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# **Drug Markets, Crime and Community Safety in Ireland**

**An analysis of drug law enforcement in three  
local drug markets**

**Submitted for the degree of Doctor of Philosophy**

**2013**

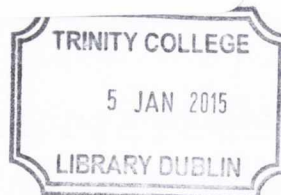
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*This thesis is largely based on an unpublished study: Illicit drug markets in Ireland, by  
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This thesis is dedicated to the memory of Steven Howard and the many others like him who had so much more to offer; and to his mother Bernie, who carries on the struggle.



## Glossary of Terms

An eighth	One-eighth of an ounce, usually heroin or cocaine (3.5g)
Bags	Small 'score' bags of heroin (see below)
Bagged it up	Divided larger quantity of drugs into street-level deals
Bank machine	Money counters
Bar	Standard unit of cocaine or cannabis resin, usually 9oz/0.25kgs
Benzos	The street name for benzodiazepines, which are an effective treatment for anxiety, insomnia and some forms of epilepsy and spasticity
Bigger fish	Higher-level dealers
Blade	Knife
Brown	Heroin
Bullet/Pellet	Small quantity of high-purity cocaine imported and sometimes converted to crack
Chopping	Mixing drugs with an adulterant for onward sale
Click	From 'clique', meaning, in this context, a group of approximately 20 individuals who form a drug gang with a core group of four gang leaders
Coke	Cocaine
Couple of ton	Two hundred
Crack cocaine	A form of smokeable cocaine sold at street level in small lumps or 'rocks'. Crack is formed by dissolving powder cocaine (cocaine hydrochloride) in water, to which an alkali (such as ammonia, sodium bicarbonate or sodium hydroxide) is added; the mixture is heated and then dried into hard smokeable lumps. The name crack is derived from the cracking sound that is made when 'rocks' are being heated and smoked
Crew	Group or loosely defined gang
Crystal meth	Methylamphetamine
D5, D8, D10	Benzodiazepines
Danced on	Drugs heavily diluted or adulterated
Depot	Forensic Science Laboratory
Dipper	A pickpocket
Dole	Social welfare payment
Drought	A temporary shortage of heroin supply at street level
Drug mule	A person who transports drugs on behalf of a drug supplier
E	Ecstasy (MDMA)



Garda/Gardaí	Member/members of An Garda Síochána (the Irish police service)
Gear	Heroin
Gillie	A person who is used by drug-dealers as a decoy by being paid to transport drugs
Grand	Thousand (50 grand = €50,000)
Grass	Garda informant
Half-eighth	See 'eighth'; usually heroin or cocaine (1.75g)
Hash	Cannabis resin
Hiding	A physical assault arising from a dispute with a drug-dealer
K	Kilogram
Labour day junkie	A person who uses their social welfare allowance to purchase drugs
Laid on	Receiving or providing drugs on credit
Lieutenant	A person who is not the leader of a drug gang but is a senior member, and may co-ordinate transport, storage and mixing of drugs without necessarily making contact with the substance
Look out	A person whose role is to keep vigilant for arrival of Gardaí
Magic	Benzocaine, a cocaine adulterant, mimics the effects of cocaine
Merc	Mercedes car
Nixer	A job outside a person's normal work
Nodge/nodule	Small lump of cannabis resin
Off the radar	Unknown to Gardaí
Old bill	An Garda Síochána
On a clinic	Attending a drug-treatment centre
On tick	Receiving or providing drugs on credit
Patch	Specific location where dealer sells drugs regularly and over which he/she claims control
Pipe bomb	Improvised explosive device, tightly sealed section of pipe filled with an explosive material
Pissing into the wind	Wasting your time
Player	Senior member of a drug enterprise or gang
Popping smarties	Consuming benzodiazepines or MDMA
Problem drug use	Defined by the European Monitoring Centre for Drugs and Drug Addiction as injecting drug use or long duration/ regular use of opioids, cocaine (including crack) and/or amphetamines
Q	Street-level deal (see 'score bag')
Quarter	Quarter-ounce
Quid	Euro (10 quid = €10)

Rat/ratting	A Garda informant/informing the Gardaí on another
Recreational drug use	The use of drugs for pleasure or leisure; characteristically regular but controlled, usually taking place in a social group. The term implies that drug use has become part of a person's social life, even though they may only take drugs occasionally
Rocks	Street deals of crack cocaine
Runner	A drug courier in a retail market, often a young person
Sat nav	Satellite navigation device
Scanner	A radio receiver that can automatically tune to, or scan, two or more discrete frequencies. Used by criminals to monitor police movements.
Score bag	Lowest street deal, usually for heroin. Cost €20: hence score
Scoring	Street name for finding and buying drugs
Script	Prescription from general practitioner
Section 3	Misuse of Drugs Act, 1977, possession of any controlled drug without due authorisation (simple possession)
Section 15	Misuse of Drugs Act, 1977, possession of a controlled drug for the purpose of unlawful sale or supply (possession for sale or supply)
Stash	Quantity of drugs taken from a larger amount
Shit, muck, dirt, rubbish	Poor-quality drugs or reference to mixing agent or adulterant used to bulk up drugs
Shark	A loan shark – a person who lends money at very high rates of interest
Taking the rap	Taking the blame
Touts	Garda informants
Tracking form	Form used in court to process a prosecution
Twists, turns	Drug sellers taking turns dealing in a busy street market
Upjohns	Usually benzodiazepine
Water bed effect	Where, given the continuous demand for drugs, the arrest of one drug dealer leads to his/her immediate replacement by another. Or the removal of one local market leads to its re-emergence elsewhere. Also referred to as the 'balloon effect'
Weight	Someone who deals in weight can access a large quantity of drugs
Whack it out	Sell the drugs
Yokes	MDMA tablets (ecstasy)

# Abbreviations

<b>ATS</b>	Amphetamine-type substances (amphetamine, methamphetamine and ecstasy-group substances)
<b>CAB</b>	Criminal Assets Bureau
<b>CBRN</b>	Chemical, biological, radioactive and nuclear products
<b>CHIS</b>	Covert Human Intelligence Source
<b>CPF</b>	Community Policing Forum
<b>CSO</b>	Central Statistics Office
<b>CDLE</b>	Customs Drugs Law Enforcement
<b>DEA</b>	Drug Enforcement Administration
<b>DMR</b>	Dublin Metropolitan Region
<b>DTCB</b>	Drug Treatment Centre Board
<b>DTC</b>	Drug Treatment Court
<b>ED</b>	Electoral division
<b>EMCDDA</b>	European Monitoring Centre for Drugs and Drug Addiction
<b>ENCOD</b>	European Coalition for Just and Effective Drug Policies
<b>EUROPOL</b>	European Police Office
<b>EWODOR</b>	European Working Group on Drugs Oriented Research
<b>FBI</b>	Federal Bureau of Investigation
<b>FSN</b>	Family Support Network
<b>FSL</b>	Forensic Science Laboratory
<b>GNDU</b>	Garda National Drugs Unit
<b>HRB</b>	Health Research Board
<b>IADP</b>	Inter Agency Drugs Project
<b>ICGP</b>	Irish College of General Practitioners
<b>ICON</b>	Inner City Organisation Network
<b>IDPC</b>	International Drug Policy Consortium
<b>INCB</b>	International Narcotics Control Board
<b>IMB</b>	Irish Medicines Board
<b>Interpol</b>	International Criminal Police Organisation
<b>IPS</b>	Irish Prison Service
<b>ISIS</b>	Irish Sentencing Information System
<b>JPC</b>	Joint Policing Committee
<b>LSD</b>	Lysergic acid diethylamide
<b>MAOC-N</b>	Maritime Analysis and Operation Centre–Narcotics
<b>MDA</b>	Misuse of Drugs Act



<b>MDMA</b>	Methylenedioxyamphetamine
<b>MOU</b>	Memorandums of understanding
<b>NACD</b>	National Advisory Committee on Drugs
<b>NCIU</b>	National Criminal Investigation Unit
<b>NDC</b>	National Documentation Centre on Drug Use
<b>NDS</b>	National Drugs Strategy
<b>NSS</b>	National Support Services
<b>OCG</b>	Organised Crime Group
<b>OCTA</b>	Organised Crime Threat Assessment
<b>OCU</b>	Organised Crime Unit
<b>PRIS</b>	Prisoner Records Information System
<b>PULSE</b>	Police Using Leading Systems Effectively
<b>RAG</b>	Research Advisory Group
<b>RCS</b>	Revenue Customs Service
<b>ROSIE</b>	Research Outcome Study in Ireland
<b>SOCA</b>	Serious Organised Crime Agency
<b>SAHRU</b>	Small Area Health Research Unit
<b>SAPS</b>	Small Area Population Statistics
<b>SPR</b>	Standardised prisoner ratio
<b>SPSS</b>	Statistical package for the social sciences
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WCO</b>	World Customs Organization

# 1 Introduction

## 1.1 Summary

This thesis seeks to investigate an area that has been largely neglected in academic criminological study, namely the impact of drug markets and drug law enforcement strategies on local communities. In order to develop an understanding about community impact, empirical research was carried out within three particular local communities in Ireland; two sites in urban areas and one in a suburban area. These sites varied considerably in terms of population and geographic location. The basic selection criteria were that the areas should be sufficiently varied to provide a cross section of illicit drug markets in Ireland. The electoral divisions (ED) within the study sites chosen were those where deprivation levels were high (based on proportion of over-15s unemployed, proportion of population in social class 5 [Semi-skilled] or 6 [Unskilled], proportion of households with no car and proportion of rented or local authority housing). Data on the proportion of residents who had served prison sentences for drug offences were also used as an indicator. The identities of these sites have been concealed so as not to consolidate their reputation as illicit drug market locations. Central is an urban site encompassing 19 EDs with a population of some 60,000. Suburban is located within a suburban satellite town with a population of approximately 40,000. North City is an urban site, encompassing 20 EDs, with a population of 30,000.

The thesis raises important questions about the impacts or consequences, often unintended, that the application of particular drug law enforcement policies and strategies can have within and upon local communities. These policies may be developed at national or indeed transnational level, with little reference to the lived experiences of individuals in communities with actively operating drugs markets. Little reference is made in devising such policies to the potential impact that the application of particular policing strategies, for example, may have within an area. The thesis suggests that a significant disconnection exists between the development of strategies and policies for enforcement of drug laws, and the impact that such strategies and policies will have within local communities. In investigating and identifying the types of impact that these strategies have upon the lived experiences of individuals and communities, this thesis seeks to

provide a stronger evidence base for the development and formation of policies and strategies around drugs.

Drug law enforcement activities may have contributed to the relative containment of illicit drug use, and the authorities have had some success in disrupting drug markets and dismantling organised crime groups. However, there is little evidence in Ireland or internationally that such strategies have halted the expansion of the illicit drug market or reduced the criminal activities associated with it for any sustained period of time. Indeed, the consistent demand for illicit drugs often ensures that the removal of one drug trafficker creates a vacuum which is inevitably filled by another.

Where drug policy aims to alleviate drug-related harms to individuals and society, it must be informed by an understanding of how those harms are unevenly distributed throughout society. Similarly, control systems need to be developed, not in an atmosphere of moral panic, but through an understanding, developed through empirical research, of how current drug laws actually operate in relation to the markets they are seeking to affect and the communities whose problems they are purportedly designed to alleviate. The absence of criminology as a discipline and empirical research about the operation of the criminal justice system in Ireland has hindered evidence-made policy in this area. Through in-depth research with people involved in the illicit drug market in Ireland, as drug users or sellers, as professionals responding to it or as residents affected by it, and through an in depth analysis of Garda Síochána PULSE and Forensic Science Data, this research seeks to fill a significant knowledge gap in this important area of Irish drug policy.

The findings derived from this study have certain implications for policy makers. First, the complete removal of illicit drug markets through drug law enforcement is not an achievable goal in the foreseeable future. The aim here is to consider how future drug law enforcement, in particular, might evolve to address the complexities and particular harms associated with Irish drug markets. It is suggested that such an approach requires a more coherent approach to drug policy in which the role of law enforcement within an overall harm reduction strategy is clearly established and a change in the legal control framework through the decriminalisation of drug possession as part of such a public health approach. It also necessitates a more pragmatic use and co-ordination of existing resources and the targeting of those resources at the most harmful aspects of drug markets.

Second, not all drug markets are equally harmful. For example, some are more violent



than others and open markets cause more disruption to communities than closed ones. Third, law-enforcement interventions that focus on the particular harms associated with an individual market have the potential to have an impact on those harms and they may also lead to a more effective and economically viable use of public resources. Drug policy, including drug law enforcement, should proceed from an in depth understanding of the nature of drug-related harm.

Finally, approaches that seek to divert problematic drug users into treatment and that prioritise local community perspectives, and those that occur in collaboration with community representatives and other relevant agencies, in democratically established Community Safety Fora are more likely to be sustainable over time and to win public support.

## **1.2 Purpose of the study**

The purpose of this study is to explore the phenomenon of illicit drug markets in Ireland, to examine in particular how drug markets in three specific locations interact with their local host communities. It seeks to understand the thinking behind drug law enforcement and to describe the activities engaged in by garda drug units as they attempt to counteract local drug markets. Ultimately the study aims to assess this activity, from the perspective of garda members, those involved in drug markets as sellers and buyers and also from the perspective of the residents of the respective communities. There is a great deal of debate about the merits of the so-called 'war on drugs'. At present, there is also a major international focus on developing alternative approaches to responding to illicit drug markets and drug-related crime and to addressing the serious harm such markets can cause for the communities in which they can become embedded (Room and Reuter 2012). This includes debates and arguments about the legal status of drugs and suggestions that illicit drugs should be legalised or, at least, decriminalised. These debates have also tentatively begun in Ireland (Pike 2012a; Citywide 2012; O'Mahony 2008).

However, we currently know very little about these drug markets that apparently concern us so much (Connolly 2005), and we know even less about why or how the vast resources expended by the state through criminal justice and policing responses are utilized. We also have limited knowledge about the impact such activity has on these markets or on the safety of the communities in which they tend to develop. It is suggested that until we know more about these matters, debates about the future legal status of drugs will remain built on sand and efforts to enhance the safety of those communities where drug sale and use have had the most pernicious effects will remain under-informed and under-

developed. The aim of this study, in a time when policy is supposed to be evidence-based, is to provide some context to these issues and debates and to provide a basis for a more informed set of policy responses.

### **1.3 Genesis and background**

This thesis has its genesis in research I conducted while living in west Belfast between 1993 and 1997. The subject of this research was the controversial system of alternative or 'informal justice' that then existed in republican and, albeit in a less organised manner, loyalist areas at the time (Mulcahy 2006). The primary aim of my research, which centred on republican west Belfast, was to examine this phenomenon against the backdrop of the broader questions surrounding police legitimacy in the north of Ireland (Byrne and Monaghan 2008; Mulcahy 2006). The informal justice system involved a system of punishments and other interventions for anti-social behaviour and crime implemented by paramilitary organisations such as the Irish Republican Army in areas under their sphere of influence. A system of alternative justice had more-or-less co-existed with the formal policing and justice system since the beginning of the modern conflict in the north in the late 1960's (Connolly 1997; Hillyard 1993; Morrissey and Pease 1982; Munck 1988, 1982). For the republican movement<sup>1</sup>, the way the system generally operated was that a complaint would be made to a Sinn Féin member or elected councillor, often at one of the party's advice centres. The response could involve a range of possible actions, from warnings, mediation between disputing parties, curfews, fines/victim restitution, shaming and acts of public humiliation, physical assault, shootings and expulsion from a specific location, from the north or from the country as a whole. Between 1973 and the IRA ceasefire of 1994, republican paramilitaries carried out at least 1,199 punishment shootings and 364 assaults (Mulcahy 2006: 82). Some writers have criticised this activity as part of a process of the IRA exercising power and control over the community through terror and intimidation or as a means of keeping IRA volunteers busy, particularly during periods of ceasefire (O'Doherty 1998; Kennedy 1995).

However, my research led me to conclude that this was a jaundiced perspective and that the primary reason this system existed was because of significant community demand and support for the paramilitaries to respond to local crime and anti-social behaviour and because of the hostility that existed towards the then police force, the Royal Ulster Constabulary. Many other authoritative observers of the phenomenon have reached the same conclusion (McEvoy and Mika 2002; Brewer et al 1998). Furthermore, it was clear that the republican movement attracted a great deal of negative publicity, nationally and

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<sup>1</sup> Broadly defined as including the political wing Sinn Féin and the Irish Republican Army as its military wing.



internationally, as a consequence of the often brutal punishments it inflicted on mostly young working class males, not to mind how such activity distracted it from its primary objective of confronting the state. The pressure to address this contentious issue intensified as the peace process evolved and particularly around the time of the IRA ceasefire of August 1994. It was widely accepted in republican and nationalist communities that punishment beatings, although they might be popular, were ultimately ineffective in preventing crime (Connolly 1997). However, what was less clear was how they could be replaced (Auld *et al* 1997).

The issue of police reform was, as Mulcahy (2006: 90) states, one of the most 'heated aspects of the post-ceasefire period'. The ensuing public debate led to a number of 'popular', as distinct from 'official', conferences in republican and nationalist areas which provided such communities with, what Mulcahy (2006:90) describes as a 'rare opportunity to articulate their experiences of and views on (policing) issues and to have, perhaps, an input in shaping the policing service they received'. My research brought me into contact with many of those active in this debate at the time and I was invited to address a number of these local meetings and to write about the issues (Ardoyne Association 1994; Connolly 1995). My research also involved interviews with Sinn Féin councillors in Derry and Belfast. Ultimately, towards the end of my stay I conducted a series of in depth interviews with an IRA 'punishment squad' or 'Civil Administration Unit' on the Falls road, the republican heartland of west Belfast, where I was resident at the time.

During one of the IRA interviews, the focus of the discussion moved to what was happening in Dublin at this time, where there had been a recent upsurge in community-based activity, involving community meetings, street protests and similar types of informal justice directed against alleged drug dealers. This came about largely as a consequence of a succession of heroin-related deaths in the inner city. A great deal of local community hostility was directed against the Garda Síochána, who were accused of being indifferent to and/or incapable of responding to the local drugs issues (Lyder 2005; Murphy-Lawless 2002; Connolly 1998). For those I spoke to in Belfast, although they were living in a virtual war zone, a major concern that was fuelling the community debates about policing was that in the wake of the IRA ceasefire and as the peace process developed, working class communities would develop the same problems that Dublin faced. The informal justice system, and the IRA's anti-drug stance, along with the high levels of police and military surveillance throughout the north during the conflict, had served to suppress drug misuse and drug dealing (McEvoy, McElrath and Higgins 1998). These fears would ultimately come to be realised, as a lessening of formal and informal controls in the post-ceasefire period would see an increase in the distribution, sale and consumption of illicit

drugs, including heroin throughout the north (Higgins, Percy and Mc Crystal 2004; Higgins and McElrath 2000).

The absence of an effective state and policing response to open drug dealing and drug-related crime in many housing estates in Dublin, and poor garda community relations in such areas, had led to the emergence of community self-policing in the form of the *Concerned Parents Against Drugs* (CPAD) movement in the 1980s, when the heroin problem first emerged (Bennet 1988). The resurgence of the heroin problem in the mid-1990's led to the emergence of the Coalition of Communities Against Drugs (COCAD) (Lyder 2005; Murphy-Lawless 2002; Connolly 1998, 1997; Mc Cullagh 1996).

Organisations such as the CPAD and COCAD became controversial due to their tactics of street patrols and marching on and evicting alleged local drug dealers. Although these organisations also called for proper health responses to local drug addiction, such so-called 'vigilante' tactics combined with the fact that some of their membership included members of the republican movement in Dublin, would inevitably draw them into conflict with the policing arm of a state desperate to protect itself from the overflow of the conflict north of the border (Mulcahy 2002). The media would also perform a role in representing such community-based activity as a proxy subversive movement or as a Sinn Féin 'front' <sup>2</sup>. The emergence of the CPAD and COCAD reflected primarily 'the lack of police engagement with community concerns and especially the low priority accorded to meeting the needs of marginalized groups' (Mulcahy 2002:288). It also reflected the historical reality of poor police community relations in such communities (Conway 2010; Mulcahy and O'Mahony 2005; Connolly 2002, 1998; McCullagh 1996). As Mulcahy (2002:288) observes, 'the primary factor associated with the lack of an effective governmental response to serious drug abuse in Dublin was not so much the imperative of state security as indifference and inertia'.

This indifference would be severely shaken by events in mid-1996, a year widely regarded as representing a watershed in the evolution of Irish policy on drugs (O'Mahony 2008). The assassination in July of that year of Veronica Guerin, a high profile journalist<sup>3</sup> who

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<sup>2</sup> Lyder (2005:18) states that a documentary on RTE's Today Tonight programme broadcast following the publication of the Bradshaw report discussed above focused on the experience of the Hardwicke Street community and 'highlighted the involvement of Christy Burke and implied that Sinn Féin had infiltrated the community-based anti-drugs campaign. Allegations that the campaign was in some way a Sinn Fein front would become a standard feature of *Today Tonight* coverage in upcoming years'.

<sup>3</sup> In an incisive analysis of Guerin's activities as a crime reporter, O'Reilly (1998:180-181) implicates her employer, the *Sunday Independent* in her assassination, by exposing her to the risk of death to sell newspapers: 'Veronica was not revealing truth that would otherwise have been hidden. There was a choice made, in terms of the way her stories were presented and marketed, with Veronica at the centre. The fearless young woman reporter....It does...stretch credibility to believe that the people who were able to create such a highly successful and marketable package, with so much weekly tension and conflict, had no understanding of the risks faced by its central "character". The fact that she was meeting dangerous men, men who used guns, nailed people to floors and approached her with iron bars, was the sub-text to many of her crime stories.'. Quoting from Irish Times columnist, Fintan O'Toole, 'It's Disneyworld....it's a film happening before the



had written a number of exposés about criminals linked to the illicit drug trade was a catalyst for a range of legislative and policy initiatives introduced in response to a drug problem that increasingly appeared to be beyond the capacity of the state and the Garda Síochána to manage (Butler 2002). These included measures aimed at addressing both the supply of and the demand for drugs. Perhaps the most important initiative introduced in that year, at least in terms of its enduring legacy, was the establishment of the *Ministerial Task Force on Measures to Reduce the demand for Drugs* (1996) (Butler 2007). The recommendations of the first report of this committee (hereafter the Rabbitte Report) would ultimately form the basis of the ensuing *National Drugs Strategy 2001-2008: Building on Experience* (2001), described as 'by far the most lengthy and detailed drugs policy document ever produced in Ireland' (Butler and Mayock 2005:419)<sup>4</sup>. What was particularly significant about the Rabbitte Report was the 'explicit' and 'unequivocal' acceptance by Irish policy makers for the first time of the link between problem drug use, particularly involving heroin, and social exclusion (Butler 2007:132).

The subsequent National Drugs Strategy 2001-2008 (NDS), which was based largely on the recommendations of the Rabbitte Report, set out 100 detailed actions and key performance indicators across the four pillars of supply reduction, prevention, treatment and research (Department of Tourism Sport and Recreation 2001)<sup>5</sup>. It would also establish an elaborate policy infrastructure through which these aims would be delivered incorporating Government Ministers at cabinet level and representatives at community level in the areas most affected by the drugs problem<sup>6</sup>. Responsibility for implementing the 100 actions would be specifically assigned to various government departments or state agencies. The NDS has resulted in a number of significant improvements in policy responses to the drugs issue (Connolly *et al* 2012). Butler (2007:141) identifies the introduction of 'a managerial philosophy and accompanying structures' that have led to 'a more normalized and routinized style of drug policy making'. O'Mahony (2008:87-92) highlights the 'significant boost in harm reduction, treatment and preventative approaches since 1996...(including) a massive expansion in the provision of methadone maintenance, from 440 registered users on methadone maintenance in 1995 to over 7000 in 2005', while Pike (2008) notes the significant progress made in improving the evidence base

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film rights have been bought' (Ibid 180). Two films shortly followed her death, *When the Sky Falls* in 2000 and *Veronica Guerin* in 2003, directed by Joel Schumaker and starring Cate Blanchett as Veronica.

<sup>4</sup> For a detailed analysis of the National Drugs Strategy 2001-2008, the structures established under it and more recent policy developments see Pike (2008)

<sup>5</sup> Following a mid-term review of the first strategy, a fifth pillar for Rehabilitation was added in the current strategy.

<sup>6</sup> The policy infrastructure would incorporate the following: Cabinet Committee on Social Inclusion, Minister of State with responsibility for drugs, Inter-Departmental Group on Drugs, National Drugs Strategy Team, National Drug Rehabilitation Committee (added in 2007) and Local Drugs Task Forces (Regional Task forces would be added subsequently as the drug problem began to spread throughout the country). For an analysis see Pike (2008).



about the extent and nature of the drug problem<sup>7</sup>.

However, reflecting on whether the NDS has attained its goal of delivering joined-up and effective responses to the problems of illicit drug use, Butler (2007:138) suggests that it has failed to address a primary tension between two conflicting perspectives: 'one based within a healthcare paradigm and the other within a criminal justice or legal paradigm. In the former, drug users are viewed as pathological and in need of therapy, while in the latter they are viewed as immoral rule-breakers deserving of exemplary criminal justice sanctions'. While acknowledging the expanded healthcare services for problem drug users and the application of the social exclusion perspective on the drugs issue, criminal justice policy has, concludes Butler, remained 'resolutely tough' (p138). In support of this contention, Butler cites the mandatory minimum sentencing provisions of the Criminal Justice Act, 1999, which 'would impose very severe jail sentences not only, perhaps not even primarily, on high level drug dealers, but also on low level dealers quite likely to be themselves drug dependent' (p138).

The elevation of a criminalisation response rather than a public health approach to Ireland's drug issues can be traced back to developments in the Dublin illicit drug market between the late 1970's and early 1980's. In Ireland, drug policy in general has largely been shaped by the Misuse of Drugs Act, 1977. The passage through the Irish parliament of this Act was, politically, a very calm and indeed measured, affair (Butler 2002). This can be explained by the fact that the use of drugs was not regarded as a serious issue at that time<sup>8</sup> and that the Government of the day did not see criminal justice sanctions as the 'primary or most useful way to tackle drug problems' (Butler 2002: 111)<sup>9</sup>. In an effort to strike a balance between control and treatment approaches, the Misuse of Drugs legislation obliged the courts to consider an offender's medical and social needs prior to sentencing and also permitted the courts to commit such persons to a designated custodial treatment centre<sup>10</sup>. The Act also made special provisions for cannabis possession

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<sup>7</sup> Data sources include all Ireland drug prevalence surveys conducted by the National Advisory Committee on Drugs (NACD) and the Drug and Alcohol Information and Research Unit of Northern Ireland (DAIRU) Surveys for 2002/3, 2006/2007, 2010/2011 available at [www.nacd.ie](http://www.nacd.ie). The NACD was established in 2000 to commission research on drug issues so as to provide a link between research and policy making. See [www.nacd.ie](http://www.nacd.ie). The National Documentation Centre on Drug Use was established in 2002 as a resource library on all aspects of drug use for the policy and research communities. See [www.ndc.ie](http://www.ndc.ie). See Pike (2008: 42-43) for a review.

<sup>8</sup> Data presented in the Interim Report of the *Working Party on Drug Abuse*, the first official committee to examine drug problems and make recommendations on future drug policy in Ireland shows that, in September 1969, 'there were approximately 350 persons known to the Gardai as drug abusers in Dublin; by December 1970 this figure had grown to 940...The most commonly abused drugs at this time were cannabis and LSD; neither heroin nor any of the synthetic opiates were in common use and there was no evidence of large scale commercial drug dealing' (Butler 2002;11).

<sup>9</sup> Butler, in examining the setting up of the *Working Part on Drug Abuse* highlights in particular the role of Garda Síochána Detective Sergeant Denis Mullins, the head of the Garda Drug Squad. The Drug Squad was established in 1967, largely as a result of Mullins' efforts to highlight what he saw as the growing drug problem in Dublin.

<sup>10</sup> Section 28. This obligation became discretionary upon the enactment of the Misuse of Drugs Act, 1984. See discussion in Charleton (1986) Chapter 14.

offences to be treated more leniently at the sentencing stage relative to offences involving other more harmful drugs. In its approach to the Misuse of Drugs Act, the legislature had, according to Butler, 'avoided the worst excesses of societal over-reaction to this new and controversial social problem' (p129). This relatively enlightened approach would not last very long however.

The Misuse of Drugs Act, 1984, introduced a few years later with surprising haste<sup>11</sup>, made it an offence to publish, sell or distribute literature which advocated the use of controlled drugs<sup>12</sup>, created the offence of drug importation for the purpose of supply<sup>13</sup> and increased the maximum penalty for drug trafficking from fourteen years to life imprisonment<sup>14</sup>. The mandatory requirement that judges should defer sentencing convicted drug offenders pending medical and social reports was dropped while the liberal soundings about cannabis heard during the debates on the 1977 Act were replaced by a climate in which legislators 'concentrated on the evil which was deemed to be inherent in all illicit drugs' (Butler, 2002:143)<sup>15</sup>.

Also, despite the gentle tenor of the debate surrounding the passage of the Misuse of Drugs Act 1977, its significance should not be underestimated, both in terms of the powers it conferred on the Garda Síochána<sup>16</sup> and in terms of its function as the primary policy instrument through which the Irish state would respond to the drugs crisis into the future (O'Mahony 2008)<sup>17</sup>. Indeed, for O'Mahony (2008), the Misuse of Drugs Act, 1977, is at the 'heart of the prohibitionist system and the manner and effectiveness of its enforcement to a significant extent defines the reality of the Irish "war on drugs"' (p68). As the Irish market for illicit drugs expanded rapidly in the years immediately following the Act, with heroin in particular exercising an increasingly corrosive hold on

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<sup>11</sup> The legislation was introduced in June 1984 and by August of that year it had passed all stages, been signed by the President and the commencement order for its implementation had been made (Butler 2002:143).

<sup>12</sup> Section 5 Misuse of Drugs Act, 1984. See discussion of these provisions in Charleton (1986) Chapter 12.

<sup>13</sup> Section 7(1)(a). See Charleton (1986:85).

<sup>14</sup> The offences of possession of controlled drugs for the purpose of supply, contrary to section 15 of the Misuse of Drugs Act, 1977, and of importation of controlled drugs for the purpose of supply contrary to s.7 of the 1984 Act, now carried life imprisonment.

<sup>15</sup> Butler (2002:143) refers to a paper prepared by Inspector John McGroarty of the drug squad entitled 'Cannabis: A Cultural poison' that was used as a source by the Minister of State at the Department of Justice, Nuala Fennell TD.

<sup>16</sup> Charleton (1986) describes the search powers provided to the Gardaí by virtue of the Misuse of Drugs Acts 1977 and 1984 as 'especially comprehensive' (p35) and involving at the time 'substantial inroads upon the liberty of the citizen' (p37).

<sup>17</sup> O'Mahony (2002:5) argues that the Irish response to drug is 'first and last a matter of criminal justice policy' and that those 'who work to ameliorate drugs problems in the areas of public health, harm reduction and social inclusion, tend to forget or minimise the powerful, defining role of the criminal law'. The 'paramount influence of the criminal law in drugs policy is the enduring reality', he concludes, 'which ensures that Ireland remains resolutely prohibitionist despite all its concessions to harm reduction'. O'Mahony acknowledges however that it is not possible to characterise Irish criminal justice policy on drugs in a simple formula given the overlap and interaction between 'health, social, economic and criminal justice policies' on drugs, 'the intention of such policies, their implementation and their planned and unplanned effects' (p5).



disadvantaged inner-city and suburban Dublin neighbourhood's (Dean *et al* 1983)<sup>18</sup>, it seemed that the passage of ever harsher drug laws would become the default response of Government<sup>19</sup>.

The introduction of the Misuse of Drugs Acts of 1977 and 1984 meant that Ireland could now ratify the United Nations Single Convention on Narcotics 1961 and the Convention on Psychotropic Substances 1971, thereby adhering to its obligations within the 'global drug control system' (Bewley-Taylor 2012: 8)<sup>20</sup>. These treaties have been characterized as reflecting the US-inspired 'highly moralistic...war on drugs' approach to drug policy (Butler 2007:128), one that is premised on eliminating drug supply by targeting producers and traffickers. O'Mahony (2008:82) however, characterizes Irish drugs policy in the 1970's and 1980's as involving a combination of a 'cops' (law enforcement) plus 'docs' (harm reduction<sup>21</sup>) approach within a general prohibitionist framework. In the mid- 1980's to the early 1990's, concern over AIDS and, in particular, the high incidence of HIV cases linked to the sharing of needles by injecting drug users, saw a renewed focus on harm reduction practices and services such as drugs clinics providing methadone maintenance, needle exchange and outreach services (Butler and Mayock 2005; Clarke *et al* 2001)<sup>22</sup>.

Public health concerns would continue to be a major influence on drug policy throughout the next fourteen years. It can be argued however, that this public health strategy was primarily concerned with protecting non-drug-using society from becoming infected with HIV as problematic drug users remained heavily stigmatized as a group in Irish society

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<sup>18</sup> The study by Dean *et al* (1983), popularly known as The 'Bradshaw report' would provide stark evidence of the prevalence of heroin use in the north Dublin inner city, with a ten per cent prevalence rate among the 15-24 age group and a 12 and 13 per cent prevalence rate for boys and girls respectively in the 15-19 age group. See discussion of the background to this study by Butler (2002) who describes it as 'simply giving a scientific gloss to the statistics which local (drug) activists had already compiled' (p139). Activists in the north and south inner city and in Ballymun, a suburban high rise estate on the outskirts of Dublin, engaged in 'popular epidemiology...in an attempt to persuade the Department of Health and the Eastern Health Board that their communities were experiencing a new and unprecedented wave of heroin use' (p154).

<sup>19</sup> Butler (2002) states that 'by 1979, when the Misuse of Drugs Act, 1977 was brought into operation, there were already grounds for believing that the much vaunted balance between treatment and control was illusory; treatment services had not been developed and sustained' (p130). In relation to the passage of the Misuse of Drugs Act, 1984, which arose following recommendations of a committee established in response to the 'Bradshaw report', he states that 'supply reduction by vigorous enforcement of the criminal law continued to be the most uncomplicated and least uncomfortable policy response as far as the Government was concerned'(p143).

<sup>20</sup> Bewley-Taylor (2012) suggests that the impact of these conventions is to impose an obligation on Nation Parties to 'adhere to the central prohibitive norm of the global drug control system', a system which he argues represents the adoption of 'US-style prohibition-based policies...built predominantly upon law enforcement and attempts to eliminate supply by targeting producers and traffickers'(p8). Although prevention and treatment approaches embody important 'non-punitive elements' within the approach, Bewley-Taylor concludes that 'zero-tolerance ideology can be seen to include what has been called a war against drug users' (pp7-8).

<sup>21</sup> 'Harm reduction', according to the International Harm Reduction Association (IHRA), refers to policies, programmes and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption.

<sup>22</sup> Butler and Mayock (2005:418) describe Irish healthcare policy with regards to drugs as moving, by stealth, from a position up to the mid-1980s, of reinforcing 'criminal justice supply reduction measures by only providing treatment and rehabilitation systems which were abstinence oriented' to the adoption of a harm reduction approach, 'one which prioritised HIV prevention and was prepared to tolerate varying levels of ongoing drug use among its clients'.



(Lloyd 2010; Butler and Mayock 2005; MacGreil 1996). Their 'folk devil' (Cohen 1980) status was confirmed for some commentators by evidence in the mid-1990s linking them with high rates of property crime (Keogh 1997; Charleton 1995) and in robbery and aggravated burglary offences involving the use of syringes filled, apparently, with HIV-infected blood (O'Mahony 2008; Kilcommins *et al*/2004; Connolly 2005)<sup>23</sup>.

The Criminal Justice Act, 1999, highlighted above by Butler (2007) was just one of a number of draconian drug supply reduction measures introduced in the wake of Veronica Guerin's death in 1996. A plethora of new laws introduced over the past fifteen years have, according to a number of commentators, represented a form of legislation by 'moral panic' (Cohen 1980)<sup>24</sup>, primarily in response to drug-related crime (Hamilton 2005a 2005b; O'Donnell and O'Sullivan 2001; Meade 2000).

The Criminal Justice (Drug Trafficking) Act 1996 allowed for the detention of suspected drug dealers for interrogation for up to seven days. Keane (1997) suggests that the passage of the Act, which received widespread support across the floor of the Oireachtas, was not preceded by any empirical, medical or criminological research and was not accompanied by any logical explanation as to why such police detention powers were necessary or proportionate. The Act also introduced restrictions on the 'right to silence'. Ryan (1997) asserts that an amendment to the Act, rushed through Cabinet on the eve of its passage and accepted the following day without any debate has, in effect, raised a question as to whether an accused in a criminal trial continues to enjoy the presumption of innocence. Further restrictions on the right to silence would later be introduced in the Criminal Justice Act's of 2006 and 2007 (McGillicuddy 2008; Coen 2008).

The Criminal Assets Bureau Act 1996 and the Proceeds of Crime Act 1996 set up the Criminal Assets Bureau and provided it with the powers to seize the illegally acquired assets of criminals involved in serious crime (McCutcheon and Walsh 1999). If, as Keane (1997) suggests, the Criminal Justice (Drug Trafficking) Act 1996 led indirectly to a reversal of the burden of proof in criminal trials, the Proceeds of Crime Act did so explicitly. The Act enables the state to remove the property of citizens that it believes to be the proceeds of crime, by means of a civil process and without the requirement of a criminal conviction, thereby bypassing the traditional protections of the criminal law.

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<sup>23</sup> For a quite sensational albeit fairly typical commentary on the link between the 'drug addict' and the increase in crime during this period see Charleton (1995) and for a critical response to this article see Murphy (1996) and Connolly (1998).

<sup>24</sup> Cohen (1980:9) defines a moral panic as 'a condition or episode, (where a) person or group of persons emerges to become defined as a threat to societal values and interests; its nature is presented in a stylised and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politicians and other right-thinking people... Sometimes the panic passes over and is forgotten... at other times it has more serious and long-lasting repercussions and might produce such changes as those in legal and social policy or even in the way society conceives itself'.

Meade (2000), drawing from Moral Panic theory, provides a detailed account of the passage into law of the Proceeds of Crime Act, 1996. He describes how the use of terms in the media and in parliamentary speeches, such as "Al Capone", the "godfathers of crime" and the "mafia", created the impression that "organised crime" was an established and overwhelming reality in Irish society. The Act began as an opposition Private Member's Bill one week after the Guerin assassination and was passed and signed into law by the President five weeks later.

The passage of a referendum restricting the right to bail and allowing for preventive detention, something previously unconstitutional under Irish law, led to the Bail Act 1997 (Kilcommins *et al*/2004). The Criminal Justice Act 1999, referred to above by Butler as symptomatic of the 'resolutely tough' approach of criminal justice policy, introduced mandatory minimum sentences of ten years for certain drug dealing crimes involving drugs with a street value of €12,700 or more. According to the Law Reform Commission (2011), the changes introduced in this legislation 'marked an important turning point in the Irish sentencing regime which had until 1999 – with the exception of the sentences for murder and capital murder – accorded primacy to judicial discretion in the determination of sentences' (p.102). The Criminal Justice Act of 2006 and the Criminal Justice (Amendment) Act 2009 created, for the first time, the offence of participation in a criminal organization and made provision to enable all organised crime offences to be declared scheduled offences for the purpose of trial in the Special Criminal Court, which operates with three judges and without a jury (Conway and Mulqueen 2009)<sup>25</sup>. As Meade (2000) points out, media and parliamentary rhetoric about the growth of organised crime had, a few years earlier, been influential in the passage of the Proceeds of Crime Act, 1996. Grolimund and Durac (2009:51), in summing up the various legal measures introduced since 1996 state: 'Much like the Bail Act of 1997, these latest legislative measures...are simply the latest in a line of ill-thought-out and knee-jerk reactions designed to appease an electorate weary of reports of "rampant" gangland crime and the apparent inability of the Gardaí to deal with it'.

O'Donnell and O'Sullivan (2001:3) assert that the reaction to the killing of Veronica Guerin was a 'textbook case of a "moral panic"'<sup>26</sup>. This reaction has also been classified in terms

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<sup>25</sup> Section 3 of the 2009 Act amends section 70 of the Criminal Justice Act 2006 and defines a 'criminal organisation' as 'a structured group, however organised, that has as its main purpose or activity the commission or facilitation of a serious offence'. A 'structured group' is defined as: 'a group of 3 or more persons, which is not randomly formed for the immediate commission of a single offence, and the involvement in which by 2 or more of those persons is with a view to their acting in concert; for the avoidance of doubt, a structured group may exist notwithstanding the absence of all or any of the following: a) formal rules or formal membership, or any formal roles for those involved in the group ;b) any hierarchical or leadership structure; c) continuity of involvement by persons in the group.'

<sup>26</sup> It should also be noted that some prominent legal and media commentators were highly critical at the time of the state reaction to the death of Veronica Guerin. Browne "Litany of Repressive Measures emanating from the Airwaves is not an



of what David Garland (2001:134) describes as a process whereby policymaking becomes a form of 'acting out that downplays the complexities and long-term character of *effective* crime control in favour of the immediate gratifications of a more *expressive* alternative. Law making becomes a matter of retaliatory gestures intended to reassure a worried public and to accord with common sense, however poorly those gestures are adapted to dealing with the underlying problem'<sup>27</sup>.

Although the concept of Moral Panic, since its introduction by Cohen (1980) has become extremely influential and is used widely in media, and by political and academic commentary, it has also come in for criticism. Young (1994) has argued that criminologists using the concept have been guilty of focusing on the reaction to crime within society and by the criminal justice system while ignoring and downplaying the significance of crime for its victims<sup>28</sup>. For example, two pieces of legislation introduced in the immediate aftermath of Veronica Guerin's death had widespread support at community level. The Housing (Miscellaneous Provisions) Act 1997, enabled local authorities to evict individuals for drug-related antisocial behaviour while the Criminal Justice (Non-fatal Offences against the Person) Act, 1997 was introduced to address robberies and aggravated burglaries involving HIV-infected syringes. These two pieces of legislation were introduced in response to pressure from local communities to address open drug dealing by some residents in local authority housing estates and, with regard to the latter, to address the large increase in such offences between 1994 and 1996 (Connolly 2006:84)<sup>29</sup>.

Although the Housing (Miscellaneous Provisions) Act 1997 was supported by many of those living in local authority housing complexes, a number of writers have been critical of its overall impact in addressing local drug-related crime and anti-social behaviour (Lawless and Cox 2003; Connolly 2003; Murphy-Lawless 2002; Cox and Lawless 1999; Memery and Kerrins 2000). It has been described as an 'overly "blunt instrument" which serves to penalise innocent parties (adult family members who are not engaged in anti-social behaviour and/or children) as well as targeting the identified culprit/offender' (Rourke 2001: 33). Others have suggested that it has simply moved problems elsewhere rather

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appropriate Response" Irish Times 28 June 1996; Walsh "States of Emergency are not the Answer" Irish Times 29 June 1996; "Warnings against extreme Reaction to Murder" Irish Times 2 July 1996; "The Case for a Commission" Irish Times 2 July 1996; "The Response to Organised Crime" Irish Times 3 July 1996; Cusack "Garda unconvinced by Crime Measures" Irish Times 4 July 1996; Holland "Lessons of the Past show Hard Cases make Bad Law" Irish Times 4 July 1996; "The Debate on Crime" Irish Times 6 July 1996. Referenced in Law Reform Commission (2011).

<sup>27</sup> For a comprehensive analysis of criminal justice policy and practice in Ireland, that views it through the lens of Garland's influential study *The Culture of control: Crime and Social Order in Contemporary Society* see Kilcommins *et al* (2004)

<sup>28</sup> For a detailed consideration of moral panic theory see Hamilton (2005a, 2005b)

<sup>29</sup> The policy of evicting drug pushers from local authority housing estates was advocated by a public representative in the north inner city and prominent anti-drugs activist Tony Gregory. See discussion in Gilligan (2011:125)



than resolve them, possibly contributing to an increase in homelessness in the process. The reduction in syringe attacks subsequent to 1996 has been attributed to an increase in drug treatment provision including needle exchange services and an increase in employment among problematic drug users rather than to a change in the criminal law (O'Donnell and O'Sullivan 2001; Connolly 2006)<sup>30</sup>.

Local community support throughout Dublin in particular, for the eviction of drug dealers and in response to syringe attacks, can be understood in the context of the lived experience of and visible threat posed by open drug dealing and drug-related crime, problems that many communities had been contending with since the first heroin epidemic of the late 1980's. Community leaders were also demanding that assets seized from convicted drug dealers under the Criminal Assets legislation should be re-invested in those communities from which much of this ill-gotten income was derived in the first place (Gilligan 2011). For such communities, the primary focus was not on changing the criminal law but on addressing community decline, building community resilience and enhancing day-to-day community safety<sup>31</sup>. Along with the informal self-policing activities of the CPAD and COCAD, numerous other community-led organisations would emerge to articulate their grievances and advance solutions.

This grassroots community action in the areas most affected by the drugs problem also had an influence on policy developments (Butler 2002; Flynn and Yeates 1985). Community-based organization that had an impact on the Rabbitte Report and subsequent National Drugs Strategy were the Inner City Organisation Network (ICON)<sup>32</sup>, the Inter Agency Drugs Project (IADP), which would become a prototype for the Local Drugs Task Forces<sup>33</sup> and the Citywide Drugs Crisis Campaign, established in 1995, as an umbrella group to bring together Dublin communities that were struggling with the heroin crisis at the time<sup>34</sup>. For these organisations, and the people they represented, despite the

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<sup>30</sup> O'Donnell and O'Sullivan (2001:127) suggest that the decrease in robberies and aggravated burglaries involving HIV-infected syringes between 1996 and 2002 can be explained, not as a result of the passage of the Criminal Justice (Non-fatal Offences against the Person) Act 1997 but as a consequence of the improvement of treatment provision during this period including methadone substitution treatment and needle exchange services. It may also have been helped by the increase in employment among dependent drug users, something which would have reduced their dependence on crime as a means of paying for drugs. Two Garda Síochána studies of drugs and crime conducted in 1997 and 2004 revealed unemployment rates among their samples of 84% (Keogh 1997) and 55% (Furey and Brown 2004) respectively. See discussion in Connolly (2006:75)

<sup>31</sup> For discussion and analysis of such approaches elsewhere see Currie (1997) and Shaw and Mc Kay (1969).

<sup>32</sup> ICON also supported street marches and public campaigns to draw attention to open drug dealing in the north inner city. From a local policing perspective however, ICON and, specifically the IADP, wanted to see a structured community policing arrangement developed with the Garda Síochána (Murphy-Lawless 2002). The CPAD in the 1980s was opposed to working with the Garda Síochána on the basis that if it was seen to be collaborating with the Gardai, local residents, hostile to the Gardai, would not provide it with the information it needed to identify local drug dealers (Bennet 1988).

<sup>33</sup> The Rabbitte Report (1996) stated that it was 'impressed with the positive impact of the IADP in Dunlin's North Inner City' (p45)

<sup>34</sup> The IADP and Citywide were established in 1995 by the Inner City Organisation Network (ICON). The IADP focused on drug education, prevention, treatment, rehabilitation and supply control. It was ultimately used as a prototype for the Local

significant progress made in terms of the National Drug Strategy described above, many of the issues they were established to address remain as pressing, and indeed worse, at the time of writing, despite all of the changes to the criminal law since Veronica Guerin's death in 1996 (Citywide 2012)<sup>35</sup>. And although the Rabbitte Report acknowledged that those communities that had borne the brunt of the harms associated with the opiate epidemic needed to be represented in future policy structures so that change could be delivered 'on the ground', many community-based activists and organisations believe that this enlightened attitudes no longer characterises government policy (Citywide 2012).

During this period, between 1993 and 1997, in a peripatetic state, I was moving regularly between Dublin and Belfast. While in Dublin, I was also participating in local debates about policing and justice issues, largely in response to the drugs crisis. With regards to what was happening in the north, it became increasingly apparent to me, that even with a settlement of the constitutional questions at the heart of the conflict, something that would ultimately be facilitated by the Belfast Agreement of 1998, the policing issues would remain far more complex and intractable. Ultimately these issues would be sidelined during the main talks process and addressed by the Patten Commission, which would issue its report in 1999 (Patten Report 1999). It would take a further ten years for Sinn Fein to sign up to the new policing arrangements however (Byrne and Monaghan 2008).

Upon completing my work in the north, it became clear to me that, leaving aside the issues of sovereignty and state legitimacy, the absence of a locally accountable policing service in many communities there, was something that was equally felt in many communities throughout the Irish state. Although the historical development of policing was obviously dramatically different in both parts of the island, community meetings in West Belfast and inner-city Dublin were largely debating the same thing: how to develop community safety structures and processes that could win the support and active engagement of local working class communities, then largely hostile to and alienated from the public police, whether the Royal Ulster Constabulary or An Garda Síochána. Prior to leaving Belfast, at the invitation of a community-based research organisation, the Centre for Research and Documentation, I developed these ideas further and they were published in a pamphlet: *Beyond the Politics of Law and Order: towards community*

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Drugs Task Forces which form part of the infrastructure of the National Drugs Strategy. ICON was formed in 1993 by activists in the north inner city to develop a community based response to economic disadvantage, social exclusion and long-term unemployment. These organisations campaigned for a holistic approach to the drugs problem, incorporating education and prevention, treatment, rehabilitation and supply control, and that involved the communities most affected working in partnership with statutory bodies

<sup>35</sup> Although the CityWide Drugs Crisis Campaign has recently called for a debate on decriminalisation (Citywide 2012). This will be discussed further below.



*policing in Ireland* (Connolly 1997)<sup>36</sup>.

Upon my return to Dublin from Belfast in 1997, I was appointed as an advisor to a committee that had been formed in Dublin's north inner city to develop a community policing and estate management forum. My involvement in this initiative would lead to an intensive engagement with local crime and policing problems in this and other locations over the next few years and the development of ideas around community policing and community safety in general, and it would ultimately lead me to undertake this thesis. My role with what was subsequently re-named the north inner city Community Policing Forum (CPF) involved advising the CPF Management Board, the Chairman of which was a prominent politician and anti-drugs activist, Tony Gregory TD (Gilligan 2011). The board also included representatives of the local drugs task force, the local community, the Garda Síochána and a representative of Dublin City Council. My role also involved working with the coordinator and secretary of the CPF, two local residents. My experience with the CPF provided me with an insight into the level of alienation and detachment that existed between local residents and the Garda Síochána. This was illustrated for example, by the efforts we had to undertake to encourage local residents to attend the first meeting of the CPF in the local Garda station. This involved seven months of preparation, 52 local community meetings and the distribution of four and a half thousand leaflets (Connolly 2002).

My involvement with the CPF was directly linked to a further study I was commissioned to undertake in the north inner city on behalf of the Local Drugs Task Force: *Drugs, crime and community – monitoring quality of life in the north Dublin inner city* (Connolly 2003). This qualitative research involved a door-to-door survey of local residents' concerns about drug dealing, policing and anti-drugs activity in the community. One of the most significant findings of this study was that it highlighted the levels of fear that existed locally about drug dealers and how this impacted on local residents' willingness to engage with local policing structures such as the CPF, something that helped to explain the difficulties we encountered in trying to encourage local residents to attend the first meeting of the CPF. A similar finding arose from a subsequent study I conducted in Blanchardstown, west Dublin, on behalf of the Local Drugs Task Force there. The purpose of this study was to investigate how a similar community policing initiative could be developed in this area and to propose a possible structure and approach (Connolly 2004). The challenges of developing effective partnership arrangements between local residents

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<sup>36</sup>The importance of developing meaningful community policing structures in the north was also highlighted by other commentators (McGarry and O'Leary 1999; Brogden 1998) and this dimension of the policing problem would ultimately be progressed significantly with the reform process brought about following the recommendations of the Patten report on policing (Patten Report 1999).



and the Garda Síochána were again highlighted to me when I was asked to evaluate a pilot project that had been developed in Crumlin in Dublin in order to reduce local drug supply (Connolly 2006c). The unpublished report highlighted a number of tensions between community representatives on the one hand, and the Garda Síochána and Dublin City Council on the other, tensions that were understandable from all perspectives but that proved extremely difficult to overcome.

In 2004 these, what I would regard as largely positive, attempts to address the major challenges confronting police-community relations were threatened with being overtaken and possibly undermined by developments at a national level. The Garda Síochána Bill, 2004, perhaps the most significant legislative initiative undertaken in relation to the accountability of the force since its establishment in 1925, also contained provisions for the establishment of localized policing structures or Joint Policing Committees (Conway 2010). In early 2005 I was invited by the Joint Oireachtas Committee on Justice, Equality, Defence and Women's Rights to assist it in its deliberations on aspects of the Bill. The Committee had decided to conduct a review of community policing in Ireland with particular reference to the issue of co-operation between An Garda Síochána, Local Authorities and local communities, something that was provided for in Part 4 of the Bill. The Committee received a number of written and oral submissions from a range of interested groups and individuals. My role on behalf of the committee involved attending all of the public hearings and drafting a report for the committee on the general concept of community policing including international and Irish experiences, on the specific provisions of the Garda Síochána Bill 2004 then under discussion and on the hearings themselves (Connolly 2005b). It was also suggested that I would draft a set of recommendations arising from the hearings and the report to assist the committee. Most of these recommendations were accepted but it was subsequently explained to me in confidence by a member of the committee that a recommendation in which I suggested that representatives of the local communities most affected by crime as well as Non-Governmental Organisations (NGO's), should have a statutory right to be included on Joint Policing Committees, had caused major disagreement within the committee.

At the time of the hearings, membership of the Joint Policing Committee was restricted to 'members nominated by the local authority, members of the Garda Síochána nominated by the Garda commissioner, members of the Oireachtas, persons nominated by other public authorities and such other persons as may be provided for in the guidelines' (Connolly 2005b: 35). However, a recurring theme throughout the hearings related to the inclusion of representatives of the community and voluntary sector on JPC's. A large number of community-based groups, NGO's and other bodies and individuals in their

submissions to the Joint Oireachtas Committee called for membership of the JPC's to be extended beyond those named above and that there should be an explicit reference within the guidelines for the inclusion of representatives of the community and voluntary sector<sup>37</sup>.

The Rialto Community Network, in Dublin's south inner city, summed up the position for many of those local communities particularly affected by crime: 'One of our fears is that the Joint Policing Committees will become one step removed from the community and that front-line people who are dealing with problems day-to-day in the flat complexes will not be involved...people involved at the grassroots need to be included, not just elected councillors' (Connolly 2005: 39). On the other hand, all of the bodies representing elected representatives opposed the inclusion of representatives of the community and voluntary sector. The Association of Municipal Authorities of Ireland (AMAI) proposed that JPC's should consist of elected representatives and garda members only. JPC's, the AMAI contended, would be unworkable if they had too wide a remit. This position was also supported by the Local Authority Members Association and the General Council of County Councils, which represents all of the county councils and the five largest boroughs in the country. Ultimately after a lengthy and apparently quite acrimonious debate, the Oireachtas Committee agreed a modified version of my original recommendation<sup>38</sup>.

Ironically, it was elected public representatives from the north of Ireland, who were benefitting from the new local policing structures established as part of the police reforms there, who made one of the strongest cases for the inclusion of the community and voluntary sector on the new southern policing bodies. The delegation from the Federation of European Councillors explained to the Joint Committee how representatives of the community and voluntary sector were appointed to the policing bodies in the north. The chairperson of the Federation, a unionist member of the District Policing Partnership for Magherafelt, County Derry, explained that on the District Policing Partnerships, the number of councillors must always exceed the representatives from the community and voluntary sector by one, while representatives from the business community and trade unions also sit on the policing partnerships.

What struck me most about this debate was the gulf that appeared to exist between many local working class communities and, not only the Garda Síochána, but also with the political establishment. A few years later, further evidence of this disconnect would arise when I was asked to assist the Department of Justice, Equality and Reform as part of a

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<sup>37</sup> See discussion in Connolly (2005b) pages 31-41.

<sup>38</sup> See recommendations in Connolly (2005b:54)



committee it had formed, to draft guidelines for the establishment of Local Policing Fora which were also provided for in the Garda Síochána Act, 2005. These guidelines were for those fora to be established in local Drugs Task Force areas. In drafting the guidelines, in consultation with the committee, which also included civil servants from the Department of the Environment, the then Department of Community, Rural and Gaeltacht Affairs and a representative of the Citywide Drugs Crisis Campaign, my objective was to build upon best practice in Ireland and elsewhere. The Community Policing Forum established in the north inner city was regarded under the provisions of the National Drugs Strategy to be the model to be rolled out through all task force areas (Department of Community, Rural and Gaeltacht Affairs 2009). However, the establishment of such a model, which incorporated a coordinator and secretarial support to drive it, was opposed by civil servants present on the basis that it had resource implications. While such a position was to be expected during a time of severe recession, my view was that a model without a local support structure and resources would be meaningless. Both of the above professional experiences illustrated to me the gap that exists between the local experience of crime in many communities in Ireland and the inability or unwillingness that exists at the political level and at official state level to develop meaningful responses to this reality.

A major issue facing all such communities is investigating how public policing structures and processes can be changed so such communities can become more engaged in crime prevention, community policing and community safety initiatives (Crawford and Blair 2004; Pease and Wiles 2000; Crawford 1997; Hope 1995). Community policing initiatives in Ireland, where they prioritise local policing needs and concerns have shown some potential, particularly in the absence of many alternative ideas, as a resource to help tackle local problems (National Economic and Social Council 2012; Kilcommins *et al* 2004; Connolly 2002).

In order to bring some cohesion to the various ideas that I had been working on since the early 1990's and prior to conducting the research that informs this thesis, I conducted two overviews of the available research evidence in Ireland in this area. The first of these focussed on what we knew about illicit drug markets (Connolly 2005). The second focused on the available research on the relation between drugs misuse and crime (Connolly 2006). This latter study reached the conclusion that the development of an effective crime-reduction strategy in relation to drugs must begin with a greater appreciation of the complexity of the drugs-crime nexus and that such a strategy must move beyond individual explanations for such crime and address the environmental context in which both drug use and crime occur. The overview of illicit drug markets (Connolly 2005:100)



concluded that although 'knowledge about how the illicit drug market operates was an important prerequisite for effective interventions and responses to it', it remained an 'aspect of Irish society which has suffered from an almost total absence of in-depth research and analysis'. On the basis of this work I was invited by the National Advisory Committee on Drugs, established as part of the National Drugs Strategy to compile evidence on the drugs phenomenon, to submit a tender to conduct a national study on illicit drug markets. It is the data gathered as part of that study that informs this thesis (Connolly and O'Donovan 2014 Forthcoming).

## 1.4 Conceptual framework

A common theme that runs throughout much of the literature on drug markets, drug-related crime and also drug law enforcement is how limited our understanding of them is. The relationship between the supply of illicit drugs, the demand for them and enforcement activities remains 'poorly conceptualised, under-researched and little understood' (May and Hough 2004:558).

In the absence of research and reliable evidence about the nature of illicit drug markets; how they function and who typically populate them, certain 'taken for granted' assumptions or stereotypes have emerged to fill the gaps in knowledge (Coomber 2006). Journalistic and television exposés, usually based on unnamed drug law enforcement sources, present a Hobbesian spectacle of an inherently violent world populated by 'evil drug dealers' (Coomber 2006:145). In Ireland, the latest 'Mr Big', or 'King scum' (Reynolds 1998) is always worse than the last, as he seeks to assert control of his 'evil empire' (Williams 2001). Recent contributions to the drugs market canon in Ireland include: '*Badfellas*', '*Crime lords*', '*The General*' (Williams 2011, 2003, 1995), '*Gangster*' (Mooney 2001), '*Godfathers*' (Mc Dowell 2001). A problem with such representations, particularly the emphasis on hierarchical organisational market control through violence, is that they are difficult to reconcile with the, albeit limited, academic research that exists in the area (Coomber 2006). Coomber (2006) suggests that few populations in history have been demonised to the extent of the drug dealer. They are generally depicted as 'dealing in death' and preying on the young and innocent. Similarly, problematic or dependent drug users have been stigmatised and demonised as slaves to the exaggerated and distorted powers of drugs such as heroin (Lloyd 2010). Representations such as these pathologise drug dealers and drug users and fail to understand or contextualise them in terms of their relations within a market process.

The conceptual approach adopted in this thesis is to view illegal drugs as commodities that are produced and distributed in markets. As such, one would presume that the illicit drug market is influenced by laws of supply and demand and therefore predictable and

also, to a certain degree, that it can be deliberately influenced. Although the general concept of the market is familiar and such matters should appear to be self-evident, as Babor *et al* (2010:63) observe, 'policy discussions show a strange unwillingness to apply this understanding of markets when the commodity is an illicit drug'. Approaching the phenomenon under study as a market enables us to consider how the particular characteristics of the illicit drug market affect and interact with control efforts through drug law enforcement. For example, some writers have highlighted the way in which certain drug law enforcement efforts can have unintended negative consequences for drug markets by making them more violent (Reuter and Trautmann 2009; MacCoun and Reuter 2001;). This relates to what is perhaps the most important distinction between legal and illegal markets; that is, that participants in the latter have 'no recourse to the system of property rights and dispute resolution offered by the civil courts and legal system' (Babor *et al.* 2010, 64). This has important consequences for the way in which drug markets are organised and the way in which business is conducted (Reuter 1983). The absence of a formal regulatory system can mean, for example, that market control or dominance may often be exercised by the seller who can intimidate others most effectively (Caulkins and Reuter 2006). Successful law enforcement through large drug seizures or the arrest of significant 'players' can create instability in the market and contribute to turf wars and increased 'systemic' violence as new dealers seek to assert control and fill the gap in the market.

The idea of 'systemic' violence relates to the second important conceptual framework adopted in this study and that has to do with how the relationship between illicit drug use and crime is understood. The idea of 'systemic' crime is derived from an extremely influential conceptual framework for understanding the link between drugs and crime developed by Goldstein (Goldstein 1985). It is popularly accepted that there is a link between some forms of illicit drug use and crime (Connolly 2006). Within the academic literature this link is generally described using three explanatory categories. Firstly, a psycho-pharmacological link between drugs and crime arises as a result of the psycho-pharmacological properties of the drugs themselves. Secondly, economic-compulsive crimes are committed by dependent drug users as they need to generate illicit income from crimes such as robbery and burglary, low-level drug-dealing and from consensual crimes such as prostitution, to support their drug habit. Thirdly, the systemic dimension of drug-related crime results from the activities associated with the illegal drug market. Systemic types of crime surrounding drug distribution include, for example, fights over organisational and territorial issues and disputes over transactions or debt collection.



This explanatory framework of the drugs-crime nexus is used in this study to help explain the way in which drug markets impact on society in general and also, more specifically, how they interact with the communities in which they tend to emerge. An understanding of the relationship between drug markets and what May *et al* (2005) refers to as their 'host' communities is an important prerequisite for the development of effective control strategies. This is discussed further below. The issue of control strategies relates to the third important conceptual model adopted in this thesis, that is, how drug law enforcement is understood. Just as the buying and selling of illicit drugs occur within a market relationship, so the logic of drug law enforcement is derived from economic theory. The dominant paradigm for understanding the effects of drug laws is the rational choice perspective derived primarily from classical economic theory (MacCoun and Reuter 2001; Weatherburn *et al* 2000; MacCoun 1993). When applied in the context of the decision to use illicit drugs, the rational choice perspective emphasises three factors that impact on decision-making: the drug's availability, the price of the drug and the risk of apprehension and punishment.

Supply-side interventions are designed to make drug trafficking more costly and more risky. Even if law enforcement interventions are not able to reduce the supply of drugs, it is assumed that the increased costs and risks associated with drug dealing will lead to increased prices as dealers seek to compensate themselves and this price increase will in turn be passed on to the prospective buyer who will then be less inclined to purchase more expensive drugs. Demand-side interventions are designed to increase the inconvenience associated with buying drugs in terms of time, risk or cost. Issues such as price and drug availability will be examined in each of the markets under study in order to facilitate an assessment of the effectiveness of drug law enforcement.

The final conceptual issue that needs to be addressed at this point relates to the use of the term 'community' throughout this thesis. The term community or, to use its North American equivalent, neighbourhood, is contested, particularly in relation to its use in discussions about crime and crime control (Crawford 1997; Currie 1997). Nevertheless, the term appears to maintain its positive currency, especially in disadvantaged areas, so it must mean something, even if it's just aspirational perhaps! As Harding (2010:x) in his analysis of conflict among inner-city boys in Boston states: 'For those who endeavour to understand the conditions and consequences of urban poverty, neighbourhoods still represent critical social spaces and enduring forms of social organisation, even as our postmodern world has made communities seemingly less and less relevant to the lives of the middle class and affluent'.

The importance of engaging with the concept of community is that, when it comes to

responding to illicit drug markets in deprived areas, there is a need to acknowledge that such markets can have a complex relationship with their 'host' communities (May *et al* 2005). May *et al* (2005) have observed that strong communities can facilitate the emergence of illicit drug markets through a toleration of certain forms of crime and because drug markets are also a source of income and cheap goods. On the other hand, local drug markets can be a major source of local crime and violence and can contribute to community disintegration. The fear they can create can operate as a significant obstacle to developing practical responses, particularly where they involve partnerships with state agencies such as the police (Connolly 2006). Certain deprived communities are more able than others however, because of the social networks of family, friends and neighbours that can develop, to withstand the negative consequences and decline associated with such problems (Cattell 2004). Community-based responses to such phenomenon, such as community policing initiatives, seek to build on these social networks, what Putnam (2000) refers to as social capital, while acknowledging the constrained choices faced by such communities when trying to confront embedded local drug markets.

The conceptual framework adopted in this thesis, it is suggested, provides the most appropriate model through which to examine drug markets, crime, drug law enforcement and community safety in the three drug markets under study. Ritter (2006), a clinical psychologist, from a review of five disciplinary approaches to studying drug markets – ethnographic and qualitative approaches; economic approaches; behavioural and psychological research; population-based and survey research; criminology and law enforcement evaluation – suggests that a good theoretical model in this area would be one that can depict the dynamic relationships between drug users, their environment, the operation of the market and interventions (law enforcement, treatment, harm reduction). The study of such markets is, she suggests, ripe for 'inter- and trans-disciplinary' (Ritter 2006: 461) approaches that would seek to synthesize and integrate different disciplinary approaches thereby leading to new concepts and ideas. Dwyer and Moore (2010), responding to Ritter and drawing from ethnographic and sociological accounts of illicit drug markets, reveal them as complex and fluid phenomena. Interventions made in response to them must also, they suggest, be suitably nuanced.

The overall conceptual approach adopted here, rather than focusing on the supposed pathologies of those who buy and sell drugs, is to emphasize the dynamics and processes of illicit drug markets and the roles, strategies and activities of those who impact on them, whether as dealers, drug users or law enforcement personnel. It is suggested that such an understanding of drug market dynamics is a prerequisite to any informed discussion about how to develop effective policy responses to them. This



approach informs the methodology used in this study.

## **1.5 Methodology**

The research combines a number of the disciplinary approaches described above by Ritter (2006) in order to provide as broad a perspective as possible. Ethnographic and qualitative approaches taken have involved semi-structured in-depth interviews with both former and active drug users and street sellers as well as a number of imprisoned convicted drug suppliers and drug couriers. These latter interviews were conducted in order to obtain an insight into higher level drug supply activities. No research has been conducted to date in Ireland on this important dimension of the drug trade, although recent research in the United Kingdom is of interest in this respect given the proximity and probable links between the British and Irish markets (Matrix Knowledge Group 2007; Pearson and Hobbs 2003). Further interviews were conducted with experienced members of dedicated Garda drug units in the three study sites and with senior members of the Garda National Drugs Unit. This data provides, for the first time in Irish research, a comprehensive account from active drug law enforcement personnel of their strategies and activities. Further semi-structured interviews were conducted with care workers and public health professionals.

Comprehensive criminal justice data on drug searches, drug arrests and seizures and the profile of offenders and the circumstances of their arrest were also compiled using the Garda Síochána PULSE (Police Using Leading Systems Effectively) information technology system. This is the first study where this data has been accessed by independent researchers in Ireland. Economic approaches to the study of drug markets sometimes rely on drug price and drug purity data and this has also been gathered as part of this study. A comprehensive forensic analysis of drug seizures in the three study sites was conducted by the Forensic Science Laboratory as part of the research. Again, the level of data analysed for this study is unprecedented. Furthermore, where such data has been compiled it is seldom made publicly available (Connolly 2005). Finally, a street survey of approximately 200 residents in each of the research locations was conducted. Although crime surveys have been conducted in Ireland previously, no survey on this topic or on this scale has been conducted heretofore. The research was carried out in three locations: two sites in urban areas, one in a suburban area. These sites varied considerably in terms of population and geographic location. The study was conducted over a 36-month period from 2008 to 2010. The use of such a mixed methodological approach, or methodological triangulation, involving this combination of qualitative and quantitative data sources, provides a more valid and reliable account of the social phenomena under study (Sarantakos 1998). It is suggested that such an approach is particularly suitable to the

study of hidden activities such as those involved in the illicit drug trade, whether from the perspective of drug dealers or, indeed, drug law enforcement officers.

## **1.6 Importance and originality of the thesis**

While the response of the state to the murder of Veronica Guerin in 1996 can be considered as largely symbolic and expressive, it has also had real consequences. The many legislative initiatives introduced since her death have contributed to a reconfiguration of power relations between the state and the accused. As Kilcommins *et al* (2004:168) point out: 'Today the gap in state-accused relations has grown ever wider, whilst burdens and safeguards which were designed to remedy the imbalance', in terms of the resources available to the state relative to those available to the accused, 'are increasingly being dismantled'. The Bail Act 1997, which came fully into force in May 2000, has ultimately led to an expansion in the prison remand population<sup>39</sup>.

It has also been argued that an excessive reliance on legislation and the criminal justice system as a mechanism for dealing with the country's illegal drug problems is generating more problems than it is solving for such communities (O'Mahony and Cassin 2007). Furthermore, many commentators have argued that most of the recently introduced criminal drug laws target already disadvantaged drug using groups rather than drug suppliers (Irish Penal Reform Trust 2012; O'Mahony 2008; O'Mahony and Cassin 2007). Given that most drug-related prosecutions are for possession rather than supply, 'it is the user who is predominantly targeted and more deeply inserted into a criminal justice system that can do little to promote personal development or the removal of obstacles to personal growth' (O'Mahony and Cassin 2007: 4). This over reliance on the criminal system, according to these authors, merely serves to 'recycle successive generations through criminal processes that become a life norm that perpetuates the criminal and disadvantaged sector' (O'Mahony and Cassin 2007:4).

The association of drugs and crime with social exclusion and the identification of criminal sub-cultures or the pejorative criminal 'underclass' (Murray 1990) have been linked by critical analysts with attempts to further criminalise the 'deserving poor' (Box 1987 ). Seddon *et al* (2008) in an article titled 'Risk, security and the 'criminalization' of British drug policy' suggest that underlying policy assumptions about the link between drugs and acquisitive crime has led British drug policy during the last twenty years to become 'crime focused', when compared to earlier policy approaches. The failure to address the structural factors underlying social exclusion, and the politicisation of crime control contribute to criminal justice responses such as imprisonment that represent the ultimate

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<sup>39</sup> See discussion in Kilcommins *et al* (2004) Chapter 7.



social exclusion (Young 1999).

Furthermore, as Meade (2000) and many of the legal commentators referred to above have pointed out, legislation that is rushed in the context of a moral panic is generally ill-considered and ineffective. Meanwhile, public energy and resources are diverted towards superficial responses that do not address the underlying causes of the problem at issue (Hamilton 2005b). Aggregate drug use and drug-related criminality appears to have been unaffected by these measures (Long 2012; Long 2011) while illicit drug markets have penetrated more deeply into the fabric of many communities, they have become more diverse in terms of the drugs available (Bellerose et al 2010), populated by ever-younger people, more violent, and more harmful in terms of their consequences for local communities (Jennings 2013; Hourigan 2011; Citywide 2012; Loughran and McCann 2006; Connolly 2003).

Despite a commitment to evidence-based policy within the National Drugs Strategy, as Pike (2008:93) notes: 'The extent to which these (criminal justice)...measures were developed with, or had, regard to the strategic objectives or goals of the NDS is not clear'. Reuter (1997:263) argues that the absence of an adequate understanding of the effectiveness of the drug prohibition regime in deterring drug use and/or dealing is a consequence of the way in which drug control has become politicised: 'It is hard...to say what good policy would look like, because one consequence of politicians' treating drug control as a moral crusade has been an absolute disinterest, bordering on gross negligence, in assessing the consequences, good or bad, of the emphasis on punishment...there is no credible basis for describing a policy that would reduce, in any important dimension, the extent of (drug problems)' (Quoted in Weatherburn *et al* 2000).

Understanding how criminal laws are translated into practice is essential to understanding how drug prohibition actually works but this is an area that is poorly researched. For example, although drug policy and drug law enforcement rests heavily on deterrence theory, little research has been conducted on its effectiveness in deterring drug use and drug dealing (Weatherburn *et al* 2000). This is not just an Irish problem. A group of leading drug scholars, in a recent analysis of international drug control efforts stated: 'We conclude with one over-riding analytical observation: supply control interventions absorb the bulk of drug control spending in most nations, even nations that have a reputation for tolerating drug use. The evidence base concerning these interventions is distressingly weak....Governments are still flying blind (in the war on drugs)' (Babor *et al* 2010).

Similarly, the absence of research into how illicit drug markets operate have allowed popular misconceptions of these markets, often informed by media representations, to

determine criminal justice responses. For example, the analysis of drug-market violence provided by Coomber (2006) concludes that while drug markets can often be violent places, typical representations of drug markets and drug dealers provided in reports from the media, criminal justice authorities and politicians exaggerate the levels of violence involved. Coomber argues that, in criminal justice terms, a re-orientation or re-positioning of perspective on the drug dealer, should lead to new criminal justice responses in relation to policing approaches and punishment. For example, his research shows that the police may 'police black drug dealers differently based on their presuppositions about *who* the drug dealer is' (Ibid:174). An awareness of this could lead to revised procedures and training programmes around this issue. Likewise, greater acknowledgement of the different roles performed by different individuals in the drug trade, for example so-called 'drug mules' who perform a nominal role (EMCDDAb 2012B), should lead to less overtly punitive treatment. On the other hand, 'the "social supplier" who is far removed from the archetypal dealer, could also be dealt with appropriately, that is – differently' (Ibid). Coomber's analysis calls essentially for measured and proportionate responses to illicit drug markets that are based on evidence.

The imbalance between criminal justice versus public health approaches to Ireland's drug problems is reflected in the disproportionate expenditure on drug services by the Department of Justice, Equality and Law Reform, when compared with expenditure by the Department of Health and Children (O'Mahony and Cassin 2007). Yet, we know extremely little about how these resources are used or to what effect. Shortly after the heroin epidemic in Dublin, criminology was described as 'Ireland's absentee discipline' (Rolston and Tomlinson 1982:25). Twenty-two years later, another group of scholars repeated the assertion (Kilcommins *et al* 2004: vii). The absence of criminology as a discipline and empirical research about the operation of the criminal justice system contributes to poor policy making. As O'Donnell (1999:184) suggests; 'The method of operation of the criminal justice system has been determined more by immediate demands and concerns than by a sense of strategic vision. Intuition and expediency have too often taken the place of evidence and principle'. This is particularly true in relation to drug markets and drug law enforcement, both largely hidden phenomena.

As a consequence, this is an exploratory study. The original data presented in the following chapters, informed by the literature review, aims to make a contribution to addressing our lack of knowledge in this important area of policy. Specifically, it seeks to better understand how and why illicit drug markets develop in certain communities. Secondly, it seeks to examine how illicit drug markets interact with their host communities so as to better appreciate the challenges and constraints that impact on policy responses.



Finally, through an examination of drug law enforcement strategy and activity, it aims to investigate the potential for other more informed and effective policy approaches.

This thesis continues previous work conducted by the author and is original in a number of respects. It offers a distinctive perspective on an issue that is characterised by vigorous opinion and emotive public debate but that is notably bereft of empirical research. As highlighted above, through the combination of and triangulation of research methods it synthesises original data across a range of dimensions of the illicit drug trade, drug law enforcement and at a local community level. In doing so, it brings new evidence to bear on an old issue, using research techniques and instruments and accessing data sources not heretofore utilised. This study represents the first occasion that such a wide range of data sources have been used for the analysis of illicit drug markets and responses to them in Ireland. As such, it is suggested that this thesis adds to knowledge in a way not done in Ireland heretofore.

## **1.7 Structure of the thesis**

The thesis is divided into eight sections. The next section reviews the available Irish and international literature on illicit drug markets, drug-related crime and drug law enforcement. It begins with a consideration of the major explanatory theories that pertain in this area and then reviews the available international and Irish literature. Of particular interest are the ways in which local drug markets develop in deprived communities, their structure and organisation and, the complex relationship such markets can have with their 'host communities'. There then follows a consideration of policy responses in the form of the strategies and activities of drug law enforcement. The section concludes with an evaluation of the impact of drug laws and drug supply reduction activities.

Section three outlines the research methods employed to achieve the study's aims and objectives and concludes by highlighting the limitations of the research. Section four presents' data from interviews conducted with senior members of the Garda National Drugs Unit. In attempting to assess the impact of drug law enforcement and policing on illicit drug markets, it is necessary to firstly understand the strategic basis of this activity. The section begins by describing the role and resources of the GNDU, established in 1995. The GNDU members interviewed, who collectively have decades of experience in drug law enforcement, then provide their perspective on the principle themes of the study: how Irish drug markets have evolved, how they are organised and what impact they have. They then describe and rationalise GNDU strategy and activity. GNDU members' observations on issues such as the future of community policing and partnership approaches to illicit drug markets and their attitudes to harm reduction are then

addressed. The section concludes with a discussion of the main finding in relation to each of the themes of the study.

Sections five to seven focus on the three local drug markets explored in the thesis: Central, Suburban and North City. Each section begins with a profile of the study site. This includes a brief description of the area in order to contextualise the local drug market. The site is profiled briefly using social, economic and demographic data. Data from the street survey are used to highlight local perspectives on living in the study site. The characteristics of the drug users and sellers interviewed in the site are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity and relationships with local Gardaí are also explored.

Section five to seven also include interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area. Criminal justice data on drug searches, drug arrests and seizures are presented as are data on local drug prices. In addition, drug purity data and information about typical drug adulterants provided by the FSL are analysed for each site. Finally, the views of individual Gardaí on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the use and prioritisation of resources in relation to drug-related crime are investigated. Each section concludes with a discussion of the main findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

The concluding section synthesises some of the key findings from across the three study sites in terms of the main study themes and compares the findings of this study with those of other similar studies. It then moves on to discuss the implications of the research findings for future drug policy – particularly in relation to the relevant aims and objectives of the NDS 2009-2016 – and concludes with a set of proposals upon which a more effective set of responses to illicit drug markets could be based.



## 2 Literature Review

### 2.1 Introduction

This section reviews the available Irish and international literature on illicit drug markets, drug-related crime and drug law enforcement. It begins with a consideration of the major explanatory theories that pertain in this area and then reviews the available international and Irish literature. Of particular interest are the ways in which local drug markets develop in deprived communities, their structure and organisation and, the complex relationship such markets can have with their 'host communities'. There then follows a consideration of policy responses in the form of the strategies and activities of drug law enforcement. The section concludes with an evaluation of the impact of drug laws and drug supply reduction activities. This review will provide a background and context to the following sections, which will look at the local drug markets and responses to them in each of the three study locations.

### 2.2 Theorising drug markets, drug-related crime and drug law enforcement

#### *2.2.1 Theorising Drug markets*

In Ireland, a country where the consumption of legal mind-altering drugs such as alcohol is so deeply embedded culturally, that people might experiment with illegal drugs, appears hardly surprising<sup>40</sup> (Department of Health 2012: Plant and Plant 1992). Parker and colleagues (2002), who have conducted longitudinal studies of young people in England, a country with a not dissimilar substance use culture to Ireland<sup>41</sup>, suggest that recreational drug use is endemic across a wide range of groups, particularly those between the ages of 16 and 29. Furthermore, their evidence shows not only high levels of alcohol, tobacco, amphetamine and LSD use, but an increased willingness among those surveyed to use drugs that they previously were unwilling to use, such as cocaine (Williams and Parker 2001). Indeed, such findings have led some writers to suggest that

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<sup>40</sup> Indeed, many writers have highlighted the way in which recreational drug use has formed a part of the history of humankind over many centuries, both as a way of highlighting the normality of substance use and to criticise modern prohibitionist responses (Coomber 2006; Davenport-Hines 2001).

<sup>41</sup> Although not comparable in many respects, the report of the European Monitoring Centre on Drugs and Drug Addiction on the state of the drugs problem in Europe for 2012 groups Ireland and the UK closely together in a number of areas, including cannabis prevalence levels for those under 16 and cocaine prevalence among 15-34 year olds. See EMCDDA (2012).

the line between 'recreational' and 'problematic' drug use has become blurred (Allen 2007)<sup>42</sup>.

The emergence of problematic drug use and the associated serious harms to individuals and communities in many cities in the United States, in Britain and then in Dublin in the late 1970s and early 1980s requires separate explanation from that of recreational drug use however<sup>43</sup>. That there was a connection between problematic drug use, drug-related crime and social exclusion became quickly apparent to community activists at the beginning of the heroin epidemic in Dublin, was soon confirmed by independent research (Dean *et al*/1982) and, albeit reluctantly, was expressly acknowledged by the State in 1996 (O'Gorman 1998; Butler 2002; Ministerial Task Force 1996)<sup>44</sup>.

When drug use first began to be identified as an emerging issue in Dublin, the psychiatric paradigm was dominant and prevailing explanations for substance misuse were sought in terms of the drug takers' individual pathologies (Bean 2002; Butler 2002). Hough (1996:11) cites a review by Anglin and Hser (1990) which identified the predominant explanations for drug dependence then prevailing in treatment and prevention approaches:

- The *moral model* sees dependence as the result of moral weakness, with punishment or moral education the solution;
- The *disease model* sees physiological dependence as the root problem, emphasising medical treatment such as methadone maintenance and managed withdrawal; and
- The *behavioural model* views addiction as a pattern of learned habits to be modified by cognitive or behavioural techniques – such as psychotherapy or behavioural training.

As it became increasingly apparent that problem drug use was concentrated in specific locations characterised by socio-economic deprivation, and as the high levels of economic crime that appeared to be generated by this combination became increasingly apparent, individualistic explanations on their own were no longer sufficient.

Although the link between problematic drug use, social exclusion and crime is now widely accepted in Ireland and elsewhere, theoretical understanding of this link remains under-

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<sup>42</sup> Allen (2007:19) refers to anecdotal evidence collected by Parker *et al* (1998) on new heroin outbreaks in England and Wales which found that such outbreaks were not confined to deprived areas. Serious recreational drug users 'with otherwise respectable and conforming social profiles were starting to use heroin as a 'chill out' drug within the dance scene'. This author is aware of similar anecdotal reports during the emergence of the 'rave' scene in Dublin in the mid-1990s. See also discussion in Murphy-Lawless (2002).

<sup>43</sup> This is not to suggest however that the two are unconnected. Some writers, when considering the impact of illicit drug markets in deprived communities, particularly the emergence of drug gangs, have highlighted the link between middle class recreational drug use and the way in which it provides profits for such gangs with the consequent damaging effects for those communities in which drug gangs operate (McCullagh 2011; Jennings 2014)

<sup>44</sup> Butler (2002) provides a comprehensive account of the beginning of the heroin epidemic in Dublin, the attempts by local community activists to highlight it at government level and the resistance they encountered.



developed (Allen 2007). Hunt and Barker (2001) argue that this is because 'most criminological research is conceptually limited and therefore tends to decontextualize drug use from the social situations within which it emerges and proliferates' (Quoted in Allen 2007:33). Hough (1996), in an influential review about drugs, crime and criminal justice for the UK Home Office, identified the main sociological theories used to explain the social distribution of problematic drug use. We will now consider each of these in turn:

- 'The 'coping' model (or self-medication model), arguably the most common-sense attempt to explain why problem drug misuse tends to coexist with social deprivation, sees drug use as providing a 'palliative' to poor quality of life' (Hough 1996:11)

This model is connected to the concept of social disorganisation or social ecology associated with the Chicago School of Urban Sociology in the 1920's and 1930's (Jones 2009). The concept is concerned with the way in which people might respond or adapt to social problems associated with changes in their lived environment. These changes may be brought about by the process of industrialisation and urbanisation. The original theory was concerned with the way in which immigration and subsequent migration led to competing norms and the subsequent breakdown of traditional norms and values leading ultimately to social disorganisation. It was in this context that crime was most likely to occur. Although the concept was developed in the context of the melting pot of rapid urbanisation and mass immigration to Chicago at the time, its importance for our purpose is that it is concerned with the social origins as distinct from the individual causes of crime and drug misuse.

- 'The 'structure' model, grounded in opportunity theory emphasises that those who are denied legitimate opportunities to achieve societal goals substitute illegitimate ones. The model develops, or transforms, the idea of drug use as a palliative into that of drug use as a form of work which provides meaning and purpose' (Hough 1996:11)

A distinction between the 'Structure' and the 'Coping' model is that with regard to drug use, the form of drug taking in the latter is associated with a 'retreatist' victim responding to the environmental changes around them by seeking refuge in drugs. This has implications for the way in which drug use and participation in drug markets is viewed. As a way of illustrating this, Seddon (2006) makes a useful distinction between poverty or relative deprivation and social exclusion. While poverty is concerned with the absence of resources (primarily but not exclusively cash income) social exclusion involves being excluded from participation in ordinary social activities. Seddon (Ibid: 682) suggests that

there is an 'affinity between the concept of poverty/deprivation and the idea of passivity (the passive 'retreatist' victim of poverty taking drugs to escape from the pains of deprivation), whereas the concept of social exclusion fits better with the category of activity (the rational actor excluded from legitimate opportunities actively seeking out alternatives in the irregular economy)' (682). The classic study in this respect is the ethnographic study of heroin users in New York by Prebble and Casey (1969:11):

'The surest way to identify heroin users in a slum neighbourhood is to observe the way people walk. The heroin user walks with a fast, purposeful stride, as if late for an appointment – indeed he is. He is hustling, trying to sell stolen goods, avoiding the police, looking for a heroin dealer. He is in short, taking care of business'.

The third model described by Hough (1996) is the status model:

- 'The 'status' model develops opportunity a stage further, identifying drug use as a solution to problems of status and identity associated with social and economic exclusion. It identifies the positive social pay-offs from drug use in subcultures which respect anti-authoritarian macho, risk taking and entrepreneurialism' (sic) (Hough 1996:11)

To illustrate this model Hough refers to an ethnographic study about the emergence of heroin use in south London (Burr 1987). This study showed how an existing and longstanding criminal subculture contributed to the emergence of the local heroin scene and helped shape its development and links with crime and socio-economic disadvantage.

The 'Structure' and 'Status' models described above are clearly inter-related and derive largely from strain theory, developed by Robert Merton (1938). Merton was concerned with the way in which the tensions arising from social exclusion, to use contemporary terminology, result in deviance. While there may be socially approved ways of achieving success, in an unequal society, not everyone has access to those means, hence the result is strain. Influenced by Merton, Cohen (1955) developed the notion of the delinquent subculture to describe how lower-class youth, deprived of the conventional and socially acceptable means of achieving success and status, developed alternative, sometimes oppositional means to do so, for example through deviant gang formation.

An issue that remained unresolved however was why all lower-class youth did not respond in the same way to similar strains. In response to this Cloward and Ohlin (1960) developed the concept of differential opportunity. Cloward and Ohlin accepted the premise that the upper and middle classes have greater access to legitimate opportunities to achieve success and that lower classes have greater access to the illegitimate opportunity structure. However, in a community where these two kinds of opportunity



structure are poorly integrated there will be greater social disorganisation. Where the balance in a community is tilted towards greater disorganisation it is more likely that the illegitimate opportunity structure will become dominant. This might manifest itself in the form of organised drug gangs for example. This discussion of the interrelationship between structural conditions in society and subcultural responses is useful as a way of helping us to understand the association between problematic drug use and social exclusion. It also helps us to contextualise local drug markets.

These themes and associations have been developed further by May *et al* (2005: 4) who provide a list of common characteristics of local drug markets. They tend to be located in:

- primarily residential areas in inner cities or in fringe estates;
- areas with a high proportion of social and private rented housing, often catering for transient populations, and areas of concentrated poverty, especially those that have suffered long-term economic decline;
- areas with high unemployment, low levels of basic skills and high numbers of people claiming income support;
- areas with poor transport facilities.

Factors that can account for the greater vulnerability of certain areas over others include:

- People growing up in such areas are more at risk of problematic drug use;
- Problematic drug users are likely to gravitate to such areas, given limited available accommodation;
- Limited economic opportunities provide a recruiting ground for drug-dealers to cater for this drug-using population;
- The physical isolation of certain areas can provide an ideal location for the development of drug markets, as they are protected from police surveillance.

May *et al*. (2005: 30), also found, from their study of four local drug markets in England, that strong community identity can actually facilitate the emergence of illicit drug markets. Communities where drug markets thrived were generally regarded as close-knit, with a strong sense of 'community spirit'. These communities had a 'shared set of values and a shared sense of what their community meant to them'. However, the community was also characterised by 'tolerance of behaviour to which other communities might object and, in the past, this tolerance had – grudgingly – extended to drug sellers'. The authors refer to a comment by one police officer that within the community there had previously been a notion of 'acceptable levels of criminality and drug dealing'. May *et al* (2005) apply the concept of social capital in explaining this phenomenon.

The concept of 'social capital' is most closely associated with Putnam (2000: 22), who

describes social capital as 'networks, norms and trust that enable participants to act together more effectively to pursue shared objectives'. Putnam distinguishes between two types of social capital: (i) 'bridging capital' and (ii) 'bonding capital'. Bonding (or exclusive) social capital involve those close networks that often exist within stable, homogenous communities while bridging (or inclusive) capital involves wider but weaker ties associated less with kinship and friendship networks, and more with membership of groups and organisations. May et al (2005) suggest that some disadvantaged communities can be rich in 'bonding social capital' and this characteristic can help residents to 'get by' and cope with the high levels of material deprivation. It can also, however, facilitate the emergence of drug markets. We shall return to this discussion when we consider locally-based community policing responses to such drug markets.

The discussion above helps us to understand, for example, the way in which young people in deprived areas might mediate their structural disadvantage through subcultural responses such as drug use or participation in gangs. The concept of differential association helps us to understand why not all young people confronting similar social pressures or strains respond in the same way. The nature of these responses particularly those involving drug-related crime or drug-gang formation, have major implications for the local communities in which drug markets develop however. Their consequences are experienced, not just by the young people themselves who are 'living the drama' (Harding 2010), but also by those other vulnerable sections of the communities where these responses are typically 'acted out' and who must negotiate them alongside the other social problems they typically experience on a daily basis. Although, as May and colleagues (2005) have argued, certain communities can facilitate the emergence of local drug markets, the negative impact of drug-related crime on their 'host' communities is an issue that has not received sufficient attention in the literature on drug-related crime (Johnson *et al* 1990; Young 1986). It is one aspect of the broader drugs-crime relationship which we will now consider.

