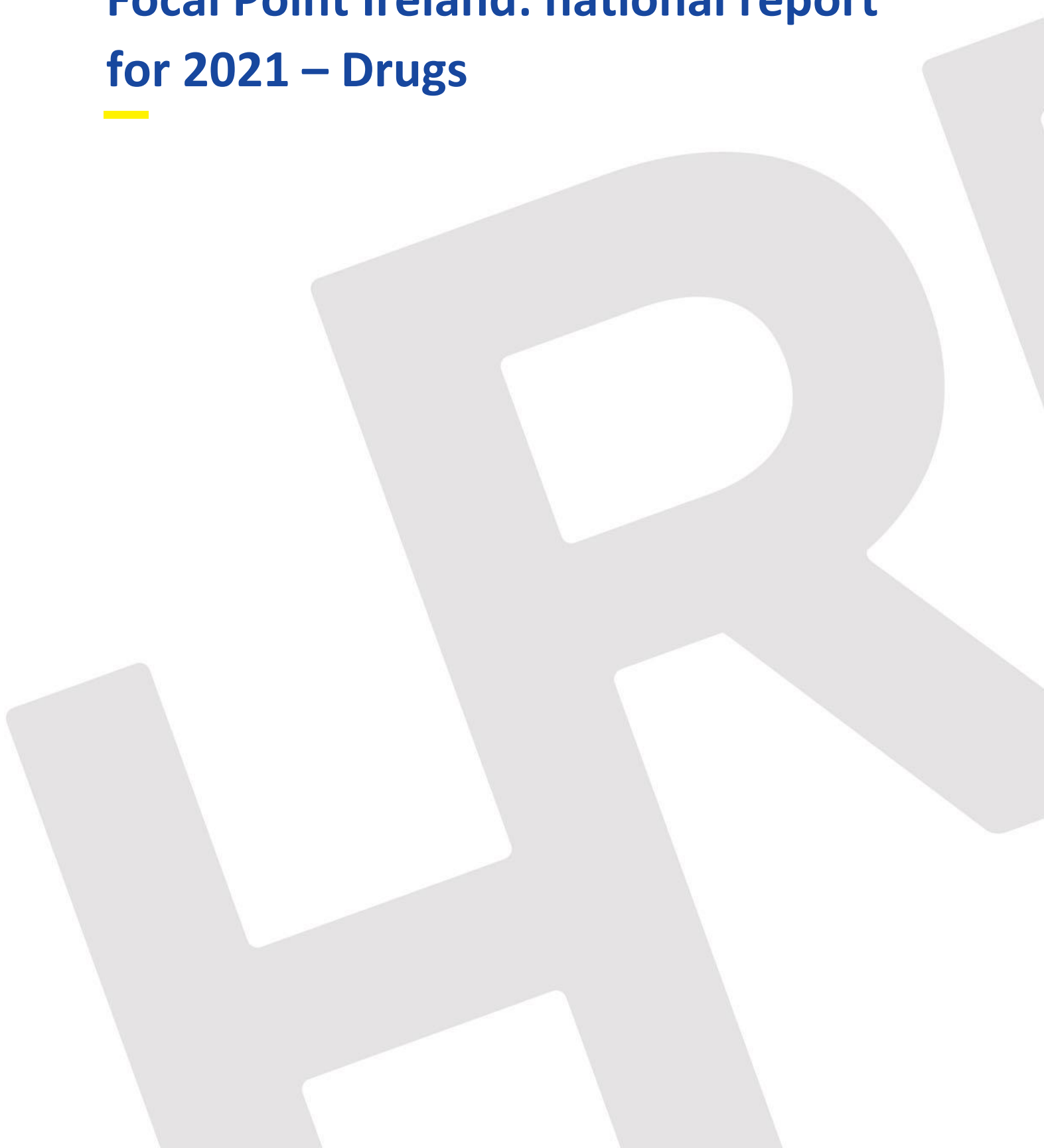


Focal Point Ireland: national report for 2021 – Drugs



Health Research Board. Irish Focal Point to the European Monitoring Centre for Drugs and Drug Addiction

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(2022) Focal Point Ireland: national report for 2021 – legal framework.



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T0. Summary

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

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

In addition to findings from previous drug prevalence surveys conducted in Ireland, this National Report includes data on cannabis use from waves 1–6 of the Health Behaviour in School-aged Children (HBSC) study (Gavin, *et al.* 2021) and from the Growing Up in Ireland (GUI) National Longitudinal Study of Children (ESRI and Trinity College Dublin 2019). Information from the European School Survey Project on Alcohol and Other Drugs (ESPAD) on alcohol, smoking, cannabis, and other substance use among Irish 15–16-year-olds is also included (Sunday, *et al.* 2020).

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

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

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the EMCDDA's Treatment Demand Indicator (TDI) data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007, but then increased year-on-year to a peak of 28.9% in 2013. Since then, the trend has stabilised, with 21.7% of cases recorded in 2020 being treated for problem cannabis use. Cannabis was the third most common drug for which entrants to treatment sought treatment in 2020, after opioids (mainly heroin) and cocaine, similar to 2019.

In 2020, the TDI reported 2,634 cases treated for problem stimulant use, compared with 2,585 cases reported in 2019. Similar to previous years, the majority were for problem cocaine use (96.7%), followed by amphetamine-type stimulant use (2.0%), ecstasy use (1.1%), and synthetic cathinone use (0.1%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in the number of people who use cocaine.

Data from the TDI show that in 2020, 36.5% of reported cases were treated for problem opioid use. This continued the downward trend of the past 4 years (38.8% in 2019; 42.2% in 2018; 44.9% in 2017). Of those treated for problem opioid use in 2019, heroin comprised the majority of cases (89.7%), similar to previous years.

While the overall trends for drug treatment as reported via the TDI appear to be consistent with previous years, the impact of public health restrictions as a result of the COVID-19 pandemic cannot be discounted; for example, the reduction in opioid substitution treatment (OST) numbers reported via the TDI. For further information, see the Treatment workbook.

T0.1 Main illicit drug use in Ireland

Use of any illegal drug

The proportion of 2019/20 NDAS respondents aged 15–64 years who reported using any illicit drug in their lifetime ('ever used') has increased from almost 19% in 2002/03 to 27.1% in 2019/20 (see Figure T0.1.1). However, lifetime use has stabilised since the last survey. Similarly, last-year and last-month prevalence of any illegal drug use has remained stable since 2014/15; from 8.9% to 9.0% and 4.7% to 4.9%, respectively. 'Any illegal drug' refers to cannabis, ecstasy, cocaine powder, magic mushrooms, amphetamines, poppers, lysergic acid diethylamide (LSD), NPS, solvents, crack cocaine (also known as 'crack'), and heroin.

However, lifetime use has stabilised since the last NDAS, with 9.8% of respondents aged 15–34 years having reported illegal drug use within the previous month (compared with 8.5% in 2014/15). Results from the 2019/20 NDAS indicated that the most commonly used illicit substances in Ireland, based on last-year prevalence, were cannabis (5.9%), ecstasy (2.2%), and cocaine (1.9%).

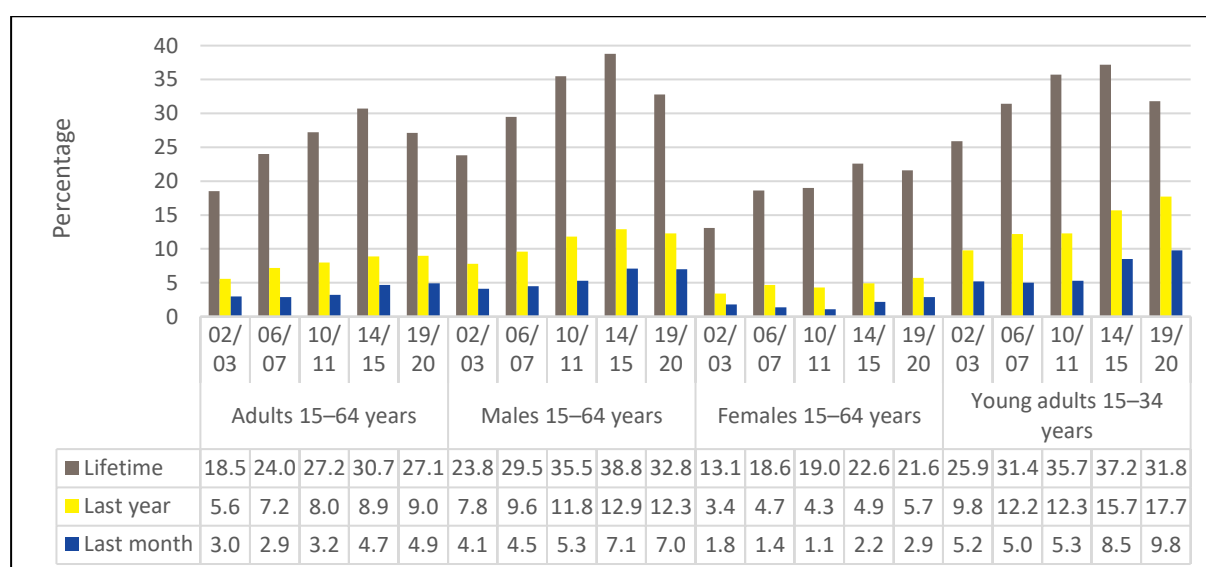


Figure T0.1.1 Lifetime, last-year and last-month prevalence of any illicit drug use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

