

Factsheet: Sedatives and tranquillisers - the Irish situation

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Glossary of terms

Last month prevalence – refers to the proportion of the sample 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. A proportion 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. It should therefore be noted that current use is not synonymous with regular use.

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

Lifetime prevalence – refers to the proportion of the sample that reported ever having used the named drug at 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 necessarily used a drug over a long period of time or that they will use the drug again in future.

Prevalence – refers to the proportion of a population that has used a drug over a particular time period.

Statistically significant – a result is deemed statistically significant if it is unlikely to have occurred by chance, and hence provides enough evidence to reject the hypothesis of ‘no effect’. As used in statistics, ‘significant’ does not mean important or meaningful. A small, but important, real-world difference may fail to reach significance in a statistical test, while a statistically significant finding may have no practical consequence.

What are sedatives and tranquillisers?

'Sedatives' and 'tranquillisers' are commonly used terms for a group of medicines which depress, slow down or calm the brain and central nervous system. ¹

What do sedatives and tranquillisers do?

Sedatives and tranquillisers are commonly used terms for the same group of 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 ('Z-drugs')) 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?

Every four years a survey of the general population takes place to estimate the number of people in Ireland who use alcohol and other drugs. ¹ Face-to-face interviews take place with respondents aged 15+ normally resident in households in Ireland. This type of survey is not designed to include people who do not normally live in private households, such as prisoners or hostel dwellers. ³ (For other populations, see our [prevalence sources](#).)

Drug prevalence surveys were undertaken in 2002–03, 2006–07, 2010–11, and 2014–15. These surveys were commissioned on an all-island basis by the National Advisory Committee on Drugs and Alcohol in the Republic of Ireland, and the Department of Health, Social Services and Public Safety in Northern Ireland. The most recent survey 2019–20 National Drug and Alcohol Survey (NDAS), which took place in the Republic of Ireland, was managed by the Health Research Board.

How many people use sedatives or tranquillisers in Ireland?

The 2019–20 NDAS survey involved 5,762 people in Ireland. ¹ The results for Ireland showed that:

- 12.7% of respondents had ever used sedatives/tranquillisers in their lifetime, corresponding to 499,000 of the general population in Ireland aged 15 years and older.
- 5.5% of respondents (213,000 of the general population) and 3.2% of respondents (125,000 of the general population) had used sedatives/tranquillisers in the last year and last month, respectively.
- 0.5% of respondents (19,000 of the general population) had used sedatives/tranquillisers in a non-medical way in the last 12 months.
- There was a statistically significant decrease in recent use reported by all adults (from 7.1% in 2014–15 to 5.5% in 2019–20).
- The average age of first sedative/tranquilliser use was 36.7 years (median: 34 years).
- The average age of respondents who reported recent sedative/tranquilliser use was 50.9 years (median: 49 years).

Females were more likely than males to report recent use of sedatives/tranquillisers (6.1% versus 4.8%). Those aged 65 years and older were more likely than younger age groups to report recent sedative/tranquilliser use (8.0%). Females aged 65 years and older had the highest prevalence of recent use (11.5%). Of those who had used sedatives/ tranquillisers in the last year, 87.2% stated that all were prescribed, 10.2% stated that none were prescribed, and 2.7% stated that some were prescribed while others were not.¹

Use among young people

The [European School Survey Project on Alcohol and Other Drugs](#) (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 tranquillisers without a prescription.²

For further information on sedative and tranquilliser use (prevalence and treatment) by County see our [Regional data factsheets](#).

How many people receive treatment for sedative and tranquilliser use?

The [National Drug Treatment Reporting System](#) (NDTRS) provides data on treated drug and alcohol misuse in Ireland. The most recent published data from the NDTRS³ 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	10274	10664	9702	10769	12009	13104
Benzodiazepines	868 (9.7)	999 (9.7)	1082 (10.1)	1097 (11.3)	1218 (11.3)	1287 (10.7)	1477 (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)
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
Benzodiazepines	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)

	2017	2018	2019	2020	2021	2022	2023
Previously treated cases	5242	5872	5927	5441	6090	6860	7588
Benzodiazepines	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)

See the NDTRS report³ 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 2022 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%).⁴

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
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

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

Non-fatal overdoses and drug-related emergencies

According to the [Hospital In-Patient Enquiry Scheme](#) (HIPE), there were 4,488 cases of non-fatal overdose discharged from Irish hospitals in 2022. There was evidence of benzodiazepines in 786 of cases.⁵

What does the law say about sedatives and tranquillisers?

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 [Misuse of Drugs Amendment Act 2016](#) 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 [Citizens Information Board website](#).

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%).⁶

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 2021 and 2022, seizures of alprazolam increased by 54% in 2022, while increases were also evident in seizures of zopiclone (49%) and diazepam (71%). Between 2021 and 2022 the analysis of delorazepam seizures decreased by 57%.⁶

References

1. Mongan D, Millar SR, and Galvin B (2021) [The 2019–20 Irish National Drug and Alcohol Survey: main findings](#). Dublin: Health Research Board.
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3. Lynch T, Condrón I, Lyons S and Carew AM (2024) [National drug treatment reporting system, 2023 drug treatment demand](#). Dublin: Health Research Board.
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5. Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2024) [Ireland: national report for 2023 - harms and harm reduction](#). Dublin: Health Research Board.
6. Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2024) [Ireland: national report for 2023 - drug markets and crime](#). Dublin: Health Research Board.

Further reading:

European Monitoring Centre for Drugs and Drug Addiction. (2018) [Perspectives on drugs: the misuse 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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