

Drugs, Crime and Punishment: An Overview of the Irish Evidence

PAUL O'MAHONY

Paul O'Mahony is a Senior Lecturer in Psychology and Head of the School of Occupational Therapy in Trinity College Dublin

GENERAL OUTLINE OF THE DRUGS-CRIME NEXUS AND RELATED GOVERNMENT POLICY IN IRELAND

Drug misuse currently constitutes one of Irish society's most serious and insidious problems in the areas of both health and criminal justice. This paper will focus on research data on the nexus between drugs and crime in Ireland. The use of drugs with the single exception of opium is not a criminal offence in Ireland. However, the importation, manufacture, trade in, and mere possession, other than by prescription, of most psychoactive substances are defined as criminal by Irish law (Misuse of Drugs Acts 1977/84). Equally importantly, the connections between drugs and other types of crime, such as theft from the person, burglary, larceny, tax evasion, intimidation and homicide, are very strong in Ireland (Charleton, 1995; O'Mahony 1996).

In Ireland before 1980, cannabis, LSD, and a variety of other mood-changing drugs were available within certain restricted social circles, such as university students, but there was little associated criminal activity beyond that implicit in drug use. At that time, the use of opiates and the intravenous (IV) use of illicit drugs were rare in Ireland. The growth in Ireland from the late 1970s of a major opiate-injecting drugs problem was sudden and unexpected. In fact, although heroin has remained the single most serious problem drug, Ireland has experienced, over the last two decades, sustained increases in the use of a variety of illicit psychotropic drugs, most notably cannabis, ecstasy and cocaine. Many ills have been attendant upon the epidemic of IV heroin use in particular, including the spread of AIDS and hepatitis,

increasing numbers of deaths by overdose, and a marked growth in property crime, organised crime and drugs-related gang violence. Organised crime and concomitant violence are, however, also associated with the importation of other drugs, notably cannabis and ecstasy, and contraband cigarettes.

The epidemic of opiate drug misuse in the eighties was concentrated almost entirely amongst the young in socially and economically deprived Dublin slum areas (Dean et al, 1983, 1984). An often cited epidemiological estimate (Comiskey, 1998) suggests that, in 1996, there were between 12,000 and 14,800 heroin users in Dublin, a city of just over one million people. A more recent estimate by the Kelly et al (2003) suggests a total of almost 12,500 opiate users in Dublin and approximately 14,500 in the country as a whole. Reflecting the extent and seriousness of this now endemic problem, in one year alone (mid-1998 to mid-1999) there were eighty-four opiate-related, unintended deaths in the Dublin area (Ward and Barry, 2001). Three quarters of these fatalities were classified as due to 'drug dependence' and a majority involved the additional use of non-opiate drugs. This indicates that poly-drug use is a common pattern amongst Irish opiate drug users. Heroin use, which was until recently largely restricted to the Dublin area, now has a significant presence in smaller Irish cities and towns (Health Statistics, Ireland 1999). Another noteworthy development of the last few years is the increasing use, especially intravenous use, of cocaine (Mayock, 2001).

The social profile of heroin users in the original epidemic period, that is of a highly disadvantaged and marginalised group, remains essentially true of the current endemic problem. However, in the past twenty years, the use of cannabis, ecstasy and similar stimulants has become commonplace and widespread amongst youth from many social backgrounds. According to a representative survey by Hibbell et al (1999), 37 per cent of Irish 15 and 16 year olds have used cannabis, which is more than three times the average exposure to cannabis for this age group in the EU. Fifty-four per cent of the same group indicated that it was either very easy or fairly easy to obtain ecstasy. While no research studies on drug supply sources or patterns of drug trafficking have been conducted in Ireland (Moran et al, 2001), it is evident that cannabis and ecstasy are widely available and, unlike heroin, used by young people from across the social class spectrum and in all areas of the country.

Political, media, and state agency interest in the drugs problem has waxed and waned over the last twenty years, the period during which opiate addiction gained an ever tighter grip on susceptible young people in Dublin's disadvantaged areas and came to permeate and dominate the criminal subculture. Drugs crime is a staple of the Irish media and frequently receives sensationalised treatment, especially in tabloid newspapers. However, there is comparatively little sustained media interest in the more mundane aspects of the drugs problem or in government agency, voluntary and community attempts to ameliorate the situation.

A recent study of drug-related knowledge, attitudes and beliefs in Ireland by Bryan et al (2000), using a representative sample of 1,000 adults, indicated the salience and seriousness of the drugs problem in the public mind, no doubt largely shaped by the narrow media treatment of the issues. Ninety-four percent of respondents considered drugs crime a major problem in Ireland and 91 per cent considered the drug problem out of control. Negative and often punitive attitudes towards addicts were widespread. Fifty-three percent believed that almost all drug addicts are dangerous, 43 per cent saw drug addicts more as criminals than victims, 57 per cent thought that those with a drugs problem had only themselves to blame, 70 per cent agreed that Irish society is too tolerant toward drug users and 51 per cent believed that tougher sentences for drug misusers is the answer.

Government policy and legislation, usually of a relatively repressive nature, have frequently been the direct consequence of moral panics promoted by the media. Butler (1991), O'Mahony (1996), O'Gorman (1998a), Cullen (1998) and Loughran (1999) have analysed the internal contradictions, confusions and ineffectiveness of much of the government policy on drugs in the eighties and early nineties – in particular the tensions between harm reduction initiatives and the dominant, unambiguously prohibitionist law enforcement approach. Butler traces how the advent of AIDS promoted a partial commitment to harm reduction approaches in recognition of the fact that in the late eighties more than half of known cases of HIV positive status in Ireland were the result of sharing needles. This led to a number of new initiatives, such as needle exchange, expanded methadone maintenance and outreach projects. Butler argues that these new approaches had to coexist with a continuing political and popular adherence to drugs prohibition, criminalisation and interdiction.

Murphy (1996, 2002) has critically examined this attachment to a prohibitionist philosophy. He states (2002), 'The majority of contributions to the ongoing public discussion of drug policy in Ireland continue to bear all the hallmarks of prohibitionist ideology: illegal drugs are represented as intrinsically and completely evil; the efficacy or otherwise of prohibition is not given any serious consideration; the notion of a definite causal connection between drugs and crime is assumed rather than examined; and the question of drug law reform is not mentioned'. While there have been occasional, emotive and unproductive public debates on the decriminalisation of cannabis, the more radical solution of decriminalisation of all drug use has been an almost unthinkable proposition. Nonetheless, it is arguable that in Ireland it is the criminalisation of drugs that has actually done most collateral damage to the social fabric, because it has created a highly organised, very profitable, violence-ridden, criminal black market in drugs.

Reflecting the general failure of the public debate to differentiate forms of drug use, the Bryan et al survey (2000) found that 77 per cent of the Irish public thought that all illegal drugs are equally harmful and 66 per cent agreed that use of cannabis should be against the law. On the other hand, a survey by Connolly (2002) of a sample of people living in a drug-infested neighbourhood, where 53 per cent had witnessed drug-selling in the previous year, found that 100 per cent of respondents regarded heroin as most harmful to their community.

