Focal Point Ireland: national report for 2024 – Drugs

Health Research Board. Irish Focal Point to the European Drugs Agency (EUDA).

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(2025) Focal Point Ireland: national report for 2024 – legal framework.

This document uses the structure and numbering system from the template provided by the EUDA.

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T0. Summary

The first survey on drug use in the general population was carried out in Ireland in 2002/03. The survey was repeated in 2006/07, 2010/11, and 2014/15. In 2018, the Health Research Board (HRB) commissioned Ipsos MRBI to conduct the fifth National Drug and Alcohol Survey (NDAS).

The 2019/20 NDAS followed best practice guidelines recommended by the European Union Drugs Agency (EUDA). A questionnaire, based on the European Model Questionnaire, was administered in face-to-face interviews with respondents aged 15 years and over. A sample comprising randomly selected households throughout the Republic of Ireland was chosen; fieldwork began in February 2019 and the survey was completed in March 2020. Of the household members contacted, 5,762 agreed to take part. The sample was weighted by sex, age, and region in order to ensure that it was representative of the general population. The main measures were lifetime drug use ('ever used'), last-year drug use ('recent use'), and last-month drug use ('current use').

In addition to findings from previous drug prevalence surveys conducted in Ireland, this national report includes data on cannabis use from waves 1–6 of the Health Behaviour in School-aged Children (HBSC) study and from the Growing Up in Ireland (GUI) national longitudinal study of children and young people. Information from the European School Survey Project on Alcohol and Other Drugs (ESPAD) regarding alcohol, smoking, cannabis, and other substance use among Irish 15–16-year-olds is also included.

Results from the 2019/20 survey indicated that the most commonly used illicit substances in Ireland, based on last-year prevalence, were cannabis (5.9%), ecstasy (2.2%), and cocaine (1.9%). The proportion of respondents aged 15–64 years who reported using any illicit drug in their lifetime has increased from almost 19% in 2002/03 to 27.1% in 2019/20. Although results from the 2019/20 NDAS suggest that there has been no change in the prevalence of any recent (last-year) illegal drug use in Ireland since 2014/15, there have been changes regarding the types of drugs used. In particular, while there has been a small decrease in the prevalence of cannabis use, the use of ecstasy and cocaine has increased. The prevalence of recent use of new psychoactive substances (NPS) remains very low in Ireland, at 0.8% among 15–64-year-olds (compared with 3.5% in 2010/11). This perhaps highlights the continued impact of the Criminal Justice (Psychoactive Substances) Act 2010, which made the sale, import, export, or advertisement of unregulated psychoactive substances for human consumption illegal.

Results from the 2019 ESPAD suggest a slight increase in the use of alcohol among school-aged children in Ireland, while the use of cigarettes among school-aged children has stabilised. The use of inhalants and other illicit substances may also have stabilised, while trends in prevalence since 2010 suggest that the use of cannabis has also stabilised among 10–17-year-olds in Ireland.

Data from a 2019 capture-recapture (CRC) study on the prevalence of opioid use in Ireland are also included in this report. In total, there were an estimated 19,875 problematic opioid users in Ireland in 2019 (95% confidence interval [CI]: 19,522–21,608), which equates to a prevalence rate of 6.68 per 1,000 population (95% CI: 6.57–7.27). The majority of problematic opioid users were male (72.30%) and more than two-thirds (72.93%) of problematic opioid users were in the older (35–64 years) age group. There were an estimated 11,729 problematic opioid users (95% CI: 11,298–12,944) in Co Dublin in 2019, and the rate of problematic opioid users was more than three times higher there than in the rest of Ireland (12.72 per 1,000 population [95% CI: 12.25–14.03] in Co Dublin versus 3.97 per 1,000 population [95% CI: 3.84–4.47] in the rest of Ireland).

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the treatment demand indicator (TDI) data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007, but then increased year-on-year to a peak of 28.9% in 2013. Since then, the trend has been slowly decreasing, with 17.6% (2,200) of cases recorded in 2023 being treated for problem cannabis use.

In 2023, there were 4,862 cases treated for problem stimulant use, as reported through the TDI, compared with 3,993 cases reported in 2022. Similar to previous years, the majority of cases were treated for problem cocaine use (96.8%), followed by synthetic cathinones (1.3%), methamphetamine (1.2%), unspecified amphetamine-type stimulants (0.3%), and ecstasy (0.2%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in the number of cases being treated for problematic cocaine use. However, in 2023, there was also an increase in the number of cases reporting use of synthetic cathinones, although these still represented a very small number of cases (n=63).

Data from the TDI show that in 2023, 29.4% of cases reported were treated for problem opioid use, similar to 2021 (33.7%). This is a continuation of the overall downward trend in the proportion of cases being treated for problem opioid use for the past number of years. Of those treated for problem opioid use in 2023, heroin was the main problem drug in the majority of cases (89.3%), similar to previous years.

On 9 November 2023, Ireland's Health Service Executive (HSE) was made aware of an overdose cluster in Dublin, with 24 cases notified throughout the day and another 10 cases notified the following morning. This triggered an urgent review across a number of information sources in order to identify possible signals of a change in the Dublin drug market. The HSE monitored the data on 9–12 November, and a total of 57 non-fatal overdoses were recorded during this period. Analysis by Forensic Science Ireland of a sample obtained by An Garda Síochána on the evening of 10 November confirmed the presence of nitazenes in a light brown/sandy-coloured powder on the Dublin heroin market, which resulted in the HSE issuing a Red Alert for the city. In addition to the initial Dublin outbreak, nitazenes have since been detected on the Cork market following a steady increase of overdoses in that city as well.

T0.1 Main illicit drug use in Ireland

Use of any illegal drug

The proportion of 2019/20 NDAS respondents aged 15–64 years who reported using any illicit drug in their lifetime ('ever used') has increased from almost 19.0% in 2002/03 to 27.1% in 2019/20 (see Figure T0.1.1). However, lifetime use has stabilised since the last survey. Similarly, last-year and last-month prevalence of any illegal drug use has remained stable since 2014/15; from 8.9% to 9.0% and last-month prevalence changing from 4.7% to 4.9%, respectively. 'Any illegal drug' refers to cannabis, ecstasy, cocaine powder, magic mushrooms, amphetamines, poppers, lysergic acid diethylamide (LSD), NPS, solvents, crack cocaine (also known as 'crack'), and heroin.

Illicit drug use was more prevalent in males and also among young adults, with 9.8% of people aged 15–34 years having reported current use (compared with 8.5% in 2014/15). Results from the 2019/20 NDAS indicated that the most commonly used illicit substances in Ireland, based on last-year prevalence, were cannabis (5.9%), ecstasy (2.2%), and cocaine (1.9%).

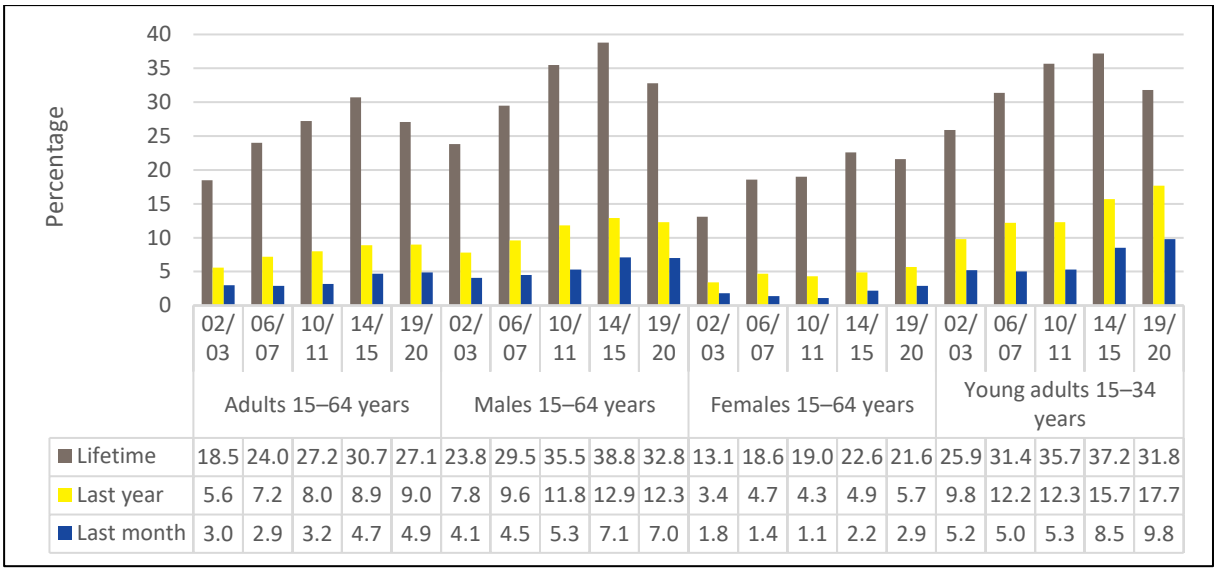


Figure T0.1.1 Lifetime, last-year and last-month prevalence of any illicit drug use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

Note: "Any illicit drug" refers to the use of cannabis, ecstasy, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, NPS, solvents, crack, and heroin.

Age at which people start using illegal drugs

The median age at first use of the most commonly used illegal drugs was higher in 2019/20 when compared with the 2002/03 NDAS, except for poppers. The median age at first use of each drug was found to be similar in 2019/20, ranging from 19 years for cannabis and poppers to 21 years for cocaine (Table T0.1.1).

Table T0.1.1 Comparison of mean and median age at which respondents first used illegal drugs (in years)

Drug	2002/03 mean (median)	2019/20 mean (median)
Cannabis	19.2 (18)	19.7 (19)
Ecstasy	19.4 (18)	19.9 (20)
Cocaine	21.5 (20)	21.9 (21)
Poppers	20.2 (19)	20.1 (19)
LSD	18.4 (18)	20.6 (20)
Amphetamines	19.9 (19)	20.7 (20)

Source: NDAS (2021)

Illegal drug use by area deprivation level

The 2019/20 NDAS reported differences in recent drug use according to area deprivation level (Figure T0.1.2). Those living in the fourth deprivation quintile in Ireland reported the highest rate of drug use (9.6%), while those in the third deprivation quintile reported the lowest rate (5.4%). Similar rates of drug use were reported in the most (8.4%) and least (8.3%) deprived areas.

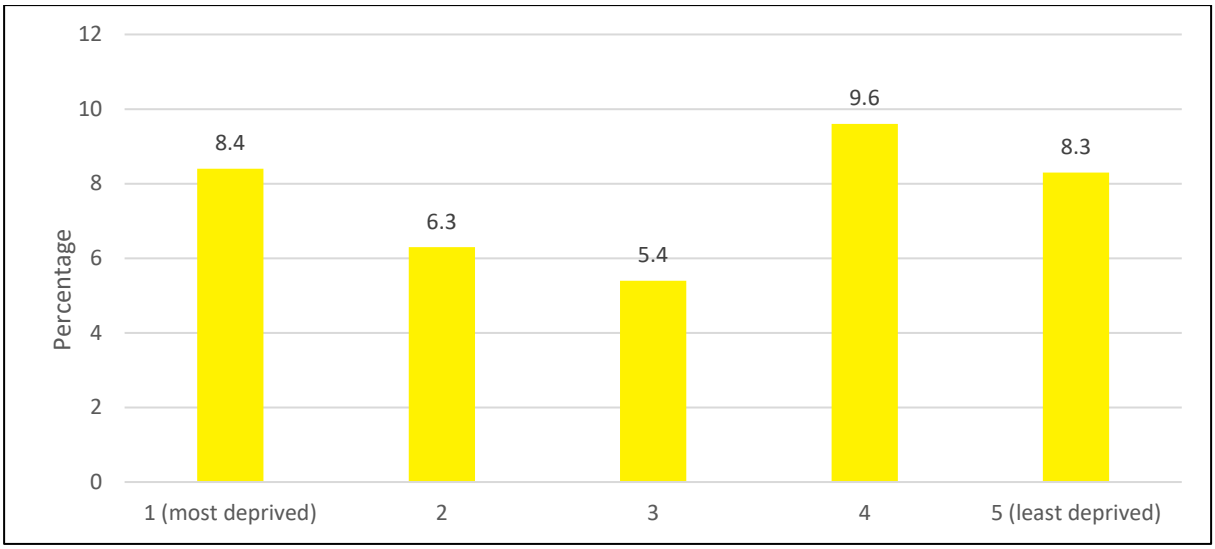


Figure T0.1.2 Recent use of any illegal drug, by area deprivation level

Source: NDAS (2021)

Factors associated with using drugs

This section presents recent illegal drug use in relation to a number of socioeconomic and demographic variables. These variables are: education, employment, marital status, housing, and region of residence. Results are also presented for 15–34-year-olds, as drug use is most prevalent in this age group (Table T0.1.2). For those aged 15–34 years, the prevalence of recent drug use was higher among those who had only completed lower secondary school education (30.7%) compared with those with higher educational attainment or who were still in education. There was little difference in prevalence between 15–34-year-olds who were employed (18.7%), unemployed (20.8%), or students (17.2%). Single 15–34-year-olds had a higher prevalence of recent drug use (21.2%) compared with those who were married (9.3%). Those aged 15–34 years living in rented accommodation (21.0%) or with their parents/family (19.9%) were more likely to report recent drug use than those who owned their own homes (11.1%). Respondents aged 15–34 years who lived in Dublin had the highest prevalence of recent drug use (22.9%), while those living in the rest of Leinster had the lowest (13.7%).

Table T0.1.2 Factors associated with recent drug use among all adults and 15–34-year-olds (%)

Variable	All adults	15–34-year-olds
Employment		
Employed	7.6	18.7
Unemployed	14.0	20.8
Student	17.0	17.2
Home duties	2.4	11.5
Retired	0.4	–
Housing		
Owned outright or with a mortgage	3.3	11.1
Rented	13.1	21.0
Living with parents/family	19.1	19.9

Region		
Dublin	10.4	22.9
Rest of Leinster	5.8	13.7
Munster	6.1	16.9
Connacht/Ulster	6.9	16.9
Education		
Primary/none	0.7	0.0
Lower secondary	3.7	30.7
Higher secondary	6.1	18.5
Third level	6.9	17.1
Still in education	14.0	17.1
Marital status		
Single/never married	16.5	21.2
Married	3.4	9.3
Divorced/separated	4.8	3.5

Source: NDAS (2021)

Why do some people decide not to use drugs?

Respondents who did not report lifetime use of any illegal drug were asked what was the main reason that influenced their decision not to use illegal drugs. The most common reason respondents gave for not ever using illegal drugs was that they were "just not interested" (39.9%). Young respondents were more likely to cite concerns around health problems and becoming addicted, whereas older respondents were more likely to cite that there was no opportunity or illegal drugs available (Table T0.1.3).

Table T0.1.3 Reasons why people decide not to use illegal drugs, by sex and by age group (%)

Weighted responses (N=4,408)	All	Males			Females		
	≥15 years	15–34 years	35–64 years	≥65 years	15–34 years	35–64 years	≥65 years
Just not interested	39.9	31.0	40.2	45.8	35.1	41.7	45.5
Drug-taking is wrong	14.1	12.5	13.0	13.5	18.0	13.3	15.1
Worry about health problems	12.8	17.1	14.5	8.1	14.7	11.6	9.3
Did not want to become addicted	10.3	15.9	11.3	8.4	10.1	9.2	6.5
No opportunity or illegal drugs available	4.6	0.5	4.1	11.3	0.5	4.0	10.3
Did not like to feel out of control	3.2	2.4	1.4	2.1	2.3	6.0	3.4
Fear of death	3.0	3.0	1.7	1.1	5.7	3.5	2.1
Family/friends/peer pressure	2.8	5.5	2.8	1.3	4.3	2.1	0.4
Did not think it would be enjoyable	2.5	2.3	3.1	2.5	1.8	2.7	2.1
Fear of legal consequences	2.2	2.5	2.2	1.2	3.6	2.1	1.5
Did not want to break the law	1.6	1.4	2.1	1.8	1.3	1.5	1.7
Other	3.2	5.8	3.8	2.9	2.5	2.3	2.2

Source: NDAS (2021)

Irish findings from the European Web Survey on Drugs

The NDAS has been conducted five times in Ireland (Mongan et al. 2021). However, although the NDAS provides prevalence rates regarding drug use, it can only collect robust information on patterns of use for the more commonly used drugs, such as cannabis. It does not collect data from a sufficiently large sample of people who use drugs in order to provide reliable information on patterns of use for less frequently used drugs such as ecstasy, amphetamines, and NPS.

The EUDA has developed the European Web Survey on Drugs (EWSD) in order to collect data from a wide range of people who use drugs. In 2021, Ireland participated in the EWSD for the first time. The rationale for this was to generate new data on patterns of drug use, as set out in Action 5.1.45 of the Government's national drugs strategy. The data collected provided information on:

- The frequency of drug use, by drug type
- Drug use patterns according to sex and age
- The reasons why people use drugs, by drug type
- The main sources used to obtain drugs, and
- The impact of the COVID-19 pandemic on drug use.

The 2021 Irish EWSD was an online, convenience, non-probability survey. The study population included people aged 18 years and over who lived in Ireland and who had used drugs in the previous 12 months. A total of 27,001 web users clicked on the Irish EWSD survey link and landed on the home page of the survey: 8,104 web users agreed to participate in the survey, of whom 5,796 were eligible. The main findings from the Irish EWSD are discussed throughout the rest of this section (Mongan et al. 2022).

Last-year and last-month drug use

Last-year and last-month use of each drug is presented in Table T0.1.4. Cannabis was the drug most commonly used in the last year (91%), followed by cocaine (49%) and ecstasy (31%). The proportion of respondents reporting last-year ketamine use was also high (24%). For most drugs, the proportions of males and females reporting use were similar; however, males were more likely than females to report last-year and last-month use of magic mushrooms and LSD.

Table T0.1.4 Last-year and last-month drug use among respondents, by sex

Drug	Last-year drug use (%)			Last-month drug use (%)		
	All	**Males**	**Females**	**All**	**Males**	**Females**
	N=5,796	n=3,815	n=1,895	N=5,796	n=3,815	n=1,895
Cannabis	91.2	92.0	89.8	69.5	73.0	62.4
Cocaine	48.5	48.3	49.4	22.9	23.0	23.0
Ecstasy	30.8	30.7	31.4	6.2	6.3	6.0
Ketamine	23.8	24.9	22.0	7.1	7.4	6.4
Magic mushrooms	22.1	24.5	17.2	4.9	5.5	3.8
LSD	18.8	21.5	13.3	4.4	5.1	2.9
NPS	14.3	14.4	14.2	5.8	5.4	6.6
Amphetamines	10.8	11.3	10.0	3.0	3.3	2.4
Methamphetamine	3.9	4.3	3.3	1.1	1.3	0.7
GHB	2.1	2.6	1.0	0.7	0.8	0.3
Heroin	1.1	1.2	0.8	0.6	0.7	0.3

Source: EWSD (2022)
GHB: gamma-hydroxybutyrate.

For most drugs, last-year and last-month use varied by age group. While there was little difference in cannabis use between age groups, younger respondents were more likely than older respondents to report use of stimulants such as cocaine and ecstasy. One-third (34%) of 18–24-year-olds reported

last-year ketamine use, compared with 20% of 25–34-year-olds, 9% of 35–44-year-olds, and 5% of those aged 45 years and over. The top three most commonly used drugs in the last year were the same for each age group; however, older respondents were more likely to use amphetamines and magic mushrooms, whereas ketamine was more commonly used among younger age groups (see Figure T0.1.3).

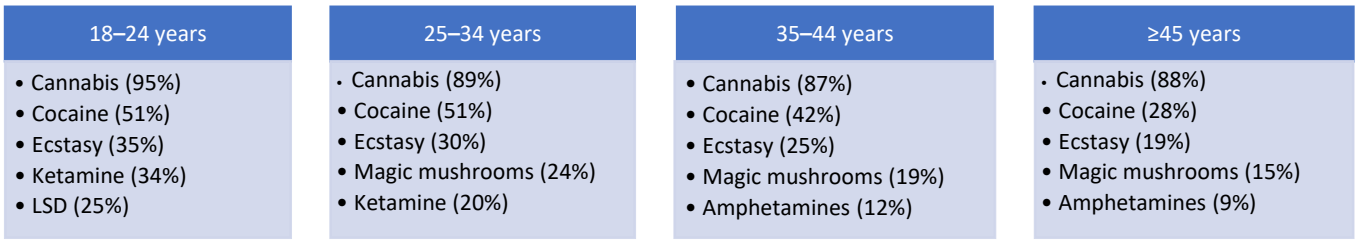


Figure T0.1.3 Top five most commonly used drugs in the last year, by age group

Source: EWSD (2022)

More than one-third (36%) of respondents reported the use of only one drug in the last year, while 44% reported using at least three different drugs in the last year. Males were more likely than females to have used three or more drugs in the last year (46% versus 41%), while those aged 18–24 years were most likely to have used three or more drugs in the last year (53%).

Reasons for using drugs

The main reasons respondents used drugs varied by drug type. The primary reason for using cannabis (all types) was to reduce stress (80%), while getting high was the primary reason for using cocaine, ecstasy, amphetamines, and NPS (see Figure T0.1.4). Males were more likely than females to use cannabis to get high (79% versus 69%) and to socialise (50% versus 41%). A high proportion of cannabis users reported using cannabis to treat a number of physical and mental ailments: 46% used it to treat depression or anxiety and 32% used it to reduce pain. Older respondents (aged 35 years and over) were most likely to use cannabis to reduce pain (42%) and were least likely to use it in order to get high (67%) or to socialise (34%). Amphetamines were the drug most commonly used to enhance performance, with 26% of respondents using them for this purpose. NPS users were much more likely than users of other drugs to cite curiosity as a reason for use (58%).

