Focal Point Ireland: national report for 2025 – Drugs

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

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Table of Contents

Table of Contents 2

T0. Summary 6

T0.1 Main illicit drug use in Ireland 8
T0.2 The use of illicit drugs with alcohol and prescription drugs 13

SECTION A. CANNABIS 15

T1. National profile 15
T1.1 Prevalence and trends 15
T1.1.1 The relative importance of different types of cannabis 15
T1.1.2 Cannabis use in the general population 16
T1.1.3 Cannabis use in schools and other sub-populations 17

T1.2 Patterns, treatment and problem/high-risk use 24

T1.2.1 Patterns of cannabis use 24
T1.2.2 Reducing the demand for cannabis 25
T1.2.3 High-risk cannabis use 25
T1.2.4 Synthetic cannabinoids 26

T2. Trends 27

T3. New developments 27

T3.1 New developments in the use of cannabis 27

T4. Additional information 28

T4.1 Additional sources of information 28
T4.2 Further aspects of cannabis use 28

SECTION B. STIMULANTS 30

T1. National profile 30
T1.1 Prevalence and trends 30
T1.1.1 The relative importance and use of different stimulant drugs 30
T1.1.2 Stimulant use in the general population 30
T1.1.3 Stimulant use in schools and other sub-populations 31

T1.2 Patterns, treatment and problem/high-risk use 32

T1.2.1 Patterns of stimulant use 32
T1.2.2 Treatment for stimulants 33
T1.2.3 High-risk stimulant use 34
T1.2.4 Synthetic cathinones 34
T1.2.5 Injecting and other routes of administration 34
T1.2.6 Infectious diseases 34

T2. Trends 34

T3. New developments 34

T3.1 New developments in the use of stimulants 35

T4. Additional information 36

T4.1 Additional sources of information 36
T4.2 Further aspects of stimulant use 37

SECTION C. HEROIN AND OTHER OPIOIDS 37

T1. National profile 37
T1.1 Prevalence and trends 37
T1.1.1 The relative importance of different opioid drugs 37
T1.1.2 Estimates of opioid use in the general population 37
T1.1.3 Estimates of opioid use in sub-populations 41

T1.2 Patterns, treatment and problem/high-risk use 42

T1.2.1 Patterns of opioid use 42
T1.2.2 Treatment for heroin and other opioids 42
T1.2.3 High-risk opioid use 42
T1.2.4 Synthetic opioids 42
T1.2.5 Injecting and other routes of administration 43
T1.2.6 Infectious diseases 43

T2. Trends 43

T3. New developments 43

T3.1 New developments in the use of heroin and other opioids 43

T4. Additional information 46

T4.1 Additional sources of information 46
T4.2 Further aspects of heroin and opioid use 47

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS 48

T1. New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs 48
T1.1 Prevalence and trends in NPS use 48
T1.2 Harms related to NPS use 48
T1.3 Prevalence, trends and harms related to other drug use 49

T2. Trends 55

T3. New developments 55

T3.1 New developments in the use of NPS and other drugs 55

T4. Additional sources of information 55

T4.1 Additional sources of information 55
T4.2 Further aspects of NPS and other drug use 55
T4.3 Non-specific drug use and polydrug use 55

SECTION E. SOURCES AND METHODOLOGY 57

T6. Sources and methodology 57

T6.2 Methodology 57
T6.3 Bibliography 59

Acknowledgements 63

List of tables and figures

Table T0.1.1 Factors associated with recent drug use among 15–34-year-olds, 2023 (%) 9

Table T0.1.2 Last-year and last-month drug use among respondents, by sex 11

Table T0.2.1 Other substance use and health status by recent drug use among 15–34-year-olds, 202315

Table T1.1.3.1 Percentage of 10–17-year-olds reporting cannabis use in the last year, by sex and age group, 2022 17

Table T1.1.3.2 Lifetime prevalence of cannabis use among 15–16-year-olds in Ireland, ESPAD 2003–2024 20

Table T1.1.3.3 Lifetime use of substances (other than cannabis) among 15–16-year-olds in Ireland, ESPAD 2003–2024 21

Table T1.2.1.1 Frequency of cannabis use in the last month among current users, by sex and age group (n=159) 24

Table T1.2.3.1 Prevalence of CUD in the general population, by sex and age group, 2019–20 (%) 26

Table T1.2.3.2 Trends in CUD in the general population, by sex and age group, 2010–11, 2014–15, and 2019–20 (%) 26

Table T1.1.2.1 Summary of prevalence estimates of problematic opioid use, 2022) 38

Table T1.1.2.2 Comparison of estimated number of problematic opioid users over time (2020–2022), by age group 38

Table T1.1.2.3 Comparison of the estimated number of problematic opioid users in Ireland, 2014, 2019, and 2022 39

Table T1.1.3.1 Estimates of the number of problematic opioid users aged 15–64 years by city, and rates per 1,000 population, 2022 41

Table T3.1.1 Type of opioid pain reliever used by current users on their most recent use 45

Table T1.3.1 Most recent use of nitrous oxide among Irish respondents in the 2021 EWSD, by sex and age group 50

Table T1.3.2 Number of canisters typically used on a day that nitrous oxide is used, by sex and age group 50

Table T1.3.3 Dublin region syringe analysis comparison, 2021 and 2022 53

Table T1.3.4 Midlands region syringe analysis comparison, 2021 and 2022 54

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, 2019–20, and 2023 8

Figure T0.1.2 Recent use of illicit drugs, by drug type and age group 9

Figure T0.1.3 Top five most commonly used drugs in the last year, by age group 11

Figure T0.1.4 Top three reasons for using drugs, by drug type 12

Figure T0.1.5 Methods used in order to buy drugs among those who bought drugs in the last year, by drug type 12

Figure T0.1.6 Change in drug use due to the COVID-19 pandemic, by drug type 13

Figure T1.1.1.1 Trends in type of cannabis used 16

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, 2019–20, and 2023 17

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 2022 18

Figure T1.1.3.2 Lifetime illicit drug use among 25-year-olds in Ireland, 2023–24 19

Figure T1.1.3.3 Percentage of 25-year-olds who indicated current cannabis use, 2023–24 19

Figure T1.1.3.4 Cannabis use in the last 30 days among 15–16-year-olds in Ireland, ESPAD 2024 21

Figure T1.1.3.5 Type of drugs used by DUHEI survey participants who reported ever using an illegal drug 23

Figure T.4.2.1 Level of agreement with recreational cannabis use among 15–64-year-olds, 2002–03 to 2019–20 29

Figure T1.1.2.1 Lifetime, last-year, and last-month prevalence of cocaine use in Ireland, 2002–03, 2006–07, 2010–11, 2014–15, 2019–20, and 2023 30

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, 2019–20, and 2023 31

Figure T1.1.2.1 Comparison of estimated rate of problematic opioid users per 1,000 population over time (2011–2022), 15–24-year-olds 40

Figure T1.1.2.2 Comparison of estimated rate of problematic opioid users per 1,000 population over time (2011–2022), 25–34-year-olds 40

Figure T1.1.2.3 Comparison of estimated rate of problematic opioid users per 1,000 population over time (2011–2022), 35–64-year-olds 41

Figure T3.1.1 Recent use of opioid pain relievers in 2019–20, by sex and age group 44

Figure T3.1.2 Trends in recent use of opioid pain relievers, sex by age group 45

Figure T3.1.3 Frequency of opioid pain reliever use in the last month among current users, by sex and age group, 2019–20 45

Figure T3.1.4 Recent non-medical use of opioid pain relievers in 2019–20, by sex and age group 46

Figure T1.3.1 Last-year use of sedatives/tranquillisers, by sex and age group, 2023 49

T0. Summary

Ireland has conducted five general population surveys on drug use (2002–03, 2006–07, 2010–11, 2014–15, and 2019–20). The first four surveys were conducted simultaneously in Ireland and Northern Ireland. The 2019–20 survey was conducted in Ireland only and was managed by the Health Research Board (HRB), which commissioned Ipsos B&A to conduct this survey on its behalf (Mongan et al. 2021a).

In 2022, the Department of Health Drugs Policy Unit and the HRB requested that questions on drug use prevalence be included in the 2023 Healthy Ireland Survey rather than undertaking a standalone study. Potential respondents were sampled using a two-stage telephone random-digit dialling approach. Mobile phone numbers were used, as there is almost universal ownership of mobile phones in Ireland. Before proceeding with a telephone interview, informed consent was obtained from the individual and parental consent was obtained for those aged under 18 years.

The survey response rate was 50%. The module on drug use was only included for respondents who opted into the module. A total of 6,407 of the 7,411 survey respondents agreed to participate in the drug use module, thus providing a participation rate of 86.5% of survey respondents, or 43.5% of the total sample. The sample was weighted by sex, education, work status of the respondent, and region, using population statistics from the Central Statistics Office, to ensure that it was representative of the general population. The main measures were lifetime use (ever used), last-year use (recent use), and last-month use (current use) (Mongan et al. 2025).

It should be noted that it is not possible to assess what impact the change in survey mode and sampling procedure has had on respondents' answers. Therefore, caution is recommended when comparing findings from the 2023 Healthy Ireland Survey with previous drug prevalence surveys conducted in Ireland. In addition, unlike previous surveys, it is not possible in this Healthy Ireland Survey to report results by level of deprivation, Regional Drug and Alcohol Task Force area, or Community Health Organisation area.

In addition to findings from previous drug prevalence surveys conducted in Ireland, this national report includes data on cannabis use from 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 2023 Healthy Ireland Survey indicated that the most commonly used illicit substances in Ireland, based on last-year prevalence, were cannabis (7.4%), cocaine (2.4%), ecstasy (1.0%), and magic mushrooms (1.0%). The proportion of respondents aged 15–64 years who reported using any illicit drug in their lifetime has decreased slightly, from 27.1% in 2019–20 to 26.2% in 2023. Similarly, last-year and last-month prevalence of any illegal drug use has remained stable since 2019–20, decreasing from 9.0% to 8.8% and 4.9% to 4.0%, respectively.

Results from the 2024 ESPAD show that 12% of school-aged children indicated lifetime cannabis use. Regarding lifetime use of other substances, inhalants were the most commonly used substance after cannabis, at 6%. The next most commonly used drugs were cocaine, ecstasy, magic mushrooms, lysergic acid diethylamide (LSD), and nitrous oxide, all at 2%. An analysis of trends indicates an overall decrease in the use of most substances since 2003 among Irish 15–16-year-olds.

Data from a 2022 capture-recapture study on the prevalence of opioid use in Ireland are also included in this report. In total, there were an estimated 19,460 problematic opioid users in Ireland in 2022 (95% confidence interval (CI): 19,348–23,158), which equates to a prevalence rate of 5.79 per 1,000 population (95% CI: 5.76–6.89). A significant majority of these individuals were male (67.9%), and more than three-quarters (75.3%) fell within the older age group of 35–64-year-olds. There were an estimated 11,100 problematic opioid users (95% CI: 10,684–13,761) in Co Dublin in 2022, reflecting a prevalence rate more than three times higher than that in the rest of Ireland (11.17 per 1,000 population (95% CI: 10.75–13.85) compared with 3.53 per 1,000 population (95% CI: 3.46–4.37)).

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 2015. Since then, the proportion has been slowly decreasing, with 16.9% of cases recorded in 2024 being treated for problem cannabis use.

In 2024, 100 cases reported synthetic cannabinoids as their main problem drug, which is more than double the number reported in 2023 (46 cases). Where stated by the client, 47 cases self-reported using hexahydrocannabinol (HHC).

In 2024, there were 5,172 cases treated for problem stimulant use, as reported through the TDI, compared with 4,862 cases reported in 2023. Similar to previous years, the majority of cases were treated for problem cocaine use (96.9%), followed by other stimulants, including methamphetamine (1.2%), synthetic cathinones (1.1%), unspecified amphetamine-type stimulants (0.4%), and ecstasy (0.2%). The increase in the number of cases reporting problem stimulant use is again solely due to the increase in the number of cases being treated for problem cocaine use.

Data from the TDI show that in 2024, 25.3% of cases reported were treated for problem opioid use. 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 2024, heroin was the main problem drug in the majority of cases (84.7%), similar to previous years.

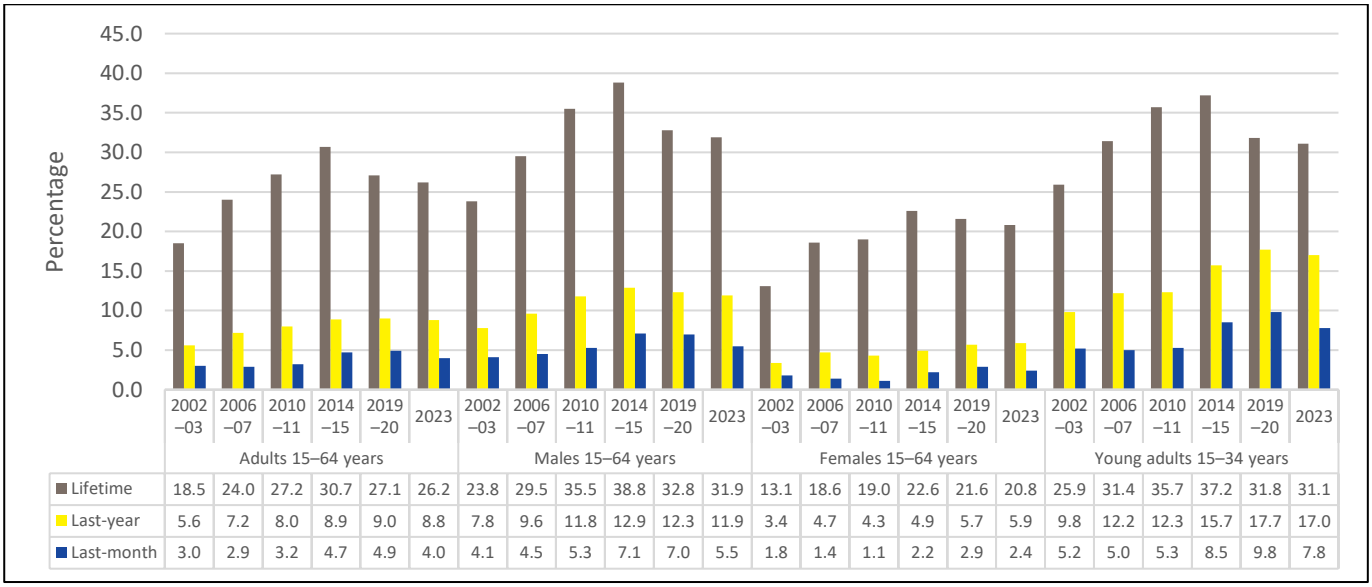
On 9 November 2023, Ireland's Health Service Executive (HSE) was made aware of an overdose cluster in Dublin, with 24 cases notified throughout the day and another 10 cases notified the following morning. This triggered an urgent review across a number of information sources in order to identify possible 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. 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.

T0.1 Main illicit drug use in Ireland

Use of any illegal drug

The proportion of respondents aged 15–64 years who reported using any illicit drug in their lifetime has decreased slightly, from 27.1% in 2019–20 to 26.2% in 2023 (see Figure T0.1.1). Similarly, last-year and last-month prevalence of any illegal drug use has remained stable since 2019–20, decreasing slightly from 9.0% to 8.8% and 4.9% to 4.0%, respectively. 'Any illicit drug' refers to cannabis, ecstasy, cocaine, ketamine, magic mushrooms, amphetamines, LSD, and new psychoactive substances (NPS).

Illicit drug use was more prevalent in males and also greater among young adults, with 17.0% of persons aged 15–34 years having reported illegal drug use within the last year in 2023 (compared with 17.7% in 2019–20). Results from the 2023 survey indicated that the most commonly used illicit substances in Ireland, based on last-year prevalence, were cannabis (7.4%), cocaine (2.4%), ecstasy (1.0%), and magic mushrooms (1.0%).



