

overview

Drugs and crime in Ireland

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Health Research Board

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The Overview series

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

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

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Overview series publications to date

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Connolly J (2005) *The illicit drug market in Ireland*. Overview 2. Dublin: Health Research Board.

Connolly J (2006) *Drugs and crime in Ireland*. Overview 3. Dublin: Health Research Board.

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Glossary of abbreviations

CDLE	Customs Drug Law Enforcement
CPF	Community Policing Forum
CSO	Central Statistics Office
DMA	Dublin Metropolitan Area
DMR	Dublin Metropolitan Region
DMRD	Drug Misuse Research Division
DTTO	Drug Treatment and Testing Orders
DUID	Driving Under the Influence of Drugs
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ELDD	European Legal Database on Drugs
EORG	European Opinion Research Group
GNDU	Garda National Drugs Unit
INCB	International Narcotics Control Board
LDTF	Local Drugs Task Force
LSD	D-Lysergic Acid Diethylamide
MBRS	Medical Bureau of Road Safety
MDA	Misuse of Drugs Act
PULSE	Police Using Leading Systems Effectively
UISCE	Union for Improved Services, Communication and Education
UK NTORS	United Kingdom National Treatment Outcome Research Study
UNODC	United Nations Office on Drugs and Crime

1 Summary, key findings and research recommendations

Drugs and crime in Ireland

1 Summary, key findings and research recommendations

1.1 Summary

The link between drugs and crime in Ireland exists simply by virtue of prevailing legislation which defines as criminal offences the importation, manufacture, trade in and 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. Offences committed under this legislation are reported in the annual reports of An Garda Síochána. However, most Irish drug users who receive sentences of imprisonment, for example, are punished, not for drug offences *per se*, but for offences committed as a consequence of their drug use, such as theft from the person, burglary, larceny and prostitution. Research studies have identified this clear link between some forms of illicit drug use and crime – findings which are consistent throughout criminological literature.

Although official statistics such as those presented in the annual Garda reports provide a useful indicator of trends in drug offending over time, the limitations of official statistics in terms of describing the overall crime picture have been highlighted by a number of writers in this area. The issues which arise here, specifically in relation to drug-related crime, will be considered in Section 3.

In Section 4, we analyse trends in drug offences since 1983. 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. The annual Garda reports include information on crimes recorded by the gardaí and those in which criminal proceedings were taken. The reports include a specific chapter on drug offences, giving the number of such offences in which proceedings were taken, by Garda division and by drug type; the number, volume and types of drug seized by the gardaí and by customs officers; and the number,

age and gender of persons charged, as well as the nature of the offence. The reports also include information on drug offences which became known to the customs service and other agencies. Drug seizures carried out by the customs service are also recorded in the annual reports of the Revenue Commissioners. In Section 5 we look at an area which is gaining increased attention in Ireland and throughout the European Union – the link between illicit drug use and driving offences.

Although the link between drug use, addiction and crime has been established by international and Irish research, identifying the precise causative connection between drugs and crime has been a primary preoccupation of many writers in this area. For the purpose of this Overview, we will review the available research evidence using four explanatory causal models: the psycho-pharmacological model (Section 6) which identifies the drugs–crime link as arising as a result of the intoxicating effect of the of the drugs themselves; the economic-compulsive model (Section 7) which assumes that drug users need to generate illicit income from crime to support their drug habit; the systemic model (Section 8) which explains drug-related crime as resulting from activities associated with the illegal drug market, and the common-cause model (Section 9) which suggests that there is no direct causal link between drugs and crime but that both drug use and offending behaviour are related to other factors, including socio-economic deprivation.

The question as to the link between drugs and crime is of more than mere academic relevance. Different conceptions of the link determine the way in which society responds to drug users and also inform debates about drug legislation, crime prevention, drug treatment and law enforcement. The aim of this Overview is to review and analyse the available evidence on drugs and crime in Ireland so as to inform the development of effective responses which can contribute to the reduction of drug-related crime.

1.2 Key findings

Drug offences

- Drug possession offences account for most drug offences recorded. In 2004, the most recent year for which figures are available, prosecutions for simple possession (s.3 Misuse of Drugs Act 1977) made up 69 per cent of the total number of prosecutions, while supply offences accounted for 22 per cent of the total.
- Cannabis-related prosecutions have consistently formed the vast majority of all drug-related offences prosecuted. In 2004, such prosecutions accounted for 62 per cent of the total number of drug-related prosecutions.
- There was a large increase in ecstasy-related offences between 1998 and 2000, followed by a steady decline up to 2004.
- In 2004, heroin-related prosecutions accounted for 11.2 per cent of the total number of prosecutions by drug type.
- Cocaine-related prosecutions accounted for 11 per cent of the total in 2004, almost matching those for heroin.
- Some 6,757 persons were prosecuted for drug offences in 2004, of whom 6,257 were male and 500 were female.
- With regard to the prosecution of children (aged under 17 years), while the number of young females prosecuted has remained low and steady since 1995, the number of young males prosecuted for drug offences increased from 127 in 1997 to 426 in 2004.

Drugs and driving

- In a nationwide survey of 2000 drivers suspected of intoxicated driving carried out in 2000 and 2001, of the 15.7 per cent of tested drivers who were positive for some drug, six out of ten gave a positive result for cannabinoids. The study found no significant gender difference in the overall drug-positive results, although over 90 per cent of apprehended drivers were male.
- The typical profile of the apprehended and tested driver found to be under the influence of drugs is that of a young male, driving in an urban area, with low or zero alcohol level, with a specimen provided between the hours of 6 am and 9 pm and with a presence of cannabinoids.
- The importance of the role of prescribed drugs in this area is also an area of concern. The study identified a pattern of middle-aged drivers under the influence of benzodiazepine – a legally prescribed drug which can impair driving.
- The difficulty of producing a reliable roadside sample-testing device remains an issue in this area.

Drugs and crime: psycho-pharmacological links

- With regard to the psycho-pharmacological connection between drug use and violent crime, there is overwhelming evidence from the international literature of a connection between alcohol consumption and violence. A recent Irish study (2003) of public order incidents recorded over a five-month period found that alcohol had been consumed by the offender in 97 per cent of cases.
- A study which considered the Irish drinking culture and related harm in comparison with other European countries concluded that adverse alcohol-related consequences (fights, accidents and regrettable conduct) were particularly related to the tendency to ‘binge’ drink in Ireland.

- International evidence of a pharmacological link between illicit drug use and violent crime is inconclusive. The 2003 study mentioned above did not find that drug use played any significant role in public order offences. However, Irish research is limited in this area.

Drugs and economically motivated crimes

- That there is an economic motivation to commit crime to purchase drugs has been supported by Irish research. This manifests itself in an increase in such crimes following addiction and the reduction of such crimes following participation in closely supervised and well-resourced drug treatment programmes. A number of studies of imprisoned drug users also highlight such links.
- A Garda study published in 1997 found that drug users were responsible for 66 per cent of detected indictable crime, while a similar study in 2004 concluded that drug users were responsible for just 28 per cent of detected crime. In the latter study, almost all of the drug users surveyed admitted to funding their drug habit through criminal activities such as larceny, burglary and robbery.
- A more recent Garda study (2004) suggests a possible reduction in economically motivated crimes in recent years in the context of increased employment of drug users and the increased availability of drug treatment: 75 per cent of drug users surveyed claimed that their receipt of drug treatment had decreased their criminal activity.
- The role of violence in acquisitive crimes committed by opiate users might be underestimated. Drug users may tend to conceal their involvement in crimes involving violence. However, public perceptions of a high association between drug use and violent crime in this area are not reflected in the actual rates of violent crime by hard drug users.

- A Garda study (2004) estimates that drug users are almost twice as likely to be caught offending as non-drug-users. This is due to the fact that ‘the consequence of their drug use may render them less likely than non-users to evade detection’. Consequently, studies which focus only on drug users who come into contact with the criminal justice system are limited in terms of the ability to generalise from them to other drug users.
- Another form of crime with a link to drug use is the forging of prescriptions. The annual Garda report recorded only 16 such offences for the year 2001. However, 157 such offences were recorded for 2004.
- An evaluation of the Irish Drug Court (for non-violent drug offenders) found that, whereas a number of participants continued to exhibit offending behaviour during their time in the Drug Court programme, as compliance with the programme increased during the year of the pilot initiative there was a reduction in the number of arrests, in the acquisition of new criminal charges and in the number who had bail revoked by the courts.
- It has been suggested that a 29 per cent reduction in recorded crime in Ireland between 1995 and 1999 might be partially explained by the increased availability of methadone maintenance programmes throughout the Dublin area during that period.

Drugs and systemic crimes

- A worrying finding of the 2004 Garda study when compared with a similar Garda study conducted in 1997 relates to the apparent stabilisation of local drug markets over time and the reported easier availability of drugs. The 2004 study records an increase from 46 to 76 per cent in the number stating that they sourced their drugs from a local dealer. This has serious implications for local policing and other supply-control initiatives.

- Local studies have highlighted the association of local drug markets with significant levels of community disturbance and anti-social behaviour. This micro-perspective on the drug trade highlights the way in which drug use and drug trafficking can impact disproportionately on specific communities and locations, particularly in urban areas. This suggests that analyses of the extent of the drug problem which rely on figures based only on national data provide only part of the story of the impact of drug problems on individuals and communities.
- There is evidence to suggest that the drugs phenomenon has undermined the somewhat romantic historical notion that people do not commit crime in the areas in which they live. Many communities throughout Dublin have experienced high exposure to street-level drug dealing and local drug-related crime and anti-social behaviour. Such drug markets and the crime and nuisance often associated with them can create significant internal community tension and conflict.
- Studies on drug availability suggest that many drug users have relatively easy access to drugs in their own areas. Sixty-six per cent of respondents to a Garda survey (1997) said it was easy to get drugs and that they sourced their drugs within their own neighbourhood. When asked where they usually committed the crimes to sustain their drug habit, of the 254 people who answered this question, 105 mentioned their own neighbourhood as a location where they committed crime.
- The operation of local drug markets can engender significant apprehension and a reluctance among local residents to co-operate with law enforcement initiatives because of fear of reprisal from drug dealers.

- With regard to organised crime in Ireland, Europol reports that the ‘majority of suspects involved ... continue to be Irish nationals’. Where non-Irish-nationals are involved, it is usually through contacts of Irish nationals living abroad. Europol also reports that it appears that all of those involved in Ireland are known to each other and have co-operated with each other in many instances. According to Europol: ‘This is a somewhat unique situation in the European context and may partly explain why there is so little involvement of other nationalities in Ireland.’
- Europol reports that cannabis and cocaine are sourced in Spain by Irish nationals living there, while heroin is mainly smuggled from the UK by Irish nationals resident there.
- The association of drugs and violent crime with systemic aspects of the drug trade is borne out by the increasing evidence of drug-related gangland murders.

Drug-related crime and gender

- A study of female drug users (1999) working in the sex industry found that they differed from non-drug-using women in the same industry in that their primary motivation was to feed their drug habit. The study also found that such women tended to be younger and to have the least favourable health risk profile of all women working in prostitution.
- A study of drug-using prison inmates (2001) referred to them as ‘reluctant criminals’, in that they engaged in crimes which they perceived involved the lowest risk of arrest.
- A recent participatory research project (2005) conducted with 19 women working in the sex industry found that they reported habitual use of alcohol or drugs to cope with the work and its aftermath.

- A prison study (2001) also found that women were more likely to have become involved in crime after commencing drug use, while men were more likely to have been involved in crime prior to drug use.

Common-cause model

- Irish research supports the finding that drug use does affect the frequency, duration and type of crime committed.
- Irish studies of drug users have consistently shown the typical profile of the chronic drug user as one characterised by severe personal adversity within an environmental context of pronounced socio-economic deprivation.
- Irish research has consistently revealed that underlying social factors, such as educational disadvantage, poverty and inequality contribute to both problematic drug use and crime.
- With regard to the drugs–crime link, studies of drug users have found them typically to be single, aged between 14 and 30, male, urban, often still living in the parental home, from large and often broken families, having left school before the legal minimum age of 16, with high levels of unemployment, with their best-ever job being in the lowest socio-economic class, with a high number of criminal convictions and high rates of recidivism, with a history of family members being in prison, and a profile of extreme social disadvantage characterised by being from areas with a high proportion of local authority housing and often by the prevalence of opiate drug use and high levels of long-term unemployment.

1.3 Research recommendations

Based on this Overview of Irish research, the following specific recommendations for future research in this area are made:

Data limitations

A number of gaps in knowledge exist in relation to drug offences in general. The following recommendations are aimed at improving our knowledge in this area:

- National crime surveys should include a specific section on drug offences and drug-related crime so as to ascertain the number of such crimes which do not appear in the annual Garda reports – the so-called ‘dark figure’ of drug-related crime.
- The potential and utility of existing crime data sources such as PULSE should be considered, in particular, the capacity of PULSE to record drug-related offences.
- In order to enhance our understanding of the way in which drug laws are enforced and the amount of resources being used in this area, data should be compiled on the number of drug-related ‘stop and search’ operations and the number of drug-related arrests which take place. Such data should also be differentiated by drug type, and by age and gender of offender.
- Crime statistics should be compiled and reported as close to the local level as possible. This will assist in the development of an understanding of how drug offences and drug-related crime impact at a local level, and will therefore facilitate local responses.
- Section 36 of the Garda Síochána Act 2005 provides for the establishment of joint policing committees. One of the functions of these committees is to keep under review ‘the levels and patterns of crime, disorder and anti-social behaviour in the area (including the

patterns and levels of misuse of alcohol and drugs)'. Given the disproportionate impact of drug dealing and drug-related crime in specific areas and communities, local surveys should be conducted to assess the extent of such problems locally and thereby provide data to inform local responses.

Drugs and crime

Some of the findings of Irish research mentioned above are borne out by international research. However, Irish research in this area remains limited both in focus and in quantity. Future research needs to begin from a broader theoretical framework, one which acknowledges the complexity of the relationship between drug use and crime. The following general approaches and specific research recommendations are made with a view to broadening our knowledge about the links between drugs and crime:

- Further research is required which would widen the scope of analysis of the drugs–crime nexus in terms of the drug involved, the subject population and the research location.
- Research should investigate the pathways and factors which encourage some drug users into further drug use and offending behaviour.
- Research should be conducted to establish the relationship between the use of specific drugs and drug-related crime. Although Irish research has shown that opiate users commit a significant proportion of recorded serious crime, the same cannot be said of the much larger number of recreational drug users who confine their drug use to illicit substances such as cannabis and ecstasy.
- Research is needed on recreational drug users and those who have not come into contact with the criminal justice system.
- Research should focus on the relationship between polydrug use and offending behaviour.