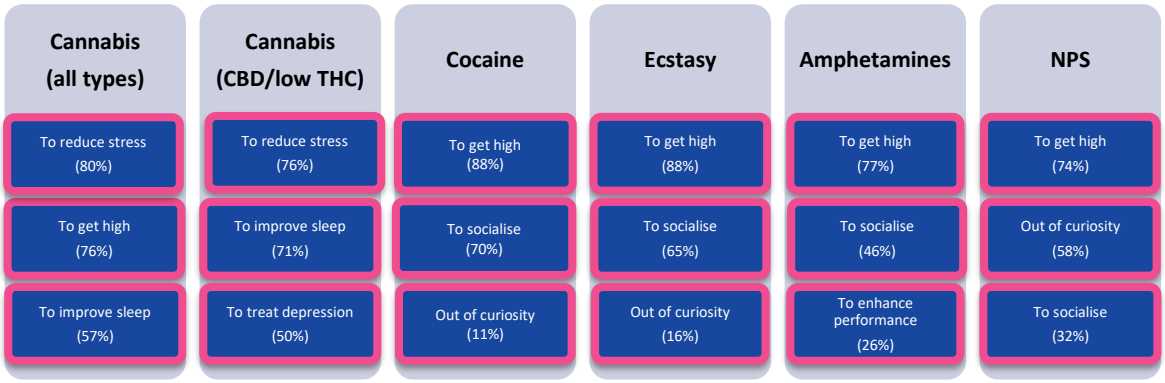


Figure T0.1.4 Top three reasons for using drugs, by drug type

Source: EWSD (2022)
CBD: cannabidiol; THC: tetrahydrocannabinol.
Note: Respondents could select more than one option.

How drugs are sourced

Those who had purchased drugs in the last year were asked what methods they usually used in order to do so. For each drug, with the exception of NPS, the majority of users typically obtained the drug through direct contact with their source (see Figure T0.1.5). Social media was used by 22% of cannabis herb users; however, this decreased to 7% among amphetamine users. The darknet was most commonly used by those purchasing NPS (20%); in comparison, just 3% of cocaine users obtained cocaine using the darknet.

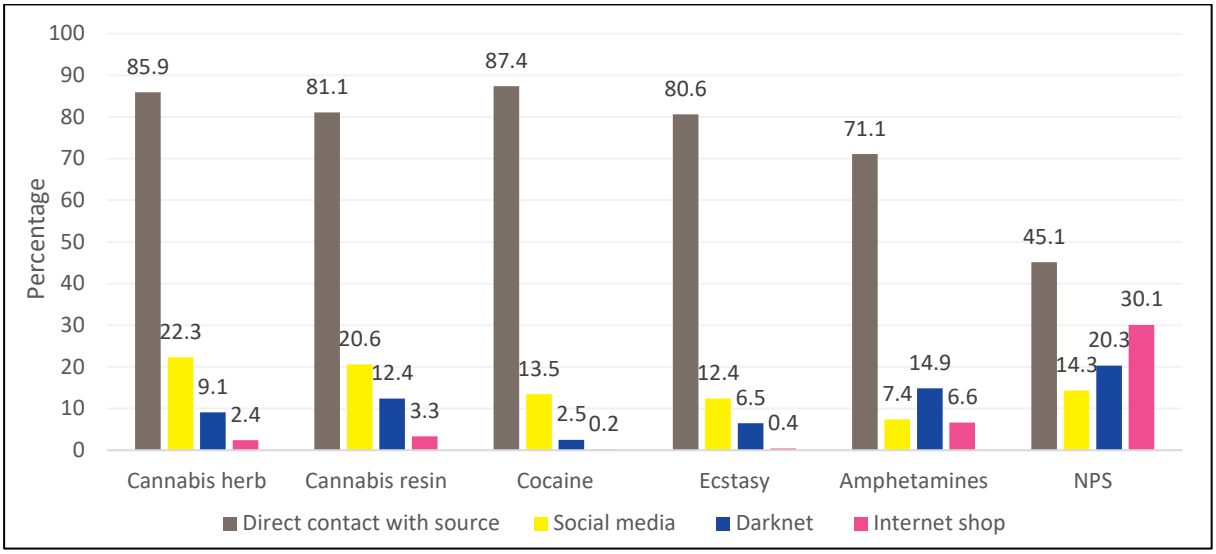


Figure T0.1.5 Methods used in order to buy drugs among those who bought drugs in the last year, by drug type

Source: EWSD (2022)
Note: Respondents could select more than one option.

Impact of the COVID-19 pandemic on drug use

In each of the EWSD modules, respondents were asked if their use of the corresponding drug had changed as a result of the COVID-19 pandemic. A high proportion of respondents reported using less ecstasy (61%) as a result of the COVID-19 pandemic, while 12% reported increased ecstasy use. In comparison, just 20% of cannabis herb users reported reduced use as a result of the COVID-19 pandemic, while 45% reported increased use. One-third (33%) of NPS users and one-quarter (26%) of cocaine users also reported increased use of these drugs as a result of the COVID-19 pandemic (see Figure T0.1.6).

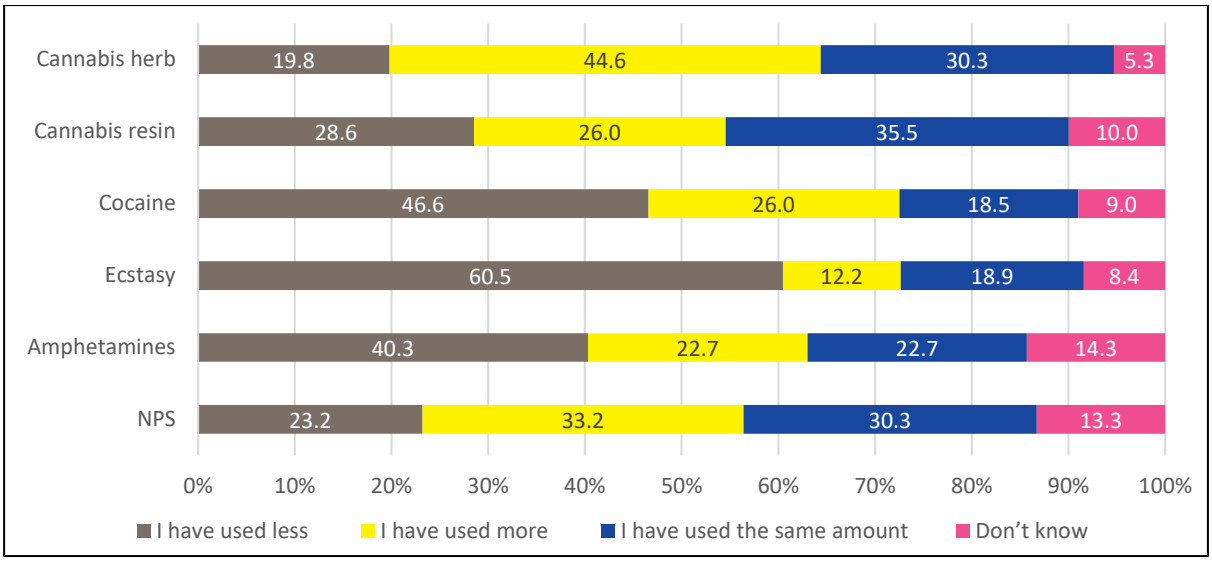


Figure T0.1.6 Change in drug use due to the COVID-19 pandemic, by drug type
Source: EWSD (2022)

Conclusions

The report authors note that when interpreting the Irish EWSD results, it is important to acknowledge that they are likely to have been influenced by the COVID-19 pandemic and the resultant restrictions on movement that arose from it. The finding that 24% of respondents indicated that they had used ketamine in the last year is of particular interest, as this is considerably higher than the overall proportion reported by the EUDA (13%) for the same time period (European Monitoring Centre for Drugs and Drug Addiction 2022). This suggests that ketamine use should be included in future iterations of the NDAS in Ireland. The last-year prevalence of cocaine use was also high among Irish EWSD respondents, at 49%, compared with 34% among the entire European EWSD sample (European Monitoring Centre for Drugs and Drug Addiction 2022). In their conclusion, the EWSD report authors suggest that online surveys may be a useful tool for both quickly and cost-effectively collecting information on patterns of drug use from a large number of people, and that online surveys may complement other traditional data sources such as general population and school surveys.

T0.2 The use of illicit drugs with alcohol and prescription drugs

The 2019/20 NDAS contained new questions on polydrug use, which was defined as the use of at least two drugs on the same occasion (simultaneously) in the last year. Table T0.2.1 presents the drugs that were used in addition to cannabis, cocaine, and ecstasy. Alcohol was the substance most commonly used with all three drugs, and 29.8% of recent cannabis users did not use any additional substances with cannabis at any time in the last year, compared with 4.5% of recent cocaine users.

Table T0.2.1 Polydrug use among recent users of cannabis, cocaine, and ecstasy (%)

Drug	Cannabis (n=340)	Cocaine (n=107)	Ecstasy (n=128)
None	29.8	4.5	13.0
Alcohol	68.1	93.4	86.0
Cannabis	–	22.3	5.0

Cocaine	7.3	–	6.6
Ecstasy	4.9	9.2	–
LSD	2.5	0.0	0.0
Poppers	2.3	2.6	0.0
Amphetamines	2.2	0.0	0.0
Magic mushrooms	2.2	0.0	0.9
Opioid pain relievers	1.7	0.0	0.5
Sedatives or tranquillisers	0.7	0.0	0.0

Source: NDAS (2021)

Number of drugs used

Although the prevalence of recent drug use in Ireland has remained stable since 2014/15, the 2019/20 NDAS found that those who reported recent illegal drug use were more likely to report the use of at least two illegal drugs. In 2019/20, one-quarter of those who reported illegal drug use reported the use of at least three illegal drugs, compared with 15.4% in 2014/15 (Figure T0.2.1).

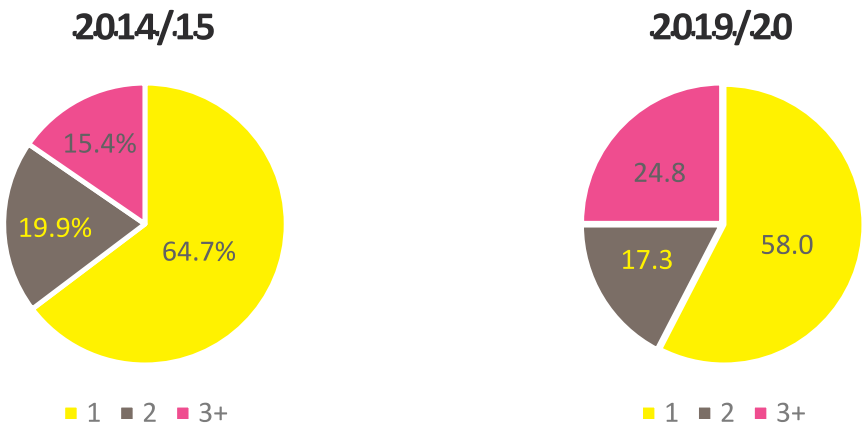


Figure T0.2.1 Number of illegal drugs used by those reporting recent use of illegal drugs in 2014/15 and 2019/20

Source: NDAS (2021)

SECTION A. CANNABIS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance of different types of cannabis

Type of cannabis used

Among current (last-month) users of cannabis, herbal cannabis was the most common type of cannabis used (80.1%), followed by resin (14.5%), hash oil (3.0%), and other types of cannabis (2.4%). Slightly more than one-quarter (25.5%) of respondents stated that the cannabis they used was Irish-grown, 8.4% stated that it was not Irish-grown, and 66.1% did not know where the cannabis they used was grown. A joint was the most common method used to take cannabis (86.2%), followed by a pipe (6.5%), vaping (4.7%), eating (1.6%), and other (1.0%).

Trends in type of cannabis used

There have been changes in the type of cannabis used since earlier iterations of the National Drug and Alcohol Survey (NDAS). In the 2002/03 and 2006/07 surveys, the majority of current cannabis users reported using resin. Between the 2006/07 and 2010/11 periods, there was a notable increase in the use of herbal cannabis and 'other' cannabis types (Figure T1.1.1.1).

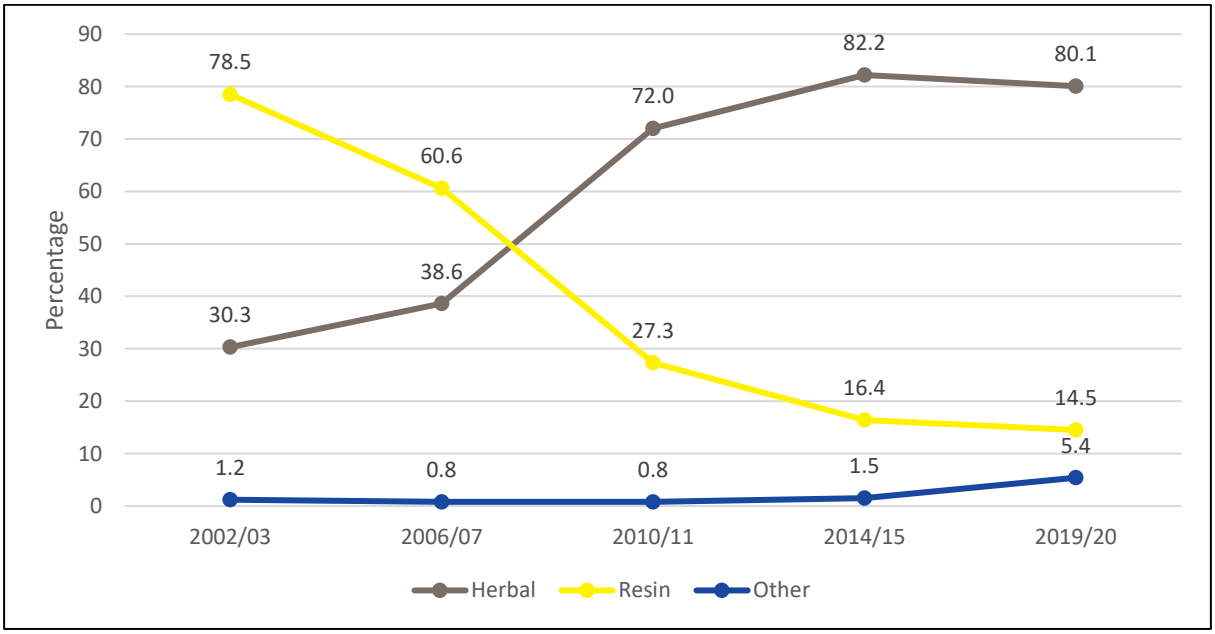


Figure T1.1.1.1 Trends in type of cannabis used

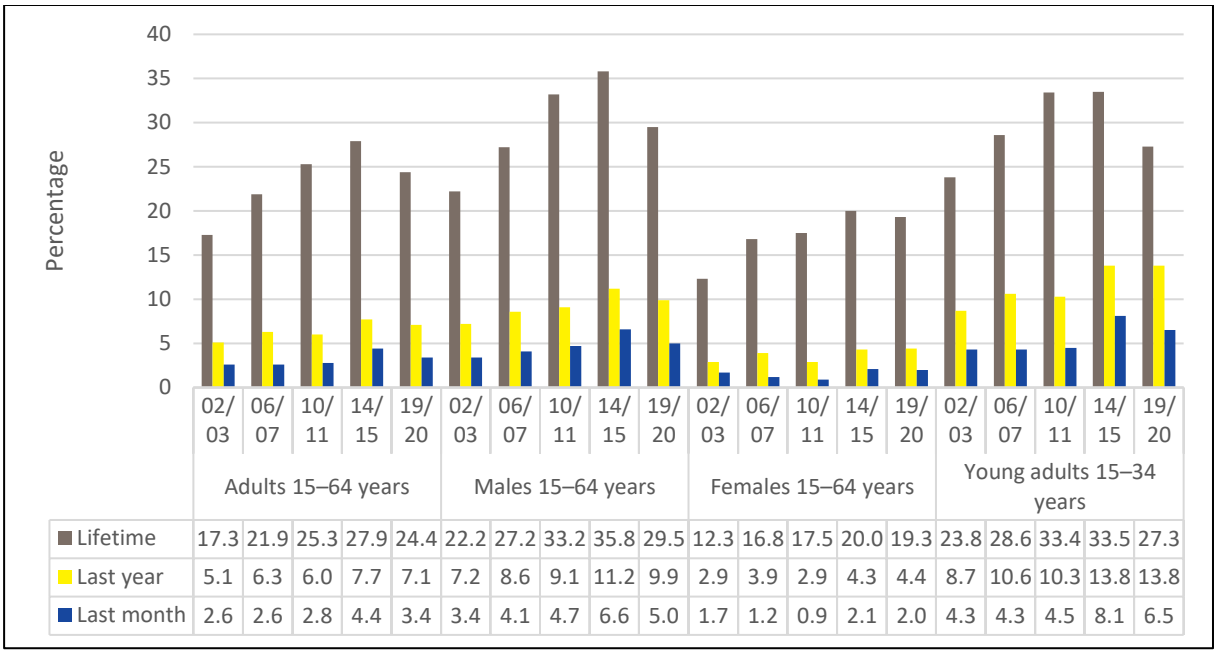
Source: NDAS (2021)
Note that respondents could select more than one option in the 2002/03 survey.
'Herbal' includes grass, weed, skunk, and herb.
'Resin' includes hash and resin.

T1.1.2 Cannabis use in the general population

Findings from the 2019/20 NDAS revealed that 24.4% of the population aged 15–64 years had used cannabis at some point in their lives; 7.1% reported use in the year prior to the survey, and 3.4% in the preceding month (see Figure T1.1.2.1).

Similar to earlier surveys, rates of cannabis use were greater among men than women: for lifetime use, the ratio of men's use to women's was 29.5% versus 19.3%; for last-year use, 9.9% among men versus 4.4% among women; and for last-month use, the ratio was 5.0% among men versus. Since 2002/03, lifetime, last-year, and last-month rates of cannabis use among males have increased by 32.9%, 37.5%, and 47.0%, respectively. Lifetime and last-year use of cannabis among females has also increased. However, last-month rates of cannabis use in women has remained relatively stable over time.

The prevalence of cannabis use was noticeably higher among young adults. However, lifetime and last-month rates were lower than those recorded in 2014/15, while last-year prevalence was unchanged, at 13.8%.



	Adults 15–64 years					Males 15–64 years					Females 15–64 years					Young adults 15–34 years				
	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20
Lifetime	17.3	21.9	25.3	27.9	24.4	22.2	27.2	33.2	35.8	29.5	12.3	16.8	17.5	20.0	19.3	23.8	28.6	33.4	33.5	27.3
Last year	5.1	6.3	6.0	7.7	7.1	7.2	8.6	9.1	11.2	9.9	2.9	3.9	2.9	4.3	4.4	8.7	10.6	10.3	13.8	13.8
Last month	2.6	2.6	2.8	4.4	3.4	3.4	4.1	4.7	6.6	5.0	1.7	1.2	0.9	2.1	2.0	4.3	4.3	4.5	8.1	6.5

Figure T1.1.2.1 Lifetime, last-year and last-month prevalence of cannabis use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

T1.1.3 Cannabis use in schools and other sub-populations

Health Behaviour in School-aged Children study, 2018

The first Health Behaviour in School-aged Children (HBSC) study was conducted in Ireland in 1998 and has been repeated every 4 years ever since. In 2018, Ireland participated in the HBSC study for the sixth time. The survey included a representative sample of 15,557 children drawn from 3rd Class in primary school through to Fifth Year in post-primary school; 255 primary and post-primary schools across Ireland participated. Data were collected on general health, smoking, use of alcohol and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying, and sexual health behaviours. The main results were published in 2021 (Gavin et al. 2021). This section describes the results pertaining to the use of cannabis and makes comparisons with previous HBSC studies.

Cannabis use in the last year

Overall, 8.5% of 10–17-year-olds said that they had used cannabis in the last year. The prevalence of cannabis use increased with age, and a higher percentage of boys reported using cannabis compared with girls, a difference consistent across each age category (see Table T1.1.3.1). Almost 22% of boys and 14% of girls aged 15–17 years reported having used cannabis in the last year.

