

overview

The illicit drug market in Ireland

2

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The Overview series

This publication series from the Drug Misuse Research Division of the Health Research Board provides a comprehensive review of specific drug-related issues in Ireland. Each issue in the series will examine, in an objective and reliable manner, an aspect of the drugs phenomenon. It is envisaged that each issue will be used as a resource document by policy makers, service providers, researchers, community groups and others interested in the drugs area.

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The Drug Misuse Research Division (DMRD) is a multi-disciplinary team of researchers and information specialists who provide objective, reliable and comparable information on the drug situation, its consequences and responses in Ireland. The DMRD maintains two national drug-related surveillance systems and is the national focal point for the European Monitoring Centre for Drugs and Drug Addiction. The Division also manages the National Documentation Centre on Drug Use. The DMRD disseminates research findings, information and news in Occasional Papers, in the Overview series and in a quarterly newsletter, *Drugnet Ireland*. Through its activities, the DMRD aims to inform policy and practice in relation to drug use.

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Overview series publications to date

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Glossary of abbreviations

AEGO	Centre for Geopolitical Drug Studies
CDLE	Customs Drug Law Enforcement
DMR	Dublin Metropolitan Region
DMRD	Drug Misuse Research Division
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EORG	European Opinion Research Group
ESPAD	European School Survey Project on Alcohol and Other Drugs
FSL	Forensic Science Laboratory
GNDU	Garda National Drugs Unit
HIPE	Hospital In-Patient Enquiry scheme
INCB	International Narcotics Control Board
KPI	Key Performance Indicator
LDTF	Local Drugs Task Force
LSD	D-Lysergic Acid Diethylamide
MDA	Tenamfetamine
MDEA	N-ethyl-3,4-tenamfetamine
MDMA	3,4-methylenedioxymethamphetamine
NEHB	North Eastern Health Board
UISCE	Union for Improved Services, Communication and Education
UNDCP	United Nations International Drug Control Programme
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organization

1 Summary, key findings and research recommendations

The illicit drug market in Ireland

1 Summary, key findings and research recommendations

1.1 Summary

The illicit drug market can be understood as incorporating three inter-related levels or dimensions. The global or 'international market' incorporates drug production and international trafficking; the 'middle market' involves the importation and distribution of drugs at a national level; and the 'local market' involves distribution at a retail level.

Understanding the scale, nature and dynamics of the drug market is a critical requirement for effective policy-making and action. It is important to understand the global interconnectedness of the drug market as this has implications for international relations. Also, by mapping out 'middle market' levels, research studies have investigated how drugs are moved from importation to street level, by whom and for what profit. In doing so, such studies have identified more efficient ways in which drug supply can be disrupted. With regard to the 'local market', low-level distribution networks are the principal means by which drugs become available in a neighbourhood. The ease of access to drugs is regarded as an important determinant of experimental drug use among adolescents. Consequently, there is a need to identify and disrupt local drug sources and supply routes. Local drug markets can also instil fear and insecurity in local communities. Knowledge of these networks, their dynamics and their impact is an important prerequisite for effective interventions, such as local policing, harm reduction or housing initiatives.

Information and research on the illicit drugs market in Ireland is extremely limited. The purpose of this Overview is to compile and analyse existing data sources and available research, to identify gaps in knowledge and to inform future research needs in this important area of drug policy.

Information on the origin and destination of drugs is provided by international organisations such as the United Nations Office on Drugs and Crime (UNODC) and at a European level by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol. These organisations gather data about drug production and trafficking routes. In the case of the importation and internal distribution of drugs in Ireland, information is gathered by law enforcement agencies such as Customs Drug Law Enforcement (CDLE) and the Garda National Drugs Unit (GNDU). When drugs are seized, Irish law enforcement personnel seek to determine the destination of the drugs by considering a number of factors associated with the particular seizure: the size of the seizure, the geographical location of the seizure, whether, for example, weather conditions inadvertently caused a diversion into Irish waters of a particular shipment, and the circumstances of the individuals apprehended along with the drugs. Another possible indicator of national distribution patterns is drug-related prosecutions by drug type and by Garda division, which are reported in the annual reports of An Garda Síochána.

Although the number of drug seizures in any given period can be affected by such factors as law enforcement resources, law enforcement strategies and priorities, and by the vulnerability of traffickers to law enforcement activities, drug seizures are considered as indirect indicators of the supply and availability of drugs. A key performance indicator (KPI) in the National Drugs Strategy is to increase the volume (quantity) of opiates and all other drugs seized by 25 per cent by the end of 2004 and by 50 per cent by the end of 2008, using the volume of seizures in the year 2000 as a base. The report of the Steering Group for the mid-term review of the National Drugs Strategy (2005) introduced a new KPI under the Supply Reduction pillar relating to the monitoring of the number of seizures made, as distinct from the quantity of drugs seized. This new KPI stipulates that by 2008 the number of seizures must have increased by 20 per cent based on 2004 figures. In addition to seizure indicators, a number of surveys have sought to ascertain information about drug availability by surveying those who have used illicit drugs or by seeking survey respondents' perceptions as to drug availability at street level.

A number of more localised studies have provided further information on aspects of retail drug markets and their impact on specific locations. Such studies illustrate that the drug phenomenon impacts disproportionately on the quality of life of certain communities in Ireland, with drug-related crime, nuisance and fear associated with such markets of particular concern. Typically, such communities already experience a range of other social and economic problems such as poverty, high levels of unemployment, educational disadvantage and political marginalisation. Street-level drug markets in such areas can add to the sense of alienation often experienced by residents and this in turn can operate as a disincentive to engaging in community-based and inter-agency policy responses.

Drug price data enable us to estimate the value of the illicit drug market. Knowledge of the value of the illicit drug market can provide an indication as to its relative importance vis-à-vis local economies. Identifying data on the relative price and purity of drugs also allows us to compare different stages or levels of the market and to assess supply-control measures. Another important reason for the collection of regular drug price data in Ireland is provided by Section 4 of the Criminal Justice Act 1999, which inserted a new section, Section 15A, into the Misuse of Drugs Act 1977. This amendment introduced the specific offence of possession of drugs with a market value of £10,000 (€12,700) and applied for the first time the principle of a mandatory minimum sentence for these offences. The Act does not make clear the stage of the market, retail or otherwise, at which the valuation of drugs is to be made. The availability of regular drug price data at different market levels could facilitate consistency in sentencing under this legislation. In the absence of such data, information obtained from the GNDU and from a drug users' support organisation, UISCE, was used to ascertain the drug prices given in this Overview. As the Irish illicit drugs market is closely connected to that of the UK and Northern Ireland, Irish drug prices are also compared with drug prices in these jurisdictions.

Systematic purity-testing of drugs seized at all market levels can provide useful information on market dynamics and profit margins. Forensic analysis of seized drugs can also provide us with information on the types of dilutants used to bulk up drugs for street sale, a factor which can have important health consequences for drug users.

1.2 Key findings

- The total number of drug seizures reported in the annual reports of the Garda Síochána decreased by 17.2 per cent between 2000 and 2003, the most recent year for which figures are available. The total number of seizures increased from 5,603 in 2002 to 6,377 in 2003.
- Cannabis remains the principal drug seized in Ireland, accounting for 58 per cent of the total number of reported seizures in 2003. Between 2000 and 2003, there was a 20 per cent decrease in the number of cannabis seizures.
- Ecstasy is the second most commonly seized drug in Ireland. Following a sharp increase in the number of ecstasy seizures, from 347 in 1997 to 1,864 in 2000, there was a decrease to 1,027 seizures in 2002 and then a slight increase to a total of 1,083 seizures in 2003. This appears to be consistent with the broader EU trend in ecstasy seizures.
- Heroin seizures decreased by just under 18 per cent since 2001, down from 802 in 2001 to 660 in 2003.
- An upward trend in cocaine seizures in recent years is evident. The number of cocaine seizures increased steadily since 1995, from 42 seizures in 1995 to 566 in 2003, a growth of more than 1,200 per cent. Since 2000 the quantity of cocaine seized has increased by just less than 500 per cent. A small number of crack cocaine seizures were made in 2003.

- Based on recent price estimates, a kilogram of cannabis costing €3,250 at wholesale level, when sold for €30 per 'quarter ounce' at retail level, would return a profit of approximately €982. However, when sold by the gram at €15 per gram it would return a profit of €11,750.
- The GNDU estimated that amphetamines cost €2 per dosage unit at wholesale level and €6 per dosage unit at street level in 2002. The GNDU reported that ecstasy sold at €2 per dosage unit at wholesale level in 2002. The price of an ecstasy tablet at street level decreased from €22 in 1995 to between €10 and €15 in 2003.
- It is reported by the GNDU that heroin sells at between €180 and €200 per gram at street level. Heroin generally sells at street level in €20 bags. However, the weight of these bags often varies.
- The most recent Garda survey, conducted in 2004, found that the price of cocaine had reduced from €100 to €70 per gram in that year. It is reported that cocaine is available in €50 and €100 bags, with the latter weighing approximately one gram.
- Based on findings from a recent survey of drug users by the Garda Research Unit, it is estimated that opiate users spend €14.6 million per annum on the illicit retail heroin market. This is likely to be a significant under-estimate of the value of the illicit retail opiate market.
- Based on a commonly-used estimation that the amount of drugs seized in a given year is 10 per cent of the total amount imported, using seizure data provided in the *Annual Report of An Garda Síochána 2003* and price estimates supplied by the GNDU for 2003, an approximate estimate of the total retail market value for the following drugs in 2003 is made: cannabis resin €374 million; cannabis herb €4 million; heroin €54 million; cocaine €75 million; amphetamine €10 million; ecstasy €129 million; LSD €3,300.

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- Information provided by the Forensic Science Laboratory (FSL), based on a small sample of heroin seizures in 2000, suggests that there might not be a significant difference in drug purity levels between middle and local market stages, thus suggesting a relatively stable drug market. However, such conclusions await a more systematic purity analysis of drug seizures for confirmation. However, such a finding is consistent with forensic evidence from seizures in the UK, in the US and in other countries, which show little drug adulteration after exportation, with purity levels of drugs such as heroin seized at borders tending to differ only slightly from those seized at street level.
- Both heroin and cocaine purity appear to have peaked in 1996. While trends in average heroin purity have been sporadic, cocaine purity shows a consistent decline since 1996. These findings are based on purity analysis of a small number of seizures.
- Drug trafficking routes differ for different drugs. The International Narcotics Control Board (INCB) reports a significant increase in poppy cultivation following the fall of the Taliban in Afghanistan. This may lead to an increased availability of heroin in Western Europe.
- Both the gardaí and customs report an increase in the trafficking of cocaine in 2003. The GNDU believes this is probably due to a more mainstream use of the drug.
- Morocco is the major producing country of cannabis resin, the principal form of the drug used in Ireland. The main supply route for cannabis resin is from Morocco via Spain, the Netherlands or the UK to Ireland. The customs service reports that the number and quantity of cannabis resin seizures continue to decline.
- The cannabis herb seized in Ireland originates primarily in South Africa and Thailand.

- The largest proportions of cannabis-related prosecutions take place in the Dublin Metropolitan Region (DMR) and the Southern Region.
- Following a generally consistent increase in cannabis-related prosecutions in all regions between 1995 and 2002, there was a decrease in such prosecutions in all Garda regions in 2003. It is more likely that this was the result of a change in Garda enforcement strategy rather than of a decline in cannabis availability or use.
- Despite the concentration of population in the DMR, ecstasy-related prosecutions appear to be dispersed quite widely throughout the State. In 2003, ecstasy-related prosecutions declined in all Garda regions. It is unclear whether this reflects a change in Garda enforcement practice or a decline in the availability and use of ecstasy.
- Although heroin-related prosecutions have decreased in the DMR since 2001, they have increased in the areas immediately surrounding Dublin. There has been a steady increase in heroin-related prosecutions in the Eastern Region, from zero prosecutions in 1995 to 75 in 2003. While the trends in the other regions are less consistent, it is clear that, although heroin remains predominantly a Dublin-based phenomenon, it is no longer confined exclusively to the capital.
- In 2002 supply offences increased in all Garda regions except for the DMR and the Northern Region. It is unclear whether this reflects a real decrease in such offences in the DMR and the Northern Region, alterations in drug market patterns or a change in enforcement activities and resource deployment. In 2003, supply offences decreased in all Garda regions except for the DMR and the Eastern Region.
- Surveys suggest that Ireland ranks quite highly relative to other European countries in terms of perceived drug availability. Ireland ranks first among the 35 countries surveyed in the most recent European

School Survey Project on Alcohol and other Drugs with regard to perceived availability of inhalants, crack, cocaine and ecstasy.

- While there is not necessarily any direct connection between source of drug production and perceptions of availability, these findings suggest an exaggerated perception of drug availability among school children in Ireland relative to those in other European countries.
- Localised studies and surveys which have sought to ascertain information about local drug markets have found that some parts of inner city Dublin are characterised by a high exposure to a drug culture and that the procurement of drugs in such areas is relatively uncomplicated.
- That drug initiation usually occurs within a familiar social context, between friends, relatives and neighbours, rather than through the intervention of a stranger or 'dealer at the school gates', has been a consistent but generally overlooked finding of research in this area.

1.3 Research recommendations

A problem with a great deal of the data collated within the criminal justice system is that it is collated primarily for internal operational purposes or so as to facilitate criminal prosecutions. This has meant significant gaps in data from year to year and the absence of consistency in data gathering, recording and reporting processes. These knowledge gaps limit understanding of different market levels and the dynamics of drug markets, such as profit margins, economic vulnerabilities and the impact of law enforcement efforts.

- No studies have been conducted on the Irish illicit drugs market. Research is required to identify the operational characteristics and dynamics of different stages of the drugs market, involving, in particular, the middle and local market stages. Research should also distinguish between markets in different substances.

- Regular surveys on the impact of local drug markets on local communities should also be conducted. Such research would assist in evaluating the effectiveness of intervention strategies such as local policing initiatives.
- Research on Irish drug markets will be facilitated by a more systematic collation of drug seizure, price and purity information.
- An analysis of seizure data might usefully consider, separately, seizures by the various agencies such as the Garda Síochána and Customs and Excise. Seizures by these different agencies would normally happen at different stages of the market.
- Seizure data should also be presented in a way whereby small and large seizures can be defined and also whereby seizures can be categorised by drug type. Categorisation of seizures according to relative volume, whereby the number of seizures in a particular volume range could be identified, would provide a more useful indication of market differentials and enforcement activity.
- The use of price as an indicator of drug availability requires repeated accurate and up-to-date data. However, there is no standardised method available by which trends in drug prices can be identified. The use of price as an indicator of drug availability requires repeated, accurate and current data on drug prices, at both import market level and at street level.
- Drug purity data are not collated in a systematic way at different market levels in Ireland. The primary function of the FSL in this area relates to supporting the criminal justice system and not research. Only a very small proportion of drugs seized are tested to ascertain the percentage purity. Research should be conducted in the FSL to ascertain purity levels of different drugs and for different-sized seizures, i.e. both street-level and larger seizures. Such research should be conducted on a national basis. Also, analysis of the various

dilutants used to bulk up drugs for street sale could be useful for identifying the health implications for drug users.