### ***2.2.2 Theorising the links between drugs and crime***

Firstly, a distinction needs to be made between so-called inherent drug crime and drug-related crime. The classification of drugs and precursors in Ireland is made in accordance with the three United Nations conventions of 1961, 1971 and 1988, which introduced controls in relation to legitimate scientific or medical use of drugs and precursors that also take into account the particular risks to public or individual health (Bewley-Taylor 2012).<sup>45</sup> Irish legislation defines as criminal offences the importation, manufacture, trade in and

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<sup>45</sup> For relevant Irish and international legislation, see the European Legal Database on Drugs which is maintained by the EMCDDA at <http://eldd.emcdda.eu.int/>



possession, other than by prescription, of most psychoactive substances. The principal criminal legislative framework is laid out in the Misuse of Drugs Acts (MDA) 1977 and 1984 and the Misuse of Drugs Regulations 1988. The offences of drug possession (s.3 MDA) and possession for the purpose of supply (s.15 MDA) are the principal forms of criminal charge used in the prosecution of drug offences in Ireland (O'Mahony 2008; Connolly 2006). These statistics are produced by the Garda Síochána and published by the Central Statistics Office<sup>46</sup>. The Misuse of Drugs Regulations 1988 list under five schedules the various substances to which the laws apply.

Drug law offences are just one aspect of the overall picture of the drug-crime relationship however. The causal association between the drugs listed in the regulations and the violation of the specific offences is clear. By definition, these offences would cease to be crimes if drugs were legalised. However, this data is often represented in the media and elsewhere as reflecting the true rate of drug-related crime. This is not the case. The vast majority of people who use illicit drugs do not come to the attention of the Garda Síochána and are not prosecuted (O'Mahony 2008). This data should be regarded primarily as a reflection of drug law enforcement activity and, as a consequence, it is influenced by law enforcement strategies, available resources and, perhaps most importantly, by the many factors that influence the way in which street level drug law enforcement operates, particularly how the police exercise their significant discretionary powers whether or not to enforce the law in a given situation (Reiner 1997).

The other dimension of the drug-crime relationship is even more ambiguous. It is popularly accepted that there is a link between some forms of illicit drug use and crime. Within the academic literature this link is generally described using three explanatory categories (Goldstein 1985).

- 1 Psycho-pharmacological: The link between drugs and crime arises as a result of the psycho-pharmacological properties of the drugs themselves. This model proposes that the effects of intoxication cause criminal (especially violent) behaviour or that aggression and crime can be caused by, for example, the effects of withdrawal or sleep deprivation.
- 2 Economic-compulsive: The economic model assumes that drug users need to generate illicit income from crimes such as robbery and burglary, low-level drug-dealing and from consensual crimes such as prostitution, to support their drug habit.
- 3 Systemic: The systemic model explains drug-related crime as resulting from activities associated with the illegal drug market. Systemic types of

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<sup>46</sup> For a description of the classification system see the CSO website at [www.centralstatisticsoffice.ie](http://www.centralstatisticsoffice.ie). A number of writers have highlighted various limitations associated with these statistics and their representation of drug-related crime (Mc Cullagh 2011; O'Mahony 2008; Connolly 2006; Kilcommins *et al*/2004; O'Donnell and O'Sullivan 2001).

crime surrounding drug distribution include, for example, fights over organisational and territorial issues and disputes over transactions or debt collection. Associated third-party violence can include injuries to bystanders. Also included in this model are drug-related crimes and nuisance and the fears of victimisation which can become associated with local drug markets where they operate.

The tripartite framework above derives from an early and extremely influential analysis of the drug-crime linkage produced and developed by Goldstein (1985) and colleagues (Goldstein *et al* 1992, 1989). Goldstein's conceptual framework was based on studies of drug markets in New York from the mid-1970s to the late 1980s. These focused on drug-related prostitution, the economic behavior of street opiate users and the market for crack cocaine as it developed in Manhattan in the 1980s. The research concentrated primarily on the relationship between drugs (including alcohol) and violence, particularly homicide.

Although Goldstein focused on violent offences, his framework has been extended to include non-violent drug-related crimes and there is now a rich body of literature that is focused on the association between drugs and crime (Bennett and Holloway 2009, 2005; Seddon *et al* 2008; Seddon 2006; Stevens *et al.* 2005; Bean 2002; Seddon 2000; White and Gorman 2000; Chaiken and Chaiken 2000; Bennett 1998)<sup>47</sup>. While Goldstein's explanatory framework remains influential, its strengths and weaknesses have come under scrutiny from a number of writers. Further empirical research on the drugs crime relationship has shown that there are numerous different links between drugs and crime that are not fully explained using the tripartite explanation. As Bennett and Holloway (2009:515-516) point out: 'Economic factors include committing crimes for money for drugs, or stealing drugs directly, or buying drugs from the proceeds of crime as a celebration for committing a successful offence. The pharmacological effects of drugs cause intoxication and judgement impairment or provide unexpected courage or are consumed specifically to provide the courage to offend. Systemic and lifestyle factors include a wide range of ways in which drug users and criminals might come together and result in drug-related crime'<sup>48</sup>.

Understanding the causative relationship between drug use and crime remains a particularly important focus of the literature in this area as different conceptions of the link inform debates about various aspects of social policy including drug prevention, treatment, law enforcement, local policing, sentencing and also debates about the legal status of drugs (Seddon 2000).

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<sup>47</sup> For an examination of Irish research that utilises Goldstein's tripartite framework see Connolly (2006)

<sup>48</sup> Although it should be noted that Goldstein (1985) did make it clear that his models should be viewed as ideal types and that overlap could occur between them.



Although not negating Goldstein's tripartite framework, the emphasis of many current approaches to understanding the relationship between drugs and crime has been on highlighting the complexity of the relationship, pointing out for example that there is no direct causal link between drugs and crime but that both are related to other factors. This approach rejects overly deterministic explanations and suggests that drug use and crime are related because they share 'common causes' (Hammersley *et al*/1989). For example, as Hough *et al* (2000: 2) suggest, 'economic deprivation, inconsistent parenting, low educational achievement and limited employment prospects are risk factors not only for chaotic or dependent drug use but also for heavy involvement in crime'. There is a need then, as Bennett and Hollaway (2009:529) conclude, to place Goldstein's taxonomy in an explanatory hierarchy 'that shows the relationship between broader social contexts...The causal connection between drug use and crime is likely to vary by cultural connection and perhaps even location'.

The importance of social context then has become central to the explanation as to why problematic drug use and local drug markets develop in specific locations characterised by socio-economic deprivation. Above we have considered the complex relationship between illicit drug use and crime. What is less clear from the literature is the impact, particularly on the local community, of drug-related crime, whether psychopharmacological, economic or systemic.

With regard to drug use and psychopharmacological violence, Goldstein (1985) suggested that this may involve violence by either the offender or victim, through the former behaving violently or, with regard to the latter, drug use may alter a person's behaviour in such a way as to bring about their violent victimisation. Goldstein refers to research highlighting the high frequency of alcohol consumption in rape cases. Or public intoxication may lead to a person being vulnerable to being robbed or mugged. The locations referred to by Goldstein in relation to psychopharmacological violence are the home, on the streets, in bars and so on (Ibid 146). The link between alcohol and violence has been highlighted in a number of research studies in Ireland, including in public order offences (Institute of Criminology 2003) and in rape cases (Rape Crisis Network Ireland 2012). However, conditional factors make causal connections difficult to demonstrate (Fagan 1990). As Bean (2002;28) points out for example: 'interpersonal violence occurs more frequently in some bars than others...In Britain, violence is more likely at football matches rather than cricket or rugby matches, yet more alcohol is consumed at the latter than the former'.

In relation to drugs such as heroin, Goldstein (1985) also sees drugs as having a reverse psychopharmacological effect by being able to ameliorate violent tendencies. Heroin and

other tranquilisers dampen down violent impulses or make it difficult to commit property offences. With regard to drug-related economic compulsive violent crimes, Goldstein (1985:147) states that 'the most common victims of this form of drug-related crime are people residing in the same neighbourhoods as the offender...Other drug users, strangers coming into the neighbourhood to buy drugs, numbers runners, and prostitutes are all common targets of economic compulsive violence'. Goldstein acknowledges, and most subsequent research confirms (White and O'Gorman 2000), that most crimes committed by 'most of the drug users are of the nonviolent variety e.g., shop lifting, prostitution, drug selling' (Goldstein 1985:147).

Perhaps the most important distinction between legal and illegal markets, is that participants in the latter have 'no recourse to the system of property rights and dispute resolution offered by the civil courts and legal system' (Babor *et al.* 2010, 64). This has important consequences for the way in which drug markets are organised and the way in which business is conducted (Reuter 1983). The absence of a formal regulatory system can mean, for example, that market control or dominance may often be exercised by the seller who can intimidate others most effectively (Caulkins and Reuter 2006). In the systemic model, according to Goldstein, violence is intrinsic to involvement with any illicit substance. Systemic violence refers to the traditionally aggressive patterns of interaction within the system of drug distribution and use. Goldstein provides the following examples:

- Disputes over territory between rival drug dealers;
- Assaults and homicides committed within dealing hierarchies as a means of enforcing normative codes;
- Robberies of drug dealers and the usually violent retaliation by the dealer or his/her bosses;
- Elimination of informers;
- Punishment for selling adulterated or phony drugs;
- Punishment for failing to pay debts;
- Disputes over drugs or drug paraphernalia;
- Robbery violence related to the social ecology of coping areas (open drug scenes).

Goldstein further suggests that the use of violence occurs within specific normative rules. For example, the 'code of the streets dictates that blood cancels all debts' (Ibid 49). He gives the example of a street dealer who is beaten up or wounded for returning the incorrect amount of money to his dealer. Subsequent to the beating, the street dealer no longer owes the money.

The vast majority of victims of systemic violence are those who use or sell drugs or who are connected to the drug trade in some way. Occasionally people might be killed



accidentally in a dispute between rival dealers, or family members of dealers may be targeted in drug gang wars. Goldstein concludes that 'Systemic violence is normatively embedded in the social and economic networks of drug users and sellers. Drug use, the drug business, and the violence connected to both of these phenomena, are all aspects of the same general lifestyle. Individuals caught in this lifestyle value the experience of substance use, recognize the risks involved, and struggle for survival on a daily basis' (Ibid 174).

Reiss and Roth (1994:202) identify three dimensions of systemic crime:

- *Organisational crime*, which involves territorial disputes over drug distribution rights, the enforcement of organizational rules, dealing with informers and battles with the police;
- *Transaction-related crime*, which involves theft of drugs or monies from the buyer or seller, debt collection and the resolution of disputes over the quality of drugs;
- *Third-party-related crime*, which involves bystanders to drug disputes and disputes in related markets such as prostitution, protection or firearms.

Studies of organized crime are rare, especially outside the United States. However, Bean (2002:27) suggests that given the large profits involved, 'protection of those markets requires high levels of corruption, whether of senior politicians, business people or low-level bank tellers. It also requires organizational skills to hold on to that part of the market in which they operate'. An easy recourse to violence in drug transactions is, according to Bean a '*sine qua non* of all dealings, for discipline has to be asserted and debts collected – the system runs on some sort of credit that needs to be overhauled at regular intervals' (Ibid). Drug market studies have also found that drug market violence is not only confined to male participants, but that females are also prepared to use violence either to enforce discipline or collect debt (Inciardi 1993; Bean and Wilkinson 1988). Sometimes they would use their male partners to inflict the violence.

Some writers have suggested however that the role that violence performs in the operation of illicit drug markets has been exaggerated and, although it is often present, it depends on the circumstances of the market (Coomer 2006; Pearson and Hobbs 2003). Reiss and Roth (1993:18) found that call-girl operations are less violent than street walking and that 'runner-beeper delivery systems may entail less violence than open air markets, while heavily fortified crack houses experience still less risk'. Bean (2002:28) suggests that 'as a general rule', violence is greater when drug dealing takes place at street level. Research by Pearson and Hobbs (2003) on the 'middle market' of drug supply between the wholesale level and the retail level, found that although violence is always

'an available resource' in crime networks', it is generally regarded as something to be avoided. Violence is 'bad for business, it leaves traces, attracts police attention as it is frequently regarded as a signifier of organized criminal activity, and invariably leads to more violence' (341).

Coomber (2006) argues that although excessive violent activity is 'part and parcel of much of the drug market...it probably isn't the general experience of most of the dealers (even 'street' dealers) and users that participate in it...this is because not all markets are the same and thus present the same circumstances and risks but also because not all dealers conform to the retaliatory model' (117). Research has he suggests, perhaps unintentionally, emphasized the violent nature of drug markets as opposed to recognizing 'the consistent levels of routine and mundane activity in most markets that are not particularly violent in essence' (117). Lastly, he concludes that much of what passes for drug market violence is in fact often the 'culture of violence' that many of those involved in the drug trade live by anyway. Market violence is also a consequence of the 'risk environment' in which drug markets are forced to operate by policing activity for example.

Coomber (2006) argues that a number of issues need to be considered when assessing the likelihood of drug market violence. Firstly, the organisational nature of the market: those which are highly organized will have routine forms of punishment while fragmented and fluid markets, depending on the context, will be less predictable. Secondly, the maturity of the market: whether it is burgeoning, established or declining. Thirdly, the culture of the market: whether it is dominated by male inner-city machismo. Fourthly, the distribution form: whether it is open or closed, rural or urban. Equally, Coomber (2006:118) suggests, 'different levels of violence are associated with different drugs, the gender of the sellers and the cultural background and even class of the sellers'.

#### **2.2.2.2 Local drug markets and 'community violence'<sup>49</sup>**

In its annual report for 2003, the UN International Narcotics Control Board (INCB) highlighted the importance of understanding the relationship between drug abuse, crime and violence at the micro-level as a means of developing practical and sustainable responses. The harm caused to communities 'by the involvement of both adults and young people in drug-related crime and violence is immense' (INCB 2004: 6). The report describes the way in which drug-related crime at a micro-level can lead to the creation of 'no-go areas', the development of a culture of fear and the general erosion of what it terms the 'social capital' of communities. 'Social capital', discussed above, derived from

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<sup>49</sup> The term 'community violence' has been used in a recent study of violence in parts of the city of Limerick by Hourigan (2011). She emphasises the importance of using this term to describe the impact of some of the activities uncovered by her study.



Putnam (2000) is defined as 'the norms, or "laws", that exist in social relations, and through social institutions, that instil foundations for trust, obligation and reciprocity' (p.6).

With regard to third-party-related systemic crime in illicit drug markets, Bean (2002) suggests that it is less common and he highlights the absence of studies of this type of crime. A great deal of this violence remains hidden. As Goldstein states: 'Victims of systemic violence frequently lie to the police about the circumstances of their victimization. Not a single research subject whom I interviewed...admitted (to the police) that he or she had been assaulted because of owing a drug supplier money ...All such victims simply claimed to have been robbed' (Ibid 153). The analysis by Coomber (2006) of drug markets and related violence, although extremely important in providing perspective on the context in which violence is more or less likely to occur, unfortunately does not address the issue of community-level violence of the type referred to above by the UN International Narcotics Control Board. It fails to address the way in which drug market violence impacts on the communities in which drug markets typically operate. This is an area that remains under-researched. Criminologists of the left realist tradition highlighted some time ago the way in which crime and fear of crime can impact disproportionately on certain sections of society and how it was an issue that needed to be taken seriously (Lea and Young 1984). The issue of drug-related violence and intimidation at a community level is also not reflected in official statistics of crime such as those produced by police reports or by national victimisation surveys in Ireland (Connolly 2003)<sup>50</sup>.

Irish research has identified increasing levels of violence directed not just at individuals involved in the drug trade, whether users or dealers, but also at their family members (O'Leary 2009; Connolly 2005). Research, most of it promoted by community-based interest groups, has also begun to highlight the corrosive impact such violence, fear and intimidation is having on the broader communities in which drug markets are typically located (Jennings 2013; Hourigan 2011; Mc Cullagh 2011; O'Leary 2009; Loughran and McCann 2006; Connolly 2003). Demands for improved local policing or community safety responses from such communities should be understood as reflecting on the one hand, the very real concerns that exist about such issues and, on the other, the poor current state of police community relations in many of these areas (Citywide 2012; Hourigan 2011; South Dublin Community Platform 2011; Mulcahy and O'Mahony 2005; Connolly 2002). In the next section we will consider the underlying theoretical assumptions

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<sup>50</sup>See discussion in Kilcommins *et al* (2004) in relation to the limitations of police statistics and national victimisation surveys

informing most criminal justice responses to illicit drug use and drug markets, including policing approaches. Policing is the major response to illicit drug markets and is central to drug policy in Ireland and internationally, even in countries with more liberal approaches to drug use.

### ***2.2.3 Theorising drug law enforcement***

#### **2.2.3.1 Deterrence theory and drug law enforcement**

The dominant paradigm for understanding the effects of drug laws is the rational choice perspective derived primarily from classical economic theory (MacCoun and Reuter 2001; Weatherburn *et al* 2000; MacCoun 1993). This theory rests on the assumption that people are rational actors capable of evaluating the consequences of alternative choices. It also assumes that human behaviour is essentially hedonistic and motivated by the desire for pleasure and the avoidance of pain. The purpose of the criminal law, according to classical theorists Cesare Beccaria (1764) and Jeremy Bentham (1791), is to make the punishment for criminal behaviour greater than the pleasure to be derived from it.

Deterrence to be effective requires three key elements (McLaughlin 2006:125):

- 'The certainty of apprehension, conviction and punishment;
- The severity of the punishment to be greater than the potential benefits of the criminal act;
- The clarity of punishment to ensure that the offender is in a position to make the link between her/his punishment and her/his criminal behaviour.'

When applied in the context of the decision to use illicit drugs, the rational choice perspective emphasises three factors that impact on decision-making: the drug's availability, the price of the drug and the risk of apprehension and punishment<sup>51</sup>. Drug law enforcement seeks to disrupt drug markets and drug availability and use through a twin focus on measures aimed at reducing supply (eg., crop eradication in producer countries, border interdiction by customs, control over drug precursor chemicals used to manufacture drugs, imprisonment of drug sellers and asset confiscation) and, on the other hand, on measures aimed at reducing demand and targeted against drug buyers (eg., use of police 'stop and search' powers against potential drug buyers, prosecutions for drug possession, questioning and moving suspected drug users away from areas where illegal drugs are sold, under-cover 'buy bust' operations, encouraging problematic drug users into treatment through arrest referral initiatives) (Weatherburn *et al* 2000).

Supply-side interventions are designed to make drug trafficking more costly and more risky. Even if law enforcement interventions are not able to reduce the supply of drugs, it is assumed that the increased costs and risks associated with drug dealing will lead to

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<sup>51</sup> For a detailed consideration of deterrence theory as applied to illicit drug use see MacCoun and Reuter (2001)



increased prices as dealers seek to compensate themselves and this price increase will in turn be passed on to the prospective buyer who will then be less inclined to purchase more expensive drugs.

Demand-side interventions are designed to increase the inconvenience associated with buying drugs in terms of time, risk or cost. Street level enforcement can only have a limited effect on reducing drug availability as there are so many potential locations where dealing can occur and so many people willing to enter the business at this level. Street-level enforcement, or inconvenience policing, aims to impact on the openness of drug dealing however, and the amount of time it will take drug users to access drugs (Mazerolle 2007, 2005; Weatherburn *et al* 2000; Moore 1990). It forces dealers to operate more covertly, they must hide their transactions, conceal drugs elsewhere and change dealing locations frequently. And they must screen their customers for informants and under-cover police. All this reduces open drug dealing and accessibility of drugs. This 'risks and prices' model assumes that drug users will be encouraged to decrease their consumption of drugs or, for dependent users, to enter treatment.

### **2.2.3.2 Evaluating deterrence theory and drug law enforcement**

Although drug policy and drug law enforcement rests heavily on deterrence theory, little research has been conducted on its effectiveness in deterring drug use and drug dealing (Weatherburn *et al* 2000). Fagan (1994), in a study of drug use and sanction severity found that neither the prevalence, nor the rates of recidivism were associated with sanction severity. He concluded that 'punishment was not a threat worth avoiding for drug sellers operating in a social context of severely constrained opportunities for legal work and widespread demand for drugs' (Quoted in Weatherburn *et al* 2000:18). Evidence contrary to deterrence theory has been provided by countries that have decriminalised cannabis (Rosmarin and Eastwood 2013). Deterrence theory predicts that a reduction in the certainty or severity of punishment should lead to an increase in drug use. However, in Australia, the partial decriminalisation of cannabis did not lead to an increase in use (Donnelly *et al* 1999). Similarly, in the US where some states have decriminalised cannabis, studies comparing decriminalised and non-decriminalised states suggest that the legislative changes had little or no impact on the prevalence of cannabis use (MacCoun and Reuter 2001). One reason for this is that people might not believe there is a strong likelihood that they will be apprehended. MacCoun and Reuter (2001) estimate that the risk of arrests per transaction for drug users and drug dealers is probably less than 1 in 3,000.

Many factors, other than possible legal consequences, impact on people's decisions whether or not to engage in criminal behaviour. These can include informal social controls

such as the opinions of significant others (Braithwaite 1989). Informal social norms existing in a peer group have been found to be the best predictors of young people's drug use behaviour (Johnston *et al* 1989). The perceived legitimacy of the law is another important factor in determining people's responses to legal sanctions. Many critics of drug laws have argued that they represent an undue interference with civil liberties, that the consequences of prohibition are disproportionate to the harms caused by most forms of drug use, such as cannabis, and that when compared to the legal status of alcohol the drug prohibition regime is hypocritical (Nadelman 1989). Furthermore, some writers have suggested that the mere fact that drugs are illegal may heighten their attractiveness – the 'forbidden fruit' effect (MacCoun and Reuter 2001).

Another important factor when considering the effectiveness of drug laws in terms of their impact on drug use and dealing is the extent to which those laws are actually enforced. The operation of discretion throughout the criminal justice system, by police, prosecutors and judges can undermine the intended purpose of criminal laws (MacCoun and Reuter 2001, Weatherburn *et al* 2000). Police can be selective in how and against whom laws are enforced, prosecutors have significant discretion in whether to prosecute and judges and juries decide who to convict and for what and judges can vary widely in the type of sentences they impose.

Many writers have argued that despite the considerable resources invested in supply reduction over the last few decades, drug availability and use has increased and drug prices have continued to drop worldwide. Roberts *et al.* (2005: 2) observe that there is little evidence to support the idea that drug law enforcement can reduce drug availability, at least in any sustained way. They note that 'during the last 40 years of international commitment to this objective, the global market has expanded exponentially....it is hard to find solid evidence for a straightforward link between supply-reduction initiatives and sustained falls in the consumption or availability of illegal drugs.' With regard to drug prices, applying basic market logic, it might be assumed that successful attempts to stifle supply should lead to higher prices and this in turn should reduce consumption. In reality, however, most estimates of prices throughout Europe show them to be either stable or falling (Wilson and Stevens 2008; EMCDDA 2006). Indeed, some have argued that drug law enforcement can have perverse consequences. For example, if drug law enforcement does lead to a rise in drug prices, for dependent drug users, relative to moderate or recreational users, their demand for drugs will remain largely constant regardless of the price they are expected to pay. Consequently, increased prices, where they occur, may simply lead users to engage in greater levels of crime in order to pay the higher prices (Wagstaff and Maynard 1988; Brown and Silverman 1974).



Having outlined the primary conceptual approaches relevant to the study of illicit drug markets, drug-related crime and drug law enforcement, we will now describe and evaluate the findings, ideas and issues that have emerged from the limited but growing body of literature in this area.

## **2.3 Understanding drug markets**

The illicit drug market can be understood as loosely incorporating three inter-related levels or dimensions. First, the global or 'international market' incorporates drug production and international trafficking (European Monitoring Centre for Drugs and Drug Addiction and EUROPOL 2013; Reuter and Trautman 2009); second, the 'middle market' involves the importation and wholesale distribution of drugs at a national level with research seeking to describe how drugs are moved from importation to street level and by whom (Pearson and Hobbs 2003, 2001; Dorn *et al* 1998; Natarajan and Bellanger 1998; Adler 1985) and, third, the 'local market' involves distribution at a retail level (May *et al* 2005, May and Hough 2004, 2001; Lupton *et al.* 2002; Edmunds *et al* 1996; Curtis and Wendel 2000; Johnson *et al* 1990).

In this study a number of imprisoned convicted drug suppliers and drug couriers were interviewed and this data, along with the perspective of senior drug law enforcement personnel, will be used to provide an insight into aspects of middle market drug distribution in Ireland. No research has been conducted to date in Ireland on this important dimension of the drug trade, although recent research in the United Kingdom is of interest in this respect given the proximity and probable links between the British and Irish markets (Matrix Knowledge Group 2007; Pearson and Hobbs 2003).

Our primary focus in this thesis, however, is on local retail markets in deprived areas. There is more research information available in Ireland about this level of the drug trade than the middle or upper levels (Bingham and Van Hout 2012; Connolly *et al* 2008, Connolly 2005a, 2003, 2001; Cox *et al.* 2006; Loughran and McCann 2006; Furey and Brown 2004; Mayock 2000; D'Arcy 2000; Keogh 1997; Dunlaoghaire-Rathdown LDTF 1997). This is probably due to the greater numbers involved and the easier accessibility to people at this level of the market, sometimes due to the fact that market participants might be dependent drug users and linked in with treatment agencies or as a consequence of participation in crime they may be known to the Garda Síochána, both of which can facilitate research.

### ***2.3.1 Local drug markets in Ireland – a background***

It is worthwhile giving some attention to the formative years of Ireland's drug problem.

The heroin epidemic which took hold in Dublin in the late 1970s and early 1980s, has left

a significant legacy that still casts a shadow over contemporary drug issues and policies in Ireland, particularly in relation to local drug markets in deprived areas, their impact and how they have been responded to by the state.

The tranquillity of the political atmosphere that surrounded the introduction of the Misuse of Drugs Act 1977 (Butler 2002), discussed above, would soon be shaken by a coincidence of events which, by linking inner-city Dublin with a country six-thousand kilometres away, brings into sharp relief the globalised nature of the drug trade and, specifically, the way in which changes in drug supply can have a profound impact on the nature and impact of drug consumption at the local level. In April 1979, following the Iranian revolution the previous year, the Islamic Republic of Iran was established. That same month, the Central Intelligence Agency of the US began to collaborate with the Afghan resistance movement against a pro-communist regime, eight months before Soviet troops would invade Afghanistan (Asad and Harris 2003). Earnings from the opiate trade would partly finance US-Afghan resistance to the Soviet forces for the next ten years, ensuring in the process, a constant supply of heroin to European drug markets<sup>52</sup>. These events in Iran and Afghanistan would reverberate in neighbouring countries Pakistan and also in Turkey, the latter an important transit route for opium and processed heroin to Western Europe and ultimately they would lead to a flood of cheap heroin into Britain and then, Ireland.

A number of studies have looked at how heroin epidemics took hold in various localities in cities throughout the UK in the early 1980's including parts of London, Liverpool, Manchester, Glasgow and Edinburgh (Seddon 2006; Strang and Gossop 2005; Parker *et al* 1988; Pearson 1987) and although no specific research has been done on the issue, the extensive migration between the UK and Ireland during this period, and the large Irish populations based in these various cities could lead one to speculate about Ireland's place as a sub-market of the UK, at least with regards to heroin (O'Gorman 1998)<sup>53</sup>.

A link has been identified between the criminal underworld in London and the emergence of the family-based criminal network widely credited with introducing heroin to Dublin in late 1979, the Dunne family (Flynn and Yeates 1985; O'Mahony 1993; Butler 2002).

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<sup>52</sup> Asad and Harris (2003) quote a US State Department official stating in 1988: 'We are not going to let a little thing like drugs get in the way of the political situation'. They go on to state that over half of the US economic and military aid during the Afghan-Soviet war was channelled through a guerrilla commander who was running six heroin laboratories in Helmand Province and south west Pakistan (53). After the Soviet withdrawal in 1988/89, Afghanistan, with a devastated economy, high levels of unemployed soldiers and a dwindling supply of western aid became dependent on opium cultivation and heroin processing.

<sup>53</sup> A number of differences have been highlighted between the nature of the heroin epidemic in UK cities and that in Dublin. For example, heroin injecting was common at the outset of the Dublin epidemic but mostly absent in the UK (O'Gorman 1998). Nevertheless the similarities are quite striking and deserving of further examination. It is speculative at this stage but the level of migration between Dublin and London in the 1970s and 1980s, by means of the Dun Laoghaire – Hollyhead shipping route, might account in some way for the emergence of the heroin trade in Dun Laoghaire (Dun Laoghaire Rathdown LDTF 1997).



Members of this family, some of whom were heroin users themselves and had spent most of their lives living in England, were credited with controlling fifty percent of the Dublin heroin trade at one time in the early 1980s (Flynn and Yeates 1985:147).

Another explanation that has been provided for the rapid emergence of Dublin's heroin problem and its initially devastating impact in certain communities is linked to the failure of the state, and the Garda Síochána, to take the matter seriously and to respond promptly. The Rabbite Report (1996) was the first time that Irish policy makers explicitly acknowledged the link between problem drug use, particularly involving heroin, and social exclusion (Butler 2007:132). When the heroin problem first began to impact in Dublin in the late 1970's and early 1980's, the response from the Department of Health, which had primary responsibility for legislating in the area, was one characterized by denial (Butler 2002). The drug problem was regarded as a temporary phenomenon, the seriousness of which was being greatly exaggerated. While such a perspective can in part reflect the detachment of policy makers at that time from the reality of what was happening in many inner city communities in Dublin<sup>54</sup>, it is also consistent with the prevailing official perspective on problem drug use which saw it as rooted in individual pathology (Butler 2002). Such a perspective dominated official policy until the Rabbite Report, thereby dismissing analyses and research that highlighted the structural factors associated with problem drug use such as poverty, unemployment, educational disadvantage and poor housing (O'Gorman 1998; Dean *et al* 1983; O'Kelly *et al* 1988)<sup>55</sup>.

The 'indifference and inertia' (Mulcahy 2002:288) of the state in relation to the local impact of heroin, was also reflected in the failure of the Garda Síochána to respond adequately. The lack of police engagement with community concerns and especially the low priority accorded to meeting the needs of marginalized groups reflected the historical reality of poor police community relations in such communities (Mulcahy and O'Mahony 2005). The fact that established criminals were moving into the drug trade and away from armed robberies may also have taken some political pressure off the Garda Síochána (Flynn and Yeates 1985). The heroin trade might have been having a devastating effect in

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<sup>54</sup> The response of the authorities to the efforts of local community activists to highlight the emerging heroin problem has been characterised by Gilligan (2011:120), in his biography of Tony Gregory TD, who would become a prominent anti-drugs campaigner in Dublin, in the following terms: 'It soon became clear, however, that officialdom was blissfully unaware of the situation, and not desperately anxious to become aware'.

<sup>55</sup> Butler (2002:140-141) explains that the Report of the Special Government Task force on Drug Abuse (1983), established to 'review and report on the question of drug abuse, with particular reference to the Dublin inner-city area' also argued that 'the epidemic of drug abuse then being experienced in Dublin could be validly explained in terms of the poverty and powerlessness of the neighbourhoods concerned, rather than in terms of individual risk factors'. Butler explains that the full report of this Task Force was never published however and that the Department of Health Press releases of the time explicitly downplayed the ideological thrust of the Task Force's conclusions, re-stating individualistic explanations for the drug problem instead (142).

deprived communities, but armed robberies on banks and jewelers were hitting a more politically influential section of society. Dorn *et al* (1992:38) refer to one of their respondents, Eileen, a drug user, who had moved from Dublin to Manchester and who highlighted the involvement of Dublin criminals in drug distribution in Dublin in the 1980s. Comparing the situation in Manchester and Dublin in the early 1980s she observes:

'People who are into robbing banks or into armed robberies per se and over the years the police have been getting pretty good at catching these people and more police are being armed, [so] to be on the street with a gun, out to get money, is walking on very narrow [sic] ice at the moment. 'Cause if you were caught you were going down for it and it's a big sentence and then suddenly heroin comes along and it's a very easy way of making quick money...And, I'm sure at the time the Serious Crime Squad [in the UK] probably had a sigh of relief, as I know they did in Dublin, when the raids on banks went down or people being held up for money or jewellery or whatever, when that dropped – in particular in Dublin – they, the criminals were given a lot of rope to get in on the drug scene – and perhaps too much and that was why it got so serious.'

Flynn and Yeates (1985) in the final paragraph of one of the earliest accounts of the beginning of the heroin trade in Ireland, conclude thus;

'Ten years ago there was scarcely a pusher that Denis Mullins (Garda head of the first dedicated drug squad) did not know personally. The drugs racket was in its infancy. Today there are grounds for cautious optimism that the problem might be contained. Yet major drug finds are made every other week by the gardaí. Heroin is openly sold on O'Connell Street and there isn't a parent in the country who doesn't fear that his or her children will be contaminated by the epidemic. There are now over 25,000 names on the Drug Squad files. The epidemic may be contained, but it is not over. The drugs racket will continue to attract criminals and their big-money backers with its huge profits. At the moment, despite the lull, prospects for the future are balanced on a knife edge...8 February 1985' (341)

Available indicators about the current drug situation in Ireland suggest that the 'cautious optimism' expressed above was misplaced. From around 1992, a new series of outbreaks of heroin use were identified in a number of cities in the UK and, by 1997, the majority of urban areas had experienced either a revival or an increase in heroin use (Seddon 2006). Also, by the middle of the 1990s, crack cocaine was beginning to enter the British drug trade in a significant way (Parker and Bottomley 1996). The internal diffusion of the drug trade throughout the UK has been linked to improvements in the motorway network (Parker *et al* 1998) and the increased use of mobile phones (May and Hough 2004).

In the early-to-mid 1990s in Dublin, a significant change was identified in drug use patterns in Dublin. Like the UK, this involved a resurgence of heroin use but, in Dublin at least, this was linked to the growth of the dance and club scene and the use of ecstasy (Murphy-Lawless 2002; Coveney *et al* 1999). Some users of ecstasy began to smoke heroin to come down from a night's dancing and consumption of ecstasy. There was also



a growth in the number of young people seeking treatment for addiction from smoking heroin. The dance scene may have facilitated the growth of heroin use beyond its previous confinement to marginalised youth in inner city communities. As Murphy-Lawless (2002:14) suggest, 'in many ways, the explosion of dance music enabled heroin to be woven into a new pattern of consumption and new generations of users, far removed in image terms from the addict injecting or "shooting up" as it is known, in a derelict house or street corner'. Drug law enforcement data has also indicated a spreading of the drug problem throughout Ireland. The figures below shows trends in heroin-related prosecutions in the Dublin Metropolitan Region as a proportion of such prosecutions throughout the state. It can be seen that the vast majority of heroin-related prosecutions between 1995 and 2003 occurred in Dublin (Figure X).

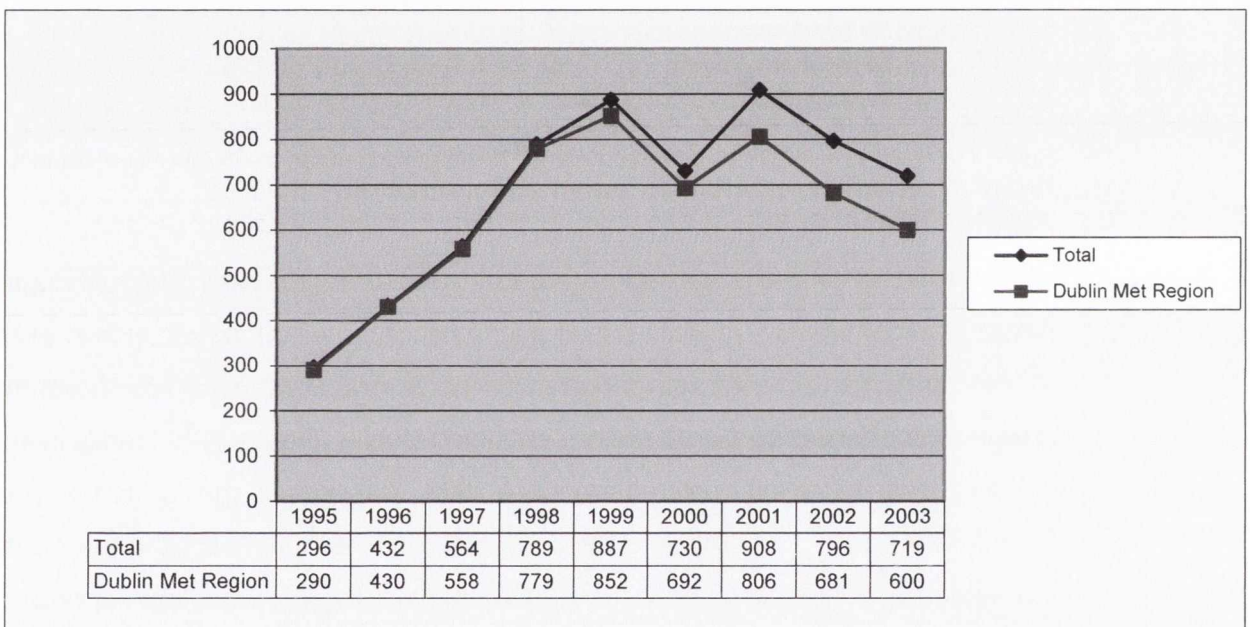


Figure X Trends in total heroin-related prosecutions and those in the Dublin Metropolitan Region, 1995–2003 as reported in the Annual reports of An Garda Síochána 1995–2003  
Source: Connolly (2005)

However, as shown in figure Y, 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.

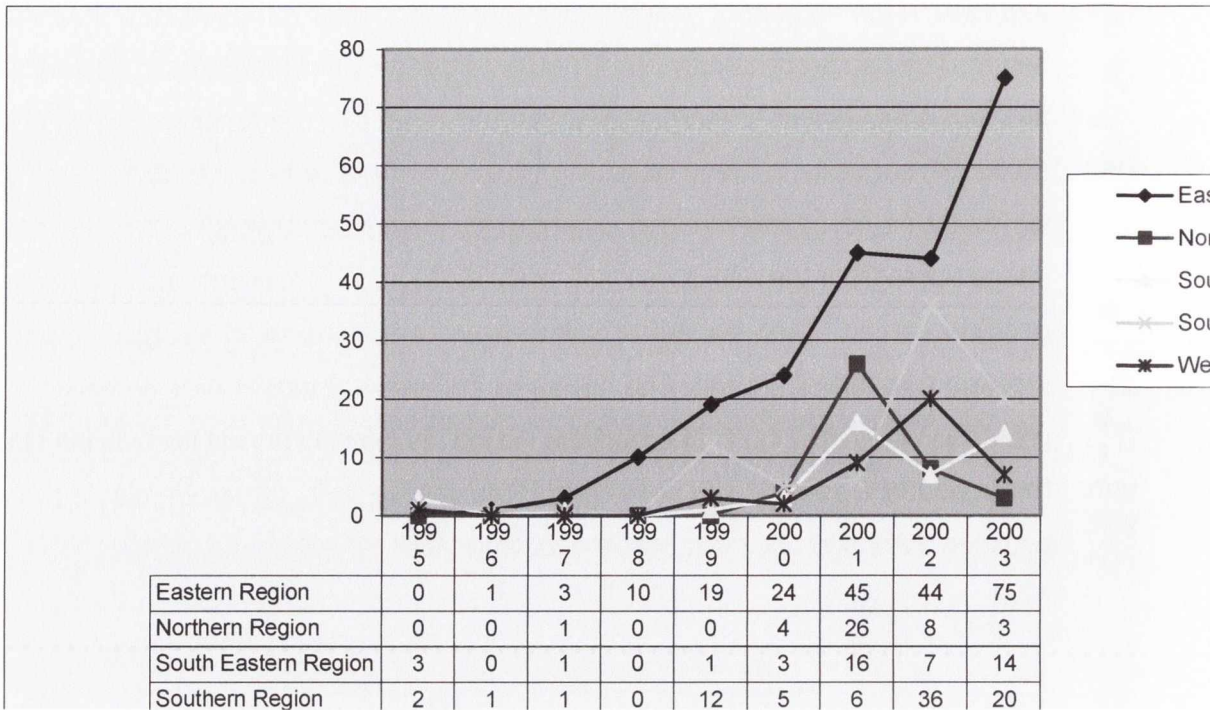


Figure Y Trends in heroin-related prosecutions by Garda region outside the Dublin Metropolitan Region, 1995–2003, as reported in the Annual reports of An Garda Síochána 1995–2003  
Source: Connolly (2005:80)

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. More recent data reported by the Central Statistics Office shows trends in drug supply offences by Garda region, excluding Dublin (Figure Z)<sup>56</sup>. Trends in supply offences have increased in all regions since 2003. This reflects the reality that drug markets are no longer primarily a Dublin-based phenomenon. Following this general increase throughout the country since 2003, relevant legal proceedings for drug possession (for personal use and supply) decreased in all regions between 2008 and 2010, with the exception of the Northern Region where there was a slight increase in 2009 on the previous year, followed by a decrease in 2010<sup>57</sup>.

<sup>56</sup>In 2006, responsibility for reporting crime statistics was transferred from the Garda Síochána to the Central Statistics Office (CSO).

<sup>57</sup>It is unclear why this decrease might have occurred. It should be noted that drug offence data are primarily a reflection of law enforcement activity. Consequently, they are affected in any given period by such factors as law enforcement resources, strategies and priorities.



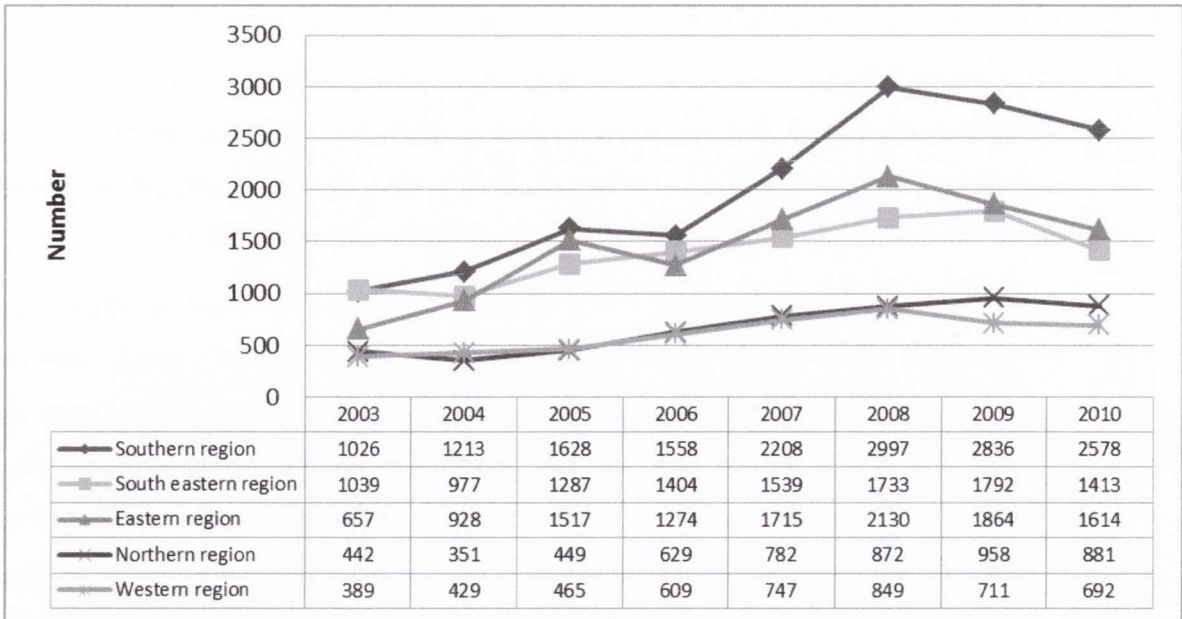


Figure Z Trends in relevant legal proceedings for possession of drugs for personal use and for sale or supply, by region, excluding the DMR, 2003–2010 as reported by the Central Statistics Office (2012) Source: Connolly (2012b)

Between 1998 and 2005, data compiled through the National Drug-Related Deaths Index<sup>58</sup> revealed that there were 2,442 drug-related deaths recorded in Ireland, 1,553 were directly drug-related (poisonings) and the remainder were deaths of people with a history of drug dependency (Lyons *et al*/2008). Heroin and unspecified opiates accounted for 22.3% of the single drug poisonings while just over half of all poisonings were due to polysubstance use, many of these substances prescribed and over-the-counter medication such as Benzodiazepines, the latter identified recently as a growing problem (Bellerose *et al*/2010). Cocaine was implicated in 100 cases and solvents in 33 cases. These deaths were also not confined to Dublin, where the heroin trade began. Between 2003 and 2005, the number of deaths by poisoning that occurred outside Dublin surpassed the number in Dublin (city and county). The authors concluded that an increase in drug-related deaths during the period reflected the increasing number of people in Ireland who were consuming drugs, 'taking risks, developing dependencies, or who have developed other illnesses associated with drug use' (Ibid:2).

Data from the National Drug Treatment Reporting System (NDTRS) showed that there were 11,538 cases treated for problem opiate use in 2007 (Carew *et al*/2009)<sup>59</sup>. The data on heroin users treated for the first time indicated that, although the highest numbers

<sup>58</sup> The National Drug-Related Deaths Index (NDRDI) was established in 2005 and is maintained by the Alcohol and Drug Research Unit of the Health Research Board

<sup>59</sup> The NDTRS was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover all areas of the country. It is coordinated by staff at the Alcohol and Drug Research Unit of the Health Research Board

and rates were in Dublin, heroin use had spread to every county in Ireland. More recent NDTRS trend data also highlighted changes to the age profile of those seeking treatment (Bellerose *et al* 2011). Half of the new cases entering treatment between 2005 and 2010 had started drug use at or before the age of 15 years. The proportion of new cases aged under-18 years has increased since 2007 and reached 16% in 2010.

The emergence of crack cocaine in the UK appears also to have had an impact on the development of the crack trade in Ireland. Following a number of seizures of crack cocaine in Dublin in 2006, a study by Connolly *et al.* (2008) analysed this newly emerged drug market. The authors concluded that there were a number of reasons for the emergence of this new market: the increased availability of powder cocaine; the presence of problematic opiate users who had used crack cocaine in the UK or in Europe and had resumed crack consumption on their return to Dublin; and the presence of non-Irish nationals who had access to cocaine supply routes in West Africa and experience of preparing crack cocaine. The study also found that the north inner city was the primary site of the crack market in Dublin and that the market was dominated by non-Irish dealers who imported small amounts of cocaine via couriers.

Results of the third all-Ireland general population drug prevalence survey, a survey repeated every four years, has seen an increase in most types of drug use since 2006 (Long 2011). Compared with the previous survey, the proportion of adults (aged 15–64 years) who reported using an illegal drug in their lifetime increased by just over 3%, from 24% in 2006/7 to 27.2% in 2010/11. The proportion of young adults (aged 15–34 years) who reported using an illegal drug in their lifetime also increased, by just over 4%, from 31.4% in 2006/7 to 35.7% in 2010/11. The proportion of adults and young adults who reported using cannabis and cocaine (including crack) at some point in their life also increased. Almost 11% of young adults surveyed in 2010/11 claimed to have tried ecstasy at least once in their lifetime. The proportion of young adults who used ecstasy in the last year decreased significantly, from 2.4% in 2006/7 to 0.9% in 2010/11. However, the author suggests that the decrease in ecstasy use may be partly explained by the proportion (6.7%) of young people reporting use of new psychoactive substances sold in head shops and on line (Kelleher *et al* 2011).

When compared to the 19 other countries that completed a general population survey on drug use using a similar methodology, 'Ireland ranks eighth highest for lifetime use of cannabis, fourth for lifetime use of amphetamines, fourth for use of cocaine, second for ecstasy and second for LSD' (Long 2012: 8).



Another issue recently highlighted is the growing misuse of prescribed medicines including sedatives, tranquilisers and anti-depressants in Ireland (Horgan and Long 2012). The results of a survey show that the proportion of people using sedatives or tranquilisers has grown in recent years in Ireland. The reasons for this are not clear. Prevalence rates increased among the groups traditionally associated with these medicines (that is, women and the older population). However, the largest increases were in the rates of use by men and by young people. The NACD surveys show that social class plays a role in sedative or tranquiliser use. Key indicators of socio-economic deprivation, such as being unemployed, having low educational attainment or fewer years in education, and living in social housing, were associated with higher prevalence for sedative use in the 2002/3 and 2006/7 surveys. Results from the 2010/11 survey, however, show a slight departure from this general pattern in that prevalence rates are now highest among those who are unemployed/without employment followed by those in managerial occupations. The authors suggest that this might be linked to the stress of deteriorating economic conditions in Ireland.

### ***2.3.2 Market organisation and distribution at the retail level***

#### **2.3.2.1 The social organisation of local drug markets**

The structure of drug-distribution systems has generally been viewed as pyramidal – with a relatively small number of importers and traffickers at the top and a much greater number of street-level dealers at the base (Gilman and Pearson 1991). Early accounts of illicit drug markets, most of which is focused on the US, highlighted the involvement of organised crime groups and cartels in drug trafficking (Johnson *et al* 1990; South 1995). Natarajan (2000) described organisations with clear hierarchies and a well-defined division of labour and job functions.

This perspective was not without its critics (Reuter 1983) and more recent scholarship has downplayed the involvement or dominance of organised crime groups and instead highlighted the more diffuse nature of the drug trade (Dorn *et al.* 2005; Desroches 2007; Reuter and Trautmann 2009; Paoli 2002; Ruggiero and South 1995). Ruggiero and South (1995) looking at a range of European countries – East and West – suggest the absence of monopoly control by organised crime. Summing up this perspective, Babor *et al.* (2010, 65) suggest that ‘the more appropriate metaphor for drug markets is a network. Drugs are produced and distributed by the collective efforts of literally millions of individuals and small organisations that operate in a highly decentralised manner. No one is in charge. Indeed, most people in the network only know the identities of those with whom they

interact directly’.

One way of conceptualising the drugs market is to consider it in terms of the various roles performed by individuals, from drug production to street-level distribution at consumer level (EMCDDA 2012b; Kilmer and Hoorens 2010; Reuter and Trautman 2009; Johnson 1990). Typical roles at different market levels would include the following:

Production level: ‘Cartel’ or ‘Drug lord’; Coca or opium farmer; Chemist to prepare cocaine and heroin as commonly sold

Import level: Importer; trafficker; Airplane pilot; ‘drug mule’; road haulage; money launderer

National/regional distribution: Drug adulteration; Storage; Transport; “Lieutenant”/“Muscle men” (Johnson 1990:19)

Street/retail level: Street dealer; Drug user/dealer; holder; runner; ‘look-out’; fence for goods stolen for drug purchase

In a recent analysis of the role of the so-called ‘drug mule’ in drug importation, the European Monitoring Centre for Drugs and Drug Addiction (2012b) arrived at the following proposed typology of drug importers: ‘the organiser/manager type, who is responsible for the organisation of the drug importation; the importation auxiliary, who assists in importations in the origin or destination country or both; and the courier’ (p.18). The courier type is defined as the importer who is in physical possession of the drugs while crossing an international border. The courier type is then further sub-divided into the ‘self-employed’ courier and the ‘mule’. The former is someone who derives their benefit from the sale (or use) of the drugs upon arrival, while the latter is ‘paid a fee, wage or salary (including the reduction of debts) to transport the drugs’ (p.20).

A joint report by the EMCDDA and EUROPOL (2013) states that Ireland is a transit point for cannabis en route to the UK and onwards into mainland Europe:

Average seizure sizes greater than 1kg suggest that Ireland is...an entry point for Moroccan resin into Europe. Resin seizures represent about 15% of estimated national consumption; it is likely that some of the resin entering Ireland eventually ends up in the United Kingdom, where the market for resin, although smaller than the market for herb, is still rather large, estimated to be about seven times the size of the Irish market. Seizures in the United Kingdom are on average smaller than in Ireland (under 1kg) and represent one-third of estimated national demand... (p.62)

Another way to conceptualise the drug trade is to consider different drug distribution structures and systems (May and Hough 2004; Pearson and Hobbs 2003; Curtis and Wendel 2000; Dorn *et al*/1992). Writing about the United Kingdom (UK) in the late 1980s and early 1990s, Dorn *et al* (1992) and Wright *et al* (1993) described a fragmented, fluid drug-distribution system populated by small groups of opportunists from a variety of backgrounds.



Dorn *et al* (1992: xiii) distinguish between a range of different trafficking 'firms'. They also emphasise the limitations associated with applying typologies to phenomenon as fluid and ever changing as illicit drug markets, particularly those at street level<sup>60</sup>. Despite these misgivings the framework provided by Dorn *et al* (1992) is broad enough to enable us to consider developments in drug market structures over time. This typology also reflected the social organisation of drug dealing as it developed in the UK in the late-1970s and throughout the 1980s, a pattern which, as discussed above, was influential in Ireland subsequently.

- '*Trading charities* – enterprises involved in the drug business because of ideological commitments to drugs (e.g. cannabis, ecstasy), with profit a secondary motive'.

In this respect the drug can be seen as fitting in to a specific culture (Willis 1977), whether a "hippy" lifestyle on the west coast in the US (Adler 1985) or as part of a youth music scene such as acid house or rave (Parker *et al* 2002).

- '*Mutual societies* – friendship networks of user-dealers who support each other and sell or exchange drugs amongst themselves in a reciprocal fashion'.

This form of exchange is useful when considering the sharing of drugs such as cannabis as part of a friendship network (Johnson 1980; Parker *et al* 1988, 2000)<sup>61</sup>. While a large number of people consume illicit drugs, only a minority of those could be regarded as heavy users and only a minority of heavy users could be regarded as chaotic, dependent or problematic drug users. Research has shown that for most illicit drug users, that is, recreational users, accessing drugs involve exchanges between networks of friends and acquaintances (Parker 1998b). Parker (1998b) found from a range of studies of adolescent drug use in Britain that the vast majority of young drug users sourced drugs such as cannabis, amphetamines, LSD and ecstasy through friendship and acquaintance chains and networks.

A similar situation has been found in Ireland. Results from the 2006/2007 all-Ireland drug prevalence survey give an indication as to how people get access to specific drugs (NACD and PHIRB 2008a, 2008b). The third bulletin of results focuses on use of cannabis by adults (15–64 years).<sup>62</sup> The majority of cannabis users were either given the drug by family or friends (44%) or shared the drug among friends (28%). Most respondents (62%) considered it 'very easy' or 'fairly easy' to obtain the drug

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<sup>60</sup> In later research, Dorn *et al.* (1998) suggest a more organised distribution structure at middle market level. Also, Pearson and Hobbs (2003) suggest that, given the paucity of research in this area, it is premature to start applying explanatory typologies. In response to this concern, it is suggested that, as Coomber (2006) points out, there already are common and popular misconceptions of how drug markets are structured and this needs to be addressed.

<sup>61</sup> Johnson B (1973) Marijuana users and drug subcultures. New York: Wiley-Interscience, and Johnson B (1980) Towards a theory of drug subcultures. In Dan Lettieri eds. Theories on drug abuse: Selected contemporary perspectives. National Institute on Drug Abuse.

<sup>62</sup> Findings from the all-Ireland prevalence surveys are published by the NACD in a series of bulletins: see NACD.ie.

within a 24-hour period. The fourth bulletin of results focuses on cocaine use in the adult population. The overwhelming majority of recent cocaine powder users obtained the drug from someone known to them. Nearly half (49%) had been given it by family or friends; one-third (33%) had bought the drug from a friend; and 9% shared the drug among friends. The majority of recent cocaine powder users (64%) considered it 'very easy' or 'fairly easy' to obtain cocaine powder within a 24-hour period. Bulletin 6, which focused on sedatives or tranquilisers and anti-depressants, reported that, although most people got their drugs on prescription, 11% reported that they had got them from someone they knew or had bought them without a prescription in a chemist (NACD and PHIRB 2009).

These 'mutual societies' can also form an important part of drug exchange within the dependent drug user-dealer lifestyle (Agar 1973). As Dorn *et al* (1992:10) put it, 'every user is potentially a supplier, and everyone is expected to help out everyone else'. Agar (1978:260) describes the way in which a group of heroin users responded to a heroin shortage by pooling their knowledge to identify another supply source: 'The addict group turned inward and exchanged information relevant to the search for an alternative supply of narcotics' (quoted in Dorn *et al* 1992:13)<sup>63</sup>.

D'Arcy (2000: 58) sought information from respondents attending a drug-treatment clinic in Blanchardstown, Dublin, about their involvement in drug-dealing. Of the total sample of 128 individuals, 59% stated that they had sold drugs in the past; 40% had sold heroin, 13% methadone, and 6% hash. Interestingly, respondents did not view their own drug-dealing in a criminal light. Respondents referred to selling drugs to friends who were already using and were anxious to stress that they did not see themselves as pushing drugs. If they did sell drugs, it was either to support their own addiction or alternatively they may have sold drugs in order to "help" a friend'.

The Research Outcome Study in Ireland (the ROSIE study) looked at drug-treatment outcomes for adult opiate users at one year following entry to treatment (Cox *et al*. 2006). At baseline, the study recruited 404 opiate users aged 18 years or over entering treatment at inpatient facilities (hospitals, residential programmes and prisons) or outpatient settings (community-based clinics, health board clinics and general practitioners). With regard to drug-dealing, at treatment intake, 70% (n=243) reported having ever dealt/supplied drugs, 30% reported having done so in the 90 days prior to the interview. Clearly the buying and selling of drugs was an important aspect of the

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<sup>63</sup>Dwyer and Moore (2010:95) draw upon a range of ethnographic and sociological studies of illicit drug markets to highlight the way in which markets are more than just about buying and selling drugs, they also form an important social function for their participants, as places to 'dance, meet friends, do politics, fix assignments and drink beer'.



lifestyle of problematic drug users.

- '*Sideliners* – the licit business enterprise that begins to trade in drugs as a 'sideline'.'

Originally legitimate businesses that develop a 'sideline' in drug dealing can also perform an important function in providing 'cover' for drug dealing activities. For example the 'legitimate business traveller' at international level (Dorn *et al* 1992: 29) or the taxi firm at middle market and street level occupy a 'logical space within the system of drug distribution' (Ibid). Such individuals are however particularly hard to detect or research. The business 'sideliner' also has a convenient way of laundering drug money. The ambiguous relationship between the licit and illicit economies will be discussed further below.

- '*Criminal diversifiers* – the existing criminal enterprise that 'diversifies' its operations to include drugs.'

Dorn *et al* (1992:xiv) noted from their research in Britain a general tendency over the past few decades for the more "amateur" traffickers such as the "trading charities" to be displaced by more overtly criminal elements. This trend reflected a finding that 'in trafficking cases located by the police, known criminals who turned to trafficking were more common than traffickers with an apparently fully 'legit' background' (Ibid:xiii). It also reflects the increasing involvement of professional criminals in the drug market since the 1970s. Dorn *et al* (1992) suggest that this development in the UK came about as a consequence of the increased danger associated with armed robberies posed by armed police and also in recognition of the very high financial returns to be derived from drug dealing.

Early accounts of the emergence of the heroin market in Dublin also highlight the role of criminal diversifiers (Flynn and Yeates 1985). Dorn *et al* (1992:38) refer to one of their respondents, Eileen, a drug user, who had moved from Dublin to Manchester and who highlighted the involvement of Dublin criminals in drug distribution in Dublin in the 1980s:

'Dublin, in particular, was flooded with heroin over a period of seven or eight years, mainly through criminal families who previously were not involved in drugs but were mainly into banks and jeweller's shops or whatever and then when they saw the money that was to be made in Dublin they very quickly got in on the scene. Prior to that, the heroin scene in Dublin was a gentle affair...[But] when these families took over, it [heroin] was immediately cut to a low quality, the prices were doubled almost overnight and Dublin became, in a very short space of time, what they termed on television, 'the heroin capital of Europe'. Very young people were getting involved and it was a very messy affair'

The importance of family ties is highlighted by Dorn *et al* (1992:41) in their discussion of criminal diversifiers and their links to 'sideliners' where they suggest that 'in many cases the strength and security of these enterprises relies on keeping power and control close

to the domestic hearth'. The reference in the quote above to 'criminal families' highlights an important dimension of the drug trade as it emerged in Dublin and later throughout the country (Flynn and Yeates 1985). In some cities in Ireland, the involvement and violent feuding between rival families involved in the drug trade remains a major current source of concern (Hourigan 2011).

The family-based criminal network largely credited with introducing heroin to Dublin, were the Dunne family. In an early journalistic account of the Dublin heroin epidemic, Flynn and Yeates (1985:146) describe the way in which the Dunes were depicted in Mafia-like terms 'with a tightly structured drugs racket fastened by unswerving loyalty'. The reality they suggest was far different. This is an important analysis of how the Dublin drug market was run at that time and many commentators refer back to the Dunne era. It is possibly urban myth but it is often reported that Larry Dunne, when finally imprisoned, stated on his way out of court 'If you think I am bad, wait until what you see next'<sup>64</sup>. Given the absence of general accounts of this period, it is worthwhile giving some consideration to the detailed account of the Dunne network provided by Flynn and Yeates (1985), in what is also perhaps a highpoint of journalistic accounts of the illicit drug trade in Ireland.

The Dunne's drugs operation is described as 'ill-defined and opportunistic', there was continued wrangling' and 'mutual suspicion' between the main brothers involved (Ibid 146). Frequently jewellery and other stolen goods were bartered for drugs. The main operations were run by two brothers; five others, three of whom had heroin habits, ran smaller operations. Flynn and Yeates (1985:146-147) describe their operations in the following way:

'Mickey ran Fatima Mansions, another brother ran St Theresa's Gardens and the Cork Street area. Robert dealt in the south inner city and St Stephen's Green area, and Charlie supplied the north inner city'.

All of these brothers were supplied by Larry and Shamie Dunne who had initially developed the international supply contacts in London, Amsterdam and later, Spain. Garda intelligence files accessed by Flynn and Yeates identified a total of 171 people in the entire Dunne network. Of these, forty were actively engaged in drugs trafficking and all of the groups were reported as garda suspects. One individual is described by Flynn and Yeates as 'the mule' who ferried drugs consignments across Europe for the Dunes. Another figure described as a 'heroin addict' and 'mainstay' of the Dunes operation had a dry cleaning business and a lock-up garage. The Dunes had provided the money for the

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<sup>64</sup> I have been unable to locate a source for this quote.



business which was used to distribute drugs in Dublin's inner city. The garage was identified as the main 'storage depot' for drugs sold in St Theresa's Gardens and the Liberties in the south inner city.

At the time it was suggested that the Dunnes 'controlled' fifty percent of the heroin trade in Dublin, but Flynn and Yeates (1985;147) suggest that this is too precise a term: 'it was just that there were so many of them that they had to be the biggest dealers in the market.'. Areas where other drug dealers had established markets were regarded by the Dunnes as 'out of bounds', there was, the authors' suggest, 'honour among thieves' (Ibid 146). For example, one of the main selling areas for the Dunne's was the south inner city, and in particular St Theresa's Gardens flat complex. By 1982, Flynn and Yeates report that several local families in this area were dealing heroin and that there were an estimated '200 abusers living in or calling daily to pushers in the complex' (Ibid:109). Flynn and Yeates (1985), in the conclusion to their study state that there were 25,000 people on the files of the Garda Drug Squad.

The Garda Síochána believe that the distribution of drugs within Ireland at the time of writing is organised by networks of criminal gangs. In some cases these gangs include members of the same family (Moran *et al.* 2001). Williams (2001) focused on the gang involved in the murder of crime correspondent Veronica Guerin in 1996 and indicated the significant involvement of both international and national organised crime networks in the Irish cannabis trade<sup>65</sup>.

A EUROPOL Organised Crime Threat Assessment (OCTA) report has also indicated that some Irish criminal gangs have developed international links and are getting their drug consignments directly from sources in Colombia (cocaine) and Pakistan (heroin) (Europol 2009). According to the report: 'Irish criminals engaged in drug trafficking are active in and, at least partially, based in Spain and the Netherlands' (p.43). The growing involvement of Nigerian and West African gangs in the cocaine and cannabis market was also mentioned. A recent study on the emergence of a crack cocaine market in Dublin has highlighted the role of West Africans in the initial development of this market, both in terms of the importation of high-purity cocaine and the skilful preparation of crack cocaine (Connolly *et al.* 2008). The study also found that from an initial concentration among West African's in Dublin's inner city, a growing number of Irish dealers were reported to be involved in the distribution of crack throughout the Dublin region, and that prepared crack had been available throughout the city since 2006.

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<sup>65</sup>As discussed above, this may partly be explained by Ireland operating as a transit route for cannabis from Morocco into Europe (EMCDDA/Europol 2013).

An EU drug markets report, jointly published by the EMCDDA and Europol, is the first comprehensive overview of illicit drug markets in the European Union (EMCDDA/EUROPOL 2013). The report also considers the involvement of organised crime groups (OCGs) in drug production and trafficking. With regard to herbal cannabis it is reported that 'Vietnamese OCGs have become prominent in the indoor cultivation of cannabis in many EU countries, particularly Belgium, the Czech Republic, Germany, Ireland, France, Hungary, the Netherlands, Poland, Slovakia and the United Kingdom'(p.64). These OCGs are described as 'hierarchical in structure', incorporating a range of specialised personnel, including 'electricians, plumbers and managers of cultivation facilities' (p.64). The report also alludes to the social factors that can lead to people becoming involved with such illegal activities. In relation to herbal cannabis, 'Gardeners tending the plants are often illegal migrants working to pay off their passage' (p.64). Synthetic drugs are produced mainly in Belgium and the Netherlands. However, police intelligence suggests 'the growing prominence of Polish and Lithuanian OCGs in trafficking drugs obtained in the Netherlands to various Nordic and Baltic States, Ireland and the United Kingdom' (p.78).

In a recent report to the Joint Oireachtas Committee on Justice, Defence and Equality, the Commissioner of An Garda Síochána stated that there are approximately 25 organised crime groups operating throughout the State (Joint Committee on Justice, Defence and Equality 2012). The majority are centred in large urban areas such as Limerick, Cork, Galway, Sligo and Dublin. The Commissioner stated that 'there is a high amount of interaction between the various organised crime groups throughout the country who regularly pursue joint enterprises, particularly drug imports. The vast majority of organised crime groups are drug trafficking groups who are prepared to use violence and intimidation to further their aims. Each of these organised crime groups is structured hierarchically and would typically consist of a leadership, a number of middle-managers and low level criminals who could carry out day-to-day running of these organised crime groups.' (Joint Committee on Justice, Defence and Equality, 21 Nov 2012:3)<sup>66</sup>. The Commissioner also stated that OCG's in the state work closely with criminals in Northern Ireland, although he also suggests that the 'taxing and extortion of drug dealers by dissident republicans have occurred in recent years' (Ibid). In relation to Northern Ireland, studies have highlighted how the political conflict has impacted on the drug trade, generally creating a situation where the drug trade had not developed to the same extent as in the Republic of Ireland or the UK (House of Commons Northern Ireland Affairs Committee 2003). The involvement of loyalist paramilitaries in drug-dealing has been

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<sup>66</sup> Available at <http://oireachtasdebates.oireachtas.ie/Debates>



identified by Silke (2000) and the recent increase in drug use, including heroin, in the mid-1990s has been identified as a possible indirect consequence of the post-ceasefire political settlement (McElrath 2004).

### ***2.3.3 Distribution at street level***

An illegal drug is a commodity and can therefore be produced and distributed in markets. Babor *et al.* (2010) distinguish between two conceptualisations of a market. The first is an abstract relationship between buyers and sellers where transactions can be made via the internet or mobile phone and where people seldom meet. The second concept is a physical place where transactions occur – a marketplace. This distinction is useful and shows that illicit drug markets share many of the characteristics of conventional markets for legal commodities. Although the emergence and institutionalisation of illicit drug markets in many inner-city communities has been associated with many of the problems confronting such communities, very little systematic scientific research has been conducted on the ways in which local drug distribution is organised (Johnson *et al* 1990). At the retail level, Dorn *et al* (1992) identify two types of drug-dealing organisations - *opportunistic irregulars* and *retail specialists*. These should be considered as complementing or perhaps facilitating the 'mutual societies' of drug user dealer networks described above. Drug dealing at the retail level can be a publicly visible activity and can cause a great deal of public anxiety. Consequently it is also a target of drug policies and policing strategies. In this section the structures and processes involved in street level drug distribution will be considered. The local impact of retail drug dealing and the policing strategies that have been used to counteract them will be considered in the following sections.

- '*Opportunistic irregulars* – individuals or small groups who get involved in a variety of specialist roles to distribute drugs to users.'

Drug dealing at this level involves what Dorn *et al* (1992:42), refer to as 'younger, less experienced and more erratic versions of the established criminals' described above. They are individuals or small groups who involve themselves in the 'multi-commodity trading to be found in "street culture", the networking of those on the club scene of any city, or the quiet negotiations conducted in the corners of countless bars' (Ibid:43). For those involved at this level, who may or may not consume drugs, 'money, excitement and recognition in the street culture and local social networks are the goals' (Ibid). There is no available Irish research on this aspect of the drug trade.

- *Retail specialists* – entrepreneurs with a manager employing people in a variety of specialist roles to distribute drugs to users (described at the time by the authors as

an increasingly common 'street dealing' format)

Retail specialists represent a more stable, hierarchical and organized form of drug dealing at the local level. It can involve a leadership structure and a variety of individuals forming a number of diverse roles as part of a gang formation (Johnson 1990; Fagan 1989; Williams 1989; Preble and Casey 1969). Although this type of formation has been identified as primarily a US phenomenon, Dorn *et al* (1992:47) suggest that such arrangements were becoming more common in Britain. Pearson describes such a development in Manchester and Liverpool in the UK in the mid-1980s (Pearson 1987).

Johnson *et al* (1990:20) describe a variety of street-level drug distribution structures and processes in the US in different cities, for different drugs at different points in time. In New York City in the 1960s and 1970s for example, street sellers received several 'retail units ("bundles" of ten to twenty-five bags or vials) on consignment to sell', with an expectation that they would return 60 percent of the value to their supplier. In turn sellers would be assisted by "steerers" and "touts" who would find and refer customers, "middle men" or "cop men" who transport money and drugs between buyers and sellers who do not meet and "jugglers" who buy several bags and further adulterate them for onward sale. He describes the relationship between these various individuals as resembling a 'confederation of free-lance sellers and dealers' (20).

The emergence of crack cocaine in the US led to the establishment of more vertically organised selling organisations, he suggests, as a dealer who could purchase a kilogram of cocaine, needed to construct a more complex network of individuals around himself/herself to perform different roles thereby protecting the lead supplier from standard police buy-and-bust operations (See below). Johnson *et al* (1990:21) describe a typical vertical network thus: "holders" conceal bulk crack supplies on the street, "counters" or "money men" check and receive buyers' money, "hand-off" men provide the drug to buyers, "lookouts" warn of police or competitors, "muscle men" serve as guards and intimidate passers-by and competitors, "lieutenants" or "crew bosses" supervise the whole street operation and collect money at regular intervals'. The free-lance drug distribution networks described above worked best in what Johnson (1990:33) refers to as drug "supermarkets", where a large number of buyers could select from a large number of sellers'. He suggests that changes in law enforcement practices in the 1970s, namely a shift of emphasis from drug (primarily heroin) sale/possession arrests to higher-level distributors, led to the emergence of a situation in New York, 'particularly in the Lower East Side, (where) thousands of buyers and sellers controlled the streets; shooting galleries and dealing organisations operated in the numerous abandoned buildings'. These drug "supermarkets" have also been referred to in a European context as "Open markets"



or "Open drug scenes" (Connolly 2006b; Wall 2004)

May and Hough (2004: 550-553) provide a classification of retail markets distinguishing between open markets, semi-open markets such as pubs and clubs, closed markets and crack or dealing houses. Some of their main features are described as follows:

*Open Markets* – Open to any buyer with no requirement for prior introduction to the seller and few barriers to access

*Semi-open markets* – Pub and club-based markets, mostly for ecstasy and other drugs used by clubbers. Sellers will generally do business in the absence of any prior introduction – 'provided the buyer looks the part'

*Closed markets* – Sellers and buyers must know and trust each other, or be introduced by a mutual third party

*Crack/Dealing House Markets* – Have evolved since early 1990s in UK. 'Crack houses' sell a wide range of illicit drugs and so are better referred to as 'dealing house markets'. Can be in residential, uninhabited or semi-derelict properties and often for a short period until enforcement closes them down. Can attract large numbers of buyers, often calling at day and night and are often associated with anti-social behaviour in the building or in the surrounding area.

Wall (2004) provides a similar analysis of 'open drug scenes' in a European context. He describes the experience of five European cities: Amsterdam (Netherlands), Frankfurt (Germany), Oslo (Norway), Vienna (Austria) and Zurich (Switzerland). Such drug markets generally emerged in those cities in the late 1960s and early 1970s and were, according to Wall, originally associated with 'young people gathering in parks or as squatters in non-traditional places to meet and live'. While, originally, cannabis was the main drug associated with such scenes, amphetamines, heroin and, increasingly, cocaine are now common in places. Those attracted to such markets can range from alienated youths to drug users with severe health and social problems, to established criminals with links to organised crime. The size of such drug markets varies greatly, ranging from small isolated pockets of individuals to scenes with thousands of participants. Edmunds *et al.* (1996) provide a geographical explanation for the emergence of such markets, making a distinction between 'central-place' and 'local' markets. Central-place markets are often found in large cities and can attract buyers from across and outside the city. They have established reputations, are linked to good transport networks, and are sometimes associated with sex markets.

Although markets of this type are not generally linked into local communities, in the 1980s and up the mid-to-late 1990s, open street-based markets were probably where most illicit drugs of dependency were bought and sold in many British cities and in Dublin (May and Hough 2004; Loughran and McCann 2006). The visibility and local disturbance

caused by such markets led to community demands for police action targeted at their removal. At the same time, the emergence of the mobile phone provided the means for buyers and sellers of drugs to locate one another in a less public way. Once initial contact is made, often through trusted contacts, drug transactions can now be pre-arranged and more private.

The advantage of an open market is that sellers are able to maximise customer access and buyers have a degree of choice in terms of drug quality and price. However, from a personal security and a law enforcement perspective, the convenience of open street markets for buyers and sellers is also their main disadvantage. Drug sellers in open drug markets can also be vulnerable to assault and theft from other drug sellers (Edmunds *et al* 1996; Eck 1995).

Ruggiero and South (1995) suggest that most people who purchase drugs in the UK do so in pubs and clubs. May and Hough (2004) make the important observation however that this does not mean that most *drug sales* take place in such systems. For example, although dependent or problematic drug users account for only a small percentage of the total number of people who consume illegal drugs, given the high rate at which they consume drugs and the number and frequency of drug transactions in which they need to engage, May and Hough (2004:553) suggests that 'problem users' needs for very regular and dependable supplies of drugs locks them into street markets or phone-based markets serviced by sellers who operate on a full-time basis'.

The advantage of closed markets lies primarily in the trust that buyers and sellers can place in one another, both in terms of drug quality and also in terms of protection from law enforcement. One disadvantage is that sellers are unable to 'pick up' passing trade and therefore unable to maximise their profits, while buyers 'are tied into the limited choices offered by the sellers they know' (May and Hough 2004:551). That a market is closed however, does not mean it is no longer extremely busy or visible and disturbing from the perspective of those living in its vicinity. It may however be more difficult to disrupt from a law enforcement perspective. May *et al* (2004:551) describe an open market in the UK that transformed into a closed one following intensive high visibility policing:

'It is located in a contained geographical area, where the built environment lends itself particularly well to both drug use and selling. There are many alleys inaccessible to cars and many houses backing onto one another, creating quiet places to exchange drugs and money...there is no fixed open street drug market, most transactions are conducted in public places away from drug sellers' and



users' houses....No drug buyer said they had difficulty locating drug sellers at any time, and no-one had to wait or look for longer than an hour when wanting to purchase drugs....Nearly all drug users stated that their dealer was only contactable on a mobile phone...Once the contact had been established, users were instructed to meet at a particular time and venue within the market and wait for a 'runner'. No-one in this market feared police intervention when buying'

Crack/Dealing houses can also be seen as a response to enforcement against open markets although it is also possible that they may be necessitated by the need for crack users to prepare crack somewhere. May and Hough (2004:552) suggest that, despite new civil and criminal powers in the UK to address this problem, it is often difficult to obtain sufficient evidence to secure convictions to close down such sites. Dealing houses are, they suggest, 'fairly well protected from enforcement activities' and consequently, 'it would be safe to assume that (their) share of the crack market – at least in British inner-cities – is considerable'.

Retail drug distribution has also been transformed by technologies such as the mobile phone and the internet. The proliferation of mobile phone ownership has facilitated the transformation of open markets into closed markets (May and Hough 2004). Once phone numbers have been exchanged, usually by mutually trusted contacts, drug deal's, meeting places or even drug deliveries to the buyers home or other locations can all be arranged remotely (Curtis and Wendel 2000; Edmund *et al* 1996). The purchase of telephone air time through 'pay-as-you-go' phones and 'smart cards', make it increasingly difficult to conduct effective surveillance (May and Hough 2004; May *et al* 2001; Natarajan *et al* 1995). The internet has also become increasingly important by providing access to knowledge and logistics about drugs, drug production and transport and also in terms of facilitating the trading of drugs, drug precursors and for creating new markets in unregulated psychoactive substances (EMCDDA/EUROPOL 2013).

Since the mid-1990s, there has been a significant alteration in the nature of many retail drug markets, at least in Dublin (Loughran and McCann 2006). Loughran and McCann (2006), who studied three communities and their experiences of drug issues from 1996 to 2004, found that the open drug scenes which were characteristic of this earlier period discussed above, and which caused significant levels of community concern, manifested in community-based anti-drug marches, are no longer as common. The rapid growth in mobile phone ownership in Ireland since the 1990s has been an important factor in facilitating the development of less publicly visible drug distribution systems here<sup>67</sup>. They

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<sup>67</sup> A survey conducted by the Commission for Communications Regulations (ConReg) in 2010 found that between 2000 and

also identified an increased involvement of more local community members in drug distribution, with young people engaged as drug 'runners'.

A study on crack cocaine in Dublin (Connolly *et al* 2008) indicated that the crack market was a closed one, meaning that dealers did not sell to strangers, exchanges were generally arranged using mobile phones, and buyers were directed to exchange points outside the inner city. Crack houses were reported as locations where crack was used, and in some cases prepared in exchange for free crack; they were not reported as major venues for crack dealing or as sites for sex work.

A recent development in the Irish drug trade was the emergence of so-called head shops selling legal highs. A study of the phenomenon also found that many used the internet to access legal highs (Kelleher *et al* 2011). Following the passage of the Criminal Justice (Psychoactive Substances) Act 2010, there was a marked decrease in the number of head shops nationwide (Connolly 2012a). Kelleher *et al* (2011) suggest that as a consequence of the Act it is likely that there would be a concomitant decrease in the use of psychoactive substances by casual, young and first-time users, and an associated decrease in presentations to hospital emergency departments. Habitual users who were attracted by the legality and easy availability of head shop products would be likely to return to 'traditional' illegal substances while a proportion of head shops' customer base would take their business online, 'where chat rooms and blogs will keep them updated with new products, perceived effects, and recommended sources and avenues of delivery' (Ibid:79).

## **2.4 Drug markets, crime and community violence**

In its annual report for 2003, the UN International Narcotics Control Board (INCB) highlighted the importance of understanding the relationship between drug abuse, crime and violence at the micro-level as a means of developing practical and sustainable responses. The harm caused to communities 'by the involvement of both adults and young people in drug-related crime and violence is immense' (INCB 2004: 6). The report describes the way in which drug-related crime at a micro-level can lead to the creation of 'no-go areas', the development of a culture of fear and the general erosion of the 'social capital' of communities, derived from Putnam (2000) and discussed above.

A review of illicit drug markets in Europe by the Council of Europe Pompidou Group considered some of the impacts of the open drug markets or 'open drug scenes' described above (Connolly 2006b). These included:

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2010, mobile phone ownership in Ireland increased from 37% of respondents to 96% of respondents and that 8 out of 10 respondents had a personal computer or laptop at home. [www.comreg.ie](http://www.comreg.ie)



- drug-related mortality;
- involvement of organised crime groups;
- violence and gang turf wars;
- drug-related petty crime in surrounding vicinity;
- prostitution;
- visible drug intoxication;
- visible drug use and injecting;
- the discarding of needles and other drug paraphernalia;
- drug tourism;
- 'crack' houses;
- development of a drug market for many substances;
- creation of 'no-go' areas for local residents due to fear;
- stigmatisation of the local community.

Retail illicit drug markets can create immense problems for local communities (Jennings 2013; Hourigan 2011; Cox and Whitaker 2009; Loughran and McCann 2006; Connolly 2006a, 2005a, 2003, 2001; May *et al.* 2005; Murphy-Lawless 2002; Mayock 2000; Fahey 1999). Drug-dealing at the local retail level involves a high number and frequency of transactions and is therefore likely to have an immediate and observable impact on the quality of life of the local community. The visibility and local disturbance caused by such markets in Dublin led to community demands for police action targeted at their removal and also, in the past, to massive community mobilisation in the form of street marches, protests and attacks on the homes of alleged local drug dealers (Murphy-Lawless 2002). Although many of these open drug markets that caused such difficulties in the past have now become less visible, whether as a result of community mobilisation, police activity or the onset of the mobile phone, it does not mean that they are no longer extremely busy or visible and disturbing from the perspective of those living in their vicinity. We will now consider some of the ways in which these markets can impact locally. It is also important to recognise that the relationship between local drug markets and their 'host communities' is complex (May *et al.* 2005). Although drug markets can be a cause of violence and community tension, they are also a source of cheap stolen goods and income, not only for those directly involved in the local drug trade, but for their extended families, relations, friends and acquaintances (Johnson 1990; Murphy-Lawless 2002). This ambiguity can have implications for interventions designed to address these markets.

#### ***2.4.1 Visibility and no-go areas***

A study by Fahey (1999) assessed the living conditions in seven local authority estates in Ireland. The estates studied were: Fatima Mansions, South Finglas and Fettercairn in Tallaght – all in Dublin; Deanrock estate in Togher, Cork; Moyross in Limerick; Muirhevnamor in Dundalk; and Cranmore in Sligo. Data were gathered primarily through ethnographic methods such as interaction in the everyday life of residents of the estates, participant observation and in-depth interviewing. Problems of social disorder were found

to be central factors affecting the quality of life of the residents of all the estates studied. Such problems were found to have 'the greatest impact on residents' quality of life, through direct experience of anti-social behaviour, a general loss of communal space and a sense of personal safety, and negative labelling of estates in the wider community' (Fahey 1999: xx). The problems associated with drug use and drug-dealing were particularly acute in the Dublin estates. At the time of the study, the use and dealing of opiates was a problem only in the Dublin estates. In one estate, Fatima Mansions, the researcher concluded that, 'Heroin dealing and heroin use are dominant and oppressive problems' (O'Higgins 1999: 156). The problems of drug use and dealing in this estate were compounded by the fact that the area drew in a steady stream of drug users from all over the city and the greater Dublin area. One resident, in describing the corrosive effect of drug abuse on life in the estate, said: 'Basically, you are not allowed to have a life anymore. The children are driven out of the public spaces' (O'Higgins 1999: 156).

A survey of residents of Dublin's north inner city, conducted as part of an evaluation of a community policing scheme in which they were participating, revealed high levels of local exposure to drug-dealing and drug-related crime (Connolly 2001). Forty residents of the area were interviewed in October and November 2000. The respondents were chosen on the basis of their participation in meetings organised as part of the process of establishing the North Inner City Community Policing Forum (CPF) (Connolly 2002). The respondents were resident in 29 different streets or local authority flat complexes throughout the area in which the CPF was established, they were therefore regarded as representative of the area as a whole. Moreover, they had been involved in local community activity and were particularly knowledgeable about the drug issues in their respective areas.

Respondents were asked about whether they had concerns for their safety. The CSO survey found that 30% of respondents felt 'unsafe' or 'very unsafe' walking in their neighbourhood after dark, while the CPF survey recorded more than double that rate, with 63% of respondents stating that they felt 'unsafe' or 'very unsafe' walking in their area after dark. These feelings of insecurity were associated with groups of young people gathered together at specific locations where respondents believed drugs were available. A study by Loughran and McCann (2006) focused on three communities' experiences of the changes in the drug situation and responses to it between 1996 and 2004. Included among the study findings was an increase in the general sense of fear, vulnerability and intimidation among the communities as a result of open drug-dealing in public areas. People reported that there had been a decrease in the use of public spaces after dark since 1996.



#### **2.4.2 Drug-related acquisitive crime**

Survey research has highlighted the way in which victims of property crime, where their house was burgled for example, believe that the crime was drug-related (Bean 2002). It is unclear how they come to these conclusions as they are generally unlikely to have met or known the perpetrator. Bean (2002:25), in a consideration of the links between drug use and local property crime states that in relation to property offences and burglary in particular 'offenders rarely move out of their own neighbourhood so that areas with high drug abuse will mean the drug users committing offences against those living in their immediate locality'. It is difficult to establish the extent to which drug users who commit acquisitive crime to feed their drug habit do so in the areas in which they live. There is some Irish research evidence suggesting that the drugs phenomenon has undermined the somewhat romantic notion that people do not commit crime in the areas in which they live (Connolly 2006a). A study by Coveney *et al* (1999) in Dublin's north inner city found that stealing money from local businesses and shops and from family members were common strategies to raise money for drugs.

Along with property offences, another important source of drug money is drug dealing. Studies on drug availability suggest that many drug users have relatively easy access to drugs in their own areas and that many communities throughout Dublin have experienced high exposure to street-level drug-dealing and local drug-related crime and anti-social behaviour (Connolly 2006a; Loughran and McCann 2006; Coveney *et al* 1999). This was borne out by research carried out in Ireland in the 1990s: two-thirds (66%) of respondents in a study by Keogh (1997) said it was easy to get drugs and that they sourced their drugs within their own neighbourhood. The majority of respondents said they used a local dealer as their main supplier; 80% said they did not always use the same dealer, thus suggesting multiple sources. Forty-eight per cent of heroin users in the Keogh study admitted to drug-dealing themselves or to acting as couriers or 'look-outs' for drug-dealers in order to fund their own drug habit. When asked where they usually committed the crimes to sustain their drug habits, of the 254 people who answered this question, 105 mentioned their own neighbourhood as a location where they committed crime. Respondents were asked if they had been accused of supplying drugs and, of those who admitted selling drugs (169 respondents), 29% had been accused by local anti-drug activists and 17% by their neighbours.

Another study by the Garda Síochána Research Unit examined the link between opiate use and criminal activity in Ireland for the years 2000/2001 (Furey and Browne 2004).

This work followed on from the Keogh study (1997).<sup>68</sup> Furey and Browne (2004) highlighted the apparent increasingly embedded nature of drug markets in local communities over time and the relative ease of access to drugs. The study recorded an increase since the Keogh study, from 46% to 76%, in the number stating that they sourced their drugs from a local dealer.

The survey of residents in Dublin's north inner city by Connolly (2001) revealed high levels of exposure to local drug dealing and use. Eighty per cent of the sample respondents said that they had witnessed drug-selling in their area in the past year. The survey found that one in every ten households had been burgled. This contrasted with a national survey conducted by the Central Statistics Office (CSO) which recorded a rate of one in 30 households reporting having been burgled (CSO 1999). Over 77% of respondents reported having been disturbed or affected by noise late at night, with 30% of those believing the disturbance was drug related. Eighty-five per cent said they were affected or disturbed by young people gathering in groups, with 37% believing the disturbance was drug related.

A study conducted in a more focused network of streets in the same area of north inner city Dublin used a variety of research methods, including a door-to-door survey, to ascertain the impact of drug use, drug-dealing and related problems on the quality of life of the area (Connolly 2003).

Included among the findings were:

- Sixteen respondents, or 36% of the total sample, had been offered drugs in the past year; 53% had witnessed drugs being sold in the past year.
- Seventy-six per cent of respondents stated that they were 'somewhat likely', 'quite likely' or 'very likely' to witness drug-selling within the following six months. The percentages of respondents who were able to identify the type of drug being sold were significant, with 83% and 84% identifying heroin and cannabis respectively.
- Twenty-nine respondents identified five specific locations in the immediate area where drugs were being sold, while five respondents stated that drugs were being sold outside their door every day.

### ***2.4.3 Community violence, fear and intimidation***

Johnson (1990:35), in his study of drug markets in deprived neighbourhoods in the US argued that the use of violence and, more importantly, threats of violence, were 'essential elements in controlling the many persons who do not comply with the selling group's

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<sup>68</sup> For a comparison of the two Garda studies, see Connolly (2006a).



conditions for optimum functioning<sup>69</sup>. Tactics of internal organisational control might involve the recruitment of individuals as 'lieutenants' or guards who have previous reputations and histories of violence and/or who are physically menacing and the purchasing and display of weaponry to instil fear in certain drug markets (Chaiken and Chaiken 1982). Tactics of external control may involve intimidating or using violence against those living or working in their dealing territory.

In an effort to discourage local residents or community leaders from calling the police, Johnson (1990:36) describes the methods crack-selling groups in the US used to control ordinary citizens. Tactics included using money to overcome resistance including providing 'very attractive offers' to landlords and 'low-income citizens' to vacate their apartments or allow them to be used for selling or packaging drugs. Dealers would also employ people – 'young children, mothers with baby carriages, grandmothers' – to act as lookouts or to store drugs. Those who refuse to cooperate may be subject to intimidation and violence, ranging from loud, aggressive talk among sellers, to verbal threats to those who refuse to allow their apartments to be used or who refuse to 'work' for the organisation.

In the UK, Dorn *et al* (1992:38) suggest that, the diversification of criminals familiar with intimidation and violence into the drug market, from the 1970s onwards, 'transformed the 'climate' of drug trafficking there. The emergence of crack cocaine in Britain in the late 1980s and early 1990s led to a realisation, according to Bean (2002:28) 'that drug markets could be violent places where death was increasingly commonplace and violence a standard feature of drug dealing'. Characteristic of this was 'the increased use of firearms on the streets where low-level crack dealers display firearms openly in areas where firearms were hitherto unknown' (Ibid 29). May *et al* (2005), in their study of four local drug markets in the UK, found that residents' concerns about drugs were focused largely on the negative reputation that the market gave their area and the violence associated with it. The fear of reprisals from drug dealers was a concern for residents in all the neighbourhoods.

