

MEDICAL BUREAU OF ROAD SAFETY



**ANNUAL REPORT
2025**

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CHAIRMAN'S STATEMENT

Welcome to the Medical Bureau of Road Safety Annual Report for 2025. This is a great opportunity to pause and reflect on the many achievements of the Bureau. As you read this report you will get a comprehensive account of the role and the many significant achievements of the Bureau during 2025.

Throughout 2025 the Bureau continued to focus on its legal responsibilities as set out in the Road Traffic Acts and the role it has played in several Actions in the Government's Road Safety strategy 2021- 2030.

The Bureau is responsible for chemical testing for intoxicants (alcohol and other drugs) in drivers in Ireland. Services are provided to An Garda Síochána, the Irish Aviation Authority, the Department of Transport, the Courts, defence and prosecution lawyers, and to the public.

It is an unfortunate reality that alcohol and drugs continue to play a huge role in road traffic accidents, in many cases causing fatalities. The Bureau working in collaboration with other key stakeholders plays a vital role by providing a high quality national forensic service in alcohol and drug (intoxicant) detection in support of the effective operation of the road traffic legislation and contribution to transport safety and medical fitness to drive measures.

Of vital importance to the work of the Bureau's is the accreditation of its laboratory in UCD by the Irish National Accreditation Board (INAB). It has achieved and maintains the ISO/IEC 17025 (2017) standard (General requirements for the competence of testing and calibration laboratories). The Bureau also operates a complete Quality System across its operational activities.

Specimens from across the country are delivered to the Bureau daily for testing. The Bureau also tests and approves Alcohol Interlock Devices, which is of emerging and growing importance in road safety in Ireland as part of the National Road Safety Strategy. The ongoing evaluation and approval of Alcohol Interlock Devices reflect Ireland's commitment to enhancing road safety and reducing instances of impaired driving. As of 2025, five devices have been MBRS approved. In 2025, a total of 6,087 blood and urine specimens were received for alcohol and/or drug testing. This represented a 3% increase on 2024. Also in 2025, 2,539 (2,297, 2024) specimens indicated a positive drug result for at least one of the drugs that can detect. Cannabis and Cocaine are two most frequently detected drugs. Our data shows that there has been a significant increase in the presence of Cocaine up from 43% in 2019 to 58% in 2025. The presence of Cannabis has dropped to 55% in 2025, down from 66% in 2019.

The Bureau utilises the premises and staff provided by UCD through an ongoing arrangement between UCD and the Bureau. I would like to express the sincere appreciation of the Board to the President and Staff of UCD for their ongoing support.

During April 2025 I had the pleasure of welcoming two important guests to the Bureau. Firstly, we had a visit from Professor Orla Feely, President of University College Dublin. Later that month the Minister of State at the Department of Transport, Mr. Sean Canney, T.D visited and was given a comprehensive guided tour of the Bureau.

I would like to express on behalf of the Board my appreciation to Professor Denis Cusack, Director of the Bureau, the Senior Management Team and Staff of the Bureau for the successful operation of the Bureau and the discharge of their duties to an exemplary standard.

I would like to thank the Minister for Transport and his officials for their ongoing support.

I would like to express my appreciation to Professor Patricia Fitzpatrick who completed her term as a Board member in September 2025. I would also like to welcome Professor Mary Horgan to the Board. Finally, I would also like to express my appreciation to my fellow Board members for the significant contribution they have made to the effective governance of the Bureau during 2025.

Sean Quigley
Chairman of the Board

DIRECTOR'S FOREWORD

It is again my privilege to write this foreword to the Medical Bureau of Road Safety's Annual Report for 2025 and to highlight some of the contributions and achievements of the Bureau in its forensic road safety functions. I express my deep thanks to each and every one of the dedicated Staff of the Bureau without whose exemplary work the considerable inputs to this public safety and justice service during 2025 could not have been achieved.

The data and figures in this report summarise the activities and outcome performances of the Bureau for 2025. The report for public information and examination is based on the forensic scientific testing and operational and research activities during 2025 in the area of driving under the influence of intoxicants. The core national policy for multi-agency integrated actions aiming to reduce deaths and injuries on Irish roads arising from road traffic crashes and incidents is the Road Safety Strategy 2021 – 2030 with further specifics contained in the Strategy Phase 2 Action Plan 2025-2027.

In 2025, 185 lives were tragically lost in road collisions in Ireland and in the region of not less than 1,500 serious injuries suffered arising from road collisions in Ireland. The Bureau has a focused input to a number of Actions in the Road Safety Strategy and its Phase 2 Action Plan, including the continuing development of Alcohol Ignition Interlock Devices (AIIDs) and this has resulted in the testing and approval of another device to reach the current total of five such devices approved to the international and national forensic scientific standard for use in Ireland with details available on the Bureau's website. The Bureau also continues to work with the Department of Transport on Action 31 on legislation for Polydrug Traffic Offence penalties to reflect the increased impairment and road safety risk when drivers consume multiple drugs and in combination with alcohol. It remains in close partnership in all relevant road safety actions in the high-level Road Safety Leadership Group with the Department of Transport, An Garda Síochána, the Road Safety Authority in particular and with other national and international bodies.

The detailed demographics of drivers who provided samples for analysis are set out in the report in the various areas of activity. Of note in 2025, 237 drivers were arrested twice for intoxicated driving, 40 drivers were arrested three or four times, and one driver was arrested six times. The majority of the repeat arrested drivers were under suspicion of drug driving. The concern and real public safety danger around these repeat and high-risk intoxicated driving offenders remains to be addressed legislatively, in the prosecutorial and judicial process and also in medical rehabilitation under Action 23 of the Road Safety Strategy by the co-operative work of a number of bodies, including the Bureau.

The number of specimens received in 2025 for alcohol analysis surpassed 6,000 for the first time in decades. Specimens received for drugs analysis reached 4,477 with 81 drug types targeted for testing and ongoing work on further expansion of drug types for analysis in 2026. The Bureau Staff has contributed greatly to improvements in service to the public and in support of An Garda Síochána in their Roads Policing functions. Drug analysis reporting times continued to be improved in 2025 for a greater facilitation of the criminal justice system to remove unsafe drivers from our roads more quickly. Evidential Breath Alcohol Testing was carried out in Garda Stations nationwide in 3,257 cases. Quality assurance continued with the Bureau accredited to the ISO/IEC 17025 (2017) standard by the Irish National Accreditation Board with participation in a number of external forensic scientific proficiency schemes.

Alcohol remains the greatest single intoxicant in drivers by number. The median alcohol level in blood in 2025 was 157mg/100ml when the specimens with no trace of alcohol were excluded. These figures have sadly changed very little over the past decades with more than 68% of drivers with alcohol confirmed in 2025 having a level in excess of 100mg/100 ml of blood. Alcohol intoxicated driving thus remains a very large and significant danger on Irish roads with so many drivers driving when several times over the legal limits for the different categories of driver, including the lower limits set for the learner, novice and professional or heavy vehicle driver.

In this sphere of alcohol intoxication, a significant achievement in 2025 was the ongoing testing and approval of the AIIDs. The implementation of the programme for these AIIDs from the voluntary use phase through preparation for their inclusion in criminal justice legislation and ultimately universal use in motor vehicles is a priority for the Bureau with its road safety partners. This programme must also include the establishment of a medical rehabilitation and support service for those drivers with an alcohol use disorder. The latter is being pursued in close consultation with the National Office for Traffic Medicine. The devices can be installed in a motor vehicle to prevent it from starting if the driver tests positive for alcohol and are already in place on a voluntary basis in several commercial bus and truck fleets in the country. Their expanded use would be one of the most significant and transformational developments in road safety in decades when rolled out on a statutory basis recognizing that in the region of 30% of road traffic crashes have alcohol presence as a contributory or associated factor.

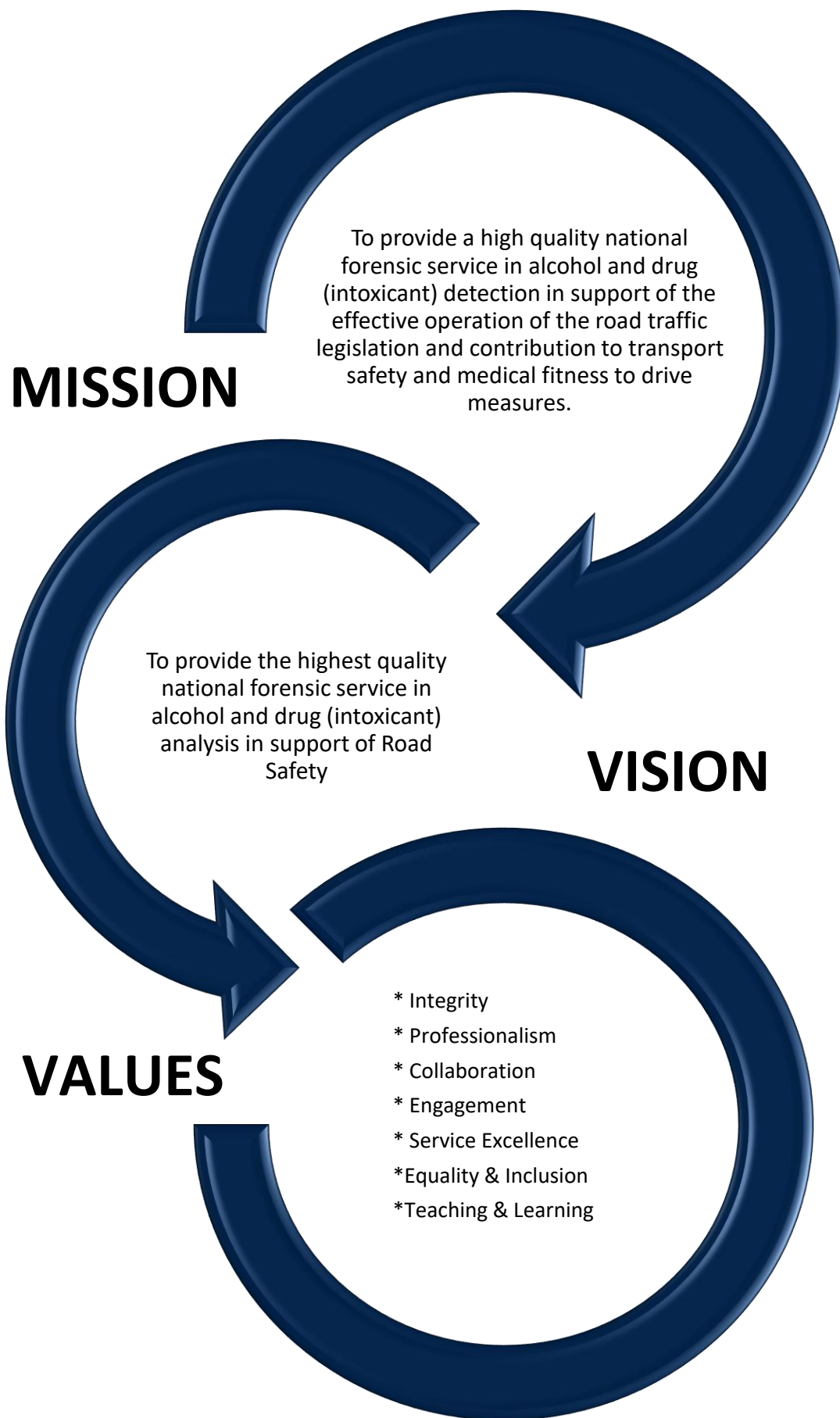
The three most commonly detected intoxicant drugs, other than alcohol, in 2025 were again cannabis, cocaine and benzodiazepines. The mean level of cannabis found in samples was 7.5ng/ml. The mean level of cocaine was 115.6ng/ml. These levels continue to be multiples of the set legal limits and continue to reflect the high levels found in drug intoxicated drivers which, like alcohol intoxication, are a major contributory factor to road traffic collisions and are frequently in combination with other high risk taking and dangerous behaviours such as speeding.

Garda enforcement and detection are essential for reducing this stark danger on the roads and the Bureau's testing, approval and supply of the scientific equipment to the Gardaí is an integral component for their public enforcement duties. In 2025 the Gardaí were again supplied with 30,000 roadside drug testing devices. The frequent finding of combinations of drugs and drugs with alcohol remains of enormous concern. The types of drugs being used by drivers is constantly changing reflecting the patterns of drug use more widely in society. The Bureau maintains a vigilance on drug use patterns nationally and internationally to monitor new and evolving impairing drugs as they become evident in drivers. It also keeps pace with developing and improved technology that will enhance the Gardaí's ability to detect impairment and intoxicant use in drivers.

During 2025 the Director and Staff of the Bureau continued to attend and present research and studies on relevant courses and conferences for the purpose of continuing medical and forensic education and also contributed to national and international specialist forensic bodies in scientific and medical testing for intoxicants in driving. The Bureau also established a "Green Team" to review and monitor energy use to drive positive change towards sustainability. The laboratory joined the Green Labs Group in 2024 and achieved Platinum status in 2025.

It was a productive and active year in 2025 for the Bureau, as it played its part in the Government's 2021 Road Safety Strategy target of reducing road deaths and serious injuries in phases by 2030 to achieve Vision Zero - zero deaths or serious injuries on Irish roads - by 2050.

Professor Denis A. Cusack
Director & Board Member



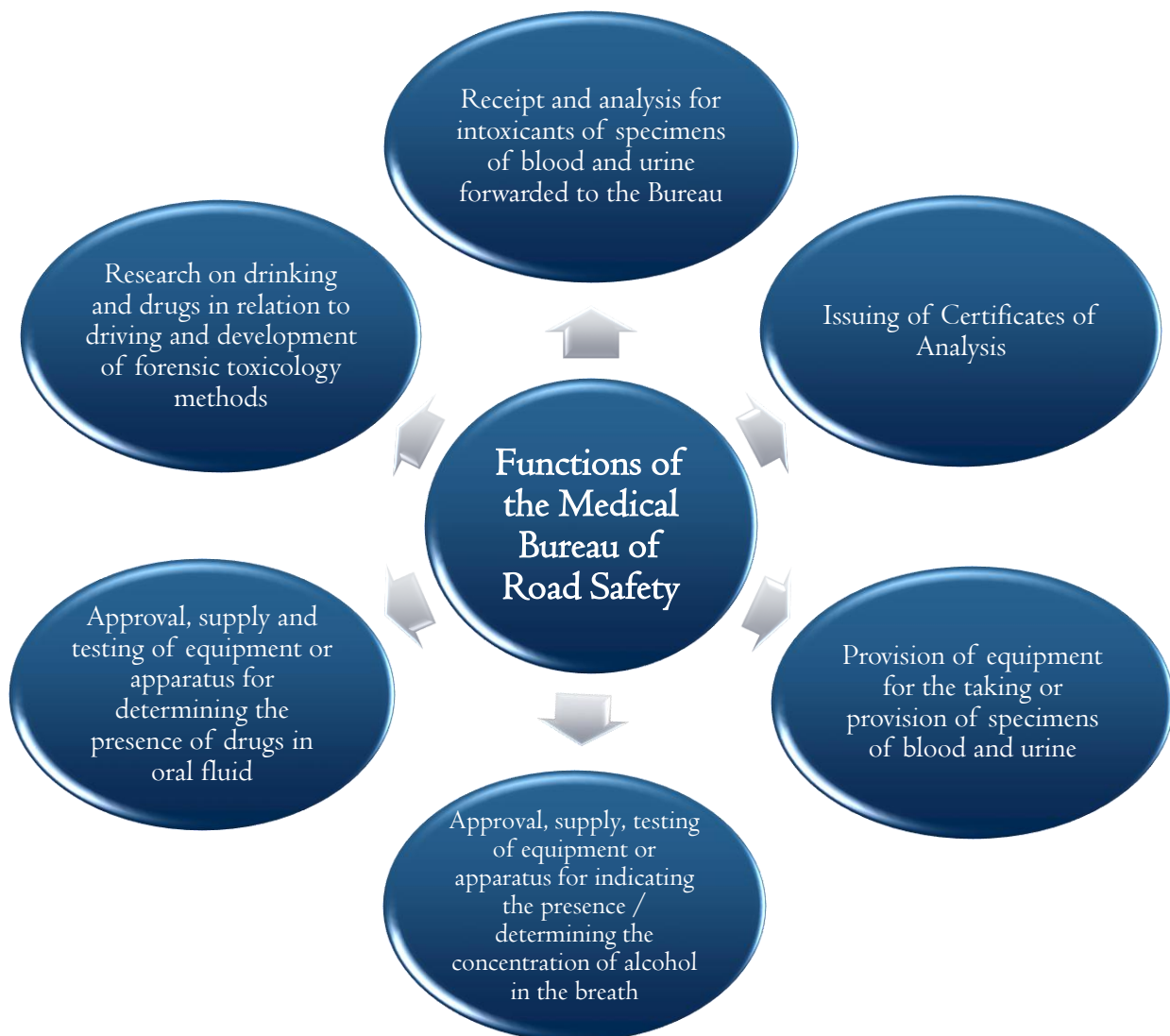
FUNCTIONS OF THE MEDICAL BUREAU OF ROAD SAFETY

The responsibility for chemical testing of intoxicants in driving in Ireland rests with the Medical Bureau of Road Safety which is a corporate body established in November 1968 by the Minister for Local Government under Part V of the Road Traffic Act, 1968.

The Minister's title was altered to Minister for the Environment & Local Government on 22nd July 1997. In June 2002, the Medical Bureau of Road Safety came under the aegis of the Minister for Transport under the Transfer of Departmental Administration and Ministerial Functions Order 2002.

From 2011 to September 2020 the Medical Bureau of Road Safety was under the Department of Transport, Tourism and Sport. The Medical Bureau of Road Safety is now under the remit of the Department of Transport.

The functions of the Bureau are laid down in the Road Traffic Acts 1968 – 2016.



When the Bureau was established in 1968 it commenced operating for Roadside Alcohol Testing, Blood and Urine Alcohol Analysis, the Issue of Certificates and provision of equipment for the taking of specimens (kits).

There have been many legislative changes such as the introduction of evidential breath alcohol testing (EBT) and driving under the influence of drugs (DUID), specimens provided in hospitals, specimens taken from drivers involved in collisions and mandatory intoxicant testing to include Preliminary Breath Alcohol testing (PBT) and Preliminary Drug Testing (PDT). The Bureau issues certificates under Section 17 of the Road Traffic Act 2010 (as amended 2016), certifying the concentration of alcohol in blood or urine, certifying the presence of a drug or drugs in blood or urine and certifying the concentration of a drug or drugs in blood.

The Road Traffic Act 2018 introduced a more severe penalty for drivers having alcohol levels between 50mg/100ml and 80mg/100ml blood and equivalent in urine or breath, recognising that even at low levels of alcohol driving is impaired.

Statutory Instrument 385 of 2020 provided for the issuing of Certificates under Section 17 of the Road Traffic Act 2010 for the presence of particular drugs rather than the class of drug only. Concentration of drugs for those listed with *per se* limits under the Road Traffic Act 2016 are issued on the same certificate where appropriate. This has streamlined the reporting process and offers more information to the Driver, An Garda Síochána and the Court.

Through 2025 the Bureau continued to focus on its legal responsibilities as set out in the Road Traffic Acts (RTA) and lead in several Actions in the Government’s Road Safety strategy 2021- 2030 while playing a collaborative role in other actions lead by the RSA.

The Bureau operates to fulfil the interconnected functions below.



The Bureau continues to keep up to date with technology and use the best methods of analysis. It has kept abreast of innovation in instrumentation in the field of alcohol and drug detection both in the laboratory and outside of the laboratory – roadside and Garda stations.

The Bureau provides a service to the Department of Transport, the Courts, An Garda Síochána, the Aviation Authority of Ireland, Defence, Prosecution and the public.

The continued successful operation of the Bureau is dependent on the investment in staff training and skill enhancement. The Director is responsible for the day to day running of the Bureau in all of its Statutory functions under the Road Traffic Acts 2010 and 2016 and the Chief Analyst is responsible for scientific operations of the laboratories. The Corporate Secretary is responsible for the administration of Corporate and Financial aspects of the Bureau.

ACHIEVEMENTS & DEVELOPMENTS DURING 2025

Preliminary Drug Testing

2025 saw continued demand for Securetec DrugWipe 6S by An Garda Síochána for testing drivers' oral fluid for six types of drugs at the roadside. The Securetec DrugWipe 6S offers Gardaí a convenient method of screening drivers, while being non-intrusive for the driver. Drivers found to be drug positive at the side of the road are brought to a Garda station to have a blood sample taken for testing in the laboratory.

Laboratory Preliminary Drug Screening

The Bureau continues to carry out Preliminary Drug Screening using LC-MS-MS for the analysis of drugs. All specimens which had an alcohol level of less than 100mg/100ml blood or equivalent were screened for the presence of drugs. The screening method allows the specific drug or drugs to be identified at this preliminary stage.