- Research should be conducted in order to estimate the total value of the wholesale and retail illicit drug markets. The compilation on an annual basis of data sources, including drug production estimates, drug seizures, drug price data (wholesale and retail prices), drug purity data (wholesale and retail) and drug prevalence and estimated per capita drug consumption, would facilitate such a study.

2 Introduction

The illicit drug market in Ireland

2 Introduction

The illicit drug market can be understood as incorporating three inter-related levels or dimensions. The global or 'international market' incorporates drug production and international trafficking; the 'middle market' involves the importation and wholesale distribution of drugs at a national level (Pearson and Hobbs 2001) and the 'local market' involves distribution at a retail level (Lupton *et al.* 2002). The United Nations Office on Drugs and Crime estimates that the value of the global illicit drug market for the year 2003 was US\$13 billion at the production level, \$94 billion at the wholesale level and \$322 billion at the retail level (UNODC 2005: 127). It has been claimed that, after oil and arms, the illicit drug market is now the most profitable in the world (Roberts *et al.* 2005).

Although not all illicit drugs are equally harmful, the widespread use of drugs, particularly strongly addictive substances such as heroin and cocaine, has numerous social and economic costs. Some of the costs of drug use which have been reported upon in Ireland include drug-related deaths (Long *et al.* 2005) blood-borne viral diseases and other health consequences for individuals, families and communities (DMRD 2005). The impact of drug markets, drug-related crime and anti-social behaviour can also cause significant harm to individuals and communities (Connolly 2006). Understanding the scale, nature and dynamics of the drug market is a critical requirement for effective policy-making and action designed to minimise these harms. There is also an increased focus on the limited impact of law enforcement on the scale of drug markets and a greater recognition of the negative impact of harsh law enforcement approaches to drug production and consumption (Roberts *et al.* 2005).

Studies of drug markets can contribute to and enhance intervention strategies, such as law enforcement or harm-reduction activities. Based on information about heroin sources and trafficking routes, Lenke and Olsson (1998: 10) identify three risk factors which can determine the extent to

which a country may be affected by the heroin trade. These factors would also apply to many other drugs, particularly those produced in a concentrated area or single location. The factors are:

- whether the transit route for the drug passes through the country ('spill over')
- whether the country/city is a trade centre
- whether the country/city has groups of the population with immediate contacts ('pipelines') with producer or distribution countries or other similar contacts of a commercial or cultural character (e.g. former colonies).

Other studies, by mapping out 'middle market' levels, have investigated how drugs are moved from importation to street level, by whom and for what profit. In doing so, such studies have identified more efficient ways in which drug supply can be disrupted.

At the 'local market' level, low-level distribution networks are the principal means by which drugs become available in a neighbourhood. Although low-level drug markets are extremely diverse, depending, for example, on the location and type of dealing activity, a useful distinction can be made between 'open' and 'closed' markets (May and Hough 2004). A recent UK Home Office guide to disrupting crack markets (Burgess 2003: 5) describes two different types of low-level crack markets in those terms. According to the guide, an open market is one where a dealer will sell to anyone, and can be located:

- on the street, where several street dealers can congregate offering drugs or waiting to be approached,
- off the street, at premises which can be approached by anyone (e.g. clubs, cafes, pubs, crack houses).

The guide describes a closed market as one where dealers will sell only to users who are known or introduced to them. Closed markets can be:

- on the street, at meetings arranged via mobile phone,
- off the street, at premises from which drugs are sold only to known or introduced users, and in some of which buyers may stay and consume drugs.

The ease of access to drugs is regarded as an important determinant of experimental drug use among adolescents. Consequently, there is a need to identify and disrupt local drug sources and supply routes. Drug dealing at this level involves a high number and frequency of transactions and is therefore likely to have an immediate and observable impact upon the quality of life of the local community. Local drug markets can also instil fear and insecurity in local communities. Knowledge of these networks, their dynamics and their impact is an important prerequisite for effective interventions, such as local policing, harm-reduction or housing initiatives. This is particularly the case where such initiatives seek to involve the local community. Harm may also be reduced through an increased understanding, within policing interventions for example, of the potential impacts of enforcement activity at a local level on harm-reduction activities. The need to reconcile different policy goals, such as law enforcement, treatment and rehabilitation or drug-user education, is enhanced through greater understanding of the local drug market.

Information and research on the illicit drugs market in Ireland is extremely limited. The purpose of this Overview is to compile and analyse data from existing sources and available research, to identify gaps in knowledge and to inform future research needs in this important area of drug policy.

3 Data sources

The illicit drug market in Ireland

3 Data sources

International bodies such as the United Nations Office on Drugs and Crime (UNODC),¹ Interpol,² the International Narcotics Control Board (INCB)³, the World Customs Organization (WCO)⁴ and the non-governmental Centre for Geopolitical Drug Studies (AEGD)⁵ provide information on the global illicit drug trade, while Europol (the EU law enforcement organisation),⁶ and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)⁷ provide information on the drug trade at a Europe-wide level. Information on the origin and destination of drugs gives an indication of drug production and trafficking routes.

Although the number of drug seizures in any given period can be affected by such factors as law enforcement resources, law enforcement strategies and priorities, and by the vulnerability of traffickers to law enforcement activities, drug seizures are considered as indirect indicators of the supply and availability of drugs. There is a popular hypothesis that the quantity of drugs seized is only 5 to 10 per cent of the total amount imported. This hypothesis has not, however, been either supported or rejected by any form of evidence.

Nevertheless, in assessing the validity of regarding drug seizures as an indication of drug supply and consumption, Lenke and Olssen (1998: 5) argue that 'Drug markets – like most other markets – have a strong streak of rationality so that large quantities of drugs are not transported and stored in the recipient country without the expectation of selling them in a

1 <http://www.unodc.org/unodc/index.html>

2 <http://www.interpol.int>

3 <http://www.incb.org>

4 <http://www.wcoomd.org/ie/index.html>

5 <http://www.geodrugs.net/gb/index.php>³ The AEGD carries on similar work previously conducted by the now defunct Observatoire Géopolitique des Drogues.

6 <http://www.europol.eu.int>

7 <http://www.emcdda.org>

rather short period of time'. There is also evidence to suggest, however, that Ireland is occasionally used as a transit country for drug supplies to the UK market and elsewhere in Europe (GNDU 2002, 2003). For example, the customs service seized over 19 tonnes of herbal cannabis in the period 2001/2002. From the intelligence available to it, customs has concluded that the bulk of this product was for the UK market and elsewhere.⁸ It is therefore obviously not possible to calculate the amount seized as a percentage of the total amount imported. However, one can assume that relatively stable prices and drug supply and consumption patterns would indicate that the amount seized is a small proportion of the total amount imported.

This Overview of the Irish situation will use information from the Garda Síochána annual reports, the Garda National Drugs Unit (GNDU) and the Customs and Excise Service of the Revenue Commissioners relating to drug seizures and drug-related prosecutions. Such information, if gathered in a systematic way and categorised appropriately, can provide an indication of the operation of different market levels. However, a number of limitations in the Irish data undermine its potential in this respect.⁹ For example, further information in relation to seizure size by drug type and location would enhance our understanding of drug use and police activity at a local level. Local surveys and ethnographic studies can also provide us with information about drug availability and law enforcement activities at a local level (Hibell *et al.* 2004, 2000, 1997; Connolly 2003; EORG 2002; Sarma *et al.* 2002; NEHB 1999; Brinkley *et al.* 1999).

Obtaining information on drug prices and purity is also important for a number of reasons. Knowledge of the value of the illicit drugs market can provide an indication as to its relative importance vis-à-vis local economies. The UNODC is currently developing a model in order to estimate the size and value of the global illicit drug market (UNODC 2005). The model looks at global drug production at a sub-regional level and is based on the

8 CDLE, personal communication, July 2005

9 For a more detailed discussion of the limitations of Irish criminal justice data sources, see Connolly (2006).

primary assumption that 'what is being produced, less seizures and less losses, is available for consumption and is consumed' (p. 124). The data upon which the UNODC market value estimates are made are routinely collected by the UNODC or other international or regional bodies. They include: drug production estimates, seizures, drug price data (farm-gate, wholesale and retail prices), drug purity data (wholesale and retail), estimates of the number of drug users and estimates of per capita consumption. In this Overview, we have used information from a survey of drug users (Furey and Browne 2003) and drug price and seizure data to estimate Irish retail market values for a selection of drugs.

Data on the relative price and purity of drugs can also enable us to compare different stages or levels of the market and to assess supply-control measures. Lenke and Olssen (1998) suggest that the price and purity of drugs can be affected by the level of market organisation. More sophisticated markets are, they suggest, 'characterised by a fairly good balance between supply and demand' (p. 11) and this factor, in turn, leads to relatively stable drug price and purity. Drug price is sometimes used as an indicator to quantify seizure trends. In a recent response to a parliamentary question about progress towards the National Drugs Strategy goal of increasing the volume of drug seizures, Michael McDowell, Minister for Justice, stated (2004, 26 February): 'Garda seizures for 2000 amounted to €20 million; 2001, €45 million; 2002, €49 million and 2003, €100 million. Customs and Excise seizures for 2000 amounted to €11 million; 2001, €60 million; 2002, €34 million; and 2003, €21 million.'

Another important reason for the collection of regular drug price data in Ireland is provided by Section 4 of the Criminal Justice Act 1999, which inserted a new section, Section 15A, into the Misuse of Drugs Act 1977. This amendment introduced the specific offence of possession of drugs with a market value of £10,000 (€12,700) and applied for the first time the principle of a mandatory minimum sentence for these offences.¹⁰ The availability of regular drug price data could facilitate consistency in

¹⁰ Misuse of Drugs Act 1977, s.27(3B), as inserted by Criminal Justice Act 1999, s.5.

sentencing under this legislation. However, the Act does not make clear the stage of the market, retail or otherwise, at which the valuation of drugs is to be made. The quantity, and therefore the value, of drugs seized has a role in the prosecution of drug offences in many European countries (EMCDDA 2003b). However, there is no standardised method available by which trends in drug prices can be identified. The use of price as an indicator of drug availability requires repeated, accurate and current data on drug prices, at both import market level and at street level.

The street-price estimates used in this Overview are based on a review of street prices conducted by the GNDU in 2002/2003. Further information on drug prices and dealing at street level was also obtained from key informants who co-ordinate a drug-users' service and are in regular contact with numbers of drug users throughout the city of Dublin. As the illicit drugs market in Ireland is closely connected to that of the UK and Northern Ireland, drug prices in Ireland are also compared with drug prices in the cities of Belfast, Glasgow, Cardiff and London. These prices are based on a survey carried out among 40 frontline drug services conducted in July 2005 by the UK independent drug research and policy organisation, Drugscope (2005).

Seizures of heroin, cocaine and amphetamine by the gardaí and by customs are analysed and quantified at the FSL of the Department of Justice. By 'analysed', we mean the samples are tested for the presence of an illicit substance; by 'quantified', we mean that the percentage purity of the sample is also examined. Purity is a concept which arises where there is a question of adulteration or dilution of an otherwise pure substance. Systematic purity-testing of drugs seized at all market levels can provide useful information on market dynamics and profit margins. Forensic analysis of seized drugs can also provide us with information on the types of dilutants used to bulk up drugs for street sale, a factor which can have important health consequences for drug users. Drug purity data are not collated in a systematic way at different market levels in Ireland. The primary function of the FSL in this area relates to supporting the criminal

justice system, rather than undertaking research. There are therefore severe limitations in the drug purity data presented below. Only a very small proportion of drugs seized are tested to ascertain the percentage purity. In 2003 for example, the Laboratory received over 600 suspected heroin cases, of which 11 were analysed so as to determine their percentage purity. (FSL, personal communication, April 2004). The data presented below should therefore be regarded as merely illustrative of the potential for further development of this data source.

4 Drug seizures

The illicit drug market in Ireland

4 Drug seizures

A key performance indicator in the National Drugs Strategy is to increase the volume (quantity) of opiates and all other drugs seized by 25 per cent by the end of 2004 and by 50 per cent by the end of 2008, using the volume of seizures in the year 2000 as a base. However, as the volume of drugs seized can vary significantly from year to year, with a few very large seizures in one year distorting the overall picture, the number of separate seizures is generally regarded as a more useful indicator. The *Mid-term review of the National Drugs Strategy* introduced a new Key Performance Indicator (KPI) under the Supply Reduction pillar relating to the monitoring of the number of seizures made, as distinct from the quantity of drugs seized. This new KPI stipulates that by 2008 the number of seizures must have increased by 20 per cent based on 2004 figures (Steering Group for the mid-term review of the National Drugs Strategy 2005).

The majority of seizures, whether made by customs or by gardaí, are recorded in the Garda annual reports. The seizure statistics published in the annual reports of the Revenue Commissioners include only those seizures made by customs officers. However, seizures also result from joint Garda–Customs operations and investigations. Although the seizure figures in the Garda reports will also include most customs seizures, we will present the figures provided by customs in recent years separately so as to enhance our overall picture of enforcement activities at different stages of the drugs market. Seizures made by customs will usually occur at points of access into the country such as sea- and airports, land frontiers, postal centres and approved customs premises.

4.1 Number of seizures

Table 4.1 shows the number of drug seizures as reported in the annual reports of the Garda Síochána from 1995 to 2003,¹¹ and Table 4.2 shows

¹¹ The number of seizures for each drug was not reported in the annual reports prior to 1995; only the quantity of each drug and the total number of seizures was reported.

Table 4.1 Number of seizures of specific drugs recorded in annual reports of An Garda Síochána, 1995–2003

Drug seized	1995	1996	1997	1998	1999	2000	2001	2002	2003
Cannabis resin	3031	3233	3753	4264	4322	4401	5960	2746	3366
Cannabis herb	148	179	294	213	188	219	253	242	309
Cannabis plants	26	36	55	36	28	21	20	36	30
Heroin	209	664	599	884	767	598	802	714	660
Cocaine	42	93	157	151	213	206	300	429	566
Ecstasy-type substances*	571	405	347	466	1064	1864	1485	1027	1083
Amphetamines	89	217	475	680	467	169	162	243	211
LSD	62	42	48	19	29	31	6	0	5
Other	0	375	454	317	240	197	181	166	147
Totals	4178	5244	6182	7030	7318	7706	9169	5603	6377

* Ecstasy-type substances include MDA, MDMA and MDEA.
Source: Annual reports of An Garda Síochána 1995–2003

Table 4.2 Number of seizures of specific drugs recorded in annual reports of the Revenue Commissioners, 2000–2003

Drug seized	2000	2001	2002	2003
Heroin	6	7	2	4
Cocaine	12	3	22	27
Ecstasy	12	13	7	8
Amphetamines	7	7	2	4
Cannabis resin	160	211	115	244
Herbal cannabis	764	957	491	494
Totals	961	1198	641	781

Source: Annual reports of the Revenue Commissioners 2000–2003

those presented in the annual reports of the Revenue Commissioners from 2000 to 2003.

When we compare Tables 4.1 and 4.2 for the years 2000 to 2003 we can see that, in the case of heroin, cocaine, ecstasy and amphetamines, seizures made by customs represent only a small proportion of the total number of seizures recorded in the annual Garda reports.