As discussed above, the emergence of the heroin trade in Dublin in the late 1970s and early 1980s was facilitated at the time by the diversification of professional criminals into drug dealing (Flynn and Yeates 1985). The threat of violence and the fear and intimidation that result from it have been described as 'probably some of the worst and least recognised effects of large-scale illicit drug use' (Gilligan 2011:121). Tony Gregory, a prominent anti-drugs activist and politician in the north-inner city referred to the levels of

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<sup>69</sup> Johnson (1990) derives much of his analysis of violence from the writings of Wolfgang M and Ferracuti F (1967) *The subculture of violence: Towards an integrated theory in criminology*. London: Tavistock.

fear during the initial stages of the heroin problem:

I do know that in the initial stages of the heroin thing the most prevalent reaction was one of fear. The people who were involved were known to be 'heavies'. And people were afraid they'd be burnt out of their flats. They were afraid for their kids' sake (Quoted in Gilligan 2011:122)<sup>70</sup>

A study on homicides in Ireland suggested that between 1992 and 1996 15 homicides were connected to disputes about control of the supply of illicit drugs (Dooley 2001). In more recent years, there appears to have been at least this many drug-related homicides occurring on an annual basis. The available evidence, when considered along with newspaper and court reports, suggests that there is a significant and increasing amount of violence associated with the illegal trade in drugs in Ireland (Campbell 2010).

Campbell (2010) identified a clear link between the illicit drug market and an increase in gun crime in Ireland. Comparing the percentage of murders and manslaughters in Ireland, England and Wales the author found that 'proportionally speaking, between twice and five times as many homicides involving guns occur in Ireland' (page 415). She also cited police statements and media reports which indicated that many firearms-related deaths occurred among those involved (or at least suspected of being involved) in the illegal drugs trade. In asserting the link between guns and the trade in illicit drugs the author highlighted the fact that drugs and guns were often imported together and the view of the Customs Service that the rise in the detection and seizure of illicit firearms being imported was linked to the increased level of violence involved in drug trafficking and smuggling<sup>71</sup>.

Drug-related murders killings, and their coverage in the media, can have a profound effect on general feelings of public safety and they can instil in the general public a sense that the problem is out of hand (O'Connell 2002). The study by Loughran and McCann (2006) of three communities' experiences of the changes in the drug situation and responses to it between 1996 and 2004 found that, during the later phase of the study there was an increase in the number of murders associated with drug-dealing.

The link between levels of systemic violence, between the shooting dead of a rival drug dealer and the headlines it captures, and the impact of such drug-related violence on the

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<sup>70</sup> In October 1982, Gregory would name Shamie Dunne as the godfather of the Dublin drugs world in a newspaper column he wrote. It was the first time anyone had even mentioned the family in the media. See Flynn and Yeates (1985:154).

<sup>71</sup>The author concluded that policy responses to gun crime needed to consider the link between masculinity and gun crime and also the link between poverty, the illicit drug market and gun crime. An adequate and comprehensive response to gun crime, she concluded, 'should be cognisant of the link to poverty and the drug market and incorporate educational rather than legal approaches alone' (page 429). Targeted psychology programmes for 'at risk' young men to address the violent expression of masculinity which underlies much gun crime and targeted policing at high-risk areas where gun violence takes place are necessary. These should, according to the author, be coupled with an increase in economic equality and a holistic educational approach. Such measures, she concluded, would be more effective in reducing gun crime than increasing prison sentence lengths or abrogating the rights of accused people.



local communities in which drug dealers live and operate is difficult to establish. It is poorly conceptualised, under-researched and tends not to capture the headlines. Kilcommins *et al* (2004;119) show, for example, that the murder rate in Dublin North Central in 2002 was 79 (per million population) compared with zero in many counties. What effect does this have on the local population there? The absence of research in this area and the importance of this issue from a community perspective in terms of its impact on quality of life, has led to a number of research initiatives designed to expose this lived experience (Citywide Drugs Crisis Campaign 2013; Jennings 2013; Hourigan 2011; O'Leary 2009).

In 2006 and 2007, family members of problematic drug users and family support groups linked in to the National Family Support Network started reporting issues of intimidation as a result of drug-related debt<sup>72</sup>. Research was conducted in 2008 and the research was published the following year (O'Leary 2009). The research showed that nearly all participating family support services indicated that their clients – mostly family members of drug users – had experienced debt-related intimidation ranging from verbal threats to physical violence to damage to homes or other property. Debts could range from €100 to €60,000. Many affected families survived on very low incomes and were given short periods to repay debts using salaries and wages, borrowing money from families, friends, banks, credit unions or other money lenders. Some families were forced to re-mortgage their homes. Drug users themselves often resorted to criminal activity to repay debts to dealers, such as drug-dealing or transporting and storing drugs, performing acts of violence on behalf of sellers and engaging in sex work.<sup>73</sup> The study outlined the varied experience of families who had suffered from debt-related intimidation and violence:

- Threatening behaviour, including verbal threats, intimidation at the workplace, harassment, death threats, threats of shooting, beatings or 'knee-capping' and live bullets posted through letter boxes;
- Houses and cars vandalised and burnt out;
- Physical violence, including murder, shootings through doors and windows of family home, hospitalisation due to beatings, burning of a drug user.
- Physical/sexual violence against women;
- Encouraging children by dealers to sell drugs to friends and witness family members being beaten. Use of the family home by mothers for sex work to pay off debt;
- Family members too fearful to approach Gardaí in relation to intimidation, believing Gardaí are powerless to act.

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<sup>72</sup> The NFSN was established in 2000 to support the development of family support groups throughout Ireland. There are currently over 70 family support groups affiliated to the NFSN.

<sup>73</sup> The issue of drug use and sex work has recently been the subject of a study by Cox and Whitaker (2009).

- Forced emigration – in many cases drug users had been forced to move or emigrate and are unable to return home.

The most in depth study conducted to date in Ireland on the issue of drug-related violence and intimidation was an ethnographic study conducted in Limerick city (Hourigan 2011). This important study, an edited collection of essays on aspects of social exclusion in the city, incorporates the findings of a three-year ethnographic study of organised crime, most of it family-based, and drug-related intimidation and the resulting local fear in the city. The study was conducted between 2007 and 2010. The study consisted of 221 interviews with local residents, those on the fringes of criminal gangs, community leaders, Gardai, and one hundred hours of participation observation (one third of which was conducted at night).

The research found that intimidation was organised and employed by family-based criminal hierarchies in the city to serve a number of purposes including the following:

- Maintain control over pockets of estates where criminal activities are being undertaken;
- Discourage people from giving evidence in court;
- Force people to vacate homes which might be needed for drug distribution or other purposes.

The violence was generally organised by 'serious players' in the gangs, and it elicited huge levels of fear with gang leaders constantly vigilant for signs of resistance to their authority within their families, gang structures and local communities. Young people between the ages of 15 and 22 also engaged in acts of violence and intimidation, either to follow orders from gang leaders or so as to establish themselves in the gang hierarchy. The study also found that anti-social behaviour by very young children was sometimes linked to gang activities.

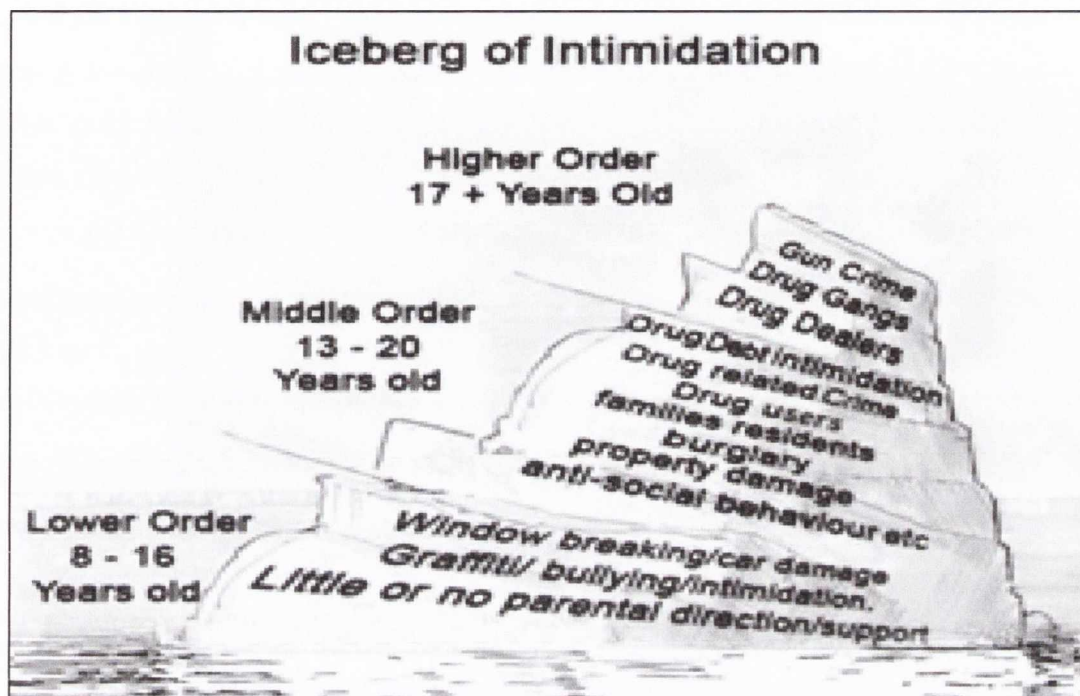
The ultimate effect of community violence and intimidation was that it reduced community residents to a state of perpetual fear and anxiety. The following quote from one resident gives an indication of the subservient state community violence and intimidation can impose on local people:

'You know what they really want is for you to be down on yourself so that you don't believe you can have any other life. They want you to keep your head down and just put up with it, even if there are gunshots comin' in your window and you're lyin' on the floor with your kids...What they want is for you to keep your head down and just shut the fuck up and accept that that's your life, full stop.'  
(Hourigan 2011:85)

The need for research on the underlying causes of intimidation had been increasingly raised in a Community Safety Forum in Blanchardstown, West Dublin (Connolly 2004).



This led to a report that sought to provide a conceptual framework that could encapsulate the different forms and levels of local intimidation (Jennings 2013). The report: *Melting the Iceberg of Fear – A Collective Response* used the metaphor of an iceberg to link different levels of intimidation. This is illustrated graphically below:



Source: Jennings (2013)

The report identifies three levels or orders of intimidation. The term 'order', rather than 'level', is used so as not to minimise the impact of intimidation on its victim.

The issue of drug-related intimidation remains a pressing issue for many communities in Ireland and is one that community-based advocacy groups such as the CityWide Drugs Crisis Campaign has addressed at a number of conferences (Connolly 2011, 2010b). It has also been highlighted as a key issue in the National Drugs Strategy 2009-2016 (NDS). Action 5 of the NDS aims 'To develop a framework to provide an appropriate response to the issue of drug related intimidation in the community' (Department of Community, Rural and Gaeltacht Affairs 2009).

### ***2.4.2 Drug markets and the local economy***

While illicit drug markets clearly can have an extremely negative impact on local communities, the relationship between drug markets and their 'host' communities is complex. As most drug markets have developed in environments characterised by high levels of poverty and multi-layered deprivation, they can also bring employment, income and cheap goods into such communities. Describing teenage crack dealers in a deprived inner-city neighbourhood in New York in the mid-1980s, Johnson *et al* (1990:25) state that 'For all practical purposes, inner-city minority youths working in the illicit economy

are selling their labor, sales skills, and willingness to risk very substantial prison penalties...Given the important structural factors leading to the deprivation that residents of inner-city communities face, some members of cocaine and crack-selling crews have made an apparently reasonable economic decision'. Johnson *et al* (1990:21) also highlight the close links that can develop between the illicit economy and 'legitimate' businesses as a consequence of local drug-dealing networks, whereby "'Storekeepers"' commingle drug money with legal store income, while the 'lead "supplier"' maintains separate apartments for "stashess" of drugs and money, as well as several locations for "packaging" and "selling".' The local drug economy can also benefit extended family members and facilitate the establishment of local cash businesses (Johnson *et al* 1990:25).

May *et al* (2005) highlight the ambiguous relationship that can sometimes exist within communities in relation to local drug market's. The findings of this study of four local drug market's, one of the largest ever conducted in the UK, included the following:

- The four markets were linked with both the legal and illegal economies of the neighbourhoods in which they were situated and each had both symbiotic and parasitic relations with the local area;
- Some of the neighbourhoods had a strong sense of community identity that could actually have facilitated the emergence of the drug markets;
- Many drug sellers were from the communities in which they sold;
- The participation of young people in the drug market was increasing in the four communities studied;
- Although the drug market activities were causing concern, they were also bringing money and cheap goods into the neighbourhood.

Flynn and Yeates (1985) describe how the long established criminal network in the north Dublin inner city facilitated the initial development of heroin distribution: 'people were ignorant of the drug's potency and many of the pushers were known and even respected in the community. There was a long established criminal network in the area which provided an ideal distribution system for drugs, just as it already did for stolen goods and other illicit activity. It was accepted that some families robbed for a living and nobody minded so long as they didn't steal from their own' (Ibid 156).

An early study conducted by the Inner City Organisation Network in the north Dublin inner city estimated that the annual circulation of money which made up the hard drugs economy in the north-east inner city (which covered six parishes) was £9.1 million (ICON 1994, referenced in Murphy-Lawless 2002). That estimate was based on the street cost



of heroin at the time, taking into account drug usage patterns of clients registered with local clinics and needle exchange services. Drug-related acquisitive crime committed by dependent drug users can provide stolen goods at cheaper prices than shop prices and this can indirectly create economic benefit in a community with limited opportunities. This can also create a potential conflict for the community as a whole. As Murphy-Lawless (2002:55) point out, 'Family members (of drug users) if they participate in these economic spin-offs from drugs, can be judged hypocrites by anti-drugs activists and people involved in the drug scene alike, if they then object to the presence of dealers in their area'.

## 2.5 Drug law enforcement

The National Drugs Strategy 2001–2008 and the National Drugs Strategy (interim) 2009–2016 both sought 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 strategy aims to 'create a safer society through the reduction of the supply and availability of drugs for illicit use' (Department of Community, Rural and Gaeltacht Affairs 2009). The objectives of the supply reduction pillar are to:

- Significantly reduce the volume of illicit drugs available in Ireland, to prevent the emergence of new markets and the expansion of existing markets;
- To disrupt the activities of organised criminal networks involved in the drug trade in Ireland and internationally and to undermine the structures supporting such networks;
- To target the income generated through illicit drug trafficking and the wealth generated by individuals involved in the illicit drug trade;
- To tackle and reduce community drug problems through a co-ordinated, inter-agency approach.<sup>74</sup>

Drug supply-reduction activity occurs within a broad legislative framework which builds on the Misuse of Drugs Acts (MDA) 1977 and 1984 and the Misuse of Drugs Regulations 1988 (Charleton 1985)<sup>75</sup>. In the National Drug Strategy however, the distinction between supply and demand reduction activities is not made explicit. Drug law enforcement is subsumed within the Supply Control pillar of the strategy. In reality, most drug offence

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<sup>74</sup> The Key Performance Indicators are a) Increase of 25% in the number of supply detection cases by 2016, based on 2008 figures b) Increase of 25% in volume of drugs seized that are considered to be intended for the Irish market by 2016, based on 2008 figures; and c) Twenty Local Policing Fora established and operating by 2012.

<sup>75</sup> For a list of Irish laws enacted between 2001 and 2007 that impact directly or indirectly on illicit drugs policy see Pike (2008:Appendix 2: 112)

prosecutions are for personal possession of small quantities of drugs, usually cannabis (O'Mahony 2008; Connolly 2006). The impact of this activity on drug availability is nominal so they can be more accurately regarded as demand reduction activities.

As discussed above, following the murder of Veronica Guerin in 1996, a range of legislative measures were introduced in response to the drug trade. As Pike (2008:93) notes however: 'The extent to which these...measures were developed with, or had, regard to the strategic objectives or goals of the NDS is not clear'. A further problem identified by Pike is the apparent conflation, within the NDS, of the outcome 'supply reduction' with the activity 'law enforcement'. Drug law enforcement can involve a much wider range of interventions than just drug interdiction and supply reduction. As a number of writers have highlighted, it can also involve activities aimed at reducing drug-related harms (Mazerolle *et al* 2007, 2005; Caulkins 2002). Of the eighteen law enforcement actions under the supply reduction pillar, just one relates to harm reduction; this concerns a commitment to review the operation of the drug treatment court, possibly with a view to its abolition<sup>76</sup>.

We will now consider how supply reduction strategies such as those identified in the NDS have traditionally been delivered through law enforcement activities. In chapter four, senior members of the Garda Síochána National Drugs Unit (GNDU), will outline Garda strategy and activities in this area and we will then consider strategies as they apply in each of research sites.

### ***2.3.1 Drug law enforcement activity***

At the state or local level, Kleiman and Smith (1990:71) identify the following four primary goals of drug law enforcement:

- Drug abuse control - 'limiting the number of persons who use various illicit drugs and the physical, psychological, behavioural, and moral damage they suffer as a result';
- Crime control – 'reducing the violence connected with drug dealing and the property and violent crimes committed by users, whether to obtain money for drugs or as a result of intoxication';
- Organised-crime control – 'preventing the growth of stable, wealthy, powerful criminal organisations';

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<sup>76</sup>This action appears to have been included with a view to bringing the Drug Treatment Court to an end: 'There was little awareness or understanding (among members of the Steering Group that reviewed the NDS) of the effectiveness of the model. Consequently, there was uncertainty as to whether the model should be expanded, given the level of resources involved' (Dept of Community, Rural and Gaeltacht Affairs 2009: 22)



- Neighbourhood protection – ‘protecting the civility of neighbourhoods, and thus their attractiveness as places to live, work, shop and raise children, from the disorder caused by open drug dealing’.

In pursuing these broad strategy goals, drug law enforcement generally combine measures aimed at the higher levels of the market with operations aimed at disrupting the retail drug trade.

### **2.3.1.1 High-level enforcement: Targeting ‘Mr Big’, organised crime and gangs**

‘High level’ enforcement targets the operators of large-scale drug distribution systems.

The emergence of a mass market for crack cocaine in the US was associated with the emergence of youth gangs as prominent drug distribution organisations (Johnson *et al* 1990; Spergel 1990). These organisations engaged in violent turf wars and gang rivalries, with the profits from drug selling ensuring high recruitment levels and ready access to weaponry. Kleiman and Smith (1990:91), referring to the involvement of Los Angeles gangs the ‘Crips’ and the ‘Bloods’ in drug dealing suggests that such youth gangs would need to be treated as organised crime, involving ‘heavy investment in intelligence gathering and analysis...emphasis on membership lists, aggressive use of field interrogation both to gather information and to establish police presence, and vigorous investigation and prosecution of even relatively minor crimes if connected with gang activity’. An effective response would also require the establishment of a special police unit distinct from the narcotics squad and specific organised crime laws that would increase penalties for offences if they were committed in connection with the operation of a gang.

The objective of high-level drug law enforcement is to suppress a major route of drugs into the city, rendering drugs less available, leading to an increase in prices and a reduction in consumption. Typical tactics involve lengthy undercover intelligence work, the cultivation of informants including those lower down the supply chain, the analysis of police files, financial records, telephone logs and electronic surveillance including wiretaps which can also be important. Punishments on conviction can include lengthy prison sentences and asset confiscation.

In a recent presentation to the Joint Oireachtas Committee on Justice, Defence and Equality, the Garda Síochána Commissioner stated that since the enactment of the Criminal Justice (Amendment) Act 2009 on 23 July 2009, to 30 September 2012 the legislation has been used on 179 occasions where arrests have been made relating to organised crime, with just eight individuals having been charged under the legislation, with six under section 72 of the Criminal Justice (Amendment) Act 2009, participating or contribution to certain activities; and two under Section 71A of Act, directing the activities

of a criminal organisation (Joint Oireachtas Committee on Justice, Defence and Equality 21 November 2012: 3). It is not clear if anyone has been convicted to date under this legislation.

### **2.3.1.2 Retail-level enforcement: street sweeping, crackdowns and market disruption**

Street level enforcement activities can involve arrests based on police observations of sales, low-level and short-term undercover work, intense uniformed police presence in drug dealing hotspots, and enforcement of ancillary laws (traffic, parking,). Interventions can also involve the introduction of civil or criminal legal powers to prevent public nuisance associated with drug markets. Administrative measures such as fines can be used to prevent the gathering of drug users, or court-enforced orders can direct drug users not to visit certain parts of a city, or to enter a drug-treatment programme. To address 'drug tourism', whereby drug users from outside the locality begin to congregate, efforts are made to encourage such users to return to their own localities, through either voluntary inducements, arrest and diversion to drug treatment in their own areas or physical transportation to their home communities. In order to prevent a new open drug scene from developing, situational crime prevention measures can be introduced. These seek to design and manage the street or area so that it does not facilitate the emergence of a 'drug scene'. Measures taken include the provision of street lighting or the cutting of hedges that obscure clandestine activity.

The tactic of street-sweeping in such a context is to push open drug dealing underground thereby reducing the visibility of drug use, drug availability and alleviating the impact of retail markets on local communities or businesses (Johnson 2000, 1990). A single market police crackdown might be directed against a market that develops in a particular neighbourhood, as distinct from the type of open drug scenes described above. Here the objective is to eliminate the drug scene. Operations such as these are regularly undertaken by the Garda Síochána, one of the first and largest of which was Operation Dóchas in 1996, which involved the deployment of over 400 gardaí in Dublin's inner city in response to open street-level dealing. O'Mahony (2008:100) suggests that this initiative was primarily aimed at convincing local people that the garda 'could be trusted to deal with the problem and that there would be no future need for the vigilante-type activities so prevalent in the mid-1990s', described above.

While there appears to be agreement in all countries that very large drug scenes must not be permitted to develop, in some countries there is a 'conditional tolerance' of small, more manageable open drug scenes. Connolly (2006b), in a review of the approaches to open



drug scenes in a number of European countries, identifies a number of reasons why such relative toleration might exist:

- It can facilitate the provision of low-threshold services, rather than driving drug users underground.
- It reflects an acceptance that drug users are citizens with rights to assemble in public spaces.
- It can facilitate low-level monitoring and control by the police.

Drug law enforcement responses to retail drug markets that incorporate diversion to treatment imply, by necessity, some level of collaboration between law enforcement and treatment agencies. The building of such alliances aims to create conditions whereby the re-emergence of such markets can be prevented <sup>77</sup>.

### **2.3.1.3 Partnership, harm reduction and community safety**

Johnson (1990:72) argues that in light of the enormous contribution of heroin addiction to hepatitis-B and the AIDS epidemic and the spread of syphilis in drugs for sex transactions at crack houses, the control of communicable diseases might be considered a valid objective of enforcement activity. However, he points out that 'few law enforcement officials consider public health to be central to their mandate'.

There is a growing consensus however, that partnership working offers the most sustainable method of responding to many drug problems (Mazerolle 2007, 2005; Jacobs *et al.* 2007). A review of responses to problems associated with retail drug markets throughout Europe found that such responses typically involve a combination of law enforcement and harm reduction (Connolly 2006b). Strategic thinking, in-depth problem analysis, long-term planning and partnership between agencies and stakeholders are characteristic of this new development. Such partnership approaches often involve collaboration between law enforcement, social and health services, and other stakeholders, including local communities. Local partnerships were leading action on needle collection and public education about risk. Assistance can also involve the provision of food, clothing and laundry services; sleeping and housing services for homeless drug users; medical services, including dental care; financial support, including assistance with debt repayments; and employment assistance.

Effective intervention strategies may be those that combine attempts to disrupt local markets, thus rendering them less predictable to both buyers and sellers, with attempts to divert drug offenders into treatment services (Lee 1996). These approaches seek to

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<sup>77</sup> For a discussion of different partnership approaches to open drug scenes in Europe see Connolly (2006b)

minimise the potential negative consequences of some policing practices. In a review of criminal justice approaches to harm reduction throughout Europe, Stevens *et al.* (2010: 392) argue that 'the introduction of policing practices that are more open to harm reduction can reduce some of the negative consequences of police patrolling such as a reluctance to carry syringes and unsafe disposal, hurried and unsafe preparation of injection, and the potential for police attention to deter drug users from attending treatment centres'.

In a comparative study of service provision for police detainees with drug and alcohol problems, MacDonald *et al.* (2008: 9) also conclude that the police can have a role in harm-reduction provision, without necessarily compromising their legal and moral values. For example, 'they can encourage users in detention to make use of local needle-exchange sites and provide information on their location, and they can use discretion in not arresting users at such sites, while consulting with the community on the need for such methods'. The development of partnership approaches involving police and treatment providers can facilitate such 'joined up thinking', provided that it is done in a sensitive way so as not to undermine the relationship between treatment providers and their clients, where links between such agencies can be viewed with suspicion by service users (Kerr *et al.* 2005).

Arrest referral is an example of a structured combination of harm reduction and crime prevention happening in partnership. These initiatives were introduced throughout the UK in 1999 and they involve the placement of trained substance-use assessment workers in police stations to counsel and refer drug-using arrestees to treatment. A review of these initiatives found that 51% of drug users screened in police stations by an arrest referral worker had never accessed specialist drug-treatment services (Sondhi *et al.* 2002). However, a problem identified with arrest referral relates to the low rates of retention, whereby many drug users do not go on to contact services. In response to this, in England and Wales, the Drug Intervention Programme was supplemented by a case management system, which involves drug-testing on arrest and structured assessments. The police can now require a person arrested for any one of a specific list of offences to undergo a drug test and, if the test is positive, the person can be ordered to attend an assessment with a treatment worker (Stevens *et al.* 2010: 392).

Other harm reduction approaches include heroin prescription for heavily dependent heroin users (Killias and Aebi 2000). An evaluation of the impact of a heroin prescription program in Switzerland found a large reduction in drug use and drug-related crime (Killias and Aebi 2000). It also suggested that it may have had a positive impact in terms of reducing the scale of retail heroin markets. The establishment of drug consumption/injection rooms



have been established in some countries as a way of addressing problems associated with open drug scenes. While such initiatives have proven controversial, they have had some success in addressing issues of public nuisance associated with open drug scenes (Hedrich *et al.* 2010; EMCDDA 2005).

In Ireland, links between the criminal justice system and treatment agencies remain under-developed. The development of arrest referral has been an action in the NDS since 2001 but it has not progressed significantly to date (Connolly 2005c). The Drug Treatment Court, which is an alternative to imprisonment for offenders whose offence is linked to drug dependency, has been operating in Dublin since 2001 (Farrell 2002). A review of the DTC conducted by the Department of Justice, Equality and Law Reform (2010) found that participants who engage with the programme have reduced rates of recidivism and improved health, education and social skills (Connolly 2010a). However, the costs associated with the court, the low number of referrals to it and the even lower number of successful graduates has meant that it has remained subject to continuous scrutiny and repeated internal review since its inception (Butler 2012). The most recent review is currently with the Department of Justice, Defence and Equality<sup>78</sup>.

A recent novel initiative that has brought together the Garda Síochána, local authority, local drug task forces, local business interests and drug treatment centres is the 'Better City for All' - Strategic Response Group (SRG) (Strategic Response Group 2012). The SRG is a partnership set up to address public substance misuse and perceived anti-social behaviour in Dublin city centre. It was formed with the objective of developing ways to build sustainable street-level drug services and address related public nuisance. The SRG is independently chaired and its membership includes representatives of the four main drug treatment centres in Dublin city centre (Ana Liffey Drug Project, the City Clinic, Drug Treatment Centre Board, Merchants Quay Ireland); An Garda Síochána; Dublin City Business Improvement District; Dublin City Council; Dublin Simon Community; the North Inner City Local Drugs Task Force; the South Inner City Local Drugs Task Force and the Union for Improved Services, Communication and Education (UISCE)<sup>79</sup>. The SRG takes a holistic approach to addressing the issues of the city centre and is currently in the process of implementing recommendations in the short, media and long term and under the headings of treatment, rehabilitation, homelessness, policing responses, planning and urban design, legislation and regulation and implementation.

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<sup>78</sup> The author is a member of the Advisory Committee of the Drug Treatment Court.

<sup>79</sup> The author is the Chairman of the SRG

#### **2.3.1.4 Community safety**

Community safety is a relatively new concept and approach which seeks to build community safety through a partnership approach whereby agencies work in collaboration with local communities (Crawford and Blair 2004). It adopts a broad focus to addressing social problems including broadly defined harms that is problem-oriented and holistic.

A related initiative developed in response to drug markets and drug-related crime is the establishment of community policing fora in local drug task force areas throughout Dublin (Connolly 2005b). These initiatives aim to develop a community-based and multi-agency response to drug-related problems, including those arising from drug-dealing. The most successful of these initiatives is that established in Dublin's north inner city in 2000. An evaluation of the North Inner City Community Policing Forum (CPF) identified a number of positive outcomes, including regular and consistent attendance at local meetings held under the auspices of the CPF (Connolly 2002). Significant progress was also identified as having been made in relation to a series of local drug-related incidents. The evaluation also reported increased co-operation between state agencies as a result of the CPF.

One of the primary objectives of the *NDS* (interim) 2009–2016 is to put in place 20 community policing fora in areas of greatest need (Department of Community, Rural and Gaeltacht Affairs 2009). Guidelines for these fora, which are modelled on the north inner city forum, were published in June 2009 (Department of Justice, Equality and Law Reform 2009)<sup>80</sup>. These fora are also linked into the new local policing structures established as part of the Garda Síochána Act 2005. This legislation provided for the establishment of joint policing committees in all 114 local authority areas throughout the state. These committees provide a forum for the Garda Síochána and local authorities to meet with local representatives and other stakeholders to discuss issues of crime and crime prevention, including drug-related crime.

The community engagement facilitated by the North Dublin Inner City Community Policing Forum is regarded as an important indicator of success, given residents' serious concerns about co-operating with Gardaí on drug-related issues due to fears of reprisal from those involved in drug-dealing (Connolly 2003). Direct contact and enhanced familiarity between local community police and local community residents, has been found to increase resident confidence in the ability of the police and other authorities to address public nuisance (Moon *et al.* 2011).

Kilcommins *et al.* (2004) suggests that the implementation of a model such as the CPF

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<sup>80</sup> These guidelines were drafted by the author in consultation with representatives of the the Department of Justice, Department of the Environment, Department of Community, Rural and Gaeltacht Affairs and the CityWide drugs crisis campaign. The guidelines incorporate a best-practice model and process for operating local policing fora.



'would signal an important shift in how the gardaí deal with communities: instead of using them as a resource to tackle crime problems, it would be the community using the police to tackle local problems' (Ibid 219)<sup>81</sup>.

A recent report published by the National Economic and Social Council (NESC) as part of its quality and standards in human services in Ireland series reviewed the various police oversight and consultative bodies established by the Garda Síochána Act 2005. The NESC report concludes that the CPF has been a 'relatively successful model of engagement with citizens at a local level' and that it has fostered a 'greater culture of transparency' between the community and the gardaí involved (p.33). The community, according to the report, 'now have a more responsive police service and the gardaí have been able to tap into confidential information derived from the community' (p.34)<sup>82</sup>.

Partnership approaches involving local communities become problematic where markets are deeply embedded in communities, giving rise to strong pressures which can operate as a disincentive to community engagement in such responses. The ability of those involved in the drug trade to intimidate local residents and to dissuade them from helping to improve their communities reflects the insidious effect of drug-related crime on community life in particular localities. It also represents a significant challenge to police and inter-agency approaches that seek community engagement and support. In this context, it is worth noting that the first meeting of the CPF in Dublin's north inner city in December 1999, attended by fifty local residents, was preceded by seven months of preparatory work including 17 management board meetings, 52 local community meetings and the distribution of four and a half thousand explanatory leaflets<sup>83</sup>.

Having said that, another relevant factor relates to the sometimes symbiotic relationships many illicit drug markets can have with their host communities – often in areas with high levels of social deprivation. As discussed above, illicit drug markets can be a source of economic benefit to certain communities, bringing in income to those involved in the

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<sup>81</sup>Kilcommins *et al* (2004:219) , in discussing the community policing forum (CPF) established in the north Dublin inner city in 2000 incorrectly suggest that this initiative was established by the Garda Síochána. This initiative arose out of a proposal originally drafted by the Inter Agency Drugs Project, discussed above, and has been funded through the local drugs task force. This is an important distinction and possibly explains why it has managed to succeed and endure where other similar initiatives have failed. The author was an advisor to the first management board that established the CPF and wrote the evaluation (Connolly 2002).

<sup>82</sup> Although highlighting the positive achievements of the CPF, the NESC report concludes that, when approaching all forms of policing service delivery in Ireland, there is a need for a more rigorous process of learning and analysis so as to encourage continuous improvement. It advocates a process referred to as 'triple-loop learning', described as a 'need for learning to take place at a number of levels that reinforce each other: the level at which the service is delivered; at corporate level; and at the level of regulator or at national level' (p.5). According to the NESC report, because of the policing reforms introduced by the Garda Síochána Act 2005, 'Ireland has all the "parts" necessary for a well-functioning system of quality policing...But these parts have yet to be co-opted into a common regime of learning that is conducive to greater quality in policing' (pp.ix-x).

<sup>83</sup> See discussion in Connolly (2002:4).

market and also in terms of supplying cheap stolen goods and property to residents.

One conclusion reached by May *et al.* (2005: ix) in a report on drug-selling in communities was that the complexity of the relationship that some communities had with their illicit economies needed to be better understood if policies were to have anything other than a short-term impact. The report concluded: 'In trying to develop communities' capacity to take action against drug markets, it is important to appreciate the limited or constrained choices that are open to many residents.' The constraints are associated with the use of violence in the drug markets and also with 'the limited opportunities open to many residents, especially young people' and with 'the impact of family or peer pressure on young people'.

Nevertheless, in terms of local community mobilisation – despite the fears generated by local drug markets, and notwithstanding the observations of May and colleagues above – community-based groups and individuals have reacted to the local harms caused by drug markets by engaging in community protests, self-policing, informal justice and vigilante-type activities on many occasions throughout the history of Dublin's drugs problem (Lyder 2005; Connolly 2003; Murphy-Lawless 2002; McAuliffe and Fahey 1999; O'Mahony 1997; Bennett 1988). Community-based organisations such as the Citywide Drugs Crisis Campaign and the Family Support Network have emerged from this background as important advocacy groups in the contemporary drugs scene in Ireland.<sup>84</sup>

Returning to Putnam's (2000: 22–3) concept of social capital, local drug markets can deplete the social capital of a community through intimidation and fear. However, the community-based activity described above, whether it involves community protests, engaging with community policing initiatives or seeking to mobilise agencies to respond to local problems represent forms of both 'bonding capital' and 'bridging capital', helping communities to 'get by' and 'get ahead'.

### ***2.3.2 Evaluating Drug Law Enforcement***

#### **2.3.2.1 Drug supply reduction**

Underlying traditional drug-related enforcement approaches is the assumption that by reducing supply and demand, drug markets will be caused to shrink and drug-related crime will decrease accordingly. In reviewing the evidence for law enforcement and supply reduction, Roberts *et al.* (2005: 2) observe that there is little evidence to support this case. They note that 'during the last 40 years of international commitment to this objective, the global market has expanded exponentially. There are, however, examples

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<sup>84</sup> For more information about these organisations, see [www.citywide.ie](http://www.citywide.ie) and [www.fsn.ie](http://www.fsn.ie)



of specific interventions that have – in the short term and within constricted geographical areas – led to the reduction in the cultivation of a particular crop, the scale of trafficking along a particular route or an increase in the price of a particular drug or drugs ... But it is hard to find solid evidence for a straightforward link between supply-reduction initiatives and sustained falls in the consumption or availability of illegal drugs.’ The demand for illicit drugs, from problematic users and recreational users alike, will ensure that, whatever intervention strategy is adopted, the market will tend to adapt and transform rather than disappear. Drug-distribution systems adapt quickly, so that where drug suppliers have been arrested, they will quickly be replaced (Wilson and Stevens 2008; Bouchard 2007; Reuter *et al.* 1990).

Kleiman and Smith (1990:82-83) suggest that ‘justice will be served by punishing a kingpin rather than the usual miscellaneous collection of low-level operatives’. However, ‘whether it serves the ends of drug-abuse control, crime control, neighbourhood protection, or even organised crime is less clear’, he concludes. This is because ‘kingpins’ can be quickly replaced by individuals below them in the organisation or other drug dealing organisations can easily adjust to meet the unfilled demand caused by the removal of a competitor and continue to supply retail level dealers. Kleiman and Smith (1990:84) point out that there is no available evidence linking the removal of a high level dealer with substantial reductions in drug consumption in a city. By way of explanation they pose the following question: ‘what essential service does Mr Big provide to the retail dealer that someone else will not supply just as well if he is made to disappear?’ Reuter *et al.* (1990) suggest that gaps in the market created by the apprehension of drug-dealing enterprises by law enforcement agencies can usually be refilled within a matter of a few months.

Intensive enforcement against an open street-level market may displace it elsewhere or transform it into a closed market (May and Hough 2004; May *et al.* 2001; Johnson *et al.* 1990). Other problems associated with this type of enforcement activity however, can include allegations of police harassment by law-abiding residents and a sudden clogging up of the criminal justice system (police, probation, prosecution and court) with low level offenders. Intensive enforcement of this type can also undermine harm reduction initiatives by driving problematic drug users underground thereby rendering them less accessible to outreach services. In a European context, where many national drug strategies have a commitment to reducing drug-related harm, such an outcome of drug law enforcement is clearly problematic.

This is not to suggest that drug law enforcement have no value. As Roberts *et al.* (2005: 2) point out, ‘failure to reduce prevalence does not mean that supply reduction initiatives

(and, specifically, law enforcement) are having no impact on drug markets. It is widely – and reasonably – argued that supply reduction *contains* the expansion of drug markets, even if it fails to *reduce* markets.'

O'Mahony (2008:79) concludes his analysis of drug law enforcement in Ireland thus:

'it is evident from this analysis that the so-called Irish 'War on drugs' is not the relentless and ruthless blitzkrieg implied by the overheated political rhetoric. In fact, the vast majority of the relatively few 'inherent' drug crimes that are prosecuted annually are dealt with quite leniently. Very few of the 'Mr Bigs' of drug importation and distribution are caught and imprisoned and few enough of their important gang members. Indeed, many of the small number of people who receive lengthy sentences of imprisonment, are, in fact, easily replaceable couriers or other small cogs in the machine, who do not stand to make great profits from their involvement in the drugs trade...supply control is limited to causing relatively minor ripples in an estimated billion euro business, which seems to be able to continue its uninterrupted supply, to all areas of the country, of very substantial amounts of illicit drugs at cheaper than ever prices'.

### **2.3.2.2 Supply control, drug seizures and drug prices**

Applying basic market logic, it might be assumed that successful attempts to stifle supply should lead to higher prices and this in turn should reduce consumption. In reality, however, most estimates of prices throughout Europe show them to be either stable or falling (Wilson and Stevens 2008; EMCDDA 2006). The relation between supply-reduction efforts and drug prices is not clear-cut, however. Estimates vary widely as to the amount of drugs in circulation that are seized by law enforcement. In its regular annual reports, the UNODC, by comparing global seizures with estimated global production, attempts to estimate the proportion of cocaine, heroin and amphetamine-type substances (ATS – amphetamine, methamphetamine and ecstasy-group substances) seized as a proportion of the total available globally. In its 2010 world drug report, the UNODC states with regard to heroin: 'Interception rates vary widely between regions; however, estimated global interception rates are approximately 20% of the total heroin flow worldwide in 2008' (UNODC 2010: 46). With regard to cocaine the report states, 'it appears that a large share of the cocaine produced is seized: around 42%'. With regard to ATS, the report estimates that from 2% to 10% of the total available is seized.

These figures should be regarded with a great deal of caution. The UNODC itself acknowledges the limitations of its approach. With regard to heroin, the report states 'the difficulties in calculating the global heroin interception rate are further compounded by the



necessity to adjust for purity in heroin production estimates as well as heroin seizures' (p.141). With regard to cocaine, the report states 'the theoretical amount of pure cocaine seized can only be determined by taking into account the purity of seizures, which may vary considerably across countries and according to various factors, such as the size of the transaction (level of sale – retail versus wholesale) and the place of seizure (border versus domestic)' (p.169).

In addition, as a report by the European Commission (EC) points out, estimates as to the total amounts of coca and opium produced (the basic ingredients of cocaine and heroin respectively) also vary widely (Reuter and Trautman 2009). The UNODC estimates are based on aerial observation and ground surveys of law-enforcement agencies. The US also produces an annual estimate in its *International Narcotics Control Strategy Report*. The EC report points out that, in 2004, for example, 'the UNODC estimate showed an increase in cocaine production of over 15%, while the US estimate showed a decline of almost 4%' (p.26). With regard to ATS, which are often produced in movable facilities or, in the case of methamphetamine in the US, 'in kitchens, with batches of just a few thousand doses', the EC report concludes that 'it is hard to imagine a sampling and observation strategy that can develop defensible estimates of actual production' (p.27).

Some of these limitations were acknowledged during the process of reviewing the previous drug strategy and developing the NDS (interim) 2009–2016 (Department of Community, Rural and Gaeltacht Affairs 2009). In relation to drug seizures and drug supply prosecutions, for example, the previous drug strategy sought to increase the volume of drugs seized by 50% based on 2000 figures and the number of seizures by 20% based on 2004 figures, and to increase the number of supply detections by 20% by the end of 2008 based on 2004 figures. In assessing the progress made in relation to these objectives, the Steering Group which oversaw the review process found that the targets were exceeded in relation to all of these objectives, with both the volume and number of seizures increasing by more than 50%, while the number of detections believed to be for supply increased by 125% over the numbers recorded for 2004.

However, as the Steering Group points out in the current drugs strategy document, 'the impact of increased seizures on the overall supply of illicit drugs is difficult to determine. Because of problems associated with estimating the size of the illegal drug market in Ireland, it is difficult to conclude whether increased seizures are actually resulting in a reduction in overall supply – or whether the overall supply of drugs has increased and the percentage of seizures has remained relatively even' (p.23). When considering seizures as an indicator of drug law enforcement, even optimistic estimates of the amount seized by law enforcement suggest that the amount that remains undetected is such that the long-

term impact of successful enforcement will be minimal, so that even where prices may be affected in the short term, this will not be sustained (Connolly 2005a; UNODC 2005).

### **2.3.2.3 Ill-considered drug laws and the un-intended consequences of drug law enforcement**

As MacCoun and Reuter (2001:102) point out, 'no drug policy is without adverse consequences. Making choices involves comparing those adverse consequences, best translated into costs'. These authors create a taxonomy of 50 drug-related harms, suggesting that many of these arise as a consequence of drug prohibition and drug law enforcement. These include the following:

- The creation of black markets
  - Provision of illegal income to many who would not otherwise be involved in crime
  - The creation of socially damaging role models in some inner-city communities
  - Corruption of government or police and customs by wealthy drug dealers
- Drug selling in inner city communities
  - Leading to high levels of imprisonment and damage to families
  - Impact of criminal record on future employability
  - Damage to social and economic fabric of such communities
  - Local drug dependence
  - Drug market violence
  - Acquisitive crime
- Health consequences
  - Overdoses as a consequences of uncertain purity
  - Needle sharing and disease motivated by the need to conceal needles

(MacCoun and Reuter 2001: 112-127)

In Ireland, we have discussed how legislation that is rushed in the context of a moral panic is generally ill-considered, ineffective, and can undermine the precarious balance on which civil liberties can rest in the criminal process. Rushed and ill-considered legislative responses can also worsen the situation they are purportedly seeking to improve. The Housing (Miscellaneous Provisions) Act 1997 was introduced in response to anti-social behaviour, including drug-dealing, occurring in local authority housing. A study by Memery and Kerrins (2000: 33) concluded that people excluded from public housing can also find themselves discriminated against in seeking hostel accommodation and that such



exclusions led to a loss of essential family supports and a detachment from community-based drug services. The authors stated that 'street homelessness resulting from exclusion leads to open drug taking and riskier drug-taking practices'. A study of out-of-home drug users (Cox and Lawless 1999) suggested that the housing legislation had contributed to the rise in homelessness among drug users<sup>85</sup>.

A study commissioned by Dublin County Council and the South Western Area Health Board focused on those who were evicted from Dublin Corporation housing units in 1997 and 1998 for anti-social behaviour (within the provisions of the 1997 Act and the 1966 Housing Act) (Rourke 2001). The study concluded that the Act had become an effective instrument in evicting Dublin Corporation tenants for anti-social behaviour. It also found however that the eviction process placed particular pressure and strain on families with children, and that it contributed to family break-up and separation following eviction as subsequent short-term hostel or bed-and-breakfast accommodation was unsuitable for normal family life.

A study by Murphy-Lawless (2002) which sought the views of residents of the north Dublin inner city on this issue found that, whereas there was significant community support for such measures, with some saying it was not leading to enough evictions, others expressed disquiet about due process issues and the potential for the legislation to be used in a discriminatory manner. A further study in the north inner city, by Connolly (2003), also considered the practical operation of this legislation by interviewing local residents. None of those interviewed disagreed with the policy but a number of concerns were expressed, such as the perceived delay in the process and the influence the presence of drug-dealers had on the area if permitted to remain. However, there was a strong feeling that the needs of drug users, other family members and the position of mothers needed to be considered and concerns were expressed in relation to issues of due process, with some respondents expressing misgivings that people might be moved out for the wrong reasons. Others questioned the long-term results of the policy, questioning whether or not it was simply moving the problem to another area.

The Criminal Assets Bureau, established in 1996 as a multi-agency body targeting assets believed to derive from criminality, is one of the most highly praised developments in Irish policing in decades (O'Mahony 2008; Kilcommins *et al* 2004). Kilcommins *et al* (2004) suggest that, despite its high profile campaigns against criminals involved in drug dealing,

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<sup>85</sup>However, O'Sullivan (2004: 23), in a report on homelessness in Ireland, concluded that 'the degree to which the Act contributed to the recorded increase in homelessness is questionable'.

it is unlikely to have made 'much of a dent in the drugs market' (Ibid 228)<sup>86</sup>. However, as the action taken by CAB fulfils stereotypical images of crime and criminality and so its efficacy is largely unquestioned by the media. Regular reports in the media which balance the costs of CAB with the value of the assets it seizes shows, as Kilcommins *et al* point out, 'how much priorities in the field of justice have altered that the police can be commended for the profits they make' (Ibid 229). Furthermore, although the idea for the CAB originated among community activists in Dublin's north inner city, particularly through former public representative, Tony Gregory<sup>87</sup>, demands that the CAB localise its structures and re-direct the resources it seizes back into the communities from which they originated, has never been conceded by Government (CityWide 2012)<sup>88</sup>.

The impact of the mandatory sentencing provisions provided for in the Criminal Justice Act, 1999 have recently been criticised by the Law Reform Commission for being at best, ineffectual and, at worst, perverse and counter-productive (Law Reform Commission 2011)<sup>89</sup>. The Criminal Justice Act 1999 created a new offence of possessing controlled drugs having a value of £10,000 (€13,000) or more for sale or supply, which attracted a presumptive sentence of 10 years' imprisonment<sup>90</sup>, except where there were 'exceptional and specific circumstances' relating to the offence, or to the person convicted of the offence (p.101)<sup>91</sup>. The Law Reform Commission (LRC) has highlighted a number of serious deficiencies in the operation of the presumptive 10-year sentence and has recommended that the provision be reviewed.

In the years immediately following these provisions however, the courts appeared resistant to allowing their discretion to be eroded in this way. The LRC paper cites a Department of Justice report on judicial sentencing practices for drug offences under section 15A<sup>92</sup>, which concluded that 'the courts showed a marked reluctance to impose

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<sup>86</sup>Kilcommins *et al* (2004:229) argue that 'the kinds of measures against organised crime of which CAB is a typical example have been criticised for confusing output with outcome measures. Measures of success have been based upon police activity, e.g. value of assets seized, rather than final outcomes, e.g. lower consumption of narcotics'.

<sup>87</sup>See discussion in Gilligan (2011) Chapter 6.

<sup>88</sup>In its most recent policy statement again called for CAB funds to be re-invested in local communities: 'Significant profits are made legally and illegally from problem drug use. It is recommended that a special fund be established to support initiatives in tackling community drug problems in the areas most affected by it through deployment of funds seized from illegal drug dealing by the Criminal Assets Bureau' (5)

<sup>89</sup>The Law Reform Commission is an independent body established under the Law Reform Commission Act 1975 to keep the law under review and make recommendations for law reform. See [www.lawreform.ie](http://www.lawreform.ie)

<sup>90</sup>The LRC uses the term 'presumptive' as distinct from 'mandatory' sentence in that there is a presumption that the sentence would apply unless the court deems otherwise in a specific case. The LRC distinguishes such sentences from mandatory life sentences for murder treason or capital murder, for example. See discussion on p.3 of the LRC paper.

<sup>91</sup>The original threshold was set in the 1999 Act as being IR£10,000 but this value was converted to become €13,000 by virtue of the Euro Changeover (Amounts) Act of 2001.

<sup>92</sup>McEvoy P (2005) Research for the Department of Justice on the criteria applied by the courts in sentencing under section 15A of the Misuse of Drugs Act 1977 (as amended). Dublin: Department of Justice, Equality and Law Reform.



the mandatory minimum sentence ... for fear that it would result in a disproportionate sentence in individual cases' (p.105). That research found that, out of 55 cases between November 1999 and May 2001, a sentence of 10 years or more had been imposed in only three cases.

The LRC also suggests that further legislation was introduced to address this 'apparent rift which had developed between legislative intent and judicial execution' (p.102). During the committee stages of the Criminal Justice Bill, 2004 the then Minister for Justice, Michael McDowell TD, alluded to the apparent rift between the intentions of the Oireachtas and the practice in the courts at that time:

By enacting the 1999 Act, the Oireachtas gave a clear statement to the Judiciary that convictions for drug offences involving the sale or supply of substantial quantities of drugs should attract significant custodial sentences. ...[T]he wishes of the Oireachtas have not been reflected in practice. For the first five years of its operation, the mandatory minimum sentence was applied in only 6% of convictions. (p.107)

The Minister concluded by noting that for the year 2004, 'after public controversy grew, the figure was approximately 21%' (p.107). Clearly, the changes made had the desired effect for the Government. The LRC however, following a lengthy consideration of the way in which the various components of the sentence have been adjudicated in practice in the courts, highlights a number of criticisms of the presumptive sentencing regime. As a consequence of the constraints it places on the exercise of judicial discretion, the LRC suggests that the regime has created 'a discriminatory system of sentencing where all cases are treated alike regardless of differences in the individual circumstances of the offenders' (p.189).

The LRC also refers to an assertion that the sentence is akin to a "one-strike rule" (p.131). In this regard the LRC refers to the observation of one sentencing expert<sup>93</sup> that 'by contrast to the "three strikes" laws enacted in some US states', the Irish regime 'does not require the accused to have a previous conviction for drug dealing or anything else before the presumptive minimum may apply' (p.131). The LRC also states, 'it has been observed that the majority of those being caught for offences under section 15A are drug couriers rather than so-called drug "barons"'. Those at the higher levels of the drugs trade have simply adapted to the sentencing regime by using expendable couriers or 'victims of circumstance', such as 'impoverished individuals from African countries or underprivileged Irish citizens' to hold and transport drugs thus avoiding detection themselves (p.132). The regime has also, the LRC concludes, subverted the normal criminal process by leading

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[www.inis.gov.ie/en/JELR/Research.pdf/Files/Research.pdf](http://www.inis.gov.ie/en/JELR/Research.pdf/Files/Research.pdf)

<sup>93</sup>O'Malley T (2006) Sentencing law and practice. 2nd edition. Dublin: Round Hall. p. 340.

accused people to plead guilty simply to avoid the sentence, rather than testing the prosecution case.<sup>94</sup> In recommending a review of the sentencing regime, the Law Reform Commission states that the legislation has merely led to a 'bulge in the prison system comprising low-level drugs offenders' serving lengthy prison sentences, and that it has not contributed to any reduction in levels of criminality (p.189).

A number of writers have shown that certain law-enforcement approaches can also have unintended and often perverse consequences. Johnson (1990:73) highlights a possible tension between drug-abuse control and organised-crime control. Using the mafia control of gambling in the US as an analogy, he suggests that monopolies lead to higher prices and lower quantities of available services and, in the context of illicit goods and services, such as drugs, this monopoly effect is desirable. Not only can the break-up of drug-related organised crime lead to a greater availability of drugs, it can also create a more unpredictable and violent drug market.

May and Hough (2004) consider a perverse possible outcome of the relation between effective drug law enforcement and drug prices. According to the argument, where enforcement is successful in sustaining or increasing the risks of criminal sanction; these risks are translated into increased prices. However, the tempting profits to be derived not only attract more people to the trade, but they attract the 'risk tolerant' as distinct from the 'risk averse', fearful of being arrested. The 'risk tolerant' may be willing to resort to more extreme and violent measures in response to intensified and successful law enforcement. In this way, the authors conclude that 'if this argument holds up, successful enforcement strategies contain the seeds of their own failure' (May and Hough 2004:560).

It has also been found that the break-up and imprisonment of drug gang leaders can lead to destabilisation in the market and contribute to greater levels of violence as new dealers seek to fill the vacuum. McSweeney *et al.* (2008: 10) in their review of the evidence relating to UK drug-distribution networks conclude: 'Although there is reasonable empirical evidence that drug-law enforcement can have some localised impacts, any benefits tend to be short-lived and disappear once an intervention is removed or ceases to operate.' They continue, 'law enforcement efforts can have a negative impact on the nature and extent of harms associated with drugs by (unintentionally) increasing threats to public health and public safety, and by altering both the behaviour of individual drug users and the stability and operation of drug markets (e.g. by displacing dealers and related activity elsewhere or

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<sup>94</sup>See discussion on p.119 of the LRC paper. The McEvoy study referred to above found that the accused pleaded guilty in all but one of the 55 cases studied. McEvoy suggests that the 'the consequences of unsuccessfully testing the prosecution case...are so severe, it would seem that one of the practical effects of the section has been to discourage the vast majority of accused persons from proceeding to trial...'.



increasing the incidence of violence as displaced dealers clash with established ones)' (p.12). In the Irish context, O'Mahony (2008:98) suggests that the Criminal Assets Bureau may have had unintended negative consequences, leading to a situation where 'successful, large-scale dealers have based themselves abroad and the local trade has become a chaotic arena, riven by rivalry and internecine feuding between less well-organised and controlled and even more ruthlessly violent gangs'. He further suggests that some of the dealers who have based themselves abroad have become successful dealers on an even larger scale than they were when based in Ireland (Ibid: 99).

At the retail market level, if successful drug law enforcement does lead to a rise in drug prices as intended, this can also have a perverse effect. For dependent drug users, relative to moderate or recreational users, their demand for drugs will remain largely constant regardless of the price they are expected to pay. Consequently, increased prices, where they occur, may simply lead users to engage in greater levels of crime in order to pay the higher prices (Wagstaff and Maynard 1988: Brown and Silverman 1974).

Consequently, as MacCoun and Reuter (2001) state in relation to drug prohibition generally, it is important to understand both the positive and negative consequences of law enforcement. As Roberts *et al.* (2005: 11) conclude, 'The net outcome of supply side interventions should be assessed not only on prevalence and containment levels but on whether the anticipated harm from illegal drugs supply would have been significantly higher than the harm resulting from intervention itself. By contrast, prevention and treatment programmes often have a range of incidental benefits in terms of social inclusion which are routinely acknowledged in evaluations.' Bouchard (2007:344) suggests that there is a need for serious analysis dedicated to finding, if it exists, 'any threshold over which more arrests will simply produce more harm than it would help prevent'.

### **2.3.4 So What<sup>95</sup>?**

Critics of drug prohibition and related criminal justice policies generally have highlighted how such responses have compounded the social exclusion and harm already associated with problematic drug use (O'Mahony 2008; MacCoun and Reuter 2001; Nadelman 1989). Criminal justice and policing responses to drug-related crime have, it is argued, simply intensified Ireland's already disproportionate punishment of the poor, whether they are heroin-using inner-city Dublin youth or South African 'drug mules' (Irish Penal Reform Trust 2012; Bacik and O'Connell 1998). The numbers in prison in Ireland, the ultimate form of social exclusion (Young 1999), have increased by almost 100% in the last 14

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<sup>95</sup> The author would like to acknowledge Professor Shane Butler of the Department of Social Studies in Trinity College, who suggested that this might be an appropriate heading with which to conclude a literature review.

years<sup>96</sup> (Kilcommins *et al*/2004). Many communities remain however, both 'over-policed' and 'under-protected' (Reiner 1997:1011; Mulcahy and O'Mahony 2005) in the face of increasingly violent and insidious local drug markets (Jennings 2013; Hourigan 2011). That drug prohibition and its delivery through drug law enforcement may create more harm than good should be a serious matter for policy makers in Ireland, particularly where the ultimate objective of the National Drugs Strategy is to reduce drug-related harm to individuals and society. The failure of prohibition to significantly reduce drug use and availability, the resilience and adaptability of illicit drug markets in the face of highly-resourced drug law enforcement coupled with the negative consequences that can arise from drug law enforcement has led to calls for a fundamental re-examination of the international system of drug prohibition (Room and Reuter 2012)<sup>97</sup>. These calls have come from countries at all levels of the international drug trade: production, transit and consumption<sup>98</sup>. Policy options advocated include changes to the legal status of drugs, whether through direct legalisation or some form of decriminalisation (Rosmarin and Eastwood 2012) to a realignment of the balance between criminal justice and harm reduction approaches (Greenfield and Paoli 2012)<sup>99</sup>.

The most thorough and lucid recent critique of prohibition in an Irish context is provided by O'Mahony (2008)<sup>100</sup>. Arguing that the use of drugs is a human right, O'Mahony calls for an end to prohibition and for the legalisation of drugs<sup>101</sup>. In September 2011 members of

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<sup>96</sup>In his seminal study, *Mountjoy prisoners: a sociological and criminological profile* (1997), Paul O'Mahony found that 63% of prisoners had a serious dependency on a 'hard drug', the average age of first imprisonment was just under 19, and there were high rates of recidivism, with prisoners having served an average of ten prison sentences. Fifty-six per cent of the prison population came from six areas in Dublin that were characterised by severe levels of socio-economic deprivation and chronic unemployment. The majority still lived with their parents or other relatives and were from large and often broken families, with 80% having left school before the legal minimum age of 16, and 88% of prisoners having been unemployed prior to their imprisonment. A more recent study on prison recidivism (O'Donnell *et al.* 2007) has confirmed that the general profile of the Irish prison population remains largely unchanged. For contemporary facts and figures about imprisonment in Ireland see the website of the Irish Penal Reform Trust [www.iprt.ie](http://www.iprt.ie)

<sup>97</sup>In the past two decades drug policy researchers have sought to move away from the polarised, and increasingly unproductive, debate between those supporting the prohibition of psychoactive substances under the UN conventions and those arguing for legalisation, or some form of decriminalisation. Some of the key themes highlighted by these researchers are outlined by Pike (2012)

<sup>98</sup>In January 2011 the Global Commission on Drug Policy was established, including representatives from Latin America, the US, Europe and Pakistan. Its goals are to review the assumptions, effectiveness and consequences of the 'war on drugs' approach, evaluate the risks and benefits of different national responses to the drug problem, and develop actionable, evidence-based recommendations for constructive legal and drug policy reform. For a discussion of this and other international developments see Pike (2011)

<sup>99</sup>See responses to Greenfield and Paoli in the *International Journal of Drug Policy* vol 23: Issue 1 January 2012.

<sup>100</sup>For an earlier critique of prohibition see Murphy (1996)

<sup>101</sup>O'Mahony (2008) does not adopt a *laissez faire* attitude to the consequences of drug legalisation or suggest that it is a panacea for drug problems. However, he believes that ending the 'wasteful and futile "war on drugs"' could allow for the promotion of more sensible and legitimate policy options that would promote greater social justice and support for at risk individuals and for disadvantaged and stigmatised communities (236). Dorn *et al*/(1992:xvi) however argue that 'proponents of legalisation employ a Euro-centric perspective which fails to take account of the impact of legalisation on the economic and social structures of developing countries where plants such as the opium poppy, coca bush and marijuana are grown. Commercialisation would lead to the formation of plantations to rival those of tea, coffee, tobacco, etc. and provide an unsuitable path for development. The second difficulty is the pragmatic one that control of trafficking is here to stay, as far as anyone can see into the future. Legalisation of trafficking is simply improbable, given the momentum required to reverse the tide of international agreements'



the Joint Committee on Health and Children asked whether it was time to consider the drug policy options adopted in Portugal<sup>102</sup> (Connolly 2009) and the Netherlands<sup>103</sup>, which have eliminated criminal sanctions for illicit drug users (Pike 2012a)<sup>104</sup>. More recently, the CityWide Drugs Crisis Campaign has called for a debate, at least, on drug decriminalisation (Citywide 2012)<sup>105</sup>. This is an important initiative from a community-based organisation that represents the communities most affected by the drugs crisis. As Kornblum (1991:431), writing from the perspective of minority ghettos in the US, states: 'Proposals to legalise cocaine or other more addictive drugs generate little support in the ghetto communities where their sale and use has had the most pernicious effects...few proposals for dealing with the drug problems of minority communities will receive much support from those communities unless they are viewed as originating from the communities themselves'.

This is a crucial observation. Convincing a community in which an illicit drug market is deeply embedded that a liberalising of drug laws will somehow alleviate their plight has a certain 'selling ice to eskimos' logic to it (no pun intended). Where drug policy aims to alleviate drug-related harms to individuals and society, it must be informed by an understanding of how those harms are unevenly distributed throughout society. The bulk of drug-related harms occur among dependent drug users and are concentrated in areas of socio-economic disadvantage (Reuter and Stevens 2007). Some writers have called for policy to be informed by a Drugs Harm Index so that the impact of different policy options can be better assessed (Mac Donald *et al* 2005)<sup>106</sup>.

Ultimately, most of these important policy debates and proposals are taking place against the backdrop of a serious deficiency in empirical research in this area, despite the mantra of evidence-based policy. A recent international review of evidence-based drug policy, (Babor *et al.* 2010) reached the stark conclusion:

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<sup>102</sup> Portugal became the first country in the European Union to decriminalise all drugs, including cocaine and heroin, under a statute passed in 2000. Although drug possession for personal use and drug usage itself are still legally prohibited in Portugal, violations of these prohibitions are deemed exclusively administrative violations and are removed from the criminal process. Drug trafficking continues to be prosecuted as a criminal offence. Under the statute, decriminalisation applies to the consumption, purchase and possession of all drugs for 'one's own consumption', which is defined as a quantity 'not exceeding the quantity required for an average individual consumption during a period of ten days' (Article 2). No distinction is made between drug types or between public and private consumption. The statute establishes Commissions for the Dissuasion of Drug Addiction (CDTs) to adjudicate and impose appropriate sanctions for violations of the new law. The CDTs comprise three members appointed jointly by the ministries of justice and health and the government's co-ordinator of drug policy, whereby one will have legal training and at least one of the other two will have a medical or social services background.

<sup>103</sup>For an analysis of recent developments in the Dutch system and approach see Rosmarin and Eastwood (2012)

<sup>104</sup>They also discussed whether it was time to consider allowing physically and chemically dependent drug users to get 'their heroin or morphine in well-supervised, clean, incorruptible circumstances, i.e. to establish safe injecting facilities'. See Pike B (2012a) Politicians and the drugs debate – six years on. Drugnet Ireland, Issue 41, Spring 2012 . p.10.

<sup>105</sup>In calling for an 'open debate about decriminalisation in Ireland', CityWide (2012) states that 'much of the harm related to drug use and drug dealing occurs because of their illicit nature....the global war on drugs has failed and it is time for us to challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence' (p.5).

<sup>106</sup>See discussion in Pike (2008;29-30)

'there is virtually no scientific research to guide the improvement of supply control and law enforcement efforts...Independent of how strongly a policy maker values law enforcement and supply control as policy tools, it is difficult to understand why policymakers would not want their policies to be based on good quality evidence. The lack of careful study thus continues to pose a major barrier to applying these policies effectively' (p. 258).

Control systems need to be developed, not in an atmosphere of moral panic, as has often been the case in Ireland, but through an understanding, developed through empirical research, of how current drug laws actually operate in relation to the markets they are seeking to affect and the communities whose problems they are purportedly designed to alleviate. The objective of this thesis is to facilitate such a process of evidence-based policy making. In order to provide the basis for a more informed set of responses to illicit drug markets the aim of this thesis is to explore the following questions:

- How and why do illicit drug markets develop in specific communities?
- How are they organised?
- What impact do they have on such communities?
- What strategies and activities are undertaken by law enforcement in response to such markets and what impact do they have?

In the next section, the methodology used to investigate these issues in three local drug markets in Ireland will be described.



## **3 Methodology**

### **3.1 Introduction**

This section describes in detail the research methods employed to achieve the study's aims and objectives. A range of disciplinary approaches have been used to study illicit drug markets (Ritter 2006). In this exploratory study of illicit drug markets in Ireland we have sought to combine a number of these disciplinary approaches so as to provide as broad a perspective as possible. Ethnographic and qualitative approaches taken have involved semi-structured interviews with drug users and sellers as well as professionals responding to drug markets such as police and care workers. Criminal justice data such as drug searches, arrests and seizures have also been compiled. Economic approaches to the study of drug markets sometimes rely on drug price and purity data and this has also been gathered where possible. Finally, a street survey of residents in each of the research locations was conducted. The research was carried out in three locations: two sites in urban areas, one in a suburban area. These sites varied considerably in terms of population and geographic location. The socio-economic profile of each study site is also documented in a manner that maintains its anonymity. This section outlines the sampling and analytic procedures adopted, ethical, access and recruitment issues and the study's limitations.

### **3.2 Site selection**

The study is based on three locations. The basic criterion used in choosing these locations was that they should be sufficiently varied to provide a cross-section of illicit drug markets in Ireland. Within these general locations, the socio-economic profiles of individual electoral divisions (EDs), the smallest legally defined administrative unit in the state and the unit for which Small Area Population Statistics (SAPS), based on the Census, are published, were examined in order to select the specific study sites. Clusters of EDs representing distinct communities were chosen as the study sites, based on analysis of the most up-to-date social, economic and demographic data from the 2006 Census and data from the Irish Prison Service's computer-based records system (PRIS), which facilitated the mapping of the distribution of prisoners released in 2004 after serving sentences for drug offences.

The Small Area Health Research Unit (SAHRU) deprivation index was used to determine the level of material deprivation in the EDs.<sup>107</sup> The index uses four measures of deprivation applied to SAPS data from Census 2006: (i) proportion of over-15s unemployed or seeking a job; (ii) proportion of the population in social class 5 (semi-skilled) or 6 (unskilled);<sup>108</sup> (iii) proportion of households with no car; and (iv) proportion of households renting or buying their accommodation from a local authority. The four measurements are combined to give a single deprivation score for each ED. The EDs are then ranked and grouped into deciles (1 = least deprived, 10 = most deprived).

A further analytic dimension was provided by the creation of a standardised prisoner ratio (SPR) for each ED, based on data compiled by O'Donnell *et al.* (2007) in an investigation of the spatial distribution of prisoners released in 2004. For the purposes of the present study, the data on prisoners released after serving a sentence for a drug offence were extracted and analysed.<sup>109</sup> The known addresses of prisoners released after serving a sentence for a drug offence were coded to the appropriate EDs, and the SPR was then computed for each ED. This ratio indicated the number of prisoners expected to be residing in an ED (based on the age/gender profile of the ED if prisoners were evenly distributed in a population) against the number of prisoners actually residing in the division. An ED with an SPR of less than 1 has fewer prisoners than expected given the age/gender distribution and deprivation profile of the division. In contrast, an ED with an SPR of more than 1 has more prisoners than expected given the age/gender distribution and deprivation profile of the division.

These various strands of information provide very clear empirical evidence of the geographical distribution of material and socio-economic deprivation and of people released after serving sentences for drug offences. The parameters of the study sites within the three general locations corresponded with EDs that recorded the highest deprivation levels and SPR scores.

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<sup>107</sup> This index was calculated by the Small Area Health Research Unit (SAHRU) in Trinity College Dublin (TCD).

<sup>108</sup> See Central Statistics Office for explanation of social class categorisations, at: [cso.ie](http://cso.ie)

<sup>109</sup> This analysis was conducted by Conor Teljeur of SAHRU in TCD.



### 3.3 Methodology

The study was conducted over a 36-month period from 2008 to 2010 using a mixed methodological approach, or methodological triangulation. This involved using a combination of qualitative and quantitative methodologies to study the same social phenomena. Triangulation enables the obtaining of information on the same phenomena using two or more different methods, by using the strengths of one method to overcome the deficiencies of another, which achieves a higher degree of validity and reliability (Sarantakos 1998). When studying illicit activities, for example, some participants might exaggerate or downplay their activities. Others, such as dependent drug users whose lifestyle might be quite chaotic, might forget or confuse information. Consequently, interviews were structured to include internal reliability checks. Questions would be repeated in a modified form to check for inconsistencies. Another triangulation technique employed involved sequencing fieldwork interviews with drug sellers on the one hand and professionals on the other, so that inconsistencies could be checked. Likewise, the street survey data were validated using a pre-determined series of logical or validation checks.

This involved:

- individual, face-to-face, in-depth interviews with both former and active drug users and street sellers;
- interviews with individuals serving prison sentences of more than seven years for drug supply;
- interviews with experienced members of dedicated Garda drug units in the three study sites and with senior members of the GNDU;
- interviews with drug-treatment workers and a public health specialist;
- a street survey of 611 local residents and people working in the area (approximately 200 respondents in each location).

Criminal justice data analysed included drug offence data for the period 1 October 2008 to 31 March 2009 obtained from the Garda Síochána PULSE (Police Using Leading Systems Effectively) information technology system. PULSE includes information on the number of drug seizures, the profile of offenders and the circumstances of arrest. Data on over 1,200 cases were analysed from 12 Garda stations throughout the study sites.

Forensic analysis of drug seizures in the study sites between 1 September 2008 and 28 February 2009 was conducted by the Forensic Science Laboratory (FSL). Qualitative analysis was performed to identify the presence of illicit substances. Quantitative analysis (drug purity) was then performed on powders and tablets containing specific drugs, namely amphetamine, cocaine, diamorphine (heroin) and MDMA, to determine the levels

of purity of the illicit substances present. The analysis also identified the other substances or adulterants present in the samples, giving an indication of the typical bulking agents being used within the illicit drug market.

Estimates of drug prices and profits were made using PULSE data and interviews with drug users/sellers.

### 3.4 Literature review

The literature review was initiated as part of the preparation of the original research tender. The review initially focused on the study aims and objectives and ultimately served a number of functions. First, by indicating the extent to which the topic was already researched it enabled the siting of the study within a wider body of existing knowledge about drug markets. Second, it helped identify specific study themes and topics. Third, it enabled the selection of the most appropriate methods of data collection and analysis and assisted in the development of data-collection tools – including surveys, interviews and criminal-justice data sources. Finally, collaboration with colleagues with experience of researching illicit drug markets meant that the research team was informed of previous methodological limitations that could be avoided.<sup>110</sup> The literature review for this thesis was based upon a reflection on the data and a review of all of the existing literature. The literature review consisted primarily of a purposive iterative search using key drug market and policing studies.

International and national websites accessed on a regular basis included:

- Australian Drug Foundation.
- Beckley Foundation.
- Criminal Justice abstracts in google and google scholar.
- Daily Dose.
- DrinkandDrugs.net
- DrugScope.
- European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
- EU Commission.
- European Coalition for Just and Effective Drug Policies (ENCOD).
- European Working Group on Drugs Oriented Research (EWODOR).
- Europol.
- Evidence Network Association Newsletter.

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<sup>110</sup> The approach was largely modelled on that taken by May *et al.* (2005) in their study *Understanding drug-selling in communities: Insider or outsider trading*. I am grateful to Tiggey May and Mike Hough for their assistance. The prison interviews, which sought to access higher-level drug dealers, were informed by the approach taken by the Matrix Knowledge Group (2007) *The illicit drug trade in the United Kingdom*. Home Office Online Report 20/07. I am also grateful to Laura Wilson for her assistance in this respect.



- International Society for the Study of Drug Policy (ISSDP).
- Pompidou Group.
- Transform Drug Policy Foundation.
- United Nations Office on Drugs and Crime (UNODC).

A wide range of international journals was also reviewed regularly:

- *Addiction, Research and Theory.*
- *British Journal of Criminology.*
- *Drug and Alcohol Dependence.*
- *Drink and Drugs News.*
- *European Journal on Criminal Policy and Research.*
- *International Journal of Drug Policy.*
- *Irish Criminal Law Journal.*

Available Irish data sources were accessed through the monthly online newsletter of the National Documentation Centre on Drug Use (available at [www.ndc.ie](http://www.ndc.ie)).

### **3.5 Qualitative research instruments**

Individual, face-to-face, in-depth interviewing was carried out with all interviewees (see Table 3.1). Former and active drug users and sellers were selected in order to obtain information about the operations of illicit drug markets in the study sites. Many of the individuals interviewed were street-level dealers. A number of interviews were conducted with individuals serving prison sentences of more than seven years for drug supply to obtain information on higher-level drug trafficking. In all interviews, a semi-structured interview schedule was used, which focused on the following key areas of interest (Appendix 2):

- Socio-demographic profile.
- Initiation into alcohol and illicit drug use.
- Personal drug-use pattern and purchasing practices.
- Entry into drug-selling and selling practices.
- Market knowledge – price, purity and structure of local market.
- Experience with local police.
- Risk management/experience of drug-related violence.
- Criminal history.

Individual, face-to-face, in-depth interviews were also conducted with experienced members of dedicated Garda drug units to obtain information about the operations of local illicit drug markets and policing responses to market activity. Again, a semi-structured interview schedule was used, which focused on:

- Description of community and drug activity.
- Involvement of young people in drug-selling.
- Drug-related criminal activity.
- Policing response to drug markets.
- Relationship with local community.
- Additional resources needed.

Following the completion of the interviews with local Garda units, a further three interviews were conducted with three senior members of the GNDU. The primary purpose of these interviews was to gain an insight into the GNDU's role and strategy and to obtain their views on a number of issues which had arisen during the course of the study.

Individual, face-to-face, in-depth interviews were also conducted with drug-treatment workers to gather supplementary information on the impact of drug-selling in communities. A semi-structured interview schedule was used to explore the following key areas of interest:

- Description of community and drug activity.
- Involvement of young people in drug-selling.
- Relationship with law enforcement.

Although extensive efforts were made, obtaining access to treatment workers proved difficult in some study locations. This was possibly due to the nature of the study and concerns that their participation might in some way have a negative impact on their relations with their clients, an often 'hard-to-reach' group in these locations. Consequently, follow-up contact was made with three harm-reduction specialists on specific issues which arose during the study. These included a senior public health specialist, a member of a family support group and a representative of the Irish College of General Practitioners (ICGP).



### ***3.5.1 Sampling procedures***

Purposive and snowballing sampling procedures were used to select participants for qualitative interviewing. In a purposive sampling procedure, study participants are chosen because they have particular features or characteristics which will enable detailed exploration of the research objectives (Robson 2002). Participants in the present study were selected on the basis of their knowledge of the operation of the illicit drug market. The initial participants were recruited through existing contacts, drug users' forums, and treatment, probation, police and prison services. Thereafter, a snowballing technique was used, whereby the initial participants recruited new interviewees who fit the research criteria through their own networks and contacts (Robson 2002).

### ***3.5.2 Recruitment and participation criteria***

In order to be eligible to take part in the study, all drug-using and/or drug-selling participants had to self-identify as a drug user and/or drug seller. All participants had to be at least 18 years of age. Although young people under the age of 18 are involved in drug-selling, the numerous ethical issues involved when interviewing minors were beyond the scope of this study. It was also beyond the scope of this study to involve non-English speakers although a number of non-native speaking drug couriers who spoke English fluently were interviewed.

Drug service providers acted as gatekeepers and made contact with individuals deemed appropriate for interview, based on their knowledge of the local drug market. Potential participants were informed about the study, or were provided with leaflets explaining the background and objectives of the study in accessible language, before meeting interviewers. Interviews took place in the premises of drug services or in suitable public locations such as cafes and community centres.

Many of the interviews with drug users/sellers were organised through treatment or social services in the different sites. As many of these individuals were dependent drug users, their experience of the illicit drug market was generally limited to street-level dealing. In order to get an insight into higher-level dealing, interviews were organised with people serving lengthy prison terms for drug supply. Data on the number of male prisoners serving sentences for supply were obtained from the Irish Prison Service. Obtaining access to the prisons proved to be time consuming. Interviews were completed during the month of November 2009. Approximately 50 individuals serving sentences of more than seven years in one Irish prison were contacted by the researcher. Ten of these individuals responded and expressed a willingness to participate in the research. With regard to the male prisoners interviewed, although all of those who expressed an interest were interviewed, only data from prisoners who were from the areas under study are included

in the study. However, one non-Irish male interviewee who was convicted as a courier of drugs is referred to in section 4. Once ethical approval was obtained from the Irish Prison Service, six interviews with female prisoners were conducted in the Dóchas Centre women's prison in Dublin. Most of these women had been convicted of importing drugs into Ireland through Dublin airport. These interviews are referred to in section 4.

As Table 3.1 shows, the total number of interviews conducted was:

- Thirty-five interviews with drug users and/or sellers.
- Sixteen interviews with prisoners serving sentences for drug supply offences.
- Twenty interviews with members of the GNDU and of district and divisional Garda drug units.
- Four interviews with outreach and drug-treatment workers.
- Two interviews with public health health/harm-reduction specialists.
- One interview with community-based family support group.

**Table 3.1. Number of interviews by site**

Site	Garda	Drug user/seller	Prison	Outreach
Suburban	A1,A2,A3,A4	13 (1,2,3,4,5,6,7,13,14,16,17,25)	1,2,5	
North City	C1,C2,C3,C4,C5,C6	20,21,22,23,37,38,39		C1,C2,C3
Central	D1,D2,D3,D4,D5,D6	8,9,10,11,12,18,19,26,27,28,29,30,31,32,33	3,4	

### ***3.5.3 Analysis***

Except in the case of a number of prison-based interviews where detailed handwritten notes were taken, interviews were recorded, with the consent of participants, using a digital recorder.<sup>111</sup> Recorded interviews were transcribed verbatim. The interviews were analysed by study site, and the QSR Nvivo software package used to manage data. Each

<sup>111</sup> Initially interviews were not recorded due to a delay in approval for entering the prison with a recording device.



interview was coded in line with the themes in the topic guide; these represent 'nodes' in Nvivo. Sub-themes were identified within themes and coded as 'sub nodes'. The interviewees' experiences were described under each theme, and the similarities and differences highlighted where relevant.

### 3.6 Quantitative research instruments

#### 3.6.1 Structured survey of local residents

A street survey of local residents and business people was carried out to gather information about the local community in each study site and its experience of illicit drug use. A questionnaire with mainly pre-coded answers (see Appendix I) was designed to investigate the following areas of interest:

- Attitude to locality.
- Drug use and its impact on the area.
- Policing in the locality in relation to drug activity.

The fieldwork for the survey was carried out by a private company, Evidence Led Solutions. Interviews were conducted in a variety of locations (supermarkets, post offices, schools, retail and business districts) and at varying times (early morning, afternoon and evening) to capture a cross-section of residents and workers (see Table 3.2).

**Table 3.2. Response rate for questionnaire**

Site	No. of people approached	No. of interviewees	Response rate (%)
Suburban	428	202	47
North City	443	204	46
Central	670	205	30

Non-probability quota sampling logic was used to select respondents.<sup>112</sup> In each study site a sample was achieved that was proportional to the local population in terms of age and gender. Six-hundred and eleven interviews (approximately 200 respondents in each location) were completed, with a response rate of 37% for the entire sample in terms of the number approached. Overall, the response rate was the same for both males and females (37%). It should be noted that not all survey respondents answered every question. This may have occurred, for example, where the respondent did not have the

<sup>112</sup> The sample was selected on a first to agree to respond basis until each allocated quota by age and gender was filled for each area.

time to complete the full survey. The number questioned in relation to each specific survey topic is highlighted in the tables presented throughout.

Survey data were entered into the Statistical Package for the Social Sciences (SPSS). The data were validated using a pre-determined series of logical or validation checks. The survey data were analysed by study site using proportions to describe the respondents' opinions, beliefs or experiences.

### ***3.6.2 Drug offence data – Garda PULSE system***

Drug offence data can provide an indication of the operation of different market levels, whether the offence is related to drug supply or simply drug use. For example, information in relation to seizure size by drug type and location enhances understanding of drug use and police activity at a local level. Drug offence and search data in relation to each of the study sites for the period 1 October 2008 to 31 March 2009 were obtained from PULSE incident reports. The Garda PULSE system was introduced in late 1999 primarily to service the internal operational activities of the Garda Síochána. Generally, an alleged offence is entered into the PULSE system shortly after it has been committed or become known to the garda member. PULSE includes information on the number of drug seizures in an area, the profile of offenders and the circumstances of arrest. The PULSE data collected for the present study related to the six primary offences prosecuted under the Misuse of Drugs Act 1977.<sup>113</sup> Data on over 900 cases were collected from 12 Garda stations throughout the three study sites. The recorded drug-specific offences or incidents in this analysis exclude drug offences that occurred in a prison located in the study site, because not all study sites had a prison located in the area and not all prisoners would normally be resident in the area. All other recorded drug-specific offences or incidents are included in the analysis regardless of the outcome; it is not known how many of these incidents led to legal proceedings and/or resulted in convictions. PULSE data were entered into SPSS, and the data were then analysed by study site. Frequencies, medians, means, ranges and cross-tabulations were used to describe patterns in the data.

### ***3.6.3 Drug purity analysis – Forensic Science Laboratory***

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 information on the types of adulterant used to bulk up drugs for street sale, a factor that can have important health consequences for drug users.

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<sup>113</sup> Section 3 – possession of any controlled drug without due authorisation (simple possession); Section 15 – possession of a controlled drug for the purpose of unlawful sale or supply (possession for sale or supply) and Section 21– obstructing the lawful exercise of a power conferred by the Act (obstruction). Drug importation contrary to Section 21; permitting one's premises to be used for drug supply or use contrary to Section 19; the use of forged prescriptions (Section 18); and the cultivation of cannabis plants (Section 17).



Samples from drug seizures made between 1 September 2008 and 28 February 2009 by Gardaí based in the three study sites were submitted to the Forensic Science Laboratory (FSL) for analysis. Qualitative analysis was performed to identify the presence of illicit substances (i.e. those scheduled under the Misuse of Drugs legislation). Quantitative analysis (drug purity) was then performed on powders and tablets containing specific drugs, namely amphetamine, cocaine, diamorphine (heroin) and MDMA, to determine the levels of purity of the illicit substances present. The analysis also identified the other substances found in the samples, giving an indication of the typical bulking agents used within the illicit drug market. The data were analysed by study site. Frequencies, medians, means and ranges were used to describe patterns in the data.

### **3.7 Ethical procedures and issues**

Ethical approval for this study was received from the Drug Treatment Centre Board and, for the prison-based interviews, from the Research Ethics Committee of the Irish Prison Service. The principle of 'informed consent' was followed throughout the research and confidentiality and anonymity were afforded to all participants (Appendix 2). Drug users and drug sellers who were interviewed were compensated for their time with a €20 An Post voucher, as per NACD/HRB policy. No payments were offered to professionals working in drug or police services or to respondents in prison. Data were kept securely on encrypted storage devices and were anonymised – all identifiers that could link the data with the participants were removed. All recordings were made on a digital recorder; interviews were then uploaded to the website of the transcription service. Access to these interviews was password protected. Once the transcription was received by the research team, original recordings were deleted. Transcriptions were then entered into Nvivo as described above. The three study sites are identified only by the type of location throughout this report, to protect the anonymity of participants and to prevent any of the sites from developing or consolidating a reputation as a drug market.

### **3.8 Research limitations**

The sample of drug sellers is unlikely to be representative of drug sellers across Ireland. The aim was to describe, as best we could, the operation of illicit drug markets in the three areas. Rates of recruitment of eligible drug users and drug sellers varied in the different study sites. Many service providers reported that suitable individuals were apprehensive of participating in an interview which would probe their illegal activities, albeit at a general level. We used our contacts to access a purposive sample. For example, for ethical reasons, people under the age of 18 were not interviewed yet other respondents' claimed that young people performed important roles in some of the drug

markets studied. This also became apparent from PULSE data where young people had been arrested for drug selling.

The prison-based interviews with those convicted of drug supply were organised at an advanced stage of the research as we realised that such higher-level sellers were under-represented. Obtaining access to the prison proved extremely time-consuming. However, further research with this group would be worthwhile in future research of this nature, particularly where there is an interest in understanding upper-level drug trafficking. Also, although a number of non-Irish prisoners were interviewed, for ethical reasons, we confined our interviews to only those respondents with a proficiency in English. It also needs to be acknowledged that prison-based interviews only provide access to those people who have been apprehended by law enforcement, thereby providing us with limited information on those who evade detection.

It should be noted that not all street survey respondents answered every question. This may have occurred, for example, where the respondent did not have the time to complete the full survey. Although the survey enabled the research to access a large sample of local residents, street surveys also have certain limitations. For example, open street-level interviews are not the best place to discuss sensitive matters such as local drug-related crime. Poor weather can be a hindrance to survey completion and the nature of the survey does not allow for in-depth responses. However, while such surveys can be skewed in favour of the opinionated or those with time on their hands, the survey team found that respondents were generally very generous with their time and that most of those approached were prepared to answer the questionnaire. The survey therefore can be said to provide a reasonable indication of local concerns about drug-related crime.

It is important to note that the PULSE system is an operational database and its main function is to record Garda activity. There are therefore limitations to the use of such a system for research purposes. Obviously, not every drug offence comes to the attention of the Garda Síochána. Nor is it possible to quantify the amount of reported crime in the study sites that was drug related. Drug-related crime includes crimes such as burglary, vehicle theft, mugging and assault that occur due to the business of buying and selling illegal drugs. It is therefore safe to assume that the PULSE system underestimates the amount of drug activity and its impact. It is also important to note that drug seizures are an indirect indicator of the extent of drug use in an area. They should be regarded primarily as an indicator of police enforcement activity.

The researcher is confident however that, even in locations where the level of participation in the study by drug sellers was low, a reasonably accurate and reliable



picture of the local drug markets was achieved for the purpose of this study through a combination of street survey, interview and criminal justice data.

# 4 Policing Drug Markets: Garda National Drugs Unit

## 4.1 Role and resources

The Garda National Drugs Unit (GNDU) was formed in November 1995. The establishment of the unit at the time reflected the growing recognition of the negative impact which drug usage and supply was having on society. Furthermore, the setting-up of the GNDU reflected the belief that the perceived relationship between drug trafficking and organised crime required a similarly organised response by the state. It also mirrored international practices, which recognised the need to have specific resources targeting the international drugs trade. Although no specific terms of reference or core functions were set out at the time, a number of key functions have been identified over time, including:

- Identifying, targeting and dismantling national and international drug trafficking networks and those organisations which supply and distribute illegal drugs both into and within this state;
- Supporting and assisting divisional and district drug units in dismantling local networks involved in the distribution of drugs;
- Working with the Customs services on joint actions designed to reduce the availability of illegal drugs in accordance with the Memorandum of Understanding and the Working Protocol;
- Co-ordinating Garda policy on drug-related issues, including both supply-and-demand reduction initiatives;
- Acting as an information centre on drugs issues for An Garda Síochána as well as external bodies and agencies;
- Working in collaboration with other international enforcement agencies including the Drug Enforcement Administration (DEA), Interpol, the Serious Organised Crime Agency (SOCA) and the Federal Bureau of Investigation (FBI).

### 4.1.1 Resources

The resources available to the GNDU include direct resources allocated to the unit itself as well as indirect resources, which include the services of specialist units, including the National Criminal Investigation Unit (NCIU), Covert Human Intelligence Source (CHIS) system, National Support Services (NSS), Organised Crime Unit (OCU) as well as divisional and district drug units.

### 4.1.2 Operational strength

The current operational strength of the GNDU is:

- One chief superintendent.
- Two superintendents.



- Four inspectors (one currently on United Nations duty overseas).
- Eleven sergeants.
- Forty Gardaí<sup>114</sup> (seven current vacancies).

#### **4.1.3 Administrative support**

The unit is supported in its functioning by administrative support comprising

- One sergeant.
- One Garda.
- Nine civilian personnel.

### **4.1.3 The evolution and organisation of Irish drug markets – Garda National Drugs Unit perspective**

#### **4.1.3.1 Evolution of the market**

One member of the GNDU who has had almost 30 years of experience with drug issues and 10 years serving with the GNDU describes the illicit drug market in Ireland as involving a series of sometimes overlapping markets for different substances which have evolved in waves or phases since the 1980s, beginning in the centre of the capital and gradually spreading out throughout the rest of the country. He begins by describing the evolution of the heroin market.

I mean the idea of a drug market to me is a little bit of a misnomer... So if you look at heroin, my view would be that you really have had three waves, you know, you've had the 79–85 wave, which was concentrated really between the canals, or as we would say, north inner city, south inner city [in Dublin] ... And then you would have seen that abated primarily due to an awful lot of the first generation heroin users basically died. ... then ... came ... the second generation. Which again would have been kind of late '80s, probably '89/'90, and then it spread out. You still had the city centre element but then it spread out obviously to the suburbs, which now, say, for example, form the task forces. If you look at the Garda figures, heroin remained constant right up to 2000 ... What you saw then was pockets around the country ... there were some places where it was probably more an indigenous localised market that was generated by one or two individuals who may be heroin addicts, who had gone abroad and come back. GNDU 2

This first phase is described as being followed by a second and third phase from 2000 to the present, when heroin moved beyond Dublin into the larger centres of population around the city and then eventually throughout the rest of the country.

So, what you've seen really is, in my view the second phase moving into the third phase, a kind of a continuum, not necessarily a break, as you would have seen in the first one. And that would be still the areas of high concentration. But then you've seen other kind of substantial population areas, be they Cork, Limerick, Athlone, Galway. And then you will see, the other areas, if you look at, again the circle gets bigger around the greater Dublin area. So you're looking at, say, for example, the outskirts of Co. Dublin as it borders with Louth, as it borders with Meath, as it borders with, say, for example, Kildare, Wicklow, you know places like Arklow, and you see the major population centres there and you can see

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<sup>114</sup> This figure does not include eight Gardaí temporarily seconded to the GNDU on a test-purchasing operation.

a lot of them now have quite a fairly entrenched, solid, heroin-using population. So that's the kind of heroin market. GNDU 2

The cannabis market is described as geographically dispersed and continuously growing, while the ecstasy market is distinctive in that it emerged in the early 1990s and spread throughout the country very rapidly over an 18-month period.