- Research should be conducted on the growth in the number of recorded forged prescription offences.
- Research should identify urban and rural differences in relation to drug use and crime.
- Research is urgently needed on the relationship between alcohol and violent crime.
- Research should be conducted on the relationship between illicit drug use and offending behaviour involving violence.
- Given the evidence in Ireland and elsewhere of the positive connections between drug treatment and a reduction in offending behaviour, further research should be conducted on drug treatment programmes and among drug users in receipt of treatment to ascertain best practice in this area, and the obstacles to progress.
- Research is required on the relation between drug use, drug-related crime and gender.

Drug markets and crime¹

- Research should be conducted on the dynamics of the Irish drug market at middle (import) and local (street) level. Given the disproportionate effect that local drug markets have on the quality of life of a community, such research should inform local responses to drug use and related crime.
- All responses to drug markets and drug-related crime, such as estate management and policing approaches, should be monitored and evaluated so as to identify best practice.

¹ See also Connolly (2005).

2 Introduction: Explaining the link between drugs and crime

Drugs and crime in Ireland

2 Introduction: Explaining the link between drugs and 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.² Irish legislation defines as criminal offences the importation, manufacture, trade in and 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 and are reported regularly in the annual reports of the Garda Síochána. The Misuse of Drugs Regulations 1988 list under five schedules the various substances to which the laws apply.

However, most Irish drug users who receive sentences of imprisonment are punished, not for drug offences *per se*, but for offences committed as a consequence of their drug use. Although research studies have identified this clear link between some forms of illicit drug use and crime – findings which are consistent throughout criminological literature – identifying the precise nature of this link is a more complex matter (Stevens *et al.* 2005, Bean 2002; White and Gorman 2000). Identifying the causative connection between drugs and crime has been a primary preoccupation of many writers in this area.

² 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/>

For the purpose of this overview, we will approach our consideration of the Irish evidence using four explanatory causal models. The first three follow classification by Goldstein (1985) and are generally used to explain links between heroin and cocaine and crime.

Psycho-pharmacological model: 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.

Economic-compulsive model: The economic-compulsive model assumes that drug users need to generate illicit income from crimes such as robbery and burglary, and from consensual crimes such as prostitution, to support their drug habit.

Systemic model: The systemic model explains drug-related crime as resulting from 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. 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.

Common-cause model: The fourth model suggests that there is no direct causal link between drugs and crime but that both are related to other factors. This model holds that drug use and crime do not have a direct causal link but that they are related because they share common causes. 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'.

Before we consider the Irish evidence in relation to drug offences and drug-related crime, it is important to highlight the ongoing debate over the alleged effects on crime of prohibition itself. According to Stevens *et al.* (2005: 10): ‘It is argued that prohibition leads to more economic-compulsive and systemic crime by forcing up the price of drugs and leaving distribution in the hands of criminals.’ This argument is advanced by proponents of drug law reform, de-criminalisation or drug legalisation. Others argue that deregulating the drug market would lead to an increase in drug use and that this would contribute to further crime as a result of decreased inhibitions and greater psychosis (Inciardi 1999). Although there has been some consideration given to the question of cannabis prohibition in Ireland (Connolly 2004; Murphy 2002, 1996; National Crime Forum 1998), a full consideration of this lively and long-running global debate is beyond the scope of this Overview.³ However if, as has been argued, drug law enforcement is compounding the problems that the original laws were designed to address, the implications for drug policy are serious.

The question as to the link between drugs and crime is of more than mere academic relevance. As Seddon (2000: 96) argues, ‘an understanding of the relationship between drug use and crime is important since it affects both criminal justice and drug policy. Different conceptions of the link underlie aspects of debates about drug treatment, prevention, enforcement and legalisation as well as about sentencing policy and the development of strategies for local policing.’ For example, findings suggesting a link between drug treatment and a reduction in offending highlight the importance, for policy purposes, of identifying the pathways that lead some drug users into drug-related offending (Prendergast *et al.* 2002; Hough *et al.* 2000).

³ For a recent contribution to the debate see Roberts *et al.* (2005).

The aim of this Overview is to review and analyse the available evidence on drugs and crime in Ireland so as to identify what approaches are likely to be most effective in reducing the harm caused by such crime to individuals and communities.

The focus of this Overview is on the relationship between illicit drug use and crime. The connections between prescribed drugs and crime and, in particular, between alcohol use and crime are also in serious need of more focused and sustained attention. With regard to alcohol, Vaughan (2003: 179) makes the point: ‘When the issue of substance misuse is raised, it is illegal drugs, especially heroin, that are thought to be at the crux of the drug–crime relationship and which draw most opprobrium. ... The question concerning how much crime is related to alcohol use has not been the subject of such intense debate.’

Before examining the explanatory models identified above with reference to the research evidence in Ireland, we will look at the official data on drug offences as provided in the annual reports of the Garda Síochána. A number of limitations have been identified in relation to this data. These issues will be considered in Section 3. In Section 4 we will turn to an area that is attracting increased attention in Ireland and throughout the European Union, that is, the link between drug use and driving offences.

3 Data sources and limitations

Drugs and crime in Ireland

3 Data sources and limitations

The primary source of information on crime and law enforcement activities in Ireland is the annual reports of the Garda Síochána, which have been published since 1947. Although there have been a number of changes in their format over time, some of which are identified below, the reports have been sufficiently consistent to provide us with a picture of the activities of Irish law enforcement agencies in relation to drug interdiction and trends in recorded drug offences. The Garda Síochána have the primary responsibility for the investigation of drug-related criminal offences within the jurisdiction of the Irish State. The Garda National Drugs Unit (GNDU) was established in 1995 with specific responsibility for drug law enforcement.

The most recent Garda report is for the year 2004 (Garda Síochána 2005). The report includes information on crimes reported to and recorded by the gardaí and those in which criminal proceedings were taken. The report includes a specific chapter on drug offences, giving the number of such offences in which proceedings were taken, by Garda division and by drug type; the number, volume and types of drug seized by the gardaí and by customs officers; and the number, age and gender of persons charged, as well as the nature of the offence.

The Garda annual reports also include information on drug offences which became known to the customs service and other agencies;⁴ seizures carried out by the customs service are also recorded in the annual reports of the Revenue Commissioners.⁵

It is important to be aware that the Garda annual report is primarily a reflection of the activities and effectiveness of law enforcement agencies,

⁴ For example, customs drug seizures are included in the main seizures table.

⁵ A more detailed breakdown of this information is provided by the Customs Service on the Revenue Commissioners' website at <http://www.revenue.ie/services/customs/cndt2000.htm>

rather than of the prevalence of drugs or the incidence of drug-related crime. Consequently, strategic and organisational developments in these agencies, such as the establishment of the Garda National Drugs Unit in 1995, will have an impact on the official statistics and recording practices. These strategic or organisational changes may occur in response to a significant incident, such as the emergence of community anti-drug activity or the murder of journalist Veronica Guerin in 1996 for example. These developments can impact upon the number of offences recorded, but that does not mean that they necessarily reflect a real increase in the incidence of such offences. The manner in which data are presented is also influenced by legislative changes and international agreements or conventions. A number of changes in the compilation of the report over time, or in recording practices, have had an impact on the data presented. Some significant changes include:

- 1968 Garda drug squad is formed, consisting of one detective sergeant, five detective gardaí and one Ban Garda.⁶
- 1970 Report includes separate section on offences committed under the Dangerous Drugs Act 1934 and the Health Act 1970.
- 1973 Report presents drug offence statistics in table format.
- 1975 Report presents statistics on the basis of the calendar year, rather than to September each year, as had been the practice since 1958. This change was introduced to comply with the specifications of international agencies.

An information centre on all aspects of law enforcement relating to drugs is established at Garda headquarters.

- 1976 Crime statistics computerised from 1 January.

⁶ Female (*ban* in gaelic) Garda members were previously referred to separately. Now all Garda members are referred to as gardaí, regardless of gender.

- 1977** Misuse of Drugs Act (MDA) introduced.
- 1981** Drug unit personnel increased in Dublin, Cork and Limerick. Overall strength of drug units reported as having increased by 113 per cent.
- Report includes data on total number of drug seizures.
- 1983** Report notes emergence of ‘concerned groups of citizens’ in response to drugs. This may have contributed to an increase in Garda anti-drug activity.
- 1994** Report now lists drug offences along with other non-indictable offences but in a separate section; some changes made to drug offence categorisation; offence of forging prescriptions merged with that of possession of forged prescriptions.
- 1995** Garda National Drugs Unit (GNLU) formed.
- Report now includes more detailed information on drug seizures, including seizure numbers by drug type.
- 1996** Murder of journalist Veronica Guerin; establishment of Criminal Assets Bureau; Garda regionalisation implemented.
- Report presents drug offences by Garda region.
- This year can be regarded as a watershed in terms of the State’s response to drug law enforcement. Statistics indicate large increase in enforcement activity.
- 1997** Thirteen local drugs task forces established.
- 1998** Dublin Metropolitan Area renamed Dublin Metropolitan Region (DMR); Western Division now included in DMR.

- 1999** First phase of new Garda information technology system PULSE (Police Using Leading Systems Effectively) introduced.
- 2000** Report introduces some changes in presentation of crime categories; overall impact of PULSE technology on changes in statistics is unclear. Use of ‘headline’ and ‘non-headline’ offence categories, instead of previously used ‘indictable’ and ‘non-indictable’ categories.
- Local drugs task force established in Bray, bringing total number to 14.
- 2001** National Drugs Strategy 2001–2008 introduced.
- 2002** ‘Non-headline’ offences are compiled using PULSE for the first time. Crime-counting rules, which set out the main guidelines used when compiling statistics, are published at back of report.
- 2003** Report includes more detailed counting rules in an appendix.
- 2004** Expert Group on Crime Statistics submits recommendations to the Minister for Justice to improve compilation and presentation of crime statistics.

The limitations of official statistics, such as those presented in the annual Garda reports, in terms of describing the overall crime picture have been highlighted by a number of writers in this area (O’Donnell 2005; O’Mahony 2004; Connolly 2003; O’Sullivan and O’Donnell 2003; O’Donnell and O’Sullivan 2001; Young *et al.* 2001; O’Connell 2002; Watson 2000).

The official crime figures are often regarded as representative of the extent of the crime problem. However, this official picture is influenced by a number of factors: the willingness of the public to report crime to the gardaí, recording practices, law enforcement activities and the effectiveness

of law enforcement agencies in detecting drugs and drug-related offences. Effectiveness can, in turn, be influenced by law enforcement strategy, resource availability and deployment and the susceptibility of offenders to being caught.

It is difficult to establish the number of crimes that go unreported to the police. Surveys of crime victims have been used in other jurisdictions to estimate this ‘dark figure’ of crime.⁷ For example, the British Crime Surveys which have been conducted at regular intervals since 1982 have led to estimates that only one in four of the crimes which occur appear in official records (Hough and Mayhew 1983). Other authors have suggested that, when petty offences such as shoplifting are included, the ‘dark figure’ can be as high as eleven times the police figure (Sparks *et al.* 1977). There is evidence to suggest that the ‘dark figure’ may be even higher in the case of drug offences and drug-related crime. A recent study conducted in inner city Dublin highlighted fear of reprisal from those involved in the drug trade as a significant disincentive to reporting such offences to the gardaí (Connolly 2003).

Even when crimes are reported, they may not necessarily appear in the official police statistics.⁸ As Maguire (1997: 151) points out: ‘Reports from the public ... may be disbelieved, or considered too trivial, or deemed not to constitute a criminal offence. They may also be excluded (‘cuffed’) for less defensible reasons, such as to avoid work or to improve the overall clear-up rate.’ A UK study based on crime survey data indicates that about 40 per cent of ‘crimes’ reported to the police do not end up in the official statistics (Mayhew and Maung 1992).

⁷ For a general discussion on the issues which arise in the context of crime statistics see Maguire M (1997) Crime statistics, patterns, and trends: Changing perceptions and their implications, in Mike Maguire, Rod Morgan and Robert Reiner (eds), *The Oxford Handbook of Criminology*.

⁸ For a discussion of this issue see: Expert Group on Crime Statistics (2004a, 2004b).

Problems identified with official statistics in Ireland are not confined to the Garda statistics but cut across the criminal justice system in general. The statistics are silent on the number of drug arrests that take place, for example; thus, we have no real idea how drug laws are being enforced on a day-to-day basis. The Garda annual reports do not provide information on the number of non-headline offences (the vast majority of drug offences fall into this category) reported or known to the gardaí in which proceedings were *not* taken. We cannot track the course of prosecutions through the system or identify the nature of the sentences passed. Until very recently, official statistics often appeared a number of years in arrears. They were consequently of limited value by the time they were published.

Problems related to the absence of adequate data at different stages of the criminal justice system are compounded by the absence of an integrated information technology system which could facilitate information sharing between the Garda PULSE system, the Probation and Welfare Service database, the Courts Case Tracking System and the Prison Service's Prisoner Record System. Action 4 of the National Drugs Strategy obliges the Department of Justice to 'oversee the establishment of a framework to monitor numbers of successful prosecutions, arrests and the nature of the sentences passed'. It is reported in the *National Drugs Strategy 2001–2008: Progress Report* that, to further this Action, the Department of Justice is proceeding with the introduction of a pilot study to be based in selected Garda districts 'aimed at tracking pathways of drug offenders through the criminal justice system' (Community, Rural and Gaeltacht Affairs 2004).

The increased inter-agency orientation of policy approaches and the lack of co-ordination between the data systems of the various agencies involved in the criminal justice process make it difficult to evaluate and analyse inter-agency initiatives. It appears that State agencies focus primarily on internal operational needs when developing their data-recording systems. In doing so, they reduce the potential for networking with and between other agencies. This approach also renders external evaluation of inter-agency and community-based approaches to problems more difficult.