Cannabis is the most commonly seized drug in every EU member state, apart from Latvia where the number of heroin seizures is higher (EMCDDA 2004). Since 1996, more than half of the total amount of cannabis seized in the EU has been seized in Spain.

Cannabis seizures are classified under three headings: herbal cannabis, cannabis resin and cannabis plants. The vast majority of cannabis seizures made in Ireland are of cannabis resin. Cannabis remains the principal drug seized in Ireland, accounting for 58 per cent of total drug seizures in 2003. There has been a steady increase in cannabis seizures since 1995, with a significant increase from 4,641 seizures in 2000 to 6,233 in 2001. However, in 2002 there was a 51 per cent decrease, with the number of cannabis seizures down to 3,024. The total number of cannabis seizures reported in the Garda report for 2003 was 3,705.

Customs made a large number of seizures of herbal cannabis between 2000 and 2003, many of which do not appear to have been included in the Garda reports. Customs reported 764 seizures of herbal cannabis in 2000; the Garda report presents a figure of 219 for that year. In 2001, customs reported 957 seizures of herbal cannabis, while only 253 are recorded in the Garda report. In 2002, customs reported 493 herbal cannabis seizures; only 242 appear in the Garda report for that year. In 2003, customs reported 494 herbal cannabis seizures while 309 seizures appear in the Garda report.

This can be partly explained by the fact that many of these seizures by customs, particularly of small amounts, do not result in a prosecution or conviction. This can occur in cases where there is an absence of sufficient supporting evidence: for example, where the drugs came through the mail. However, all seizures will still be accounted for and reported as such by customs (CDLE, personal communication, June 2004).

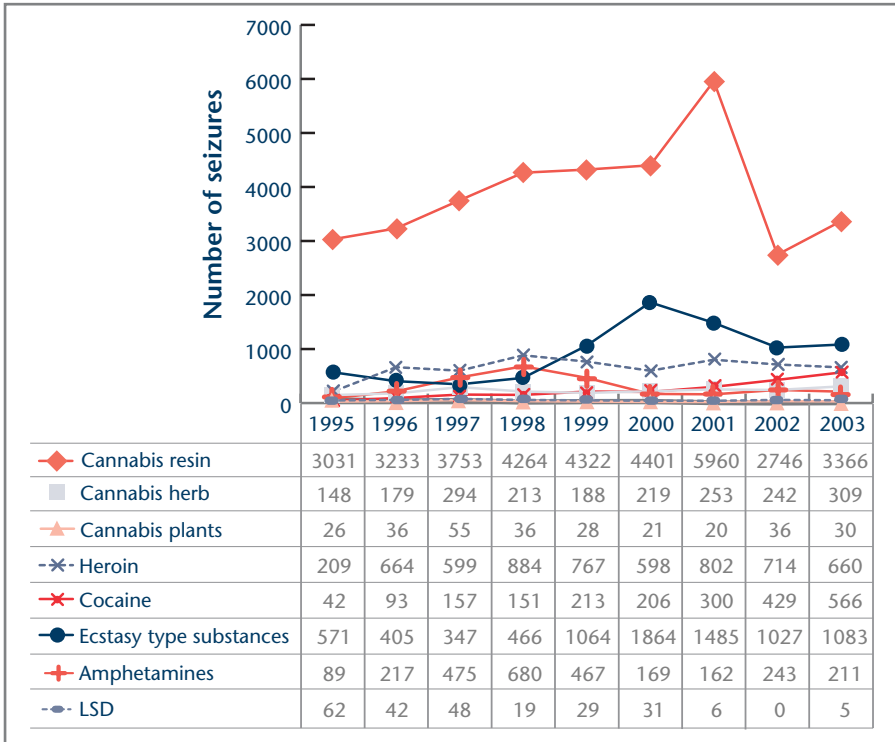


Figure 4.1 Trends in the number of seizures of selected drugs, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

Figure 4.1 shows the trends in the number of seizures of selected drugs between 1995 and 2003, the most recent year for which statistics are available. The total number of drug seizures more than doubled between 1995 and 2001, increasing from 4,178 in 1995 to 9,169 in 2001. In 2002

there was a significant decrease of 39 per cent in the total number of drug seizures. This decrease was caused by a 51 per cent decrease in cannabis resin seizures and a 31 per cent drop in ecstasy seizures. The total number of seizures increased from 5,603 in 2002 to 6,377 in 2003.

Figure 4.2 excludes cannabis and shows trends in the numbers of seizures of the other main drugs.

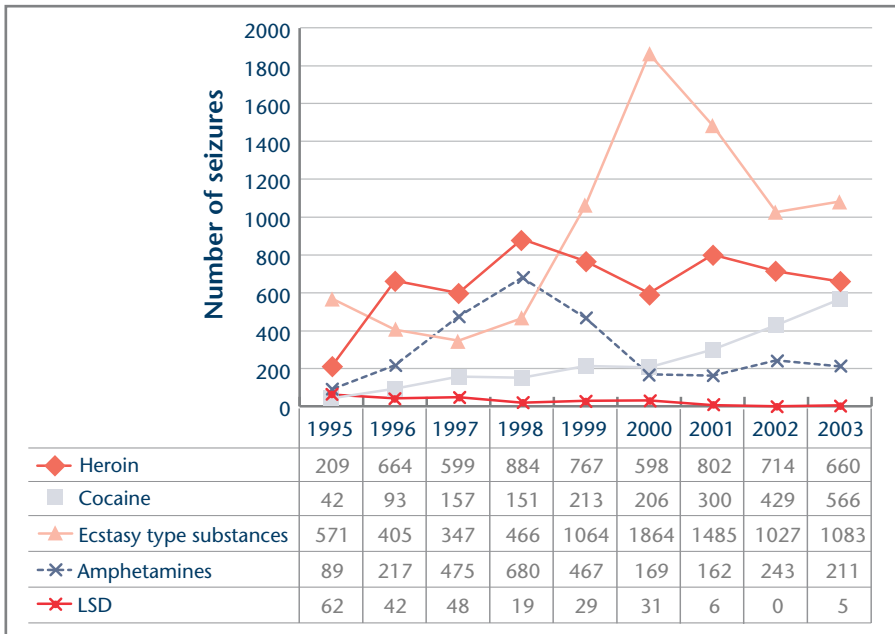


Figure 4.2 Trends in the number of seizures of selected drugs, excluding cannabis, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

Ecstasy is the second most commonly seized drug in Ireland. Following a sharp increase in the number of ecstasy seizures, from 347 in 1997 to 1,864 in 2000, there was a decrease to 1,027 seizures in 2002 and then a slight increase to a total off 1,083 seizures in 2003. This appears to be consistent with the broader EU trend in ecstasy seizures (EMCDDA 2004).

The number of amphetamine seizures increased from 89 in 1995 to 680 in 1998, followed by a continuous decline to a total of 162 in 2001. In 2003 there were 211 amphetamine seizures.

Figure 4.3 shows trends in the number of heroin and cocaine seizures since 1995. The number of heroin seizures peaked at 884 in 1998, followed by a decline to 598 in 2000. In 2001, the number of heroin seizures rose to 802. Heroin seizures decreased by just under 18 per cent since 2001, down from 802 in 2001 to 660 in 2003. This is in contrast to the steady rise in the number of cocaine seizures.

The total number of cocaine seizures in the EU has risen steadily since the mid-1980s, apart from a decrease in 2000. In Ireland, cocaine seizures increased steadily to a total of 213 in 1999, dropped slightly in 2000, and increased sharply to a total of 566 seizures in 2003.

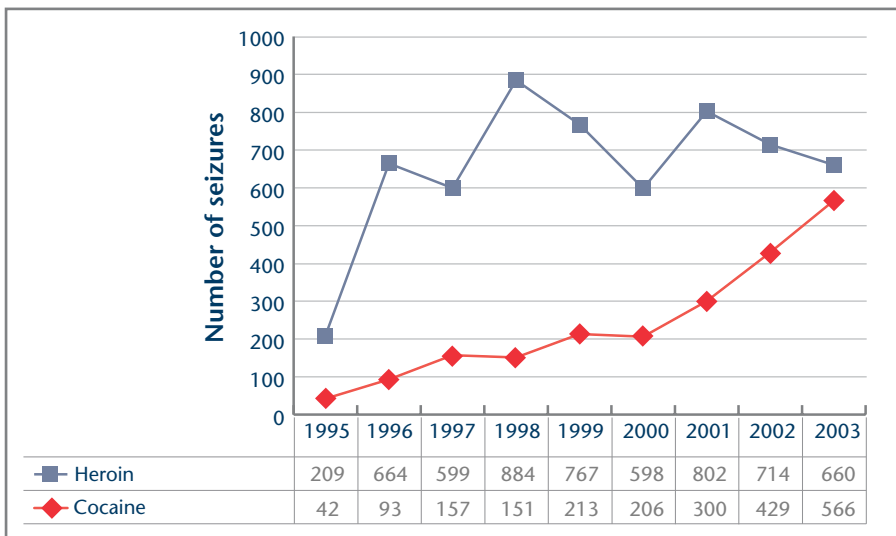


Figure 4.3 Trends in the number of seizures of heroin and cocaine, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

4.2 Volume of drugs seized

Due to fluctuations in the quantities of drugs seized from year to year, the number of seizures made is regarded as a more useful indicator of drug availability and supply. For example, quantities may fluctuate widely from one year to the next; in any one year there may be a few very large seizures. However, identifying the quantities of drugs seized can be a useful indicator of enforcement activities. Also, as mentioned above, increasing the volume of drugs seized is a commitment under the National Drugs Strategy (Tourism, Sport and Recreation 2001).

Quantities of drugs seized are provided in the annual reports of the Garda Síochána and in the annual reports of the Revenue Commissioners, which record the drug seizures in which the customs service is involved. Table 4.3 shows the total volume for a selection of drugs seized since 1975. It can be seen that the volume of drugs seized can vary greatly from year, making it difficult to identify trends. Seizures of ecstasy tablets are recorded from 1991 and those of benzodiazepine from 1993.

Table 4.4 shows quantities of drug seizures made by the customs service between 2000 and 2003. When we compare Tables 4.3 and 4.4 for the year 2003 we can see that, of the 5551.3 kilograms of cannabis seized reported in the Garda reports, the customs service seized 933 kilograms or 16.8 per cent. Customs seized 55.5 per cent of the heroin seized and just over 35 per cent of the total volume of cocaine. Customs seized 9.9 per cent of the total number of ecstasy tablets seized and 75.2 per cent of the total volume of amphetamine seized in 2003. This comparison gives us some indication of law enforcement activities at different stages of the market and the impact of different agencies in terms of drug interception.

However, a number of discrepancies between the figures presented in the Garda reports and those presented in the Revenue Commissioners' reports suggest that some caution must be exercised when interpreting the figures. For example, in 2001 customs report the total volume of cannabis

Table 4.3 Quantities of selected drugs seized by An Garda Síochána and by Customs and Excise, 1975–2003

Definition	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Cannabis resin kg	28.7	11.2	10	8	17.7	33.5	1646.5	172.7	485.9	12.5	7.3	11.7	99.3	229	43.6	114.8
Cannabis herb kg	1.8	0.98	3.5	23	5.6	550.5	44.4	48.5	44.6	2.7	66	1	1.8	4.6	147	3
Cannabis plants		478	555	645	2209	2099	1186	1356	1865	840	8694	358	100	200	35	167
LSD dose	150	0	2	54	211	489	1604	2445	415	579	131	252	59	2	903	90
Heroin kg	0.02	0.02	0	0.03	0.005	0.1	0.2	1.3	1.4	0.5	1.2	1.9	0.05	0.4	0.4	0.6
Cocaine kg	0.9	0	0	0.01	0.03	0.1	0.08	0.4	0.1	0.08	0.3	0.2	0.03	0.04	3	1008.6
Amphet kg	1318	0	0.003	0.003	0.002	167	0.104	0.1	0.1	0.001	0.09	0.01	0.14	0.02	0.05	0.3
Ecstasy (tablets) ^a																
Benzo-diazepine (tablets)																

^a Ecstasy category includes MDMA, MDEA and MDA.
Source: Annual reports of An Garda Síochána, 1975–2003.

Table 4.3 Quantities of selected drugs seized by An Garda Síochána and by Customs and Excise, 1975–2003 (continued)

Definition	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Cannabis resin kg	1101.7	498.5	4200.3	1460.7	15529	1933	1247.9	2157.2	2511.3	380	567	3332.7	5349.5
Cannabis herb kg	50.4	17	795	65.5	77.5	2.4	34.8	44.5	66	208	9,590	5,600	201.8
Cannabis plants	250	409	450	126	1,148	542	753	690	352	98	365	770	244
LSD dose	3169	13431	5522	16634	819	5901	1851	798	581	0	323	0	33
Heroin kg	0.2	0.8	1.3	4.7	6.4	10.8	8.2	38	17	24	29.5	17	27
Cocaine kg	30.9	9.9	347.9	0.05	21.8	642	11	333	85.5	18	5.3	32	107.5
Amphet kg	0.14	0.1	0.74	0.35	1.5	7.6	103	45.4	13.3	5.8	18	16.4	67.8
Ecstasy (tablets) ^a	429	1338	1994	28671	123699	19244	17516	604882	229092	551713	496862	117033	1291809
Benzo-diazepine (tablets)			1660	3130	0	7146	4942	2474	15393	557	3847	5040	12363

^a Ecstasy category includes MDMA, MDEA and MDA.

Source: Annual reports of An Garda Síochána, 1975–2003.

seized as 13,325 kilograms. In the Garda report however, only 10,157 kilograms of cannabis are reported as having been seized in that year.

Table 4.4 Quantities of selected drugs seized by Customs and Excise, 2000–2003

Drug type	Unit of measure	2000	2001	2002	2003
Cannabis	kg	469	13325	6500	933
Heroin	kg	3.915	3.233	0.251	15
Cocaine	kg	11917	0.01	19473	38
Amphetamines	kg	0.123	0.031	0.003	51
Ecstasy	tablets	201676	189	20030	128117

Source: Annual reports of the Revenue Commissioners 2000–2003

Figure 4.4 compares trends in the number and volume of cannabis resin seizures between 1996 and 2003. There does not appear to be any relationship between the number and volume of seizures. From 1997 on,

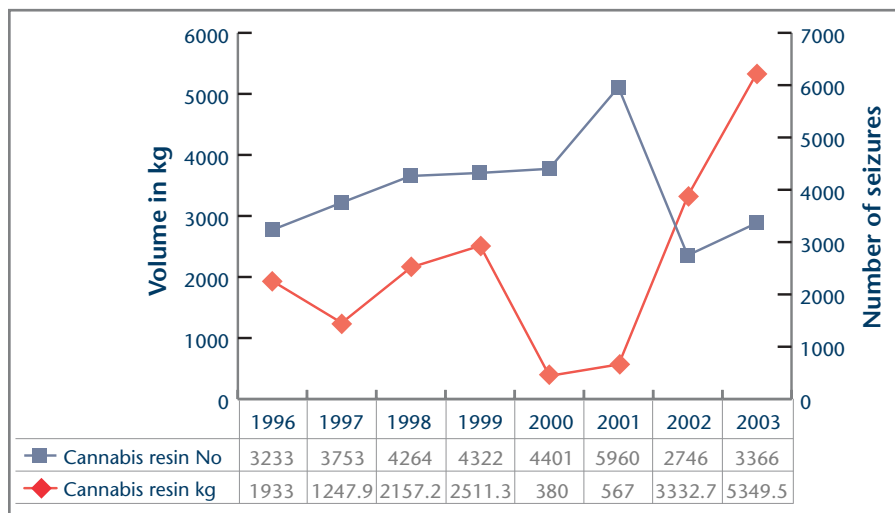


Figure 4.4 Number and volume of cannabis resin seizures, 1996–2003

Source: Annual reports of An Garda Síochána 1996–2003

both figures increased steadily. However, in 2000, while seizure numbers remain consistent with the previous year, the volume seized falls dramatically, from 2,511 kg in 1999 to 380 kg in 2000. From 2001 to 2002 this situation is reversed, with the volume seized increasing by almost 488 per cent, from 567 kg to 3,333 kg in 2002, and the number of seizures decreasing by 54 per cent, down from 5,960 in 2001 to 2,746 in 2002. In 2003 both the volume seized and the number of seizures increased.