Laboratory Confirmatory Drug Testing

All specimens that screened positive for a drug or drugs were forwarded for confirmatory analysis. Polydrug use continues to be evident in drivers. The Bureau certifies the presence of drugs and certifies the concentration of those drugs specified in Schedule 2 of the Road Traffic Act 2016. All laboratory drug testing is carried out in the Bureau's facility in University College Dublin.

Preliminary Breath Alcohol Testing

Preliminary Breath Testing (PBT) devices are provided to An Garda Síochána for use at the roadside to test a driver's breath for the presence of alcohol. The Bureau continues to calibrate these devices twice yearly and there are approximately 1,400 available for use by the force. The Bureau also supply breath testing devices to The Irish Aviation Authority to facilitate airline crew testing for alcohol.

Alcohol Ignition Interlock Device (AIID)

Aligned with Action 119 of the Road Safety Strategy 2021–2030 and Action 10 of the Road Safety Strategy, Phase 2 Action Plan 2025 - 2027, the Medical Bureau of Road Safety (MBRS) is tasked with the assessment and approval of Alcohol ignition interlock devices (AIID) in Ireland. A revived invitation to submit devices for assessment has been issued. There are currently five interlocks approved by the MBRS, with details available on the MBRS website.

Evidential Breath Alcohol Testing

Evidential Breath Testing (EBT) instruments are tested twice yearly. In 2025, the Bureau supported and maintained 86 EvidenzerIRL instruments in Garda stations across Ireland. These instruments form a critical component of Ireland's enforcement infrastructure for combating drink driving.

Quality Assurance

The Bureau's yearly audit by INAB (Irish National Accreditation Board) was in March 2025 to assess compliance of the Bureaus' current scope and a number of Flexible Scope of Accreditation applications. Accreditation was maintained and the Scope extended.

Many of the scientific staff are trained as auditors and a high level of quality assurance and compliance is integral to the calibrations and testing carried out in the Bureau.

Health, Welfare and Safety

The Bureau is committed to providing a safe environment for all employees, visiting engineers, Gardaí and others. The Bureau Safety Statement was reviewed and throughout the year Safety Monitors continued to assess and maintain the highest safety standards. University College Dublin's Safety Statement is adhered to and staff in the Bureau have access to the full suite of health and wellness offerings made available by the university. There were no reportable or significant accidents or incidents in the year.

Knowledge Sharing and Development

Training of Gardaí by the Bureau continued through 2025. Bureau staff and the Director continued to attend and present at a number of meetings throughout the year. Bureau scientists sit on national and international standards and knowledge sharing committees and working groups including International Organisation of Legal Metrology (OIML), CEN, Eurachem, United Kingdom and Ireland Association of Forensic Toxicologists (UKIAFT), The International Association of Forensic Toxicologists (TIAFT), Irish Forensic Toxicology (IFTOX) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The work of these committees continued both virtually and in person. (Appendix 1)

Consumables Supply to An Garda Síochána

The Bureau supplies consumables to An Garda Síochána to facilitate enforcement of the Road Traffic legislation regarding intoxicated driving. These include kits for blood and urine specimen collection, breath alcohol and drug testing devices for roadside intoxicant testing. Provision of such consumables is demand driven and the Bureau liaises closely with the Garda National Road Policing Bureau having oversight of all requests for stock and replacement devices.

Information Technology

Throughout 2025, core IT services remained stable and reliable. No major IT incidents occurred during the year, and systems availability was maintained above 99%.

Several important infrastructure and resilience-focused initiatives were advanced during the year. These included the organisation-wide migration to Windows 10 LTSC in response to Windows 10 Pro end-of-life.

Cybersecurity remained a key focus area throughout 2025, and no security incidents occurred. The Bureau continues to operate a fully physical server environment. The Local Area Network (LAN) remains highly restricted.

Tableau continued to operate as the Bureau's primary data analysis.

The Bureau's Laboratory Information Management System (LIMS) was used to successfully register and store driver details and results of analysis throughout 2025.

SPECIMENS RECEIVED IN THE LABORATORY FOR ANALYSIS

In 2025, a total of 6,087 blood and urine specimens were received for alcohol and/or drug testing.

Of these, 4,477 proceeded to Toxicology for further drug screening.
There were 3,257 driver’s breath tested on Evidenzers in Garda Stations.
Of all specimens received 15% were urine and 85% were blood.

Table 1: Total Number of Specimens Received within Programmes

Programme	2025	2024	2023	2022	2021
Alcohol Blood & Urine (page 21)	6,087	5,900	5,464	5,622	5,862
Toxicology Blood & Urine (page 32)	4,477	4,348	3,873	3,793	4,321
Evidential Breath Testing (page 24)	3,257	3,580	3,734	3,821	3,157

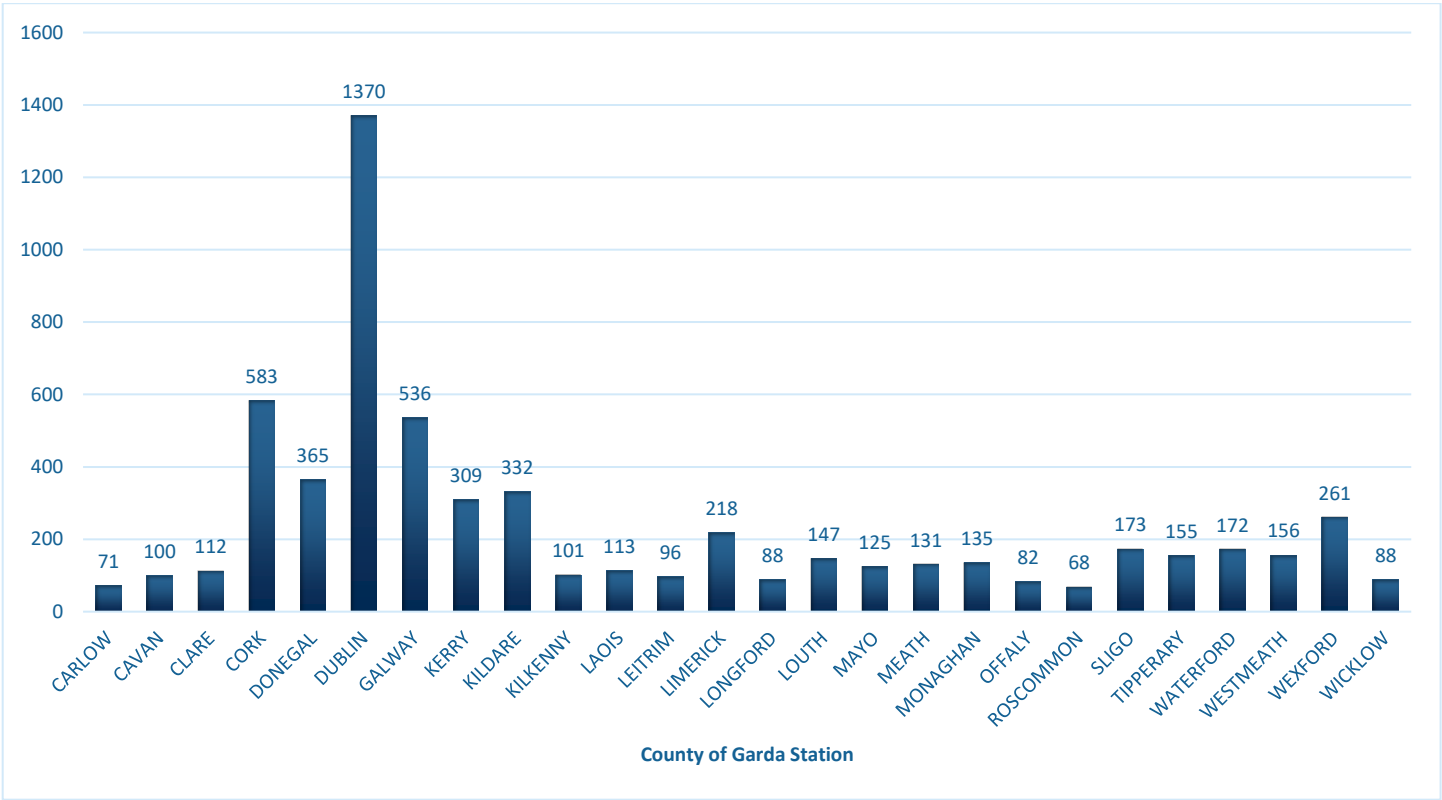


Figure 1: Blood & Urine Specimens received by County of Garda Station

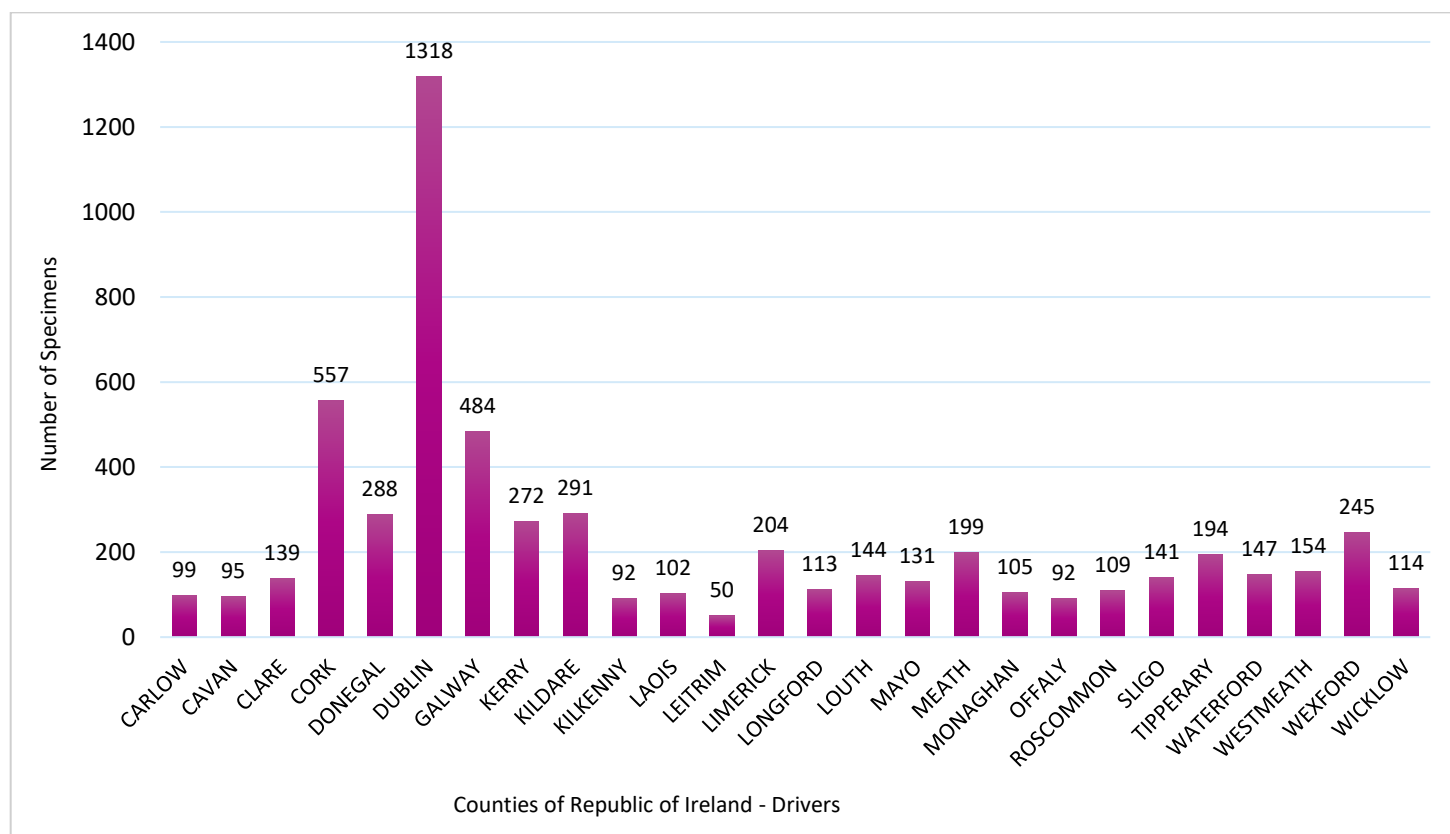


Figure 2: Blood & Urine Specimens - County of residence of drivers 2025

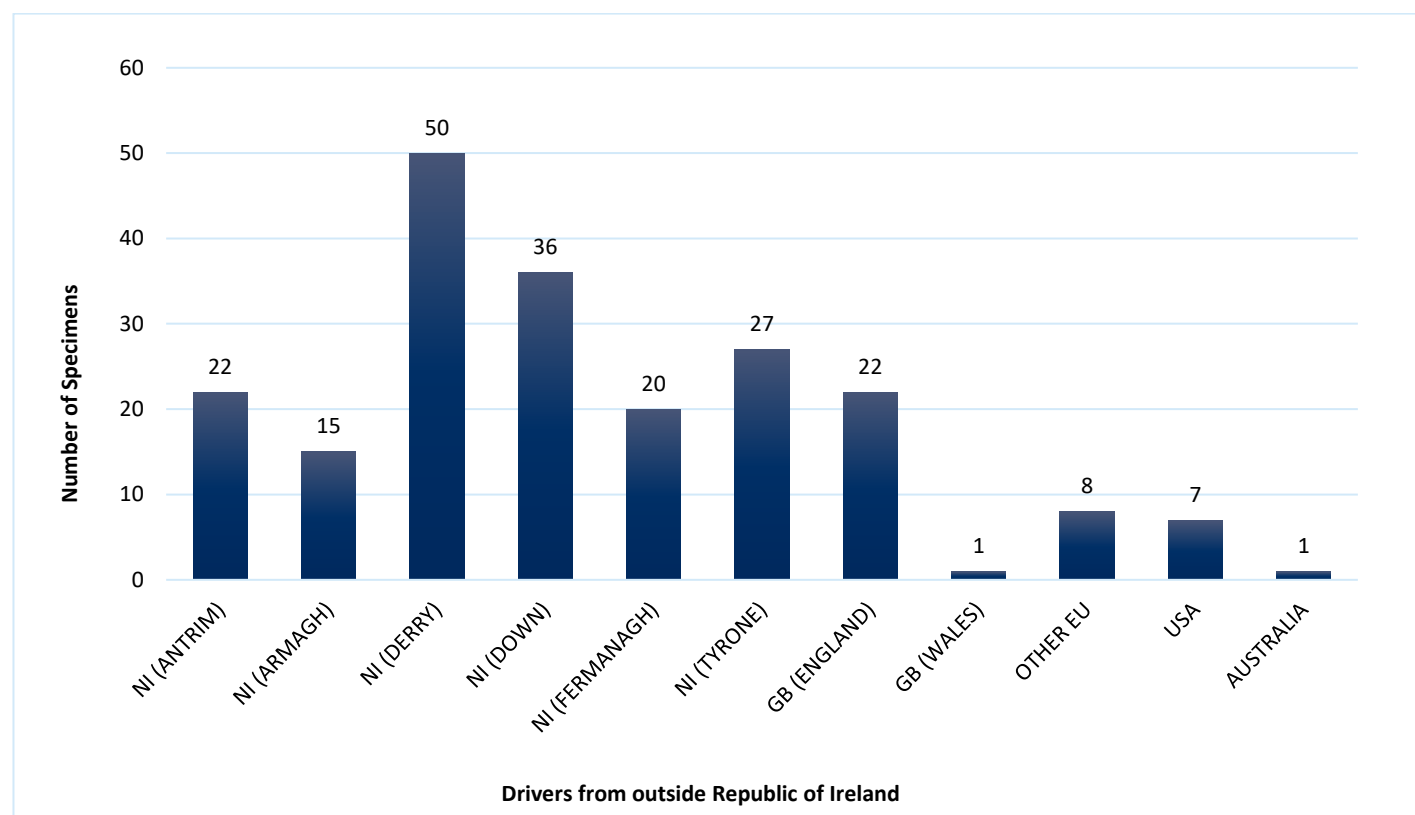


Figure 3: Blood & Urine Specimens - Drivers from outside Republic of Ireland 2025

Derry, Northern Ireland remains the most prevalent county/country of residence for samples provided by drivers outside of the Republic of Ireland. There was also a notable increase of 71% in samples received from drivers from Co. Down compared to 2024.

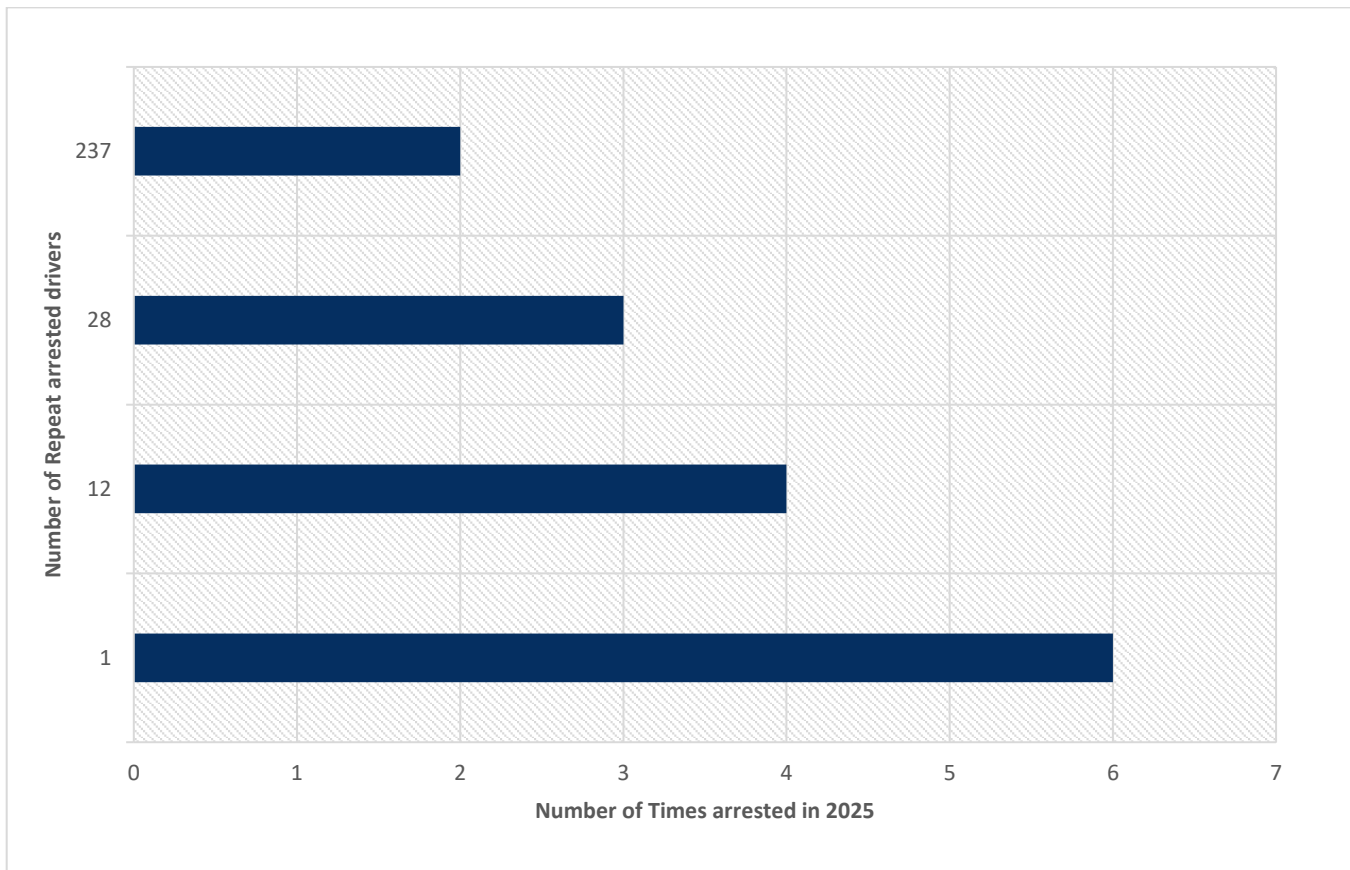


Figure 4: Repeat Arrested Driver Specimens 2025

The level of recidivism detected remains significant with 237 drivers arrested twice in 2025. This includes drivers who have alcohol and/or drug positive results.

Of the 28 drivers with 3 samples provided in 2025, 52 of the 84 samples had drugs reported. Of the remainder, 23 samples were over the limit for alcohol.

Of the 12 drivers with 4 samples provided in 2025, 35 of the 48 samples had drugs reported. Of the remainder, 5 samples were over the limit for alcohol.