As new inter-agency approaches to crime develop, as reflected in locally based policing and estate-management initiatives, it is important that the means by which these interventions can be evaluated change accordingly. Improvements in this area should identify the existing need for information; standardise recording practices between state agencies, including counting rules and areas covered, so that the compilation and presentation of statistics across agencies are consistent and comparable; improve practices of dissemination to the research community and the general public; explore the potential and capabilities of existing information technology systems such as PULSE; reconcile the need for information with considerations of confidentiality and disclosure; and ensure that increased inter-agency approaches and interventions develop hand-in-hand with complementary data-recording and dissemination practices.

The Expert Group on Crime Statistics, established to consider difficulties in this area, submitted a number of recommendations to the Minister for Justice in July 2004. Based on these recommendations, the Minister has approved the establishment of a Central Crime Statistics Unit. However, concerns about existing official data sources remain. A minority report of the Expert Group concluded that a lack of clarity about the collation of information relating to crimes reported to and recorded by the gardaí meant that the Group was unable to reach conclusions ‘about the quality, reliability and accuracy of Garda data’ (Expert Group on Crime Statistics 2004a, 2004b). The Expert Group has recommended that a special research project be commissioned by the Department of Justice to address this issue. Other important recommendations made by the Group include:

- crime statistics should be released promptly and to a rigidly set timetable
- significant changes in the reporting, categorisation or description of offences should be clearly explained

- crime reports should contain all relevant information in relation to the methods of compilation, including the main counting rules
- future changes in crime reports should be implemented after consultation with major stakeholders
- crime statistics should cover all non-headline offences known or reported
- annual crime statistics should be provided by county
- greater access to data throughout the criminal justice system should be provided to researchers.

Another recent development which will improve our understanding of crime as it impacts at a local level is contained in the the Garda Síochána Act 2005. Section 36 of the Act provides for the establishment of joint policing committees. One of the functions of these committees is to keep under review ‘the levels and patterns of crime, disorder and anti-social behaviour in the area (including the patterns and levels of misuse of alcohol and drugs)’.⁹ It is unclear at this stage how this will be done, whether through the use of local surveys or through the increased availability of official data at a local level.

Although official statistics such as those presented in the Garda annual reports provide a useful indicator of trends in drug offending, they do not reflect the actual extent of the role of drugs in other forms of crime (O’Mahony 2004; Connolly 2003). Research and analysis that complements the official statistical indicators has been conducted in Ireland on the connection between illicit drugs and other types of crime, such as theft from the person, burglary, larceny and prostitution (Furey and Browne 2004; O’Mahony 2004, 1997a; Millar *et al.* 1998; Keogh

⁹ s36(2)(a)(1) Garda Síochána Act 2005

1997). Self-report studies conducted among drug-using inmates of Irish prisons have revealed high levels of property crime committed by drug users in order to fund their drug habit (Dillon 2001; Hannon *et al.* 2000; O'Mahony 1997a; O'Mahony and Gilmore 1982; Carr *et al.* 1980). Journalistic accounts and other studies have focused on aspects of the drugs market such as the involvement of organised crime and other systemic crimes associated with drug trafficking (Europol 2004; Dooley 2001; Mooney 2001; Williams 2001). Research has been done on the impact of drug-related crime and related anti-social behaviour on local communities with high levels of illicit drug use and drug dealing (Connolly 2003, 2002; Murphy-Lawless 2002; Fahey 1999). The local impact of drug-related nuisance has been identified as a priority issue by the International Narcotics Control Board in its latest report on the global drug situation (INCB 2004). It was also the focus of a recent study by the EMCDDA (2005).

4 Drug offences

Drugs and crime in Ireland

4 Drug offences

The vast majority of drug offences reported in the Garda annual reports come under one of three sections of the Misuse of Drugs Act 1977: 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). Other offences regularly reported on relate to the unlawful importation into the State of controlled drugs 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).

The use *per se* of drugs, excluding opium, is not a criminal offence in Ireland. The distinction between use and possession can lead to confusion in this area. Drug consumption or use refers to the mere *use* of illicit substances, and is separate from illicit acts such as possession, cultivation, transportation or supply. Although, in practice, it would be impossible to use a substance without possessing it, the legal systems in some other jurisdictions make this distinction, prohibiting drug use as a specific offence.

Table 4.1 presents data on the principal drug offence prosecutions under the Misuse of Drugs Act 1977 (as amended) reported in the Garda annual reports over the past twenty years.

It can be seen from Table 4.1 that most of the drug offences prosecuted are those of simple possession (s.3 MDA) and supply (s.15 MDA). Figure 4.1 presents prosecution trends for these two offences from 1983 to 2004 along with trends for the total number of drug offences prosecuted. It can be seen that drug possession offences account for most of the drug offences prosecuted, with the trend in total offences mirroring that for simple possession offences.

Table 4.1 Drug offences where criminal proceedings commenced under Misuse of Drugs Act (as amended) 1983–2004

	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Drug possession (s.3 MDA)	1276	749	840	1128	1216	1218	1153	1661	2518	3091	3184
Drug supply (s.15 MDA)	359	194	211	231	194	230	249	373	524	592	643
Importation	39	16	6	11	50	70	39	86	120	140	129
Cultivation	62	23	28	16	17	20	15	23	20	23	26
Allowing premises to be used	21	12	25	26	25	19	5	23	36	68	37
Forging a prescription	56	8	37	8	85	83	44	46	48	56	12
Possession of forged prescription	9	13	43	26	137	139	46	45	47	44	17
Other/Obstruction (s.21 MDA)	11	508	79	58	91	249	88	131	160	146	106
Total drug offences	1833	1523	1269	1504	1815	2028	1639	2388	3473	4160	4154

Source: Annual reports of An Garda Síochána 1983–2004

Table 4.1 Drug offences where criminal proceedings commenced under Misuse of Drugs Act (as amended) 1983–2004 (continued)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Drug possession (s.3 MDA)	3069	2954	2718	5866	3865	4883	6485	7009	6038	4805	5065
Drug supply (s.15 MDA)	709	776	908	1614	1766	1971	1706	1520	1530	1758	1608
Importation	131	50	50	23	26	48	17	30	26	31	40
Cultivation	24	21	38	35	25	14	22	18	51	56	32
Allowing premises to be used	78	17	50	36	8	7	17	0	0	0	0
Forging a prescription	32	25	18	16	16	39	29	16	111	80	157
Possession of forged prescription	na	na	na	na	na	na	na	na	na	na	na
Other/Obstruction (s.21 MDA)	455	192	237	358	236	175	119	175	193	392	368
Total drug offences	4498	4035	4019	7948	5942	7137	8395	8768	7976	7150	7302

Source: Annual reports of An Garda Síochána 1983–2004

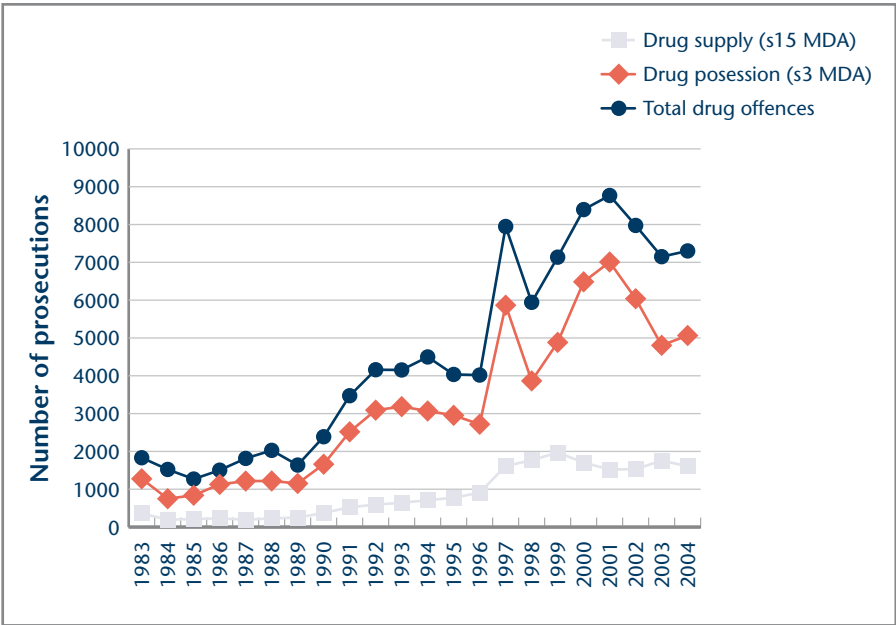


Figure 4.1 Trends in possession (s.3 MDA), supply (s.15 MDA) and total drug offence prosecutions, 1983–2004

Source: Annual reports of An Garda Síochána, 1983–2004

Figure 4.2 shows trends in prosecutions for possession, supply and total drug offence prosecutions from 1993 to 2004.

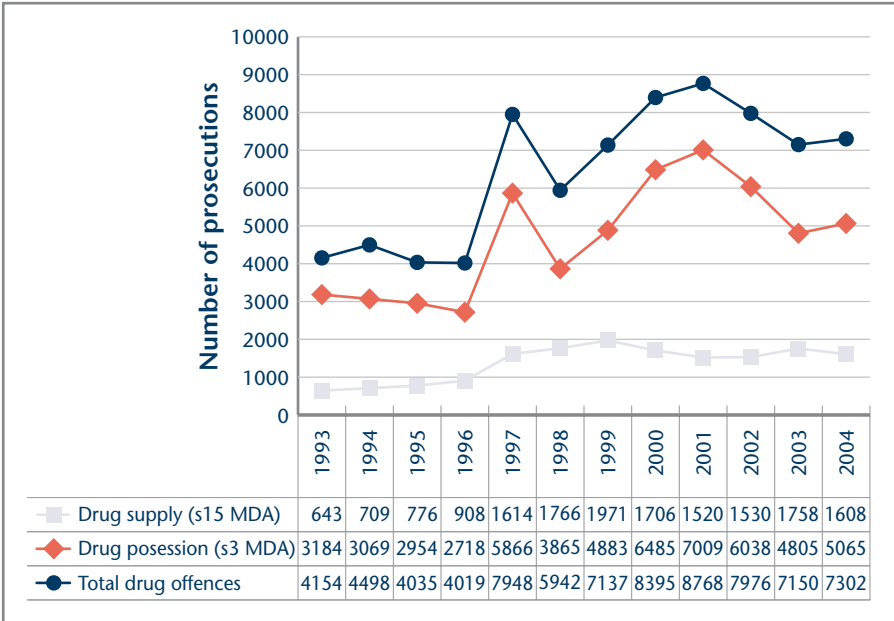


Figure 4.2 Trends in possession (s.3 MDA), supply (s.15 MDA) and total drug offence prosecutions, 1993–2004

Source: Annual reports of An Garda Síochána 1993–2004

Following a slight decline in the number of drug offence prosecutions between 1994 and 1996, there was a sharp increase in such prosecutions in 1996. This is accounted for by an increase of 116 per cent in simple possession offence prosecutions during 1996. In 1998 such prosecutions decreased again sharply.¹⁰ Between 1998 and 2001 the number of simple possession offence prosecutions again increased, from a total of 3,865 in 1998 to 7,009 in 2001. Drug supply prosecutions increased steadily from 1993 until 1999. Between 1999 and 2001 supply prosecutions decreased slightly. Since 2001 there has been an upward trend in the number of prosecutions for such offences. This is in contrast to the number of prosecutions for simple possession, which has decreased by 31.5 per cent since 2001. In 2004, prosecutions for possession made up 69 per cent of the total number of prosecutions, while supply offences accounted for 22 per cent of the total.

It is unlikely that the dramatic increase in prosecutions for possession during 1997 is due to an increase in the incidence of such offences relative to other years. There are a number of possible explanations for the increase. First, it can be seen from Figure 4.3, which shows trends in other drug offence prosecutions, that there was also a sharp rise in the number of obstruction-related prosecutions (s.21 MDA) in that year. Trends in the prosecution of drug offences other than possession and supply do not show any particular pattern. O'Mahony (2004: 18) makes the point that 'the fluctuating number of charges for obstruction suggests that this represents an approach to law enforcement that tends to go in and out of fashion amongst the Garda'. Second, the Garda National Drugs Unit

¹⁰ Before 1998, the data in the Garda reports relating to offence type presented the number of persons prosecuted in respect of each offence rather than the number of offences. As the same person can be charged with a number of offences in the same year, it can be assumed that the total offences should generally be a larger figure than the total number of persons prosecuted. However, an important counting rule used in the compilation of statistics is the primary offence rule, which states that 'where two or more criminal offences are disclosed in a single episode it is the primary offence which is recorded'. For an explanation see Garda Síochána (2002) *Annual report 2001*, p. 142.

(GNDU) was established in 1995 and this concentration of dedicated Garda resources on drug law enforcement is likely to have had a fairly immediate impact on crime figures. Third, the upsurge in community anti-drug activity in the mid-1990s following a number of drug-related deaths in inner city Dublin is likely to have led to pressure on the gardaí to respond more proactively (Lyder 2005). Fourth, the increase may be related to pressure brought about to enforce cannabis legislation following the murder of journalist Veronica Guerin in July 1996 by a gang that featured prominently in the importation of cannabis.

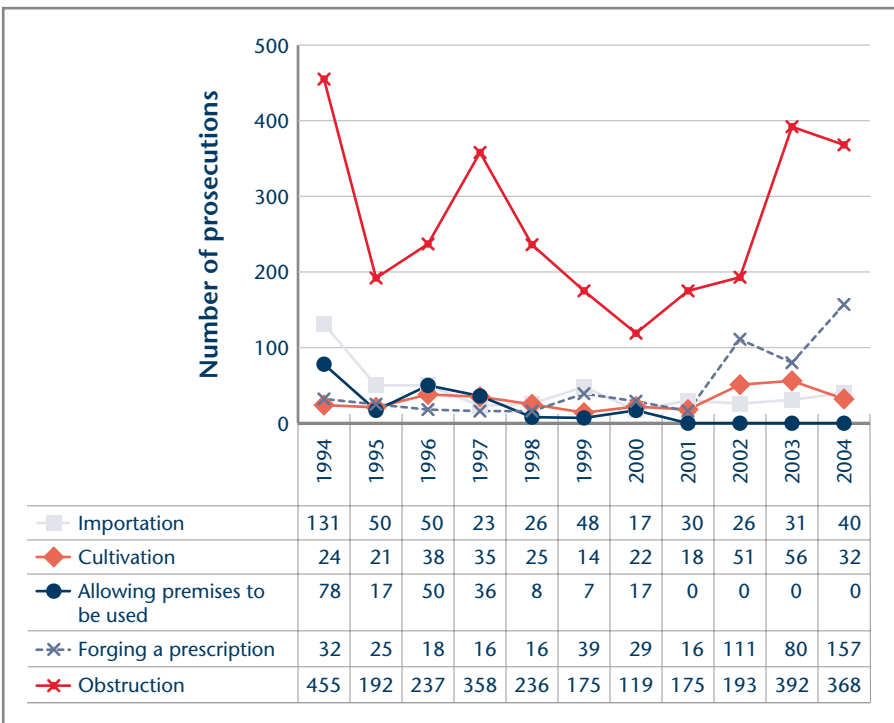


Figure 4.3 Trends in prosecutions of selected MDA drug offences, excluding possession and supply, 1994–2004

Source: Annual reports of An Garda Síochána, 1994–2004

4.1 Drug offence prosecutions by drug type

Figure 4.4 shows trends in cannabis-related prosecutions and prosecutions for drug possession (s.3 MDA 1977) from 1995 to 2004. It can be seen that the majority of drug offence prosecutions are cannabis related.