Policy confusion and a climate of defeatism about drugs underpinned official relative neglect of the spreading drugs problem until 1996, when a number of events converged to stimulate a more proactive and energetic political response. Foremost amongst those events was the murder by a criminal drugs gang of prominent journalist Veronica Guerin, who was investigating the gang's activities. The horror of this killing was not required to bring drugs gang violence to public attention, since there were at least fifteen drugs-related assassinations in Ireland (thirteen of them in Dublin) in the period 1992 to 1996 (Dooley, 2001). All of these murders involved firearms, the majority involved more than one assailant, and twelve remain unsolved. The toll of violent deaths related to drugs crime has continued and indeed probably worsened over recent years. The vast majority of such murders also still go unsolved. However, in 1996, Guerin's murder made everyone suddenly more profoundly

aware of the arrogance, audacity and ruthlessness of drugs gangs and their apparent sense of impunity.

Furthermore, the murder of Guerin coincided with a large-scale and highly emotive, community-led, anti-drugs activist movement, which was already alerting the Irish public to the inadequacy of policing and treatment and preventative efforts in the drugs area. This protest movement, of parents and families in drugs-damaged communities, involved mass meetings, street marches leading to the forcible eviction of alleged drugs dealers, community self-policing and other vigilante type activities (O'Mahony 1997a). For a time the movement threatened to usurp Garda Síochána authority in certain manifestly deprived, drugs-ridden localities.

Another aspect of the 1996 context which helped galvanise political response to the drugs problem was the historically high levels of serious crime (102,000 reported crimes in 1995 compared to 62,000 in 1978) and considerable fear in certain quarters, such as taxi drivers, of an alarming new crime phenomenon – robbery and burglary involving the threat of assault with a syringe containing HIV-infected blood. Between 1994 and 1996, the numbers of such syringe assisted crimes rose from 295 to 1,104 (Annual Report on Crime 1996).

NEW INITIATIVES SINCE 1996

The year 1996, then, became a watershed in terms of the official response to the drugs problem. Two ministerial reports on measures to reduce the demand for drugs (Rabbite Reports, 1996 and 1997) were published and new coordinating structures were established, including a National Drugs Strategy Team and a National Advisory Committee on Drugs. Since 1996, there has been a generally higher level of activity in response to the drugs problem and better resourced and more coordinated action in the areas of law enforcement, drugs interdiction, treatment, education and prevention. Some of the major initiatives are briefly described in this section.

Legislative changes

There have been a number of legislative initiatives since 1996 relating to illicit drugs. This legislation introduces new forms of drug-related social regulation and aims to strengthen law enforcement in the drugs area. Relevant Acts include the Criminal

Justice (Drug Trafficking) Act 1996, the Housing Act 1997, the Licensing (Combating Drug Abuse) Act 1997 and the Criminal Justice Act 1999. These have introduced, respectively: quasi-draconian rules for the detention, search and interrogation of suspected drugs dealers (including the possibility of detention for up to seven days for interrogation); powers by which local authorities can evict individual tenants for antisocial, particularly drug-related behaviour; powers to suspend intoxicating liquor licences and to permanently disqualify holders, if they are convicted for drug offences, including knowingly allowing consumption or sale of drugs on premises; and mandatory minimum sentences of ten years for certain drug dealing crimes involving relatively large amounts of drugs.

Some of these measures reflect a persistent but, because so many ordinary drug users get caught up in dealing, an often ill-conceived and unworkable policy in Irish law aimed at differentiating the treatment of drug addicts from that of drug dealers. The law enforcement measures, although introduced alongside harm reduction type initiatives aimed at improving the social and health status of drug users, are generally repressive in nature and have emerged from and, in turn, reinforced the long-standing Irish prohibitionist stance.

Community action

A distinctive legacy of the anti-drugs activist movement of the mid-nineties has been a more profound recognition of the role of social exclusion in the Irish drugs problem. In practical terms, this has been demonstrated by the establishment in 1997 of fourteen Local Drugs Task Forces in specific drug-afflicted and socio-economically marginalised areas that had previously considered themselves abandoned by statutory agencies. Thirteen of the task forces are in the Greater Dublin area and one in North Cork City. The Local Drugs Task Forces have received substantial government funding and are intended to develop and deliver locally-based strategies to reduce the demand for illicit drugs involving collaboration between the statutory, community and voluntary sectors, who all have representatives on the task forces.

The recognition of the vital role of social exclusion has prompted the development of programmes expected to impact positively on drug misuse through the implementation of measures designed to raise standards in housing and improve the security, ambience and community solidarity of local

neighbourhoods. Individual-focused programmes set out to empower disadvantaged groups by way of education, training and increased employment opportunities. Much of this work has been facilitated by social partnership arrangements and inter-agency co-operation (Government of Ireland, 1996), including improved links between the Garda and local communities through Community Policing Fora. Connolly (2002) has demonstrated a generally positive reaction to a Community Policing Forum in Dublin's North inner city, with 45 per cent of respondents stating that they have become less worried about drug-related crime since the initiation of community policing approaches in their neighbourhood.

Alongside these new community-based initiatives, there has been a related growth in evaluative research and a new concern to develop evidence-based practice and learn from 'best practice' models from abroad. Professional evaluation is now considered a prerequisite for all new programmes involving state investment. Moran and Pike (2001) describe the main mechanisms and organisational framework for evaluation of programmes in the drugs area.

Treatment

The methadone maintenance programme was greatly expanded following 1996 and was confirmed as the government's preferred and principal response to the opiate drugs problem. However, many educational, counselling, training and occupational programmes aimed at prevention, diversion and rehabilitation have also been implemented, particularly at the community level under the aegis of Local Drugs Task Forces. On the other hand, these services tend to be under-resourced and not well integrated with the methadone maintenance programme.

In 1995, there were about 400 heroin users registered for methadone maintenance, with 300 more on an 'active' waiting list and a further 700 on a so-called 'inactive' waiting list. By 1998, the numbers registered for methadone maintenance had increased to 3,500 and by 2001 to about 6,000 – a percentage increase of 1,100 per cent in six years. This increase has largely occurred in drug treatment centres, but there has also been a considerable expansion in the numbers of addicts receiving maintenance from general practitioners. A new protocol introduced in 1998 requires general practitioners involved in maintenance to undergo training and to be registered. By 2001, 138 general practitioners and 167

community pharmacies were involved in the programme. They were providing methadone maintenance to 1,749 patients, almost a third of all addicts receiving maintenance.

Recently (*The Irish Times*, 2003) the Director of the Merchant's Quay Project, the state's largest voluntary drug treatment centre, has argued that while stabilising chaotic addicts through the provision of expanded maintenance programmes was very necessary in 1996, it is now essential to move beyond this and providing more readily available rehabilitation, support and counselling services aimed at helping addicts achieve abstinence. He pointed out that there are still only 200 residential drug addiction treatment beds in the state and a very poor ratio of counsellors to addicts at maintenance centres.