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

Age at which people start using illegal drugs

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

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

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

Source: NDAS (2021)

Illegal drug use by area deprivation level

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

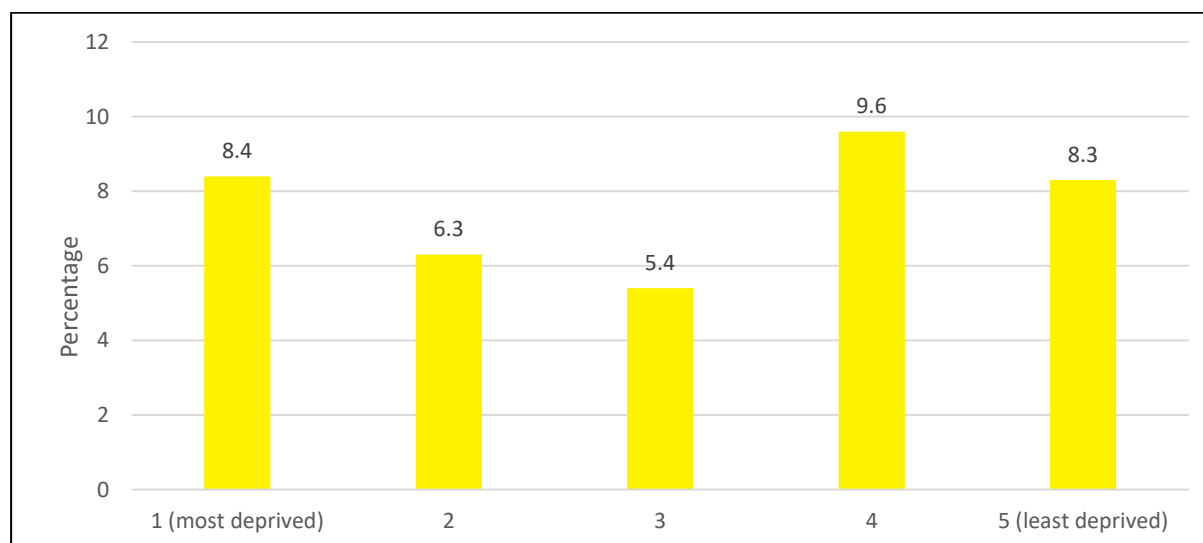


Figure T0.1.2 Recent use of any illegal drug, by area level deprivation

Source: NDAS (2021)

Factors associated with using drugs

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

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

Employment	All adults	15–34-year-olds	Education	All adults	15–34-year-olds
Employed	7.6	18.7	Primary/none	0.7	0.0
Unemployed	14.0	20.8	Lower secondary	3.7	30.7
Student	17.0	17.2	Higher secondary	6.1	18.5
Home duties	2.4	11.5	Third level	6.9	17.1
Retired	0.4	–	Still in education	14.0	17.1
Housing	All adults	15–34 years	Marital status	All adults	15–34 years
Owned outright or with mortgage	3.3	11.1	Single/never married	16.5	21.2
Rented	13.1	21.0	Married	3.4	9.3
Live with parents/family	19.1	19.9	Divorced/separated	4.8	3.5
			Widowed	0.4	–
Region	All adults	15–34 years			
Dublin	10.4	22.9			
Rest of Leinster	5.8	13.7			
Munster	6.1	16.9			
Connacht/Ulster	6.9	16.9			

Source: NDAS (2021)

Why do some people decide not to use drugs?

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

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

Weighted responses=4408	All		Males			Females	
	15+	15–34	35–64	65+	15–34	35–64	65+
Just not interested	39.9	31.0	40.2	45.8	35.1	41.7	45.5
Drug-taking is wrong	14.1	12.5	13.0	13.5	18.0	13.3	15.1
Worry about health problems	12.8	17.1	14.5	8.1	14.7	11.6	9.3
Did not want to become addicted	10.3	15.9	11.3	8.4	10.1	9.2	6.5
No opportunity or illegal drugs	4.6	0.5	4.1	11.3	0.5	4.0	10.3
Did not like to feel out of control	3.2	2.4	1.4	2.1	2.3	6.0	3.4
Fear of death	3.0	3.0	1.7	1.1	5.7	3.5	2.1
Family/friends/peer pressure	2.8	5.5	2.8	1.3	4.3	2.1	0.4
Did not think it would be enjoyable	2.5	2.3	3.1	2.5	1.8	2.7	2.1
Fear of legal consequences	2.2	2.5	2.2	1.2	3.6	2.1	1.5
Did not want to break the law	1.6	1.4	2.1	1.8	1.3	1.5	1.7
Other	3.2	5.8	3.8	2.9	2.5	2.3	2.2

Source: NDAS (2021)

Impact of COVID-19 on drug use in Ireland

COVID-19 was declared a global pandemic by the World Health Organization (WHO) on 11 March 2020. In Ireland, all schools, universities, and childcare facilities were closed on 12 March, followed by the closure of all non-essential shops and the imposition of strict restrictions on people's movements on 24 March. In April and May 2020, the EMCDDA conducted a Mini-European Web Survey in order to gather information on how patterns of drug use may have changed in Europe due to COVID-19 restrictions; the impact of COVID-19 restrictions on people who use drugs; and the challenges facing service providers as a result of COVID-19 restrictions. Data were collected from 696 respondents in Ireland between 11 April and 1 June 2020 (Mongan 2021).

The Irish promotion of the survey was led by the Health Service Executive (HSE) website drugs.ie and its affiliated social media channels. Sampling focused on populations accessible through online platforms. People who use drugs but who do not present to addiction services were of particular interest to the survey designers. This group includes a nightlife cohort that is underrepresented in official reports. The survey sought to engage with this population in order to ascertain whether their drug use was continuing outside of the nightlife arena, and ran a series of advertisements in subcultural dance magazines in order to reach the target audience. Advertisements were also placed on Facebook and Instagram channels.

The survey did not attempt to estimate the prevalence or extent of particular drug-using behaviours in Europe. Nevertheless, it provides a useful snapshot of patterns of drug use during the period of COVID-19 restrictions in Ireland among a small cohort of people using drugs at that time and who chose to respond to the survey.

Study demographics

Almost three-quarters (71.2%) of participants were male; 27% were female; 1% identified as non-binary; and 0.9% selected 'prefer not to say'. Ages ranged from 18 to 67 years, with a median age of 26 years. Over one-half (54.1%) lived in a city; 30.9% in a town; and 15.1% in a village.

Drug usage

Respondents were asked about their frequency of drug use in the last year and in the last month for the following substances: cannabis, cocaine, ecstasy, LSD, amphetamines, heroin, synthetic cannabinoids, other synthetic stimulants (e.g. cathinones), and other opioids without medical prescription (e.g. methadone, buprenorphine, fentanyl, or others) (see Table T0.1.4). Last-month use at the time of the survey coincided with a period of COVID-19 restrictions in 2020. Cannabis was the most commonly used drug, with 85.2% and 64.0% reporting last-year and last-month use, respectively. While last-year use of both cocaine (71.0%) and ecstasy (62.6%) were high, last-month use of both substances was much lower (cocaine 29.2%; ecstasy 11.2%).

Table T0.1.4 Last-year and last-month drug use by drug type

Drug (valid responses)*	Last-year use (%)	Last-month use (%)
Cannabis (n=680)	85.2	64.0
Cocaine (n=668)	71.0	29.2
Ecstasy (n=661)	62.6	11.2
LSD (n=665)	26.2	7.8
Amphetamines (n=660)	18.6	4.1
Other opioids (n=662)	9.7	6.8
Heroin (n=661)	5.5	3.8
Other synthetic stimulants (n=662)	5.1	2.0
Synthetic cannabinoids (n=664)	5.0	2.1

*Data were only included for respondents who answered both last-month and last-year questions; respondents with contradictory responses, e.g. those reporting last-month use of a drug but reporting no use in the last year, were excluded.

Impact of COVID-19 restrictions on drug use

Last-year users of each drug were asked if their use of that drug had changed since the introduction of COVID-19 restrictions. Eleven options were provided and respondents could select more than one option (see Table T0.1.5). Due to low numbers of respondents, the following options are not presented in the table: started using; used psychoactive medicines instead (e.g. benzodiazepines); used a new psychoactive substance instead; used a different form (e.g. pills, powder, capsule); used by a different route (e.g. changed from injecting to smoking or vice versa); and used other illicit drugs instead.

Cannabis users were more likely than cocaine or ecstasy users to use more frequently (32.6%) and in greater quantities (12.5%) since the introduction of COVID-19 restrictions. Those who used cannabis daily or almost daily were most likely to use more frequently (43.9%), compared with 16.9% of those who used cannabis less than monthly. Just 11.9% of cannabis users stopped using cannabis during the period of COVID-19 restrictions, compared with 39.9%, and 46.0% who reported stopping use of cocaine and ecstasy, respectively.