The sporadic nature of the relationship between the number and the volume of seizures can be partly explained by the fact that all resin seizures are included together in the Garda report, regardless of seizure size. Most cannabis-related prosecutions are for simple possession (s3 Misuse of Drugs Act) and would therefore involve seizures of small amounts of resin for personal use (Connolly 2006). Further categorisation of seizures according to relative volume, whereby we could ascertain the number of seizures of a particular volume scale, would provide a more useful indication of market differentials and enforcement activity.

When we look at trends in heroin seizures from 1995 to 2003, there does appear to be some consistency in the relationship between seizure numbers and the volume of seizures (Figure 4.5). Both the number and volume of seizures increased in every year, except for 2000 and 2003. In both years while the number of seizures decreased, the volume seized increased.

Figure 4.6 shows the number and volume of cocaine seizures between 1995 and 2003. The total quantity of cocaine seized in 2003 was 107.5 kg. This represents a 500 per cent increase on the amount seized in 1995. The number of cocaine seizures also increased steadily since 1995, from 42 seizures in 1995 to 566 in 2003, a growth of more than 1,200 per cent. From 1995 to 2000 there is no consistent relationship between the two indicators, with the volume seized changing dramatically from year to year. From 2001 we can see a steady rise in both the number and volume of cocaine seizures.

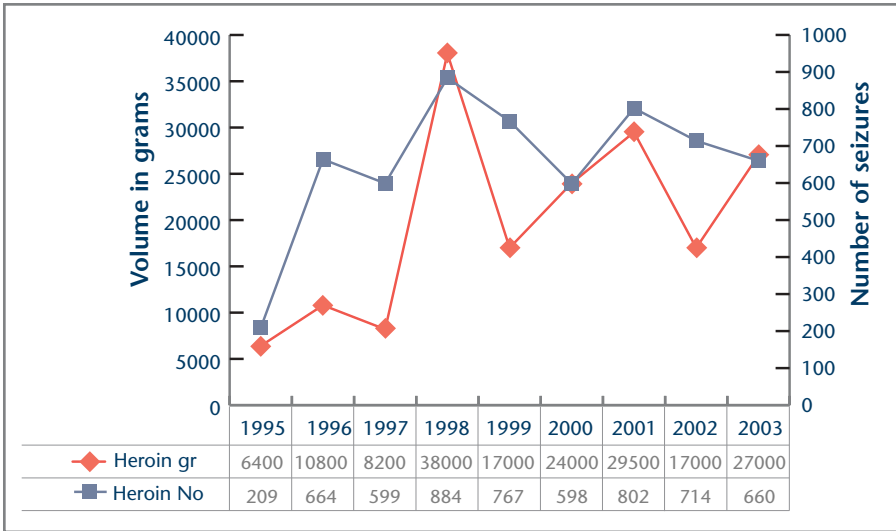


Figure 4.5 Number and volume of heroin seizures, 1995–2003

Source: Annual reports of An Garda Síochana 1995–2003

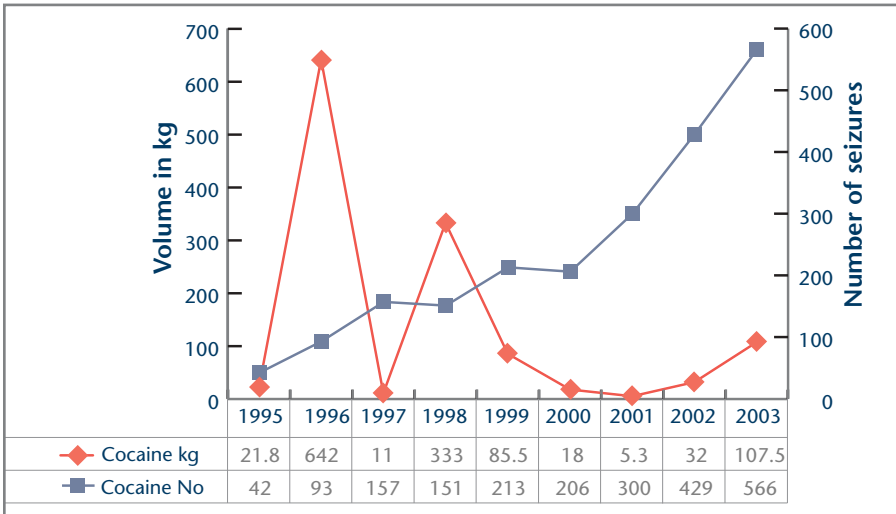


Figure 4.6 Number and volume of cocaine seizures, 1995–2003

Source: Annual reports of An Garda Síochana 1995–2003

Figure 4.7 shows trends in the volume of heroin and cocaine seized between 1995 and 2003.

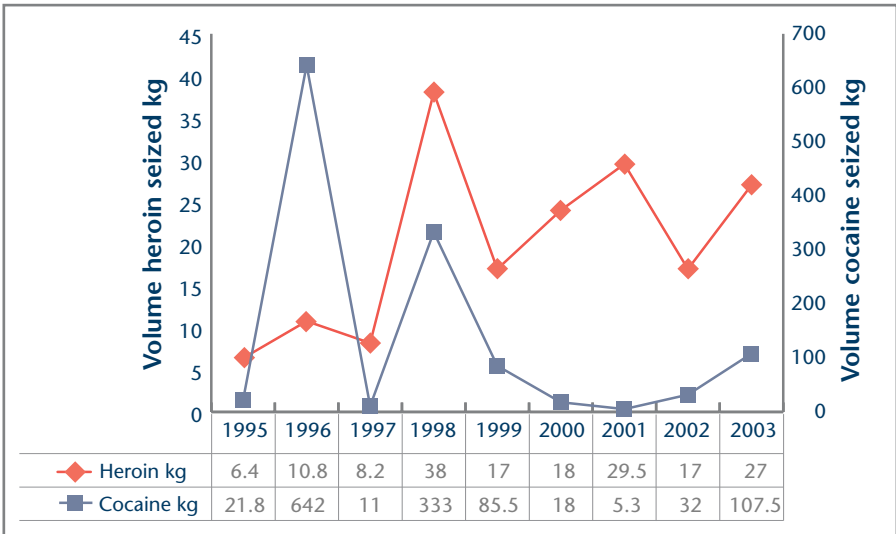


Figure 4.7 Trends in volume of heroin and cocaine seizures, 1995–2003

Source: Annual reports of An Garda Síochána 2000–2003

There is no consistent relationship between the trends in the volumes of cocaine and heroin seized since 1995. While the indicators show an increase in cocaine availability, it is not apparent from the data that cocaine is displacing heroin availability.

5 Drug prices and estimated market values

The illicit drug market in Ireland

5 Drug prices and estimated market values

The introduction of the Euro currency in 2002 has facilitated easier comparison of drug prices throughout the Euro zone. While it has been suggested that the introduction of the new currency led to a number of price increases in goods and services throughout the general market, its impact on the illicit drugs market appears to have been influenced by the particular circumstances of the market. The GNDU suggests that, rather than rounding off drug prices from Punts to the equivalent Euro sum, the necessity for fast and easy transactions, from a drug dealing perspective, meant it was more important to maintain the accepted round price of deals. So, for example, what was previously a £10 (Irish Punt) deal became a €10 deal. The dealer did not want the inconvenience of handling small change, while the user was concerned with quantity. Over time, deal sizes or quantities altered accordingly.

Moran *et al.* (2001) point to the difficulty of establishing the difference between prices at street level and at middle-market or import trafficking level. The figures for drug prices presented in Table 5.1 are based on a review of street prices conducted by the GNDU in 2002/2003. The prices were estimated on the following basis:

The heroin price was based on an analysis of street seizures submitted to the Forensic Science Laboratory in 2002 and which were seized during a police operation called 'Clean Street'.¹² In addition, a sample of street seizures, consisting mainly of cannabis, was selected on a random basis from among the 25 Garda divisions throughout the State. The prosecuting Gardaí were requested to provide an account of the price paid for the drugs seized if one was given by the accused. Otherwise the division was requested to provide details of the price paid locally for the principal drug types, based on the knowledge and experience of local drug unit personnel. (GNDU, personal communication, November 2005)

12 Operation 'Clean Street' involves undercover Garda members purchasing drugs from drug dealers.

Further information on drug prices and dealing at street level was also obtained from key informants who co-ordinate a drug-users' service and are in regular contact with numbers of drug users throughout the city.

Table 5.1 Street-level drug prices in Ireland, 2003

	Average price €
Cannabis resin (per gram)	7
Cannabis herb (per gram)	2
Heroin (per gram)	200
Cocaine (per gram)	70
Crack (per rock)	40
Amphetamine (per gram)	15
Ecstasy (per tablet)	10
LSD (per dose)	10

Source: GNDU, personal communication (2005)

As the Irish illicit drugs market is closely connected to that of the UK and Northern Ireland, the prices presented in Table 5.1 can be compared with drug prices in the cities of Belfast, Glasgow, Cardiff and London (Table 5.2). The drug prices presented in Table 5.1 are for 2003, the prices in Table 5.2 are based on a more recent survey carried out among 40 frontline drug services conducted in July 2005 by the UK independent drug research and policy organisation, Drugscope (2005). Also, the prices presented in Table 5.1 are average prices for Ireland as a whole, rather than for individual cities as shown in Table 5.2. However, most drug seizures in Ireland, particularly of heroin and cocaine, are Dublin-based. Prices per ounce for herbal cannabis and cannabis resin are not available for Ireland. A comparison of heroin prices in Tables 5.1 and 5.2 shows that the average price per gram in Ireland is higher than that in any of the cities presented in Table 5.2. The average price of a gram of cocaine in Ireland in 2003 was €70. Of the cities presented in Table 5.2, only Belfast reported a higher price. The price of ecstasy in Ireland in 2003 was €10. This is higher than all cities presented in Table 5.2.

Table 5.2 Street-level prices for a selection of drugs in a number of cities in the UK and Northern Ireland, 2005*

	London €	Glasgow €	Cardiff €	Belfast €
Herbal cannabis (per ounce)	89	148	133	118
Resin cannabis (per ounce)	74	59	29	74
Heroin (per gram)	59	103	59	148
Cocaine (per gram)	66	59	55	81
Crack (per rock)	16	n/a	29	44
Ecstasy (per tablet)	3	7	n/a	4
Amphetamine (per gram)	13	n/a	n/a	15
Ketamine (per gram)	40	n/a	66	41
LSD (per tablet)	4	7	n/a	7

*All prices in Euro (rate of exchange Nov 2005)

n/a = not available

Source: Drugscope (2005)

The GNDU (2003), in its report for the government's annual submission to the UNODC¹³ for 2002, reported that the price of one kilogram (35.27 oz) of **cannabis** resin at wholesale level in that year was €3,250. The average cost of a gram of cannabis at street level ranged from €10 to €15 in that year. Cannabis resin is often sold at street level by the 'quarter ounce' (seven grams). The cost of seven grams (a quarter ounce) of cannabis resin appeared to remain stable at €25 to €30.¹⁴ These figures suggest very different potential profit margins depending on the bulk of sale. For example, a kilogram of cannabis costing €3,250 at wholesale level, when sold for €30 per 'quarter ounce' at retail level, would return a profit of

13 Until 1 October 2002 the UNODC was known as the Office of Drug Control and Crime Prevention. The UNODC includes the United Nations International Drug Control Programme (UNDCP). Each year, countries throughout the world respond to an Annual Report Questionnaire form from the UNODC seeking national data on drug-related issues. This information is then used in the publication of the UNODC's annual reports on Global Illicit Drug Trends.

14 This is still being referred to as a 'quarter ounce'.

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approximately €982. [Example: $1\text{kg} = 35.27\text{oz} \times 4 = 141.08 \times \text{€}30 = \text{€}4,232.4 - \text{€}3250 = \text{€}982.4$] However, when sold by the gram at €15 per gram it would return a profit of €11,750. [Example: $1\text{kg} = 1000\text{gr} \times \text{€}15 = \text{€}15,000 - \text{€}3250 = \text{€}11,750$]. It is reported in Table 5.1 that cannabis resin sold at €7 per gram on average in 2003. Recent wholesale prices are not available.

The GNDU (2003) estimated that **amphetamines** cost €2 per dosage unit at wholesale level and €6 per dosage unit at street level in 2002. It is reported that amphetamine sold at €15 per dosage unit at street level in 2003. Wholesale prices are not available.

The GNDU (2003) reported that **ecstasy** sold at €2 per dosage unit at wholesale level in 2002. The price of an ecstasy tablet at street level decreased from €22 in 1995 (Moran *et al.* 2001) to an average price of €10 in 2003 (GNDU 2003).

LSD is reported as having been sold at €10 per dose in 2003.

Ireland, and especially Dublin, has been referred to as a sub-market of the London **heroin** market (Lenke and Olsson 1998). There is also some anecdotal evidence to suggest market linkages between the north and south of Ireland and between Northern Ireland and Scotland. The price level of heroin in Ireland is very high and accords with similar levels in other peripheral European heroin markets. In 2002, the average street price of brown heroin, the most commonly available, was between €29 per gram in Hungary and €161 per gram in Sweden (EMCDDA 2004). According to the EMCDDA (2004: 54), 'this price differential is likely to reflect the purity of the drug being sold'. Although Tables 5.1 and 5.2 present data for heroin prices for different years, 2003 and 2005 respectively, the price in Ireland does appear to be significantly higher than those in the UK and Northern Ireland.

Moran *et al.* (2001) report heroin as selling at €190 per gram in 2001. The GNDU reports that heroin sold at an average of €200 per gram at street level in 2003. Heroin generally sells at street level in €20 bags. However, the weight of these bags often varies. It is reported by drug users that another contemporary street-level unit of measurement for heroin is an 'eighth' or a 'half-eighth' (of an ounce). A 'half-eighth' reportedly costs between €120 and €130 and weighs approximately 1.75 grams. This information from drug users suggests a significant decrease in the reported street price of heroin, with drug users reporting a gram currently selling for approximately €70 and the GNDU reporting a gram selling at €200 on average in 2003. It is reported that an 'eighth' costs from €200 to €250 and weighs approximately 3.5 grams. According to information from drug users, a street dealer may buy an 'eighth' and then make twenty €20 bags, returning a profit of between €200 and €250 (UISCE, personal communication, Oct 2005). Further up-to-date research is required in this area to clarify current retail prices.