And then you'll see kind of overlapping that is, throughout this period, is cannabis, which just constantly records an increase. And you will see that geographically spread diversely ... the market for ecstasy started in the late '80s, early '90s and that market was there again. That market was more dispersed much quicker, you know, if you take it for heroin say for example, when ecstasy came into Ireland, it kind of came in and then it spread quite quickly, so for example you would, the price might be different in Dublin relative but you could get ecstasy in Galway, you could get it in Limerick, you could get it in Cork, you could get it in Athlone, you could get it in Ballinasloe, ... one of the interesting things is why particular markets suddenly manage to spread you know maybe within an 18-month timeframe so that you can access it. GNDU 2

Previously, cocaine use was generally regarded as being confined to specific sectors of the population and specific locations, possibly given the higher prices associated with it. However, the period of rapid economic growth during the 2000s saw cocaine use spread widely throughout the country.

And ... the cocaine one spread similar to the ecstasy market, in that [it was] obviously [in] Dublin, but then you look at the major urban centres outside Dublin and around the country. Because if you look at the Garda figures you would have seen up to about 2000–2001, there was still pockets like Roscommon, parts of Galway that you wouldn't have had seizures of cocaine, but if you look at it over maybe the last eight, nine years, every division in the state has to a greater or lesser degree a cocaine population there, so that ... it's probably ... it's a series of markets. GNDU 2

Another GNDU member provides a similar perspective to that presented above and he also highlights how cocaine use was previously limited to a specific social group and the growing demand for herbal cannabis.

Heroin first came into Dublin around 1979 to 1980. It was focused mainly in Dublin and for probably 12 or 14 years you could only buy it in Dublin. If you were in Cork you had to travel here, Galway, anywhere else. Very little cocaine around, except for mainly the showbiz elite, people of that nature, but there was very little coke. Cannabis resin was a commonly used drug and as time went on over the last 10–12 years, cocaine took off, cannabis herb became a favourite drug and the number of heroin addicts has probably doubled from 10,000 to 20,000 and now you can buy heroin in Cork and you can buy heroin in smaller towns throughout Ireland, which wasn't the case 15–18 years ago. GNDU 1

Although the evidence shows that most dependent opiate users come from areas of high levels of socio-economic deprivation, as suggested above, clearly many of those who consume drugs such as cannabis and cocaine come from a broader social background.<sup>115</sup> Similarly, not all drug-dealers can be regarded as exclusively from a particular class or social background. The GNDU explains that those who come to the attention of the Garda Síochána tend to be from a particular social class. Also, the fact that dependent drug

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<sup>115</sup> NACD and PHIRB (2008a and 2008b).



users tend to have more chaotic lifestyles, including engaging in crime to feed their habit, than those who use drugs on a recreational basis at weekends, for example, would contribute to the former coming more to Garda attention.

There is no question that the majority of cases will involve people that are selling heroin and cocaine at street level.... the reason being ... is probably that they are in the most abundance out there really, because as I say ... if we have in the region of 16,000 on a physical-dependent drug – unfortunately an awful lot of them ... have to feed their habit somehow as we have described. ... with cocaine again – the answer is simply that there is a lot of people in different sections of society that would never come to Garda attention – their car would never have been stopped. They would mix in different circles and if I was to liken it to people – to somebody working in the Irish Financial Services Centre and there is somebody there who is holding down his job but he has got a psychological addiction to cocaine – and he is spending. And these people exist – €400 a week on his addiction. And he is supplying to a circle of eight people – the chances of them coming into the realm of our intelligence – is a lot less than somebody who is involved in street dealing of crack cocaine or a physically dependent drug like heroin – because unfortunately the effects on the person are a lot stronger and the effects of them holding things together in their life and their productivity and everything starts falling apart around them. GNDU 3

#### **4.1.3.2 Organisation of the market**

##### *Importing drugs*

As part of this research interviews were conducted with six drug couriers convicted of drug supply who had couriered drugs through Dublin airport or port. Airline-using couriers transported drugs such as cannabis herb or cocaine and either carried the drugs in their luggage or, in the case of cocaine, ingested them. All couriers were South African, female, relatively mature (aged 40 years or over) and the majority had at least one child. They received payments ranging in value from €500—€5,000 to courier drugs valued by gardai and Customs Drugs Law Enforcement at up to €140,000.

Drug couriers shared similar experiences. All reported having had financial difficulties before they were approached by individuals in South Africa to consider couriering drugs to Ireland. These individuals had learned of their financial circumstances in various ways. Couriers were approached by friends or acquaintances on behalf of the traffickers. Couriers were assured that the assignment was low risk, and were informed by their suppliers that South African and Irish customs officials had been bribed to ensure their easy passage into Ireland. Obviously, as they were apprehended and convicted in Irish courts, they were misinformed in this respect.

A prison-based interview was also conducted with a male courier, an international haulier, who transported Ireland-bound cannabis resin from Spain to Amsterdam using road and ferry links. He claimed that he had transported drugs using this method once a month for a period of eight years without being caught. The cannabis resin originally came from Morocco.

Everything I moved was bound for Ireland. Everything I moved was coming here. And it wasn't small quantities as well, you know ... We were bringing four and a half tons of hash from Marbella to Amsterdam. Prison Interview (Convicted drug courier) (Connolly and O'Donovan 2013: 239)

Customs officials were allegedly bribed at border crossings. Couriers were instructed to attend a specific border crossing point (e.g. Lane 1 or 7) at a certain time. Usually, another vehicle involved in the drug transportation would travel ahead or behind the courier vehicle to ensure that officials were paid, including, allegedly, Irish officials.

There was always – around a border – there was always a car that followed and there was always a car that would go in front of you ... You were told what lane to get – you had to be in Lane 6 not 7, you had to be in lane 6. And they would go through about four cars behind you or in front of you. Usually behind you because I think the man got paid once I went through. You know and even coming into France – get into Lane 7, even when you are coming into Dublin – make sure you go through the third lane on the left, you know. Prison Interview (Convicted drug courier)

According to the GNDU, the importation of illicit drugs to Ireland can be facilitated by Irish nationals who have left Ireland and taken up residence in countries such as Spain or Portugal where they can develop links with individuals or organised crime groups involved in large-scale drug importation from source countries, such as Colombia with regard to cocaine and Morocco where cannabis resin is sourced.

So, with the Irish criminals and the best description would be the people in the Algarve in Portugal and the south of Spain, that they are there specifically to buy large consignments of cocaine or other drugs. And when I say large consignments that perhaps they'd invest in 100 kilos at a time. GNDU 3

It is also suggested that Irish criminals have based themselves in the primary source countries for synthetic drugs, such as Holland and Belgium, to facilitate the importation of these substances.

Holland and Belgium are the principle suppliers of the world really, in terms of production and again – these are – there are Irish criminals that are based there that will buy. GNDU 3

The Irish suppliers then make arrangements to have the drugs transported to Ireland by air or sea, where they are collected by high-level dealers for further distribution.

And this naturally comes by freight and the policing of the ports, be it at the airport or by sea is a very challenging thing. If any morning there could be six boats that come into Dublin Port and all you would need is to go down and see the amount of trucks that come in and to try and police it by searching without intelligence – all of that – is next to impossible. So, the market starts off on a global scale with people moving very big weight in high-grade stuff – it is then brought locally by people who are organised on a higher level. GNDU 3

A distinction is made between different drugs, however, in terms of the internal demand for the particular drug. The recent upsurge in cocaine use described above has seen far larger quantities of cocaine being imported relative to heroin, for example, while the decrease in the demand for and use of ecstasy has seen a reduction in the importation and seizure of this drug.



The heroin market will differ slightly in the sense that the consumption of heroin throughout the country is nowhere near the same as with cocaine. So, when people import heroin for instance – 5 kilos would be a lot, 10 kilos would be a lot and a lot of this comes through the UK or from mainland Europe and Holland ... synthetic drugs like ecstasy and amphetamines are not really seized any more. GNDU 3

The GNDU member below states that there is a clear relationship between prevailing demand for a drug and the amount that is supplied and that drug-dealers were unlikely to import large quantities of a drug such as heroin, for example, if they were unable to sell it within a short timescale. In recent years, the high demand for cocaine allowed the importation of large quantities of the drug, while the relatively stable heroin-using population meant that importation of heroin was also organised in such a way as to meet the demand that was there.

What we have is with regard to supply and demand generally – an astute awareness by criminal organisations that if they are buying 50 or 100 kilos of cocaine for instance ... [there is a market for it]. If they are bringing in 5 kilos of heroin for instance – that they have it up and running and fine-tuned to what they need within a certain timescale – be it a fortnight or be it two months. But it wouldn't be the case that a gang would buy 50 kilos of heroin for instance and have it lying there and then have to try and move it over a 12-month period – it is generally feeding the customer base that they have on a continual basis. And they are quite astute to exactly their needs in that regard. GNDU 3

The importation of herbal cannabis is regarded as more challenging by virtue of its bulk, relative to powders such as heroin and cocaine.

So, when it [herbal cannabis] is imported – now it is again – it will come in a much bigger weight because it is a large – it is a larger substance to put it simply to import a kilo of powder is smaller visually than a kilo of a non-compressed substance like herbal cannabis. GNDU 3

### *Market structure*

With regard to the organisational structure of the drug market, the following GNDU member identifies a shift over time, from an initial concentration of heroin supply in Dublin among specific families to a greater involvement of criminals in the general trade for all drugs, with some dealers distributing a range of drugs.

You're seeing a far greater diversity over maybe the 15 years whereby people deal with the general commodity which is illegal drugs. ... so a person, say, for example, in your local town, that you source cocaine, you can also source cannabis. And possibly heroin... You will have people that maybe have a higher concentration in particular drugs, but by and large it hasn't been...in the first wave of heroin there were certain group of families that supplied heroin, they didn't supply anything else, whereas ... that distinction isn't there anymore. GNDU 2

The following GNDU member makes a distinction between dealers in heroin relative to dealers in cannabis and cocaine. A dependent heroin user, for example, who is also selling heroin to feed a drug habit, contributes to a more transient, disorganised and unpredictable market.

There's different markets for different drugs. Heroin users and dealers, you have to know

about heroin to sell heroin, so you have to be connected with users to be able to sell heroin and you would have to have some sort of a structure, because of the way heroin is and the nature of the dealers, the street dealers, quite a lot of users deal in drugs, with the result that you don't sell heroin for a very long time without ... the life span, not so much the life span, but the business life span of a heroin dealer wouldn't be very [long] and they don't ... you wouldn't have a Mister Big a [name deleted] type selling heroin. You would have guys who bring in 10–15 kilos and disseminate it. But it's disseminated in a very unstructured way, they would have dealers selling for them...as quickly use the drugs and sell it for them and has huge pitfalls and it's a mess basically. Very unpredictable.

GNDU 1

On the other hand, the same GNDU member describes the markets for cannabis herb and cocaine as more structured and involving what might be described as 'professional' criminals who, he suggests, would be engaged in other crimes were they not engaged in drug-dealing.

Cannabis herb, cocaine, more structured. Criminals bringing it in, guys who would use a bit of coke smoke a bit of hash, but they're not addicts and they're organised and if they weren't doing that they'd be doing armed robberies, but this is more lucrative. If they thought they'd make more money robbing a security van, or a warehouse then they'd do that, but they know there's a market out there and it's clean and effective. If they got heroin I don't think they'd know what to do with it. GNDU 1

Although it does appear that there is some overlap with some dealers selling multiple substances, there still exists a group of people who concentrate on only one substance, such as cannabis, and who perceive this as not as serious as dealing other drugs such as cocaine, crack cocaine and heroin and who apply a form of moral hierarchy to the distribution of different drugs.

But it [the cannabis market] differs from other drugs in the design of the market because it is so widespread and there is a lot of people and there is one thing that people who are engaged in anything with drugs – and it is very interesting to note that a lot of people that would sell cannabis at this low level would view it from their perspective as not really being serious because it is not heroin and it is not cocaine. And for this reason they continue to do it and they don't perceive themselves as being serious drug-dealers – the fact is that they are drug-dealers – but the interesting point of this is that they have this line that they won't cross. And even if somebody makes €100 a week or if they are making slightly more from a small-scale cannabis distribution, they won't cross the line to sell crack cocaine or heroin or cocaine. GNDU 3

The GNDU claims that it can generally identify the links between different individuals and groups who are sourcing drugs from the same original supply. However, the Unit also points to the likelihood of top-level suppliers avoiding any contact with the drugs once they have been imported, thus rendering them more difficult to apprehend from a law-enforcement perspective.

The Gardaí are aware who is involved in the distribution of drugs and sometimes we can separate them by the category of drug. But when I say that we are aware – not only would we be aware of who is involved in the distribution but generally a link can be made between a circle of people in a suburban town or in an inner city area – where the source of the drugs is from the same person or group. And it would be a small group, it could be two or three people at the top level. Then we could have – so these would be the people that may be in contact with people abroad. The top level. These would be the people that would be organising the price that they would be buying 100,000 pills in Amsterdam or 30



kilos of cocaine. Then the next job of these people based here – would be to ensure that it gets into the country without detection ... when it comes into the country – generally the top-level of these organisations will be careful not to go hands-on – to go near the substances – and they will have people around them that will then move the drugs to a safe location. GNDU 3

The following GNDU member describes the organisational structure of drug-dealing as akin to a 'virtual company' with a core group surrounded by a larger group of people performing specific roles, such as storage, distribution and money laundering. However, the individuals providing these various services to the core group may vary over time and the same individuals may provide the same service to different core groups in different locations.

My view on the kind of current wave of drug traffickers is they're, the best analogy is, like a virtual company. I think there is, in some degree, maybe at a core nucleus three or four, or five individuals that are very closely associated as a group. You know they might even socialise together, but the requirements now for drug trafficking are so many different aspects between the logistics element of it, the import, the distribution ... the technical requirements to cut certain drugs ... the money laundering element of it ... the collection of debts, it's become a more complicated business. And while we have associates, we don't necessarily always go to the same well for the same service, so I mightn't always go to the same individual every single time to provide the logistics to get me from there, and I mightn't be the only person that might be getting that individual to source the logistics for me.

Somebody who's involved in the logistics side of it might be getting requests from five or six, or eight different groupings on a particular job, and those can be diverse around the country. GNDU 2

Although the following member also identifies the existence of core groups of a few individuals, he points to the tendency for groups not to remain organised on a consistent basis over a long time period. Although some individuals may manage to have a long span of involvement in drug-dealing, particularly where they can avoid Garda attention, there can be a lack of loyalty between people involved in the illicit drug trade.

There are groups of people, three, four, five, people banding together, bringing in drugs to sell it off to another 20 or 30 people, there's a semblance of organisation in that, but it's not long-term organised and there are some people get a good run on it. [Name deleted] stayed under the radar and had a good run at it and ran out of luck, he was an organised criminal. There aren't that many that organised, there's a lot of disorganised crime groups around and there's no big loyalty, you know? And there's no sort of Al Capone, as I said earlier, type. GNDU 1

The involvement of non-Irish nationals in drug-dealing is a relatively recent phenomenon and, as discussed above, contributed to the emergence of the crack cocaine phenomenon. It has also been seen to contribute to the growth in herbal cannabis.

Cannabis herb seems to have been brought in, or attributed to a lot of groups who had contacts in Africa and in the UK and that. It isn't coincidental that a lot of Africans came here and we suddenly started getting in herb before it was cannabis resin, but it is not a huge impact, there isn't large groups of non-nationals, we've enough of our own nationals doing it, you know? GNDU 1

#### **4.1.3.3 Preparation, storage and transport of drugs**

As mentioned above, a range of individuals will perform different roles in the operation of a drug market, from truck drivers importing large quantities of cannabis, to those responsible for mixing cocaine with adulterants to bulk it up for further sale, to transporting between middle- and low-level dealers. Individuals may be paid for this service or they may do it in lieu of debt repayment.

For the cannabis business, you try and get yourself a truck driver, because it is bulk - you need to get it in bulk. ... you get yourself in a 100 kilos of it and three or four guys and they divide it up and they have their own people who buy and sell and there's no loyalty. And then you've got guys who will take 10 kilos, somebody else will take 15 kilos and they'll sell 2 kilos, that's how cannabis herb is disseminated and distributed. The heroin business, X amount of kilos coming in, one or two guys organising it and within a short time they'll sell 3 or 4 kilos out to people and those people will cut it up into multiples and sell it down to a guy who'd have maybe 20-30 customers, there's no great organisation in it, you just have the contact that's it and they'll sell it then on the street and it could go for 40-50% [purity] down to 12-15%, so it just depends. GNDU 1

The process of adulterating certain drugs, such as cocaine, with a mixing agent to bulk it up and increase total profit can also be carried out by specific people who have the implements, know-how and facilities, such as a warehouse.

Well, if I got in 10 kilos of coke, I'd organise a press and somebody, a couple of guys, to mix it somewhere and I'd get them to mix it so it would triple the amount of cocaine I would have and you'd get a guy, he doesn't have to be an expert he just doesn't have to make a mess of it, a guy who uses cocaine. There is a guy who would package it and won't rip you off and part of the group you know, he would ... he could be a brother or a friend or somebody you'd trust for starters, that he doesn't give away the location, so ... but there isn't a hierarchy, he's doing it for X amount of money and he's happy to do it. GNDU 1

Other individuals, such as taxi drivers, might be paid to transport the drugs between drug sellers and/or between sellers and buyers.

Yeah, you want a job done, you say, I can trust your man, will you bring that stuff ... a taxi man or a van driver or a guy with a car would bring that stuff from here to [deleted - Dublin suburb] and drop off to a guy and come back with the money and get a few bob for it, it's a 'nixer'. GNDU 1

#### **4.1.3.4 Street-level distribution**

##### *Open markets*

At street level, heroin dealing tends to be carried out by people who have addictions and this contributes to the market being more chaotic and unpredictable. Also, dealers at this level are more likely to sell drugs to strangers and hence they can be more easily apprehended in Garda undercover operations.

But generally speaking - there is a hierarchy that is generally followed - that people will break it down and when it comes to the people that are selling a score bag on the street - which is in heroin terms generally 0.1 or 0.2 of a gram. These people generally are unfortunate and they are heroin addicts themselves and this is at the very lower end of the



market. But in these cases – when people are desperately selling to people that they don't even know – they are not being astute as to what they do. Generally what they have done is go and buy an eighth of an ounce – being 3.5 grams, the minute they buy it they might smoke a bit to relieve the – alleviate the sickness they have had before scoring and their next task would be to break it up into the smaller, lower denomination deals that they can go out and sell them on the street. GNDU 3

Dealing at street level by drug users to feed their habit can contribute to the creation of relatively open drug markets, or what are described below as dealing 'zones', where people will deal drugs to strangers.

That is one way for them to make the money: they will see it – as being less harmful [than other crime such as theft] is to go and buy a smaller amount – be it a half-eighth, or 1.75 grams – which they will buy for €80 or €90 on the street. And they will split that up and sell 0.1 gram bags for €15 on the street and here we can see a clear mark-up – they are feeding their habit and they are sustaining themselves from day to day and it creates zones, if you like, and there is a few in Dublin where people can walk and if they are heroin addicts – they will be able to source heroin from people that they have never met before. GNDU 3

Street-level dealing, and possibly drug-dealing at all levels, has been greatly facilitated by the mobile phone. On the other hand, the mobile phone has contributed to a decline in the prevalence of open street-level drug markets, thereby facilitating the emergence of closed markets which have less of a negative community impact but which are also more difficult to detect from a law-enforcement perspective.

From the heroin scene, the mobile phone issue, they couldn't do half the business in all the scenes without their mobiles, international connections and national connections and local connections. No longer will you see 20 drug addicts sitting outside Dolphins Barn, they don't need to. I'm looking for a dealer, I'll say I'm looking for gear and someone will say well ring Jimmy Smith, ring that number, you ring the number and they say yeah, I'll see you in such a place. So it has made drug addicts and drug-dealers ... it's put them in connection with each other and by mobile, so that's what it's done for the heroin business. For the crime business, you're only a phone call away from your supplier or courier or whatever, so it's modernised it and it's made it faster and more efficient. GNDU 1

### *Runners and the involvement of young people*

An issue which has arisen in this and other studies is the increased involvement of young people in the drug trade, as drug couriers or 'runners' or as dealers themselves. The following GNDU member suggests that this has always been a feature of the illicit drug trade to a certain degree and he also highlights the way in which such involvement can bring a certain status to young people among their peers.

It depends on your definition of young people, you've 17-, 18-, 19-year-olds selling gear, yeah but you always had that. In the early '80s we arrested a guy who was 15 selling heroin, he was 14 and a half, it wasn't his 15th birthday. We caught him the following week doing exactly the same. He's now in Holland and is a major drug importer for here. So young people, 18 and 19, you've 18- and 19-year-old drug addicts who are selling gear for their habit, not making a fortune out of it, but those type of young people, the heroin addicts are doing it to support their habit. You will get 18- or 19-year-olds who might have no jobs and for a variety of reasons it's seen as a status symbol. GNDU 1

#### ***4.2.2 Impact of illicit drug markets: Garda National Drugs Unit perspective***

The violence and intimidation associated with illicit drug markets is regarded by the following GNDU member as something that has intensified in recent times. He believes that the increased amount of money within the market has contributed to higher levels of debt and that debts of this magnitude would not previously have existed.

You have a certain degree of intimidation. There's bigger numbers involved, there's more amounts of money involved. Ten, fifteen years ago you wouldn't have somebody have a drug debt of 3 or 4 grand. You wouldn't be allowed. If they didn't sell the first batch, they weren't getting a second batch, so the numbers are bigger and people are buying stuff on credit and that's leading to intimidation and drug debts, that wasn't around before, that problem wasn't around as I say, because the whole heroin problem is smaller. You just didn't sell to a guy who owed you money that was it. GNDU 1

The provision of credit is also regarded as reflecting the greater complexity of the market and the higher degree of organisation associated with it. According to the GNDU member below, during the economic growth of the so-called 'Celtic tiger' era, systemic crimes such as debt-related violence or territorial disputes became more of an issue than acquisitive crimes carried out by drug users to feed their habit.

... a key issue for complex economies is credit, credit is you know maybe years ago, we all just bought a thing when we had money and handed over the money, it was simple. Whereas the biggest feature for me, is actually the availability of credit in the drug market, which indicates to me the level of sophistication of the market. Whereby if you think about it, in a criminal market, if you get a grouping that are confident to actually provide credit then they're fairly confident that they can retrieve that, that (it) is retrievable back into cash, so what I would see is that it has certainly become more sophisticated. And it has certainly become more systemic, you know, and you can just see that evolution of the drug trade over the years. You know where I mean, and all the negative effects of say for example of credit. Obviously the issues of how do you extract the money, the prospect of intimidation things like that. So, to me it's, although it's happening slowly you can see that gradual change. GNDU 2

The apparent increase in drug-related intimidation and serious violence widely reported by groups such as the FSN and in the media in recent years (see section 2) are also regarded as reflecting a change in the nature of the fears in local communities. According to the following GNDU member, although many of the threats might not be carried out, the fact that they sometimes are gives them a greater credibility and enhances the local influence and control of drug-dealers and gangs and their ability to have their debts paid.

Yeah, I think it's a key element of it, because in the criminal fraternity the only way you can actually extract [payment for debt] is through fear, and it's how you make that fear obvious. And it can be very subtle. Like, you hear very public pronouncements of gangland killings, of say for example levels of intimidation. You also see, for example, unreported assaults and things like that. You know, and similar to drugs, there would be a certain level reported, and then it can just be subtly people have the mind-set, that there are groups out there who can intimidate and they may ... Even though the likelihood is in some places that they may not carry out the threat, but the fact that people live in the mind-set that there are groups of individuals who go out and intimidate and will extract funding. That of itself is actually quite a valuable currency, because if you think about it ...



if a stranger came along and knocked on your door 20 years ago, and started saying to you, you owe us money for something and we want the money or we'll call back, it has far greater significance in an environment where people believe that threat is credible, you know, in the current environment. GNDU 2

Acquisitive crimes, also referred to as 'economic compulsive' crimes will, he believes, probably increase again during the economic downturn as less opportunities become available for dependent drug users to support their habit by selling drugs.

Now I think the economic compulsive was less a feature of it in the Celtic Tiger era, because of virtue of the fact that there was this, the criminal drug market, basically the platform for that was in my view, an awful lot of general drug usage among the population, who could pay for a commodity, therefore, it was easier for me, as somebody engaged in the drug business to supply somebody who could, you know, provide repeat custom, than to engage in a crime of robbing people. So an awful lot of people I think, who would have traditionally gone to the acquisitive crime, just were a cog in the overall distribution network. You know your classic individual who got a certain amount of heroin, broken down into maybe an ounce, or an eighth of an ounce, or a quarter of an ounce, down into so many deals, paid so much for it, and then spent that day selling heroin, and then had enough to buy the next amount for tomorrow, and also to keep his or her habit going ... you know other examples, we'll say for example benzos, the illegal sale of benzos and things like that, so there's a whole series of markets that actually kept people employed. Kept maybe a cohort of a few thousand people who would have otherwise engaged in you know acquisitive crime.

I suppose with the demise of the Celtic Tiger it would be interesting to see what those dynamics [will be], because there will be a certain number of people displaced out of that system. So like, put it at its simplest, they're going to be made unemployed you know the market dries up in particular areas, then all of a sudden you're now unemployed. So a lot of them you could see them trying to move back to the acquisitive crime, and you can even see sometimes if you look at the crime stats at a local level you can see things like a few kind of small-level robberies, robberies in shops and stores for 100 Euro and that, that's kind of come back a little bit more ... but similar to what you're seeing in the 1980s you know, the emphasis on street crime, small cash acquisition to feed a habit you know. GNDU 2

## **4.2 Garda National Drugs Unit strategy and activity**

In realising the GNDU's strategic objectives, a number of specific actions are set out in the unit's annual policing plan which directly relate to drug supply, including:

- Targeting international organisations involved in the importation of drugs;
- Conducting joint operations with the Customs services;
- Conducting joint operations with the Police Service of Northern Ireland;
- Conducting investigations with law-enforcement agencies from outside the jurisdiction;
- Identifying and dismantling facilities associated with domestic drug production and processing;
- Conducting investigations into drug distribution networks operating at

regional/divisional/district level;

- Conducting operations targeted at disrupting the distribution of illicit drugs;
- Conducting investigations/operations on the sale and supply of illegal drugs at places of entertainment;
- Targeting the monies generated by criminal organisations arising from drug trafficking.

Supply-reduction activity takes place on a range of levels in response to the complexity of a criminal activity that is also multi-layered. Supply-reduction activity ranges from participation in international and cross-border operations to street-level policing of supply and possession offences and undercover operations targeted against specific individuals or groups or in specific locations, such as nightclubs, where drugs are consumed. The following section gives the views of senior members of the GNDU with responsibility for co-ordinating many of these activities. These GNDU members were interviewed about some of the principal activities undertaken during the period of the study and the general challenges that can arise in the policing of an illicit market.

#### ***4.2.1 Responding to organised crime***

As most illicit drugs consumed in Ireland originate in other countries, many policing operations also have an international dimension. Furthermore, as drug suppliers must arrange for the purchase and transport of drugs from source country to street level in Ireland and across many international borders, this can require sophisticated networks or organised crime groups (OCGs). Equally, Garda operations must respond to this level of sophistication. The following GNDU member explains that many recent seizures in Ireland had an international dimension.

... the general operations here – have in latter years become a lot more complex and the international perspective to them is always time consuming but naturally it is going to the root of the source of where drugs have come from... . A lot of the seizures during the year last year had an international perspective where we needed to examine organised criminal networks and the routes and where exactly people were and what their roles are within them groups. GNDU 1

Garda operations set out to target senior figures in the drug supply network in order to dismantle and disrupt the network as much as possible.

The main – it is like – with any group there is a number of people who are leaders and the leaders or the higher people in these groups are the people that in effect are causing the more grave problems for society. Because it is on their initiative that the business that they are conducting is expanding –So, from that point of view our aim would be – number one – to get corroborative evidence or you know, good technical evidence with regard to the top people in that organisation and to be able to bring charges against them and to see justice take its course and if they are imprisoned that it sends example ... and secondly that by taking out the people at the higher level – at the higher level that effectively we can dismantle a whole network of drug importation and distribution. GNDU 3



However, it is also explained that drug importation and distribution is an unpredictable business with its success, from the perspective of the drug supplier, contingent on a range of variables. As explained below, for the Gardaí to mount a successful policing operation, their response and timing must also be aware of and sensitive to the various factors affecting the drug supplier's activities on an ongoing basis.

... the timing has to be perfect and it very much depends on getting out in investigations all coming to fruition. Some of them are very long term, some of them might only last a month or two and you wouldn't get a result, it depends on a lot ... you're dealing with the drugs business that they set out with the best will in the world to import drugs next Friday, through their best efforts they still wouldn't have it three weeks later and you're working on them and you know they wouldn't have it, and everything is going wrong on their side and you're trying to keep abreast of what they're doing. So it really depends: not everyone is importing the drugs or selling the drugs all the time. If you imported drugs last week, it doesn't mean you're going to import it for the next six weeks, you mightn't have the wherewithal, you mightn't have the cash, you mightn't have the truck driver, you mightn't have the contacts, it could have been disrupted, the last load you imported in could have been got, or the people who sent it in could have been arrested in Holland. So it really depends on the flow of intelligence. We prioritise our targets and are constantly monitoring and constantly meeting...not only with other agencies to see what they have, but we meet with our own people at all levels and see where we're going with things, we just constantly reassess our targets. GNDU 1

Consequently, because investigations against OCGs are complex and time consuming, there can be a number of policing operations ongoing and overlapping at any one time. The following GNDU member provides an account of some of the recent seizures and the time and resources involved.

And at any time in the National Drug Unit there would be jobs running parallel to each other in the sense that we don't do one job at a time. There is always different investigations – which would be at different stages. And I know that certainly during the time of this study last year... there was 1.5 million Euro worth of cocaine seized in Tallaght – there was a major investigation which uncovered two or three million Euro worth of heroin and 34 firearms ... out near the airport. There was a big seizure of firearms in March of last year in Finglas, there was another 210 thousand Euro worth of cocaine seized in Tallaght. There was 700 thousand Euro worth of cocaine seized in Bayside and another quarter of a million seized in Lucan. And then there was a large seizure of cannabis in Meath with a value of 1.2 million. But with the big seizures, the one thing that I would say is that they are never – if ever jobs which last for a few days. They are always long-terms projects with a lot of resources put into them and intelligence gathering and eventually bringing all that information together and having the timing right to apprehend significant targets hands-on or with corroborative evidence to be able to present a case to court. GNDU 3

#### ***4.2.2 Intelligence-led policing and the Covert Human Intelligence System***

As the interviews above highlight, the gathering and collation of reliable intelligence is central to the success of the work of the GNDU. As the respondent below explains, in general policing terms, intelligence is probably more important in the drugs context as, given the often hidden nature of drug trafficking, offenders must be effectively 'caught in the act' if they are to be prosecuted successfully.

Intelligence is vital in all aspects of policing, but in particular in the drugs field ... If you're in the murder squad and you go to a murder scene, you have evidence and you pick up

the evidence and the crime has started. In the drugs field you don't have a crime, you've lots of balls in the air and you know somebody is bringing in drugs or certainly selling them and you're trying to figure out where, when and how and put that package together and catch him with it. So, it's quite difficult, so you need a degree of intelligence and the intelligence comes from a number of sources. GNDU 1

One principal source of intelligence is the criminal fraternity. However, a number of challenges can arise in relation to obtaining information from individuals who are already compromised because of their own illegal activities. There are ethical considerations in terms of the potential danger to the informants themselves, due to retribution from their associates. Where due care is not taken in the handling of informants and the information they provide, Garda members can also become implicated in these potential dangers. Also, individuals who provide information to the Gardaí about their associates may be merely seeking to better their own position within the illicit drug market.

And in the drugs arena, obviously one of the greatest sources of intelligence is within you know those who are involved and in need of the use of drugs, or in dealing with drugs. And with any intelligence source there's ethical considerations. GNDU 2

There's a whole range of dangers that people might not be suitable to be informants, they may try to use that system to better their own position, and there's been countless cases throughout the world. GNDU 1

In recent years, in response to such concerns, CHIS has been developed. This provides a structure whereby all intelligence is now centralised within a specific unit, rather than remaining in the sole possession of the investigating Garda member. The following GNDU member explains the idea behind CHIS.

The CHIS system was set up a couple of years ago. It's in a number of countries. It really is to put a structure on the handling of the informants to give a sense of protection to informants and to give a sense of protection to the police who are handling informants and so that it's a dangerous business for a whole variety of reasons, it's really to structure it, to make sure everything is done in accordance with law in a structured supervised fashion. GNDU 1

The CHIS system, according to the GNDU member below, provides for an ethical balance to be struck between the operational benefit of the information being provided by the informant and the potential dangers involved.

Also I think the good thing about a structure, particularly with a level of independent oversight, is that you have a greater likelihood that people look at the ethical elements of it, not just the operational elements, and say right ok, that may yield us some tangible intelligence or operation, but there is a price to pay and maybe that price isn't worth what it can do. GNDU 2

A further point made about the CHIS system is that by providing a structure whereby Garda members have to pass on intelligence they receive, it increases the likelihood that the information will be processed more efficiently and ultimately acted upon.

Also, I think it's important from the point of view of... it makes the best use out of the intelligence in that if it feeds into a structure then somebody says all of that intelligence must be actioned ... operationally. My experience of the CHIS system was it had immense benefit once you broke down the culture that criminal intelligence is not an individual



ownership, it's a collective or organisation or state ownership. GNDU 2

A number of respondents in this study who were active as drug users or dealers in the drug markets studied referred to the dangers associated with providing information to the Gardaí and some suggested that Garda pressure on people to inform was a significant source of violence in the drug market. The GNDU member below provides a further context to this issue and suggests that, while the CHIS system can provide some protection to informants, a great deal of the violence arises from paranoia among drug-dealers and misplaced accusations that someone is an informant.

Obviously the system would protect informants, there would be confidentiality that very few people would know the identity of an informant. But what you have is the violence you see in a lot of cases with informants comes about from criminals on the ground putting two and two together and getting five. 'He's a grass because he wasn't charged'. He might not have been charged because a file never went to the DPP, but they wouldn't even see that. 'He's a grass because he was caught yesterday and was searched the next day and somebody was caught, so therefore he's a grass'. GNDU 1

### ***4.2.3 Test-purchase undercover operations***

Another important aspect of the work of the GNDU relates to operations targeted at the lower end of the illicit drug market, at street level or in nightclubs. These involve undercover 'test-purchase' operations where a Garda member poses as a drug user in order to build a prosecution against a drug seller. As the GNDU member explains below, the Gardaí have engaged in many such operations since they were initiated around 1996. Operations of this kind are necessary to help penetrate closed markets where drug-dealers would be unlikely to supply drugs to strangers.

Over the years drug-dealers have become very astute as to operate along the simple premise never to deal to a stranger .... test-purchase operations which have been ongoing for 13 years but now – and are proven very effective and the main goal I suppose of a [test-purchase] operation would be that there is people ... are very difficult to apprehend, with drugs on them or with enough corroborative evidence to say that this person was involved – even if it is organising it at street level – organising it at street level could be instructing someone else to sell drugs. GNDU 3

During the course of this study, the GNDU carried out a number of these operations. These are described below. According to the GNDU, 260 people were prosecuted in 2009 using the test-purchase methodology.

We also, as I said previously – have responsibility towards, you know, the lower end of the market and this is so much more visible I suppose in local communities and in the timescale of this study we did three – what we call long-term, test-purchase operations that lasted between three and six months – and two of them were based in Dublin and one was in the country. The one in the country was a job that was focused on nominated dealers of heroin and cocaine, and the two in Dublin very slightly – the – first of all the country one resulted in the arrest of 13 persons – and there was 27 charges of supply charges – Section 15 charges preferred – there was no question but all 13 of these were people that local Gardaí found difficult to gather evidence against because of their techniques etc. GNDU 3

An important aspect of test-purchase operations is that they can be targeted at people who are consistently supplying drugs at a local level and they enable the Gardaí to build

up a profile of the drug supplier so as to convince the judge that they are dealing. It is explained that the Gardaí would focus on people who are dealing drugs for the sole purpose of making money, rather than those who are addicted to drugs and selling drugs to support their drug habit.

So, test-purchase operations proved very fruitful in bringing them before the courts and indeed some of them have pleaded guilty already at the time of this interview and have received sentences of between 2 and 3.5 years – so we have a very clear ... impact in the local community that we have notorious drug-dealers – be it at street level that are operating and have been operating for years and that they are given 2 to 3-year jail terms and in that sense it makes it worthwhile – when there is two or three charges put to them. Even though the amount they have sold is relatively small – possibly €100 but a picture is painted for the courts to understand – that the person is consistently selling, is involved in the business for monetary gain, and also is you know – often times not addicted to the drug themselves – which would be deemed by judges to be one of the bigger defences for selling drugs, for supporting the habit. GNDU 3

The nature of test-purchase operations can vary according to the circumstances of the particular drug market, so one of the benefits of operations of this nature is that they allow a degree of flexibility. Two different Dublin-based test-purchase operations are described below.<sup>116</sup> The first operation was carried out in the centre of Dublin and involved the targeting of a relatively open drug market of transient dealers, some of whom were dependent drug users and others of whom were regarded by the GNDU as being slightly higher up the drug-dealing chain.

The Dublin jobs varied in quite an important way in the sense that one of them was based in the DMR [Dublin Metropolitan Region] – city centre ... and one of them was based in the [suburb of Dublin]. And the reason that they differ so much is that they differ in the type of dealers that are involved. There is – what we have in the city centre is a very transient amount of our own dealers and users and by virtue of the fact is that if somebody gets up out of bed in [suburb of Dublin] in the morning or they get up out of bed and jump on the DART [Dublin Area Rapid Transit] from [location] – the one place – one of the more certain places is that they can score off an anonymous person is of course in the DMR, North Central or South Central. So, we do long-term operations from time to time in the city centre. ... This big operation, which was called Operation Feeder, resulted in the arrest of 120 people and 182 charges being preferred – Section 15 supply charges. Ninety per cent of the charges were for heroin and among them 120 – people that were arrested there was approximately 50 people which we would deem to be significant dealers – so they were people that we spent more time – we gave focused efforts to try and gather evidence against them at the request of local drug units – there were people that would be more shrewd and not perhaps at the street level but a slight level above that – in the sense that they would have people working for them. The money that they would be making would be significant and for us, it would be the jewel in the crown of an operation such as Operation Feeder. GNDU 3

The other operation described took place in a suburb of Dublin and was called Operation Zenon.

The other operation which we did which was another Dublin job was as I mentioned in [location] – called Operation Zenon – and here was the arrest of 40 people – and again there was 75 charges preferred against them. And the difference between this job and the

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<sup>116</sup> The precise methodology of these test purchase operations is not provided so as not to undermine future operations.



Dublin Central – you can see straightaway that it is three times as few people – there is three times as many caught in the Central job – and the reason for this is that obviously there is not as many transient dealers out there – the people who are out there are all local dealers and they are all nominated targets. GNDU 3

Although operations such as those described above are generally focused on relatively low-level dealers (many of whom fit the socio-economic profile of the areas covered by this study, i.e. areas with high levels of socio-economic deprivation), the GNDU also conducts test-purchase operations in entertainment venues to target a broader socio-economic range of people.

Well, in fact actually with test purchases really it is across the board – because we do street work and then we do club work... so we do police every type of drug...here we have a covert method of gathering evidence and retaining exhibits and putting a proper case together for court. We do – any type of request that we get – we do – regardless of drug type and it is – it is often driven – by the target really. GNDU 3

The GNDU member was reluctant to divulge too much information about these operations for fear of compromising future ones.

## **4.3 Evaluating drug law enforcement**

### ***4.3.1 Policing cannabis possession***

An issue highlighted by the NDS Steering Group, during its review of the previous drug strategy (Department of Community, Rural and Gaeltacht Affairs 2009), relates to the use of resources by the Garda Síochána, particularly in relation to the prioritisation of drug-related crime and, in particular, the time being allocated by the Garda Síochána to personal possession of cannabis offences. The view was expressed that this time might be more usefully spent on more serious offences, such as supply offences.

The fact that cannabis is the most prevalent illicit drug used in Irish society is identified as the primary reason that it comes to Garda attention most often during routine police patrolling and 'stop and search' operations.

Drugs are illegal and if somebody's caught with them ... the easiest ones to be caught with them are Section 3 cannabis, for a variety of reasons, people are stopped and searched and they could have cannabis on them or they could be stopped for other reasons and have cannabis or during the course of the search, they're found with cannabis. It's the most used drug in the state, and I'd say in most states. GNDU 1

The following GNDU member also makes the point that people carrying larger amounts of drugs will be more careful about concealing them from detection, where they might be quite casual about being caught in possession of small amounts of cannabis.

And I think that they are incidental nearly to proactive policing that ... people will generally have small amounts of drugs in their possession, but when it comes to carrying more there is a lot more care and so it will always be the case – and it will always be the case that there will obviously be more personal possession cases than supply cases. GNDU 3

With regard to the issue of the resources used on possession offences (Section 3 Misuse

of Drugs Act 1977), one area where such offences can be time consuming for the Garda member involved is when they are required to attend court. This issue arose during interviews with some of the local Garda units in the research sites covered by this study. However, the following GNDU member did not accept that Gardaí spent an undue amount of time on prosecuting possession offences in court. He first explained the summons system in relation to cannabis possession prosecutions in court.

Guards are under instruction not to go to court unless the case is for hearing. So you fill in your form and you send it down.....with Section 3 cannabis there isn't a power of arrest, so what happens with Section 3 cannabis is somebody is summonsed and they go along to the summons court and 99 times out of 100 they're going to plead guilty to the piece of cannabis on them and they're probably thankful that they hadn't got 10 pieces on them and they'll get a fine. If a Guard stops you with no lights, you will be summonsed and if a Guard stops you for no insurance, you'll be summonsed and if you've other minor offences, unless you're arrested, you will be summonsed and the case will be sent to court. Will you spend all day in court? Most unlikely, because the case is listed and the court clerks list cases, I've got four hours this morning, and three hours in the afternoon, or whatever, and they look at the number of cases they have. You would be unlucky if you're there all morning and in many cases it just doesn't happen that a plea is entered, a case is called, a young fella pleads [guilty] and he's fined. GNDU 1

He explained that while on occasion a Garda member might spend a long time in court on a possession offence, this would be an exception in his view.

But it's a system we have, are we spending large amounts of resources prosecuting Section 3? No we're not, absolutely not. A lot of cases are being prosecuted for Section 3, but people are not wasting a huge amount of time, I don't believe and certainly rarely, wasting huge amounts of time and I don't know of anyone, I think in the survey you said there was one guy with several hours or something, and how he was several hours in court, you could get caught the very odd time, but you could have a guy who stole a purse and you could be standing there all day in court. GNDU 1

The following member explained that, in his experience, the way things happened in practice, Gardaí generally would accumulate a number of summonses and then at the end of the month seek to have them all addressed on the same day.

The other point is I suppose in terms of resources may be with regard to the process of how a personal possession is dealt with in terms of taking up time and by and large these would be dealt with by summonses – so it would be a very quick - at the end of a month, the guard would apply for (summonses) and it would take – you know, no time and when a Section 3 case for instance comes to court – in a summons application – there generally will be 20 cases and the guard will deal with that morning so he will be there anyway dealing with a lot of stuff. GNDU 3

One reason why the issue of cannabis possession offences arose in the context of the NDS was that there was a belief that perhaps resources used in such prosecutions could be re-directed into prosecuting more serious drug offences, such as supply. GNDU members were asked for their views in relation to this perception. The following member believes that, as Gardaí cannot predict the outcome of their routine police activities, such



as 'stop and search' operations, the idea of simply transferring resources from possession to supply does not reflect the nature of everyday police work. He also believes such an approach is over-simplistic.

Yeah, like it came up in discussion in relation to this idea that say, for example, if 80% of your seizures are on possession offences, therefore, if you could divert those to supply offences then the consequences as such would be that you'd have a far greater impact on supply. An awful lot of the drug seizures of all levels come from very simple things where police officers encounter something which their instinct tells them is not, doesn't fit in with this environment. Causes them then to proceed to enquire and the results of their enquiry are a seizure of a greater or lesser magnitude. So I couldn't see how you could automatically transpose all of that 80% into the supply thing so that I could make a determination that an individual who I know is suspect for dealing in drugs that I could say right today he's only carrying, he probably only has personal use ... I can't as a police officer, or I can't as a police manager, legislate to people to say right, I just want you to go out and catch drug suppliers. If life was as simple as that, we'd have this thing cracked long ago. GNDU 2

The following member agrees with the above position and also highlights the role of Section 3 in the general investigation of drug offences.

Does that take from the resources or could we redirect resources from policing Section 3s to the larger level? And the answer is no in my opinion – because guards are out there and they are stopping and searching people, they are making efforts, they are, you know, talking to people, gleaning intelligence perhaps, along the way – that it is only Section 3s that come to light – it doesn't mean that it has been a wasted resource. GNDU 3

The point is also made that many of those Gardaí who go on in their career to become involved in major drug-related investigations often began learning about drug issues through dealing with possession-type offences at street level.

You know, and you really do have to, the other elements say for example is, even from the professional development of police officers, I mean you will look at any officers who are involved in the major investigation of drug traffickers; they cut their teeth on the lower end of it. GNDU 2

#### ***4.3.2 Policing supply – the hidden nature of drug law enforcement***

The GNDU member below highlighted firstly the challenges faced in trying to dismantle OCGs, and particularly the difficulties of gathering intelligence on and apprehending those at the highest level of drug importation.

The main responsibilities of the National Drugs Unit is to dismantle organised criminal networks and the aim is, ultimately, not only to get a seizure but to gather evidence against the most significant players in that group – so with that in mind – jobs – that are undertaken – often times will go on for months. And unfortunately sometimes – a lot of resources can be put into a job and at the end of it – it happens that sometimes a result doesn't come which is unfortunate because the efforts are made and everything that could be done would be done – but what is underlying all of this is basically that criminals are – if they are expert at anything it is at being criminals. People involved at a high level of importation and distribution of drugs – are probably the harder people to gather evidence against. GNDU 3

### **4.3.3 Market disruption**

Acknowledging the difficulties associated with quantifying the success of law enforcement, the following respondent believes that the containment and disruption of drug markets are important elements of the law enforcer's role.

Well I'll put it to you this way, if we didn't do what we're doing, there would be millions of Euros more drugs on the streets and there would be a lot more hardened criminals ... So it's difficult, there is no real way of measuring how effective ... it's very difficult to quantify how effective law enforcement is, even at any level internationally, it's just...we have our figures, the same as Customs would say it, it's a bit like the crime rate you know? The crime rate is down or the crime rate's up, it's difficult to quantify. GNDU 1

Also, the so-called 'water bed' effect, where drug-dealers who are arrested will quickly be replaced by another supplier, is acknowledged as a permanent challenge given the constant demand for illicit drugs.

Now, we are not naïve in this regard in the sense that – if a gang is dismantled and a couple of key players are taken out, so that the gang cannot function tomorrow – that is a positive result. We have to keep trying and we have to try and keep achieving these results but also the people on the ground that will look to source – a half-eighth of heroin the next day – where they got it from that gang the day before will get it from somewhere else. But that is a view – that is a fact but it is not something we can take in any defeatist way. Because these people are blatantly breaking the law, committing very serious offences and I suppose An Garda Síochána have a responsibility to society to say 'well look these people can't do this – that we will put the utmost effort into policing and to gathering evidence against them'. Bringing them before the courts and when we see people that are that significant getting a very big sentence. GNDU 3

The following GNDU member also pointed to the limitations of seizure data as a way of determining the success of a Garda operation, as, while the Gardaí may have apprehended a central figure in a drug importation network with illicit drugs, for example, that will only appear in the statistics as one seizure.

We see a lot of quality prisoners, if you see a seizure that may have taken us six months to do and it might only be 50 grand's worth of drugs, we would know that we took out a central figure and ... we've seriously disrupted a group of criminals who are organised in the importation of drugs or whatever. If you look at statistics, that comes up as one seizure, but you can't measure the quality of that prisoner. GNDU 1

The same GNDU member also believed that it was important to consider the impact of Garda operations from the perspective of a local community in terms of their priorities, particularly in relation to concerns about open street-level drug-dealing. From a local perspective removing a prolific drug-dealer from their streets so that he/she is not visible to their school-going children, would be perceived as very important.

... equally we can send Gardaí out and they can have 40 prisoners in a month, now that's 40 dealers who will obviously push up the figures, push up the number of prisoners, but if you remove one dealer from main street [Dublin suburb] or two dealers, you can't measure the satisfaction to the locals who realise those young fellas aren't at the end of the road selling drugs anymore. So it's all relative, they really don't care about the seizure of a yacht off the coast of Cork, but they do care that those two guys who have been outside the Spar shop for the last two years and their kids passing by or near the school, whatever. GNDU 1



Successful Garda operations are regarded by the GNDU members as having a potentially educational or preventative effect in that they can undermine the status of local drug-dealers in the eyes of young people who may look up to them.

When groups are taken out, it serves as a wake-up call to youngsters who think, look at these role models and we got this amount of money and we did X, Y and Z, he's doing great. Then he ends up getting caught, he wasn't as smart as he thought he was. GNDU 1

Similarly, with regard to test-purchase operations, as described in section 4.2.3, it is believed that such undercover work has an impact in terms of transforming open drug markets into closed markets as people are no longer willing to deal drugs to strangers. While this creates greater challenges for the Gardaí as it is more hidden, it may also have an impact on reducing access to drugs by those who may wish to experiment, either by approaching people on the street or in a recreational setting.

So, briefly with Feeder [test-purchase operation] – there is a lot of benefits to it – one is that it decreases somewhat the availability of heroin or serious drugs on the street – because people become aware that they can't sell to just anybody that approaches them, so that is the sort of silent and unappreciated argument – unrecognised sort of benefit to these type of operations. but this is very good news for local communities because somebody living in a borough or an area such as [Dublin suburb] – and when they can name 10 prolific street dealers in their area that have all of a sudden, all been arrested because of a Garda operation, there is generally a sigh of relief in the community and there is – these type of operations are well received. GNDU 3

With regard to the impact of test purchasing in recreational settings, the following GNDU member believes that such operations have had a significant impact on the nature of drug markets in recreational settings such as nightclubs.

A decade ago or more it was an amazing – there was an amazing change that people would genuinely walk around like clubs and say to people, 'Are are you looking for ecstasy? Are you looking for coke?' And sometimes people will still say that this happens but I can assure you that it doesn't – it is very rare that somebody would go around offering drugs now. And this is a silent or, sorry, a hidden sort of benefit of test-purchase operation because not only do you have all these people that are brought before the courts but also – it puts it by these people who casually go selling drugs because they are afraid of engaging somebody – an undercover guard and then ending up being caught. So, for that reason people have become more wary of who they sell to – which operationally might hinder us but for society – it is a very good thing because it has decreased the availability of drugs or coke in the club world. And it is absolutely astonishing at how it has had an impact and I know – because I can see year-on-year how it has gone. GNDU 3

A core objective of the criminal law and policing is deterrence and, as explained by the following GNDU member, if the Gardaí can maintain a relationship with drug traffickers whereby the latter believe that they may be caught and this impacts on their behaviour then, in his view, that is a measure of effectiveness.

And I think for me in terms of a policing element is that, as I say, if you can keep individuals looking over their shoulder, and if their actions, if they're involved in drug trafficking at any level, if their actions are predetermined by a genuine potential belief that they may be caught, I think that's probably the most potent rep [reputation] that you would have. GNDU 2

The principle of deterrence is also regarded as potentially effective in encouraging people to reduce or cease their drug use, particularly in the case of recreational drug users, if not dependent users.

So, for example, at its individual level, if I'm somebody who has a cocaine habit and I take cocaine regularly at the weekends, if I have a genuine fear that the likelihood of me being detected is quite high, and then if that activity... if the consequence of being prosecuted for that activity has enormous effect on me, that will cause me to dramatically reduce my cocaine consumption. It mightn't cause me to totally remove it, but certainly it would say cause me to reduce it by tenfold. In fact, so the element for me in terms of policing is not always on the issue of how many people we detect, how much drugs we seize, but whether or not in the mind of somebody who technically is engaged in a criminal activity, if there is a genuine belief that there is a likelihood that the Guards are going to catch them. And that the consequence of that action are considerable, it does change behaviour. GNDU 2

However, the rapidly changing nature of drug markets and drug-related crime means, according to the following respondent, that law enforcement needs to be able to keep pace and adapt quickly to market developments and innovations.

You see the drug situation is very fluid ... changes occur so quickly, not just in society but in the criminal justice systems and in dealing with criminals and the regulations we might have had years ago have to be constantly updated ... who would have foreseen organised groups that we have at the moment 20 years ago ... detention periods you know ... When the Misuse of Drugs Act came in, in 1977, nobody foresaw guys swallowing gear and bringing it in ... at airports. And there wasn't a legislation there to hold them, holding people for a couple of days, you catch a guy on a boat ... or even without a boat you catch a guy walking down O'Connell Street with a load of gear and you find a ticket on him and it's a ticket to ... it's an address to some B&B in Cork or some flight number, you need that time, because things move very quickly, it's a very fluid situation ... It's not beneficial just to drugs, it's beneficial to law enforcement. GNDU 1

#### ***4.3.4 Presumptive drug testing and adult cautions***

GNDU members acknowledged that there was potential to develop ways of streamlining the commitment of resources throughout the criminal justice system, from initial seizure to prosecution. One procedure recently developed by the GNDU is 'presumptive testing' of drugs such as cannabis resin, cannabis herb and cocaine. The process works in the following way. Where a person is found in possession of an illegal substance believed to be cannabis resin, cannabis herb or cocaine and the quantity seized is consistent with personal use, the person must voluntarily admit that they believe the substance to be one of those substances. They must then voluntarily admit that the substance seized was for personal use and that, when charged, they intend to plead guilty. The substance is then seized and sent to be tested in a Garda station by a certified Garda. The suspect's details and suspected plea are retained in a notebook. If any of the above steps are not



completed satisfactorily, then the case is proceeded with as per normal.<sup>117</sup>

One objective of this process is that, if adopted successfully, it would mean that certain drugs might not need to be forwarded to the FSL to be tested, thereby freeing up resources in the laboratory. Presumptive testing was initially piloted at a music festival and has since been developed in a number of Garda regions.

And that's how, you know, so for example if at the end of the day for possession offence the reality is that you'll get a monetary fine or something like that. The element of processing and I think that's where the presumptive testing came in, is that what probably needs to happen is, you need to streamline the commitment of resources ... from seizure of product to prosecution. GNDU 2

The 'presumptive testing' process is explained further by the GNDU member quoted below. One aspect of the process is that it requires the individual to admit that the substance seized is theirs and that it was for their personal possession. If they deny possession or are dealing then the normal procedure applies.

... if, for example I stop you with a piece of cannabis, I go to the tester myself, I'd ask you about it and you'd say, 'Yeah it's mine, I wasn't selling'. If you said, 'Look it's not mine, somebody planted it on me', or 'I was selling it', that's a different ball game, with simple possession, the guard goes to another guard who tests it and is trained to test it and an arrangement is made then, you don't have to send it to the bureau [FSL]. An arrangement is made ... you end up summoning the guy basically and it goes through the court system. GNDU 1

Another possible way of addressing cannabis possession offences, suggested by the GNDU member below, is the consideration of an adult cautioning system for possession offences in certain less serious cases. This may help in saving resources and be a fairer way of dealing with certain individuals.

So, there is of course room for debate with regard to – you know – adult cautions and different things that might be deemed appropriate with you know – if somebody was caught with a Section 3 cannabis and they had never been in trouble before and divisional officer deemed that this was the appropriate thing to do. Of course there is room for discussion with regard to – saving resources or indeed being fair to people. GNDU 3

## **4.4 Community policing and partnership**

### ***4.4.1 Partnerships and local policing fora***

An aspect of the Government policy approach to the illicit drug phenomenon since the mid-1990s has been the development of inter-agency approaches and structured consultation with local communities. The establishment of local drugs task forces in the areas throughout the state most affected by problematic drug use was a key recommendation of the Ministerial Task Forces established to develop a strategic response

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<sup>117</sup> Information obtained from the Garda Síochána *Presumptive drug testing flow diagram* (30/11/2009) provided to the author by the GNDU (GNDU, personal communication, June 2010).

to drug use and related problems. These drugs task forces subsequently formed a core localised structure in the NDS 2001–2008.<sup>118</sup> In the area of drug-related crime, these structures have been enhanced by the development of local policing fora in a number of areas and the establishment of joint policing committees following the Garda Síochána Act 2005. As discussed in section 2.3 the further development of local policing fora is a core goal of the NDS 2009–2016. These initiatives have had a positive impact in areas where they have been introduced. GNDU members were asked for their views on these inter-agency and community-centred approaches.

The following GNDU member believes that a core development over the lifetime of the drugs strategy, since the first Ministerial report, has been a greater structured engagement with local communities.

If you looked at the 1990s in terms of the two elements of the first Ministerial report and the second Ministerial report, the focus was on the areas of high concentration of heroin from a law-enforcement perspective. But also it was the first real, in my view, policy-driven direction in terms of community engagement. Guards will always engage with individuals on an individual basis...on a community basis, well that to me was probably somewhat ad hoc. And therefore, and not always a valued commodity, but when you have a government or a strategy saying look this is a critical element, if we want to reduce the effect and the demand for drugs, we need to actively engage ... and probably the beginning of a recognition that communities had a key role to play in our ability to successfully police this.  
GNDU 2

He also believes that the recognition of the importance of agencies working together was a key outcome of this period and that this had an impact on how the Gardaí saw their overall role, as not exclusively crime oriented. This arose particularly, he suggests, in relation to an acknowledgement of the link between drug-treatment services and crime reduction.

I also think the other important thing there ... was, a recognition within the police that we couldn't kind of be bystanders in this. A classic example was the whole area of, ... we'll say the provision of clinics and treatment for drug users. If you looked at the traditional view of the police, a lot of things you'll say 'well look that's not our role, that's a role for somebody else, we're a bystander here, our only concern here is if there's crime and we'll deal with the policing elements of it'. So, that was the way the traditional view of policing, whereas now, we're seeing where we have to say, look, in actual fact, there's a clear correlation between reduction in crime and treatment. GNDU 2

As the strategy progressed there was also an acknowledgement that working in partnership with other agencies and local communities required an acceptance of the approaches or concerns of other agencies or communities and a willingness to be

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<sup>118</sup> This refers to the first and second reports of the Ministerial Task Forces on Measures to Reduce the Demand for Drugs. Published in 1996 and 1997, they would subsequently influence key elements of the National Drugs Strategy 2001–2008. For a discussion see Pike B (2008).



influenced by them. The development of the North Inner City Community Policing Forum, discussed in section 2.3.3 was, he believes, the forerunner of this approach.

You actually had to approach it in a more inclusive way. And also to be able to say, yes, you know there will be problems associated with treatment. Yes, it mightn't necessarily be what everybody wants, but the overall benefits of providing treatment in terms of the reduction in all of the issues of public order, or crime, arising from treatment, far outweighs any localised concern ... So I think that's a certain kind of educational element, and then if you look at the specific actions within the strategy, it was probably the evolution or the second phase of it, which was saying, right ok, if you come to the party or come to the table, and you, as an organisation say look we have to be more proactive here, there's a price to pay for that, and that is that people you're sitting around the table with, they also have to be able to influence what you do ... and to me it started with the, in its fledgling element as the local policing fora in the north inner city. GNDU 2

## **4.5 Drug Law Enforcement and Harm reduction**

As discussed in section 2.3, evidence from Ireland and internationally suggest that improved links between policing and harm-reduction initiatives can assist in reducing the harms associated with illicit drug markets and drug-related crime. GNDU members were asked to comment on the challenges which arise in relation to improving links between policing and treatment provision. Also, the dealing of drugs in the vicinity of treatment clinics was an issue which arose in a number of interviews across the study sites.

### ***4.5.1 Policing and drug treatment***

From the perspective of the GNDU members interviewed, a distinction is made between drug offenders who are involved in drug use and drug-related crime as a consequence of an addiction and those who are selling drugs from a pure profit motivation. GNDU members were asked about their general views in relation to links between policing and drug treatment.

The GNDU member quoted below explains that both the Gardaí in general and the criminal justice system as a whole would generally take a lenient view on problematic drug users in order to aid their potential rehabilitation.

We're in the business of arresting people who break the law in respect of drugs. Now that is not to say we're completely unsympathetic. The police force in general aren't unsympathetic, that they will...if guys deserve a break or they will liaise with social workers etc. and in many cases there's the drug courts now which will assist individuals and very many cases that when young addicts are arrested, 9 times out of 10 somebody is making a case for them saying it's his first time or second time or his third time and he's going to get a job and he has a little baby and a wife and all these things, and if he can rehabilitate himself, I don't see a judge anywhere or anytime, and I've seen serious criminals with serious convictions and supplying serious quantities of drugs, getting second or third chances. GNDU 1

An issue which arose in the study, particularly in relation to Central, concerns drug-dealing in the vicinity of treatment centres. The following member states that, while

relations between the Gardaí and drug-treatment centres is generally positive and co-operative, from the perspective of the treatment centre, difficulties might arise from their clients if they are perceived as being too close to the Gardaí.

And the other part is, the likes of [treatment centre], we don't directly liaise with them, they don't want us to directly liaise with them, but we will do whatever they ... if they rang up and said 'Listen, we've difficulty with this fella and he's coming to treatment and would you mind speaking up for him because ... to give him a break?' Nobody would have any difficulty ... we don't land at treatment centres because there's that gap between us and treatment centres insofar as ... not a gap but a perceived gap, because they have their clients and they can't be seen to be pals with the Guards. GNDU 1

The following respondent, however, believes that drug-selling in the vicinity of treatment centres is a problem that needs to be addressed in co-operation between the Gardaí and the treatment centre as it has the potential to undermine the service being provided in the centre.

And say, for example, if you look at the issue around dealing around treatment centres, it isn't in anybody's interest to encourage that. And I think even from the point of view of perception, if I was the manager or worker of a treatment centre, and I'm trying to maybe get people to change their drug habits, and to adjust and modify, if my client's walking in and seeing active dealing outside it, I can't see how I can persuade them, because in his her mind why should I change, you're tacitly allowing that, so it must be ok. ... So for example in terms of and it may be for treatment centres to say right we need you as a police service to actively discourage ... That may be a painful process for us, because some of our clients could also be dealing, you know, but for us to maintain the integrity of the service we provide for the greater client group and to be able to say, look we're here to provide a service to you, to provide a quality service, and that service is providing a prescribed product within a controlled environment for your stabilisation. Therefore, we're not going to turn a blind eye to what we know will de-stabilise your treatment process, because that's telling you that we actually provide sub-standard service. GNDU 2

This respondent also believes that, while issues might arise in relation to the exchange of information between the Gardaí and treatment service providers, for example, such issues can usually be resolved through dialogue where there is a willingness to do so.

I think like for most people, if you ask people a question that they're fully not sure of the answer, they tend to kind of hide behind, 'Ah we can't give you that.' All organisations are brilliant at that, you know, and there are rules and regulations as to how organisations govern giving information to outside, so solicitor says client confidentiality, doctor says patient confidentiality, Guard says security confidentiality, and ... it's probably a little bit of honest dialogue. GNDU 2

A leading public health specialist interviewed for the study also highlights the difficulties which can arise for clients trying to be drug free where there is drug-dealing occurring in the vicinity of the treatment clinic.

I suppose the challenges are – I mean obviously particularly if somebody is trying to be drug free and they are being offered drugs – that is the difficulty. I mean – any studies that have been done on people attending for methadone – like people don't just take nothing else – I know people take other stuff and the individual clinic staff have to make a judgement with the individual client or patient ... Again I know some clinics have policies about trying to make sure that doesn't happen. But that can become a sort of a police issue – so on those situations –the Gardaí might be well able to help...making a sort of drug-free zone around the clinic. But it – obviously if somebody was trying to do their best to stabilise their life was offered drugs – that is a problem. Public health specialist



He also believed, based on his own experience, that pragmatic arrangements could be reached which could accommodate both the requirements of the Gardaí and the treatment agencies.

Well, in my experience – I used to be the manager of the service – but not anymore – but certainly when we were setting up the service, we spoke to ... the local Garda station and said 'We are going to develop a needle exchange.' A huge percentage of the people we had been trying to work with could well have warrants now for them. But obviously the system won't work if they are arrested – and the guards were quite pragmatic – they said 'We understand'. You know, you can't say you can't arrest somebody. But certainly in my experience – this is going back to the '90s – we said to the guards – you know – this system won't work if there is a squad car or if there is a feeling that there is guards watching. And they [the Gardaí] didn't ... they stayed away. Public health specialist

The development of such a dialogue requires, according to the GNDU member below, a consensus between different services as to what is acceptable and then an agreement between each relevant agency on the practical steps required to address the problem.

So, to me it's actually not about clients and it's not about divulging on clients, it's just about saying, ok, it is in our interests to ensure that our service operates this way. Therefore, if the following things happen, or if the service is undermined by the following actions, that could be actions inside the premises, actions outside the premises, then we need to do something about it. What elements of those actions are within our control? What elements of those actions do we need to get in another agency who have responsibility? And then how do we do that? How do we reach consensus? And then how do we execute it? And then say yeah, that has actually had the desired effect. GNDU 2

He further suggests that the experience of working through the structures and processes of the NDS has facilitated the development of a common approach between different agencies.

And often you find in my experience of 10 years in national drugs strategy, sitting down talking to people from whole diverse backgrounds, perspectives, services, qualifications and all that, there's not too much we differ on. Like the fundamentals all of us are desirous of providing a good quality service to a vulnerable group of people. You know, and I think it can be as simple in my view, as honest dialogue. GNDU 2

Such an approach should, this respondent believes, be based on case management of particularly problematic individuals where all agencies engage together in the case-management approach.

I mean, one of the interesting things at the moment is in the whole area of case management ... of individuals. So if I'm dealing exclusively with the crime element of it, I'm a firm believer that the high proportion of our crime is probably at any given time the responsibility of a small number of people. The best examples of that are ... the positive correlation between treatment and crime, and even there was stuff done in the drugs court by the Garda Superintendent and the reduction in recidivism is monumental. But I think that element, if you were to crack that nut, it is really the cross-agency working, and that is more case management. Looking at the individuals whose drug habit actively contributes to the upheaval or the kind of community concern about what's going on, because of all of the adverse effects associated with it. And that element of case management I think that's probably where you start getting the smarter approach to it, but again that's based on intelligence, not just intelligence from the police, it's intelligence from the service providers and the sharing of intelligence. GNDU 2

## 4.6 Conclusion

### ***4.6.1 Evolution and organisation of illicit drug markets***

A useful description of the organisational structure of drug distribution is that of a 'virtual company', with a core group surrounded by a larger group. Also, many people provide logistical support and the same people might be working for a number of groupings. This is partly due to the various logistical requirements involved – driving a truck for import, technical requirements to cut and mix certain drugs, money laundering, debt collection, internal transport etc. That such logistical support may be provided by the same people to different networks also suggests a degree of cooperation rather than a continuous conflict between 'rival gangs' as is often the media portrayal. There are a number of what one respondent describes as 'disorganised crime groups', with no one 'Mr Big' and no real loyalty.

The heroin market has evolved from an earlier concentration around a number of families in inner city Dublin to a greater diversity of suppliers. However, senior GNDU members interviewed differ in their views as to the extent to which dealers specialised in specific substances. Professional criminals, or criminal diversifiers, are believed to be involved in the lucrative trade in cocaine and herbal cannabis. The sale of cannabis resin remains quite distinctive, with numerous dealers supplying the high demand levels. There is also a sense among many cannabis dealers that they operate along a moral hierarchy whereby they wouldn't regard themselves as serious drug dealers as they would not cross the line to selling more serious drugs such as crack cocaine or heroin. Street-level heroin distribution usually involves dependent users themselves, who are also easier to detect. This trade is more open and involves what are referred to as 'dealing zones' or semi-open markets, where the use of the mobile phone facilitates ease of transaction with everyone only a 'phone call away from their supplier or courier'.

### ***4.6.2 Impact of illicit drug markets***

The increased level of violence that has become associated with illicit drug markets in recent years has arisen, according to the GNDU, largely as a consequence of the greater availability and use of credit. During the so-called 'celtic tiger' years of economic growth systemic crimes to recoup debts became more pronounced and the threats of violence became more believable. With the wider availability of firearms, threats associated with certain dealing networks are now more real and believable and, as a consequence, community level fear has spread more easily. With regard to acquisitive crimes committed by dependent drug users to feed their habit, the period of economic growth also brought about a higher demand for drugs and this created a form of employment for dependent



drug users. Also, the street sale of benzodiazepines in recent years has provided a steady source of income for perhaps a few thousand people it is believed. Such people would otherwise have resorted to acquisitive crime to feed their habit. A rise in such crimes, it is expected, will follow on from the demise of the 'celtic tiger'.

#### ***4.6.3 Drug law enforcement – strategy and activity***

The establishment of the Garda National Drugs Unit in 1995 reflected a perception at the time and since of the need to establish a law enforcement response to the drug trade that could compete with the sophisticated and organised nature of that trade. The core function of the GNDU revolves around dismantling drug distribution networks at international, national and local level. In recent years general operations have become more complex, and have involved a greater international dimension.

Despite the 'virtual network' organisation of the drug market described above, the primary focus for the GNDU remains on capturing 'Mr Big'. Operations targeted at the lower end of the illicit drug market, at street level or in nightclubs, involve undercover 'test-purchase' operations where a member of the Garda Síochána poses as a drug user in order to build a prosecution against a drug seller. The necessity for operations of this kind is to help penetrate closed markets where drug-dealers would be unlikely to supply drugs to strangers. In 2009 there were 260 people prosecuted using the test-purchase methodology. At street level, test purchase operations are used to police closed markets, including in recreational settings such as clubs, although it is usually the street level drug scene that is the target of such operations.

However, capturing the major players is undoubtedly challenging, or even intercepting a deal in mid-process. Timing must be perfect and intelligence reliable. It involves constant monitoring and meeting, at local and national level and also at international level. It is also an unpredictable business. Seizures can be long-term projects of many months involving a lot of resources with the ultimate requirement to pull a lot of information together either to apprehend significant targets in possession of the drugs or with corroborative evidence sufficient for a prosecution. In the absence of a crime scene, good intelligence is vital.

#### ***4.6.4 Assessing the impact of drug law enforcement***

The challenges of trying to prevent drug importation are acknowledged. The policing of Dublin port, for example, with the scale of the cargo that comes through it every day is described as virtually impossible, unless the gardaí are supplied with useful intelligence. The GNDU believes that it would generally know who is in the top tier of drug importation and supply but that such people are more difficult to detect as they would not handle drugs directly themselves. Consequently the gardai will always be detecting the layer

below the highest level.

It is further acknowledged by senior GNDU members that most of those who come to the attention of the garda síochana for drug offences and drug-related crimes are of the lowest social class. This includes dependent drug users who have more chaotic lifestyles, including involvement in crime to feed their drug habit. Those who use drugs recreationally would be far less likely to come to police attention, their car would be less likely to be stopped and they mix in different social circles. The GNDU believes that the Irish drug market is relatively stable and predictable, with only so much cocaine or heroin imported necessary to satisfy existing demand. This customer base is supplied on a continual basis. This would suggest that a number of significant seizures could disrupt demand temporarily. However, the so-called 'water bed' effect, where drug-dealers who are arrested will quickly be replaced by another supplier, is acknowledged as a permanent challenge given the constant demand for illicit drugs. One GNDU respondent believes that supply would only be disrupted for between two weeks to two months.

Other outcomes include market containment and disruption. Drug law enforcement can force markets to behave differently. For example, an indirect effect of test purchase operations is that they force markets to behave less openly. Undercover work has an impact in terms of transforming open drug markets into closed markets as people are no longer willing to deal drugs to strangers. Removing visible drug-dealers is also regarded as important from a community perspective. Perhaps this is true in certain recreational settings, but it is clear that there are active open markets and dealing zones operating relatively freely. The GNDU also believe that the effect of their activity is to keep people looking over their shoulder. Successful Garda operations against local dealers, one respondent believes, can also have an educational or preventative effect in that they can undermine the status of local drug-dealers in the eyes of young people who may look up to them.

It is difficult to substantiate any of these claims by GNDU members, as there is only limited information about or evaluation of supply activity. It was also regarded as very difficult to quantify the effectiveness of drug law enforcement. As one interviewee stated, 'we have our figures'. On the one hand however, it is relatively easy to increase possession seizures, through a simple increase in stop and search activity. On the other hand, seizure data was also problematic because a single seizure did not necessarily reflect the quality of the criminal arrested or indeed the extensive police activity that can lead to a successful seizure.

The reliance on intelligence is perhaps a defining feature of drug law enforcement, as



drug consumption is obviously a consensual activity. This over reliance on intelligence from those within the illicit drug trade can then create other problems, particularly given the high levels of paranoia and violence that can exist within the drug trade. Ethical issues also arise, garda members can become implicated and their sources can be violently assaulted or murdered. Also, police can be manipulated by people in the drug trade who are trying to better their own position in the market. The Covert Human Intelligence System (CHIS) was established to provide protection to informants, to gardaí and also to ensure intelligence is used to maximum effect. Essentially it operates to provide a balance between the ethical risks involved and the operational benefits of the intelligence.

#### ***4.6.5 Options for the future***

The fact that cannabis is the most prevalent illicit drug used in Irish society is the primary reason that it comes to Garda attention most often during routine police patrolling and 'stop and search' operations. One area where cannabis possession offences can be time consuming for the Garda member involved is where they are required to attend court. Senior GNDU figures did not necessarily agree with the decriminalisation of possession, and they denied it involved excessive court time in general. Also, as most possession offences arise from stop and search activity, they did not believe that resources could simply be transferred from possession to supply activity. The idea of simply transferring resources from possession to supply offences does not reflect the nature of everyday police work. As one member described put it, if it was that simple, the drug market 'would have been cracked long ago'. The prosecution of possession offences also has a role in the general investigation of drug offences in terms of building intelligence. Stop and search is also part of a process of general intelligence gathering, and a way of learning for junior officers, with those involved at higher levels of drug law enforcement having 'cut their teeth' on the lower end of the drug trade.

GNDU members believed however that there is potential to develop ways of streamlining the commitment of resources throughout the criminal justice system, from initial seizure to prosecution. There is a need to reduce the time taken for offences to come to trial. For example, 'presumptive drug testing' of cannabis and cocaine means that the Forensic Science Laboratory is not being overburdened with possession offences and can dedicate more time to supply offences. The introduction of an adult cautioning system for possession offences for less serious offences would also help save resources and would be fairer to people, it was suggested. The rapidly changing nature of drug markets and drug-related crime means that legal changes need to be able to keep pace and adapt quickly. In sentencing for example, consideration should be given not only to the value of the drug seized but also to the role of the offender in the drug market.

The structured engagement with communities created through the task forces established as part of the National Drug Strategy was regarded as the first policy-driven engagement that acknowledged the key role of the community in responding to the drugs crisis. The importance of removing open dealing from communities was highlighted. As a consequence of open drug dealing, communities want visible policing and meaningful engagement. However, current community policing structures were regarded as inadequate. Also, the need for an inter-agency approach was highlighted. For example, to help address the weak links between policing and drug treatment services so as to enhance the diversion of drug-related offenders from criminal justice to treatment responses. Drug-selling in the vicinity of treatment centres was regarded as a problem that needed to be addressed in co-operation between the Gardaí and the treatment centres as it has the potential to undermine the service being provided in such centres. Although sensitive issues can arise in relation to the exchange of information between the Gardaí and treatment service providers, it was suggested that such issues can usually be resolved through co-operation and dialogue.



## **5 Central**

### **5.1 Introduction**

This section provides a profile of study site Central. This includes a brief description of the area in order to contextualise the local drug market. The site is profiled briefly using social, economic and demographic data. Data from the street survey are used to highlight local perspectives on living in the study site.

The characteristics of the drug users and sellers interviewed in the site are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity and relationships with local Gardai are also explored.

This section also includes interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area on the local drug market. Criminal justice data on drug searches, drug arrests and seizures are presented as are data on local drug prices. In addition, drug purity data and information about typical drug adulterants provided by the FSL are analysed. Finally, the views of individual Gardai on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the prioritisation of resources in relation to drug-related crime are investigated. The section concludes with a discussion of the key findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

### **5.2 Profile of Central**

Central is an urban inner-city site encompassing 19 Electoral Divisions, with a population of some 60,000. Central has had a long history of drug-selling and drug use. Substances such as heroin have been widely available since the late 1970s and have had a significant negative impact on the area. Central is an area that has experienced a number of dramatic changes since then. Between 1960 and 1980 the area experienced a rapid growth in population as a consequence of natural growth and a high rate of net in-migration. The planning response, as with many cities throughout the country, was to promote a suburban solution.

This policy contributed to a de-population of the area but it was not accompanied by a

focus on rehabilitation, renewal or infill of the vacated areas. The population of central roughly halved between 1960 and 1990. The area was also affected by a decline or restructuring in traditional industrial employment and the relocation of industry to the new estates on the periphery. These changes led to high unemployment and contributed to the closure of schools and other community services and to the physical deterioration of vacated industrial sites and older dwellings in the area. In 1990 central was an area with one of the largest concentrations of disadvantage and acute poverty in the country.

The rapid period of economic growth in Ireland between 1995 and 2007, the so-called 'Celtic tiger' period, had a number of consequences for Central. In the mid-to-late 1980's a policy of urban renewal characterised by a range of legislative and taxation measures, had led to increased private investment in the development of local office and residential units. This brought about a transformation of the residential environment in Central with the construction of new, often gated, villages and a decline in the proportion of dwellings owned by the local authority. By 2006, only 7 out of the 19 divisions reported a local authority housing density greater than 25%, which was relatively low in comparison with the other deprivation scores. As an urban site with a large migrant population, these EDs include a large proportion of private residential property. The local population has become more socially and ethnically mixed in recent years.

Central has experienced an increase in the local population for the first time in decades and by 2006 the area had experienced a significant increase in affluence. The residential population is concentrated among the core working age cohorts. Furthermore, the proportion of adults with third level education in Central multiplied dramatically from 10% in 1991 to more than 40% by 2006. Clearly, Central had experienced a rapid process of gentrification.

For the indigenous community, issues of unemployment, poor public amenities, lack of education and training and youth development remained largely unaddressed. At the time this research was carried out, central was classified as disadvantaged, with 17 divisions scoring a maximum 10 on the deprivation index. Many communities in Central have high rates of unemployment and material/social disadvantage. Furthermore, since 2006, every second household with dependent children is headed by a single parent. Single parent family type is now the dominant family type in the area. Central has one of the highest rates of recorded drug possession offences (Simple possession and supply) in the state.

Table 5.1 shows the deprivation and Standard Prisoner Ratio scores by the number of EDs in each case. SPR scores were generally high, with seven EDs having an SPR of 2–5 and three an SPR of more than 5. Almost half had unemployment rates of 10%–15%. Two-thirds reported low socio-economic status rates of 25%–50%.



**Table 5.1 Deprivation indicators and standard prisoner ratios (SPRs), Central**

Unemployment %	Divisions	Low socio- economic status %	Divisions	Local authority housing %	Divisions	SPR	Divisions
	n		n		n		n
6–9	10	Less than 25	6	Less than 25	12	Less than 1.5	5
10–15	9	25–39	12	25–49	6	1.5–2	4
		40–50	1	50 or more	1	2–5	7
						5 or more	3

ED = electoral division; SPR = standardised prisoner ratios

Source: Various (Irish Census, Irish Prison Service, Small Area Health Unit, Trinity College Dublin, please see section 2.2)

### 5.2.1 Neighbourhood satisfaction: perspectives of survey respondents

Of the 205 people surveyed, more than two-thirds (69%) of residents regarded their area as a fairly good or very good place to live. Almost three-quarters (72%) cited the geographical location as a benefit of living in the area and one-third (33%) cited good social infrastructure (child care, shops, restaurants etc.).

### 5.2.2 Social problems: perspectives of survey respondents

More than 90% of survey respondents considered drugs to be a big or very big problem in the area. Perceptions of social problems other than illegal drugs were also assessed. More than half of those surveyed considered problems such as underage drinking, public drunkenness, litter and vandalism, to be big or very big problems in the area (Table 5.2).

**Table 5.2 Respondents' perceptions of social problems other than illegal drugs, Central, (n=205)**

	Respondents questioned	Positive responses	
	n	N	%
Underage drinking	204	156	76.5
Public drunkenness	205	144	70.2
Litter	205	108	52.7
Vandalism and graffiti	203	104	51.2
Teenagers loitering	203	92	45.3
Property/vehicle damage	204	89	43.6
Derelict buildings	205	80	39.0
On street intimidation	205	66	32.2
Racial harassment and attacks	200	52	26.0
Abandoned/burnt-out cars	204	39	19.1

### **5.2.3 Drug services infrastructure**

Central offered a wide range of services for drug users, including methadone substitution<sup>119</sup>, counselling services and training courses for stabilised drug users; needle-exchange services were also located in the vicinity.

### **5.2.4 Profile of drug-using/selling participants in Central**

Central's sample comprised 10 males and 5 females, 11 of whom were aged between 25 and 40 years. A majority were homeless and living in hostels or emergency accommodation, had left school before completing their Leaving Certificate and had at least one child. All participants cited social welfare as a source of income. Heroin and cocaine were the main problematic substances used, and only three participants had been drug free for more than six months at the time of interview (Table 5.3).

**Table 5.3 Profile of drug-using/selling participants, Central (n=15)**

<b>Profile attributes</b>	
<b>Gender</b>	Male (10)
	Female (5)
<b>Age</b>	22–25 years (4)
	26–34 years (6)
	35 years or over (5)
<b>Ethnicity</b>	Irish (14)
	South African (1)
<b>Dependants</b>	One or more children (9)
	No dependants (6)
<b>Accommodation</b>	Local authority (3)
	Renting/private property owner (1)
	Homeless – hostel/emergency accommodation (11)
<b>Education</b>	Left school before age of 15 (6)
	Junior Certificate (5)
	Leaving Certificate (2)
	Third-level qualification (2)
<b>Income</b>	Social welfare (8)
	Drug-selling and social welfare (7)
<b>Problematic drug use*</b>	Heroin (8)
	Cocaine (6)
	Crack (1)
<b>Current drug use pattern</b>	Using in last 6 months (10)
	Drug free 6 months plus (3)

<sup>119</sup> Methadone is provided as a treatment for opiate dependence. For further information, see Farrell M and Barry J (2010) *The introduction of the Opioid Treatment Protocol*. Dublin: Health Service Executive.



	Drug free less than 6 months (3)
<b>Age of first drug use</b>	Under 12 years (3)
	12–15 years (6)
	16–21 years (4)
	Over 21 years (2)
<b>Treatment history</b>	Methadone (current) (7)
	Not receiving treatment (8)

\*In many cases, participants used multiple substances. Substances listed under this heading are what participants regarded as their most destructive addiction.

A majority (13) of the sample reported ever selling drugs, of whom seven reported that they were currently selling. A majority (8) sold heroin and the remainder sold crack, cocaine, ecstasy or tablets (benzodiazepine). Fourteen reported that they had a criminal conviction but only four reported a drug-specific charge (Table 5.4).

**Table 5.4 Drug-selling profile of participants, Central (n=15)**

<b>Drug-selling history</b>	Currently selling drugs (7)
	Sold drugs in the past (6)
	Never sold drugs (2)
<b>Drug type sold</b>	Heroin (8)
	Cocaine (1)
	Crack and heroin (1)
	Ecstasy (2)
	Tablets (1)
<b>Criminal convictions</b>	Drug-related supply (4)
	Other drug convictions (1)
	Other convictions (9)
	No criminal history (1)

### 5.3 The evolution and organisation of illicit drug markets

This section presents findings describing the evolution and organisation of the illicit drug market in Central.

#### 5.3.1 Market evolution - Central

Drug unit members indicated both the widespread and intergenerational nature of drug availability and use in Central and they also linked the high local crime rate to drug use. The drug user respondent below highlights the increase involvement of teenagers selling drugs in the area.

It's a poor working class area. The area would have a massive unemployment rate here ... there's a lot of new developments as well, where there would be private people, people with private residences but like it's in the unemployed area, working class areas, you know, that's where the problems are, they're not really, the people

who are private and have their own houses and look after themselves. The only time we have dealings with them is when they're victims of crimes. Drug Unit C1

The crime level is very high in this part of the city ... a lot of it stems back to drug use and to the areas that people have grown up in and to their customs that they are – you know – that they have been brought up in that. Drug Unit C5

There's a lot of shit going on here and it's just on every corner, on every street. It's everywhere you go like. Do you know what I mean, it's just purely everywhere. Kids coming up to you at 13 and 14 selling tablets and heroin and you're just – you're 20 odd years of age and these things are only growing up. Interview (henceforth IV) IV C29

One-quarter of residents surveyed cited unemployment as a reason for drug use in their area. Over one-fifth accepted the level of drug use as a reflection of modern society and 13% cited the availability of drugs as a reason for drug use (Table 5.5).

**Table 5.5 Perceived reasons for drug use, Central (n=136)**

	n	%*
High unemployment	34	25.0
It's just the way society is	28	20.6
Boredom	26	19.1
No facilities for young people	24	17.6
Poor parental supervision	22	16.2
Poverty	21	15.4
Availability of drugs	18	13.2
Don't know	12	8.8
Poor education	11	8.1

\*Percentages exceed 100% as multiple answers permitted

Every seller interviewed had a current or former drug habit. People entered the drug market for various reasons; some did so to sustain a drug habit, others regarded selling as a good way to make money.

A prison-based respondent began using drugs recreationally and then began to sell drugs within his social network.

I am from [location] and I got into the drugs through friends, everybody else was doing it, so I started doing drugs and then eventually people are asking you if you can get drugs for parties. And I was getting them drugs and then months, weeks down the line people want more drugs. So, you end up buying a load for yourself – just to supply them and it just keeps getting bigger and bigger – the more people that want it, you buy more drugs.  
Prison Interview C4

Selling drugs was, for some, inextricably bound up with their drug habit. To the extent that the following user describes it as an 'occupational hazard'. Other users collaborated within their peer network to buy and sell drugs in order to sustain their habit.

I get a half-eighth, I bag up 14 Qs [street-level deals] out of it, I keep five or six for



myself and if it was up in the hostel I mean, you'd sell it to say someone else to kind of keep your habit going. So, they do stuff like that but it's, you know it's a kind of ... it's an occupational hazard you know what I mean. IV C30

That's one of the things I didn't like doing but I have to be honest, I never made a penny. I fed my habit and there was a group of about eight of us and we'd all be like feeding our habits and we'd get say an ounce of gear and we'd break it up. It wouldn't be getting danced on [excessively diluted]; it wouldn't be getting mixed with anything else. We were given like proper score bags for a tenner so we weren't actually making any money, we were feeding our habits. IV C9

For others, drug selling was regarded as an easier, safer and more lucrative option than engaging in theft.

Yeah. I seen the money was good and didn't have to worry about going and robbing something, you know, having to try and get a buyer to buy whatever I had robbed in the shops. And there was a lot of addicts out there that would be looking for drugs. So, that's why I went in. IV C10

One seller was introduced to his supplier in prison and eventually got caught up in a cycle of selling and using, having originally perceived drug selling as a temporary means of earning quick money.

There was a chap I met in prison and when I got out he came up to me at home and we had a few joints and this, that and the other and cocaine was brought into the conversation and he said would you be interested in knocking out a bit here and there. I was thinking along the lines of well, I'll make so much money and then I'll stop but unfortunately it doesn't happen that way to 90% of the people, you know. IV C18

One seller started selling cocaine when he was 16 years old, using his inheritance from his father who had been a pickpocket, to fund his first consignments. He started with €2,000 and earned up to €90,000 over a period.

I just decided I wanted to make money you know what I mean ... I was 15, 16. That's when he left it [inheritance money] to me ... Like my dad used to be a dipper, do you know what I mean. Pickpocket. Left me a lot of money you know, and he died in [deleted]. Left me nearly two grand like to myself ... I worked it up to about 80, 90 grand. Then I blew the lot. IV C31

The relatively open street-level heroin markets around drug treatment centres in Central provided easy opportunities for people to buy and sell drugs.

Yeah, very easy. It's surprising how easy it is like people's perception of people who sell drugs like that they are a bit shady and they know people who know people. It's not that at all. Anybody can walk down [location], buy a half-eighth and start selling it. You don't have to know people or you don't have to ask 'Can you get me this, can you get me that?' you know. Like you can literally walk through town and buy anything you want, guns, anything. IV C26

No, no. It's pretty easy because when you're known, you go to places like [treatment centre] and your face is known so you're going to make friends, acquaintances you can call them. You can make friends too but few and far between. IV C32

### **5.3.1.1 Drug availability**

Local drug unit members regarded heroin as the most problematic drug from a health perspective. It was widely available in the area. Cocaine and cannabis resin were also

widely available with cannabis herb becoming increasingly popular.

Well, the main drug is obviously heroin, that's kind of the I suppose you'd say the most serious health effects and you can see it around if you just walk around the corner there. Obviously cocaine, cannabis resin, cannabis herb as well is becoming quite popular. Drug Unit C4

PULSE data from October 2008 to March 2009 in relation to drug offences highlight the availability of a variety of substances in Central. Cannabis resin was seized from 51% of suspects charged with a drug offence, while cannabis herb was seized from 8% of suspects. Heroin accounted for 25% of seizures. Prescription tablets accounted for 9% and cocaine powder 12%. Crack cocaine accounted for only 2% of seizures (Table 5.6).

**Table 5.6 Seizures by drug type, Central (n=420)**

<b>Drug</b>	<b>n</b>	<b>%*</b>
Cannabis resin	213	50.7
Heroin	105	25.0
Cocaine	54	12.9
Tablets	39	9.3
Cannabis herb	35	8.3
Ecstasy	12	2.9
Crack	8	1.9
Other	8	1.9
Cannabis herb (home-grown)	2	0.5

\*Percentages exceed 100 as more than one drug seized

Source: PULSE, October 2008–March 2009

Seizures that are determined as related to supply offences provide an indication of what substances are being sold locally. Heroin accounted for 41% of such seizures, cannabis resin for 30% and herb for 4%, and prescription tablets for 15% (Table 5.7).

**Table 5.7 Supply offences by drug type, PULSE, Central (n=142)**

<b>Drug</b>	<b>n</b>	<b>%*</b>
Heroin	59	41.5
Cannabis resin	43	30.3
Cocaine	29	20.4
Tablets	22	15.5
Crack	5	3.5
Cannabis herb	5	3.5
Ecstasy	5	3.5
Other	8	5.6
Cannabis herb (home-grown)	1	0.7

\*Percentages exceed 100 as more than one drug involved



PULSE data suggests a degree of overlap between markets for different substances. However, drug unit members differed in their opinions as to whether dealers specialised in particular substances with one respondent below suggesting that higher level dealers supply all drugs while specialisation might take place at retail level;

The majority of the time I've come across is one substance; it wouldn't generally be in a number of different substances. Drug Unit C2

Yeah, you'd find that like people are dabbling in absolutely everything, it's very seldom you'd see someone who just sticks to hash, coke, you have smaller dealers sometimes it might be just hash, but they're only small, like they'd be buying maybe a nine bar and selling it and making €200 or €400 but the big man is making everything. Drug Unit C3

PULSE data for supply offences indicate that in 52 cases where suspected offenders were arrested, more than one illegal substance was seized. The particular substances were recorded in 43 of these cases but there was no discernible pattern in the combinations of drugs.

