “-” = no data available; * includes trace amounts

Source: (personal communication, FSI, 2012–2023)

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). Since 2019, an increasing trajectory has been evident between 2019 and 2020 (8%), between 2020 and 2021 (6%). Between 2021 and 2022 there was a significant increase in the analysis of hypnotic and sedative substances (44%).

The most prominent drug in this category in 2022 was alprazolam, followed by zopiclone, diazepam, delorazepam, and then flualprazolam. Following the overall trend for this category between 2021 and 2022, seizures of alprazolam increased by 54% in 2022, while increases were also evident in seizures of zopiclone (49%) and diazepam (71%). Between 2021 and 2022 the analysis of delorazepam seizures decreased by 57%.

Table T2.1.2 Seizures of a selection of benzodiazepines and Z-hypnotics, 2012–2022

Hypnotic and sedative drugs	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	675	861	821	392	350	605	309	1269	1368	1449	2091
Alprazolam	111	145	201	127	115	304	160	681	745	833*	1284*
Alprazolam plus adinazolam indicated	-	-	-	-	-	-	-	-	-	1	-
Amyl nitrite	-	-	-	-	-	-	-	-	1	-	-
Bromazepam	-	-	-	1	-	-	-	-	2	3	8

Hypnotic and sedative drugs	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Chlordiazepoxide	-	-	2	1	-	1	-	1	2	3	3
Clonazolam	-	-	-	-	-	-	-	3	5	14*	7*
Delorazepam	-	-	-	-	-	-	-	-	62	107	46
Diazepam	463	450	420	175	141	155	62	230	163	161	276*
Flualprazolam	-	-	-	-	-	-	-	5	40	28*	40*
Flualprazolam indicated, Deschloroetizolam	-	-	-	-	-	-	-	-	-	-	1
Flunitrazepam (Rohypnol)	9	6	1	-	-	-	-	-	-	-	-
Flurazepam	52	35	37	15	15	11	4	25	16	12	12
GBL	-	-	3	-	-	-	-	7	9	-	-
GHB	-	-	-	-	-	-	-	1	-	-	-
Lorazepam	1	-	1	-	-	-	2	2	5	4	2
Nitrazepam	-	-	2	1	-	-	2	-	-	-	-
Nitrazolam	-	-	-	-	-	-	-	1	1	1*	-
Nordazepam	-	-	-	-	-	-	5	5	1	-	-
Pentobarbitone	-	-	1	-	-	-	-	-	-	-	-
Phenobarbitone	-	-	1	-	-	-	-	-	-	-	-
Prazepam	-	-	1	-	-	-	-	-	-	-	-
Temazepam	12	6	4	1	1	-	-	-	1	3	-
Triazolam	11	7	12	2	4	5	1	5	5	5	7
Zolpidem	16	7	10	4	-	3	1	7	9	4	4
Zopiclone	-	205	125	65	74	126	72	296	301	270	401

Note: “-” = not detected; * includes amounts indicated

Source: (personal communication, FSI, 2012–2023)

Hallucinogens: Table T2.1.3 shows trends in the number of hallucinogen seizures between 2012 and 2022. Over the course of this time frame, a variety of hallucinogens have been seized, including ketamine, lysergide, N, N-Dimethyltryptamine (DMT), psilocin, and psilocin/psilocybin. While the total number of hallucinogen seizures analysed ranged from 65 to 79 between 2016 and 2018, the number reported by FSI in 2019 (302) was nearly four times higher than the number reported in 2018 (n=78). Between 2019 and 2020, the total number of seizures in this category decreased by 25%. An increase of 23% was evident between 2020 and 2021 and an increase of 24% was evident between 2021 and 2022.

The most predominant hallucinogen seized in 2022 was ketamine (n=262), the number of analyses of which was nearly 40% higher than the number of ketamine analyses in 2021 (n=188). This was followed by lysergide (n=38), DMT (n=18), psilocin/psilocybin (n=14) and psilocin (n=11).

Table T2.1.3 Trends in the number of seizures of hallucinogens, 2012–2022

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total	37	29	29	27	65	79	72	302	228	280	348
1cP-LSD	-	-	-	-	-	-	-	-	1	1*	1*
1P-LSD	-	-	-	-	-	-	-	-	1	2*	-

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
2-fluorodeschloroketamine (2-'FI-2-Oxo-PCM)	-	-	-	-	-	-	-	-	2*	4*	-
Acetylpsilocin **	-	-	-	-	-	-	1*	2	1	-	-
ALD-52	-	-	-	-	-	-	-	-	3	-	-
Fluorodeschloroketamine	-	-	-	-	-	-	-	-	2	10*	1
Fluoroketamine	-	-	-	-	-	-	-	-	-	1	-
Hydroxy-N, N-ethylmethyltryptamine	-	-	-	-	-	-	-	-	1	-	2
Ketamine	13	19	11	11	45	54	48	240*	169	188*	262
Ketamine, Cocaine											1
LSD	24	10	11	12	13	7	-	-	-	-	-
Lysergide	-	-	-	-	-	-	11	36	31	38	38
Mescaline	-	-	-	-	-	-	5	1	-	-	
N,N-Dimethyltryptamine (DMT)	-	-	1	2	7	7	2	18	14	18	18
Psilocin	-	-	1	2		11	-	-	-	1	11
Psilocin/psilocybin	-	-	-	-	-	-	5	3	1	6	14
Psilocybin	-	-	5	-	-	-	-	1	2	11	-
Salvinorin A	-	-	-	-	-	-	-	1	-	-	-

Note: “-” = not detected; * includes amounts indicated; ** Can mean not controlled in Ireland at time of analysis, or a small amount of material present

Source: (personal communication, FSI, 2012–2023)

NPS: Table T2.1.4 shows trends for NPS that are available on the Irish market. In 2022, 636 NPS were analysed by FSI. This figure was 12% higher than the number analysed in 2021 (N=569). The most prominent NPS in 2022 was etizolam (n=268), followed by ADB_BUTINACA (n=51), flubromazolam (n=49), chloromethcathinone (n=48), bromazolam (n=47), adinazolam (n=41). As can be seen in Table T2.1.4, several products included cases labelled as ‘indicated’. In this context, FSI defines indicated as meaning not controlled in Ireland at time of analysis, or a small amount of material present.

Table T2.1.4 Seizures of NPS in Ireland, 2012–2022

NPS Family	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
		17	39	79	42	50	41	64	388	322	569	636
Arylcyclohexylamines	AMB-FUBINACA	-	-	-	-	-	-	3*	-	-	-	-
	Methoxetamine (MXE)	-	-	6	10	3	1	-	2	-	-	-
Other benzodiazepines	Adinazolam	-	-	-	-	-	-	-	-	43	48*	41*
	Adinazolam and amantadine indicated	1	-	-	-	-	-	-	-	-	1	2
	Adinazolam, melatonin and adinazolam	-	-	-	-	-	-	-	-	-	1	-

NPS Family	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Adinazolam, melatonin and amantadine	-	-	-	-	-	-	-	-	-	1	-
	Bromazolam	-	-	-	-	-	-	-	-	1	15*	47*
	Bromazolam indicated, alprozalam (trace)	-	-	-	-	-	-	-	-	-	1	-
	Clonazepam	15	16	13	12	6	10	4	15	23	10	17
	Desalkylflurazepam	-	-	-	-	-	-	-	-	1	-	-
	Deschloroetizolam	-	-	-	-	-	-	-	-	1	1*	-
	Diclazepam	-	-	-	-	-	-	2	51	31	17*	8*
	Diclazepam and etizolam	-	-	-	-	-	-	-	-	-	2	2*
	Etizolam	-	-	-	-	-	-	3	221	146	211*	268*
	Etizolam and Cocaine indicated	-	-	-	-	-	-	-	-	-	1	-
	Etizolam and Flualprazolam	-	-	-	-	-	-	-	-	-	-	1
	Etizolam indicated and phenacetin	-	-	-	-	-	-	-	-	-	-	1
	Flubromazepam	-	-	-	-	-	-	-	-	1	-	3*
	Flubromazolam	-	-	-	-	-	-	-	-	3	51*	49*
	Meclonazepam indicated	-	-	-	-	-	-	-	-	-	1	-
	Phenazepam	-	-	13	12	34	28	21*	14	3	4	1
Cannabinoids (synthetic)	3F-MDMB-PINACA	-	-	-	-	-	-	-	-	1	-	-
	4F-MDMB-BICA	-	-	-	-	-	-	-	-	-	-	2
	4F-MDMB-BINACA	-	-	-	-	-	-	-	-	13	19*	2
	4F-MDMB-BUTICA	-	-	-	-	-	-	-	-	-	2*	2
	4F-MDMB-BUTINACA	-	-	-	-	-	-	-	-	-	-	2
	5F-ADB (5F-MDMB-PINACA)	-	-	-	-	-	-	-	5	4	-	-
	5F-ADBICA	-	-	-	-	-	-	-	-	-	1*	-
	5F-AKB48	-	-	-	-	-	-	-	1	1	-	-
	5F-EDMB-PICA	-	-	-	-	-	-	-	-	-	17	16*
	5F-EMB-PINACA	-	-	-	-	-	-	-	-	1	-	-
	5F-MDMB-PICA	-	-	-	-	-	-	-	17	6	19*	6
	5F-3,5-AB-PFUPPYCA	-	-	-	-	-	-	-	-	-	-	1*
	EDMB-PINACA	-	-	-	-	-	-	-	-	-	-	5*
	5F-CUMYL-P7AICA	-	-	-	-	-	-	-	-	-	-	1
	AB-PINACA	-	-	-	-	-	-	4*	1	-	-	-
	ADB-BUTINACA	-	-	-	-	-	-	-	-	-	32	51*