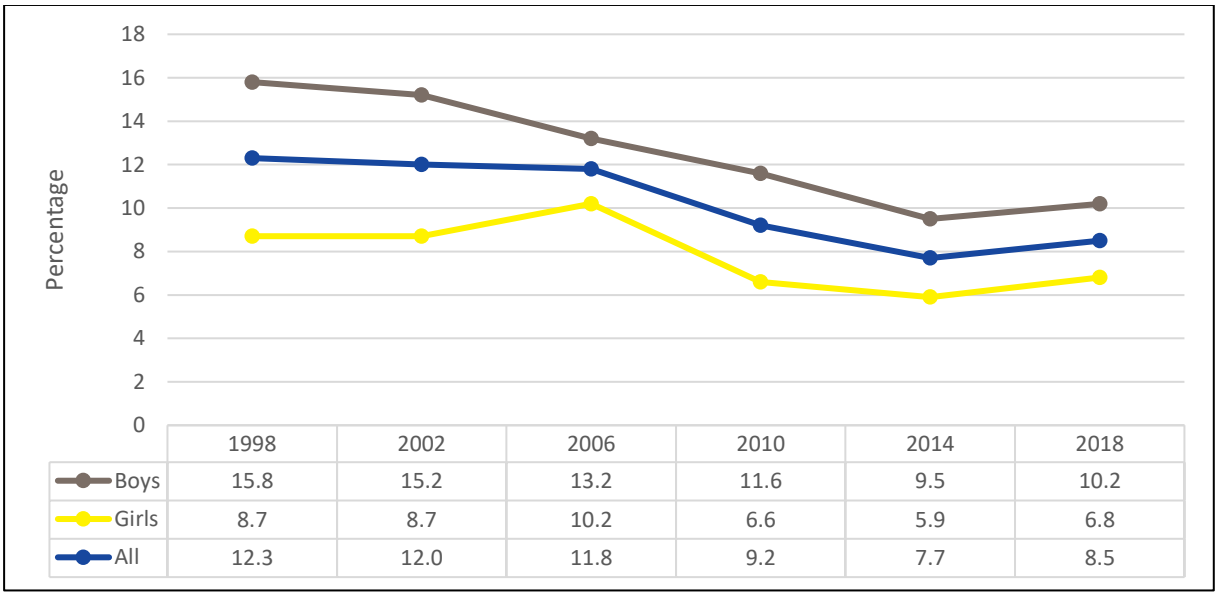
Table T1.1.3.1 Percentage of 10–17-year-olds reporting cannabis use in the last year, by sex and age group, 2018

Age group	Boys (%)	Girls (%)
10–11 years	0.6	0.0
12–14 years	2.6	2.2
15–17 years	21.9	13.9

Source: HBSC Ireland (2021)

Trends in cannabis use among Irish school-aged children, 1998–2018

Although a higher percentage of 10–17-year-olds reported having used cannabis in 2017/18 compared with the 2014 HBSC study (see Figure T1.1.3.1), there has been a steady decrease in the lifetime use of cannabis among school-aged children since 1998, with a 35% reduction among boys and a 22% reduction among girls. Overall, trends in prevalence since 2010 suggest that the use of cannabis has stabilised among 10–17-year-olds in Ireland.



	1998	2002	2006	2010	2014	2018
Boys	15.8	15.2	13.2	11.6	9.5	10.2
Girls	8.7	8.7	10.2	6.6	5.9	6.8
All	12.3	12.0	11.8	9.2	7.7	8.5

Figure T1.1.3.1 Percentage of 10–17-year-olds who reported cannabis use in the last 12 months, overall and by sex, from 1998 to 2018

Source: HBSC Ireland (2021)

Cannabis use among young people in Ireland: Results from the Growing Up in Ireland national longitudinal study of children and young people

Since 2006, the Growing Up in Ireland (GUI) national longitudinal study of children and young people has followed a cohort of children born in 1998. Four waves of interviews have been conducted with this cohort when they were aged 9, 13, 17–18, and 20 years. The most recent GUI report presents

the findings of 5,191 interviews of the 20-year-old participants, which were conducted in 2018 and 2019 (ESRI and Trinity College Dublin 2019).

Key findings of the most recent GUI report are as follows:

- Fifty-nine per cent of all 20-year-olds reported that they had tried cannabis: 26% said that they had tried cannabis once or twice, 18% took it occasionally, 6% took it more than once per week, and 9% did not take cannabis anymore (Figure T1.1.3.2).
- The percentage of 20-year-olds who had ever tried cannabis increased markedly as the young people moved through their teens: 1% had tried cannabis by the age of 13 years, 30% had tried it by the age of 17–18 years, and 59% had tried it by the age of 20 years.
- In terms of using other illicit drugs (e.g. ecstasy and cocaine), 13% of all 20-year-olds reported that they had tried them fewer than five times, whereas 15% said that they had tried them five or more times.
- Nine per cent of all 20-year-olds had used prescription drugs recreationally.

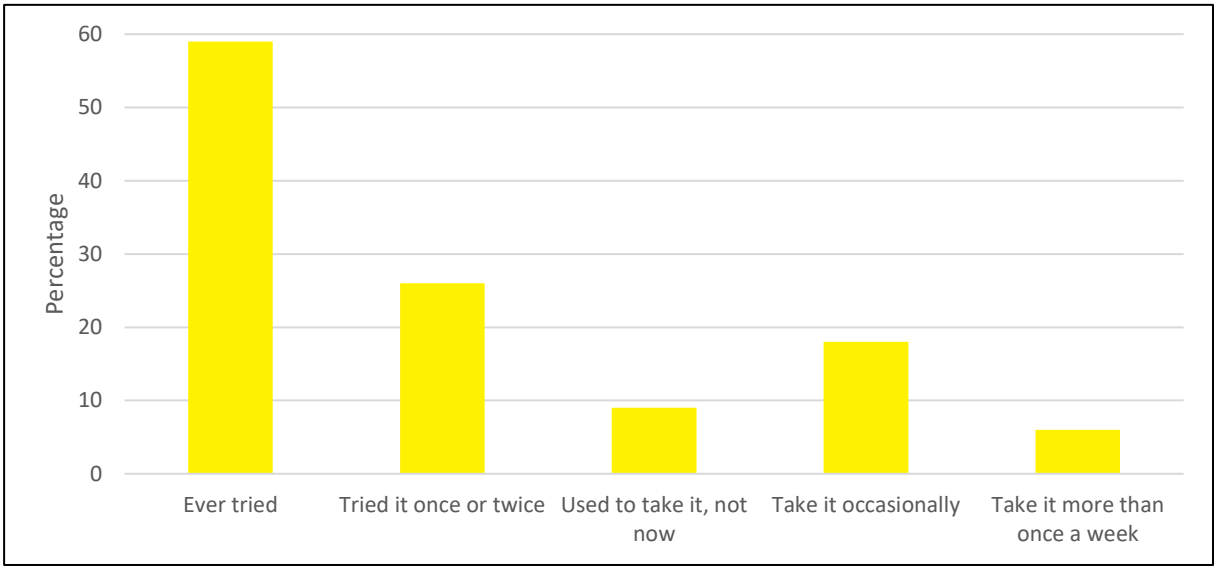


Figure T1.1.3.2 Cannabis use among 20-year-olds in Ireland, 2018–19

Source: ESRI and Trinity College Dublin (2019)

Drug use among 20-year-olds in Ireland: Results from the GUI study

Any drug use

Figure T1.1.3.3 shows the prevalence of illicit drug use among 20-year-olds in the GUI study. Cannabis was the most prevalent drug, with 59% of respondents stating that they had ever tried it. More than one-quarter (28%) of all 20-year-olds said that they had ever tried other non-prescribed drugs, with the most commonly reported drugs being cocaine (22% of all 20-year-olds had tried it at least once), ecstasy (17%), and ketamine (12%).

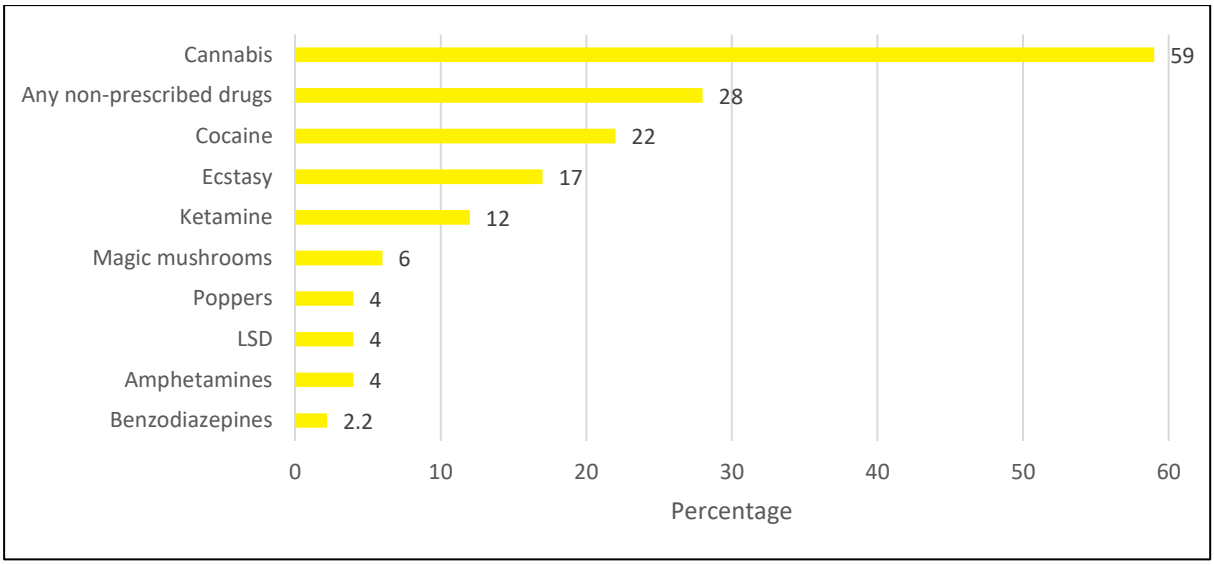


Figure T1.1.3.3 Lifetime illicit drug use among 20-year-olds in Ireland, 2018–19

Source: GUI Ireland (2021)
LSD: lysergic acid diethylamide.

Cannabis use

It was found that almost one-quarter of 20-year-olds used cannabis at least occasionally (Figure T1.1.3.4), with 6% stating that they used cannabis more than once per week. Differences in the percentage of young adults taking cannabis occasionally or more often were observed in terms of both sex and parental education: a greater proportion of men took cannabis regularly (29% versus 18% of women), as did a greater proportion of 20-year-olds whose parents had higher levels of education (28% of those whose parents had a degree or more education, versus 19% of those whose parents had lower second level education or less).

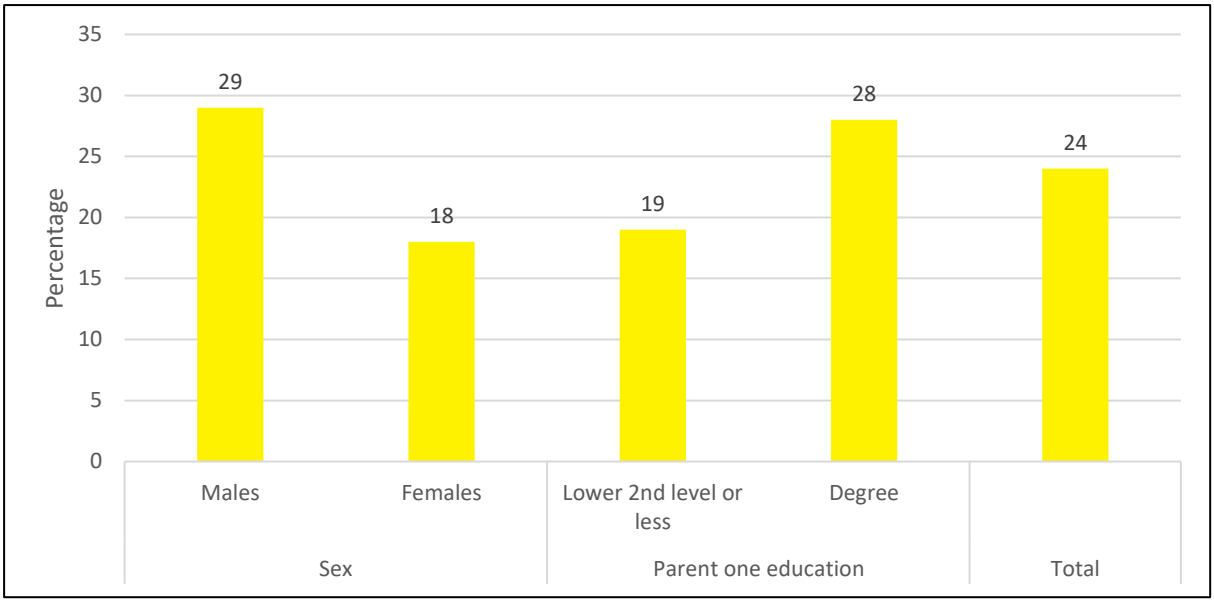


Figure T1.1.3.4 Percentage of 20-year-olds who took cannabis occasionally or more than once per week, according to key background characteristics, 2018–19

Source: GUI Ireland (2021)

Prior experience with drugs was also found to be related to current cannabis use (see Figure T1.1.3.5). Young adults who had already tried cannabis by the age of 17–18 years were more likely to be current cannabis users at the age of 20 years. In addition, they were nearly three times as likely to be occasional users (34% versus 12%) and were also significantly more likely to use cannabis more than once per week (16% versus 1%).

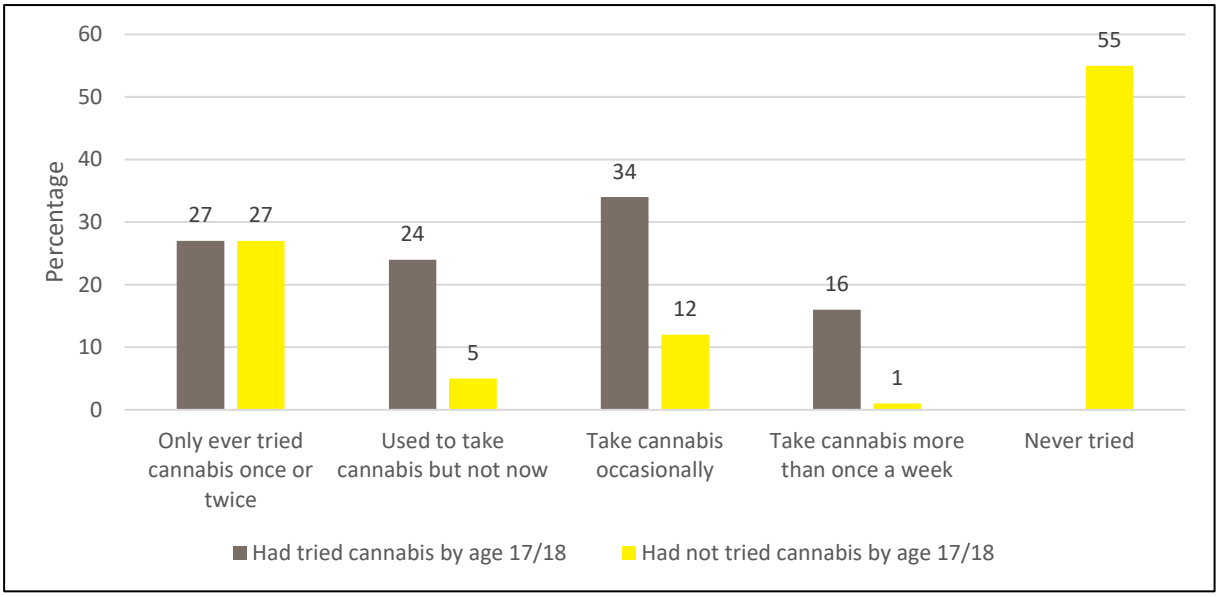


Figure T1.1.3.5 Status regarding cannabis use at the age of 20 years, based on cannabis use at the age of 17–18 years, 2018–19

Source: GUI Ireland (2021)

European School Survey Project on Alcohol and Other Drugs

Alcohol, smoking, cannabis and other substance use among 15–16-year-olds

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has conducted surveys of school-going children every 4 years since 1995, using a standardised method and a common questionnaire. The seventh survey was undertaken in 35 European countries during 2019 and collected information on the use of alcohol, tobacco, and other substances among 15–16-year-old students.

An important goal of the ESPAD is to monitor trends in alcohol consumption as well as tobacco and other drug use among 15–16-year-olds and to compare trends between countries and groups of countries. It also provides an opportunity to observe changes in Irish trends between 1995 and 2019. The rationale for the ESPAD is that school students are easily accessible and are at an age when the onset of substance use is likely to occur.

This section concentrates on findings from the ESPAD conducted in Ireland in 2019, in which 3,565 questionnaires were completed by young people from 50 randomly selected post-primary schools (Sunday et al. 2020). Of these participants, 1,967 were born in 2003 and were included in the international ESPAD dataset.

Alcohol use

Respondents were asked on how many occasions in their lifetime had they used alcohol. More than one-quarter (27.4%) answered that they had never consumed an alcoholic beverage in their lifetime.

Overall, 72.6% of students had drunk alcohol in their lifetime, with 17.6% having tried alcohol once or twice. Seventeen per cent had drunk alcohol on more than 20 occasions. Although the percentage of students who indicated lifetime use of alcohol was similar according to sex (72.7% among males versus 72.4% among females), male students were more likely to have tried alcohol 40 times or more (11.7%) compared with female students (7.1%).

Almost one-half (40.8%) of students had drunk alcohol in the last month and were considered to be current drinkers. Almost one-quarter (23.4%) reported drinking alcohol once or twice in the last month, while only a small proportion of respondents had used alcohol 10 times or more in the last month (3.7%). More male (42.1%) than female (39.5%) students indicated current alcohol use. Although the findings suggest an increase in current alcohol use among students since the 2015 ESPAD, current alcohol use among students in Ireland has declined overall since 2003 (see Table T1.1.3.2), with a 44% reduction over the 16-year period between 2003 and 2019.

Table T1.1.3.2 Alcohol use in the last month among 15–16-year-olds in Ireland, ESPAD 2003–2019

Alcohol use in the last month	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)
Males	71	57	48	35	42
Females	74	56	52	37	40
All subjects	73	56	50	36	41

Source: ESPAD Ireland (2020)

Respondents were asked if they had been drunk in the last month. Sixteen per cent of students reported having been drunk in the last month, and 12.8% reported having been drunk more than once or twice during the last month. More females (17.1%) than males (15.1%) reported having been drunk in the last month.

Cider (28.5%), beer (27.3%), and spirits (27.1%) were the most common types of alcohol consumed in the month prior to the survey. The least popular drinks were wine (8.3%) and alcopops (14.2%). Respondents were asked how difficult they thought it would be to obtain specific alcoholic beverages, with response categories ranging from ‘impossible’ to ‘very easy’. A majority of students believed that it would be ‘very easy’ or ‘fairly easy’ to obtain all beverage types examined; 67.7% gave this answer for cider and 71.1% for beer. Only 8.5% believed that it would be impossible to obtain spirits; in contrast, 58.8% said that spirits would be ‘fairly easy’ or ‘very easy’ to obtain.

Smoking

Participants were asked on how many occasions they had smoked cigarettes during their lifetime. More than two-thirds (68.4%) of students reported that they had never smoked a cigarette and a further 11.0% had only smoked on one or two occasions. Just 7.2% of all students reported smoking cigarettes on at least 40 occasions. Overall, almost one-third had ever smoked a cigarette in their lifetime (31.6%).

When students were asked to consider how often they had smoked cigarettes in the last month, 85.6% reported that they had not smoked at all, while 14.4% had smoked at least once. Seven per cent of students reported smoking less than one cigarette per week and a further 1.9% smoked less than one cigarette per day. Only 11 students reported smoking more than 20 cigarettes per day. There were significant differences in current smoking between male and female students, as more male students had reported smoking in the last month (16.2%) than female students (12.8%).

Trends over time suggest that current smoking among school-aged children in Ireland has stabilised and is greatly reduced since 2003, with a 58% reduction between 2003 and 2019 (see Table T1.1.3.3).

Table T1.1.3.3 Smoking in the last month among 15–16-year-olds in Ireland, ESPAD 2003–2019

Last-month cigarette use	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)
Males	28	19	19	13	16
Females	37	27	23	13	13
All subjects	33	23	21	13	14

Source: ESPAD Ireland (2020)

When students were asked how difficult they thought it would be to access cigarettes, more than one-third (38.2%) responded that it would be 'fairly easy' to obtain a cigarette, while another 23.2% thought it would be 'very easy'. Only 5.5% responded that it would be 'impossible'. Most students believed that there is a moderate risk (34.0%) or a slight risk (27.4%) to health from smoking occasionally, while 22.7% answered that they perceived a great risk to health from smoking one or more packs of cigarettes per day.

Other substance use

Students were asked how many times in their lives they had used cannabis. Male students (23.8%) were more likely than female students (14.7%) to have ever tried cannabis. Overall, 19.1% of students had ever tried cannabis, most of whom had tried it once or twice. There was also a sizeable minority of students who had smoked cannabis 20 times or more (4.1%).

Overall, 15.8% of students had used cannabis in the last year. Again, more male (20.0%) than female (11.8%) respondents reported using cannabis in the last year. Almost 3.8% and 2.4% of male and female students, respectively, reported using cannabis 20 times or more in the last year. Six per cent of males and 3.9% of females had first used cannabis at the age of 12 years or younger. Almost one-half (49.3%) of students had first tried cannabis at the age of 15 years, and 11.4% had first tried it at the age of 13 years. When respondents were asked how easy they thought it would be to obtain cannabis, 46.3% perceived that it would be 'impossible', 'very difficult', or 'fairly difficult' to obtain, while 42.4% perceived that it would be 'fairly easy' or 'very easy' to obtain cannabis.

Regarding lifetime use of other substances, inhalants were the most commonly used substance, after cannabis, at 10%. The next most commonly used drugs were painkillers 'to get high' (5.4%), followed by cocaine, ecstasy, tranquillisers, magic mushrooms, and LSD, all at 3% (see Table T1.1.3.4).