Table T0.1.5 Changes in cannabis, ecstasy, and cocaine use since introduction of COVID-19 restrictions

Drug and frequency of use	No change (%)	Used more frequently (%)	Used greater quantities (%)	Used less frequently (%)	Used smaller quantities (%)	Stopped using (%)	Used more alcohol (%)
All last-year cannabis users (n=561)	29.8	32.6	12.5	16.9	5.0	11.9	11.9
Daily/almost daily (n=198)	24.8	43.9	21.2	17.7	7.6	2.0	13.1
At least once a week (n=130)	16.9	40.8	12.3	24.6	8.5	12.3	13.9
At least once a month (n=61)	18.0	23.0	8.2	26.2	3.3	21.3	16.4
Less than monthly (n=172)	49.4	16.9	4.0	7.0	0.0	19.8	7.6
All last-year cocaine users (n=468)	33.3	7.3	3.7	17.4	2.6	39.9	3.0
At least once a week (n=90)	26.7	14.4	10.0	30.0	5.6	21.1	7.8
Less than once a month (n=140)	16.4	9.3	4.3	27.9	5.0	45.0	3.6
Less than monthly (n=238)	45.8	3.4	0.9	6.4	0	44.1	0.9
All last-year ecstasy users* (n=409)	40.1	2.0	0.3	9.5	0.5	46.0	2.7

*All last-year ecstasy users are presented together, as most (82%) respondents reported less than monthly use.

Changes in illicit drug use since introduction of COVID-19 restrictions

Respondents were asked, “in general, would you say you have used more or less illicit drugs, since the start of the COVID-19 epidemic in your country?” Of the 655 valid responses, 36.2% used less, 22.6% used more, 15.4% used the same amount, 23.5% had not used illicit drugs, and 2.3% did not know. The main reasons reported for using fewer illicit drugs were fewer opportunities to use drugs (65.4%) and the reduced availability of drugs to buy (49.0%) (see Table T0.1.6).

Table T0.1.6 Reasons for decreased and increased drug usage since COVID-19 outbreak

Reasons for change in drug usage	Percentage (%)
Reasons for decreased drug use (n=237)	
Fewer opportunities to use drugs	65.4
Reduced availability of drugs to buy	49.0
Reduced ability to collect drugs	33.8
Living arrangements make it difficult to use drugs	29.5
Saving my money due to future financial uncertainty	16.9
Worried about effects on my health	15.2
Loss of income/less money to buy drugs	11.8

Reasons for increased drug use (n=148)

Boredom	79.7
Anxiety/to cope with COVID-19	53.4
Because I stockpiled drugs	17.6
More money to buy drugs	13.5
Greater availability of drugs to buy	4.7
Greater ability to collect drugs (e.g. online)	4.7

Note: Respondents could select more than one option.

Changes in how illicit drugs were obtained since the start of the COVID-19 pandemic

Less than two-thirds (63.2%) of respondents had obtained or attempted to obtain illicit drugs since the COVID-19 pandemic began. Of these, 22.6% reported no difficulties accessing illicit drugs; 60.3% reported accessing illicit drugs to be somewhat or moderately difficult; and 17.1% reported extreme difficulty in accessing illicit drugs. Those who had obtained illicit drugs reported a number of changes in the way in which they had obtained those drugs (see Table T0.1.7). One-third (33.9%) of respondents who had obtained illicit drugs obtained larger quantities of drugs compared with pre-COVID times, while 28.4% used a different drug dealer. Of those who had obtained drugs since the start of the COVID-19 pandemic, 22.3% reported that the purity of drugs was lower and 5.6% reported higher purity, and 3.3% reported that the cost of drugs was lower, while 39.9% reported higher costs.

Table T0.1.7 Changes in how illicit drugs were obtained during COVID-19 restrictions

Change in how illicit drugs obtained	Percentage (%)
Obtained larger quantities of illicit drugs	33.9
Obtained illicit drugs from a different dealer	28.4
Bought illicit drugs less frequently	16.4
Reduced face-to-face collection of illicit drugs	13.3
Bought illicit drugs more frequently	10.1
Bought smaller quantities of illicit drugs	8.2
Arranged for more home delivery of illicit drugs	6.9
Arranged for more postal delivery of illicit drugs	6.0
Bought different illicit drugs	4.6
Obtained illicit drugs from Darknet more than before	4.4
Obtained illicit drugs from Surface Web more than before	3.0

Note: Respondents could select more than one option.

Intention to access treatment and harm reduction professional supports

Regarding professional support, 6.6% reported an increase in their intention to seek professional support in order to reduce their use of, or abstain from using, illicit drugs since the COVID-19 restrictions came into force, while 11.9% reported an increase in their use of online or remote professional support services in order to seek support for reducing drug-related risk behaviours and/or drug use.

Conclusion

There have been changes in the patterns of illicit drug use since COVID-19 restrictions were implemented in Ireland. Cannabis users were least likely to change their pattern of use, although

daily/almost daily users reported using cannabis more frequently. Those who used cocaine and ecstasy prior to the COVID-19 pandemic were more likely to stop using those drugs altogether. The main reason for reduced use of illicit drugs was fewer opportunities available for using drugs, while boredom was the main reason cited for increased use of illicit drugs.

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

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

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

	Cannabis (n=340)	Cocaine (n=107)	Ecstasy (n=128)
None	29.8	4.5	13.0
Alcohol	68.1	93.4	86.0
Cannabis	—	22.3	5.0
Cocaine	7.3	—	6.6
Ecstasy	4.9	9.2	—
LSD	2.5	0.0	0.0
Poppers	2.3	2.6	0.0
Amphetamines	2.2	0.0	0.0
Magic mushrooms	2.2	0.0	0.9
Opioid pain relievers	1.7	0.0	0.5
Sedatives or tranquillisers	0.7	0.0	0.0

Source: NDAS (2021)

Number of drugs used

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

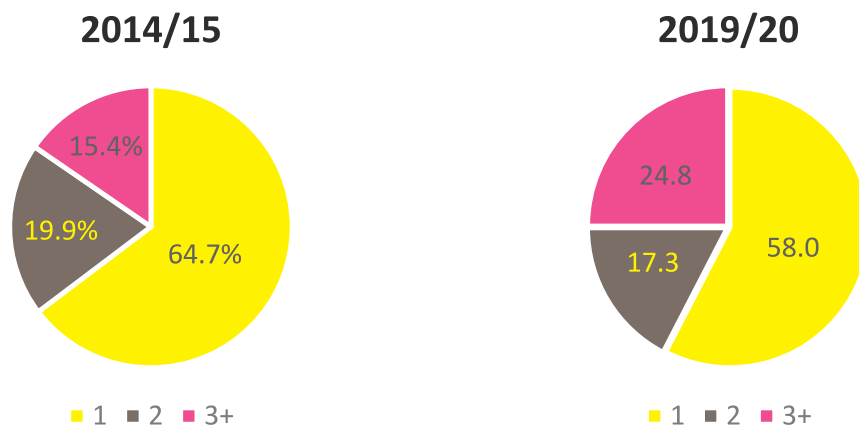


Figure T0.2.1 Number of illegal drugs used by those reporting recent use of illegal drugs in 2014/15 and 2019/20

Source: NDAS (2021)

SECTION A. CANNABIS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance of different types of cannabis

Type of cannabis used

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

Trends in type of cannabis used

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

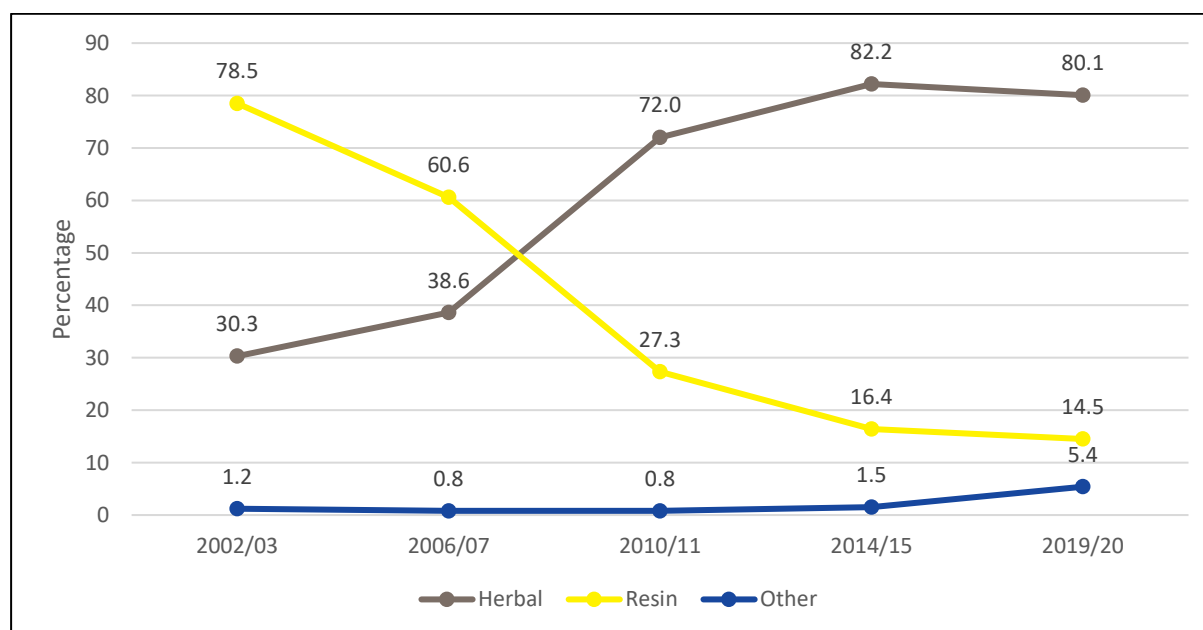


Figure T1.1.1.1 Trends in type of cannabis used

Source: NDAS (2021)

*Respondents could select more than one option in the 2002/03 survey.