The average price of **cocaine** at street level across the EU in 2002 varied from €38 per gram in Portugal to €175 per gram in Norway (EMCDDA 2004). Moran *et al.* (2001) recorded cocaine prices in Ireland at €102 per gram in 2001. The GNDU (2003) reported cocaine being sold at street level in 2002 for between €90 and €110 per gram, averaging at €100. The GNDU reports that cocaine sold at €70 per gram in 2003. Contemporary media reports suggest a similar price.¹⁵ It is reported by drug users that cocaine is available in €50 and €100 bags, with the latter weighing approximately one gram (UISCE, personal communication, Oct 2005).

In a recent undercover police operation targeted at street-level drug dealing in a number of locations throughout Dublin city, a seizure of **crack cocaine** was reported. The operation, known as operation 'Clean Street', involved undercover Garda members purchasing drugs from dealers. The operation led to the discovery of three rocks of crack cocaine, which were priced at €40 per rock (GNDU, personal communication, 2003). Customs

15 'Between the Lines' *Irish Examiner*, 23 July 2003

The illicit drug market in Ireland

also made three small seizures of crack cocaine in recent years (CDLE, personal communication, 2003).

The UNODC is currently developing a model in order to estimate the size and value of the global illicit drug market (UNODC 2005). The model looks at global drug production at a sub-regional level and is based on the primary assumption that 'what is being produced, less seizures and less losses, is available for consumption and is consumed' (p. 124). The data upon which the estimates are made are routinely collected by the UNODC or other international or regional bodies. They include: drug production estimates, seizures, drug price data (farm-gate, wholesale and retail prices), drug purity data (wholesale and retail), estimates of the number of drug users and estimates of per capita consumption. Based on its calculations, the UNODC estimates that the global illicit drug market for the year 2003 was US\$13 billion at the production level, \$94 billion at the wholesale level and \$322 billion at the retail level.

Estimating the current market value for illicit drugs in Ireland is difficult given the limitations of available data sources and also because many of the sources upon which market evaluations can be made – data on prices, quantities imported and consumed, etc. – are themselves estimates. Having said that, there are a number of indicators that are available which can provide us with assumptions upon which to formulate models which can then be improved upon over time.

We will now consider two such possibilities. A survey of drug users by Furey and Browne (2003) sought information from respondents regarding their daily expenditure on heroin. The study estimated that the population of opiate users known to the Garda Síochána for the years 2000/2001 was 5,341. A survey of a sample of 131 of these users conducted in 2002/2003 found that the average weekly spend on drugs was €521, or approximately €75 per day. Based on this figure, the annual spend would be €27,375 per drug user using every day for a year. If we then consider the total population of opiate users known to the gardaí, the total annual

spend would be approximately €14.6 million ($€27,375 \times 5,341 \times 365 = €14,620,987$). However, this is likely to be an under-estimation of the total value of the retail opiate market in Ireland. A recent 3-source capture-recapture study of opiate use in Ireland for the years 2000–2001 estimated that the number of opiate users in Ireland was 14,158 in 2000 and 14,452 in 2001 (Kelly *et al.* 2003). Opiate users were identified from three data sources, namely: the Central Treatment List, the Garda survey by Furey and Browne (2003) referred to above and the database of the Hospital In-Patient Enquiry scheme (HIPE). The authors acknowledge that these figures probably represent an under-estimate of the total number of opiate users in Ireland in 2000 and 2001. Furthermore, it is highly likely that many of those on the Central Treatment List or the HIPE database would also occasionally source drugs on the illicit drug market. It is suggested, therefore, that the value of the illicit opiate market referred to above should be regarded as a minimum.

Table 5.3 Estimated total retail market value for a selection of illicit drugs, 2003

Drug type	Quantity seized	Estimated retail value of drugs seized	Estimated total retail market value (taking quantity of seized drugs as 10% of total market volume)
Cannabis resin	5,349,500 grams	€37,446,500	€374,465,000
Cannabis herb	201,759 grams	€403,518	€4,035,180
Heroin	27,046 grams	€5,409,200	€54,092,000
Cocaine	107,460 grams	€7,522,200	€75,222,000
Amphetamine	67,787 grams	€1,016,805	€10,168,050
Ecstasy	1292809 tablets	€12,928,090	€129,280,900
LSD	33 units	€330	€3,300

Source: *Annual Report of An Garda Síochána 2003*. Price estimates from GNDU (personal communication, Nov 2005)

Another possible estimate of illicit drug market value can be based on seizure data. As explained in section 3, if we accept the hypothesis that the quantity of drugs seized is only 5 to 10 per cent of the total amount imported, an estimate of market value can be made by considering annual seizures and estimated retail prices in the same year. Table 5.3 combines seizure data for 2003 with estimated drug prices presented in Table 5.1 for a selection of drugs for the same year. Based on an estimate that reported seizures represent 10 per cent of the total amount imported, we arrive at an estimated market value for a selection of drugs.

6 Drug purity

The illicit drug market in Ireland

6 Drug purity

Another factor in this context is how drug price is affected by the purity of the drugs on offer. If a dealer consistently provides drugs with less than average purity levels, users will inevitably seek drugs from an alternative source where possible.

Regular analysis of the purity levels of drugs seized at import stage, and after the drug has been diluted for street sale, might provide useful information about market trends and about the relative stability of the drug market. Such analysis can also provide useful information about the dilutants added to illicit substances to bulk them up prior to their sale at street level. For example, many different substances are used along with diamorphine (heroin). The nature of these dilutants can impact negatively on the health of the user.

Once a seizure has been made by the gardaí or by customs, the drugs are generally forwarded to the FSL for analysis to determine whether they contain illicit substances so as to facilitate a criminal prosecution.

Tables 6.1, 6.2 and 6.3 show average purity levels for a selection of amphetamine, heroin and cocaine seizures made by the gardaí or by customs between 1993 and 2004 that were analysed and quantified at the FSL. By 'analysed', we mean the samples were tested for the presence of an illicit substance; by 'quantified', we mean that the percentage purity of the sample was also examined. Purity is a concept which arises where there is a question of adulteration or dilution of an otherwise pure substance.

The figures shown in the tables below for each drug are based on analysis of a small number of cases. For example, in 2002, the FSL received over 200 suspected amphetamine cases of which only two were analysed so as to determine their percentage purity. In 2001, the Laboratory received

more than 300 suspected cocaine cases for analysis, of which 13 were analysed so as to determine their percentage purity. In 2003, the Laboratory received over 600 suspected heroin cases, of which 11 were analysed so as to determine their percentage purity. (FSL, personal communication, April 2004). The data in the tables below present the average percentage purity of a range of cases tested. For example, in 2001, of the 13 cocaine packs analysed for percentage purity, the minimum purity rate was 0.12 per cent, the maximum 49.50 per cent, and the average 25.78 per cent. In 2002, 53 heroin packs were quantified; the minimum purity rate was 0.10 per cent, the maximum 63.00 per cent, and the average 29.63 per cent.

6.1 Cannabis

Cannabis purity levels are not routinely analysed by the FSL, although they can be upon request.

6.2 Synthetic drugs – amphetamines, ecstasy and LSD

The average retail purity of amphetamine throughout the EU and Norway in 2002 ranged from 10 per cent in Germany to 53 per cent in Norway (EMCDDA 2004). The EMCDDA reports that, for the last five years, amphetamine purity has been stable or decreasing in most EU countries. Table 6.1 looks at trends in amphetamine purity for a selection of seizures between 1993 and 2004.¹⁶

These figures should be regarded as merely illustrative. A more systematic analysis of seizures would be required before any general conclusions could be made in relation to amphetamine purity.

¹⁶ Figures for 2003 are not available

Table 6.1 Average percentage purity for a selection of amphetamine seizures, 1993–2004

Year	Cases quantified n	Packs quantified n	Purity range %	Average purity %
1993	3	41	0.4–7.1	4.0
1994	-	-	-	-
1995	2	14	2.5–7.0	4.7
1996	3	9	2.1–22.0	9.8
1997	14	28	1.3–6.4	3.4
1998	-	-	2.0–18.0	6.0
1999	-	-	2.0–4.0	3.0
2000	-	-	-	-
2001	1	-	-	2.0
2002	1	2	0.9–2.9	1.9
2003*	-	-	-	-
2004	8		1.0–8.0	5.0

* Data for 2003 were not available.

Source: Forensic Science Laboratory

6.3 Heroin

In 2004, the average purity of brown heroin at street level in the EU varied from 10 per cent in Luxembourg to 43 per cent in Spain (EMCDDA 2004). A study conducted by the FSL in 2000 analysed the purity of diamorphine (heroin) in a sample of 45 street-level packs. The average weight of powder in each pack was slightly more than one tenth of a gram (0.113 grams). The average purity was 41.3 per cent. A study of 13 cases conducted in the same year, where the total weight of the 13 cases was 4,942 grams, suggesting a large seizure rather than a street-level one, found an average purity of 45.8 per cent.

These findings suggest that there may not be a great deal of difference in purity levels between the local retail market and the middle market, with average purity levels being roughly similar. Such a finding is consistent with forensic evidence from seizures in the UK, in the US and in other countries, which show little drug adulteration after exportation, with purity levels of drugs such as heroin seized at borders tending to differ only slightly from those seized at street level (Coomber 2004).

As Lenke and Olsson (1998) suggest, such relative stability in price and purity levels is found in a market 'characterised by a fairly good balance between supply and demand'. Such a situation would raise questions in relation to the impact of supply reduction efforts. However, a more systematic study of drug price and purity levels across drug seizures at different market stages and at different times would be required before any solid conclusions could be reached.

The heroin purity results in Table 6.2 are based mostly on an analysis of smaller seizures at street level. The figures suggest a slightly upward trend in heroin purity levels between 1999 and 2001, followed by a drop in purity in 2002. Figures for 2003 are not available. In 2004 the drug purity of 22 cases was ascertained. This involved 17 wholesale cases ranging in purity from 14 per cent to 64 per cent and five retail cases ranging in purity levels from 30 per cent to 47 per cent. The average percentage purity for the wholesale cases was 39 per cent and that for the retail cases was 38.5 per cent. Although only a small number of cases was quantified to ascertain purity levels, these figures suggest that there is little dilution in purity levels between middle and retail market levels.

6.4 Cocaine and crack cocaine

The average purity of cocaine at street level throughout the EU in 2002 varied from 28 per cent in Estonia to 68 per cent in the Czech Republic and Norway (EMCDDA 2004). Cocaine purity levels are reported as being lower in Ireland than elsewhere in the EU (EMCDDA 2003a). However, a

Table 6.2 Average percentage purity for selection of heroin seizures, 1993–2004

Year	Cases quantified n	Packs quantified n	Purity range %	Average purity %
1993	22	121	6–81	39
1994	-	-	-	-
1995	15	42	26–76	46
1996	29	89	26–78	49
1997	32	78	7–78	46
1998	-	-	18–66	35
1999	18	74	20–52	33
2000	58	83	11–66	46
2001	29	86	4–66	45
2002	32	53	0.1–63	30
2003*	-	-	-	-
2004	22		14–64	39

*Data for 2003 were not available.

Source: Forensic Science Laboratory

more systematic analysis of Irish cocaine purity would be required to confirm this. Table 6.3 shows cocaine purity levels for a selection of cocaine seizures quantified by the FSL between 1993 and 2004. It should be noted, however, that these figures are based on a small number of samples and also that purity levels between different samples tested by the FSL appear to fluctuate significantly. For example, of the five cases tested in 2000, which involved 16 separate packs, the average purity was 22.76 per cent. The minimum purity was 1.8 per cent, while the maximum was 75 per cent. In 2004, 17 wholesale cases tested ranged in purity from 7 per cent to 74 per cent, with the average reported as 30 per cent; seven retail cases were tested and these ranged in purity from 9 per cent to 25 per cent, with a reported average of 16 per cent (FSL, personal communication, October 2005). Again, given that so few cases were

quantified to ascertain purity, no general conclusions can be drawn. However, were such results replicated in a more systematic study, it would suggest a much higher purity level at wholesale or 'middle market' level relative to the retail or 'local market' level.

Table 6.3 Average percentage purity of a selection of cocaine seizures, 1993–2004

Year	Cases quantified n	Packs quantified n	Purity range %	Average purity %
1993	3	10	33–88	61
1994	-	-	-	-
1995	3	5	22–85	47
1996	2	2	34–90	62
1997	5	14	33–72	54
1998	-	-	15–68	38
1999	-	-	26–78	41
2000	5	16	2–75	23
2001	4	13	0.1–50	26
2002	2	15	15–33	24
2003	26	-	7–82	36
2004	24	-	7-74	23

Source: Forensic Science Laboratory

Figure 6.1 shows trends in purity levels since 1993 for a selection of heroin, cocaine and amphetamine seizures. Both heroin and cocaine purity levels appear to have peaked in 1996. While trends in average heroin purity have been sporadic, cocaine purity shows a consistent decline since 1996.

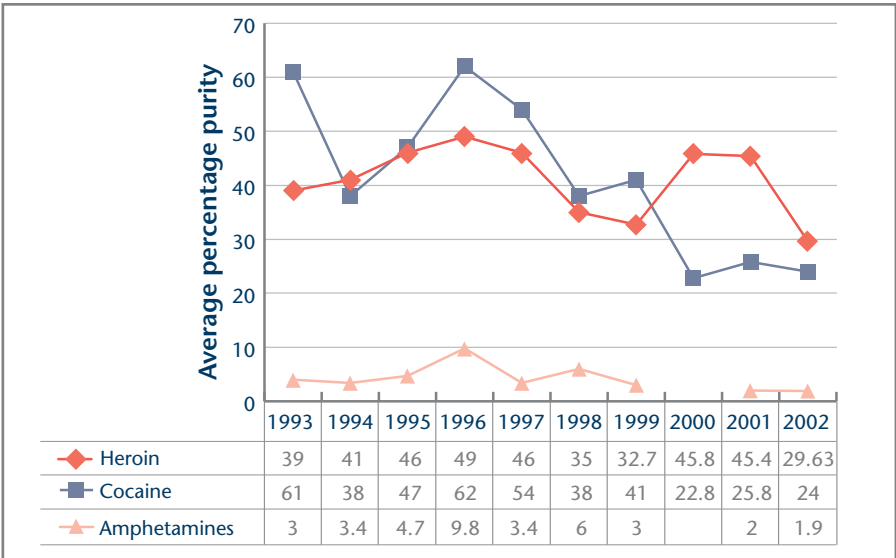


Figure 6.1 Drug purity trends for heroin, cocaine and amphetamine, 1993–2002

Source: Forensic Science Laboratory

7 Drug production, trafficking and supply – international, middle and local markets

The illicit drug market in Ireland

7 Drug production, trafficking and supply – international, middle and local markets

With regard to the international drug market, the original sources of supply vary according to the type of drug involved.

