

Factsheet: Sedatives and tranquillisers - the Irish situation

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Table of Contents

Glossary of terms	1
What are sedatives and tranquillisers?	2
What do sedatives and tranquillisers do?	2
How do we know how many people use sedatives or tranquillisers in Ireland?	2
How many people use sedatives or tranquillisers in Ireland?	2
Use among young people	3
How many people receive treatment for sedative and tranquilliser use?	3
How many people die from misuse of sedatives and tranquillisers?	4
Non-fatal overdoses and drug-related emergencies	5
What does the law say about sedatives and tranquillisers?	5
Seizures of sedatives and tranquillisers	5
References	6

Glossary of terms

Drug prevalence – refers to the proportion of a population that has used a named drug during a particular time period. That is, how many people in specific group have used a drug during a specified timeframe.

Last month prevalence – refers to the proportion of a population that reported using a named drug in the 30-day period prior to the survey. Last month prevalence is often referred to as current use. Some of those reporting current use may be occasional or first-time users who happen to have used in the period leading up to the survey, so current use is not the same as regular use.

Last year prevalence – refers to the proportion of a population that reported using a named drug in the 12 months prior to the survey. Last year prevalence is often referred to as recent use.

Lifetime prevalence – refers to the proportion of a population that reported ever having used a named drug before the time they were surveyed. A person who records lifetime prevalence may or may not be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have used a drug over a long period of time or that they will use the drug again in future.

Representative sample – a subset of a larger population that reflects the characteristics of that entire group.

What are sedatives and tranquillisers?

Sedatives and tranquillisers are medicines that can be obtained from a doctor and which are sometimes prescribed to help people sleep, calm down, or to relax their muscles.¹

What do sedatives and tranquillisers do?

Sedatives and tranquillisers are commonly used terms for the same group of prescribable medicines which depress, slow down, or calm the brain and central nervous system. They are mainly benzodiazepines ('benzos'), but other drugs with the same effects (e.g. zolpidem and zopiclone) are included in this group. Medically they are often referred to as hypnotics, which induce sleep, and as anxiolytics or anti-anxiety agents.¹

How do we know how many people use sedatives or tranquillisers in Ireland?

The Healthy Ireland survey is an annual survey designed to increase knowledge of the population's health and health behaviours.² It is commissioned by the Department of Health, carried out by Ipsos B&A, and conducted with a representative sample of the population of the Republic of Ireland aged 15 years and over. For the 2023 survey, telephone interviews took place between October 2022 and April 2023. 6,407 out of the total 7,411 survey respondents agreed to participate in the module on drug use providing a participation rate of 86% of survey respondents.

(For other populations, see our <u>prevalence sources</u>.)

How many people use sedatives or tranquillisers in Ireland?

Recent sedative/tranquilliser use was reported by 7.0% of the adult population, with females more likely than males to report use (10.2% versus 3.7%)²:

- 13% of respondents report lifetime use of sedatives/tranquillisers. 7% report last year use, with 4% reporting last month use.
- Sedative/tranquilliser use within the last year is more common among women (10%) than men (3%).
- Those aged 65 and over (9%) report the highest prevalence of last year sedative/tranquilliser use, compared to 4% of those aged 25-34.
- Women aged 65 and over (14%) report the highest prevalence of last year sedative/tranquilliser use, compared to 4% of men in the same age group.
- Of those who have used sedatives/tranquillisers, 91% said they were all prescribed, 6% report none were prescribed, and 4% report that some were prescribed while others were not.
- Of those who have used sedatives/tranquillisers, men (13%) were more likely to take non-prescription sedatives/tranquillisers than women (4%).

Table 1: Last year prevalence of sedatives/tranquillisers use by age group (%)

	2002/03	2006/07	2010/11	2014/15	2019/20	2022/23
15–64 years	~	4.7	6.5	6.1	4.9	6.4
15–34 years	8.7	10.6	10.3	13.8	13.8	14.8

[~] Prevalence not asked Source: unpublished data

Use among young people

The <u>European School Survey Project on Alcohol and Other Drugs</u> (ESPAD) collects comparable data on substance use among 15–16-year-old students in 35 countries. According to the 2020 ESPAD report, 2.6% of respondents had taken tranquilisers without a prescription.³

For further information on sedative and tranquilliser use (prevalence and treatment) see our Regional data factsheets.