#### *Emerging trends in drug use*

Though not reflected in seizure figures, the demand and supply of crack cocaine was reported by sellers and drug unit members to be increasing steadily.

Crack cocaine is making a massive impact here at the moment and it's seriously damages people's health. Drug Unit C2

I always made decent money selling it [crack] and it flies out. IV 30

Seizure figures highlight the prevalence of prescription tablets for sale in the area. Drug unit members also identified a growing trend in this respect.

There's a lot of pills, diazepam and that sort of thing being dealt as well around the place you know. That seems to be kind of taking off quite big now at the moment as well you know prescription drugs. Drug Unit C4

It's a massive market like, you know, you get rid of a tray of tablets down there in two minutes, you know, it's a massive amount of money they're making. Drug Unit C1

### **5.3.2 Market structure: buyers and sellers**

#### **5.3.2.1 Buyers**

The markets in Central attracted buyers from a wide variety of areas. Access was facilitated by a wide range of available public transport. Drug unit members reported the frequent arrest of non-locals for buying illegal drugs. PULSE data indicate that 44% of suspected offenders had non-local home addresses.

A lot of people are, as I said from working-class areas that travel into the city centre like because they know they're going to get whatever they're looking for in here, you know, so they travel from the suburbs, the area is so accessible by public transport.

They go in, get whatever they want and they're gone, you know, in and out in half an hour usually so it's from all over. Drug Unit C1

### 5.3.2.2 Sellers

Drug unit members and drug user/dealers regarded the distribution of heroin, cocaine and cannabis as highly structured and generally involving three to four levels of distribution. Garda members referred to 'kingpins' or 'big fellas' who orchestrated the importation of a substance and distributed it in several areas, not just in Central. It was also suggested that drugs are not held in storage for very long before being divided and distributed widely.

You're dealing from, say a couple of kilos with this man to maybe a 12-year-old dealing in the street; it just goes down that far.... Drug Unit C3

I suppose if you want to call him the kingpin that at one particular level will probably not be hands-on but will have kind of lieutenants if you like that will orchestrate the importation of the stuff with conjunction with them then it's probably, if it's a vast quantity of 10 kilos plus. Obviously that would probably be only housed for a day or two in one particular spot before it's dished out, probably 10 kilos in different areas that will be probably dished out again, maybe to half kilos, quarter kilos, eventually into ounces and eventually into street deals. Drug Unit C4

The guys that have the ounces give out half-eighths or eighths and they give it out to street dealers, they bag it up and they sell it and that's how it goes on, you know. IV C30

It was estimated that there were at least six import-level dealers involved in supplying Central. These individuals might be referred to in the media but would generally not be involved in 'hands-on' drug distribution.

Maybe six big, big fellas that would be in the papers. We don't come across them, we just know the people that are working for them. Drug Unit C6

A prison-based respondent referred to the increased involvement of non-Irish nationals in the importation and sale of high purity cocaine. As has been discussed above, research has shown this to be a contributory factor in relation to the emergence of crack cocaine in Dublin. This cocaine is then bought by Irish dealers, bulked up with a mixing agent and sold further for approximately three times its original cost price.

The way it is now the fellas they are buying it off are buying stuff off foreigners – they are mixing it ten to one and they are just getting it out for 15 grand each, 12 grand a key (kg). So, there is more and more of it out there and there is more and more people dealing it. ...The foreigners are coming in with pellets in their stomachs. So, it is more like pure coke. So, they are putting – they are mixing it with [substance name unclear] and Ovaltine – making 10 kilos out of one and they are paying about 40 grand per kilo off the foreigners and making 10 out of it and selling it for 15 grand each. Prison Interview C4

Below import level, the middle-market level was reported to involve individuals and groups or gangs with regular access to a kilo or more of illegal drugs. Gangs were described as groups of friends centred on one or two strong personalities. Loyalty to such individuals is fostered through having grown up in the same community.

A lot of the time you get, you'd get a loyalty connection where say this, the big fellow



comes from this area, like he'd have grown up there and there'd be five or six people and they'd be sort of probably in this kind of gang all his life. So he'd have them with him then too. IV C9

Sellers indicated that drug supply to certain communities, such as local authority flat complexes and housing estates, was dominated by an individual or group of individuals with origins in the area. Although these individuals might no longer be resident in the flat complex, they would employ local residents, particularly young people, to manage the drug trade at this level.

Flat complexes like X flats and they're all wrapped up by people originally from the flats. They aren't living there anymore but they still control who's selling, who sells there. They might have like 10 or 15 young fellas that just do a bit of running and collect the money and dropping bits and bobs off and but like, in town like even like my nephew there's people like anybody can do it. IV C26

So, there's not really a big person in X estate. It's just that, it's just the people on the outskirts of it who are actually running the flats itself, you know. IV C18

Drug supply in one seller's community was dominated by a gang or 'crew' – groups of young men and family members who had grown up together and had developed into serious drug-dealers, with a coterie of people storing, transporting and running drugs for them. The familiarity and close proximity of these 'crews' to each other is linked to conflict or 'feuding'.

There's so many doing it, nobody is Mr Big. There's just that many doing it and they're all doing it for different people so there's a few different, what you would call ... probably class as gangs but they're crews like, groups and lads that hang around together. And a few of them that's where the feuding and all is going on and things. But around this area they're basically all just groups of lads that are hanging around and mates together for years but they're actually very serious crews. Like there's a lot that deal in a lot of weight and then they have a lot of other people dealing for them. IV C9

Gardaí were often surprised to discover that certain individuals were involved in such high-level distribution.

But I could probably name 10, 15, 20 people that you would consider with access to kilos of heroin in that would have an address in the area. You'd get very surprised when you do searches, we done a search there a while back and we found like a half kilo of heroin and we weren't expecting to find. Like you can be very surprised with who you'd find with a larger quantity, there's always someone that's going to pop up that you hadn't expected to be holding such a large amount of stuff. Drug Unit C3

Drugs were often distributed to a lower middle-market level before reaching street-level sellers. The main suppliers would reside outside the city, in a different Garda division, and would seldom be apprehended by the Gardaí in central. These sellers would buy ounces at a time and distribute them to street sellers who paid cash up front or returned profits to the seller and were paid either in drugs or a proportion of the profits.

The fella at the top, they would live in the suburbs. Would usually meet them or will get someone else to meet them on main road and when they get a kilo they will cut it into ounces and half ounces and people will turn up and take it [ounces] and they

have a group of people who will bag it up into eighths and half-eighths [street deals]. They would give it to someone else, usually people with a very bad habit. You would never catch the main men in the [location], they might socialise but they would be another division's responsibility. Drug Unit C6

Two sellers interviewed had adult users selling drugs for them, whom they paid in drugs or cash.

Yeah, I have two fellas that are working with me. What happens was I used to give them batches, know what I mean. I'd give them a batch of eight, bring me back six and keep two for yourself. That's the way it worked. IV C28

I used to get someone else to deal with the drugs for me and I would just sit back, watch them doing it...they'd make their own money out of it. I'd give them the – what I'd get them for I'd put on a 10% charge on top of that and then give it to them and they'd be still happy to get what they're getting. IV C33

### *Distribution of crack cocaine*

Crack distribution patterns differed from those of heroin and cocaine. Crack cocaine sellers needed high-quality cocaine to make crack. Sourcing purer, high-quality cocaine was essential. According to drug unit members, crack distribution became more organised in the hands of non-Irish national importers who imported small amounts of high-purity cocaine and sold it either in powder form to crack users who prepared crack themselves or in prepared form, as rocks. However, drug unit members noted that increasing numbers of Irish sellers were providing prepared crack.

It was a very, like foreign, foreign nationals.... They very much had control of it, I think it was basically because of, say 12 months ago the Irish couldn't make it properly, but they are getting that now and there's an awful lot more Irish nationals who have crack habits now at the minute, whereas say two years ago, well, they would have had crack habits, but it's a lot more, it can be got a lot more on the streets now, it's still as far as you can see, 75% of it, 80% of it, more would be controlled by the foreign nationals, the [specific African nationality], the Africans and that. Personally I wouldn't have heard of too many of the big names we would be associated with cocaine and heroin and that, being involved in the crack market, I think probably like they are selling on their cocaine and someone else is ... what he does with that now, washing up into crack. Drug Unit C3

One crack cocaine seller interviewed purchased high-quality cocaine from non-Irish nationals and prepared crack using ammonia. Crack dealing was seen as particularly lucrative with the following respondent earning approximately five-hundred per cent profit on his original investment.

Crack is the money maker. That's where I was making most money...I was getting bullets, pure cocaine for 600 Euro. Right, you pay a bullet right. It's three-quarters of an ounce and this is pure like and I used to rock it up myself with the ammonia in the ladle, do you know ladle for making up soup?...I just pour it in, drop ammonia over the gas cooker over there, cook it up then let it go into the rock and I put 0.2g onto the thing and I'd usually get out of bullet you're talking bleeding three-quarters of an ounce, 27 ... about 18 grams, you know what I mean so you're making back for the 600, 0.2g. Think about it, 1 gram is 150, 250, you're pulling back nearly three, four grand for 600 quid, do you know what I mean. Which is decent money. I always



made decent money and it flies out. Especially when you get the pure off the bullets. Like I had contacts and I was buying off [specific African nationality] and all that were coming over. IV C31

### **5.3.2.3 Transport, preparation and storage of drugs**

In some cases, a number of individuals were involved in the transport of drugs, even for relatively low-level sellers. These individuals were family members, friends, debtors or drug users seeking discounted or free drugs or cash.

It all depends, larger quantities like that, that's, it could be in the car, it could be, like there's absolutely a million ways that they'll move it or ship it from one place to another. Sometimes they'll get somebody that owes money, tell him for €100 off his bill, he'd have to carry this large quantity of heroin or cocaine or whatever it is, from one place to another....

A lot of the time you get, you'd get a loyalty connection where say this, the big fellow comes from this area, like he'd have grown up there and there'd be five or six people and they'd be sort of probably in this kind of gang all his life. So he'd have them with him then too. Then you're looking at, a lot of the time, which we find 50 or 60% of the time too. It's someone who's got into drugs through his own habit and has ended up with a big financial debt and even if the debt wasn't that big, he'd be paying the debt off by holding large amounts of heroin, cocaine, hash and he'd be – like, he'd be moving it on to other people and they can be debts from 10 grand to maybe even like €1,000 or you might have to do 20 jobs to get rid of that debt for €1,000. Where he'd be – like he'd do a job where he might move half kilo or a kilo of heroin and where that kilo could be like have a street value €150,000 and he might only get a hundred quid knocked off his bill for moving it. Drug Unit C3

A prison-based respondent described how his drug-supply operation involved about four individuals, including the person who supplied him. He then used a range of different people to drive him around or to transport drugs on his behalf.

I would say it would have been about – there was just me, this fella I had dropping and the fella I was getting it off, four of us max. And I used different fellas to do drops – I actually used a girl a couple of times, if I was – I used to go in and she used to drive around for me. Prison Interview C4

#### *Preparation*

Of the sellers interviewed, no heroin sellers indicated that they adulterated the drug with another substance. One cocaine seller cut his 1oz purchases of cocaine with various substances to increase his profits. As he begun to increase his own consumption of the cocaine he sold, he would dilute it more, ultimately receiving complaints from his buyers due to its poor quality.

I'd get an ounce of cocaine off him and we'd just jump on the bus and just head back home and most of the time we'd probably spend four or five hours just mixing it and taking the good stuff out for ourselves and putting the rest away and just using it ourselves...I only found out how to break it down and that and you buy these tablets at a health shop and you break them up and mix it with the cocaine and whatever, you know. It didn't really devalue the cocaine like because it was, as I said there was times when it was 70% pure so you could nearly as you say, stamp on it twice, you know and you'd still make your money and have the person's money and have something for yourself as well. It was, that's the way it was sort of worked.

When I started getting in to it myself I'd probably end up mixing up more. Like as they say, dancing on it more and giving them instead of 70% pure it would be probably only 30% pure. That's when I was getting into it myself then, you know. So, it's just they either wouldn't call again or if they called you know, well 'What's the story? Can you not do anything better than that, that was bleeding brutal', or whatever, you know. IV C18

#### *Storage of drugs*

Lower middle-market sellers employed users to hold and store their drugs, paying them with heroin.

Well, the best person for them [dealers] would be a person that wouldn't really be known to us, maybe for petty stuff but maybe has a debt or whatever or maybe is forced into holding you know so, that's the general thing there you know. Drug Unit C4

I'd have someone else, yeah. I wouldn't keep it near my house, never did. I'd always look after someone...I'd throw someone three or four Qs just to put it away because it's not much you know what I mean...There's a lot of people willing to hold it for you because they're strung out to bits, know what I mean. Don't get me wrong, like I have often gave gear to people and I get it back and I noticed that there was about three or four Qs missing as well. But I wouldn't open my mouth, do you know what I mean. Because I know what it's like dying sick, you know. And you're gonna have to expect that from junkies know what I mean. IV C31

Young people were also used to store drugs.

We have 14- or 15-year-olds here caught with half-kilos, minding it in bedrooms, and when we walk into the bedrooms and say look we're here to search, they'll tell you straight off where it is and they become a child all over again whereas if I met that child outside with his friend he would have been like the hard man. Drug Unit C6

### **5.3.2.4 Street-level distribution of drugs**

#### *Open markets*

Street level drug distribution in Central involved countless individuals and took a number of forms – open street dealing, dealing in pubs, flat complexes, personal deliveries and exchanges arranged using mobile phones. Central had several open markets where crack, heroin and prescription tablets were sold regularly. Cocaine was generally distributed more discreetly in pubs and clubs. Open markets were located in busy commercial areas and thoroughfares and tended to be drug specific: it was reported for instance, that prescription tablets were sold in one area, crack cocaine in another and heroin in another, though it appears that some sellers sold several substances. Drug-selling activity was visible and noticeable.

God, there must be 200 or 300 dealers in town you know. It wouldn't be so hard to find it. If you actually walk down [location] now by yourself like I mean dressed like whatever like, you'd be offered heroin. They'll ask you are you looking. They'll actually walk up to you and ask are you looking. And that's basically it you know. IV C30

Drugs, in particular heroin, were available early in the morning in the street markets. One seller started selling at 7.00 a.m. to catch people on their way to work. This suggests that there is a hidden population who use heroin and are



sufficiently stable to maintain employment.

I could sell more, yeah. Like say if I went down at 7 in the morning right because I get people before they're going to work and all that. Like say if I brought down two batches in the morning that would be 20, 10 each bag, so that would be 10 for him, 10 for me. IV C12

One seller had to sell in the street markets because the supply of heroin was controlled in his community; it was a closed shop unless he wanted to work for the established sellers.

In my community, it was one of the places that heroin was never tolerated for a long time, or cocaine. And there's a real like, the way I look at it is everybody knows who's doing and there's certain people that are allowed to do it and if there's other people that are starting to do it, the corporation would be on top of them and this that and the other. But there is certain people that you could say have a licence to sell you know because I have actually seen it. IV C18

Transient housing, a needle exchange, and methadone services attracted a large number of heroin users into the area every day, providing a reliable market for drug sellers in certain locations. One seller interviewed travelled from the suburbs into the area to be assured of demand, and could sell over €1,000 of heroin in 20 minutes.

There would be a huge crowd of people in the morning waiting, it would only take me 20 minutes to sell everything and then hop on the bus back home. IV C1

Just saying I am going down to get methadone and they'd say [the Gardaí] right move on and I'd move on, you know what I mean. But if I had something on me I would either wait in a coffee shop or something or while I was scoring tablets off someone else I would wait in a coffee shop and just say 'Listen I'm in the coffee shop because the police are hanging around.' IV C19

The street markets in the area were openly accessible to new sellers, who would deal for a period, selling attractive quantities, until they developed a regular number of buyers and then they would move to a safer and more reliable phone-based business.

Just the mobile phone. I would stand on street corners sometimes and I'd just do nice big deals and it's word of mouth then. People just give your number to people and people give the number to their people and you just have a lot of phone calls. IV C26

Street markets were attractive to users who had not been able to source heroin from their regular established seller and were anxious to buy.

I'd phone like there's a lot of dealers you can phone and there's, if you haven't got the time to wait around for them like you can just get it on the corner. Like it's actually on your doorstep in this day and age. IV C29

Heroin users who could not afford 'weight' (large amounts) could get access to cheap small amounts early in the morning if they needed it.

The price would be 200 for an 8th of gear and for a half an 8th it's 100. So then, yeah, that's the way I'd buy it but if I couldn't afford it that way you just have to go down to the [treatment centre] and everybody is selling it. Do you know [location] – you know [treatment centre]...you'd get a bag down there for 12 Euro or 13 Euro but that would be tiny. But people sell down there from 7 in the morning. IV C12

However, buying in an open market came with the risk of being tricked into purchasing an imitation drug.

Well I have often went down to [location] with Solpadeine and sold them when I was actually sick you know, and rip people off you know. I have actually done a lot more of that because I was so strung out because I wouldn't get into kind a selling heroin and drugs full time because I wouldn't trust myself. IV C29

### *Closed markets*

A large proportion of transactions remained within closed markets – arrangements were made using mobile phones or users purchased drugs in certain housing estates and flat complexes where they had established contacts with sellers or where drugs could be delivered to them.

It's a lot safer on the phone because people ring you up and you go and meet them. You're not hanging around the street waiting to sell, you know, so [there's] less chance of getting caught. IV C8

You can just go but I usually ring and tell them to hold me a nice one or whatever you know, I am on my way over. But a lot of people can walk in the flats and they're on the stairs like. IV C11

Another seller paid a driver a wage to drive him around the area making deliveries of drugs.

Well I had a driver one time, for about six months, but she was just getting paid a wage. She wasn't on drugs. I would sit in the back of the car with her. She would drive me around like just dropping things off ... Like she knew she was getting well paid for it. She knew like, I just knew. Like I had known her for a few years and I knew if we did get pulled she wouldn't say a word like you know and if it came down to it I'd just take the rap anyway. Like she'd never carry drugs or she'd never have drugs on her person, they'd always be on me like, you know. IV C26

One seller conducted business on a mobile phone and at street markets.

I did twice, yeah [sell drugs on the street]. Just to pass time until like my phone, I'd have it on for certain times. You know, they knew when to ring like that I'd be on say from 2 o'clock until half 7, 8. IV C10

Cocaine was less likely to be available from open street markets, and was distributed in a more social context in closed markets such as pubs, clubs and through groups of friends.

But heroin is more, is a more open main thing, you sell smaller bags and you actually get rid of it quicker. Coke is more or less for pubs and clubs, parties, weddings, 40ths, 50ths, 30ths, all stuff like that, 21sts, even 18ths. I haven't actually sold it on the streets around [location], it's always in pubs. You basically, you know 'cause people keep rubbing their noses every five minutes ... see I'd know most of the people where I'm going or at pubs. Like even around town I know hundreds of people, so I'd ask one person and then it'd all get around. IV C33

Generally, yeah with the party scene it's a kind of free for all – people obviously that are palling around [friends] over the years, they're not making any money, they're just giving them a product that they're paying whatever the going rate is for, you know what I mean, you know, they're generally getting it off someone they know, to pass it over or whatever price they pay for it, you know. Drug Unit C1

Cocaine dealers remained in local pubs where they would socialise for the evening while conducting transactions with buyers. This dealing sometimes involved a network of family



members who socialised in the same pub.

Yeah it'd be like the uncles would be giving their nieces and nephews the stuff to either hold or while they're, say, sitting somewhere having a drink and they'll have their nieces or nephews over the other side and if someone comes in they just go over and get them and it's nearly always related people that was – especially around where I'm from myself you know. That's what I have noticed about it. IV C18

One seller indicated that taxis were an important means of selling drugs in the area and that cocaine sellers were themselves driving taxis.

So no, they sell everywhere and they drive, an awful lot of them are taxi men. That's ... there's a lot of young taxi drivers that are dealing coke. It's hard to say anything much more without actually implicating anybody. IV C9

The use of taxi drivers to transport drugs was also referred to by a prison-based respondent. He also explained the various costs involved to him of using people in this way.

Well, if I was sending someone off to collect gear then for me or anything it could be probably up to €500 then to drop it off again – if it is a kilo. And if they are going off dropping bars off for me it could be 200 or 300 quid. If that [the drop-off point] is local, I am probably giving them a bit more. Prison Interview C4

The use of legitimate businesses such as taxis was also a mechanism to avoid detection by law enforcement, as taxis could be expected to have valid tax and insurance.

Just used a normal Joe Soap – car had tax and insurance. Older people like not old people but people older than me maybe in their 30s and 40s. That don't look at all suspicious – they are not using – not heroin addicts or anything like that they are going to get stopped and searched. Even taxi drivers, a lot of taxi drivers would do our work, it is easy to put something in a taxi going to town or something and throw them in a taxi and send them on their way. Prison Interview C4

### *Runners*

Some sellers employed runners to deliver drugs to buyers at street level. Drug users ran drugs to pay off debts owed to a seller in return for a very small proportion of the profits being made from the transactions.

You have runners as well, you know what I mean. Not just suppliers you have runners, they would be going for it ... like running back and forward that will carry it where people won't, like to carry it as well you can get paid. You don't have to sell it, you just carry it. IV C10

The important role of young people used as runners in drug distribution in the area was highlighted.

Yeah I'm buying off 14- and 15-year-olds just running it for fucking big drug-dealers. They're only kids at this stage, you know what I mean ... Just living in the local area and there's kids hanging around the streets getting off when they do things and they're doing it. Do you know what I mean, they're not saying no. They're making profits for themselves or they think they are anyway. IV C29

They're involved heavily in the distribution of at this stage in the inner city now and you're looking at anything from 9, 10 years of age carrying ounces of heroin from one

house to another, and I know this. I arrested someone with 8 ounces of heroin about two years, but nearer, about a year ago, a year and a half ago and they told me afterwards, he was a young lad after delivering down to the house on a bicycle and he was about 11 years of age. Drug Unit C3

Sellers who used young children as runners reasoned that a Garda was unlikely to stop and search a child unless he or she had specific knowledge of the child's involvement in drug distribution, and even if searched and found to be in possession of drugs, a child would not get a criminal conviction.

Like if you see a 10-year-old walking up the street – like probably as a guard, you're not going to, unless you know him as being someone, you're not going to pass any remarks to him. And even if you talk to him it is only going to be in general conversation, so it's a great way to get it from A to B, to give it to some young lad and give him a tenner, just tell him walk up the street, don't go anywhere else, went into the house and they get their 10 or 20 quid, and sure like 20 quid to a 10-year-old, it's brilliant and they're definitely involved in it heavily. Drug Unit C3

In this area of high unemployment and high rates of early school leaving, young people could make significant amounts of money by running drugs.

They're usually like 18 to 19-year-old kids wanting to make money. A lot of them aren't junkies or users. A lot of them don't even touch drugs, they just buy drugs but they just do it for the money ... they usually get dropped off in a car or whatever, dropped off at a certain place and you pick it up, it will all be wrapped up into deals for them and he'll just go and disperse it around ... [they could earn] ... 1,000 a week or 100 quid a day, 150 a day. Depends who you do it for, you know. IV C26

Table 5.8 presents PULSE data which outlines the breakdown by age of suspects arrested under the Misuse of Drugs Act between October 2008 and March 2009 in Central. Of 22 juvenile suspects, two were charged with drug supply offences. The youngest offender suspected of drug supply was 16 years of age.

**Table 5.8 Suspected offenders, by age and by offence type, Central**

Age	Possession	Supply	Cultivation/manufacture	Obstruction	Fraud
	(n=264) n (%)	(n=152) n (%)	(n=1) n (%)	(n=34) n (%)	(n=6) n (%)
Under 18	18 (6.8)	2 (1.4)	0	2 (5.9)	0
18–24	111 (42.0)	53 (34.8)	0	10 (29.4)	0
25–34	98 (37.1)	61 (40.1)	0	18 (52.9)	4 (66.7)
35 or over	37 (14.0)	36 (25.4)	1 (100.0)	4 (11.8)	2 (33.3)

Source: PULSE, October 2008–March 2009



### 5.3.2.5 Drug transactions: payment, credit and stolen goods

#### *Credit*

Of the 13 sellers interviewed, 6 bought their drugs on credit ('on tick'), which meant that they paid their supplier for the drugs after they had sold them on. This respondent generally sold the drugs she received from her supplier within a 24-hour period:

I: How long would you keep the drugs before you sold them?

R: I'd say if I was after getting them tonight at 10 o'clock I'd go down, I'd sell in the morning and I'd get rid of them, whatever. And then go up with his money and then I'd get more and go out probably that evening, do you know what I mean. IV C12

Of the 13 sellers, only 4 said that they would sell drugs on credit, and then only if they knew the customer or if someone they knew had vouched for them. However, the credit system was unpredictable. A number of sellers had had negative experiences of selling drugs on credit and had been in debt with their own suppliers as a result.

If they were scoring off me and they were stuck or whatever, yeah I do, yeah. Because I know what it's like to be sick, I've been there, you know... . If I didn't know them well and they were with somebody that I knew well and if they vouch for them. It would come back on the ones that vouched. I wouldn't be ending up in debt for anybody. I have already been there. IV C10

Yeah, yeah that [giving drugs on credit] was a mistake as well....it would be mostly people that you'd know but at the time it would be say you're after giving six or seven people credit and they'd all organise for it to be paid on a Thursday but when you go to get paid on Thursday, you'd probably get two or three that would give you the money and you'd get probably a half off another person or whatever and you'd be left waiting for probably a couple of weeks. IV C18

#### *Non-cash payments*

Jewellery and mobile phones were common types of stolen goods that were offered to sellers in exchange for drugs.

I have done in the past [accepted stolen goods as payment], yeah. Phones, rings, chains, like if I needed a phone I can just go over to the [location] and like you get offered phones every 5, 10 minutes. IV C26

I would take them and give a score bag for a mobile phone. Stuff like that. But mostly jewellery. IV C28

Stolen goods provided sellers with large profit margins, sometimes much bigger than those gained from cash payments.

They'd usually have buyers. Like if they went along and, it would usually be like top of the range digital cameras and like that. The sat navs now are after coming into because they're expensive, they give you a score bag of gear for a sat nav that they know they're gonna get 20 or 40 quid for. I reckon more, 30, 40 quid. So, they're giving you 20 quid's worth of heroin or well it's more or less heroin now but if they give you 20 quid's worth of heroin for what you pay 20 quid, it's only actually about a €5 worth to them ... Big profit. It's all profit then. So, that's why a lot of them would actually prefer and they take stuff off you rather than take money off you because you know you're paying cash, they're still getting their cash but if they get stuff they can sell that and even treble and quadruple their profit. They're still trebling or doubling it when you're buying with cash up front but if you give them something that's worth an awful lot more like jewellery they go for a lot. IV C9

I used to get a girl coming up to me right when I was selling the rock. I'd give her two rocks...and she'd throw me 30 bottles of St Tropez, the big bottles and about ten bottles of Jennifer Lopez and Paco Rabanne you know aftershave. And as soon as I got them, that was a money maker in itself. I was getting 25 Euro a bottle ... So I was cleaning up. IV C31

#### *Processing stolen goods*

Stolen goods were either retained by sellers for their own use or sold to individuals in their community. Buying and selling stolen goods locally did not appear problematic. Sellers could go to individuals known for selling on stolen goods in the community or to people they knew might be interested in certain types of goods.

People where I lived, yeah, in [location] I had a load of buyers. Load of buyers for all them you know what I mean. IV C31

Well it would be basically people that you'd know. You'd ask around or you'd hear certain people that would be probably looking for, say, Kango hammers or drills or someone looking for CDs or someone looking for smokes or whatever and you'd ... the rumour would go out that such and such a person would buy this and another person would buy this, and whatever you got, you knew what person to go to. IV C18

### **5.3.2.6 Competition, conflict and debt collection**

#### *Competition*

Street-level selling was competitive, though it rarely spilled over into violence. At open-street market level, the large number of sellers meant that buyers had some choice as to where they brought their custom. This also led to competition between sellers.

Yeah it's a buyer's market sometimes. There's a lot of people selling ... you go to score off somebody and they've got tiny bags of gear so you say no to hell with that and you go to ask the person coming along the road and the one you were going to buy off first starts arguments then because you're not buying off him. But if there's so many of them out dealing, you know you have a bit of choice. You can see what you're buying. IV C8

In an attempt to establish a reliable customer base, sellers may be more generous in their measurements or may undercut each other's prices. It is also suggested below that not just the quantity but the quality of heroin on offer could vary between sellers.

There is a lot of competition. Some guys give out half-eighths and they'd be kinda 1.3 grams. Other guys would give you like 2 grams for 90 Euro so there is quite a lot of competition and ... whose heroin is actually stronger than somebody else's, so. There is quite a lot of competition in the street, yeah. Definitely, and certainly now because the price is starting to come down. IV C30

Street sellers were keen to get the best drugs at the cheapest price when they needed them, if not they could become someone else's buyer. Losing one of your customers could be quite costly on a weekly basis.

One of my dealers had his phone off for two days and in those two days I kind of switched back to someone else that I used to get it off and I have been getting it off him since and the other guy's been ringing me up and you know and I said 'Well you know this guy Mr X is giving it to me at 85 Euro, you're selling it to me at 100, his weight seems to be a little



bit more and I think I'm getting a lot more out of him. He's giving it to me at a cheaper price; I'm going to stick with him.' And the other fella is not happy about that because that's 700 a week like, it's a grand a week that he's lost out on. IV C32

The following seller admitted to occasionally moving in on another sellers' customers when the opportunity and necessity arose.

Sometimes when they're stuck like, they'd ring me and ask me can I get them this or get them that and that's where the price wise comes in like I could charge them extra for it. I could say no I can't get it and then just keep it for myself and then sell it to his customers but I wouldn't really do that, not all the time, the odd time I would if I was stuck for money. IV C18

### *Conflict*

A prison-based respondent who had been involved in the drug trade as a user and dealer for over 20 years believed that the drug market had become more violent and territorial with the emergence of a gang culture.

Ah yeah, there is a lot of violence involved now than there was in the '80s, you know. In the '80s you hadn't got much violence. But, you know from 1989 onwards now it has split sort of – you have one group fighting another group – back in the '80s you hadn't got that, you know – if I hadn't got heroin and I wanted heroin, I could go onto the south side and get heroin, you know. There was no problem, I could score it off anybody, you know. But now 'What are you scoring off that fella for?' if you are seen scoring off that fella – they think you are on that side of the fence. If you are seen scoring off this group, they think you are on that side of the fence. Do you know what I mean? Prison Interview C3

The same respondent also believed that the prevalence and use of knives and guns in disputes over control of territory was a relatively modern feature of the illicit drug trade. He suggests that there are higher-level drug-dealers who remain aloof from such activity and away from the feuding between rival gangs. He also suggests that the low price of heroin at street level has contributed to a proliferation of dealers.

In the '80s the only gun out there was an old shotgun, you know. And you bought an auld shotgun and you went down the bank or something, you know. That is the only time you would have a shotgun or you would see any gun. If there was any fucking rivalry – we never had rivalry years ago – now it is different ... and it has gone more vicious. There is stabbings, you know, tit for tat – it has gone crazy, really bad, do you know what I mean. Like you wouldn't have that years ago, you know and these are – you think they are top men, but they are not top, you know. They are after getting in; they are after getting a few quid here and there and the thing. But there is higher men than that – do you know what I mean – that doesn't want any of this rivalry, that will sit back in their luxury homes and you know laugh at this, do you know what I mean. ... in the '80s there was better men than there is now, you know. These all look for a fight, you know. And they want to take patches over, you know. Back in the '80s you hadn't got that – you could have went down and sell gear where you want to sell gear, you know. But now ...fucking they are after bringing the gear down so cheap every second person has gear, you know. Prison Interview C3

Where sellers and buyers argued over price and purity, dissatisfied buyers would seek another supplier. Losing customers was to be expected. No sellers reported violence arising over price and purity.

I just tell them to go somewhere else then if they don't like it. IV C33

Yeah I did actually [lose customers], yeah. When I started getting into it myself I'd probably end up mixing up more. Like as they say, dancing on it more and giving them instead of 70% pure it would be probably only 30% pure. That's when I was getting into it myself then, you know. So, it's just they either wouldn't call again or if they called you know, well 'What's the story? Can you not do anything better than that, that was bleeding brutal or whatever,' you know. IV C18

#### *Debt-related conflict*

Most violence arose not from competition or customer dissatisfaction but from debt. The seizure of drugs by Gardaí was particularly dangerous for a seller who had received the drugs on credit from a supplier. Despite the seizure, the debt to the supplier still had to be repaid.

According to one prison-based respondent, the incidence of debt and debt-related violence, including where drugs had been seized by the Gardaí, was also affected by the existence of a drug market 'code of understanding' or 'rules'.

... if you don't get paid you are going to have to do something about it aren't you? Somebody will get a few digs because it has to be done. A lot of people don't get a hiding because you can't find them for their money and when you do catch them, they get a hiding for chasing them for so long. Just the temper flares and you end up slapping them. ...Yeah, once it is in your custody, it is in your possession it is yours. Like it is easy to ... say my man and another fella are standing there together and the police come in on top of the two of them. It is my loss because it hasn't really been handed over – but once it gets to the other fella – he is worse off. It is his responsibility then. Prison Interview C4

As a consequence of this 'rule' and to avoid potential debt-related trouble, another respondent refused to sell for others and he also had a policy of not accepting drugs on credit.

I wouldn't sell for nobody, never would. And I wouldn't get it on tick neither. I'd buy it cash up front because it's just if you get it on tick off someone you're putting yourself at risk. What happens if you get knicked or else you do it, do you know what I mean. That's what gets you into trouble. IV C31

Being seized with drugs can also generate suspicion between drug-dealers and this can spill over into violence.

I've had fights with people over drugs. I had my car and all smashed up over drugs ... a mate of mine got caught with a lot of heroin belonging to someone else but my mate was caught with it and the other guy thought my mate had robbed him. So then there was a fight broke out and my car got broke up so me and him was fair digging and next minute all of his mates come out of nowhere and then the next minute we were just covered in Garda. IV C28

Sellers who had a drug habit could accrue debts rapidly. One seller had to be financially bailed out by her family.

Got threatened to be shot. Family paid the money for me as I got in debt. This guy was giving it to me laying it on, laying it on, but I got a bit wary because I didn't know if he was trying to set me up or not because every day, Monday, Tuesday Wednesday, Thursday and Friday like he gave me a quarter ounce. Like that's an awful amount to have from Monday to Friday, every day and not wanting the money.



So I just gave it all to a [non-Irish person] for crack cocaine. I got into debt so the family had to pay for it. I was getting threatened to be shot. IV C10

The individual described in the following quote was in debt and refused to transport drugs as part payment and was badly beaten as a consequence.

... There was also another guy that came to me and told me, he was asked to drop a couple of kilos of cannabis somewhere because he owed somebody money, he said that he wouldn't, they left it at his house, he said that he wasn't moving it, if they wanted it, they can come and get it. So they put a crow bar through his leg and gave him an awful hiding, broke all his ribs, tried to pull his nails out with pliers, gave him an awful hiding, put a gun to his head, threatened him, this was over €1000 debt, cocaine debt, and, you know, he wouldn't make a complaint to the guards, he just left the city and moved out to the suburbs, you know what I mean. Drug Unit C2

Sellers who sold on credit risked non-payment, which could be problematic when it came to repaying their original source. The following respondent believes that higher level dealers deliberately entrapped people so as to exploit them.

Yeah. Started small and before I knew it like, obviously I didn't realise how far I was after going in so short a time. You know like it was a matter of six months and I had a lot of trouble between cocaine and other guys, you know. It's the way they work I think. They get you to do whatever and you think you're Mr Big and before you know it you're getting walked on you know because you think you're out to stay up there with the big guys but it's, it doesn't move that way. IV C18

Sellers outlined the violence that they regarded as necessary to ensure payments were received from customers. To tolerate non-payment or late payment would endanger their whole enterprise, as they would appear soft and other debtors would not meet their financial obligations as urgently as they should.

I wouldn't mind like if they come up and say to me look, they have fucking nothing – ok fair enough, you know what I mean. 'Give it to me when you have it or even if you want, work it off,' you know what I mean. 'I'll look after you, just work it off. Pay me whatever you can,' you know what I mean. Then like you give them a half an ounce or something, half an ounce of gear and they don't bother – go up and do it or else fucking whack it out and keep the money, you know, try and make a thick out of you. So I used to just make a couple of phone calls, I wouldn't just have to kill them you know. Don't get me wrong, I never hurt anyone badly. The worse I done is a fella there I broke his legs, that was it. I wouldn't go any further than that you know. That's because he ripped me off nearly three grand, so. It's either that as they say, in the drugs game, coyness is mistaken for weakness, know what I'm saying. So you have to be up there and you have to be willing to smack someone and you want to make sure that they don't want to get up, you know what I mean. That's what I'm saying. That's the bad, the downfall of being a drug-dealer. You get people trying to rip you off. IV C31

I'd get a lay-on off four of five different people. Anyone I wanted to because they all knew I wouldn't sting them. I am known as a person that doesn't rip off people or anything like that, do you know what I mean ... But don't get me wrong it doesn't mean I would let them rip me. Then you'd see a different side to me. I can be very nice and very polite but I can also turn on a sixpence. If someone is being aggressive or trying to be cocky with me I'll be twice as cocky and twice as aggressive with him. Just because I am polite and quiet doesn't mean I'm a fool. I have been in and out of prison all my life. My kindness can be taken for weakness rather than anything else and then I'd have to show them that I wouldn't be as weak as ... just because you're kind doesn't mean you're weak. So you have to defend yourself and do things that you wouldn't normally do. IV C9

No seller admitted to using or possessing a firearm. PULSE data for the period reviewed did not record any firearms being seized during arrests made for drug offences.

### **5.3.2.7 Profit, price and purity**

#### *Profit*

Profits depended on a seller's motivation (to make money or just sustain a habit) and their willingness to take risks and maximise the returns on their product. Sellers could choose to sell small amounts at expensive prices, which was time consuming, or to deal in bigger and cheaper quantities which would ensure a quick sale and less exposure to law enforcement.

The following prison-based respondent described the costs and profits associated with buying and selling cocaine in 2004.

Well, when I started doing it I was paying 28 grand for a kilo of coke ... but you are selling it off in say in bars or two bars at a time. You would be probably making a profit of say 10 grand a bar. That was back then – now it is different nowadays it would be 15 grand for a kilo nowadays.... It was – I started when I was 22 so it was six year ago. Over a year – if you were looking at 6 kilos over a year – it was six 28s ... and then you were making 40 grand on that ... 12 grand profit in a kilo. Prison Interview C4

The same respondent then described the next stage of selling down to street level which, he explained, can be more profitable but which also involves greater risk of being apprehended by the Gardaí. He also explained, however, that to avoid detection by Gardaí, people try to sell only to people they know or have been introduced to.

They break it down into 100g deals or eighths or quarters and then they will make more money again. The big money is in them when they break it down they make more out of it than the – they would make more than what we make ... there is [greater risk] – being caught with a couple of deals in their pockets. And selling to guards and all that because they don't know who they are selling to. Because they take – they don't know who they are selling to unless they are going around clubs selling – but people just have local people – they know them. And they know enough about them they have their number and another person will put them onto them so... . Most of the time it will be a friend of a friend will put them onto them. Prison Interview C4

In the case of heroin, street sellers generally bought either a half-eighth (1.75g) or an eighth (3.5g) and sold street-deal 'score' amounts priced between €15 and €20 each. A seller could buy a half-eighth for €90–€100 and could sell 10–15 street deal 'score' bags, generally doubling their money. As street sellers, this profit was most likely to be channelled into buying more heroin to sustain their habit.

If you go to buy a half an eighth for yourself on the street it will cost you 90 Euro. So if you buy one off the street for 90 Euro and you bag it up and you sell maybe 12, 13 bags. So you double your money so you can go and buy an eighth then the next time if you want. But if you have a habit you see your profit isn't going to be as big because if you sell, if you make say 13 bags, you will probably use 5 of them. You'd only sell the other 8 to make up your money for the half to pay your dealer. IV C8

Selling at street level could be quite lucrative if a seller was willing to sell for long hours



every day.

For every 10 bags I sold he got 100 Euro and I got 100 Euro, do you know what I mean? Just feeding my habit and it was keeping me off the streets ... as I said 40 or 60 a day. I could have sold more but being lazy I didn't. I'd get 400 Euro, yeah ... and I'd probably get 500 or 600 Euro if I wasn't lazy. IV C12

Above street level, middle-market dealers buying ounces would also double their initial investment. At this level, sellers were generally selling half-eighths and eighths to street dealers. The following respondent states that he could earn €1000 in less than two hours.

I'd get an ounce for 800 quid. And without doing it I'd make back 18 (€1800). So, I'd make a grand and I'd probably get rid of an ounce in less than an hour sometimes, you know. Two hours. IV C31

Another seller purchased 5 ounces per week for €5,000, selling in quantities of eighths, half-eighths and €20 street deal 'score' bags, taking in €11,000 and making €6,000 profit per week.

### **Cocaine**

Profits from selling cocaine ranged from double to triple the initial investment. Both cocaine sellers interviewed adulterated the drug to make more money. The following respondent purchased half an ounce of cocaine for €300 and generally doubled his money.

About 300 Euro [profit] ... that's only if I was going to sell it straight out but if I had to break it down, to cut it up, I'd say I make about 750, 800 quid out of a half-ounce ... just about triple your money. IV C33

### **Crack cocaine**

The price of crack was uniformly high throughout Central – €50 per rock using just 0.2g of cocaine – meaning that a seller who was able to make crack cocaine from powder cocaine was in a very profitable position. One crack cocaine seller bought a 'bullet' (17–18g/three-quarters of an ounce) of high-quality cocaine for €600 and earned up to €4,000, returning a profit of €3,400.

### **Prescription tablets**

Prescription tablets such as benzodiazepines sold for €1 or €2 each, depending on the strength of the dosage. The size of the profit depended on how the sellers sourced the tablets. One seller attended several doctors and used her own prescriptions to buy the tablets and sell them on. As these substances were purchased using a medical card, she was making 100% profit.

Yeah. I was getting them off a doctor out in [deleted] and then I was just selling them then ... . Well I had my doctor – my methadone doctor. And then I had a Doctor X out in [location], used to get scripts off him. Just give him a bottle of whiskey and

he'd give it to you. IV C19

Another seller explained that it was popular to travel to foreign jurisdictions where benzodiazepines could be bought without a prescription. Tablets bought in bulk in other countries at a cost of 50 cent per tablet could be sold for €2 each in Irish drug markets.

They're going across waters because they are getting them far cheaper. It's something like 50c a bleeding tablet and they're after making €1.50 on it, you know what I mean. It depends really... . They're going away on holidays because you can buy them over there. Like you'd probably bring five tablets with you like blue Valium and a yellow Valium and ... . Like what is on the market like that's the best sellers when you go across, you go into a pharmacy and say 'Listen, I don't want to go to see the doctor because I can't afford it over here,' and you show them that you ran out of them and this is why you only have four and you show them and you buy them in boxes. IV C10

#### *Price*

### **Heroin**

Heroin had reportedly become cheaper to buy at all levels of the market. Table 5.9 indicates the prices cited by 10 users and sellers for different quantities (a price for the half-ounce, bullet and ounce measures was given by only one seller in each case).

**Table 5.9** Price of heroin by weight, Central

	<b>Weight (g)</b>	<b>Price (€)</b>
Half-eighth	1–1.75	50–100
Eighth	3–3.5	130–200
Half-ounce	14	300–500
Bullet	18–21	600
Ounce	28	600–900

Source: Prices given in interviews with users/sellers during current research

### **Cocaine**

Respondents reported that the quality and cost of cocaine had also decreased. From the information given by seven users and sellers, it appears that the price of cocaine fluctuated dramatically from seller to seller. There was no consistency in measurements: a half-eighth could weigh between 1.0 and 1.3g, and an eighth 3.5g, depending on the seller (Table 5.10).

**Table 5.10** Price of cocaine by weight, Central

	<b>Weight (g)</b>	<b>Price (€)</b>
Score	0.2–0.25	15–20
Half-eighth	1.0–1.3	60–100
Eighth	3.5	200



Quarter-ounce	7	350
Ounce	28	800–1,200
5 ounces	126	5,000

Source: Prices given in interviews with users/sellers during current research

### Crack cocaine

The price of crack cocaine was remarkably steady. The 15 users and sellers interviewed reported that a rock of crack cocaine was priced at between €40 and €50. A rock contained 0.2g of cocaine and four to six smokes or pipes could be obtained from one rock.

### Cannabis resin

Cannabis resin was generally sold at street level in quarter-ounces. A quarter-ounce could be purchased for €25, a half-ounce for €50 and an ounce for €100.

### Prescription tablets

Prescription tablets ranged in price from €1 to €2, depending on the dose strength rather than on the active ingredient. For example, temazepam and Zimovane were priced at €2 per tablet.

### Purity

Data on drug purity can provide useful information about market dynamics and profit margins. Forensic analysis of seized drugs can also provide information on the types of adulterant used to bulk up drugs for street sale, a factor that can have important health consequences for drug users.

### Heroin

Between September 2008 and February 2009, samples from 108 heroin seizures in Central were submitted to the Forensic Science Laboratory for analysis, 68 (63%) of which were quantified for heroin purity levels. Purity ranged from 20% to 66%, with an average of 46%. One-quarter of the samples recorded less than 36% purity and one-quarter had purity levels greater than 57% (Table 5.11).

**Table 5.11 Heroin purity levels, Central**

No. of samples	Mean (%)	Median (%)	Min (%)	Max (%)
68	46	46	20	66

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=31) weighed 3g or less and had an average purity of 48%, ranging from 20%–66%. Seizures relating to supply offences (n= 37) weighed between

than 0.1g and 14g, and had an average purity of 45%, ranging from 21% to 64%.

Of the 108 heroin seizures submitted, 58 (54%) were analysed for the presence of active ingredients other than heroin. All 58 samples tested positive for at least one other active ingredient; 43 (74%) tested positive for two other active ingredients; and 8 (14%) tested positive for three other active ingredients. As Table 5.12 shows, caffeine was present in all 58 samples, caffeine and paracetamol combined was identified in 74% of cases, and 11% of cases reported active ingredients such as lignocaine or benzocaine as a third active ingredient.

**Table 5.12 Active ingredients other than heroin in seizure samples analysed, Central (n=58)**

	<b>N</b>	<b>%*</b>
Caffeine	58	100
Paracetamol	43	74.1
Lignocaine	3	5.2
Benzocaine	3	5.2
Griseofulvin	2	3.4

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

### Cocaine

Samples from 61 cocaine seizures were submitted to the FSL for analysis, of which 36 (59%) were quantified for cocaine purity levels. Purity ranged from 1% to 69% but was generally very low, with an average of 14%. Half of the samples reported purity of 7% or less (Table 5.13).

**Table 5.13 Cocaine purity levels, Central**

<b>No. of samples</b>	<b>Mean (%)</b>	<b>Median (%)</b>	<b>Min (%)</b>	<b>Max (%)</b>
36	14	7	1	69

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=21) weighed between 0.1g and 4g and had an average purity of 16%. Seizures relating to supply offences (n=15) weighed between 0.6g and 144g and had an average purity of 10%. Seven of the largest seizures, weighing between 27g and 144g, had purity levels ranging from 1% to 7%, with an average of 5%.

Of the 61 samples submitted for analysis, 48 (79%) were analysed for the presence of



active ingredients other than cocaine. All 48 samples tested positive for at least one other active ingredient; 25 tested positive for at least two other active ingredients; 12 tested positive for at least three; two tested positive for at least four; and one sample tested positive for at least five other active ingredients. Table 5.14 shows the other active ingredients found, which included lignocaine (54%), phenacetin (48%) and benzocaine (31%).

**Table 5.14 Active ingredients other than cocaine in seizure samples analysed, Central (n=48)**

	<b>N</b>	<b>%*</b>
Lignocaine	26	54.2
Phenacetin	23	47.9
Benzocaine	15	31.3
Caffeine	8	16.7
Paracetamol	6	12.5
Levamisole	4	8.3
Creatinine	2	4.2
Diltiazem	1	2.1
Mannitol	1	2.1
Etodroxizine	1	2.1
Hydroxyzine	1	2.1

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

## **5.4 Impact of drug markets**

This section presents findings on the impact of the illicit drug market on Central, such as visible drug use, the fostering of a local economy in stolen goods and property, drug-related crime and fear and intimidation.

### ***5.4.1 Visible drug use - Central***

Three-quarters (77%) of respondents considered illegal drugs to be a big or very big problem. For the vast majority (90%) of respondents, this view was based on personal observation. Fifty-five per cent had observed drug use in their area directly, of whom 88.9% witnessed smoking, 59.6% injecting, 40% snorting and 43.6% individuals swallowing substances thought to be illegal (Table 5.15). Almost half (49%) of all respondents had seen discarded syringes in their locality in the 12 months before the survey.

**Table 5.15 Visible drug use, Central\***

	Respondents N	Positive responses N	%
Smoking	108	96	88.9
Injecting	104	62	59.6
Snorting	100	40	40.0
Swallowing	101	44	43.6

\*Percentages exceed 100% as multiple answers permitted

### ***5.4.2 Stolen goods as currency***

One-third (35%) of respondents had been offered stolen goods in the 12 months prior to the study by someone they thought was a drug user: 12% had been offered goods often or very often and 11% had been offered goods sometimes (Table 5.16).

**Table 5.16 Experience of being offered stolen goods, survey, Central (n=199)**

	N	%
Very often or often	23	11.5
Sometimes	22	11.1
Seldom	18	9.0
Never	136	68.3

### ***5.4.3 Fear and intimidation***

Twelve per cent of residents surveyed had reported information about drug-dealing to the Gardaí, the majority within the last three years. Of 174 respondents who had not reported any information, 70 stated they would not report information if they had it. When probed on the reasons for this, 50% stated fear of reprisal. Almost one-third (30%) did not regard it as their business (Table 5.17).

**Table 5.17 Reasons for reluctance to report drug-related information to Gardaí, Central (n=70)**

	n	%*
Fear of reprisal	35	50.0
Not my business	21	30.0
Gardaí would not act	11	15.7
Would not wish to involve Gardaí	4	5.7
Don't want to be a grass	4	5.7
Other	4	5.7
Social reasons	3	4.3

\*Percentages exceed 100% as multiple answers permitted



Gardaí also highlighted what was regarded as a culture of fear in certain locations.

I think there's a lot of fear in the community, like a drug-dealer can command an awful lot of fear in the community and you see that in every flat complex. Drug Unit C3

#### 5.4.3.1 No-go areas

Respondents were asked whether they actively avoided certain areas: 47% avoided areas at certain times. Of those who avoided areas and offered reasons, 44% cited the incidence of people hanging around taking drugs. Only 2% referred to open drug-dealing as a causative factor (Table 5.18).

**Table 5.18 Reasons for avoiding certain areas, Central (n=59)**

	<b>N</b>	<b>%*</b>
People hanging around in groups taking drugs	26	44.1
People hanging around in groups	19	32.2
People hanging around in groups drinking alcohol	8	13.6
Open drug-dealing	1	1.7
Other	13	22.0

\*Percentages exceed 100% as multiple answers permitted

#### 5.4.4 Drug-related crime

Drug unit members believed that the vast majority of burglaries, vehicle theft and muggings in the area could be attributed to the drug market.

As I said, in my previous role I was dealing with the burglaries and breaking into cars and that sort of thing and you know, well, roughly speaking 90% I would say committed by drug users or committed to fund drug use. Drug Unit C4

Of the 15 users and sellers interviewed, 7 currently or previously robbed to sustain their habit.

Sometimes cars, for, like, they'd be needed for something else and I'd be asked to take a particular car so that they could use it for something else. So, I'd get like probably 500 quid to take a car and the car they'd need it and they'd use it the next morning and then burn it out. Or I'd be actually using the car myself with them. That's how I was funding such a big habit. IV C9

As noted above, exchanging drugs for stolen goods was often much more lucrative for sellers than accepting cash, as the goods could be several times the value of the drugs being sold. One user asked his dealer in advance what goods he wanted.

I'd go up to a dealer and say 'Listen, do you want me to knock some stuff out for you or do you want me to hold some stuff for you'. And that's how you get your quota of the whatever; you know whatever they decided to give you. IV C18

Two female users and sellers had entered prostitution to fund their habit. Drug unit members suggested that the rise in cocaine use had left many women with no choice but to enter prostitution.

Prostitution is huge, you know, and coke dealers and coke, sorry, people who use coke socially who find themselves with a coke habit will turn to it, you know, so it is an avenue. Drug Unit C1

As indicated in section 5.3.2.6 much of the violence in the drug market was related to unpaid drug debts which resulted in threatened shootings or damage to property. One seller had to look to her family to pay off her debt.

I got into debt so the family had to pay for it... I was getting threatened to be shot.  
IV C10

## **5.5 Drug law enforcement**

This section presents findings on supply-reduction strategy and activity employed by the Garda Síochána in Central. The section also examines Garda attitudes to a number of policy issues, such as the development of community partnership and inter-agency initiatives, drug-treatment and harm-reduction approaches and drug law reform. Public perspectives on local policing and the relationship between local Gardaí and the wider community are also examined.

### ***5.5.1 Garda strategy and activity***

Dedicated drug units policed the area. Strategy was supply oriented, although both street-dealing and higher-level suppliers were targeted.

We target people from the street level, street-dealing level, all the way up to the importers like, you know. Drug Unit C1

I would say 90% supply, you know, although we do deal with the users as well but we're kind of more ... As I said we're specifically more after we'll say the suppliers, the bigger fish. Now, the bigger fish might have 100 Euro worth of stuff on him but it's for supply, do you know what I mean. Not necessarily be a million Euros worth of stuff but specifically for supply, you know. Drug Unit C4

Typical day-to-day activities were monitoring drug clinics, patrolling, stop/searches, gathering intelligence, house and hostel searches and surveillance operations.

... your day could be out monitoring the clinics, monitoring [locations] or you could have your planned search of a residence, a house or a B&B or a hostel or something like that, you go in looking for specific drugs like you know, targeting specific people like you know. And then you cultivate information out of other people and there could be an observation post observing what's going on or you know. Drug Unit C1

You are patrolling the area, you talk to a few people out on the street and that. You hear what is going on from one or two of them do you know say there is a lot of stuff being sold today on say [street name] or that. So, you would go down there and you will see what is happening. You will pick up one or two for drugs searches that you have studied for a while and watched them say dealing with people, interacting with people and you believe that there's say drug transactions taking place, you'd bring them back ... they might talk to you about someone else that is dealing you know.  
Drug Unit C6

Drug unit members generally learnt on the job from senior members. In recent years, Garda members had received specific skills training, for example in conducting house searches or surveillance operations, but day-to-day knowledge and general know-how was passed down from senior members.

A lot of the training you'd learn as you were going along, you would have learned a



lot from the people that were working with you, that have long experience doing it, they would have learned from people that were doing it for long periods beforehand. The sergeant or the senior people in the unit ... they'd advise you, whether you were right or wrong in what you were saying and what you were doing. Drug Unit C2

No, you learn on the job ... there is no specific training as such, but there's training for breaching doors, putting in doors and stuff like that ... like surveillance and that kind of stuff. Drug Unit C3

### **5.5.1.1 Intelligence-led policing**

Gathering intelligence from drug users and drug sellers was critical to success.

The whole job is information driven, you know, like I mean drugs is information driven, that's the only way it works. Drug Unit C2

Basically what you're trying to do is you're trying to arrest someone as high up as you can because if you can get in with him now, then he'd have an awful lot of knowledge than the lower street unit would have. Like, lower street could probably tell you where he gets it. But then you go a step above him then you could be in to all sorts of areas like. Drug Unit C1

Garda members who received reliable information were obliged to refer their informants to the Covert Human Intelligence Source (CHIS) system where they were registered as official sources and dealt with by specially trained personnel. CHIS was appreciated for the protection it offered unit members; allegations of corruption made by an informant could destroy a Garda's career. CHIS also protected members if an informant was harmed because of information he or she was disclosing.

If you do get information and it's good information, you know the person uses CHIS – they use the CHIS system – it's too dangerous not to because if anything happens the person or you, you know, you have no comeback like you know. So, it's just safer and better for everyone. If anything happens to somebody that's giving you information you know and you don't have CHIS you're just not covered. You face losing your job or worse. Drug Unit C1

CHIS helped protect the informant; information was assessed objectively to determine if it was safe to act on without implicating the informant as a source directly.

It's improved in some ways, there's more improvement and there's more safety, the whole thing is just geared towards making sure that the informant is safe and not compromised and not going to be putting themselves in the position where they could end up dead or in serious trouble with some gang. Drug Unit C2

By passing on good informants, unit members sometimes felt that they were cutting off their own intelligence supply line, thus hindering their own ability to make significant arrests.

Well, I have used CHIS and I have referred persons to CHIS. Obviously CHIS see the wider picture like the persons that I sent there, I would consider excellent informants. I kind of co-handled them there for a while in relation to assessing them to see whether they're suitable for it. One particular person you know put us onto two searches if you like. Those two searches yielded about €45,000 worth of controlled drugs. He's fully CHIS now, I have nothing to do with him anymore. But again, I am not getting his intelligence any more either. So that's the only real drawback, I suppose, of that. But it's the bigger picture that ... you're out of the loop and you're out of the glory. Drug Unit C4

### 5.5.1.2 **Avoiding detection: sellers' strategy versus Garda strategy**

The following respondent, who was serving a prison sentence for supplying drugs, explained that he used people in legitimate businesses, such as taxi drivers, to distribute drugs so as to avoid detection.

Just used a normal Joe Soap – car had tax and insurance. Older people like not old people but people older than me maybe in their 30s and 40s. That don't look at all suspicious – they are not using – not heroin addicts or anything like that they are going to get stopped and searched. Even taxi drivers, a lot of taxi drivers would do our work, it is easy to put something in a taxi going to town or something and throw them in a taxi and send them on their way. Prison Interview C4

One seller highlighted the futility of crackdowns in busy hot spots. Sellers would disperse quickly when Gardaí were spotted and return after they left and resume selling.

Sometimes they do target the area but it's very hard to control. You need cops standing at every corner 24/7 because as soon as the cops go past, within a minute or two, everyone is back out selling again, you know. And everyone is watching out for the cops. So if the cops start coming along people just drift off into the crowds. IV C8

Street sellers were constantly on the move, storing drugs in their mouths, looking out for Gardaí.

I just stay with people I know. I don't hang around, like I won't stand in one place for more than 10 seconds, like I'm always on the move. You just feel like you're getting watched all the time. That's why I walk around with everything in my mouth like you know. IV C26

One seller refused to conduct business over the phone for fear that the phone might be monitored by Gardaí. Buyers contacted his friends and family to find out when they could meet him and order drugs.

I wouldn't do nothing over the phone. People talking over the phone, this and that, that's what gets you caught, know what I mean. Phones are dangerous, do you know what I mean. You're better off letting people know that you have it and whatever. And if they wanted me, like half my brother's mates that are on it, they give my brother a ring and ask him was I around or whatever you know what I mean. That's what I do, that would be about right, you know. I wouldn't sell it over the phone. I wouldn't talk to no-one over the phone about it because they'll catch you in court and they're able to use the taps now, do you know what I mean. IV C26

Drug sellers had become aware of the risks posed by undercover Gardaí and were less likely to sell to strangers soliciting them for drugs.

Sometimes you can't spot Gardaí, like in my case I have actually asked a copper, 'Are you looking for gear?' because his teeth were brown, tattoos all over his hands. And it turned out he was a guard, you know so, you just, that's why I never allow myself to sell to people I don't know. IV C26

However, other sellers say the differences between Gardaí and real drug users are very obvious.

You'd know the difference between a pure junkie, even half the police that's going around they think that they look like junkies. You can still cop – they are coming up you know real in your face like that and all but if anyone came up to me like that I'd just say I didn't know, or that doesn't look like a pure junkie I wouldn't give it to them. IV C31



## ***5.5.2 Supply-reduction activity***

### **5.2.1 Drug searches and offences**

The details of 457 suspected offences in breach of the Misuse of Drugs Act over a six-month period were retrieved from PULSE for the period October 2008 to March 2009; the number of offenders per month ranged from 62 to 94 (Table 5.19). During the same period, there had been 1,406 searches of persons and premises that produced negative results.

**Table 5.19 Drug offences by month of incidence, Central (n=457)**

	<b>n</b>	<b>%</b>
October	81	17.7
November	79	17.3
December	68	14.9
January	94	20.6
February	65	14.2
March	62	13.6
Month unknown*	8	1.8

\*Offences occurred within the six-month period

Source: PULSE, October 2008–March 2009

### ***5.2.2 Drug offences by offence type***

Over half (58%) of suspected offences were for possession and 33% were for supply (Table 5.20).

**Table 5.20 Drug offences by offence type, Central (n=457)**

	<b>N</b>	<b>%</b>
Simple possession	264	57.8
Supply	152	33.3
Fraud	6	1.3
Cultivation or manufacture	1	0.2
Obstruction	34	7.4

Source: PULSE, October 2008–March 2009

### ***5.2.3 Seizures by drug type***

Cannabis resin and cannabis herb were involved in 59% of drug seizures. Heroin was involved in 25% of cases and cocaine in 13%. Prescription medication, such as benzodiazepine, was involved in 9.3% of cases. There were only two instances of home-grown cannabis being seized during the period (Table 5.21).

**Table 5.21 Seizures by drug type, Central (n=420)\***

<b>Drug</b>	<b>n</b>	<b>%</b>
Cannabis resin	213	50.7
Heroin	105	25.0
Cocaine	54	12.9
Tablets	39	9.3
Cannabis herb	35	8.3
Ecstasy	12	2.9
Crack	8	1.9
Other	8	1.9
Cannabis herb (home-grown)	2	0.5

\*Some offences might have involved possession of more than one drug type. Consequently, the total number of drug types will exceed the total number of offences

Source: PULSE, October 2008–March 2009

### **5.2.4 Drug offences by drug and offence type**

Cannabis resin and herb accounted for three-quarters (73.5%) of simple possession offences; heroin accounted for 16% and cocaine for 8% (Table 5.22). Cannabis resin and cannabis herb accounted for 33% of supply offences; heroin accounted for 41% and cocaine for 20%. The one case involving a charge of cultivation and manufacture related to the cultivation of cannabis herb (Table 5.22).

**Table 5.22 Drug offences by drug and by offence type, Central\***

	<b>Possession</b>	<b>Supply</b>	<b>Cultivation or manufacture</b>	<b>Obstruction</b>
	<b>(n=264)</b>	<b>(n=152)</b>	<b>(n=1)</b>	<b>(n=13)</b>
	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>	<b>n (%)</b>
Heroin	42 (15.9)	59 (41.5)	0	4 (30.8)
Cocaine	22 (8.3)	29 (20.4)	0	3 (23.1)
Crack	3 (1.1)	5 (3.5)	0	0
Cannabis resin	165 (62.5)	43 (30.3)	0	5 (38.5)
Cannabis herb	29 (11.0)	5 (3.5)	0	1 (7.7)
Cannabis herb (home-grown)	0	1 (0.7)	1 (100.0)	0
Ecstasy	7 (2.7)	5 (3.5)	0	0
Tablets	14 (5.3)	22 (15.5)	0	3 (23.1)
Other	0	8 (5.6)	0	0

\*percentages exceed 100%

Source: PULSE, October 2008–March 2009



### 5.2.5 Seizure values

The majority of seizures were small; in 25% of cases the value of the drugs seized from offenders was equal to or less than €15, and in 50% of cases equal to or less than €40. Seventy-six per cent of simple possession offences involved a cannabis product. The median value of cannabis resin seizures in cases of simple possession was €20, meaning that 50% of suspected offenders possessed a quantity of the drug valued at €20 or less. Median values were higher in the case of heroin (€30) and cocaine (€70) seizures (Table 5.23).

The median values of seizures relating to supply offences varied considerably, ranging from €20 to €5,800,000 for heroin, with 50% valued at €660 or less. The smallest cannabis resin amount seized as a supply quantity was valued at €10, and 50% of seizures were valued at €528 or less. The maximum value for a cocaine seizure was €210,000, but 50% of seizures did not exceed a value of €2,000 (Table 5.24).

**Table 5.23 Value of primary drug seized in simple possession cases, Central**

	<b>Cases</b>			
	<b>valued</b>	<b>Range</b>	<b>Mean</b>	<b>Median</b>
	<b>n</b>	<b>€</b>	<b>€</b>	<b>€</b>
Cannabis resin	162	2–200	35.6	20
Cannabis herb	29	3–200	45.5	20
Heroin	42	15–500	83.2	30
Cocaine	21	5–280	89.3	70
Crack	3	60–150	110.00	120
Ecstasy	7	10–340	135	150

Source: PULSE, October 2008–March 2009

**Table 5.24 Value of primary drug seized in supply offence, Central**

	<b>Cases</b>			
	<b>valued</b>	<b>Range</b>	<b>Mean</b>	<b>Median</b>
	<b>n</b>	<b>€</b>	<b>€</b>	<b>€</b>
Cannabis resin	42	10–120,000	7,486	528
Cannabis herb	4	50–10,000	2,866	710
Heroin	55	20–5,800,000	214,982	660
Cocaine	27	30–210,000	14,676	2,000
Crack	4	50–3500	1,015	255
Ecstasy	5	2–1,550	346	50

Source: PULSE, October 2008–March 2009

As Table 5.22 indicates, simple possession charges accounted for 58% of all suspected offences recorded for the six-month period; 73.5% of simple possession cases involved the possession of cannabis. Drug unit members indicated that cannabis use among the local population was as casual as cigarette smoking.

Cannabis is huge, you know. Nearly every person you bring in here has cannabis on him, small amount of cannabis or they have, they have evidence that they've been using cannabis like, you know. Cannabis would be ... it's as common as cigarettes at this stage, you know. Drug Unit C1

There was also a perception that cannabis was deemed socially acceptable by the local community.

Cannabis again, see more of ... especially in around here cannabis has been considered, a lot of the people that live around here consider cannabis as socially acceptable. It would be like having a cigarette and they don't have an issue with it. Drug Unit C2

With regard to the amount of time involved in prosecuting possession offences, the following respondent explains the general process by which the processing of a possession case is dealt with. The Garda member who originally made the seizure may not need to attend court until a later stage in the process when the case comes up for hearing.

But there is a system there in relation to charge sheets, that if you charge someone you do out a tracking form it's called and there's a couple of sergeants then in court who look after a prosecutor case up to the point of hearing when the case goes for a hearing then the guard, the prosecuting guard has to turn up with all his witnesses etc. etc. ... Summonses go to [name deleted] Court...they have a tracking form system it's called, fills out a form details the arrest charge and caution, details of the specific offence and that's dealt with then by the sergeant and done at the hearing. Drug Unit C2

Nevertheless, there are variations in the way the system can operate.

Obviously, the first hearing or the first ... when you summons someone the first day is just for mention in relation to him looking for legal aid or whatever. Then it could be put back and it could be put back again. You know, it could be dealt with nearly the first day if he wants to plead on the first day but it could be five, six, seven, eight, nine, ten other remands and maybe he pleads guilty to them and the judge orders probation in court and all this. You know, there's so many kinds of variations on it you know. Drug Unit C2

A simple possession offence could take three to six hours of a Garda member's time in terms of paperwork and court attendance.

For a simple Section 3 say if he is in here for half an hour, an hour maybe, just to send for analysis paperwork plus to ... I suppose simple possession maybe six hours continuous work estimate now, I have never thought about it before to be honest you know. Drug Unit C2

If they go guilty in the court ... well if it is small bit of hash for instance and the judge accepts jurisdiction and it's all dealt with and its summary disposal and that it could be dealt with there and then that day in the court you now so we'll say ... couple of hours in the court, three hours in the court maximum – well hopefully on a good day in court. Drug Unit C5



The majority of charges of simple possession arose from the work of regular policing units, rather than of the Garda drug units, which were focused on higher-level dealers.

Not from our unit... it's a small bit of cannabis, you know, that's not what we're looking for, it's not our thing, it's not what we're targeting and it is not what we're looking to prosecute. Drug Unit C2

A lot of the small amounts of cannabis you'll see would be coming in from regular guards on the regular unit now and we wouldn't really be – we're kind of hoping for larger amounts. Drug Unit C3

### 5.5.2.1 Types of Garda activity

At least 71% of suspects apprehended for simple possession was arrested as part of a pedestrian or vehicle stop and search procedure (Table 5.25). Just 7% of arrests on simple possession charges were on foot of investigative work (either a house/premises search or a personal search as part of an ongoing investigation). 22% of drug arrests arose as a consequence of someone being arrested for another offence. Arrest details were unknown in 17% of cases.

**Table 5.25 Circumstances of arrest of simple possession suspects, Central (n=264)**

	<b>N</b>	<b>%</b>
Stop and search	158	59.8
Vehicle stop and search	28	10.6
House or premises search	17	6.4
Arrested for other offence	60	22.7
Investigation/information/surveillance	1	0.4

Source: PULSE, October 2008–March 2009

Investigative work (house/premises search, surveillance and information received) accounted for a much higher proportion of supply arrests than of simple possession arrests (Table 5.26). Half of all supply arrests were based on investigative work (house/premises search, investigative work); 29% were the result of stop and search activity (pedestrian and vehicle); and the circumstances of arrest were unrecorded in 19% of cases.

**Table 5.26 Circumstances of arrest of supply suspects, Central (n=152)**

	<b>N</b>	<b>%</b>
House or premises search	48	31.6
Stop and search	38	25.0
Investigation/information/surveillance	28	18.4
Vehicle stop and search	6	3.9
Arrested for other offence	32	21.1

Source: PULSE, October 2008–March 2009

### 5.5.2.2 Disrupting hot spots

There were several drug-selling hot spots in Central. These were open drug markets that attracted a steady stream of customers, both local and non-local. Unit members regularly patrolled the areas, stopping and searching suspected sellers. In order to discourage congregation in specific locations, multiple arrests would be conducted until the market shifted.

We have done operations in relation to a crowd of drug users with, say, congregating, waiting to be supplied or there's someone in that group supplying them and we would arrest them all in that particular area, bring them back down for a drug search. If they have anything on them you know, it would be dealt with in a certain way. If they don't then they'll obviously leave. And if that's done two times a week in that particular area you would see that drug use in that particular area isn't as open, they're not congregating in the area etc., you know, because they know that they probably could be arrested you know so, that's one particular formal action. Drug Unit C4

Unit members sought court orders to prevent well-known dealers from selling in certain areas. They also acknowledged that this often just had the effect of shifting the market elsewhere.

Well, the average strategies I think would be preventing, arresting, searching, you'd be arresting people, searching them and, you know, if they are dealing, getting them to court, preventing that person from hanging around that are... . So we can exclude them from areas and use court orders to get them out ... and prevent them dealing in the areas. I know that kind of pushes it possibly to a different area. Drug Unit C2

Drug treatment clinics often attracted a number of drug sellers, and unit members sought to make sellers aware of their presence.

We target specific areas. We might target the clinic some mornings. We watch them; we watch who's dealing down there. We let them away, we'll stop, we'll search them. We'll let them know that we are there. Drug Unit C5

However, one member felt that operations to disrupt hotspots were simply a public relations exercise and that their resources would be better directed against higher-level dealers.

More of a public relations exercise more than anything ... Every three weeks an operation is done ... as a drugs unit you'd rather target higher-level dealers than street dealers. Drug Unit C6

### 5.5.2.3 Measuring effective supply reduction

Unit members preferred to judge success on the quality of the arrests rather than the number of arrests – a small number of higher level dealers being arrested was more effective than a large number of street sellers. A focus on numbers could be very misleading.

Yeah, see you get some you can judge on the amount of arrests where that's not always right because I could literally go out and arrest 20 people a day for a small amount of heroin. I could charge every one of them. I go on good captures. Like, captures worth 70 grand, 80 grand, 30 grand or something like that and the more of them you can get.



Like I would see maybe 10 or 15 every year as a lot better than getting someone with a deal of heroin and getting 200 of them a year. ... in the guards, some people look at numbers and say, 'Well, 200 were arrested last month'. But they might have only been arrested then and if you combine all the heroin they had, there might have only been three ounces of it. Whereas, then another month two people are arrested and they had 4 kilos of heroin between them. I would think that the two people arrested with 4 kilos, it was 4 kilos off the street. I think that would be better but the hierarchy would be looking at the numbers of arrests, 'We arrested this amount, and this amount.' It's just different people look at it differently. Drug Unit C3

Well I would rather have a 100,000 Euro worth of heroin than 100 prisoners for 100 Euro, or you know, one prisoner for 100,000 Euro in two months' time. I prefer and I think you know really, that's the person that you should be targeting. Drug Unit C4

Acknowledging the so-called water bed effect, whereby captured drug dealers would easily be replaced by others, some members expressed doubt about the effectiveness and relevance of what they were doing.

The long and the short of it, it makes no difference if you put somebody in prison, there's always somebody there the next day to sell for it. There's always a new person there the next day, it doesn't make a difference. You could take a hundred people off the street, there'd be a hundred people there tomorrow to deal. Drug Unit C2

You know, you think that you're making some sort of an effort, some sort of a contribution to it, like you know, and you're saving some lives or you know but you are not really doing anything like. As I said, for every one you get there's another 10 going on beside you, you know. But you like to think if you get a big seizure, a big capture, you do feel good, you do. Drug Unit C1

### ***5.5.3 Working with the community: public perceptions of Garda activity***

Half (46%) of residents and people working in the area surveyed believed that the Gardaí were effective or very effective in dealing with crime in their area, and 54% believed that the Gardaí were not very effective or responded that they didn't know (Table 5.27).

**Table 5.27 Perceptions of Garda effectiveness, Central (n=200)**

	n	%
Very effective	22	11.0
Effective	70	35.0
Not very effective	72	36.0
Don't know	36	18.0

Seventy-five per cent of respondents were aware of Garda activity in the area. Of these, 68% reported being aware of Garda patrol cars, 50% were aware of foot patrols and 33% were aware of Gardaí on bicycles; 12% had observed stop and search activity; 9% had observed house raids; and 3% had observed arrests being made (Table 5.28).

**Table 5.28 Awareness of Garda activity, Central (n=148)**

	N	%*
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Gardaí patrolling in cars	100	67.6
Gardaí patrolling on foot	74	50.0
Gardaí patrolling on bicycles	49	33.1
Response to call from the public	31	20.9
Stop and search operations	17	11.5
Other	15	10.1
House raids	13	8.8
Arrests made in the area	4	2.7

\*Percentages exceed 100% as multiple answers permitted

In relation to reducing drugs and crime in their communities, 43% of residents cited the need for more Gardaí on the street (Table 5.29). Fifty-four per cent of respondents called for improved amenities and education/awareness programmes targeted at young people.

**Table 5.29 Measures needed to reduce drugs and crime in the area, Central (n=153)**

	<b>N</b>	<b>%*</b>
More Gardaí on the streets/patrolling	65	42.5
Improve amenities for young people	46	30.1
Education and awareness programmes targeting young people	36	23.5
Harsher sentencing for dealers	22	14.4
Other	18	11.8
Regeneration of housing estates and flat complexes	16	10.5
Increase drug-treatment facilities	13	8.5
Redevelop derelict buildings	8	5.2
Increase social services in the area	7	4.6
Increase in family support services	3	2
Don't know	2	1.3

\*Percentages exceed 100% as multiple answers permitted

### **5.5.3.1 Information from the public**

Residents and workers were asked about their co-operation with local Gardaí on general issues and on drug-related issues. One-quarter (24%) knew a Garda in their area by name and 25% had spoken to a Garda about the area they lived in.

As indicated in section 5.4.3, 12% of residents and workers surveyed in Central had reported information about drug-dealing to the Gardaí, and the majority of these had done so within the last three years. Of the 178 respondents who had not reported any information, 30% stated they would not report information if they had it and 18% were undecided. When probed on the reasons for this, 50% stated fear of reprisal, 30% said that they did not regard it as their business, and 16% said they believed that the Gardaí



would not act.

The willingness of respondents to report the involvement of young people in the distribution of drugs was also examined. Three-quarters (74%) of respondents stated they would report a young person's involvement in drugs to other members of the community; two-thirds (64.3%) were more likely to approach the parents of the young person, 19% would talk to the young person themselves and one-quarter (22.4%) were more likely to approach the Gardaí (Table 5.30).

**Table 5.30 Reporting a young person's involvement in drug-dealing, Central (n=143)**

	n	%*
Parent	92	64.3
Gardaí	32	22.4
I'd talk to young person myself	27	18.9
Social services	10	7.0
Other	6	4.2
School	4	2.8
Older brother/sister	1	0.7

\*Percentages exceed 100% as multiple answers permitted

Of the respondents who would not, or were undecided as to whether they would, report a young person's involvement in drugs, more than half (27) said that it was not their business and one-quarter (12) cited fear of reprisal as reasons not to report (Table 5.31).

**Table 5.31 Reasons not to report a young person's involvement in drug-dealing, Central (n=50)**

	n	%
Not my business	27	55.1
Fear of reprisal	12	24.5
Other	7	14.3
Don't know	4	8.2

From a Garda perspective, relations with the local communities varied. Gardaí received information from community members in the context of formal meetings and informal contacts, but a culture of fear and intimidation prevailed in certain communities in relation to communicating with Gardaí.

It's good and bad depending on the areas: some areas are better than others. Some areas are an awful lot more closed, they won't talk to you at all. Again, like you'll always have very decent people in some of these communities and they'll always want to talk to the guards but were always afraid to talk to the guards because they'd be set upon by the little young lads that are in the area. Drug Unit C2

Gardaí believed that they were extremely unpopular in certain areas.

You would have to be very careful with information and what people are explaining the information and what the information was. You would generally yes, yeah you'll get spirited members of the public giving information all right at times you know. Yeah you do – the odd time. ... but in [location] people can't see that you're there to protect them. You're just seen as scum I suppose and you're spat at and there's stuff thrown at the car and there's stuff thrown at you and abused every time you drive down the street you know what I mean. It's just that's the way it's always been and always will be. Drug Unit C1

Community meetings were an opportunity for unit members to address the concerns of the local people.

You learn a lot at them. It's nice for us to hear what they want done and we can go back to them and say we searched the place. Drug Unit C6

We have good community relations... We'd attend meetings with them. We give them feedback ... it could be every four, three or four months when we'd have a meeting with them or whatever that you know. We just give them feedback, they give us feedback, not necessarily over the open floor but they might contact their community leaders if you like that would pass on information to us then. Drug Unit C4

Information obtained in this way could be useful, but was often not sufficient for a warrant.

If someone gives us information we don't just sit on it or whatever. We'd assess it ourselves. And you know sometimes we're not able to act on it because there's insufficient evidence to justify a warrant or whatever, but you would always, the information is always, you know, we're happy to get it you know. Drug Unit C4

Gardaí rarely received information about intimidation from community members who were not involved in the drugs trade.

We don't get much feedback there in relation to people that are intimidated. We might get information of informants that they have been intimidated or their family might have been intimidated. Drug Unit C2

#### **5.5.4 Inter-agency partnership**

The relationship with local municipal authorities was described as positive.

The council are great. You always get an awful lot of input and they're always very willing to assist. Any questions and you ring them, they'll always help and we always find them very good now to be honest with you the city council has always been 100%. Drug Unit C4

Unit members worked with local municipal authorities when trying to secure the eviction of drug sellers from local authority houses. After the first positive search, Gardaí contact the council authority. The second positive search warrants a final warning and upon the third positive search the sellers are evicted. The same sellers are targeted over and over again to get the 'three strikes'. Once Gardaí are searching for the third time, the tenants will be evicted fairly promptly – within two or three months they will be moved out.

Drug unit members did not have a long-standing co-operative working relationship with drug-treatment services. Unit members had often sought information on drug-dealers



operating around drug-treatment facilities, but had found that treatment staff were unlikely to offer information. However, one unit member reported recent improvements in relationships with drug-treatment services. Certain members liaised with treatment services and services were willing to identify drug sellers who were not genuinely using their service, but were hoping to sell to clients of the service.

We didn't have a good relationship with them for a long time. It has improved brilliantly, which has been a great help to us. We would liaise with the clinics now and the relationship's much better, they would, if they would identify people that might be dealing inside the clinics, if they say 'Look this man, he seems to be down here, he's not a part of our clinic or, he is a part of our clinic and he seems to be hanging around all day dealing, or we believe he's dealing and people are telling us he's dealing', they come down and they tell us now and they'd inform us and they'd let us know what's going on. Whereas before that they would black us out, they wouldn't tell us anything, whereas now the relationship has gotten much better. Drug Unit C2

Relationships with social services were poor and were identified as an area where vast improvements could be made.

We're often in the houses and the parents are sitting there smoking heroin and there's kids running around the place and forms have been sent up before in relation to it and you hear nothing back, like you know what I mean. And the families are just left as they are. The parents are still sitting there smoking heroin in front of the kids, like you know what I mean. The smoke is in the room, the kids are in the room so obviously the kids are breathing in the same smoke the parents are breathing in, like you know what I mean. There's not near enough done in relation to it. Drug Unit C2

#### **5.5.6.1 Garda attitudes to treatment diversion and harm reduction**

The drug unit had no official relationships or structures in place to guide problematic users and sellers to treatment. Unit members indicated the potential value of treatment-diversion programmes.

If somebody is caught ... the court should direct them as part of a court order, instead of going straight to prison they should be sent to a clinic or somewhere to get off. Drug Unit C2

Well I kind of touched on that earlier you know. I think there is a need for it, you know, even for intelligence swapping if you like, you know, in relation to clinics and that sort of thing you know. As we said earlier in relation to us referring someone to say this person generally wants to get off gear, he wants to get off cocaine you know, off crack cocaine or whatever maybe that you know, I think they should be maybe pushed up the ladder or whatever you know. Some kind of scheme like that you know. I think there is merit for it. Drug Unit C4

Needle exchanges were regarded as a positive facility for users, but it was acknowledged that they attracted a constant stream of drug sellers.

The majority of them they're a good thing ... but there are places where people hang around to buy drugs as well you know. Because they know there are junkies going to be there because they're exchanging needles. And they do change them and it's great but I'm sure if you're a junkie it's a great thing to have a needle exchange where you can get a clean needle and stuff like that you know what I mean. But they are also from my point of view are places where wholesale drug-dealing goes on. Drug Unit C1

### **5.5.6.2 Other issues raised**

Current sentencing practices were regarded as undermining attempts to disrupt supply. The disruption of an open market rarely had a long-term effect; activity was displaced temporarily to another area. Long-term cessation of street markets was not regarded as attainable given current sentencing practices. Short sentences were not a sufficient deterrent to street dealers.

Sentencing is unbelievable. That for me is how we have such a big problem in this country, because we have no deterrent. It's the street level which is the problem here in this country, they have only small amounts. That's what people give out about, that's what people don't want their children seeing. I'm sure they don't want to see kilos of stuff going, but all of that stuff is done behind closed doors. Stuff on the street is in people's faces. We catch people with 600 or 700 Euros of stuff and some people get probation. What's the deterrent, like ... that has to be tackled. Drug Unit C6

Many repeat offenders received short sentences because they were caught with only a small amount of drugs and judges based sentencing on the value of the drugs seized.

Nearly 100% of the time if you're going into court with somebody and they have a couple of hundred Euros worth of heroin on them, the judge is not going to put them in custody and he's not going to have any intention to putting them in custody and so your hands are tied to a certain extent of what you can do with the person. So the only thing he can do is maybe get them to sign on twice a day in the local Garda station and prevent them, you can even prevent them from going on to a certain street. It is a long uphill battle, but it is something you just have to keep on pounding away at it. Drug Unit C2

## **5.6 Conclusion**

### ***5.6.1 Evolution and organisation of illicit drug market***

Central has a history of drug-selling and drug use dating back to the 1970s. Residents surveyed highlighted unemployment and the widespread availability of drugs as the primary reasons for local drug use. Central could be described as a socially and economically divided area, with the economic growth associated with the so-called 'Celtic tiger' having contributed to a gentrification of many parts of the area in the past decade. One striking social factor is that the majority of family units are headed by a single parent. Heroin has always been the most problematic drug in use and it was widely available in the area. Cocaine and cannabis were also widely available. The demand for and supply of crack cocaine and prescription tablets were reported by sellers and drug unit members to be increasing steadily. This was not reflected in PULSE drug offence figures, as crack is often represented as cocaine while prescription tablets such as benzodiazepines are not illegal.

Drug dealing generally involved people who had grown up together and also revolved around close family relations within tight knit communities. Drug unit members regarded



the distribution of heroin, cocaine and cannabis as highly structured and generally involving three or four levels of distribution. Several high-level suppliers orchestrated the importation of substances and distributed them in several areas, including Central. Crack distribution originated with non-Irish importers who imported small amounts of high-purity cocaine and sold it in either powder form or prepared 'rocks'. However, Irish sellers were becoming increasingly involved in providing prepared crack.

The middle-market level was reported to be heavily populated by individuals and groups or gangs with regular access to a kilo or more of illegal drugs. A wide variety of distribution types coexisted in central. There were several open street markets where heroin, crack cocaine and prescription medication could be purchased. These were accessible to non-local sellers who could then develop their own phone-based dealing operations. A prison-based respondent suggested that at street level the low price of heroin had contributed to a proliferation of dealers. The market attracted a very high proportion of non-local buyers. Closed markets included mobile-phone-based distribution, pubs and housing estates and flat complexes. Sellers employed runners to deliver drugs to buyers at street level. Young people (under-16s) were reported to be heavily involved in this activity. Drug users were often employed in this role.

### ***5.6.2 Market impact***

Three-quarters (77%) of survey respondents considered illegal drugs to be a big or very big problem, and the vast majority based this on personal observation of drugs being smoked or injected. Half of the respondents had seen discarded syringes in the area in the 12 months prior to the survey. One-half of respondents believed their communities had no-go areas, citing large groups of people hanging around, or using drugs or alcohol as the main reasons to avoid the area at certain times. Gardaí attributed the vast majority of acquisitive crime in the area to drug users and highlighted the growth of prostitution. However, prostitution was not cited as a visible problem by residents or workers.

Violence associated with the drug market also impacted on the area. A prison-based respondent who had been involved in the drug trade as a user and dealer for over 20 years believed that the prevalence and use of guns and also disputes over control of territory were relatively modern features of the illicit drug trade. Most of the drug-market violence reported in Central arose, not from conflict over the control 'turf', but from drug-related debt which was acquired as a result of people consuming their own supply or as a consequence of seizures by Gardaí. Where drugs were lost as a result of a garda seizure, debts remained, as the drugs still had to be paid for. According to a prison-based respondent, this was due to the existence of a drug market 'code of understanding' or 'rules' which determined that, where drugs had been seized by the Gardaí, liability for

payment rested with whoever was in possession of the drugs at the time of their seizure. The illicit drug market also contributed to a local black market in stolen goods. Jewellery, mobile phones and electronic goods were regularly exchanged for drugs. Stolen goods were either retained by sellers for their own personal use or sold to individuals in their community. One in three survey respondents reported that they had been offered stolen goods at least once in the 12 months prior to the study by someone they believed to be a drug user. Of those who had been offered goods, 12% had been offered goods often or very often. The drug market was also linked to and contributed to the legitimate economy. The use of legitimate businesses such as taxis was a mechanism to avoid detection by law enforcement, as taxis could be expected to have valid tax and insurance.

### ***5.6.3 Drug law enforcement***

Dedicated drug units policed the area. Strategy was supply oriented, targeting both street dealing and higher-level suppliers. Gathering intelligence from drug users and drug sellers was critical to success. Most (58%) drug offence prosecutions were for simple possession. Cannabis resin and herb accounted for three-quarters (76%) of simple possession offences. The majority (71%) of simple possession arrests resulted from either a pedestrian or vehicle stop and search. However, it was accepted by gardai that this police activity was generally concentrated among the lowest social classes, as higher social groups would be unlikely to have their cars stopped or searched. Drug unit members believed that cannabis use among the local population was as casual as cigarette smoking. One-third (33%) of drug offences were for drug supply with cannabis accounting for 32% of supply offences, heroin for 38% and cocaine for 19%.

As was mentioned above, Central had several resilient, open drug-selling hotspots and special garda operations failed to disrupt these markets for any length of time. The futility of such crackdowns in busy hotspots was highlighted by local drug sellers who said that they could disperse quickly when Gardaí approached and resume when they left the area. Garda members acknowledged that their activities generally dispersed markets temporarily. Multiple large scale arrest operations were conducted in specific geographical locations but this simply disrupted and shifted markets temporarily. Garda members stated that for very dealer arrested, there was still a plentiful supply with many others still dealing and arrested dealers were rapidly replaced. There is no indication that garda drug supply control efforts had any effect on drug availability. Heroin certainly appeared to be in plentiful supply and had reportedly become cheaper to buy at all levels of the market. The quality and cost of cocaine had also reportedly decreased. Cocaine purity ranged from 1% to 69%, but was generally very low, with an average of 14%. Half of the seizure samples analysed was of 7% purity or less. The price of crack cocaine was remarkably high and steady. It is unclear why this



was the case. Garda activity can also be seen to have unintended negative consequences. As was mentioned above, garda seizures contributed to drug debt and subsequent violence within the drug market

#### ***5.6.4 Options for the future***

The gardai largely accepted the futility of most of their activities but they still called for harsher sentences for drug dealers. The need for an alternative procedure for dealing with simple possession cases was supported by individual drug unit Gardaí, given the burden such cases placed on the justice system. However, the utility of possession charges as a means of extracting information from low-level sellers and users was highlighted.

Inter-agency partnership was developing and proving beneficial according to garda members. The relationship with local municipal housing authorities was described as positive, enabling the efficient eviction of local drug-dealers. Recent improvements in relationships with drug-treatment services had also produced positive results in terms of identifying persistent drug sellers outside drug-treatment clinics. However, inter-agency harm reduction efforts were underdeveloped; the garda drug unit had no official relationships or structures in place to guide problematic users and sellers into treatment although unit members indicated the potential value of treatment diversion programmes.

More than one-third (36%) of survey respondents believed that the Gardaí were not very effective, and 43% cited the need for more Gardaí on the street. Garda relations with the local communities varied. Garda members stated that although good feedback was received from community meetings the information gained was often not sufficient for concrete action to be taken. Drug unit members felt they were very unpopular in certain areas and that locals would be too fearful to offer information on drug-dealing. Almost one-third of survey respondents confirmed this, saying that they would be reluctant to report drug-related information to the Gardaí, with half citing fear of reprisal as the reason. People were unlikely to report drug-related intimidation to the gardaí. However, three-quarters (74%) of respondents said that they would report a young person's involvement in drug-dealing, most likely to the parents of the person (68%) or to the Gardaí (26%). According to local residents, apart from the need for more gardaí on the street, the other primary response needed to address the local drug problem, was the need for improved amenities and education and awareness training for young people.