Analysis of Time

The most prevalent hours for intoxicant drivers are late evening into early morning.

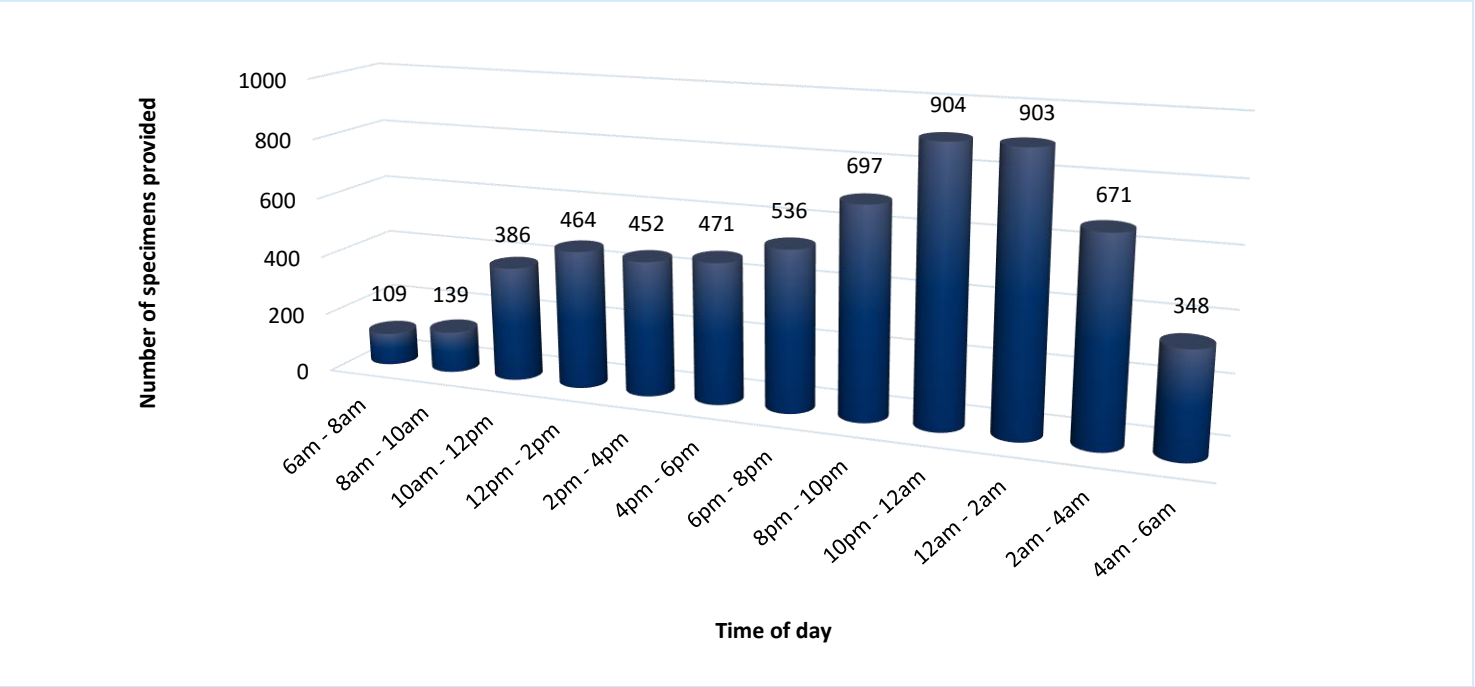


Figure 5: Time Specimen Taken 2025

52% of drivers were arrested in the 8 hour period from 8pm to 4am.

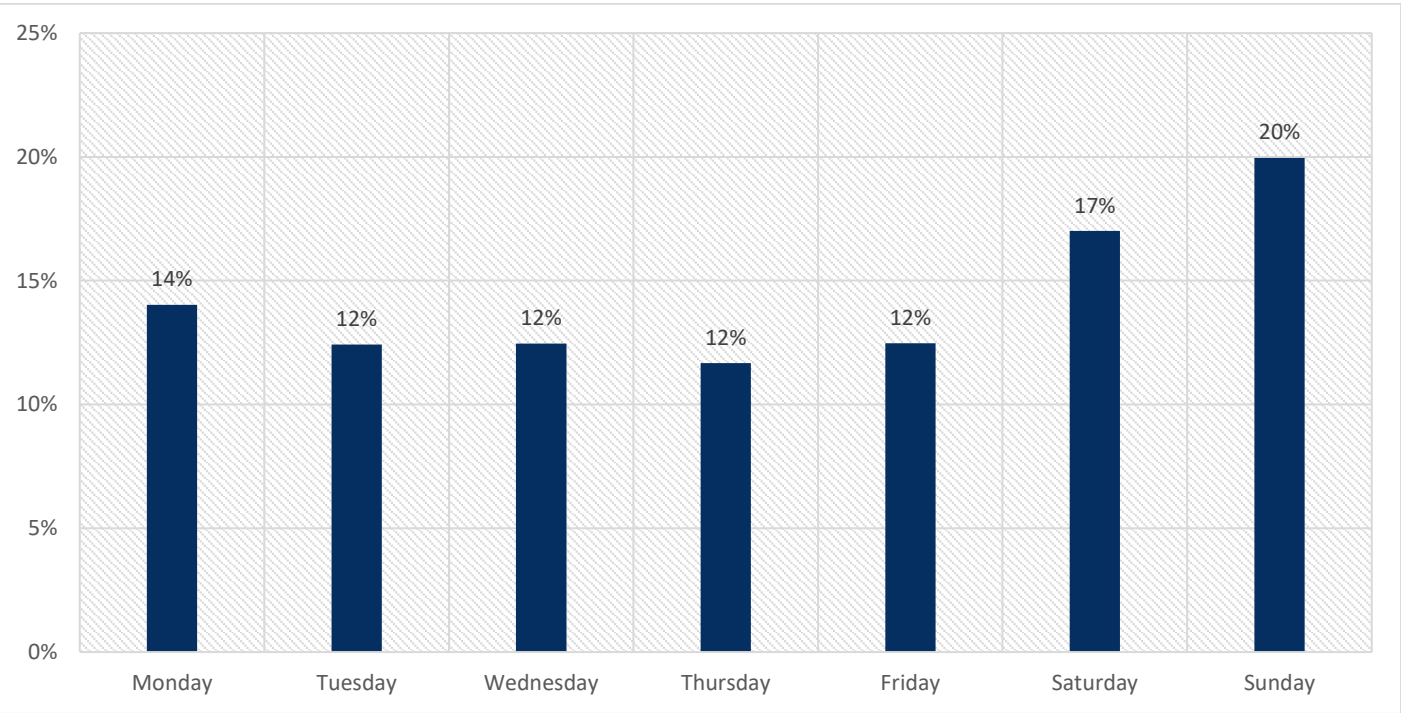


Figure 6: Day of the Week Specimen Provided

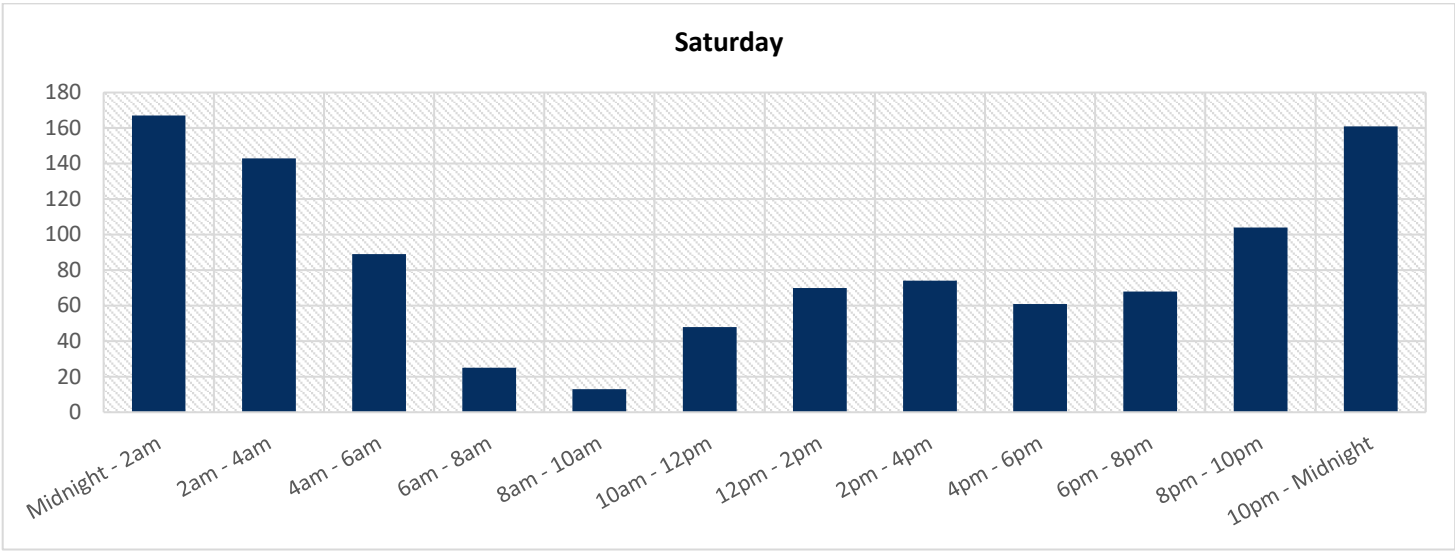


Figure 7: Weekend Hours – Saturday

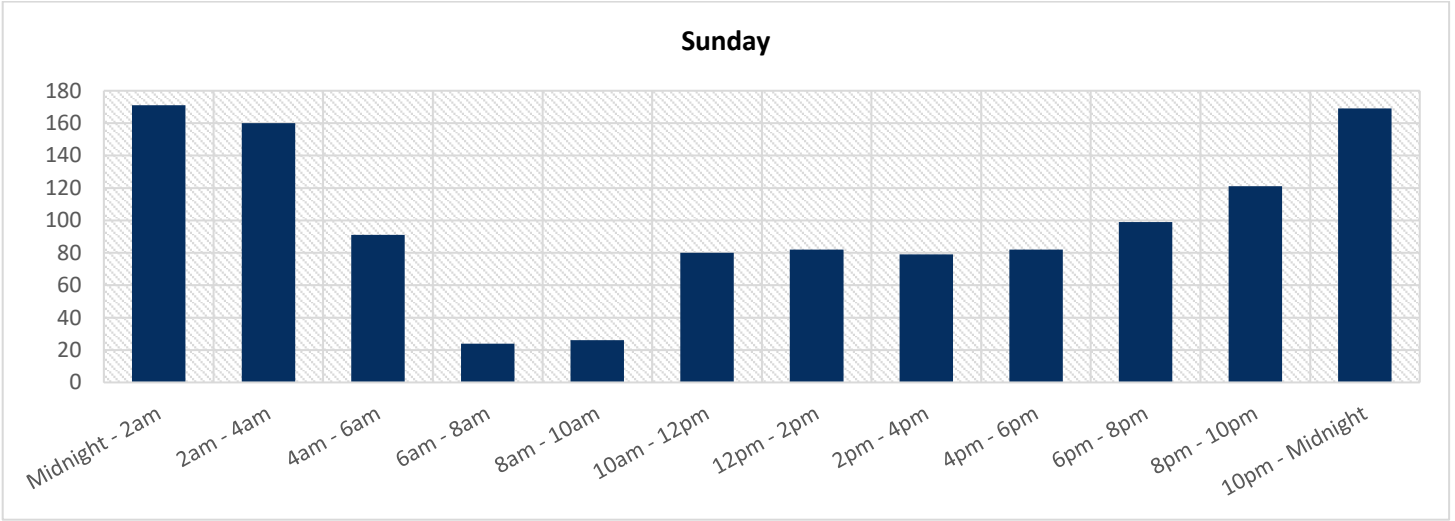


Figure 8: Weekend Hours – Sunday

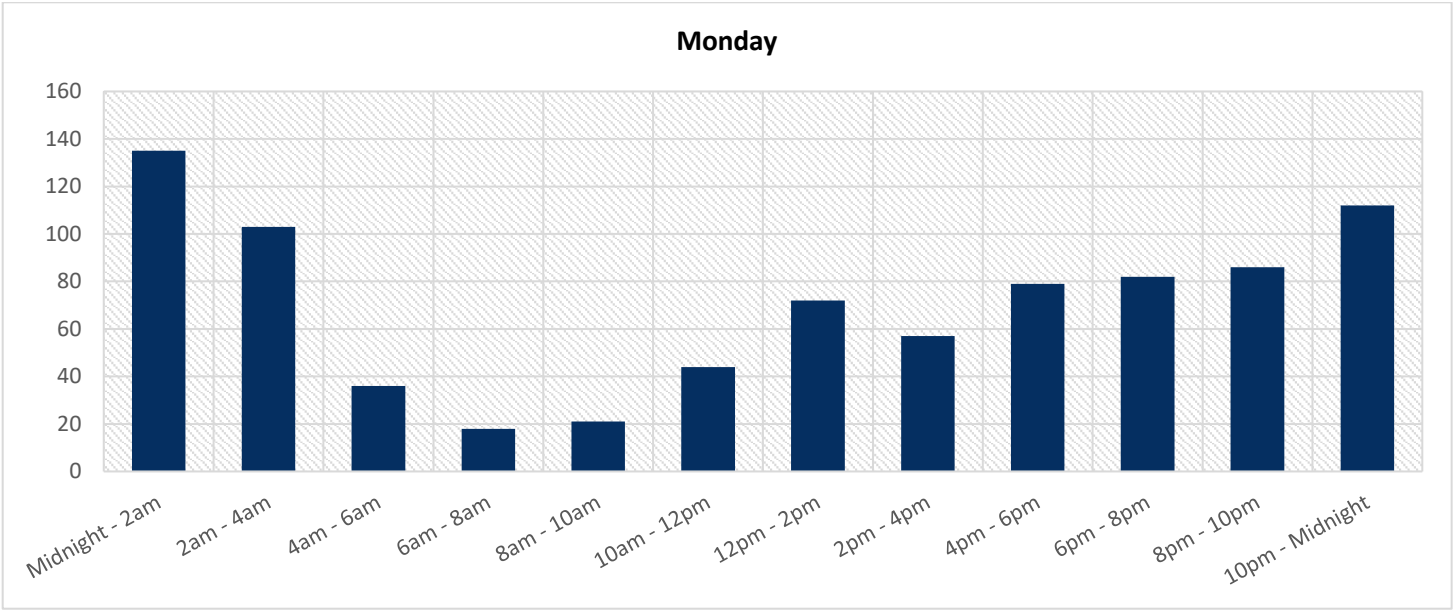


Figure 9: Weekend Hours – Monday

Number of Specimens Provided in Hospitals

In 2025, there were 684 specimens provided in hospitals, this is 11% of the total blood and urine specimens received which is similar to the number received in 2024.

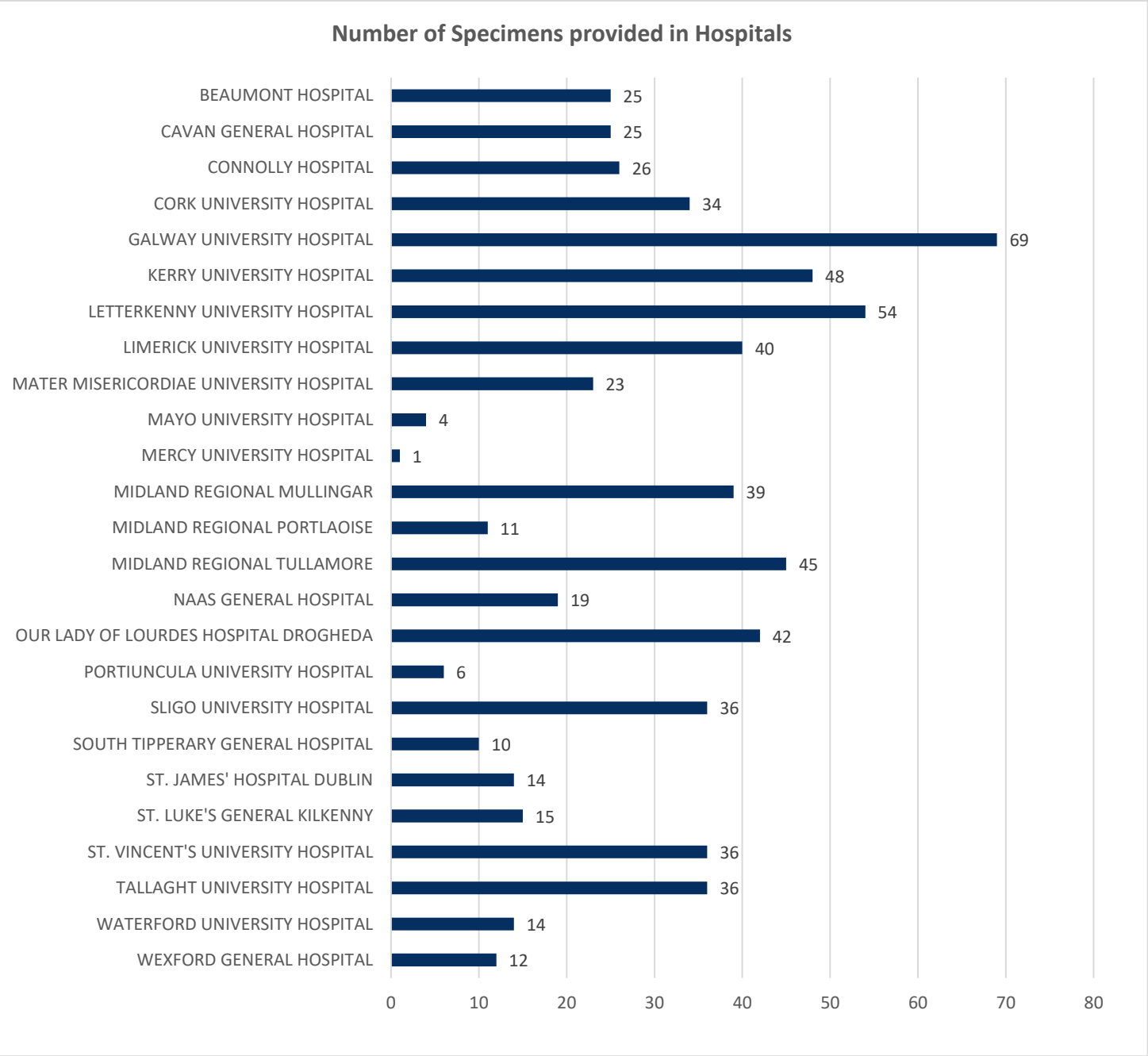


Figure 10: Overview of hospital cases in 2025

Unconscious Drivers

In 2025, seven specimens were forwarded to the Bureau for analysis following blood taken from unconscious drivers compared to four specimens for unconscious drivers received in 2024.

Gender Analysis

The ratio of male to females arrested have remained similar over the past number of years.