NPS Family	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	ADB-BUTINACA, no controlled drug detected	-	-	-	-	-	-	-	-	-	1	-
	ADB-BUTINACA/MDMB-4en – traces	-	-	-	-	-	-	-	-	-	-	1
	ADB-FUBINACA	-	-	-	-	-	-	1*	-	-	-	-
	ADB-4en-PINACA	-	-	-	-	-	-	-	-	-	-	1*
	AMB-FUBINACA	-	-	-	-	-	-	1	1	-	-	-
	CI-2201	-	-	-	-	-	-	-	-	1	-	-
	CUMYL-5F-P7AICA	-	-	-	-	-	-	-	1	4	-	-
	JWH-018	-	4	-	-	2	-	-	-	-	-	-
	JWH-019	-	-	-	-	-	-	-	-	1	-	-
	JWH-073	-	1	-	-	-	-	-	-	-	-	-
	MDMB CHMICA	-	-	-	-	-	-	2	-	-	-	-
	MDMB-4en-PINACA	-	-	-	-	-	-	-	-	-	43*	17*
	NM-2201	-	-	-	-	-	-	-	-	1	-	-
	STS-135	-	-	1	-	-	-	-	-	-	-	-
Cathinones (synthetic)	3',4'-Methylenedioxy- α -pyrrolidinobutyrophe none (MDPBP)	-	-	2	-	-	-	-	-	-	-	-
	4-Methylethcathinone or 4-MEC	-	-	23	-	-	-	-	-	-	-	-
	Bupropion	-	-	-	-	-	-	-	-	-	1*	-
	Chlorethcathinone	-	-	-	-	-	-	-	1*	-	3	4
	Chloromethcathinone	-	-	-	-	-	-	-	-	2	15	48
	Chloro-N,N-dimethylcathinone	-	-	-	-	-	-	-	-	-	2	1
	Clephedrone	-	-	-	-	-	-	2	10	5	9	-
	Ethylone (3,4-methylenedioxy-N-ethylcathinone; MDEC)	-	-	6	4	-	-	1	4	-	1	-
	Ethylpentylone	-	-	-	-	-	-	-	-	1	-	-
	Eutylone	-	-	-	-	-	-	-	1	7	6	6
	Fluoro-methyl-PVP	-	-	-	-	-	-	-	-	-	3	1
	Methedrone	-	-	1	-	-	-	-	1	-	-	-
	Methomethcathinone	-	-	-	-	-	-	-	1	3	-	-
Methylethcathinone (MEC)	-	-	-	-	-	-	3	3	1	-	-	
Methylone (3,4-methylenedioxy-N-methylcathinone, MDMC)	-	12	2	-	-	-	-	-	-	-	-	

NPS Family	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	N-Ethylhexedrone	-	-	-	-	-	-	9	17	8	8	-
	N-Ethylpentedrone	-	-	-	-	-	-	-	-	-	2	-
	Pyrrolidinohexiophenone (PHP)	-	-	-	-	-	-	-	-	-	2	-
Indolalkylamines/ tryptamines	AMT	-	-	4	-	-	-	-	-	-	-	-
	Methoxy-DBT	-	-	-	-	-	-	-	-	1	4	2
	Methoxy-DBT and Alprazolam	-	-	-	-	-	-	-	-	-	-	1
	Methoxy-DMT	-	-	-	-	-	-	-	-	-	-	1
	Methoxy-N,N-diisopropyltryptamine	-	-	-	-	-	-	-	-	-	-	1
	U-51754 indicated	-	-	-	-	-	-	2	-	-	-	-
Phenethylamines	25C-NBOMe	-	-	-	-	-	-	-	-	2	1	1
	Dimethoxychloramphetamine	-	-	-	-	-	-	2	-	-	-	-
	Flephedrone (4-Fluoramphetamine)	1	6	3	-	-	-	-	1	-	-	-
	Iododimethoxyphenethylamine (2C-I)	-	-	-	-	-	-	-	-	-	1	-
	Isopropylphenidate/propylphenidate	-	-	-	-	-	-	-	-	-	1*	-
	N-Ethylpentylone	-	-	-	-	-	-	4	12	3	1	1
	Phenethylamine	-	-	-	-	-	-	-	-	1	-	2*
Piperazine derivatives	MBZP (1-benzyl-4-methylpiperazine)	-	-	1	1	0	0	-	-	-	-	-
	mCPP (1-(3-chlorophenyl))	-	-	4	3	5	2	-	2	-	-	2
Piperidines and pyrrolidines	4-anilino-1-Boc-piperidine	-	-	-	-	-	-	-	-	-	1*	-
	BOC-4-ANP/4-anilinopiperidine	-	-	-	-	-	-	-	-	1	-	-
	Ethylphenidate	-	-	-	-	-	-	-	1	-	-	-
Plants and extracts	Harmine	-	-	-	-	-	-	-	2	-	-	1*
	Harmine/Harmaline	-	-	-	-	-	-	-	1	-	-	-
	Nicotine	-	-	-	-	-	-	-	2	1	2*	6*
	Plant material unknown	-	-	-	-	-	-	-	-	-	2	-
Other NPS	Dextromethorphan indicated	-	-	-	-	-	-	-	-	-	1	-
	Dihydrofuran-2(3H)-one (GBL)	-	-	-	-	-	-	-	-	-	4	11

Note: “-” = not detected; * includes amounts that are indicated
Source: (personal communication, FSI, 2012–2023)

Medicinal products: Table T2.1.5 shows a breakdown of medicinal products seized between 2012 and 2022. The number of medicinal products analysed by FSI in 2022 (N=793) was nearly 44% higher than in 2021 (N=550).

The main drug seized in this category in 2021 was benzocaine (n=335), which was significantly higher than in 2021 (n=205). The most prominent substance after benzocaine was creatine/creatinine (n=81), pregabalin (n=74), paracetamol (n=57), quetiapine (n=29) and mirtazapine (n=26). Similar to the NPS category, several cases were analysed where small amounts of a substance were identified and categorised as ‘indicated’.

Table T2.1.5 Seizures of medicinal products in Ireland, 2012–2022

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Overall total		8	54	90	56	78	45	105	714	644	550	793
Acne and hair growth	RU-58841	-	-	-	-	-	-	-	1	-	-	-
Anti-ageing	Squalene	-	-	-	-	-	-	-	1	-	-	-
Antiflatulent	Simeticone	-	-	-	-	-	-	-	1	-	-	-
Antifungal	Fluconazole	-	-	-	-	-	-	-	1	-	-	-
Antiparkinsonian	Amantadine	-	-	-	-	-	-	-	1	-	-	-
	Procyclidine	-	-	-	-	-	-	-	-	1	-	1*
Antipsychotic	Paliperidone	-	-	-	-	-	-	-	1	-	-	-
Bipolar	Valproic acid	-	-	-	-	-	-	-	1	1	1*	1*
Bladder conditions	Oxybutynin chloride	-	-	-	-	-	-	-	1	-	-	-
Blood thinners	Apixaban	-	-	-	-	-	-	-	1	-	-	-
	Clopidogrel	-	-	-	-	-	-	-	1	-	-	-
	Rivaroxaban	-	-	-	-	-	-	-	-	1	-	-
Cholesterol	Atorvastatin	-	-	-	-	-	-	-	-	1	-	-
	Pravastatin	-	-	-	-	-	-	-	1	-	-	-
	Simvastatin	-	-	-	-	-	-	-	1	-	-	-
Gout (joint pain)	Febuxostat	-	-	-	-	-	-	-	1	-	-	-
Hair loss men/hair growth women	Finasteride	-	-	-	-	-	-	-	1	-	-	-
Herpes infections	Aciclovir	-	-	-	-	-	-	-	1	-	-	-
Traumatic brain Injury	N-Phenylacetylprolylglycine ethylester	-	-	-	-	-	-	-	1	-	-	-
ADHD	Atomoxetine	-	-	-	-	-	-	-	-	-	1*	-
Alcoholism	Disulfiram	-	-	-	-	-	-	-	-	-	1*	-
Androgenic-anabolic steroids	Mesterolone	-	-	-	-	-	-	-	1	-	6	1*
	Methandienone indicated	-	-	-	-	-	-	1	-	-	6	-