Herbal includes grass, weed, skunk, and herb.

Resin includes hash and resin.

T1.1.2 Cannabis use in the general population

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

Similar to earlier surveys, rates of cannabis use were greater among men than women: for lifetime use, the ratio of men's use to women's was 29.5% versus 19.3%; last-year use, 9.9% versus 4.4%; and last-month use, 5% versus 2%). Since 2002/03, lifetime, last-year and last-month rates of cannabis use among males have increased by 32.9%, 37.5% and 47.0%, respectively. Lifetime and last-year use of cannabis among females has also increased. However, last-month rates of cannabis use in women has remained relatively stable over time.

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

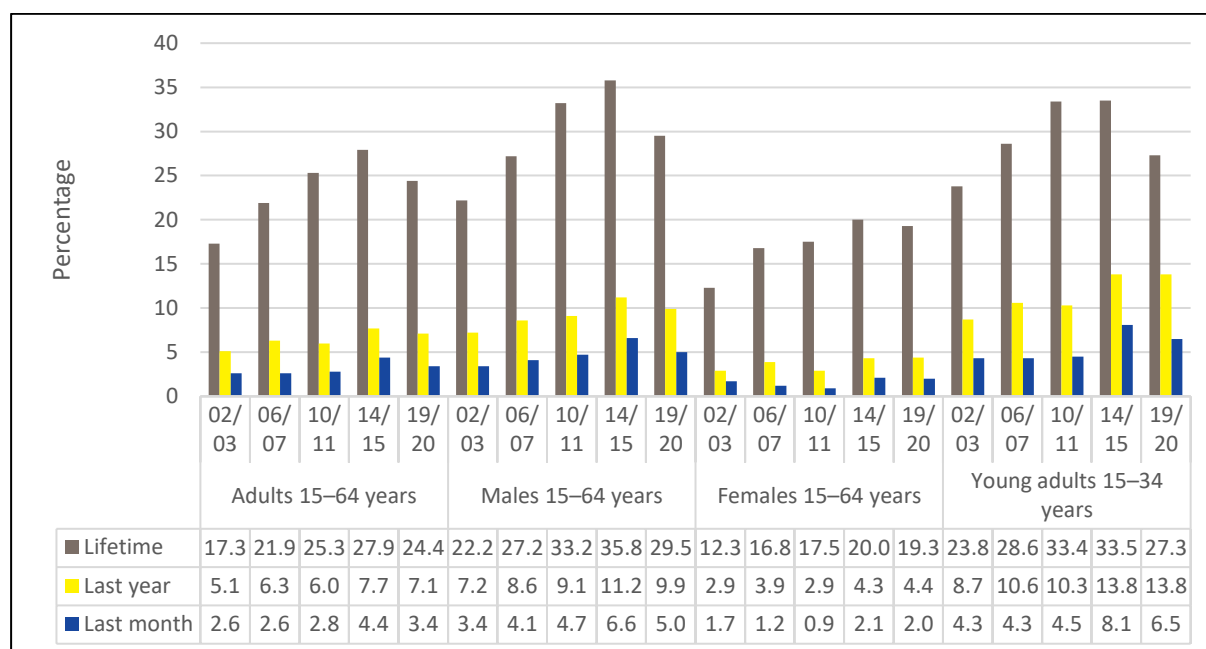


Figure T1.1.2.1 Lifetime, last-year and last-month prevalence of cannabis use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

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

Health Behaviour in School-aged Children Study, 2018

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

Cannabis use in the last year

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

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

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

Source: HBSC Ireland (2021)

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

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

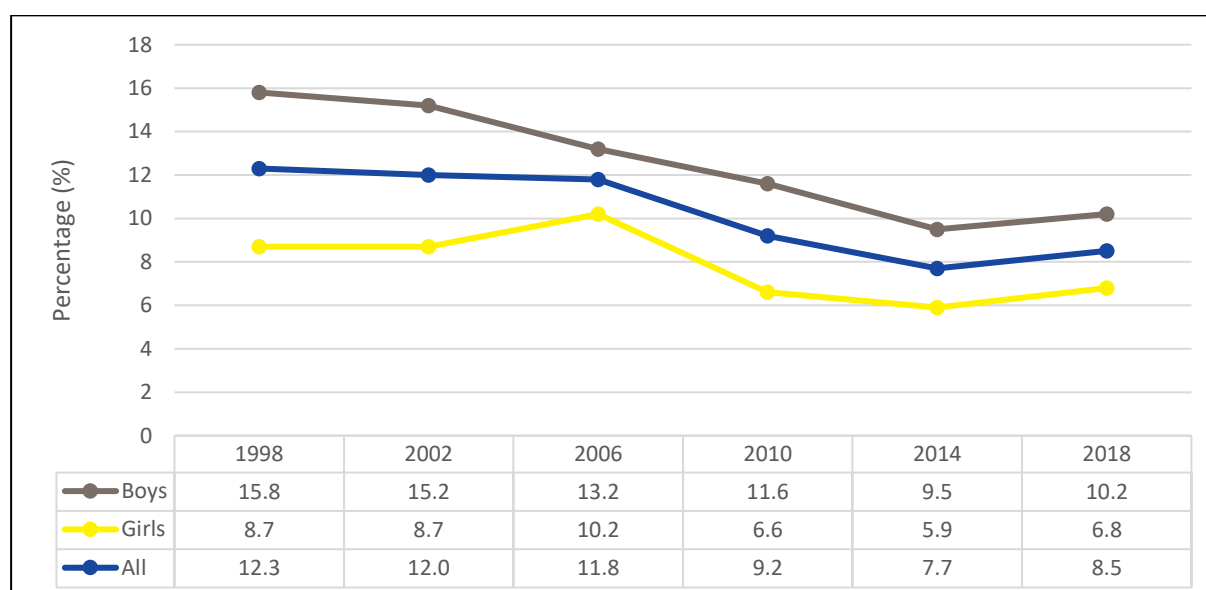


Figure T1.1.3.1 Percentage of 10–17-year-olds who reported cannabis use in the last 12 months, overall and by sex from 1998 to 2018

Source: HBSC Ireland (2021)

Cannabis use among young people in Ireland – results from the Growing Up in Ireland (GUI) National Longitudinal Study of Children

Since 2006, the Growing Up in Ireland (GUI) National Longitudinal Study of Children, a national longitudinal study of children and young people, has followed a cohort of children born in 1998. Four

waves of interviews have been conducted with this cohort, when they were aged 9, 13, 17–18, and 20 years. The most recent GUI report presents the findings of 5,191 interviews of the 20-year-old participants, which were conducted in 2018 and 2019 (ESRI and Trinity College Dublin 2019).

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

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

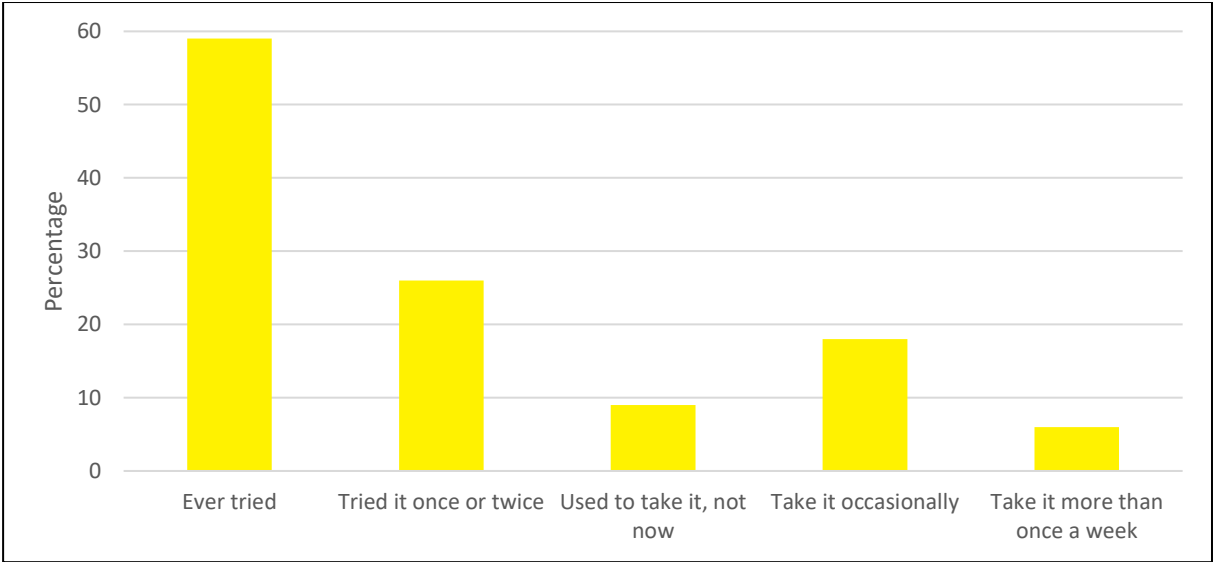


Figure T1.1.3.2 Cannabis use among 20-year-olds in Ireland, 2018/19

Source: (ESRI and Trinity College Dublin 2019)

European School Survey Project on Alcohol and Other Drugs (ESPAD)

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

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

An important goal of the ESPAD survey is to monitor trends in alcohol consumption, tobacco, and other drug use among 15–16-year-olds and to compare trends between countries and groups of countries. It also provides an opportunity to observe changes in Irish trends over the past 20 years.