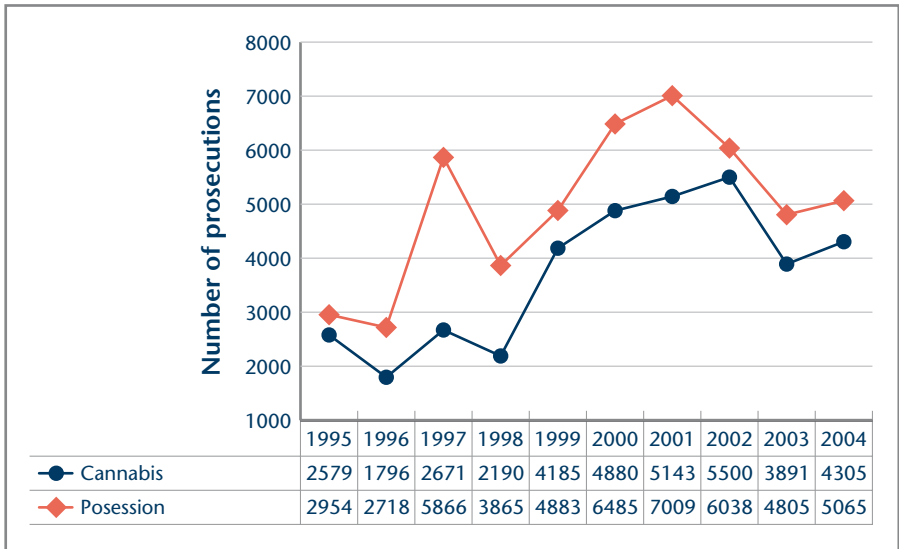


Figure 4.4 Trends in cannabis-related prosecutions and prosecutions for simple possession (s.3 MDA), 1995-2004

Source: Annual reports of An Garda Síochána 1995–2004

Another possible explanation for the rise in such law enforcement activity is provided by O’Donnell and O’Sullivan (2001). They identify an upward trend since 1996 in the prosecution in Ireland of ‘street level’ offences such as ‘begging’, public order nuisance type offences and prostitution offences under the Criminal Law (Sexual Offences) Act 1993. Section 3 drug possession enforcement also represents the classic street-level policing activity. The authors attribute the rise in such law enforcement activity to

the adoption of a ‘zero tolerance’ policy by the government in respect of such offences after the general election of 1997. Figure 4.5 provides data on the number of drug offence prosecutions between 1995 and 2003, by type of drug, for a selection of drugs.

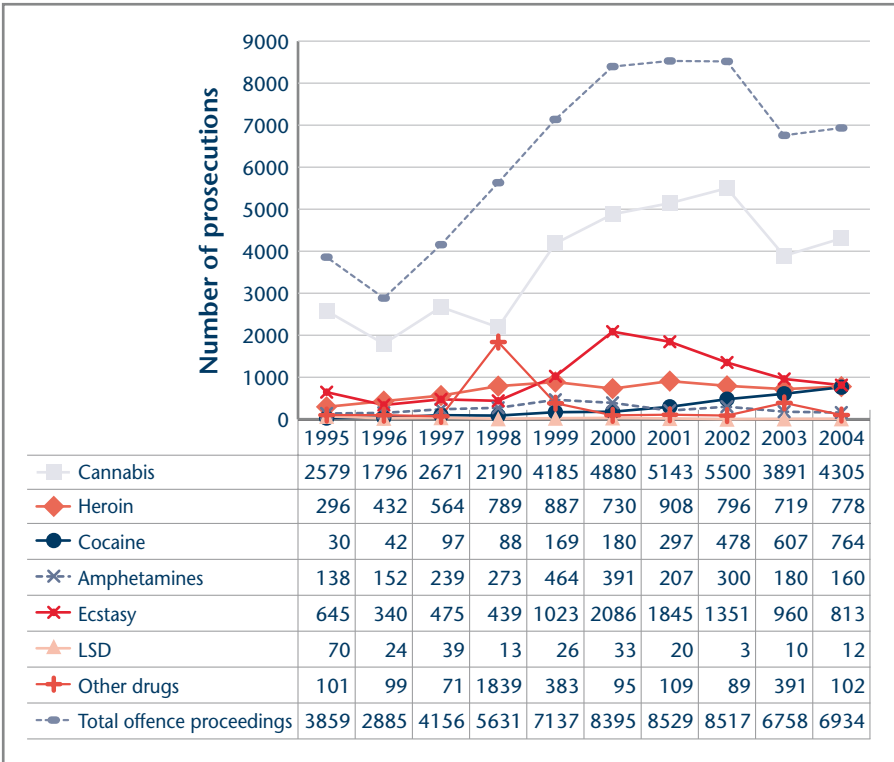


Figure 4.5 Drug offence prosecutions by drug type, 1995–2004

Source: Annual reports of An Garda Síochána, 1995–2004

With regard to the type of drug involved in offences, it can be seen from Figure 4.5 that cannabis-related prosecutions have consistently formed the majority of all drug offences prosecuted. In 2004, such prosecutions accounted for 62 per cent of all drug offence prosecutions. In most EU member states, cannabis is the illicit drug most often involved in reported drug law offences (EMCDDA 2004). There has been a steady increase in cannabis-related prosecutions in Ireland since 1996, apart from a brief downturn in 1998. This is in line with a consistent trend in Europe: almost all EU countries with arrest data saw clear increases in the per capita number of arrests for cannabis possession offences during the 1990s (EMCDDA 2002). Figure 4.6 shows trends in drug-related prosecutions for a selection of drugs excluding cannabis from 1995 to 2004.

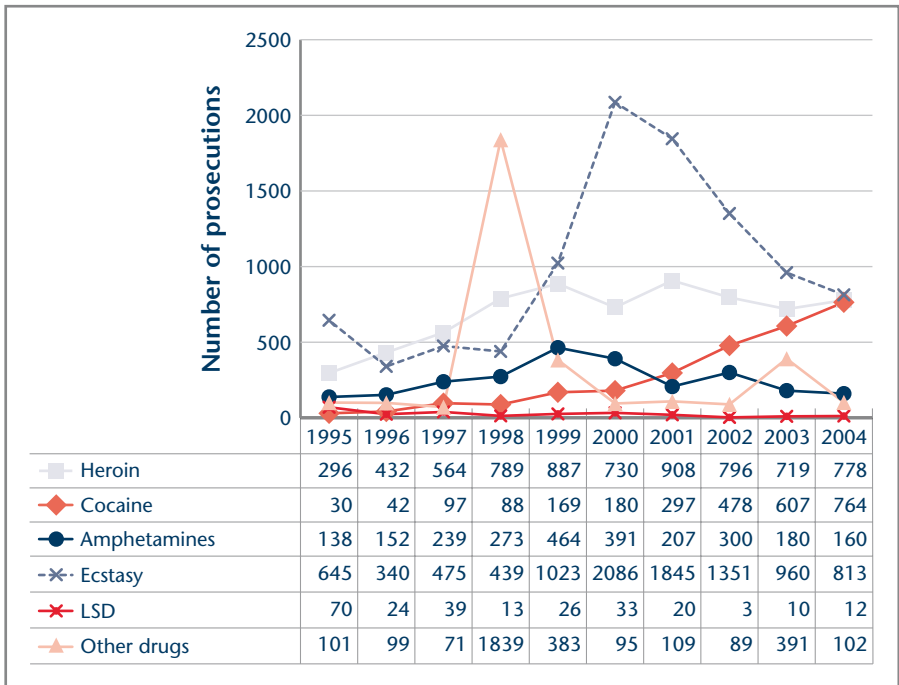


Figure 4.6 Trends in prosecutions related to a selection of drugs, excluding cannabis, 1995–2004

Source: Annual reports of An Garda Síochána 1995–2004

A curious feature of the above data relates to the dramatic increase in prosecutions in the category ‘other drugs’ in 1998. Prosecutions in this category jump from 65 in 1997 to 1,839 in 1998, to 383 in 1999, and then back down to 95 in 2000. It is unclear from the Garda report for 1998 why this increase occurred, but it is likely to be a recording error. We can see a large increase in ecstasy-related offences between 1998 and 2000, followed by a steady decline up to 2004.

Heroin-related prosecutions have declined slightly in recent years, following a steady increase between 1995 and 1999. A similar pattern has been reported by most other EU countries, except Hungary, the UK and Lithuania (EMCDDA 2003). In 2004, heroin-related prosecutions accounted for 11.2 per cent of the total number of prosecutions in Ireland. Heroin is the drug most frequently involved in prosecutions in Lithuania and Luxembourg, where it accounts for 15 per cent and 51 per cent respectively. In the Netherlands, offences involving ‘hard drugs’¹¹ predominate.

There has been a steady increase in cocaine-related prosecutions in Ireland since 1998. This upward trend is evident in all other EU countries reporting to the EMCDDA, apart from Germany, Lithuania, Luxembourg and Hungary which reported downward trends (EMCDDA 2004). In Ireland in 2004, cocaine-related prosecutions accounted for 11 per cent of the total, almost equalling the number of heroin-related prosecutions, which accounted for 11.2 of the total.

¹¹ In the Netherlands ‘hard drugs’ are defined as drugs which pose unacceptable public health risks, such as heroin, cocaine, ecstasy and LSD (EMCDDA 2004).

4.2 Drug offences by gender and age¹²

In 2004, the most recent year for which figures are available, 6,757 persons were prosecuted for drug offences. Of these, 6,257 were male and 500 were female. Figure 4.7 shows the number and gender of people prosecuted for drug offences from 1995 to 2004. Prosecutions of both males and females increased sharply in 1997. This increase reflects the general increase in drug offence prosecutions for that year discussed above. Following a slight decrease in 1998, prosecutions of males increased from 5,409 in 1998 to 7,352 in 2001, and then declined to 5,548 in 2003, followed by a slight increase in 2004. In contrast, the number of females prosecuted declined sharply in 1998 and has remained stable since then.

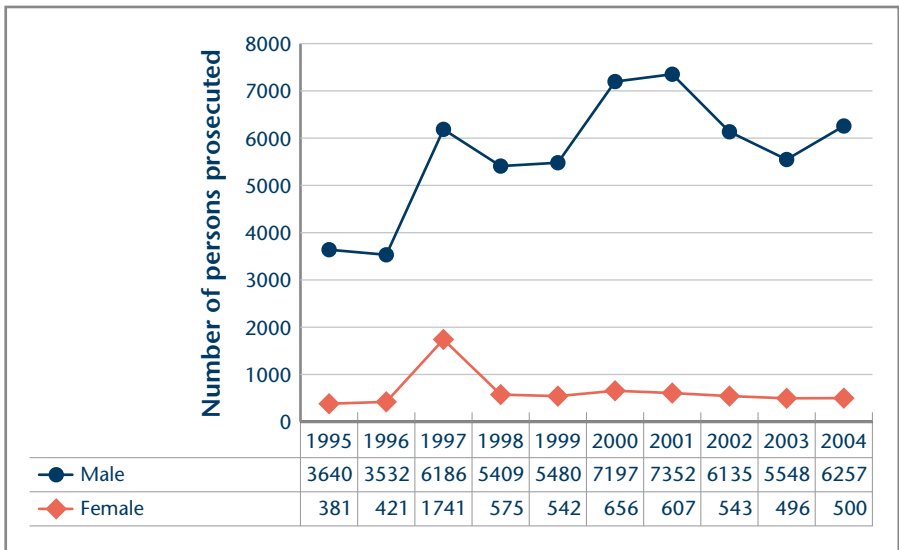


Figure 4.7 Number of people prosecuted for drug offences, by gender, 1995–2004

Source: Annual reports of An Garda Síochána 1995–2004

¹² The author wishes to acknowledge the assistance of Brigid Pike with this section.

Figures 4.8 to 4.10 show trends in prosecutions by gender and by age. It can be seen from Figure 4.8 that the sharp rise in prosecutions in 1997 mentioned above occurred among those aged over 21. The number of males aged over 21 who were prosecuted increased between 1999 and 2001 and then decreased. The number of males between the ages of 17 and 20 against whom proceedings commenced increased steadily from 1995 to 2000 and then declined (Figure 4.9).