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Methandienone/Metan dienone	-	9	7	3	-	-	2	18	2	-	-
	Methandrostenolone	-	-	6	2	4	-	2*	11	10	10*	18*
	Methyltestosterone	-	11	2	2	-	-	-	10	4	1*	5*
	Oxandrolone	-	-	-	-	-	-	1*	7	4	7*	4*
	Oxymetholone	-	-	7	2	7	-	-	12	8	-	6*
	Stanozolol	-	5	8	2	2	2	5*	11	7	4*	4*
	Trenbolone	-	-	-	-	-	-	1*	-	-	-	-
Anaesthetic/pain relief medications	Aspirin	-	-	1	-	-	-	-	6	16	14*	11*
	Benzocaine	-	-	18	18	28	36	30*	207	225	205*	335
	Benzocaine (cocaine)	-	-	-	-	-	-	-	-	9	8	6
	Benzocaine (Lignocaine)	-	-	-	-	-	-	-	-	1	-	-
	Benzocaine indicated, creatine	-	-	-	-	-	-	-	-	-	1*	-
	Ephedrine (prevents low blood pressure during spinal anaesthesia)	8	3	-	-	-	-	3	1	-	-	-
	Ephedrine/pseudoephedrine	-	-	-	-	-	-	-	-	-	1	-
	Ephedrine/pseudoephedrine/paracetamol	-	-	-	-	-	-	-	-	-	-	1
	Ephenidine	-	-	-	-	-	-	-	-	1	-	-
	Hydromorphone	-	-	-	-	-	-	-	1	-	-	1
	Ibuprofen	-	-	-	-	-	-	-	8	8	3*	8*
	Lignocaine	-	-	9	12	2	1	2*	11	9	16*	9*
	Mefanamic acid	-	-	-	-	-	-	-	3	2	1*	1*
	Midazolam	-	-	-	-	-	-	-	1	-	-	1
	Naproxen	-	-	-	-	-	-	-	2	-	1*	1*
	Paracetamol	-	-	5	1	25	3	15*	46	35	24*	57*
	Paracetamol/tramadol indicated	-	-	-	-	-	-	1	-	-	-	-
	Phenacetin	-	5	5	4	2	1	5*	5	10	2*	12*
	Procaine	-	-	-	-	-	-	-	1	2	1*	-
Antibiotics	Doxycycline	-	-	-	-	-	-	-	1	-	-	-
	Flucloxacillin	-	-	-	-	-	-	-	2	-	-	-
	Metronidazole	-	-	-	-	-	-	-	1	-	-	1*
	Tetracycline	-	-	-	-	-	-	-	1	-	-	-
	Trimethoprim	-	-	-	-	-	-	-	-	1	-	-
Antidepressant medications	Agomelatine	-	-	-	-	-	-	-	1	-	1	-

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Amitriptyline	-	-	-	-	-	-	4*	9	17	16*	7*
	Buspirone	-	-	-	-	-	-	-	-	1	-	-
	Citalopram	-	-	-	-	-	-	-	1	2	1*	-
	Clomethiazole	-	-	-	-	-	-	1*	-	-	-	-
	Doxepin	-	-	-	-	-	-	-	23	2	-	-
	Escitalopram	-	-	-	-	-	-	-	2	-	-	3*
	Fluoxetine	-	-	-	-	-	-	-	4	-	2*	2*
	Lisdexamphetamine	-	-	-	-	-	-	1*	-	-	-	-
	Mesembrine	-	-	-	-	-	-	-	-	2	-	-
	Mirtazapine	-	-	5	1	-	-	2*	14	19	12*	26
	Nortriptyline	-	-	-	-	-	-	-	1	-	-	-
	Paroxetine	-	-	-	-	-	-	-	1	-	-	1*
	Pregabalin	-	-	-	-	-	-	10*	41	32	52*	74*
	Prochlorperazine	-	-	-	-	-	-	1*	-	1	-	1*
	Quetiapine	-	-	-	-	-	-	2*	9	12	22*	29*
	Sertraline	-	-	-	-	-	-	2*	1	6	6*	7*
	Trazodone	-	-	-	-	-	-	-	1	1	-	1*
	Venlafaxine	-	-	-	-	-	-	-	4	4	1*	-
Anti-inflammatory	Celecoxib	-	-	-	-	-	-	-	1	-	-	-
	Diclofenac	-	-	-	-	-	-	-	1	1	2*	-
	Ketoprofen	-	-	-	-	-	-	-	-	1	-	-
	Nimesulide	-	-	-	-	-	-	-	1	-	-	1*
Antihistamine	Bisoprolol	-	-	-	-	-	-	1*	-	1	2*	-
	Camphor	-	-	-	-	-	-	-	1	-	3*	-
	Cetirizine	-	-	-	-	-	-	-	1	-	-	-
	Cetirizine indicated	-	-	-	-	-	-	-	-	-	3	-
	Chlorphenamine	-	-	-	-	-	-	1	4	-	-	-
	Chlorpheniramine	-	2	3	-	-	-	-	-	-	1*	5
	Chlorpheniramine and clozapine	-	-	-	-	-	-	1*	-	-	-	-
	Chlorpromazine	-	-	-	-	-	-	1*	1*	-	-	1
	Cyclizine	-	-	-	-	-	-	1*	-	-	2*	1*
	Cyproheptadine	-	-	-	-	-	-	-	-	-	-	1*
	Dimethyl sulfone	-	-	-	-	-	-	1	-	-	-	-

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Diphenhydramine (Benadryl)	-	-	-	-	-	-	-	1	1	-	2*
	Doxylamine	-	-	-	-	-	-	-	1	1	2*	1*
	Etodroxizine	-	-	-	-	-	-	-	-	1	-	-
	Levocetirizine	-	-	-	-	-	-	-	2	-	-	-
	Loratadine	-	-	-	-	-	-	-	-	1	-	-
	Triprolidine	-	-	-	-	-	-	1*	1	-	-	-
Anti-nausea	Domperidone	-	-	-	-	-	-	-	2	-	-	-
	Piperine	-	-	-	-	-	-	-	1	-	-	-
	Promethazine	-	-	-	-	-	-	-	1	2	4*	4*
Antivertigo/tinnitus/hearing loss	Betahistine	-	-	-	-	-	-	-	-	-	1*	-
Arthritis	Etoricoxib	-	-	-	-	-	-	-	-	1	-	-
Asthma/weight loss	Clenbuterol	-	-	-	-	-	-	-	2	1	1*	2*
Asthma/weight loss	Sibutramine	-	-	-	-	-	-	-	2	-	-	2*
Beta blocker	Propranolol	-	-	-	-	-	-	-	1	1	4*	-
Blood pressure	Clonidine	-	-	-	-	-	-	-	1	-	-	-
	Furosemide	-	-	-	-	-	-	-	-	1	-	-
	Lercanidipine	-	-	-	-	-	-	-	-	1	-	-
	Losartan	-	-	-	-	-	-	-	-	1	-	-
	Quinapril	-	-	-	-	-	-	-	1	-	-	-
	Ramipril	-	-	-	-	-	-	-	2	-	1	-
Breast cancer	Tamoxifen	-	-	-	-	-	-	-	4	-	-	1*
Breathing	Tapentadol	-	-	-	-	-	-	-	-	-	3	1*
Chest infection	Erythromycin	-	-	-	-	-	-	-	-	1	-	-
Cholesterol	Atorvastatin (Lipitor)	-	-	-	-	-	-	-	-	-	1*	-
Constipation	Bisacodyl	-	-	-	-	-	-	-	1	-	-	-
	Hyoscine butylbromide	-	-	-	-	-	-	-	1	-	-	-
	Sorbitol	-	-	-	-	-	-	-	1	-	-	-
Coronavirus	Hydroxychloroquine	-	-	-	-	-	-	-	-	1	-	-
Corticosteroids	Hydrocortisone	-	-	-	-	-	-	-	-	1	-	-
	Prednisolone	-	-	-	-	-	-	1*	1	1	1*	-
Cough suppressant	Dextromethorphan	-	-	-	-	-	-	-	-	1	1	-
Decongestant	Pseudoephedrine	-	-	-	-	-	-	-	1	-	-	-
Diuretic	Mannitol	-	-	-	-	-	-	-	2	-	-	-
Epilepsy/seizures	Gabapentin	-	-	-	-	-	-	-	4	4	2*	3*