There have also been some developments in the drug treatment area within the prison system, including a report from the Steering Group on Prison Based Drug Treatment Services (2000) which emphasises the importance of equivalence of care between the prison and the wider community and of through-care and aftercare services. In 1996, a designated drug free prison was established and a seven week drug detoxification and rehabilitation programme was introduced in Mountjoy Prison. Crowley (1999) has evaluated the latter programme and concluded that, despite a one year relapse rate of 78 per cent, it was relatively successful compared to other inpatient detoxification programmes. Recently there has been an expansion of methadone maintenance approaches in the prison system (Dack, 1996; Aylward, 2002) to include not only HIV positive prisoners but also all new committals, who have been offered approved maintenance programmes in the community. A study by Lines (2002), however, states that high risk behaviours for the sexual and intravenous transmission of HIV and hepatitis C are widespread in Irish prisons. Lines concludes that the Irish Prison Service falls far short of its own objectives in terms of both the provision of HIV and hepatitis C prevention measures and the provision of adequate and consistent access to care for prisoners living with HIV/AIDS and/or hepatitis C.

Specific law enforcement initiatives and the Criminal Assets Bureau

Law enforcement initiatives, following 1996, included Operation Dóchas, which was aimed at street level dealing in heroin and at curbing 'shooting galleries' in specific drug-infested areas. More

recently the Garda have introduced Operations Nightcap and Clean Street, which involve undercover gardaí monitoring the sale of small amounts of illicit drugs in licensed premises and other public places and 'if feasible purchasing drugs from the dealers to effect prosecutions' (Garda Síochána, Annual Report on Crime, 2001). Other more proactive law enforcement approaches include the establishment in 1996 of the Criminal Assets Bureau and more intensive Customs and joint Garda/Customs operations, aimed at the disruption of drugs supply lines and organised trafficking.

The Criminal Assets Bureau, which is a multi-agency unit with officers drawn from the Revenue Commissioners and the Department of Social, Family and Community Affairs as well as the Garda Síochána, has targeted organised crime via the civil law, financial route. It focuses on tax evasion and the freezing and confiscation of assets of suspect and unexplained origin. The proceeds of drugs trafficking remain 'of particular interest to the Bureau, but a substantial part of its activities involves the targeting of ... living off immoral earnings, corruption and money laundering' (Garda Síochána, Annual Report on Crime, 2001). The Bureau has been considered especially successful and is credited with the breaking up of a number of major drugs gangs. By the end of 2001, the Bureau had been operational for a little over five years and had frozen a total of €26.6 million of suspect assets and been instrumental in the collection of €23.4 million of tax from persons involved in criminal activity.

The pilot drug court

A progressive criminal justice innovation is the establishment in 2001 of a pilot drugs court in Dublin (Working Group on a Courts Commission, 1998; Butler, 2000). This approach allows judges the option of diverting non-violent, drug using minor offenders from the prison system to court-supervised treatment for their drug problems. A pilot drug court was set up with its sphere of activity restricted to the North Inner City area of Dublin, where dedicated treatment and rehabilitation services were available to it. An evaluation of the first year of operation of the drug court has been published (Farrell et al, 2002). Of sixty-one offenders referred to the court, thirty-seven were accepted as eligible and suitable. They were mainly males in their late twenties, unemployed and of low educational attainment. They were all primarily heroin users but were almost always poly-drug users,

who were on average using five different drugs. Thirty-five of the offenders had amassed a total of 872 prior convictions. The current charges overwhelmingly concerned larceny and only a handful were for drug-related offences per se. The percentage of 'negative for opiates' urine tests increased significantly as the programme progressed, from 42 per cent in the first 3 months to 82 per cent in the last three months.

The authors of the evaluation report state that it is 'far too early to comment conclusively on the overall effectiveness of the programme' but they do believe that preliminary results show a marked decline in offending behaviours (the rate at which participants were arrested, charged or had their bail revoked) and an increase in compliance as the programme progressed (30 per cent were clean of all illicit drugs by the end of the evaluation period). In their view, this means that the 'drug court will have the desired impact if it can succeed in retaining participants over the early months.' They recommended the continuance and extension of the drug court provided that timely access to treatment service can be guaranteed.

THE OFFICIAL STATISTICAL PICTURE OF DRUG-RELATED CRIME

For over two decades there has been a quite detailed and consistently formatted report in the Garda Annual Report on Crime describing law enforcement in the drug-related crime area. The prison system has also, if less regularly and consistently reported on the number of committals to prison for drug-related crime and related sentence lengths. These data provide a limited guide to secular trends in drug-related crime, but they do not accurately reflect the extent of the drugs problem, the true incidence of drug-related offences or the more general role of drugs in motivating other types of crime, especially theft and violence. Rather, these data record the activities of the Garda and the criminal justice system in the areas of drugs interdiction and the detection, prosecution and sanctioning of drug-related crime. This section analyses data on drug seizures, drug-related criminal charges and criminal proceedings, convictions and imprisonment relating to drug-related crime specifically.

Drug seizures

There have been some very large-scale seizures of cannabis, heroin and cocaine, including one single consignment of thirteen

tonnes of cannabis with a purported street value of 150 million punts, and the discovery and closure of factories producing ecstasy and LSD. Most of these drugs, the Garda believe, are destined for the Irish market, but it seems clear that Ireland is also used as a transit point or manufacturing location in the delivery of quite large quantities of drugs to the UK.

Table 1 compares the quantities of various drugs seized in Ireland in 2000 with those from other small and peripheral EU nations. These figures unhelpfully combine large scale seizures and seizures of small amounts for personal use. This means that figures can be skewed by a few unusually large seizures, although the Garda state that in the Irish case most seizures are of small personal amounts. Some of the substantial differences between countries in the type and amount of drugs seized can undoubtedly be ascribed to cultural differences in illicit drug use – for example, amphetamine has traditionally been an important drug of misuse in Scandinavia. In general, it is notable that the scale of seizures in Ireland, with the exception of the case of ecstasy, is quite modest in comparison with other countries. The annual number of tablets of ecstasy seized since 1995 has varied considerably from a low of 20,434 in 1997 to a high of 609,301 in 1998.