## **6 Suburban**

### **6.1 Introduction**

This section begins with a profile of Suburban. The site is briefly profiled using social, economic and demographic data. The characteristics of the drug users and sellers interviewed in the Suburban are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity and relationships with local Gardaí are also explored.

This section also includes interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area on the local drug market. Criminal justice data on drug searches, drug arrests and seizures are also presented as are data on local drug prices. In addition, drug purity data and information about typical drug adulterants provided by the FSL are analysed. Finally, the views of individual Gardaí on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the prioritisation of resources in relation to drug-related crime are investigated. The section concludes with a discussion of the main findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

### **6.2 Profile of Suburban**

Suburban is located within a suburban satellite town with a population of approximately 40,000. Developed in the late 1970's and early 1980's, Suburban is one of a number of 'towns' established on the fringes of Central and in response to the growth in population there. It is an estate characterised by vast uniform, low density, low rise housing types built on a large green field site. It is a poor physical environment with unattractive housing layouts and poorly designed and maintained public open spaces with a lack of local amenities and facilities. Houses have limited and uniform garden lengths and there are few open public spaces, a design approach that reflects a developmental process designed to maximise profits. Estates are characterised by large tracts of either public or private housing with little or no integration between the two. This has contributed to clear class segregation and physical polarisation of those experiencing low income levels in less



skilled employment, high levels of household overcrowding and high levels of unemployment. In the early 1990's the area was known for significant and persistent social and economic deprivation. The 'Celtic tiger' years between 1995 and 2002 saw significant improvements in affluence and a decrease in absolute deprivation locally. An economic slowdown between 2002 and 2006 however, has had a negative impact locally. Relative disadvantage experienced in Suburban has altered little since the 1980's. Although Suburban is within ten miles of Central, inadequate public transport has curtailed access between the two locations. Poor local transport has also hindered access to local services and facilities that do exist in Suburban. The garda region of which Suburban is a part, has one of the highest drug offence rates in the state. The drug crime rate has increased significantly since 2005 and the area has become associated with a number of incidents involving gun crime in recent years.

The study focused on an area in Suburban encompassing three electoral divisions (EDs) (named X, Y and Z in Table 6.1). These EDs scored a maximum 10 on the deprivation index, suggesting considerably high levels of material deprivation. More than one in 10 individuals were unemployed, almost one-third reported low socio-economic status and at least 29% of the whole area's housing stock was local authority (almost half in ED Z). The standardised prisoner ratios (SPR) for these three EDs were also elevated: two divisions reported two to five times more released prisoners who had served drug offences than would be expected based on age and gender demographics, and one division reported an SPR greater than 5.

**Table 6.1 Deprivation indicators and standardised prisoner ratios (SPRs), Suburban**

ED	Unemployed (%)	Low socio-economic status (%)	Local authority housing (%)	No car (%)	Deprivation score	SPR
X	12	27	29	23	10	2-5
Y	11	25	31	28	10	2-5
Z	14	35	47	33	10	>5

ED = electoral division; SPR = standardised prisoner ratios

Source: Various (Irish Census, Irish Prison Service, Small Area Health Unit, Trinity College Dublin, please see section 3.2)

### **6.2.1 Neighbourhood satisfaction: perspectives of survey respondents**

Of the 202 residents surveyed, 52% regarded their area as a fairly good or very good place to live. Over one-third (35%) of residents cited the area's social infrastructure (child

care, shops, restaurants etc.) as a benefit of living in the area, and one-quarter (24%) believed the area was a 'good community'. However, 30% believed there were no benefits to living in the area.

### ***6.2.2 Social problems: perspectives of survey respondents***

Ninety per cent of those surveyed considered drugs to be a problem in the area. Other social problems were also assessed; 84% of residents considered underage drinking to be a big or very big problem while 72% were concerned about teenagers loitering in the area. Three-quarters of respondents highlighted the problems of litter and vandalism in the area (Table 6.2).

**Table 6.2 Respondents' perceptions of social problems other than illegal drugs, Suburban (n = 202)**

	Respondents questioned*	Positive responses	%
	n	n	
Underage drinking	198	167	84.3
Litter	202	155	76.7
Vandalism and graffiti	200	148	74.0
Teenagers loitering	201	145	72.1
Public drunkenness	198	127	64.1
Property/vehicle damage	198	122	61.6
Abandoned/burnt-out cars	201	109	54.2
On-street intimidation	200	96	48.0
Racial motivated harassment and attacks	189	66	34.9
Derelict buildings	199	60	30.2
Noise at night	199	52	29.1

\*It should be noted that not all survey respondents answered every question. This may have occurred, for example, where the respondent did not have the time to complete the full survey. The number questioned in relation to each specific survey topic is highlighted in the tables presented throughout.

### ***6.2.3 Drug services infrastructure***

Drug-treatment services such as methadone and needle exchange were available locally. The area also had a variety of low-threshold services for drug users, and outreach services.

### ***6.2.4 Profile of drug-using/selling participants in Suburban***

Eight males and five females aged 18–40 who were current or former drug users were interviewed. Most had left school before the age of 16, had at least one child and lived either with parents or in a local authority house. Participants were in receipt of some kind of welfare payment (disability, job seeker or lone parent benefits). The majority regarded



heroin and/or crack as their main problem substance and reported using illegal drugs for the first time before the age of 18. More than half (9) were either currently using drugs or had been drug free for less than six months. Ten participants were currently in treatment for drug use (Table 6.3).

**Table 6.3 Profile of drug-using/selling participants, Suburban (n=13)**

<b>Gender</b> Male (8) Female (5)	<b>Dependants</b> One or more children (11) No dependants (2)
<b>Ethnicity</b> Irish (13)	<b>Accommodation</b> Local authority (6) Renting/private property owner (3) Living with parents (3) Homeless (1)
<b>Age</b> 18–25 years (4) 26–34 years (5) 35 years or over (4)	<b>Education</b> Left school before age of 15 (4) Junior Certificate (5) Leaving Certificate (3) Third-level qualification (1)
<b>Income</b> Social welfare (11) Drug-selling and social welfare (2)	<b>Problematic drug use</b> Heroin (6) Crack (4) Cocaine (2) Tablets (1)
<b>Current drug use pattern</b> Using in last 6 months (7) Drug free 6 months or more (4) Drug free less than 6 months (2)	<b>Age of first drug use</b> Under 12 years (1) 12–15 years (5) 16–21 years (6) Over 21 years (1)
<b>Treatment history</b> Methadone (current) (7) Non-medical treatment (3) Not receiving treatment (1) Unknown (2)	

Of the 13 users and sellers interviewed in Suburban, 2 were currently selling drugs and 9 had a history of drug selling. Drug types sold included heroin, cocaine and crack cocaine. Only two drug users interviewed had never sold drugs. Criminal convictions were reported by eight interviewees, of whom six had drug-specific convictions (Table 6.4).

**Table 6.4 Drug-selling profile of participants, Suburban (n=13)**

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<b>Drug-selling history</b>	Currently selling drugs (2) Sold drugs in the past (9) Never sold drugs (2)
<b>Drug type sold</b>	Heroin (4) Cocaine (3) Crack (2) Multiple substance (2) N/A (2)
<b>Criminal convictions</b>	Drug-related supply (2) Drug-related possession (1) Other drug offences (3) Other convictions (2) No criminal history (5)

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### **6.3 The evolution and organisation of illicit drug markets: Suburban**

This section presents findings describing the evolution and organisation of the illicit drug market in Suburban.

#### **6.3.1 Market evolution**

Garda drug unit members interviewed with regard to the local drug market in Suburban believed that the development of the local drug market had been aided by the relocation of people from inner-city communities to the expanding suburb, and that the high proportion of local authority housing estates in the area had contributed to the development of serious drug problems.

A lot of people were moved out from the inner city areas out to here, and they were built up, and the amenities weren't there for the kids. So I think it probably started in the '80s, drug use here, and then escalated through the '80s with the, I suppose, introduction of heroin into the area, and ecstasy I suppose was a start for young people, and then moving up ... But I think around here it's so readily available that it's so easy for people to get involved in it. Drug Unit S1

The area we would most concentrate on is – they're predominantly council estate houses with a young population, high unemployment and a lot of drug abuse in them. Drug Unit S3

Residents were surveyed on the reasons for drug use in the area (Table 6.5). One-quarter cited the shortage of facilities for young people and 23% highlighted the availability of drugs. One-fifth highlighted the impact of high unemployment.



**Table 6.5 Perceived reasons for drug use, Suburban (n=153)**

	<b>n</b>	<b>%*</b>
No facilities for young people	37	24.2
Availability of drugs	35	22.9
High unemployment	28	18.3
Boredom	24	15.7
Poor parental supervision	22	14.4
Poor education	22	14.4
Don't know	18	11.8
Other	14	9.2
Poverty	6	3.9
It's just the way society is	6	3.9

\*Percentages exceed 100% as multiple answers permitted

One individual, who was serving a lengthy prison sentence for drug supply, saw an opportunity to settle some outstanding gambling debts and maintain an extravagant lifestyle through drug-dealing. At the same time, he had a successful business.

Well, I got into it as I say I started – when I started doing cocaine in the pub and things were good, I was working at the building, I was earning big money. But then again I was a heavy gambler, so I was losing a lot on the horses. Next thing was I owed about 10 thousand debt to a shark and then he turned around and he said, 'Well what's the story?' And I couldn't pay it off, I was paying my missus and giving her my wages every week. So, he says look if you want a bit of stuff there to sell – so he threw me an ounce of coke and I bagged it up and I just met two people and that was it. Sold it on to them, seen the profit I made – I must have made a thousand pound from the deal. And I said here there is big money in this. And from that then I did the same again until it got bigger. Until I was buying a kilo of it every week. That is where it all started from. Prison Interview S1

The need to support a drug habit was the prime reason for becoming involved in drug-selling given by five sellers interviewed in Suburban.

Basically with heroin it's like you either work or you feed your habit. See, you're selling what you use. Most people can only buy half an eighth, say €100 worth, and they make say 10 bags out of it. Then you'd probably smoke three bags and sell the rest and make enough money for the next half-eighth. IV S6

Financial gain was cited as a motivation by three sellers. One seller had just served a prison sentence and had mixed with drug suppliers in prison.

Prison friends, mainly ... you're in jail and you get to know a few people from say [town]. And you get to know them ... You get out, phone them and there you go, you know, on the road of destruction from there mainly. IV S1

Another seller socialised with drug sellers and witnessed the financial benefits.

I had a good job that was paying good money. And I suppose I had a nice few quid you know what I mean. I wasn't with anyone at the time. I'd work every day of the

week, never missed a day for three or four years. But I was dabbling with the gear and was snorting coke; I was still able to brush up for the day, do you know what I mean. The people I was with all went into drugs. It all seemed a good idea to me, I have this much money and double it. IV S14

One seller initially started running (delivering) drugs for an established seller to make money. After losing a consignment of drugs, he had to start selling drugs himself to pay off his drug debt quickly.

Because there was good money made out of it. Like there was a lot of money in it and I had no job and social welfare and I was only getting it because my dad was earning so much in the house. I was only getting 50 quid. I was getting means tested, so I had no money.

I was a courier for a fellow that did it and I nearly had a big miss, the Garda nearly got me and I had to pay a big bill back and everything and a lot of stuff went missing on your man. That's when I started doing everything. IV S17

Another prisoner serving a lengthy sentence for drug-dealing who was previously addicted to drugs explained that, due to an outstanding drug debt and the resulting intimidation of him and his family by those to whom he owed money, he eventually agreed to transport drugs on their behalf. He believes that he had been 'set up' for the Gardaí as he was arrested minutes after collecting the drugs.

I have been a heroin addict since I was 14 years of age and I got clean about four years ago. But when I did get clean there was a lot of trouble there if you know what I mean – money owed and things I have done. But I was clean for three and a half years and say the half year it was just relentless pressure. Like people in that world – when you tell them no and when you tell them no you are more or less telling them to fuck off, do you know what I mean? So, I kept saying no, no, no and then the next time then they targeted me mother's home by discharging a gunshot through the front door of me ma's window. And that was a mess for a couple of weeks and then I started getting phone calls, that these people were letting me know where me younger brothers were going to nightclubs and pubs and stuff like that. And I have young – two young kids myself and then they started mentioning their names and so I was kind of backed into a corner if you know what I mean – it was like if I don't do this – about eight families are going to feel it, do you know that way. No, this is what I am saying – I eventually said yes. I would do it and I would do it once and once only if they knocked money off the bill and – 'Yeah, yeah, yeah – just do it this once and we will go back to the way we were paying it' and all. So, I seen a situation to get out of – and I took it. And within five minutes of taking the drugs I was arrested. I was used – as a gillie and as a mule and – so I hadn't got the – when you usually get arrested by accident it is usually police in uniform who would probably know you or pull you over but I was arrested by what seemed like the American army. Prison Interview S2

Another prison-based respondent explained how some people who begin dealing to repay a debt can eventually move up a level in the supply chain and start dealing larger amounts at the behest of the original dealer to whom they owed the debt. In this way, the drug-dealing chain can expand outwards while profits at the top levels can simultaneously increase.

Well, you would start – as I say – you would start off – there is a lot of people start off that way. They start using coke and next of all they get into debt and they are into debt for a thousand pound and they can't pay it back and your man says 'Well, do you want an



ounce – out of an ounce you bag 22 hundred bags out of an ounce that is weighing in at about 1.4. You will get a good decent weight at 1.4 grams. So, 28 grams you get 22 hundred bags, so he will give you an ounce for a thousand pound. And so you go out and you sell your hundred bags. Once you sell them you have 22 hundred quid, so you are 12 hundred up. And you are saying this is good money for one night's work. You know so you can pay your man back and you are left with a couple of ton then. And give us another one sure I have the customers there and from the customers then it all grows. Every week – it just grows and grows and grows, you know. Prison Interview S1

The media, according to one prison-based respondent, played an important role in glorifying drug-dealers and drug-dealing and making it attractive to young people living in areas with high levels of poverty, particularly when they are in their teenage years and easily influenced by the trappings of wealth and the status it can provide.

They are introduced to it first, like 12- or 13-year-olds ... I mean all of these kind of fucking media bleedin' coverage and everyone that is earning anything from drugs – why the fuck would a country as small as Ireland allow people to be portrayed as millionaire fucking gangsters ... And these big gangsters have younger brothers so like these are impressed by these people – he is walking around with a fucking brand new Merc, it is brand new and fucking Nike tracksuits and the best of clothes and fucking gold and rings and ears pierced and what have you, yeah. And this fella sees this fella going around with 40 or 50 Euro in his pocket. You know every day of the week he is buying this, he is buying that, he is buying drink, he is buying smokes – do you know what I mean. Here is this drug; try that and that is how it starts. Prison Interview S5

### **6.3.1.1 Drug availability**

Garda drug unit members indicated that heroin, cocaine, crack cocaine and cannabis were the main drugs bought and sold in the area.

Heroin, and cocaine and crack cocaine and then obviously your cannabis and cannabis resin you know. But E tablets and that seem to be, you know, they're not worth anything so people aren't really bothered with them. Drug Unit S2

Garda drug unit members, drug users and sellers stated that, while a small proportion of sellers sold multiple substances, the majority of offenders were considered single-substance sellers.

But you would get people who are selling both, but generally no, dealers would tend to, as I say, you'd know who to go to for your coke, who to go to for your heroin. Drug Unit AS2

The information obtained in interviews with local Garda drug units and with drug users and sellers is reflected in the PULSE data. Cannabis resin or cannabis herb accounted for 62% of all drug seizures in Suburban between October 2008 and March 2009 (Table 6.6). Heroin and cocaine accounted for 36.5% of seizure cases. Crack cocaine accounted for 6% of seizures. Seizures of ecstasy were rare, accounting for just 4% of cases.

**Table 6.6 Seizures by drug type, Suburban (n=274)**

<b>Drug</b>	<b>n</b>	<b>%*</b>
Cannabis resin	128	46.7
Heroin	54	19.7
Cocaine	46	16.8
Cannabis herb	42	15.3
Crack	16	5.8
Ecstasy	10	3.6
Tablets	8	2.9
Other	1	0.4
Cannabis herb (home-grown)	2	0.7

\*Percentages exceed 100 as more than one drug seized

Source: PULSE, October 2008–March 2009

Seizures associated with supply-related arrests indicate the substances that may be sold locally. Heroin and cocaine accounted for over two-thirds of all supply-related arrests (Table 6.7). Cannabis resin was seized in 21% of cases and cannabis herb in 8% of cases. Crack cocaine accounted for 13% of all supply-related seizures. However, supply seizures may more accurately reflect the focus of law-enforcement activities, rather than of local availability of particular substances. PULSE figures for supply offences indicate that 19% (n=17) of suspected supply offenders were in possession of multiple substances.

**Table 6.7 Supply offences by drug type, Suburban (n=82)**

<b>Drug</b>	<b>n</b>	<b>%*</b>
Heroin	34	41.5
Cocaine	22	26.8
Crack	11	13.4
Cannabis resin	17	20.7
Cannabis herb	6	7.3
Cannabis herb (home-grown)	1	1.2
Ecstasy	5	6.1
Tablets	5	6.1
Other	1	1.2

\*Percentages exceed 100 as more than one drug involved

Source: PULSE, October 2008–March 2009



## *Emerging trends in drug use*

Interviews with drug sellers, Garda drug unit members and drug users highlighted the increasing use and availability of crack cocaine and prescription tablets, although the latter are not reflected in PULSE as they are not illegal.

It [crack cocaine] is quite common and it seems to be fairly readily available... a lot of young dealers are selling, the rocks as they call it, you know the 50 rock or the 100 rock. Drug Unit S2

A couple of months ago there I needed money fast so and there's an awful lot of crack cocaine being sold. So I got cocaine powder at a fairly decent price and I cleaned it myself and turned it into crack cocaine and started selling crack cocaine. IV S5

It was also reported that prescription tablets were widely used and available in Suburban.

Yeah, six tablets today I'm on. And I cut myself, gees I didn't even need my sleeping tablets or nothing. I didn't need my antidepressant tablets. But I just needed the D5s, the anixalm tablets. That's all I needed then. IV S16

But it's another thing I think that should be looked at and it doesn't be brought up, there is a big benzodiazepine problem. IV S5

### **6.3.2 Market structure: buyers and sellers**

#### **6.3.2.1 Buyers**

One prison-based respondent explained that he began dealing to people he met through his legitimate building business. He used his plastering business as a cover for his drug dealing and can be regarded as a 'sideliner', as described in section 2. The money he earned from dealing drugs allowed him to tender cheaply for building contracts. His clients were from a variety of social backgrounds.

I know a lot of people through the building. You know builders and like you are talking about the major builders in Dublin, all the hotels, the major hotels, developers I know them personally. We – I was a plasterer myself and I often had 30 or 40 men working for me plastering. But I wouldn't care about the plastering – I would come in at a cheap price just to keep that as cover up. And that was it and I met them and they were my best buyers. And they would buy in quantity, you know. You would sell them a bar, twenty thousand pound. No problem, they would say 'Is it good?' they would trust me. And you would say 'Ah yeah, it is bang on.' It would be only dirt – it is probably after standing me two thousand pound and they are giving me twenty thousand for it, no bother – there you go. And I often said to one of them you would be better off buying yourself a kilo, you know. And they would say how much would that set me back – €45,000. 'Right so, call me tomorrow', and I would have 45 thousand the next day. I was after getting a kilo of dirt and I got it for €20,000 thousand and I was up 25 grand. He thought it was lovely stuff, you convinced him, you know. Prison Interview S1

At a lower market level in Suburban, garda drug unit members reported the frequent arrest of non-locals for buying illegal drugs. PULSE data indicates that almost one-quarter (22.8%) of suspected offenders were non-local or non-Irish. Drug unit members indicated that both the reputation of the area (as a market that was consistently able to supply

good-quality, competitively priced drugs) and its geographical location (easily accessible by roads and public transport) made Suburban an attractive market in which to purchase drugs.

They [arrested drug users] said they'd come here because they're guaranteed of getting stuff, so there always seems to be stuff here. There might be a drought on here, or a drought on there, but people's perception is you'll always get it here. And also people will tell you that it's the best stuff, but now again, that could be just a reputation that people are trying to develop more than anything else, it mightn't necessarily be the best stuff, but that's the perception that's out there. You know because those little country towns, it's hard to get it, and they say that they're paying exorbitant prices for what they're getting so they come here and they get value for money, so they say. Drug Unit S2

### 6.3.2.2 Sellers

According to drug unit members, Suburban had numerous middle-market sellers. The middle market could be described as double tiered. The first tier was populated by individuals who regularly purchased a kilo or more of a drug from regional or national level suppliers. First-tier middle-market sellers employed people described by Garda members as 'lieutenants' to co-ordinate the transport, storage and adulteration of the substance. The relationship of lieutenants to suppliers in this area could be one of friendship or family. Neither the seller nor his/her lieutenants made physical contact with the substance. The kilo(s) were subdivided into various quantities and sold to a number of second-tier middle-market sellers who had their own networks to store, mix, deliver or sell on quantities of the drug in exchange for cash or drugs. Many retail level or street sellers sourced their drugs from the second-tier middle market, buying quantities such as an ounce, half-ounce, eighths or half-eighths.

One prison-based respondent explained that he was part of a group of about 25 individuals, or 'players' with a core group of about four people at the top, but with most showing loyalty to one individual in particular. He also reported that there were many such groups or 'clicks'.

Above me, there would have been probably about four people above me ...most of them are dead now anyway. They have been shot dead since. But in our click there was – well you are talking players involved in the whole lot – you are talking probably 20 or 25 players in it. All willing to do anything for one person in this click, the main man in this click, they would do anything for him, go out and shoot anyone, they would do anything. If they thought they were getting some cocaine out of it, you know. Prison Interview S1

Individuals in this group performed different roles, including some whose main task was counting money.

They had different roles – you would get two – there would be two head fellas out of the whole lot running the whole operation and after that then you had another two guys who would look after the money end of it. They were just all money – the bank machines and they were the banks for counting the money. Prison Interview S1



Garda drug unit members and local sellers also estimated that there were multiple middle-market actors supplying drugs to sellers in Suburban and in other communities in the region.

There could be 10, more even. Like I'm sure there are people out there dealing kilos that we don't even know about. You know to be honest, like that's the whole idea, if you're good at it, that's where you want to be. Obviously you have your bigger fellas who probably aren't even touching the stuff at all as it is being organised by phone calls, but it seems to get to a fella then who might buy it in kilos, who's a significant dealer, and then he breaks it up into his stashes and he might have someone buying, you know they generally deal in ounces so they're buying a few ounces and they're breaking it down into the bags then and giving it to the younger guys then to sell it you know.... it isn't willy-nilly there is structure there. Drug Unit S2

### **6.3.2.3 Transport, preparation and storage of drugs**

A number of individuals can be involved at different levels in preparing and storing drugs. Some work for certain suppliers in exchange for cash, some are drug users paying off a drug debt, others are young non-drug-using teenagers earning significant amounts of money.

A prison-based respondent who had been arrested while a large quantity of drugs was in the process of being mixed or adulterated on his premises explained this particular role.

And you had other people then cutting it up then personally, doing all the chopping, mixing and then packing it back into a sealed block again. Once it is back in a block again it goes back out and that is when you were getting impure and mixing it back up again. You would buy probably 6 kilos of good stuff – 90% [pure] and you would get another 10 out of that 6 kilos you would make 17 kilos. So, you can imagine the product that was going out there and the money, you know. Prison Interview S1

Sellers interviewed bought drugs at the second tier of the middle market. At this stage, it is likely that the drug has been mixed at least once. Of the 13 users interviewed, only one reported any experience of mixing. As he was only mixing a 'bar' (9oz/0.25kg), it is likely that the substance had already been mixed. In this case, cocaine was being mixed with creatine, baking soda or a substance known as 'magic'.

The new thing – a thing called magic ... I used to get a k [kilo] of it and keep it there do you know what I mean? It was only 600 Euro for a k of it. And you'd put that through, stick two ounces, three ounces to a bar of it do you know what I mean, that's an extra three grand, making eight grand off a bar like. IV S17

Garda drug unit members have observed that the preparation of drugs has moved in recent times from private premises to outdoor locations, such as fields and vacant lots. This makes associating drugs with suspected offenders very difficult in the event of detection.

There's one housing estate just across the road here and there's like a waste ground area at the back of it and there's two quite high banks, so they would just go down into the middle of the high banks. They would have been using that area to store drugs, and even prepare drugs; fields have been used to prepare drugs ... We found evidence of kilos. We would have found umbrellas in fields, buckets, seats, they would

be over basically underneath an umbrella, sitting on a bucket or a seat, cutting up the kilo and bagging it into smaller amounts. Drug Unit S2

There's an underground sewerage system for the new roadway, and we were driving by and we saw the manhole cover open up, and three guys get out with a torch. And when we looked down there was a weighing scales and everything down in the drain. So, they were actually climbing down into an underwater drain and bagging up down there. Drug Unit S2

Drugs may be stored in houses of people not overtly connected with the use or sale of illegal drugs – friends, family or acquaintances of sellers.

Hotels, B&Bs, other people's houses, other people that you knew that weren't known by the Garda. IV S14

We had a guy who was originally from this area was living in X with his girlfriend and children, and you know he was off the radar, he had no previous connections to drugs or anything. Two guys knew him, knew that he wouldn't have had any Garda attention, they approached him, can we use your premises to bag drugs, whatever, and they were going over there to do it. Drug Unit S2

Young people were becoming increasingly involved in the storage of illegal drugs. One seller paid teenagers to store drugs, or got drug users who owed him money to hold drugs for him.

You'd give them, it all depends like on their ages, if they were young fellas say 16 or 17 give them maybe 500 quid, 600 quid. They'd like it. They'd be delighted taking a couple of bags out of it themselves, you know what I mean. That's what it's like. Or, either, if someone was in debt with you, you hold that and give that out. Pay your bill. That is what I was doing as well for other people like do you know what I mean? IV S17

They're getting young lads to be, you're talking 14, 15, 16 lads still are in school and they're just being asked, look, hold that for two days and I'll get it off you and I'll give you a couple of hundred quid for it like. That's seems to be the big thing that's happened here recently. Drug Unit S3

#### **6.3.2.4 Street-level distribution of drugs**

##### *Open markets*

Both open and closed markets existed in Suburban at retail level. Suburban 'hosted' a busy open market situated in an area of legitimate commercial activity in a residential neighbourhood. Heroin, prescription tablets and crack cocaine were regularly sold in this location. Powder cocaine was also reportedly available. Sellers included the very young who did not consume the drug they sold and user/sellers supporting their habit. Known or recognisable drug users were openly solicited by sellers. This market was classified as open, not just because of its visibility but because drugs could be bought by strangers, without the need for an introduction by existing customers. While the market was visibly busy, buying or selling drugs here was for the desperate or the enterprising who would use this location if their usual source of supply was not available, if they were not selling enough drugs using a mobile phone or if they had just started selling and needed to develop a customer base.



If I was to get up in the morning and say right, I need a bag, you'd go to [location]. IV S6

Yeah, I find it hard ... I see blokes at [location] and they just say 'Hi, how are you today' and whatever, 'I got brown' and I just look at them and I say 'I'm on a clinic.' IV S4

For a while you probably have to stand at [location], float around, giving your number out. Over the course of six weeks your number would get dished around. So, then it ended up you wouldn't have to stand out so much. It would be more over the phone once you're established then. IV S5

Although selling in an open drug market brought greater risk of being apprehended by the gardaí, it also could lead to more lucrative selling opportunities, and involvement with bigger sellers.

Just go around the [location]. Like after selling a few bags like I would stand and wait. But when you are waiting you can be doing the phone. Like you would know someone that would ring you up for half an eighth, anyone can get half an eighth. Obviously the longer you're around the more you'd sorta know like, who's who and what's what like. Then sometimes you get people asking do you want to sell for so and so, gives you a bit of work like he'd probably ring another dealer and say what's he like you know what I mean? IV S6

Despite the visibility of the street market in Suburban, it was perceived to be closed to outside sellers. Two sellers interviewed stated that sellers from outside would be 'run out' of the area if they tried to start selling.

If an outsider came in it would be different altogether like ... If he's just told to move off and he doesn't move off ... probably hospitalised. IV S1

#### *Closed markets*

To avoid detection by undercover Gardaí, many sellers would not sell to strangers. As a consequence, many transactions for all types of drugs are arranged using mobile phones. Users phone sellers and meet them in a prescribed location, indoors or outdoors, in public commercial locations or in housing estates. Alternatively, runners may deliver the drugs to a user.

Say I rang John and I said I want an eighth of crack. He'd say okay, meet me at point X in 20 minutes and there will be a young fella called Joe there. I will say what is on him and he'd say he has, say, a white tracksuit on. And I'd say well tell him I have long brown hair and I'd wear something like, say that I will have my white jacket on and he'd say no problem. And then I'd sort out the price with him on the phone and then he'd ring the runner, tell the runner what to do and then the runner would come to me or else I go to the main man. IV S3

It was like wherever they were they'd meet you, stuff like that. Like some people could even call to the house like. So, I think it was just like wherever that person was when you ring them it would be like I'll meet you at the shop or I'll meet you down the road or ..., you know. IV S13

Just make a phone call and ask if he got on and then I'd go and meet the person like, wherever they tell me. They change it to different places. There's not only one, there'd be a few. There was a while ago but you'd have a few numbers say for different people. IV S2

## *Runners*

Runners typically deliver drugs to users who have ordered a quantity over the phone from a local dealer, or they may be given an amount to sell at a local street market. They may be remunerated with cash payments or free drugs. In Suburban, runners were reported to be young and generally not using the substances they sold. Several sellers interviewed used runners to deliver drugs in exchange for money or for drugs that the runners sold rather than used themselves. One heroin seller had started running drugs himself at the age of 15. He was now selling enough cocaine to employ his own runners thereby avoiding the attention of the Gardaí, who knew him well.

I did it myself for a couple of months and then I started getting a few quid in. I started paying people off then ... If they were taking a half bar or a bar [of cocaine], take a half bar. [I'd] probably give them 300 Euro. A bar would be 600. All different prices. IV S17

The following respondent refers to a heroin supplier who uses his 12-year-old son to run drugs on his behalf.

One of the people I get stuff [heroin] off like sometimes he'd send his son out and his son is in my young fella's class, to hand you it and you hand him the money and he hands you the gear. He's only 12. So he's sending his own child out to do it ... 12, yeah. I rang him one day and I went up and the young fella was there and I was, like, God! IV S2

Storing or running drugs was a financially lucrative option for teenagers. It was also seen as a way of developing a 'macho' image.

Yeah they get a little bit of a 'I'm a bad boy' image and 'What are you saying?' and all this crap out of them. It's all trying to act like God, put it that way. Like I have seen people going up with 45 Euro, 'I'm not taking 45 Euro, I want 50, it's 50 Euro not 45 Euro. Go off and get it off someone else.' Trying to act hard and they're only bleeding kids. IV S3

Drug unit members reported that young people from a variety of backgrounds became involved in drug distribution, but that an unstable home environment was not uncommon. The fact that they were sometimes under the age of criminal consent was an incentive recently used to entice young people into drug distribution.

The way they see it is, it's easy to make money selling drugs, look at this guy going around driving that, looking at this guy going around driving that. And, they see maybe their father is a drug addict, or maybe he's unemployed and he doesn't have a penny to his name. And he's bringing in more money than he [father] is. Drug Unit S1

They started using young lads who have had no connection with the police at all, or no dealings with the police at all and they started using them because, number one, they wouldn't be on our radar in any way shape or form. And number two, they're telling them then that they're underage so they're not going to get in trouble and that's started in the last year maybe year and a half that has come in like so, you're searching houses of people that you would never even considered them to be involved in drugs, like. Drug Unit S3

Table 6.8 outlines the breakdown by age of suspected offenders arrested in Suburban between October 2008 and March 2009 under the Misuse of Drugs Act and recorded in



PULSE. Almost one-fifth (17%) of the 81 suspected offenders arrested in relation to the supply of drugs were aged under 18 years.

**Table 6.8 Suspected offenders by age and by offence type, Suburban**

Age	Possession	Supply	Importation	Obstruction
	(n=191) n (%)	(n=81) n (%)	(n=1) n (%)	(n=6) n (%)
Under 18	38 (19.9)	14 (17.3)	0	1 (16.7)
18–24	99 (51.8)	27 (33.3)	0	2 (33.3)
25–34	42 (22.0)	32 (39.5)	1 (100.0)	1 (16.7)
35 or over	12 (6.3)	8 (9.9)	0	2 (33.3)

Source: PULSE, October 2008–March 2009

### 6.3.2.5 Drug transactions: payment, credit and stolen goods

#### *Credit*

Four sellers (two of cocaine, two of heroin) received drugs on credit, also referred to as 'laid on' or 'on tick'. These sellers were buying ounces of either cocaine or heroin and selling to street level dealers or directly to users. Sellers were given a specified amount of time to return the value of the drugs to his or her supplier.

The way it mainly works you're involved in the drug scene so you'd know who would have say weight – that would be someone that's selling drugs in big quantities. So I'd get someone to get introduced to somebody. I'd buy say an ounce of heroin or whatever and I would break that down either into grams or whatever, 50 bags, 20 Euro bags. That would be laid on, you wouldn't pay cash up front. That would be given to you. You'd probably have a week or two to get the cash back to whoever you were after buying the large quantities off. IV S5

Of the 11 sellers interviewed in Suburban, most had been willing to sell drugs on credit to customers. One cocaine seller said that he had to provide credit as otherwise he would lose customers.

Yeah, the majority you would put people on tick because there's an awful lot, you don't get cash. There are too many people selling around the area there was... And you'd ring them the next weekend and like you give it to them on a Thursday night, you ring them the following Thursday, 'Right, where's the money?' IV S17

#### *Non-cash payments*

All sellers accepted payment in the form of certain stolen goods such as satellite navigation devices for cars, jewellery and computer games. Accepting stolen goods could be quite profitable as the item's worth could be substantially greater than the worth of the drugs being purchased:

No, no, never [gave drugs on credit]. Not unless they have gold or whatever, gold chain, gold bracelet and then I'd say yeah there you go. Sometimes they wouldn't come back with

the money and then I'd have a lovely big fucking thick gold bracelet worth fucking 800 Euro in the jewellers you know what I mean. Over 20 quid, do you know what I'm saying? IV S16

The Playstation games could be 80 Euro to buy out of the shop. But an addict doesn't worry about that. He'll take two Playstation games, 80 Euro each and just give it for 20 Euro and he'd be quite happy with it. Easy money so yeah, a lot of them do want the cash but you will get some of them accepting jewellery, decent clothes, as I said at one stage DVDs or good computer games. IV S6

#### *Processing stolen goods*

Stolen goods were either retained by sellers for their own personal use or sold to individuals in their community. Sellers could go to individuals known for selling on stolen goods in their community or to people they knew might be interested in certain types of goods.

Yeah you could go up to [location] ... There's one or two people up there you ask for. You say 'Can you go down and see if anybody is interested in this or that, jewellery to DVDs, to Playstation games?' IV S5

If it was clothes like if there was certain people that I knew that would always buy clothes you know and stuff like that, yeah. But other than that like for anything I would just ask around like, you know. There's always someone to buy something. IV S13

### **6.3.2.6 Competition, conflict and debt collection**

#### *Competition*

Garda drug unit members reported that drug markets were geographically defined, with one or two middle-market sellers per housing estate in the area. Drug unit Gardaí considered such estates as closed shops – non-locals could not just start selling there.

People would have their own areas like. There's different estates in the area, and one group would look after that estate, people going up there, and they'd have little places where they'd be known, where they deal from there, and they change them regularly but they're in around that estate, then there'd be another group in another estate who would do the same. And, you wouldn't muscle in on them if you know what I mean. Drug Unit S1

However, sellers explained that supply was plentiful in Suburban and as a consequence the drug market was competitive at retail and middle-market level. Providing competitively priced quality drugs was essential to maintain a loyal customer base. Two local sellers interviewed indicated that they regularly shopped around to get the best deal from a supplier.

If you're selling drugs ... you are going to be finding out who has the cheaper stuff. You know and you're paying mad money for stuff that isn't nice when someone else can get it to you cheaper and it's nicer, yeah. You'd want to be listening out, do you know what I mean? IV S14

One seller had returned cocaine because the quality was sub-standard, it had been adulterated so much.



Well if I would get it and it was shite like, you're not gonna make much money you know what I mean. You take it back, how I am supposed to pay for this if it's rubbish. IV S14

At street level, customers bought their drugs from multiple sellers to ensure they got the best quality for the best price. Buying from strangers was hazardous, as desperate sellers could sell very poor quality drugs, or another substance that resembled cocaine or heroin. The street-level price did not vary, but quantity could. Some sellers offered generous quantities in a bid to maintain a loyal, regular customer base.

I [Interviewer]: How many people would you buy from, how many different sellers would you buy from?

R [Responder]: Could be five or six people and you'd probably go to the person that has the nicest stuff and say 'What's his stuff like, what's that stuff like.' You know.

I: And how would you know what's nice and what's not nice?

R: You just buy it anyway but if it's not nice you just go back to them and then you tell them you want your money back or get it off someone else beside them ... you just write that fella off altogether then, you know so. IV S1

I: And would you buy from strangers or people that you knew?

R: People that I knew. Because you could get a bag of salt and you wouldn't know. IV S17

#### *Conflict between rival dealers*

One prison-based respondent who had been involved in high-level drug-dealing explained that many of the members of the group carried guns. He also highlighted the risks to themselves and to innocent bystanders when people, many of whom were using large amounts of cocaine themselves, were also armed. It should also be noted that paranoia, violence and erratic behaviour can themselves be side effects of the excessive consumption of cocaine.

Ah, the violence has been in it since it started. Yeah, I know people – personal friends and they are dead now, you know. But they always carried a handgun around with them. Always – even when they were in the house. We were in the house one night having a party and the same fella – he was just showing the handgun, flashing it, out of his head on cocaine. Next of all it went off and where did the bullet go, it went through the ceiling, into the child's bedroom upstairs and the child was upstairs asleep. That is when he ran upstairs and the bullet was after missing the child, it had come through the cot. And that is when he thought seriously then but he always carried a gun, he always carried handguns. Most of them do. Prison Interview S1

He suggested that one of the main reasons these individuals carried guns was to protect their drug-dealing 'territory'. He also predicted that there would be many more drug-related killings in the future.

But what about if someone is taking over you and it is like you own a farm of land and someone comes over and says like I am taking this home, you are not going to let them are you? That is the way they look at it, that is the way they look at it... and they will shoot you no matter what. And they have no qualms about shooting anyone and there is a lot more going to be shot. That is the truth. Prison Interview S1

Another prison-based respondent explained the upsurge in violence locally as a consequence of more young people becoming involved in drug-dealing and becoming used to the presence of violence at an earlier age. He also suggested that reporting of drug-related violence in the media has contributed to a heightened sense of panic and paranoia among those involved in the drug trade, which can spill over into violence.

I mean they are going around carrying guns at an earlier age, therefore – like it was like me – you get used to having something around you all the time. It becomes normal, like it becomes a way of life, you know, I will just put this in my waistband or yeah shit, I had better put this in my sock, do you know what I mean or into my such-and-such, do you know what I mean. Nowadays, ... in the drugs business more than likely you have this panic and hysteria over it ... if he walks in here, I mean you could get – like you can see them getting paranoid, more and more paranoid, you know – so we think it is led – well mostly led by the papers as well, you know. Prison Interview S5

Another prison-based respondent also believed that the increased involvement of young people from deprived backgrounds who are anxious to impress drug-dealers has contributed to a greater level of reckless violence. He also believed that there were now far greater amounts of money involved than before, and a greater range of drugs, including crack cocaine and methyl amphetamine, and this also set the context for the willingness of people to become involved in greater levels of violence than heretofore.

Well, they [young people] are the most dangerous to come in nowadays – they are the ones who want to be a part of stuff like that. And will do anything to be a part of stuff like that and the bigger fish know they are. So, like you flash €500 at a 15-year-old that comes from a broken home – just shoot anybody – and he would probably boast about it. Why is it more violent, because there is more money involved in it – like years ago it would be a couple of grand – now you are talking in your hundreds and thousands. Do you know that way? There are a lot more new drugs come on the scene as well – cocaine, crack, crystal meth is slowly but surely getting here. Prison Interview S2

Another respondent felt that although violence has always been associated with the illicit trade in drugs, the debt-related intimidation of family members of those who owed money to drug-dealers was relatively recent.

Violence, it was, it was always in it. It was part and parcel of like you get stigmatised, you know, drugs – with drugs comes violence and it is true. With drugs comes violence but I was never violent. I was always sympathetic to those who went off them, always. I would never go around as they do now fucking like tapping on doors, looking for the aul' fella, looking for the fathers or mothers to pay but I was never like that. I would write it off – more times out of 10 like if I got out of pocket from doing it, but I would never use violence. Prison Interview S5

At the street-market level there was also a level of co-operation or co-existence between dealers. It was normal to allow 'twists' or 'turns', whereby sellers took turns dealing – a seller was expected to wait his or her twist or turn to sell, like taxi drivers in a queue. When this tolerated co-existence broke down, conflict could ensue. If a particular dealer was doing noticeably better than his or her counterparts, or selling at a lower price,



conflict could arise, which could involve a degree of violence – ‘fighting’ or ‘a few slaps’. Attempts might be made by the majority to eject the seller from the market area. To avoid any conflict, sellers might ask clients to meet them away from the market.

Some people take turns in selling it. Like that's my turn and someone else wanted a go whereas if you skip them, there could be a big scrap, a big fight, you know what I mean. Take turns. IV S1

Oh yeah I've bumped into people that have tried and knocked the price down and you know, you'd probably have a few words. 'Look, everyone's selling it for this price and that's the price it is.' IV S25

It's why all the fights would be on because they are skipping – they have a little yoke like, this is what you call, it's my twist. So, say I'm standing here and then someone comes along selling and then someone else comes along, say there's five of us. Well I was here first so the next person that comes that wants it is my turn and then the next person is his turn, then it's his turn, then it's his turn, then it's back to my turn. Do you understand? Instead of causing arguments and all ... unless people ring me, I would meet them myself somewhere else. That's nothing got to do with them, do you know what I mean. IV S3

If you're selling, if you come up to the shops and a lot of customers are coming to you more than the other fellas because there could be five people out there all trying to sell at the same time and if there's more people coming to you and the other people are left there and nobody is buying off them you risk them either running you from the shops, giving you a bad hiding and telling you not to be around here because it's their patch in the area. IV S5

### *Transaction disputes*

Conflict over the price or purity of drugs sometimes arose during transactions.

Left in hospital over it, broken up, stitches, staples, super glued up ... Over prices and money ... Some people are 'I am not paying that I want it cheaper' or 'you gave it to him cheaper and you are charging me a bit extra.' Something like that you know. The slightest thing can cause an atmosphere. IV S1

I have often had conflict with people selling me shit as well you know what I mean. 'It's fucking muck that you're after giving me, it's fucking dirt ...' You back away or fucking give them a smoke or something ... if someone whips out a knife what can I do. IV S14

### *Drug-related debt*

Violent behaviour throughout all levels of the drug market was largely linked to debt rather than to disputes over territory. Of the 13 users and sellers interviewed in Suburban, 7 had suffered at least one violent assault as a result of debts owed to drug-dealers. Debts sometimes arose when drugs were seized as a result of Garda activity.

Get caught by Garda you go to prison. You still owe that person that money. Even if you are locked up, you owe that person that money and you would have the hassle in prison from people that know him. 'Ah come on, you have to face the problem in the end.' You know and it's not – if you're caught by a Garda you're not gonna get any more stuff to sell because they think oh well he's after being hit by Garda, he owes me a hell of a lot of money. If he rats on me well that's me out of the way, where do

you get the money then? You know so, then you're kinda left with nothing to sell, owing that money, no-one wants to know you and it's fairly hard, very lonely, very sad, very fucking dangerous, very suicidal. Just not a place you'd want to be, you know. IV S14

The violence affected not only those immediately involved in drug-dealing but also their family members.

... ended up diving, jumping every time a car drives by or a bike drives by you know. Worrying that someone is going to shoot you ... and then they start threatening your family and start threatening to do something terrible on your brother or someone that you love, do you know what I mean? IV S14

Debts arose as a result of a seller's drugs being stolen or from the careless handling or distribution of drugs.

The main risk you have, if you're a normal Joe Soap that's on heroin, if you don't do much business over the phone. You just stand at [location], you could be there on your own so you risk someone pulling up and robbing you, robbing whatever heroin you have on you so they take your heroin from you, they're gone. So, then you can't ring the fella that's supplying you and say 'Oh I'm after getting robbed so I can't pay you', he's gonna want his money regardless. So then that adds a lot of stress and then you either ring someone else and try and get more stuff off someone else to try and sell that to make up the money to pay back the other fella and it's like taking off Peter to pay back Paul, you know that sorta way. IV S5

Giving bags out and forgetting who I am giving this to and giving that to. The next day or something I'd be looking at it saying where the fuck has it gone? Do you know what I mean? I got myself into debt a few times over it. IV S17

Two sellers (of cocaine and heroin) had had guns put to their head as a warning to pay their debts.

I've been beaten, stabbed, cut up, bashed, guns put in my head, house shot at and house tried to set on fire, all the windows smashed. IV S14

Getting loans out and getting more stuff to cover it ... I'd be back on Square One again. They always threatened us yeah, always threatened us, guns put to my head and everything over it. IV S17

A few sellers admitted to carrying a weapon for self-protection:

Yeah I had a few fears because I was a girl and I was on my own but I always had a knife with me for protection. I always had a knife or blade or something. IV S3

Oh everyone has something, would have weapons available no matter whether it is guns or knives or anything. You should always have something. IV S1

And sellers occasionally became violent themselves when they were owed money.

If they didn't pay for their drugs, you know, you beat them up. IV S25

#### *Providing information to Gardaí (informing)*

Informing Gardaí about the illegal activities of others was reported as another major source of violence. Two sellers reported experiences with the Gardaí where they were encouraged to inform on other sellers' activities. However, the view of these drugs sellers was that informing the Gardaí was a high-risk activity:



Often like they'd stop me and all they'd be saying, 'We'll drop the charges if you give us this and tell us that or tell us this and tell us that.' But I have got off – my ribs and everything was broke and everything – I'd had beatings already ... I never ratted in my life. IV S17

The only help they [the Gardaí] offered was if you rat on this person, we'll do this for you. That's it. IV S14

When a seller caught with a large amount of drugs was released or received a light sentence, suspicions were aroused that he/she had become a Garda informant.

Two or three friends know each other years, they're into selling drugs together. One is making a bit more money than the other or the police start interfering and then this person is supposed to be a rat because he didn't do a big prison sentence. The other fella did a longer prison sentence. IV S5

### **6.3.2.6 Profit, price and purity**

The information on profit, price and purity in this section relates only to heroin and cocaine.

#### *Profit*

A prison-based respondent who was earning large amounts of money from high-level dealing provided an indication of his earnings and those of people higher in the drug supply network. While he claimed he could earn €5,000 to €6,000 in a few hours before the weekend, he suggested that those above him could earn from €50,000 to €100,000 per week. A problem he identified with earning such large amounts of money was how to invest or launder the money in the legitimate economy, through property investments, for example.

Someone higher, apparently you are talking about probably about 50 grand a week profit. That is not going near it - that is not touching it, 50 thousand a week easily. 50 thousand a week and that was in them days anyway. There was no bother – the problem was getting invested into houses, which was easily done as well. But easily 50 thousand a week, that would be a bad week 50 thousand. Sometimes you might get a hundred thousand a week.

At my level, probably five or six thousand a week. You know I wouldn't – I would be out working and it might be just a two-hour job. That is only two or three hours a week. I would have five or six grand a week for two or three hours on a Saturday morning – say a Thursday I used to do it on a Thursday night, you know. And get it out of the way – a Thursday night and a Friday night, a couple of hours on a Thursday night and a couple of hours on a Friday night that is it, me finished. Prison Interview S1

Another convicted drug supplier who was serving a lengthy prison sentence was also consuming from €2,000 to €3,000 worth of cocaine on top of the money he needed to buy and sell drugs.

Using, I would say about two or maybe three grand a week. I can remember doing – what was it – 70 odd grand of cocaine from a Friday night and – I was living at home at this stage – I would only have been about 18, I was living at home at this stage – but I went out Friday night and I came back on Sunday about half 12 and it was gone. Like no coke in my pocket. Like that was just me being greedy. ... like I was going around with a big ball in my pocket like, you know. Like the thought of being caught didn't even enter my mind, you know I was on the drug. Prison Interview S5

Profit margins for heroin distribution ranged from two to four times the initial investment, depending on the unit size sellers chose or were willing to sell (street-deal 'score bags', half-eighths or eighths). Packaging an ounce into €20 street-deal 'score bags' would earn the highest yield but involved a greater amount of time, cost and risk as drugs had to be stored for longer, and other users often had to be employed to sell a quantity in exchange for free heroin, and consequently were vulnerable to law-enforcement activities such as stop and search and undercover operations. Lower-tier middle-market sellers bought ounces of heroin. Of the 11 sellers interviewed in Suburban, 6 had regularly purchased between 1oz and 9oz, generally on a weekly basis. The price of an ounce differed from seller to seller. Ounces had been purchased for prices ranging from €800 to €1,600 in the two years prior to the study.

Yeah, well an ounce of heroin would probably be 50 bags, one or two half-eighths. It depends, when I used to get my ounce, instead of sitting somewhere and going up and breaking it down into 20-pound bags all in the one day I'd probably have the ounce and whoever would ring me they could ask for a 50 bag. So I'd make that up, put it on the scales and see, a 50 bag would weigh about a gram. Or else if they could maybe say they are only looking for a score bag, a 20-Euro bag or whatever so I'd scoop it over. Now there's other people that could buy a half-ounce or an ounce and as soon as they get it go to a safe house and bag it all together into 20-pound bags. IV S5

Because say like six months ago an ounce of gear was only 800 Euro but it turns like and you have the big drought like. Now a lot of that was a bit of a scarcity and they added into it like by holding back on it. But the price went back up like. It went from 800 and they wanted 1,600 and then it went to 1,400 and then they sort of settled at around 1,200 for an ounce. Now that means if you think like over a few ounces, that's a lot of money really then, you know what I mean. IV S6

Yeah say if I got 1,400 I'd make, nearly treble the money. Because I would cut it down into small little bags and I'd make, nearly treble my money. IV S3

The lowest earners in drug distribution were street-level user-sellers, often referred to as 'labour day junkies' as they used their social welfare payments to purchase a quantity of drugs to sell. Of the eleven sellers interviewed, three sold between a half-eighth and an eighth daily. A half-eighth could be purchased for €80–€120 and could produce eight to ten street-deal 'score bags' which sold for €15–€20 each. Such a quantity would sell for €160–€200, meaning profit ranged from €60–€100 daily. However, many user-sellers used the profits made to fund their own daily drug use.

It wasn't that much money like you'd be standing for 10 hours and it wouldn't even be work. You'd have your own bit like around smoking and you'd have a couple of quid in your pocket as well and something to eat. IV S16

See you're selling what you use. Most people can only buy half an eighth, so 100 pound worth and they make, say, 10 bags out of it. Then you get enough say you'd probably smoke three bags and sell the rest and make enough money for the next half-eighth. Half an eighth is like 1.75 grams. An eighth is 3½ grams that would be 200 Euro. IV S6

Two sellers were buying cocaine at mid-market level, from a 'bar' (9oz) upwards.



One seller indicated that the middle-market price of cocaine had dropped dramatically in recent years:

Coke is after dropping dramatically compared to what it was there a couple of years ago. It was 8,000–9,000 pounds one bar. Now you get a bar for 4,000/5,000. It's a big drop. They're making serious money out of it. IV S17

Profits generally were limited to doubling their original stake or investment. One seller purchased a 9oz bar per week at a cost of €5,000–€6,000 and turned over €3,000–€4,000 profit per week by selling in quantities of half-eighths, eighths and ounces.

One bar a week I was going through ... I paid about 5,000 or 6,000 for it. You could turn over three or four grand a week easily. I was going around in flashy clothes, flashy jewellery. IV S17

### Price

Heroin had reportedly become cheaper to buy at all levels of the market. Table 6.9 indicates the prices for different quantities cited by users and sellers. The greater the quantity purchased, the cheaper the price. There was considerable variation in price beyond street-level 'score bags' (the cheapest and smallest unit of purchase).

**Table 6.9 Price of heroin by weight, Suburban**

	Weight (g)	Price (€)
Score	0.2–0.25	15–20
Half-eighth	1.75	80–120
Eighth	3.5	200–240
Ounce	28	800–1500

Source: Prices given in interviews with users/sellers during current research.

With regard to cocaine, of the 11 sellers interviewed, only 2 had sold cocaine regularly in the two years prior to the study. The small number of cocaine sellers interviewed should be borne in mind when interpreting the price data detailed in Table 6.10. Crack cocaine was sold in street-level quantities referred to as 'rocks', which were priced at €50 or €100, and these prices did not fluctuate.

**Table 6.10 Price of cocaine by weight, Suburban**

	Weight (g)	Price (€)
Half-eighth	1.75	100
Eighth	3.5	220
Half ounce	14	300–400
9oz bar	252	5,000–6,000

Source: Prices given in interviews with users/sellers during current research.

## Purity

A prison-based respondent who had been arrested while cocaine was being mixed and adulterated on his premises explained the quantities of substances (referred to by him as 'dirt') used in the process.

Well, you had a 3 to 1 mix for your kilo you would put in three kilos of dirt into one kilo and then you were getting 4 kilos out of it. Prison Interview S1

Of the 40 seizures of heroin submitted to the FSL for analysis, 26 (65%) of the samples were quantified to determine the heroin purity levels. Purity levels varied considerably, ranging from 17% to 68%, with an average of 43%. One-quarter of the heroin samples recorded less than 27% purity (Table 6.11).

**Table 6.11 Heroin purity levels, Suburban**

No. of samples	Mean %	Median %	Min %	Max %
26	43.5	46.5	17	68

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=9) weighed between 0.1g and 7g. Purity levels ranged from 23% to 64%, with an average of 46%.

Supply offence seizures (n=17) weighed between 0.3g and 383g. Purity levels ranged from 17% to 68%, with an average of 42%. The largest seizure, weighing 383g, had a purity level of 47%. The five largest seizures, weighing between 28g and 383g, recorded purity levels ranging from 46% to 60%.

Of the 40 seizures submitted, 27 (68%) were analysed for active ingredients or adulterants other than heroin.<sup>120</sup> All 27 samples analysed tested positive for at least one other active ingredient; 24 tested positive for at least two other active ingredients and 7 tested positive for three other active ingredients (Table 6.12).

**Table 6.12 Active ingredients other than heroin in seizure samples analysed, Suburban (n=27)**

	n	%*
Caffeine	27	100.0
Paracetamol	24	88.9
Lignocaine	4	14.8
Benzocaine	2	7.4
Griseofulvin	1	3.7

\*Percentages exceed 100 as multiple substances present

<sup>120</sup> Adulterants are the mixing agents or cutting agents added to powders and tablets at various stages of distribution to dilute and bulk up the weight of the product.



Samples from 40 cocaine seizures were also submitted to the FSL for analysis, 25 (63%) of which were quantified for cocaine purity. Purity levels varied from 2% to 42%, with an average of 14%. The majority of seizures had a very low level of cocaine: half of the samples reported 7% purity or less and three-quarters reported 20% purity or less (Table 6.13).

**Table 6.13 Cocaine purity levels, Suburban**

No. of samples	Mean %	Median %	Min %	Max %
25	13.8	7.1	1.6	42

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. Possession offence seizures (n=15) weighed between 0.1g and 3g and had an average purity of 8%.

Seizures relating to supply offences (n=10) weighed between 1g and 252g and had an average purity of 23%. Three of the largest seizures, weighing between 28g and 252g, had purity levels ranging from 5% to 10%.

Of the 40 seizures submitted for analysis, 35 (88%) were analysed for active ingredients other than cocaine. All 35 samples tested positive for the presence of at least one other active ingredient; 20 (57%) tested positive for two other active ingredients; 6 (17%) tested positive for three other active ingredients; and 3 (9%) tested positive for four other active ingredients. Table 6.14 shows the other active ingredients found, including lignocaine (63%), benzocaine (54%) and caffeine (31%). Samples with only one other active ingredient contained either benzocaine or lignocaine.

**Table 6.14 Active ingredients other than cocaine in seizure samples analysed, Suburban (n=35)**

	n	%*
Lignocaine	22	62.9
Benzocaine	19	54.3
Caffeine	11	31.4
Phenacetin	6	17.1
Levamisole	4	11.4
Diltiazem	2	5.7

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

## 6.4 Impact of drug markets

This section presents findings on the direct impact of the illicit drug market on Suburban – such as visible drug use, the fostering of a local economy in stolen goods and property, drug-related crime and fear and intimidation.

### 6.4.1 Visible drug use

As indicated in section 4.1, 90% of residents surveyed in Suburban considered drugs to be problem in the area. The vast majority of respondents (85%) considered illegal drugs to be a big problem based on their own personal observation, and 60% had directly observed drug use in their area.

Of those who observed drug use in their locality, 89% observed smoking, 63% observed injecting, 56% observed snorting and 56% observed individuals swallowing substances they believed to be illegal (Table 6.15). Of 196 residents who responded, 44% reported seeing discarded syringes in their neighbourhoods.

**Table 6.15 Visible drug use, Suburban**

	Respondents N	Positive responses n	%*
Smoking	118	105	89.0
Injecting	112	70	62.5
Snorting	111	62	55.9
Swallowing	112	63	56.3

\*Percentages exceed 100% as multiple answers permitted

### 6.4.2 Stolen goods as currency

One-half (49%) of respondents had been offered stolen goods in the 12 months prior to the survey by someone they believed was a drug user. Respondents were also asked how regularly they were offered stolen goods by someone they knew to be a drug user. In total, 23% had been offered stolen goods often or very often. It was also noted that a member of the survey team was approached while working in the area by a person offering to sell a laptop (Table 6.16).

**Table 6.16 Experience of being offered stolen goods, Suburban (n=194)**

	N	%
Very often or often	44	22.7
Sometimes	20	10.3
Seldom	31	16.0
Never	99	51.0



### 6.4.3 Fear and intimidation

One-fifth of residents (20.1%) surveyed had reported drug-related information to the Gardaí within the previous three years. Of those who had not, 48% (n=83) reported they would not report information if they had it. When probed on the reasons for this, 45% stated fear of reprisal. Almost one-fifth did not want to be seen as a Garda informant or 'grass' (Table 6.17).

**Table 6.17 Reasons for reluctance to report drug-related information to Gardaí, Suburban (n=83)**

Reason	n	%*
Fear of reprisals	37	44.6
Don't want to be a grass	15	18.1
Not my business	13	15.7
Gardaí would not act	13	15.7
Social reasons	9	10.8
Would not wish to involve Gardaí	6	7.2
Other	5	6.0

\*Percentages exceed 100% as multiple answers permitted

#### 6.4.3.1 No-go areas

Respondents were asked whether they actively avoided certain areas. Almost two-thirds (63%) avoided areas at certain times; 45% specifically cited the incidence of people hanging around taking drugs and 15% cited the incidence of open drug-dealing (Table 6.18).

**Table 6.18 Reasons for avoiding certain areas, Suburban (n=105)**

Reason	n	%*
People hanging around in groups taking drugs	47	44.8
People hanging around in groups	44	41.9
Open drug-dealing	16	15.2
People hanging around in groups drinking alcohol	8	7.6
Other	15	14.3

\*Percentages exceed 100% as multiple answers permitted

### 6.4.4 Drug-related crime

Garda drug unit members believed that the majority of acquisitive crimes such as burglary were performed by drug users, sometimes while under the influence of drugs.

Burglaries are very prevalent, and you find that most of the people that commit them crimes, 90% of them are drug addicts. Drug Unit S1

We recently had one where there was a bookies and another retail unit done by three

guys who were just, they were taking up crack cocaine and they were just out for a blast and they were under the influence of crack cocaine at the time like you know.  
Drug Unit S2

Most violence in the drug market was related to unpaid drug debts (see section 6.3.2.6). Of the 13 users and sellers interviewed, 7 had suffered at least one violent assault as a result of debts owed to drug-dealers.

I've been beaten, stabbed, cut up, bashed, guns put in my head, house shot at and house tried to set on fire, all the windows smashed. IV S14

This violence did not only occur behind closed doors. Daylight shootings were not uncommon.

There is beatings but most of the stuff that happens here goes under the radar like we have had a number of incidences of shootings in broad daylight, shootings at houses, pipe bombs, that is kind of common around here at the moment. Drug Unit S4

## **6.5 Responding to drug markets**

This section presents findings on supply-reduction strategy and law enforcement activity employed by the Garda Síochána in Suburban. The section also examines individual Garda attitudes to a number of policy issues, such as the development of community policing partnership and inter-agency initiatives, drug-treatment and harm-reduction approaches and the prioritisation of resources in relation to drug-related crime. Public perspectives on local policing and the relationship between local Gardaí and the wider community in Suburban are also examined.

### ***6.5.1 Garda strategy***

Suburban was policed by two drug units. Unit strategy was ultimately focused on supply offences and specific operations were developed based on perceptions of where the most serious problems were, or in response to specific intelligence or complaints from members of the public. Stop and search operations occurred constantly and were another means of gathering intelligence.

All right, well there is no outline, there's no one strategy that we – or there's no one person that we're targeting ... We do every now and then, we do, especially if we receive numbers, numbers of large complaints and stuff like that, or we'd say to our sergeant, 'Look, this is the area we think needs work.' we'd definitely, we'd judge it with him and the local super. Drug Unit S3

We would target people, try and get information where drugs were coming from. And we'd search houses, with warrants issued by the courts, just where we believe that drugs are being held maybe carry out surveillance on them properties as well, surveillance on houses where we believe people are selling drugs from, or might be holding drugs. We'd also, I mean we'd be stopping and searching guys all the time. In around areas where they are selling drugs, that's why we would meet people from all other areas, and we'd just try and gather intelligence from that by talking to them.  
Drug Unit S1



Middle-market sellers, defined as those distributing quantities of drugs ranging from ounces to a kilo or more, were the ultimate focus.

Basically, a guy dealing in ounces and up to a kilo or, you know as I say, like we would consider a kilo quite a substantial haul for us. If we caught a guy with a kilo it would be quite substantial you know. So, we've had quite a number of guys with kilos but anything ... you're talking kilos and tens of kilos it's really outside our range I would say you know. So, anything from a kilo down, again that's what I would be.  
Drug Unit S2

When targeting higher-level supply, drug units targeted low-level sellers and worked their way up by building an information base.

We, like, I understand that most of these people are victims, and it's not them we're after, it's the guys from the top. So, we want to kind of build up an intelligence base of information that might lead us to where the bigger fish is. That starts at the bottom; you have to start at the bottom to kind of work out where all this is coming from. Because the more people you kind of talk to, the better, who's involved in that lower level drugs, the better picture you can create of what's going on, where the stuff's coming from and who's a lieutenant for who, or who's selling to what gangs, and then you can kind of put it altogether and work out who's probably the bigger players in the area, like you know. Drug Unit S1

General patrolling and stop and search activities played an important role in policing drug markets and were regarded as acting as a deterrent to street dealing.

It will start off as a general patrol, but after a while like, you might see something, or you might get to talk to people and you might realise... obviously we all want to arrest people for Section 15 rather than summoning people for Section 3 and stuff, you know, but it's what you come across, straight away. Like it's, obviously, if we have information or we realise there might be a drugs transaction or a drugs deal going down, then yeah, we'll go to that area and we'll dedicate our time on that, but if it was general, just general patrol, then no. We'd go around, we'd just patrol around until something happens and then you play it by ear from there. Drug Unit S3

#### **6.5.1.1 Intelligence-led policing**

Intelligence from informants was deemed to be essential in facilitating the investigation and arrest of higher-level drug sellers.

I think without the help of informants, I think they speed up the process like, you might eventually figure out that this person's involved in it. But if you can get confirmation from this informant that they've actually been at the house and they've seen the drugs there and stuff like that, where exactly they've been stored or where they've been hidden, or when they're been, when they're in the house, when, at what time of the day or night are they been using like to cut up like and stuff like that yeah I think that is good, I think it just speeds up the process, you might eventually come to it, but I think it does speed up the process and does help like, yeah, I think it would be fighting a losing battle otherwise like you know. Drug Unit S3

Such intelligence was acquired through developing relationships with offenders working in the lower levels of distribution. Persuading an individual who had been arrested to offer information sometimes required the use of discretion and showing a degree of leniency.

... when you arrest somebody if you know if you treat them decently and you ... just do your job I mean obviously you have to go through with things in your profession and the whole lot but you mightn't throw the book at them as hard as you could if

you wanted. Next thing they might have a certain bit of respect for you and it might come down to ... you might just meet them and say ah such and such or whatever.  
Drug Unit S4

Sometimes information might be provided about a person who is perceived by the informant as having transgressed certain norms or standards of acceptable behaviour within the drug trade.

What you'll find is that a lot of time you'll get information from other people involved in the drugs trade where somebody else has done something that they think is out of order where he might have beaten up a female or he might have badly beaten a young fellow over something and then they would say ah sure he is dealing flat out and they wouldn't see themselves as being informants like. They would be kind of evening a score more than anything else you know. Drug Unit S4

Similarly, offenders sometimes disclosed information if they felt they had been betrayed by their peers or informed upon.

Larger offences, well I mean Section 15s there's nothing really you can do with Section 15s as regards help them out, you can help them out, I suppose by talking to them but you can't really do anything like you might, a lot of these people feel that they've been ratted on. So, they want to get somebody else back. So, that's when they might say ... what's happened and they feel a bit kind of let down themselves by their gang or whatever and then they might start turn around and saying names.  
Drug Unit S1

Drug unit members interviewed valued the aims of the CHIS system, though some found the procedural change involved difficult. However, not all informants were referred. In reality, much intelligence was provided on a one-off basis and informants either declined to offer more or did not want to enter CHIS.

So, like I mean, we can get information off them, but I mean if the information turns out to be good, it's kind of dangerous for us and for them, for us to be kind of dealing with them. So, we pass them on if they're willing to go onto a different agency within the guards. Which would be a lot safer and a lot more I suppose professional. All these guys would be highly trained in dealing with it, with informants. But obviously you get small bits of information where you wouldn't be passing these guys on. They might give you information once and that's it. Then obviously you deal with that however you see fit, whether that be, just intelligence or could end up be searching a house, and you might ask that person if they want to register, but mainly they don't. They just, maybe it might be something small. Drug Unit S1

Well it's a good system from the point of view that you are not going to get in any trouble further down the line and that things can't be construed that you have done anything unethical so that's it ... It's protection for us. Drug Unit S4

You see it's still quite new, and when I say quite new, it's in a couple of years, but it's still in its infancy, and it would probably take guys who are joining the job, after it was introduced for it really to be beneficial or for it really – you know it's like anything change can be resisted to some degree you know, and especially if you have some reservations about the whole thing, ... it's not the natural way things were done. Now even when you think about it logically and the reasons for its implementation are outlined, you say well that makes perfect sense. But as I say, it's just not as user friendly let's say as the old way like you know. Drug Unit S2



### 6.5.1.2 **Garda informants and drug-market violence**

As highlighted in section 6.3.2.6 providing information to the Gardaí was a major cause of violence within drug markets in Suburban. According to sellers, Gardaí encouraged them to disclose information on fellow sellers in exchange for leniency. Two sellers reported experiences with the Gardaí where they were encouraged to inform on other sellers' activities. However, as noted above, to provide information was to risk injury or even death.

Because if you're going to rat, you may as well be running for the rest of your life to be honest with you. Under protection, I wouldn't be the sort of person that would want to be under protection for the rest of my life. I want to live my life. You've heard the case of the fella holding a case of gear for 50 pound a week. Like if you get caught you are taking the rap – no one is going to stop them pointing the finger like. It's not going to happen you know what I mean, you rat and you would be shot like. And your life would be a misery, do you know what I mean. IV S17

The following respondent, a dependent drug user, was asked if he had ever been offered assistance for his addiction such as diversion to drug treatment.

Nope. The only help they offered was, 'If you rat on this person, we'll do this for you' That's it. IV S14

When sellers caught with large amounts of drugs were released or received light sentences, suspicions were aroused that they had become informants.

They're all – in my opinion like the guards – whatever you think of them they are all ratting on each other like. The guards have an awful lot to answer for... The old bill actually said that to a bloke – does anyone wonder why he doesn't get nicked. IV S6

### 6.5.1.3 **Avoiding detection: sellers' strategy versus Garda strategy**

Sellers managed the risk of detection in a number of ways. Many sellers were less likely to sell to strangers for fear of undercover Garda members.

Because the coppers nowadays look like junkies, basically. They're going around in manky dirty clothes and they're getting the nurses to take blood from their arm so they have track marks. IV S3

The above point was mentioned by one respondent but not corroborated by other sources. Sellers stored small amounts of drugs in their mouths or other orifices.

I'd have to walk home with them. I put it in my mouth like and if they came I'd swallow but they don't know me so. Like the other day I was walking by, with three bags on me and they went by me because they don't know me so they wouldn't have pulled me. Well I was nervous thinking they were going to pull me like. IV S2

Some avoided selling at popular street-selling hotspots in response to Garda activity.

Yeah, you're watching them whole time like and you wouldn't, for me I wouldn't come near shops or anything like that. I always, away, out of the eyesight of the shops here, you know, somewhere the police would be less likely to be. IV S25

Scanners could be used to overhear information on operations and mobile patrols.

You seriously couldn't sell without a scanner. IV S7

The following respondent believed that unmarked Garda cars were easy to recognise because of their brand and aerial fixtures.

... They go around in unmarked cars right, but the unmarked cars that they go around in, you'd spot them from a bleeding mile away like. Do you know what I mean? They're big fellas, big baldy headed blokes driving past in fucking Mondeos, that's all they drive. Undercover cops drive Mondeos do you know what I mean. And then you'd see the aerial for the radio, then they used to have an aerial on the middle but you'd see the thing that's in the middle of the roof and then another aerial. So that gives you a bit of a hint as well. If you see one aerial sticking up, one that's missing the aerial and another one and it's as well how stupid that they are as well. They only leave one disc in the window. If they put an insurance disc, a fake insurance disc into the window because they're the law like do you know what I mean, no-one would think it's the police at all. That's where their downfall is as well. IV S16

Sellers avoided physically handling illegal drugs by employing young people and acquaintances.

I am holding right now a few ounces and if I get caught like I'm probably only getting 100 quid for it for holding it, but if I am caught with it, it is my coke, do you know what I mean. I can't turn round and say he is giving me 100 quid for holding it, do you know what I mean like. And a lot of that is going on. IV S6

I get other fellas to deliver the drugs, they [guards] know me too well...15- or 16-year-olds...I used to do it when I was 15. IV S7

### **6.5.2 Supply-reduction activity**

The details of 283 suspected offences in breach of the Misuse of Drugs Act over a six-month period were retrieved from PULSE (Table 6.19). The number of arrests per month for the two stations combined fluctuated considerably, ranging from 64 in October 2008 to 33 in March 2009.

**Table 6.19 Drug offences by month of incidence, Suburban (n=283)**

	n	%
October 2008	64	22.6
November 2008	54	19.1
December 2008	35	12.4
January 2009	51	18.0
February 2009	46	16.3
March 2009	33	11.7

Source: PULSE, October 2008–March 2009

Two-thirds (68%) of drug offences were for simple possession (Table 6.20). Supply offences accounted for just less than one-third (29%) of offences and there was only one importation offence during the period. Only one case of the use of fraudulent prescriptions was reported for the period.



**Table 6.20 Drug offences by offence type, Suburban (n=283)**

Offence type	N	%
Simple possession	192	67.8
Supply	82	29.0
Obstruction	6	2.1
Cultivation or manufacture	1	0.4
Importation	1	0.4
Fraud	1	0.4

Source: PULSE, October 2008–March 2009

Cannabis resin and herb accounted for over three-quarters (76%) of possession offences (Table 6.21). Heroin and cocaine were rarely involved in simple possession charges, accounting for 10% and 13% respectively over six months. However, heroin and cocaine accounted for more than two-thirds of supply charges – 42% and 27% respectively. Crack cocaine accounted for 13% of supply charges. The single case involving a charge of cultivation and manufacture involved the cultivation of cannabis herb.

**Table 6.21 Drug offences by drug and by offence type, Suburban (n=274)\***

Drug	Possession	Supply	Cultivation/ manufacture	Obstruction
	(n=192) n (%)	(n=82) n (%)	(n=1) n (%)	(n=1) n (%)
Heroin	19 (10.0)	34 (41.5)	0	1 (100.0)
Cocaine	24 (12.6)	22 (26.8)	0	0
Crack	5 (2.6)	11 (13.4)	0	0
Cannabis resin	111 (58.4)	17 (20.7)	0	0
Cannabis herb	35 (18.4)	6 (7.3)	0	1 (100.0)
Cannabis herb (home-grown)	0	1 (1.2)	1 (100.0)	0
Ecstasy	5 (2.6)	5 (6.1)	0	0
Tablets	3 (1.6)	5 (6.1)	0	0
Other	0	1 (1.2)	0	0

\*Some offences might have involved possession of more than one drug type. Consequently, the total number of drug types will exceed the total number of offences

Source: PULSE, October 2008–March 2009

The vast majority of seizures were small: 25% of drugs seized from offenders were valued by the Garda member involved at less than €20 and 50% at less than €51 (Table 6.22). Three-quarters (77%) of simple possession offences involved cannabis. The median value of cannabis resin seizures in the case of simple possession offences was €20, meaning 50% of suspected offenders possessed €20 or less of the drug. Median

values were substantially higher for heroin, cocaine and crack, reflecting the higher market values of these drugs.

**Table 6.22 Value of primary drug seized in possession offence cases, Suburban (n=186)**

Drug	Cases valued	Range	Mean	Median
	n	€	€	€
Cannabis resin	101	5–192	42	20
Cannabis herb	35	5–250	50	30
Heroin	17	20–300	118	100
Cocaine	23	5–3000	129	100
Crack	5	50–250	134	100
Ecstasy	5	10–100	36	20

Source: PULSE, October 2008–March 2009

In the case of supply charges, the median values of seizures varied considerably. Heroin was involved in 42% of all supply charges, followed by powder cocaine (27%), cannabis resin and crack cocaine (Table 6.23). Half (50%) of cocaine seizures were valued at €575 or less; overall, values ranged from €200 to €30,000. Suspected offenders were arrested for supply when apprehended with amounts of heroin valued at as little as €70 and as much as €2,000,000, though half of all heroin-related supply arrests were for seizures valued at €5,000 or less.

**Table 6.23 Value of primary drug seized in supply offence cases, Suburban (n=81)**

	Cases valued	Range	Mean	Median
	n	€	€	€
Cannabis resin	13	150–52,200	8,955	1,000
Cannabis herb	6	150–144,000	30,167	350
Heroin	33	70–2,000,000	156,355	5,000
Cocaine	18	200–30,000	3,767	1,000
Crack	11	220–3,000	1,415	1,500

Source: PULSE, October 2008–March 2009

There are several reasons for the preponderance of cannabis offences among suspected simple possession cases. The majority of possession offenders were likely to have been apprehended by regular Garda members patrolling and conducting routine stop and searches. According to one drug unit member, cannabis use was so widespread and considered so normal that many suspected offenders did not even try to discard the



cannabis in their possession when they saw a Garda member in the vicinity.

It's just part and parcel of everyday activity in an area like this you know. Like cannabis is everywhere, and you know there's young guys smoking it don't see it as being a problem or whatever. ... if you come across it you have to act on it, so that's why, it wouldn't be a thing that we're saying right we're going to target guys in possession of cannabis, ... it would be incidental more than anything else. Because they're in an area where drugs are being sold and you see them act suspiciously and you search them. Drug Unit S2

A cannabis possession offence could be used for other purposes. For example, simple possession charges were used to 'tag' an individual who was involved in the distribution of drugs but did not have a previous criminal drug offence. A simple possession drug offence may not bother the suspected offender but its presence in PULSE will alert other Garda members in the future to his/her involvement in illegal drugs.

You know I mean if there's a junkie with a bit of hash, right he's a bit of hash, of course they all smoke hash. So, I'm not really going to pay too much heed to that, but if I know there's a guy out there, and he'd never be caught with anything else, or I know that he's involved in the distribution of drugs, and I catch him with a bit of hash, I'll charge him with that bit of hash. Drug Unit S1

With regard to resource prioritisation and the high concentration in PULSE data of Section 3 (Misuse of Drugs Act 1977) offences for possession, drug unit members were probed about the amount of time they would usually spend prosecuting such offences. From the responses below, it is clear that the time resources used can vary significantly from case to case depending on their circumstances.

Just general possession? Doesn't take long. In and out. I would bring them back here, if you get the stuff on them outside you bring them back for a search. The longest part is probably entering them in the PULSE record. And then if there's nothing else on them, good luck. Summons them down the road and that's it...Yeah, just when you send it, we've a drugs liaison officer down there. All the drugs go through him, so you fill out a form, that the drugs, they go off to the depot [FSL] to be analysed. Make sure that they are the drugs that we're saying they are, and then we get a cert back, that's it, that's the only part played then it's going to court. Drug Unit S1

For most Drug Unit respondents, the time-consuming aspect of these prosecutions arose from time spent in court. However, the time resources required to process a possession case to its conclusion in court ranged from 6 to 12 hours. A defendant might not plead guilty and the arresting officer might have to return to court on several occasions.

Yeah, 6 to 10 hours would be fair enough to conclusion. Now there are always the days that you would go in and they'll just go guilty or whatever and then there are the days where they won't and it could be put back two or three times and it might go for hearing and you know for something ridiculous like €20 or €30 worth of cannabis you could be looking at 20 hours ...This crack of having to go back three or four times into a court over €20 or €30 worth of cannabis. Drug Unit S4

It could take you a day. That's the longest part, yeah, well when you go to court ... well in terms of manpower, this is what takes up the most time, is court, because they get the summons then, they go to the summons court, you have to attend the summons court. Whereas the other courts you can go on a tracking form [form used in court to process a prosecution]. But you'll attend the summons court. And sure some days I don't get out of

there until four o'clock. Normally it's before lunchtime but some days it goes on, some of the judges are a bit slower than others. On a good day, well you have to get into court first, so you're leaving your house nine, to get in here to get your stuff, and then you're back at the station by two, so five hours on a good day. Drug Unit S1

Another drug unit respondent referred to a specific case which involved multiple court visits. However, the overall length of time involved in prosecuting this particular offence, described by the drug unit member below as a typical example, was also affected by delays in having the drugs analysed in the Forensic Science Laboratory.

... one fella last year, stopped him, he had I think 50 Euros worth of cannabis, so I didn't arrest him or anything, he was found with it there and then. So I took possession of the cannabis, back to the station, put it into a bag, seal it, do your paper work on that, create an incident on PULSE, not very time consuming that, you're probably 15 minutes, would do you. So, you've your paperwork ready to send it to the depot and your PULSE incident created. You send it to the depot you get your cert of analysis back, whatever it could be, it's taking quite a while especially for cannabis because they're not a priority case. So, let's say six months later you get your thing back, your cert. You create your summons on PULSE that takes another four or five months to come back. You go into court the first morning, ... the case is adjourned, so whether you're working or on a day off, you're still in court that morning. So you're in court at half ten, depending on when you're called, you could be there from half ten to one o'clock. ... And you get out of the box and go home, so you could be there for four and a half hours, and actually for 30 seconds work if you know what I mean. ... So, say this case last year he pleaded not guilty for possession of 50 Euros worth of cannabis. So, there was myself and another Garda had to go in, and there was a hearing time set aside for this case. And that lasted then probably about 50 minutes. Drug Unit S2

The following member explained that sometimes there were practical difficulties in discerning who was simply a user and who was a supplier. Many dealers only carried small amounts that could fall within the threshold of personal use but their packaging would indicate that they were for sale.

But you often see people, we might catch a fella, with a bag of crack, and he's not a junkie, he's selling it, he might have 1,000 Euro on him, circumstances. I mean if the person isn't on drugs, and they're found with maybe ... Like I mean possession could be five bags of crack, sure you see a junkie with five bags of crack, you see somebody selling drugs with five bags of crack, so it just depends on the circumstances. Drug Unit S1

However, for sentencing purposes, another respondent explained the benefit of having a record of previous possession offences in the PULSE system as an indicator of an individual's sustained involvement with the drug trade.

Well one reason would be information gathering, another reason would be, I mean you catch a guy with maybe a bit of hash and you convict him on that, down the road he could end up being caught with selling 50 thousand Euros worth, a Section 15a. And he mightn't have any other convictions, so if you have that conviction down, that something else has shown that this guy is involved in the drugs business, where if you just went into court, he could be caught with hash, a little bit of hash ten times and people just let him away with it. So you've nothing on Pulse, this guy is, ah this is his first time. He mustn't have anything to do with drugs. Drug Unit S1



### 6.5.2.1 Types of Garda activity

Seventy per cent of suspects apprehended for simple possession was arrested as part of a pedestrian or vehicle stop and search procedure (Table 6.24). Only 8% of simple possession charges arose from ongoing investigative work (either a house/premises search or a personal search as part of an ongoing investigation).

**Table 6.24** Circumstances of arrest in simple possession cases, Suburban (n=192)

	<b>N</b>	<b>%</b>
Stop and search	83	43.2
Vehicle stop and search	52	27.1
Arrested for other offence	41	21.4
House or premises search	14	7.3
Investigation/information/surveillance	2	1.0

Source: PULSE, October 2008–March 2009

Investigative work obviously accounted for a much higher proportion of supply arrests than it did for simple possession arrests. One-half (53%) of supply arrests were made after a house or premises search or a personal search during an investigation (Table 6.25). However, almost one-third (31%) of supply arrests were made on the beat (pedestrian or vehicle stop and search). Just over 17% of supply arrests were coincidental, coming about as a consequence of the offender being arrested for another offence.

**Table 6.25** Circumstances of arrest in supply cases, Suburban (n=82)

	<b>N</b>	<b>%</b>
House or premises search	29	35.4
Stop and search	22	26.8
Investigation/information/surveillance	14	17.1
Arrested for other offence	14	17.1
Vehicle stop and search	3	3.7

Source: PULSE, October 2008–March 2009

### 6.5.2.2 Disrupting hot spots

Suburban contained a busy visible open market located in the midst of legitimate commercial businesses. Despite several targeted operations, Gardaí acknowledged that they had been unable to disrupt market activity for any length of time, nor had they been able to displace activity to another location. Although they occasionally arrested dependent users after buying drugs, this could simply lead to them engaging in further theft to buy more drugs.

Well we've basically carried out surveillance, [tactic described deleted], we've used

rooms in the area where we could observe points and like we've had great success out of it. Might stop people from, we might come in; maybe get seven or eight fellas doing a deal a day ... and then maybe a week will go, nothing will happen, and then sure we can't do it all the time, we don't have the resources, and then they're straight back in. Drug Unit S1

But like you talk to the people up there that are working in the shops, or the people who are genuinely concerned, they're like look, you are in when the boys are back out the minute you are gone, and that's the simple fact of the matter, unless we are sitting in that car park, or sitting in a room where we can watch them, we don't know exactly what's going on, who's buying ... But like we stopped the junkies going down the road who bought the stuff, sure, what are you to do with them, they're spending their dole money, they're just going to go out and rob somebody else to get money to buy it when you take it off them, so it's kind of a vicious circle for them, it's a bit of a no-win situation for us. Drug Unit S1

The geographic location of the market was considered to be a strong factor in its resilience. There were plenty of escape routes.

Yeah, it's just, it's so hard to police it because they can see you coming for miles and there are so many escape routes from it into the houses, behind the houses. [Named supermarket] is just behind it like and there's a huge park in front of it like so it's very hard to get close to them like. Drug Unit S3

Local business units also provided sellers with space and cover to conduct transactions.. Sellers were able to loiter and direct users to drugs without being in actual possession of the illegal drugs.

Well [name deleted] shops in particular is ... there's so many people around there. They walk in and out of the shops, like we have to come in, like if we're not in right on top of them, the drugs are gone. Like you go in they put them into chewing-gum machines, they put them under papers, whatever in the shops, they hide it in little, down the back of the shops, they don't, until they're going to do the deal, they might send the junkie up, it's up there, in a little tuft of grass up there. They'll dig up grass and they'll put it under, put the stuff under. So, like if you're not watching them it could be anywhere you know ... too many props for them to use. Drug Unit S1

Operations focusing on hotspots had successfully targeted a number of areas that hosted visible market activity. However, in most cases, market activity was displaced to another location after it had received Garda attention.

It tends to move as well according to our knowledge of the area like, so if we find that such and such an area is in use, like the parks let's say. If we go to that park then and catch X amount of people dealing drugs, well then that shuts down and they move on to somewhere else. Or somewhere else, and then we find out about that, you know what I mean. Drug Unit S2

### **6.5.2.3 Measuring effective supply reduction**

Among Garda drug unit members there was a reluctance to regard captures and seizures as the essential yardstick to measure a unit member's contribution. Rather, it was their commitment and skills that could contribute to the team as a whole that were seen as important.

Well I have no doubt that superiors look at charge sheets and you know what's – and seizures and things like that which is fair enough that's the statistic but I think with



drugs units they look at the – they don't look at the individual as such they look at the unit as a whole you know units are going to be made up where somebody might be very good at surveillance, somebody might have good relationships with people in the community and they are giving them information. Somebody might be a very good interviewer you know ... it's a team. You might just be working your normal hours for a week and then you might have to work 17–18-hour days for five or six days in a row, you know that's all part of it that you have to. You can't turn around and say well I am going home now. You have to stay. Drug Unit S4

Convictions, rather than captures, were important; a case that did not stand up in court was seen as encouraging drug-dealers to continue and expand.

The actual convictions in court, that's what I would determine it on, convictions. Obviously, the more convictions you get, probably the less likely a person is going to re-offend. Whereas if you get a fella and there's no conviction involved, he's going to think, right, nothing happened there, I can go out and do it again. Whereas if you convict a guy, some people don't work along that rule that we go to jail, but some do, that if they get a prison sentence they might think twice before they do it again, so we've determined effectiveness by the convictions. Drug Unit S1

However, aside from personnel effectiveness, the overall goal of suppressing market activity was regarded as unattainable by one unit member.

I just think it's a huge, huge problem and I would say with even large scale seizures...I would say (it) is just a drop in the ocean. I would say drugs are that prevalent out there, are that freely available and as I say I think there's so many people just under the radar, that nobody knows about, that you know, don't get me wrong, you go out and you try hard, and you get success. But as I say, as soon as somebody is dealt with, and even put in jail like I believe that there's somebody else steps in there straight away there's no problem like you know. Greed is just the motivator and that's it. Drug Unit S2

### ***6.5.3 Working with the community: public perceptions of Garda activity***

Garda activity was not regarded as effective by many survey respondents. As shown in Table 6.26, only one-third (38%) of residents and workers surveyed believed Gardaí to be effective or very effective in dealing with crime in their area, and 51% of residents believed that the Gardaí were not very effective.

**Table 6.26 Perceptions of Garda effectiveness, survey, Suburban (n=189)**

	<b>N</b>	<b>%</b>
Very effective	17	9
Effective	54	28.6
Not very effective	96	50.8
Don't know	22	11.6

Three-quarters (75%) of respondents were aware of Gardaí activity in the area (Table 6.27). Of these, 65% reported being aware of Garda patrol cars, 41% of foot patrols and 38% of Gardaí on bicycles. Less than 10% of respondents had observed arrests being made or specific operations such as house raids and stop and search operations.

**Table 6.27 Awareness of Garda activity, Suburban (n=145)**

	<b>N</b>	<b>%*</b>
Gardaí patrolling in cars	93	64.1
Gardaí patrolling on foot	60	41.4
Gardaí patrolling on bicycles	55	37.9
Response to call from the public	18	12.4
Stop and search operations	15	10.3
House raids	12	8.3
Arrests made in the area	11	7.6
Other	8	5.5

\*Percentages exceed 100% as multiple answers permitted

In relation to reducing drugs and crime in their communities, 61% of residents cited the need for more Gardaí on the street while 44% called for improved amenities and education and awareness training for young people (Table 6.28).

**Table 6.28 Measures needed to reduce drugs and crime, Suburban (n=158)**

	<b>N</b>	<b>%*</b>
More Gardaí on the streets /patrolling	96	60.8
Improved amenities for young people	44	27.8
Education and awareness programmes targeting young people	26	16.5
Other	19	12.0
Don't know	10	6.3
Harsher sentencing for dealers	8	5.1
More drug-treatment facilities	8	5.1
Regeneration of housing estates and flat complexes	6	3.8
Increase in family support services	6	3.8
Increased social services in the area	1	0.6

\*Percentages exceed 100% as multiple answers permitted

### 6.5.3.1 Information from the public

Residents were asked about their co-operation with local Gardaí on general issues and on drug-related issues. Just over one-quarter (27%) knew a local Garda member by name and one-third had spoken to a Garda member about their locality.

One-fifth (20%) of residents and workers had reported information about drug-related activity to the Gardaí since 2005. Almost one-half of respondents (48%) who had not reported any information to Gardaí would not do so if they had any such knowledge. As indicated in section 6.1, the most prevalent reasons for not reporting included fear of reprisal (44.6%), reluctance to be an informer or grass (18.1%), the belief that Gardaí



would not act (15.7%) and the belief that it was not their business (15.7%).

The willingness of respondents to report the involvement of young people in the distribution of drugs was also examined. Three-quarters (74%) stated that they would act upon information that a young person they knew was involved in drug-dealing. As shown in Table 6.29, almost three-quarters (73.2%) felt they would tell the young person's parent, and less than one-fifth felt they would approach a Garda member with the information.

**Table 6.29 Reporting a young person's involvement in drug-dealing, Suburban (n=138)**

	n	%*
Parent	101	73.2
Gardaí	25	18.1
School	18	13.0
Talk to young person myself	10	7.2
Social services	6	4.3
Older brother/sister	4	2.9
Other	2	1.4

\*Percentages exceed 100% as multiple answers permitted

Of the respondents who would not report such involvement (41), over half felt it was not their business and over one-third cited fear of reprisal (Table 6.30).

**Table 6.30 Reasons not to report a young person's involvement in drug-dealing, Suburban (n=41)**

	N	%*
Not my business	23	56.1
Fear of reprisal	15	36.6
Other	6	14.6

\*Percentages exceed 100% as multiple answers permitted

From a Garda perspective, relations with the local community were mixed. Community police attended formal meetings with members of the public and other stakeholders where local drug issues might be discussed. Drug unit members did not attend such meetings and, according to one unit member, did not interact with members of the public until they were directly involved with a drug-related crime.