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	Lamotrigine	-	-	-	-	-	-	-	1	1	-	4*
	Levetiracetam	-	-	-	-	-	-	-	2	2	-	1*
	Primidone	-	-	-	-	-	-	-	1	-	-	-
	Topiramate	-	-	-	-	-	-	-	2	-	-	-
	Zonisamide	-	-	-	-	-	-	-	1	-	-	-
Epilepsy/nerve pain	Carbamazepine indicated	-	-	-	-	-	-	-	-	-	1	-
Erectile dysfunction medicines	Sildenafil (Viagra)	-	19	14	9	8	2	6*	36	23	27*	19*
	Tadalafil	-	-	-	-	-	-	-	6	5	5*	4*
	Testosterone	-	-	-	-	-	-	-	2	1	-	-
	Yohimbine	-	-	-	-	-	-	-	-	1	-	-
Eyes	Tetracaine	-	-	-	-	-	-	-	-	2	-	-
Heart	Amiodarone	-	-	-	-	-	-	-	-	1	-	-
Infertility	Clomiphene	-	-	-	-	-	-	-	-	1	-	-
Muscle relaxant/pain relief	Cyclobenzaprine	-	-	-	-	-	-	-	-	-	1*	-
Muscle spasm	Baclofen	-	-	-	-	-	-	-	1	1	3*	-
	Carisoprodol	-	-	-	-	-	-	-	1	-	-	-
	Drotaverini	-	-	-	-	-	-	-	1	-	-	-
	Tizanidine	-	-	-	-	-	-	-	3	-	-	-
Muscle wastage	Ligandrol	-	-	-	-	-	-	-	-	1	-	-
Obesity/flavouring	4-(4-hydroxyphenyl)-2-butanone	-	-	-	-	-	-	-	-	1	-	-
Performance	Creatine	-	-	-	-	-	-	-	4	-	-	3*
	Creatine/Creatinine	-	-	-	-	-	-	-	85	92	43*	81*
	Creatinine	-	-	-	-	-	-	-	3	-	1	-
Schizophrenia	Glycine	-	-	-	-	-	-	-	-	1	-	-
	Olanzapine	-	-	-	-	-	-	-	11	13	2*	9*
Skin care	Dimethylaminoethanol	-	-	-	-	-	-	-	1	-	-	-
	Salicylic acid	-	-	-	-	-	-	-	-	1	-	-
Sleep disorders	Armodafinil	-	-	-	-	-	-	-	2	-	-	-
	Melatonin	-	-	-	-	-	-	-	1	2	2*	5*
	Modafinil	-	-	-	-	-	-	-	1	1	-	-
Stomach	Amoxicillin	-	-	-	-	-	-	-	2	1	-	-
	Esomeprazole	-	-	-	-	-	-	-	1	-	1*	-
	Lansoprazole	-	-	-	-	-	-	-	1	-	-	-
	Omeprazole	-	-	-	-	-	-	-	1	1	1*	1*

Medicinal products	Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Throat	Menthol	-	-	-	-	-	-	-	1	-	-	-
Travel sickness	Scopolamine	-	-	-	-	-	-	-	-	-	1*	1*
Veterinary	ACP mix	-	-	-	-	-	-	-	-	6	-	-
	Menadione	-	-	-	-	-	-	-	-	1	-	-
Vitamins/supplements	Ascorbic acid	-	-	-	-	-	-	-	-	1	-	-
	Daidzein	-	-	-	-	-	-	-	-	1	-	-
	DL-Phenylalanine	-	-	-	-	-	-	-	1	-	-	-
	Inositol	-	-	-	-	-	-	-	1	-	-	-
	Niacinamide (Vitamin B3)	-	-	-	-	-	-	-	2	-	-	1*
	Vitamin E	-	-	-	-	-	-	-	1	1	1*	4*
Worms	Mebendazole	-	-	-	-	-	-	-	-	1	-	-

Note: “-” = not detected; *includes amounts indicated

Source: (personal communication, FSI, 2012–2023)

Other substances: As shown in Table T2.1.6, FSI analysed 87 seizures in this category in 2022, of which 84 were caffeine seizures. Caffeine analysis includes results for trace and small amounts indicated. Three were levamisole (see Table T2.1.6).

Table T2.1.6 Seizures of other substances in Ireland, 2014–2022

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

Note: “-” = not detected; *includes amounts indicated

Source: (personal communication, FSI, 2012–2023)

Table T2.1.7 Total analyses where caffeine was indicated, or trace amounts were found 2018–2022

Other substances	2018	2019	2020	2021	2022
Total analyses where caffeine was indicated, or trace amounts were found with other products	16	53	48	17	44
Aspirin/caffeine	-	7	6	-	1*
Aspirin/paracetamol/caffeine	-	-	-	-	1*
Benzocaine/caffeine	-	-	5	1*	1*
Benzocaine/caffeine/phenacetin	-	2	-	-	-
Benzocaine, caffeine and lignocaine	1	-	-	-	-
Caffeine (formylamphetamine)	-	1	-	-	-
Caffeine/phenacetin	-	-	1	-	-
Caffeine/cocaine	1*	1*	-	-	1*
Caffeine/lignocaine	5*	16	11	3*	5*
Caffeine/lignocaine (cocaine)	-	2	-	4	-
Caffeine/lignocaine/tripolidine	-	1	-	-	-
Caffeine/paracetamol	9*	23	25*	7*	30*
Cocaine, caffeine, lignocaine, levamisole	-	-	-	2	-
Caffeine/BMK	-	-	-	-	4*
Caffeine/piperidine	-	-	-	-	1*

Note: “-” = not detected; *includes amounts indicated

Source: (personal communication, FSI, 2012–2023)

Preservatives: No preservatives were analysed by FSI in 2022.

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

No new information

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

Garda-recorded incidents of drug offences

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

In September 2017, due to issues with the quality of data received from PULSE, crime statistics were suspended by the CSO. In 2018, the CSO announced that publication of crime statistics would resume; however, as the quality of PULSE data was still under review, they would be published in a new category: ‘under reservation’ (Central Statistics Office 2018). While there has been improvement to crime statistics, the ‘under reservation’ category continues to remain in place (Central Statistics Office 2022). Essentially, what this means is that the crime statistics are of sufficient quality to allow publication; however, due to the ongoing issues with PULSE data, the quality does not meet the higher standard required of official statistics by the CSO (Central Statistics Office 2018). 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 by 3% in 2014. Although a decline of 5% (from 15,859 to 15,047 offences) was recorded between 2014 and 2015, between 2016 and 2019 the number of drug offences recorded increased annually, by 6% in 2016, 5% in 2017, 9% in 2018, 17% in 2019, and 9% in 2020. Between 2020 and 2021, a 13% decrease was evident. A similar decrease was shown in 2022 (-14%) (Central Statistics Office 2023).

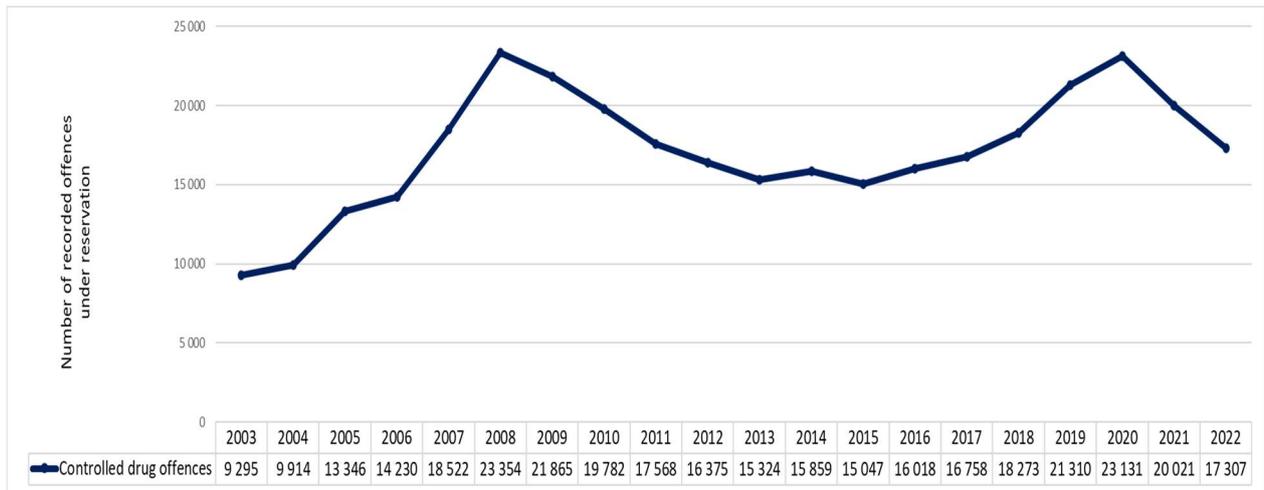


Figure T2.3.1 Recorded total number of controlled drug offences under reservation between 2003 and 2022