Trend analysis demonstrates that lifetime prevalence of cannabis use has remained relatively unchanged since 2007, at approximately 20%, among 15–16-year-olds in Ireland (see Table T1.1.3.4). There has been a 29% decrease in the use of illicit drugs other than cannabis, from 7% in 2015 to 5% in 2019. Overall, there has been a 69% reduction in the use of illicit drugs among 15–16-year-olds in Ireland since 1995.

Table T1.1.3.4 Lifetime use of illicit drugs among 15–16-year-olds in Ireland, ESPAD 2003–2019

Drug	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)
Cannabis	39	20	18	19	19
Inhalants	18	15	9	10	10
Cocaine	3	4	3	2	3

Drug	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)
Ecstasy	5	4	2	3	3
Tranquillisers (non-prescribed)	2	3	3	3	3
Magic mushrooms	4	4	2	2	3
LSD	2	3	2	2	3
Crack cocaine	2	4	2	1	2
Amphetamines	1	3	2	2	2
Heroin	1	1	1	0.4	1

Source: ESPAD Ireland (2020)

Conclusion

In summary, the results from the 2019 ESPAD suggest a slight increase in the use of alcohol since the 2015 ESPAD, while the use of cigarettes among school-aged children in Ireland has stabilised. The use of cannabis, inhalants, and other illicit substances may also have stabilised. Nevertheless, it should be noted that early school-leavers, a group known to be vulnerable to alcohol and drug use, are not represented in this survey. Consequently, the results may not indicate the true extent of alcohol and illicit substance use among all 15–16-year-old children in Ireland.

Drug use among students in higher education in Ireland

The use of illicit drugs is a public health issue worldwide, with the annual prevalence of drug use increasing over the past decade (European Monitoring Centre for Drugs and Drug Addiction 2012) (Hall et al. 2016) (United Nations Office on Drugs and Crime 2018) (Ahrnsbrak et al. 2016). International research from Ireland, the United Kingdom, and the United States of America (USA) suggests that approximately one-quarter of students in higher education institutions (HEIs) report using illicit drugs within the last 12 months (Bennett and Holloway 2014) (Cahill and Byrne 2010) (Hope et al. 2005) (Dooley et al. 2019) (Davoren et al. 2015) (Skidmore et al. 2016). However, there is a lack of comprehensive recent data on drug use among students in higher education in Ireland. In September 2019, the then Minister of State for Higher Education, Mary Mitchell O'Connor, established a rapid response group to address the issue of drug use in higher education in Ireland. Minister O'Connor tasked the group with recommending a suite of specific actions appropriate to the higher education setting and in line with the Government's national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), with the overall aim being to reduce harms experienced by students through the use of drugs. The My Understanding of Substance-use Experiences (MyUSE) research team in University College Cork was selected to develop the Drug Use in Higher Education in Ireland (DUHEI) survey (Byrne et al. 2022). The survey population included undergraduate and postgraduate students aged 18 years and over in publicly funded HEIs. The sampling strategy used ensured that a random representative sample of the student population was invited to participate in the survey.

Twenty-one publicly funded HEIs in Ireland participated in the DUHEI survey. Data collection was completed in early 2021 via a secure online survey platform. Responses from more than 11,500 participants were included for analysis, of which 60% were female. The median age of participants was 21 years; 81% were undergraduates and 90% were students from other European countries. The main findings from the DUHEI survey are discussed in the remainder of this subsection.

Student drug use

Results from the DUHEI survey revealed that more than one-half of participating students reported ever using an illicit drug, with more than one-third reporting drug use in the last year (recent use) and one-fifth reporting using drugs in the last month (current use). Among students reporting ever using an illegal drug (see Figure T1.1.3.6), the most commonly used drugs were cannabis (52%), cocaine (25%), ecstasy (23%), ketamine (16%), magic mushrooms (12%), amphetamines (9%), and new psychoactive substances (NPS) (8%). This order of prevalence of drugs/drug types was maintained across all three user groups (lifetime use, recent use, and current use).

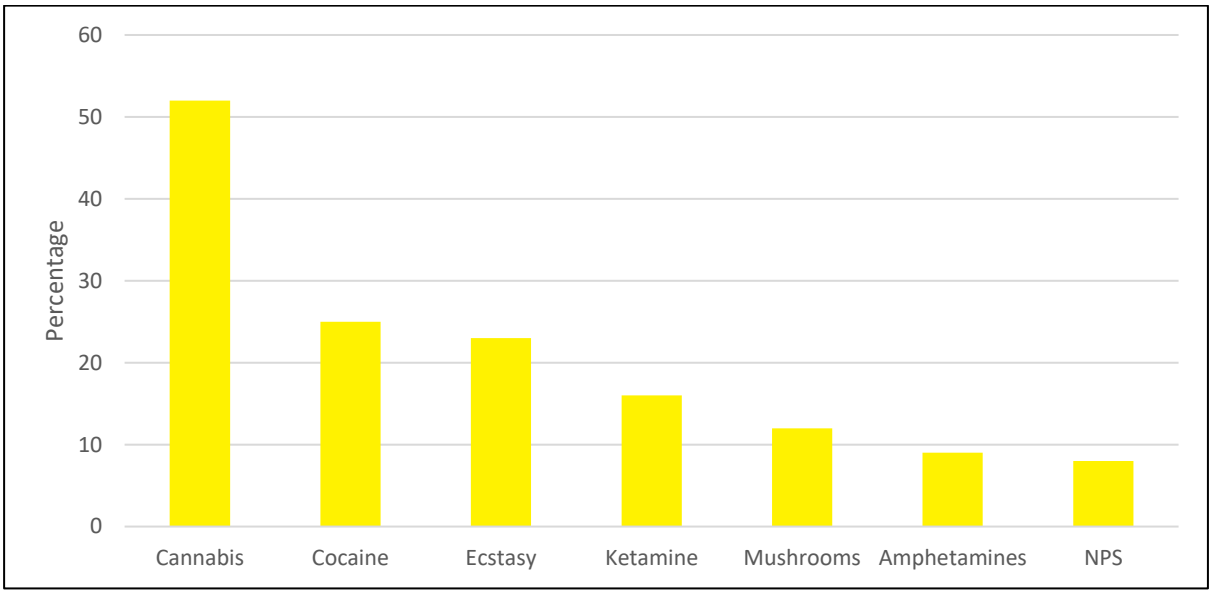


Figure T1.1.3.6 Type of drugs used by DUHEI survey participants who reported ever using an illegal drug

Source: DUHEI (2022)

Current users of cannabis reported doing so approximately twice weekly, while current users of cocaine or ketamine did so approximately once monthly. One in 4 males and 1 in 6 females indicated current drug use; 4 out of 10 current users reported using 2 or more drugs on the same occasion. For the majority of drug types, the age of first use was between 19 and 21 years, whereas for cannabis, it was between 16 and 18 years. One in four current cannabis users reported first using cannabis when they were aged under 16 years.

Harms and effects

Although a majority of recent and current illicit drug users felt that their drug use had neither negative nor positive effects on many aspects of their lives, the DUHEI survey found that, based on Drug Abuse Screening Test (DAST-10) scores, one in three recent users and more than one in two current users were at moderate or substantial risk of harms arising from their drug use. Just under one in two recent or current users reported having unprotected or unintended sex, or getting into fights, on at least one occasion in the preceding year. Six out of 10 current users reported engaging in sexual activity while under the influence of drugs, and one in three of these reported that the drug used was cocaine. In addition, one in three current users believed that drugs have a negative effect on student life.

Changing drug use behaviours

One in three users reported that they had tried to reduce their drug use. The most commonly reported means of changing drug use were avoiding environments where drugs are used and avoiding friends and peers who use drugs. For all participants, face-to-face interventions were perceived as being more effective than online interventions in reducing drug-related harms. Education was perceived as being the least effective intervention to reduce harms, while counselling was perceived as being the most effective intervention to reduce harms from drug use.

Other findings

Other findings from the DUHEI survey include the following:

- Fewer than 1 in 20 participants reported using 'smart drugs' (i.e. study drugs/nootropics/cognitive enhancers), while 1 in 10 current users reported using smart drugs in order to enhance their academic performance.
- More than 1 in 20 participants reported that they previously had a drug or alcohol problem; for one-half of these, it had resolved within the previous 2 years.
- One in four of those with a previous drug or alcohol problem identified themselves as currently in active recovery.
- Of those who had used drugs during the COVID-19 pandemic, one in three had decreased their use, while slightly fewer than one in four had increased their use over this period.
- One in 10 participants reported using drugs for the first time since the COVID-19 pandemic began.

Conclusions

The study authors noted that more than one-half of those who currently use drugs identified in the DUHEI survey were at moderate or substantial risk of harm from drug use based on their DAST-10 score. The authors suggest that interventions targeted at the level of the individual are clearly required in Irish HEIs. In addition, interventions at an institution and sector level are also required in order to support those who do not use drugs and to aid the recovery and reduce the harms experienced by those who do. They also recommend that the DUHEI survey should be repeated at 5-year intervals in order to monitor trends in drug use prevalence, attitudes, and behaviours among higher education students in Ireland.

T1.2 Patterns, treatment and problem/high-risk use

T1.2.1 Patterns of cannabis use

Frequency of cannabis use

Findings from the 2019/20 NDAS show that more than one-fifth (22.7%) of current users had used cannabis on 20 days or more in the previous month, which is considered to be current or daily/almost daily use. This was more common among males (29.4%) than females (7.5%) and among older (30.5%) than younger (19.8%) respondents (Table T1.2.1.1).

Table T1.2.1.1 Frequency of cannabis use in the last month among current users, by sex and age group (N=159)

Frequency of last month cannabis use	All	Males	Females	15–34-year-olds	35–64-year-olds
≥20 days	22.7	29.4	7.5	19.8	30.5
10–19 days	12.3	17.4	0.6	10.9	17.3
4–9 days	30.1	27.2	36.7	33.8	16.0
1–3 days	34.0	26.0	55.2	35.5	36.2

Source: NDAS (2021)

Regular use of cannabis and efforts to stop

Among lifetime cannabis users, 32.3% stated that they had ever used cannabis regularly (participants defined what the term 'regular' meant for themselves). Respondents who had used cannabis regularly at some point in their lifetime were also asked about attempts to stop. Among this group, 73.1% said that they had managed to stop. The most common reason given by respondents for stopping cannabis use was that it was no longer a part of their social life (23.6%), followed by not wanting to use it any longer (19.1%) and concerns about their health (14.2%).

T1.2.2 Reducing the demand for cannabis

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the TDI data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007, but then increased year-on-year to a peak of 28.9% in 2015. Since then, the proportion has been slowly decreasing; however, these proportions must be interpreted carefully, as the actual number of cases has fluctuated: 17.6% (n=2,220) of cases in 2023 were treated for problem cannabis use compared with 19.0% (n=2,184) in 2022 (see Section T2.1 of the *Treatment workbook* for further information).

Cannabis was the third most common drug for which treatment entrants sought treatment, after cocaine and opioids (mainly heroin), which is similar to the 2022 findings. In 2011, cannabis replaced opioids as the most common problem drug reported among new treatment entrants; however, in 2021, cocaine overtook cannabis as the most common problem drug reported among new treatment entrants. In 2023, cannabis remained the second most common problem drug reported by new treatment entrants (also see Section T1.3.1 of the *Treatment workbook*).

In 2023, 70.0% of cases reporting cannabis as their main problem drug identified as male, 29.5% identified as female, and 0.4% identified as non-binary. The mean age was 26 years (males: 26.0 years; females: 27.5 years; non-binary: 19.5 years), and all of these figures are similar to previous years. Nearly one-third (29.1%) of cases were new treatment entrants, with the proportion of new entrants gradually decreasing since 2015.

In 2023, the highest percentage of cases (51.9%) were self-referred (including referrals from family or friends, with no other agency/institution involved), which is similar to findings for previous years. This was followed by 35.6% of cases that were referred by other medical agencies or social services. Less than 1 in 10 cases (7.4%) were referred by courts, probation services, or police. Most of the people who used cannabis and accessed treatment accessed generic drug treatment services.

T1.2.3 High-risk cannabis use

Cannabis use disorder

Cannabis use disorder (CUD) is defined as any cannabis abuse or dependence in the 12 months prior to the survey. It was measured using an instrument called the Munich-Composite International Diagnostic Interview (M-CIDI). The M-CIDI was completed by all respondents reporting cannabis use in the last year. The M-CIDI combines the four cannabis abuse criteria and the seven cannabis dependence criteria from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (American Psychiatric Association 2013). A person can be diagnosed as having either cannabis abuse or cannabis dependence. If the respondent meets the criteria for both abuse and dependence, then they are assigned to the dependence category only. In previous publications relating to the 2010/11 and 2014/15 surveys, prevalence estimates were presented differently; those who met the criteria for both cannabis abuse and cannabis dependence were counted in each category. Consequently, the CUD results presented here for the 2010/11 and 2014/15 surveys differ from what was published previously in previous NDAS reports.

The prevalence of CUD in 2019/20 was 1.2%, representing 45,100 of the Irish population; this included 0.5% with cannabis abuse and 0.6% with cannabis dependence (Table T1.2.1.2). The prevalence of CUD was 1.6% for males and 0.8% for females. The highest prevalence was observed among 15–34-year-olds (2.8%). Of those who had used cannabis in the last year, 19.6% met the criteria for CUD, including 19.0% of male and 20.9% of female cannabis users.

Table T1.2.1.2 Prevalence of CUD in the general population, by sex and age group (%)

Problem cannabis use	All adults	Males	Females	15–34-year-olds	35–64-year-olds
Cannabis abuse	0.5	0.5	0.5	1.3	0.3
Cannabis dependence	0.6	1.0	0.2	1.6	0.3
CUD	1.2	1.6	0.8	2.8	0.5

Source: NDAS (2021)
All figures are based on weighted data, are rounded to the nearest decimal place, and are based on valid responses.

Trends in CUD

The prevalence of CUD among 15–64-year-olds increased substantially between 2010/11 and 2014/15, from 1.5% to 3.0%, and decreased in 2019/20 to 1.4%. A decrease in CUD was particularly apparent among males and 15–34-year-olds (Table T1.2.1.3). The proportion of last-year cannabis users with CUD was 19.6% in the 2019/20 NDAS, 39.2% in the 2014/15 NDAS, and 24.0% in the 2010/11 NDAS.

Table T1.2.1.3 Trends in CUD among 15–64-year-olds, by sex and age group (%)

Year	All	Males	Females	15–34-year-olds	35–64-year-olds
2010/11	1.5	2.7	0.4	2.8	0.5
2014/15	3.0	4.9	1.2	5.9	0.8
2019/20	1.4	1.9	0.9	2.8	0.5

Source: NDAS (2021)

T1.2.4 Synthetic cannabinoids

Since 2009, only a very small number of cases have reported synthetic cannabinoids as their main problem drug in the TDI data. These numbers have fluctuated over the years, but the small numbers make interpretation of trends impossible. In 2023, 46 cases reported a synthetic cannabinoid as their main problem drug, an increase compared with the 30 cases reported in 2022 and 42 cases in 2021. It should be noted that the types of NPS used by clients presenting to treatment are self-reported, and the actual drugs are rarely tested by treatment services, so it is not possible to say with certainty that the problem drug reported in these cases was definitely a synthetic cannabinoid. The type of NPS was not specified in a large proportion of NPS cases recorded in the TDI data, and so the true number of synthetic cannabinoid users may be under- or overestimated. The 46 cases reported in 2023 are not included in the analysis of problem cannabis use in Section A – T1.2.2. See also Sections T1.3.1 and T2.1 of the *Treatment workbook*.

T2. Trends

Included above.

T3. New developments

T3.1 New developments in the use of cannabis

Availability of cannabis

Regarding cannabis availability for people aged 15 years and over in Ireland, respondents in the 2019/20 NDAS reported the following:

- Among all adults, 17.5% had been offered cannabis either free of charge or to buy in the previous 12 months; 4.8% were offered cannabis on at least 10 occasions.
- Recent cannabis users were asked how they got their cannabis on the last occasion they used it: 31.2% reported sharing cannabis among a group of friends, 30.2% got it from a family member or a friend, and 18.0% bought it from a friend. In comparison, just 5.0% obtained their cannabis from a stranger.
- On the last occasion they used cannabis, recent users most frequently reported obtaining it at the house of a friend (38.4%), followed by obtaining cannabis in the street/park (18.9%), at a disco/bar/club (15.3%), or at a music festival (7.4%).
- The majority of recent cannabis users (89.8%) stated that it would be ‘very easy’ or ‘fairly easy’ to access cannabis within a 24-hour period, while 6.8% stated that it would be ‘very difficult’ or ‘fairly difficult’.

T4. Additional information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of cannabis use

Trends in Irish public attitudes towards permitting cannabis for recreational use since 2002

Background

There has been much debate around the liberalisation of cannabis laws both in Ireland and internationally. The recreational use of cannabis has been legalised in 23 states in the USA, as well as in Canada and Uruguay. While no national government in Europe supports the legalisation of cannabis sale for recreational use, a new coalition government in Germany agreed in late 2021 to regulate the sale of cannabis to adults for recreational purposes, while Luxembourg has also announced that it will legalise the production, sale, and consumption of cannabis. It has been noted that public opinion can play an important role in the liberalisation of cannabis laws. Given the current debate regarding cannabis legalisation in Ireland, understanding trends in public opinion and the characteristics of supporters may help to inform policy around cannabis regulation. A 2023 study aimed to examine the changes in attitudes towards recreational cannabis use in Ireland since 2002 (Mongan et al. 2023).

Methods

Data from five iterations of the NDAS (2002/03, 2006/07, 2010/11, 2014/15, 2019/20) were analysed. Multivariable logistic regression analyses were used in order to examine factors associated with being in favour of the use of cannabis for recreational purposes.

Results

Overall, there was minority support for permitting recreational cannabis use among 15–64-year-olds (see Figure T4.2.1), which ranged from 19.1% in 2006/07 to 29.9% in 2019/20. The factors significantly associated with agreeing with recreational cannabis use were being male and living in Dublin, as well as being either a recent or past cannabis user, knowing cannabis users, perceiving cannabis use as not being a great risk, and not disapproving of cannabis use. Surprisingly, there was a relative lack of support among younger respondents, even though younger people in Ireland are more likely than older adults to use cannabis.

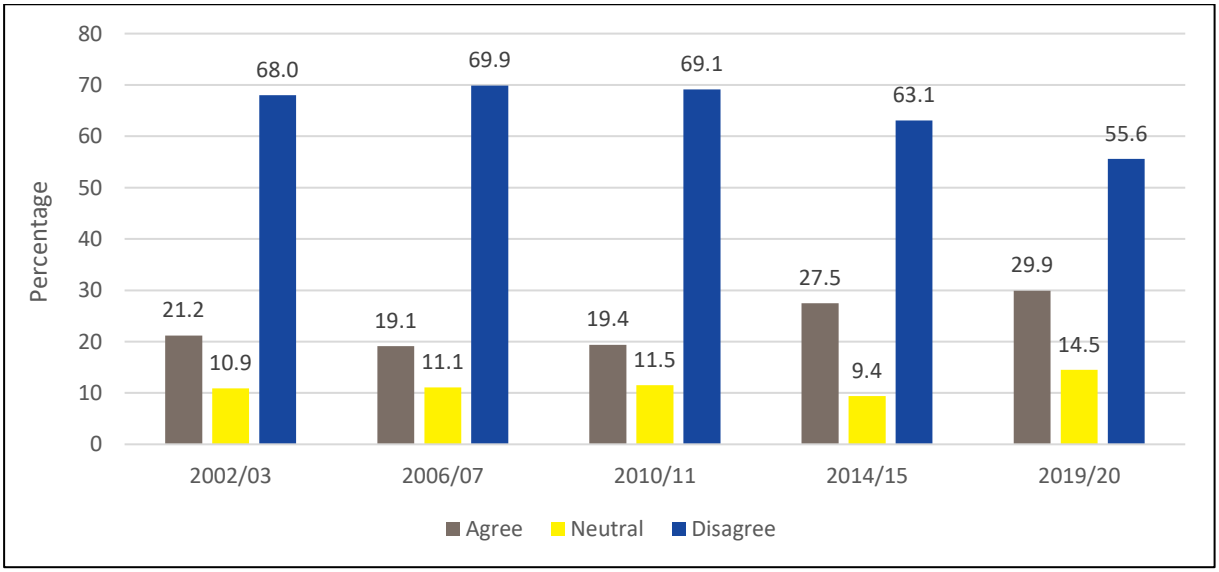


Figure T.4.2.1 Level of agreement with recreational cannabis use among 15–64-year-olds, 2002/03–2019/20

Source: Mongan et al. (2023)

Conclusion

In conclusion, while there has been majority opposition to permitting recreational cannabis use in Ireland since 2002, support has increased over time. Given the potential public health impact of legalisation, it is imperative that valid and reliable information on cannabis use, CUD, and cannabis-related harm is collected, so that the impact of any changes arising from cannabis legalisation can be accurately measured.