	Adults 15–64 years						Males 15–64 years						Females 15–64 years						Young adults 15–34 years					
	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023
Lifetime	18.5	24.0	27.2	30.7	27.1	26.2	23.8	29.5	35.5	38.8	32.8	31.9	13.1	18.6	19.0	22.6	21.6	20.8	25.9	31.4	35.7	37.2	31.8	31.1
Last-year	5.6	7.2	8.0	8.9	9.0	8.8	7.8	9.6	11.8	12.9	12.3	11.9	3.4	4.7	4.3	4.9	5.7	5.9	9.8	12.2	12.3	15.7	17.7	17.0
Last-month	3.0	2.9	3.2	4.7	4.9	4.0	4.1	4.5	5.3	7.1	7.0	5.5	1.8	1.4	1.1	2.2	2.9	2.4	5.2	5.0	5.3	8.5	9.8	7.8

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, 2019–20, and 2023

Source: Mongan *et al.* (2025)

Note: 'Any illicit drug' refers to cannabis, ecstasy, cocaine, ketamine, magic mushrooms, amphetamines, LSD, and NPS.

Overall, those aged 15–24 years were most likely to report any drug use, and this was particularly the case for cannabis and ketamine. Magic mushroom use was most common among 25–34-year-olds, while similar proportions of 15–24-year-olds and 25–34-year-olds reported cocaine use (Figure T0.1.2).

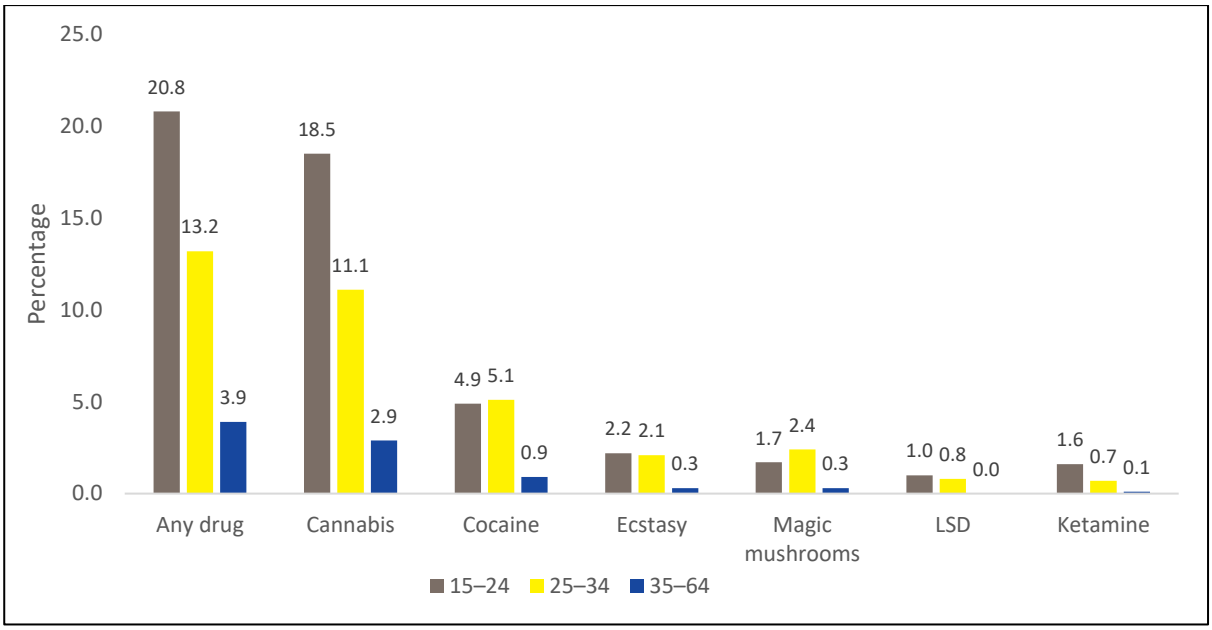


Figure T0.1.2 Recent use of illicit drugs, by drug type and age group
Source: Mongan *et al.* (2025)

Factors associated with using drugs

This section presents recent illicit drug use data in relation to a number of socioeconomic and demographic variables. These include education, employment, region of residence, marital status, and ethnicity. Results are presented for 15–34-year-olds, as drug use is most prevalent in this age group (Table T0.1.1).

For those aged 15–34 years, the prevalence of recent drug use was highest among those who were unemployed (26.4%) and was lowest among employed respondents (15.0%). Respondents who had completed secondary level education were most likely to report any drug use (22.3%), while those who had completed education to a primary level only were least likely to report drug use (11.0%). Connacht/Ulster was the region with the lowest level of any drug use (13.7%), while Munster reported the lowest level of cocaine use (3.8%). Drug use was most common in Leinster (excluding Dublin) and Dublin. Irish respondents were more likely than those of other ethnic backgrounds to report any drug use (18.8% versus 12.2%).

Table T0.1.1 Factors associated with recent drug use among 15–34-year-olds, 2023 (%)

EMPLOYMENT	Employed n=940	Unemployed n=44	Student n=266	Home duties/retired/other n=74
Any drug use	15.0	26.4	19.2	17.4
Cannabis	11.6	24.5	18.5	17.4
Cocaine	5.5	8.3	3.1	8.9

EDUCATION	None/primary/lower secondary n=64	Upper secondary/tech/vocational n=328	Third level non-degree n=191	Third level degree n=744
Any drug use	11.0	22.3	18.3	13.3
Cannabis	11.0	19.6	17.0	10.7
Cocaine	1.2	6.7	3.5	4.9

REGION	Dublin n=507	Rest of Leinster n=319	Munster n=308	Connacht/Ulster n=190
Any drug use	17.6	18.2	17.2	13.7
Cannabis	15.3	16.3	14.8	11.5
Cocaine	5.1	6.5	3.8	4.7

MARITAL STATUS	Single/never married n=1093	Married n=217	Divorced/separated n=13	Widowed n=0
Any drug use	19.2	2.8	13.9	
Cannabis	16.7	2.5	13.9	
Cocaine	5.6	0.3	13.9	

ETHNICITY	Irish n=968	Other n=356
Any drug use	18.8	12.2
Cannabis	16.1	11.3
Cocaine	6.1	1.9

Source: Mongan *et al.* (2025)
Note: All figures are based on weighted data, are rounded to the nearest decimal place, and are based on valid responses.

Irish findings from the 2021 European Web Survey on Drugs

Although national surveys provide prevalence rates regarding drug use, they only collect robust information on patterns of use for the more commonly used drugs, such as cannabis. They do 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 Irish 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 T0.1.2. 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 T0.1.2 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=5796	n=3815	n=1895	N=5796	n=3815	n=1895
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: Mongan *et al.* (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).

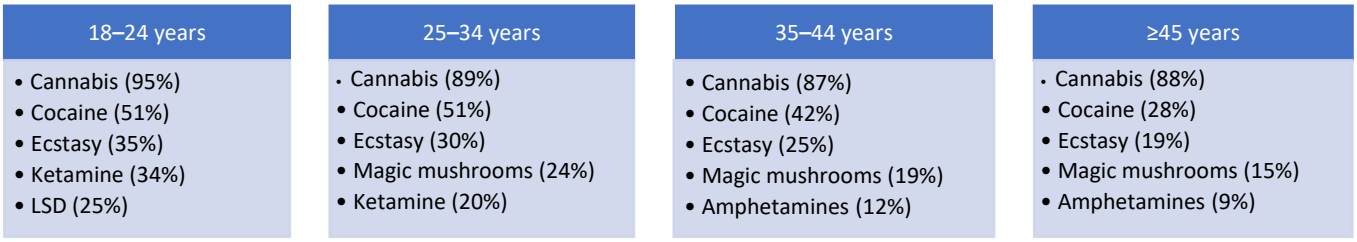


Figure T0.1.3 Top five most commonly used drugs in the last year, by age group
Source: Mongan *et al.* (2022)

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%).

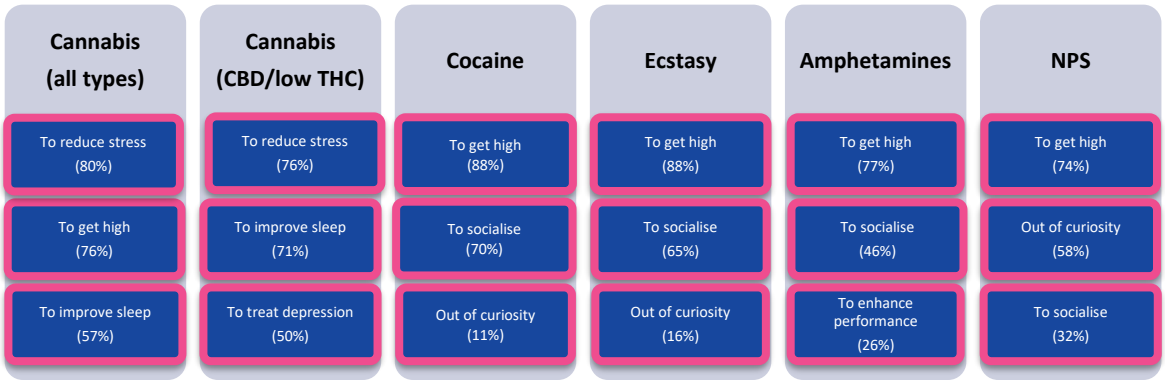


Figure T0.1.4 Top three reasons for using drugs, by drug type
Source: Mongan *et al.* (2022)
CBD: cannabidiol; THC: tetrahydrocannabinol
Note: Respondents could select more than one option.

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.

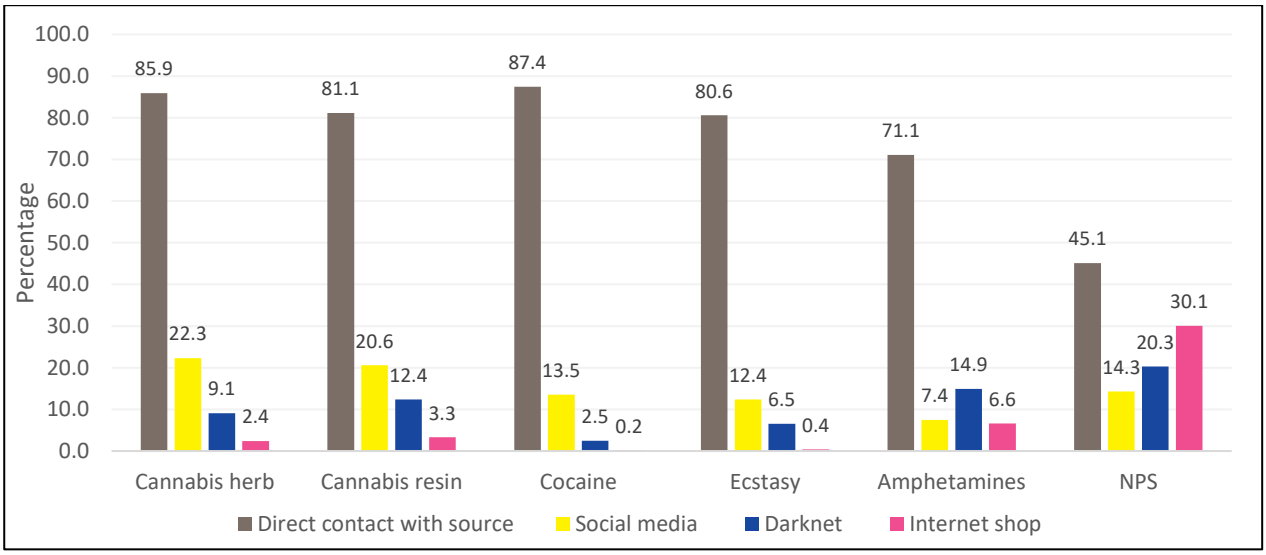


Figure T0.1.5 Methods used in order to buy drugs among those who bought drugs in the last year, by drug type
Source: Mongan *et al.* (2022)
Note: Respondents could select more than one option.

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 (61%) reported using less ecstasy 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).

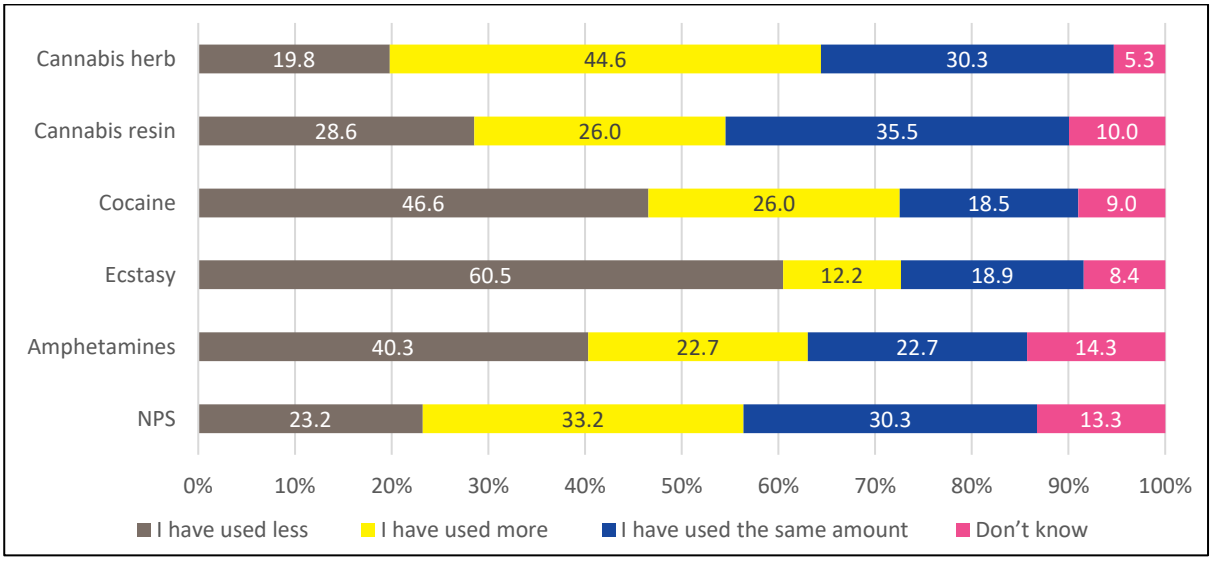


Figure T0.1.6 Change in drug use due to the COVID-19 pandemic, by drug type
Source: Mongan *et al.* (2022)

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 National Drug and Alcohol Survey (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

Polysubstance use among young adults in Ireland

Polysubstance use, the consumption of multiple psychoactive substances within a short time frame, is increasingly recognised as a major public health issue. A new nationally representative study of young

adults in Ireland, based on the GUI study cohort, sheds important light on the prevalence and risk factors associated with this behaviour (Brennan et al. 2025b).

In this research, which has been published in the journal *Addiction*, the authors followed more than 4,600 individuals from childhood into early adulthood, analysing their substance use at age 20 years. Using latent class analysis, the study identified four distinct patterns of use. Approximately one-third (33.8%) of participants were classified as 'limited users', with low-risk alcohol consumption and little involvement with other substances. The largest group (43.0%) fell into the 'alcohol, tobacco, and cannabis' category, reflecting high rates of use of these three substances but relatively low engagement with other drugs. Almost one in four young adults belonged to a polysubstance class; around 16.2% were engaged in regular use of alcohol, tobacco, cannabis, cocaine, and ecstasy; and 7.0% exhibited 'heavy polysubstance use', characterised by frequent and diverse drug consumption, including ketamine and other substances. These individuals displayed the highest likelihood of high-risk or dependent alcohol use and repeated use of multiple illicit drugs.