Source: (Central Statistics Office 2023)



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

Figure T2.3.3 shows a breakdown of importation of drugs offences by region and year. It clearly illustrates that the highest number of controlled drug offences was recorded in the Dublin Metropolitan Region (DMR) and the lowest number was recorded in the North Western Region. Between 2021 and 2022, the number of offences recorded decreased across all regions except the Eastern Region, where incidents recorded were the same as 2021 (4629). The highest decrease was reported in the North Western Region (24%), followed by the Southern Region (22%), and the Eastern Region (12%).

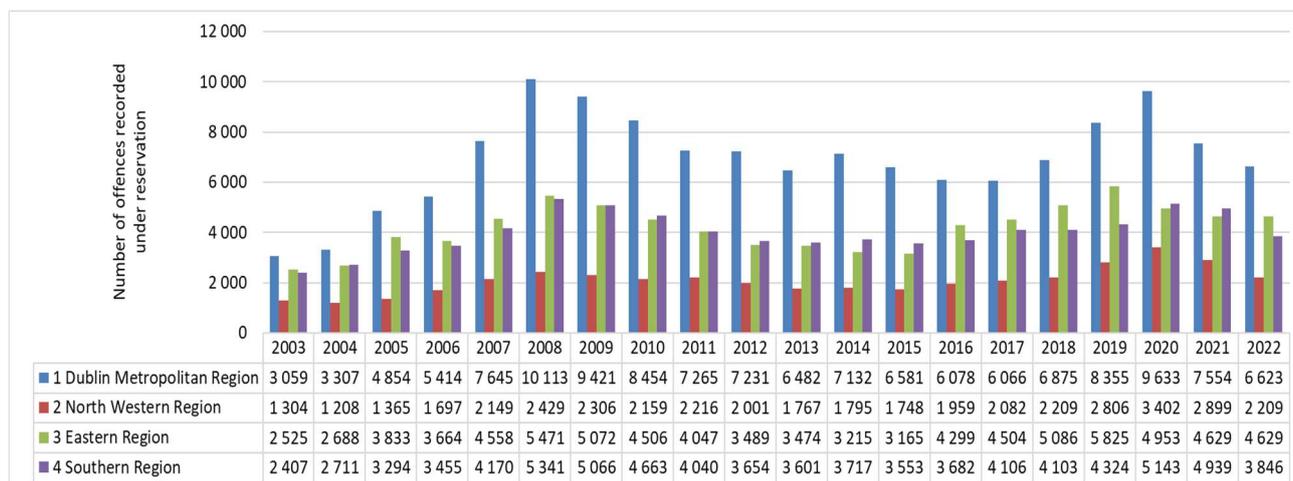


Figure T2.3.3 Recorded incidents of controlled drug offences, by region and year, 2003–2022

Source: (Central Statistics Office 2023)

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 2022.

Importation of drugs

Essentially, from 2003 to 2022, an increase/decrease trend has been evident for recorded importation of drugs incidents. Increases were seen between 2005 and 2008 (86%), 2010 and 2011 (38%), 2012 and 2013 (47%), 2015 and 2016 (47%), and 2018 and 2019 (87%). Incidents recorded in 2019 were nearly double the number recorded in 2018. Decreases were seen between 2008 and 2010 (57%), 2011 and 2012 (25%), 2013 and 2015 (57%), 2016 and 2017 (25%), 2017 and 2018 (29%), and 2019 and 2020 (25%). Between 2020 and 2021, there was a very slight increase (+2 seizures). However, between 2021 and 2022, recorded incidents for this category increased by 57%.

Cultivation or manufacture of drugs

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

with a 4% decrease from 2018 (see Figure T2.3.4). Between 2019 and 2020, the number of offences recorded for cultivation and manufacture of drug offences doubled; however, a decrease was evident between 2020 and 2021 (35%) and again between 2021 and 2022 (45%).

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

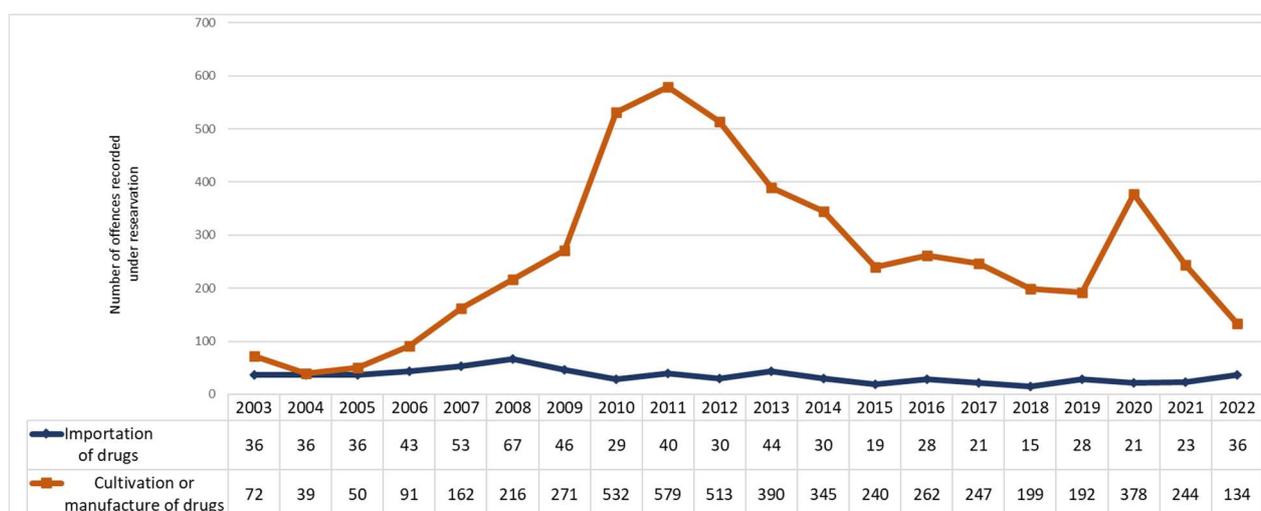


Figure T2.3.4 Recorded incidents of controlled drug offences categorised by importation of drugs, and by cultivation or manufacture of drugs, 2003–2022

Source: (Central Statistics Office 2023)

Supply: Recorded incidents by region

This section provides a breakdown of recorded incidents by region. Figure T2.3.5 shows a breakdown of importation of drugs offences by region and year between 2003 and 2022. It clearly illustrates that the highest number of importation of drugs offences was recorded in the DMR. While the number of incidents recorded between 2016 and 2018 decreased annually, this trend changed in 2019, when the number of incidents recorded (N=20) was more than double the number recorded in 2018 (N=9). Between 2019 and 2020, a slight decrease was shown (N=3). While there was an decrease in the DMR in 2021 (47%), recorded incidents were nearly three times higher in 2022 (N=26).