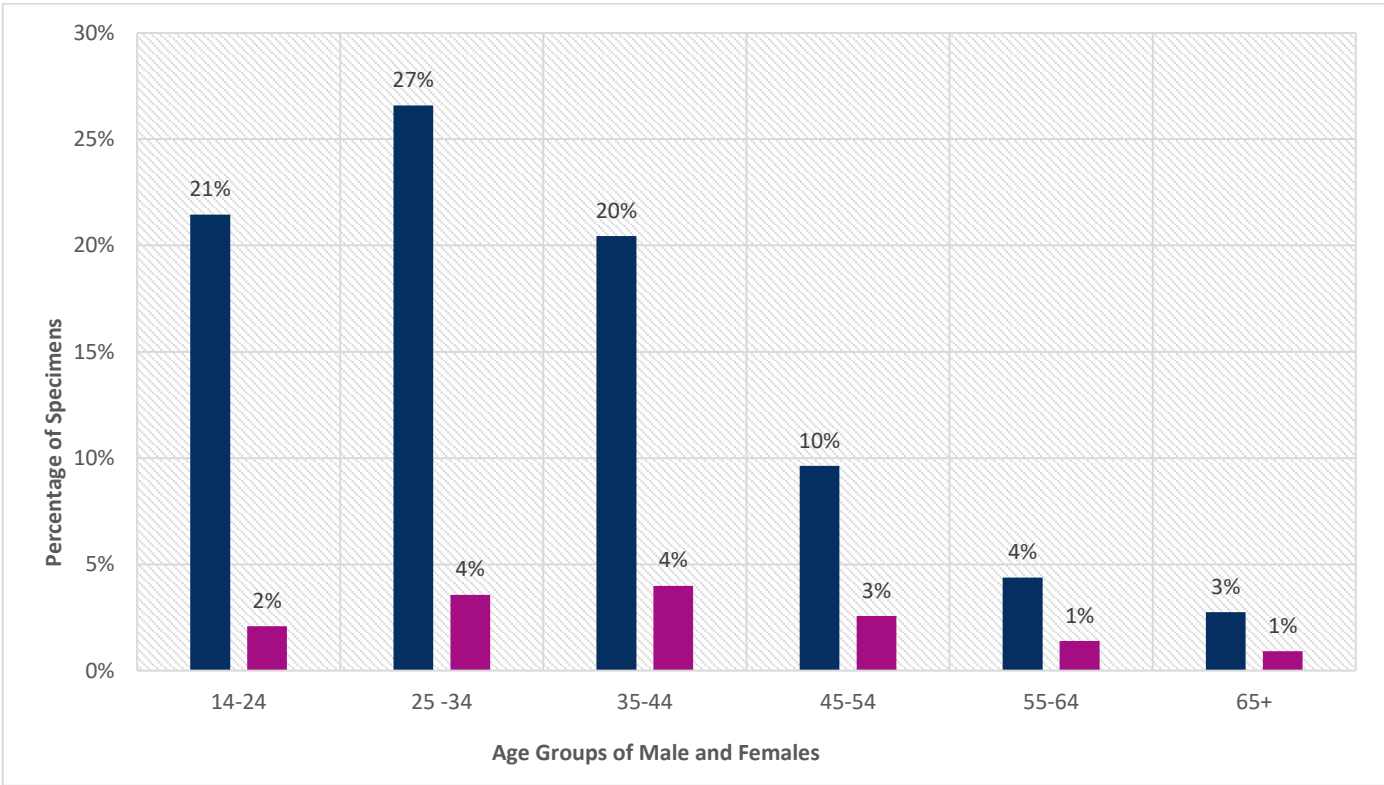
Table 2: Gender Profile of Specimens received – Blood & Urine

	2025	2024	2023	2022	2021
MALE	85%	85%	86%	85%	86%
FEMALE	15%	15%	14%	15%	14%

Age Profile

The age profile of drivers providing blood and urine specimens in the 25 to 34-year-old bracket continues to contribute to the greatest percentage of arrested drivers. 78% of total arrested drivers are under 45 years of age. There is a more even spread through the age categories in the female cohort than the male. The youngest arrested driver was 14 years old and the oldest was 95 years old. The youngest male driver was 14 years old and the youngest female driver was 16 years old.

Figure 11: 2025 Age Profile by Gender %



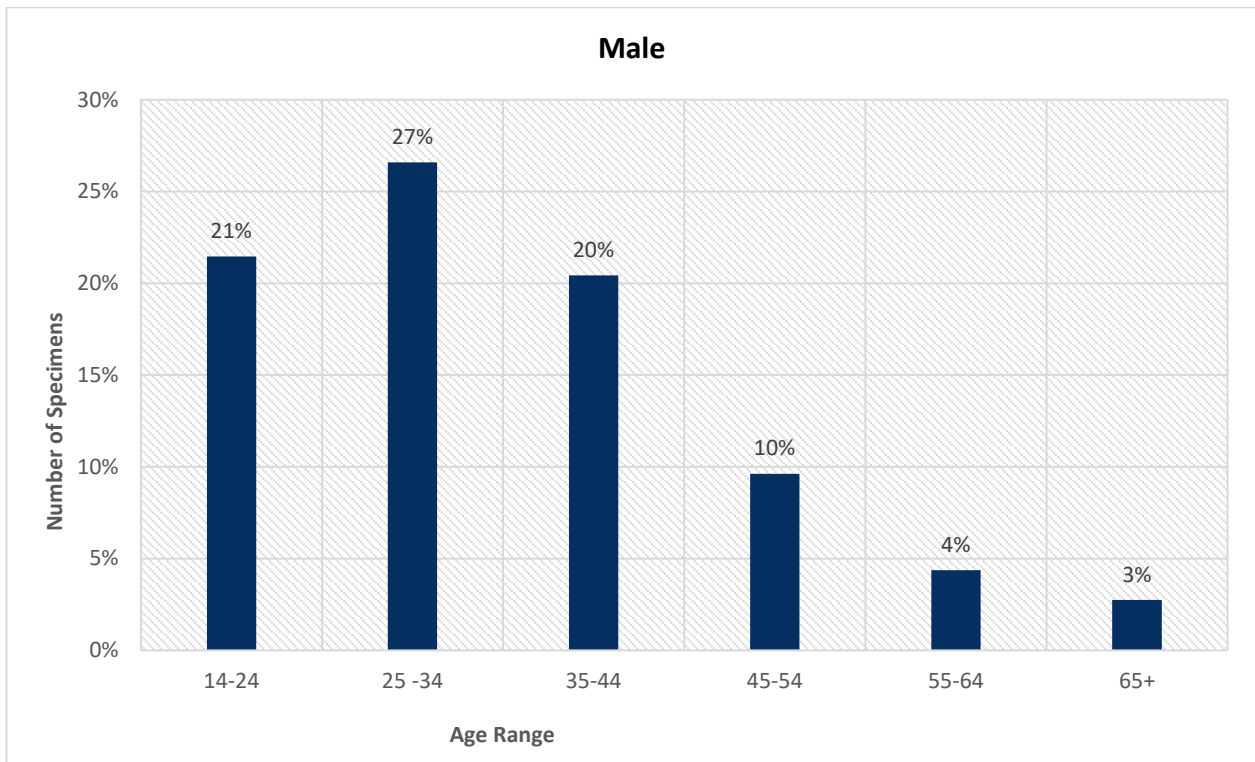


Figure 12: 2025 Age Profile of Males

Of the 5187 male arrested drivers, 80% are under 45 years of age (also 80% in 2024).

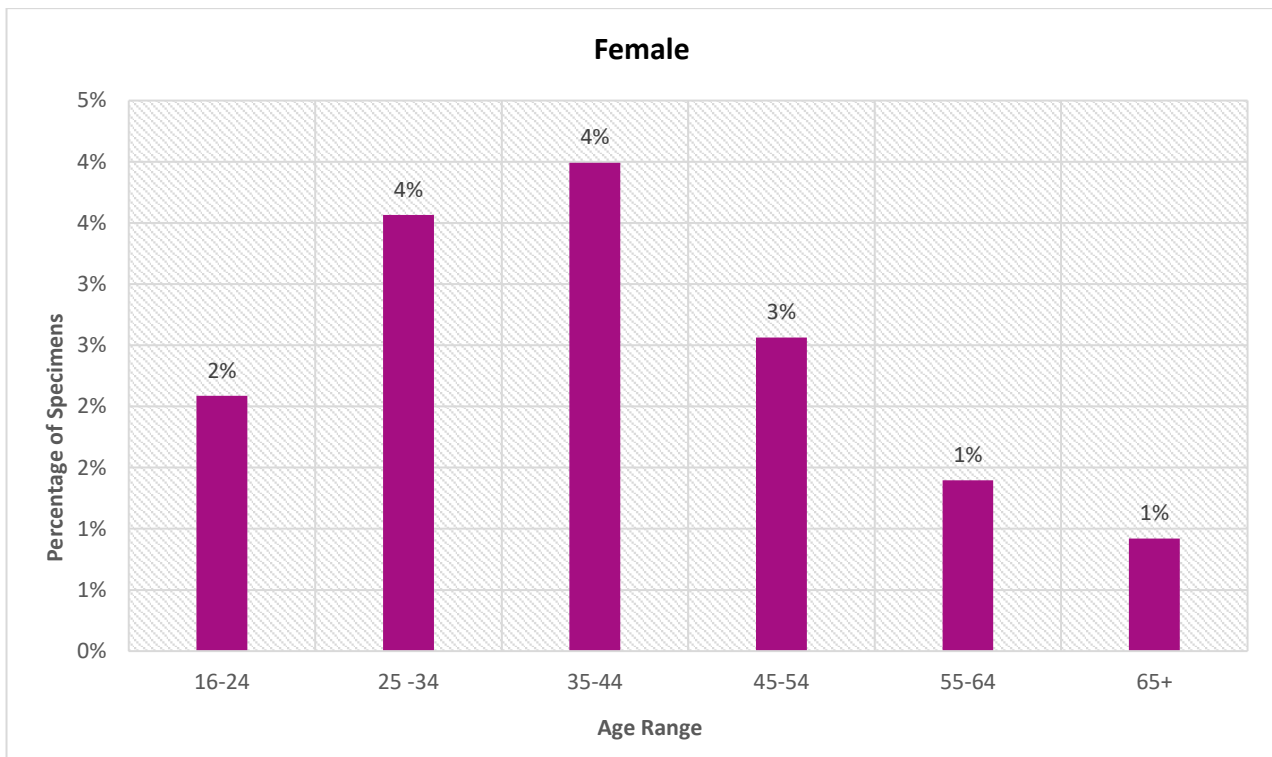


Figure 13: 2025 Age Profile of Females

Of the 884 female arrested drivers, 66% are under 45 years of age (68% in 2024).



ALCOHOL PROGRAMME: BLOOD & URINE

This programme is led by Principal Analyst, Ms. Louise Lawlor.

The main functions of the Blood and Urine programme are:

- The receipt and analysis of specimens of blood and urine forwarded to the Bureau
- The determination of the concentration of alcohol in blood and urine specimens
- The issue of Certificates of Analysis
- The testing of spurious specimens
- Provision of expert assistance to the Courts and the Department of Transport
- Collection and analysis of data in relation to alcohol tests



Provision of Blood and Urine Kits

Blood and Urine Kits are assembled in the Bureau. Blood and Urine bottles for specimen collection are prepared with preservative and anticoagulant in the laboratory. The kit consists of all items required for the forensic provision of Blood and Urine specimens under the Road Traffic Act. Each kit includes forms and tamper evident seals which are used to ensure proper chain of custody of the specimen from the point of provision in a garda station or hospital to receipt in the laboratory by the Analyst.

Table 3: Kits Prepared & Issued by the Medical Bureau of Road Safety

Kits Prepared and Issued				
	2025	2024	2023	2022
BLOOD KITS	6,500	6,600	5,200	5,200
URINE KITS	1,900	2,400	1,932	2,200
JUGS	-	-	1,879	2,780
URINE POTS	2,900	1,900	340	-

Blood and Urine Alcohol Analysis

Blood and Urine specimens are analysed using Headspace Gas Chromatography with Flame Ionisation Detection (HSGC-FID). Each specimen is analysed at least twice by two different scientists using two HSGC-FID systems. The results of analyses must be within 4% of each other before issue of a Certificate of Analysis.

A total of 6,081 blood and urine specimens were received for alcohol analysis during 2025. Six samples were received following the driver’s breath alcohol being tested by Evidential Breath Testing and so the sample was forwarded directly to Toxicology testing. Twenty-nine specimens did not have a certificate of analysis for alcohol concentration issued for a variety of reasons including: specimen not sealed and insufficient for analysis.

Median Alcohol reported Level in Blood and Urine

The median reported alcohol level in blood was 157mg/100ml and in urine was 209mg/100ml for 2025, excluding specimens which had no trace of alcohol. Both the median blood and urine alcohol results (2024) have increased from 142mg/100ml and 194mg/100ml respectively.

Maximum Alcohol reported Level in Blood and Urine

The highest reported alcohol level in blood was 450mg/100ml and in urine was 558mg/100ml in 2025.

Lower Alcohol Concentration Specimens in Blood and Urine

60% of blood and urine specimens combined had no trace of alcohol in 2025. 11% of urine and 69% of blood specimens have no trace of alcohol.

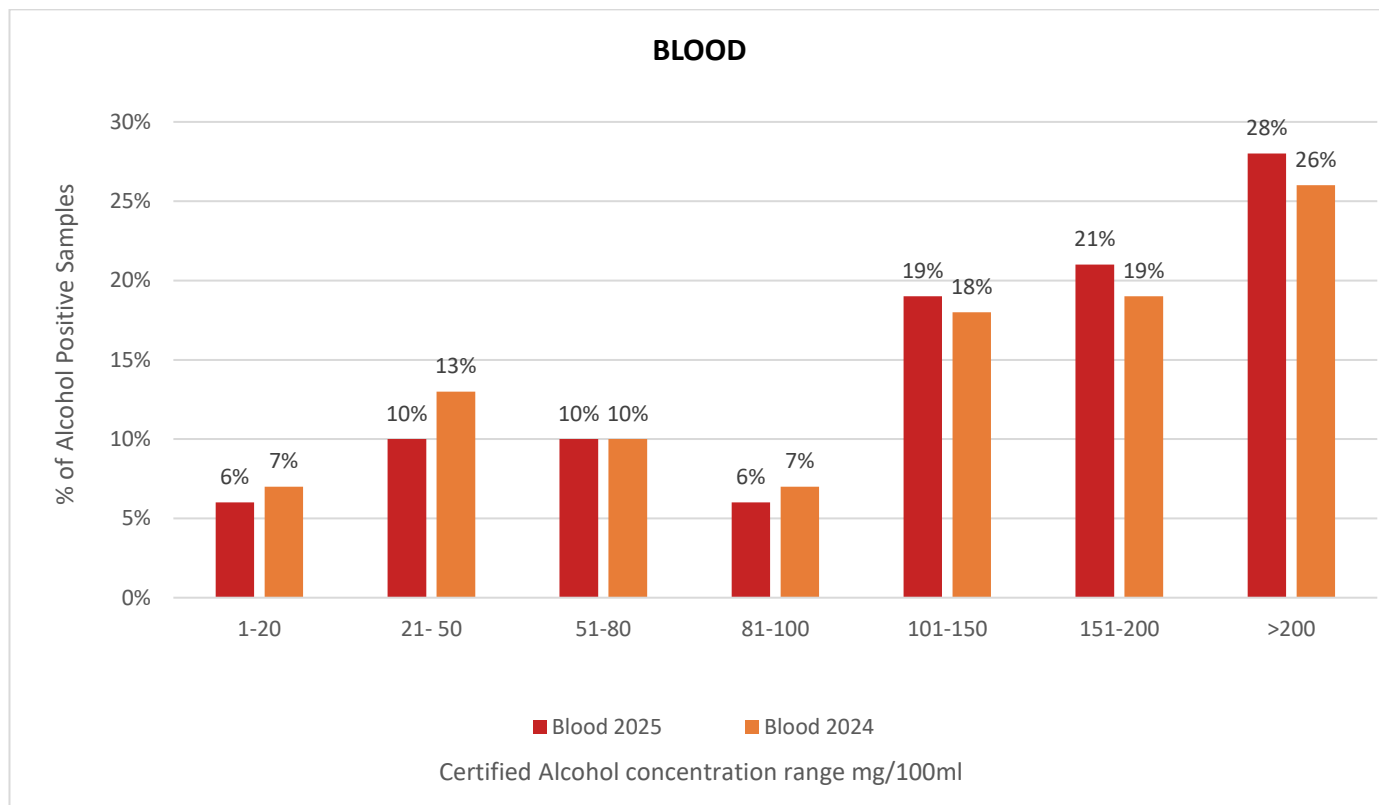


Figure 14: Certified Positive Blood Alcohol Levels 2025 v 2024

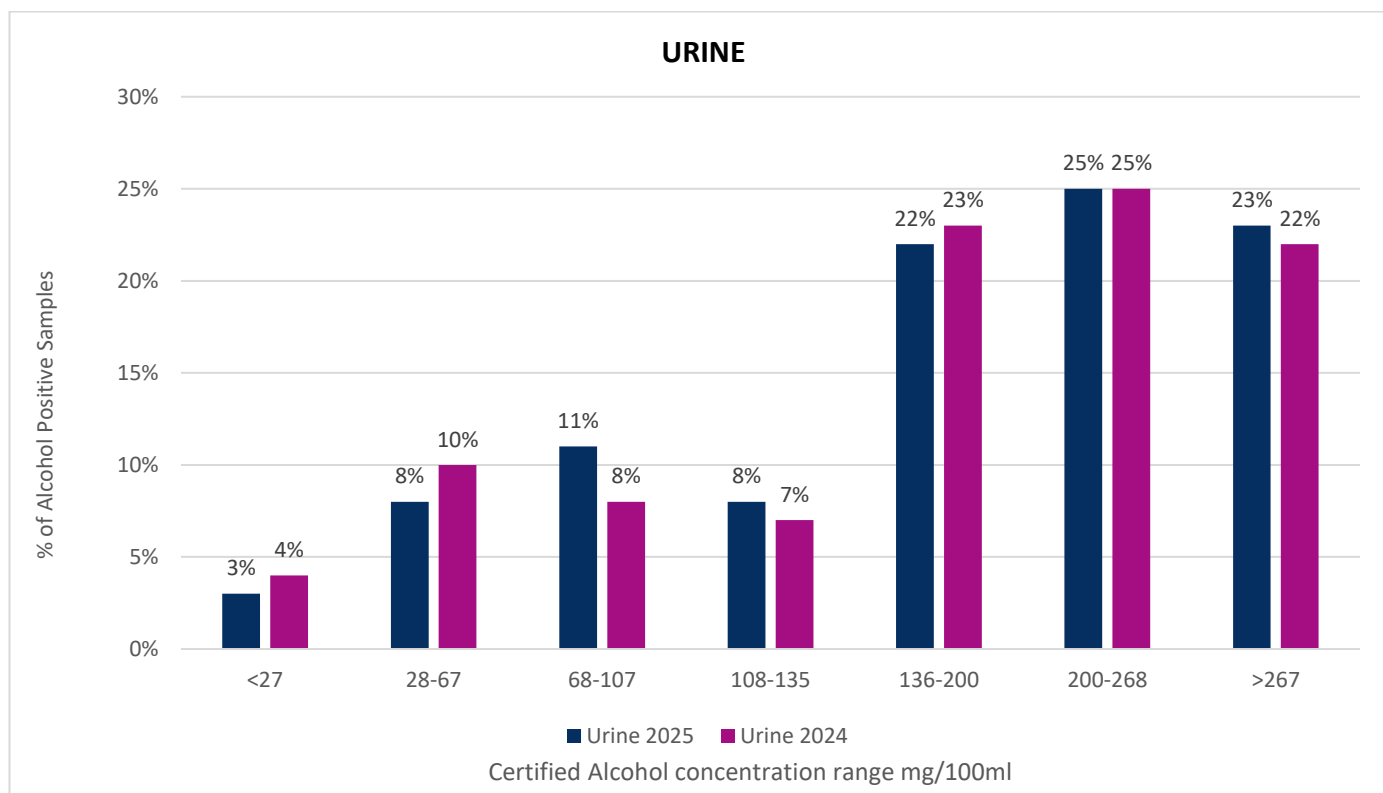


Figure 15: Certified Positive Urine Alcohol Levels 2025 v 2024

The levels stated on Figures 14 & 15 correspond to the graded penalty levels and higher concentrations.

On receipt of specimens for testing, the Bureau does not receive driver classification details, i.e., Drivers versus Specified Drivers (Professional, Learner and Novice Drivers) where the legal limits are reduced.

ALCOHOL PROGRAMME: BREATH

The Alcohol Breath Testing Programme is led by Principal Analyst, Ms. Louise Lawlor which includes Preliminary Breath Testing, Evidential Breath Testing, Aviation Breath Testing and the Alcohol Ignition Interlock Device (AIID) programme. In 2025, the programme continued to deliver critical services supporting road and aviation safety in Ireland through the deployment, testing, and oversight of breath alcohol testing technologies.

Main functions of the Breath Alcohol programme are:

- Approval, supply, and testing of devices used for roadside preliminary breath testing, which indicate the presence of alcohol in a driver's breath.
- Approval, supply and testing of apparatus for determining the concentration of alcohol in the breath (evidential breath testing instruments)
- Assessment and approval of Alcohol Ignition Interlock Device (AIID) for use in Ireland
- Provision of expert assistance to the Courts and to the Department of Transport.
- Delivery of training courses for EvidenzerIRL Operators and Supervisors.
- Delivery of Train the Trainer courses for the Operation of the Dräger Alcotest 7510 device.
- Collection, management and analysis of data in relation to evidential breath alcohol tests.
- Approval, supply, and testing of apparatus for indicating the presence and concentration of alcohol in breath for use by the Irish Aviation Authority (IAA).
- Delivery of training courses for the Operation of the Dräger Alcotest 8610 unit.



Dräger Alcotest 7510 device

Aviation Breath Alcohol Testing

The Aviation Breath Testing programme, established through a Memorandum of Understanding between the Medical Bureau of Road Safety and the Irish Aviation Authority (IAA) is a component of aviation safety in Ireland. This ongoing collaboration reinforces our shared commitment to maintaining a high standard in breath alcohol testing within aviation settings.

The Bureau is responsible for the approval, supply, and testing of the Dräger Alcotest 8610 devices used by the IAA. Device calibration and performance checks are conducted twice yearly by the Bureau.

With the framework now firmly in place, the programme continues to support the integrity of aviation operations by prioritising reliability, consistency, and a strong culture of safety for both passengers and crew.