The analysis also identified a number of individual, familial, and social factors associated with higher-risk substance use. Male participants were significantly more likely to belong to polysubstance groups than females were. Early initiation of alcohol use, particularly drinking before the age of 15 years, was strongly linked with later polysubstance use. Family background and social influences played an important role: participants who reported parental alcohol or drug problems were at greater risk, as were those with lower parental education. Having friends who used cannabis at the age of 17 years was associated with a dramatic increase in the odds of belonging to a polysubstance class by the age of 20 years. Living outside the parental home and residing in Dublin were also linked with heavier patterns of use, likely reflecting increased independence and greater drug availability in urban areas.

The findings position Ireland at the higher end of international comparisons. While studies in the United States of America (USA) and Australia typically report polysubstance prevalence between 6% and 15%, the Irish figure of 23.2% is substantially greater. Cultural factors, including the normalisation of heavy drinking and the growing availability of cocaine, may help explain this difference.

From a policy perspective, the study underscores the need for integrated approaches that address multiple substances simultaneously, rather than focusing on individual drugs. Prevention strategies aimed at delaying alcohol use initiation, supporting families, and reducing peer influence are likely to be most effective. The study authors suggest that the implementation of Ireland's Public Health (Alcohol) Act 2018, which includes measures such as minimum unit pricing and restrictions on marketing, represents a step in the right direction. However, additional harm reduction and education initiatives will be needed in order to address the complex realities of polysubstance use.

In conclusion, this research reveals that almost one-quarter of Irish young adults engage in polysubstance use by the age of 20 years. Addressing this issue will require sustained public health investment, robust prevention strategies, and continued monitoring as this cohort progresses further into adulthood.

Drug use and other health indicators

This section presents recent drug use in relation to other substance use behaviours and general and mental health status, using data from the 2023 Healthy Ireland Survey. The variables used to describe other substance use behaviours are current tobacco use, current e-cigarette use, last-year alcohol use, and hazardous alcohol use. The Healthy Ireland Survey measures hazardous alcohol use using the World Health Organization's Alcohol Use Disorders Identification Test–Concise (AUDIT-C). This is a three-

question screening test that asks about frequency of drinking, typical volume consumed per drinking occasion, and heavy episodic drinking (also referred to as binge drinking). In the 2023 Healthy Ireland Survey, a score of 5 or higher was considered positive for a hazardous pattern of drinking (Babor et al. 2001).

Respondents were given the opportunity to assess their own health status at an overall level by self-reporting if they considered their overall health to be very good, good, fair, bad, or very bad. The Mental Health Inventory-Five Item (MHI-5) was used to measure negative mental health. Respondents were asked five questions relating to their negative mental health over the past 4 weeks, including the extent to which they felt 'downhearted and blue', 'worn out', 'tired', 'so down in the dumps that nothing could cheer you up', and being a 'very nervous person'. An MHI-5 score was calculated for each respondent; this can range from 0 to 100. A score of 56 or lower can indicate a 'probable mental health problem' [6].

Results are presented for 15–34-year-olds (Table T0.2.1). In general, respondents who reported drug use in the last year were more likely than non-drug users to smoke, use e-cigarettes, drink alcohol in a hazardous manner, and meet the criteria for a probable mental health problem, with similar trends observed among all respondents and those aged 15–34 years. However, drug use was also associated with poorer general health among those aged 15–34 years.

Table T0.2.1 Other substance use and health status by recent drug use among 15–34-year-olds, 2023

Variable	Any drug use	Cannabis	Cocaine	No drug use
Unweighted responses	214	180	72	1100
Current smoker	52.1	50.7	61.3	20.5
Current e-cigarette user	29.0	28.9	35.3	10.7
Current drinker	83.9	82.9	91.1	73.9
Positive AUDIT	70.9	72.0	82.2	53.8
Probable mental health problem	30.2	31.8	24.6	13.5
Fair/bad general health	17.1	17.2	15.1	10.2

Source: Mongan *et al.* (2025)

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

In the 2019–20 drug prevalence survey, 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; in the 2002–03 and 2006–07 drug prevalence 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).

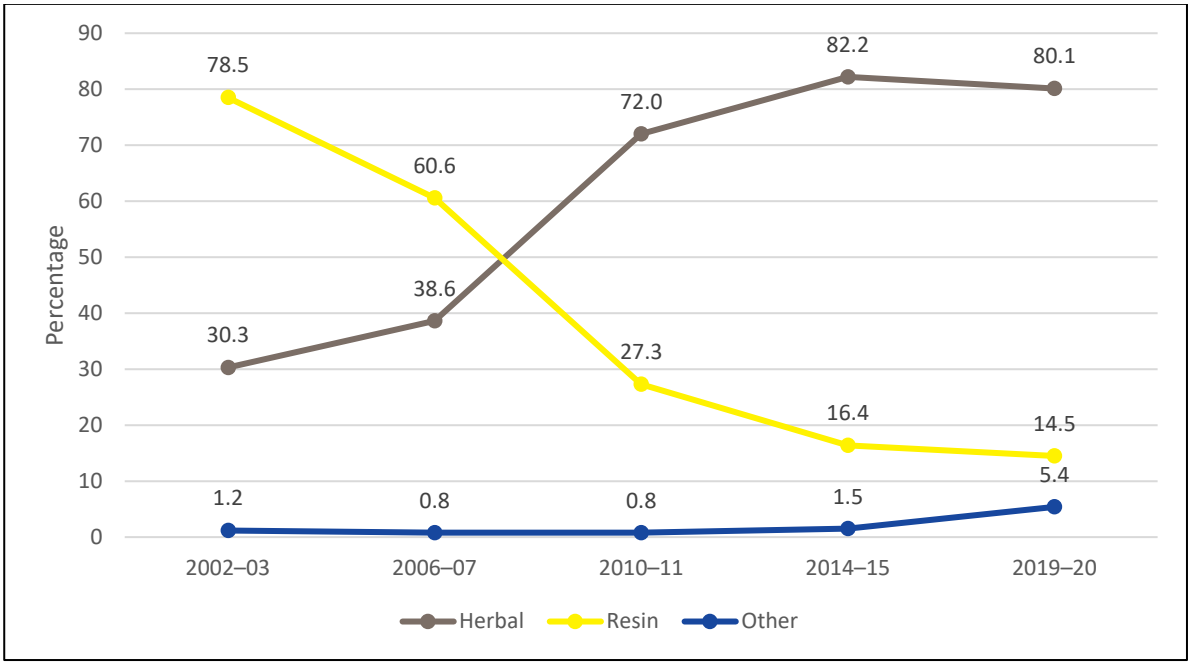


Figure T1.1.1.1 Trends in type of cannabis used
Source: Mongan *et al.* (2021)
Note: Respondents could select more than one option in the 2002–03 survey.
'Herbal' includes grass, weed, skunk, and herb.
'Resin' includes hash and resin.

T1.1.2 Cannabis use in the general population

Findings from the 2023 Healthy Ireland Survey revealed that 24.1% of the population aged 15–64 years had used cannabis at some point in their lives, 7.4% reported use in the year prior to the survey, and 3.4% reported use 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 (29.7% versus 18.6%), last-year use (10.1% versus 4.8%), and last-month use (4.9% versus 2.0%). Since 2002–03, lifetime, last-year, and last-month rates of cannabis use among males have increased by 33.8%, 40.3%, and 44.1%, respectively. Lifetime and last-year use of cannabis among females has also increased. However, last-month prevalence among women has remained relatively stable over time.

The prevalence of cannabis use was noticeably higher among young adults, with lifetime, last-year, and last-month rates being higher than those recorded in 2019–20, at 28.7%, 14.8%, and 6.8%, respectively.

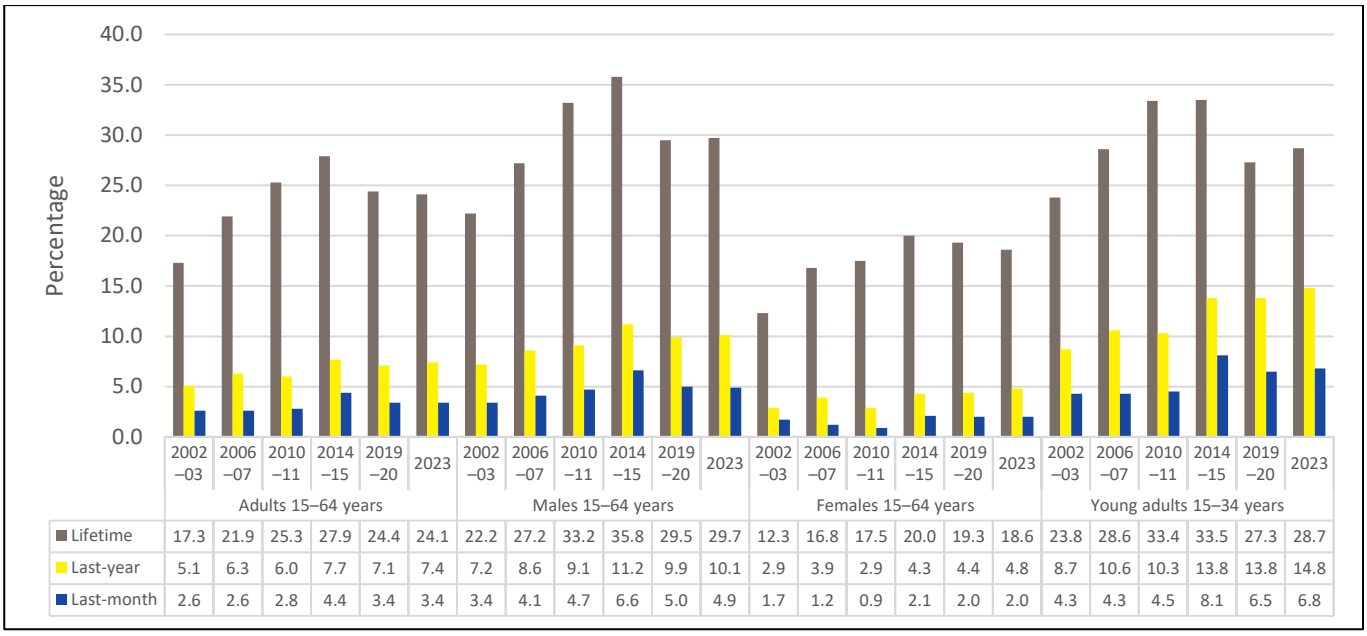


Figure T1.1.2.1 Lifetime, last-year, and last-month prevalence of cannabis use in Ireland, 2002–03, 2006–07, 2010–11, 2014–15, 2019–20, and 2023
Source: Mongan *et al.* (2025)

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

Health Behaviour in School-aged Children study, 2022

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 2022, Ireland participated in the HBSC study for the seventh time. The survey included a representative sample of 9,071 children drawn from 191 primary and post-primary schools across Ireland. 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 (Gavin et al. 2024). This section describes results pertaining to the use of cannabis and makes comparisons with previous HBSC studies.

Cannabis use in the last year

Overall, 6.5% 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 aged 10–14 years than girls in the same age group reported using cannabis (see Table T1.1.3.1). Almost 13.0% of boys and 13.4% 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, 2022

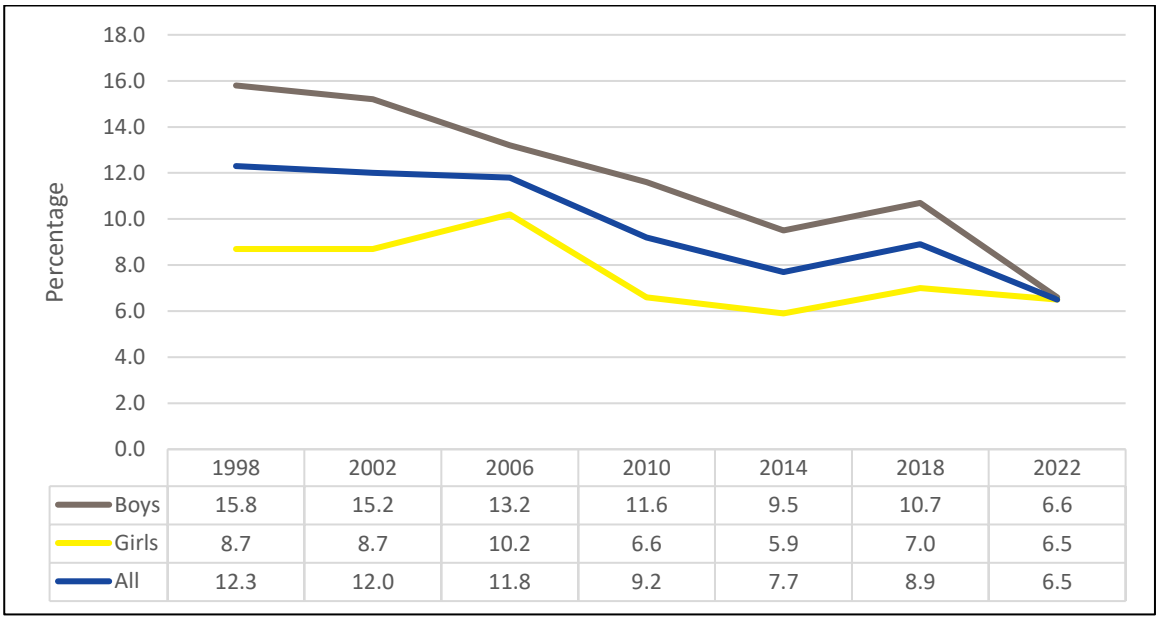
Age group	Boys (%)	Girls (%)
10–11 years	0.5	0.4
12–14 years	2.4	1.9
15–17 years	12.6	13.4

Source: Gavin *et al.* (2024)

Trends in cannabis use among Irish school-aged children, 1998–2022

Although a higher percentage of 10–17-year-olds reported having used cannabis in 2018 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 data from 2022 indicating an 82.1% reduction among boys and a 28.9% reduction among girls.



	1998	2002	2006	2010	2014	2018	2022
Boys	15.8	15.2	13.2	11.6	9.5	10.7	6.6
Girls	8.7	8.7	10.2	6.6	5.9	7.0	6.5
All	12.3	12.0	11.8	9.2	7.7	8.9	6.5

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 2022
Source: Gavin *et al.* (2024)

It is worth noting that these findings are from the first HBSC Ireland study conducted since the start of the COVID-19 pandemic. Data were collected during a time when schools had recently reopened and when young people were readjusting following long periods of school closures and remote learning. Consequently, these findings should be interpreted with this specific historical time frame in mind, considering the impacts of recent COVID-19 pandemic measures on young people's lives.

Drug use among 25-year-olds in Ireland: Results from the GUI study, 2023–24

Since 2006, the GUI national longitudinal study of children and young people has followed a cohort of children born in 1998. Five waves of interviews have now been conducted with this cohort, taking place when they were aged 9, 13, 17–18, 20, and 25 years. This section presents findings on drug use from 3,380 interviews with the 25-year-old participants, which were conducted in 2023–24 (Central Statistics Office 2025a).

Any drug use

Figure T1.1.3.2 shows the prevalence of illicit drug use among 25-year-olds in the GUI study. Cannabis was the most prevalent drug, with 56.6% of respondents stating that they had ever tried it. Just over one-fifth (21.4%) of 25-year-olds reported ever having tried cocaine, and cocaine usage in the last year was more common for men (24.3%) than for women (18.6%). The other most commonly reported drugs were ecstasy (10.7%), ketamine (9.7%), and magic mushrooms (6.9%).