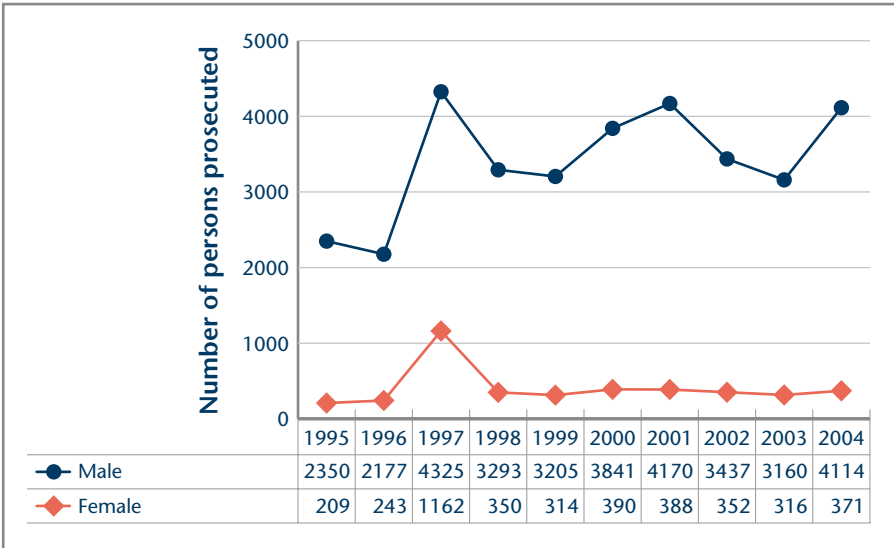


Figure 4.8 Number of over-21-year-olds prosecuted for drug offences, by gender, 1995–2004

Source: Annual reports of An Garda Síochána 1995–2004

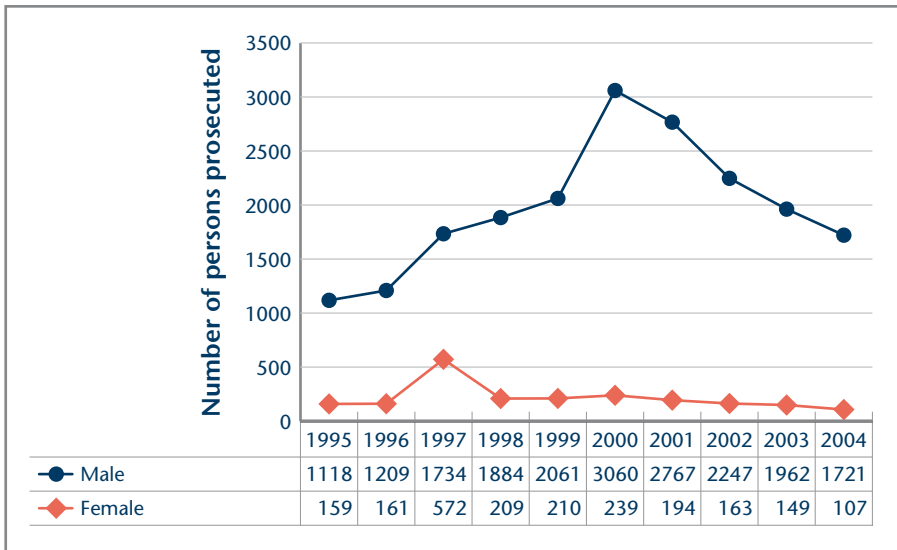


Figure 4.9 Number of 17–21-year-olds prosecuted for drug offences, by gender, 1995–2004

Source: Annual reports of An Garda Síochána 1995–2004

The number of females aged from 17 to 21 (Table 4.9) and over 21 (Table 4.8) who were prosecuted for drug offences also increased sharply in 1997, before decreasing again to their pre-1997 levels. The number of females prosecuted in both age groups has remained low, relative to males, and constant since 1998.

One of the most striking trends is in respect of the number of prosecutions of male children (aged under 17) (Figure 4.10). While the number of females prosecuted in this age group has remained low and steady since 1995, the number of young males in this age group prosecuted for drug offences increased from 127 in 1997 to 426 in 2003.

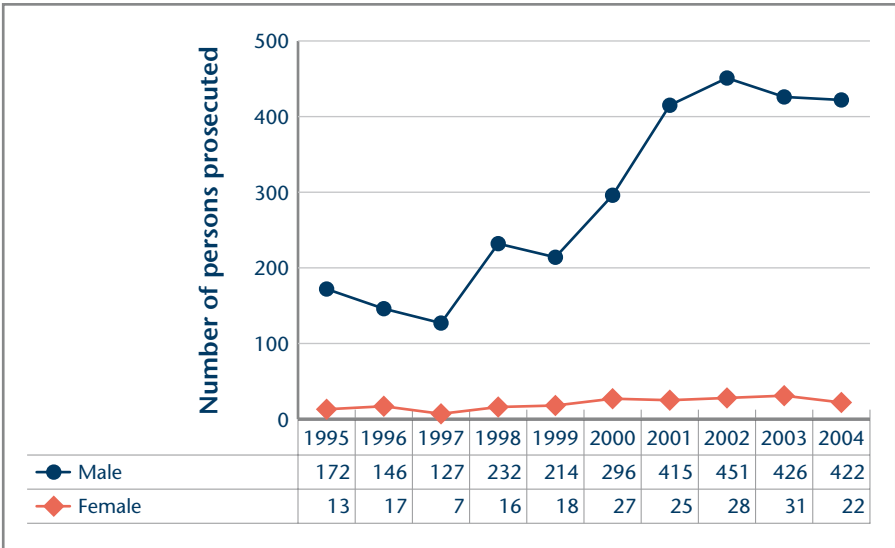


Figure 4.10 Number of under-17-year-olds prosecuted for drug offences, by gender, 1995–2004

Source: Annual reports of An Garda Síochána 1995–2004

5 Drugs and driving

Drugs and crime in Ireland

5 Drugs and driving

Driving under the influence of drugs has been a statutory offence in Ireland since the introduction of the 1961 Road Traffic Act. The principal legislation in this area is contained in the Road Traffic Acts 1961 to 2002. Section 10 of the Road Traffic Act 1994 prohibits driving in a public place while a person ‘is under the influence of an intoxicant to such an extent as to be incapable of having proper control of the vehicle’. Intoxicants are defined to include alcohol and drugs and any combination of drugs or of drugs and alcohol. Although penalties for driving under the influence of alcohol are graded according to the concentration of alcohol detected, the law does not set prohibited concentrations for drugs. Neither does it distinguish between legal and illegal drugs. Tests to identify level of impairment can only take place where there is a reasonable suspicion that an offence is being committed (ELDD 2003). The Medical Bureau of Road Safety (MBRS) is the independent forensic body responsible for chemical testing of intoxicants under the Road Traffic Acts.

A literature review conducted by the Drug Misuse Research Division of the Health Research Board for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) looked at the relation between drug use, impaired driving and traffic accidents (Gemmell *et al.* 1999). The review highlighted the increasing concern across the EU member states about the role that drug use may play in traffic accidents.

The study found that, although the relationship between alcohol and driving has been the subject of intensive research, the same cannot be said of other drugs. The report highlights the serious difficulties encountered in this area in terms of developing reliable methods of ascertaining the precise role of illicit drugs in traffic accidents. The authors identified a number of difficulties which arise in this area. These included the following:

- It often remains unclear whether accidents occur as a direct result of medicinal drug consumption *per se* or as a result of the underlying reasons why the drugs were being taken. ...
- Drug traces found in crash victims are often mixed with alcohol and/or other drugs, hence making it difficult to isolate the effects of a single drug.
- The fact that drug traces may be discovered in the body does not necessarily imply that they were producing impairing effects in the user.

(Gemmell *et al.* 1999: vi)

With regard to performance tests, the authors conclude that ‘the development of a reliable and valid battery of powerfully predictive performance tests remains as much of a priority now as it has ever done’ and that simulation techniques are ‘generally inadequate representations of real-life driving’ (p. vii). Despite these largely unresolved issues, the report draws together a number of conclusions that can be derived from the available literature with regard to the link between certain drugs and driving accidents.

In the case of methadone, experimental studies have suggested that, ‘in *naïve* individuals, the effect of acute methadone administration is to produce a dose-dependent reduction in reaction time, in visual function and in information processing’ but that when non-naïve subjects (i.e. those who regularly consume methadone) have been tested ‘significant psychomotor impairments are seldom evident’ (Gemmell *et al.* 1999: viii).

With regard to cannabis, the review found that experimental studies, although they exhibited some conflicting evidence, suggested that cannabis did not seem to significantly impair very basic perceptual mechanisms. Cannabis was found, however, to impair more subtle aspects of perceptual performance such as attention and short-term memory, particularly at higher doses. Field studies demonstrated that cannabis was one of the most

prevalent drugs discovered in fluid samples taken from drivers.

Assessment of the causal role of cannabis was found to be complicated by the fact that alcohol was also present in the majority of cases. The review found that cannabis when mixed with alcohol was much more likely to be a risk factor than when consumed alone. The authors noted that most experimental studies used fairly low doses of cannabis and that this may not reflect the doses ingested by real cannabis users. They concluded that future studies should experiment with higher doses, particularly at a time when cannabis use has increased more than any other drug among young people.

With regard to the link between the use of benzodiazepines and driving accidents, the review found that studies suggested that the sedating effects of the drugs may cause some impairment on psychomotor tests. One of the studies reviewed concluded that using benzodiazepines approximately doubled the risk of motor vehicle accidents and that the risk was greater for those aged over 65 years. Combining alcohol with benzodiazepines was found to result in added impairment of psychomotor performance.

In the case of amphetamines, Gemmell *et al.* report that experimental studies suggested that at lower doses amphetamines have few effects on cognitive functioning and may actually result in enhanced performance of some psychomotor tasks. At higher doses, risk-taking was found to increase and responses became inappropriate. This was as a result of a temporary disruption to normal functions and behaviour which led to an increased risk of impaired driving. Studies also found that ‘in general, high doses of amphetamine are likely to increase the impairing effects of alcohol’ (p. x). It was also concluded that, due to a lack of controlled studies, there is insufficient evidence specifically to implicate amphetamine use in traffic accidents.

In the case of ecstasy and other synthetic drugs, the authors point to the need for further research in this area. Extrapolating from studies conducted on the psychological effects of such drugs on the driving act,

the authors conclude that ‘given the known side-effects of these drugs ... and especially given the perception-altering effects of some of them, notably PCP and fentanyl, it is likely that they constitute a danger where driving is concerned’ (p. x).

Flynn *et al.* (2001) analysed 78 blood and urine specimens received by the MBRS for testing within the terms of the Road Traffic Act 1994. The samples were tested in 2000 for the presence of a drug or drugs; 37 were blood specimens and 41 were urine specimens. Of these, 34 blood specimens and 37 urine specimens were found to be positive for drugs. The 71 positive specimens were then sent to the Forensic Science Laboratory for confirmation of the results. Twenty-three specimens were found to be positive for one drug class and 48 were positive for more than one drug class. The data indicated frequent polydrug use. Sixty-six per cent of the confirmed specimens contained two or more drugs, and 10 per cent confirmed four or more drugs present. The drugs most frequently found were cannabis, amphetamine and benzodiazepine, while cocaine was the least commonly found drug.

The results from the Flynn study showed ‘excellent agreement for drug detection in the blood specimens analysed by the different methods, except for cannabinoids’ (p. 89). The authors concluded that methods for detecting cannabinoids in blood specimens were inadequate and would require further special attention. Because drivers are permitted under the Road Traffic Act to provide either a blood or a urine sample, the authors point to the necessity of providing a method of analysis for drugs in both types of specimen.

An update of the above study included figures for 2001 (Furney *et al.* 2002). In 2001, 131 specimens were screened for the presence of a drug or drugs. Eighty-seven per cent of the specimens proved positive. Cannabinoids were the most common drug class found and cocaine was the least common. With regard to polydrug use, 47 per cent of the sample were positive for one drug or drug class, 31 per cent for two classes,

15 per cent for three classes, 5 per cent for four classes and 2 per cent for five drugs or drug classes. The authors suggested that there was a need for the inclusion of further drug groups for detection in future studies.

A nationwide survey carried out by the MBRS in 2000 and 2001 included an analysis of seven drugs or drug classes in 2,000 blood and urine samples taken from drivers suspected of intoxicated driving (Cusack *et al.* 2004). Of the 2,000 specimens chosen, 1,000 were under the legal limit for alcohol and 1,000 were over. The drugs involved were: amphetamine, metamphetamine, benzodiazepine, cannabinoids, cocaine, opiates and methadone. The purpose of the study was to determine current trends in driving under the influence of drugs (DUID) in Ireland and also to establish an evidence-based model to inform future road safety strategies.

The results demonstrate that there is a significant DUID problem in Ireland. Sixty-eight per cent of tested drivers with essentially zero levels of alcohol were positive for one or more drugs, suggesting a strong trend of increasing drug positivity with decreasing levels of alcohol. Many tested drivers had a combination of high alcohol levels together with drugs in their systems. Cannabinoids were the most common drug class encountered. Of the 15.7 per cent of tested drivers who were positive for some drug, six out of ten gave a positive result for cannabinoids. The study found no significant gender difference in the overall drug-positive results, although over 90 per cent of apprehended drivers were male. The typical profile of the apprehended and tested DUID driver is that of a young male, driving in an urban area, with low or zero alcohol level, with a specimen provided between the hours of 6 am and 9 pm and with a presence of cannabinoids. The study also identified a pattern of middle-aged drivers under the influence of benzodiazepine – a legally prescribed drug which can also impair driving.

The authors conclude that the study highlights the need for an education and awareness campaign in relation to DUID. There should also be an emphasis, they suggest, on the dangers associated with driving while under

the influence of prescribed drugs. The study recommends that if the gardaí suspect a case of DUID and obtain a negative or low alcohol reading, then they should take a separate blood or urine specimen so as to detect the presence of a drug or drugs other than alcohol. Another recommendation of the study is that an evidence-based review of the legislation on driving under the influence of drugs be carried out. The study also highlights the difficulties of law enforcement in this area, and concludes that, ‘the goal of producing a valid, reliable and convenient roadside testing device for drugs is still paramount and not yet achieved’ (Cusack *et al.* 2004: 2).

A limitation of the study is that no random sampling of motorists was done. Given that all of the blood and urine samples were taken from drivers apprehended by the gardaí and suspected of driving under the influence of an intoxicant, the authors state that the information ‘does not provide a full picture of use of drugs in the general driving population’ (p. 6). In January 2006, the report of the Oireachtas Joint Committee on Enterprise and Small Business (2006) called for random breath testing of motorists to identify the presence of excessive alcohol. The Committee expressed concern however that ‘breath testing may only be to detect excess alcohol’ and called for ‘tests to also detect excessive use of legal and illegal drugs (such as cocaine, marijuana and prescription drugs) that may impair a driver’s ability to drive safely’ (p. 35).

6 Drug-related crime: The psycho-pharmacological model

Drugs and crime in Ireland

6 Drug-related crime: The psycho-pharmacological model

The psycho-pharmacological 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. Studies have consistently established links between intoxication by alcohol and aggression (Bushman 1997). Parker and Auerhahn (1998: 307), in a review of the literature on the link between alcohol, drugs and violence, conclude: ‘study after study indicates that ... violent events are overwhelmingly more likely to be associated with the consumption of alcohol than with any other substance’.