The rationale for the ESPAD surveys is that school students are easily accessible and at an age when the onset of substance use is likely to occur.

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

Alcohol use

Respondents were asked on how many occasions in their lifetime had they used alcohol. More than one-quarter (27.4%) answered that they had never consumed an alcoholic beverage in their lifetime. Overall, 72.6% of students had drunk alcohol in their lifetime, with 17.6% having tried alcohol once or twice. Seventeen per cent had drunk alcohol on more than 20 occasions. Although the percentage of students who indicated lifetime use of alcohol was similar according to sex (72.7% males versus 72.4% females), male students were more likely to have tried alcohol 40 times or more (11.7%) than female students (7.1%).

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

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

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

Source: ESPAD Ireland (2020)

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

Cider (28.5%), beer (27.3%), and spirits (27.1%) were the most common types of alcohol consumed in the month prior to the survey. The least popular drinks were wine (8.3%) and alcopops (14.2%).

Respondents were asked how difficult they thought it would be to obtain specific alcoholic beverages, with response categories ranging from 'impossible' to 'very easy'. A majority of students believed that it would be 'very easy' or 'fairly easy' to obtain all beverage types examined; 67.7% gave this answer for cider and 71.1% for beer. Only 8.5% believed that it would be impossible to obtain spirits compared with 58.8% who said that spirits would be 'fairly easy' or 'very easy' to obtain.

Smoking

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

When students were asked to consider how often they had smoked in the last 30 month, 85.6% reported that they had not smoked at all, while 14.4% had smoked at least once. Seven per cent of students reported smoking fewer than one cigarette per week and a further 1.9% smoked fewer than one cigarette per day. Only 11 students reported smoking more than 20 cigarettes per day. There were significant differences in current smoking between male and female students, as more male students had reported smoking in the last month (16.2%) than had female students (12.8%).

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

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

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

Source: ESPAD Ireland (2020)

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

Other substance use

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

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

Regarding lifetime use of other substances, alcohol and cannabis, inhalants were the most commonly used substance, after tobacco, at 10%. The next most regularly used drugs were painkillers ‘to get

high' (5.4%), followed by cocaine, ecstasy, tranquillisers, magic mushrooms, and LSD (3%) (see Table T1.1.3.4).

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

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

Lifetime use	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)
Cannabis	39	20	18	19	19
Inhalants	18	15	9	10	10
Cocaine	3	4	3	2	3
Ecstasy	5	4	2	3	3
Tranquillisers (non-prescribed)	2	3	3	3	3
Magic mushrooms	4	4	2	2	3
LSD	2	3	2	2	3
Crack cocaine	2	4	2	1	2
Amphetamines	1	3	2	2	2
Heroin	1	1	1	0.4	1

Source: ESPAD Ireland (2020)

Conclusion

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

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

T1.2.1 Patterns of cannabis use

Frequency of cannabis use

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

Source: NDAS (2021)

Regular use of cannabis and efforts to stop

Among lifetime cannabis users, 32.3% stated that they had ever used cannabis regularly (participants defined what the term ‘regular’ meant for themselves). Respondents who had used cannabis regularly at some point in their lifetime were also asked about attempts to stop. Of this group, 73.1% said that they have 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 any longer (19.1%), and concerns about health (14.2%).

T1.2.2 Reducing the demand for cannabis

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the TDI data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007, but then increased year-on-year to a peak of 28.9% in 2013. Since then, the trend has stabilised, with 21.7% of cases recorded in 2020 being treated for problem cannabis use (see Section T2.1 of the Treatment workbook for further information). For information on the impact of the COVID-19 pandemic on treatment figures, please see the Treatment workbook.

Cannabis was the third most common drug for which entrants sought treatment, after opioids (mainly heroin) and cocaine, which is similar to the 2019 findings. In 2011, cannabis replaced opioids as the most common problem drug reported among new entrants to treatment (also see Section T1.3 of the Treatment workbook).

In 2020, 78.4% of cases reporting cannabis as their main problem drug were male, the mean age was 24 years (males: 24 years; females: 25 years), and all of these figures are similar to previous years. Two-thirds (65.6%) were new entrants, a slightly higher percentage than in 2019 (62.5%).

In 2020, the highest percentage of cases (48.5%) 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 33.3% of cases that were referred by other medical agencies or social services.

Most of the people who used cannabis and accessed treatment accessed generic drug treatment services. While the overall trends for cannabis treatment appear to be consistent with previous years, the impact of public health restrictions as a result of the COVID-19 pandemic cannot be discounted. For further information, see the Treatment workbook.

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 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 Psychiatric 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 cannabis abuse results presented here for the 2010/11 and 2014/15 surveys differ from what was published previously.

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

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

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

Source: NDAS (2021)

All figures are based on weighted data, are rounded to the nearest decimal place, and are based on valid responses.

Trends in CUD

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

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

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

Source: NDAS (2021)

T1.2.4 Synthetic cannabinoids

Since 2009, only a very small number of cases have reported synthetic cannabinoids as their main problem drug in the TDI data. In 2020, 37 cases reported a synthetic cannabinoid as a main problem drug, a decrease compared with the 53 cases reported in 2019. It should be noted that the types of new psychoactive substances (NPS) used by clients presenting to treatment are self-reported, and the actual drugs are rarely tested by centres, so it is not possible to say with certainty that the problem drug reported was definitely a synthetic cannabinoid. The type of NPS was not specified in a proportion of NPS cases recorded in the TDI data, and so the true number of synthetic cannabinoid users may be under- or overestimated. The 37 cases reported in 2020 are not included in the analysis of problem cannabis use in Section A – T1.2.2. See also Sections T1.3 and T2.1 of the Treatment workbook.

T2. Trends

Included above.

T3.1 New developments in the use of cannabis

T3.1.1 New developments in the use of cannabis

Availability of cannabis

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

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

T4. Additional information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of cannabis use

Relationships between cannabis and recent use of stimulant drugs

Background and methods

People who use cannabis are more likely to use other illicit substances, with several epidemiological studies showing that the use of cannabis is significantly related to the use of ‘harder’ illegal drugs, including stimulants such as cocaine and ecstasy (Kandel, *et al.* 2006). Increasingly, people entering addiction treatment are presenting with polysubstance use (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018a). Consequently, further research on the relationships between cannabis and stimulant use is needed in order to guide future regulation systems, to inform both clinical and public health practice, and to assess drug policy. This is particularly relevant in Ireland in 2021, given the rise in treatment cases presenting for CUD and cocaine use, as well as increases in the use of ecstasy observed among the general population (Mongan, *et al.* 2021).

A 2021 Irish study (Millar, *et al.* 2021) determined the relationships between patterns of cannabis use and recent stimulant use, drawing on data from two large nationally representative surveys. The study also explored how frequency of cannabis use relates to stimulant use and whether subjects with a CUD – defined as cannabis abuse or dependence – are more likely to be recent users of cocaine or ecstasy. In this research, published in the journal *PLoS One*, data were analysed from Ireland’s 2010/11 and 2014/15 national drug prevalence surveys which recruited 5,134 and 7,005 people, respectively, aged 15 years or over, living in private households. Multivariable logistic regression analysis was used to examine the associations between patterns of cannabis use and recent stimulant use.

Results

Among survey participants who had used cannabis in the last month, 17.9% reported recent cocaine use, while almost one-quarter (23.6%) reported recent ecstasy use. There was a significant linear relationship between patterns of cannabis use and recent use of cocaine, ecstasy, or any stimulants, with last-month cannabis users displaying greater odds (OR=12.03, 95% CI: 8.15–17.78) of having recent stimulant use compared with last year (OR=4.48, 95% CI: 2.91–6.91) and former (reference) cannabis users. Greater frequency of cannabis use in the last month was also significantly related to the use of stimulants. In addition, results demonstrated an association between CUD and recent use of cocaine or ecstasy (OR=2.28, 95% CI: 1.55–3.35).