... the way policing has gone you don't have contact with people until a number of things happen: one: they're a victim of a crime, or two: you're maybe going making enquiries we'll say for a murder or something. Or a shooting or some incident and you're going door to door. You know and that's the only time you'll encounter people, and from my own experience, you know I would have gone into houses where I would have known people's sons and they would have been in trouble and things, but yet when you go to them they're very co-operative and quite friendly and everything you

know. But there would be a large element here as well that would have no interest in the police or wouldn't want to see them coming. Probably even to a degree where there would be crimes committed against them and they wouldn't even bother reporting it ...  
Drug Unit AS2

Local Gardaí did receive a degree of information from the public about drug-related activities.

I wouldn't call it a healthy flow but you would receive phone calls from neighbours in areas you know, respectable people would ring and say look such-and-such at such-and-such an address seems to be dealing that there is cars coming at all hours of the night or whatever. Drug Unit S4

To be useful in their enquiries, information reported to Garda authorities had to contain accurate details.

And you know all you can do is say well look if you can get the reg [registration numbers] of the cars or if you can you know does he go to one spot, does he see when he hands something over, you know but people are at work during the day or they, well they are either at work or they are out looking for work at the moment and you know they can't, they'd miss a visit or this is something they'd notice in the evenings, when you are not going to expect somebody to sit at their window all night you know. Drug Unit S4

Unit members acknowledged a genuine fear violent reprisal if people were seen to be aiding Gardaí in certain drug-related incidents.

There's a lot of fear, because nobody like you get people coming, maybe even making anonymous phone calls, but everybody is afraid of what's going to happen. Like I'll tell you now, 80% of the people living in the area don't want drugs to be here, like you know. But unfortunately a lot of their family members have been affected by it. And over the years a lot of people have died, directly because of drugs, so that's a reason why – there's a lot of decent people living in the area, but they're afraid and then they don't report it. Drug Unit S1

#### ***6.5.4 Inter-agency partnerships***

There was little formal co-operation between the drug unit and other agencies. Drug unit members had little knowledge of local drug-treatment agencies, beyond knowing their names and locations. No member knew the drug-treatment service professionals in their area.

... I know they're there, and I know they exist but ... there's not really cross connection or cross co-operation with them, we would have no dealings with them really. I personally haven't had anyway. Drug Unit S2

No, I wouldn't have a good knowledge – I know where the places are, but that's about it like. Some of them will ask for help and you'll see if you can get in touch with one of the clinics like to see what's the story about waiting times and stuff like that, but rarely, that would be a one-off. Drug Unit S3

Drug unit Gardaí in Suburban did not believe that a closer working relationship with treatment agencies would be of benefit as drug-treatment staff needed to maintain confidentiality and could not pass information to the Gardaí. Members felt that it would be difficult to establish a relationship as suspected offenders behaved very differently on the street or in a station than when they were in a treatment centre.

The guards and other outside agencies can't really work together because there's an issue



of – I suppose trust between the other agencies and the lads out there. Because I'm sure that over there in the drop-in centre and the whole thing, they know plenty of stuff that's going on that would interest us, but it never comes through to us, filters to us, from any of them. And I mean absolutely nothing ... there's no problem trying to help them out. But if we approach them, no, it's just straight away no and that's it. Drug Unit S1

#### **6.5.4.1 Garda attitudes towards treatment diversion and harm reduction**

Garda drug unit members had little experience of diverting suspected offenders to treatment and were hesitant about the appropriateness of Garda members taking a bigger role in diverting offenders to treatment.

I've only done it a few times, the guys who I've kind of maybe kind of pulled a bit of heart strings with you were you said 'Jesus I feel sorry for this guy' and whatever and you tried to get him a bit of help but it's very hard. Like being a guard trying to get help, I think the best way they can get help is when you see it through the probation services it's done obviously they're referred to them by the courts. Drug Unit S1

Yeah I think, it's not that I feel that's not my job, I don't want to do it, but you know firstly you know like I just don't feel that a guard is the right person to be interacting with someone in that direction like. I don't think people would really take them seriously like I don't think they would say well you know he's telling me this for my good or whatever. Drug Unit S2

Drug unit members pointed out that many offenders were already receiving treatment when they were arrested.

I've no problem with it starting off, but if you start to see the same people coming back through the books again, like then you would be saying like this really isn't worth the time or worth the paper it's written on. Drug Unit S3

Unit members also highlighted the abuse of methadone in the area and were critical of the idea of people becoming dependent on methadone for a long period of time.

Now maybe I am wrong in saying it but I suppose my own opinion would be that ... the whole thing of distributing phy [physeptone] or methadone or whatever is just being abused at the moment because they are using it, they are using it on top of heroin which I know is at their own risk or whatever but it seems to be just, they are just maintaining – they are not – there's no – there doesn't seem to be any, any light at the end of the tunnel. I am meeting guys there that you know they are on 80 ml of phy ... for three years like that's just nuts, you know. Drug Unit S4

Nevertheless, the same Garda did see the merit in initiatives such as the Drug Treatment Court (DTC) (judge-prescribed treatment).

I mean on paper it sounds like it would make sense. I wouldn't see anything wrong with that. I mean they did have a drugs – or they do have a drugs court in town where it did, a lot of it was, I mean it was still the criminal system it was still geared towards but it was fines and treatment was what they went down the line of, in that if you got in front of the drugs court there. Drug Unit S4

## **6.6 Conclusion**

### ***6.6.1 Evolution and organisation of illicit drug markets***

Local residents highlighted the lack of amenities for young people, the easy availability of drugs, boredom and high unemployment as the main factors contributing to drug use in the area. The development of the local drug market was aided by the relocation of many

people from Central (described in chapter 5) to its expanding suburbs, of which Suburban was one. On the other hand, most residents interviewed regarded Suburban as a fairly or very good place to live with less than one third of respondents believing that there were no benefits to living in the area.

One prison-based respondent explained that he was part of a group of about 25 individuals, or 'players' with a core group of about four people at the top, but with most showing loyalty to one individual in particular. He also reported that there were many such groups or 'clicks' supplying drugs in Suburban. He had diversified or side-lined from a legitimate business into dealing once he realised the profits to be made. Most of the other suppliers interviewed were dealing drugs to feed their habit while one individual had been introduced to drug dealing contacts while in prison. Another had been forced to distribute drugs to pay off a debt and then believed he had been 'set up' for the drug bust that led to his imprisonment.

The area had numerous middle-market suppliers who used structured methods of distribution involving a large number of individuals performing different roles, such as storage, transport, preparation and delivery. Heroin, cocaine, crack cocaine and cannabis were the main drugs bought and sold in the area. The majority of offenders were considered single-substance sellers. PULSE data showed that just 20% of persons arrested for drug supply were in possession of more than one substance. Crack cocaine was steadily becoming more popular and more widely available. Reported profit margins from drug dealing ranged from two to four times the initial investment, depending on the unit size sellers chose to sell or were willing to sell. As with Central, crack cocaine prices remained high and steady and crack selling was particularly profitable.

Both open and closed markets operated at retail level, including a visible busy open market around a shopping complex where heroin and crack cocaine were regularly available. The market was geographically defined in suburban, with specific housing estates controlled by particular groups. This was similar to the flat complexes in central. Strangers could purchase drugs here but selling was reserved for local people. Sellers however reported that supply was plentiful so the market was competitive in the open locations around the shopping complex. Although the market was busy it was also orderly, with dealers responding to customers in turn as they arrived, like a taxi queue. Young people played a substantial role in drug distribution, usually as drug runners. In one six-month period, PULSE data showed that one-fifth of suspected supply offenders were aged 18 years or under. Storing or running drugs was a financially lucrative option for teenagers, some of whom reportedly came from unstable home environments.



Suburban is relatively easily accessible by car from nearby provincial towns. The area attracted non-local buyers who were enticed by Suburban's reputation as an area where there was a constant supply of high-quality drugs at competitive prices. However, the average purity of the heroin and cocaine seized and analysed in Suburban did not differ greatly from Central. Heroin purity levels varied considerably however, ranging from 17% to 68%, with an average level of 43%. The purity of cocaine was generally very low: half of the samples analysed had a purity level of less than 7%. Buyers also said that they shopped around for better quality drugs, and that they shared information with other buyers in terms of where the quality drugs were or who was supplying them.

### ***6.7 Market impact***

A credit/debt system characterised buying and selling at all levels of the market. There was pressure to provide credit as otherwise people would lose customers. Conflict and violence throughout all levels of the drug market were primarily linked to drug-related debt rather than to territorial disputes. Prison-based respondents explained that there had been an upsurge in drug market violence locally in recent years. A number of factors were identified to explain this development. It was seen to be a consequence of more young people becoming involved in drug-dealing and becoming used to the presence of violence at an earlier age. Reporting of drug-related violence in the media was also believed to have contributed to a heightened sense of panic and paranoia among those involved in the drug trade, which can spill over into violence. People increasingly carried weapons for their own protection. Drug suppliers interviewed acknowledged the dangers associated with gun availability, where people were also using drugs and paranoid as a consequence. Paranoia, violence and erratic behaviour can themselves be consequence of the excessive consumption of cocaine for example.

The greater profits associated with crack cocaine and methamphetamine also contributed to increased violence. The violence also reached inside the prison system as debts followed people into prison, with prisoners connected to associates on the outside. Lower level dealers reported being robbed and getting into debt as a result, which would lead to a cycle of further purchases and debt, as one respondent put it, 'taking off Peter to pay back Paul'. Debt also arose from people consuming their own supply. Drug sellers also highlighted the pressure exerted upon them by Garda members to provide information about others and said that this left them open to suspicion and violence. Gardai also reportedly manipulated situations by releasing people without charge so as to create suspicion and further pressure from their associates. Presumably such a tactic would be designed to disrupt the market and encourage people to inform.

It was also acknowledged that the nature of violence had changed, in that it was directed

more at families of those involved in the drug trade. This was possibly a consequence of living in a tightly knit community. Although violence has always been associated with the illicit trade in drugs, the intimidation of family members of those who owed money to drug-dealers was relatively recent. Also, it was becoming more publicly visible, with daylight shootings at houses and pipe bomb attacks reported. The majority (90%) of survey respondents considered illegal drugs to be a big problem, and 85% considered drugs to be a very visible problem, in particular, smoking and injecting drug use. Half of the respondents had observed discarded syringes in the area. The majority of respondents avoided certain areas at certain times for reasons including visible public drug and alcohol use and drug-dealing.

As with Central, the illicit drug market created an almost inevitable local black market in stolen goods. Garda respondents believed that acquisitive crime locally was largely linked to drug use. Sellers regularly accepted certain stolen goods, such as satellite navigation devices for cars, jewellery and computer games, in payment for drugs. Stolen goods were either retained for the sellers' own personal use or sold to individuals in their community. The survey revealed that stolen goods were widely available in Suburban; half of the respondents claimed to have been offered them at least once, and one-fifth had been offered stolen goods very often in the 12 months prior to the survey.

### ***6.8 Drug law enforcement***

The strategy of the Garda drug unit was focused on middle-market suppliers, primarily using intelligence from informants. Such intelligence was acquired through developing relationships with offenders working in the lower levels of distribution. Indeed, successful supply reduction activity was largely dependent on undercover methods, good intelligence and the use of informants. PULSE data reveals the importance of investigative work. More than 50% of arrests were made after a house or personal search as part of an investigation. But one third of supply arrests resulted from random 'stop and search' activity or were coincidental, where the suspect was arrested for a separate offence.

Possession of cannabis for personal use accounted for the majority of suspected drug offences. Two-thirds (68%) of suspected drug offences were for simple possession and three-quarters (77%) of simple possession offences were for a cannabis product, half of which were for quantities valued at €20 or less. Garda members believed that local tolerance and acceptance of cannabis use meant that people might not even bother concealing cannabis when approached by a garda member. Garda members acknowledged that possession offences could be time-consuming in terms of court appearances. However, from a garda perspective, possession offences could be used to 'tag' someone who gardai knew was involved in dealing. Also, the presence of a previous



prosecution on PULSE could alert a future arresting garda to the involvement of someone in the drug trade. Garda members used user/dealers to build up information on those higher up the dealing ladder. Intelligence from users could help them identify, for example, where drugs were concealed in a house for a planned search.

Contacts could be cultivated through garda members exercising a certain degree of discretion, for example, not prosecuting people to the maximum possible or not 'throwing the book at them'. As explained above however, this strategy could create a vicious circle of suspicion and recrimination. It was also suggested that people give information to the gardaí for complex reasons, for some to better their own position in the drug dealing hierarchy, for others out of a 'moral sense', where they believe someone has breached certain drug dealing or criminal norms, mistreating a woman for example.

Sometimes the gardaí faced practical difficulties in discerning who was simply a user and who was a supplier. Many dealers only carried small amounts that could fall within the threshold of personal use but their packaging would indicate that they were for sale. Less than one-third of drug offence cases were arrested for selling drugs. Heroin accounted for 42% of supply offences, cocaine for 27% and crack cocaine for 13%. Cannabis accounted for only 28% of supply offences, in contrast to 77% of possession offences.

Suburban contained a busy visible open market located in the midst of legitimate commercial businesses. On occasion, focused Garda activity succeeded in displacing this drug market to another location. Elsewhere, Gardaí had been unable to disrupt market activity for any length of time, despite targeted operations. The market appeared largely unaffected by drug law enforcement. Heroin had reportedly become cheaper to buy at all levels of the market suggesting it was easily available. Drug law enforcement was also made more difficult due to the various practices and strategies employed by drug suppliers to avoid detection. For example, storing drugs in vacant construction sites, or in the houses of friends, family members and acquaintances unlikely to come to the attention of the gardaí. This also showed how innocent people or acquaintances could easily become implicated in the operation of the local market. As noted above, dealers also used runners to distribute drugs in exchange for money or drugs that the runners then sold themselves. Many of these young runners were not drug users themselves, suggesting the emergence of a pool of future dealers. Young people were also groomed into drug dealing and informed that they would not get into trouble due to their age.

### ***6.9 Options for the future***

Only one-third (37%) of residents and workers surveyed believed the Gardaí to be effective or very effective in dealing with crime. Nearly two-thirds (61%) of survey

respondents cited the need for more Gardaí on the street. Drug unit members received only limited information from the public about drug-related activities. Almost half of survey respondents would not report drug-related information to Gardaí, with fear of reprisal being an important disincentive. People also did not want to be seen locally as an informer. However, local residents were prepared to intervene in the involvement of young people in drug distribution. Three-quarters (74%) of survey respondents stated that they would act upon information that a young person they knew was involved in drug-dealing, though they were more likely to inform a young person's parent, or their school than the Gardaí. This suggests that community ties were still important in Suburban and that there was potential for an improvement of Garda community links provided that such cooperation was directed towards the protection of young people. Relations between the garda drug unit and local treatment agencies were also under-developed. Drug unit members had little knowledge of local drug-treatment agencies and did not believe that a closer working relationship with treatment agencies would be mutually beneficial. They were also hesitant about the suitability or effectiveness of Garda members taking a bigger role in diverting offenders to treatment.



# 7 North City

## 7.1 Introduction

This section provides a profile of North City. The site is profiled briefly using social, economic and demographic data. Data from the street survey are used to highlight local perspectives on living in the area.

The characteristics of the drug users and sellers interviewed in the site are outlined in terms of the participants' gender, age, accommodation status, ethnicity, income, education and whether they have dependants. Their history of drug use, involvement in illicit drug markets and criminal history are also presented. Data from the street survey are used to highlight local perspectives on living in the study site and on attitudes towards local drug issues. Public perceptions of Garda activity, and relationships with local Gardaí, are also explored.

Interviews with drug users/sellers and with local Garda drug unit members and other professionals working in the area on the local drug market are also included. This section also presents criminal justice data on drug searches, drug arrests and seizures and data on local drug prices. Drug purity data and information about typical drug adulterants provided by the FSL are also analysed. Finally, the views of individual Gardaí on various policy issues, such as the development of partnership and inter-agency approaches, relations with drug-treatment and harm-reduction initiatives and the prioritisation of resources in relation to drug-related crime are also investigated. The section concludes with a discussion of the key findings from the study site on the evolution, organisation, and impact of local drug markets and on the law-enforcement strategy and activities undertaken in response to them.

## 7.2 Profile

North City is an urban site, encompassing 20 EDs, with a population of some 30,000. It is on the fringe of a larger urban metropolis. As with Suburban, and characteristic of urban design throughout the state, relative to the local metropolis, there is a concentration of social disadvantage in the area. This is partly a product of uneven public sector investment during the 1970's. It is an area that has suffered from physical decline and disinvestment, low educational achievement, low pay and unemployment. It has a high concentration of older people living alone and a far higher proportion of one-parent families than other local areas. Approximately 50% of families in North City are single parent families. Most people live in local authority housing. North City has the third

highest rate of recorded drug offences in its Garda Síochána region.

All 20 EDs reported the maximum deprivation score of 10. All divisions reported an SPR higher than 2, and seven reported an SPR of 5 or more (Table 7.1). Many of the divisions had high rates of unemployment, of local authority housing and of low socio-economic status. All reported unemployment rates higher than the 2006 national average of 4.4%, and almost half (eight) had rates more than double the national average, at 10%–15%. The rate of low socio-economic status ranged from 25% to 50% across the 20 EDs. The majority reported local authority housing density of 25%–39%, and three divisions had a density of 50% or more.

**Table 7.1 Deprivation indicators and standardised prisoner ratios (SPRs), North City**

Unemployment (%)	Divisions (n)	Low socio-economic status (%)	Divisions (n)	Local authority housing (%)	Divisions (n)	SPR	Divisions (n)
6–9	12	25–39	13	Less than 25	7	2–5	13
10–15	8	40–50	7	25–49	10	5 or more	7
				50 or more	3		

ED = electoral division; SPR = standardised prisoner ratios

Source: Various (Irish Census, Irish Prison Service, Small Area Health Unit, Trinity College Dublin, please see section 2.2)

### ***7.2.1 Neighbourhood satisfaction: perspectives of survey respondents***

Of the 202 residents surveyed, 70% regarded their area as a fairly good or very good place to live. Over half (58%) cited the social infrastructure of the area (child care, shops, restaurants etc.) as a benefit of living in the area and one-fifth (22%) cited the presence of a good community.

### ***7.2.2 Social problems: perspectives of survey respondents***

Over two-thirds (67%) of those surveyed considered illegal drugs to be a problem in the area. Perceptions of social problems other than illegal drugs were also assessed. Three-quarters of the respondents regarded underage drinking as a big or very big problem in the area (Table 7.2) while some of the other major concerns included litter (62%), derelict buildings (60%) and teenagers loitering (58%).



**Table 7.2 Respondents' perceptions of social problems other than illegal drugs, North City (n=204)**

	Respondents questioned	Positive responses	
	n	n	%
Underage drinking	201	157	78.1
Litter	202	127	62.9
Derelict buildings	200	121	60.5
Teenagers loitering	202	118	58.4
Public drunkenness	202	106	52.5
Vandalism and graffiti	202	94	46.5
Property/vehicle damage	200	86	43.0
Abandoned/burnt-out cars	201	81	40.3
On-street intimidation	199	47	23.6
Noise at night	177	34	19.2
Racial harassment and attacks	191	14	7.3

### 7.2.3 Drug services infrastructure

Drug-treatment services such as methadone substitution were available in North City. Harm-reduction needle-exchange services were also available locally. A small number of outreach workers provided services in the area.

### 7.2.4 Profile of drug-using/selling participants in North City

The majority of drug-using/selling participants in North City were aged 21 years or under, had no children, had left school before completing the Leaving Certificate examination, and referred to welfare benefits as their main source of income. Cannabis was the main problematic substance for more than half the sample, followed by heroin and tablets (benzodiazepine). Nearly all participants had used illegal drugs (cannabis) before the age of 16. None were in treatment (beyond connecting with outreach or low-threshold services) at the time of interview and the majority were still using or had been drug free for less than six months (Table 7.3).

**Table 7.3 Profile of drug-using/selling participants, North City (n=8)**

Profile attributes	
<b>Gender</b>	Male (6)
	Female (2)
<b>Age</b>	18–21 years (7)
	26–34 years (1)

<b>Ethnicity</b>	Irish (7) Polish (1)
<b>Dependants</b>	No dependants (8)
<b>Accommodation</b>	Living with parents (5) Homeless (3)
<b>Education</b>	Left school before age of 15 (1) Junior Certificate (5) Leaving Certificate (2)
<b>Income</b>	Social welfare (7) Parents (1)
<b>Problematic drug use</b>	Heroin (2) Cannabis and other* (5) Tablets (1)
<b>Current drug use pattern</b>	Using in last 6 months (7) Drug free 6 months plus (1)
<b>Age of first drug use</b>	Under 12 years (1) 12–15 years (6) Unknown (1)
<b>Treatment history</b>	Not receiving treatment (6) Unknown (2)

\* ecstasy or benzodiazepine tablets

Only three participants reported selling drugs (cannabis) and one participant reported a drug-specific criminal conviction (Table 7.4).

**Table 7.4 Drug-selling profile of participants, North City (n=8)**

<b>Drug-selling history</b>	Sold drugs in the past (3) Never sold drugs (5)
<b>Drug type sold</b>	Cannabis (3)
<b>Criminal convictions</b>	Drug possession (1) Other convictions (2) No criminal history (4) Unknown (1)



## 7.3 The evolution and organisation of illicit drug markets: North City

This section presents findings describing the evolution and organisation of the illicit drug market in North City.

### 7.3.1 Market evolution

There has been an established drug market in North City for over 20 years, with illegal drugs such as cannabis and ecstasy traditionally available. Prescription medication such as benzodiazepine was reported to be widely used by both young and old, bought either legitimately on prescription, or on the black market using forged prescriptions, or from drug sellers. Cocaine use and availability emerged in recent years in the context of increased prosperity, but has since declined.

Where prescription medication, actually through GPs and pharmacies, have been used traditionally a lot of hash use, weed, ecstasy use ... During the Celtic Tiger times then it moved onto a lot of cocaine use. Outreach Worker NC3

Since 2007, the demand and supply of heroin has grown steadily. This growth has been attributed to the arrival of non-local heroin users with a history of heroin use and selling. Some of the earliest heroin sellers originally came from Dublin where they faced problems associated with drug debt. This increase is regarded as having developed incrementally rather than suddenly.

So, these particular guys obviously, they came with the habit and with probably years of experience of dealing heroin and they had no other way of getting into any other markets other than the one they knew best I suppose...I remember we could trace back this heroin distribution in the city to about two or three individuals who had left Dublin because of problems they were having in Dublin. Not particularly gangland type problems but people whose lives were in slight threat because of money difficulties they had in Dublin. They relocated down here where they got away from their problems. They brought their heroin addiction problem with them and they started dealing to feed their own habits ...it just escalated from there. And I suppose quite a number of non-nationals, as well, seem to have arrived here with the heroin. Drug Unit NC1

Almost one-quarter (23%) of residents surveyed cited unemployment and boredom as the reasons for drug use in their area. One-fifth (20%) cited the lack of facilities for young people (Table 7.5).

**Table 7.5 Perceived reasons for drug use, North City (n=121)**

	n	%*
High unemployment	28	23.1
Boredom	28	23.1
No facilities for young people	24	19.8
Poor parental supervision	18	14.9
Availability of drugs	15	12.4
Don't know	10	8.3

Poverty	7	5.8
Other	7	5.8
Poor education	6	5

\*Percentages exceed 100% as multiple answers permitted

The only details of first-hand experience of entering the drug market obtained at interview were given by young cannabis sellers. Of the eight drug market users interviewed, three sold cannabis. They had begun selling in a relatively informal manner when they were 16 or 17 years of age, initially selling to friends before expanding their customer base and managing larger quantities.

The first time I ever tried it I only got an ounce and then I got my own quarter then for free by selling three of them. I cut them down to four, sold three of them and then kept one of my own and got it for nothing like. So, I could say I was only given three and gave them to three of my friends. So I was just getting my own off nothing. And I just kept doing that for a while and I just got two ounces and then onto a half bar or a bar. IV NC20

When I started dealing drugs ... it was pretty much hand-to-hand dealing – I'd get it for the person, not making anything myself pretty much like. Just doing a favour for my friends. Well, drug friends like, you know ... I was about 16, that's when I started like. IV NC21

Drug-treatment workers and drug unit members highlighted the widespread use of cannabis in the area and the involvement of young people as sellers among their peer group.

Yeah, very much in cannabis – I know that – I have one client who is 15 years old who is dealing, you know. I have another guy who is 16 and a half or 17 who is dealing in a major way with cannabis. My evidence is that anybody with that kind of age profile isn't really getting involved in the heroin kind of thing ... Outreach Worker NC1

One seller followed his older brother into drug-dealing. His brother sold large quantities of cocaine.

He was getting bars of coke. You know, he was big like and that's where I learnt the dealing from him. You know because I was looking at him and I was saying fuck, look at the money that he is making. IV NC21

One seller recalled being specifically encouraged to sell by his supplier.

... and he was like instead of buying it off me why don't you start doing it. I was only 16, 17 ... then I started getting half a bar of hash like do you know what I mean, wanted to make money off this. And I was only 16 and I was going to school. Then it ended up like they give me a bar of hash you know. And then I got in a big huge debt over it and I can't do this anymore. IV NC39

### 7.3.1.1 Drug availability

Interviews with Garda drug unit members and outreach workers highlighted the growth in heroin use and availability around 2007.

For the last two years all we're dealing with really is heroin. Drug Unit NC1

A recent decline in cocaine use was attributed to the fall in disposable incomes.



So I mean to talk to people involved in the distribution of cocaine will tell you there's a dramatic decrease ...And I mean some people...instead of using cocaine they're going back to ecstasy because instead of spending 100, 150 a night you could now probably manage with 20 or 30 Euro. Drug Unit NC2

Cannabis herb – rather than resin – was very prevalent drug.

Cocaine and cannabis, there's very little hash around these days, it's mainly all grass. Drug Unit NC1

The trading of prescription medication was also widespread. Outreach workers considered the use of sedatives to be widespread among older heroin users and teenagers. Among local young people, sedatives were regarded as more popular than ecstasy.

I suppose really from the ages of maybe 17 upwards, 17 to 24/25 – that kind of demographic. High levels of codeine use – D8s, D10s – those prescription medications ... Outreach Worker NC1

Yeah here like it would be teenagers, you know, drinking at weekends and popping their Smarties [benzodiazepines] as well like you know, on top of it, with the drink yeah and just really just being totally out of their heads. Outreach Worker NC3

Four sellers had started abusing benzodiazepines and other sedatives in their late teens.

And then when I got withdrawals I started using coke and taking D10s. IV NC38

But at 17 I was fucking bad on Smarties and so I got kicked out of home. IV NC21

The data from interviews with drug units and outreach workers are supported by PULSE drug offence data, which was gathered from October 2008 to March 2009. In North City, cannabis resin was seized from 39% and cannabis herb from 36% of individuals charged with a drug offence. Heroin accounted for 13% of seizures and cocaine powder for 7%. There were no seizures of crack cocaine during the six-month period. The PULSE data do not reflect the widespread use and availability of prescribed sedatives (Table 7.6).

**Table 7.6 Seizures by drug type, North City (n=307)**

Drug	n	%*
Cannabis resin	120	39.1
Cannabis herb	112	36.5
Heroin	40	13.0
Cocaine	24	7.8
Ecstasy	13	4.2
Cannabis herb (home-grown)	11	3.6
Other	10	3.3
Tablets	2	0.7

\*Percentages exceed 100 as more than one drug seized

Source: PULSE, October 2008–March 2009

Seizures made in connection with supply offences indicate what substances may be sold locally. Collectively, cannabis herb and resin were involved in 50% of suspected supply offences, heroin accounted for 27% of offences and cocaine and ecstasy for 18% (Table 7.7).

**Table 7.7 Supply offences by drug type, North City (n=50)**

<b>Drug</b>	<b>n</b>	<b>%*</b>
Heroin	13	27.1
Cannabis resin	10	20.8
Cannabis herb	10	20.8
Cocaine	9	18.8
Ecstasy	9	18.8
Other	6	12.5
Cannabis herb (home-grown)	3	6.3
Tablets	1	2.1

\*Percentages exceed 100 as more than one drug involved

Source: PULSE, October 2008–March 2009

Evidence suggests that drug sellers tended to differentiate between the selling of heroin and the selling of other substances, such as cocaine and cannabis.

Some of them would sell both – I think you will find a certain few people who will only deal in grass or coke or just ordinary cannabis – it is a different type of person who will be dealing in heroin then. They are all aware that it is a taboo thing to deal with but the money is better in it like. Drug Unit NC4

In one seller's community, there were different street-level sellers for different drugs.

Just certain groups like there'd be one coke dealer and there would be a different weed dealer [and] another person who sells smarties. IV NC37

However, one seller interviewed sold cannabis resin, ecstasy and prescription medication. Some of his suppliers sold a variety of substances and some sold just one substance.

One of them would have done everything and some people then just do the hash as well like, just nothing else. IV NC20

PULSE data provide supporting evidence of the specialised nature of drug-selling by drug type. Of the 53 suspected offenders arrested for supply, only 4 were in possession of more than one illegal substance.

### **7.3.2 Market structure: buyers and sellers**

PULSE data revealed that 86% of suspected offenders arrested under the Misuse of Drugs Act in North City during the period of the study (October 2008 to March 2009) were local. The area did not seem to attract a high proportion of outside buyers.

It is a very closed shop up around here. Drug Unit NC2



You wouldn't hear of too many people travelling here to buy it. Drug Unit NC4

### 7.3.2.1 Sellers

The distribution of drugs such as cocaine and cannabis was concentrated among a small number of established family networks who have been involved in drug-selling for up to 20 years.

In relation to the coke and all the rest they're families. Going on for generations there, and they just, do you know the parents are at it, the kids have been at it, they're brought in at an early age, they tend to be harder, a few of them tend to not have, in relation to coke and cannabis, tend to have very little hands-on involvement... These people see drug-dealing as nearly a right. They have known no other way for maybe 20 years of making money and they're not going to change that now. Drug Unit NC2

It was estimated that the cocaine and cannabis markets consisted of up to five high-level distributors who managed multiple kilos and who were known to the Gardaí. Below this level, it was estimated that there was up to 20 sellers buying kilo level amounts, with up to 40 or more ounce-level sellers operating in the area.

There might be five people who would be dealing in multiple kilos and thousands worth of drugs at one time, whereas people who would be buying a kilo of coke, selling it, buying a couple of kilos of weed, hash, there could be 20 – I don't know, maybe a conservative estimate would be 20 people. Then you'd have people down who are going to be buying in ounces and there would be quite a few there that the numbers would be increasing as you mostly go down obviously. So, I suppose in total the number of drug-dealers in this area, just based on cases we'd have, we catch I suppose anywhere in the region of 70 dealers in [location] per year, at a certain level, not at the bottom rung of the ladder. Drug Unit NC2

It was estimated that there were about four individuals supplying the area who were managing quantities that varied from 9oz bars to kilos. At this higher level of cocaine and cannabis distribution, suppliers were 'hands-off': they rarely came into contact with the drugs they were selling. Consignments were subdivided and allocated to a variety of lower-level sellers who bought ounces of the product.

So, they were the three probably top fellas, and after that then they're giving ... do you know they're the ones with the quantity and they're handing it out to other people then, so I suppose there is really three or four. Drug Unit NC1

The main players won't touch them. They will have second-in-command and third-in-command who will organise the transport of them, will organise to bring a fella up to [location outside area] – the fella he is giving them to will have a girl in the car with him. She will get out, meet somebody else, they will go away, collect it and that car will travel back. The main person never has his hands on it. It ... will go into a flat or an apartment, split up and some of the ounces will go to one supplier and then some of them more to another. Then he will divide those again to someone on a lower level. Drug Unit NC4

Heroin was distributed outside the established networks of sellers. Drug unit members had traced the origins of heroin distribution to outsiders, both Irish and non-Irish, who had arrived in the area with a heroin addiction.

So, these particular guys obviously, they came with the habit and with probably years of experience of dealing heroin and they had no other way of getting into any other markets other than the one they knew best I suppose. Drug Unit NC2

Well, the established dealers would have quite an established drug-dealing network for all other types of drugs but the main dealers here would be quite large scale and running big businesses – wouldn't have anything to do with heroin... Drug Unit NC1

There was a less sophisticated structure of distribution in place for heroin. According to drug unit members, heroin suppliers in the area were less likely to have an intricate distribution network and were more 'hands-on', that is, they made contact with the drugs at some point.

I know from the heroin point of view, it tends to be easier to catch the top fellas because most of them don't trust anyone below, there are only a few fellas that are selling that aren't using, and they don't trust any of the users. So they tend to be hands on, so it makes it, it does make it some bit easier to catch them. Drug Unit NC1

Prescription drugs were widely used and sold in the area by drug users and sellers. Little was known by Gardaí about the distribution of these medications, though they acknowledged it was a serious problem in the area.

A major problem we have up here too at the moment is these D10s and these D5s you know...these prescription drugs... we had a fella there the other night and he had about 300 of these in his possession ... I don't know where they are getting them ...They were always there you know but there was something that we never really kind of targeted as such. But they are definitely popping up now like ... every fella is on them up here like ... the relaxers and all. Drug Unit NC6

Drug-treatment workers reported that users secured multiple prescriptions from different doctors.

I have come across a few times now when people would have three or four prescriptions at different doctors you know and what tends to happen as well, you might get five or six people and they would all have a prescription and they'd share their tablets then. So, they would all pool in. Say if I get my prescription on a Tuesday I will share them out ... you get yours on a Wednesday and that is the way it goes. Outreach Worker NC2

Young people obtained prescription drugs from older family members. The use of such medication was widespread.

They can buy them very easily from each other. A lot of them would be taking tablets from their parents or grandparents or whatever. Outreach Worker NC1

There were suspicions that a small number of GPs were irresponsibly writing prescriptions for patients.

I suppose there is anecdotal evidence to say that clients are going to their GPs, presenting with X and Y symptoms to get the drug of choice that they want. And there is anecdotal evidence to say that while the vast majority of GPs locally are very, very good ... they don't give out prescriptions 'willy-nilly' ... a few GPs have been doing that. Outreach Worker NC1

### **7.3.2.2 Transport, preparation and storage of drugs**

A variety of individuals were involved in the transport of drugs; many were drug users acting for others in return for drugs.

I would say a lot of those fellas who are handling it are addicts themselves. They are



doing favours for your man by moving it and they are getting a cut of it ... but like basically what happens most times is that ... this dealer or whatever ... middle man ... he will go to like a junkie like and he will say look... drop a container with 50 bags off for me to a house there ... or drop 55 bags off for me and I will give you a 50 bag for yourself. Drug Unit NC6

Similarly, vulnerable users were prevailed upon to store drugs for others in exchange for drugs or to pay off debts they had accumulated.

People on the ground then that are handling the most drugs are the people who are probably the most naïve and the most gullible and easily drawn into this kind of circle. And as well as that some of them might have addictions themselves that are preyed upon really and ... they're not master criminals these people, they're just people who are in trouble themselves big time, and a lot of them just don't know how to get out of it, and it's like a vicious circle then. Drug Unit NC3

None of the three cannabis sellers interviewed involved another person in storing or transporting their supplies. Two sellers stored their cannabis outdoors, usually underground.

Buried it ... in a field, yeah. IV NC37

When dealing with larger quantities, one seller preferred to act as a middleman, linking his buyers to his supplier. He never took the drugs into his possession, organising another individual to pick it up or make a delivery.

No. I'd organise it. Just make a phone call like, you can't get 10 years for a phone call but you can get 10 years with the bar in the hand. IV NC21

### **7.3.2.3 Street-level distribution of drugs**

#### *Closed markets*

Respondents did not report open selling of illegal drugs at street level in any of the communities in North City. There was no specific drug market or hot spot, though several sellers lived in close proximity to each other. Transactions were arranged using mobile phones and drugs were exchanged at various locations convenient for buyers and sellers.

You have to be introduced, or you'll have to have a reasonable explanation how you got their number. Most people won't deal with a person that just rings up that they don't know. You've a few that will, but...what you would more or less see is a few fellas waiting, or someone would be waiting and someone would come from out of a house or someone would come from somewhere else, and do a handover on the street and walk away again. Drug Unit NC1

One seller explained that his own drug habit contributed to his paranoia.

No, I wouldn't because I'd be too wary you know. You're smoking; you'd be paranoid like, full paranoid. You wouldn't have given it to anyone. IV NC37

Another cannabis seller contacted his customers to let them know when he was expecting his supply.

If I knew I was going to get them a couple of days before I actually got them I'd be ringing people asking them do they want bars or whatever like. Sell about 20 anyway, no bother. IV NC20

For most buyers, sourcing drugs, whether cannabis or heroin, was all about making calls and using their social networks to find the drugs they wanted.

You'd have to make phone calls, make arrangements you know that kinda way. And then get it that way. But other than that like you ain't gonna get it on in this town if you don't make arrangements, make phone calls, you know that way. IV NC23

However, given that the area contained several close-knit communities, drug-dealers were accessible via mutual acquaintances and friends.

Well there's certain people that wouldn't sell it to a stranger. But like if I didn't know the person I would know a person that knows the person to get it off the person for me, do you know. It's just a big circle like, do you know what I mean. IV NC21

Users could be contacted by sellers when they had drugs to sell.

I never went looking for them in that way. I get paid on a Thursday so when I get paid on a Thursday I could get a message say Friday and I could have money left in my pocket and like there could be 90 D10s or Upjohn 90s or Upjohn 70s know what I mean, if you want them. IV NC23

One seller lived in a neighbourhood with a reputation for drug supply. Sourcing drugs was a matter of calling into a neighbour's house.

Yeah I mean, [location] is infested with drugs. I mean, there's kids buying it off old men like, do you know what I mean. You could approach anybody up [location] and ask them for drugs and they'd tell you. You know, that's how bad it is like. IV NC21

### *Runners*

Some sellers employed runners to deliver drugs to buyers at street level. The runners were likely to be paid a fee for this task. Some drug users ran drugs to pay off debts owed to a seller, for which they received a very small proportion of the profits being made from the transactions. Although it did occur, according to respondents, there was little involvement of very young people (aged 16 and under) in drug distribution.

Yes, probably in terms of runners the young people are being identified as low risk in terms of if they're caught, the legal implications. I mean, again that family would often use the younger members of the group, under 12s, to bring the drugs to hand over, quite large quantities of drugs but that would be quite unusual. The number of people doing that would be quite small. One or two other dealers have used that system as well, but no, the numbers would be very small I expect. I hear about it but I don't see that as a reality on the ground. Drug Unit NC2

That [involvement of under-16s] is not prevalent up here, no. I could safely say that doesn't happen up here. Drug Unit NC6

A runner was normally a user who was a friend or an associate of a seller, or an older teenager – aged 16 or over. Only one of the three cannabis sellers used runners to deliver drugs.

They'd ring me; they'd ring me, yeah. Or else I'd get one of the boys that would run with it like... One of my friends, you know that would be inside smoking with me. I'd just go, 'Just drop that there down around the corner for me.' 'Yeah no bother.' 'I'll give you a nodge.' 'Nice one.' IV NC21



Two other sellers who did not use runners confirmed that runners aged 16 and over were used in their area.

There would be ([runners] yeah ... from 16 and up I would say. IV NC37

Observations by Gardaí, drug users and sellers are supported by PULSE data. Table 7.8 presents PULSE data showing the breakdown by age of suspected offenders arrested under the Misuse of Drugs Act from October 2008 to March 2009. Sixteen juveniles were suspected of drug offences (14 males, 2 females); all 16 were possession offences, and 15 of the suspects were caught with cannabis resin or cannabis herb. All of those involved in supply offences were 18 years and over.

**Table 7.8 Suspected offenders, by age and offence type, North City**

<b>Age</b>	<b>Possession (n=258) n (%)</b>	<b>Supply (n=50) n (%)</b>	<b>Cultivation (n=1) n (%)</b>	<b>Obstruction (n=3) n (%)</b>	<b>Fraud (n=2) n (%)</b>
Under 18	16 (6.2)	0	0	0	1 (50.0)
18–24	155 (60.1)	20 (40.0)	0	3 (100.0)	1 (50.0)
25–34	70 (27.1)	21 (42.0)	1 (100.0)	0	0
35 or over	17 (6.6)	9 (18.0)	0	0	0

Source: PULSE, October 2008–March 2009

### 7.3.2.4 Drug transactions: payment, credit and stolen goods

#### *Credit*

Drugs are often bought and sold on credit. Drug sellers buy a quantity of drugs on credit ('on tick') and pay their supplier an agreed amount after they have sold them within an agreed time. Three cannabis sellers interviewed all received drugs on credit from their suppliers. There were clear deadlines for full repayment.

You would ask him for as long as you want like and he'd say 'No, I need the money for whenever like, can you give it to me then if you want it or not.' It would be your choice like. IV NC20

Similarly, users bought drugs on credit and paid their supplier on the next occasion they bought drugs.

You'd probably be looking about 600 or 700 pound [spent on cannabis and prescription drugs] ... Get it on tick, through the dole. Get money some way you know. IV NC23

One supplier offered sellers larger amounts of drugs on credit.

It just came, he [supplier] offered and I took it. Any drug-dealer would like you know. IV NC37

However, another seller explained that one had to build up trust with suppliers to obtain larger amounts.

It depends who you're getting it off. Like if you were only getting a bar a week all the time and you were asking for 10 bars like you haven't got a hope. But if say two bars and then ask them for a k. Start working your way up like once he sees that you can bring back the money every time like. He'll give it to you. IV NC23

When dealing with users, one seller who sold drugs on credit insisted on collateral being provided, such as jewellery.

Like before like people used to fuck me around a lot, in other words, 'Oh I don't have the money, I'm sorry.' Then I'd have to give them a dig simple as. 'Get my money in an hour or you're going to get a beating.' But then I just started to say, 'Fuck it no, before you get anything else, you can give me a ring or something to cover it so I can sell the ring then.' ...And then it just worked out easier because people had valuable jewellery that they were giving me so they could get a smoke and then people paid me. It was handy enough. IV NC23

### **7.3.2.5 Competition, conflict and debt collection**

#### *Competition*

According to drug unit members, the market was competitive but relatively ordered.

Although there was tension, this rarely led to serious violence at any market level.

...everybody knows their own place here. Do you know what I mean? Everybody has their own loyalties, everybody knows their own place. Drug Unit NC3

Some of – well some would be in, most of them are in competition but they're not violent towards, you know – they're not out shooting each other or they're not out beating the shit out of each other as such, do you know. They're just more, they accept that they're in competition and there's no animosity per se. They mightn't like each other but they don't be out, do you know trying to have battles with each other. Drug Unit NC1

The extent of street-level heroin- or cocaine-selling is difficult to determine. However, both heroin users interviewed had the option to purchase heroin from four different sellers. The local cannabis market involved a considerable number of street-level and middle-market dealers to meet the large demand. Rather than leading to violence, competition compelled dealers and suppliers to give better terms (such as credit), sell larger quantities or sell at a cheaper price.

If you got it cheaper you're gonna get it off the other fella like. ...You'd have to give out bigger bits like or else give a load of it on tick. Like if your hash is nice then people want it as well. If you start giving out a few, even if you only give out a couple big nodules like inside school people will say, people will show it to someone else and they'll say who did you get that off? IV NC20

There was a whole load of that [competition]. They'd say all right and you'd tell them what price, they would say they can't do it and then they'd come to a different dealer and he'd probably say nice one and give them a big nodge. IV NC37

#### *Conflict*

Violence and intimidation was generally related to debt collection, sometimes involving users who were unable to pay for drugs they had received on credit or sellers who owed suppliers money for drugs that had been seized by Gardaí. Levels of violence were not



regarded as very serious however.

There would be definitely be with dealers – intimidating families like we'd often hear now the mother having to pay a dealer because he was threatening her son or you know they'd come up with the money by 5 o'clock or else and they pay him then. That is the only kind of intimidation that we would come across really. Outreach Worker NC2

There is a lot of that people getting the stuff on tick like and you end up having – if a fellow gets caught then for a Section 15 [supply] or something and he has no money and he goes looking for his debt or looking for the money he is owed and it is not forthcoming – like we would have a few assaults here and there but nothing major down here to be honest. Drug Unit NC6

One drug unit officer observed that a number of sellers were unable to sell their product at the required prices to pay their supplier. The decrease in demand for cocaine had been problematic for sellers who had purchased several kilos but could not sell it.

Since January, the start of this year, we have had more people who would have contacted us who were drug-dealers saying, 'Yeah we're at this level, but we're being threatened, our houses are being threatened, we're going to be killed.' Debts have increased quite dramatically because again, these were people who may have taken on 20,000 or 30,000 Euro worth of drugs ... the chances of getting the money back for it nowadays is next to nil so they end up owing quite substantial amounts which somehow is going to have to be paid and if they don't pay and in vast cases they can't pay, I mean there's quite a lot of threats going on around the place to these type of individuals. Drug Unit NC1

No users indicated that they had had problems repaying debts owed. However, offering drugs on credit had its drawbacks for sellers. Users might not produce payment on time, causing sellers who owed money to delay payments to their own suppliers. This provoked sellers to use violence, even when the amount of drugs involved was small or when the user was friend.

I'd just tell them [customers] you're gonna have to pay me and that's just it. I did [use violence], yeah...Just kill 'em like, you know not kill 'em just give them a beating and that's it like. If they don't have it like, I had to do it to my friends like. One of my friends owed me 50 Euro and I had to beat him like and again in an hour – he came back with the money in an hour. That means you won't mess around like. IV NC37

But then that [giving drugs on credit] creates violence then as well. You know, because I will be looking for my money, he's looking for his money, if I don't have his money, I get a dig, if I don't have my money, they get a dig you know. It's just a big circle again as I said like. ...Like before like people used to fuck me around a lot in other words, 'Oh I don't have the money, I'm sorry.' Then I'd have to give them a dig, simple as. IV NC21

### **7.3.2.6 Profit, price and purity**

#### *Profit*

Only three participants admitted to selling drugs (cannabis in each case). Profit margins varied depending on what they had paid for the cannabis. One young seller bought a 9oz (bar) of cannabis per week at a price of €450–€500 and sold it at €30 a quarter-ounce. He could potentially sell this amount for €1,080, but generally he doubled his money,

making €450-€500 profit per week. Another seller bought a 9oz bar per week for €700 approximately, which he sold at €30 per quarter-ounce, making €250 profit per week.

You'd make about €950 up to €1,000 and you'd get it for €700 ... €250 [profit] roughly ... That would be a week. IV NC37

Another seller sold 3oz of cannabis resin per week, buying an ounce for €90 and selling four quarters at €30 each, making €30 profit per ounce.

### *Price*

Respondents provided information on the street-level prices of different substances in different quantities (Table 7.9). Heroin street deals or 'score bags' retailed at €25 per bag. A half-eighth of cocaine retailed at €100, an eighth at €200. A quarter-ounce of cannabis resin could be purchased for €30, an ounce could be as cheap as €90. Cannabis herb was more expensive; an eighth or quarter-ounce sold for €50 and a half-ounce for €150.

**Table 7.9 Price of locally available drugs by weight, North City**

	Quantity/street term	Weight (g)	Price (€)
Heroin	Score	0.20–0.25	25
Cocaine	Half-eighth	1.75	100
Cocaine	Eighth	3.5	200
Cannabis resin	Quarter-ounce	63	30
Cannabis resin	Ounce	252	90–100
Cannabis herb	Eighth	3.5	50
Cannabis herb	Half-ounce	14	150
Amphetamine	Speed	1	25
Ecstasy	1 tablet		3
Ecstasy	1,000 tablets		1,000
Benzodiazepine	1 tablet		1.50–2.50

Source: Prices given in interviews with users/sellers during current research

### *Purity*

Samples from 85 heroin seizures were submitted to the FSL for analysis, of which 30 (35%) were quantified for heroin purity levels. Purity varied considerably, ranging from 28% to 63%, with an average of 46% (Table 7.10). One-quarter of the samples recorded less than 37% purity and one-quarter had purity levels greater than 56%.

**Table 7.10 Heroin purity levels, North City**

No. of samples	Mean (%)	Median (%)	Min (%)	Max (%)
30	46	47	28	63

Source: Forensic Science Laboratory (FSL), September 2008–February 2009



The heroin samples were analysed by offence type and seizure size. Seizures relating to possession offences (n=24) weighed less than 1g and had an average purity of 45%, ranging from 28% to 63%. Seizures relating to supply offences (n=6) weighed between 1g and 4g and had an average purity of 47%, ranging from 32% to 58%.

Two-thirds (56) of the samples were analysed for the presence of active ingredients other than heroin (Table 7.11). All the samples analysed tested positive for one other active ingredient, 39 (70%) tested positive for two other active ingredients and six (10%) tested positive for three other active ingredients. Caffeine was present in 54 of the 56 samples submitted. Paracetamol was identified in 37 samples (paracetamol and caffeine were the additional active ingredients in 54% of cases). A small proportion of cases reported a third active ingredient, such as lignocaine, griseofulvin, levamisole or benzocaine.

**Table 7.11 Active ingredients other than heroin in seizure samples analysed**

	<b>N</b>	<b>%*</b>
Caffeine	54	96.4
Paracetamol	37	66.1
Benzocaine	4	7.1
Lignocaine	3	5.4
Griseofulvin	1	1.8
Levamisole	1	1.8
Mannitol	1	1.8

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Samples from 56 seizures of cocaine were submitted to the FSL for analysis, of which 30 (54%) were quantified for cocaine purity (Table 7.12). Though cocaine purity ranged from 2% to 56%, purity levels were generally low, with an average of 14%. Half of the samples had a purity level of 9% or less.

**Table 7.12 Cocaine purity levels, North City**

<b>No. of samples</b>	<b>Mean (%)</b>	<b>Median (%)</b>	<b>Min (%)</b>	<b>Max (%)</b>
30	14	9	2	56

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

Seizure samples were analysed by offence type and seizure size. There were 25 seizures relating to possession offences; these weighed between 0.1g and 6g and had an average purity of 12%. Five supply offence seizures weighed between 0.2g and 18g and had purity levels ranging from 9% to 56%, with an average of 24%.

Of the 56 cocaine samples submitted for analysis, 46 were analysed for the presence of active ingredients other than cocaine. All 46 samples tested positive for at least one other active ingredient, 36 for at least two, and 14 for at least three. The additional active ingredients found are shown in Table 7.13.

**Table 7.13 Active ingredients other than cocaine in seizure samples analysed, North City (n=46)**

	<b>N</b>	<b>%*</b>
Lignocaine	33	71.7
Caffeine	18	39.1
Benzocaine	18	39.1
Phenacetin	15	32.6
Levamisole	6	13.0
Creatinine	3	6.5
Mannitol	2	4.3

\*Percentages exceed 100 as multiple substances present

Source: Forensic Science Laboratory (FSL), September 2008–February 2009

## 7.4 Impact of drug markets

This section presents findings on the direct impact of the illicit drug market on North City, such as visible drug use, the fostering of a local economy in stolen goods and property, drug-related crime and fear and intimidation.

### 7.4.1 Visible drug use

Two-thirds (67%) of respondents considered illegal drugs to be a big or very big problem in North City. Of these, 70% considered illegal drugs to be a big problem, based on personal observation. However, only 31% had observed drug use in their area directly.

Of the 61 respondents who had observed drug use in their locality, 89% observed smoking, 11% observed injecting, 47% observed snorting and 53% observed individuals swallowing substances thought to be illegal. Only 9% of all survey respondents had observed discarded syringes in their locality in the 12 months prior to the survey (Table 7.14).

**Table 7.14 Visible drug use, North City (=204)**

	<b>Respondents questioned</b>	<b>Positive responses</b>	<b>%*</b>
	<b>n</b>	<b>N</b>	
Smoking	61	54	88.5
Injecting	56	6	10.7



Snorting	57	27	47.4
Swallowing	57	30	52.6

\*Percentages exceed 100% as multiple answers permitted

### 7.4.2 *Stolen goods as currency*

One-fifth (20%) of respondents had been offered stolen goods in the 12 months prior to the study by someone they thought was a drug user; 8% had been offered goods often or very often and 3% had been offered goods sometimes (Table 7.15).

**Table 7.15 Experiences of being offered stolen goods, North City (n=201)**

	n	%
Very often or often	16	8
Sometimes	6	3
Seldom	17	8.5
Never	162	80.5

### 7.4.3 *Fear and intimidation*

Nine per cent of respondents surveyed had reported information about drug-dealing to the Gardaí, the majority within the last three years. Of the 183 respondents who had not reported any information, 30% stated they would not report such information if they had it. When probed on the reasons for this, 35% cited fear of reprisal and 26% did not regard it as their business (Table 7.16).

**Table 7.16 Reasons for reluctance to report drug-related information to Gardaí, North City (n=55)**

	N	%*
Fear of reprisal	19	34.5
Not my business	14	25.5
Would not wish to involve Gardaí	10	18.2
Gardaí would not act	6	10.9
Social reasons	4	7.3
Other	3	5.5
Don't want to be a grass	1	1.8

\*Percentages exceed 100% as multiple answers permitted

#### 7.4.3.1 **No-go areas**

Respondents were asked whether they actively avoided certain areas, and 39% stated that they avoided areas at specific times. Of the 41 respondents who gave reasons for their avoidance, 10 cited the incidence of people hanging around taking drugs. Only two cited the incidence of open drug-dealing (Table 7.17).

**Table 7.17 Reasons for avoiding certain areas, North City (n=41)**

	n	%*
People hanging around in groups	18	43.9
People hanging around in groups taking drugs	10	24.4
People hanging around in groups drinking alcohol	13	31.7
Open drug-dealing	2	4.9
Other	4	9.8

\*Percentages exceed 100% as multiple answers permitted

#### **7.4.4 Drug-related crime**

Drug unit members described North City as a high-crime area, but few could confidently identify a link between the crime and the drug market, or the rise in heroin use. As discussed in section 7.3.1, the demand and supply of heroin has grown steadily since 2007. This growth has been attributed to the arrival in the area of non-local heroin users with a history of heroin-selling.

It surprises me the lack of drug-related crime. I'd say there is an increase in crime but again that's probably twofold, people out of work who used to work and maybe in tandem with debts, people who are on heroin. There's not a huge crime increase because of heroin. Drug Unit NC2

Most of the crime I think anyway from my own experience is that it was for money alright but it was never for money for drugs, and now I think that's the way it's going to go ... when I hear how much they have to spend a day on heroin I think they're going to start becoming dangerous like because it's going to be the only way that they can get money. And that's where the problem is going to come. Drug Unit NC3

However, one (locally based) district drug unit member believed there had been a recent rise in drug-related crime, including robberies, burglaries and shop break-ins.

A lot of crime, a lot of robberies went on the rise. We have our own bookies here now that was done twice, even pubs, shops things like that, you know they would be looking for money, any way they can get money, robberies from even old people, robberies of persons – anyway to get money...things went on the rise – crime went on the rise – now this would be a high crime area anyway – but crime when on the rise – and I would say the heroin kicked in about last summer. It was always there but it really kicked in last summer. And even if you were in the district court – you would notice fellas being caught with heroin a lot more than before. A lot more fellas dealing in it as well like. Drug Unit NC6

As indicated in section 7.3.2.5, much of the violence in the drug market is related to debt.

This violence affected not only the drug user or drug-dealer but their families as well.

There would be definitely be [intimidation] with dealers – intimidating families, like. We'd often hear now the mother having to pay a dealer because he was threatening the son or, you know. They'd come up 'Have the money by 5 o'clock or else', and they pay him then. That is the only kind of intimidation that we would come across really. Probably since January, the start of this year we have had more people who would have contacted us who were drug-dealers saying, 'Yeah we're at this level, but we're being threatened, our houses are being threatened, we're going to be killed.' Debts have increased quite dramatically. Drug Unit NC1



## 7.5 Drug law enforcement

This section presents findings on supply-reduction strategy and activity employed by the local drugs units of the Garda Síochána in North City. The section also examines Garda attitudes to a number of policy issues, such as the development of community partnership and inter-agency initiatives, drug-treatment and harm-reduction approaches and the prioritisation of resources in relation to drug-related crime. Public perspectives on local policing and the relationship between local Gardaí and the wider community in North City are also examined.

### 7.5.1 Garda strategy

Local drug markets were policed by a divisional drug unit and two district drug units. Divisional drug unit strategy focused on targeting individual high-level suppliers in the area and sought to disrupt their supply lines as much as possible to prevent an embedded structure of distribution from developing.

We try and dismantle people at the top end of the distribution networks because that's where you cause some effect ... So we're always trying to aim at the very top of the structure, at the guy directing the distribution who ultimately isn't going to be putting his hands on too many things. I mean, that has been quite successful in terms of seizures and you physically won't find these people in possession of drugs but you'll damage their structure so much by taking large quantities off them ... you hope that these people then won't create empires. Drug Unit NC2

From our perspective we tend to deal with the city, deal with who's the bigger players at the time, put our focus into them...Mainly the top fellas. Drug Unit NC1

District drug units policed specific communities. They targeted lower-level sellers and collected information.

There is district drugs units as well that have been set up in recent times to deal with say, more of the users and to try and get more of an insight into what's happening. Drug Unit NC1

For divisional drug unit members with long-term goals to disrupt high-level supply and distribution networks, policing activities included surveillance and patrolling, primarily to gather intelligence from users and low-level suppliers whom they might stop and search.

That's basically how we would operate if we were looking to get a target or concentrate on a bigger target, it would be a few stop and searches, try to gather a bit of information on what they're doing. A lot of surveillance, sitting in cars, sitting in vans watching how this man is operating. Drug Unit NC1

District drug unit members had more street-level presence, patrolling, stop and searches and gathering information from locals.

Patrolling, just talking to the locals around the place and seeing what you hear from them. Drug Unit NC5

...sometimes you could see a fellow and just something in your mind will say – there is something dodgy about him like you know and you will search him and you would find him with something anyway. Drug Unit NC6

However, as noted in sections 5 and 6, there was little formal training for working in the drug unit. Gardaí learned on the job from senior drug unit members. Little benefit was seen in providing a formal training structure.

We would have had lectures all right on, you know, addiction and drug use, and just things like that. But most of the training is learned on the ground. It's all about how you kind of adjust to whatever unit you're on or whatever situation you are in, because I mean at the time, if you were stationed in a country town you wouldn't have come across the same things anyway. It's mainly what you learn from the senior members that you're working with. Drug Unit NC3

New drug unit members served an initial six-month period, after which their longer-term suitability for the task was judged.

Yeah, to be honest, it's you learn to sink or swim fairly quickly. The lads are great, if you're new in you'll get plenty of help fairly quickly, and it's up to yourself to learn. Most fellas that come up are in for a six-month basis, and it's up in that six months how they'll be judged, whether do you know, over time whether they'll be taken back or not. Drug Unit NC1

However, the following respondent believed that this time was too short and that it was important that drug unit members remained in the unit for long enough to allow contacts to be developed.

You're in drugs for building up a rapport with people – and you are getting – building up contacts and are sort of getting detections and you are – but even with getting detections you are sort of getting to know people as well that are in the game who are on drugs. And then all of a sudden you are sent out of it – it doesn't make sense. Drug Unit NC6

### **7.5.2.1 Intelligence-led policing**

The majority of suspected supply arrests were based on intelligence. Intelligence-gathering was centered upon targeting users.

Through users, and other times it's just you see one fella, you see two fellas wandering off, just taking a chance and walking following after them and see where they go, and do they meet someone, that tends to be... . A lot of it's our own work or stopping and searching fellas, and he might tell you something there and then or, a lot of it is our own work, do you know, I suppose the heroin scene, the big thing about it is every heroin addict will talk, very few won't but most of them will. So we get very little from them in relation to cannabis or weed or coke or ecstasy. Drug Unit NC1

Well, it depends how you get a fellow first and foremost like. Like you would stop a fellow and you would put a bit pressure on him like you'd say – look come here you were caught with this now you have to give me something if you want me to speak up for you or whatever. So, you can put a bit of pressure on a fellow ... a lot of the time what happens then is especially with the heroin is that fellows will – they will sort of realise themselves – look I want to give up heroin and I will do anything to get rid of heroin. Drug Unit NC6

As described in sections 5 and 6, garda members were obliged to refer their informants to CHIS. Garda members who referred informants were no longer permitted to maintain contact with them. The benefits of CHIS had yet to filter through to drug units in the area.



I believe there's more coming through CHIS now, but it's been very slow, too ... in relation to drugs. Drug Unit NC1

Information from CHIS could sometimes lack specifics.

Grand, but you wouldn't – you would get your information like all right but you wouldn't – you might have one or two calls now with it. Or things with it you know but ... it is more difficult I suppose but your information could be more specific. Drug Unit NC5

Some Gardaí were reluctant to pass on their strongest sources to CHIS because it might deprive them of good arrests themselves.

They will refer their weakest touts. Drug Unit NC6

### **7.5.2 Supply-reduction activity**

The details of 316 suspected offences in breach of the Misuse of Drugs Act over a six-month period (October 2008 to March 2009) were retrieved from PULSE. The number of arrests for the combined stations per month was relatively steady, except for February, which recorded a very low number of arrests. However, the preceding month had reported the highest number of arrests (81) for the whole period (Table 7.18). There had also been 1,494 searches of persons and premises that produced negative results during the period.

**Table 7.18 Drug offences by month of incidence, North City (n=316)**

	<b>n</b>	<b>%</b>
October	54	17.1
November	52	16.5
December	65	20.6
January	81	25.6
February	15	4.7
March	49	15.5

Source: PULSE, October 2008–March 2009

The majority of suspected drug offences were for simple possession. Supply offences accounted for 17% of offences (Table 7.19).

**Table 7.19 Drug offences by offence type, North City (n=316)**

	<b>n</b>	<b>%</b>
Simple possession	258	81.6
Supply	50	15.8
Cultivation/manufacture	1	0.3
Obstruction	3	0.9
Fraud	2	0.6

Source: PULSE, October 2008–March 2009

Cannabis resin and cannabis herb accounted for 79.2% of substances seized (Table 7.20). Heroin accounted for 13% of seizures and cocaine accounted for 7.8%. Substances such as ecstasy were rare, being involved in only 4% of cases. There were 11 instances of home-grown cannabis being seized during the period. There were only two instances involving prescription medication.

**Table 7.20 Seizures by drug type, North City (n=332)**

<b>Drug</b>	<b>n</b>	<b>%</b>
Cannabis resin	120	39.1
Cannabis herb	112	36.5
Heroin	40	13.0
Cocaine	24	7.8
Ecstasy	13	4.2
Cannabis herb (home-grown)	11	3.6
Other	10	3.3
Tablets	2	0.7

Source: PULSE, October 2008–March 2009

Cannabis resin and herb accounted for 85% of suspected simple possession offences. Heroin accounted for 11% of possession charges and cocaine for 6%. Cannabis resin and cannabis herb were involved in half (47.9%) of suspected supply offences. Heroin was involved in 27% of supply offences and cocaine accounted for 18%. There was one case involving a charge of cultivation and manufacture and this related to the cultivation of cannabis herb (Table 7.21).

**Table 7.21 Drug offences by drug and by offence type, North City\***

	<b>Possession (n=258) n (%)</b>	<b>Supply (n=50) n (%)</b>	<b>Cultivation/ manufacture (n=1) n (%)</b>	<b>Fraud (n=1) n (%)</b>
Heroin	27 (10.5)	13 (27.1)	0	0
Cocaine	15 (5.8)	9 (18.8)	0	0
Cannabis resin	110 (42.8)	10 (20.8)	0	0
Cannabis herb	101 (39.3)	10 (20.8)	1 (50.0)	0
Cannabis herb (home-grown)	7 (2.7)	3 (6.3)	1 (50.0)	0
Ecstasy	4 (1.6)	9 (18.8)	0	0



Tablets	1 (0.4)	1 (2.1)	0	0
Other	3 (1.2)	6 (12.5)	0	1 (100.0)

\*Some offences might have involved possession of more than one drug type. Consequently, the total number of drug types will exceed the total number of offences

Source: PULSE, October 2008–March 2009

The median value of cannabis resin seizures in the case of simple possession was €15, meaning that 50% of suspected offenders possessed quantities of the drug worth €15 or less (85% of simple possession offences were for a cannabis product). Median values were substantially higher for heroin, cocaine and crack, reflecting the more expensive market values of these drugs (Table 7.22).

**Table 7.22 Value of primary drug seized in simple possession cases, North City**

	<b>Cases valued</b>	<b>Range</b>	<b>Mean</b>	<b>Median</b>
	<b>N</b>	<b>€</b>	<b>€</b>	<b>€</b>
Cannabis resin	108	2–1,470	39.1	15
Cannabis herb	99	2–13,000	158.6	15
Heroin	27	5–540	46.9	25
Cocaine	15	5–1,700	169	40
Ecstasy	4	5–70	36.3	35
Cannabis herb	7	5–30	17.1	10

Source: PULSE, October 2008–March 2009

The median values of seizures relating to supply offences varied considerably; 50% of heroin seizures were valued at €1,600 or less, and values ranged from €125 to €12,000. The smallest cannabis resin amount seized as a supply quantity was valued at €125, and 50% of suspected cases were valued at €7,235 or less. The maximum value for a cocaine seizure was €56,000, but 50% of seizures did not exceed a value of €1,700 (Table 7.23).

**Table 7.23 Value of primary drug seized in supply offence cases North City**

	<b>Cases valued</b>	<b>Range</b>	<b>Mean</b>	<b>Median</b>
	<b>n</b>	<b>€</b>	<b>€</b>	<b>€</b>
Cannabis resin	10	125–140,000	34,260	7,235
Cannabis herb	10	30–13,000	1,953	460
Heroin	13	125–12,000	3,643	1,600
Cocaine	9	25–56,000	10,397	1,700
Ecstasy	9	50–70,000	17,494	3,500

Source: PULSE, October 2008–March 2009

As Tables 7.22 and 7.23 indicate, the vast majority of offences were for simple possession, and 85% of these offences involved a cannabis product. Several factors may explain the preponderance of cannabis offences in the incidence of simple possession charges. The acceptability of cannabis use in the area was highlighted by outreach workers and Garda drug unit members.

No, they don't even think it is a drug. They don't see anything wrong with it, that it relaxes people, it helps them sleep at night if they have problems sleeping. They don't get violent on it. Outreach Worker NC3

Cannabis ... is like – for smoking a cigarette like – everyone is at it – everyone smokes cannabis up here like. I don't know – I honestly don't know where it is coming from. Drug Unit NC6

Drug unit members estimated that the paperwork relating to a charge of simple possession of cannabis could take from 30 to 60 minutes. If the suspected offender pleaded not guilty, the arresting Garda was obliged to attend a court session, which could last between 30 minutes and six hours, depending on the case's position on the waiting list.

... you could be there a couple of hours; you could be there for half an hour. You could be there three or four hours ... Depending where you are on the list. There could be 140 cases on the day and you could be 118 so. Drug Unit NC6

God, I suppose five or six hours, but do you know what I mean? If it's a normal Section 3, a small bit of drugs, you have your standard sort of statement, sort of that you can just do – but five or six hours if you are in court and ... but you could be in court longer you know. Drug Unit NC5

However, another respondent believed that only about 10% of possession offences were contested and therefore required the Garda member to attend court.

... the number of people who would be contesting Section 3 cases in the courts would be very few. I mean, of the 700 cases in [location] would there be 50 you know? The percentage would be less than 10% that would contest the Section 3 bit. Drug Unit NC3

With regard to the amount of time required for report writing, the following member believed that this procedure could be streamlined.

... but in my opinion it should be a case of – you shouldn't even have to do a file. You should be able to just catch him, you have his signed whatever. Write a quick report saying I caught this guy with x... it should be a case of just putting in a computer and printing off summons like. I don't think you should have a file, like. Drug Unit NC2

Possession charges were most likely to result from patrols and stop and search activity by Garda members. Regular Garda members perform a large number of stop and searches of known criminals in high-crime areas; such criminals are often found to have a quantity of cannabis on their person. The pressure on Garda members to produce measurable results was cited as another factor in the high number of Section 3 (Misuse of Drugs Act 1977) arrests for simple possession by regular Gardaí.

I suppose ..., being honest, there's a lot of pressure on the lads, being on the regular



for stop and searches for results. And that's coming down the chain. .... Drug Unit NC1

Yeah, the regular guards, it's very much search and seize and that's it, you know what I mean? See the first person, you know you're just driving up and whoever ... you see that you suspect maybe are a user you search them, as simple as that. And you take what they have, and you prosecute them for it, but it's because you have to have results. Drug Unit NC3

### 7.5.2.1 Types of Garda activity

At least 63% of suspects apprehended for simple possession were arrested as part of a pedestrian or vehicle stop and search procedure (arrest details were unknown for a proportion of cases). Only one arrest on a simple possession charge was the result of ongoing investigative work (either a house/premises search or a personal search as part of an ongoing investigation) (Table 7.24). Just under a third of possession arrests arose from the suspect being arrested for another offence (30.2%).

**Table 7.24 Circumstances of arrest of simple possession suspects, North City (n=258)**

	<b>N</b>	<b>%</b>
Stop and search (pedestrian/vehicle)	162	62.8
House or premises search	17	6.6
Search as part of investigation	1	0.4
Arrested for other offence	78	30.2

Source: PULSE, October 2008–March 2009

As is to be expected, investigative work (house/premises search, surveillance and information received) accounted for a much higher proportion of supply arrests than of simple possession arrests (Table 7.25). In total, 46% of arrests were based on investigative work. However, 22% of supply charges resulted from stop and searches (pedestrian and vehicle). Most supply arrests arose as a consequence of the suspect being arrested for another offence.

**Table 7.25 Circumstances of arrest of supply suspects, North City (n=50)**

	<b>N</b>	<b>%</b>
Stop and search (pedestrian or vehicle)	11	22
House search	21	42
Search as part of investigation	2	4
Arrested for another offence	16	32

Source: PULSE, October 2008–March 2009

### 7.5.2.2 Measuring effective supply reduction

Drug unit members had varying views on what constituted effective policing in the drug unit. Divisional members focused on the significance of the individuals they charged and prosecuted and the quantity of the drugs seized as evidence of effective policing.

Arresting users was regarded as relatively unchallenging.

Do you know, I would put it down to I would say the amount of drugs taken off the street maybe, but more to who was caught, and how much...it's nicer to catch a bigger player than to catch a small player with a large amount of stuff. So, I consider ourselves effective by ... who we've caught. Drug Unit NC1

I suppose recovering a good quantity of drugs and prosecuting the people you liked to prosecute. Rather than the lower end of it. Like there is no problem going out and searching people and getting Section 3s – there is no problem with that – it is the people up the chain is what you are looking for. Drug Unit NC4

One district drug unit member focused on the number of seizures, but also on the relationship established with local community members, for example drug users or concerned citizens. The importance of being seen to be active on local drug issues was also highlighted.

I suppose if they get seizures – if you do get drugs or whatever. But I think if you have people talking to you and telling you – you know if you are seen out there and the public see that you are doing something – if it is the public image – if they see you are doing something they would be happy, you know. I just think getting the stuff off the street is productive like. Drug Unit NC5

### 7.5.3 Working with the community: public perceptions of Garda activity

Almost half (48%) of residents surveyed believed Gardaí to be effective or very effective in dealing with crime in their area; however, 42% of residents believed the Gardaí to be not very effective while 11% were unsure (Table 7.26).

**Table 7.26 Perceptions of Garda effectiveness, North City (n=200)**

	n	%
Very effective	23	11.5
Effective	72	36.0
Not very effective	83	41.5
Don't know	22	11

Sixty per cent of respondents were aware of Garda activity in the area (Table 7.27). Of these, 63% reported being aware of Garda patrol cars, 52% were aware of foot patrols and 40% were aware of Gardaí on bicycles. Only a very small proportion had observed arrests being made or specific operations, such as house raids or stop and search activity.



**Table 7.27 Awareness of Garda activity, North City (n=115)**

	<b>N</b>	<b>%*</b>
Gardaí patrolling in cars	72	62.6
Gardaí patrolling on foot	60	52.2
Gardaí patrolling on bicycles	46	40.0
Response to call from the public	30	26.1
Other	11	9.6
House raids	3	2.6
Stop and search operations	2	1.7
Arrests made in the area	1	0.9

\*Percentages exceed 100% as multiple answers permitted

In relation to reducing drugs and crime in their communities, 43% of residents emphasised the need for more Gardaí on the street, while 36% called for improved amenities for young people (Table 7.28).

**Table 7.28 Measures needed to reduce drugs and crime in the area, survey, North City (n=145)**

	<b>N</b>	<b>%*</b>
More Gardaí on the streets / patrolling	63	43.4
Improve amenities for young people	53	36.6
Other	19	13.1
Harsher sentencing for dealers	17	11.7
Education and awareness programmes targeting young people	16	11.0
Don't know	9	6.2
Increase drug-treatment facilities	5	3.4
Regeneration of housing estates and flat complexes	3	2.1
Increase in family support services	3	2.1
Increase social services in the area	2	1.4

\*Percentages exceed 100% as multiple answers permitted

### 7.5.3.1 Information from the public

Residents and people who worked in the area were asked about their co-operation with local Gardaí on general issues and on drug-related issues. One-third (34%) knew a Garda in their area by name and 34% had spoken to Gardaí about the area they lived in. As indicated in section 7.4.3, 9% of residents surveyed had reported information about drug-dealing to the Gardaí, and the majority of these had done so within the last three years. Of the 183 respondents who hadn't reported any information, 30% stated they would not report information if they had it. When probed on the reasons for this, 35% stated fear of

reprisal and one-quarter (26%) said that they did not regard it as their business.

The willingness of respondents to report the involvement of young people in the distribution of drugs was also examined. Eighty-three per cent of respondents stated they would report a young person's involvement in drugs to other members of the community (Table 7.29). Of these, 60% were more likely to approach the parents of the young person and 23% would approach the Gardaí. Just under 20% would talk to the young person themselves.

**Table 7.29 Reporting a young persons' involvement in drug-dealing, North City (n=157)**

	n	%*
Parent	94	59.9
Gardaí	36	22.9
I'd talk to young person myself	30	19.1
Social services	12	7.6
School	6	3.8
Other	5	3.2

\*Percentages exceed 100% as multiple answers permitted

Of the respondents who said that they would not report a young person's involvement in drugs, 13 believed that it was not their business and 9 cited fear of reprisal as a reason not to report (Table 7.30).

**Table 7.30 Reasons not to report a young person's involvement in drug-dealing, North City (n=26)**

	n	%
Not my business	13	50.0
Fear of reprisal	9	34.6
Other	1	3.8
Don't know	1	3.8
Person is my friend	1	3.8
Would not make difference	1	3.8

From a Garda perspective, relations with the community were managed formally through the community policing forum, which was attended by community police and high-ranking Gardaí from local stations. Drug unit members did not attend. Drug unit Gardaí were less likely to deal with community members.

I'm trying to think, to be honest, most of our dealings tends to be just with addicts or dealers, do you know, just we tend to have very little, we'll say with the community, we tend to be focusing our interest or our work mainly on just the addicts. ... And so in relation to that I can't say, you know in relation to community policing ... the local



guards would have maybe more of an insight into what the community and what's going on, or they would more likely, you know they are the ones who are there every day, they will know. So for us ... we wouldn't have much to do with the community like. Drug Unit NC1

In the interest of developing relationships with users and sellers, one member felt it would be detrimental to attend such meetings. However, the information from meetings was passed on to the drug unit and appreciated.

But my personal opinion would be like stay away from things like that because if you know people that you are dealing with if they catch wind that you are talking to people I don't think they'd be too impressed ... I think that they'd prefer to deal with you sort of discretely. They wouldn't want you going to meetings and things like that. But anything that does come up in fairness now at the community meetings about drug-dealing – and it does come up about drug-dealings in certain area the lads do pass it on to us. Guards from the community police will always do a report and send it in to us and send it up to the regular units as well. Drug Unit NC1

For traditional reasons, such as a history of poor Garda–community relations, residents were slow to report drug-related activity. There was also a fear that such action might result in violent reprisals.

I suppose on one level the majority of them don't like guards ... There is probably no foundation for that – there is – it is the way people are brought up and their friends are I think that way. There would be co-operation for serious events. I suppose they don't want to be co-operating with guards, so what they might do is make an arrangement to telephone them afterwards or meet them outside. Drug Unit NC4

Certain communities are tight knit and they know what's going on but they don't want to be seen as being the one who's talking to the guards or ... I don't know how you're going to ever, just certain sections they're not going to want to be seen talking. Just the fear of reprisals ... most of it is just in fear. Drug Unit NC1

The growth of heroin use, however, was prompting more co-operation from locals in terms of supplying information.

It would be mixed. I mean I worked in the [name deleted] for 10 years in one of the districts and even though they'd be regarded as tough areas, you know and very easy people to get on with and once they felt you know ... Okay, they wouldn't want to be giving information to the guards for what they perceive as selling hash, maybe selling cocaine but now things are changing a bit when they see heroin and they see the effects of it, they tend to be you know, more co-operative, you know. Drug Unit NC2

Information received from the public was sometimes not detailed enough to assist Gardaí.

They don't want to be known as a rat, or they don't want it coming back that whoever's dealing is informed that this person rang the guards. They tend to keep shut. Some will say it discretely or will make a phone call; that there is dealing going on there. But that's as much as you'll get, you won't get anything more than that you know. Drug Unit NC1

See they would want to stop it – but do you know they don't really know how I suppose to help us. They will say like 'Johnny is drug-dealing' but heroin now is so easy to conceal – there is no smell off it and stuff like that. It can be just put anywhere, you know. And if you are going to a house blind – you don't know where to look for it – you are – it is hard like I suppose people just – there are the money rewards out of it but then they are good as well like. Drug Unit NC5

They wouldn't have the name of the estates and there should be nearly more

questions that they should ask to make it more specific. You would get some of the things like 'Mary in X Road is dealing drugs.' Drug Unit NC3

#### **7.5.4 Inter-agency partnerships**

There was limited inter-agency co-operation between the Garda and other state agencies or state-sponsored services such as social welfare, treatment services and housing authorities and this was acknowledged by the following respondent as a weakness.

You can't win this one, you're never going to win it with the current approach and I mean, you've got to think really well outside the box to come up with alternative solutions and that obviously would help if you had several agencies working together. But we seem to defend our independence from each other. We seem to be, all organisations in this country, they do their own job and this is where we draw the line and somebody else's responsibility takes over and it doesn't particularly work too well. Drug Unit NC2

Unit members identified areas where better inter-agency relationships would improve outputs for all. Better working relationships with social welfare services would assist in identifying drug sellers who claimed benefits yet who had been found in possession of large sums of cash.

I think a big thing that could be improved all right would be communications with, say, the social welfare office and things like that. And not even in relation to getting information or anything like that, but we've often been onto them in relation to lads that are claiming benefits and just stopping them with a couple of thousand in their pockets here, or a couple of thousand there, and they're still claiming their benefits and the social welfare office don't want to know about it. I think that is a big point, do you know. They're going to be dealing whether they're on the social welfare, or whether they're getting benefits or not, so I suppose that is one point that could be maybe improved a small bit. Drug Unit NC1

A big problem in the guards – not just for drugs – is getting information from people. Like social welfare – you now have to apply in writing – you get the impression they are very sound people there but it is a hassle to do it like. I think it would help matters on both sides because we have a lot of information say on social welfare people – I suppose we watch people and just keep information on our system that they are here and they have seen so-and-so. Then these people are claiming that they are abroad or that they are not working. I mean sharing information could work both ways. We get current addresses and we get information of these people scamming the system. Drug Unit NC4

Traditionally, neighbours would contact social housing authorities to inform them that a house had been searched for drugs by the guards. The authority would then act upon this information. One unit member felt this was a role the Gardaí could systematically perform.

It would actually be good though – if we did find something then we would send off a form to whatever – to operations saying that stuff was found in the house. Drug Unit NC5

There was no formal relationship with treatment services.

There is no formal system. I had a case there with a fella recently – he was caught with 100 or maybe 200 Euro worth of cannabis – but he came in, he was near on suicidal. So, his brother was outside and told to bring him to his doctor straight away. I wouldn't take the drugs off him. Now he ... he has got treatment for depression ... but there is no formal way of doing that, like. Drug Unit NC4

Some unit members believed a better relationship would involve some level of information



exchange.

I suppose like, you know, if they were telling us who was in seeing them – we could maybe keep an eye out for them or whatever. And vice versa like if we thought someone might go in – if we could just make a call or something you know – I suppose it would do no harm just to have a better rapport with them. Drug Unit NC5

I suppose you wouldn't be looking for any confidential information on their treatment or whatever like but even if you just know a person's location it is good. Drug Unit NC4

However, one outreach worker felt that the need to maintain trust with his clients meant that he would be prevented from exchanging information with the Gardaí.

Not so much ... that has never happened because I would lose credibility in my own work. Outreach Worker NC1

One instance of effective inter-agency partnership was reported. Gardaí, drug-treatment services and general practitioners had previously worked together to reduce the sale of prescription medication.

We did have a meeting upstairs with other doctors around the place, do you know, because with prescription tablets – some doctors were giving out their monthly prescriptions and things like that. That was the only ... sort of meeting (or) anything I ever went to. Because if they got their monthly ones they were nearly selling them all, you know, you would get two Euro a pop for one. And so we were saying just to give weekly and they were grand with that and they were nice and ... that is what was decided. Drug Unit NC5

So, a lot of our work has been put in, a lot of times put in to who are the doctors involved that are dispensing this medication or simply who are writing the scripts because we know that they're not all at it, we know that the vast majority of them are working in a professional capacity. We have invited in the doctors to speak about it, we have had reps from the doctor's bodies locally to speak about it. They have no problem with us naming and shaming the doctors involved and complaining. So, that piece of work is very much around supply. Outreach Worker NC1

#### **7.5.4.1 Gardaí attitudes to treatment diversion and harm reduction**

Drug unit members appreciated the value of a structured treatment referral process for problematic users, rather than a fine or prison sentence.

... rather than me having to call on a favour to ring somebody in a service you know, to get people something which is essential treatment if they're on heroin. If you had some formal procedure in place, but again it's a resource issue in terms of the HSE and the ability to fund which is going to be a very expensive activity. Drug Unit NC2

You find a lot of these people are very decent about it – they have a problem with drugs but that doesn't mean they are bad people at the end of the day like. Sometimes you do know that if they got treatment that they would be a lot better off. Drug Unit NC4

The following respondent believed that referral to treatment was a more effective and sustainable response than simply prosecuting and fining people.

Where a person is coming in and they're looking for help. And actually sometimes they wouldn't even be looking for help but they're willing to go instead, you know they're willing to go and seek help ... it's not exactly the easy option, to go to a treatment centre instead of going to a prison, because I mean like in a treatment centre you really do have to address the problem and you're not exactly going to get your supply there. But, I don't

know it's the one thing that I do think should be changed. If that was there I mean there's potential that it would be abused as well, but maybe if they had something inside in court where they would give the opportunity for a person to go and get this treatment, that it would probably, at least then you'd be getting some kind of a satisfactory conclusion. Rather than a 100 Euro fine or a 50 Euro fine, and straight out the door, and straight around the corner and get something else like. It just doesn't make any sense. Drug Unit NC2

Some members were sceptical about the genuine effectiveness of a treatment diversion scheme, believing that many users did not sincerely want to give up drugs.

You can't exactly turn an addict around. Like I mean as you say, I know because I'm addicted to cigarettes and I can't give them up and the only time I'll give them up is when I decide I'm going to give them up. Nobody's going to tell me. And if someone was to come along and take my last cigarette, what am I going to do? I'm going to go to the shop and I'm going to buy another pack. Drug Unit NC4

I have never done it now to be honest ... Most of them anyway, to be honest with you, they just have no interest in doing that like. It would be a waste of time. The only way they will go into some sort of programme is if they are sent there by a judge to avoid prison. Drug Unit NC6

Unit members supported harm reduction such as needle exchange and methadone substitution. However, they were critical about the effectiveness of methadone treatment as many members were aware of the sale of methadone by users to fund their heroin habit.

Oh I think it is a good idea but the only thing from what I can see is when people are on methadone they are addicted to that then like and even when people are on methadone they seem more excitable and more jumpy, do you know what I mean. It is probably better than the other like but of course it is a bit. They seem to get addicted to that then and like we have had situations of people on methadone where they are going into to doctors for it and selling prescriptions. Drug Unit NC6

Some fella's are getting it down here, and they're buying it, there's only a few pharmacies in the city where they're making them sit down and drink it in front of them, most of them will give them a vial and shove them out the door, they're exchanging it for a couple of bags. Drug Unit NC1

## **7.6 Conclusions**

### ***7.6.1 Evolution and organisation of illicit drug markets***

There was a concentration of social disadvantage in North City. This was a legacy of uneven public sector investment, physical decline and disinvestment and the area had largely been planned without a focal point for industry, employment or social services. There was a high rate of unemployment combined with a high rate of early school leaving. Single parent families were the dominant family type in the area. Despite these problems, most (70%) residents surveyed regarded the area as a fairly good or very good place to live, with 20% citing the presence of a good community. As with Suburban, local residents cited unemployment, boredom and inadequate social amenities as the main reasons for drug use in their area.

An established drug market has existed for over 20 years in North City, facilitating trade in cannabis, ecstasy, and cocaine. Since 2007, the demand for and supply of heroin has



grown steadily with the arrival of non-local heroin users and sellers, both national and non-national. The emergence of a heroin market was also linked to heroin sellers who had left Dublin and re-located in North City as a consequence of problems involving drug debts in the former. Prescription tablets such as benzodiazepines were used widely and traded illegally in the area, by young and old drug users. The over subscription of prescription drugs contributed to an emerging street trade in such substances. Cannabis use and selling among young people (aged 15-17) was widespread and cannabis herb had replaced resin as the predominant cannabis product used.

It was estimated that there were approximately seventy middle-market sellers in Central, 5 dealing in multiple kilograms, 20 in kilograms, approximately 45 in ounces down to street level. Distribution of drugs such as cocaine and cannabis was concentrated among a small number of established family networks, as with Central initially, and involved several layers of distribution. Heroin selling occurred mostly outside the established network of drug sellers. Many heroin distributors were described as non-local, both Irish and non-Irish, who had arrived in the area with a heroin addiction. Heroin users identified four different sellers at street level but the market was closed, hidden and heroin-specific. Heroin distribution was less structured and intricate than cocaine or cannabis and regarded as easier to penetrate from a law-enforcement perspective. Drug markets were mostly distinct in terms of the substances sold, with heroin selling still regarded as taboo by some dealers. Markets for specific substances were more clearly defined here than in Central or Suburban. The area did not attract a high proportion of outside buyers.

North City also differed from Central and Suburban in that there was no open street level drug markets in any of the communities in the area. Transactions were arranged predominantly using mobile phones and drugs were exchanged at various locations convenient for buyers and sellers and out of public visibility. There was also no specific 'hot spot' or open market, although several sellers lived in close proximity to each other.

Some sellers employed runners to deliver drugs at street level. The runners were likely to be paid a fee for this task. Most were drug users paying off debts. Unlike Central and Suburban, there was little evidence to suggest the involvement of very young people (aged 16 and under) in heroin or cocaine distribution. This finding was supported by PULSE data where all involved in supply offences were over-18 years of age.

### ***7.6.2 Market impact***

The North City drug market was competitive but relatively ordered. Tensions existed but violence seldom occurred and, where it did, it was almost always linked to drug-related debt. It was generally directed at drug users who were unable to pay for drugs received

on credit or who owed suppliers money for drugs that had been seized by gardaí. The families of such drug users were also targeted. The level of debt-related violence was reportedly increasing and impacting on families. The targeting of family members was also a feature of the drug markets in Central and Suburban but it was something that came later in the evolution of these markets than was the case in North City. The economic recession was also impacting on debt, as some dealers had previously bought large amounts of cocaine in bulk but were unable to offload it.

Two-thirds (67%) of survey respondents considered illegal drugs to be a big, or very big, problem. However, less than one-third reported direct observation of drug activity. Visible drug use was largely confined to smoking. This reflects the absence of open drug markets in North City. Also, whereas high levels of visibility of drug paraphernalia were reported in Central and Suburban, only 9% of survey respondents in North City had spotted discarded syringes in the area. Less than two-fifths of survey respondents avoided certain areas, citing the presence of large groups hanging around, some drinking alcohol and using drugs. There was no clearly established link between acquisitive crime and drug use in the area. A local economy of stolen goods did exist in North City but it appeared to be limited; only one-fifth (21%) of respondents reported having been offered stolen goods by someone they believed to be a drug user and only 8% had been offered goods often or very often.

### ***7.6.3 Drug law enforcement***

Local drug markets were policed by a divisional drug unit and two district drug units. The divisional drug unit sought to disrupt the higher supply lines while the district units tended to focus on local low-level sellers. The vast majority (81%) of suspected drug offences were for simple possession, usually of cannabis (82% of simple possession cases, half of which involved a quantity valued at €15 or less). Gardaí and drug-treatment workers highlighted the social acceptability of cannabis in the area. Supply offences accounted for just 17% of suspected drug offences. Cannabis resin and cannabis herb were involved in half (48%) of suspected supply offences; heroin was involved in 27% and cocaine in 18%.

The majority of suspected supply arrests were based on intelligence, which involved targeting users. It was reported that the benefits of the Covert Human Intelligence Service (CHIS) system had yet to filter through to drug units in the area. There was also some resistance to working with the system as drug unit members wanted to get credit for making quality arrests. This reflected the pressure from within the garda hierarchy to obtain 'results'. Stop and search activity would often occur in response to pressure for results that was reportedly 'coming down the chain' of command. Such activity would



often be directed against suspected drug users. In North City, 62% of possession cases arose from stop and search activity, while 30% of people found with drugs had been arrested for another offence. One in five drug searches were successful. In supply cases, 22% were a result of stop and search activity, while a greater number (32%), were apprehended as a consequence of suspected involvement in another non-drug offence.

Garda drug unit members regarded success as linked to the nature or quality of the individual involved in the arrest in terms of his or her position in the drug supply chain. The quantity of drug seized was also an indicator of success. As noted above, the heroin market was regarded as relatively easy to penetrate as it was less organised and heroin users tended to talk more openly. It was not regarded as challenging to arrest drug users and the arrest of addicts was seen as quite futile by some garda respondents. Drug prices were higher in North City than in Central or Suburban although purity levels were consistent across all areas. The higher prices here are probably not an indicator of successful supply reduction activity but more a reflection of the less developed nature of the market for heroin and cocaine in North City.

#### ***7.6.4 Options for the future***

Many garda drug unit members believed the prosecution system could be more streamlined. Drug unit members estimated that the paperwork relating to a charge of simple possession of cannabis could take from 30 to 60 minutes. If the suspected offender pleaded not guilty, the arresting Garda was obliged to attend a court session, which could last between 30 minutes and six hours, depending on the case's position on the waiting list. One respondent estimated however that less than 10% of possession offences were contested and required the Garda member to attend court.

For residents, the main measures needed to reduce drug-related crime were an increase in patrolling by the garda síochána and improved amenities for young people. Forty-two per cent of survey respondents believed the Gardaí to be not very effective. At the same time, almost one-third of survey respondents said that they would not report drug-related information to the Gardaí for reasons including a fear that such reporting might result in violent reprisals and also the belief that it was none of their business. The issue of fear was not as prominent in North City as in the other study locations. Also, the growth of heroin use had prompted a greater engagement with the gardaí from locals.