How many people receive treatment for sedative and tranquilliser use?

The <u>National Drug Treatment Reporting System</u> (NDTRS) provides data on treated drug and alcohol misuse in Ireland.^a When someone in treatment has been using multiple drugs, one is identified as their 'main problem' drug. The most recent published data from the NDTRS⁴ shows that:

Z-drugs (non-benzodiazepine hypnotic sedative drugs such as zolpidem, zopiclone) as a main problem accounted for 0.8% of cases in 2023 and has fluctuated over the seven-year period between 0.5% and 0.9%.

Benzodiazepines as a main problem increased from 9.7% in 2017 to 11.3% in 2023. The number of cases treated for benzodiazepines increased by 70.2%, from 868 in 2017 to 1,477 in 2023.

The number of cases of NPS reported over the period is low and remained relatively static between 2017 (51 cases) and 2022 (51 cases). However, in 2023 the number of cases reporting a NPS as a main problem increased to 114.

Table 2: Main problem drug (excluding alcohol) reported in 30 days prior to treatment, NDTRS 2017 to 2023

	2017	2018	2019	2020	2021	2022	2023
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
All cases	8922	10,274	10,664	9702	10,769	12,009	13,104
Benzodiazepi nes	868 (9.7)	999 (9.7)	1,082 (10.1)	1,097 (11.3)	1,218 (11.3)	1,287 (10.7)	1, 477 (11.3)
Z-drugs	82 (0.9)	48 (0.5)	72 (0.7)	72 (0.7)	80 (0.7)	98 (0.8)	107 (0.8)

^a The NDTRS contains information only on those who started treatment in a particular year (for the first time or returning to treatment). It does not include the number in continuous care. Note: Cases are episodes of treatment not individuals, which means there is a possibility that individuals appear more than once in the data; for example, where a person receives treatment at more than one centre, or at the same centre more than once in a calendar year.

	2017	2018	2019	2020	2021	2022	2023
NPS	51 (0.6)	48 (0.5)	63 (0.6)	43 (0.4)	49 (0.5)	51 (0.4)	114 (0.9)
New cases	3257	3962	3979	3796	4206	4456	4792
Benzodiazepi nes	290 (8.9)	345 (8.7)	340 (8.5)	392 (10.3)	418 (9.9)	374 (8.4)	416 (8.7)
Z-drugs	22 (0.7)	17 (0.4)	24 (0.6)	27 (0.7)	26 (0.6)	15 (0.3)	27 (0.6)
NPS	21 (0.6)	25 (0.6)	22 (0.6)	26 (0.7)	23 (0.5)	29 (0.7)	74 (1.5)
Previously treated cases	5242	5872	5927	5441	6090	6860	7588
Benzodiazepi nes	534 (10.2)	596 (10.1)	661 (11.2)	631 (11.6)	742 (12.2)	829 (12.1)	981 (12.9)
Z-drugs	56 (1.1)	31 (0.5)	43 (0.7)	42 (0.8)	54 (0.9)	79 (1.2)	77 (1.0)
NPS	27 (0.5)	19 (0.3)	29 (0.5)	17 (0.3)	23 (0.4)	19 (0.3)	34 (0.4)

Note: N is the number of cases. The percentage is in brackets

See the NDTRS report⁴ for more information on polydrug use - additional problem drugs for all cases and new cases.

For more detailed treatment data (age, gender, employment status) up to 2023 see library interactive tables.

How many people die from misuse of sedatives and tranquillisers?