Conclusions

The authors noted that relationships between recent and current use of cannabis and the use of cocaine or ecstasy were noticeably strong. As the use of cannabis with stimulants may increase the risk of negative health consequences, they suggest that education in community and medical settings about polydrug use and its increased risks may be warranted.

SECTION B. STIMULANTS

T1. National profile

T1.1 Prevalence and trends

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

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

T1.1.2 Stimulant use in the general population

Cocaine use

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

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

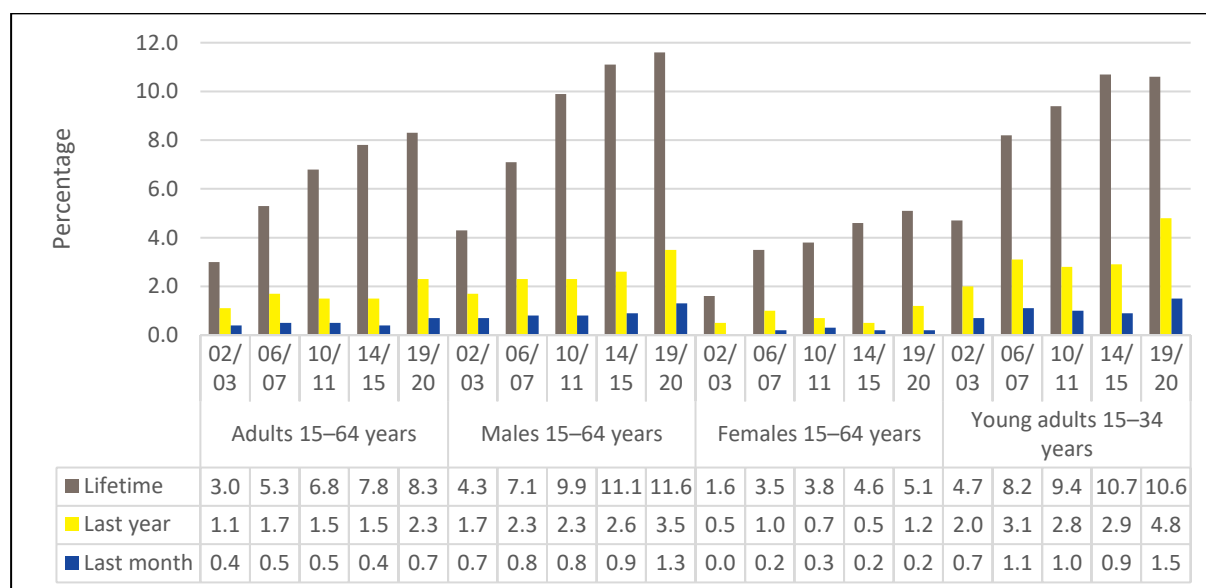


Figure T1.1.2.1 Lifetime, last-year and last-month prevalence of cocaine use (including crack) in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

Ecstasy use

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

Almost 14% of young adults (15–34 years) said that they had tried ecstasy at least once in their lifetime, with 6.5% having used it within the last year (versus 4.4% in 2014/15) and 3.1% indicating current use (versus 2.1% in 2014/15).

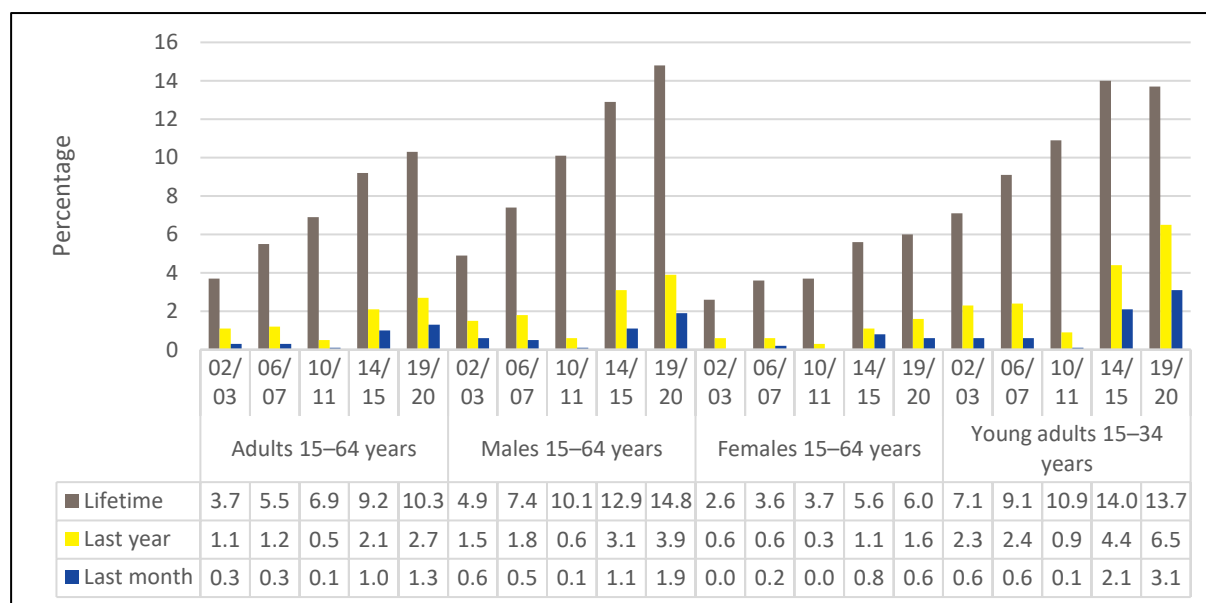


Figure T1.1.2.2 Lifetime, last-year and last-month prevalence of ecstasy use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20

Source: NDAS (2021)

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

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

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

T1.2.1 Patterns of stimulant use

Frequency of cocaine use

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

Regular use of cocaine and efforts to stop

Among lifetime cocaine users, 23.5% stated that they had ever used cocaine regularly (participants defined what the term ‘regular’ meant for themselves). Respondents who had used cocaine regularly at some point in their lifetime were also asked about attempts to stop using cocaine. Of this group,

66.8% said that they have 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 health (23.5%), cost (15.1%), and impact on job/friends/family (13.1%).

Frequency of ecstasy use

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

Regular use of ecstasy and efforts to stop

Among lifetime ecstasy users, 38.3% stated that they had ever used ecstasy regularly (participants defined what the term ‘regular’ meant for themselves). Respondents who had used ecstasy regularly at some point in their lifetime were also asked about attempts to stop using ecstasy. Of this group, 64.9% said that they have 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 health (15.1%).

T1.2.2 Treatment for stimulants

In 2020, there were 2,634 cases treated for problem stimulant use, as reported through the TDI, compared with 2,585 cases reported in 2019. Similar to previous years, the majority were treated for problem cocaine use (96.7%), followed by amphetamine-type stimulant use (2.0%), ecstasy use (1.1%), and synthetic cathinone use (0.1%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in the number of people who use cocaine.

In 2020, 79.2% of cases were male, similar to 2019. The mean age was 31 years, the same as 2019. Just over one-half (53.6%) of those treated for problem stimulant use had never been treated before. The proportion of new entrants to treatment has stabilised since 2017 (52.7%). In 2020, the majority of cases were self-referred or referred by family/friends (61.8%), similar to previous years.

While the overall trends for treatment of stimulant cases appear to be consistent with previous years, the impact of public health restrictions as a result of the COVID-19 pandemic cannot be discounted. For further information, see the Treatment workbook.

Cocaine

Cocaine remains by far the most commonly used drug reported among the problem stimulant use group in Ireland. The proportion of all cases that were treated for problem cocaine use increased in 2020 to 22.9%, down slightly compared with 2019, when 24.1% of cases were treated for problem cocaine use. This compares with a low of 7.5% in 2004 and the previous highest proportion of problem cocaine use of 13.3%, recorded in 2007. For further information, please also see Sections T1.3.1, T2.1, and T2.2 of the Treatment workbook.

In 2020, 79.0% of cases treated for problem cocaine use were male and the mean age was 30.8 years, similar to 2019. Just over one-half (53.3%) had never been treated before, similar to previous years. The majority (62.9%) were self-referred or referred by family/friends.

Amphetamine-type stimulants

People who use amphetamine-type stimulants, including ecstasy, benzylpiperazine (BZP) and other unknown/unspecified stimulants, accounted for only a very small proportion of all cases seeking treatment for problem drug use in Ireland. In 2020, 0.9% of cases reported that their main problem drug was in this group of drugs, a very small decrease compared with the 1.1% of cases reported in 2019. The relatively small number of cases in this group means that trends are difficult to interpret; however, the number of cases treated for ecstasy dropped from 45 cases in 2019 to 29 in 2020, which may account for some of this decrease.

In 2020, 86.7% of problem amphetamine-type stimulant cases were male and 60.2% had never been treated before. One-half of cases (50.6%) were referred by family/friends and one-third by health services (32.5%). The majority of problem amphetamine-type stimulant cases accessed treatment within generic addiction services.