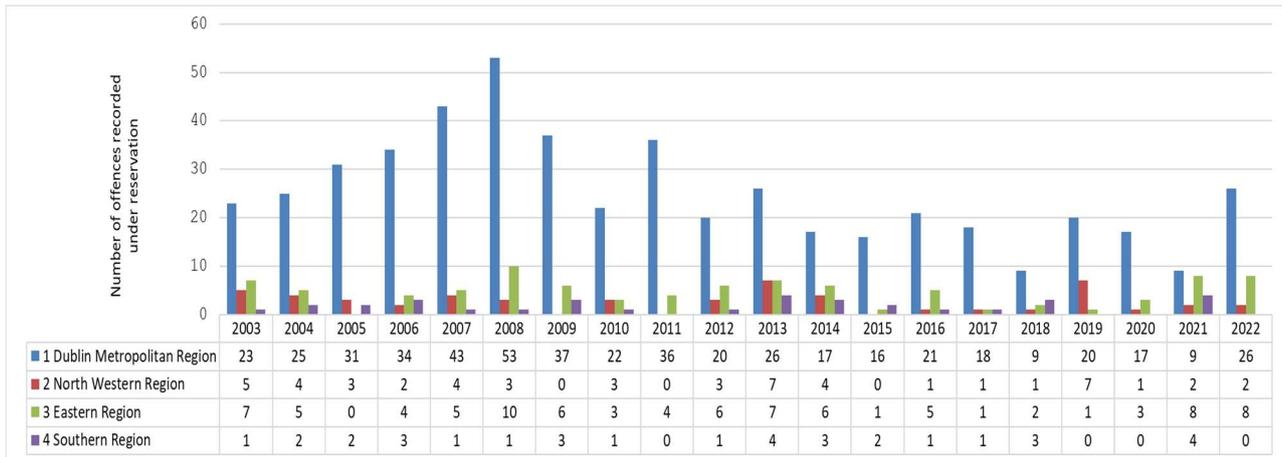


Figure T2.3.5 Recorded incidents of importation of drugs offences, by region and year, 2003–2022

Source: (Central Statistics Office 2023)

Figure T2.3.6 presents the frequency of recorded incidents of cultivation or manufacture of drugs offences by region from 2003 to 2022. Overall, decreases were reported in all regions in 2022. The Southern Region reported the highest number of incidents and the DMR reported the lowest number of incidents.

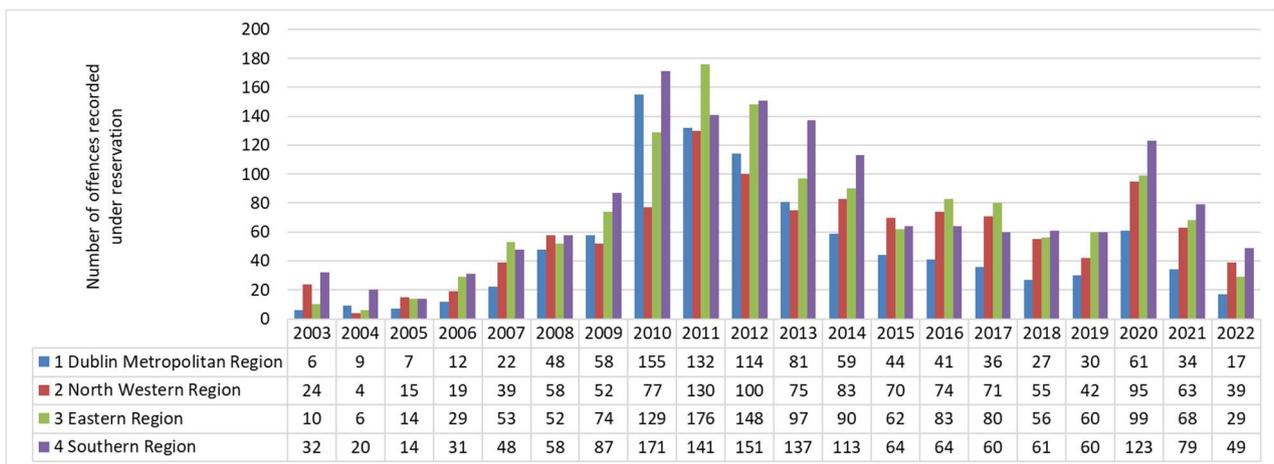


Figure T2.3.6 Recorded incidents of cultivation or manufacture of drugs offences, categorised by region, 2003–2022

Source: (Central Statistics Office 2023)

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 6% decrease in 2015. An increase in incidents of possession of drugs for sale or supply

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

Possession of drugs for personal use

The number of incidents recorded of possession of drugs for personal use peaked in 2008 (N=18 075). This figure was nearly three times higher than that recorded in 2003 (N=6506). A decreasing trend was seen between 2008 and 2013. Since 2013, incidents recorded for possession of drugs for personal use increased in 2014 (1%; 83 more incidents) before decreasing again in 2015 (3%; 314 fewer incidents). Between 2016 and 2019, reported incidents increased annually, by 4% in 2016, 7% in 2017, 10% in 2018, 17% in 2019, and 1% in 2020 (see Figure T2.3.7). Between 2020 and 2021, the number of incidents recorded decreased by 12%. A similar decrease was shown between 2021 and 2022 (12%).

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

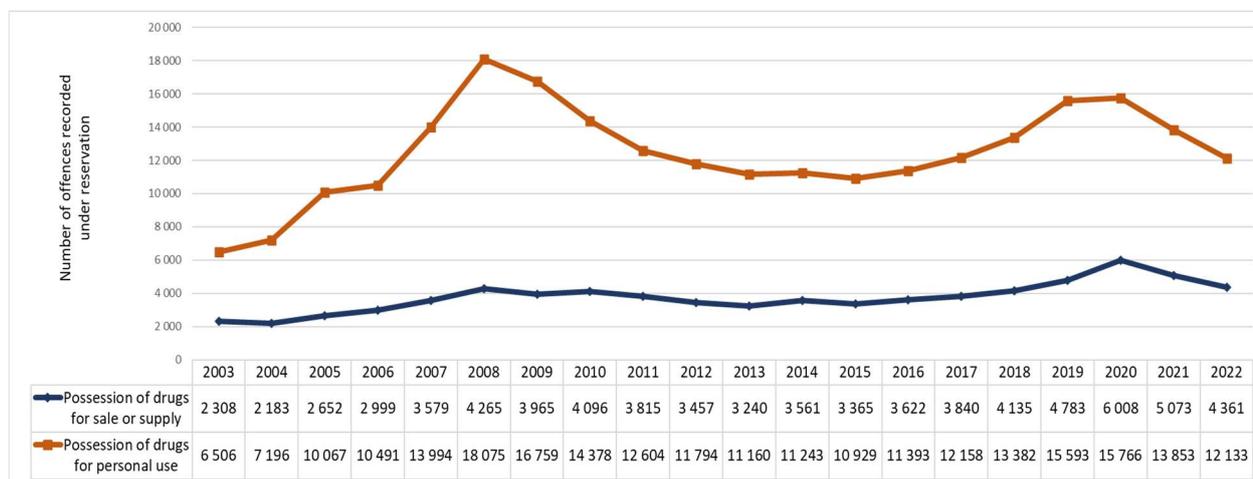


Figure T2.3.7 Recorded incidents of controlled drug offences, categorised by possession for sale or supply or by possession for personal use, 2003–2022

Source: (Central Statistics Office 2023)

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

As shown in Figure T2.3.8, most recorded incidents for possession of drugs for sale or supply occurred in the DMR between 2003 and 2022. Between 2021 and 2022, all regions experienced decreases in incidents recorded; the largest decrease was in the North Western Region (24%), followed by the Southern Region (21%), and the Eastern Region (21%). While the DMR reported the highest number of recorded incidents in this category, between 2021 and 2022, the number of incidents recorded decreased by 6%.

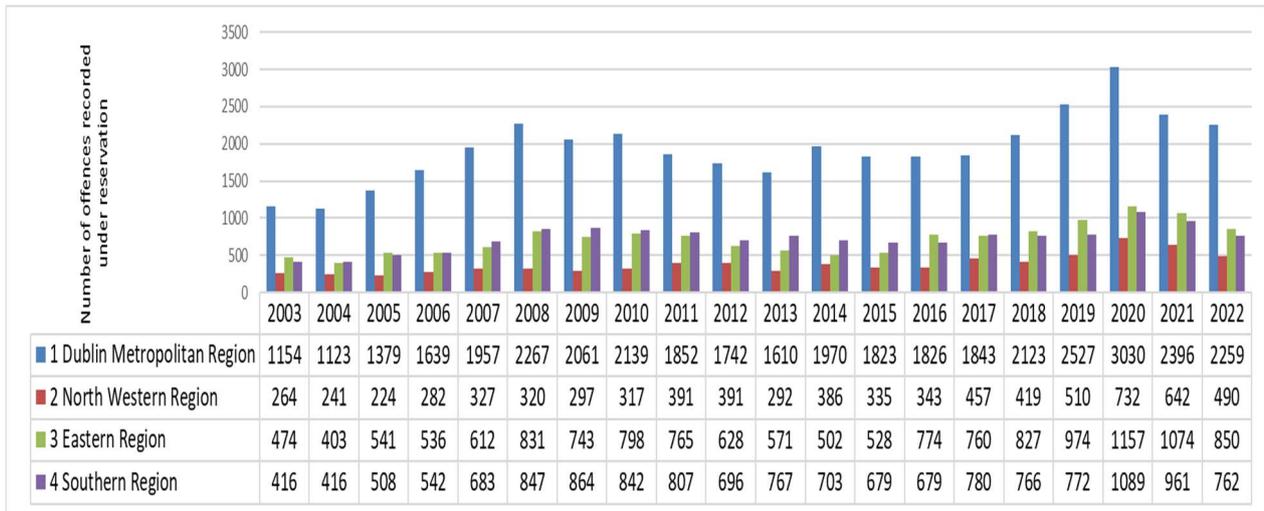


Figure T2.3.8 Recorded incidents of possession of drugs for sale or supply offences, categorised by region, 2003–2022

Source: (Central Statistics Office 2023)

Similar to Figure T2.3.8, Figure T2.3.9 also indicates that the highest number of recorded incidents of possession of drugs for personal use occurred in the DMR. Only the Eastern Region experienced an increase in the number of incidents recorded between 2021 and 2022 (9%); the highest decrease was reported in the North Western Region (23%), followed by the Southern Region (22%), and the DMR (15%). The number of recorded incidents of possession of drugs was lowest in the North Western Region in 2022.

