

Factsheet: New psychoactive substances - the Irish situation

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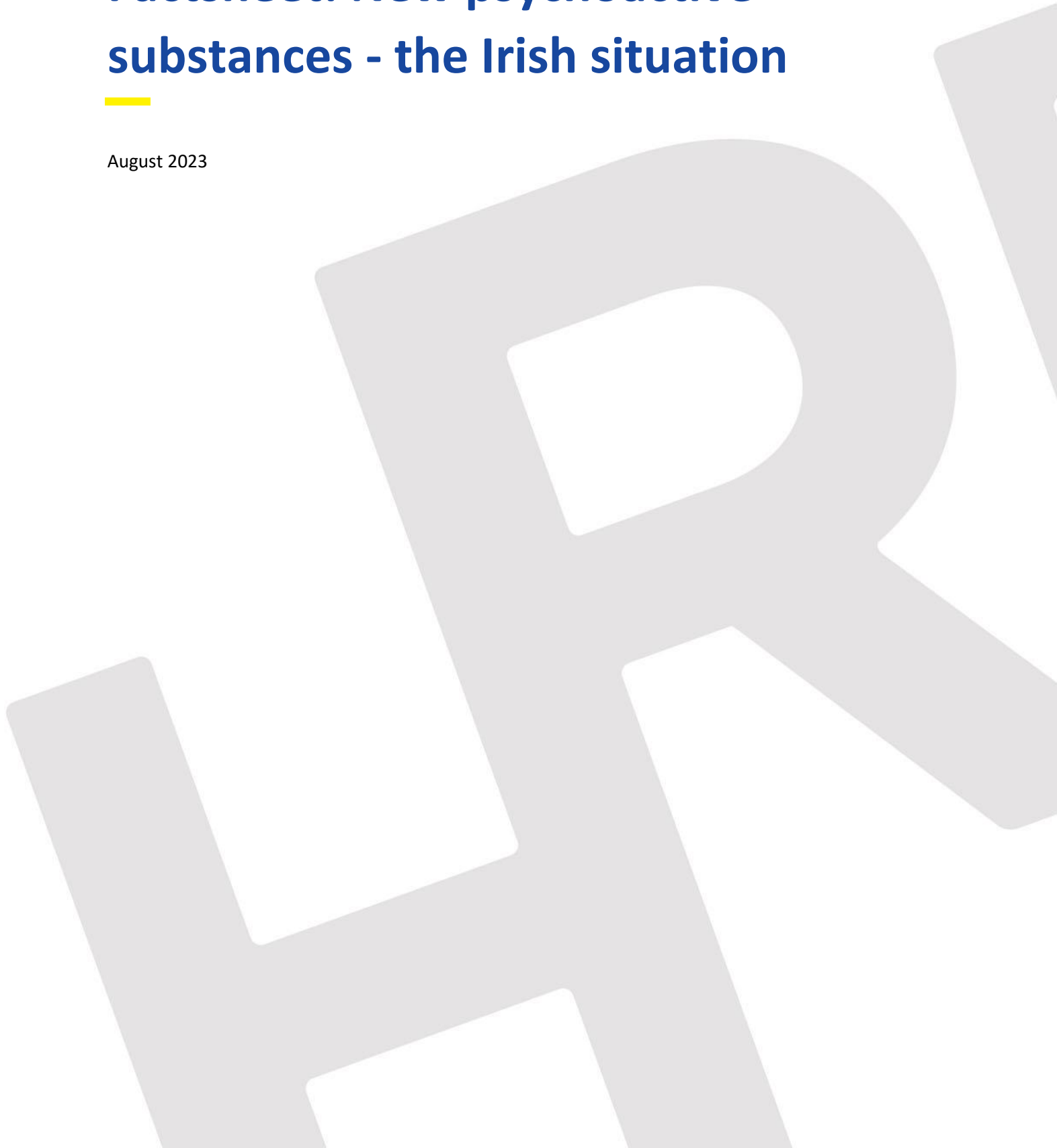


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Glossary of terms

Last month prevalence – refers to the proportion of the sample that reported using a named drug in the 30-day period prior to the survey. Last month prevalence is often referred to as current use. A proportion of those reporting current use may be occasional (or first-time) users who happen to have used in the period leading up to the survey. It should therefore be noted that current use is not synonymous with regular use.