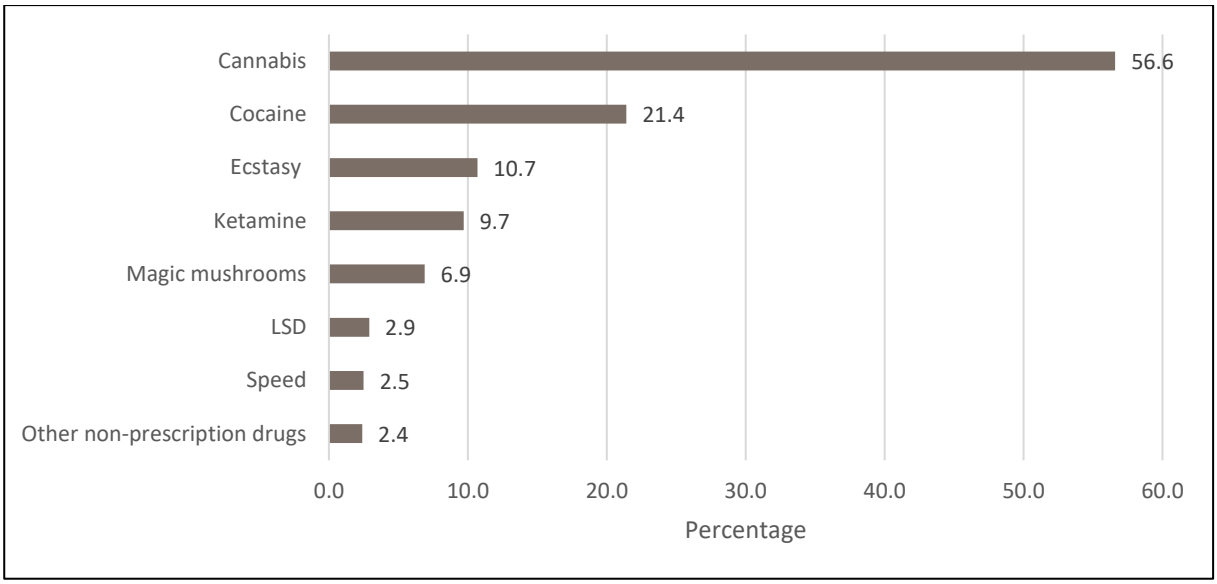


Figure T1.1.3.2 Lifetime illicit drug use among 25-year-olds in Ireland, 2023–24
Source: GUI Ireland (2025)

Current cannabis use

One in seven (14.2%) respondents said they were current cannabis users, and more men (16.1%) than women (12.3%) indicated current cannabis use (see Figure T1.1.3.3). Those who had at least a National Framework of Qualifications (NFQ) Level 7 or equivalent qualification and those who did not reported comparable rates of cannabis use (14.3% of those with such a qualification, compared with 14.0% of those without).

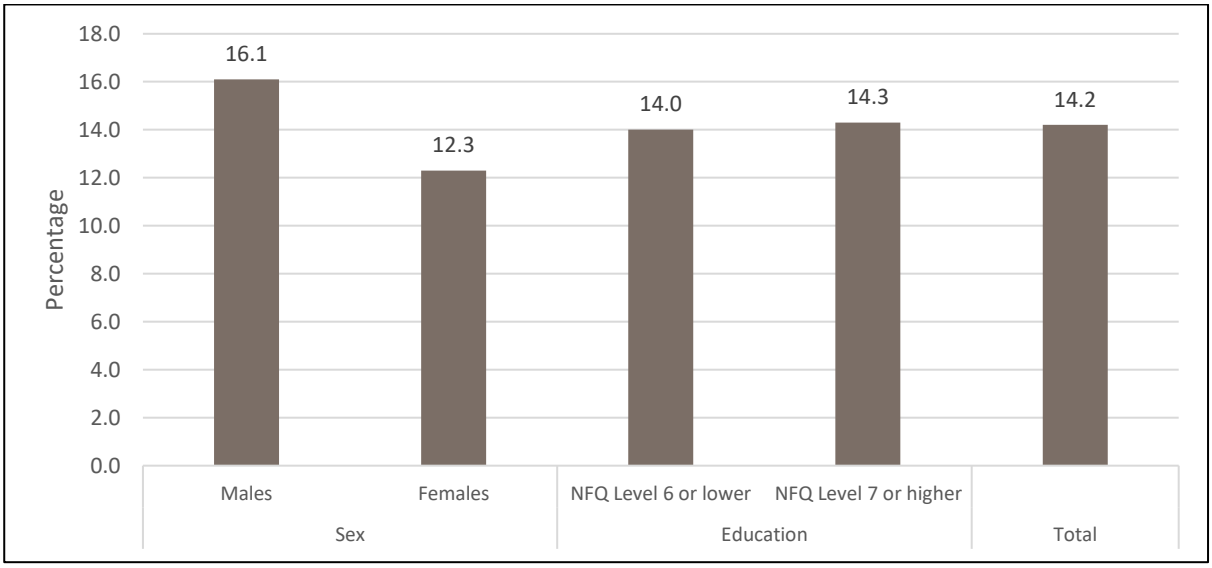


Figure T1.1.3.3 Percentage of 25-year-olds who indicated current cannabis use, 2023–24
Source: GUI Ireland (2025)

Substance use among Irish 15–16-year-olds: European School Survey Project on Alcohol and Other Drugs, 2024

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has conducted surveys of school-going children since 1995, using a standardised method and a common questionnaire. ESPAD

Ireland 2024 was conducted in collaboration with the ESPAD Europe Coordinating Team 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 substance use and compare trends between countries and groups of countries. It also provides an opportunity to observe trends in substance use among Irish 15–16-year-olds. 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 substance use findings from the ESPAD conducted in Ireland in 2024, in which 5,587 questionnaires were completed by young people from 28 randomly selected post-primary schools (Hanafin et al. 2025). Of these participants, 2,002 were born in 2008 and were included in the international ESPAD dataset. This database was cleaned centrally by the ESPAD Coordinating Team, which resulted in a final analytic sample of 1,880 students in Ireland born in 2008, comparable with students in other ESPAD countries, and used for the analyses presented in this section.

Cannabis use

Participants were asked on how many occasions in their lifetime they had used cannabis. In 2024, 88% of students reported never using cannabis, while 12% had ever used it. In the total student population, 4% had used cannabis 1–2 times and 3% had used it at least 20 times. No significant sex differences were observed in lifetime cannabis use. Trends over time suggest that lifetime cannabis use among school-aged children in Ireland has stabilised and is greatly reduced since 2003, with a 69% reduction between 2003 and 2024 (see Table T1.1.3.2).

Table T1.1.3.2 Lifetime prevalence of cannabis use among 15–16-year-olds in Ireland, ESPAD 2003–2024

Lifetime cannabis use	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)	2024 (%)
All participants	39	20	18	19	19	12

Source: Hanafin *et al.* (2025)

Nearly one-third of students (29%) reported that obtaining cannabis would be ‘fairly easy’ or ‘very easy’, while 19% believed it would be ‘impossible’. Age 14 years was the most frequently reported starting age (4%), and females were more likely to start using cannabis at the age of 14 years (5%), while male students were more likely to start using cannabis at the age of 15 years (5%). Among those who had used cannabis in the last 12 months (10%), 3.3% had often mixed it with tobacco.

Overall, 5% of students had used cannabis in the last 30 days, with 6% of males reporting last-month use compared with 4% of females (Figure T1.1.3.4). In the total population, 2% had used cannabis 1–2 times and 1% had used cannabis at least 20 times in the last 30 days. No significant sex differences were found in cannabis use frequency during this period.

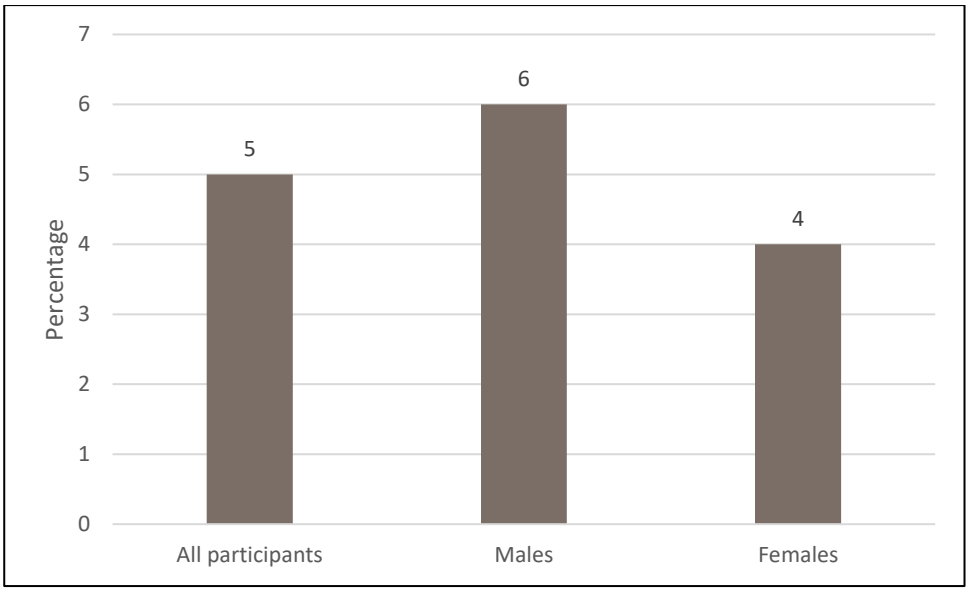


Figure T1.1.3.4 Cannabis use in the last 30 days among 15–16-year-olds in Ireland, ESPAD 2024
Source: Hanafin *et al.* (2025)

Students were also asked about indicators of problem cannabis use in the last 12 months, using the Cannabis Abuse Screening Test (CAST). The CAST score measures the possible presence and extent of cannabis-related problems. Originally designed for teenagers, this test was adopted in 2007 by the ESPAD, and its psychometric properties have been assessed in representative samples of teenagers in several European countries (Legleye et al. 2017). Among the total sample (both users and non-users of cannabis in the last 12 months), 4% of students were classified as having high-risk cannabis use using this metric, and 96% were classified as being at low or no risk.

Other substance use

Regarding lifetime use of other substances, inhalants were the most commonly used substance after cannabis, at 6%. The next most commonly used drugs were cocaine, ecstasy, magic mushrooms, LSD, and nitrous oxide, all at 2% (see Table T1.1.3.3).

An analysis of trends indicates an overall decrease in the use of most substances since 2003 among Irish 15–16-year-olds.

Table T1.1.3.3 Lifetime use of substances (other than cannabis) among 15–16-year-olds in Ireland, ESPAD 2003–2024

Drug	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)	2024 (%)
Inhalants	18	15	9	10	10	6
Cocaine	3	4	3	2	3	2
Crack cocaine	2	4	2	1	2	1
Ecstasy	5	4	2	3	3	2
Magic mushrooms	4	4	2	2	3	2
LSD	2	3	2	2	3	2
Nitrous oxide	-	-	-	-	-	2
Amphetamines	1	3	2	2	2	1
Heroin	1	1	1	0.4	1	1
Ketamine	-	-	-	-	-	1

Source: Hanafin *et al.* (2025)

Conclusion

In summary, the results from the 2024 ESPAD indicate a reduction in the use of cannabis, inhalants, and other substances. Nevertheless, it should be noted that early school-leavers, a group known to be vulnerable to drug use, are not represented in this survey. Consequently, the results may not indicate the true extent of drug 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 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 T1.1.3.5), 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).

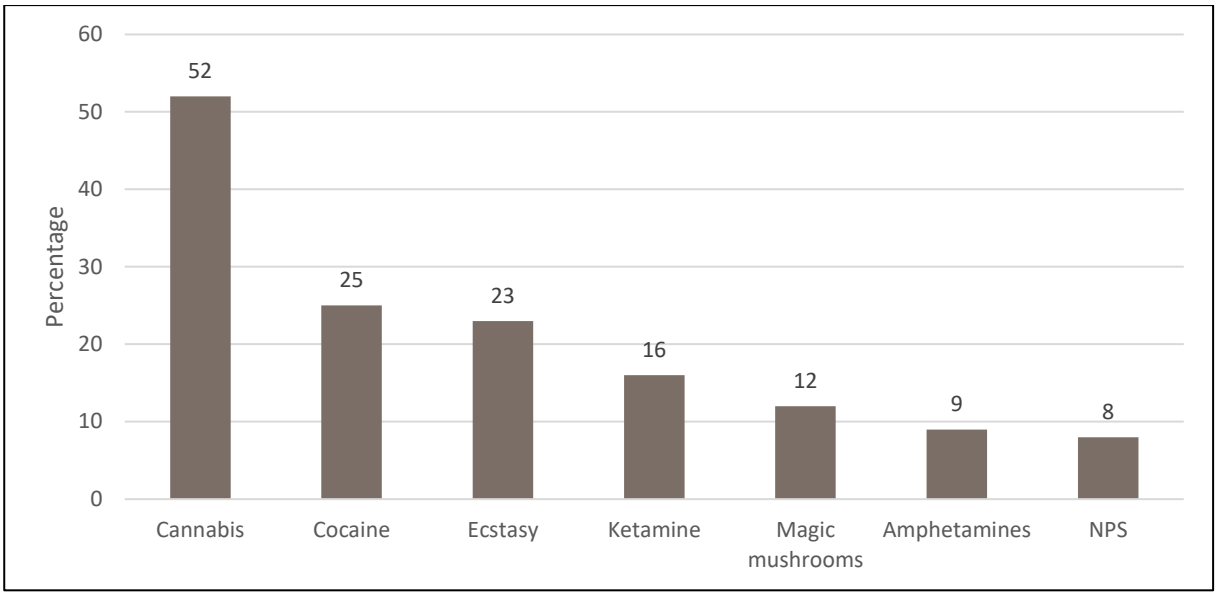


Figure T1.1.3.5 Type of drugs used by DUHEI survey participants who reported ever using an illegal drug
Source: Byrne *et al.* (2022)

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 1 in 3 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 drug prevalence survey 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: Mongan *et al.* (2021)

Regular use of cannabis and efforts to stop

Among lifetime cannabis users in the 2019–20 drug prevalence survey, 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 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 2015. Since then, the proportion has been slowly decreasing; in 2024, 16.9% (n=2143) were treated for problem cannabis use compared with 17.6% (n=2220) (see Section T2.1 of the *Treatment workbook* for further information). However, these proportions must be interpreted carefully, as the actual number of cases has fluctuated over the reporting period.

Cannabis was the third most common drug for which treatment entrants sought treatment in 2024, after cocaine and opioids (mainly heroin), which is similar to the 2023 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 2024, cannabis remained the second most common problem drug reported by new treatment entrants (also see Section T1.3.1 of the *Treatment workbook*). Over one-quarter (27.5%) of all new treatment entrants reported cannabis as the main problem drug, with the proportion of new entrants reporting cannabis as the main problem drug gradually decreasing since 2015.

In 2024, 70.5% of cases reporting cannabis as their main problem drug identified as male, 29.1% identified as female, and 0.4% identified as non-binary or in another way. The mean age was 27.3 years (males: 26.4 years; females: 29.5 years; non-binary: 18.5 years), and all of these figures are similar to previous years. The majority of cases reporting cannabis as the main problem drug were new treatment entrants (61.2%).

In 2024, the highest percentage of cases (53.8%) 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 35.0% of cases that were referred by other medical agencies or social services. Only a small proportion of cases (6.3%) were referred by courts, probation services, or police, similar to previous years. 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 in previous drug prevalence survey 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 T1.2.3.1). 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 T1.2.3.1 Prevalence of CUD in the general population, by sex and age group, 2019–20 (%)

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: Mongan *et al.* (2021)
Note: 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 T1.2.3.2). The proportion of last-year cannabis users with CUD was 19.6% in 2019–20, 39.2% in 2014–15, and 24.0% in 2010–11.

Table T1.2.3.2 Trends in CUD in the general population, by sex and age group, 2010–11, 2014–15, and 2019–20 (%)

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: Mongan *et al.* (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 very difficult. However, in 2024, 100 cases reported synthetic cannabinoids as their main problem drug, which is more than double the number reported in 2023 (46 cases). 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. Where stated by the client, 47 cases self-reported using hexahydrocannabinol (HHC).

In 2024, 73.9% of cases reporting synthetic cannabinoids as their main problem drug were male, with a mean age of 21.8 years (median: 18.5 years). Most cases reported smoking (71.0%), but 26.9% reported vaping the synthetic cannabinoid. Over one-half (52%) were self-referred (including referrals from family

or friends, with no other agency/institution involved), with 14% referred by a mental health professional and 13% referred by social or community services. Three-quarters (75%) were new treatment entrants.