When drugs are seized, Irish law enforcement personnel, including the gardaí and customs, seek to determine the destination of the drugs by considering a number of factors associated with the particular seizure: the size of the seizure, the geographical location of the seizure, whether, for example, weather conditions inadvertently caused a diversion into Irish waters of a particular shipment, and the circumstances of the individuals apprehended along with the drugs (CDLE, personal communication, June 2004). The figures presented below in relation to drug destinations should therefore be regarded as guesstimates. The Customs Service report that the main entry points for drugs are ‘Dublin airport, Dublin port, Rosslare port and Shannon airport. Small user quantities continue to be imported through the postal system, in particular herbal cannabis and ecstasy type drugs. Express courier companies are also used by some smugglers’ (CDLE, personal communication, Oct 2005).

With regard to the importation and internal distribution of drugs, the middle market, a possible indicator of distribution patterns is drug-related prosecutions by drug type and by Garda division. While these data, which are presented in the Garda annual reports, primarily reflect law enforcement activities and the relative ease of detection of different drugs,¹⁷ they may also provide an indicator of national drug distribution trends and whether, for example, we can see a concentration of prosecutions along trafficking routes. In the case of heroin, which has always been a predominantly Dublin-based phenomenon, a comparative analysis of heroin-related prosecutions by Garda division can indicate whether the heroin market is spreading outwards from Dublin.

17 For a further discussion of this point, see O’Mahony (2004) and Connolly (2006).

7.1 Cannabis resin

Morocco is the major producing country of cannabis resin, the principal form of the drug used in Ireland (EMCDDA 2004). The main supply route for cannabis resin is from Morocco via Spain, the Netherlands or the UK to Ireland. The bulk of cannabis resin seized by customs in 2003 was concealed in freight consignments from North Africa. Large quantities of cannabis resin have also been seized along the south coast of Ireland, being smuggled by yachts, small craft or converted fishing vessels (CDLE, personal communication, July 2005).

A strong decrease in the trafficking trend for cannabis resin was detected in 2001 by customs at Dublin Port. The reason for this decrease has not been identified. Of the cannabis resin seized in 2002, 10 per cent was transported by air and 90 per cent by sea (GNDU 2003). Reporting on possible reasons for a decrease in cannabis trafficking into Ireland for that year, the GNDU states: 'The major decrease in trafficking in cannabis in Ireland can probably be attributed to the fact that four major shipments were intercepted during 2001, which were destined for the UK market thereby causing traffickers to stop trying to use Ireland as a transit country' (p. 8).

The customs service reports that the number of seizures of cannabis resin and the volume of resin seized continue to decline (CDLE, personal communication, Oct 2005).

7.2 Cannabis herb

The cannabis herb seized in Ireland originates primarily in South Africa and Thailand. It comes to Ireland via different countries, including France, Germany, the UK, the Netherlands and Belgium. In 2001 there was a large increase in cannabis herb seizures. This was reported as being due to Ireland's being targeted as a transit country for supplying cannabis herb to the UK market. In 2001, the GNDU estimated that 47 per cent of the

cannabis herb seized in Ireland was for the Irish market and 53 per cent for the UK market.

Customs seized over 19 tonnes of cannabis herb in the years 2001/2 and the vast bulk of this was detected in a small number of very large seizures in maritime freight (18 tonnes), the bulk of the balance being detected in passenger baggage at the airports. 'The majority of these (seizures) have been seized from freight consignments originating in Spain, South Africa and Thailand. One significant consignment which was seized during 2002 involved the smuggling of nearly six tonnes of herbal cannabis, worth nearly €25 million, concealed within concrete garden furniture which had originally been shipped from Thailand' (CDLE, personal communication, December 2003). It is believed that this consignment was destined for the UK market.

The customs service reports that the number of seizures of herbal cannabis and the volume of herbal cannabis seized has declined in recent years (CDLE, personal communication, Oct 2005).

Figure 7.1 shows trends in the number of cannabis-related offences in which criminal proceedings commenced, by Garda region. The largest proportions of cannabis-related prosecutions take place in the DMR and the Southern Region. The large concentration of such prosecutions in the Southern Region may be partially explained by the importance of the south coast as an importation point for cannabis resin coming from North Africa. It is noteworthy that, following a generally consistent increase in cannabis-related prosecutions in all regions between 1995 and 2002, there was a decrease in such prosecutions in all Garda regions in 2003. It is more likely that this was a result of a change in Garda enforcement strategy rather than a decline in cannabis availability or use.

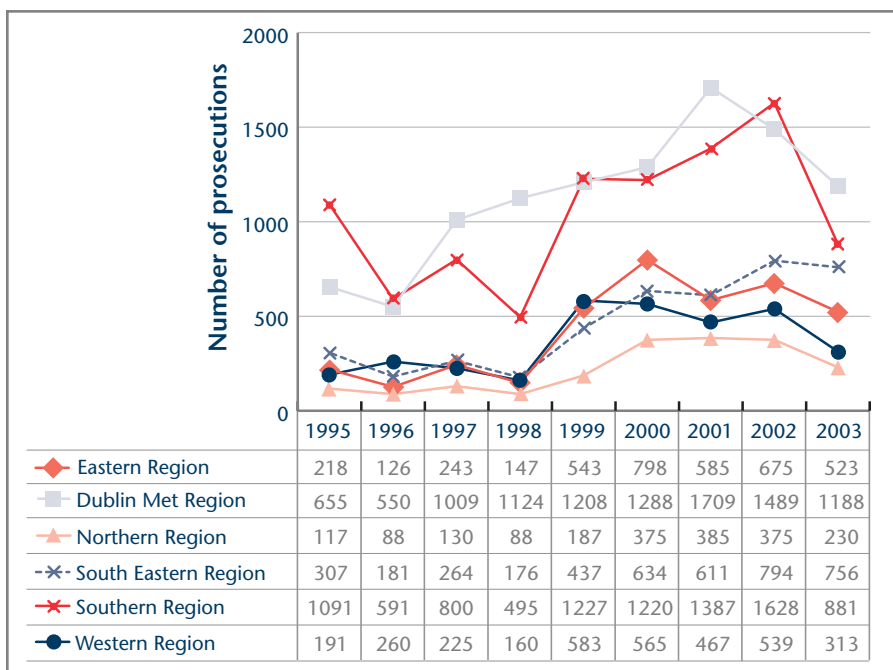


Figure 7.1 Cannabis-related prosecutions by Garda region,* 1995–2003

*Garda Regions:

Eastern Region – Carlow/Kildare; Laois/Offaly; Longford/Westmeath; Louth/Meath

Dublin Metropolitan Region – Eastern; North Central; Northern; South Central; Southern; Western

Northern Region – Cavan/Monaghan; Donegal; Sligo/Leitrim

South Eastern Region – Tipperary; Waterford/Kilkenny; Wexford/Wicklow

Southern Region – Cork City; Cork; Cork West; Kerry; Limerick

Western Region – Clare; Galway West; Mayo; Roscommon/ Galway East

Source: Annual reports of An Garda Síochána 1995–2003

7.3 Synthetic drugs

Synthetic drugs such as ecstasy and amphetamines are produced in many locations throughout the EU but there is a concentration of such production in the Netherlands and, to a lesser extent, in Belgium, the UK, Spain and Germany (Europol 2001). Central and Eastern Europe have also emerged as producers of synthetic drugs, with illicit laboratories discovered in Poland, Bulgaria, Hungary and the Baltic states. The UK, the Netherlands and Germany report the highest number of illicit amphetamine laboratories, while the Netherlands and Belgium produce 80 per cent of the MDMA (ecstasy) consumed worldwide. The main place of origin of the ecstasy found in Ireland is the Netherlands and, to a lesser extent, Belgium (Moran *et al.* 2001).

The UK is the main transit country for the ecstasy arriving in Ireland. The GNDU (2002) reported that in 2001 all of the amphetamine seized in Ireland was transported by mail, and that 50 per cent of the ecstasy was transported by air and 50 per cent by mail. Amphetamine trafficking trends were regarded as stable in 2001, while trends in ecstasy trafficking showed a strong decrease.

In 2002, the GNDU reported that 5 per cent of the amphetamine seized in Ireland was transported by air and 95 per cent by sea. Trafficking trends were regarded as stable. This suggests the possibility of a significant change from year to year in the transportation methods used for amphetamines.

Figure 7.2 shows trends in ecstasy-related prosecutions by Garda region. Despite the concentration of population in the DMR, ecstasy-related prosecutions appear to be dispersed quite widely throughout the State. If prosecutions can be regarded as an indicator of availability, then the ecstasy drug market can be regarded as quite diffuse. Ecstasy-related prosecutions peaked in 2000 in the Eastern, Southern and Northern regions and in 2001 in the DMR and South Eastern and Western regions.

In 2003, ecstasy-related prosecutions declined in all Garda regions. It is unclear whether this reflects a change in Garda enforcement practice or a decline in the availability and use of ecstasy.

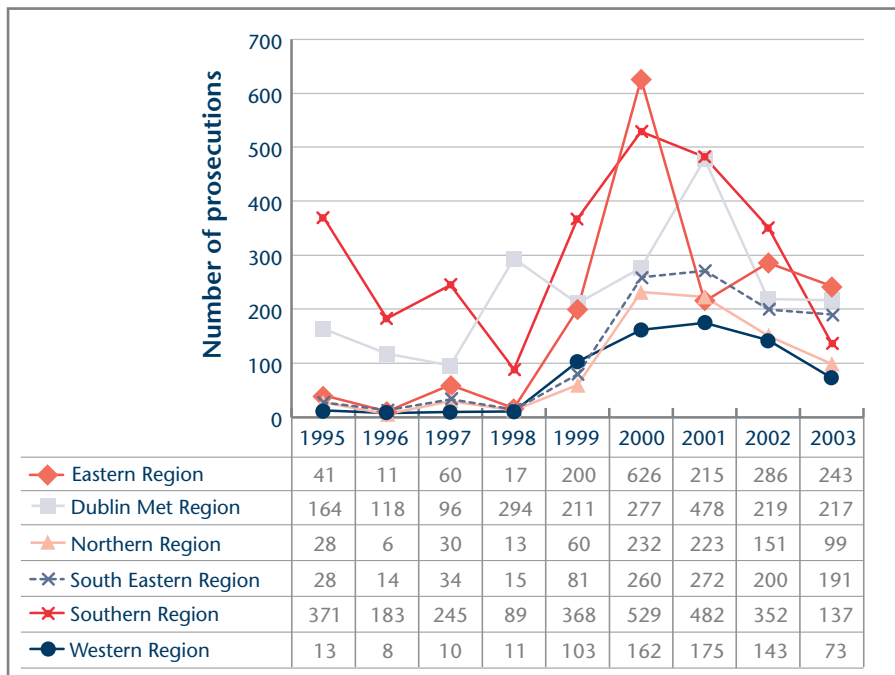


Figure 7.2 Ecstasy-related prosecutions by Garda region, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

7.4 Heroin

In 2004, global illicit opium poppy cultivation increased by 16 per cent, due to increased cultivation in Afghanistan (UNODC 2005). Afghanistan and Myanmar account for 90 per cent of global illicit opium production (UNODC 2005, Europol 2001). Heroin seized in the EU comes mainly from Afghanistan and Pakistan, followed by South-East Asian countries, via Iran,

Turkey and the Balkan route. The final stages of transforming opium and morphine base into heroin occur mostly in Turkey. Heroin enters Europe primarily through two routes (EMCDDA 2004), either the Balkan route or the 'silk route'. Following transit through Pakistan, Iran and Turkey the Balkan route diverges into a southern branch through the Former Yugoslav Republic of Macedonia, Albania, part of Italy, Serbia, Montenegro and Bosnia Herzegovina, and a northern branch through Bulgaria, Romania, Hungary and Austria (EMCDDA 2004). The EMCDDA also reports an increased use since the mid-1990s of the 'silk route' via central Asia, the Caspian Sea and Russia. In 2001, the UK was responsible for one-third of the total number of heroin seizures and for 40 per cent of the total volume seized in the EU (EMCDDA 2004).

Most of the heroin arrives in Ireland by sea and a small percentage by mail. Trafficking trends appear stable. According to the GNDU (2002), 'most trafficking of heroin into Ireland is organised by Irish nationals, based in Ireland or the UK. The drugs are imported mainly hidden in vehicle parts or personal baggage'. Customs report a recent seizure of 'white' heroin in a joint operation with gardaí. Traditionally, seizures of heroin in Ireland have been of 'brown' heroin. However, it is believed that the white heroin shipment originated in Colombia, South America (CDLE, personal communication, September 2003).

The GNDU (2003: 8) reports a strong decrease in heroin trafficking trends in 2002. This is probably attributable, it suggests, 'to the fact that several major trafficking groups were broken up by Garda targeting'. However, while effective policing may be a contributory factor in the recent decline in heroin trafficking, it should be noted that there has been a steady decline since 1999 in the number of new cases of problematic opiate use in Dublin, as reported to the National Drug Treatment Reporting System (Kelly *et al.* 2005). Treatment demand data are an indirect indicator of opiate use.

This declining trend in new cases of heroin abuse, a factor which has been seen in many Western European countries, may soon be countered by a dramatic increase in heroin availability on the global market. According to the INCB (2004) report, poppy cultivation has increased on a massive scale following the fall of the Taliban in Afghanistan. At page 72 the report states, 'As a result of two years of bumper crops of opium poppy in Afghanistan, it is expected that heroin trafficking along the Balkan route and in Central Europe will increase.' This development may also, it is reported, lead to 'the reversal of the declining trends in the abuse of heroin and the number of heroin-related deaths in Western Europe'.