SECTION B. STIMULANTS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance and use of different stimulant drugs

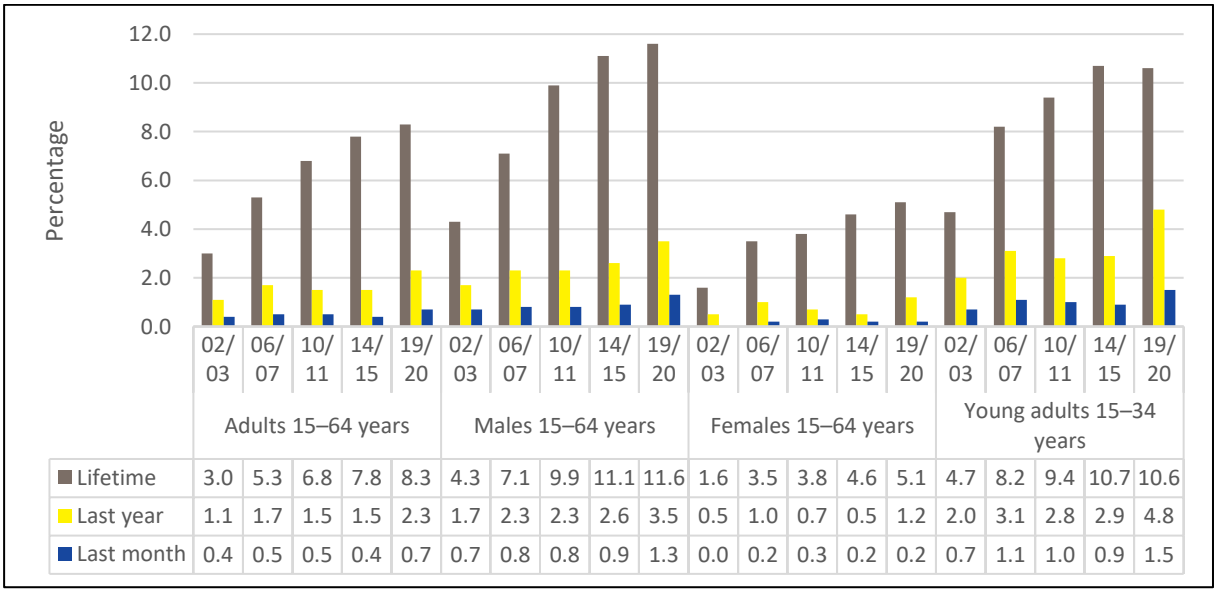
Ecstasy was the second most commonly used illegal drug in the year prior to the 2019/20 NDAS; the largest increase in ecstasy use was seen among males aged 25–34 years, with almost 1 in 10 males in this age group having used ecstasy in the last year. A similar proportion of this age cohort had used cocaine in the last year, with males being more likely to report recent cocaine use than females. Noticeable increases in cocaine use were also observed among females aged 15–24 years. Overall, recent cocaine use was found to have increased significantly among 15–64-year-olds since 2014/15.

T1.1.2 Stimulant use in the general population

Cocaine use

Lifetime cocaine use has increased when compared with 2014/15 rates (see Figure T1.1.2.1). The percentage of respondents aged 15–64 years who reported using cocaine (including crack) at some point in their lives increased from 7.8% to 8.3%. As was observed in previous iterations of the NDAS, more men reported using cocaine in their lifetime compared with women (11.6% versus 5.1%).

Recent use of cocaine among 15–64-year-olds has increased from 1.1% in 2002/03 to 2.3% in 2019/20, although recent cocaine use remained stable between 2006/07 and 2014/15. Since the 2014/15 NDAS, recent cocaine use among males has increased from 2.6% to 3.5%, while recent cocaine use among females has increased from 0.5% to 1.2%. There were also noticeable increases in recent and current use of cocaine among young adults; last-year prevalence increased from 2.9% in 2014/15 to 4.8% in 2019/20, while current use increased from 0.9% in 2014/15 to 1.5% in 2019/20.



	Adults 15–64 years					Males 15–64 years					Females 15–64 years					Young adults 15–34 years				
	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20
Lifetime	3.0	5.3	6.8	7.8	8.3	4.3	7.1	9.9	11.1	11.6	1.6	3.5	3.8	4.6	5.1	4.7	8.2	9.4	10.7	10.6
Last year	1.1	1.7	1.5	1.5	2.3	1.7	2.3	2.3	2.6	3.5	0.5	1.0	0.7	0.5	1.2	2.0	3.1	2.8	2.9	4.8
Last month	0.4	0.5	0.5	0.4	0.7	0.7	0.8	0.8	0.9	1.3	0.0	0.2	0.3	0.2	0.2	0.7	1.1	1.0	0.9	1.5

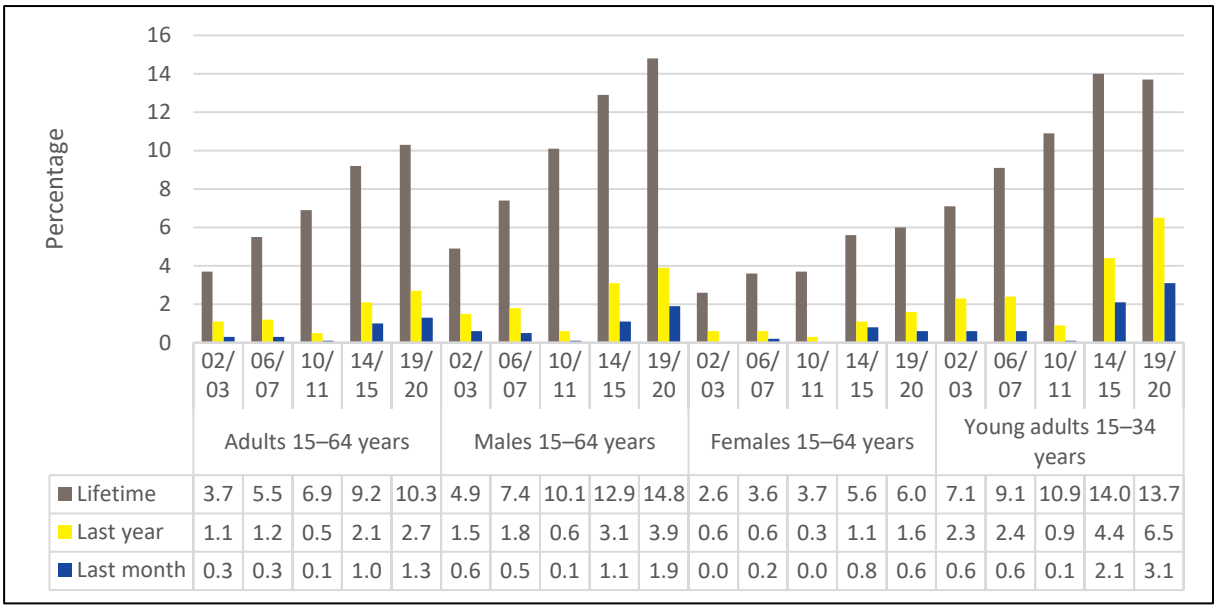
Figure T1.1.2.1 Lifetime, last-year and last-month prevalence of cocaine use (including crack) in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

Ecstasy use

Ecstasy was found to be the second most commonly used illegal drug (after cannabis) in the year prior to the survey. With the exception of the 2010/11 NDAS, recent ecstasy use has increased at each survey; there was a significant decrease in 2010/11 (to 0.5%) but recent use increased to 2.1% in 2014/15 (see Figure T1.1.2.2).

Almost 14.0% of young adults (aged 15–34 years) said that they had tried ecstasy at least once in their lifetime, with 6.5% having used it within the last year (versus 4.4% in 2014/15) and 3.1% indicating current use (versus 2.1% in 2014/15).



	Adults 15–64 years					Males 15–64 years					Females 15–64 years					Young adults 15–34 years				
	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20	02/03	06/07	10/11	14/15	19/20
Lifetime	3.7	5.5	6.9	9.2	10.3	4.9	7.4	10.1	12.9	14.8	2.6	3.6	3.7	5.6	6.0	7.1	9.1	10.9	14.0	13.7
Last year	1.1	1.2	0.5	2.1	2.7	1.5	1.8	0.6	3.1	3.9	0.6	0.6	0.3	1.1	1.6	2.3	2.4	0.9	4.4	6.5
Last month	0.3	0.3	0.1	1.0	1.3	0.6	0.5	0.1	1.1	1.9	0.0	0.2	0.0	0.8	0.6	0.6	0.6	0.1	2.1	3.1

Figure T1.1.2.2 Lifetime, last-year and last-month prevalence of ecstasy use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

T1.1.3 Stimulant use in schools and other sub-populations

See Section A, T1.1.3 of this workbook for information on stimulant and other substance use among school-aged children.

T1.2 Patterns, treatment and problem/high-risk use

T1.2.1 Patterns of stimulant use

Frequency of cocaine use

One-half (51.9%) of current users had used cocaine on 4–9 days in the last month, 46.2% had used cocaine on 1–3 days in the last month, and 1.9% had used cocaine on 10–19 days in the last month. It should be noted that just 29 respondents answered this question.

Regular use of cocaine and efforts to stop

Among lifetime cocaine users, 23.5% stated that they had ever used cocaine regularly (participants defined what the term 'regular' meant for themselves). Respondents who had used cocaine regularly at some point in their lifetime were also asked about attempts to stop using cocaine. Among this group, 66.8% said that they had managed to stop. The most common reason given by respondents

for stopping cocaine use was that it was no longer a part of their social life (28.4%), followed by concerns about their health (23.5%), cost (15.1%), and impacts on their job/friends/family (13.1%).

Frequency of ecstasy use

No current users had used ecstasy on 20 days or more in the last month, which is considered to be daily or almost daily use. Three-quarters (75.6%) had used ecstasy on 1–3 days in the last month, 16.4% had used ecstasy on 4–9 days in the last month, and 8.0% had used ecstasy on 10–19 days in the last month. It should be noted that just 56 respondents answered this question.

Regular use of ecstasy and efforts to stop

Among lifetime ecstasy users, 38.3% stated that they had ever used ecstasy regularly (participants defined what the term 'regular' meant for themselves). Respondents who had used ecstasy regularly at some point in their lifetime were also asked about attempts to stop using ecstasy. Among this group, 64.9% said that they had managed to stop. The most common reason given by respondents for stopping ecstasy use was that it was no longer a part of their social life (44.9%), followed by not wanting to take it anymore (15.8%) and concerns about their health (15.1%).

T1.2.2 Treatment for stimulants

In 2023, there were 4,862 cases treated for problem stimulant use, as reported through the TDI, compared with 3,993 cases reported in 2022. Similar to previous years, the vast majority of cases were treated for problem cocaine use (96.8%), followed by other stimulants, including synthetic cathinones (1.3%), methamphetamine (1.2%), unspecified amphetamine-type stimulants (0.3%), and ecstasy (0.2%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in the number of cases being treated for problem cocaine use. However, in 2023, there was also an increase in the number of cases reporting use of synthetic cathinones, although these still represented a very small number of cases (n=63).

In 2023, 71.9% of cases identified as male, 28.0% of cases identified as female, and fewer than five cases identified as non-binary or in another way. The mean age was 34 years, which was slightly older than that reported in 2022. Just under one-half (47.7%) of those treated for problem stimulant use had never been treated before. The proportion of new treatment entrants has stabilised since 2017 (52.7%). In 2023, the majority of cases were self-referred or referred by family/friends (65.0%), similar to previous years.

Cocaine

Cocaine remains by far the most common drug reported among the problem stimulant use group and among all other drug groups, including opioids, in Ireland. The proportion of all cases that were treated for problem cocaine use increased in 2023 to 37.4%, compared with 33.7% in 2022. There has been a sustained increase in the number of cocaine cases reported since 2012. For further information, please also see Sections T1.3.1, T1.3.5, and T2.1 of the *Treatment workbook*.

In 2023, 71.9% of cases treated for problem cocaine use identified as male, 28.0% identified as female, and less than 1.0% identified as non-binary. The mean age was 34 years, which was slightly older than that reported in previous years (males: 33 years; females: 35 years). Just under one-half (46.9%) of cases had never been treated before, similar to previous years. The majority (67.1%) were self-referred or referred by family/friends.

In 2023, crack cocaine accounted for almost one-quarter (24.2%) of cocaine cases, compared with 21.2% in 2022. There were some differences between those cases that reported powder cocaine use and those that reported crack use. There was a much higher proportion of females among cases that reported using crack (46.0%) compared with powder cocaine (22.2%). Cases reporting crack use were also older (with a mean age of 39 years, compared with a mean age of 32 years for powder cocaine). The majority of both powder cocaine (70.0%) and crack cocaine (58.2%) cases were self-referred or referred by family/friends. The majority of cases reporting crack use were previously treated (71.5%) compared with those reporting powder cocaine use (40.9%).

Amphetamine-type stimulants

Stimulants excluding cocaine and synthetic cathinones, which includes amphetamine-type stimulants, ecstasy, benzylpiperazine (BZP), and other unknown/unspecified stimulants, accounted for only a very small proportion of all cases treated for problem drug use in Ireland. In 2023, 1.9% of stimulant cases reported that their main problem drug was in this group, a small decrease compared with 2022 (2.7%). The relatively small number of cases in this group means that trends in this group are difficult to interpret.

In 2023, 78.5% of problem amphetamine-type stimulant cases identified as male, similar to 2022. The majority (71.0%) had never been treated before, and similar proportions were self-referred or referred by family/friends (46.2%), or by health services (40.9%).

T1.2.3 High-risk stimulant use

Of those cases treated for stimulant use in 2023, 68.5% reported using stimulants more than once per week in the month prior to entering treatment. Almost all powder cocaine cases reported the route of administration as sniffing/snorting (97.9%), while for crack the main route of administration was smoking (97.0%). However, data are not currently collected on whether these cases had a medical diagnosis of harmful use, dependence, or stimulant use disorder according to current DSM-IV or International Classification of Diseases (ICD) criteria.

T1.2.4 Synthetic cathinones

Synthetic cathinones were first recorded separately in the treatment data in 2009, and therefore no information is available from before that time. It should be noted that the types of NPS used by clients presenting to treatment are self-reported, and the actual drugs are rarely tested by treatment centres, so it is not possible to say with certainty that the problem drug reported was definitely a synthetic cathinone. In 2023, 0.5% of stimulant cases were treated for synthetic cathinone use, similar to previous years. The proportion of cases treated for this type of drug use peaked in 2010, at 1.5% of all treatment entrants. Please note that the tiny number of cases reporting synthetic cathinone use annually makes analysis unreliable.

T1.2.5 Injecting and other routes of administration

In 2023, 10.8% of cases accessing drug treatment for any stimulant drug use reported ever injecting any drug (not necessarily restricted to the main problem drug), compared with 8.5% in 2022. Of those who reported ever injecting, 23.9% reported injecting (any drug, not necessarily restricted to the main problem drug) in the 30 days prior to entering treatment. The proportion reporting

injecting a stimulant as the current main problem drug was 1.0%, similar to 2022 (1.3%). The most common stimulants injected were crack and methamphetamine.

T1.2.6 Infectious diseases

For information regarding drug-related infectious diseases in Ireland, see Section T1.3 of the *Harms and harm reduction workbook*.

T2. Trends

Included above.

T3. New developments

T3.1 New developments in the use of stimulants

Availability of cocaine

Regarding cocaine availability for people aged 15 years and over in Ireland, respondents reported the following in the 2019/20 NDAS:

- Among all adults, 13.0% had been offered cocaine either free of charge or to buy in the previous 12 months; 3.5% were offered cocaine on at least 10 occasions.
- Recent cocaine users were asked how they got their cocaine on the last occasion they used it: 36.1% got it from a family member or a friend, 20.5% bought it from a contact they did not know personally, and 18.9% shared it among a group of friends.
- On the last occasion they used cocaine, recent users most frequently reported obtaining it at the house of a friend (34.5%), followed by at a disco/bar/club (28.5%), ordering it by phone for collection (14.4%), or in the street/park (13.2%).
- The majority of recent cocaine users (94.5%) stated that it would be 'very easy' or 'fairly easy' to access cocaine within a 24-hour period, while 0.9% stated that it would be 'very difficult'.

Availability of ecstasy

Regarding ecstasy availability for people aged 15 years and over in Ireland, respondents reported the following in the 2019/20 NDAS:

- Among all adults, 11.7% had been offered ecstasy either free of charge or to buy in the previous 12 months; 3.1% were offered ecstasy on at least 10 occasions.
- Recent ecstasy users were asked how they got their ecstasy on the last occasion they used it: 33.6% bought it from a contact they did not know personally, 22.5% shared it among a group of friends, and 15.2% were given it by a family member or a friend.
- On the last occasion they used ecstasy, recent ecstasy users most frequently reported obtaining it at a disco/bar/club (47.7%), followed by in the street/park (10.7%) or at a music festival (10.6%).
- The majority of recent ecstasy users (85.9%) stated that it would be 'very easy' or 'fairly easy' to access ecstasy within a 24-hour period, while 2.3% stated that it would be 'very difficult'.

T4. Additional information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of stimulant use

No new information.

SECTION C. HEROIN AND OTHER OPIOIDS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance of different opioid drugs

At the time of publication, there were no new data on the relative importance of different opioid drugs in Ireland.

T1.1.2 Estimates of opioid use in the general population

A national three-source CRC study to provide statistically valid estimates of the prevalence of opioid drug use in the national population was commissioned by the National Advisory Committee on Drugs and Alcohol and undertaken in 2001 (Kelly et al. 2003) and again in 2006 (Kelly et al. 2009). The three data sources used were the Central Treatment List (CTL) (of clients on methadone), the Hospital In-Patient Enquiry (HIPE) scheme, and Garda Síochána PULSE (Police Using Leading Systems Effectively) data. A third study using the CRC method was published in 2017 (Hay et al. 2017) (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b). In 2020, the HRB awarded a contract to the School of Public Health, University College Cork to conduct a fourth study on the prevalence of opioid use in Ireland for the years 2015–2019. The methodology and main findings from this study are discussed in the following sections (Hanrahan et al. 2022).

Methodology

Study population

The report estimated the number of opioid users aged 15–64 years in Ireland for the period 2015–2019. The four sources used for CRC analysis were the CTL (split into three sources based on data collected by clinics, general practitioners (GPs), and prisons) and the Probation Service.

The CTL

The CTL provides data on those who are receiving opioid substitution treatment in Ireland. A national database that is a well-maintained and valuable source of cases for this study, the CTL distinguishes between patients who are treated through clinics, through their GPs, and in prison, and therefore can be divided into three separate sections.

The Probation Service

Data from the Probation Service were also used in this research. Data were compiled by the Probation Service through a data scraping exercise, using agreed terms, of a number of databases that make up the Probation Service Case Tracking System. The databases used consisted of case notes created between 2015 and 2019 and included different reporting forms, such as the Pre-Sanction Report, Community Service Report, and Level of Service Inventory – Revised Risk Assessment. The search terms “opiate”, “opioid”, “methadone”, “oramorph”, “oxycodone”, “fentanyl”, “heroin”, “tramadol”, “codeine”, and “oxy” were used in order to identify individuals for inclusion in this research. The extracted raw data were processed by a Probation Service statistician in a Microsoft Excel spreadsheet using Statistical Analysis System software. The data were reviewed in order to ensure that every individual was counted only once for each year of study.

Matching

The following information was required in order to match cases between lists and to stratify data: date of birth, sex, name, and address (town/village/city and county).

The datasets were cleaned for consistency and a unique case identifier was generated based on initials, date of birth, and sex. Case identifiers were sorted and exact duplicates were removed. Cases were then matched between source lists. All exact matches were considered a match and fixed on this list. Near matches were considered in order to allow for human error in data entry. The study authors considered near matches with ±1 or ±10 in the day, month, or year fields, and reversal of day/month order for identifiers with the same initials, sex, and address [6]. Other near matches were considered, such as variations in the spelling of names that resulted in different initials or inconsistent classification of sex between data sources.

Individuals were designated an age based on a mid-year (30 June) capture date. Individuals were also designated according to the area of their most recent capture or their most likely correct address. This was based on the completeness of the address (i.e. a specific address was preferred to those who gave their address as "no fixed abode"), as well as the frequency with which an address recurred across data sources. As individuals in the study were free to move throughout the country, this classification of addresses may have led to over- or underestimation of the prevalence of problematic opioid use in some individual subunit areas as Hanrahan *et al*. attempted to avoid the double-counting of individuals that might have occurred if they had included these individuals in two subunit areas.

Data analysis

Data analysis was conducted using the R statistical package (https://www.R-project.org/). Employing the CRC method, Poisson log-linear models were applied to the overlap data to find the model with the best fit in order to estimate the hidden population not identified by any of the data sources. Source-by-source interaction terms were tested by adding them to the base model in all possible combinations. The best model for estimating the size of the hidden population was determined by comparing the deviance to the χ^2 distribution and the Akaike information criterion (AIC) value. The simplest model with the lowest AIC value that provided a credible estimate was used.

For 2019 estimates, a CRC analysis was performed for each subunit area in order to allow reporting of opioid use prevalence by Community Health Organisation area, Regional Drug and Alcohol Task Force (RDATF) area, regional health area, and city, and for Co Dublin versus the rest of Ireland. This involved performing the CRC analysis on unstratified data, data stratified by sex, data stratified by age group, and data stratified by sex and age group. Each model was checked in order to determine which models provided the most credible estimates. This involved comparing the model fit and consistency of unstratified estimates with the sum of sex- or age-stratified estimates. Preference was given to the age- and sex-stratified estimates, while the age-stratified estimate was used if the other models did not provide a good model fit. Once a model was selected, the point estimates of the stratified models were used in order to determine the estimated proportion of individuals in each strata. These proportions were applied to the overall 95% confidence intervals (CIs) in order to derive the reported stratified 95% CIs. The main estimates in each subunit area were then added together to provide prevalence estimates for larger areas. In order to obtain trend information for the period 2015–2018, the same method was applied to each year's data.

The prevalence of opioid users per 1,000 population was calculated using population data from Census 2016 (www.cso.ie).