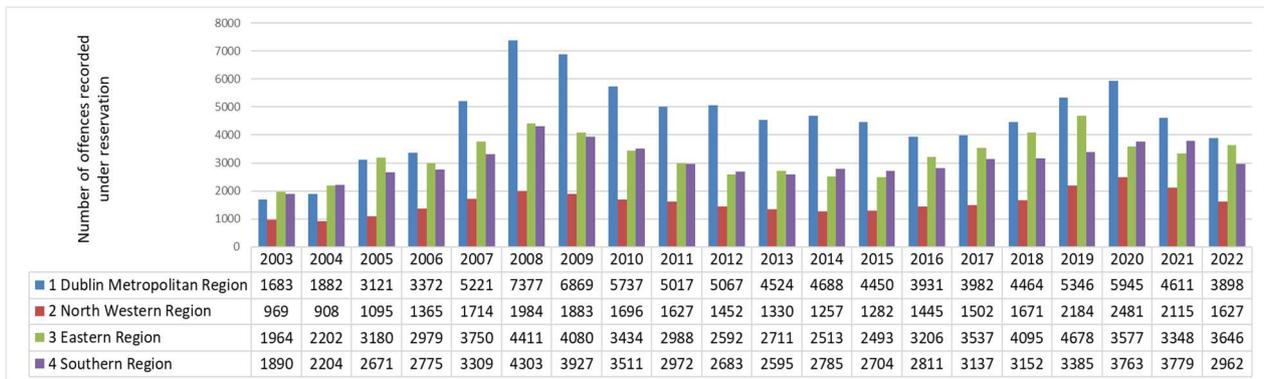


Figure T2.3.9 Recorded incidents of possession of drugs for personal use offences, categorised by region, 2003–2022

Source: (Central Statistics Office 2023)

Defence Forces

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

and 2021 (Department of Defence and Defence Forces 2017; Department of Defence and Defence Forces 2018; Department of Defence and Defence Forces 2019; Department of Defence and Defence Forces 2020; Department of Defence and Defence Forces 2021; Department of Defence and Defence Forces 2022;

Department of Defence and Defence Forces 2023). In 2022, the Defence Forces drug testing team carried out 1,015 random drug tests in different locations (N=6), of which 17 were positive, representing 1.7% of those tested.

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

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

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

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

Note: “–” = no data available

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

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

	2015		2016		2017		2018		2019		2020		2021		2022	
Brigade/ formation	Number tested	Positive tests*	Number tested	Positive tests												
1 Brigade	553	–	453	5	433	1	530	8	202	1	129	3	–	–	281	3
2 Brigade	220	–	376	2	357	4	310	1	501	6	500	6	125	2	369	3
Defence Forces Training Centre	54	–	242	4	146	3	111	2	35	1	–	–	210	3	92	1
Air Corps	230	–	47	1	87	1	70	2	158	3	99	2	32	2	66	1
Naval Service	76	–	86	–	164	6	80	6	158	5	8	–	1	–	190	9
Defence Forces Headquar ters	–	–	–	–	–	–	–	–	54	–	42	–	20	–	17	0
Total	1133	–	1204	12	1187	15	1101	19**	1108	16	778	11**	388	7**	1015	17

Note: “–” = no data available

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

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

Source: Department of Defence, 2017 – 2022

T2.4 Other drug offences

Other drug offences

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

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

Following a peak in 2009 (N=824), the number of other drug offences recorded decreased annually until 2011. Between 2011 and 2012, the number of incidents recorded increased by 10%. Offences recorded declined between 2012 and 2013 by nearly 16%, before increasing by 39% between 2013 and 2014. Although a substantial decrease (27%) was shown in this category between 2014 and 2015, crimes recorded increased by 44% from 494 in 2015 to 713 in 2016. While incidents recorded in this category decreased in 2017 (31%), the number of incidents recorded has increased annually between 2017 and 2020, by 10% from 2017 to 2018, by 32% from 2018 to 2019, and by 34% from 2019 to 2020. Since 2020 a decreasing trend has been shown, between 2020 and 2021 (14%) and again between 2021 and 2022 (22%) (see Figure T2.4.1).

Driving under the influence of drugs

Driving under the influence of drugs has been a statutory offence in Ireland since the enactment of the Road Traffic Act, 1961. The number of offences of driving under the influence of drugs peaked in 2009 (N=873). A decreasing trend for this offence was evident between 2009 (N=873) and 2016 (N=217). Between 2016 and

2020, the number of offences recorded increased annually, by 29% between 2016 and 2017 and by 88% between 2017 and 2018. In 2019, the number of incidents recorded was nearly two-and-a-half times higher than the number recorded in 2018 (see Figure T2.4.1) (Central Statistics Office 2023). This increase was not surprising; due to provisions in the Road Traffic Act 2016, preliminary roadside drug testing by AGS commenced in Ireland in April 2017. The number of incidents recorded in 2020 (N=2638) was more than double that reported in 2019 (N=1265). Between 2020 and 2021, drug driving incidents decreased by 6%, a further decrease was evident between 2021 and 2022 (23%).

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

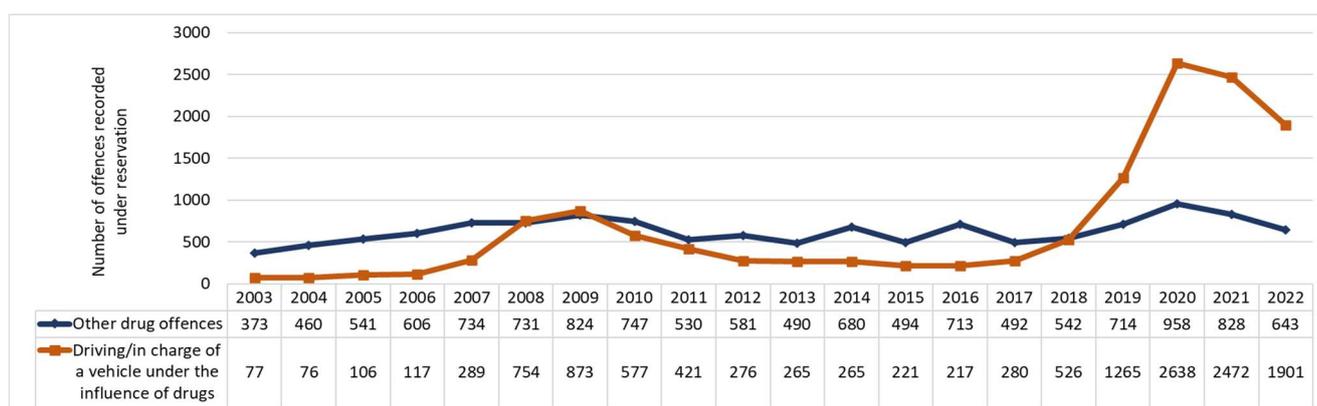


Figure T2.4.1 Recorded incidents of other drug offences and driving under the influence of drugs under reservation, 2003–2022

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

Source: (Central Statistics Office 2023)

By region

Figure T2.4.2 presents the frequency of recorded incidents for other drug offences by region between 2003 and 2022. Other drug offences include forged or altered prescription/obstruction offences and obstruction under the Misuse of Drugs Acts 1977–2017. The highest number of incidents recorded were reported for the DMR (N=379), followed by the Eastern Region (N=142) and the Southern Region (N=129). The lowest number of incidents recorded was reported for the North Western Region (n=64). Only the Southern Region showed a decrease in the number of incidents recorded (5%) between 2021 and 2022.