Furthermore, the vast majority of survey respondents stated that they would report a young person's involvement in drugs to other members of the community, most likely the person's parents (60%) or, to a lesser extent, the Gardaí (23%). Many were also willing

to talk to the young person themselves, something which reflects a sense of a strong community bond. Formal community liaison structures in North City were regarded as positive and also facilitated the development of informal contacts. However, drug unit members remained detached from these local community policing liaison structures and interacted mainly with users and dealers. One respondent believed that there was a need to maintain such a distance as people involved in the drug trade from whom the gardaí were seeking cooperation would not appreciate the gardaí talking to local residents.

There was limited inter-agency co-operation between the Garda Síochána and other social service agencies. It was believed that better working relationships with social welfare services and housing authorities could produce beneficial outputs for all agencies involved. Improved links with social services would enable gardaí to apprehend people who were claiming social welfare while also earning money from dealing drugs. Both survey respondents and garda members highlighted the need for harsher prison sentences for drug dealers.

Relationships between the garda drug unit and drug treatment services were also very limited and informal in North City. Drug unit members appreciated the value of a structured treatment referral, rather than a fine or prison sentence, for problematic users. However, they were critical about the effectiveness of methadone treatment as many members were aware of the street sale of methadone by users to fund their heroin habit.



# 8 Discussion and Policy implications

## 8.1 Introduction

This first comprehensive study of illicit drug markets and drug law enforcement in Ireland has used a range of data sources to shed light on the nature of illicit drug markets and their impact on Irish society. It has also provided us with an insight into the policing response to drug-related crime. It has facilitated us in addressing some key issues and questions in drug policy, such as:

- How do illicit drug markets in Ireland evolve?
- How are illicit drug markets organised?
- What is the impact of illicit drug markets in the communities in which they emerge?
- What are the main policing strategies and activities adopted in response to illicit drug markets and what is their effect?

The study sought to describe and assess, in particular, law-enforcement interventions in three local illicit drug markets. This concluding section synthesises some of the key findings from across the three study sites in terms of the main themes outlined above and compares the findings of this study with those of other similar studies. It then moves on to discuss the implications of the research findings for future drug policy – particularly in relation to the relevant aims and objectives of the NDS (Interim) 2009–2016.

In the discussion that follows we use our research findings to highlight a number of key factors that future policy responses need to take into consideration. First, the complete removal of illicit drug markets through drug law enforcement is not an achievable goal in the foreseeable future. The aim here is to consider how future drug law enforcement, in particular, might evolve to address the complexities and particular harms associated with Irish drug markets. It is suggested that such an approach requires a more coherent approach to drug policy in which the role of law enforcement within an overall harm reduction strategy is clearly established and a change in the legal control framework through the decriminalisation of drug possession as part of such a public health approach. It also necessitates a more pragmatic use and co-ordination of existing resources and the targeting of those resources at the most harmful aspects of drug markets.

Second, not all drug markets are equally harmful. For example, some are more violent than others and open markets cause more disruption to communities than closed ones. Third, law-enforcement interventions that focus on the particular harms associated with an individual market have the potential to have an impact on those harms and they may also lead to a more effective and economically viable use of public resources. Drug policy, including drug law enforcement, should proceed from an in depth understanding of the nature of drug-related harm such as that provided, for example, by initiatives such as the UK Drug Harm Index (Mac Donald *et al* 2005).

Finally, approaches that seek to divert problematic drug users into treatment and that prioritise local community perspectives, and those that occur in collaboration with community representatives and other relevant agencies, in democratically established Community Safety Fora are more likely to be sustainable over time and to win public support.

## **8.2 Evolution and organisation of illicit drug markets**

The association of local drug markets with areas of deprivation has been identified in Irish research since the emergence of the drugs crisis in the late 1970s (Loughran and McCann 2006; O’Gorman 1998; Dean *et al* 1982). This link is recognised explicitly in government policy with the establishment of local drugs task forces in such areas. In this research, when asked what they thought were the main reasons for local drug use, most respondents highlighted social issues – with drug use seen as a symptom of deeper underlying factors. These included the absence of facilities for young people, high unemployment, boredom and poor parental supervision. A number of explanations were also advanced during interviews as to how illicit drugs entered the areas. Factors mentioned included the relocation of people from deprived urban centres to suburban and rural areas, the influence of prison where people had developed addictions and/or met people who would subsequently introduce them to drug-dealing, and the arrival in an area of people, both national and non-national, with heroin habits. These findings complement the findings of the few international research studies that have sought to investigate why drug markets tend to become embedded in specific communities (May *et al* 2005). They also highlight the importance of situating interventions within the specific socio-economic and environmental context in which drug markets develop and thrive.

Despite popular portrayals of illicit drug markets as hierarchical entities controlled by organised crime groups, recent international research has emphasised a more complex, de-centralised and fluid phenomenon involving numerous participants, most of them strangers to each other (Babor *et al*. 2010; Desroches 2007; Dorn 2005). Our findings



correspond with this more nuanced perspective.

The research showed key differences in how drug markets are organised across the three sites surveyed – from the more loosely structured to more co-ordinated arrangements. Central, for example, was highly structured in terms of distributing heroin, cocaine and cannabis, with several high-level suppliers involved in drug importation and distribution over this very wide area. The middle market in this location was reportedly heavily populated with individuals and groups or ‘gangs’ supplying kilograms or more. Although crack cocaine had originated with West Africans in Central, it now involved more Irish sellers. In North City, the distribution of drugs such as cannabis and cocaine was concentrated among a small number of established families. Heroin distributors were described as non-local, both Irish and non-Irish, who had arrived in the area with an addiction. The heroin market was also described as less structured and easier to penetrate from a law-enforcement perspective.

A senior member of the GNDU with more than a decade of experience described the structure of those involved in drug selling as similar to ‘virtual companies’, where a core group is surrounded by a larger group of people who perform specific roles. Such roles might include the mixing of drugs with adulterants and the storing and transporting of drugs. However, those who provide these various services may vary over time and the same individuals may provide the same service to different core groups in different locations. This study bore this out – across all sites, it was found that a large number of individuals performed roles on behalf of higher-level suppliers. Another common factor found across all sites was that higher-level suppliers usually avoid any contact with drugs once they have been imported. This was substantiated in interviews with GNDU staff and drug sellers themselves. Respondents also stated that they often stored drugs in the homes of people not overtly connected to the use or sale of illegal drugs. This was one of a number of ways in which people could become implicated in the drugs trade, in return for payment or through intimidation. In Suburban, a large number of individuals performed roles on behalf of higher-level suppliers, including diluting or preparing drugs. Those involved in the storage and transport of drugs were generally relatively minor participants, either earning drugs for their own use or trying to pay off a drug debt.

The increased involvement of young people in the drugs trade in Ireland and the UK has also been highlighted in recent community-based studies (Jennings 2013; Hourigan 2011; Connolly *et al.* 2008; Loughran and McCann 2006; May *et al.* 2005;). The NDS (Interim) 2009–2016 highlights the necessity of examining the ‘issue of young children (some under the legal age of culpability) being used by those involved in the drugs trade to run drugs’.

This study found mixed results regarding the role of young people in drug distribution. In Suburban, young people played a substantial role in drug distribution at street level. Storing or running drugs was a financially lucrative option for teenagers. Over a six-month period, PULSE data revealed that one-fifth of suspected supply offenders were aged 18 or under. Many of these young people were reportedly from unstable home environments. Not all of these runners used drugs themselves and some were doing it as a way of earning money. In North City, although runners did exist, there was little evidence to suggest the involvement of very young people (aged 16 and under). It was reported that this would not have been tolerated by local residents. By contrast, in Central, young people (aged under 16) were reported to be heavily involved in running drugs.

The main drug sold across all three sites surveyed was cannabis. Heroin, crack cocaine and prescription drugs could be purchased at different levels in all areas. All the main drugs were available in all study locations, although heroin was a relatively recent phenomenon in North City. The research indicated that some dealers sell multiple substances. PULSE data also suggests a degree of overlap between drug types, with multiple substances often being seized from the same individual in supply type offences. However, there are also many sellers who concentrate on only one substance (such as cannabis). What was also noted by some Garda respondents was that many sellers apply a 'moral hierarchy' to drug distribution, with cannabis sellers perceiving this form of drug-selling as not as serious as dealing other drugs, such as cocaine or heroin. It was also reported by Garda respondents and outreach workers that there was a certain degree of tolerance for cannabis in some communities relative to other drugs. Another distinction drawn between heroin dealers relative to cannabis or cocaine dealers was that dependent heroin users who were selling heroin to feed a drug habit contributed to a more transient, disorganised and unpredictable market. The heroin market was also reported as being quite specific in that dealers needed to know heroin users and to have some insight into the 'street culture' of heroin use.

In section 2, the distinction was made between two conceptualisations of drug markets – (i) as physical markets or 'marketplaces' and (ii) as abstract relations between people who might seldom meet or who may conduct transactions by mobile phone or through intermediaries such as 'runners' as described above (Babor *et al.* 2010). In this study, *where* drugs are sold was shown to vary across sites – not all drugs were sold on the open market. For instance, no drugs were reported to be sold openly in North City, yet Central and Suburban had several highly visible open street-level markets, often located in the midst of legitimate commercial businesses. In Suburban, dealers took turns to sell drugs to buyers who came from outside the area. Across all sites, it was reported that



closed markets were to be found in pubs and flat complexes. There were thriving open markets for crack cocaine in Central and Suburban. Drug sellers in all sites reported the increased use of mobile phones to assist in the carrying-out of drug transactions, a finding that is consistent across the international literature (Natarajan and Hough 2000; May and Hough 2005).

### **8.3 Impact of illicit drug markets**

In a report on local drug markets in the United Kingdom, May *et al.* (2005) emphasised the importance of understanding the complexity of the relationship that some communities can have with their illicit economies. They show how different drug markets can have different relationships with their communities – ‘sometimes entirely parasitic’, ‘sometimes symbiotic’ (p42). They conclude that: ‘In trying to develop communities’ capacity to take action against drug markets, it is important to appreciate the limited or constrained choices that are open to many residents.’ The constraints are associated with the use of violence in the drug markets and also with ‘the limited opportunities open to many residents, especially young people’ (p.ix). These points are reinforced by the present research.

Open drug markets have a negative impact on the quality of life in a community – particularly in terms of drug-related crime and nuisance and the fear of victimisation. Open drug-selling necessitates a high number and frequency of transactions, so it is likely to have an immediate and observable impact on the local community. Residents’ freedom of movement can be affected by the presence of open drug markets, creating ‘no-go areas’ and thus contributing to community decline (Connolly 2006b). When asked if they avoided areas in their neighbourhood (and why), many respondents noted that this was mainly because of people hanging around in groups taking drugs. This figure varied across the sites, however – from almost three-quarters of respondents in Suburban to under half of respondents in Central (40%). Open drug-using scenes can serve to normalise drug use, particularly for young people who may be likely to experiment with drug use or, as we have seen above, may be attracted to the possibility of earning money by running drugs. Another major concern for residents of areas in which local drug markets develop relates to the stigma that can become associated with such areas as a consequence.

Most respondents considered illegal drugs to be a big problem in their area (ranging from 67% of respondents in North City to 90% in Suburban). However, residents’ direct exposure to drug problems, whether through witnessing drug-using behaviour or seeing discarded syringes in their neighbourhoods, varied.

The limited research of this kind conducted in Ireland (Jennings 2013; Hourigan 2011; Loughran and McCann 2006; O'Leary 2009) and elsewhere (May *et al.* 2005) over the last decade has highlighted the increased violence that has become associated with the illicit drug trade and the way in which this has affected the families of drug users and communities as a whole. This is an area that has largely been neglected in the literature on drug-related crime (Coomber 2006; Johnson 1990; Goldstein 1985). Violence in all three markets was largely related to unpaid debts, although territorial disputes did occasionally emerge in less ordered drug markets. In Suburban, drugs were provided on credit at all levels of distribution, a finding that is consistent with the literature (Coomber 2006), and most of the violence related to money owed. However, drug market disputes over debt or territory can also 'spill over' into public displays of violence, or innocent third parties can become embroiled in such conflicts such as family members (O'Leary 2009). In Suburban, in a busy open street market for crack cocaine, dealers took turns with new buyers. If one individual began to dominate however, this could contribute to conflict, which could lead to public fights. However, not all drug markets studied here can be described as equally violent. In North City, where the drug market was described as competitive but relatively ordered, with everyone 'knowing their place', violence was almost always related to drug debts.

However, all three sites reported an increase in violence associated with the drug trade – violence that was increasingly visible in public in the form of fights or damage to property. It was also pointed out by the GNDU that some of the violence in drug markets that was associated with Garda seizures or arrests arose as a result of paranoia among drug suppliers. Of course, high levels of paranoia may also be a side effect of excessive drug consumption by drug suppliers themselves. Sometimes violence erupted because of unfounded suspicions that a person had become a Garda informant.

The research found that one of the major consequences of drug-related violence and intimidation is that it can act as a major disincentive to taking action and/or engaging with state agencies in responding to such problems. In refusing to report local drug-related problems, the majority of residents in all locations stated their fear of reprisal from those involved in the drug trade. In National Crime Victimization Surveys, such as those conducted by the Central Statistics Office, fear of reprisal is not reported as a significant reason for people not reporting crimes to the Garda Síochána (Connolly 2003). In this study, this was the main reason reported for not doing so across the three study sites. This creates a significant policy obstacle and will be discussed further below.

Nevertheless, as noted above, it must also be acknowledged that drug markets can have an ambiguous relationship with their host communities and, although there may be



opposition to them – particularly in terms of the stigma they can bring to the local area – they can also provide a source of cheap goods in deprived communities. Residents in all four study sites reported being offered stolen goods by people they suspected of being drug users. Interviews with drug users and sellers revealed that stolen property was an important currency in everyday drug transactions, so there was clearly a local market for the proceeds of drug-related crime. Stolen goods, such as jewellery, mobile phones, satellite navigation devices and computer games were regularly exchanged for drugs. Stolen goods were either retained by the dealer for their personal use or they were sold in the local community.

## **8.4 Responding to illicit drug markets**

### ***8.4.1 Law enforcement, supply control strategy and activity***

As noted above, Central and Suburban contained busy, visible open drug markets with a variety of drugs available. There, Garda Síochána drug unit strategy focused on middle-market suppliers, primarily using intelligence from informants. Such intelligence was acquired through developing relationships with offenders working in the lower levels of distribution. In Central, where dedicated drug units policed the area, strategy was supply oriented (targeting both street dealing and higher-level suppliers). In North City, local drug markets were policed by both a divisional drug unit and two district drug units. The divisional drug unit sought to disrupt higher-level supply lines, while district policing tended to focus on local low-level sellers.

It was shown across all three sites that supply offences accounted for between 17% and 33% of all drug offences, and that the largest proportions of supply offences were in Central and Suburban. On the one hand, this reflects the intelligence-led and focused nature of activity by individual Garda drug units. On the other, it reflects the greater availability of drugs in these areas. In all sites, most prosecutions were for simple possession of cannabis. Most of these related to stop and search activity by Garda members and the amounts seized were valued at between €10 and €20. Local tolerance of cannabis use was highlighted by Garda members and by treatment workers in a number of sites.

### ***8.4.2 Assessing drug-related law enforcement***

In section 2 we discussed the many challenges that arise in any attempt to assess the effectiveness of responses to illicit drug markets. Such problems are related to the obvious difficulties in trying to account for largely hidden activities and the absence of data and research in this area. Moore (1990:133) refers to the concepts that inform drug supply-reduction policy as 'theories in use', defined as 'the broad concepts that appeal to common sense and serve political mobilization purposes but have not been clearly set out,

reasoned through, or empirically tested'. When these 'theories in use' are further investigated and assessed, Moore suggests, they are revealed for what they are: 'pieces of organisational ideology buttressing the bureaucratic claims of the principal operating agencies involved in supply-reduction efforts' (Ibid 134). Kleiman and Smith (1990), writing in the same volume about local drug law enforcement, reach a similar conclusion: 'Theory and experience agree that neither high-level enforcement nor unfocused retail-level enforcement is likely to contribute much to solving the problem under big-city conditions. Yet local drug enforcement consists primarily of a mix of those two strategies. A growing share of local law-enforcement budgets is thus being committed to programs that are both unproven and implausible' (102).

The findings of this study suggest that these observations, although inevitably unpopular, have a great deal of merit. Garda drug strategy throughout all areas involves a combination of high-level enforcement, sporadic undercover test-purchase operations and, largely unfocused, stop-and-search activities at retail level. The absence of reliable evidence of a straightforward link between supply-reduction initiatives and sustained reductions in drug availability has been highlighted in the international literature (Babor *et al.* 2010, Reuter and Trautmann 2009). The public demand for illegal drugs and the profits which can be earned from drug-dealing ensure that Irish drug markets, like those elsewhere, remain resilient and adaptable to law-enforcement interventions.

As one GNDU member pointed out for example, the policing of Dublin port, with the scale of the cargo that comes through it every day is virtually impossible, unless the gardaí are supplied with useful intelligence. In section 4, a convicted drug courier claimed that he had smuggled cannabis across Europe into Ireland for many years without detection. For this individual, and for many others, the transporting of drugs was a lucrative business. Although a number of significant seizures could disrupt demand temporarily, the so-called 'water bed' effect, where drug-dealers who are arrested will quickly be replaced by another supplier, is acknowledged as a permanent challenge given the constant demand for illicit drugs. One GNDU respondent believes that supply would only be disrupted for between two weeks to two months. This corresponds with other research, which suggests a time lag of three months before the market returns to normal (Reuter 1983). While some drug sellers acknowledged the importance of being wary of Garda activity, this research showed no evidence that drug availability was affected for any significant period because of successful law enforcement.



And although the GNDU claim to generally know who is in the top tier of drug importation and supply such people are more difficult to detect as they would not handle drugs directly themselves. It is further acknowledged by senior GNDU members that most of those who come to the attention of the Garda Síochána for drug offences and drug-related crimes are of the lowest social class. This is true at all levels of the market, from import to retail level. The exploitation of people from very poor countries, who take significant risks to transport drugs across international borders for small amounts of money, relative to the potential value of the drugs themselves, represents a major challenge of a different kind in terms of preventing illicit drugs from entering the country (EMCDDA 2012). It was noted in section 4 that non-national female drug couriers apprehended in airport passenger terminals generally were in desperate financial circumstances, and had agreed to courier kilograms of illegal drugs, sometimes for as little as €500. Given the harm caused to Irish society as a result of these drugs when they reach the streets, such individuals should, of course, be apprehended and prosecuted.

However, the incarceration of such individuals for long periods, while it removes some drugs from circulation, is unlikely to have any real impact on those individuals higher up the supply chain, and thus its effect on drug availability will be limited in the longer term. This situation illustrates the globalised nature of the challenges faced and the need to develop sustainable responses in collaboration with international partners. At the other end of the drug market, most drug law enforcement activity is focused on either dependent drug users who have chaotic lifestyles, including involvement in crime to feed their drug habit, or young people apprehended through random stop-and search activities, with small quantities of drugs for their own personal consumption.

### **8.4.3 Price and purity**

Another way of assessing whether drug law-enforcement seizures have an impact on drug availability is by monitoring drug prices, profit and drug purity levels. If basic market logic is applied, it could be assumed that a significant reduction in drug availability would mean an increase in prices and/or a reduction in drug purity. However, our interviews with drug sellers, drug users and Gardaí suggest that heroin and cocaine had in fact become cheaper to buy in all four sites and at all market levels. Crack cocaine prices remained high and steady in the markets where available. Depending on the unit size sellers were willing to sell at, people could make between 200% and 400% profit on their initial stake or investment. Although a number of factors can affect drug prices and profitability in an illicit market, such as whether or not the seller was a drug user, thereby consuming part of

their own supply, there was no evidence that drug law enforcement was having any effect on price levels or the profits being made by drug dealers.

It was found that heroin purity levels varied within markets, but average purity remained fairly consistent across drug markets (at around 45%) – suggesting that heroin markets were relatively stable, with purity levels remaining constant. Dependent opiate users would be unlikely to tolerate poor-quality heroin for any sustained period of time unless they had no choice in terms of supply. What this finding also reflects is that heroin is now no longer a Dublin-based phenomenon but has spread countrywide.

Cocaine purity levels, however, were generally very low, averaging at 14% across Central, Suburban and North City. It is unclear why this was so. It might be assumed that low purity levels would be an indicator of a decrease in availability but other information sources, such as survey data and treatment figures, suggest no decline in cocaine supply during the period of the study. Rather, the low purity levels could be caused by the emergence of a multitude of dealers and repeated dilution of the drug at street level. (One seller referred to the way in which the mobile phone facilitated the emergence of numerous small dealers.) Another important factor relates to the adulterants used when mixing or diluting cocaine. The presence of lignocaine and phenacetin in most cocaine seizures throughout all study sites suggest either the wide availability of such substances or – more likely – that the adulteration of cocaine happens most often at the higher stage of the Irish market or prior to its being imported. Tests on drug seizures elsewhere have shown that most adulteration of drugs occurs during production and prior to their being exported from their country of origin (Coomber 2006). These findings support other research which suggests that drug law enforcement has little or no effect on drug pricing, availability and demand (Weatherburn *et al* 2000; MacCoun and Reuter 2001; May and Hough 2001).

#### **8.4.4            *Market disruption – organised and disorganised crime***

In general, the issues discussed in the previous section raise the fundamental point that illicit drug markets are structured around a network of countless organisations and individuals performing a variety of roles. One objective of the NDS is: 'To disrupt the activities of organised criminal networks involved in the illicit drugs trade in Ireland and internationally and to undermine the structures supporting such networks'. Another aim of the strategy is 'to prevent the emergence of new markets and the expansion of existing markets for illicit drugs' (NDS Interim 2009–2016). A complication with regard to law



enforcement highlighted in this research and elsewhere relates to the diffuse nature of drug markets and the adaptability of dealers and users (Wilson and Stevens 2008).

In Central and Suburban, despite several targeted operations, Gardaí acknowledged that they had been unable to disrupt market activity for any length of time, nor had they been able to displace activity to another location. The limitations of such Garda crackdowns in busy hotspots was also highlighted by local drug sellers, who would disperse quickly when Gardaí approached and resume when they left the area. Drug sellers adapted to drug law enforcement by managing risk exposure. For instance, many interviewees did not keep drugs on their person: they would divide up consignments and leave them at different locations, for buyers to collect. Higher-level sellers often used others to transport drugs for them. Drug sellers also reported using people as decoys, where they would give them a small amount of drugs and then inform the Gardaí so as to distract the latter from a larger drug-deal happening simultaneously elsewhere.

#### **8.4.5        *Reassuring communities***

Another way of determining the impact of law-enforcement approaches is whether they reassure the public. Policing requires public confidence and support to be effective. Fears associated with drug-related crime mean that the challenges in attracting public support to police drug markets are particularly acute (Mulcahy and O'Mahony 2005; May *et al* 2004; Connolly 2003). The public's willingness to engage actively with the policing process will reflect to a large degree, however, how the public perceives that process. Residents' perceptions of Garda anti-drug activity were investigated in the street survey. In Suburban, only one-third of survey respondents believed the Gardaí to be effective or very effective in dealing with crime. In North City, approximately half of respondents believed Gardaí to be effective or very effective in dealing with crime in their area, while more than a third knew a Garda member by name. In Central, just under half of respondents believed Gardaí to be effective or very effective in dealing with crime, while 36% of residents said they were not very effective. Just one-quarter of respondents knew a Garda member by name and/or had spoken to a Garda about the area. These findings suggest that there may be a link between perceptions of Garda effectiveness and familiarity with Garda members working in the community; they support the findings of other research which suggests that police visibility can increase resident confidence in the ability of the authorities to address public nuisance (Moon *et al.* 2011; Kilcommins *et al* 2004).

#### **8.4.6        *Unintended consequences of law-enforcement activity***

In all sites, Gardaí highlighted the importance of using informants for the purposes of

intelligence gathering. The reliance on intelligence is perhaps a defining feature of drug law enforcement, as drug consumption is obviously a consensual activity. This over reliance on intelligence from those within the illicit drug trade can then create other problems, particularly given the high levels of paranoia and violence that can exist within the drug trade.

The use of informants by the Gardaí was regarded by sellers as a major source of suspicion which often led to violence in drug markets. Garda members also highlighted the importance of being careful when using information disclosed by informants. It was reported that the recently introduced Covert Human Intelligence Source (CHIS) system, whereby informants are managed by a central unit, has the potential to alleviate some of the risks to informants. As noted above, high levels of paranoia among those involved in the drug trade, some of it possibly drug induced, can also contribute to suspicion and conflict. Successful garda drug seizures can also have unintended consequences, by causing increased violence in drug markets. In all sites, most of the violence which occurred related to unpaid drug debts. Drug debts were acquired through people consuming their own supply or as a result of Garda seizures. Where Gardaí seized drugs, debts remained outstanding and still had to be paid. This may be described as an unintended and adverse consequence of drug law enforcement, whereby effective supply reduction activities can indirectly contribute to greater levels of drug-related violence (Reuter and Trautman 2009). Furthermore, in the last decade, we have seen that drug market violence does not only effect those directly involved in the drug trade, as users and sellers, but also on family members of users and on the community as a whole (O'Leary 2009).

The implication of vulnerable people, or people not directly involved in the drug trade, as dealers or users can also come about as a consequence of the strategies employed by drug suppliers to avoid detection. For example, dealers reported storing drugs in the houses of friends, partners, family members or acquaintances unlikely to come to the attention of the gardaí. This 'service' might be provided for relatively low-risk financial gain but it may also involve a degree of intimidation as, in practice, refusing to cooperate can create its own problems, particularly in a tightly knit community. This shows how illicit drug markets can penetrate the local communities networks. As noted above, dealers also used runners to distribute drugs in exchange for money or drugs that the runners then sold themselves. Many of these young runners were not drug users themselves, suggesting the emergence of a pool of future dealers.

In the sections above we have highlighted some of the major challenges facing drug law enforcement if it is to have a meaningful and sustainable impact on addressing the harms



associated with illicit drug markets. The absence of any clear association between increased drug seizures and the availability and price of drugs, the resilience of open drug markets despite targeted police operations, and the potential for the violence associated with drug markets to increase as an indirect consequence of policing activity should all be of concern from a policy perspective, particularly as the National Drug Strategy is committed to reducing the harms to individuals and society as a consequence of drug misuse. The challenges are made greater due to the diffuse nature of drug markets and the difficulties associated with detecting closed markets facilitated, in particular, by the mobile phone. Furthermore, the exploitation of the vulnerable by higher-level drug-dealers – non-nationals from low-income countries, children and young people, problematic drug users and people caught up in a cycle of drug-related debt – which is central to the operational dynamic of illicit drug markets, results in those at the lower end of the market being the most likely to be detected. And while the crimes committed by dependent drug users to feed their habit or the drugs brought into Ireland by so-called 'drug mules' can cause immense harm to local communities and do require an appropriate response, those at the higher end of the market become increasingly difficult to apprehend. Along with the practical difficulties associated with policing drug markets, the fear and intimidation associated with drug-related crime clearly undermines the willingness of the public to engage with initiatives aimed at disrupting such markets.

Despite these challenges and the difficulties associated with policing drug markets, research and evidence suggest that supply-reduction activities can contribute to the containment of drug markets and frustrate the expansion of new markets. GNDU members interviewed believed that their activities can force markets to behave differently. For example, an indirect effect of test purchase operations is that they force markets to behave less openly. Visible policing can also help alleviate some of the anxiety and fear associated with local drug markets. Although garda foot patrols may have a limited impact on local drug markets, which can easily adapt to their presence, as Kilcommins et al (2004:230) point out, it is important to recognise the 'symbolic role that policing plays in assuaging the public's feelings of insecurity and satisfying their needs, for "guardianship"'. In the street survey, when asked what was needed to reduce drugs and crime in the area, the majority of respondents across all three sites called for more Gardaí patrolling on the streets.

Regular police patrolling can disrupt open drug markets and cause them to move continuously so that they do not gain a permanent visible presence. This can make them less accessible to people who may wish to experiment with drug use and it can alleviate the corrosive effect open drug scenes can have on local community morale and local

businesses. A regular visible police presence is also very important in fostering interaction between the Gardaí and the local community, as community members become familiar with individual Garda members and vice versa.

In the next section we use the findings of the research to consider the potential for a refocusing of drug policy and drug law enforcement in particular to address the particular harms associated with illicit drug markets. The final part of this discussion will address four key challenges which, this research suggests, need to be addressed if such an approach is to be successful:

- Reconciling policing and harm reduction;
- Moving beyond criminalisation;
- Engaging with communities and building partnership responses;
- Profiling drug markets, monitoring responses and developing the evidence base.

## **8.5 Refocusing drug-related law enforcement to address harms**

### ***8.5.1 Policing and harm reduction***

The objective of the Irish National Drugs Strategy (NDS) is to 'tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research' (Department of Community, Rural and Gaeltacht Affairs 2009:6). However, despite the clear positive gains made in drug policy since the mid-1990's, outlined in the introduction, the tension in the NDS identified by Butler (2007:138) between two conflicting perspectives, 'one based within a healthcare paradigm and the other within a criminal justice or legal paradigm', remains. The elevation of the criminal justice approach intensified in the wake of the murder of Veronica Guerin in 1996, as politicians treated drug control as part of a moral crusade, implementing a succession of draconian legal measures without any proper consideration of their possible consequences (Hamilton 2005a, 2005b; O'Donnell and O'Sullivan 2001; Meade 2000). Although supply control is one of the pillars of the NDS, there is no apparent coherence between these legislative approaches and the overall objective of the NDS.

This is because, as Pike (2008) has observed, these measures were adopted without any clear regard to the objectives or goals of the NDS. Furthermore, the conflation, within the NDS, of the outcome 'supply reduction' with the activity 'law enforcement' has minimized the potential contribution that policing can make within a more coherent strategy focused on harm reduction. Drug law enforcement can involve a much wider range of interventions than just drug interdiction and supply reduction. As a number of writers



have highlighted, it can also involve activities aimed at reducing drug-related harms (Mazerolle et al 2007, 2005; Caulkins 2002). Johnson (1990:72), highlighting the contribution of heroin addiction to hepatitis-B and the AIDS epidemic and the spread of syphilis in drugs for sex transactions at crack houses, queries why the control of communicable diseases is not considered a valid objective of enforcement activity. The primary reason, he suggests, is that 'few law enforcement officials consider public health to be central to their mandate'. MacDonald *et al.* (2008: 9) also conclude that the police can have a role in harm-reduction provision, without necessarily compromising their legal and moral values. For example, through encouraging drug users to avail of needle-exchange sites.

Also, not only have we highlighted the futility of a great deal of the drug law enforcement activity researched in this study, many commentators have highlighted the way in which drug prohibition and related criminal justice and policing policies have compounded social exclusion and harm already associated with problematic drug use (O'Mahony 2008; MacCoun and Reuter 2001; Nadelman 1989). A more coherent strategy would be one in which policing can perform a more positive harm-reduction function. As Stevens *et al.* (2010: 392) argue, policing practices that are more open to harm reduction can reduce some of the negative consequences of police patrolling such as a reluctance to carry syringes, unsafe syringe disposal, hurried and unsafe preparation of injection, 'and the potential for police attention to deter drug users from attending treatment centres'.

The deployment of law enforcement and other resources towards addressing and alleviating the most harmful drug markets and associated problems may have more obvious benefits for individuals and society and they may also prove more effective in terms of obtaining community support. Of the eighteen law enforcement actions under the supply reduction pillar of the NDS however, just one relates to harm reduction; this concerns a commitment to review the operation of the drug treatment court, possibly with a view to its abolition.

Such an approach also calls for a realignment of traditional drug law-enforcement approaches with harm-reduction initiatives and an engagement with low threshold drug-treatment or support services. The absence of a coherent policy relationship between drug law enforcement and harm reduction in the NDS was illustrated in this research in terms of the limited engagement between police and treatment services. In Suburban, relations between the garda drug unit and local treatment agencies were under-developed. Drug unit members had little knowledge of local drug-treatment agencies and did not believe that a closer working relationship with treatment agencies would be mutually beneficial. They were also hesitant about the suitability or effectiveness of garda

members taking a bigger role in diverting offenders to treatment. In North City relations between the garda drug unit and drug treatment services were also very limited and informal. At the same time, drug unit members appreciated the value of a structured treatment referral, rather than a fine or prison sentence, for problematic users. In Central, on the other hand, there had been recent improvements in relations with drug-treatment services and this had produced positive results in terms of identifying persistent drug sellers outside drug-treatment clinics, something that was not only damaging from the perspective of the surrounding community but which also undermined the efforts of the treatment services themselves. However, inter-agency harm reduction efforts were underdeveloped. And although drug unit members indicated the potential value of treatment diversion programmes, the garda drug unit had no official relationships or structures in place to guide problematic users into treatment.

In order to begin to address the inherent tension in Irish drug policy identified by Butler (2007), it is necessary to begin from the premise that not all drug markets are equally harmful to individuals and communities. This point was illustrated in this study. Clearly, the open dealing of crack cocaine and heroin which was identified in Central and Suburban is particularly harmful to the local communities. Public displays of drug-market violence and the involvement of young people in drug distribution are also particularly harmful consequences of some of the drug markets studied here. The deployment of law enforcement and other resources towards addressing and alleviating the particular harms associated with such markets to the individuals involved, be they young sellers or drug users, as well as their host communities, and the limitations in available resources implies, necessarily, the strategic use of such resources. The first step towards addressing the incoherence of Irish drug policy, it is suggested, is to develop a Drug Harm Index to inform policy (Pike 2008; Mac Donald et al 2005). This should identify not only the relative harms of different drugs, but also those of different drug markets. Policy responses, including policing and other criminal justice approaches, should also be assessed in terms of their overall contribution to the goal of harm reduction (UK Drug Policy Commission 2009).

### ***8.5.2 Beyond criminalization***

In attempting to address the tension at the heart of Irish drug policy between the healthcare and criminal justice paradigms, an obvious 'elephant in the room' issue that arises relates to the role of the criminal law in this area. As discussed in section two, criminal laws are premised on the concept of deterrence. Criminal laws primarily exist to ensure that the punishment for criminal behaviour is greater than the pleasure to be



derived from it. When applied in the context of the decision to use illicit drugs, this perspective emphasises three factors that impact on decision-making: the drug's availability, the price of the drug and the risk of apprehension and punishment. As has been discussed in detail above, despite the plethora of drug laws introduced in Ireland and elsewhere, drug availability has increased and drug prices have reduced.

It has been estimated that the risk of arrest per transaction for drug users and dealers is less than 1 in 3000 (MacCoun and Reuter 2001). Furthermore, as many writers have highlighted, despite the overwhelming evidence that illicit drug use is widespread in all social groups and classes, drug laws, as with most criminal laws, are primarily directed against already marginalised groups (O'Mahony 2008; Mulcahy and O'Mahony 2005; Reiner 1997; Lee 1996). Consequently, for most illicit drug users, that is, recreational users, their drug use is unlikely to lead to apprehension or sanction. In this study, the GNDU also acknowledged that this was the case. The negative impact of drug prohibition and drug law enforcement, particularly on the poor and marginalised, has led to calls for a change to the legal status of drugs (Pike 2012). Many of the debates in this area have focused in particular on the perceived need to decriminalise or legalise cannabis, the most commonly used illicit drug (Rosmarin and Eastwood 2012).

This issue arose indirectly during the research conducted here. During the preparation of the NDS, the Garda Síochána acknowledged that approximately 80% of drug prosecutions are for possession offences (Department of Community, Rural and Gaeltacht Affairs 2009). This study, and earlier research conducted by the author (Connolly 2006), show that most of these prosecutions are for the possession of small amounts of cannabis for personal use. The Steering Group involved in the preparation of the NDS highlighted the use of resources by the Garda Síochána, particularly in relation to the prioritisation of drug-related crime. The Steering Group expressed concern about the time being allocated by the Garda Síochána to the possession of cannabis for personal use, suggesting that resources might be better expended on responding to drug supply offences. However, despite these concerns, most of the Steering Group were not in favour of legalising, decriminalising or changing/redefining the legal status of drugs. The justification presented by the Steering Group for this approach was that most of the general public opposed the recreational use of cannabis.

Senior GNDU representatives and Garda drugs unit members in each location were asked for their views on this issue. GNDU management believed that cannabis possession prosecutions did not use up significant resources, particularly following the introduction of a case-tracking system. In addition, they held that such prosecutions could facilitate drug-related intelligence gathering in general. They also believed that the idea that resources

could be simply transferred from possession to supply was simplistic and did not reflect the reality of drug law-enforcement activity. However, other drug unit members interviewed explained that, depending on the circumstances of the case, they could spend quite significant amounts of time prosecuting such cases in court. Many Garda members felt there was a need for discretion when dealing with different types of drugs. The recent development of a 'presumptive drug testing' system for personal possession of cannabis and cocaine has the potential to alleviate some of the pressure on resources in the Forensic Science Laboratory, and this is a positive step. Other garda members suggested that the introduction of a cautioning system for certain drug offences might be another measure that could help reduce resource pressures.

While such measures might help in streamlining the system, they fail to address the more fundamental question as to the benefit and purpose of criminalisation as a whole. Furthermore, it is suggested that the focus on cannabis is misplaced. The main newly emerging drugs identified in the particular study locations were crack cocaine, cannabis herb and benzodiazepines. Each of these drugs raises different issues from a legal regulation and law-enforcement perspective and also in terms of the harms associated with them. The illicit drug problem in Ireland, at least in so far as it impacts on deprived communities, is now one of poly-substance misuse and the decriminalisation or legalisation of cannabis will not address this issue (Citywide 2012).

We have already discussed above the limited effectiveness of drug-law enforcement and supply control activities. We have also highlighted the unintended harmful effects this activity can have. Those who support the continued approach of the criminal justice system need to consider the undoubted harms that it causes, particularly its disproportionate impact on those communities already most affected by the pernicious effects of the illicit drug trade. The decriminalisation of drugs is a debate happening throughout the world and it needs to take place in Ireland (Citywide 2012). In the past decade more than 25 countries across the globe have introduced decriminalisation models (Rosmarin and Eastwood 2012).

Decriminalisation can take many forms but it is suggested that the approach adopted in Portugal in 2001, which is public-health oriented and evidence-based, is the most appropriate for an Irish context (Connolly 2009). In Portugal addiction and drug use are treated as public health issues rather than criminal justice issues. This approach has had a number of positive outcomes, including a reduction in drug-related harms and a decline in drug use among the most vulnerable population – young people and problematic users; a significant decrease in drug-related deaths; a major reduction in prison overcrowding; a reduction in the number of young people becoming dependent on opiates and a



significant reduction in the transmission of HIV and blood borne viruses (Rosmarin and Eastwood 2012). Such an approach, if adopted in Ireland, has the potential to alleviate the negative impact of the criminal law, particularly on dependent and problematic drug users but also for experimental users, and also to bring greater coherence to and enhance the harm reduction objective of the NDS. Furthermore, the adoption of an approach such as that in Portugal could ensure that police resources can be re-deployed to address the most harmful drug markets and also, by freeing up garda personnel from the need to attend court for minor offences, it could facilitate a more visible police presence in communities, something that this study shows is the main priority for those communities in which drug markets are most embedded. It would also complement policing strategies that are directed against high level drug dealing.

Having said that, the decriminalisation of personal drug use will not address the fact that the drug trade is still controlled by criminals. Nor will it address the links between illicit drug markets, drug-related violence and community intimidation. It is argued that the only way to take the drug trade out of the hands of criminals is through their legalisation and the establishment of a state-regulated system of sale (O'Mahony 2008). The recent head shop phenomenon in Ireland should alert policy makers to the risks associated with liberalising the sale of mind-altering substances however. The evidence suggests that the establishment of these outlets opened avenues for people to experiment with such substances where they may not have in their absence (Kelleher et al 2011). Furthermore, it has been acknowledged that the severe damage caused to Irish society as a consequence of alcohol misuse is largely due to its widespread availability (Department of Health 2012). It is necessary to reflect on the head shop experience and investigate further how legalisation in a free market environment might help alleviate drug-related harms. Certainly it is an issue that needs to be fully examined and debated. It is suggested that a process of decriminalisation as discussed above could pave the way for a more informed discussion on the merits of drug legalisation, in an atmosphere determined by public health concerns rather than moral panic.

### ***8.5.3 Engaging communities in partnership responses***

*'To prioritise prevention interventions on those in communities who are at particular risk of problem drug/alcohol use*

*Addressing drug-related fear and intimidation and the reluctance of individuals to report incidences to An Garda Síochána*

*Address the issue of young children (some under the legal age of culpability) being used by those involved in the drugs trade to run drugs*

*The establishment of local policing fora to ensure the optimum level of local community engagement and An Garda Síochána focus and disruption to the drugs trade*

*To tackle and reduce community drug problem through a co-ordinated, inter-agency approach*

*Include drug issues in a central way in the work of Joint Policing Committees'*

(Aims and actions of the NDS  
Interim 2009–2016)

Evidence is growing, both internationally and in Ireland, that partnership approaches involving local communities, state agencies and other stakeholders offer the most sustainable method of responding to many drug problems, including illicit drug markets (Jacobs et al. 2007; Mazerolle 2007; Connolly 2006b, 2002). As discussed above, effective intervention strategies often involve attempts to disrupt local markets, thus rendering them less predictable to both buyers and sellers, with attempts to divert drug offenders into treatment and other social services (Connolly 2006b). In trying to develop the capacity of communities to take positive action against drug markets however, it is important to appreciate the limited or constrained choices that are open to many community residents.

Firstly, the relationship between drugs and crime is clearly connected to underlying social factors and is viewed as such by residents. Consequently, in order to be effective, prevention strategies must move beyond an exclusive focus on the individual and address the socio-economic and environmental context in which drug use and crime occur. Furthermore, law-enforcement responses can only ever be expected to deal with the symptoms of these deeper underlying problems. That is not to say, however, that these symptoms can be ignored, as sustainable long-term responses must also address the immediate and disruptive consequences of drug markets for community life. Secondly, many of those involved in local drug-dealing were born in and continue to live in the communities in which they sell drugs. They are immersed in their local community networks. Thirdly, local drug markets provide a source of cheap goods for their host communities.

In section 2 we discussed the concept of social capital (Putnam 2000) and the way in which local drug markets can undermine community cohesion and the networks and trust that enable local residents to act together to pursue shared objectives. A major policy challenge for the future lies in building and sustaining this important resource in the face of the many challenges posed by local drug markets. Community engagement in



partnership approaches, however, is often contingent on the extent to which community concerns are understood and acted upon. The street survey of residents showed a clear link between drug market fear and intimidation and a reluctance of people to engage with the Gardaí. Local residents were asked whether they would be willing to report drug-related information to the Gardaí and, if not, why not. The willingness of people to provide such information differed across the three sites. In Suburban half of survey respondents would not report such information to the Gardaí, in North City and Central one-third of respondents stated that they would not report such information. When asked to select from a list of possible reasons as to why they would not report such information, the majority of residents in all locations indicated their fear of a reprisal from those involved in the drug trade. The percentages giving this response were highest in sites Central and Suburban, which had embedded open drug markets.

Garda drug unit members were also questioned about relations with the local community. Drug unit members in Suburban reported receiving only limited information from the public about drug-related activities. In North City, although residents were fearful that reporting to Gardaí might result in violent reprisals, the growth of heroin use prompted a greater response from locals. Also, although drug runners did exist, there was little evidence to suggest the involvement of very young people (aged 16 and under). It was reported that this would not have been tolerated locally by residents.

According to Gardaí in Central, relations with the local residents varied. In certain locations in Central, Gardaí felt they were very unpopular and that locals would be too fearful to offer information on drug-dealing. Positive feedback was, however, received from community meetings, although the information gained, while useful, was often not sufficiently detailed to build a prosecution. Formal garda–community communication and relations were progressing however and this was having benefits. Receiving positive feedback from residents affected by visible drug activity was regarded as a measure of success by Garda members as it meant that they were having some impact on pressing local issues. Also, the majority of residents across all sites stated that they would report a young person's involvement in drugs to other members of the community, most likely to the person's parents and, to a lesser extent, to the Garda Síochána.

The implications of these findings are that, despite the fears and intimidation associated with local drug markets, residents were prepared to engage with responses provided that they were focused on issues of local priority, such as open drug markets, on the drugs perceived locally as most serious, such as heroin, or where young people were involved. Effective responses that seek to encourage community engagement will be those which reflect and act upon local communities' understanding of the causes of the problem,

which prioritise community concerns and which are based on a realistic appreciation of the complex way in which illicit drug markets interact with their host communities. The identification and agreement of such priorities in communities of often diverse interest groups and the reconciling of such priorities with those of state agencies is an important starting point in the development of an agreed response.

With regard to inter-agency cooperation, senior members of the GNDU also acknowledged the importance of developing closer links with other agencies. However, it was also noted that, in the development of closer links, the perspective of treatment agencies, for example, needed to be taken into account. In some cases, treatment agencies did not wish to be seen to be too close to the Gardaí in case it undermined their relationships with drug-using clients. This point was also acknowledged by service providers and has been highlighted in other research (Kerr et al. 2005). Consequently, such relations need to be negotiated and managed sensitively. In Central, inter-agency partnership was developing and proving beneficial. The relationship with local municipal housing authorities was described as positive, and efficiently assisted in the eviction of drug-dealers.

In recent years, we have seen the emergence of local policing fora in a number of local drugs task force areas, with the model in Dublin's north inner city showing particular potential (Connolly 2002). The NDS 2009–2016 envisaged 20 such fora being established and in operation by 2012. There are currently three in operation! Joint Policing Committees have also been established under the Garda Síochána Act 2005 and are now in operation throughout the state. The Strategic Response Group discussed in section two, an initiative developed in Dublin city that brings together a range of partners, including law enforcement and treatment agencies, also has potential in this regard (Strategic Response group 2012). This community-policing or community safety approach provides a potential infrastructure through which a community-based and inter-agency partnership response to the harms associated with illicit drug markets might be delivered (Crawford and Blair 2004). These structures remain currently under-developed however (National Economic and Social Council 2012). The inability or unwillingness of state actors, including politicians and civil servants, to recognise the importance of these initiatives, particularly in the absence of anything more effective, and to encourage, support and resource their further development, represents a missed opportunity. This resistance was illustrated during the hearings of the Joint Oireachtas Committee on Justice, Equality, Defence and Women's Rights, when it was discussing the Garda Síochána Act 2005, discussed in the introduction (Connolly 2005b).

When one considers the insidious effects that drug markets can have on their host



communities, the fact that some residents of such communities in Ireland are willing to engage with the state in seeking solutions is perhaps in itself quite remarkable. In such a context, the resistance of state actors to likewise engage is even more difficult to comprehend. The development of formal channels of engagement between communities and state agencies remains challenging but has been shown to have potential (NESC 2012; Connolly 2002). Under certain conditions, this potential can be further developed, perhaps as part of a process of 'democratic localism' (McLaughlin 2007:196; Mulcahy and O'Mahony 2005). In the absence of any more effective alternative ways to address community-based drug and crime problems, such an approach at least needs to be encouraged.

#### **8.5.4        *Profiling drug markets, monitoring responses and further research***

This study has utilised a range of methods to investigate the three drug markets studied. It has shown that there is quite a degree of diversity between markets across the four areas and also within each market. Although many of the harms associated with drug markets are similar, not all markets are equally harmful. Problem identification and priority setting conducted in collaboration with local communities is a prerequisite to the development of partnership approaches which seek community engagement with the responses developed.

The refocusing of drug law enforcement to address the particular harms needs to be complemented by the development of new measures to assess the full impact of such interventions. Further possible measures have been discussed in section 2. The development of new key indicators in the areas of drug-related crime, drug markets and supply reduction is currently being considered by the European Commission and the European Monitoring Centre on Drugs and Drug Addiction (Connolly 2010c). Traditional measures, such as arrest and seizure records, and even proxy measures, such as price and purity levels, although complementary, are inadequate on their own. More regular compilation of price and purity data at various market levels would however, facilitate comparative analysis, future research and impact assessment. With regard to drug purity, this study has presented the most comprehensive drug purity analysis yet conducted in Ireland. The analysis completed by the FSL also provides valuable information on drug adulterants, an important indicator as to how some of the harms associated with drugs are produced and, consequently, how they can be responded to.

Further assessment measures need to focus not only on the relative harms associated

with different drugs but also on the overall impact or 'net outcomes' of law-enforcement and supply-reduction activities (Roberts *et al.* 2005). Where policing activities take place within the context of an overall harm reduction policy, objective measurements of the contribution of law enforcement to health and social programmes should also be developed in collaboration between all agencies (UK Drug Policy Commission 2009). Data collected in the Garda Síochána PULSE system have provided us with a useful insight into routine drug law enforcement. It is suggested that this IT system has further potential to facilitate the measurement of partnership-based approaches. For example, the diversion of drug users to treatment and other social services could be recorded in PULSE as an outcome measure.

Further research in this area should improve our understanding of the scale and nature of the full range of drug market harms. Specific areas that would merit further research include higher-level drug market roles. Interviews with convicted drug suppliers conducted as part of this research suggest that this is an area which deserves closer attention. Also, the role of young people (aged under 18 years) in drug markets is an important issue arising from this and other recent studies in Ireland (Loughran and McCann 2006; Connolly *et al.* 2008). Research is needed to help understand how and why young people become involved in local drug markets so as to inform future preventive work in this area. Finally, the issue of drug-related violence and intimidation in local communities remains a largely hidden phenomenon, and is one that deserves urgent investigation and analysis.

## **8.6 Conclusion**

Despite widespread concern about the societal impact of illicit drug markets and related crime, there has been an almost total absence of in-depth research and analysis of the organisation and impact of illicit drug markets in Ireland. Although significant resources are invested in responding to drug-related crime and other harms associated with the trade in illicit drugs, we have only a limited understanding of the impact of such interventions. Through in-depth research with people involved in the illicit drug market in Ireland, as drug users or sellers, as professionals responding to it or as residents affected by it, this research has filled a significant knowledge gap in this important area of Irish drug policy.

Drug markets are complex phenomena which do not allow for simple categorisation. The organisational structure can vary significantly from location to location and between drug types and so can the level of disruption they cause to the local communities in which they



tend to emerge.

Understanding the organisation, scale, nature and dynamics of a drug market is a critical requirement for effective policy-making and interventions designed to disrupt their operation and minimise the associated harms. Despite the best efforts of drug law enforcement, illicit drug markets will be a feature of Irish society for the foreseeable future. Future responses need to prioritise the concerns of those communities most affected. They also need to be realistic and co-ordinated. Finally, they need to be evidence based: it is hoped that this thesis can contribute in that respect.

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# Appendix 1 – Street survey of residents

## Alcohol and Drug Research Unit, Health Research Board

**AFTER ENGAGING WITH RESPONDENT GIVE THEM AN INFORMATION LEAFLET.**

**EXPLAIN THAT THE INTERVIEW IS CONFIDENTIAL AND ALL RESPONSES ARE ANONYMOUS. THE RESPONSES WILL ONLY BE USED TO GET ON OVERALL PICTURE OF DRUGS AND CRIME IN THE AREA.**

**MAKE IT CLEAR THAT NO INFORMATION WILL BE GIVEN TO THE GARDA SÍOCHÁNA BEFORE CONTINUING, CHECK THAT THE RESPONDENT IS HAPPY TO BE INTERVIEWED**

## Section 1 Administration details

### 1. Interview location (please tick relevant box)

**Tick one box only**

- |   |                          |    |
|---|--------------------------|----|
| Outside Church                            | <input type="checkbox"/> | 1  |
| Main street                               | <input type="checkbox"/> | 2  |
| Side street                               | <input type="checkbox"/> | 3  |
| Outside public bar                        | <input type="checkbox"/> | 4  |
| Shopping Centre                           | <input type="checkbox"/> | 5  |
| Outside local hall                        | <input type="checkbox"/> | 6  |
| Outside office block or industrial estate | <input type="checkbox"/> | 7  |
| In local park                             | <input type="checkbox"/> | 8  |
| Outside local school                      | <input type="checkbox"/> | 9  |
| In main park                              | <input type="checkbox"/> | 10 |
| Outside post office                       | <input type="checkbox"/> | 11 |
| In a shop                                 | <input type="checkbox"/> | 12 |
| In a café / restaurant / pub              | <input type="checkbox"/> | 13 |
| In other premises                         | <input type="checkbox"/> | 14 |
| Other, please specify:                    | <input type="checkbox"/> | 12 |

**2a. Date of interview**

**DD**

--	--

**MM**

--	--

**YY**

<b>0</b>	<b>8</b>
----------	----------

**2b. Hour that interview commenced (24 hour clock)**

	<b>:00</b>
--	------------

**2c. Interviewer name**

--

**2d. Interview location**

--



## Section 2: Interviewee details – to be completed by all respondents

### 3. Gender of respondent? [DON'T ASK - TICK ON THE BASIS OF OBSERVATION]

Tick one box only

Male  1

Female  2

### 4a. Do you live in [NAME OF AREA]?

Tick one box only

Yes  1 GO TO QUESTION 4B

No  2 GO TO QUESTION 4B

### 4b. Do you work in [NAME OF AREA]?

Tick one box only

Yes  1 GO TO QUESTION 5

No  2 TERMINATE THE INTERVIEW

**IF RESPONDENT LIVES AND WORKS IN THE AREA, ASK QUESTIONS ON THE BASIS THAT THEY LIVE IN THE AREA.**

### 5. Which of the following age bands do you fall into? [SHOW CARD No. 5]

Tick one box only

Under 18  1 **IF UNDER 18 THEN TERMINATE THE INTERVIEW**

18-24  2 **GO TO NEXT SECTION**

25-34  3 **GO TO NEXT SECTION**

35-64  4 **GO TO NEXT SECTION**

65+  5 **GO TO NEXT SECTION**

**IF RESIDENT, GO TO SECTION 3**

**IF NON RESIDENT BUT WORKS IN THE AREA, GO TO SECTION 4**

## Section 3: To be completed by residents

6. In general, how would you rate this area as a place to live? [SHOW CARD No. 6]

Tick one box only

- A very good place to live  1  
 A fairly good place to live  2  
 Neither good nor bad place to live  3  
 A fairly bad place  4  
 A very bad place  5

7. What do you feel are the benefits you or your family have experienced from living in [NAME OF AREA] DO NOT READ LIST BUT TICK ALL RELEVANT BOXES

IF NECESSARY, NOTE RESPONSE IN BOX BELOW AND CODE LATER

<b>CODES</b>									

IF WORKING IN THE AREA, CONTINUE OTHERWISE GO TO Q 9

8. What are the benefits to working in [NAME OF AREA]?

NOTE RESPONSE IN BOX BELOW AND CODE LATER

<b>CODES</b>									

9. I'm going to ask you to tell me how much of a problem the following things are in the area where you live. I need you to tell me if you think they are 'not a problem at all', 'not a very big problem', 'a fairly big problem' or 'a very big problem'. [SHOW CARD No 9]

How much of a problem are/is....

-Large groups of teenagers hanging around on the streets?

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

-Rubbish or litter lying around?

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

-Vandalism and graffiti

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

-Deliberate damage to property or vehicles?

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4



**-People being attacked or harassed because of their skin colour or ethnic origin?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-People being drunk or rowdy in public places?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Under age drinking?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Abandoned or burnt out cars?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-People being insulted, pestered or intimidated in the street?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Derelict buildings or boarded up properties**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Noise OUTSIDE YOUR HOME from people out late at night**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Nuisance neighbours?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**10. Are there any other issues not mentioned that you believe are a problem in the area in which you live?**

	Any other problems in the area	New code
1		
2		
3		
4		
5		

**IF DRUGS ARE STATED AS PROBLEM IN QUESTION 10 ABOVE THEN GO TO Q 12 IF NOT THEN CONTINUE BELOW.**

**11a. Do you think misuse of substances such as alcohol, sedatives/tranquillisers and illegal drugs\* are a problem in the area in which you live?**

**\*Illegal drugs in this context are amphetamines (stimulants, speed), cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms. Although not illegal, also think about other substances like poppers, solvents and benzodiazepine [SHOW CARD IF RESPONDENT IS**

**NOT SURE].**

**Tick one box only**

- Yes**          **1 GO TO QUESTION 11b**
- No**            **2 GO TO QUESTION 15A**
- Don't know**        **3 GO TO QUESTION 15A**

**11b. To what extent is it a problem? Would you say it was 'a very big problem', 'a fairly big problem', or 'not a big problem'?**

**Tick one box only**

- A very big problem**          **1**
- A fairly big problem**          **2**
- Not a big problem'**          **3**

**12. And how do you come to that opinion?**

<b>CODES</b>									

**13. What impact do you think illegal drugs have on the area in which you live?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**14. From your experience, what do you think are the causes of drug in the area where you live?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**15a. In the area where you live, in the last year have you seen anyone taking drugs?**

**Tick one box only**

- Yes**          **1 GO TO QUESTION 15b**



No  2 GO TO QUESTION 16

**15b. If Yes to Question 15a, Have you seen anyone...**

Tick all that apply

- Smoking drugs?  1  
Injecting drugs?  2  
Snorting drugs?  3  
Swallowing drugs?  4

**16. In the last year have you found or seen any syringes or needles discarded in the area in which you live?**

Tick one box only

- Yes  1  
No  2

**17a. Are there places in this area that you would actively avoid**

Tick one box only

- Yes  1 GO TO QUESTION 17B  
No  2 GO TO QUESTION 18A  
Don't know  3 GO TO QUESTION 18A

**17b. Please ask the respondent to identify the place they avoid and enter responses in the box below. Get as specific answer as possible.**

.....then ask the respondent for the exact reason why the respondent would avoid each place – if generally feel unsafe – probe why and

.....then ask the respondent what time of the day they would avoid the area

	Areas that respondent would avoid	Main Reason that respondent would avoid each of these areas	Times that you would avoid the area
1			
2			
3			
4			
5			
6			

**18a. Over the last year have you been aware of any Garda activity in the area you live?**

Tick one box only

Yes  **1 GO TO QUESTION 18B**

No  **2 GO TO QUESTION 19A**

**18b. What activity have you been aware of?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**19a. Have you ever had any information about drug related activity such as drug-dealing or anti-social behaviour that you have reported to the Gardaí?**

Tick one box only

Yes once  **1 GO TO QUESTION 19B**

Yes, more than once  **2 GO TO QUESTION 19B**

No  **3 GO TO QUESTION 19D**

**19b. If yes to 19a, Was this in the last 3 years?**

Tick one box only

Yes  **1**

No  **2**

**19c. If yes to 19a, The last time you reported information, what happened as a consequence of you passing on this information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									



**19d. If no to 19a, If you did have any information about drug-dealing, would you pass it to the Gardaí?**

Tick one box only

- Yes  **1 GO TO QUESTION 20a**
- Maybe  **2 GO TO QUESTION 19e**
- No  **3 GO TO QUESTION 19e**

**19e. If no / maybe to 19d, what is the main reason you would not / might not pass on information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**20a. If you were aware that a young person that you know was becoming involved in drug-dealing would you tell anyone?**

Tick one box only

- Yes  **1 GO TO QUESTION 20B**
- No  **2 GO TO QUESTION 20C**
- Don't know  **3 GO TO QUESTION 20C**

**20b. Who would you tell?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**GO TO QUESTION 21A**

**20c. If No to 20a, Why would you not tell someone?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**21a. We're also asking everyone about whether they've been offered stolen goods. Has someone you thought was a drug user ever offered you goods you thought may have been stolen?**

Tick one box only

- Yes**       **1 GO TO QUESTION 21B**
- No**         **2 GO TO QUESTION 22A**

**21b. If yes to 21a, How often have you been offered stolen goods from a person you thought was a drug user?**

Tick one box only

- Never             1
- Seldom           2
- Sometimes       3
- Often             4
- Very often       5

## **Fear of crime/crime victimisation**

**22a. Do you worry about the possibility that you, or anyone else who lives with you, might become a victim of crime?**

Tick one box only

- Yes**         **1 GO TO QUESTION 22B**
- No**          **2 GO TO QUESTION 23**

**22b. What type(s) of crime do you worry about most? [DO NOT READ LIST BUT TICK MOST RELEVANT BOX]**

Tick one box only

- Personal injury                     1
- Property theft or damage         2
- Both personal injury and property theft or damage     3
- Other, please specify               4



**23. How safe do you feel alone in your home at night [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]?**

1	2	3	4
Very unsafe	Unsafe	Safe	Very safe

**24. How safe do you feel walking alone in the area you live after dark? [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

1	2	3	4
Very unsafe	Unsafe	Safe	Very safe

**25. In the last year, would you say your feelings of safety in the area that you live had: [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

0	1	2	3
Unable to comment	Decreased	Stayed the same	Increased

**26a. Have you been a victim of crime in the last year?**

Tick one box only

- Yes**          **1 GO TO QUESTION 26B**
- No**            **2 CONFIRM RESPONSE BY SHOWING LIST OF OFFENCES. IF STILL NO THEN GO TO QUESTION 27**

**26b. Which of the following crimes have you been the victim of in the last year? [SHOW CARD no. 26b]**

Tick all that apply

- Theft from your person       1
- Theft from your home         2
- Theft from your business or at work       3
- Theft from your vehicle         4
- Attempted theft of your vehicle       5
- Theft of your vehicle             6
- Attempted burglary             7
- Burglary                             8
- Fraud / forgery / deception       9
- Was in a fight                     10
- Was assaulted                     11
- Property vandalised             12
- Criminal damage to property       13
- Harassment                         14
- Other, please specify             15

**26c. Did any of these crimes occur in the area in which you live?**

**Tick all that apply**

- |                                     |                          |    |
|-------------------------------------|--------------------------|----|
| Theft from your person              | <input type="checkbox"/> | 1  |
| Theft from your home                | <input type="checkbox"/> | 2  |
| Theft from your business or at work | <input type="checkbox"/> | 3  |
| Theft from your vehicle             | <input type="checkbox"/> | 4  |
| Attempted theft of your vehicle     | <input type="checkbox"/> | 5  |
| Theft of your vehicle               | <input type="checkbox"/> | 6  |
| Attempted burglary                  | <input type="checkbox"/> | 7  |
| Burglary                            | <input type="checkbox"/> | 8  |
| Fraud / forgery / deception         | <input type="checkbox"/> | 9  |
| Was in a fight                      | <input type="checkbox"/> | 10 |
| Was assaulted                       | <input type="checkbox"/> | 11 |
| Property vandalised                 | <input type="checkbox"/> | 12 |
| Criminal damage to property         | <input type="checkbox"/> | 13 |
| Harassment                          | <input type="checkbox"/> | 14 |
| Other, please specify               | <input type="checkbox"/> | 15 |

**26d. Was a weapon(s) used in any of the crimes experienced in the last year**

**Tick one box only**

- |                   |                          |                             |
|-------------------|--------------------------|-----------------------------|
| <b>Yes</b>        | <input type="checkbox"/> | <b>1 GO TO QUESTION 26E</b> |
| <b>No</b>         | <input type="checkbox"/> | <b>2 GO TO QUESTION 26F</b> |
| <b>Don't know</b> | <input type="checkbox"/> | <b>3 GO TO QUESTION 26F</b> |

**26e. What weapon(s) was/were used during any of the crimes experienced in the last year?**

**Tick all that apply**

- |                                 |                          |   |
|---------------------------------|--------------------------|---|
| Knife                           | <input type="checkbox"/> | 1 |
| Gun / rifle                     | <input type="checkbox"/> | 2 |
| Syringe / needle                | <input type="checkbox"/> | 3 |
| Screwdriver                     | <input type="checkbox"/> | 4 |
| Club / stick                    | <input type="checkbox"/> | 5 |
| Bottle or other glass container | <input type="checkbox"/> | 6 |
| Other, please specify           | <input type="checkbox"/> | 7 |



**26f. Did you report the most recent incident experienced in the last year to the Gardaí?**

Tick one box only

Yes  **1 GO TO QUESTION 27**

No  **2 GO TO QUESTION 26G**

**26g. What was your *main* reason for not reporting the most recent incident to the Gardaí?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**27. How effective do you feel the Gardaí are in dealing with crime in the area? Are they... [SHOW CARD no. 27]**

Tick one box only

Very effective  **1**

Effective  **2**

Not effective  **3**

Don't know  **4**

**28. Do you know any uniformed Gardaí in the area in which you live by name?**

Tick one box only

Yes  **1**

No  **2**

**29. Have you ever spoken to a Garda about the area in which you live?**

Tick one box only

Yes  **1**

No  **2**

**30. I'm going to read out four statements and I need you to tell me the extent to which you agree or disagree with each one. You can say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. [SHOW CARD no. 30]**

**a. I like my neighbourhood/area**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**b. I would recommend my neighbourhood/area as a place to live in**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**c. My neighbours are very helpful and friendly**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**d. I do not want to move away from my neighbourhood/area**

1	2	3	4	5
Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree

**31. What more could be done to reduce drugs and crime in the area where you live?**

	Measures to improve the area	New code
1		
2		
3		
4		
5		

**GO TO SECTION 5**



## Section 4: To be completed by non residents who work in area

32. In general, how would you rate this area as a place to work? [SHOW CARD No. 32]

Tick one box only

- A very good place to work  1
- A fairly good place to work  2
- Neither good nor bad place to work  3
- A fairly bad place  4
- A very bad place  5

33. What are the benefits to working in [NAME OF AREA]?

NOTE RESPONSE IN BOX BELOW AND CODE LATER

<b>CODES</b>										

34. I'm going to ask you to tell me how much of a problem the following things are in the area where you work. I need you to tell me if you think they are 'not a problem at all', 'not a very big problem', 'a fairly big problem', or 'a very big problem'. [SHOW CARD No 34]

**How much of a problem are/is....**

**-Large groups of teenagers hanging around on the streets?**

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Rubbish or litter lying around?**

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Vandalism and graffiti**

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Deliberate damage to property or vehicles?**

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-People being attacked or harassed because of their skin colour or ethnic origin?**

- Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-People being drunk or rowdy in public places?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Under age drinking?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Abandoned or burnt out cars?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-People being insulted, pestered or intimidated in the street?**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**-Derelict buildings or boarded up properties**

Not a problem at all 1 Not a very big problem 2 Fairly big problem 3 A very big problem 4

**35. Are there any other issues not mentioned that you believe are a problem in the area in which you work?**

	Any other problems in the area	New code
1		
2		
3		
4		
5		

**IF DRUGS ARE STATED AS PROBLEM IN QUESTION 35 ABOVE THEN GO TO Q 37 IF NOT THEN CONTINUE BELOW.**

**36a. Do you think misuse of substances such as alcohol, sedatives/tranquillisers and illegal drugs\* are a problem in the area in which you work?**

*\*Illegal drugs in this context are amphetamines (stimulants, speed), cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms. Although not illegal, also think about other substances like poppers, solvents and benzodiazepine [SHOW CARD IF RESPONDENT IS NOT SURE].*

Tick one box only

- Yes  1 GO TO QUESTION 36b
- No  2 GO TO QUESTION 41A
- Don't know  3 GO TO QUESTION 41A

**36b. To what extent is it a problem? Would you say it was 'a very big problem', 'a fairly big problem', or 'not a big problem'?**



Tick one box only

A very big problem  1

A fairly big problem  2

Not a big problem'  3

37. And how do you come to that opinion?

CODES									

38. What impact do you think illegal drugs have on the area in which you work?

NOTE RESPONSE IN BOX BELOW AND CODE LATER

CODES									

39. What impact do you think misuse or problem drug use has on the business where you work?

NOTE RESPONSE IN BOX BELOW AND CODE LATER

CODES									

40. From your experience, why do you think misuse of drugs are a problem in the area you work?

NOTE RESPONSE IN BOX BELOW AND CODE LATER

CODES									

41a. In the area where you work, in the last year have you seen anyone taking drugs?

Tick one box only

Yes  1 GO TO QUESTION 41B

No  2 GO TO QUESTION 42

**41b. If Yes to Question 40a, Have you seen anyone...**

**Tick all that apply**

- Smoking drugs?  1
- Injecting drugs?  2
- Snorting drugs?  3
- Swallowing drugs?  4

**42. In the last year have you found or seen any syringes or needles discarded in the area in which you work?**

**Tick one box only**

- Yes**  **1**
- No**  **2**

**43a. Are there places in this area that you would actively avoid**

**Tick one box only**

- Yes**  **1 GO TO QUESTION 43B**
- No**  **2 GO TO QUESTION 44A**
- Don't know**  **3 GO TO QUESTION 44A**

**43b. Please ask the respondent to identify the place they avoid and enter responses in the box below. Get as specific answer as possible.**

**.....then ask the respondent for the exact reason why the respondent would avoid each place – if generally feel unsafe – probe why and**

**.....then ask the respondent what time of the day they would avoid the area**

	<b>Areas that respondent would avoid</b>	<b>Main Reason that respondent would avoid each of these areas</b>	<b>Times that you would avoid the area</b>
1			
2			
3			
4			
5			
6			



**44a. Over the last year have you been aware of any Garda activity in the area you work?**

Tick one box only

- Yes  1 GO TO QUESTION 44B  
No  2 GO TO QUESTION 45A

**44b. What activity have you been aware of?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**45a. Have you ever had any information about drug related activity such as drug-dealing or anti-social behaviour that you have reported to the Gardaí?**

Tick one box only

- Yes once  1 GO TO QUESTION 45B  
Yes, more than once  2 GO TO QUESTION 45B  
No  3 GO TO QUESTION 45D

**45b. If yes to 45a, Was this in the last 3 years?**

Tick one box only

- Yes  1  
No  2

**45c. If yes to 45a, The last time you reported information, what happened as a consequence of you passing on this information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**45d. If no to 45a, If you did have any information about drug-dealing, would you pass it to the Gardaí?**

Tick one box only

- Yes  **1 GO TO QUESTION 46a**
- Maybe  **2 GO TO QUESTION 45e**
- No  **3 GO TO QUESTION 45e**

**45e. If no / maybe to 45d, what is the main reason you would not / might not pass on information?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**46a. If you were aware that a young person that you know was becoming involved in drug-dealing would you tell anyone?**

Tick one box only

- Yes  **1 GO TO QUESTION 46B**
- No  **2 GO TO QUESTION 46C**
- Don't know  **3 GO TO QUESTION 46C**

**46b. Who would you tell?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**GO TO QUESTION 47a**

**46c. If No to 46a, Why would you not tell someone**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									



**47a. We're also asking everyone about whether they've been offered stolen goods. Has someone you thought was a drug user ever offered you goods you thought may have been stolen?**

Tick one box only

**Yes**       **1 GO TO QUESTION 47B**

**No**         **2 GO TO QUESTION 48**

**47b. If yes to 47a, How often have you been offered stolen goods from someone you thought was a drug user?**

Tick one box only

Never             1

Seldom            2

Sometimes        3

Often              4

Very often         5

## **Fear of crime/crime victimisation**

**48. How safe do you feel walking alone in the area you work after dark? [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

1	2	3	4
Very unsafe	Unsafe	Safe	Very safe

**49. In the last year, would you say your feelings of safety in the area that you work had: [READ RESPONSE CATEGORIES AND CIRCLE THE RESPONDENT'S ANSWER]**

0	1	2	3
Unable to comment	Decreased	Stayed the same	Increased

**50a. Have you been a victim of crime in the last year?**

Tick one box only

**Yes**       **1 GO TO QUESTION 50B**

**No**         **2 CONFIRM RESPONSE BY SHOWING LIST OF OFFENCES. IF STILL NO THEN GO TO QUESTION 51**

**50b. Which of the following crimes have you been the victim of in the last year?**

**[SHOW CARD no. 50b]**

**Tick all that apply**

- |                                     |                          |    |
|-------------------------------------|--------------------------|----|
| Theft from your person              | <input type="checkbox"/> | 1  |
| Theft from your home                | <input type="checkbox"/> | 2  |
| Theft from your business or at work | <input type="checkbox"/> | 3  |
| Theft from your vehicle             | <input type="checkbox"/> | 4  |
| Attempted theft of your vehicle     | <input type="checkbox"/> | 5  |
| Theft of your vehicle               | <input type="checkbox"/> | 6  |
| Attempted burglary                  | <input type="checkbox"/> | 7  |
| Burglary                            | <input type="checkbox"/> | 8  |
| Fraud / forgery / deception         | <input type="checkbox"/> | 9  |
| Was in a fight                      | <input type="checkbox"/> | 10 |
| Was assaulted                       | <input type="checkbox"/> | 11 |
| Property vandalised                 | <input type="checkbox"/> | 12 |
| Criminal damage to property         | <input type="checkbox"/> | 13 |
| Harassment                          | <input type="checkbox"/> | 14 |
| Other, please specify               | <input type="checkbox"/> | 15 |

**50c. Did any of these crimes occur in the area in which you work?**

**Tick all that apply**

- |                                     |                          |    |
|-------------------------------------|--------------------------|----|
| Theft from your person              | <input type="checkbox"/> | 1  |
| Theft from your home                | <input type="checkbox"/> | 2  |
| Theft from your business or at work | <input type="checkbox"/> | 3  |
| Theft from your vehicle             | <input type="checkbox"/> | 4  |
| Attempted theft of your vehicle     | <input type="checkbox"/> | 5  |
| Theft of your vehicle               | <input type="checkbox"/> | 6  |
| Attempted burglary                  | <input type="checkbox"/> | 7  |
| Burglary                            | <input type="checkbox"/> | 8  |
| Fraud / forgery / deception         | <input type="checkbox"/> | 9  |
| Was in a fight                      | <input type="checkbox"/> | 10 |
| Was assaulted                       | <input type="checkbox"/> | 11 |
| Property vandalised                 | <input type="checkbox"/> | 12 |
| Criminal damage to property         | <input type="checkbox"/> | 13 |
| Harassment                          | <input type="checkbox"/> | 14 |
| Other, please specify               | <input type="checkbox"/> | 15 |



**50d. Was a weapon(s) used in any of the crimes experienced in the last year?**

Tick one box only

- Yes  **1 GO TO QUESTION 50E**
- No  **2 GO TO QUESTION 50F**
- Don't know  **3 GO TO QUESTION 50F**

**50e. What weapon(s) was/were used during any of the crimes experienced in the last year?**

Tick all that apply

- Knife  1
- Gun / rifle  2
- Syringe / needle  3
- Screwdriver  4
- Club / stick  5
- Bottle or other glass container  6
- Other, please specify  7

**50f. Did you report the most recent incident experienced in the last year to the Gardaí?**

Tick one box only

- Yes  **1 GO TO QUESTION 51**
- No  **2 GO TO QUESTION 50G**

**50g. What was your *main* reason for not reporting the most recent incident to the Gardaí?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**51. How effective do you feel the Gardaí are in dealing with crime in the area? Are they... [SHOW CARD no. 51]**

Tick one box only

- Very effective  1
- Effective  2
- Not effective  3
- Don't know  4

**52. Do you know any uniformed Gardaí in the area in which you work by name?**

Tick one box only

- Yes  1
- No  2

**53. Have you ever spoken to a Garda about the area in which you work?**

Tick one box only

- Yes  1
- No  2

**54. What more could be done to reduce drugs and crime in the area where you work?**

	Measures to improve the area	New code
1		
2		
3		
4		
5		

## **5. Demographics**

**55. Which of the following best describe your ethnic background? [SHOW CARD 55]**

Tick one box only

- White Irish  1
- White Irish Traveller  2
- Any Other White Background  3
- Black African Background  4
- Any Other Black Background  5



- Chinese Background  6
- Any other Asian Background  7
- Other, please specify  8

**56a. Which of the following best describe your living situation? [SHOW CARD 56a]**

**Tick one box only**

- House or apartment rented from local authority or voluntary group  1
- Private rented house or apartment  2
- Owned house or apartment  3
- Other, please specify  4

**57. Who do you live with or do you live alone?**

**NOTE RESPONSE IN BOX BELOW AND CODE LATER**

<b>CODES</b>									

**58a. Do you have any dependants?**

**Tick one box only**

- Yes**  **1 GO TO QUESTION 58B**
- No**  **2 GO TO QUESTION 59a**

**58b. Who are your dependants?**

**Tick all that apply**

- Child / children under 18  1 **How many?**
- Child / children over 18  2 **GO TO QUESTION 59a**
- Elderly relative  3 **GO TO QUESTION 59a**
- Dependant spouse / partner  4 **GO TO QUESTION 59a**
- Dependant relative  5 **GO TO QUESTION 59a**
- Other, please specify  6 **GO TO QUESTION 59a**

**58c. If have children under 18 in Q58b, are any of these children living at home with you?**

Tick one box only

Yes  1

No  2

**59a. Which of the following welfare benefits do you receive? [SHOW CARD No.59a]**

Tick all that apply

- |                                |                             |
|--------------------------------|-----------------------------|
| Lone parent allowance          | <input type="checkbox"/> 1  |
| Widow's / widower's pension    | <input type="checkbox"/> 2  |
| Unemployment benefit           | <input type="checkbox"/> 3  |
| Disability benefit             | <input type="checkbox"/> 4  |
| Supplementary welfare          | <input type="checkbox"/> 5  |
| Children's welfare allowance   | <input type="checkbox"/> 6  |
| Carer's allowance              | <input type="checkbox"/> 7  |
| State non-contributory pension | <input type="checkbox"/> 8  |
| State contributory pension     | <input type="checkbox"/> 9  |
| Private pension                | <input type="checkbox"/> 10 |
| Other, please specify          | <input type="checkbox"/> 11 |
| None                           | <input type="checkbox"/> 12 |

**59b. Which of the following best describes your current situation? [SHOW CARD 59b]**

Tick all that apply

- |                            |                            |
|----------------------------|----------------------------|
| Unemployed                 | <input type="checkbox"/> 1 |
| Full time employed         | <input type="checkbox"/> 2 |
| Part time employed         | <input type="checkbox"/> 3 |
| Full time carer            | <input type="checkbox"/> 4 |
| Retired or pensioner       | <input type="checkbox"/> 5 |
| Student or trainee         | <input type="checkbox"/> 6 |
| Working in the family home | <input type="checkbox"/> 7 |
| Other, please state        | <input type="checkbox"/> 8 |

**THANK RESPONDENT FOR THEIR TIME AND FINISH INTERVIEW**



## **Appendix 2 – Interview schedule**

### **Illicit Drug Market Study**

#### **Interview schedule A**

#### **Semi-Structured Section**

**A. Begin with general conversation to put interviewee at their ease. Thank them for their participation.**

**Identify location by code and interview number**

**B. Explain the research to the interviewee and highlight the importance of their input.**

This research is being carried out by the Alcohol and Drug Research Unit of the Health Research Board on behalf of the National Advisory Committee on Drugs. The aim of this research is to find out about illicit drug markets in Ireland. We are interested in learning about the nature, organisation and structure of Irish drug markets. We also want to examine the various factors which can influence the development of local drug markets and the impact of drug dealing and drug markets on local communities. We also wish to describe and assess interventions in drug markets with a view to identifying what further interventions are needed. At the end of the research we will write a report which will be used to inform future policy responses in this area.

**C. Show them the consent form and ask them to sign it. Remind them that the research is voluntary and that all data collected will be anonymous. Explain that they can terminate the interview at any stage and that refusal to take part will not affect their attendance at this service. If not in a prison setting, ask their permission to record the interview and explain what will happen to the tape after the interview. Inform them about the gratuity token and offer to answer any questions they may have.**

Anything that you tell the researcher will be strictly confidential. Only members of the research team will have access to this information and it will not be given to any outside agencies such as the probation, police or the prison service. You will be asked to tell us your age and the area where you live but you will not be asked for your name or any other identifying details. The data will be

stored on a secure password protected computer. The tape will be destroyed at the end of the study.

If you have any questions or problems regarding this research you can contact the project manager.

**D. Explain to the interviewee that the schedule is split into two sections: a semi-structured section and a structured section. The semi-structured section will be a conversation but with set topics covered. The structured section is a table which looks at current drug prices.**

**Thanks them again and offer any refreshments if available.**

**1) Profile information**

I just have some specific profile questions to ask before we begin.

*-Area of residence*

*-Age*

*-Ethnic background*

*-Accommodation status [rent from local authority, own house or apartment etc]*

*-Live alone/with people [parents, spouse, children, friends]*

*-Dependents [Children over/under 18, elderly relative, spouse/partner]*

*-Current employment situation [Full/part time employment, unemployed, student]*

*-Main source of income*

*-Age left school and formal qualifications*



## 2) Early drug use

Do you use drugs?

Could you tell me about your introduction into drugs use?

- age first drank alcohol regularly
- age first used illicit drugs
- who introduced to drugs
- what drug first used
- did parents use drugs
- did other family members use drugs

## 3) Personal drug use

Do you consider yourself a dependent drug user? (Explain term dependent – problematic/addicted)

- Main drug of dependency
- How many days used this drug in the last month
- How much consumed on an average day in the last month
- How old were you when first used this drug
- Average weekly spend on drugs

## 4) Paying for drugs

How do you fund your drug use? (Read out list below)

- Wages
- Social welfare
- Crime –/theft/burglary/shoplifting
- Sex work
- Dealing drugs

## 5) Buying drugs

How do you typically buy drugs?

- Buy from strangers on the street? Phone/exchange on street)
- How many sellers do you buy from?
- How do you pay for drugs [e.g. cash, stolen goods, credit, sex etc]
- If you commit crime is this in your own community or in outside areas?

## 6) Selling drugs

Have you ever sold drugs?

Have you ever sold drugs to friends?

**If yes:** *When?*

*What circumstances?*

*How often?*

*What drugs*

How did you become involved in drug dealing?

*-Involved since when*

*-Why become involved*

*-What drugs?*

*-What quantity?*

*-How did you become involved/where did you gain knowledge to start*

*-Who got you involved –relationship to them and their role in the market*

*-Personal circumstances at the time*

*-What money was needed to start and where did you get it*

*-Did you have to pay it back?*

*-How easy was it to enter the market? – was it a struggle?*

*-Involved in any other crime?*

*-What legal jobs or business involved in?*

I would like to discuss your career within the drug trafficking environment. I would like you to think about it across time from the beginning to the end and the changes that there were. I am going to ask you questions under the categories of types and quantities of drugs, roles conducted and people worked with.

## 7) Types and quantities of drugs

What drug(s) do you sell

*-Always sold only one drug?/ Proportions of different drugs sold?*

*-If changed –why change the type of drug?*

*-Why do you sell this particular drug (personal drug use, demand, profit, easy to sell)*

What are the typical quantities of drugs you sell per week?

*-Average amount per week in weight that you sell of this drug*

*-Average amount per week that you buy of this drug (Euros)*

*-Average amount per week that you sell of this drug (Euros)*



Have these quantities change over time?

*-Have you increased the amount you sell over time? Why? How?*

Have you attempted to expand your dealing business?

*-If so what factors are important in allowing/making this happen?*

*-If not, what factors prevented you from doing this?*

## **8) Structure of local market**

How would you describe the structure of selling in your market in general?

*-Involvement of families [old or new families, when did they emerge]*

*-Gangs [old or young people, when did they emerge]*

*-A pyramid structure*

*-A Mr. Big*

*-A free for all?*

Are there people selling drugs for others? [couriers/runners]

*-role in buying and selling drugs*

*-profile of runners (age, gender, drug users, locals, outsiders)*

*-relationship of runners to dealers (family, neighbors etc)*

*-runners approach dealers to sell or vice versa*

Are sellers mostly local or have they moved into the area?

## **9) Roles conducted and methods of working**

Role conducted when started dealing?

*-What did you do, job*

Did your role remain the same throughout involvement?

What factors are important for a successful deal?

*-reliable supplier/ buyer*

*-management of risk*

*-planning*

Why did you carry on dealing drugs?

Would you consider becoming a more established seller?

*-Why/why not?*

## 10) Working relationships

[Questions will vary according to what role participant plays in drug market]

Who do you work with and what are their roles?

-Bosses, suppliers, runners, transporters etc....

-How to identify people to work with?

-How many suppliers, customers, workers etc?

-Skills needed?

-Did people change, how?

-How do you pay them-what does pay depend on?

-How are you paid-what will pay depend on?

-Risks working with others?

-How assess if safe to work with?

-Ever any conflict-violence?

-Ever felt the threat of violence, how, why?

-Factors made you trust or distrust someone?

-How communicate with them – directly, through a third party, always same way or change methods, who initiated contacts?

## 11) Method of working

Can you describe your method of working?

How do you sell drugs? (strangers on street/phone contact and arrange exchange)

-How are you normally contacted?

-Why do you sell this way?

-How long have you sold this way?

-Have you always sold drugs in this way – if no: why change?

Do you only sell drugs in this community?

-Why do you sell in this particular area?

## 12) Costs and price

Do you keep a track of the costs of doing a deal?

-What costs are there?

-Average profit?



What factors affect the price you sell your drugs for?

- Availability
- Competition
- Selling to friend/ acquaintance
- Quality of product, volume.

Did you ever pay more than usual for drugs? If so, did you sell them on for more or reduce the purity or reduce the weights?

If the costs of the person you bought the drugs from increased do you think these were passed on to you? How?

*Increased price, decreased purity, reducing weights?*

Ever do anything to try and reduce how much a drug deal costs you?

*Change suppliers, cheaper transport, reduce weights, decrease purity, cheaper wages*

### 13) Customers

Who do you sell to? (Strangers, friends, acquaintances)

- How acquire these customers
- How many customers do you have?
- Did you usually have customers lined up when you purchase drugs?
- Ever attempt to sell drugs to new customers/customers you don't know?

Do you use marketing strategies to find new customers?

- Deal party packs, diversify products
- Deal outside clinics
- Do customers find you or do you look for them?

Do you charge different prices to different customers?

*When, why, location, how well you know them*

Were there ever conflicts with your customers over price or purity?

*Why, when, how resolved*

Are there fluctuations in demand from customers?

*Low demand, high demand, how did you respond to changes in demand?*

Did you ever lose any customers?

*When, why, location*

#### **14) Competition:**

Do you know people dealing in the same type of and quantities of drugs as you in your local area?

*-how many*

*-aware of their prices*

*-discuss prices with them*

*-fix prices with them*

Do you tend to compete or collaborate with them?

*Fix areas for dealing with them*

*Fix which customers to sell to*

*People cut their prices to compete*

*Share information on cheaper suppliers*

*Share information on law enforcement activities*

*Lend people a supply of your drugs if they had a shortfall*

*Borrow drugs of another supplier if you had a shortfall*

*Any violence between competitors*

*Do you trust others at your level- how and why*

Do other suppliers ever try and sell you drugs?

*How? Did they make them seem more attractive in any way?*

#### **15) Branding**

Are your drugs branded?

*Which drugs? How many brands do you know of? Effect on prices?*

Did you brand drugs?

*Why? Effect on the prices you sold for*

#### **16) Money**

I would like to talk through what happens to the money involved in buying and selling drugs.

What do you accept as payment? – [cash, stolen goods, sex]

*-do you give credit?*

*-problems/benefits with giving credit?*

*-how deal with buyers who owe you money?*



*-How much do you earn in an average week?*

Do you have a regular income from your deals?

Do you know how much profit you make on an average deal?

*-Variation for different drugs*

What do you spend your money on?

*-Spend profits on*

*-Buy more drugs, what proportion*

*-Invest, what proportion, how*

*-Invest money in legitimate businesses*

*-Probe to find if money is being spent in local business*

*-Employ specific people to deal with money (eg accountants, solicitors) what tasks did they perform, how did you meet them, how trust them, how much pay them, same people each time, work just for you*

Did you ever have cash flow problems?

*-If yes, for how long? Why? Would you change strategy? Would you become involved in other crimes?*

## **17) Risks**

Without using specific names or details, can you tell me about any difficulties you have on a day to day basis?

*Logistical problems, problems getting hold of drugs, violence, drugs stolen, law-enforcement activity.*

What risks do you face?

*-which concern you the most?*

At what point during a deal do you feel vulnerable?

*-either to LEAs or other dealers?*

Do you do anything to reduce these risks?

*Did any risk prompt you to change you way of working?*

Did you ever not go through with a deal?

*-If so, what made you decide not to?*

Of the risks you faced which concerned you the most/ (try to get them to rank them)

Why do you sell drugs given the risks?

Have you ever experienced violence because of your involvement in drug selling?

### **18) Law-enforcement activities**

Does Garda activity impact on the way you work?

*-How and why*

Has garda activity changed over time?

*-is it better for business or worse for business now*

Do you use risk management strategies?

*Change routes, stop dealing, change drugs, merge networks, change roles, increase collaboration, reduce collaboration, increase prices, change transport methods, deal only to known people*

Do you think this area is heavily policed?

Are you ever able to anticipate where and when Garda activities will occur?

Are there key people who if removed from the market would significantly disrupt your work?

*-Why? Would it take long to fill this role?*

Have you ever changed your behavior because of increased knowledge/awareness of

- a) *Garda activities?*
- b) *Sentencing?*

### **19) Getting arrested/ Imprisoned**

Have you ever been arrested for a drug-related offence?

*-How old were you when you were first arrested?*

*-What was this for? For what drug and what amount*

*-How many convictions do you have?*



*-How old were you when you were first convicted by a court?*

*-How many times have you been to youth custody?*

*-Have you ever been to prison?*

Have you been caught for serious dealing offences?

*-Why were you caught? (Doing something different, working with different people, working with different drugs, using a different route, doing a different role)*

Did you think you would go to prison if you were caught?

How long a sentence did you expect if you were caught?

How much disruption did your arrest/ imprisonment cause to your involvement in the drug trade?

If you have not been caught, why do you think that is?

Where do you commit your offences? [in the community/outside the community]

*Why there?*

Have you ever received any help in connection with your offending?

*What type?*

## **20) Local community**

How would you describe the community you live/work in?

Do you see yourself as the part of the community?

*Why not?*

What facilities do you use in the area?

What effect do you think drug selling and buying has on the community?

*-Probe issue of local people buying stolen goods linked to drug trade*

To what extent do you think young people are involved in buying and selling drugs?

*-Probe about runners profile and role if it has not been discussed already*

Could you tell me the places in your area where drug selling takes place?

Places you know using takes place?

**21) Services and treatment (If problematic user)**

Have you ever received assistance or treatment in connection with your drug use?

How old were you when you first received assistance with your drug use?

From which service did you first receive assistance from?

What is your most recent experience with drug treatment services?

**Structured Section**

How much do the following drugs cost to buy? Probe different weight costs at different market levels if interviewee knows them.

<b>Drug</b>	<b>Weight</b>	<b>Price</b>
Heroin <sup>1</sup>		
Cocaine <sup>2</sup>		
Crack <sup>3</sup>		
Herbal cannabis <sup>4</sup>		
Cannabis resin <sup>5</sup>		
Ecstasy <sup>6</sup>		
Amphetamine <sup>7</sup>		
Ketamine <sup>8</sup>		
Benzodiazepine <sup>9</sup>		
LSD <sup>10</sup>		

1. Heroin per Gr/bag 2. Cocaine Gr/bag 3. Crack rock 4. Herb Can Oz.  
5. Can res Oz 6. Ecstasy tab 7. Amphet Gr 8. Ket Gr 9. Benzo 10. LSD tab