Results

Table T1.1.2.1 summarises the main results of the study, stratified by Co Dublin/the rest of Ireland as well as by age group and sex. In total, there were an estimated 19,875 problematic opioid users in Ireland in 2019 (95% CI: 19,522–21,608), which equates to a prevalence rate of 6.68 per 1,000 population (95% CI: 6.57–7.27). The majority of problematic opioid users were male (72.30%) and more than two-thirds (72.93%) of problematic opioid users were in the older (35–64 years) age group. There were an estimated 11,729 problematic opioid users (95% CI: 11,298–12,944) in Co Dublin in 2019, and the rate of problematic opioid users was more than three times higher there than in the rest of Ireland (12.72 per 1,000 population [95% CI: 12.25–14.03] in Co Dublin versus 3.97 per 1,000 population [95% CI: 3.84–4.47] in the rest of Ireland).

Table T1.1.2.1 Summary of prevalence estimates (2019)

Breakdown	Estimate	95% CI	Rate	95% CI
Co Dublin	11,729	11,298–12,944	12.72	12.25–14.03
Rest of Ireland	8,146	7,885–9,160	3.97	3.84–4.47
15–24-year-olds	730	717–794	1.35	1.32–1.46
25–34-year-olds	4,650	4,567–5,055	7.48	7.35–8.13
35–64-year-olds	14,495	14,238–15,759	8.01	7.87–8.71
Female	5,505	5,407–5,985	3.67	3.60–3.99
Male	14,370	14,115–15,623	9.76	9.59–10.61
Total	**19,875**	**19,522–21,608**	**6.68**	**6.57–7.27**

Source: Hanrahan et al. (2022)

Data for the prevalence of problematic opioid use for the years 2015, 2016, 2017, and 2018 are additionally presented in order to provide information on changes in trends over time (Table T1.1.2.2). While there was a slight decrease in the overall number of opioid users between 2015 and 2019, this decrease was not statistically significant. The prevalence of problematic opioid use among younger age groups (15–24-year-olds and 25–34-year-olds) (see tables T1.1.2.3 and T1.1.2.4) also appears to be in decline, while the number of problematic opioid users in the older age group (35–64-year-olds) has increased (Table T1.1.2.5).

Table T1.1.2.2 Comparison of the number of problematic opioid users and rates per 1,000 population aged 15–64 years (2015–2019)

Year	Known	Estimate	95% CI	Rate	95% CI
2015	12,449	21,198	20,776–23,234	7.13	6.99–7.81
2016	12,454	20,494	20,131–21,959	6.89	6.77–7.39
2017	12,606	20,465	19,813–22,460	6.88	6.66–7.55

Year	Known	Estimate	95% CI	Rate	95% CI
2018	12,720	21,574	21,133–23,293	7.26	7.11–7.83
2019	12,312	19,875	19,522–21,608	6.68	6.57–7.27

Source: Hanrahan et al. (2022)

Table T1.1.2.3 Comparison of the number of problematic opioid users and rates per 1,000 population aged 15–24 years (2015–2019)

Year	Known	Estimate	95% CI	Rate	95% CI
2015	802	1,357	1,330–1,488	2.50	2.45–2.74
2016	707	1,129	1,109–1,210	2.08	2.05–2.23
2017	643	982	951–1,078	1.81	1.75–1.99
2018	588	978	958–1,056	1.80	1.77–1.95
2019	414	730	717–794	1.35	1.32–1.46

Source: Hanrahan et al. (2022)

Table T1.1.2.4 Comparison of the number of problematic opioid users and rates per 1,000 population aged 25–34 years (2015–2019)

Year	Known	Estimate	95% CI	Rate	95% CI
2015	3,860	6,730	6,596–7,376	10.82	10.61–11.86
2016	3,534	6,232	6,122–6,678	10.02	9.85–10.74
2017	3,337	5,432	5,259–5,961	8.74	8.46–9.59
2018	3,150	5,555	5,441–5,997	8.93	8.75–9.65
2019	2,760	4,650	4,567–5,055	7.48	7.35–8.13

Source: Hanrahan et al. (2022)

Table T1.1.2.5 Comparison of the number of problematic opioid users and rates per 1,000 population aged 35–64 years (2015–2019)

Year	Known	Estimate	95% CI	Rate	95% CI
2015	7,787	13,110	12,849–14,369	7.25	7.10–7.94
2016	8,213	13,132	12,900–14,071	7.26	7.13–7.78
2017	8,626	14,051	13,603–15,421	7.77	7.52–8.52
2018	8,982	15,042	14,734–16,240	8.31	8.14–8.98
2019	9,138	14,495	14,238–15,759	8.01	7.87–8.71

Source: Hanrahan et al. (2022)

T1.1.3 Estimates of opioid use in sub-populations

Table T1.1.3.1 shows the prevalence of problematic opioid use in 2019 in the cities of Dublin, Cork, Galway, Limerick, and Waterford. Dublin city had a significantly higher prevalence of problematic opioid use, at 18.62 per 1,000 population (95% CI: 17.80–20.48), than the other cities. Galway city had the lowest prevalence of problematic opioid use, at 3.27 per 1,000 population (95% CI: 2.96–4.38).

Table T1.1.3.1 Estimates of the number of problematic opioid users by city, and rates per 1,000 population, aged 15–64 years (2019)

City	Known	Estimate	95% CI	Rate	95% CI
Dublin city	5,211	7,428	7,103–8,173	18.62	17.80–20.48
Cork city	556	964	861–1,171	6.69	5.98–8.13
Galway city	139	188	170–252	3.27	2.96–4.38
Limerick city	332	563	498–690	8.74	7.73–10.71
Waterford city	174	307	252–482	8.74	7.17–13.72

Source: Hanrahan et al. (2022)

T1.2 Patterns, treatment and problem/high-risk use

T1.2.1 Patterns of opioid use

At the time of publication, there were no new data on the patterns of opioid use in Ireland.

T1.2.2 Treatment for heroin and other opioids

Data from the TDI show that in 2023, 29.4% of cases reported were treated for problem opioid use, compared with 33.1% in 2022. This is a continuation of the overall downward trend in the proportion of cases being treated for problem opioid use for the past number of years. Of those treated for problem opioid use in 2023, heroin was the main problem drug in the majority of cases (89.3%), similar to previous years. For further information, please also see Sections T1.3.1, T2.1, T1.3.5, and T1.4.9 of the *Treatment workbook*.

Problem heroin use

In 2023, problem heroin use accounted for 25.3% of all cases treated, a decrease compared with 33.1% in 2022. However, this proportional decrease should be interpreted in the context of a significant increase in the number of cases being treated for cocaine use that were reported in the overall total numbers. The proportion of all cases treated for problem heroin use has fluctuated, from a peak of 60.3% in 2006.

In 2023, the trends in case demographics were very similar to those reported in previous years: 67.7% of cases identified as male, and the mean age was 39 years. The majority of cases (83.4%) had been previously treated. The proportion of people who use heroin who were new to treatment peaked in 2009, at 34.4%, but has decreased every year since then. Most cases (52.1%) were self-referred or were referred to treatment by family/friends.

Other opioids

Codeine (all types) and methadone (prescribed or street) were the next most common opioid types reported. Codeine cases accounted for 5.9% of all treatment entrants for problem opioid use, similar to 2022 (5.7%). Codeine accounted for 1.7% of all treatment entrants. In 2023, methadone (prescribed or street) was the second most common other opioid reported, accounting for 4.8% of all treatment entrants for problem opioid use compared with 4.5% in 2022. There were fewer than five cases that reported problem use of buprenorphine alone or in combination with another drug. For further information on treatment for heroin and other opioids, see Sections T1.3.1 and T2.1 of the *Treatment workbook*.

Treatment for problem opioid use is provided by both statutory and non-statutory services. Opioid agonist treatment (OAT) is provided in specialised clinics or by specialised GPs. Other treatments provided include counselling, social and occupational reintegration, psychiatric treatment, and complementary therapy. For further information on this, see Section T1.4 of the *Treatment workbook*.

T1.2.3 High-risk opioid use

Of those cases treated for problem opioid use in 2023, 51.2% reported using opioids daily, with a further 9.1% using opioids between 2 and 6 days per week in the month prior to entering treatment, which was similar to previous years. However, TDI data do not currently indicate whether these cases had a medical diagnosis of harmful use, dependence, or opioid use disorder according to current DSM-IV or ICD criteria.

T1.2.4 Synthetic opioids

In 2023, there were fewer than six cases that reported fentanyl as their main problem drug. The source of the fentanyl is not known (whether it was prescribed or street), and cases were self-reported. In treatment data, fentanyl is rarely reported either as a main or additional problem drug, making any analysis of its use unreliable. There were no nitazenes reported in the treatment data for 2023, but it should be noted that the emergence of nitazenes in Ireland is very recent and individuals also may not be aware that they are using them.

T1.2.5 Injecting and other routes of administration

In 2023, less than one-half (45.3%) of cases reporting problem opioid use reported ever injecting (any drug, not necessarily the current main problem drug); however, this should be interpreted in the context that injecting history was unknown for 11.2% of cases in this group.

In 2023, 25.3% of those treated for problem opioid use reported injecting as their primary route of administration. As in previous years, cases that reported heroin as a main problem represented almost 100% of the opioid cases that reported currently injecting. See Section T1.5.3 of the *Harms and harm reduction workbook* for data on the use of needle exchange programmes by injecting drug users in Ireland. Also see Section T1.1.5 of the *Harms and harm reduction workbook* for data on naloxone administration for opioid overdose and injecting.

The most common routes of administration for cases entering treatment for problem opioid use in 2023 are smoking (57.7%), followed by injecting (25.3%) and then eating (13.7%). The overall trends

for injecting and other routes of administration appear to be consistent with previous years, with a small decrease in injecting compared with 2022 (28.1%).

Of those who were currently injecting, 45.0% reported injecting daily.

T1.2.6 Infectious diseases

For information regarding drug-related infectious diseases in Ireland, see Section T1.3 of the *Harms and harm reduction workbook*.

T2. Trends

Included above.

T3. New developments

T3.1 New developments in the use of heroin and other opioids

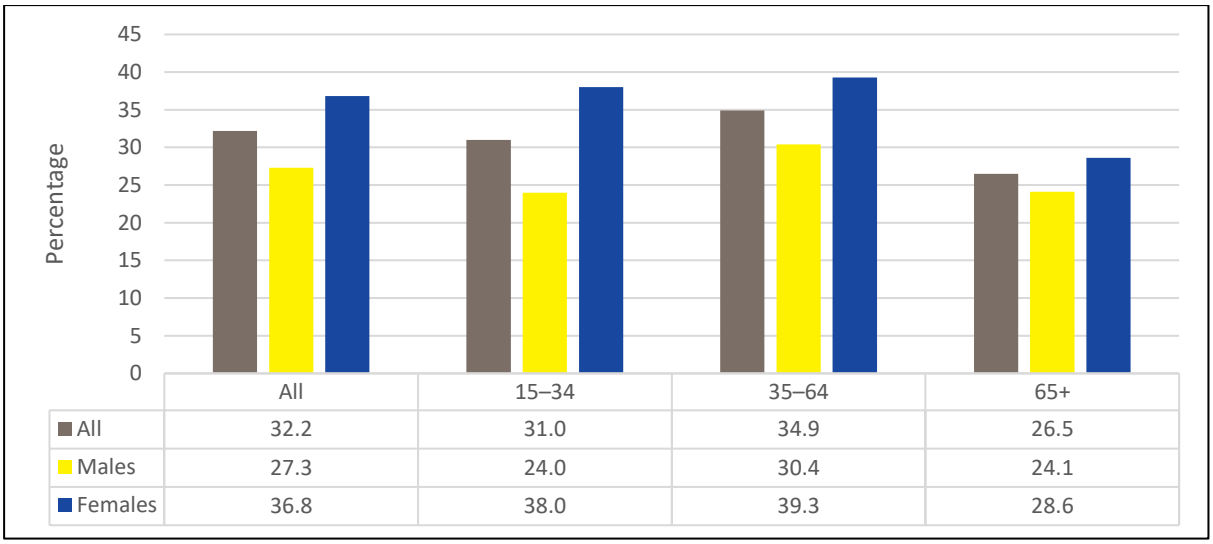
Opioid pain relievers

The main findings from the 2019/20 NDAS regarding opioid pain reliever use include the following:

- Of all respondents, 53.1% had ever used opioid pain relievers in their lifetime, corresponding to 1,834,000 of the general population in Ireland aged 15 years and over.
- Of all respondents, 32.2% (corresponding to 1,258,000 of the general population) and 13.1% (or 512,000 of the general population) had used opioid pain relievers in the last year and last month, respectively.
- Of all respondents, 1.8% (corresponding to 70,000 of the general population) had used opioid pain relievers in a non-medical way in the last 12 months.
- The average age of first opioid pain reliever use was 25.1 years (median: 20 years).
- The average age of respondents who reported recent opioid pain reliever use was 44.4 years (median: 43 years).

Opioid pain reliever use by sex and age

Females were more likely than males to report recent use of opioid pain relievers (36.8% versus 27.3%). Recent use was most common among 35–64-year-olds (34.9%) and least common among those aged 65 years and over (26.5%) (Figure T3.1.1).



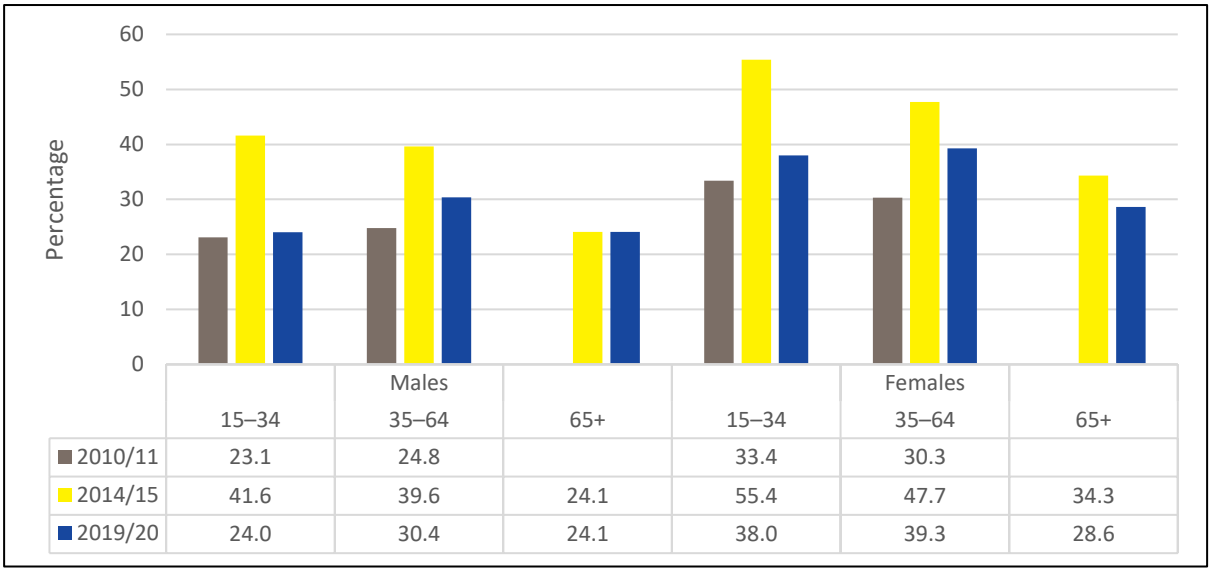
	All	15–34	35–64	65+
All	32.2	31.0	34.9	26.5
Males	27.3	24.0	30.4	24.1
Females	36.8	38.0	39.3	28.6

Figure T3.1.1 Recent use of opioid pain relievers in 2019/20, by sex and age group

Source: NDAS (2021)

Trends in recent opioid pain reliever use

Recent use of opioid pain relievers significantly increased between 2010/11 and 2014/15, but significantly decreased in 2019/20, especially among those aged 15–34 years. However, there was no change in use among males aged 65 years and over (Figure T3.1.2).



	Males			Females		
	15–34	35–64	65+	15–34	35–64	65+
2010/11	23.1	24.8		33.4	30.3	
2014/15	41.6	39.6	24.1	55.4	47.7	34.3
2019/20	24.0	30.4	24.1	38.0	39.3	28.6

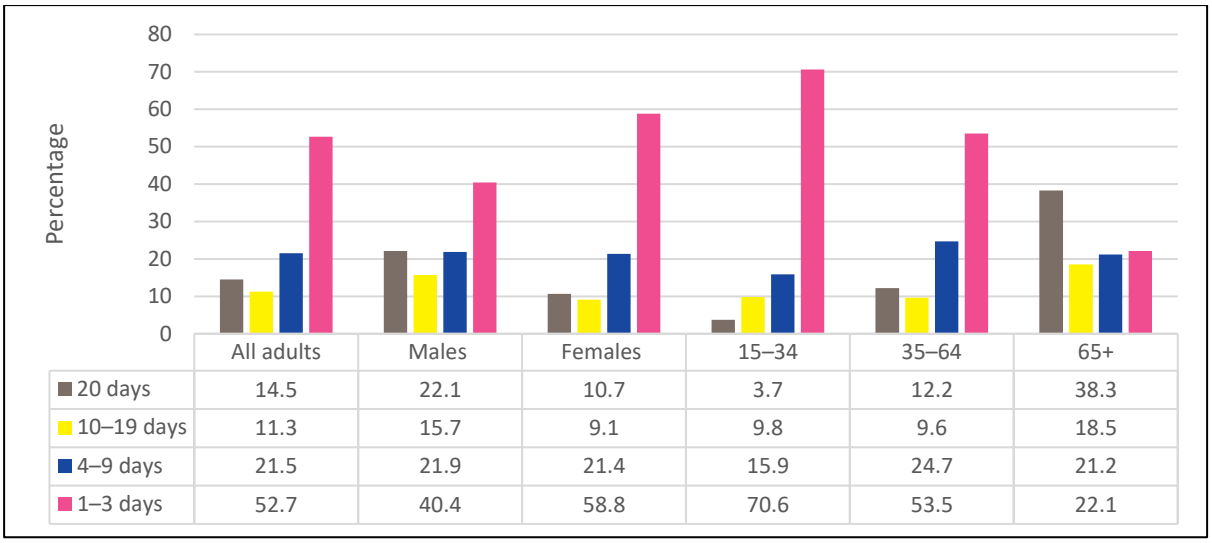
Figure T3.1.2 Trends in recent use of opioid pain relievers, sex by age group

Source: NDAS (2021)

Note: In the 2010/11 NDAS, those aged 65 years and over were not included.

Frequency of opioid pain reliever use

One in seven (14.5%) current users had used opioid pain relievers on 20 days or more in the last month, which is considered to be daily or almost daily use. This was more common among those aged 65 years and over (38.3%) than among 15–34-year-olds (3.7%) or 35–64-year-olds (12.2%). Although females were more likely to use opioid pain relievers, males were more likely than females to report daily or almost daily use (22.1% versus 10.7%) (Figure T3.1.3).



	All adults	Males	Females	15–34	35–64	65+
20 days	14.5	22.1	10.7	3.7	12.2	38.3
10–19 days	11.3	15.7	9.1	9.8	9.6	18.5
4–9 days	21.5	21.9	21.4	15.9	24.7	21.2
1–3 days	52.7	40.4	58.8	70.6	53.5	22.1

Figure T3.1.3 Frequency of opioid pain reliever use in the last month among current users, by sex and age group

Source: NDAS (2021)

Type of opioid pain relievers used

The most common type of opioid pain reliever used by current users in the last month were over-the-counter (OTC) codeine products (80.2%) (Table T3.1.1). On the most recent occasion that current users took opioid pain relievers, 62.9% obtained them from a pharmacy in Ireland without a prescription, 25.6% got them using a prescription written for them, and 7.2% got them from a friend, spouse, or relative.

Table T3.1.1 Type of opioid pain reliever used by current users on their most recent use

Type of opioid pain reliever used (n=751)	%
OTC codeine products	80.2
Prescription codeine (e.g. Panadeine Forte)	14.4
Tramadol	4.0
Pregabalin	1.2
Morphine; hydromorphone	1.0
Oxycodone	0.8
Fentanyl	0.2
Other	3.7

Source: NDAS (2021)

Non-medical use of opioid pain relievers

The proportion of people reporting non-medical use of opioid pain relievers in the last year was 1.8%. Those most likely to use opioid pain relievers in this way were females aged 15–34 years (Figure T3.1.4).