Alcohol Ignition Interlock Device (AIID) – Assessment and Approval

Alcohol ignition interlock devices (AIIDs), commonly known as interlocks, are influential in preventing drink-driving incidents. These devices, installed in vehicles, require drivers to provide a breath sample before the engine can start. If the breath alcohol concentration exceeds a predetermined limit, the vehicle remains immobilised (blocked), thereby preventing driving while impaired.

International research underscores the effectiveness of AIIDs, particularly when integrated with rehabilitation programmes. Studies have shown that such combined approaches can significantly reduce reoffending rates, both during and after the period the device is installed. For instance, jurisdictions with mandatory ignition interlock laws have experienced notably lower rates of alcohol-involved fatal crashes compared to those without such regulations.

In Europe, the EN 50436 standard provides comprehensive guidelines for AIIDs, detailing specifications for their design, testing, installation, and use. Compliance with this standard ensures that devices meet rigorous safety and performance criteria.



Assessment and Approval Process

Under Action 119 of the Road Safety Strategy 2021–2030, the Medical Bureau of Road Safety (MBRS) is tasked with the assessment and approval of AIIDs in Ireland.

The approval process comprises four key stages:

Stage 1: Application for Approval

In July 2023, the MBRS issued a public invitation for AIID manufacturers and suppliers to submit their devices for evaluation. This call for submissions was published on the eTenders platform (Reference: UCDOPP5355), encouraging broad industry participation.

Stage 2: MBRS Testing

Submitted devices undergo a thorough examination, including a review of technical documentation and test reports provided by the manufacturers.



Stage 3: Evaluation of Test Reports

The MBRS conducts rigorous testing of each device to assess compliance with the EN 50436 standard and to evaluate functional performance. This ensures that only devices meeting the standard are approved for use.

Stage 4: Approval and Publication

Following successful assessment and testing, approved devices are added to the MBRS list of approved interlock devices. As of 2025, five devices have been MBRS approved, with details available on the MBRS website:

[Approved Interlocks - Medical Bureau of Road Safety](#)

The ongoing evaluation and approval of AIIDs reflect Ireland's commitment to enhancing road safety and reducing instances of impaired driving. By adhering to international best practices and standards, the MBRS ensures that only reliable and effective devices are implemented in the national road safety framework.



LifeSafer L250 Device

Roadside Breath Alcohol Testing

Since 2018, An Garda Síochána has been using the Dräger Alcotest 7510 breathalyser for roadside alcohol breath testing. This portable device is used at checkpoints to screen drivers for alcohol consumption. When a driver exhales into the device, it measures the concentration of alcohol in their breath and provides an immediate result: a PASS if the level is below the legal limit or a FAIL if it exceeds the limit. This device is intended as a screening tool to detect the presence of alcohol.



To ensure continued accuracy and reliability, the Dräger Alcotest 7510 devices are calibrated and tested every six months by the Bureau. In 2025, a total of 2,230 calibrations were carried out. This process is accredited by the Irish National Accreditation Board (INAB) under the ISO 17025 standard.

The programme operates a 'hot swap' system: when a device is sent for calibration or testing, it is immediately replaced with a recently calibrated unit. This approach minimises downtime and always ensures the availability of functional devices. Approximately 1,200 devices are currently in operational use by An Garda Síochána.



Evidential Breath Alcohol Testing

Evidential breath test instruments are used to analyse a driver’s breath to determine the breath alcohol concentration (BrAC). The results are expressed in micrograms of alcohol per 100 millilitres of breath (µg/100mL). The process involves the driver providing breath specimens directly into the instrument, which then measures the concentration of alcohol present.

These instruments are non-invasive, accurate, and deliver results in real-time, offering a practical and efficient alternative to blood or urine testing. For a valid test, the driver is required to provide two separate breath specimens, with the instrument ensuring consistency and reliability between the readings.

Evidential breath test instruments are widely used around the world in road traffic enforcement due to their robust performance, reliability, and legal admissibility.

In 2025, the Bureau supported and maintained 86 EvidenzerIRL instruments in Garda stations across Ireland. These instruments form a critical component of Ireland’s enforcement infrastructure for combating drink driving. See the map below for an overview of instrument locations.



Testing EBT instruments in Garda Stations

In 2025, the Bureau continued its commitment to maintaining the accuracy and correct functioning of breath alcohol testing conducted within Garda stations through thorough testing of EvidenzerIRL instruments. Biannually, Bureau scientists conduct comprehensive testing of each EvidenzerIRL instrument installed in Garda stations, encompassing linearity, accuracy, and repeatability (precision) tests.



This onsite testing was carried out on 204 occasions in 2025 (186 in 2024). This testing is an essential element in assuring the quality of breath alcohol test results for evidential purposes.

Training

The EvidenzerIRL training program continued to play a pivotal role in 2025 in equipping Garda members with essential knowledge and skills for alcohol detection and enforcement. The curriculum of the course encompassed a comprehensive blend of scientific theory on alcohol and its effects on the body, road traffic legislation, and practical training in the operation of evidential breath testing instruments.

There were ten EvidenzerIRL courses conducted throughout the year which included comprehensive Operator and Supervisor training. All courses were conducted onsite at the UCD Campus in collaboration with the Garda Training College. The Operator course spanned 1.5 days, supplemented by an additional half-day session for Supervisor training. Both courses culminated in rigorous practical and theoretical examinations, ensuring Garda members' proficiency in alcohol detection procedures.

In 2025, a total of 206 Garda members underwent training through the EvidenzerIRL courses.



Breath Alcohol Statistics

Statistics for breath alcohol are from the period 1st July 2024 to 30th June 2025. Evidential Breath Testing data is collected from each standalone instrument on a six-monthly basis and collated in the laboratory.

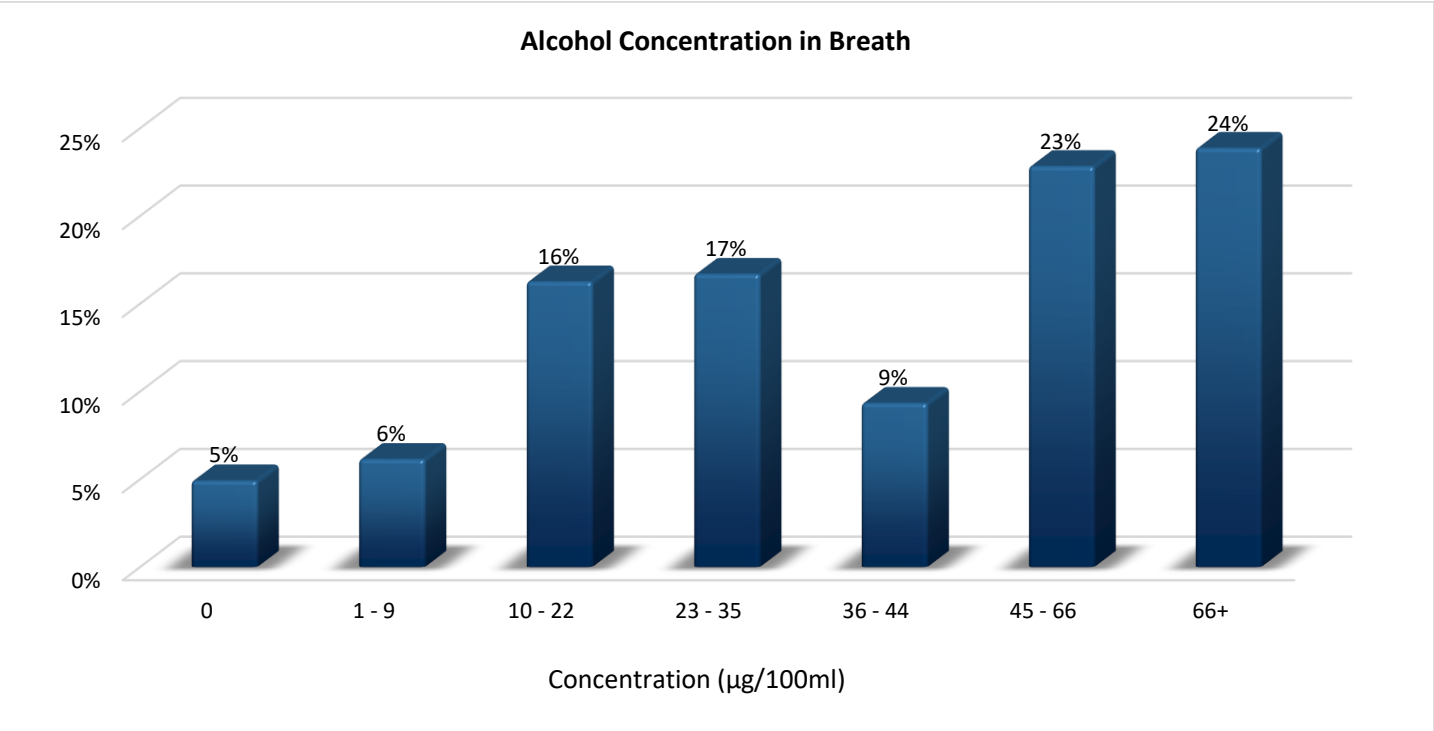


Figure 16: Certified Alcohol Levels 2025 – Breath

Breath Alcohol Analysis

3,257 drivers were brought to Garda Stations and provided breath specimens for alcohol analysis. In approximately 3% of cases, the EvidenzerIRL flagged a reason why the Section 13 certificate could not be produced; for example, safeguards such as Mouth Alcohol or Breath Difference.

12% of drivers either failed or refused to provide breath specimens. 85% of breath specimens undertaken were successfully completed and a Section 13 certificate issued.

Of all the drivers who successfully provided breath specimens 95% of them registered a final alcohol result above zero.

Median and Maximum Alcohol Level in Breath

Excluding breath specimens which returned a zero alcohol result the median alcohol level in breath was 43µg/100ml.

The maximum alcohol level in breath was 152µg/100ml.

Analysis of Time

37% of breath specimens were provided between midnight and 4am. The weekend days into Monday morning is the most represented time for Breath specimen provision.

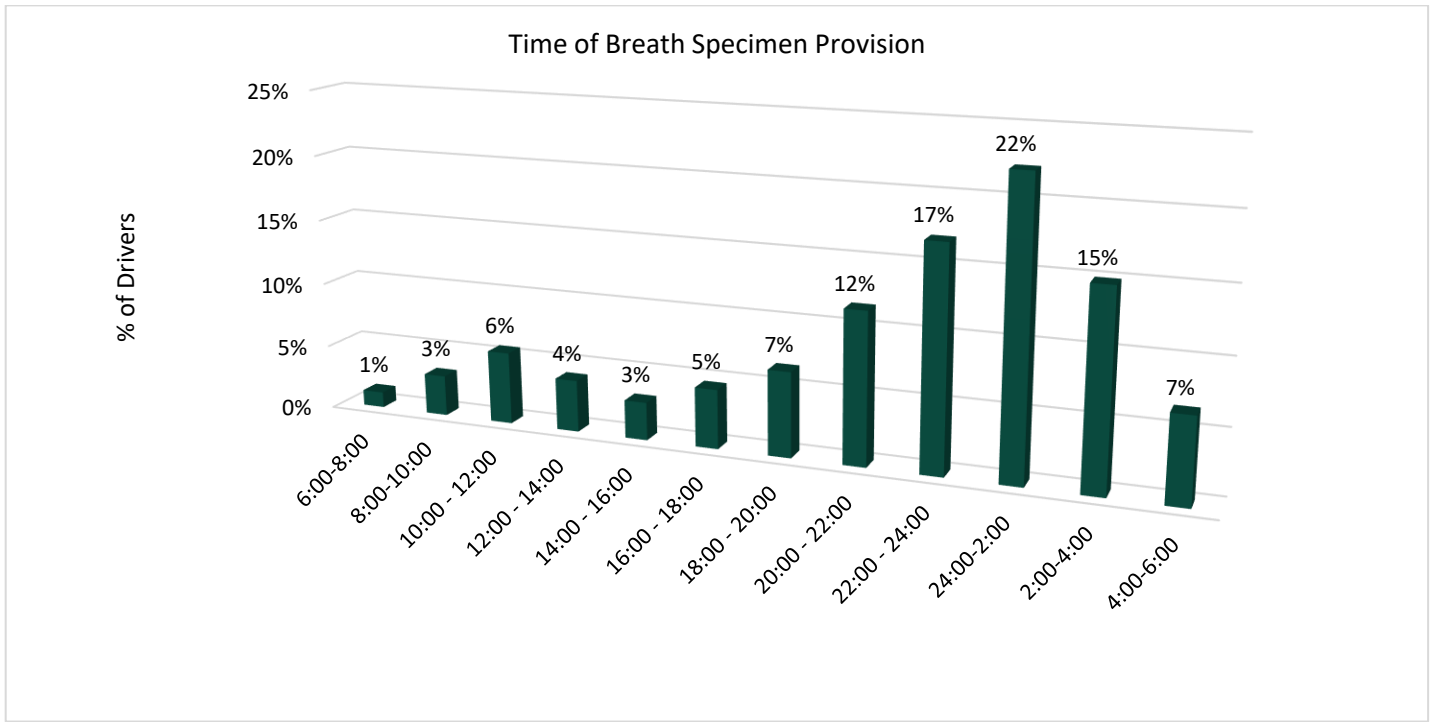


Figure 17: 2025 Time Breath Specimen Provided

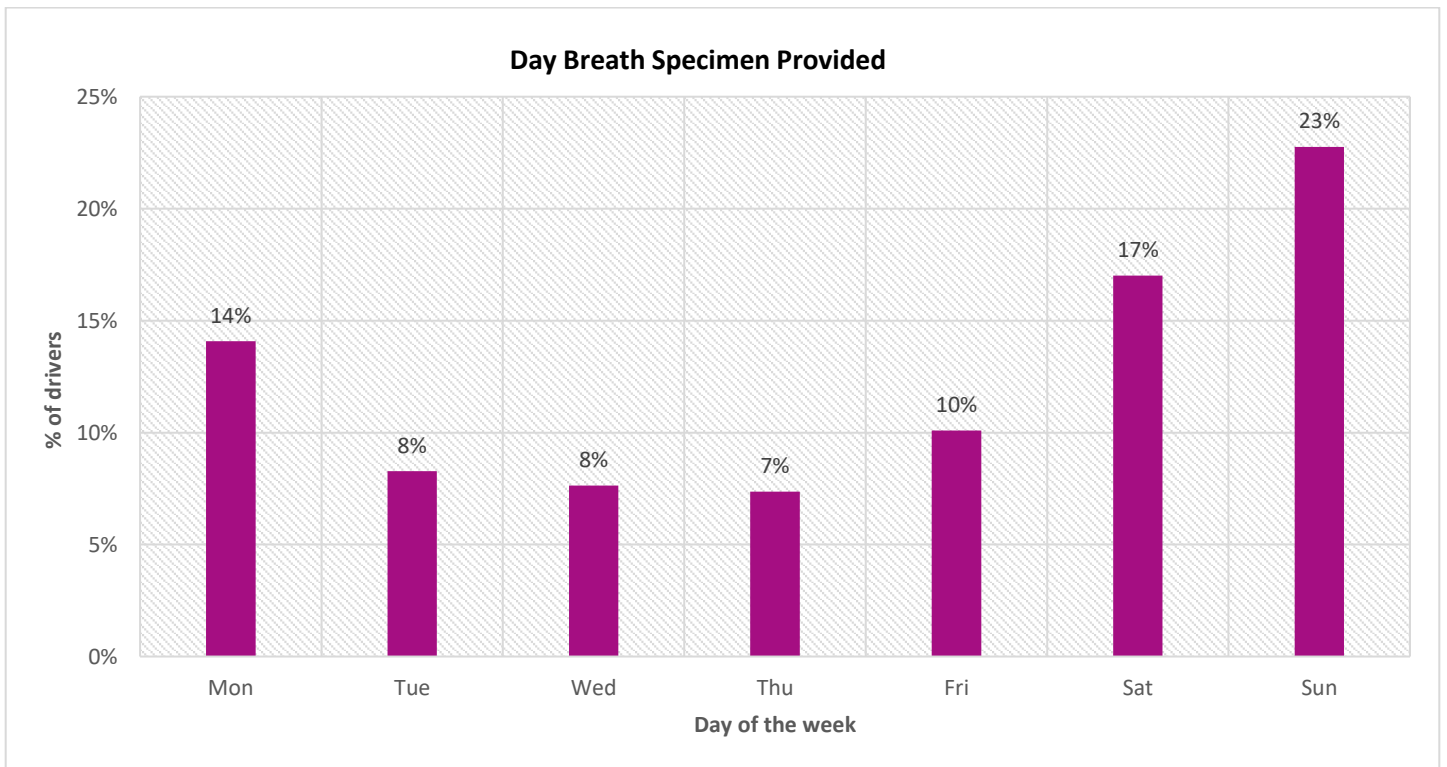


Figure 18: 2025 Day Breath Specimen Provided

Gender in Evidential Breath Testing Specimens

The number of male drivers required to provide a breath specimen far exceeds the number of female drivers, the male to female ratio being approximately 6:1, the gender profile remained similar from previous years, 85% male and 15% female.

Table 4: 2025 Gender Profile of Breath Specimens provided

	2025	2024	2023	2022	2021
MALE	85%	85%	84.5%	85%	85%
FEMALE	15%	15%	15.5%	15%	15%

Age Profile in Evidential Breath Testing Specimens

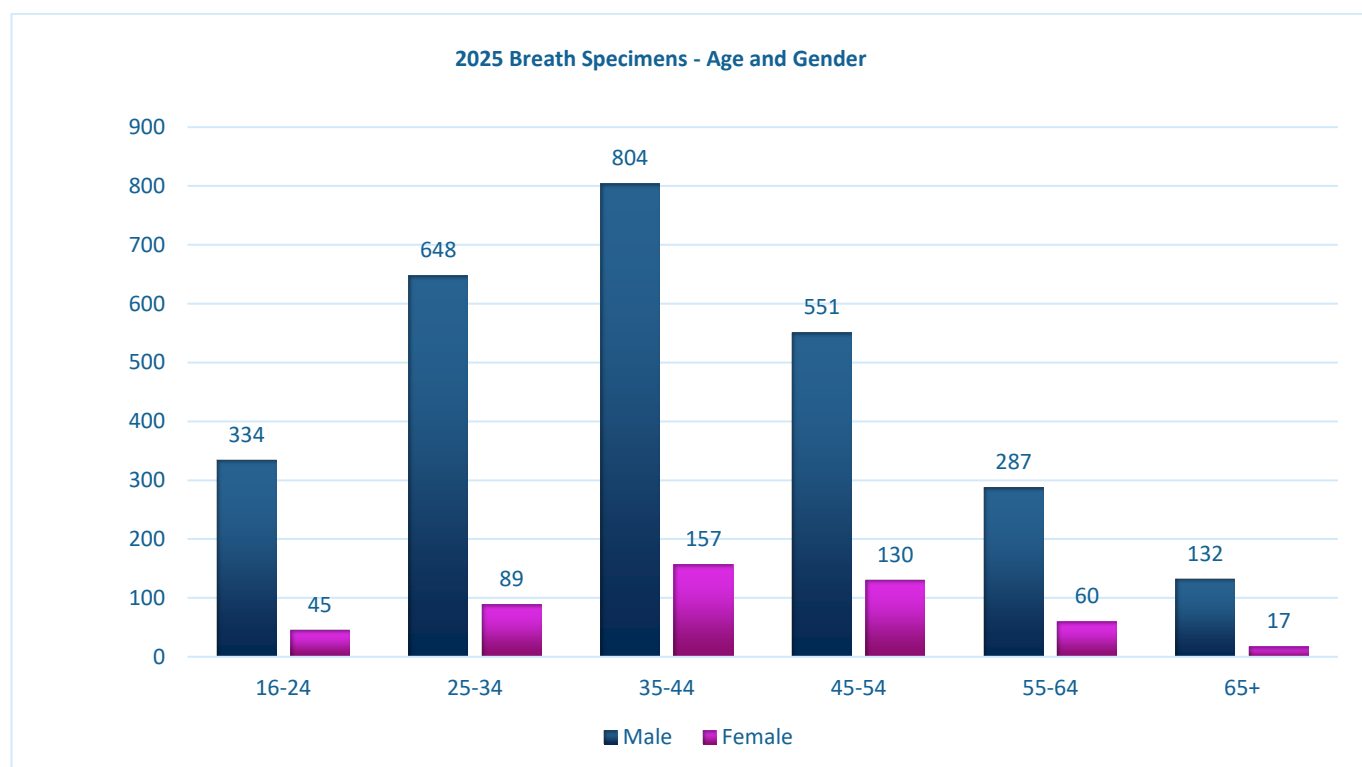


Figure 19: 2025 Age Profile of Drivers Male and Female – Breath

The greatest contribution to the arrested driver numbers providing breath specimen is in the 35–44 years old category.