The National Drug-Related Deaths Index (NDRDI) is a database of cases of death by drug and alcohol poisoning, and deaths among drug users and people who are alcohol dependent. Diazepam (31.6%) and alprazolam (30.2%) were the most common benzodiazepines, and each was implicated in 3 in 10 deaths overall. Benzodiazepines increased by 45.0% (from 129 to 187 deaths), mainly attributable to an almost fivefold (494.4%) increase in alprazolam (from 18 to 107 deaths). Zopiclone (16.7%) was the most common Z drug in 2021. Zopiclone was implicated in a slightly greater proportion of deaths among males (18.1%) than among females (14.2%).⁵

Table 3: Benzodiazepines and other prescription drugs implicated in poisoning deaths, NDRDI 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
All poisoning deaths	273	324	311	310	307	325	361	375	439	354
Drug group:										
Any benzodiazepine implicated	129	163	164	147	148	150	198	190	243	187
Any other prescribable drug implicated**	170	208	209	208	222	205	219	239	282	232
Individual drug:										
Zopiclone	20	53	73	67	67	48	42	74	69	59
Alprazolam	18	43	49	50	53	70	115	100	132	107
Diazepam	92	113	121	109	101	97	122	104	139	112

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Flurazepam	30	42	36	35	44	35	47	31	32	27
Poly drug poisonings:										
More than one benzodiazepine implicated	41	62	61	62	72	72	96	71	96	76
More than one other prescribable drug implicated**	73	95	112	115	124	99	120	125	155	156

a An individual death may have more than one drug implicated

Non-fatal overdoses and drug-related emergencies

According to the <u>Hospital In-Patient Enquiry Scheme</u> (HIPE), there were 4,476 cases of non-fatal overdose discharged from Irish hospitals in 2024. There was evidence of benzodiazepines in 832 of cases.⁶

What does the law say about sedatives and tranquillisers?

In Ireland, under the Medicinal Products (Prescription and Control of Supply) Regulations 2003–2008, a prescription medication can only be supplied in accordance with a prescription, and the supply must be made from a registered pharmacy by or under the personal supervision of a registered pharmacist. It is illegal for prescription medicines to be supplied through mail-order or internet sites. A person who has in his possession a prescription medicine containing a substance controlled under the misuse of drugs legislation for the purpose of selling or otherwise supplying it is guilty of an offence under that legislation.

Changes to regulations under the <u>Misuse of Drugs Amendment Act 2016</u> introduced stricter controls on benzodiazepines and an initiative to tackle overprescribing. You can find more information about Irish drug laws, offences and penalties on the <u>Citizens Information Board website</u>.

Seizures of sedatives and tranquillisers

Following a peak in 2013 (N=861), the number of seizures of hypnotic and sedative substances decreased annually until 2016. A 73% increase in these seizures was recorded between 2016 and 2017, followed by a 49% decrease between 2017 and 2018. However, the number of seizures analysed in 2019 (N=1269) was more than four times higher than those reported in 2018 (N=309). Increases were evident between 2019 and 2020 (8%) and again between 2020 and 2021 (6%). Between 2021 and 2022 there was a significant increase in the analysis of hypnotic and sedative substances (44%). Hypnotic and sedative drugs analysed in 2023 (1197) were 43% lower than 2022 (2091).⁷

The most prominent drug in this category in 2022 was alprazolam, followed by zopiclone, diazepam, delorazepam, and then flualprazolam. Following the overall trend for this category between 2022 and 2023, alprazolam decreased by 43% in 2023, while decreases were also evident in zopiclone

^{**} Most commonly opioids (excluding methadone and heroin), antidepressants and antiepileptics. Also includes non-benzodiazepine sedatives

(44%) and diazepam (32%). Between 2021 and 2022 the analysis of delorazepam seizures decreased by 72%.

References

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- 4. Lynch T, Condron I, Lyons S and Carew AM (2024) <u>National drug treatment reporting system</u>, 2023 drug treatment demand. Dublin: Health Research Board.
- 5. Kelleher, C Riordan F and Lyons S (2024) <u>Drug poisoning deaths in Ireland in 2021: data from the National Drug-Related Deaths Index (NDRDI).</u> Dublin: Health Research Board.
- 6. Health Research Board. Irish National Focal Point to the European Drugs Agency (2025) <u>Ireland:</u> national report for 2024 harms and harm reduction. Dublin: Health Research Board.
- 7. Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2025) <u>Ireland: national report for 2024 drug markets and crime.</u> Dublin: Health Research Board.

Further reading:

European Monitoring Centre for Drugs and Drug Addiction. (2018) <u>Perspectives on drugs: the misuse</u> of benzodiazepines among high-risk opioid users in Europe. Lisbon: EMCDDA

For regional Irish data, please see our regional factsheets webpage.

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