The type of NPS was not specified for some NPS cases recorded in the TDI data, and so the true number of synthetic cannabinoid users may be under- or overestimated. The 100 cases reported in 2024 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

The home life environment and adolescent cannabis use

A new Irish study based on the 2020 Planet Youth Survey has revealed that home life dynamics and extracurricular activities significantly influence adolescent cannabis use (Daly et al. 2025b). Conducted among nearly 5,000 secondary school students in Galway, Mayo, and Roscommon, the research provides insights into factors linked to teenage substance use in Ireland. Speaking about the study, first author Dr Fionn Daly said:

> Although adolescent cannabis use is a significant public health concern, there is limited evidence on how the home environment and involvement in extracurricular activities correlate with teenage cannabis use in Ireland. Therefore, we analysed responses from adolescents who participated in the Planet Youth 2020 – Growing Up in the West survey, which was an anonymous questionnaire available to all school-going adolescents residing in the western region of Ireland.

In this research, which has been published in the journal *Public Health*, it was found that 18.5% of adolescents had tried cannabis, with 7.5% having used it in the past month. The study found that adolescents who spent time outside after midnight, had less parental monitoring, or had weaker community ties (referred to as intergenerational closure) were significantly more likely to report cannabis use. Notably, participation in structured extracurricular activities, such as sports and volunteering, was linked to lower rates of cannabis use; teenagers who regularly played sports or engaged in volunteering had reduced odds of cannabis use. While involvement in music, arts, and drama was also protective to some extent, their impact was less consistent.

The findings echo international evidence, particularly from Iceland, where structured leisure time and strong parental involvement have been linked to dramatic declines in adolescent substance use. Ireland's relatively high rate of youth cannabis use compared with other European countries suggests a need to bolster protective social environments.

The study authors call for increased investment in community-based prevention strategies. These include promoting parental engagement, expanding access to youth clubs and sports teams, and considering initiatives like Iceland's 'Recreation Card' to reduce financial barriers to participation in extracurricular activities.

Commenting on the findings, study lead Dr Peter Barrett said:

Our research suggests that the use of cannabis remains relatively common among adolescents in Ireland. Social environment factors related to cannabis use, both within the home and in the wider community, identified in this study, may provide valuable insights for primary prevention interventions which require action at a grassroots level.

T4. Additional information

T4.1 Additional sources of information

Risk and protective factors for adolescent cannabis use

Cannabis remains the most widely used illicit substance among adolescents in Ireland, with new research shedding light on the factors that influence its use. A 2021 survey involving more than 4,400 students aged 15–16 years in North Dublin, Cavan, and Monaghan revealed that 7.3% reported using cannabis in the past month. The study, part of the Planet Youth initiative based on the Icelandic Prevention Model, identified individual, familial, and peer-related factors related to cannabis use.

In this research, which has been published in the *Irish Journal of Psychological Medicine,* peer cannabis use was found to increase the odds of a young person's cannabis use by more than 10 times (O'Dowd et al. 2025). Perceived parental ambivalence and peer pressure also significantly elevated the likelihood of use. Moreover, adolescents who viewed cannabis as non-harmful, or who also used alcohol, cigarettes, or e-cigarettes, were more likely to be cannabis users. Protective factors against adolescent cannabis use included strong parental disapproval, high levels of parental supervision, and the perception that cannabis use is harmful.

The authors propose that the findings have important implications for public health policy and highlight the need for targeted prevention strategies that address modifiable risk factors, such as peer influence and parental attitudes. They suggest that increased public awareness campaigns that clarify the risks associated with adolescent cannabis use, particularly in the context of growing social acceptance and legalisation debates, are urgently needed.

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 National Drug and Alcohol Survey (2002–03, 2006–07, 2010–11, 2014–15, and 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.

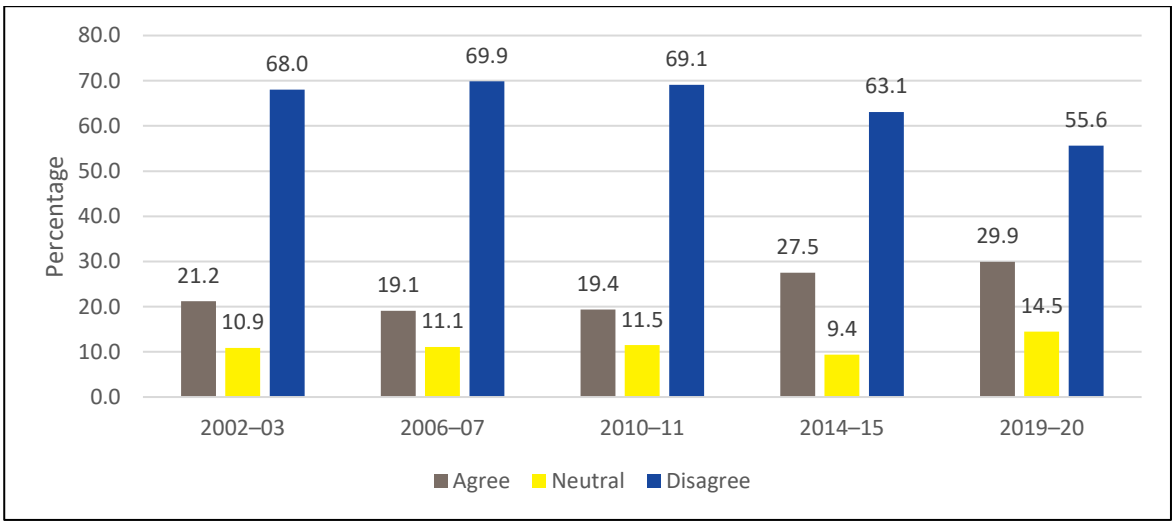


Figure T.4.2.1 Level of agreement with recreational cannabis use among 15–64-year-olds, 2002–03 to 2019–20
Source: Mongan *et al.* (2023)

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 survey; 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. However, findings from the 2023 Healthy Ireland Survey demonstrate notable reductions in the use of ecstasy, while the prevalence of cocaine use remains high.

T1.1.2 Stimulant use in the general population

Cocaine use

Findings from the 2023 Healthy Ireland Survey show that lifetime cocaine use has increased when compared with 2019–20 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 8.3% to 9.3%. As was observed in previous surveys, more men than women reported using cocaine in their lifetime (13.3% versus 5.6%).

Since the 2019–20 survey, recent cocaine use among males and females has remained relatively stable, at 3.6% and 1.4%, respectively. Lifetime and last-year use of cocaine among young adults has increased slightly, from 10.6% to 11.9% and 4.8% to 5.0%, respectively, while current use among 15–34-year-olds was unchanged, at 1.5%.

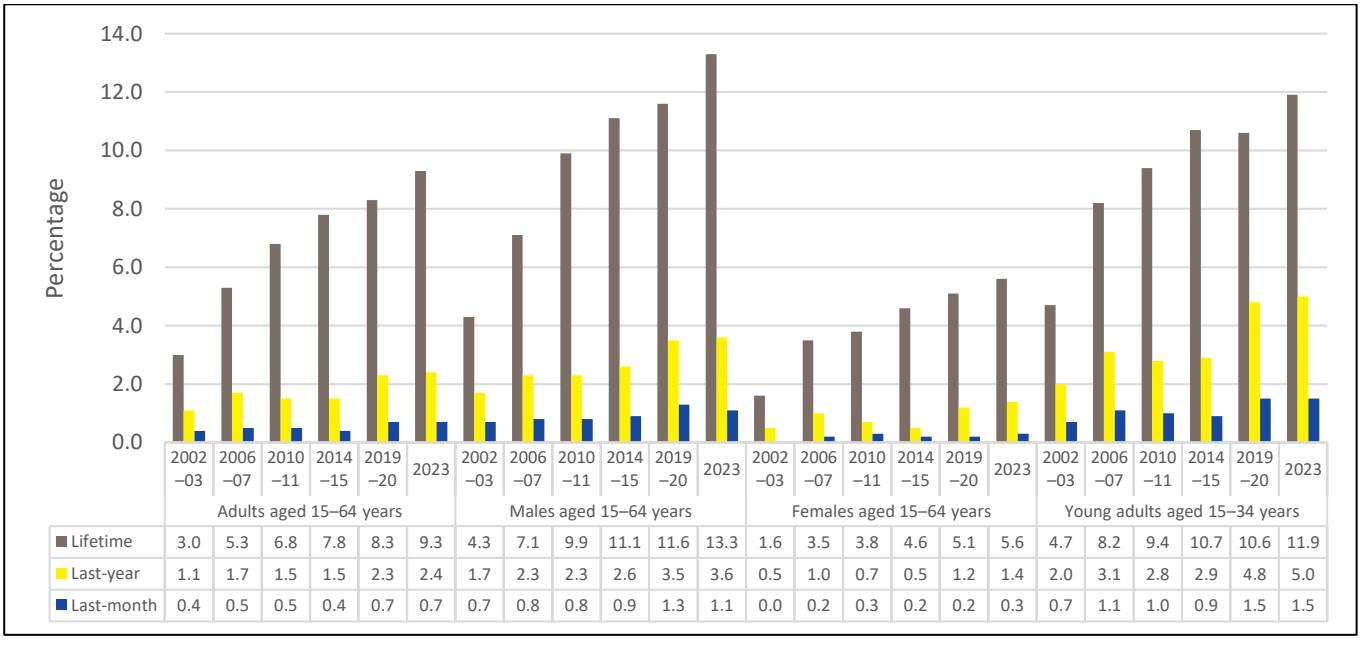
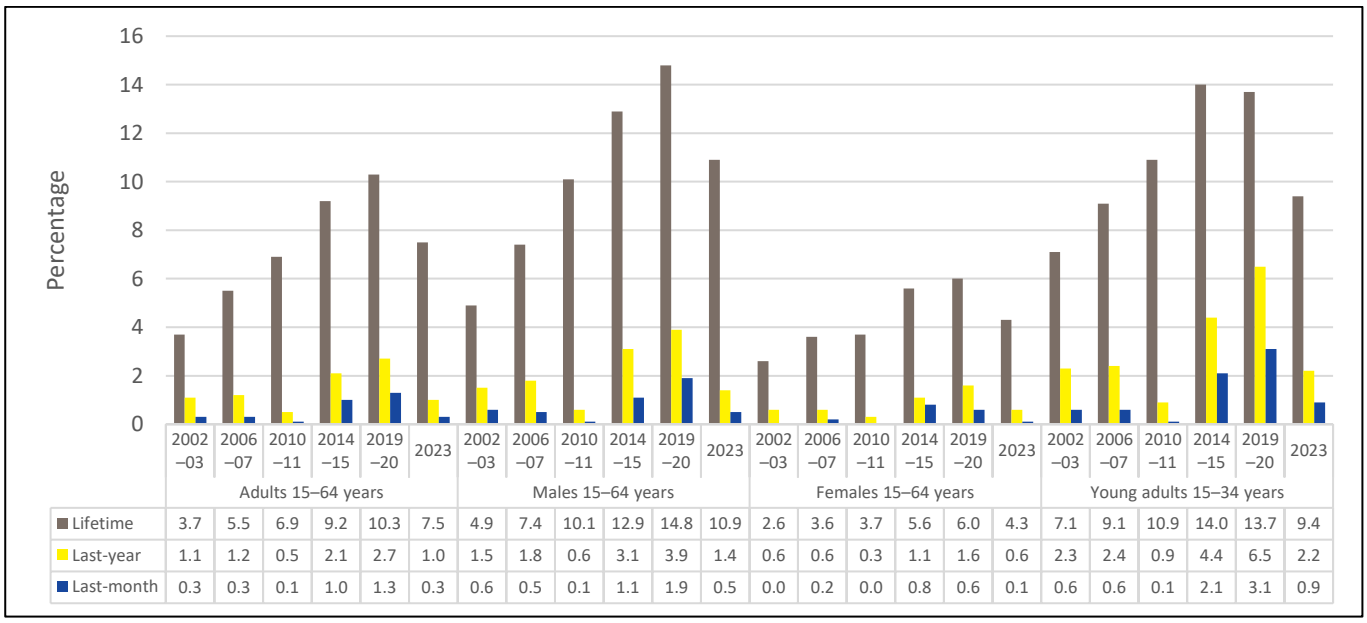


Figure T1.1.2.1 Lifetime, last-year, and last-month prevalence of cocaine use in Ireland, 2002–03, 2006–07, 2010–11, 2014–15, 2019–20, and 2023
Source: Mongan *et al.* (2025)

Ecstasy use

Results from the 2023 survey show notable reductions in the use of ecstasy (see Figure T1.1.2.2). In 2019–20, ecstasy was found to be the second most commonly used illegal drug in Ireland (after cannabis) in the year prior to the survey, at 2.7%. However, only 1.0% of survey respondents aged 15–64 years indicated last-year ecstasy use in 2023. Recent use of ecstasy among males and females declined since 2019–20, from 3.9% to 1.4% and from 1.6% to 0.6%, respectively.

Notable decreases in ecstasy use were also observed among those aged 15–34 years. In 2023, 9.4% of young adults said they had tried ecstasy at least once in their lifetime (compared with 13.7% in 2019–20), 2.2% had tried it in the last year (compared with 6.5% in 2019–20), and 0.9% indicated current ecstasy use (compared with 3.1% in 2019–20).



	Adults 15–64 years						Males 15–64 years						Females 15–64 years						Young adults 15–34 years					
	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023
Lifetime	3.7	5.5	6.9	9.2	10.3	7.5	4.9	7.4	10.1	12.9	14.8	10.9	2.6	3.6	3.7	5.6	6.0	4.3	7.1	9.1	10.9	14.0	13.7	9.4
Last-year	1.1	1.2	0.5	2.1	2.7	1.0	1.5	1.8	0.6	3.1	3.9	1.4	0.6	0.6	0.3	1.1	1.6	0.6	2.3	2.4	0.9	4.4	6.5	2.2
Last-month	0.3	0.3	0.1	1.0	1.3	0.3	0.6	0.5	0.1	1.1	1.9	0.5	0.0	0.2	0.0	0.8	0.6	0.1	0.6	0.6	0.1	2.1	3.1	0.9

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, 2019–20, and 2023
Source: Mongan *et al.* (2025)

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.

Factors associated with cocaine use among young adults in Ireland

The Republic of Ireland ranked fourth globally for last-year cocaine use in 2019, with 2.4% of the general adult population reporting such use (United Nations Office on Drugs and Crime 2023). In 2021, Ireland ranked second in Europe for lifetime cocaine use among 15–24-year-olds (6.8%) (Doyle et al. 2022). National drug treatment surveillance revealed a 259% increase in cases where cocaine was the main problem drug between 2016 and 2022; in 2022, cocaine surpassed opioids as the leading problem drug, accounting for 34% of all drug treatment cases (O'Neill et al. 2023). In addition, among individuals aged 15–24 years, cocaine-related hospital discharges rose by 83% between 2015 and 2019, while cocaine-related deaths increased by 41% between 2007 and 2017 (Doyle et al. 2022). However, despite growing concerns about trends in cocaine use in Ireland, there is a lack of longitudinal studies that prospectively examine factors associated with cocaine initiation and use in general youth populations.