The youngest driver who provided a breath specimen was 16 years old and the oldest was 89 years.

The median age was 40 years. Eleven drivers under 18 years provided breath specimens in 2025.

TOXICOLOGY PROGRAMME

This programme is led by Principal Analyst, Dr Richard Maguire. The main functions of this programme in 2025 were:

- The analysis of blood and urine specimens for the presence and/or concentration of a drug or drugs.
- The issue of Certificates of Analysis for the presence and/or concentration of a drug or drugs.
- Provision/maintenance of Preliminary Drug Testing Devices (PDT, Oral Fluid) and quality control of consumables.
- Analysis of oral fluid for quality control purposes.
- Development of new methods of drug testing and improvement of existing methods.
- Provision of expert assistance to the Courts, the Department of Transport and an Garda Síochána.
- Collection and analysis of data in relation to toxicology tests.
- Research on drugs that cause impairment in drivers.



Roadside/Station Based Preliminary Drug Testing (PDT)

In 2025 the Securetec Drugwipe 6S (DW6S) oral fluid test was in use for a third full year. This system detects Cannabis, Cocaine, Opiates, Benzodiazepines and Amphetamines in oral fluid. In 2025, 30,000 were issued to an Garda Síochána. This is a 14.3% decrease on the number of cassettes issued when compared to 2024. Figure 20 below shows the trend in supply of oral fluid drug tests to an Garda Síochána between the introduction of testing in 2017 and 2025.

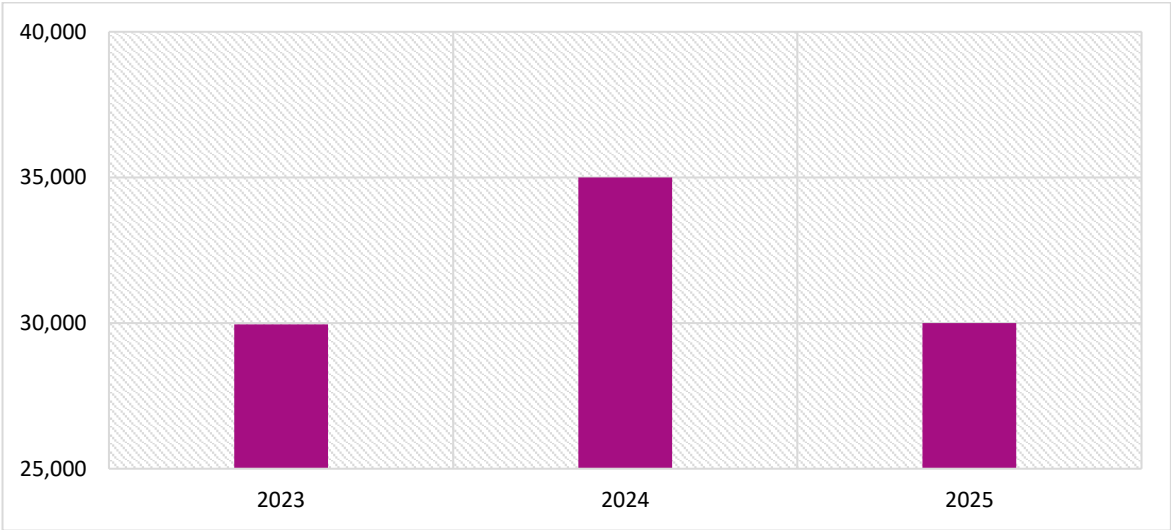


Figure 20: Supply of Drugwipe 6S Cassettes to an Garda Síochána

The Bureau also managed the quality control testing of the DW6S cassettes received throughout 2025 to ensure that they met the required technical standards. This involved accredited testing utilising Gas Chromatography with tandem Mass Spectrometry (GC-MS-MS) for Cannabis and Liquid Chromatography with tandem Mass Spectrometry (LC-MS-MS) for all other drugs, to verify the performance of each batch purchased. Each batch was found to have performed satisfactorily and was approved for use by an Garda Síochána.

Oral Fluid Testing and Prevalence 2025

When an oral fluid sample is collected from a driver for testing, and is positive for a drug or drugs, the Bureau requests that an Garda Síochána submit an “Information Form” indicating the results of the test.

DRUG INFORMATION FORM

To be returned to Medical Bureau of Road Safety with specimen taken under the Road Traffic Act.

(1) Driver's Name: _____

(2) Was Preliminary Drug Testing carried out? YES ☐ NO ☐

Please indicate positive results by ticking the relevant boxes below. Do not tick drugs if negative / not tested.

Cannabis ☐

Cocaine ☐

Benzodiazepine ☐

Opiate ☐

Amphetamines / Methamphetamines ☐

If Alcohol Evidential Breath Testing was carried out in the Garda Station include a copy of the Section 13 printout

Drug Information Form

Completion and collation of data from these forms provides information on the prevalence of drug positive results at the roadside. It also allows a direct comparison of the performance of the oral fluid testing and laboratory testing.

In 2025, 2,539 (2,297, 2024) specimens were returned with a *Drug Information Form* indicating that an oral fluid PDT test had been carried out and indicated a positive drug result for at least one of the drugs that the DW6S can detect. Of the positive cases in 2025 the prevalence of drugs detected in oral fluid by the DW6S based on the *Drug Information Forms* returned is shown in Table 5.

It is notable that there has not been any significant change in any drug prevalence as detected by the DrugWipe 6S since 2024.

Table 5: Prevalence of drugs detected by the Securetec DrugWipe 6S (DW6S)

Drug Class	2025	2024	2023	2022	2021	2020	2019
Cannabis	55%	54%	53%	66%	69%	67%	66%
Cocaine	58%	59%	58%	48%	45%	46%	43%
Opiates	7%	8%	7%	6%	6%	8%	8%
Benzodiazepines	10%	11%	9%	5%	5%	5%	4%
Amphetamines / Methamphetamines	8%	6%	7%	3%	n/a	n/a	n/a

Prevalence of drugs detected in oral fluid reported on information forms received for the DW6S in 2025.
Amphetamine/Methamphetamine testing was introduced in 2022.

Laboratory Testing

Blood and Urine Specimen Overview

There were 4,481 specimens analysed for the presence of a drug or drugs in 2025, which is a 3% increase on the number of specimens analysed in 2024 (4,348). The workload trend in toxicology between 2015 and 2025 is shown below (Figure 21).

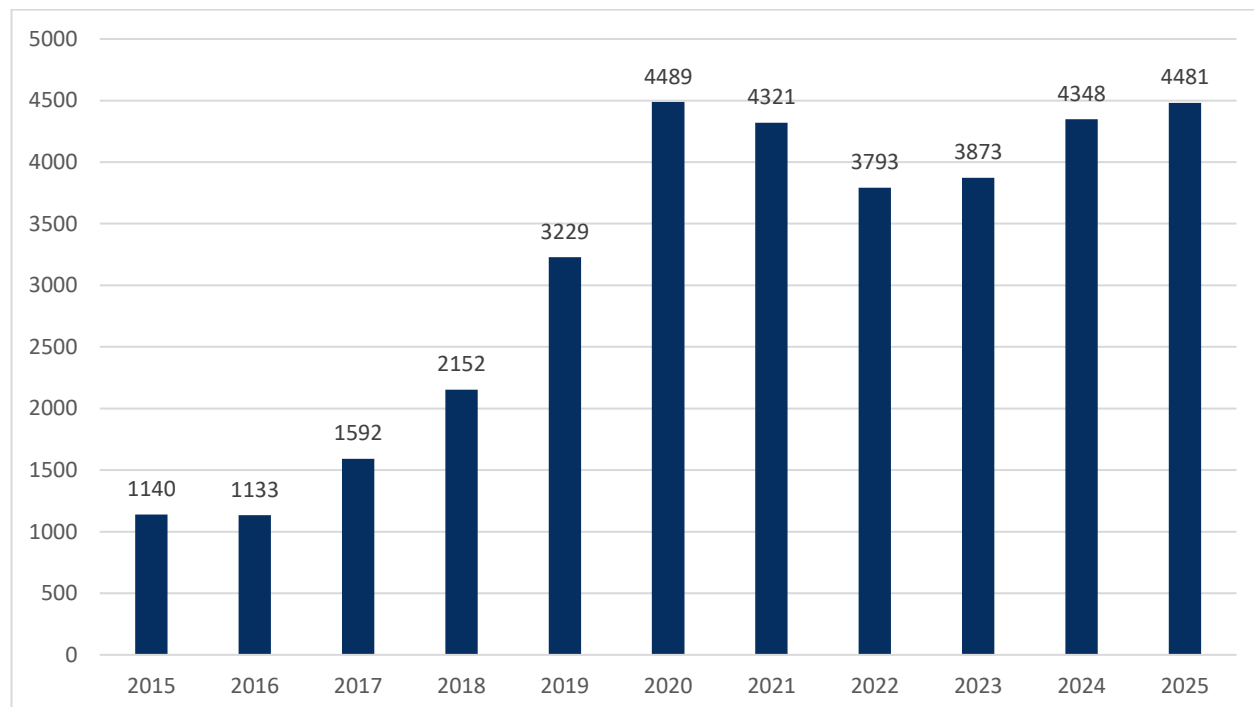


Figure 21: Number of Toxicology Specimens Screened for drugs (2015 – 2025)

Toxicological analysis was required for 73.6% (73.7%, 2024) of all specimens received in the MBRS. The policy since the beginning of 2020 has been to test all specimens for drugs where the alcohol result is under 100mg/100ml in blood or the equivalent 135mg/100ml in urine and this continued in 2025.

Exceptions to this policy are if a specific request for drug testing is submitted, or a specimen was submitted following an EBT negative outcome. There were 16 specimens (29, 2024) over these alcohol concentrations which were specifically requested for drug testing by an Garda Síochána. There were 6 (4, 2024) Evidential Breath Testing negative specimens sent to the Bureau for drug testing.

Measures introduced in the 2016 Road Traffic Act empowered the Gardaí to take blood where drugs were indicated by a preliminary oral fluid test. This resulted in a change in the ratio of specimen type towards blood rather than urine. In 2025, 92.3% (91.3%, 2024) of specimens analysed for toxicology were blood and 7.7% were urine (8.7%, 2024) demonstrating a consistent trend in the ratio of blood to urine specimens received.

Initial screening testing was conducted for cannabis, cocaine, opiates/opioids (e.g. morphine, codeine, methadone and tramadol), benzodiazepines, amphetamines (e.g. amphetamine, methamphetamine, MDA, MDMA) and antihistamines (diphenhydramine) using LC-MS-MS.

Of the 4,481 specimens tested in 2025, 3,163 were found to be positive for at least one drug class on preliminary laboratory drug testing, while 1,318 were negative for the drugs targeted by the Bureau at the thresholds used in the laboratory. This drug positive figure represented 70.6% of Toxicology specimens (68.5%, 2024) and 51.9% of all specimens received in the Bureau (51.0%, 2024).

Figure 22 shows the prevalence of the drugs detected in all specimens of blood and urine. As in previous years Cannabis remains the most prevalent drug with Cocaine second. The continued prevalence of polydrug use is shown in figure 23 and the prevalence of drugs combinations is shown in figure 24.

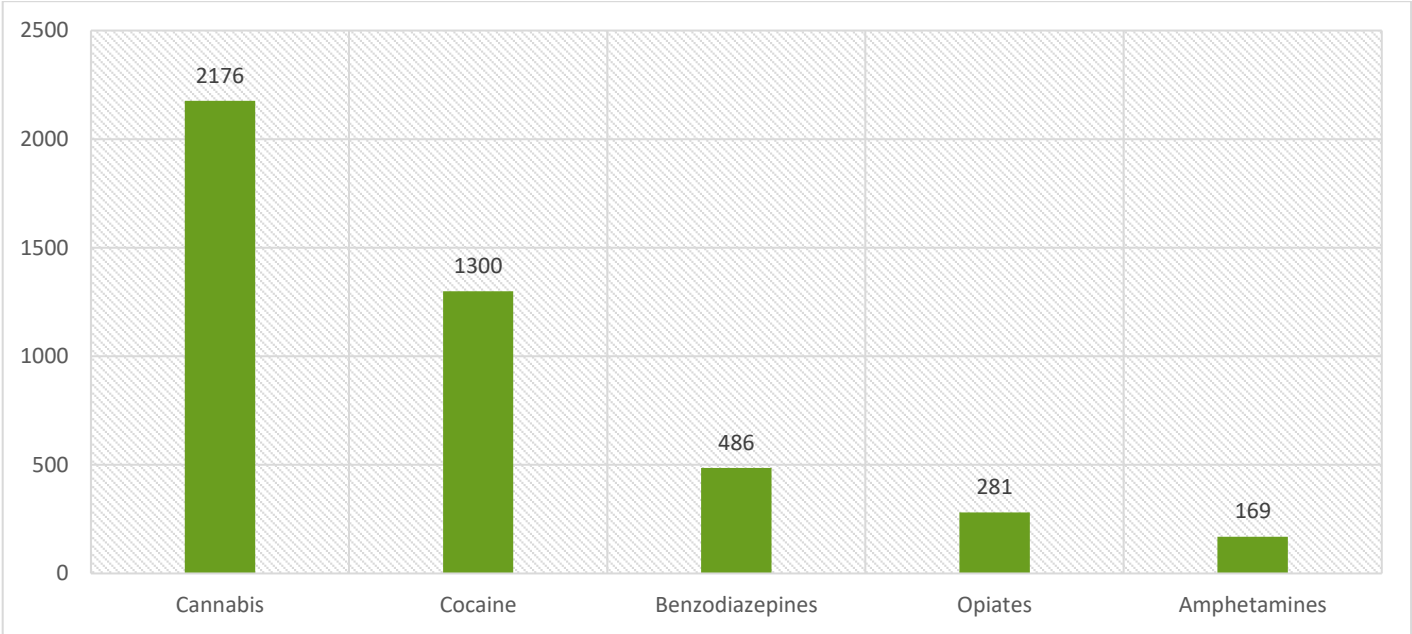


Figure 22: Drug Prevalence Screening 2025

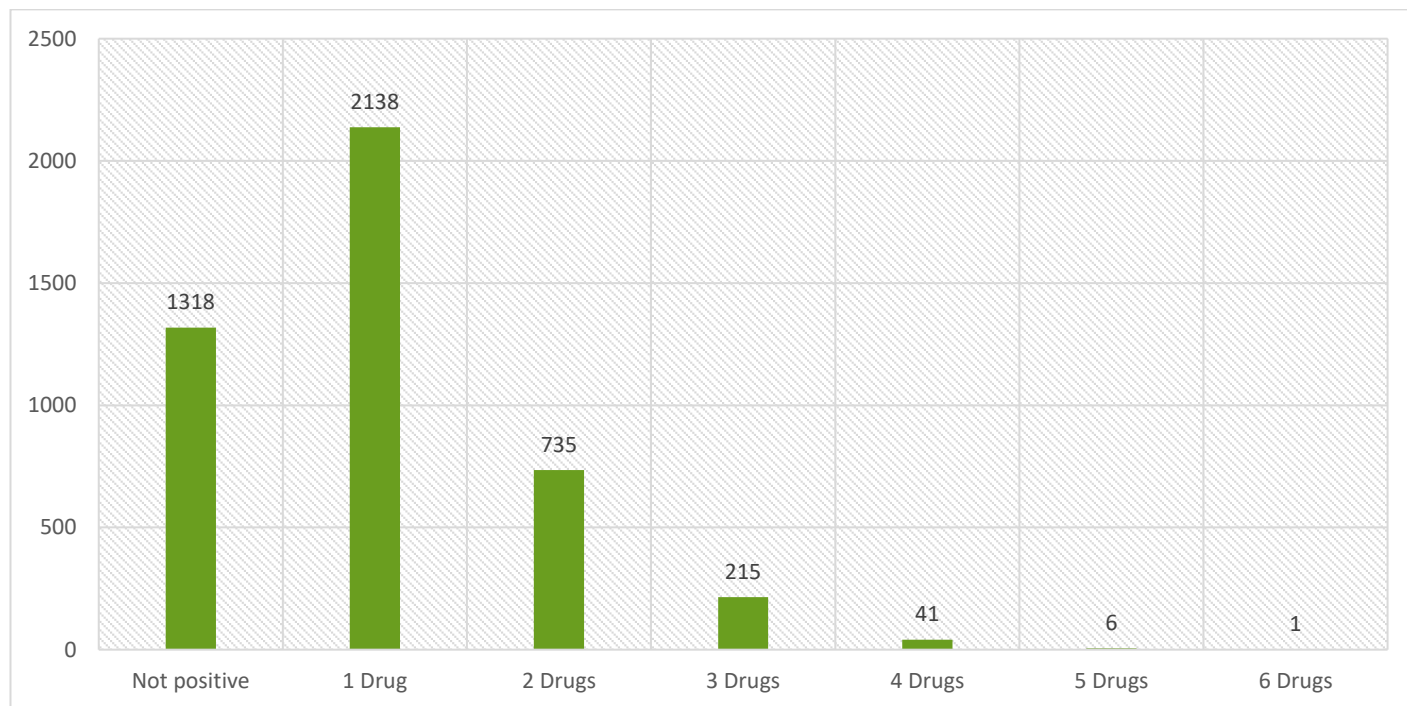


Figure 23: Drug Screening – Prevalence of mono and polydrug detections 2025

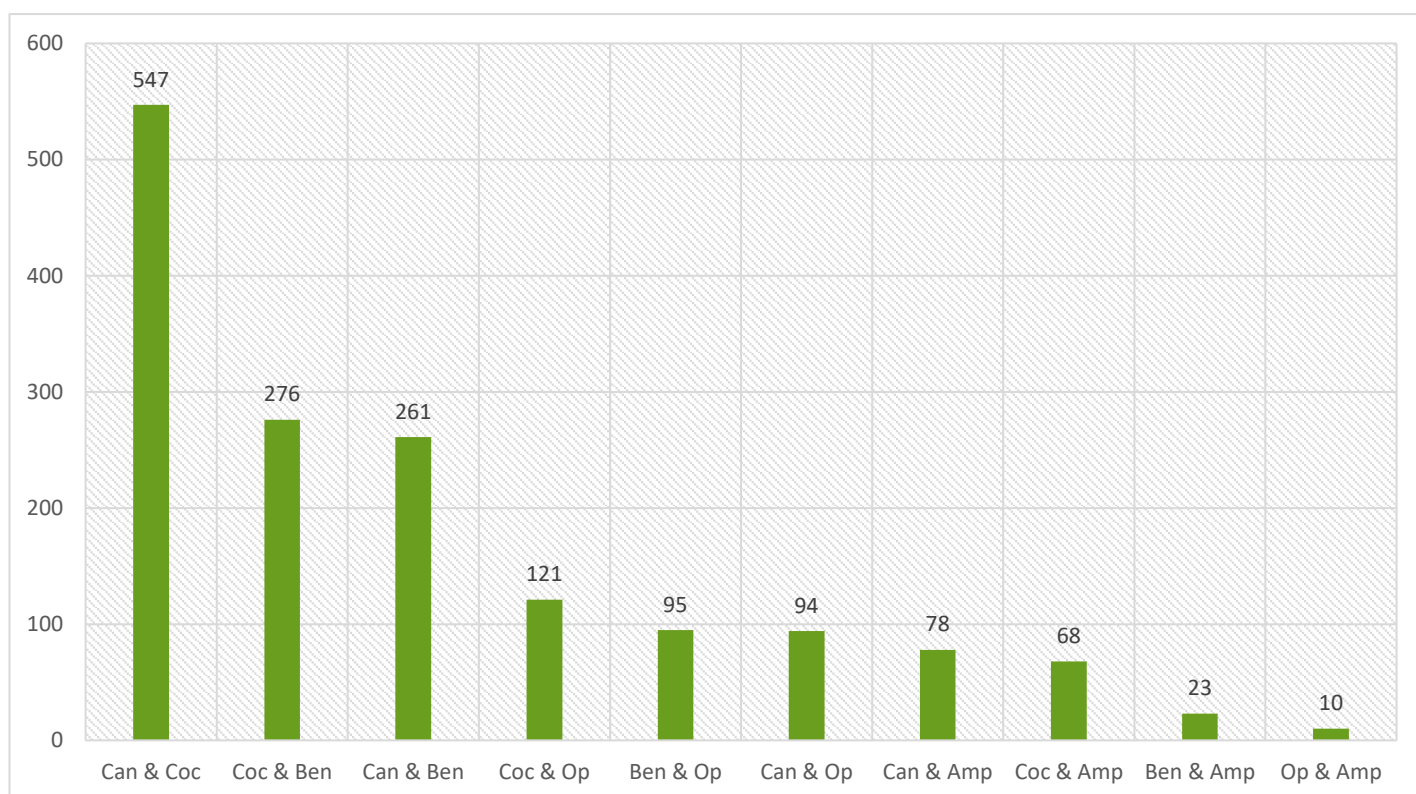


Figure 24: Drug Screening – Prevalence of Combinations where two drugs were detected per specimen 2025 (top 11 of the paired drugs reported above)

(Can: Cannabis, Coc: Cocaine, Ben: Benzodiazepine, Op: Opiate, Amp: Amphetamine)

The gender profile of specimens analysed for drugs was 86.5% male and 12.7% female (0.8% gender not stated) based on screening positive data which is similar to the breakdown in 2024 (86.4% male, 13.4% female, 0.2% gender not stated).