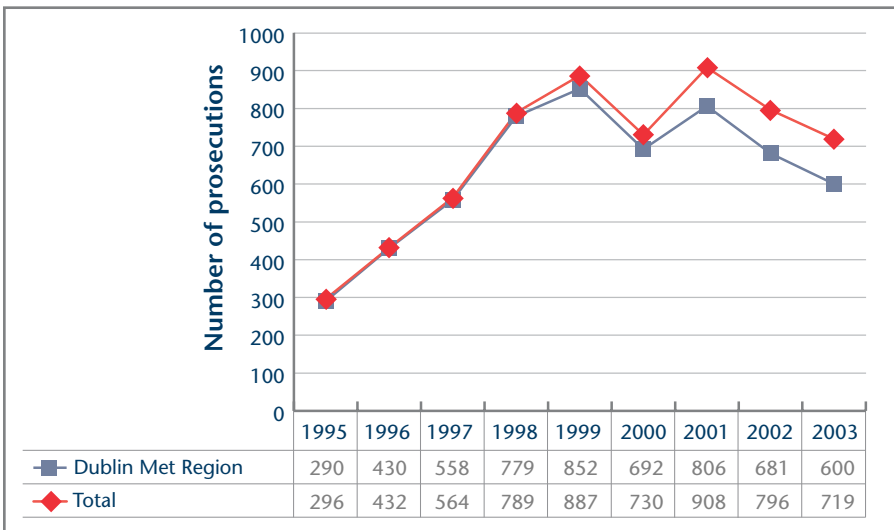


Figure 7.3 Trends in total heroin-related prosecutions and those in the Dublin Metropolitan Region, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

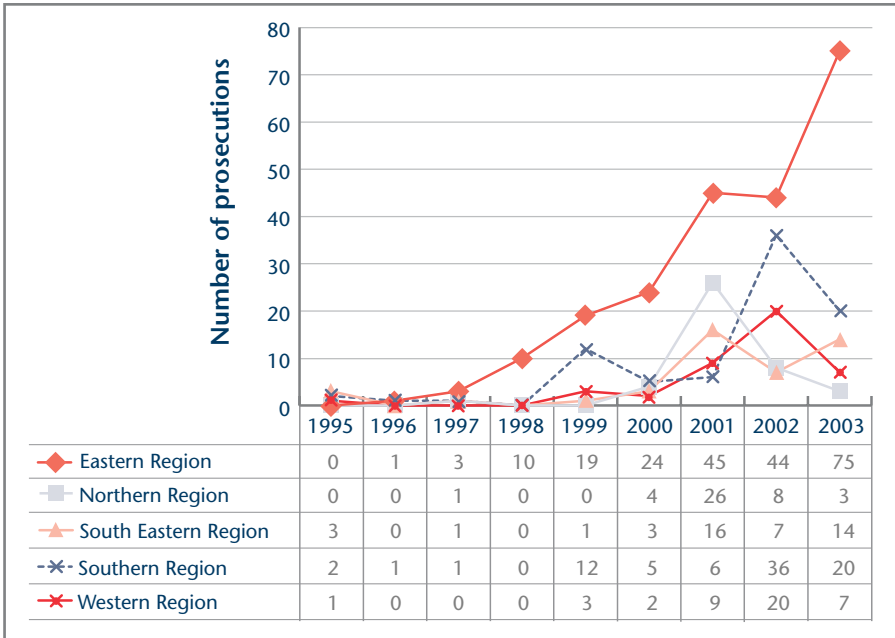


Figure 7.4 Trends in heroin-related prosecutions by Garda region outside the Dublin Metropolitan Region, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

Figure 7.3 shows the trends in heroin-related prosecutions in the DMR as a percentage of all such prosecutions. It can be seen that the vast majority of heroin-related prosecutions occur in Dublin. However, as can be seen from Figure 7.4, since 1995 there has been a steady increase in heroin-related prosecutions in the Eastern Region, from zero prosecutions in 1995 to 75 in 2003. While the trends in the other regions are less consistent, it is clear that, although heroin remains predominantly a Dublin-based phenomenon, it is no longer confined exclusively to the capital. It would require further research to determine whether this represents a shift or displacement in the heroin market outside the capital city. However, it is apparent that, while heroin-related prosecutions have decreased in the

DMR since 2001, they have increased in the areas immediately surrounding Dublin. Furthermore, these findings are consistent with trends in treated problem drug use in the Eastern Region reported by the National Drug Treatment Reporting System (Long *et al.* 2004; Kelly *et al.* 2005).

7.5 Cocaine and crack cocaine

The available indicators suggest a significant increase in cocaine trafficking in Ireland in recent years. Cocaine seized in Europe originates primarily in South America. Colombia is the main producing country, although Peru, Bolivia and Ecuador also produce significant amounts (UNODC 2003; EMCDDA 2003a; Europol 2001). Cocaine arrives in Europe either directly from the producing countries or through Surinam and Central America via Spain or the Netherlands (Europol 2001). Spain accounted for more than half of the cocaine seizures recorded in the EU in 2001 and 2002 (EMCDDA 2003a). According to Europol, Colombian criminal networks control the supply of cocaine into the EU, with Nigerian drug-trafficking networks playing an increasingly important role. Cocaine trafficking patterns within the EU resemble the patterns associated with cannabis trafficking. The cocaine which arrives in Ireland comes primarily via the UK and the Netherlands (GNDU 2002).

The GNDU estimated that all of the cocaine seized here in 2001 was destined for the Irish market. It is estimated that 50 per cent of cocaine seized arrived by air and 50 per cent by mail. A slight decrease in trafficking trends in cocaine was identified in 2001. However, reporting on an increase in cocaine trafficking for 2002, the GNDU (2003: 8) states that it is 'probably attributable to the fact that use has become more mainstream and the drug is more widely sold at street level'. Customs also report that the number and quantity of cocaine seizures increased significantly after 2001, stating that 'cocaine is being smuggled into Ireland by means of impregnation of clothing and in concealments in polystyrene packaging, shoes, picture frames and cosmetics and also as a

consequence of its being swallowed and concealed internally' (CDLE, personal communication, May 2004).

A recent survey by the CityWide Drugs Crisis Campaign (2004), carried out in response to an increased concern among community groups about an emerging cocaine problem, found evidence of increased trafficking of cocaine at retail level.

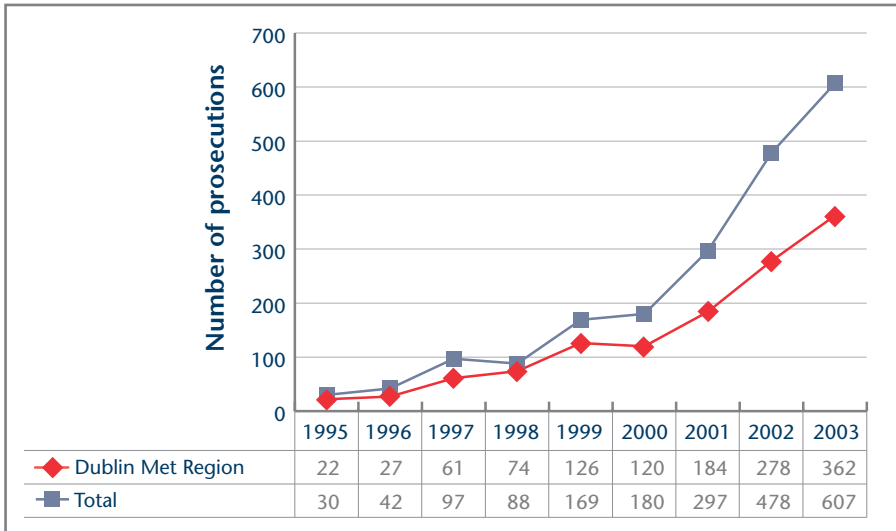


Figure 7.5 Trends in total cocaine-related prosecutions and those in the Dublin Metropolitan Region, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

Figure 7.5 shows trends in cocaine-related prosecutions in the DMR as a proportion of the total number of such prosecutions. From 1995 until 1999, only a small number of cocaine-related prosecutions took place outside the DMR. However, although DMR-based cocaine prosecutions have continued to rise each year since 1999, the proportion of the total

number of cocaine-related prosecutions which are not Dublin-based has also continued to grow (Figure 7.6).

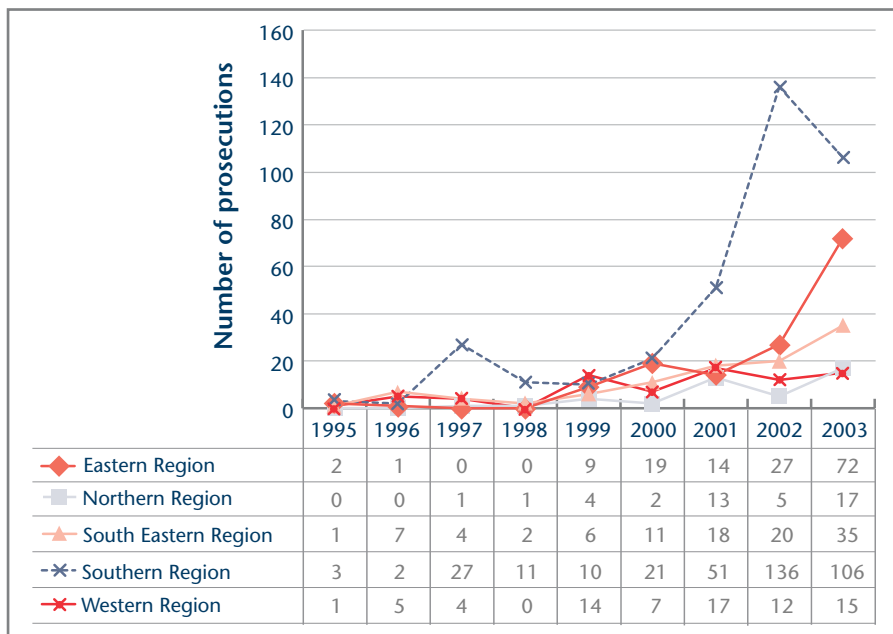


Figure 7.6 Trends in cocaine-related prosecutions by Garda region outside the Dublin Metropolitan Region 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

As can be seen from Figure 7.6, there was a sharp increase in cocaine-related prosecutions in the Southern Region since 1999, rising from 10 prosecutions in 1999 to 136 in 2002. Although there was a slight decrease in such prosecutions in the Southern Region in 2003, there was a 167 per cent increase in cocaine-related prosecutions in the Eastern Region. Increases were also recorded in the Northern, South Eastern and Western Regions.

In the Garda annual reports, drug-related charges are broken down into various categories. Of particular interest with regard to drug trafficking is

the category 'drug supply' (s15 Misuse of Drugs Act 1977 1984). As can be seen from Figure 7.7, most supply offences occur in the DMR. Figure 7.8 shows trends in supply offences in the other Garda regions throughout the state. Offences by drug type are not presented in the Garda annual reports.

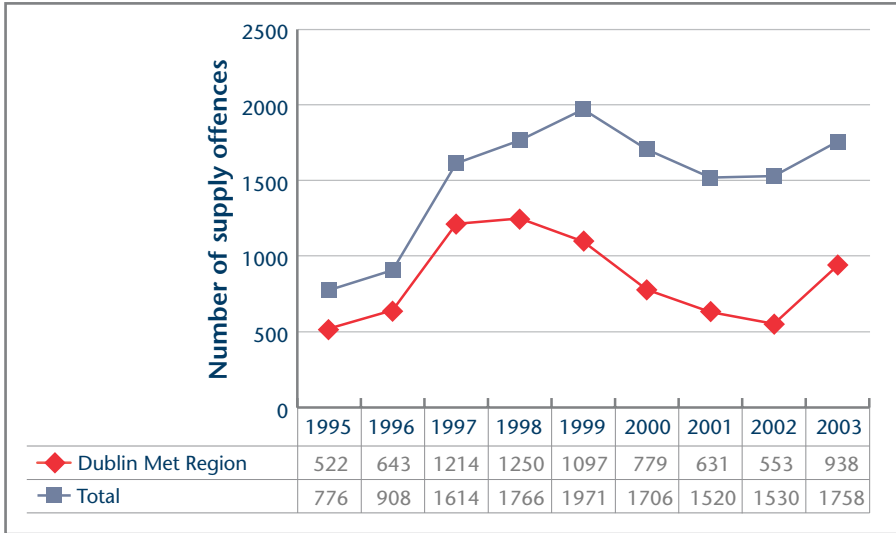


Figure 7.7 Supply offences in the Dublin Metropolitan Region, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

When we compare Figures 7.7 and 7.8 we can see that from 1995 to 1997 drug supply offences increased in all Garda regions, except for the Southern and South Eastern regions during 1996 when such offences declined slightly. In 1998 supply offences increased in all regions, with the largest increase in the Southern Region. From 1998 to 2002, supply offences decreased each year in the DMR, down from a total of 1,214 offences in 1997 to 553 in 2002. However, the total number of offences increased up to its highest recorded point of 1971 offences in 1999. This came about primarily as a result of a 158 per cent increase in such offences in the Eastern Region and a 136 per cent increase in the Western Region. Increases were also recorded in the Northern, South Eastern and Southern

regions in 1999. In 2002 supply offences increased in all Garda regions except for the DMR and the Northern Region. It is unclear whether this reflects a real decrease in such offences in the DMR and the Northern Region, alterations in drug market patterns or a change in enforcement activities and resource deployment. In 2003, supply offences decreased in all Garda regions except for the DMR and the Eastern Region.

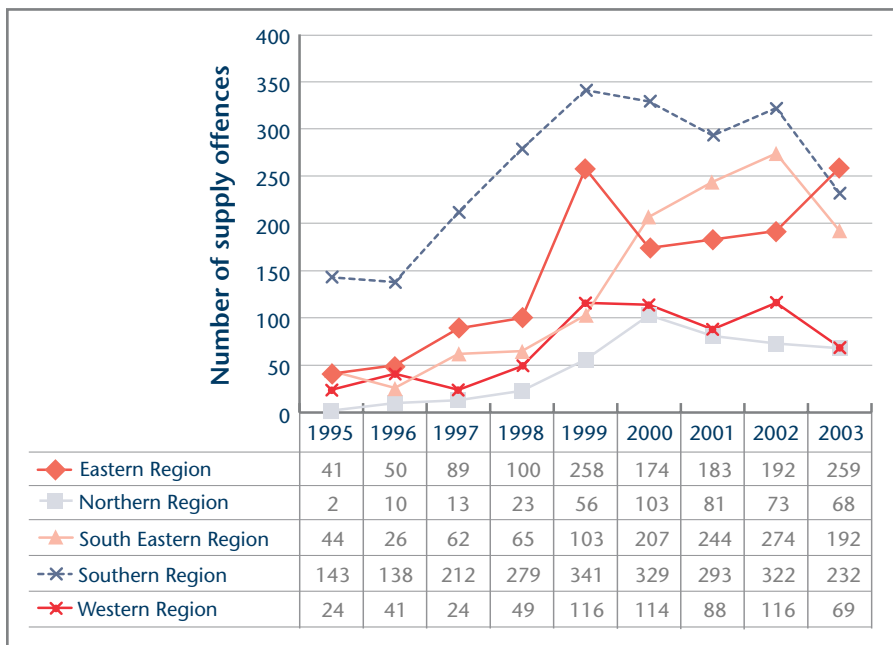


Figure 7.8 Supply offences outside the Dublin Metropolitan Region, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

7.6 Local drug markets and drug availability

Low-level distribution networks are the principal means by which drugs become available in a neighbourhood. Drug dealing at this level involves a

high number and frequency of transactions and is therefore likely to have an immediate and observable impact upon the quality of life of the local community (Connolly 2003).

The ease of access to drugs is regarded as an important determinant of experimental drug use among adolescents. However, measuring the availability of drugs is a difficult task given the illicit nature of the activity. Seizure statistics provide an indirect indication of availability. In addition to seizure indicators, a number of surveys have sought to ascertain information about drug availability by surveying those who have used illicit drugs (EORG 2002; Sarma *et al.* 2002; Hibell *et al.* 2004, 2000, 1997; NEHB 1999; Brinkley *et al.* 1999) or by seeking survey respondents' perceptions as to drug availability at street level (CityWide 2004; Connolly 2003). A number of more localised studies have provided further information on aspects of retail drug markets in specific locations (Connolly 2003, 2001; Mayock 2000; D'Arcy 2000; Dún Laoghaire–Rathdown LDTF 1997)

Another related factor concerns the source from whom drugs were first obtained. A common stereotype of drug-user and drug-market interaction, often portrayed in the media, is the idea of the 'drug dealer as stranger'. However, in one of the earliest and most influential studies of drug use in north inner city Dublin, carried out by the Medico-Social Research Board in 1983, it was revealed that, of 83 heroin users interviewed for the study in the, 68 reported that their initial use of heroin was facilitated by a friend or relative (Dean *et al.* 1983: 17). That drug initiation usually occurs within a familiar social context, between friends, relatives and neighbours, rather than through the intervention of a stranger or 'dealer at the school gates', has been a consistent but generally overlooked finding of research in this area.