Recent research examined individual, family, and socio-environmental exposures associated with incident last-year cocaine use at the age of 17 years (n=5965) and the age of 20 years (n=4679) using data from the Growing Up in Ireland study (Brennan et al. 2025a). Notable findings from this research, which have been published in the *Journal of Adolescent Health,* include the following:

- Almost 4.0% of 17-year-olds and 22.9% of 20-year-olds reported last-year cocaine use.
- Cocaine use increased by 475% between the ages of 17 and 20 years, and over 75% of those who used cocaine at the age of 17 years continued to use it at the age of 20 years.
- Alcohol use at the age of 14 years or younger was associated with 8 times the odds of cocaine use at the age of 17 years (odds ratio (OR): 8.0; 95% confidence interval (CI): 1.7–7.3) and 19 times the odds of cocaine use at the age of 20 years (OR: 19.2; 95% CI: 8.6–43.2).
- Peer cannabis use was associated with seven times the odds of cocaine use at the age of 17 years (OR: 7.3; 95% CI: 2.9–18.3) and double the odds of cocaine use at the age of 20 years (OR: 2.4; 95% CI: 1.8–3.2).
- Growing up in a neighbourhood where substance use was common doubled the odds of cocaine use at the age of 17 years (OR: 2.4; 95% CI: 1.3–4.4).

The authors note that the sharp increase in cocaine use between the age of 17 years and the age of 20 years suggests that this period is crucial for intervention, and that delaying alcohol initiation and reducing cannabis exposure may help prevent cocaine use later in adolescence and young adulthood. In addition, targeted public health interventions, especially in high-risk environments, may be necessary in order to curb rising cocaine use.

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

T1.2.1 Patterns of stimulant use

Frequency of cocaine use

In the 2019–20 survey, 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

In the 2019–20 survey, 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

In the 2019–20 survey, 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

In the 2019–20 survey, 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 2024, there were 5,172 cases treated for problem stimulant use, as reported through the TDI, compared with 4,862 cases reported in 2023. Similar to previous years, the vast majority of cases were treated for problem cocaine use (96.9%), followed by other stimulants, including methamphetamine (1.2%), synthetic cathinones (1.1%), unspecified amphetamine-type stimulants (0.4%), 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.

In 2024, 71.8% of cases identified as male, 28.0% of cases identified as female, and 0.2% of cases identified as non-binary or in another way. The mean age was 34.4 years, which was slightly older than that reported in 2023. Just under one-half (47.7%) of those treated for problem stimulant use had never been treated before. The proportion of new treatment entrants in 2024 (45%) decreased compared with 2023. The majority of cases were self-referred or referred by family/friends (65.2%), which was 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 2024 to 39.6%, compared with 37.4% in 2023. 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 2024, 71.9% of cases treated for problem cocaine use identified as male, 27.9% identified as female, and 0.1% identified as non-binary. The mean age was 34.4 years, which was slightly older than that reported in previous years (males: 33.8 years; females: 36.0 years). More than 4 in 10 cases (44.6%) had never been treated before, which is slightly lower than the 2023 figure (46.9%). The majority of cases (67.3%) were self-referred or referred by family/friends, and 20.1% were referred by medical sources.

In 2024, crack cocaine accounted for almost one-quarter (24.4%) of cocaine cases, similar to 2023 (24.2%). 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 (45.0%) compared with powder cocaine (22.4%). Cases reporting crack use were also older (with a mean age of 39.7 years, compared with a mean age of 32.7 years for powder cocaine). The majority of both powder cocaine (68.1%) and crack cocaine (64.8%) cases were self-referred or referred by family/friends. The majority of cases reporting crack use were previously treated (71.9%); the comparable figure for those reporting powder cocaine use was 42.5%.

Amphetamine-type stimulants

Stimulants excluding cocaine and synthetic cathinones – which includes amphetamine-type stimulants, ecstasy, methylamphetamine, and other unknown/unspecified stimulants – accounted for only a very small proportion of all cases treated for problem drug use in Ireland. In 2024, 2.0% (n=103) of stimulant cases reported that their main problem drug was in this group, similar to 2023 (1.9%). The relatively small number of cases in this group means that trends in this group are difficult to interpret.

In 2024, 75.7% of problem amphetamine-type stimulant cases identified as male, similar to 2023 (78.5%). The mean age was 34.6 years. The majority (57.3%) had never been treated before, and were self-referred or referred by family/friends (56.3%), followed by health services (38.8%).

T1.2.3 High-risk stimulant use

Of those cases treated for stimulant use in 2024, 64.3% 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 (96.4%), while for crack the main route of administration was smoking (94.7%). 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 2024, 1.1% of stimulant cases (n=57) were treated for synthetic cathinone use, similar to previous years. The proportion (and number) of cases treated for this type of drug use peaked in 2010, at 1.5% (n=127) of all treatment entrants, and dropped to a low in 2020 (0.1%; n=3). Please note that the very small number of cases reporting synthetic cathinone use annually makes analysis unreliable.

T1.2.5 Injecting and other routes of administration

In 2024, 10.2% 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 10.8% in 2023. Of those who reported ever injecting, 18.4% 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 0.9%, similar to 2023 (1.0%). 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 survey:

- 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 survey:

- 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'.

Adolescent stimulant drug use in Ireland: the role of the home environment and extracurricular activities

A new study published in *PLOS One* explores how family dynamics and extracurricular involvement influence stimulant drug use among Irish adolescents (Daly et al. 2025a). Drawing on data from the 2020 Planet Youth Survey, researchers examined nearly 5,000 secondary school students across Galway, Mayo, and Roscommon in order to assess lifetime use of cocaine and ecstasy, and to identify associated social and environmental factors.

Background

Cocaine and ecstasy remain among the most commonly used stimulant drugs worldwide, with both substances posing serious health risks, including cardiovascular complications, neurological damage, and heightened risks of both depression and suicidality. Adolescence is a particularly vulnerable period, as brain development is ongoing and social influences are especially strong. Internationally, Ireland ranks

near the top in Europe for adolescent cocaine use, with prevalence levels higher than the continental average.

The Planet Youth Survey, modelled on the successful Icelandic Prevention Model, anonymously gathered information from students about drug use, mental health, home life, and leisure activities. Researchers focused on two outcome measures: lifetime use of cocaine and lifetime use of ecstasy. They then explored how these outcomes correlated with home environment factors such as parental monitoring, rule-setting, and intergenerational closure (the extent of connectedness between families), as well as involvement in extracurricular activities including sports, arts, volunteering, and after-school clubs.

Key findings

Overall, 3.4% of respondents reported having used cocaine and 2.8% had tried ecstasy. While these percentages may appear modest, they are high compared with European norms. Several social and familial factors stood out as significant predictors of stimulant use.

Adolescents who reported being outside after midnight in the previous week were over five times more likely to have used cocaine and over six times more likely to have used ecstasy. Weak parental rule-setting and reduced monitoring were also strongly linked to stimulant use, as was lower intergenerational closure. Importantly, mental health emerged as a strong factor: teenagers reporting 'bad' or 'very bad' mental health were three to five times more likely to have used stimulants compared with peers with positive mental health.

Participation in extracurricular activities showed a protective effect, but only for sports. Adolescents not involved in organised sport, whether within or outside of a club, were significantly more likely to report stimulant use. Other activities such as music, arts, or volunteering did not show significant associations with stimulant use, although lower participation rates in these areas may mean that they have limited statistical power.

Implications for prevention

These findings reinforce the importance of a supportive home environment, active parental engagement, and structured leisure opportunities in reducing adolescent drug use. Evidence from Iceland shows that strengthening family bonds, curbing unsupervised late-night activities, and promoting widespread participation in organised sports can substantially reduce substance use among young people.

In the Irish context, the study authors suggest that a 'Recreation Card' scheme (which would subsidise extracurricular participation) could help broaden access to protective activities. The recent introduction of mandatory Social, Personal and Health Education (SPHE) in schools also represents a promising step towards equipping adolescents with resilience and decision-making skills.

Conclusions

The Planet Youth study highlights that stimulant drug use among Irish teenagers remains a pressing public health concern. By fostering stronger family oversight, supporting youth mental health, and expanding access to extracurricular engagement, particularly in sport, Ireland may move closer to replicating Iceland's success in curbing adolescent substance use.

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

In Ireland, the primary opioid misused is heroin (Hanrahan et al. 2025), although other opioids are also used (see Section C, T3.1 New developments in the use of heroin and other opioids and Section C, T4.1 Additional sources of information).

T1.1.2 Estimates of opioid use in the general population

Background

To date, one regional and four national capture-recapture (CRC) studies have been conducted in Ireland to estimate the prevalence of problematic opioid use. These studies provided estimates for the years 1996, 2000–01, 2006, 2011–2014, and 2015–2019 (Hanrahan et al. 2022). The 1996 regional study examined opioid use in Dublin only and used three data sources: the Health Service Executive (HSE) Central Treatment List (CTL), Hospital In-Patient Enquiry (HIPE) scheme data from four Dublin hospitals, and the An Garda Síochána arrest database. The 2000–01 and 2006 studies were three-source CRC studies that used national data from the CTL, the HIPE scheme, and the An Garda Síochána PULSE (Police Using Leading Systems Effectively) database. The 2011–2014 and 2015–2019 studies both used four national data sources: the CTL data were divided into three sources (treatment clinics, general practitioners (GPs), and prison data), and the Probation Service was the fourth data source. In 2020, the Health Research Board (HRB) awarded a contract to the School of Public Health at University College Cork to conduct a fifth national study on the prevalence of opioid use in the Republic of Ireland for the years 2020–2022. The methodology and main findings from this study are discussed in the following sections (Hanrahan et al. 2025).

Methods

Data on opioid use for the years 2020–2022 were collected from four sources: treatment clinics, GPs, the Irish Prison Service, and the Probation Service. Employing the CRC method, Poisson log-linear models were applied to the overlapping data in order to find the model with the best fit 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 chi-squared distribution and the Akaike information criterion (AIC) value. The simplest model with the lowest AIC value that provided a credible estimate was used.

Results

Table T1.1.2.1 presents a summary of the study's main results, stratified by Co Dublin versus the rest of Ireland, as well as by age group and sex. In 2022, it was estimated that there were approximately 19,460 individuals in Ireland with problematic opioid use (95% CI: 19,348–23,158), which equates to a prevalence rate of 5.79 per 1,000 population (95% CI: 5.76–6.89). A significant majority of these individuals were male (67.9%), and more than three-quarters (75.3%) fell within the older age group of 35–64-year-olds. There were an estimated 11,100 problematic opioid users (95% CI: 10,684–13,761) in Co Dublin in 2022, reflecting a prevalence rate more than three times higher than that in the rest of Ireland (11.17 per 1,000 population (95% CI: 10.75–13.85) compared with 3.53 per 1,000 population (95% CI: 3.46–4.37)).

Table T1.1.2.1 Summary of prevalence estimates of problematic opioid use, 2022)

Breakdown	Known	Estimate	95% CI	Rate per 1,000 population	95% CI
Co Dublin	7,828	11,100	10,684–13,761	11.17	10.75–13.85
Rest of Ireland	4,891	8,360	8,189–10,346	3.53	3.46–4.37
15–24 years	264	527 (2.7%)	524–627	0.82	0.81–0.97
25–34 years	2,304	4,283 (22.0%)	4,258–5,097	6.82	6.78–8.12
35–64 years	10,151	14,650 (75.3%)	14,566–17,434	7.02	6.98–8.35
Male	8,989	13,218 (67.9%)	13,142–15,730	7.96	7.91–9.47
Female	3,730	6,242 (32.1%)	6,206–7,428	3.67	3.65–4.37
Total	**12,719**	**19,460**	**19,348–23,158**	**5.79**	**5.76–6.89**

Source: Hanrahan *et al.* (2025)

Trends in problematic opioid use in Ireland over time

Data on the prevalence of problematic opioid use for the years 2020, 2021, and 2022 are additionally presented in order to provide information on changes in trends over time (see Table T1.1.2.2). The overall estimated number of problematic opioid users remained stable between 2020 and 2022, as indicated by overlapping 95% CIs. However, the estimated number of problematic opioid users aged 15–24 years decreased, from 685 (95% CI: 673–779) in 2020 to 527 (95% CI: 524–627) in 2022, which was a statistically significant decrease. No notable changes in the other age groups were observed.

Table T1.1.2.2 Comparison of estimated number of problematic opioid users over time (2020–2022), by age group

2020			
Age group	**Known**	**Estimate**	**95% CI**
15–24 years	420	685	673–779
25–34 years	2,781	4,772	4,686–5,425
35–64 years	9,537	15,528	15,248–17,653
Total	**12,738**	**20,985**	**20,606–23,857**

2021			
Age group	**Known**	**Estimate**	**95% CI**
15–24 years	368	645	637–744
25–34 years	2,627	4,240	4,185–4,889
35–64 years	9,899	15,557	15,354–17,937
Total	**12,894**	**20,442**	**20,175–23,569**

2022			
Age group	**Known**	**Estimate**	**95% CI**
15–24 years	264	527	524–627
25–34 years	2,304	4,283	4,258–5,097
35–64 years	10,151	14,650	14,566–17,434
Total	**12,719**	**19,460**	**19,348–23,158**

Source: Hanrahan *et al.* (2025)

This study represents the third national CRC study in Ireland to utilise four data sources: clinics, GPs, prisons, and the Probation Service. When comparing summary findings from previous studies, a stable overall estimated number of problematic opioid users was observed in Ireland between 2014 and 2022 (Table T1.1.2.3). There has been a slight decrease in the estimated number of problematic opioid users in Co Dublin, whereas the estimated number of problematic opioid users living in the rest of Ireland outside of Co Dublin has increased from 5,530 (95% CI: 5,406–8,023) in 2014 to 8,360 (95% CI: 8,189–10,346) in 2022. However, these differences were not statistically significant based on overlapping 95% CIs. These data also show that there was no significant change in the proportion of male or female problematic opioid users during this period. Notably, there has been a significant decrease in the estimated number of problematic opioid users aged 15–24 years and aged 25–34 years (Figures T1.1.2.1 and T1.1.2.2), accompanied by a significant increase in the estimated number of problematic opioid users aged 35–64 years (Figure T1.1.2.3), between 2011 and 2022.