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

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

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

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

What are new psychoactive substances (NPS)?

A new psychoactive substance is defined as 'a new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions'.¹ Examples of NPS include, [synthetic opioids](#) fentanils are a particularly potent group of synthetic opioids. In some cases, these substances are used in human and veterinary medicine, in anaesthesia and for pain management. [Synthetic cannabinoids](#) which are a group of substances that mimic the effects of (-)-trans- Δ^9 -tetrahydrocannabinol (THC) and [synthetic cathinones](#) which are marketed as 'legal' replacements to controlled stimulants, such as amphetamine, MDMA, and cocaine.

In 2011 the National Advisory Committee on Drugs (NACD) published a review of NPS and the outlets supplying them within the Irish context.² The review found many products containing NPS are placed on the market as food.

Harms from NPS

Negative effects of NPS may include:

- psychotic symptoms
- psychosis
- Vasculitis/ cellulitis from injecting NPS³

The EMCDDA conducts [risk assessments](#) on NPS, these reports contain:

- available information on the chemical and physical properties of the NPS and the methods and the precursors used for its manufacture or extraction;
- available information on the pharmacological and toxicological properties of NPS;
- an analysis of the health risks associated with the NPS, in particular with respect to its acute and chronic toxicity, abuse liability, dependence-producing potential, and physical, mental and behavioural effects;
- an analysis of the social risks associated with the NPS, in particular its impact on social functioning, public order and criminal activities, and the involvement of criminal groups in the manufacture, distribution and distribution methods, and trafficking of the NPS;
- available information on the extent and patterns of use of the NPS, its availability and potential for diffusion within the Union;
- available information on the commercial and industrial use of the NPS, the extent of such use, as well as its use for scientific research and development purposes.

How are NPS detected and assessed?

The EMCDDA in co-operation with Europol has been assigned a key role in the detection and assessment of new drugs in the European Union and uses a [three-step approach](#) to rapidly detect, assess, and respond to health and social threats caused by NPS. At the end of 2022, the EMCDDA was monitoring around 930 new psychoactive substances, 41 of which were first reported in Europe in 2022.⁴

How do we know how many people use NPS in Ireland?

Every four years a survey of the general population takes place to estimate the number of people in Ireland who use alcohol and other drugs.⁵ Face-to-face interviews take place with respondents aged 15+ normally resident in households in Ireland. This type of survey is not designed to include people who do not normally live in private households, such as prisoners or hostel dwellers.⁵

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

How many people use NPS in Ireland?

The 2019–20 NDAS survey involved 5,762 people in Ireland.⁵

The prevalence of recent NPS use remains very low, at 0.8% among 15–64-year-olds (compared with 3.5% in 2010–11), perhaps highlighting 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 to prevent trade in a non-criminal procedure via the use of prohibition and closure orders.

Table 1: Lifetime, last year and last month prevalence of NPS use among 15–64-year-olds (%)

	2010–11	2014–15	2019–20
Lifetime	-	3.5	2.5
Last year	3.5	0.8*	0.8
Last month	-	0.1	0.3

Source: Mongan et al.⁵

* Denotes a statistically significant change ($p < 0.05$) between 2010/11 and 2014/15.

How many 15–16-year-old students in Ireland use NPS?

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has conducted surveys of school-going children every four years since 1995, using a standardised method and a common questionnaire (see www.espad.org). The seventh survey⁶ was undertaken in 39 European countries during 2019 and collected information on alcohol, tobacco and other substance use among 15-16-year-old students. In Ireland, 1,949 questionnaires were completed by young people who were born in 2003 from 50 randomly selected post-primary schools.