An Irish study of public order incidents recorded over a five-month period found that alcohol had been consumed by the offender in 97 per cent of recorded cases (Institute of Criminology 2003). Of the 50 Garda members interviewed as part of the study, 98 per cent believed that alcohol was the primary causal factor in public order offending. However, further analysis of 177 observed public order incidents found that alcohol played a role in just over half of the total. The study also considered information contained on the new Garda computer information system PULSE (Police Using Leading Systems Effectively), which became operational in 2000. The system has a facility whereby information can be recorded as to whether the gardaí believed the offender had consumed alcohol or drugs. The study found that in 66 per cent of cases such information was not recorded. From the study, drug use did not appear to have played any significant role in public order offences.

A study which considered the Irish drinking culture and related harm in comparison with other European countries concluded that adverse alcohol-related consequences (fights, accidents and regrettable conduct) were particularly related to the tendency to ‘binge’ drink in Ireland (Ramstedt and Hope 2003).

A review of research on the links between drugs and crime by White and Gorman (2000: 185) concluded that the psycho-pharmacological explanation for the drug–violence association ‘has largely been refuted in the literature with regard to heroin and cannabis, but it has received strong support with regard to barbiturates and tranquillizers’. Laboratory studies suggest that moderate use of marijuana or opiates has the opposite effect to that of alcohol in that it temporarily inhibits aggression and violence, although withdrawal from opiates can increase aggression (Connolly 2004; White and Gorman 2000). Chronic use of marijuana, opiates and amphetamines has been found by some studies to increase the risk of violent behaviour (Miczek *et al.* 1994). However, Parker and Auerhahn (1998), following a thorough review of the available literature, concluded that the social environment was a more powerful contributor to violence than the pharmacological effects of drugs.

7 Drug-related crime: The economic model – drug use and acquisitive crime

Drugs and crime in Ireland

7 Drug-related crime: The economic model – drug use and acquisitive crime

The economic model assumes that drug users need to generate illicit income from crimes such as robbery and burglary, or from ‘consensual’ crimes such as prostitution, to support their drug habits. Research also shows that drug dependency amplifies offending behaviour, particularly in relation to property crime. The economic motivation model also finds support from studies which consider the impact of drug treatment on criminality. Inciardi and Pottieger (1998) found that control of heroin use through treatment involving close supervision appeared to lead to a reduction in both drug use and crime.

The economic motivation model has been supported by Irish research. The Garda Research Unit has conducted a number of significant studies in this area (Furey and Browne 2004; Millar *et al.* 1998; Keogh 1997).

Millar *et al.* (1998) sought to identify the link between drugs and crime on a national basis. The study considered the links between alcohol, drugs and crime and consisted of interviews with Garda members to elicit their views on whether detected offences were linked to alcohol or drugs. Twenty-seven Garda stations, 12 of which were located in the Dublin Metropolitan Region (DMR) and the remainder throughout the country, were selected. Drug offences under the Misuse of Drugs Act 1977 were excluded. Of the 4,334 offences considered, alcohol was recorded as a factor in 42 per cent, drugs in 17 per cent and a combination of alcohol and drugs in 4 per cent of cases. The types of crime covered included public order offences, larceny, criminal damage, burglary, offences against the person, offences under the Road Traffic Act and other offences, such as sexual offences. Burglaries were found more likely to relate to drugs, either on their own (44%) or in combination with alcohol (7%). Drugs were a factor in 29 per cent of larcenies.

A major study by the Garda Research Unit sought to establish the link between opiate use and criminal activity in Ireland for the years 2000/2001 (Furey and Browne 2004). This study built upon an earlier Garda study by Keogh (1997) which focused on the drug-crime relationship in Dublin in 1996.

Both studies combined the use of official police statistics and interviews with drug users. The purpose of the Keogh study was to provide reliable information on the relationship between illicit drugs and the commission of crime in the Dublin Metropolitan Area (DMA). The study by Furey and Browne extended the analysis to the other Garda Síochána regions throughout the State. Another difference between the two studies is that Furey and Browne examined the use of opiate-based drugs only, while Keogh included some individuals who used only non-opiates such as ecstasy, cocaine and amphetamines. However, the majority (93%) of the subjects in Keogh's report were opiate users.

The two studies incorporated three principal phases. Phase One involved an estimation of the total number of opiate users known to the gardaí at the time of the study. In the Keogh study 3,817 opiate users were identified in the DMA in 1996, while Furey and Browne recorded a figure of 4,706 opiate users in the DMA. However, a valid comparison cannot be made between these figures. First, Furey and Browne's figure is based on data for two years, 2000 and 2001, while Keogh's figure is based on data for a single year. Second, as Furey and Browne point out, the DMA is now larger than it was at the time of the Keogh study, incorporating an extra Garda division.

Phase Two involved a survey of a sample of the drug users identified in Phase One. The surveys sought to elicit data about the drug users themselves, their drug-taking environment and their criminality.

Phase Three involved an examination of national crime figures in order to estimate the relationship between opiate use and crime. Keogh estimated

that drug users were responsible for 66 per cent of detected indictable crime, while Furey and Browne concluded that drug users were responsible for just 28 per cent of detected crime. While this difference is quite striking, it can be partly explained by some of the survey findings from Phase Two. A number of these findings are given in Table 7.1.

Table 7.1 Comparative 1997 and 2004 Garda Síochána studies on drugs and crime

Variable	Keogh study	Furey and Browne study
Crime as main source of income	59%	13%
Unemployment rate among drug users	84%	55%
Most common age of first use of drugs	15 years	15 years
Drug first used – cannabis	51%	55%
Drug first used – heroin	32 %	27%
First introduced to drugs by friend	81%	86%
Estimated daily expenditure on drugs*	€51	€75
Percentage who sourced drugs from local drug dealer	46%	76%
Crime came before drugs	51%	33%
Drugs came before crime	30%	56%
Drug use and crime started together	19%	11%
Percentage who had been in prison	81%	66%

*Keogh estimated that the cost of one gram of heroin in 1997 was €100 (Keogh, 1997: 40). Furey and Browne do not provide a figure. However, the current cost of one gram of heroin is estimated by the Garda National Drugs Unit as €190 (Connolly 2005).

In the Keogh study 59 per cent of those surveyed cited crime as their main source of income, while the corresponding figure in the Furey and Browne study was 13 per cent. It is noteworthy that the Keogh study reported an unemployment rate of 84 per cent among the sample, while Furey and Browne reported an unemployment rate of 55 per cent. This latter finding supports the economic motivation theory by suggesting a lesser dependence

on the proceeds of crime in a context of available employment. It also indicates an ability among opiate users to maintain employment despite their addiction. A factor that may have contributed to this is the increased availability of drug treatment in the time between the two studies. Indeed, Furey and Browne found that 75 per cent of respondents claimed that their receipt of drug treatment had in fact decreased their criminal activity.

A worrying finding of the Furey and Browne study relates to the apparent stabilisation of local drug markets over time and the ease of drug availability. The study records an increase from 46 to 76 per cent in the number stating that they sourced their drugs from a local dealer. This has serious implications for local policing and other supply-control initiatives.

Another significant difference between the two studies relates to the relationship between respondents' initiation into drug use and their criminal activity. While the Keogh study found that 51 per cent of respondents had committed crime before beginning to use drugs, a finding which is broadly consistent with the international literature, Furey and Browne recorded a figure of 33 per cent.

The survey findings of the Furey and Browne study must be treated with a degree of caution, however, because of the poor survey response rate. The response rate in the Furey and Browne survey was just 27 per cent (131 out of 486) compared to 78 per cent (351 out of 450) in the Keogh study. The authors compared the respondents and non-respondents in their survey according to two variables, gender and possession of a criminal record, and found little difference between the two groups. This provides some evidence to suggest that the sample surveyed was representative of drug users known to the police. Furey and Browne highlight the difficulties they encountered in contacting potential respondents and point to a 123 per cent increase in homelessness between 1996 and 2004.

The difficulties encountered in accessing respondents for interview in this study show the obvious limitations of studies of this nature, where the

police seek information about criminal behaviour from subjects they have arrested or known. This relates to a possible perception among respondents that by self-reporting criminal behaviour they risk exposing themselves to incrimination. Keogh, for example, encountered difficulties in acquiring specific information from respondents, particularly concerning their participation in violent criminal behaviour. Furey and Browne suggest that a possible reason for the reluctance among drug users to participate in their survey may have been related to a perceived deterioration in relations between the gardaí and drug users since 1997, which, the authors contend, may have occurred as a consequence of a number of policing operations targeted at drug users.

Another methodological issue relates to the use of Garda-recorded crime statistics. In order to assist them in identifying known drug users and to establish the relationship between opiate use and crime, the two studies relied on different data sources. Keogh relied on manual data and an earlier Garda computer system while Furey and Browne used the new Garda PULSE system. The minority report of the Expert Group on Crime Statistics (2004b) has highlighted major concerns in relation to the operation of this data system and also about earlier crime-recording practices.

Despite these shortcomings, the Furey and Browne study provides useful and recent information about a hard-to-reach population.

Furey and Browne found that drug users were almost twice as likely to be caught offending as non-drug-users. They make the important point, however, that they are discussing *detected* crime and they highlight the possibility that differences in crime commission rates between drug users and non-drug-users may be due to the fact that, in the case of drug users, ‘the consequence of their drug use may render them less likely than non-users to evade detection’ (p. 20).

A survey of the caseload of the Probation and Welfare Service in Dublin, conducted in October 1998, found that just over 56 per cent of offenders in contact with the Service had a history of problematic drug use.¹³

A number of Irish studies of imprisoned opiate users have provided information on the links between drug use and acquisitive crime. A study of a sample of prisoners in Mountjoy Jail, Dublin's largest prison, where 66 per cent of the sample had used heroin, considered this issue (O'Mahony 1997a). O'Mahony found that the sample of prisoners studied was highly recidivist and had an average of 14.3 previous convictions and an average of 10.3 separate sentences of imprisonment. Almost all in the sample studied admitted to funding their drug habit through criminal activities such as larceny, burglary and robbery.

A more recent study of the Irish prisoner population involving a survey of 777 prisoners (59 of them women) found that 51 per cent of the male and 69 per cent of the female prisoners reported being under the influence of drugs when they committed the offence for which they were serving a sentence (Hannon *et al.* 2000).

Another form of crime with a link to drug use is the forging of prescriptions. The annual Garda report for 2001 recorded only 16 such offences in that year (Garda Síochána 2002). For 2004 however, 157 such offences were recorded (Garda Síochána 2005). This is an area which requires further analysis. For example, there is evidence to suggest a consistent increase since 1998 in the problematic use of benzodiazepines among treated drug users (Long *et al.* 2005). Reports from drug users suggest the wide availability of these drugs, particularly in the vicinity of drug treatment clinics.¹⁴ In a study of drug use in the Blanchardstown area of Dublin (D'Arcy 2000), respondents reported using between 3 and 13

¹³ Study referred to in *Final report of the expert group on the Probation and Welfare Service* (1999) p. 70.

¹⁴ UISCE, personal communication, 2003.

benzodiazepine tablets per day. Although clients in treatment are often prescribed benzodiazepine as part of their treatment, respondents reported purchasing many of these tablets on the illicit drug market.

Criminal activity by individuals has been found to be significantly greater following addiction to drugs than before addiction (Nurco *et al.* 1988). An Irish study of 100 drug users who were attending a drug treatment centre found that the group had greatly increased criminal activity following involvement with drugs (Carr *et al.* 1980). The Keogh study (1997) compared the frequency of crimes committed by drug users and non-drug-users. The study found that the typical number of detected crimes committed by drug users was four, while for non-drug-users it was one. The study concludes (p. 49) that ‘drug use does affect the frequency, duration and type of crime committed’.¹⁵ The respondents to the Dillon (2001) study who reported that their criminal activity preceded drug use also claimed that their criminal activity had escalated since their drug involvement. They also reported being involved in more profitable crimes than those in which they had previously been involved, because of the financial demands of daily opiate use.

7.1 Prostitution

Prostitution is another source of income availed of by drug users, particularly females, to sustain their drug habit. Fifteen per cent of the female respondents in the Keogh (1997) survey stated that they had received some income from prostitution. None of the men admitted to prostitution or pimping; the author suggests that this reflects ‘some under-reporting by the men, amongst whom selling sex may be stigmatised’ (p. 42).

¹⁵ It is also likely that, because of the more chaotic nature of their lifestyle and their levels of desperation, drug users are more likely to be apprehended for the crimes they commit than are non-drug-users.

O'Neill and O'Connor (1999) investigated the health needs of women working in prostitution in Ireland. Seventy-seven women working in prostitution who also had a history of drug taking were profiled. Eighty-three per cent of the sample had injected drugs in the previous month, with the opiates heroin and methadone, and cocaine and ecstasy being the principal drugs used. The study found that, among women working in prostitution, those who were drug users differed from the others in that their primary reason for engaging in the sex industry was to feed their drug habit. The study also found that such women tended to be younger and to have the least favourable health risk profile of all women working in prostitution. Dillon (2001: 41) found, from a small sample of drug-using prison inmates, that most of the female respondents surveyed were what she termed 'reluctant criminals', and that they engaged in crimes which they perceived involved the lowest risk of arrest. Such crimes included prostitution, whereby 'a move from shoplifting and other forms of larceny to prostitution was seen to offer women a way to earn money while minimising the risk of arrest'.

A participatory research project conducted with 19 women working in prostitution found that they reported habitual use of alcohol or drugs to cope with the work and its aftermath (TSA Consultancy 2005).¹⁶ Dillon's study also found that women were more likely to have become involved in crime after commencing drug use, while men were more likely to have been involved in crime prior to drug use. This finding is consistent with the international literature, which suggests that women's drug use and offending are different from men's. The absence of Irish gender-specific research in this area makes it difficult to identify the local picture.¹⁷

¹⁶ See review by Keane (2005) The Next Step initiative. *Drugnet Ireland*, Issue 15.

¹⁷ For a consideration of women in relation to the Irish criminal justice system, see Bacik I (2002) Women and the criminal justice system. In O'Mahony P (ed.) *Criminal justice in Ireland*.