Table T1.1.2.3 Comparison of the estimated number of problematic opioid users in Ireland, 2014, 2019, and 2022

	2014		2019		2022	
Variable	**Estimate**	**95% CI**	**Estimate**	**95% CI**	**Estimate**	**95% CI**
Co Dublin	13,458	12,564–14,220	11,729	11,298–12,944	11,100	10,684–13,761
Rest of Ireland	5,530	5,406–8,023	8,146	7,885–9,160	8,360	8,189–10,346
Female	5,966	5,882–6,741	5,505	5,407–5,985	6,242	6,206–7,428
Male	13,022	12,838–14,713	14,370	14,115–15,623	13,218	13,142–15,730
Total	**18,988**	**18,720–21,454**	**19,875**	**19,522–21,608**	**19,460**	**19,348–23,158**

Source: Hanrahan *et al.* (2025)

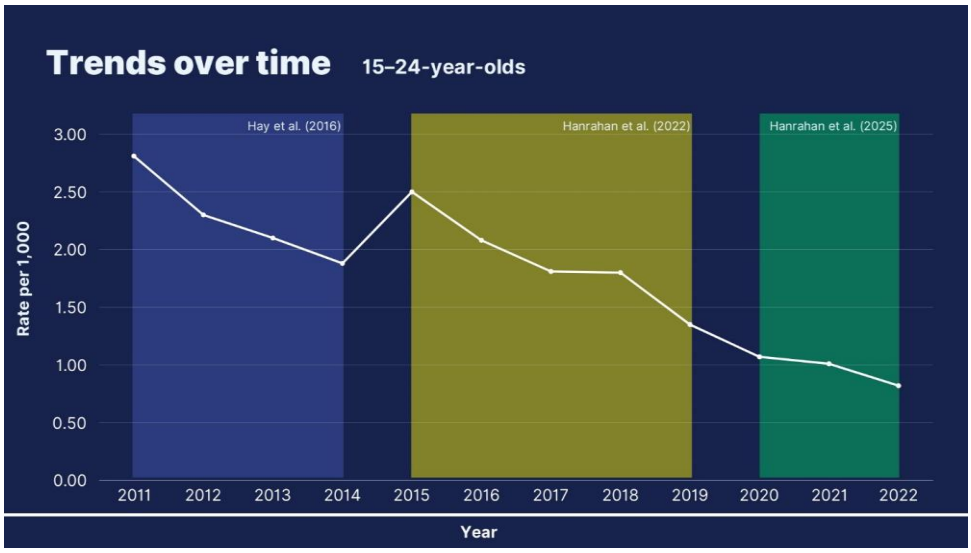


Figure T1.1.2.1 Comparison of estimated rate of problematic opioid users per 1,000 population over time (2011–2022), 15–24-year-olds
Source: Hanrahan *et al.* (2025)

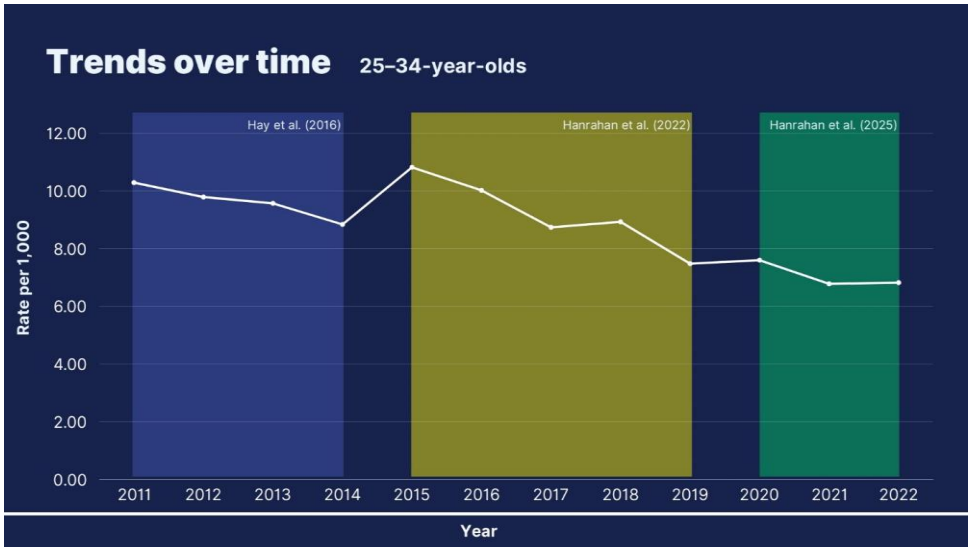


Figure T1.1.2.2 Comparison of estimated rate of problematic opioid users per 1,000 population over time (2011–2022), 25–34-year-olds
Source: Hanrahan *et al.* (2025)

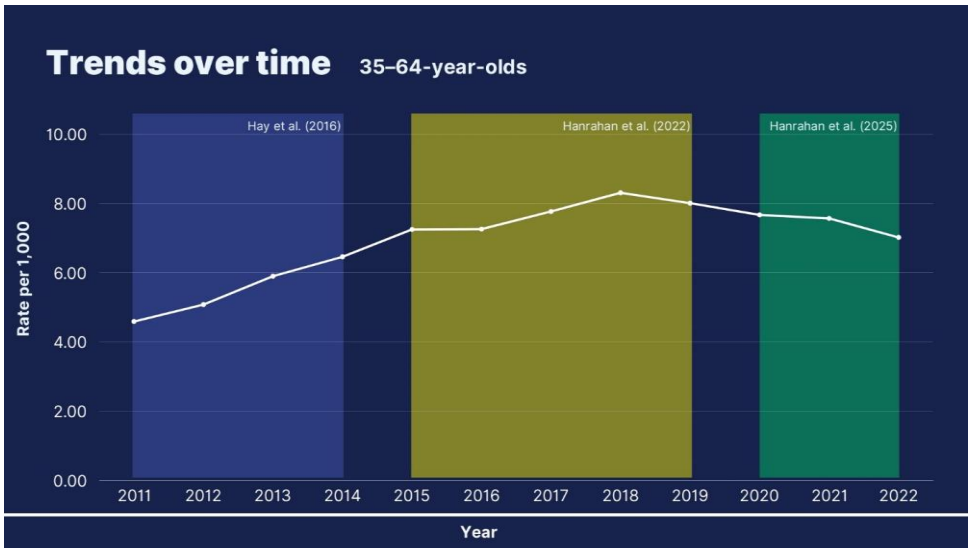


Figure T1.1.2.3 Comparison of estimated rate of problematic opioid users per 1,000 population over time (2011–2022), 35–64-year-olds
Source: Hanrahan *et al.* (2025)

In conclusion, the results from this study indicate that the overall estimated number of problematic opioid users in Ireland remained stable from 2020 to 2022, but with a significant decrease observed in the 15–24-year-old age group. This decrease is a positive development, given the harmful and addictive nature of opioids. Nevertheless, opioid use prevalence estimates in Ireland remain high. Ongoing research in this area will be crucial for effective service planning and also to enable policy-makers to evaluate the impact of strategies aimed at reducing drug-related harms. Further targeted interventions may be needed in order to enhance the response to opioid misuse in Ireland, thus leading to better outcomes for affected individuals and communities.

T1.1.3 Estimates of opioid use in sub-populations

Table T1.1.3.1 shows the prevalence of problematic opioid use in 2022 in the cities of Dublin, Cork, Galway, Limerick, and Waterford. Dublin city had a significantly higher prevalence of problematic opioid users, at 17.05 per 1,000 population (95% CI: 15.90–21.94), than the other cities. Galway city had the lowest prevalence of problematic opioid users, at 4.76 per 1,000 population (95% CI: 3.28–8.90).

Table T1.1.3.1 Estimates of the number of problematic opioid users aged 15–64 years by city, and rates per 1,000 population, 2022

City	Known	Estimate	95% CI	Rate per 1,000 population	95% CI
Dublin city	5,172	7,240	6,752–9,318	17.05	15.90–21.94
Cork city	610	859	774–1,079	5.59	5.04–7.02
Galway city	148	289	199–540	4.76	3.28–8.90
Limerick city	350	581	493–807	13.67	11.60–18.98
Waterford city	172	272	226–407	7.53	6.25–11.26

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 2024, 25.3% of cases reported were treated for problem opioid use, compared with 29.4% in 2023. 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 2024, heroin was the main problem drug in the majority of cases (84.7%), 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 2024, problem heroin use accounted for 21.4% of all cases treated, a decrease compared with the 25.3% reported in 2023. 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 2024, the trends in case demographics were very similar to those reported in previous years: 70.4% of cases identified as male, and the mean age was 39 years. The majority of cases (85.0%) 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 (50.5%) were self-referred.

Other opioids

Methadone (prescribed or street) and codeine (all types) were the next most common opioid types reported. In 2024, methadone (prescribed or street) was the second most common other opioid reported, accounting for 6.1% of all treatment entrants for problem opioid use, compared with 4.8% in 2023. There were a very small number of cases (n=13) that reported problem use of buprenorphine alone or in combination with another drug (prescribed or street). Codeine cases accounted for 5.6% of all treatment entrants for problem opioid use in 2024, similar to 2023 (5.9%). 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 2024, 45.3% reported using opioids daily, with a further 9.5% 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 2024, there were only eight 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 2024, 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 2024, less than one-half (47.2%) 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 10.5% of cases in this group.

In 2024, 25.4% 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 drug 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 route of administration among cases entering treatment for problem opioid use in 2024 was smoking (56.8%), followed by injecting (25.4%) and then eating (14.2%). The overall trends for injecting and other routes of administration appear to be consistent with previous years. Of those who were currently injecting, 52.4% 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

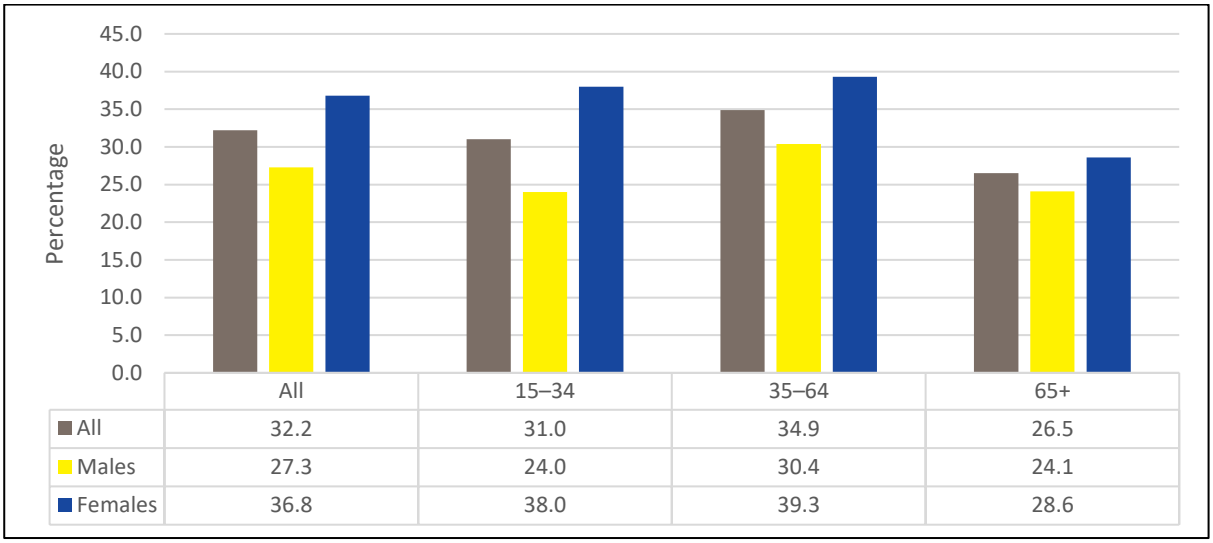
The main findings from the 2019–20 drug prevalence survey regarding opioid pain reliever use include the following:

- 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% (corresponding to 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).

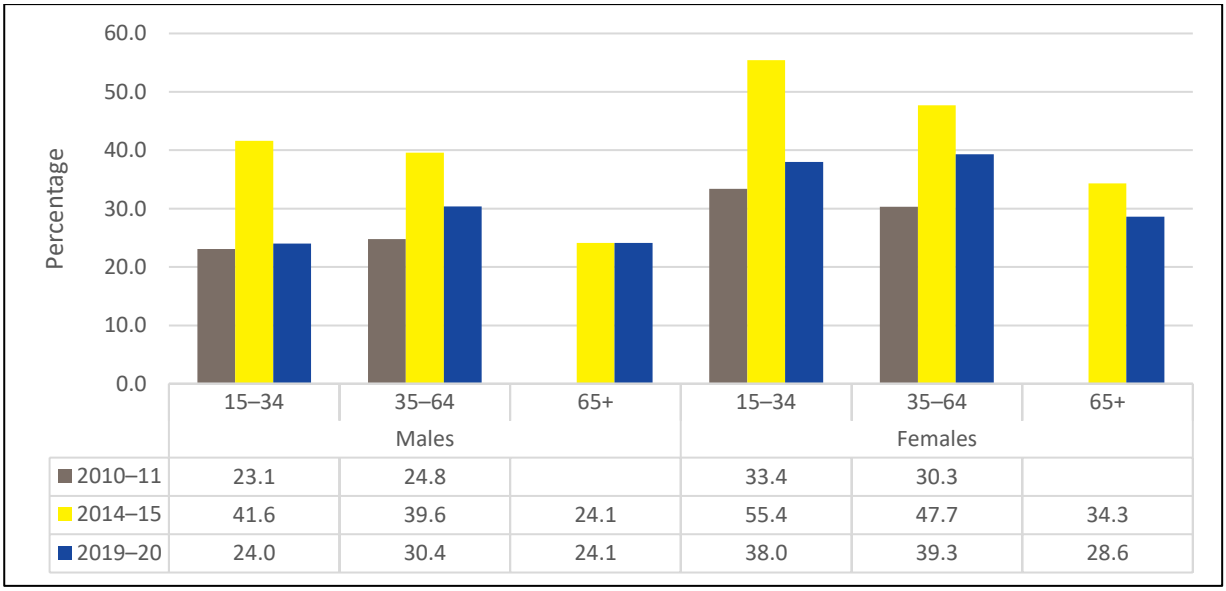


	All	15–34	35–64	65+
All	32.2	31.0	34.9	26.5
Males	27.3	24.0	30.4	24.1
Females	36.8	38.0	39.3	28.6

Figure T3.1.1 Recent use of opioid pain relievers in 2019–20, by sex and age group
Source: Mongan *et al.* (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

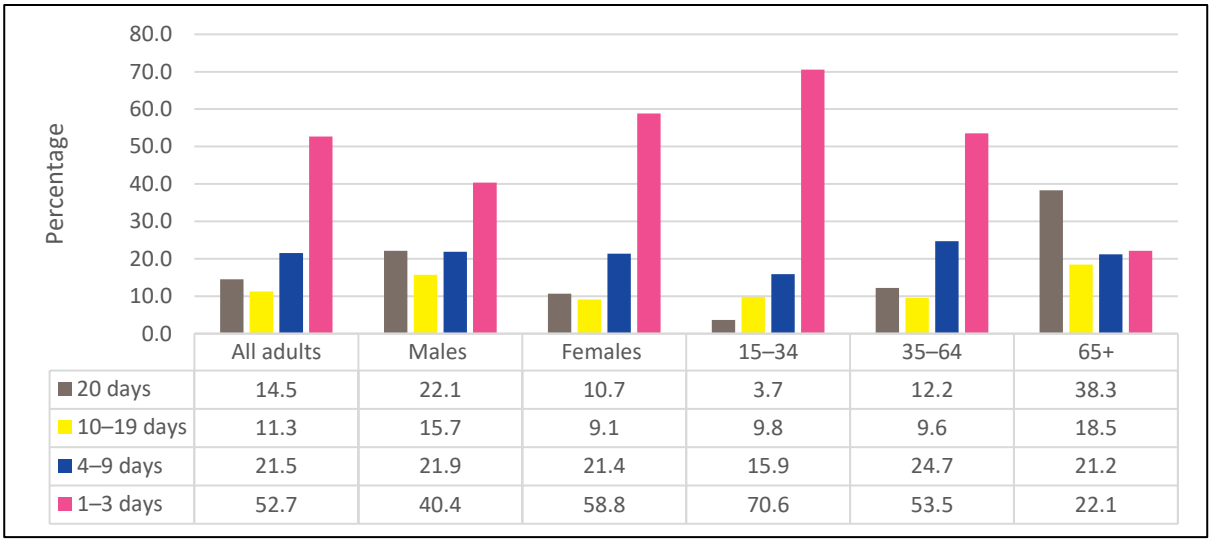
Figure T3.1.2 Trends in recent use of opioid pain relievers, sex by age group

Source: Mongan *et al.* (2021)

Note: In the 2010–11 drug prevalence survey, those aged 65 years and over were not included.

Frequency of opioid pain reliever use

One in seven current opioid users (14.5%) 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, 2019–20

Source: Mongan *et al.* (2021)

Type of opioid pain relievers used

The most common type of opioid pain reliever used by current users in the last month was 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: Mongan *et al.* (2021)

Non-medical use of opioid pain relievers

In 2019–20, 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).