The age profile of positive specimens is shown below with 83.5% being age ≤ 44 and under and 60.2% under 34. Both age and gender statistics are similar to trends in previous years.

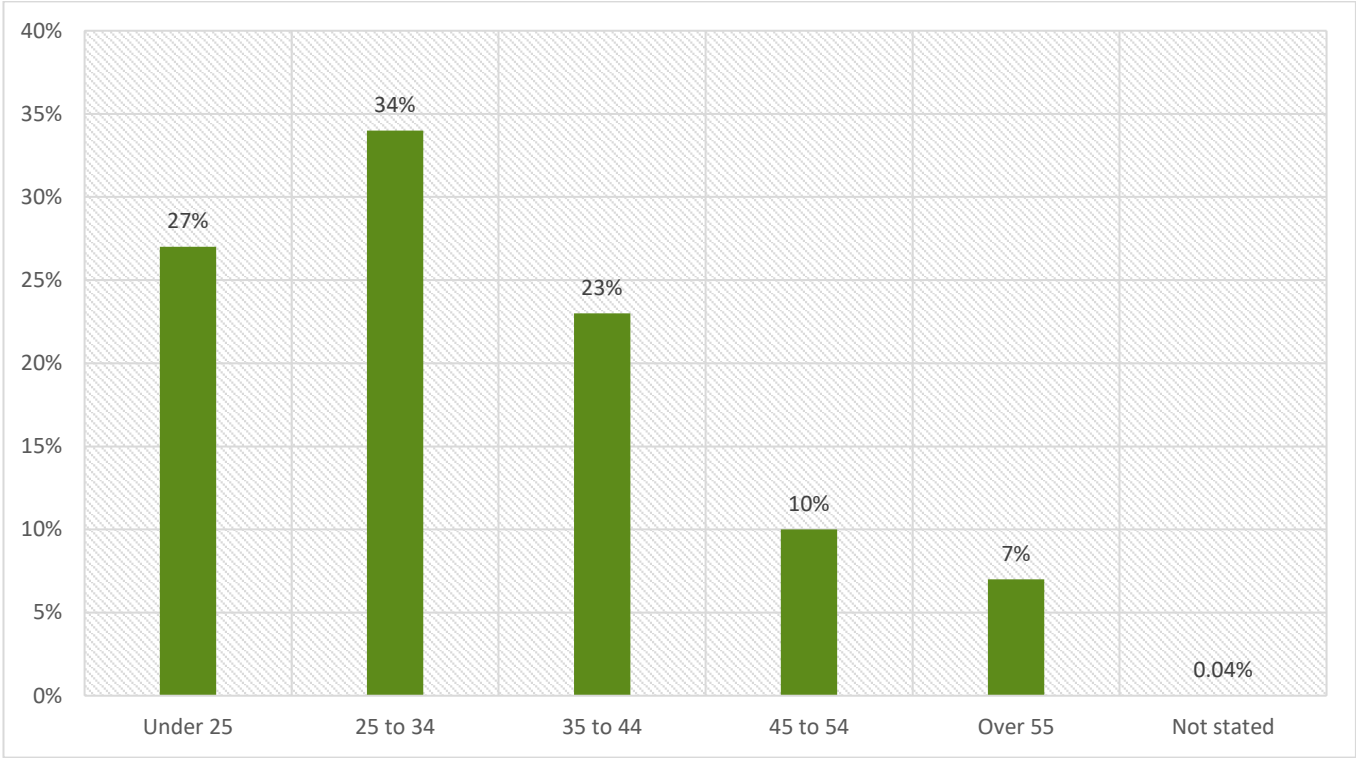


Figure 25: % Total Screening Drug Positive by Age 2025

Confirmatory Analysis

Once a positive specimen is detected at the initial screening test, confirmation is carried out using GC-MS-MS for Cannabis and LC-MS-MS for all other drugs. In 2025, 3136 specimens went on for confirmation. In each case a small number of specimens could not be confirmed due to specimen volume limitations. In 2025 this amounted to 2.

Confirmatory testing for all drugs subject to specimen volume resumed in 2024. The distribution of confirmatory tests for 2019 to 2025 is shown in table 6 below.

Table 6: Confirmatory positive for the various drugs/classes
(Tramadol and Diphenhydramine testing commenced in 2023 - Tramadol included in the Opiates/Opioids Drug Class)

Drug Class	2025	2024	2023	2022	2021	2020
Cannabis	2,105	2,050	1,539	1,949	2,353	2,606
Benzodiazepines	444	467	102	101	369	535
Cocaine	1,115	1,062	895	889	1,239	1,494
Opiates/Opioids	225	243	195	214	313	453
Amphetamine/Methamphetamine	169	140	97	54	107	193
Diphenhydramine	11	5	3	n/a	n/a	n/a

Legal Limits

The 2016 Road Traffic Act (enacted April 2017) introduced *per se* legal limits for Cannabis, Cocaine and Heroin in whole blood (see table 7).

Table 7: *Per se* levels

Drug	Legal Limit
Δ ⁹ -Tetrahydrocannabinol (Cannabis)	1ng/ml
11-nor-9-carboxy-Δ ⁹ -tetrahydrocannabinol (Cannabis)	5ng/ml
Cocaine	10ng/ml
Benzoylcegonine (Cocaine)	50ng/ml
6-acetylmorphine (Heroin)	5ng/ml

Mean *Per Se* Drug Levels

The mean analytical concentration for Δ^9 -Tetrahydrocannabinol (Cannabis) was 7.5ng/ml in 2025 (6.2ng/ml in 2024).

The mean analytical concentration for 11-nor-9-carboxy- Δ^9 -tetrahydrocannabinol (Cannabis) was 56.3ng/ml in 2025 (49.4ng/ml in 2024).

The mean analytical concentration for Cocaine was 115.6ng/ml in 2025 (120.3ng/ml in 2024).

The mean analytical concentration for Benzoylcegonine was 1028.3g/ml in 2025 (*895ng/ml in 2024).

* corrected 2024 figure

For reporting, an uncertainty of measurement is taken away from the analytical figure. The averages presented here are based on analytical figures.

The Analytes targeted in Drug testing are listed in table 8.



Table 8: Analytes targeted in LC-MS-MS Screening analysis

#	ANALYTE	Class/Type
1	6-Acetylmorphine	Opioid
2	7-Aminoclonazepam	Benzodiazepines
3	7-Aminoflunitrazepam	Benzodiazepines
4	7-Aminonitrazepam	Benzodiazepines
5	7-Carboxy-CBD	Cannabinoid
6	Adinazolam	Benzodiazepines
7	Alpha-Hydroxyalprazolam	Benzodiazepines
8	Alpha-Pyrrolidinopentiophenone	Cathinone
9	Alprazolam	Benzodiazepines
10	AM-2201	Cannabinoid
11	Benzoyllecgonine	Cocaine
12	Benzylpiperazine	Cathinone
13	Carisoprodol	Muscle Relaxant
14	Chlordiazepoxide	Benzodiazepines
15	Clobazam	Benzodiazepines
16	Clobromazolam	Benzodiazepines
17	Clonazepam	Benzodiazepines
18	Cocaethylene	Cocaine
19	Cocaine	Cocaine
20	Codeine	Opioid
21	Desalkylflurazepam	Benzodiazepines
22	Desalkylgidazepam	Benzodiazepines
23	Demoxepam	Benzodiazepines
24	Diazepam	Benzodiazepines
25	Dihydrocodeine	Opioid
26	Diphenhydramine	Anti-histamine
27	EDDP	Methadone
28	Estazolam	Benzodiazepines
29	Etizolam	Benzodiazepines
30	Fentanyl	Opioid
31	Flualprazolam	Benzodiazepines
32	Flubromazepam	Benzodiazepines
33	Flubromazolam	Benzodiazepines
34	Flunitrazepam	Benzodiazepines
35	Fluoxetine	Anti-depressant
36	Flurazepam	Benzodiazepines
37	Gabapentin	Anti-convulsant
38	HU-210	Cannabinoid
39	Hydrocodone	Opioid
40	JWH-018	Cannabinoid

#	ANALYTE	Class/Type
41	Ketamine	Dissociative Anaesthetic
42	Lorazepam	Benzodiazepines
43	Lormetazepam	Benzodiazepines
44	Methylenedioxyamphetamine	Amphetamine
45	Methylenedioxyethylamphetamine	Amphetamine
46	Methylenedioxymethylamphetamine	Methamphetamine
47	Methylenedioxypyrovalerone	Cathinone
48	Meperidine	Cathinone
49	Mephedrone (4-MMC)	Cathinone
50	Methadone	Methadone
51	Methylphenidate	Cathinone
52	Midazolam	Benzodiazepines
53	Morphine	Opioid
54	N-Desmethylflunitrazepam	Benzodiazepines
55	N-desmethyltapentadol	Opioid
56	N-Desmethylozoplicone	Z-drug
57	Nitrazepam	Benzodiazepines
58	Nordiazepam	Benzodiazepines
59	Norfentanyl	Opioid
60	Norketamine	Dissociative Anaesthetic
61	Normeperidine	Cathinone
62	O-desmethylotramadol	Opioid
63	Oxazepam	Benzodiazepines
64	Oxycodone	Opioid
65	Oxymorphone	Opioid
66	Phenazepam	Benzodiazepines
67	Prazepam	Benzodiazepines
68	Pregabalin	Anti-convulsant
69	S-Amphetamine	Amphetamine
70	S-Methamphetamine	Methamphetamine
71	Temazepam	Benzodiazepines
72	Trifluoromethylphenylpiperazine	Cathinone
73	THC	Cannabinoid
74	THCA	Cannabinoid
75	Tapentadol	Opioid
76	Tramadol	Opioid
77	Triazolam	Benzodiazepines
78	Zaleplon	Z-drug
79	Zolpidem	Z-drug
80	Zopiclone	Z-drug
81	Zopiclone-N-Oxide	Z-drug

Quality Assurance

The Bureau has an established Quality Management System led by the Quality Manager, Ms. Susan Browne. This Quality Management System is integral to the work of the Bureau and is accredited to ISO/IEC 17025 (2017) standard (General requirements for the competence of testing and calibration laboratories).

The Bureau's yearly surveillance visit occurred in March 2025 to assess compliance of the Bureau's current scope and a number of Flexible Scope of Accreditation applications which included the addition of 7- Carboxy CBD to the Laboratory Preliminary Drug Screening Method.

Following the INAB (Irish National Accreditation Board) assessments, the flexible scope applications were approved, and the Bureau maintained its Scope for the following tests:

- Blood and Urine Alcohol Analysis
- Evidential Breath Testing
- Preliminary Breath Testing
- Preliminary Drug Testing
- Drug Testing in Oral Fluid
- Laboratory Preliminary Drug Screening
- Cannabis confirmation in Blood and Urine
- Benzodiazepine confirmation in Urine
- Multidrug confirmation in Blood and Urine
- Qualitative Drug Confirmation in Urine

Full details of the Bureaus' Scope of Accreditation is available at:

<https://www.inab.ie/inab-directory/laboratory-accreditation/testing-laboratories/>

Proficiency Testing

Over the course of 2025 the Bureau continued its involvement in the Proficiency testing schemes outlined in Table 9.

Performance across all schemes was acceptable.

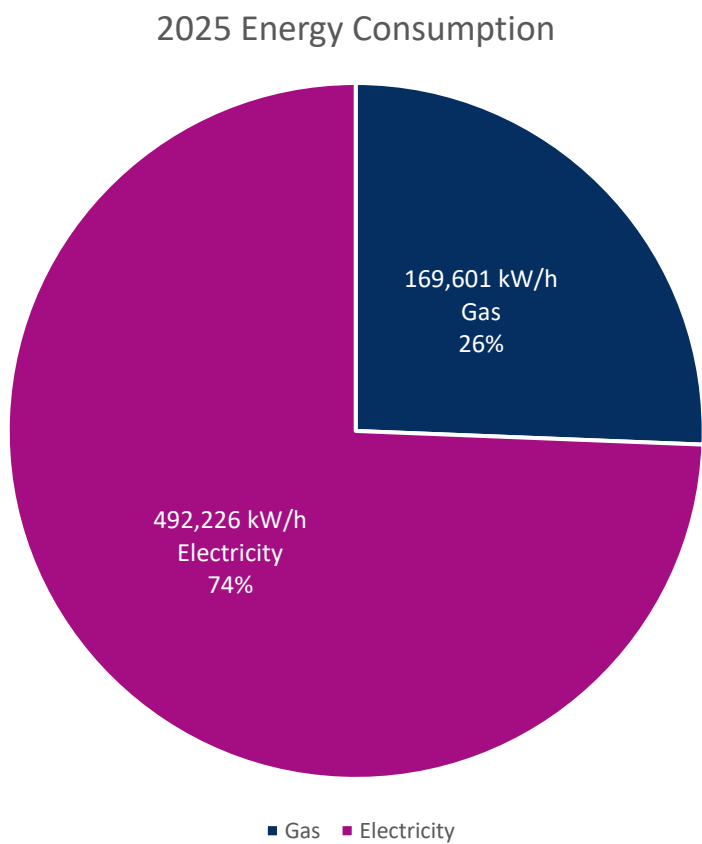
Table 9: Proficiency Testing Programmes

Programme	Provider	Scheme	No. Specimens	Analytes
General Laboratory	Labquality	Pipette Control	2 specimens	n/a
Toxicology	CAP	Drugs of Abuse in Whole Blood and Urine	8 specimens per annum	Amphetamines & Stimulants Cannabinoids Cocaine & Metabolites Minor Tranquilisers Non - Opiate Narcotics Opiates
	Labquality	Drugs of Abuse in Urine	6 specimens per annum	Amphetamines & Stimulants Cannabinoids Cocaine & Metabolites Minor Tranquilisers Non - Opiate Narcotics Opiates
	LGC Standards Proficiency Testing	Drugs of Abuse in Urine	12 specimens per annum	Over 210 analytes are available including Amphetamines & Stimulants Anticonvulsants Benzodiazepines Cannabinoids Cocaine & Metabolites Dissociative Anaesthetics Non - Opiate Narcotics Opiates, Creatinine, pH, Specific Gravity
	LGC Standards Proficiency Testing	Toxicology	8 specimens per annum	Amphetamines & Stimulants Anticonvulsants Benzodiazepines Cannabinoids Cocaine & Metabolites Dissociative Anaesthetics Non - Opiate Narcotics Opiates
	LGC Standards Proficiency Testing	Drugs in Oral Fluid	12 specimens per annum	Amphetamines & Stimulants Cannabinoids Cocaine & Metabolites Benzodiazepines Non - Opiate Narcotics Opiates
	LGC Standards Proficiency Testing	Toxicology – Benzodiazepines	8 specimens per annum	Diazepam, Nordiazepam, Temazepam, Oxazepam, Nitrazepam
	LGC Standards Proficiency Testing	Toxicology - Z – Drugs	8 specimens per annum	Zopiclone, Zaleplon, Zolpidem
Alcohol in Blood and Urine	Labquality	Blood	8 specimens per annum	Alcohol
	Labquality	Urine Quantitative	4 specimens per annum	pH, Creatinine, Urea & specific Gravity
	LGC Standards Proficiency Testing	Tox - Blood & Tox - Urine	24 specimens per annum	Alcohol
Breath Testing	CTS, Inc.	568 Breath Alcohol Simulator Solution Analysis	4 solutions per annum	Alcohol

ENERGY CONSUMPTION

Under the Government’s commitment to improve public energy efficiency by 33% the Medical Bureau of Road Safety has registered for and is reporting through the SEAI online system. The Bureau’s main energy usage is gas and electricity, which is necessary for operating a forensic laboratory and ancillary facilities, e.g. heating and lighting, laboratory equipment, air handling, computers and servers.

The Bureau utilises initiatives to improve energy efficiency. A Building Management System (BMS) is used to monitor and control heating, air handling units, water boiler (direct hot water supply) and extractor fans. Each of the four floors of the Bureau’s premises is managed individually and automatic controls are scheduled accordingly. Energy efficient light bulbs, movement sensors and timer switches are fitted throughout the building to minimise energy consumption.



Total CO2 used in 2025 was 146,103 which is a significant reduction of 17% on 2024.

Gas usage was 169,601kW/h and Electricity was 492,226kW/h.

The MBRS confirms that it complied with the requirements of Circular 1/2020 and all flights kms have been offset.

The MBRS is on UCD's Belfield campus and University College Dublin has been awarded a gold level Smarter Travel Mark from the National Transport Authority (NTA) for its efforts to support active and sustainable travel to and from its campuses.

HEALTH, SAFETY AND WELFARE

The MBRS has a legal obligation to provide a safe work environment for all its staff and visitors. The Chief Analyst holds the role of Safety Officer and is supported by the Support Specialist who holds the role of Deputy Safety Officer. A team of safety monitors conduct monthly safety checks which are reviewed and actioned when required.

The MBRS has an internal safety statement and adheres to UCD's safety statement. The MBRS is supported by the UCD safety office. Risk assessment and safety awareness is integral to the way we work.

The Bureau has several trained first aiders and has installed an automated external defibrillator (AED) onsite. The staff benefit from the health and welfare offerings provided by UCD encouraging healthy activities and good work life balance. There is also an Employment Assistance Programme available to all staff by UCD.

CLIMATE ACTION

The MBRS is committed to address climate actions in a positive and dynamic manner. The MBRS monitor usage of energy and consumables with the aim of contributing to the reduction of CO2 emissions in line with the government climate action plan 2025.

The MBRS has an established Climate Action Plan which has been reviewed in light of the government climate action plan 2025. The internal plan is made available to staff within the MBRS document control system where engagement with the document can be measured.

The establishment of a green team to review and monitor energy use has helped drive positive change towards sustainability. The laboratory joined the Green Labs Group in 2024 where a score was awarded based on the laboratory's current way of working. Advised improvements were implemented and the laboratory achieved platinum status in 2025.

The MBRS benefits from actions included in UCD's climate action plan which include, green travel initiatives encouraging walking, cycling and the use of public transport to the campus. The MBRS will continue to monitor consumables available and endeavour to purchase the greenest products while balancing quality and value for money.

The MBRS engages with a reuse scheme operated on the UCD campus which facilitates the reuse of no longer needed furniture and other items.

Water refill points are provided on each of the four floors of the building to encourage reduction in single use plastics.

The MBRS currently provides data annually to the Sustainable Energy Authority of Ireland's (SEAI) Monitoring and Reporting (M&R) system, in order to determine MBRS trajectory towards its 2030 Climate Change Emissions, and Climate Change Energy Efficiency Targets. Progress on the implementation of the Climate Action Mandate is being tracked through the SEAI M&R system.

FINANCIAL INFORMATION

The Medical Bureau of Road Safety derives its finances from an Annual Grant from the Department of Transport. The total grant allocation for the Bureau for 2025 was €8,407,300.

CORPORATE GOVERNANCE

The Board of the Medical Bureau of Road Safety was established under the Medical Bureau of Road Safety (Establishment) Order, 1968. The functions of the Board are laid down in the Road Traffic Acts 1968 – 2016 and their regulations. The Board is accountable to the Minister for Transport and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the Medical Bureau of Road Safety are the responsibility of the Director and the senior management team. The Director and the senior management team must follow the broad strategic direction set by the Board and must ensure that all Board members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The Director acts as a direct liaison between the Board and management of the Medical Bureau of Road Safety.

Board Members

The Board of the Medical Bureau of Road Safety comprises of five members (including the Director) and is appointed by the Minister for Transport.

BOARD MEMBERS		
Name	Position	Attendance Record
Mr. Sean Quigley	Chairman	4 of 4
Professor Denis Cusack	Board Member and Director	4 of 4
Professor Patricia Fitzpatrick	Board Member	3 of 3
Ms. Joan O’Brien	Board Member	4 of 4
Dr. Denis Mc Auley	Board Member	3 of 4
Professor Mary Horgan	Board Member	1 of 1

Bureau Membership and Meetings

During 2025 the Medical Bureau of Road Safety held four meetings. These meetings were held on 20th March, 12th June, 15th August, 22nd September and 11th December 2025.