Table 1. Drug Seizures (Quantity) in Ireland and selected EU countries 2000

	Amphet- amine In kg	Cocaine In kg	Cannabis In kg	Heroin In kg	LSD (doses)	Ecstasy (tablets)
Ireland	6	18	588	24	1,121	558,782
Quantity						
Per seizure	0.032	0.087	0.126	0.04	36	293
Finland	80	39	197	6	2,355	97,393
Quantity						
Per seizure	0.033	0.98	0.079	0.014	69	248
Portugal	0	3,075	30,690	567	6,106	25,496
Quantity						
Per seizure		2.6	11.8	0.177	381	319
Denmark	57	36	2,914	32	1,108	21,608
Quantity						
Per seizure	0.049	0.046	0.524	0.021	62	49

Source: National Focal Points

Table 2 presents the trends in seizures for various drugs over the years 1991 to 2000. The low level of seizures in the early 1990s, for all types of drug apart from cannabis, points to a low active Garda role in drugs interdiction in this period. The abrupt tripling of seizures of heroin in 1996 and the continuing relatively high rate of such seizures point to the more energetic targeting of heroin from that date, as reflected in Operation Dóchas and other initiatives. However, it is likely that ecstasy and cocaine were less prevalent in Ireland in the early 1990s. The seizures of these two drugs have more or less constantly increased since 1991. The seemingly greater presence of LSD for a short period in the early 1990s is also interesting and may relate to the existence in Ireland at that time of manufacturing facilities for this drug. O'Br (2001a) attributes the general increase in seizures and in the quantity of drugs seized since 1995 partly to the establishment of the Garda National Drugs Unit in that year.

Table 2 Number of seizures of various drugs: Ireland 1991-2000

	Amphetamine	Cocaine	Cannabis	Heroin	LSD	Ecstasy
1991	4	7	2,354	45	34	4
1992	49	11	2,643	91	48	6
1993	82	15	2,895	81	129	13
1994	391	38	3,511	263	116	26
1995	89	42	3,205	209	62	57
1996	217	93	3,449	664	42	53
1997	475	157	4,102	599	48	42
1998	680	151	4,513	884	19	50
1999	467	213	4,538	767	29	1,07
2000	184	206	4,641	598	31	1,91

Source: Irish National Focal Point

Drug-related charges

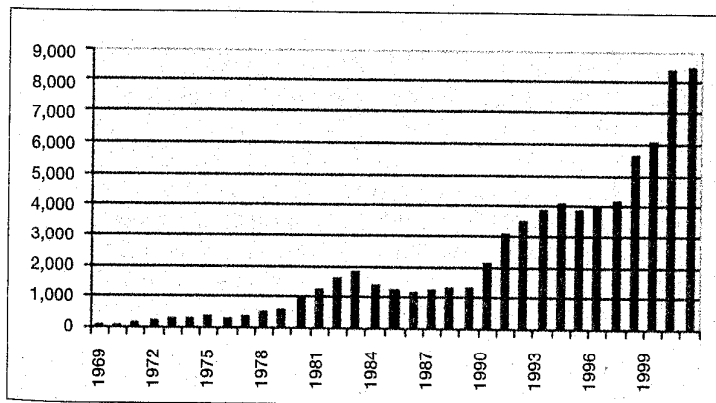
Figure 1 indicates the increase in drug-related charges from a very low base of 69, in 1969, to 8,529, in 2001. This amounts to an enormous increase by a factor of 124, which can reliably be taken to reflect the relatively drug free status of the country in the 1960s. There has been an increase of 470 per cent in drug-related charges since 1983, the year of greatest Garda activity against drugs during the original heroin epidemic. Indeed, the graph shows an almost constantly rising trend apart from a period in the late eighties when charges declined significantly. Since 1990, increases in charges have been particularly steep with a doubling

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between 1996 and 2001. While the continual upward trend over the period from 1969 to 2001 is likely to be a reliable indication of increasingly widespread use of illicit drugs, the recent upsurge in charges is probably best explained in terms of a more proactive and intensive approach by the Garda.

Drug-related offences are police-defined offences – that is they only come to notice when a perpetrator is caught and charged. The figures are, therefore, a reflection of the effectiveness of the Garda in a particular sphere of crime control. Effectiveness, in turn, is determined by the difficulty of detecting and arresting offenders and, more broadly, by Garda strategy, governing both organisational goals and deployment of resources. The figures may also reflect the prevalence within Irish society of various kinds of drugs, but only very approximately. The longstanding predominance in the figures of cannabis-related charges and the more recent greater prominence of stimulant- and especially ecstasy-related charges (see Table 3) are undoubtedly connected to the popularity of these drugs. However, the predominance of cannabis-related charges may also be linked to the relative ease of detection of this drug due to its comparatively bulky nature, to the less furtive forms of use, including use in groups and in public places, to the comparatively lesser threat involved in challenging cannabis users compared to opiate users, and to the distinctive smell of smoked cannabis. Similarly, the common use of ecstasy in nightclubs and at dance venues makes this drug a relatively easy target for police action.

Figure 1: Drug-related charges 1969-2001



Since it may be easier or even more politic for the Garda to effect arrests for the possession and supply of one drug rather than another, it would not be prudent to rely on the figures in Table 3 as an entirely accurate guide to the relative presence in Ireland of the different drugs. Any such inference can only be tentative, not only because of the differences between drugs in ease of detection and because of varying Garda priorities in respect of different drugs, but also because, irrespective of type of drug, drug-related charges are made against only a tiny fraction of the people who actually use, possess and deal in drugs. Given the results of relevant surveys on the general population (summarised in O'Brien, 2001b), there are likely to be hundreds of thousands, if not millions, of occasions each year in Ireland when drugs such as cannabis and ecstasy are used. Similarly, there are 12,000 or more opiate users in Dublin, many thousands of whom are using and being supplied with illicit drugs on a daily basis. Moreover, there is strong evidence that many illicit drug users are poly-drug users, who regularly use many varieties of drug, including opiates, stimulants, cannabis and hallucinogens.

Table 3: Number of charges in connection with various types of drug 1973-2001

	Cannabis	Opiates	Cocaine	Stimulants*	LAD
1973	205	18	1	2	30
1978	310	121	11	20	2
1983	1,045	517	23	20	16
1988	859	322	15	5	5
1993	2,996	217	15	217	144
1999	4,185	887	169	1,487	26
2000	4,880	730	180	2,477	33
2001	5,143	908	297	2,052	20

*Including amphetamines and, from 1993, ecstasy and its variants

Nonetheless, there are some interesting anomalies and constancies in Table 3. For example, the 144 charges for LSD in 1993 stand out and appear to require explanation. The number of charges for opiate drugs fluctuates considerably over time and his variability is likely to reflect Garda tactics and priorities. However, the figures do appear to reliably suggest a recent ncrease in the availability and use of both cocaine and stimulant drugs, since charges relating to these drugs have steadily ncreased from a very low base.