T1.2.3 High-risk stimulant use

Of those cases treated for stimulant use, 51.1% reported using weekly or more frequently in the month prior to entering treatment. There was little difference between cases reporting cocaine (main route of administration: sniff/snort, 50.0%) or crack (main route of administration: smoke, 52.7%). However, TDI data do not currently collect 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 treatment data in 2009, so no information is available 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 centres, so it is not possible to say with certainty that the problem drug reported was definitely a synthetic cathinone. In 2020, 0.03% of cases were treated for synthetic cathinones, the same as the last 2 years. The proportion of cases treated for this type of drug peaked in 2010 at 1.5% of all treatment episodes and has been dropping ever since. Please note that the tiny number of cases reporting synthetic cathinone use annually makes analysis unreliable.

T1.2.5 Injecting and other routes of administration

In 2020, 8.8% of cases accessing drug treatment for any stimulant drug use reported ever injecting any drug (not necessarily restricted to the main problem drug). However, the proportion reporting injecting a stimulant as the current main problem drug was much lower, at 1.1%. As in previous years, the most common route of administration in 2020 was sniffing/snorting (79.8%).

T1.2.6 Infectious diseases

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

T2. Trends

Included above.

T3. New developments

T3.1 New developments in the use of stimulants

Availability of cocaine

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

- Among all adults, 13.0% had been offered cocaine either free of charge or to buy in the previous 12 months; 3.5% were offered cocaine on at least 10 occasions.
- Recent 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 users (94.5%) stated that it would be 'very easy' or 'fairly easy' to access cocaine within a 24-hour period, while 0.9% stated that it would be 'very difficult'.

Availability of ecstasy

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

- Among all adults, 11.7% had been offered ecstasy either free of charge or to buy in the previous 12 months; 3.1% were offered ecstasy on at least 10 occasions.
- Recent 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 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 users (85.9%) stated that it would be 'very easy' or 'fairly easy' to access ecstasy within a 24-hour period, while 2.3% stated that it would be 'very difficult'.

T4. Additional information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of stimulant use

No new information.

SECTION C. HEROIN AND OTHER OPIOIDS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance of different opioid drugs

At the time of publication, there were no new data on the relative importance of different opioid drugs in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b).

T1.1.2 Estimates of opioid use in the general population

A national three-source capture-recapture (CRC) study to provide statistically valid estimates of the prevalence of opioid drug use in the national population was commissioned by the National Advisory Committee on Drugs and Alcohol and undertaken in 2001 (Kelly, *et al.* 2003) and again in 2006 (Kelly, *et al.* 2009). The three data sources used were the Central Treatment List (CLT) (of clients on methadone), the Hospital In-Patient Enquiry (HIPE) scheme, and Garda Síochána PULSE (Police Using Leading Systems Effectively) data. A third study using the CRC method was published in 2017 (Hay, *et al.* 2017). In 2020, the Health Research Board (HRB) awarded a contract to the School of Public Health, University College Cork to conduct a fourth study on the prevalence of opioid use in Ireland for the years 2015–2019 and results will be published in the 2022 National Report.

At the time of publication, there were no new data on the prevalence of opioid use in the general population in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b.)

T1.1.3 Estimates of opioid use in sub-populations

At the time of publication, there were no new data on the prevalence of opioid use in sub-populations in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b).

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. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b).

T1.2.2 Treatment for heroin and other opioids

All opioids

Data from the TDI show that in 2020, 36.5% of cases reported were treated for problem opioid use. This continues the downward trend of the past 4 years (38.8% in 2019; 42.2% in 2018; 44.9% in

2017). Of those treated for problem opioid use in 2020, heroin comprised the majority of cases (89.7%), similar to previous years.

While the overall trends for opioid treatment appear to be consistent with previous years, the impact on public health restrictions as a result of the COVID-19 pandemic cannot be discounted; for example, a reduction in opioid substitution treatment (OST) numbers was reported via the TDI. For further information, see the Treatment workbook.

Problem heroin use

In 2020, problem heroin use accounted for 32.7% of all cases treated, a slight decrease on previous years. The proportion of all cases treated for problem heroin use has fluctuated, rising from 59.7% in 2004 to a peak of 60.3% in 2006.

In 2020, the trends in case demographics were very similar to previous years: 71.6% of cases were male, and the mean age was 36.5 years. The majority of cases had been previously treated (81.6%). 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 (48.0%) were self-referred or were referred to treatment by family/friends.

Other opioids

Codeine (all types) and methadone (prescribed or street) were the next most common opioid types reported. People who use all types of codeine accounted for 4.2% of all treatment entrants for problem opioid use, similar to previous years. People who use all types of codeine accounted for 1.5% of all cases treated. In 2020, methadone (prescribed or street) was the second most common opioid reported, with people who use methadone comprising 3.5% of all treatment entrants for problem opioid use. People who use methadone accounted for 1.3% of all cases treated. For further information on 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. OST is provided in specialised clinics or by specialised general practitioners. Other treatments provided include counselling, social and occupational reintegration, psychiatric treatment, complementary therapy, etc. For further information on this and the impact of the COVID-19 pandemic, see Section T1.4 of the Treatment workbook.

T1.2.3 High-risk opioid use

Of those cases treated for problem opioid use, 56.1% reported using opioids weekly or more frequently in the month prior to entering treatment. 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 2020, there were only eight cases that reported fentanyl as either a main or additional 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 (six cases in 2019 and in 2018). The tiny number of fentanyl cases reported annually makes analysis unreliable.

T1.2.5 Injecting and other routes of administration

In 2020, almost half (49.1%) 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 8.9% of cases in this group. Data from the TDI show that in 2020, 31.6% of those treated for problem opioid use reported injecting as their primary route of administration. As in previous years, heroin represents almost 100% of the opioid drugs injected. See Section T1.5.3 in the Harms and harm reduction workbook for data on use of needle exchange programmes by injecting drug users in Ireland.

The most common routes of administration for cases entering treatment for problem opioid use are smoking (56.0%) followed by eating (9.6%).

While the overall trends for injecting and other routes of administration appear to be consistent with previous years, the impact of public health restrictions as a result of the COVID-19 pandemic cannot be discounted; for example, the reduction in OST numbers reported via the TDI. For further information, see the Treatment workbook.

T1.2.6 Infectious diseases

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

T2. Trends

Included above.

T3. New developments

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

Opioid pain relievers

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

- Of 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 older.
- Of respondents, 32.2% (or 1,258,000 of the general population) and 13.1% (or 512,000 of the general population) had used opioid pain relievers in the last year and last month, respectively.
- Of respondents, 1.8% (or 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 lowest among those aged 65 years and over older (26.5%) (Figure T3.1.1).

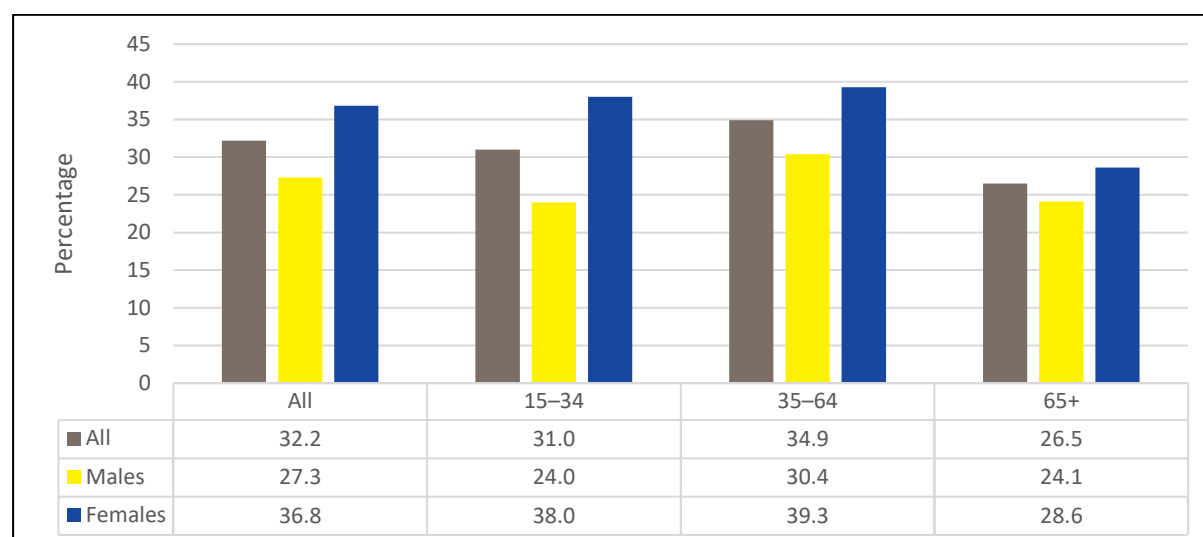


Figure T3.1.1 Recent use of opioid pain relievers in 2019/20, by sex and age group

Source: NDAS (2021)

Trends in 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).