Schedule of Fees and Aggregate Expenses paid to Directors during 2025

During 2025 the following fees were paid:

BOARD FEES PAID			
Board Member	Type of Fee	Paid 2025	Paid 2024
Mr. Sean Quigley	Fee for Chairperson of Board of State Body (Chairman from 01/10/2024)	€8,978	€2,244
	Fee for Non-Executive members of Boards of State Bodies	-	€4,489
Dr. Declan Bedford	Fee for Non-Executive members of Boards of State Bodies	-	€6,734
Ms. Joan O’Brien	Fee for Non-Executive members of Boards of State Bodies	€5,985	€5,985
Professor Patricia Fitzpatrick	No Fee for Non-Executive members of Boards of State Bodies	-	-
Dr. Denis Mc Cauley	Fee for Non-Executive members of Boards of State Bodies	€4,988	-
Professor Mary Horgan	No Fee for Non-Executive members of Boards of State Bodies	-	-

Audit and Risk Committee

The Audit and Risk Committee comprises of three Board members. The role of the Audit and Risk Committee (ARC) is to support the Board in relation to its responsibilities for issues of risk, control and governance and associated assurance. The ARC is independent from the financial management of the organisation. In particular, the Committee ensures that the internal control systems including audit activities are monitored actively and independently. The ARC reports to the Board after each meeting, and formally in writing annually. The members of the Audit and Risk Committee are: Ms. Joan O’Brien, Chairperson, Mr. Sean Quigley (member until 20th March 2025) Dr. Denis Mc Cauley and Mr. John Cleere (external member) were appointed as members from 20th March 2025. There were 4 meetings of the Audit and Risk Committee held during 2025.

Governance Oversight Committee

The role of the Governance Oversight Committee is to support the Board in meeting legal and statutory requirements, as well as adopting good practice. The members of this committee are Representatives from the Department of Transport, the Director, Senior Administrative Officer and Administrative Officer from the Medical Bureau of Road Safety. There were 4 meetings of the Governance Oversight Committee held in 2025.

Compliance

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. An Oversight Agreement has been made with the Department of Transport, and the Medical Bureau of Road Safety was in full compliance with the Code of Practice for the Governance of State Bodies for 2025.

Disclosure

Section 22 of the Protected Disclosures Act 2014 requires the Publication of an Annual Report each year relating to the number of protected disclosures made in the preceding year and any actions taken in response to such disclosures. Pursuant to this requirement, the Medical Bureau of Road Safety confirms that no protected disclosures were received in accordance with the provisions of the Protected Disclosures Act, 2014 for the period from 1st January 2025 – 31st December 2025.

Statutory Requirements

The Medical Bureau of Road Safety confirms that it complied with its statutory requirements during 2025.

Ethics in Public Office

The members of the Board who held office at the 31st December 2025 had no interests for the purposes of the Ethics in Public Office Acts 1995 and 2001.

External Financial Audit

The Comptroller and Auditor General performed the annual audit of the 2024 Financial Statements during 2025. No issues were raised during the audit. The draft unaudited Financial Statements for 2024 were sent to the Comptroller and Auditor General on 27th March 2025. The annual audit of the 2025 Financial Statements takes place in 2026.

Internal Audit

The Internal Audit function is a key element in informing the Board on the effectiveness of the system of internal financial control. The internal auditor operates in accordance with the Code of Practice for the Governance of State Bodies. An Internal Audit report was prepared in relation to 2025.

Procurement

Competitive tendering is the normal policy utilised by the Medical Bureau of Road Safety in the procurement process. It affirms that it complied with procurement procedures and relevant EU Directives as set out in the Code of Practice for the Governance of State Bodies during 2025.

Strategic Planning

The Bureau compiled its Annual Strategic Plan for 2026 and its Five-Year Strategic Plan 2025 – 2029 and both strategies were forwarded to the Minister. The Plans set out the Bureau's key objectives over the coming year and years in conjunction with its key actions to achieve these objectives.

Prompt Payment of Account

The Board acknowledges their responsibility for ensuring compliance in relation to the Prompt Payment of Accounts Act. Under an agreement with University College Dublin, suppliers are paid in the first instance by the College which is then reimbursed by the Bureau.

It is the policy of the Medical Bureau of Road Safety to ensure that all invoices are paid promptly. University College Dublin, as a public-sector body, is required to comply with the requirements of the Act in relation to payments to suppliers for the supply of goods or services and therefore has strict procedures in place.

In the case of a small number of suppliers, the Bureau will issue payment by cheque directly to the supplier. The controls in relation to processing of invoices, credit notes and dealing with supplier disputes can only provide reasonable and not absolute assurance against material non-compliance with the Act.

Public Spending Code

The Public Spending Code commenced in September 2013 and updated previous guidelines, circulars and directions in relation to capital appraisal and value for money.

The public spending code is designed to ensure that the State gets the best possible value for the resources at its disposal. The code applies to both capital and current expenditure and outlines what is required of public service managers at different points of the expenditure lifecycle such as appraising, planning, approving, implementing and reviewing.

The Board acknowledges their responsibility to the Public Spending Code and can confirm compliance in 2025.

Professional Witness

The area of road safety traffic enforcement and in particular driving under the influence of intoxicants, alcohol and drugs is one of the most litigated areas in the criminal law sphere in Ireland. The Bureau provides expert witness in cases before the Courts. In 2025 there were 11 court attendances by Bureau staff.

Reports and opinions were provided to both Defence and Prosecution parties to assist the Court in many other cases.

Annual Controls Assurance

Under the Code of Practice for the Governance of State Bodies, the Bureau must complete a formal annual review of the effectiveness of its system of internal controls. The Bureau's Senior Management Team provided the Board and the Audit and Risk Committee with assurance that its specified controls had operated effectively in the Bureau for the reporting period 1st January to 31st December 2025 and had been operated within the risk register and control framework. Where any potential weakness, change or recommendation was applied it was documented.

Equality and Diversity

The Medical Bureau of Road Safety is committed to respecting gender equality, diversity and inclusion for the benefit of its employees, stakeholders, outside agencies and the public and has adopted the UCD Policies and Procedures in this regard.

MEDICAL BUREAU OF ROAD SAFETY

STATEMENT OF INCOME AND EXPENDITURE AND RETAINED REVENUE RESERVES

FOR THE YEAR ENDED 31 DECEMBER 2025

	31/12/2025	31/12/2024
<u>INCOME</u>	€	€
Oireachtas grants	8,407,300	7,449,000
Professional fee income	5,271	2,580
Event Income	7,000	-
Miscellaneous Income	840	293
Profit on sale of fixed asset	-	4,700
Total Income	8,420,411	7,456,573
<u>EXPENDITURE</u>		
Salaries and pension contributions	4,308,855	4,034,838
Board members remuneration	19,951	19,452
Direct costs associated with service delivery	1,684,197	1,608,213
Office and laboratory supplies	725,373	630,543
Administration costs	1,074,830	958,237
Event Expenditure	6,578	-
Depreciation	840,716	840,716
Total Expenditure	8,656,466	8,091,999
Deficit for the year before appropriations	(236,055)	(635,426)
Transfer from capital account	792,440	532,788
Surplus (Deficit) for the year after appropriations	556,385	(102,638)
Balance brought forward at 1 January	559,987	662,625
Balance carried forward as at 31 December 2025	1,116,372	559,987

The statement of income and expenditure and retained revenue includes all gains and losses recognised in the year.

STATEMENT ON INTERNAL CONTROL

Scope of Responsibility

I, Mr. Sean Quigley, Chairman of the Medical Bureau of Road Safety, acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016).

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in Medical Bureau of Road Safety for the year ended 31 December 2025 and up to the date of approval of the financial statements.

Capacity to Handle Risk

The Medical Bureau of Road Safety has an Audit and Risk Committee (ARC) comprising of three Board members. The ARC met four times in 2025.

The Medical Bureau of Road Safety has also established an internal audit function which is adequately resourced and conducts a programme of work agreed with the ARC. The internal audit function has been outsourced to an external company.

The ARC has developed a risk management policy which sets out its risk appetite, the risk management processes in place and details the roles and responsibilities of staff in relation to risk. The policy has been given to all staff who are expected to work within the Medical Bureau of Road Safety's risk management policies, to alert management to emerging risks and control weaknesses and assume responsibility for risks and control within their own area of work.

Risk and Control Framework

The Medical Bureau of Road Safety has implemented a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing the Medical Bureau of Road Safety and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the ARC and Board on an annual basis. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication technology systems,
- there are systems in place to safeguard the assets, and
- control procedures over grant funding to outside agencies ensure adequate control over approval of grants and monitoring and review of grantees to ensure grant funding has been applied for the purpose intended.

STATEMENT ON INTERNAL CONTROL (continued)

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- key risks and related controls have been identified, and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies,
- reporting arrangements have been established at all levels where responsibility for financial management has been assigned, and
- there are regular reviews by senior management of periodic and annual performance and financial reports which indicate performance against budgets/forecasts.

Procurement

I confirm that the Medical Bureau of Road Safety has procedures in place to ensure compliance with current procurement rules and guidelines and that during the year ended 31 December 2025 the Medical Bureau of Road Safety complied with those procedures.

Review of Effectiveness

I confirm that the Medical Bureau of Road Safety has procedures to monitor the effectiveness of its risk management and control procedures. Medical Bureau of Road Safety's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit and Risk Committee which oversees their work, and the senior management within the Medical Bureau of Road Safety responsible for the development and maintenance of the internal financial control framework.

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2025 on the 25th March 2026. The Board also initiated an external board evaluation during 2025 which was completed and approved on 22nd September 2025.

Internal Control Issues

No weaknesses in internal control were identified in relation to 2025 that require disclosure in the financial statements.

Tax Compliance

The Medical Bureau of Road Safety is committed to compliance with taxation laws and was compliant during 2025.

Breaches in Control

No breaches in control were identified in relation to 2025 that require disclosure in the financial statements.

Material Losses or Frauds

There were no material losses or frauds identified in relation to 2025 that require disclosure in the financial statements.

On behalf of the Board of the Medical Bureau of Road Safety:

Mr. Sean Quigley

Chairman of the Board

Freedom of Information

During 2025 the Bureau received four Freedom of Information requests. Two were dealt with through the administrative pathway and two were part-granted. The category of requestor was:

- (1) Journalist
- (1) Business Interest
- (2) Other

Staffing

The Bureau continued during 2025 to operate within its delegated sanctioned staffing number under the Employment Control Framework. The recruitment process for the additional staff continued throughout 2025 mainly due to the sanction of new posts carried forward from 2024. A number of new Scientific and Technical staff commenced in the laboratories.

The Bureau has an orientation process for new staff that assists them to adapt to working in a forensic laboratory and make that transition as easy as possible. Much of the learning for new staff takes place during this period. The Bureau is also dedicated to ensuring that professional development is available to all of its staff either through relevant online, offsite and in-person training (Appendix 1).

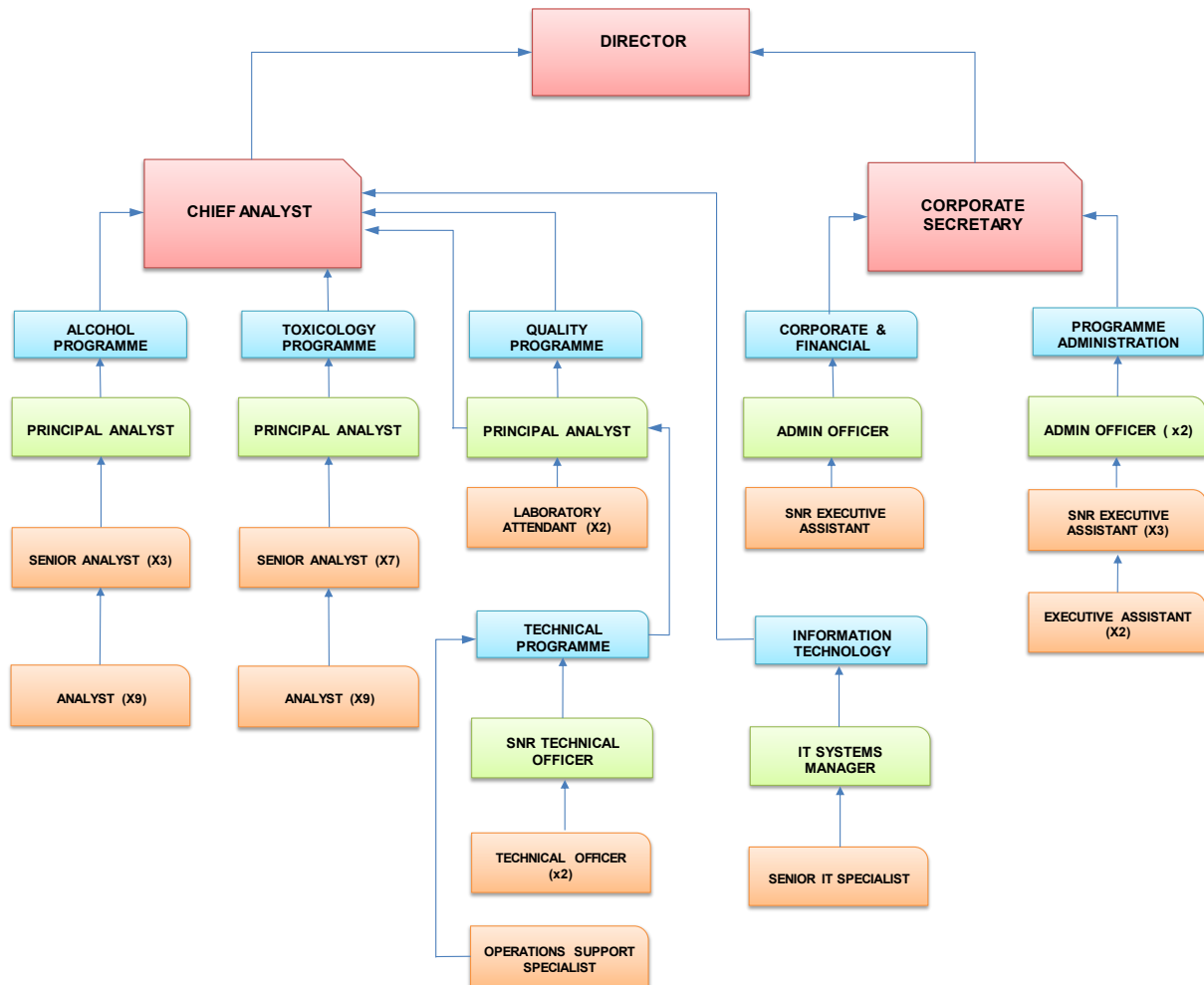
Training new and established staff is a constant feature and includes training in scientific techniques, IT skills, Health and Safety and Soft skills.

Supporting the well-being of all staff is of significant importance to the Bureau and it avails of UCD's Employment Assistance programme, and to the many ranges of facilities and offerings made available on the UCD campus.

Bureau staff continue to actively participate and contribute to National and International scientific meetings.

Medical Bureau of Road Safety

Organisational Chart



APPENDIX 1

Conferences and Meetings attended by the Director in 2025

Conference	Location	Date
Presented at the Limerick ICGP Medical Conference on alcohol use and the effects on Health, Driving and Society	Limerick	4 th February 2025
Coroners Society of Ireland Education Day	Templemore	12 th April 2025
Presented on Alcohol and Drugs Driving at the National Office for Traffic Medicine Webinar	Dublin	16 th May 2025
Presented on Forensic Evidence at the IVth Congress of the Italian Society of Legal Medicine	Modena, Italy	5 th – 7 th June 2025
Road Safety Authority Annual International Conference on Driving Under the Influence of Alcohol and Other Drugs	Dublin	11 th June 2025
Presented on the Alcohol Ignition Interlock Development at the 24 th International Conference on Alcohol, Drugs and Traffic Safety	Alobaça, Portugal	15 th – 18 th June 2025
Presented at the 6 th Egyptian Forensic Medicine Association on Forensic Medicine and Science Technology in road safety to tackle drivers with intoxicant use disorder	Cairo, Egypt	29 th – 30 th September 2025
Presented on Forensic Investigation at the Annual Forensic Conference of the Coroners Society of Ireland	Killaloe, Co. Clare	3 rd – 5 th October 2025
Presented at the Insurance Association of Malta Road Safety Conference on Forensic Medicine and Science technology in road safety to tackle drivers with intoxicant use disorder	Malta	12 th November 2025

Meetings	Location	Date
Medico-Legal Society Meeting	Dublin	16 th January 2025
Meeting of the Medical Advisory Panel on Alcohol, Drugs and Driving, UK Department of Transport	Virtual	19 th March 2025
National Office for Traffic Medicine Working Group	Dublin	27 th March 2025
National Office for Traffic Medicine on Medical Fitness to Drive Guidelines Meeting	Dublin	7 th April 2025
UCD Medical Graduates Association Symposium	Dublin	29 th May 2025
Meeting of the Medical Advisory Panel on Alcohol, Drugs and Driving, UK Department of Transport	London	22 nd October 2025
Meeting of the Medical Advisory Panel on Alcohol, Drugs and Driving, UK Department of Transport – Medical Standard for Drug Misuse and Dependence	Virtual	1 st December 2025

Courses, Conferences and Meetings attended by MBRS Staff in 2025

Conference	Location	Date
Innovating for a Smarter, Sustainable and Efficient Future in Forensic Toxicology	Online	12 th May 2025
Irish Mass Spectrometry Society (IMSS) 2025	Dublin	21 st May 2025
EURACHEM	Kildare	5 th June 2025
RSA Annual Conference 2025	Dublin	11 th June 2025
International Association for Chemical Testing (IACT) 2025	Portugal	15 th June 2025
UKIAFT AGM 2025	Dublin	2 nd October 2025

Seminars, Webinars and Workshops	Location	Date
TIAFT Seminar	Online	25 th March 2025
ManageEngine Endpoint Management & Security Workshop	Dublin	1 st May 2025
ManageEngine Shield NxG 2025 Workshop	Dublin	26 th June 2025
Forensic Sciences Collaborating for Early Warning	Online	4 th September 2025
The Irish Drugs Landscape, Challenges & Reducing Harm Seminar	Dublin	7 th November 2025
Driving for Work Seminar	Meath	26 th November 2025

Meetings	Location	Date
United Kingdom and Ireland Association of Forensic Toxicologists (UKIAFT)	Online	21 st January 2025
United Kingdom and Ireland Association of Forensic Toxicologists (UKIAFT) Annual General Meeting	UK	28 th March 2025
TechNet	Dublin	28 th April 2025
European Evidential Breath Test Group Meeting	Dublin	29 th May 2025
United Kingdom and Ireland Association of Forensic Toxicologists (UKIAFT) Summer Meeting	Online	15 th July 2025
TechNet	Dublin	28 th August 2025
Government LIMS User Group	Kildare	22 nd September 2025
European Evidential Breath Test Group Meeting	Online	21 st October 2025
Irish Forensic Toxicology Laboratories Meeting	Kildare	22 nd October 2025
United Kingdom and Ireland Association of Forensic Toxicologists (UKIAFT) Council Meeting	Online	14 th November 2025

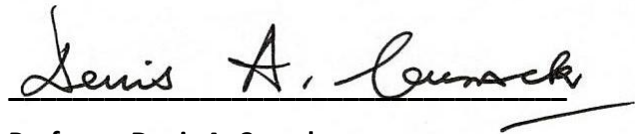
Courses	
Borkenstein Alcohol and Highway Safety	Borkenstein Drug Course
Agilent MS Training	LCMS Training
Certificate in Safety and Health at Work	Courtroom Skills Training
Defibrillator Training	Conducting Data Protection Impact Assessments
Equipment Maintenance	

MBRS staff also attended a range of training and events offered under the UCD People Development Programme in the areas of:

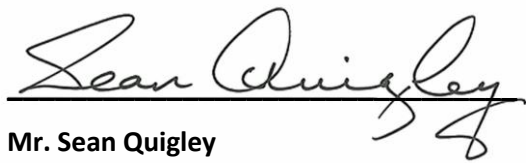
- Health and Safety
- IT
- Professional Development

LEGAL DISCLAIMER

The descriptions and statistics contained within this report are of a condensed and general informative nature only. They should not, by themselves, be relied upon in determining legal rights or other decisions under the Road Traffic Acts. Readers and users are advised to verify with their legal advisors any information on which they may wish to rely.

A handwritten signature in black ink, reading "Denis A. Cusack", written over a horizontal line.

Professor Denis A. Cusack,
Director.

A handwritten signature in black ink, reading "Sean Quigley", written over a horizontal line.

Mr. Sean Quigley
Chairman.