Figure 2: Proportionate share of charges for cannabis, opiates and stimulants 1973-2001

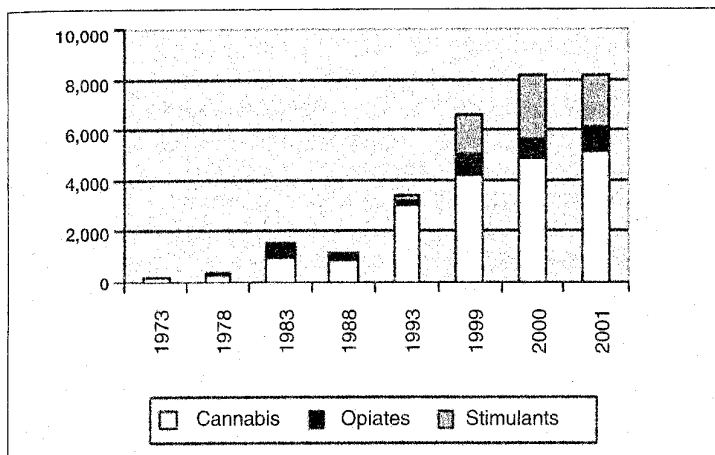


Figure 2 indicates the impact of the advent of ecstasy in the 1990s and the consequent increase in charges related to stimulant drugs. Figure 2 also illustrates that the ratio of opiate-related to cannabis and stimulant-related charges was considerably larger in the mid to late 1980s than at any time since. Indeed, in 1983, about a third of all charges were related to opiates compared to only about 12 per cent in 2001. The decline in opiate-related charges following 1983, in absolute as well as proportionate terms, and the subsequent increase following 1996 probably reflect changes in Garda policies and methods.

Also of interest in the annual Garda figures is the breakdown of drug-related charges into various categories. These include possession (Misuse of Drugs Act 1977/84, Section 3) or supply (Section 15) of controlled substances; importation of drugs; forging prescriptions in order to obtain drugs; cultivation of cannabis; allowing premises to be used for supply or use of drugs; and obstruction of a drug-related investigation. It is evident from Table 4 that possession and supply charges constitute by far the largest category. In 2001, 98 per cent of all drug-related charges were for possession or supply. Charges for possession generally outnumber those for supply by a ratio of about 2.5:1.

Curiously, the proportion of drug-related crime not relating to possession and supply shows a substantial decline over time. Importation etc. made up 10 per cent of all charges in 1983, 5 per

cent in 1993 but only 2 per cent in 2001. The recent low level of charges for importation of drugs is noteworthy, as, despite technological advances in the detection of banned substances at airports and ports, such charges are down in 2001 to less than a third of the 1993 figure. The fluctuating number of charges for obstruction suggests that this represents an approach to enforcement that tends to go in and out of fashion amongst Garda. Also remarkable is the low level of charges for allowing use of or trade in drugs on premises. This is especially surprising given the widespread use of ecstasy at public venues and the recent deployment of undercover gardaí in Operation Nighthawk which specifically targets licensed premises.

Table 4: Breakdown of drug-related charges by type 1983-2001

	Importation	Forged prescriptions	Cultivating cannabis	Allowing on premises	Obstruction	Total incidents and seizures
1983	43	58	56	24	7	1,800
1988	35	39	19	21	52	1,200
1993	114	19	11	22	39	3,800
1998	26	16	25	8	236	5,600
1999	48	39	14	7	164	6,000
2000	17	29	22	17	68	8,000
2001	30	16	18	0	138	8,000

The preponderance of cannabis related charges found in Ireland is mirrored in most but not all European countries (EMCDDA, 2002). In 2000, cannabis was the main drug in drug arrests in the EU generally, but the rate ranged from 10 per cent in the UK to 37 per cent in Sweden. In France, 37 per cent of drug-related arrests concerned cannabis. In the Netherlands and Portugal, arrests for heroin and other hard drugs predominated. The prominence of charges for possession of drugs, as opposed to other drug-related offences, found in Ireland is mirrored in most EU countries. For example, in Portugal 70 per cent of charges for possession was 55 per cent and in Austria 55 per cent. However, in some countries, such as Italy, the Netherlands and Spain, possession and use are not considered an offence. In all drug-related offences refer to dealing or trafficking.

Along with Greece and Norway, Ireland was in the group of countries with the lowest rates of drug-related offences.

showed the greatest increase in arrests for drug-related offences in the three years to 2000, although in the EU as a whole such arrests have been steadily increasing since 1985. Contrary to the experience in most other European countries, only a small proportion of arrests for drug-related charges in Ireland concern foreigners, usually less than 2 per cent. The largest sub-group is invariably citizens of the UK (59 in 2001), no doubt reflecting their greater presence in the resident population. However, in some recent years there have been substantial numbers from Africa (44 in 2001) and Eastern Europe (17 in 1999), areas that rarely featured in the list in earlier years.

Convictions and imprisonment

Official statistics on convictions for drug-related crime and associated punishments are more limited and less clearcut than the statistics on charges. The Annual Report on Crime provides figures for the number of drug-related offences in both the 'Headline' and 'Non-Headline' categories, in which criminal proceedings were commenced in a particular year. Outcomes of proceedings are provided so long as the case was finalised within the year, but this usually applies only to a minority of the cases commenced. Information is not provided on the outcomes of cases that were pending at the beginning of the year and the outcome data relate to persons (who may be charged with several offences) rather than to offences and do not map exactly onto the offence data, which provide the initial analytic framework. A reliable calculation of the rates of acquittal, dismissal, conviction etc., cannot therefore be made.

However, some interesting conclusions can be gleaned from an examination of criminal proceedings and conviction statistics. In 2001 there were 1,712 criminal proceedings taken against the more serious, drug-related 'Headline' offences (20 per cent of total) and 7,009 taken against drug-related 'Non-Headline' offences (80 per cent of total). All of the 'Non-Headline' offences, which have been defined as non-indictable by the Garda, were for possession and one can safely assume they were largely for the possession of cannabis or ecstasy. However, the vast majority (1,520) of the 1,712 'Headline' offences, which have been defined as indictable by the Garda, also involved possession or supply. Most drug-related offences are triable either way, that is they can be defined as indictable, creating an option – open to both the prosecution and the defendant – to have a trial before a jury at the

Circuit Court, or as non-indictable, whereby a case will be dealt with summarily at District Court level. A decision to prosecute or defend a case on indictment is critical since, on indictment, the maximum penalty for possession, is seven years (three years for cannabis) and, for supply, a life sentence. On the other hand, the maximum summary penalty for either offence, when dealt with summarily, is only one year's imprisonment and a fine and, in the case of the first two convictions for possession of cannabis, a fine only.

All 7,009 'Non-Headline' offences, then, were dealt with summarily, almost certainly with a fine. However, it is significant that the majority of the supposedly more serious 'Headline' offences were also dealt with summarily, that is as relatively minor offences subject to a maximum of one year's imprisonment and tried by a District Judge sitting without a jury. In 2001, 1,712 persons were processed for the 1,712 'Headline' drug-related offences and 518 cases were finalised within the year. Of these seventy-three cases were dealt with on indictment, that is before a jury at Circuit Court level, and all but six (8 per cent) of persons indicted were convicted. A further twenty-seven persons were awaiting a jury trial at the end of the year. Twenty of these twenty-eight offences involving importation commenced in 2001 were dealt with on indictment, but the majority of cases dealt with on indictment involved possession or supply. On the other hand all cases of obstruction (87) and all cases of cultivation and manufacture of drugs (19) were dealt with summarily.