7.2 Acquisitive crime and drug treatment

The economic motivation model is supported by numerous studies which show a correlation between drug treatment and a reduction in offending behaviour (Stevens *et al.* 2005). The economic benefits have also been found to greatly outweigh the costs of treatment. Rydell and Everingham (1994), in a consideration of measures to control cocaine use, found that for each dollar spent on treatment seven dollars were saved.¹⁸

Drug treatment has been found to reduce income-generating crimes rather than all crimes, a finding that supports the economic motivation model (Hough *et al.* 2003, 2000; White and Gorman 2000; Dack 1996). The UK National Treatment Outcome Research Study (NTORS), a study of 1,075 clients of treatment services launched in England in 1995, showed a reduction of 67 per cent in the reported number of crimes committed at one year into treatment and a maintenance of this effect at two-year and at four-and-a-half-year follow-ups (EATA 2003). Another UK study of the impact of methadone treatment on the criminal activity of 221 opiate addicts found significant reductions in theft and drug dealing after treatment (Coid *et al.* 2000).

A UK review of the impact of Drug Treatment and Testing Orders (DTTOs), which were introduced as a new community sentence under the Crime and Disorder Act (1998), provided a rather nuanced assessment of their effectiveness in reducing re-offending rates. The study found that overall reconviction rates tended to be high even after participation in a drug treatment programme (Hough *et al.* 2003). The three pilot schemes studied all struggled to retain offenders on the programme and the large proportion of those who failed to comply with the DTTO continued to use drugs and to commit crime to support their habit. However, the study also found that those who completed their order showed very substantial reductions in conviction rates. The authors regarded the findings as

¹⁸ Discussed in Stevens *et al.* (2005).

generally positive, citing the difficulties in programme delivery and the shortage of resources as contributing to the poor retention results. Similar findings were made in a study conducted by the EMCDDA on drug treatment programmes throughout the EU (EMCDDA 2005).

An evaluation of the Irish Drug Court found that, whereas a number of participants continued to exhibit offending behaviour during their time in the Drug Court programme, as compliance with the programme increased during the year of the pilot initiative there was a reduction in the number of arrests, in the acquisition of new criminal charges and in the number who had bail revoked by the courts (Farrell 2002). This was regarded as indicative of a possible decrease in offending behaviour as a consequence of participation in the Drug Court treatment programme. The authors highlight, however, the methodological limitations of the evaluation. Pointing to international experience, they suggest that a client sample size of 100 and a similar number of comparison offenders are required to permit reliable conclusions to be reached as to the impact of the Drug Court. However, they suggest that, due to the limited timeframe for the evaluation, whereby the first graduation occurred outside the evaluation period, a more comprehensive evaluation was not possible. Nine clients, who were at different stages of progress through the Drug Court programme, were interviewed for the study.

With further regard to the link between drug treatment and crime, O'Donnell and O'Sullivan (2001) and O'Mahony (2002) suggest that a 29 per cent reduction in recorded crime in Ireland between 1995 and 1999 might be partially explained by the increased availability of methadone maintenance programmes throughout the Dublin area during that period.

Of the 131 drug users surveyed by Furey and Browne, 110 had looked for treatment and 100 had received it. Sixty-four respondents reported an association between the receipt of treatment and engagement in crime. Forty-nine of those respondents reported doing 'a "lot" less crime' (p. 34). In order to verify this finding, a follow-up study of the progress of those

respondents who reported a decline in their offending behaviour as a result of drug treatment would be instructive.

7.3 Acquisitive crime involving violence

Although the pharmacological link between drug use and violent crime has largely been discredited, research suggests that violence sometimes plays a role in economically motivated crimes, particularly where individuals with costly drug habits commit violent crime to secure funds to buy drugs (Miczek *et al.* 1994).

O'Mahony (2000: 23) argues that the desperation of some individuals with a serious drug addiction has 'translated into a growth in the violence of crime and in the breaking of previously well-established taboos against victimising the vulnerable'. Another recent phenomenon in Ireland is the rise in robbery and burglary involving the threat of assault with a syringe containing HIV-infected blood. In 1994 the Garda report recorded 148 robberies and 147 aggravated burglaries where syringes were used. By 1996, the number had increased to 687 robberies and 417 aggravated burglaries where syringes were used.

Figure 7.1 shows trends in the use of syringes in robberies and aggravated burglaries between 1993 and 2004. From 1993, the numbers of such offences rose significantly, and peaked in 1996. Section 6 of the Non-Fatal Offences Against the Person Act 1997 now makes provision for this type of behaviour. The new offences created under this Act carry high terms of imprisonment, in some cases up to ten years. Where the blood or syringe is contaminated, the offence is punishable by life imprisonment.¹⁹

The Keogh (1997) study specifically considered the relationship between drug use and violent crime. The study found that non-drug-users were

¹⁹ For a discussion of the law in this area see Charleton *et al.* (1999: 716–720).

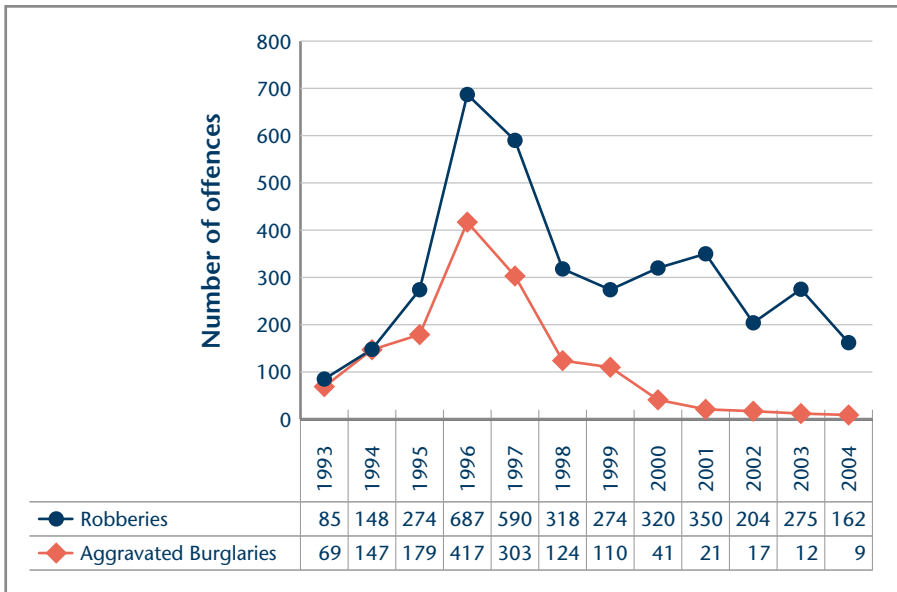


Figure 7.1 Recorded robberies and aggravated burglaries where syringes were used 1993–2004

Source: Annual reports of An Garda Síochána 1993–2004

responsible for the majority of detected crimes involving violence; for 83 per cent of detected sexual offences; for 78 per cent of murders and assaults; and for 61 per cent of detected fraud offences. Shoplifting offences were committed in equal measure by drug users and non-drug-users. Forty-one per cent of respondents said they never used a weapon while committing a crime, while 33 per cent stated that they had used a weapon. Twenty-six per cent did not respond to the question. Of the 106 respondents who specified the type of weapon used, 63 per cent had used a knife, 25 per cent had used a firearm, 8 per cent admitted to using a syringe and 3 per cent had used a club or stick.

A study by D’Arcy (2000) also sought information on drug users’ involvement in violent crimes. Fifty-three (41.4%) of the sample of 128

respondents admitted to having committed a crime against the person; of these, 6.3 per cent had committed an assault; 22 per cent a mugging; 10 per cent had committed an armed robbery with a syringe; 3 per cent had committed an armed robbery with a knife. The remainder of the sample (58.6%) stated that they had never committed such a crime. Syringes had been used more often than knives during armed robberies.

Keogh (1997) suggests that drug users tend to conceal their involvement in crimes involving violence. Acknowledging the possibility of such under-reporting in the context of the Garda study, he states: ‘Admitting to using a weapon while committing a crime to a Garda may not have seemed an attractive or wise option for a respondent.’ He also makes a broader point about a general tendency in this area among drug users: ‘There is anecdotal evidence from Garda sources that criminals are reluctant to accept or admit involvement in violent larceny-type crime. From the analysis of detected crime it is clear that drug users are involved to a greater extent than admitted in violent larceny-type crime’ (p. 49).²⁰

Furey and Browne (2004) found that opiate users were responsible for less than one-quarter of larceny offences (23%) and just over one-third of burglaries (37%). The lowest percentage (4%) of detected crime accredited to opiate users related to assault. However, the study found that 49 per cent of respondents had been convicted of robbery. The authors point out that robberies represent only a very small percentage of headline crimes annually. Nevertheless, robbery is defined and experienced as a violent crime.

²⁰ It should be noted that larceny aggravated by the use, or threat, of force is legally defined as robbery.

8 Drug-related crime: Systemic crime – drug markets and crime

Drugs and crime in Ireland

8 Drug-related crime: Systemic crime – drug markets and crime

The systemic model explains drug-related crime as resulting from activities associated with the illegal drug market (White and Gorman 2000). Systemic types of crime surrounding drug distribution include gangland murders and fights over organisational and territorial issues, disputes over transactions or debt collection, and corruption of business and government officials. Associated third-party violence can include injuries to bystanders. Also to be considered here are drug-related crimes and nuisance and the fears of victimisation which can become associated with local drug markets (Connolly 2003; EORG 2003).

8.1 Involvement of organised crime

Most of the research conducted into organised crime and its involvement with drug trafficking has come from the US (South 1995), although there is an increasing focus on such studies in Europe (Europol 2004; Lupton *et al.* 2002; Pearson and Hobbs 2001; Ruggiero and South 1995; Dorn *et al.* 1992).

Europol (2004) believes that the production and distribution of large quantities of drugs has generally required the involvement of transnational organised crime. It identifies increased co-operation between different groups, which facilitates increased polydrug trafficking. Colombian organised crime groups dominate the cocaine supply and, Europol claims, maintain cells in Spain, the UK and the Netherlands. Turkish organised crime groups dominate the heroin market, although it is reported that Albanian groups are also increasingly involved. The Netherlands and Belgium are the primary locations for the production of synthetic drugs, although it is reported that Turkish, Moroccan and Chinese organised crime groups are increasingly involved in production and trafficking. Most cannabis resin originates in Morocco, with Moroccan groups linked to cannabis trafficking.

No research studies have been conducted in Ireland on this subject. In Northern Ireland, recent studies have begun to consider the implications of the drug trade in terms of the complex political circumstances within that jurisdiction (House of Commons Northern Ireland Affairs Committee 2003). Research has focused in particular on the involvement of loyalist paramilitary organisations in drug dealing (Silke 2000).

A number of books written by investigative journalists about specific criminals or organised crime groups involved in the trade in illicit drugs have provided some indication as to the violence often associated with this trade in Ireland (Mooney 2001; Williams 2001; Dooley 2001; Flynn and Yeates 1985). Also, a number of localised studies have provided information on aspects of drug supply and availability at the retail level in specific areas and the impact of such markets on local communities in terms of crime and related nuisance (Connolly 2003, 2001; Mayock 2000; D'Arcy 2000; Coveney *et al.* 1999; Dún Laoghaire–Rathdown Local Drugs Task Force 1997).

No studies have been conducted on middle-market drug distribution in Ireland (Connolly 2005, Pearson and Hobbs 2001). Research on the middle-market level seeks to describe, for example, how drugs are moved from importation to street level and by whom. The Garda Síochána believe that the distribution of drugs within Ireland is organised by networks of criminal gangs. In some cases these gangs involve members of the same family (Moran *et al.* 2001). A recent book by journalist Paul Williams (2001) which focused on the gang involved in the murder of crime correspondent Veronica Guerin in 1996 suggests the significant involvement of both international and national organised crime networks in the Irish cannabis trade. It also suggests that the same gang was involved in the importation of cannabis, cocaine, firearms and ammunition. The book describes regular trips by gang members to Holland to organise cannabis shipments. It suggests that a second level of gang members then sold the drugs to a network of dealers in Ireland, who did not appear to be members of the primary gang, for onward local supply.

The available evidence, when considered along with newspaper and court reports, does suggest that there is a significant and increasing amount of violence associated with the illegal trade in drugs. A study on homicides in Ireland suggested that between 1992 and 1996 some fifteen homicides were connected to disputes about control over 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. It is highly likely that such violence is typical of the forms of organisational violence that have been associated with the drug trade internationally. In a number of recently reported seizures in Ireland, guns were discovered along with the drugs.

8.2 Local drug markets, crime, nuisance and security fears

Another aspect of the systemic crime dimension relates to street-level drug markets and the degree to which the crime and nuisance associated with such markets can contribute to significant community disintegration and heightened security fears. (INCB 2004; EORG 2003; Lupton *et al.* 2002; White and Gorman 2000). A number of Irish studies have looked at the impact of local drug markets on community life (Connolly 2005, 2003; Murphy-Lawless 2002; Fahey 1999; Mayock 2000).

In its annual report for 2003, the 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’ 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).

The association between drug-related problems, security and victimisation has also been a focus of the Drugs Co-ordination Unit of the European Commission’s Directorate-General for Justice and Home Affairs. Three Eurobarometer surveys carried out since 1996 included questions relating to the impact of drug-related problems in the areas in which respondents live (EORG 2003). In May 2003 the European Commission published the results from a Eurobarometer survey on public safety, exposure to drug-related problems and crime in the EU. The survey, carried out in autumn 2002 among approximately 1,000 people aged 15 years and over in each of the 15 member states, included a question previously asked in similar surveys in 1996 and 2000. The question asked in all three public opinion surveys was:

Over the last 12 months, how often were you personally in contact with drug-related problems in the area where you live? For example seeing people dealing in drugs, taking or using drugs in public spaces, or by finding syringes left by drug addicts? Was this often, from time to time, rarely or never?

When the results from respondents choosing the ‘often’ and the ‘from time to time’ options were combined, the rates for exposure to drug-related problems in the EU as a whole rose from 14 per cent in 1996, to 17 per cent in 2000, and to 19 per cent in 2002 (Table 8.1).

Table 8.1 EU survey respondents’ exposure to drug-related problems, 1996, 2000, 2002

Survey year	Over the last 12 months, how often were you personally in contact with drug-related problems in the area where you live?				
	‘often’ %	‘from time to time’ %	‘rarely’ %	‘never’ %	‘don’t know’ %
1996	5	9	12	73	1
2000	5	12	16	66	1
2002	6	13	17	63	1

Source: EORG (2003)

This steady growth in exposure to drug-related problems was not observed in all EU countries however. Ireland was one of eight countries where exposure dropped between 2000 and 2002. Figures for Ireland show that the proportion of respondents choosing the ‘often’ and the ‘from time to time’ options rose from 16 per cent in 1996 to 21 per cent in 2000 but then dropped to 14 per cent in 2002 (Table 8.2).