Students were asked if they had ever used new substances that imitate the effects of illicit drugs (such as cannabis or ecstasy) as well as the type of substance that they used.

- 4.7% (n=91) responded that they had used these substances and 92.7% (1,797) reported that they had not and 2.6% reported that they didn't know.

- Significant differences were observed for lifetime use by gender as more male students reported ever using legal highs (6.6%, n=62) than did female students (2.9%, n=29).

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

How many people receive treatment for NPS use?

The HRB's [National Drug Treatment Reporting System](#) (NDTRS) provides data on treated drug and alcohol misuse in Ireland^a

The most recent published data from the NDTRS⁷ shows that a total of 51 cases were treated for NPS use as their main problem drug in 2022, a decrease from 72 cases in 2016.

Table 2: Main problem drug (excluding alcohol) reported in 30 days prior to treatment, NDTRS 2016 to 2022

	2016	2017	2018	2019	2020	2021	2022
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
All cases	9227	8922	10274	10664	9702	10769	12009
NPS	72 (0.8)	51 (0.6)	48 (0.5)	63 (0.6)	43 (0.4)	49 (0.5)	51 (0.4)
New cases	3626	3257	3962	3979	3796	4206	4456
NPS	36 (1.0)	21 (0.6)	25 (0.6)	22 (0.6)	26 (0.7)	47 (1.1)	52 (1.2)
Previously treated cases	5335	5242	5872	5927	5441	6090	6860
NPS	34 (0.6)	27 (0.5)	19 (0.3)	29 (0.5)	17 (0.3)	23 (0.4)	19 (0.3)

How many people die from using NPS?

The most recent data from the HRB's [National Drugs Related Deaths Index](#) (NDRDI) shows that in 2020 twenty-two people died with NPS in their toxicology report, an increase from 8 in 2011.⁸

Table 3: NPS implicated in poisoning deaths, NDRDI 2011-2020

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
All poisoning deaths	314	281	341	319	327	314	340	354	371	409
NPS	8	8	30	24	17	7	7	7	15	22

What does the law say about NPS?

[The Criminal Justice \(Psychoactive Substances\) Act 2010](#), which was signed into law on 14 July 2010, made it a criminal offence to sell or supply substances which might not be specifically controlled under the Misuse of Drugs Acts, but which had psychoactive effects. This Act operates in conjunction

^a The NDTRS contains information only on those who started treatment in a particular year (for the first time or returning to treatment). It does not include the number in continuous care.

with the Misuse of Drugs Act 1977 which prohibit the possession and supply of a number of substances including mephedrone, synthetic cannabinoids and BZP derivatives.

Seizures of NPS

During 2021, sweets containing synthetic cannabinoids were seized in at least five countries: Belgium, Estonia, Ireland, Slovakia and Sweden.⁹

During 2021-2022, the EMCDDA received reports from Ireland of seizures of fake oxycodone tablets containing the benzimidazole opioids metonitazene and etonitazepyne, as well as the related opioid, bupropion. The tablets looked like commercially produced oxycodone tablets.⁹

The Garda send drugs seized to the [laboratory of Forensic Science Ireland \(FSI\)](#) for analysis. In 2021, 573 NPS were analysed by FSI. This figure was 78% higher than the number analysed in 2020 (N=322). The most prominent NPS in 2021 was MDMB-4en-PINACA (n=36), followed by ADB-BUTINACA (n=32). Several products seized in this category were labelled 'indicated': etizolam (n=207), flubromazolam (n=45), adinazolam (n=42). In this context FSI defines indicated as meaning not controlled in Ireland at time of analysis, or a small amount of material present.¹⁰

References

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Further reading:

For regional Irish data, please see our [regional factsheets webpage](#).

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