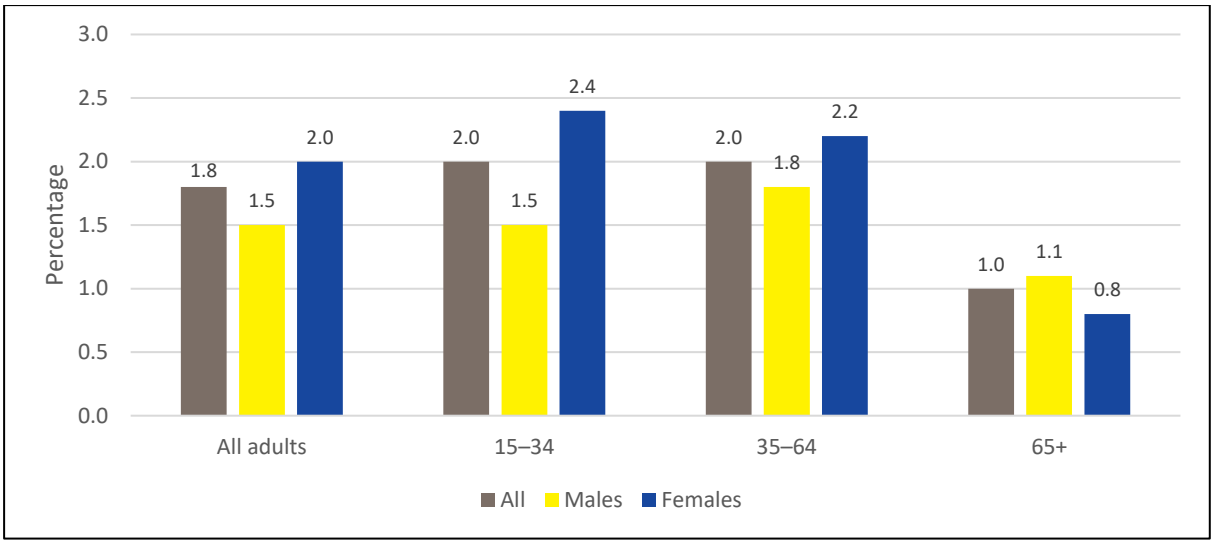


Figure T3.1.4 Recent non-medical use of opioid pain relievers 2019/20, by sex and age group
Source: NDAS (2021)

Among those who used opioid pain relievers in a non-medical way in the last year, 14.1% used them in this manner at least four times per week, 13.3% used them two to three times per week, 14.1% used them two to three times per month, and 58.5% used them once per month or less.

T4. Additional information

T4.1 Additional sources of information

Emergence of synthetic opioids on the Irish heroin market

On 9 November 2023, the HSE was made aware of an overdose cluster in Dublin, with 24 cases notified throughout the day and another 10 cases notified the following morning. This triggered an urgent review across a number of information sources in order to identify possible signals of a change in the Dublin drug market (Synthetic opioid preparation. HSE update on the emergence of synthetic opioids on the Irish heroin market. 2023). The HSE monitored the data on 9–12 November, and a total of 57 non-fatal overdoses were recorded during this period. Analysis by Forensic Science Ireland of a sample obtained by An Garda Síochána on the evening of 10 November confirmed the presence of nitazenes in a light brown/sandy-coloured powder on the Dublin heroin market, which resulted in the HSE issuing a Red Alert for the city. The nitazene was later confirmed as *N*-pyrrolidino protonitazene (protonitazepyne), which was a first identification for Ireland and is a substance under intensive monitoring by the European Union Drugs Agency (EUDA). Samples were also found to contain caffeine, paracetamol, benzoic acid, and mannitol (Killoran et al. 2024).

Nitazenes are strong synthetic opioids that were developed in the 1950s as opioid analgesics, but due to their high potential for overdose, they were never approved to market. Nitazenes have been connected to a number of overdose deaths worldwide and have also been found in tablets (fake oxycodone), heroin, ketamine, and synthetic cannabinoids (Pergolizzi et al. 2023).

In addition to the initial Dublin outbreak, nitazenes have since been detected on the Cork market following a steady increase of overdoses in that city as well; on 12 December 2023, there were 13 non-fatal overdoses in Cork reported to the HSE over a 6-day period. This outbreak was attributed to the same nitazene identified in Dublin. On 15 March 2024, the HSE extended a Red Alert to Irish

prison settings following a number of overdoses (<5). On 18 July 2024, the Irish Prison Service issued an urgent drug alert to all prisons following analyses conducted by the HSE which confirmed the presence of a nitazene-type substance associated with a number of overdoses in Irish prisons, one of which was fatal.

The HSE has convened a National Red Alert Group consisting of key stakeholders to monitor and respond to synthetic opioids. Frontline services nationally have been advised to convene and begin developing strategies for managing outbreaks. This includes establishing coordination groups and the formal reporting of drug market changes or overdose clusters to the HSE.

In a letter to the editor of the journal *Addiction* (Killeen et al. 2024), Killeen *et al.* note that the Irish nitazene outbreaks are examples of how substances can emerge sporadically and without warning on the illicit drug market. Outbreaks require urgent responses and, in the Irish case, current structures were adapted without unwieldy policy amendments. Killeen *et al.* suggest that this approach will not be sustainable on a long-term basis, and that increased budget allocation should be provided in order to improve early warning mechanisms, to expand harm reduction and treatment responses, and to enhance drug checking through a dedicated drug-monitoring laboratory in Ireland.

T4.2 Further aspects of heroin and opioid use

No new information.

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS

T1. New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

T1.1 Prevalence and trends in NPS use

Last-year prevalence of NPS use was included as a drug category for the first time in the 2010/11 NDAS. Findings from the 2014/15 NDAS demonstrated a reduction in the use of NPS in the Irish population among both sexes compared to 2010/11.

Results from the 2019/20 NDAS show that the prevalence of recent NPS use remains very low in Ireland, at 0.8% among 15–64-year-olds (compared with 3.5% in 2010/11). This perhaps highlights the continued impact of the Criminal Justice (Psychoactive Substances) Act 2010, which made the sale, import, export, or advertisement of unregulated psychoactive substances for human consumption illegal. The Act also gave appropriate powers to An Garda Síochána and the courts to intervene quickly in order to prevent trade in a non-criminal procedure via the use of prohibition and closure orders.

T1.2 Harms related to NPS use

Patterns of NPS use among patients attending for opioid substitution treatment in Ireland

Although the prevalence of NPS use remains very low in Ireland, research on NPS use is lacking, in particular among opioid-dependent patients, who are likely to be at increased risk of consumption of NPS.

A 2021 study (McCarron et al. 2021) investigated the reasons for NPS use, as well as NPS administration, adverse effects, and consumption, in the previous 3 months among patients attending an opioid substitution clinic. In this research, published in the journal *Heroin Addiction and Related Clinical Problems*, data were collected on 213 subjects (69.5% male) by the HSE National Drug Treatment Centre through an interviewer-administered survey.

The study found that a total of 133 (61.5%) participants had used NPS at least once, and 14 (6.6%) had used NPS in the last 3 months. Being older at the time of the interview and at the time of first consumption of illicit substances was found to be inversely associated with NPS consumption. Ninety-three participants (71.5%) bought NPS for the first time from a head shop, 20.8% from a friend, and 6.9% from a dealer. After the closure of head shops in Ireland, dealers were the most common source of NPS. Synthetic cathinones were the most commonly consumed NPS class. One-third of participants injected NPS. Almost one-half of participants indicated having experienced no adverse effects, although paranoia did occur frequently.

The authors of the study noted that only 11% of participants reported ongoing NPS use, implying that making the supply of NPS illegal reduced their consumption. The authors also suggest that, as a high proportion of participants administered NPS intravenously, the closure of head shops is likely to have led to improved health outcomes among this group of patients.

T1.3 Prevalence, trends and harms related to other drug use

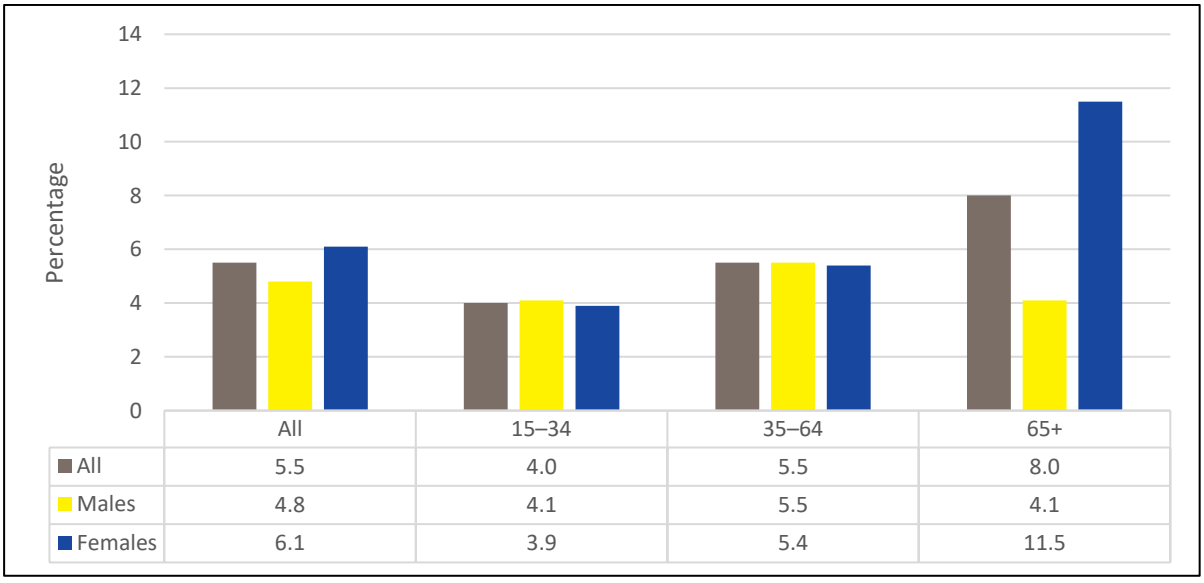
Sedatives and tranquillisers

The 2019/20 NDAS included questions about the use of sedatives/tranquillisers (including benzodiazepines). The main findings from the survey regarding sedative/tranquilliser use include the following:

- Of all respondents, 12.7% had ever used sedatives/tranquillisers in their lifetime, corresponding to 498,000 of the general population in Ireland aged 15 years and over.
- Of all respondents, 5.5% (corresponding to 213,000 of the general population) and 3.2% (corresponding to 124,900 of the general population) had used sedatives/tranquillisers in the last year and last month, respectively.
- Of all respondents, 0.5% (corresponding to 19,300 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 of sedatives/tranquillisers 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).

Sedative/tranquilliser use by sex and age

Females were more likely than males to report recent use of sedatives/tranquillisers (6.1% versus 4.8%). Those aged 65 years and over were more likely than younger age groups to report recent sedative/tranquilliser use (8.0%). Females aged 65 years and over had the highest prevalence of recent sedative/tranquilliser use (11.5%) (Figure T1.3.1). 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 some others were not.



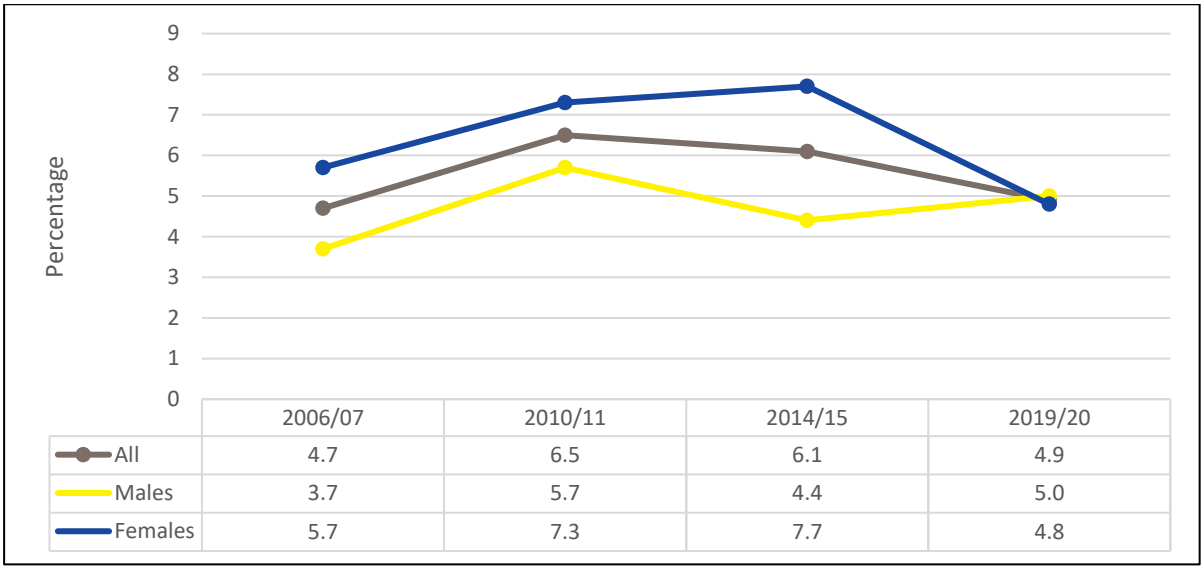
	All	15–34	35–64	65+
All	5.5	4.0	5.5	8.0
Males	4.8	4.1	5.5	4.1
Females	6.1	3.9	5.4	11.5

Figure T1.3.1 Recent use of sedatives/tranquillisers in 2019/20, by sex and age group

Source: NDAS (2021)

Trends in recent sedative/tranquilliser use

Recent use of sedatives/tranquillisers among 15–64-year-olds decreased in 2019/20 and is currently at 2006/07 levels. There was a small increase in recent use among males in 2019/20. Between 2006/07 and 2014/15, females were more likely than males to use sedatives/tranquillisers; however, following a significant decrease in female use in 2019/20, use among males and females is now similar (Figure T1.3.2).

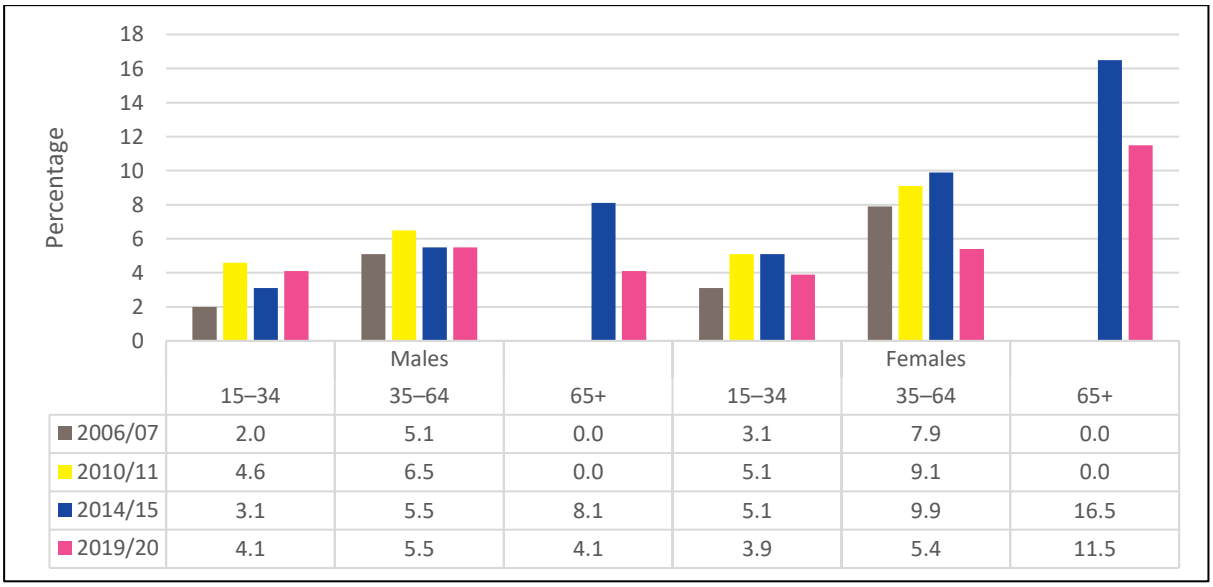


	2006/07	2010/11	2014/15	2019/20
All	4.7	6.5	6.1	4.9
Males	3.7	5.7	4.4	5.0
Females	5.7	7.3	7.7	4.8

Figure T1.3.2 Trends in recent use of sedatives/tranquillisers among 15–64-year-olds, by sex

Source: NDAS (2021)

The main changes in recent use of sedatives/tranquillisers have occurred in males aged 65 years and over, almost halving between 2014/15 and 2019/20, from 8.1% to 4.1%. Among females, recent use decreased since 2014/15 for those aged 35–64 years (from 9.9% to 5.4%) and for those aged 65 years and over (from 16.5% to 11.5%) (Figure T1.3.3).



	Males			Females		
	15–34	35–64	65+	15–34	35–64	65+
2006/07	2.0	5.1	0.0	3.1	7.9	0.0
2010/11	4.6	6.5	0.0	5.1	9.1	0.0
2014/15	3.1	5.5	8.1	5.1	9.9	16.5
2019/20	4.1	5.5	4.1	3.9	5.4	11.5

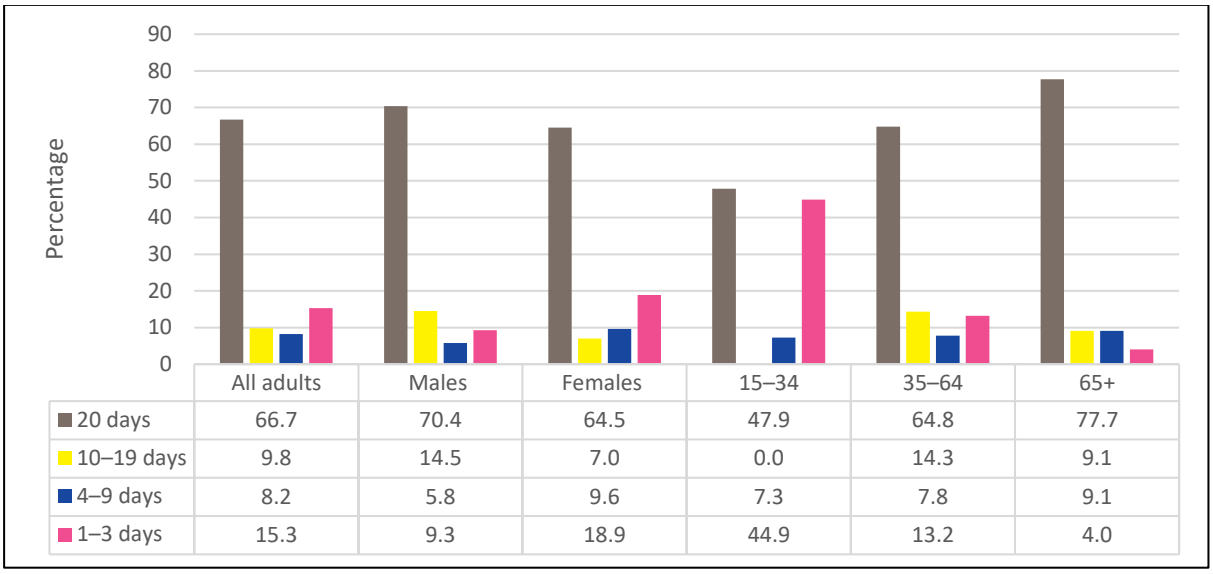
Figure T1.3.3 Trends in recent sedative/tranquilliser use, sex by age group

Source: NDAS (2021)

Note: In the 2006/07 and 2010/11 surveys, those aged 65 years and over were not included.

Frequency of sedative/tranquilliser use

Two-thirds (66.7%) of those who used sedatives/tranquillisers in the last month did so on at least 20 days. This frequency of use was more common among those aged 65 years and over (77.7%) compared with those aged 15–34 years (47.9%) (Figure T1.3.4).



	All adults	Males	Females	15–34	35–64	65+
20 days	66.7	70.4	64.5	47.9	64.8	77.7
10–19 days	9.8	14.5	7.0	0.0	14.3	9.1
4–9 days	8.2	5.8	9.6	7.3	7.8	9.1
1–3 days	15.3	9.3	18.9	44.9	13.2	4.0

Figure T1.3.4 Frequency of sedative/tranquilliser use in the last month among current users, by sex and age group

Source: NDAS (2021)

Non-medical use of sedatives/tranquillisers

The proportion of people reporting non-medical use of sedatives/tranquillisers in the last year was 0.5%, with similar rates reported by males (0.6%) and females (0.4%). Males aged 15–34 years were most likely to report non-medical use of sedatives/tranquillisers (1.3%) (Figure T1.3.5). On the last occasion that respondents used sedatives/tranquillisers in a non-medical way, 54.4% obtained them from a friend, spouse, or relative, and 33.6% got them with a prescription that had been written for them.

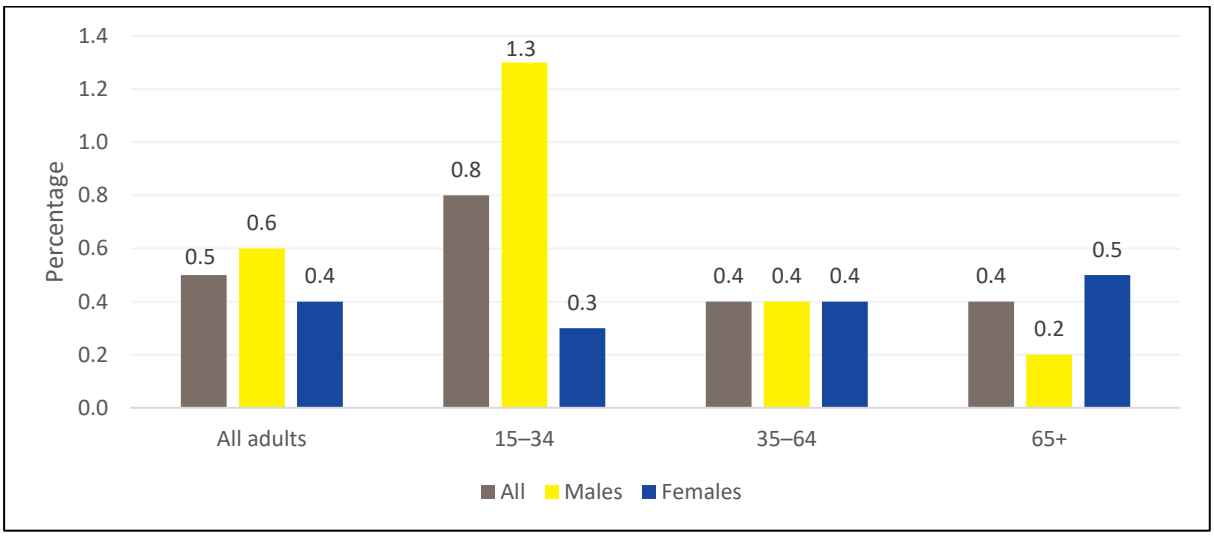


Figure T1.3.5 Recent non-medical use of sedatives/tranquillisers 2019/20, by sex and age group

Source: NDAS (2021)

Nitrous oxide use in Ireland

In Ireland and internationally, much attention has been given to the growing popularity of nitrous oxide. In response, the European Union Drugs Agency (EUDA) has published a report on the use of nitrous oxide in Europe in order to increase awareness and to help stakeholders prepare for and respond to public health and social threats associated with nitrous oxide use (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2022). As part of the EUDA report, the HRB compiled a case report on the current situation regarding nitrous oxide in Ireland.