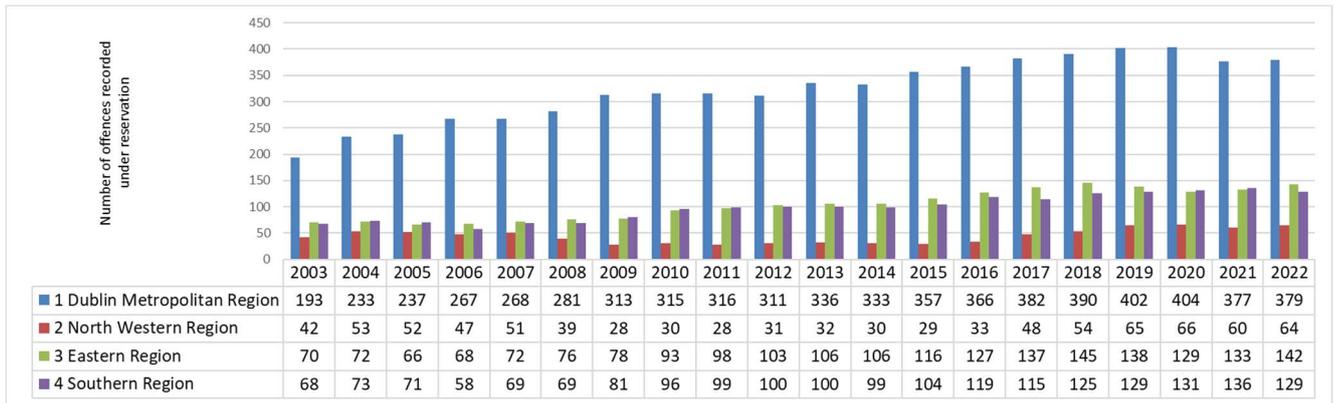


Figure T2.4.2 Recorded incidents of other drug offences, by region and year, 2003–2022

Source: (Central Statistics Office 2023)

Figure T2.4.3 presents the frequency of recorded incidents for driving or being in charge of a vehicle while under the influence of drugs, by region between 2003 and 2022. Between 2015 and 2020, the frequency of incidents reported mainly increased annually across regions. However, between 2020 and 2021, regions showed a decrease in recorded incidents: the highest decrease was in the Southern Region (10%), followed by the DMR (7%), Eastern Region (6%) and finally the North West Region (1%). As reported above, a possible explanation for the recent annual increases up to 2020 is that, in April 2017, a new measure to address this offence was introduced: roadside drug testing. Gardaí have been given power to carry out Preliminary Drug Testing (PDT) using the Dräger DrugTest 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). The decreasing trend evident between 2020 and 2021 was likely due to the COVID-19 lockdown in Ireland. Between 2021 and 2022, further decreases were seen across regions. The highest decrease was evident in the Southern Region (27%), followed by the North Western Region (26%) and Eastern Region (23%) and the lowest was evident in the DMR (18%).

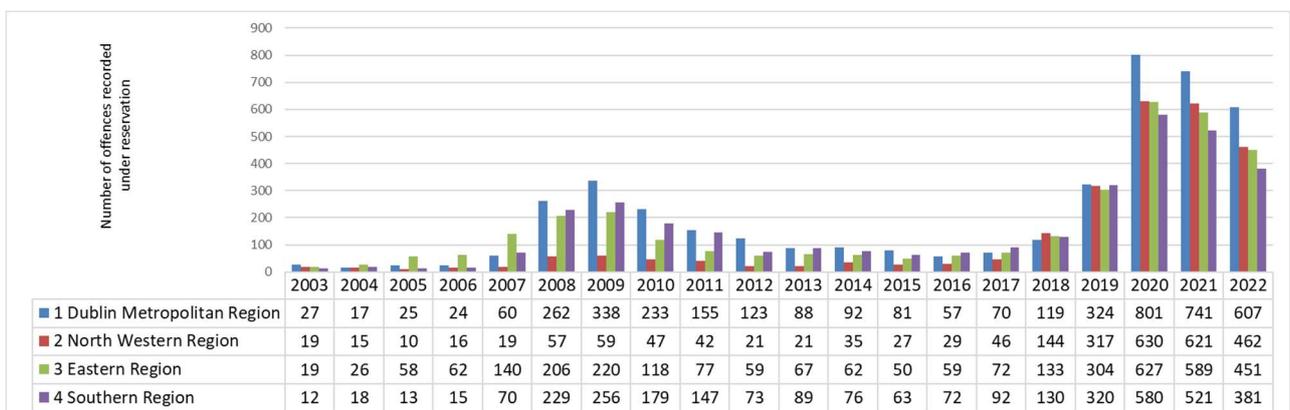


Figure T2.4.3 Recorded incidents of driving/being in charge of a vehicle while under the influence of drugs, by region and year, 2003–2022

Source: (Central Statistics Office 2023)

Roadside drug testing

Since April 2017, gardaí have been carrying out PDT using the Dräger DrugTest 5000 (DT5000) device on motorists who are thought to be driving under the influence of drugs (Sheehan 2019). The device tests the driver’s oral fluid (saliva) for the presence of cannabis, cocaine, opioids (such as heroin or morphine) and benzodiazepines (such as valium). On 1 December 2022, the Securetec DrugWipe 6S (DW6S) replaced the DT5000 device (Medical Bureau of Road Safety 2023). This new device uses a cassette-only system; therefore, it does not need an analyser. Similar to the DT5000 device, the DW6S detects cannabis, cocaine, opiates and benzodiazepines. However, it can also detect amphetamine, methamphetamine and ecstasy-type drugs such as MDMA (Medical Bureau of Road Safety 2023). The DW6S is considered a more deployable test than the previous system.

Recent figures suggest that drug driving is still an issue in Ireland. Overall in 2022, drugs were detected using the DT5000 (1 January 2022 – 30 November 2022) and the DW6S (1 December 2022 – 31 December 2022). A total of 8,682 tests were carried out using the DT5000. Table T2.4.1 shows the prevalence of drug positives from downloads from the DT5000 carried out between 1 January 2022 and 30 November 2022. The number of tests carried out is not a reflection of enforcement activity because the system does not differentiate between tests carried out during training, demonstration, quality control or enforcement purposes (Medical Bureau of Road Safety 2023).

In 2022, 1,606 specimens were returned with a Drug Information Form, which indicates that an oral fluid PDT has been conducted. Of these, 1,603 showed a positive drug result for at least four of the drugs that the DT5000 detects. Table T2.4.2 shows the prevalence of drugs detected by the DT5000 and DW6S in 2022. Amphetamine detection was only possible from 1 December 2022. The continued recording of these offences is the result of the implementation of legislative changes that gave more powers to gardaí to carry out PDT at roadside checkpoints or in garda stations (Sheehan 2019). As a result, there has been an increased focus on the performance of road policing members (Sheehan 2019).

Table T2.4.1 Prevalence of drugs detected by the DT5000, 1 January 2022 – 30 November 2022

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

Source: (Medical Bureau of Road Safety 2023)

Table T2.4.2 Prevalence of drugs detected by the DT5000 and DW6S, 1 January 2022 – 31 December 2022

Drug class	2019	2020	2021	2022
Cannabis	66%	67%	69%	66%
Cocaine	43%	46%	45%	48%
Opiates	8%	8%	6%	6%
Benzodiazepines	4%	5%	5%	5%
Amphetamines	n/a	n/a	n/a	3%

Note: Amphetamine detection was only possible after the DW6S was introduced on 01 December 2022

Source: (Medical Bureau of Road Safety 2023)

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

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

T3. New developments

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

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

- Citizens' Assembly on Drug Use
- Action plan for national drugs strategy 2023/2024
- Appointment of a new Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy
- Joint Committee on Justice *Report on an examination of the present approach to sanctions for possession of certain amounts of drugs for personal use*
- Growth of cocaine and crack cocaine use in Ireland
- Supervised Injecting Facility – an update
- Health Diversion Approach to possession of drugs for personal use (an update)

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

No new information

T4. Additional information

T4.1 Specific studies

No new studies included in this report

T4.2 Other aspects of drug market and crime

No new information

T5. Sources and methodology

T5.1 Sources

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

[An Garda Síochána](#)

[Central Statistics Office](#)

[Courts Service](#)

[Defence Forces](#)

[Department of Health](#)

[Department of Justice](#)

[Forensic Science Ireland](#)

[Garda Ombudsman](#)

[Houses of the Oireachtas](#)

[Irish Prison Service](#)

[Irish Statute Book](#)

[Law Reform Commission](#)

[Policing Authority](#)

[Probation Service](#)

[Revenue](#)

T5.2 Methodology

Previous studies

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

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

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

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

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

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

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

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

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

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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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