The ESPAD (European School Survey Project on Alcohol and Other Drugs) surveys (Hibell *et al.* 2004, 2000, 1997) considered the question of drug availability. Table 7.1 provides figures from the 2003 ESPAD survey on the perceived availability of substances. The survey was conducted in 35

countries. The figures relate to those who answered 'Very easy' or 'Fairly easy' to the question, 'How difficult do you think it would be for you to get each of the following?'

Table 7.1 Percentages among all school students answering 'Very easy' or 'Fairly easy' to the 2003 ESPAD survey question: 'How difficult do you think it would be for you to get each of the following?'

Year	Ireland	ESPAD average (35 countries)	Ireland ranking
	%	%	
Inhalants	77	41	1
Marijuana/ Hashish	60	35	2*
Amphetamine	17	13	8*
LSD/ Other hallucinogens	16	12	6*
Crack	18	10	1*
Cocaine	22	12	1
Ecstasy	34	17	1
Heroin	17	11	2*
Magic mushrooms	25	13	2

* Where Ireland was ranked equally with one or more other ESPAD countries.

Source: Hibell *et al.* (2004: 417)

Ireland ranks first among the 35 ESPAD countries with regard to perceived availability of inhalants, crack, cocaine and ecstasy. This appears remarkably high. For example, with regard to crack, Ireland is ranked joint first with the UK. However, although there is anecdotal evidence to suggest that there is an emerging crack problem in parts of inner city Dublin, the crack market in Ireland is not developed to anywhere near the same extent as it is in the UK. Also, with regard to ecstasy, 34 per cent of Irish students perceive it as 'very easy' or 'fairly easy' to obtain. In the Netherlands and Belgium, the principal producing countries of the drug, the figures are 16 and 20 per cent respectively. While there is not necessarily any direct connection between source of drug production and

perceptions of availability, these findings suggest an exaggerated perception of drug availability among school children in Ireland relative to other European countries.

A study of 983 second-year pupils in 16 schools in the DMR reported that 60 per cent said that they had been offered at least one illicit substance, cannabis being the most commonly offered (Brinkley *et al.* 1999).

Qualitative information from a survey in the north-east of the country (proximate to Dublin), to explore the experience and knowledge of adolescents in relation to barriers and motivating factors to illicit drug use, found that drugs were readily available, in particular cannabis and LSD (NEHB 1999).

A survey conducted by Mayock (2000) of 57 young people (aged 15 to 19) deemed to be 'high risk' for problem drug use in Dublin's inner city found that both users and non-users were exposed to the drug culture in the locality and for them 'procuring drugs was a largely uncomplicated matter, provided they had the necessary financial resources at their disposal' (p.34). Most respondents, Mayock found, 'made consistent reference to the ubiquity of drug use in the neighbourhood. Drug encounters and offers were reported in a matter-of-fact way and young people's accounts suggested that the physical vestiges of drug use were an accepted feature of the social landscape' (p. 33).

Two local drugs and crime surveys conducted by Connolly (2001, 2003) in Dublin's north inner city considered the issue of drug availability. The first survey was conducted among 40 local residents who had been participating in meetings as part of the process of establishing a community policing forum in the area (Connolly 2002). Those who took part in the survey represented 29 different streets or flat complexes throughout the area. The survey was conducted between October and November 2000. Eighty per cent of the sample stated that they had witnessed drug selling in the previous year; 78 per cent stated that it was 'quite likely' or 'very likely' that they would witness drug selling in the

following six months. None of the respondents were of the view that it would be 'not at all likely' that they would witness drug selling.

A subsequent door-to-door survey was conducted in a specific location of the north inner city. The survey, *Drugs, crime and community – Monitoring the quality of life in the north inner city*, was carried out between August and December 2001 (Connolly 2003). The area, encompassing five streets and a local authority flat complex, is one where illicit drug use and dealing is prevalent, and contains a mixture of public and private housing. The sample involved 44 local residents. Thirty-six per cent of the total sample had been offered drugs and 53 per cent had witnessed drugs being sold in the year preceding the study; 76 per cent responded that they were likely to witness drug selling within the following six months.

A qualitative study in Mountjoy Prison involving 29 prisoners found the prison atmosphere to be 'characterised by a drugs culture' (Dillon 2001: 3), although drug availability was found to fluctuate.

In an ad hoc study conducted by the DMRD in collaboration with the GNDU in April 2003, police respondents from three Dublin city stations were asked how easy or difficult it would have been in the previous year, in their view, for adolescents or young adults, excluding regular drug users, to acquire specific drugs. One Garda respondent believed that cannabis was 'fairly easy' to obtain while two of his colleagues in other city centre locations regarded it as 'very easy' to obtain. One respondent regarded heroin as 'fairly easy' to obtain, while two said it would be 'very easy' to obtain. One regarded cocaine as 'fairly easy' to obtain while two said it was 'very easy' to obtain. All regarded crack cocaine as either 'fairly difficult' (n=1) or 'very difficult' (n=2) to obtain. One regarded amphetamines as 'fairly difficult' to obtain while another officer regarded it as 'very easy' to obtain. All regarded ecstasy as either 'fairly easy' (n=1) or 'very easy' to obtain (n=2). Another drug mentioned in the survey, benzodiazepine, was perceived as 'very easy' or 'fairly easy' to obtain.

The co-ordinator of a drug-users' group who had regular contact with drug users throughout the city regarded cannabis as 'very easy' to obtain, while heroin, cocaine powder and crack were all seen as 'fairly easy' to obtain. Benzodiazepines were regarded as 'very easy' to obtain.¹⁸

A survey conducted by the Dublin-based CityWide Drugs Crisis Campaign (2004) of 59 community-based drug projects, 27 of which responded (46%), found evidence of an increased availability and use of cocaine. Almost one-third of respondents claimed that cocaine was cheap and easily available; three respondents stated that heroin supplies were decreasing in their areas while cocaine was on the increase.¹⁹

7.7 Drug-dealing sites

The 2003 ESPAD study (Hibell *et al.* 2004) reported that 73 per cent of Irish students knew of some place they could easily buy cannabis. The European average was 55 per cent. 30 per cent of Irish students reported that cannabis was easily available in school. This was almost twice the EU average. Table 7.2 shows the findings from Ireland in comparison with the ESPAD averages.

Table 7.2 Places where marijuana or hashish can easily be bought, as reported by students surveyed by ESPAD, 2003

Year	Don't know any place %	Street, park %	School %	Disco, bar %	House of a dealer %	Other %
Ireland	27	36	30	31	27	9
ESPAD average	45	23	16	27	21	13

Source: Hibell *et al.* (2004)

¹⁸ Tommy Larkin (UISCE), personal communication, 2003.

¹⁹ For a review of the study see Kelly F (2004) *Drugnet Ireland*, Issue 11, June. Dublin: Health Research Board. pp.4–5.

An EU research group opinion poll of the attitudes and opinions of a sample of 524 young people (aged 15 to 24) in relation to various aspects of drug use was carried out in all EU countries between April and June 2002 (EORG 2002). Respondents were asked questions to determine drug availability. Of the Irish young people surveyed, 68.9 per cent stated that it was easy to get drugs near where they lived, the EU average being 61.9 per cent; 58.1 per cent stated that it was easy to get drugs in or near their school or college, the EU average being 54.9 per cent; 80.5 per cent stated it was easy to get drugs at parties, the EU average being 76 per cent; and 77.2 per cent stated it was easy to get drugs in pubs or clubs, the EU average being 72.3 per cent. Brinkley *et al.* (1999) found that the places where students were most commonly offered illicit substances were on the street, at a rave or disco or at a friend's home.

Localised studies and surveys have sought to ascertain information about local drug markets. The second report of the Dún Laoghaire–Rathdown LDTF (1997) identified a number of aspects of the drug market in parts of south Dublin. The task force area includes pockets of extreme socio-economic disadvantage and pockets of extreme wealth, with 22 per cent of the total area described as 'disadvantaged' (p. 5). The report identified a number of locations in each Garda district as sites of drug selling. It also considered the means by which drug supplies were obtained, the movement of drugs locally and the demand for various drugs. Drug-dealing sites included local authority housing complexes, open green areas in Dún Laoghaire town centre, private rented accommodation and specific laneways and alleyways. Local pubs and discos were also identified in the report as sites of ecstasy dealing.

Mayock's (2000) inner-city study found that respondents could identify specific areas in the locality where they could get a range of drugs with relative ease.

Connolly (2003) sought information on specific locations in which drug dealing was taking place in the north Dublin inner city. Twenty-nine

respondents identified specific locations, with five stating that they witnessed drug dealing outside their doors every day. One recovering drug user, on the day of the interview, stated that she had been offered drugs three times that day as she returned from the local clinic less than a mile from her home.

The recent survey of police and drug-user perceptions of the drug market conducted by the DMRD sought information on drug dealing sites or locations. The Garda respondents perceived cannabis as being sold mainly in stairwells at flat complexes, in private homes or on the street. Heroin was sold primarily on the street or in private homes. Cocaine was sold in bars and discos, on the street and in private homes. Benzodiazepines were sold primarily on the street. From the perspective of the respondent who worked with drug users, cannabis was sold primarily in pubs on specific streets and at flats. Heroin was sold openly on streets at only a limited number of Dublin locations in the south inner city in particular. Heroin was also sold in specific cafés. The location of cocaine sales were similar to those for heroin and, for all drugs, the use of mobile phones was central to transactions. Only relatively large quantities of cannabis were sold over the phone. Benzodiazepines were sold at drug treatment centres or at train stations.

7.8 Drug dealers and individual drug sources

There is some empirical evidence in Ireland on the proportion of drug users who also sell drugs (O'Mahony 1997; Keogh 1997; Furey and Brown 2003). Furey and Brown conducted a survey of 131 drug users. Respondents for whom crime was a source of their income in the last month were asked to indicate the types of crime committed. Of the 47 who answered, the following types of crime were the ones most engaged in on a frequent basis: shoplifting (n=29), burglary (n=18), robbery (n=17), selling drugs (n=15) and stealing from cars (n=14).

Hibell *et al.* (2004) found that, of the 40 per cent of students who had used illicit drugs, 19 per cent had received the drug for the first time from a friend or sibling, 15 per cent had shared it in a group. Hibell *et al.* (2000) found that less than 5 per cent of drug-using students in most countries reported buying illicit drugs for the first time from someone unknown to them. Brinkley *et al.* (1999) found that the most common ways in which pupils obtained illicit substances, including cannabis, were from a friend, by its being passed around a group of friends, from a stranger or by buying it.

The report of the Dún Laoghaire–Rathdown LDTF (1997) identified a number of drug-supply routes and sources and local suspected drug dealers, including drug-using dealers. The report suggests the presence of a local drug-dealing network whereby: ‘Once established in a location dealers will employ a network of look-outs who will raise the alarm making it difficult to get near the source. Transport on a local level is maintained by using cars and motorcycles which are often unknown to the gardaí. The main method of selling is usually a main dealer using six or seven lesser dealers to offload for him. The quantities in possession of the lesser dealers is generally small but availability is constant and can be replenished quickly’ (p. 17).

A study conducted by the Garda Research Unit among second-level students in the Garda divisions of Waterford/Kilkenny and Kerry found that cannabis was the first drug taken by 89 per cent of those who reported having used drugs. In 70 per cent of cases friends had supplied the drugs (Sarma *et al.* 2002).

Dillon’s Mountjoy Prison study (2001: 69) found that drugs in the prison were not sold for cash, but were distributed through a reciprocal network system. Most of the prisoners surveyed were part of a distribution network whereby prisoners who accessed drugs during visits would distribute them to certain other inmates who, ‘in turn, would give them drugs when they accessed them’.

Mayock's study (2000) found that most respondents were acquainted with individuals who had ways and means of accessing illegal drugs, although fewer were acquainted with known drug dealers. This, however, was not seen as a barrier to the procurement of illicit drugs as routine street encounters with friends and acquaintances were found to provide the most reliable and familiar access routes to respondents' drugs of choice. Thirty-nine of the sample surveyed were drug users and 18 did not use drugs. The study also found that the majority of young people were introduced to their first drug by friends.

Furey and Browne found that 86 per cent of respondents were first introduced to drugs by either a pal/friend/acquaintance (45%) or a close friend (41%). Seventy-four per cent of respondents reported obtaining their drugs from a 'local' dealer.

8 Conclusion

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8 Conclusion

The use of illicit drugs in Ireland, particularly strongly addictive drugs like heroin and cocaine, has had a profound impact on Irish society. Since the emergence of the heroin problem in the late 1970s, the costs for families and communities, particularly in Dublin, have been impossible to quantify. Between 1980 and 2002, there were at least 803 direct drug-related deaths in Ireland, most of these occurring in the capital (J Keating, personal communication, 2005). This is certainly an under-estimation of the total number (Long *et al.* 2005). Other costs of drug use include blood-borne viral diseases, mental health problems, disruption of local economies, drug-related crime and nuisance and the emergence of organised crime. The financial cost of responding to the drug problem through law enforcement and health interventions have also been a major drain on the exchequer.

Despite the huge investment in measures aimed at eliminating the illicit drug market globally, it continues to expand. According to the latest global drug prevalence data compiled by the UNODC (2005), around 200 million people reported using drugs at least once in the previous 12 months. This represents an increase of 15 million on the previous year. Available data for Ireland suggest that, while the rate of problematic heroin use in Dublin may be stabilising, we are witnessing a growth in the abuse of other addictive drugs, such as cocaine. Indicators such as drug treatment data and Garda records suggest that the drug problem is intensifying in parts of the country which have not been so badly affected heretofore. Since the mid-1990s there has been an increase in drug-related premature deaths outside of Dublin.

One explanation for the durability of the drug problem lies in the profitability of the illicit drug market. The UNODC estimates that the retail value of the global drugs trade is four times higher than the wholesale value. As mentioned above (Section 5), recent Garda research estimated

that heroin users spent approximately €14 million on the retail heroin market in 2003. This is likely to be a significant under-estimation of the total value of the annual heroin retail market in Ireland. As a result of such profit margins, initiatives aimed at deterring criminal organisations from the illicit drug market face major challenges.

Having said that, a balanced focus on reducing drug-related harm and continued efforts to disrupt the operation of the drug market and reduce its scale remain valid policy goals when pursued in complementary ways. The Irish National Drugs Strategy 2001–2008 seeks to address the harm caused to individuals and society by drug misuse through a concerted focus on supply reduction, prevention, treatment, rehabilitation and research. The research pillar of the strategy seeks to eliminate gaps in knowledge so as to ensure that policy is evidence based.

Knowledge about how the illicit drug market operates is an important prerequisite for effective interventions and responses to it. However, it remains an aspect of Irish society which has suffered from an almost total absence of in-depth research and analysis. The improvement in the compilation and reporting of key data sources upon which such an analysis might be built, i.e., on market differentials and dynamics, drug seizures, drug prices, purity analysis, etc., will be a necessary component of future work in this area. Similarly, the regular analysis of such data sources will assist in the evaluation of policy responses. It is hoped that this Overview can contribute to the development of such a knowledge base into the future.

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