Control status of nitrous oxide

Nitrous oxide is not currently a controlled substance under Ireland's Misuse of Drugs Act, 1977 and can be legally sold for catering and industrial purposes. The Criminal Justice (Psychoactive Substances) Act 2010 prohibits the sale, importation, or exportation of psychoactive substances, and under this legislation, it is illegal to sell nitrous oxide for its psychoactive properties.

Prevalence of nitrous oxide use

As data on the prevalence of nitrous oxide use are not routinely collected in Ireland's NDAS, it is not possible to provide population prevalence estimates. The only source of data on adult nitrous oxide use is the Irish results of the 2021 EWSD (Mongan et al. 2022), which surveyed adults aged 18 years and over who had used illicit drugs in the last year. Of the 4,398 EWSD respondents who answered the question on nitrous oxide use, 1.1% reported last-month use and a further 3.7% had used nitrous oxide in the last year. In total, 23.3% had ever used nitrous oxide. Respondents aged 18–24 years were most likely to have used nitrous oxide in the last year (see Table T1.3.1).

Table T1.3.1 Most recent use of nitrous oxide among Irish respondents in the 2021 EWSD, by sex and age group

Usage	All (%)	Male (%)	Female (%)	18–24-year-olds (%)	25–34-year-olds (%)	≥35-year-olds (%)
Last month	1.1	1.2	1.1	1.9	0.8	0.2
Last year (but not last month)	3.7	3.8	3.2	5.5	2.9	1.5
More than 12 months ago	18.5	20.2	15.1	12.5	23.0	22.1
Never	76.7	74.8	80.6	80.1	73.4	76.2

Source: EWSD (2022)

Of those who reported last-year use of nitrous oxide, 89% reported infrequent use (1–11 days) and 11% reported occasional use (12–51 days); there were no sex or age group differences. On a typical day that nitrous oxide was used, 21.1% used no more than one canister, while 26.3% used at least 10 canisters (see Table T1.3.2).

Table T1.3.2 Number of canisters typically used on a day that nitrous oxide is used, by sex and age group

Number of canisters	All (%)	Male (%)	Female (%)	18–24-year-olds (%)	≥25-year-olds (%)
≤1	21.1	16.7	27.3	18.9	25.6
2–3	25.6	26.0	27.3	24.4	27.9
4–5	18.1	19.8	15.2	18.9	16.3
6–9	9.0	10.4	3.0	8.9	9.3
≥10	26.3	27.1	27.3	28.9	20.9

Source: EWSD (2022)

Nitrous oxide use among young people

The Planet Youth Survey conducted among post-Junior Certificate students in schools in North County Dublin in 2021 collected data on nitrous use among young people (aged under 18 years) (North Dublin Regional Drug & Alcohol Task Force 2022). The questions on nitrous oxide were answered by 2,384 respondents. The main results were as follows:

- Of all respondents, 6.2% of young males and 5.3% of young females had ever used nitrous oxide.
- There were no significant differences in nitrous oxide use by sex in the overall sample.
- Males attending Fifth Year had a significantly greater lifetime prevalence of nitrous oxide use (11.9%).
- Heavy nitrous oxide use (more than 40 lifetime uses) was low, at 1% for males and 0% for females.

Nitrous oxide use in festival settings

A 2019 online survey of 1,193 Irish festival attendees aged 18 years and over found that 28% had used nitrous oxide while attending music festivals in Ireland in the last year. Of those who had attended music festivals abroad (n=619), 38% had used nitrous oxide. Respondents to this survey typically used stimulant 'club drugs', mainly as part of a polydrug use pattern (Ivers et al. 2022).

Availability of nitrous oxide

In order to assist with the EUDA report, Merchants Quay Ireland undertook a short survey of 15 member organisations in the National Voluntary Drug and Alcohol Sector (NVDAS). None of the respondents had robust data concerning the prevalence of nitrous oxide use. However, 12 respondents stated that nitrous oxide was available in their area: 8 believed it had increased in popularity in the last year, and 4 believed that its popularity had remained the same. The sporadic nature of its popularity was also highlighted – respondents reported that it can be very prevalent for a number of months at a time and that it is particularly prevalent on weekends, mid-term breaks, and bank holidays.

Regarding availability, one Dublin respondent noted that nitrous oxide is available in large blue bottles for €100 per bottle and also in smaller capsules that cost €50 per box. Young people arrange to buy it from a local nitrous oxide dealer, as most shops will not sell it to them, despite it being available in some discount shops.

Another respondent reported a difference in cost between online purchases (where nitrous oxide costs 30 cent per canister) and street purchases (where it can cost €2–5 per canister). Respondents viewed nitrous oxide as a drug primarily used by younger people who also use other drugs. Two respondents identified a couple of distinct groups and contexts: those who are in their early teens who use nitrous oxide in parks and wastelands, and older teens who use it at house parties. It was noted that there is a growing trend for people in their early twenties to use it at parties or for 'preloading' before going out.

Harms associated with nitrous oxide use

Requests for information were submitted to a number of sources in order to assess the extent of nitrous oxide-related harm in Ireland. These sources were the National Drug Treatment Reporting System (NDTRS), the National Drug-Related Deaths Index (NDRDI), the HIPE scheme, and emergency departments.

In mid-2020, in response to anecdotal reports of increased use, the NDTRS added nitrous oxide to its system. In 2020, fewer than five episodes of treatment were reported. Preliminary data from 2021 indicate that 10 episodes of treatment were reported. The majority of these cases were male, and the mean age was 16 years. All were new cases that had never received treatment before and most were polydrug users who also reported problem use of cannabis. The NDRDI recorded no drug poisoning deaths due to nitrous oxide for the period 2004–2017. Data for 2018 onwards are not yet available.

In the HIPE scheme, poisoning by nitrous oxide falls under the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM) code T41.0, Poisoning by inhaled anaesthetics. As this code is used for poisoning by any inhaled anaesthetic, it is not specific to nitrous oxide. However, analysis of discharges from 2018 to 2020 indicates that in this 3-year period there were fewer than five discharges with a T41.0 diagnosis. A case report was published in 2022 describing the presentation of two young males to the emergency department of a large urban university hospital in Dublin with progressive neurological dysfunction related to nitrous oxide use (McCormick et al. 2022). A case with subacute combined degeneration of the cord secondary to nitrous oxide use has also been reported by a hospital in Dublin.

Conclusion

While the information presented here would indicate that the prevalence of nitrous oxide use in Ireland is relatively low and that, to date, low levels of nitrous oxide-related harm have been reported, the recreational use of nitrous oxide is a growing public health concern. It will be important to continue to monitor trends in nitrous oxide use into the future and therefore respond to changes in its use.

‘K culture’: The emergence of ketamine on the Irish drug scene

In January 2024, addiction services warned of a concerning increase in the use of ketamine in Ireland. In 2023, Revenue seized 41.2 kg of ketamine, valued at €2.47 million. The drug, known for its use as a horse tranquilliser, has become popular among revellers at festivals and parties. In 2022, Revenue seized 7.86 kg of ketamine, while in 2021, officers seized 25.19 kg of the drug (Loughlin and Murphy 2024). A letter to the editor of the *Irish Journal of Medical Science* (*IJMS*) by the HSE National Social Inclusion Office noted that ketamine has become a prominent feature of recreational drug repertories in Ireland, and is often used in combination with other ‘club drugs’ for stimulant and euphoric effects when socialising (Killeen et al. 2023b).

A 2019 review of festival drug use found that 63% of respondents to a web survey (n=1,093) had used ketamine at an event in Ireland within the last year (Ivers et al. 2022). Ketamine use was also confirmed as a common trend among third-level students in the DUHEI survey in 2021. Among the 11,592 DUHEI survey respondents, ketamine was the fourth most commonly used drug, with 16.0% of students reporting that they had ever used ketamine in their lifetime, and 46.7% of those considered current substance users reporting ketamine use (Byrne et al. 2022). Recent use was

further identified in Irish results from the 2021 EWSD (N=5,796), where 23% of respondents reported ketamine use, which positioned it as the fourth most commonly used drug among participants, after cannabis, cocaine, and ecstasy (Mongan et al. 2022). Findings from HSE Safer Nightlife Programme harm reduction outreach and 'back of house' drug checking in 2022–23 found that among 266 substances surrendered to the HSE across 4 festival events, 117 were ecstasy, 40 were ketamine, and 34 were cocaine (Killeen et al. 2023a).

In their letter to the *IJMS* (Killeen et al. 2023b), Killeen *et al*. noted that results for ketamine use in Ireland from the 2021 EWSD were considerably higher than the overall proportion of ketamine use reported in the other 30 participating countries (Mongan et al. 2022). Killeen *et al*. suggest that the upward trajectory in the use of ketamine and the evolution of ketamine products in Ireland may lead to increased risks for people who use drugs and new issues for healthcare providers. They recommend the inclusion of ketamine in national drug surveys in Ireland in order to capture the prevalence of use among the general population over time, and suggest that physicians should be aware of the signs and symptoms of long-term ketamine use and consider this within their healthcare screening, particularly in presentations relating to cognitive or bladder problems among young people.

Injecting trends in Dublin and Midlands regions: Results from the Syringe Analysis Programme, 2021–22

Background

In 2022, the HSE, in partnership with Merchants Quay Ireland, collected 165 used syringes from the Dublin and Midlands regions during September and October. Residual drugs were extracted from these syringes and the data obtained were used in order to compare drug trends in the two regions. The Syringe Analysis Programme is the first programme of its kind in Ireland and enables the HSE to identify temporal and geographical trends annually as part of its emerging drug trend monitoring.

Analysis of 235 drugs and metabolites was performed using liquid chromatography–mass spectrometry. These analyses spanned a wide range of substances, such as opiates (including new synthetic opioids), benzodiazepines, amphetamines, cocaine, NPS, Z-drugs, gabapentinoids, ketamine, and various cutting agents. In 2023, the HSE published a report (McNamara et al. 2023) detailing the findings from the 2022 analysis programme; it also compared the 2022 programme results with findings from the Syringe Analysis Programme conducted in 2021. The main findings are discussed in the following sections.

Results

As expected, heroin was the most common drug identified over the 2-year period (see Tables T1.3.3 and T1.3.4). Cocaine was the second most common drug detected in syringes in 2022 (71.0% in Dublin and 50.8% in the Midlands); however, there was a reduction in the presence of cocaine in Dublin and Midlands syringes when compared with 2021 findings (from 86.5% in Dublin and 89.1% in the Midlands). Overall, there were reductions observed in a number of drugs; notably, there were significant reductions in the presence of cathinones (from 11.3% to 1.0% in Dublin and from 23.6% to 0.0% in the Midlands), methamphetamine (from 32.6% to 0.0% in Dublin and from 18.2% to 0.0% in the Midlands), and pregabalin (from 24.7% to 3.0% in Dublin and from 34.5% to 15.4% in the Midlands). The only documented increases since the 2021 programme were in the presence of ecstasy and the injecting of flurazepam in both the Dublin and Midlands regions. There was also less

variety in the types of drugs identified in the 2022 programme compared with 2021. This could be due to shifts in injecting practices or due to the fact that the samples obtained did not capture a diverse enough user population.

Table T1.3.3 Dublin region syringe analysis comparison, 2021 and 2022

Drug	2021	2022
Cathinones		
3-MMC	11.3%	1.0%
Amphetamines		
Methamphetamine	32.6%	0.0%
Amphetamine	9.0%	2.0%
Ecstasy	1.1%	7.0%
Benzodiazepines		
Flurazepam	0.0%	2.2%
Diazepam	2.2%	1.0%
Alprazolam	1.1%	1.0%
Cocaine		
Cocaine	86.5%	71.0%
Opioids		
Heroin	93.3%	90.0%
Oxycodone	7.8%	0.0%
Methadone		
Methadone	61.8%	33.0%
Other medicines		
Zopiclone	4.5%	0.0%
Dextromethorphan	0.0%	0.0%
Pregabalin	24.7%	3.0%
Piperidines and pyrrolidines		
Methylphenidate	1.1%	0.0%
Ketamine		
Ketamine	7.0%	3.0%

Source: McNamara et al. (2023)
3-MMC: 3-methylmethcathinone.

Table T1.3.4 Midlands region syringe analysis comparison, 2021 and 2022

Drug	2021	2022
Cathinones		
3-MMC	23.6%	0.0%
Amphetamines		
Methamphetamine	18.2%	0.0%
Amphetamine	1.8%	1.5%
Ecstasy	0.0%	3.1%
Benzodiazepines		
Flurazepam	12.7%	20.0%
Diazepam	3.6%	0.0%
Alprazolam	0.0%	0.0%
Cocaine		

Cocaine	89.1%	50.8%
Opioids		
Heroin	98.2%	78.5%
Methadone		
Methadone	50.9%	50.9%
Other medicines		
Zopiclone	9.0%	7.7%
Dextromethorphan	3.6%	0.0%
Pregabalin	34.5%	15.4%

Source: McNamara et al. (2023)

Comparison of results

The report authors noted that while applying the same methodology with the same services in the Dublin and Midlands regions for both years, there was difficulty in obtaining diverse and representative syringe samples for the 2022 programme. This was due to new deposit points in hostel accommodations where people discard syringes, and also as a result of drug market shifts, with increases in crack cocaine smoking among service users. Based on these changes, there are some early indications of a reduction in injecting practices by some individuals. As a result, the 2022 results are based on fewer numbers of people who inject drugs and may not accurately reflect the drug trends among the wider community. The project was set to be expanded in 2023 in order to help gain greater market insights, with the HSE partnering with a number of services in Tallaght and Clondalkin to capture trends within Dublin but which are outside the city centre.

Treatment data

Other drugs in 2023

Benzodiazepines (11.3%) were the fourth most commonly used type of drug in 2023, similar to 2022. Alprazolam was the benzodiazepine most often specified. Hallucinogens (0.3%, which includes 30 cases reporting problem use of ketamine) and volatile inhalants (0.2%) traditionally have been reported only in very small numbers as a main problem drug. It is difficult to comment on trends within this very small group of drugs. However, analysis of these data show some findings of note, including the following:

- 59 pregabalin cases (an anti-epileptic medication)
- 48 tramadol cases
- 24 gamma-hydroxybutyrate (GHB) cases, and
- 6 nitrous oxide cases.

These numbers are too low to comment further on trends at this time.

T2. Trends

Included above.

T3. New developments

T3.1 New developments in the use of NPS and other drugs

At the time of publication, there were no new data on new developments in the use of NPS in Ireland. See the 2017 national report for the most recent information (Health Research Board Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

T4. Additional sources of information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of NPS and other drug use

No new information.

T4.3 Non-specific drug use and polydrug use

No new information.

SECTION E. SOURCES AND METHODOLOGY

T6. Sources and methodology

There are five main sources of data that estimate the prevalence of drug use in the Irish population. These are:

- National surveys of drug use among the general population
- The HBSC study
- The GUI national longitudinal study of children and young people
- The ESPAD, and
- CRC studies on opioid use in Ireland.

Data on drug treatment in Ireland are collected through two national data collection tools: the CTL and the NDTRS.

T6.2 Methodology

2019/20 Irish NDAS)

The first survey on drug use in the general population was carried out in Ireland in 2002/03. The survey was repeated in 2006/07, 2010/11, and 2014/15 (National Advisory Committee on Drugs and Alcohol 2016). In 2018, the HRB commissioned Ipsos MRBI to conduct the fifth Irish NDAS) (Mongan*, et al.* 2021).

The 2019/20 NDAS followed best practice guidelines recommended by the EUDA. A questionnaire, based on the European Model Questionnaire, was administered in face-to-face interviews with respondents aged 15 years and over. A sample comprising randomly selected households throughout the Republic of Ireland was chosen to participate; fieldwork began in February 2019 and was completed in March 2020. Of the household members contacted, 5,762 agreed to take part. The sample was weighted by sex, age, and region in order to ensure that it was representative of the general population. The main measures were lifetime drug use ('ever used'), last-year drug use ('recent use'), and last-month drug use ('current use').

HBSC study

The HBSC study is a cross-national research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The study aims to gain insights into, and increase our understanding of, young people's health and well-being, health behaviours, and their social context. It collects information on the key indicators of health and health-related attitudes and behaviours (including alcohol and cannabis use) among young people aged 11–17 years.

The HBSC study was initiated in 1982 and is conducted every 4 years. It is a school-based survey with data collected through self-completed questionnaires administered by teachers in the classroom. The Health Promotion Research Centre, National University of Ireland, Galway was invited to join the HBSC network in 1994 and conducted the first survey of Irish schoolchildren in 1998 (Friel*, et al.* 1999). The survey was repeated in Ireland in 2002, 2006, 2010, and 2014 (Gavin*, et al.* 2015). In 2018, the survey was conducted in Ireland for the sixth time and included 15,557 children drawn from 3rd Class in primary school through to Fifth Year in post-primary school; 255 primary and post-primary

schools across Ireland participated. Data were collected on general health, smoking, use of alcohol and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying, and sexual health behaviours. The main results were published in 2021 (Gavin*, et al.* 2021).

GUI national longitudinal study of children and young people

Funded by the Department of Children, Equality, Disability, Integration and Youth (formerly the Department of Children and Youth Affairs), the GUI national longitudinal study of children and young people is overseen and managed by the Department of Children, Equality, Disability, Integration and Youth in association with the Central Statistics Office. The child cohort was recruited in 2007, when 8,568 9-year-were interviewed. Just over 7,400 young people were reinterviewed at the age of 13 years, and just over 6,200 participated again at the age of 17–18 years (Economic and Social Research Institute and Trinity College Dublin 2016). The data were collected in home-based, face-to-face interviews. The most recent GUI report presents the findings of 5,191 interviews of 20-year-olds, which were conducted in 2018 and 2019.

ESPAD

ESPAD has conducted surveys of school-going children every 4 years since 1995, using a standardised method and a common questionnaire. The seventh survey was undertaken in 35 European countries during 2019 and collected information on the use of alcohol, tobacco, and other substances among 15–16-year-old students. In Ireland, 3,565 questionnaires were completed by young people from 50 randomly selected post-primary schools (Sunday*, et al.* 2020). Of these participants, 1,967 were born in 2003 and will be included in the international ESPAD dataset.

CRC studies on opioid use

A national three-source CRC study to provide statistically valid estimates of the prevalence of opioid drug use in the national population was commissioned by the National Advisory Committee on Drugs and Alcohol and undertaken in 2001 (Kelly*, et al.* 2003) and again in 2006 (Kelly*, et al.* 2009). The three data sources used were the CTL (of clients on methadone), the HIPE scheme, and Garda Síochána PULSE data. A third study using the CRC method was published in 2017 (Hay*, et al.* 2017). In 2020, the HRB awarded a contract to the School of Public Health, University College Cork to conduct a fourth study on the prevalence of opioid use in Ireland for the years 2015–2019. The methodology and main findings from this research are included in this report.

The CTL

The CTL is an administrative database that regulates the dispensing of methadone treatment. It is a complete register of all patients in Ireland receiving methadone as a treatment for opioid use. When a person is considered suitable for methadone detoxification, stabilisation, or maintenance, the prescribing doctor notifies the CTL by completing an entry form, after which a unique number is allocated to the client, and a treatment card is issued for clients when methadone is dispensed in community pharmacies. The number of registrants on the CTL is published annually by the HSE and the HRB.

The NDTRS

The NDTRS is a national epidemiological database that provides data on treated drug and alcohol misuse in Ireland. The NDTRS collects data from both public and private outpatient services, inpatient specialised residential centres, and low-threshold services. For the purposes of the NDTRS,

treatment is broadly defined as “any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems”. The NDTRS is a case-based, anonymised database. It is coordinated by staff at the HRB on behalf of the Department of Health.

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European Drugs Agency

The European Drugs Agency (EUDA) is a decentralised European Union (EU) agency based in Lisbon. The EUDA provides the EU and its member states with information on the nature, extent, and consequences of, and responses to, illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the EU and member states. There are 30 national focal points that act as monitoring centres for the EUDA. These focal points gather and analyse country data according to common data collection standards and tools and supply these data to the EUDA. The results of this national monitoring process are supplied to the EUDA for analysis, from which it produces the annual *European Drug Report* and other outputs.

The Irish Focal Point to the EUDA is based in the Health Research Board (HRB). The focal point writes and submits a series of textual reports, data on the five epidemiological indicators, and supply indicators in the form of standard tables and structured questionnaires on response-related issues, such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment, and control of new psychoactive substances.

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