Of the much larger group of 'Headline' cases processed summarily (946), a majority (511) were still pending at the end of the year. Of the 445 cases finalised, 377 resulted in a conviction and sixty-eight (15 per cent) in a dismissal or withdrawal of charges. Only 9 per cent of the persons convicted for drug-related offences were female and only 2 per cent were under seventeen years of age, although 35 per cent of the total were between seventeen and twenty years of age. The main reason for the number of juveniles is that the drug-related offences of juveniles are dealt with almost invariably through the Juvenile Diversion Scheme and lead to a caution rather than a conviction. In 2001 there were 929 possession and 155 supply offences referred to the Juvenile Diversion Scheme.

Finally, in reference to the 7,009 summary proceedings commenced in 2001 for 'Non-Headline' possession offences, the Annual Report on Crime states that only 902 convictions are

878 persons had been recorded by the end of the year. This extraordinarily low figure perhaps reflects a very large proportion of cases still pending at the end of the year as well as a possibly substantial number of dismissals or strike-outs.

The publication of prison statistics has been erratic in recent years. Because of gaps and inconsistencies in the data, it is not possible to plot detailed trend series. However, it is evident that very few of the thousands of people proceeded against annually for drug-related offences are punished by a sentence of imprisonment. In 1979, when there were 594 drug-related charges, just nine people were committed to prison on drug-related convictions. By 1989, there were 1,344 drug-related charges and a well-established and very serious opiate drugs problem, but the figure for prison committals for drug-related crime had increased to only sixty-six. The latest figures (Irish Prison Service, 2003) are for 2001, when there were 8,529 drug-related charges, and these show that 310 people, including 24 females (8 per cent), were sent to prison under conviction for drug-related offences specifically. This is out of a total of 5,160 committals, so that drug-related crime represents just 6 per cent of all crime punished by imprisonment. Relating these figures to the data on criminal proceedings and convictions, it appears reasonable to estimate that considerably less than 5 per cent of all convictions for drug-related offences result in a prison sentence.

The 2001 prison statistics provide a breakdown of the sentence lengths received by the people committed for drug-related crime. Unhelpfully, drug-related crime is treated as a single homogeneous category with no distinction made between such disparate types as simple possession of small amounts of a drug, importation, and possession of drugs with a value of €12,700 or more, an offence which generally qualifies for the minimum mandatory sentence of ten years imprisonment under the Criminal Justice Act 1999. Nevertheless, it is interesting that approximately a third (100) of the 310 sentences were for less than six months and nearly a further third (93) were for periods of at least six months but less than two years. In other words, a substantial majority of prison sentences for drug-related crime are for relatively short periods, reflecting the location of many drug-related convictions in the District Court. Only eight out of 310 sentences (2.5 per cent) were for ten years or more, thirty-nine for a period of at least five but less than ten years, and fifty-two for a period of at least three but less than five years. These figures may

indicate a degree of unease amongst the judiciary concerning mandatory ten year minimum sentence for possession of drugs with a value of €12,700 or more. A number of cases, involving possession of drugs of more than this value, have been reported in the press where judges have exercised the limited discretion available to them under the Criminal Justice Act 1999 and handed down sentences of less and sometimes much less than ten years in such cases.

RESEARCH ON THE BROADER DRUGS-CRIME LINK / DRUG USER LIFESTYLES

There are two important strands of research evidence, which unequivocally show that official criminal justice statistics present a misleading picture of the Irish drugs/crime problem, because they greatly underestimate the general extent of the problem and because they exaggerate the relative importance of cannabis, particularly in contrast to heroin. First, there is a number of studies of the prison population, which prove the prevalence of misuse of drugs, particularly heroin, among offenders. These studies also demonstrate the inextricable link between drug misuse and crime and the fact that opiate users are not to be convicted for drugs offences per se but for their property crimes motivated by the need for money to purchase drugs and their drugs-related crimes of violence.

In 1981, when only a small number of people were imprisoned for drugs offences, a study by O'Mahony and Gilmore (1981) provided evidence that a significant number of imprisoned individuals had, on a daily basis, been stealing money and property to a value of between £100 and £300 (at least €1,000 in terms of values) in order to feed a well-established opiate habit. It was found that people tended not to be in prison for drug-related offences. In 1986, a survey (O'Mahony, 1993) of Dublin's largest prison concluded that about a third of all prisoners had used opiates on a regular basis. When this survey was repeated ten years later (O'Mahony, 1997b) it was found that 66 per cent of all prisoners had used heroin and that a large majority of these were police users, for whom heroin was the drug of first choice and in fact the normal and preferred mode of use. Almost all these police users admitted to funding their habit through innumerable larcenies, burglaries and robberies, but very few of them had been convicted for drug-related offences.

Carmody and McEvoy (1996) studied a sequence of 100 female prisoners and discovered that 57 per cent were opiate users, generally convicted for petty property crime. More recently, Hannon et al (2000) examined a representative sample of 777 prisoners from throughout the Irish prison system. They found that 63 per cent of male and 83 per cent of female prisoners had used a drug other than cannabis in the previous twelve months and that 30 per cent of males and 56 per cent of females had used heroin more than twice in that period. In this study, 51 per cent of male and 69 per cent of female prisoners stated that they had been under the influence of drugs when committing their offence.

In another study, Allwright et al (1999) found that 43 per cent of their sample of 1,188 prisoners from throughout the system and 58 per cent of 712 from what they term high risk (more secure) prisons had experience of injecting drugs, almost exclusively opiates. Fifty-two per cent of their total sample had at some point used heroin and, according to oral fluid assays, 38.5 per cent showed evidence of either hepatitis B, hepatitis C or HIV infection. Among injecting drug using prisoners alone the prevalence of hepatitis B was 19 per cent, hepatitis C 81 per cent, and HIV 4 per cent. Sixteen or seventeen years was the modal age for initiating IV use but about a quarter of the sample had begun injecting before they were sixteen. A sizeable majority of IV users in this study continued injecting heroin while in prison. Long et al (2000), reporting on the same data, found that 21 per cent of the prisoners with experience of injecting drugs claimed to have first injected opiates in prison.

Excluding from consideration the role that drugs might play in some prison suicides, there were eleven drug-related deaths in Irish prisons between 1990 and 1997. These deaths were due to accidental overdose or choking on vomit (National Steering Group on Deaths in Prisons, 1999). The general picture, then, particularly in the large Dublin prisons, is of a rampant and pervasive heroin- and injection-based prison drugs culture, with very serious negative implications for the physical and mental health of prisoners. Throughout the period covered by these studies, the vast majority of Irish prisoners, who currently use or have ever used drugs, were not in prison for drug-related offences as such but had been convicted for their non-drugs crimes.

The second strand of evidence specifically relating to the drug/crime nexus involves studies of the incidence and nature of

crime. The major study of this type, undertaken by the Garda Research Unit (Keogh, 1997), focused on serious (indictable) crime in Dublin. This study produced a database of 4,105 'drug using' individuals known to the police in Dublin. Users of opiates, stimulants, hypnotics and hallucinogens were included but the identified group were overwhelmingly opiate users and 87 per cent had a criminal record. They were also mainly male (87 per cent), under thirty years (80 per cent), unemployed (87 per cent) and single (79 per cent).