Table 8.2 Irish survey respondents’ exposure to drug-related problems, 1996, 2000, 2002

Survey year	Over the last 12 months, how often were you personally in contact with drug-related problems in the area where you live?				
	‘often’ %	‘from time to time’ %	‘rarely’ %	‘never’ %	‘don’t know’ %
1996	5	11	10	72	2
2000	5	16	11	65	3
2002	6	8	14	64	8

Source: EORG (2003)

This 7 per cent drop in exposure, the largest in the EU, was also seen in Spain. In Greece, exposure dropped by 6 per cent between 2000 and 2002. The UK experienced the largest increase in exposure in the EU, with an increase of 6 per cent over the same period. Italy and the Netherlands both recorded an increase of 5 per cent.

In Ireland, the proportion of people who stated that they were ‘often’ exposed to drug-related problems remained remarkably constant over time: 5 per cent in 1996 and 2000 and rising slightly to 6 per cent in 2002. This is identical to the overall trend in the EU. However there was a dramatic drop in the proportion who stated that they were exposed to drug-related problems ‘from time to time’: down from 16 per cent in 2000 to 8 per cent in 2002. This was the largest drop in this option experienced by any EU country.

Some words of caution about interpreting these results are required. The Commission noted that Ireland was the only country with a significant ‘don’t know’ response (8%) for this question in 2002. Why such a large proportion of Irish people replied in such a manner is unclear. For other questions, such as perception of street safety after dark, the proportion of Irish people replying ‘don’t know’ was almost negligible. The 2002 survey was conducted by telephone interviews, while the earlier surveys used face-to-face interviews. It could be argued that the use of telephone interviews may have had an influence on the type of person responding in Ireland.

The recent drop in reported exposure to drug-related problems in Ireland requires further investigation. A lessening of such exposure may be the result of improved law enforcement efforts. Alternatively, following the high levels of public anxiety in the mid to late 1990s, fuelled by media coverage of such events as anti-drug street protests and the murder of journalist Veronica Guerin, we may be witnessing a moderation in public perceptions of the seriousness of the drugs problem. Another possibility is that the large proportion of Irish people responding ‘don’t know’ to the Eurobarometer question may reflect an increased uncertainty among the public as to the nature of the problems being encountered in their areas. Also, in recent years some of the inner city areas that experienced serious drug problems in the 1980s and 1990s have undergone significant refurbishment and local regeneration. Drug dealing and related problems, which have tended to be concentrated in specific locations, may have migrated to more marginal areas on the periphery as a result.

A number of Irish studies have sought to provide a micro-perspective on the local impact of drug-related problems and have shown the way in which the problems associated with drug trafficking and drug use impact disproportionately on certain sections of the population or in specific locations. This suggests that analyses of the extent of the drug problem which rely on figures based only on national data provide only part of the story of the impact of drug problems on individuals and communities.

Studies on drug availability suggest that many drug users have relatively easy access to drugs in their own areas (Connolly 2005). There is also significant evidence to suggest that the drugs phenomenon has undermined the somewhat romantic notion that people do not commit crime in the areas in which they live. Many communities throughout Dublin have experienced high exposure to street-level drug dealing and local drug-related crime and anti-social behaviour (Connolly 2005). Such drug markets and the crime and nuisance often associated with them can create significant internal community tension and conflict (Lyder 2005; Connolly 2003).

Irish research provides some insight into the impact of local drug markets on community quality of life. Sixty-six per cent of respondents to the Keogh (1997) study said it was easy to get drugs and that they sourced their drugs within their own neighbourhood. 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. While the majority of respondents said they used a local dealer as their main supplier, 80 per cent 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. Respondents were asked if they had been accused of supplying drugs and, of those who admitted selling drugs (169 respondents), 29 per cent had been accused by local anti-drug activists and 17 per cent by their neighbours.

D'Arcy (2000) sought information from respondents attending a drug treatment clinic about their involvement in drug dealing. Of the total sample of 128 individuals, 58.6 per cent stated that they had sold drugs in the past. Interestingly, when interviewed about their drug-dealing behaviour the respondents stated that they did not view it 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’ (p. 58). Forty per cent of the sample admitted to having sold heroin; 6 per cent ‘hash’; and 13 per cent methadone; while 40 per cent stated that they had never sold drugs.

A study commissioned by the Combat Poverty Agency and the Katharine Howard Foundation (Fahey 1999) used a variety of research techniques to assess 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 found to be particularly acute in the Dublin estates. The use and dealing of opiates was found to be 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 found to be 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 exposure to drug dealing and drug-related crime (Connolly 2001). Forty residents of the area were interviewed. 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; thus they were regarded as representative of the area as a whole. Also, they had been involved in local community activity and were therefore particularly knowledgeable about the drug issues in their respective areas. The survey was conducted in October and November 2000.

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 10 households had been burgled. This contrasted with a national survey conducted by the Central Statistics Office, which recorded a rate of one in 30 households reporting having been burgled (CSO 1999). Over 77 per cent of respondents recorded having been disturbed or affected by noise late at night, with 30 per cent 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 per cent believing the disturbance was drug-related.

Respondents were asked about whether they had concerns for their safety. The national survey (CSO 1999) found that 30 per cent of respondents felt 'unsafe' or 'very unsafe' walking in their neighbourhood after dark, while the CPF survey recorded almost double that rate, with 63 per cent 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.

The fears which drug dealers and those involved in the trade in illicit drugs can instil in local communities can operate as a disincentive to community engagement in policy responses. Again, we can see that this experience is something which impacts disproportionately on different geographical locations. Respondents to both the CPF and the CSO surveys were asked for reasons why they might not report a crime to the gardaí. In the CSO survey, the most common reason given for not reporting a crime to the police was that the crime was not regarded as serious enough to report or that there was no financial loss. The second most common response was the belief that the gardaí would not or could not do anything about the offence. Fear of reprisal was not a significant factor.

A similar finding was made by Watson (2000). From an analysis of results of a 1996 survey, *Survey of victims of recorded crime*, carried out by the Economic and Social Research Institute for the Garda Research Unit, Watson found that, among the reasons for not reporting crime to the gardaí, 'fear of reprisal, and not wanting to get the offender into trouble were relatively unimportant overall, and were cited by fewer than one in twenty of the victims' (p. 138).

In the CPF survey, on the other hand, by far the most common reason for not reporting a crime to the gardaí was the fear of reprisal from those locally involved in criminal activity. This finding reveals the insidious impact of crime, particularly drug-related crime, on community life in particular localities. It also represents a challenge to police and inter-agency approaches which seek community engagement and support.

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). The study, entitled *Drugs, crime and community – Monitoring quality of life in the north inner city*, incorporated a local drugs and crime survey, semi-structured interviews with state agency personnel and other relevant

individuals, as well as unobtrusive research measures. The latter involved co-ordinating with a local authority housing complex attendant who monitored the flats so as to identify any discarded drug paraphernalia, such as abandoned syringes, which might be indicative of drug use. Dublin City Council provided information on cars abandoned in the area during the research period. Data obtained as part of the community policing forum process described above, including minutes of meetings held under the auspices of the CPF, were a useful source of information about local drug-related problems. The survey included a qualitative component so that local residents could add further comment and provide opinions on various relevant issues.

Included among the findings were the following:

- Sixteen respondents, or 36 per cent of the total sample, had been offered drugs in the past year; 53 per cent 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 per cent and 84 per cent 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.

Despite the fears generated by drug dealers described above, another consequence of local drug markets and related anti-social behaviour has been that, on many occasions throughout the history of Dublin’s drugs problem, many community-based groups and individuals have reacted by engaging in community self-policing, informal justice and vigilante-type activities (Lyder 2005; Connolly 2003; Murphy-Lawless 2002; McAuliffe

and Fahey 1999; Connolly 1998; O'Mahony 1997b; Bennett 1988). While these activities have played an important role in raising public awareness of the problems being confronted in such areas, they have on occasion generated internal community conflict (Connolly 2003; Murphy-Lawless 2002; O'Mahony 1997b).

9 Drug-related crime: The common-cause model

Drugs and crime in Ireland

9 Drug-related crime: The common-cause model

The economic-compulsive link discussed in Section 7 is perhaps the most widely perceived link between drugs and crime. The Garda study conducted by Keogh (1997) has been very influential in terms of informing public opinion in Ireland about the drugs–crime link. However, this explanatory model has also been criticised for its simplicity. It has been argued that although drug use can speed up the rate of offending, acquisitive crime is not caused by drugs, as criminal activity often predates drug use (Pudney 2002).

With regard to the question as to which came first, non-drug-related criminal activity or drug use, one of the most significant findings of the Keogh (1997) study was that, while 77 per cent of the sample of hard drug users in the DMA had a criminal record, the majority of these had committed crime prior to their involvement with drug use. Of the 326 respondents to the question as to which came first, criminal activity or drug taking, 51 per cent reported being involved in crime before they started drug taking. The typical age at which respondents became involved in drugs was 15 years, the mean age 17 years. The typical age at which respondents first became involved in crime was 14 years, while the mean age was 15 years. For 19 per cent of respondents, their crime and drug careers started contemporaneously, and 30 per cent started taking drugs before they became involved in crime.

Similarly, in a survey of 108 prisoners, 66 per cent of whom had used heroin, O'Mahony (1997a) found that, while the average age of initiation into heroin was 18 years, the average age at first conviction was 17 years. A survey of 29 drug-using inmates in Mountjoy Prison (Dillon 2001) found that the majority of the sample (n=13) had begun offending prior to their drug use, whereas nine respondents reported that their criminal activity had begun as a direct consequence of their drug use. A significant gender-related finding of this study was that seven of the eight women interviewed reported that their criminal activity came after their

involvement with drugs. These findings are consistent with much of the international literature in this area (White and Gorman 2000). The study by Furey and Browne (2004) found that for a majority of respondents (56%) drug use came before crime. However, given that the sample response rate was very low (27%), this finding must be treated with caution.

It has also been argued that the connection between drug use and crime has an inverse relationship, in that crime can intensify drug use by providing increased income which enables drug use. For example, income generated from robberies might provide the individual with more money to secure drugs and thus place him or her in an environment supportive of drug use (Collins *et al.* 1985). It has been suggested that possible aspects of the criminal lifestyle, such as being single, geographically mobile or celebrating between criminal operations, are conducive to alcohol and drug consumption (Collins and Messerschmidt 1993). White and Gorman (2000) point out that the ‘drugs lead to crime’ and ‘crime leads to drugs’ models might both be correct, with the relationship between drug use and crime reciprocal. They suggest that ‘substance use and crime may be causally linked and mutually reinforcing and, thus, drinking and drug use may lead to more criminal behaviour and criminal behaviour may lead to more drinking and drug use’ (p. 174). In the Keogh (1997) and Furey and Brown (2004) surveys, 19 per cent and 11 per cent of respondents respectively stated that their drug use and criminality began contemporaneously.

Such findings highlight the complexity of the drugs–crime relationship and the need to consider non-causal or indirect links between drugs and crime. Irish research has consistently revealed that underlying social factors, such as educational disadvantage, poverty and inequality contribute both to problematic drug use and to criminal behaviour.

With regard to the drugs–crime link, studies of drug users have found them typically to be single, aged between 14 and 30, male, urban, with many

still living in the parental home, from large and often broken families, having left school before the legal minimum age of 16, with high levels of unemployment, with their best ever job being in the lowest socio-economic class, with a high number of criminal convictions and high rates of recidivism, with a history of family members being in prison, and a profile of extreme social disadvantage characterised by being from areas with a high proportion of local authority housing and often by the prevalence of opiate drug use and high levels of long-term unemployment (Furey and Browne 2004; O'Brien *et al.* 2003; Dillon 2001; Hannon *et al.* 2000; O'Mahony 1997a; Keogh 1997).

10 Conclusion

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10 Conclusion

The illicit drug market has a corrosive impact on Irish public life and society – whether in terms of the high-profile killing of rivals in the internecine world of Dublin drug gangs, the fear and intimidation of the impoverished communities within which they mostly ply their trade or the petty thefts and robberies committed by drug users to support their addiction.

Public anxiety in relation to drug-related crime is heightened by the widespread perception that the problem is getting worse. Because of the huge profits which can be derived from the illicit drug market, and the increasing public demand for illicit substances, initiatives aimed at deterring criminal organisations or individual criminals from involvement in drug trafficking face major challenges. 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 surrounding it for any sustained period of time. Indeed, the consistent demand for illicit drugs often ensures that the removal of one drug trafficker through successful law enforcement will create a vacuum which will inevitably be filled by another.

Although the link between drugs and crime has been firmly established in the public consciousness in Ireland, there has been little sustained examination of the precise nature of this link. Murphy (2002: 202) suggests that, in Ireland, ‘the notion of a definite causal connection between drugs and crime is assumed rather than examined’. This matter has been a primary preoccupation of many international writers in this area. White and Gorman (2000), in a comprehensive review of the literature on drugs and crime, conclude that ‘one single model cannot account for the drug–crime relationship’ and that ‘stereotypes of drug use and crime are often inaccurate’ (p. 151).

In this Overview, Irish research has been considered through the application of four principal explanatory models: the psycho-pharmacological, the economic-compulsive, the systemic and the common-cause models. The first three explanatory models used above all make a direct link between drug use and offending behaviour, thereby implying that drug strategies, be they in terms of drug treatment services or local policing initiatives for example, can have a measurable impact on offending behaviour. The fourth model, however, which suggests that the relationship between drugs and crime is less clear and, perhaps, one related to underlying social factors, poses a far greater challenge to policy makers. It suggests that strategies for dealing with drug-related crime must move beyond the individual and address the environmental context in which both drug use and crime occur in order to be more effective.

Activities aimed at supply control, combined with efforts to reduce the demand for drugs, remain essential policy goals as we seek to reduce the harms caused to individuals and society as a result of drug-related crime. However, the development of such a crime-reduction strategy in Ireland must begin with an appreciation of the complexity of the drugs–crime nexus. It is hoped that this Overview, by setting out parameters within which such an examination can take place, will enhance Irish public policy in this important area.

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