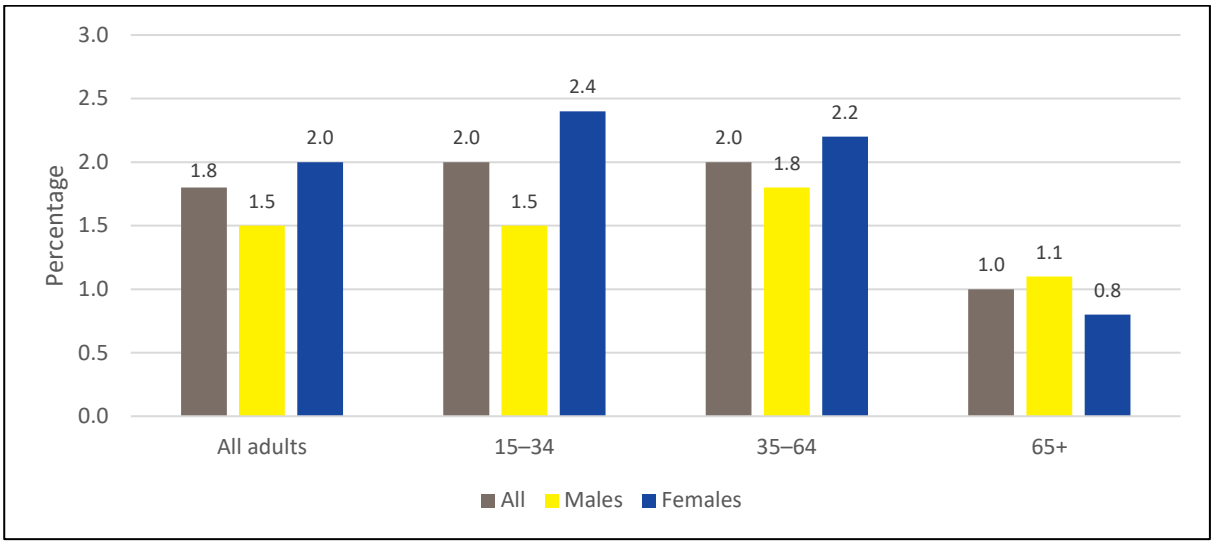


Figure T3.1.4 Recent non-medical use of opioid pain relievers in 2019–20, by sex and age group
Source: Mongan *et al.* (2021)

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 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 (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 for release on the 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 that 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

Polydrug use among methadone patients in Ireland

A recent study examining urine drug test data from 2010 to 2020 has revealed patterns of polysubstance use among patients receiving methadone maintenance treatment (MMT) at the HSE National Drug Treatment Centre (Durand et al. 2024). With more than 221,000 urine samples analysed from nearly 2,000 patients, the study provides the most comprehensive insight yet into drug use trends among this population.

Methadone, a cornerstone of opioid substitution treatment, is widely used in Ireland to treat opioid use disorder. While methadone effectively reduces heroin use and related mortality, its benefits can be severely undermined when patients concurrently use other substances, particularly benzodiazepines and stimulants (such as cocaine). This practice, often referred to as ‘using on top’, not only increases the risk of overdose but also contributes to treatment dropout.

In the research, which has been published in the *Journal of Substance Use and Addiction Treatment,* the authors found that benzodiazepines were persistently co-detected with methadone in around 70% of urine samples throughout the decade. This combination is especially dangerous, as both substances depress the central nervous system and their use together can lead to respiratory failure. The research also found that co-detection of methadone, benzodiazepines, and cocaine has been steadily rising, being found in nearly 30% of samples by 2020. Notably, the study found that cocaine positivity rates surged dramatically, from 12% in 2015 to 37% in 2020. This increase parallels broader European trends and coincides with record-high cocaine seizures. Cocaine use among MMT patients is particularly problematic, being associated with mental health deterioration, higher criminal activity, and poorer treatment outcomes. Unlike opioids, there is no pharmacological treatment for cocaine dependence, underscoring the need for accessible psychological therapies like cognitive behavioural therapy.

Age-specific analysis revealed that patients aged 26–35 years were most likely to test positive for cannabis, benzodiazepines, and cocaine, while patients in older age groups were less likely to test positive for these substances. The study also highlighted the widespread presence of non-prescribed (often illicit) benzodiazepines. These include counterfeit pills and novel psychoactive substances such as etizolam, which have been linked to rising drug-related deaths across Europe.

While routine urine drug testing remains a controversial practice, sometimes criticised for straining patient–provider relationships, the authors suggest that the findings underscore its utility in identifying dangerous drug combinations and informing public health responses. However, the authors recommend exploring alternatives like oral fluid testing and caution against observed sample collection practices.

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

Although NPS use was included as a drug category in the 2023 Healthy Ireland Survey, the results demonstrate that the prevalence of recent NPS use remains very low in Ireland, at 0.3% (compared with 0.8% in 2019–20). This likely 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 for 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

Recent sedative/tranquilliser use was reported by 7.0% of the adult population, with females more likely than males to report use (10.2% versus 3.7%). Those aged 65 years and over were more likely than younger age groups to report recent sedative/tranquilliser use (9.8%). Females aged 65 years and over had the highest prevalence of recent sedative/tranquilliser use (14.8%), while males aged 25–34 years had the lowest prevalence (1.4%) (see Figure T1.3.1).

Of those who had used sedatives/tranquillisers in the last year, 90.6% stated that all were prescribed, 5.8% stated that none were prescribed, and 3.6% stated that some were prescribed while others were not. Males were more likely than females to use sedatives/tranquillisers that were not prescribed (17.9% versus 6.6%). Younger respondents were also more likely to use non-prescribed sedatives/tranquillisers; 17.4% of 25–34-year-olds compared with 5.0% of those aged 65 years and over reported this.

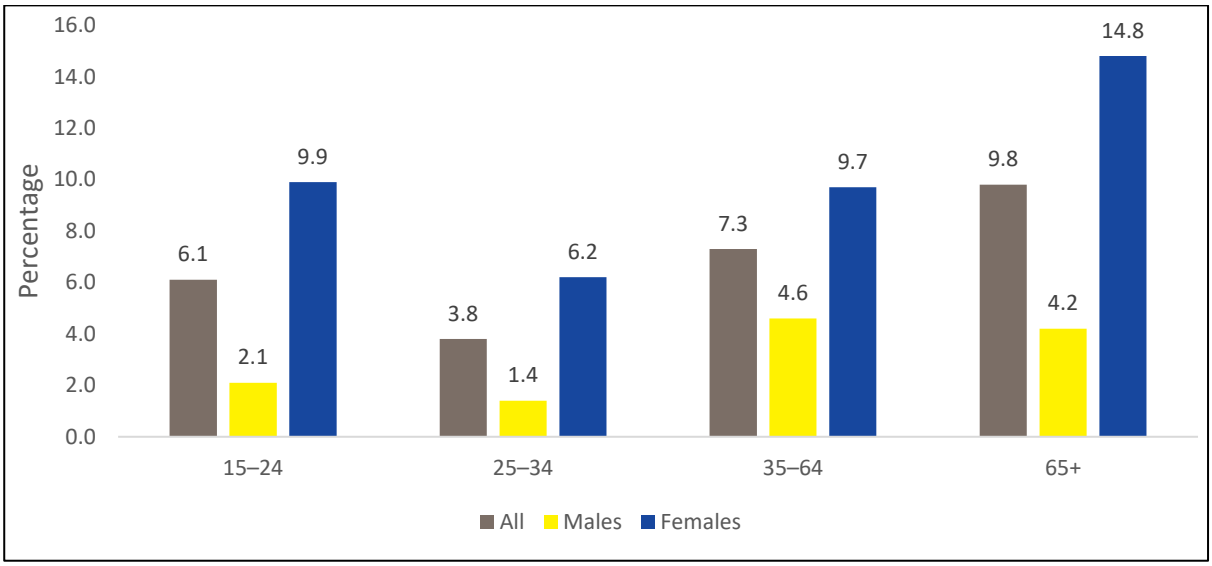


Figure T1.3.1 Last-year use of sedatives/tranquillisers, by sex and age group, 2023
Source: Mongan *et al.* (2025)

Nitrous oxide use in Ireland

In Ireland and internationally, much attention has been given to the growing popularity of nitrous oxide. In response, the 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 National Drug and Alcohol Survey, 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 European Web Survey on Drugs (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 1 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 oxide 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 Hospital In-Patient Enquiry (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 of subacute combined degeneration of the spinal 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 its 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=1093) 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 Drug Use in Higher Education in Ireland (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 who were considered current substance users reporting ketamine use (Byrne et al. 2022). Recent use was further identified in Irish results from the 2021 EWSD (N=5796), 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 September and October 2022, the HSE, in partnership with Merchants Quay Ireland, collected 165 used syringes from the Dublin and Midlands regions. 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.

Analyses of 235 drugs and metabolites were 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, this represented 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%

Drug	2021	2022
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 despite 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 that are outside the city centre.

Treatment data

Other drugs in 2024

Benzodiazepines (1,711; 13.5%) were the fourth most common drug reported in 2024, with alprazolam being the benzodiazepine most often specified. Hallucinogens (0.5%, which includes 56 cases reporting problem use of ketamine) and volatile inhalants (0.3%) traditionally have been reported only in very small numbers. There were 255 cases entering treatment in 2024 due to drugs other than the drugs listed above. It is difficult to comment on trends within this very small group of drugs. However, analyses of these cases show some findings of note, including the following:

- Eighty-six zimovane cases (Z-drug)
- Fifty pregabalin cases (an anti-epileptic medication)
- Twenty-seven tramadol cases, and
- Twenty-seven gamma-hydroxybutyrate (GHB) cases.

The 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

Prescription drug misuse in Ireland

The non-medical use of prescription drugs has become a global health concern. Non-medical usage is defined as the taking of prescription drugs, whether obtained by prescription or otherwise, except in the manner or for the reasons or time period prescribed, or by a person for whom the drug was not prescribed (United Nations Office on Drugs and Crime 2011). A Trendspotter study undertaken between May and September 2019 by Ana Liffey Drug Project and the EUDA Irish National Focal Point identified converging signals of the non-medical use of pharmaceuticals in Ireland (Duffin et al. 2020). The user groups identified included high-risk opioid users, prison populations, people with complex and multiple needs, and young people. Among these groups, the motivations for using street tablets were for their

intoxicating effects, to enhance desired effects from illicit substances, to help withdrawal symptoms, to improve sleep, and to reduce stress.

A new national study conducted by Durand *et al*. presents a comprehensive analysis of prescription drug misuse in Ireland between 2010 and 2020, highlighting growing public health concerns around treatment demand, intentional drug overdoses (IDOs), and drug-related deaths (DRDs) (Durand et al. 2025). In this research, which was published in the journal *Drug and Alcohol Dependence*, four main categories of prescription drugs with high misuse potential were examined: benzodiazepines and Z-drugs, prescription opioids (excluding those used in opioid agonist therapy), gabapentinoids (particularly pregabalin), and psychostimulants. Using three national datasets – the NDTRS, the National Self-Harm Registry Ireland (NSHRI), and the NDRDI – the research offers a detailed view of the health harms linked to these substances.

The study found that benzodiazepines and Z-drugs consistently accounted for the greatest proportion of harms across all three indicators, making up 341 of every 1,000 treatment cases, 408 of every 1,000 IDOs, and 546 of every 1,000 DRDs. Notably, while the absolute burden remained highest for this group, the annual increase in harms was modest, indicating relative stability over time. However, the study found an alarming increase in the involvement of alprazolam and the novel psychoactive substance etizolam, particularly in fatal overdoses.

In contrast, gabapentinoids, especially pregabalin, emerged as the most rapidly escalating threat. Despite lower initial prevalence, treatment demand linked to gabapentinoids grew by 44% annually, while related DRDs rose 35% each year during the study period. IDOs involving gabapentinoids also increased steadily by 9% per year. This surge coincides with rising prescribing trends and growing misuse in combination with opioids and benzodiazepines, often contributing to lethal outcomes.

Prescription opioids were the second most involved drug class related to DRDs (207 of every 1,000) but showed stable trends over time. Tramadol and codeine were the most commonly reported prescription opioids in both overdoses and deaths. Interestingly, psychostimulants played a negligible role in all three indicators, suggesting that their misuse remains limited in Ireland when compared with other prescription drug classes.

Polydrug use significantly amplified risks across all metrics. The combined misuse of gabapentinoids and benzodiazepines or opioids increased sharply, particularly among women. Sex differences were also evident, with women being more likely to misuse gabapentinoids and prescription opioids, and men being more likely to misuse psychostimulants and certain benzodiazepines.

The research highlights that harms associated with prescription drug misuse pose an urgent public health challenge. The authors suggest that the study's findings underscore the need for targeted interventions. In particular, clinicians are urged to monitor prescribing practices closely and assess patients' misuse risk, especially for high-risk combinations. In addition, policy measures (such as reclassifying pregabalin as a controlled drug, enhancing prescription monitoring, and implementing public education campaigns) may help curb the growing tide of prescription drug misuse in Ireland.

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:

1. National surveys of drug use among the general population
2. The Health Behaviour in School-aged Children (HBSC) study
3. The Growing Up in Ireland (GUI) national longitudinal study of children and young people
4. The European School Survey Project on Alcohol and Other Drugs (ESPAD), and
5. Capture-recapture (CRC) studies on opioid use in Ireland.

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

T6.2 Methodology

2023 Healthy Ireland Survey

Ireland has conducted five general population surveys on drug use (2002–03, 2006–07, 2010–11, 2014–15, and 2019–20). The first four surveys were conducted simultaneously in Ireland and Northern Ireland. The 2019–20 survey was conducted in Ireland only and was managed by the HRB, which commissioned Ipsos B&A to conduct this survey on its behalf (Mongan et al. 2021b).

In 2022, the Department of Health Drugs Policy Unit and the HRB requested that questions on drug use prevalence be included in the 2023 Healthy Ireland Survey rather than undertaking a standalone study. Potential respondents were sampled using a two-stage telephone random-digit dialling approach. Mobile phone numbers were used, as there is almost universal ownership of mobile phones in Ireland. Before proceeding with a telephone interview, informed consent was obtained from the individual and parental consent was obtained for those aged under 18 years. The survey response rate was 50%. The module on drug use was only included for respondents who opted into the module. A total of 6,407 of the 7,411 survey respondents agreed to participate in the drug use module, thus providing a participation rate of 86.5% of survey respondents, or 43.5% of the total sample. The sample was weighted by sex, education, work status of the respondent, and region, using population statistics from the Central Statistics Office, to ensure that it was representative of the general population. The main measures were lifetime use (ever used), last-year use (recent use), and last-month use (current use) (Mongan et al. 2025).

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, 2014, and 2018 (Gavin*, et al.* 2021). In 2022, Ireland participated in the HBSC study for the seventh time. The survey included a representative sample of 9,071 children drawn from 191 primary and post-primary schools across Ireland. 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 (Gavin et al. 2024).

GUI national longitudinal study of children and young people

Funded by the Department of Children, Disability and Equality (formerly the Department of Children and Youth Affairs and the Department of Children, Disability, Integration and Youth), the GUI national longitudinal study of children and young people is overseen and managed by the Department of Children, Disability and Equality in association with the Central Statistics Office. The child cohort was recruited in 2007, when 8,568 9-year-olds were interviewed. Five waves of interviews have now been conducted with this cohort, taking place when they were aged 9, 13, 17–18, 20, and 25 years (Central Statistics Office 2025b).

ESPAD

ESPAD has conducted surveys of school-going children every 4 years since 1995, using a standardised method and a common questionnaire. Data included in this report concentrate on substance use findings from the ESPAD conducted in Ireland in 2024, in which 5,587 questionnaires were completed by young people from 28 randomly selected post-primary schools (Hanafin et al. 2025).

CRC studies on opioid use

To date, one regional and four national CRC studies have been conducted in Ireland to estimate the prevalence of problematic opioid use. These studies provided estimates for the years 1996, 2000–01, 2006, 2011–2014, and 2015–2019 (Hanrahan et al. 2022). The 1996 regional study examined opioid use in Dublin only and used three data sources: the HSE CTL, HIPE scheme data from four Dublin hospitals, and the An Garda Síochána arrest database. The 2000–01 and 2006 studies were three-source capture-recapture studies that used national data from the CTL, the HIPE scheme, and the An Garda Síochána PULSE (Police Using Leading Systems Effectively) database. The 2011–2014 and 2015–2019 studies both used four national data sources: the CTL data were divided into three sources (treatment clinics, general practitioners (GPs), and prison data), and the Probation Service was the fourth data source. In 2020, the HRB awarded a contract to the School of Public Health at University College Cork to conduct a fifth national study on the prevalence of opioid use in the Republic of Ireland for the years 2020–2022. The methodology and main findings from this study are presented in this national report (Hanrahan et al. 2025).

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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