All 19,046 detected indictable crimes, occurring in Dublin in one year period spanning 1995 and 1996, were examined. Of 7,757 individuals apprehended for these solved crimes, 3,365 (43 per cent) were identified as known 'hard drug users'. However, this 'hard drug using' group were particularly active and accounted for 66 per cent of the total number of crimes. One user alone was responsible for 147 crimes and drug users on average committed three times as many crimes as non-drug users.

Burglary (25 per cent), larceny from shops (21 per cent), larceny from unattended vehicles (16 per cent) constituted the majority of detected crimes and 'hard drug users' were responsible for 83 per cent, 50 per cent and 84 per cent of these crimes respectively. Other categories of less frequently detected crime, for a high percentage of which 'hard drug users' were responsible, were robbery (82 per cent), armed robbery (78 per cent), mugging (82 per cent), and larceny from the person (82 per cent). Another study by the Garda Research Unit (Millar et al., 1998), using less rigorous methods, estimated the extent to which non-drugs crime throughout the country was associated with alcohol or drug use. This study estimated that 21 per cent of non-drugs offences were committed by drug users, but that an even greater proportion of offences (46 per cent) were related to excessive alcohol consumption. Nevertheless, given that about 70 per cent of all serious crime in Ireland occurs in the Dublin area, a reasonable estimate based on Keogh's findings is that about 30 per cent of all serious crime in Ireland is committed by 'hard drug users'.

A random sample of 352 of the 'hard drug users' in the Keogh study were interviewed. This group had typically begun taking drugs when seventeen, 90 per cent had left school before they were sixteen, 96 per cent stated that heroin was their drug of preference, 30 per cent claimed that heroin was the first drug they experienced and 63 per cent had received some form of treatment.

for their drugs problem. However, 72 per cent of the total group (Comiskey et al, 1998) had not been on methadone maintenance treatment in the past year. This finding confirms a pattern found in prisoner surveys (O'Mahony 1990, 1997b; Allwright et al, 1999), which indicates that male, opiate-using offenders tend to avoid involvement with treatment agencies outside the prison.

Irish imprisoned opiate users also report reckless patterns of risk-taking behaviour. For example, in the Allwright et al (1999) study, 58 per cent of the injecting drug users had shared all injecting equipment while in prison and 38 per cent had done so in the community in the month prior to imprisonment. More of those who shared equipment in prison were infected with hepatitis C (fully 89 per cent) than of those who did not share (62 per cent). In the O'Mahony study (1997b), six of the ten prisoners, who knew that they were HIV positive, continued to share equipment in prison. Another study, of thirty-eight of the forty-two Irish prisoners then known to be HIV positive (O'Mahony and Barry 1992), found that 65 per cent admitted that they had exposed others to HIV since becoming aware of their status and only 16 per cent said they would not share equipment in the future. In addition only 32 per cent of this group said they would always use a condom during sexual intercourse in the future.

An important finding of Keogh's (1997) interview-based study was that 51 per cent of respondents stated that they had been involved in criminal activity before they had begun drug use, while 30 per cent stated that involvement in crime only began following initiation into drug use. This result is consistent with a study of 100 drug treatment centre attenders (Carr et al, 1980), which found that the group had been involved in a high level of non-drug-related, non-violent criminal behaviour prior to drug use, but had greatly increased criminal activity following involvement with drugs. Dillon (2001) confirms this pattern in a small prison sample, where 76 per cent of male respondents were found to have been criminally involved before initiation into drug use. However, Dillon noted an important sex difference, since she found that 52 per cent of female prisoners claimed to have started offending subsequent to their drugs involvement.

There has been a dearth of ethnographic, narrative account and qualitative research on drug users in Ireland, but this situation is beginning to be redressed and a number of studies (e.g. O'Gorman, 1998b; Hogan, 1997), which examine the lifestyles and personal experiences and viewpoints of drug users and their

families, have been published in recent years. Hogan and Higgins (2001) set out to explore the impact of parental opiate use on children of primary school age. They compared fifty children with at least one opiate-using parent with fifty matched children whose parents did not use drugs. The children of drug-using parents had been exposed to crime-related experiences far more frequently than the other children. Twenty-four per cent of children of drug-using parents had been in the company of a parent when the latter had committed a crime; 34 per cent had visited a parent in prison; 48 per cent had seen their parent approached by the police on the street; 76 per cent had seen a police call to the family home and 58 per cent had seen a parent searched by the police. Dillon (2001) used in-depth interviews to gain a deeper understanding of the lives of twenty-nine male and female, mainly drug-using, prisoners. This study confirmed, in the illuminating words of the prisoners themselves, the profound influence of the drugs culture in certain Irish prisons and provided many insights into prisoners' perspectives and motivations concerning drug issues.

CONCLUSION

According to Hser et al (1994) 'the relationship between crime and drug use has been studied extensively, and findings accumulated over fifty years have consistently shown high crime rates among drug abusers and high drug-use rates among offenders'. This statement is undoubtedly true of the Irish situation, but without several important qualifications. First, it is true only of opiate users. While these tend to be poly-drug users, there is no evidence to suggest any significant involvement in crime, other than that inherent in drug use, by the very much larger group of people who restrict their illicit drug use to cannabis and recreational drugs, such as ecstasy. Second, the Keogh et al (1997) indicated that a minority (around 20 per cent) of drug users known to the Garda were not known to be involved in crime. There is likely to be a further substantial number of people using opiates who are not known to the Garda and who avoid involvement in drugs crime. This number may well have been swollen in recent years because of the more widespread availability of free or low-cost opiate maintenance programmes. Third, while a majority of detained male prisoners have used drugs other than cannabis, less than half are or have been IV users of opiates. The heroin

rate for committal prisoners is lower still. The much broader and more numerous group of offenders who are punished by fine or community-based sanction rather than imprisonment and the group of hidden offenders, involved in white-collar crime and other offences rarely prosecuted, are likely to have even lower rates of heroin users.

Nevertheless, a very substantial proportion of recorded serious crime in Ireland – of the type that tends to be punished by imprisonment – is committed by male, opiate drug users. This may be as much as 40 per cent of all indictable crime in the country and more than 60 per cent of such crime in Dublin. Goldstein (1985) has distinguished three ways that drugs can precipitate crime and particularly violent crime: 1) through pharmacological effects on brain and behaviour; 2) through the 'economic compulsive' need to support continued drug use; and 3) through the 'systemic violence' associated with the control of markets, transactions, debt collection, and supply and distribution networks. While alcohol is a strong disinhibitor and thus has a major role in violence, Collins (1994) concludes that 'the bulk of evidence suggests a weak or non-existent relationship', due solely to pharmacological effects, between illicit drugs and violence. However, there is a growing concern about the use of drugs on driving and other behaviours that can put people at risk. A recent Irish study (Cusack et al, 2002), which tested 2,000 people suspected of driving under the influence of an intoxicant, found that 50 per cent were over the limit for alcohol but that in addition 36 per cent screened positive for illicit drugs, most commonly cannabis and stimulants. This finding is a reminder that there is a substantial level of drugs-linked offending that rarely comes to notice.

Furthermore, although we are aware of the dozens of mainly unsolved murders linked to the systemic violence of drugs gangs, little is known about the lesser forms of violence and intimidation that are probably a much more common feature of the drugs scene. Victims of bullying, threats, beatings and torture, whether drug users or drugs gang members, rarely make complaints to the police. There are other significant areas of drug induced offending that are generally hidden from view. For example, it is likely that there are a considerable number of offences of emotional abuse and neglect of children by drug using parents.

The essence of addiction, especially IV opiate addiction, is a fundamental change in the motivational system of the addict

(Orford, 1982). The physiological changes and the psychological dependence accompanying severe opiate addiction prioritise the maintenance of the habit over almost all other considerations. Research effectively change how the addict relates to the world, indicating the reckless behaviour of Irish male drug-using offenders with respect to their own and other people's health, is evidence for this often self-destructive reordering of values, priorities and motives. So, while the pharmacological effects of illicit drugs rarely directly cause violent behaviour, long term changes that opiates, in particular, forge in the brain and in the psychology of the addict create a desperation to continue the habit that overrides normal feelings and motives. This can lead the addict to become involved in not only more frequent but also more reckless and risky crime. The severely addicted drug user is also more likely to target vulnerable people regardless of age, sex and disability.

On the other hand, there is compelling evidence that drug-using offenders would have had some criminal involvement even if they had never become opiate drug users. The interrelationship of criminality and opiate drug misuse is, therefore, by no means entirely related to the criminogenic effect of opiate addiction. Rather it is related to the fact that the majority of both opiate addicts and convicted criminals, who are punished by imprisonment in Ireland, come from a background of marked socio-economic deprivation and educational disadvantage. These conditions evidently generate a susceptibility to both criminal offending and opiate drug use. The at risk marginalised and socially excluded group tend to get involved with opiates in their mid-teens and have often been in trouble with the law before this.

There is very little public discussion in Ireland of drug policy strategy in relation to drugs or of the effectiveness of law enforcement approaches. Despite increasing numbers of drug-related charges, it is patently obvious that only a tiny fraction of the possession and supply offences occurring in Ireland, irrespective of type of drug, come to the notice of the Garda Síochána and are prosecuted. The multiple drug-using heroin addicts who constitute such a substantial proportion of the prison population have been convicted largely for their property crimes or crimes of violence.

A more lenient treatment of cannabis users is incorporated into the law and there is evidence for de facto differential treatment of 'soft drug users' by the Garda and the courts. Cannabis

ecstasy users are very rarely imprisoned, but are rather fined or given a community-based sanction for their drug-related offences, which are almost invariably treated summarily. This undoubtedly reflects the fact that cannabis and stimulant drug users, who do not use opiates, come from right across the social class spectrum and tend not to be involved in crime other than that intrinsic to drug use.

Despite these facts, the Garda and most politicians adhere to a relatively crude prohibitionist ideology that tends to minimise distinctions between drugs and forms of use. For example, the 1993 Garda Annual Report on Crime states without qualification that 'once again, the major drug of abuse is cannabis resin'. While cannabis may be the most widely used drug and a large majority of Garda charges for drug-related crime concern cannabis, this statement ignores the far more devastating effects of opiate drugs on Irish society both in terms of crime, health and general social well-being. This kind of official blurring of distinctions between drugs and types of drug use has permeated popular attitudes. Surveys show that the public, acutely aware of the significant connection between drug use and property and violent crime, tend to see all illicit drugs and their users as inherently dangerous. Consequently, while there may be little public support for the use of imprisonment against cannabis users, there is also little public support for a decriminalisation agenda, either in respect of cannabis alone or drugs generally.

A large majority (80 per cent) of the drug-related charges proceeded with by the Garda are treated as less serious 'Non-Headline Offences'. A large majority of these proceedings involve cannabis and ecstasy. However, even the close to 2,000 'Headline' drug-related offences are for the most part treated summarily. Only about 2 per cent of all drug-related charges are dealt with on indictment and so made liable to relatively severe punishment. The 100 or so cases annually prosecuted on indictment have tended to be charges for importation or possession and supply and all other types of charge are customarily dealt with summarily. Reflecting the overall situation, only about 300 people annually are committed to prison on conviction for a drug-related charge and most of these receive relatively short sentences. In 2001, only eight people received a sentence of ten years or more for drug-related crime, despite the mandatory minimum sentence of ten years for a conviction involving possession for supply of drugs to the value of €12,700 or more.

There are some signs in the Garda annual statistics of proactive drugs law enforcement since the watershed year 1996. Charges relating to heroin have continued to increase that time, if from a very low baseline. Seizures of heroin in 2000 were triple the number for 1995, but have fluctuated in subsequent years. Seizures and charges for ecstasy, cocaine and cannabis have all steadily increased.

On the other hand, the statistics on other types of enforcement, including charges for cultivation or manufacture, obstruction, allowing on premises and importation act suggest lower levels of Garda activity than in previous years. This is extraordinary and inexplicable, given the number of recent initiatives, including crackdowns and covert operations aimed at drugs interdiction. It is tempting to suggest that Garda activity in this area hardly causes more than slight ripples on the surface of the underground drugs market that in the main continues to flourish unhindered. The one clear exception to such a negative appraisal would appear to be the Criminal Assets Bureau, which has had considerable success in totally eliminating or severely disrupting several major criminal organisations involved in the trade. However, new gangs have emerged to continue the trade in Dublin and it is possible that the present day criminals, alerted to the Bureau's methods, are now more cautious about displaying wealth and in their methods of accumulating and securing money.

There have been no studies of the effects of recent law enforcement initiatives and general social change on rates of drug-related crime and crime driven by drugs and the drugs gang subculture. However, between 1995 and 2000 there was a remarkable decline of more than a quarter in the number of indictable crimes in Ireland. The decline was especially evident in respect of offences such as burglary and larceny, known to be strongly associated with opiate users. It is a reasonable inference that the general extended use of methadone maintenance since 1995 led to a stabilisation of the chaotic lifestyles of many opiate-users and hence to an overall reduction in crime.

However, it should be pointed out that other factors were operating at this time that may have contributed to the five year period of year on year reductions in crime. There was a period of economic growth, a sharply lowered unemployment rate and perhaps most crucially, a 60 per cent increase in the number in prison, as well as more energetic social inclusion progra-

The return to increasing crime rates in 2001 and 2002 may reflect the temporary nature of the benefits to be derived from suddenly increased levels of incarceration and from a more extensive programme of methadone maintenance. They may also reflect the influence of the end of the Celtic Tiger period of rapid economic expansion and spreading affluence. Only further research can indicate whether or not changes in the incidence of drug use or changing patterns of drug use or a fundamental shift in the relationship between drug use and non drugs crime are playing a significant role in the increases in crime reported in the last two years.

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