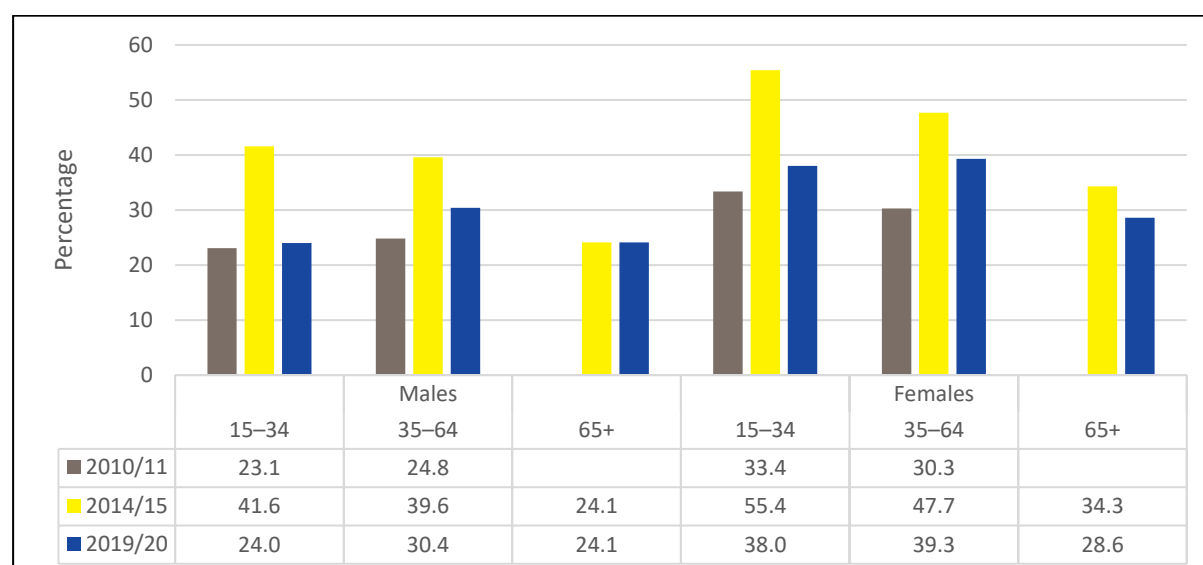


Figure T3.1.2 Trends in recent use of opioid pain relievers, sex by age group

Source: NDAS (2021)

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

Frequency of opioid pain reliever use

One in seven (14.5%) current users had used opioid pain relievers on 20 days or more in the last month, which is considered to be daily or almost daily use. This was more common among those aged 65 years or over (38.3%), compared with 15–34-year-olds (3.7%) and 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).

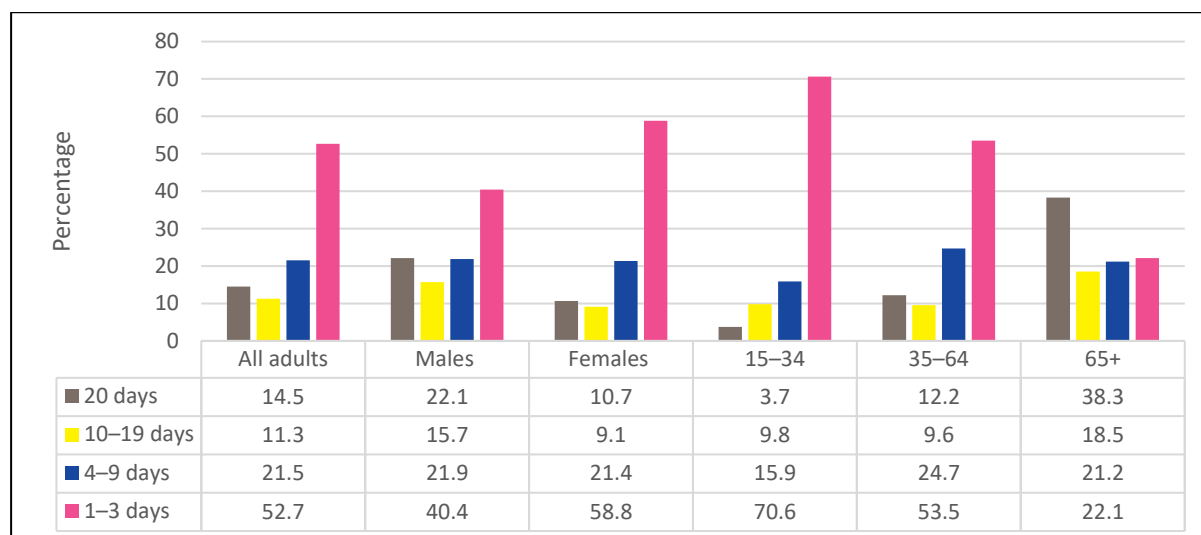


Figure T3.1.3 Frequency of opioid pain reliever use in the last month among current users, by sex and age group

Source: NDAS (2021)

Type of opioid pain relievers used

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

Table T3.1.1 Type of opioid pain reliever used by current users in the month

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

Source: NDAS (2021)

Non-medical use of opioid pain relievers

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

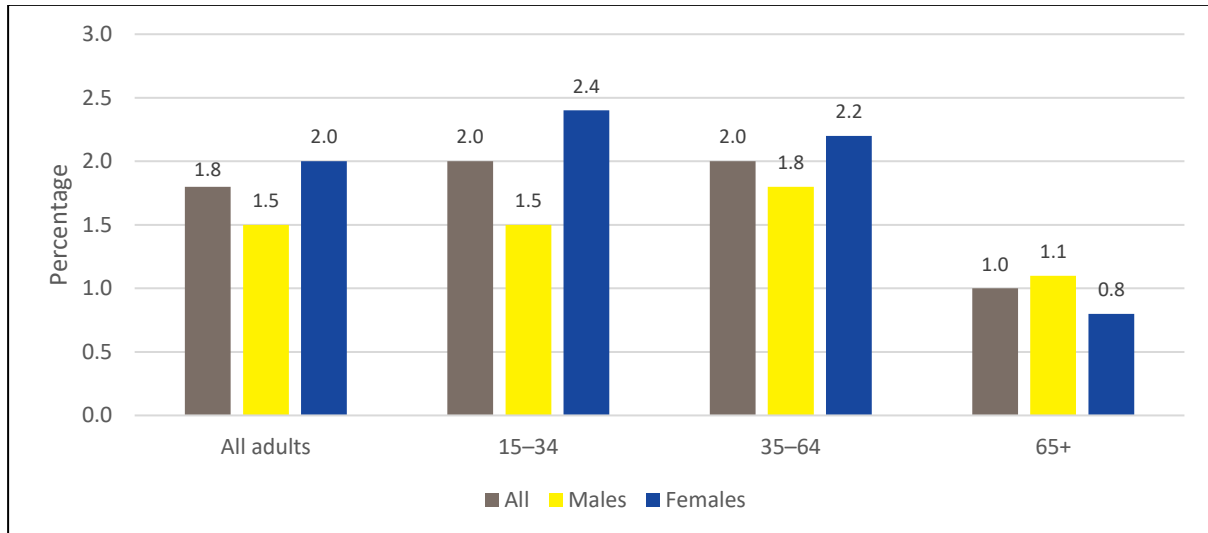


Figure T3.1.4 Recent non-medical use of opioid pain relievers 2019/20, by sex and age group

Source: NDAS (2021)

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

T4. Additional information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of heroin and opioid use

No new information.

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE

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

T1.1 Prevalence and trends in NPS use

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

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

T1.2 Harms related to NPS use

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

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

A 2021 study (McCarron, *et al.* 2021) investigated reasons for NPS use, administration, adverse effects, and consumption in the previous 3 months among patients attending an opium 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-administrated survey.

It was 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 interview and when first consuming illicit substances was found to be inversely associated with NPS consumption. Ninety-three participants (71.5%) bought NPS for the first time from a headshop, 20.8% from a friend, and 6.9% from a dealer. After the closure of headshops, dealers were the most common source of NPS. Synthetic cathinones were the most commonly consumed NPS class. One-third of participants injected NPS, while 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. They also suggest that, as a high proportion of participants administered NPS intravenously, the closure of headshops is likely to have led to improved health outcomes among this group of patients.

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

Sedatives and tranquillisers

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

- Of respondents, 12.7% had ever used sedatives/tranquillisers in their lifetime, corresponding to 498,000 of the general population in Ireland aged 15 years and older.
- Of respondents, 5.5% (213,000 of the general population) and 3.2% (124,900 of the general population) had used sedatives/tranquillisers in the last year and last month, respectively.
- Of respondents, 0.5% (19,300 of the general population) had used sedatives/tranquillisers in a non-medical way in the last 12 months.
- There was a statistically significant decrease in recent use reported by all adults (from 7.1% in 2014/15 to 5.5% in 2019/20).
- The average age of first sedative/tranquilliser use was 36.7 years (median: 34 years).
- The average age of respondents who reported recent sedative/tranquilliser use was 50.9 years (median: 49 years).

Sedative/tranquilliser use by sex and age

Females were more likely than males to report recent use of sedatives/tranquillisers (6.1% versus 4.8%). Those aged 65 years and over were more likely than younger age groups to report recent sedative/tranquilliser use (8.0%). Females aged 65 years and over had the highest prevalence of recent use (11.5%) (Figure T1.3.1). Of those who had used sedatives/tranquillisers in the last year, 87.2% stated that all were prescribed, 10.2% stated that none were prescribed, and 2.7% stated that some were prescribed while some others were not.

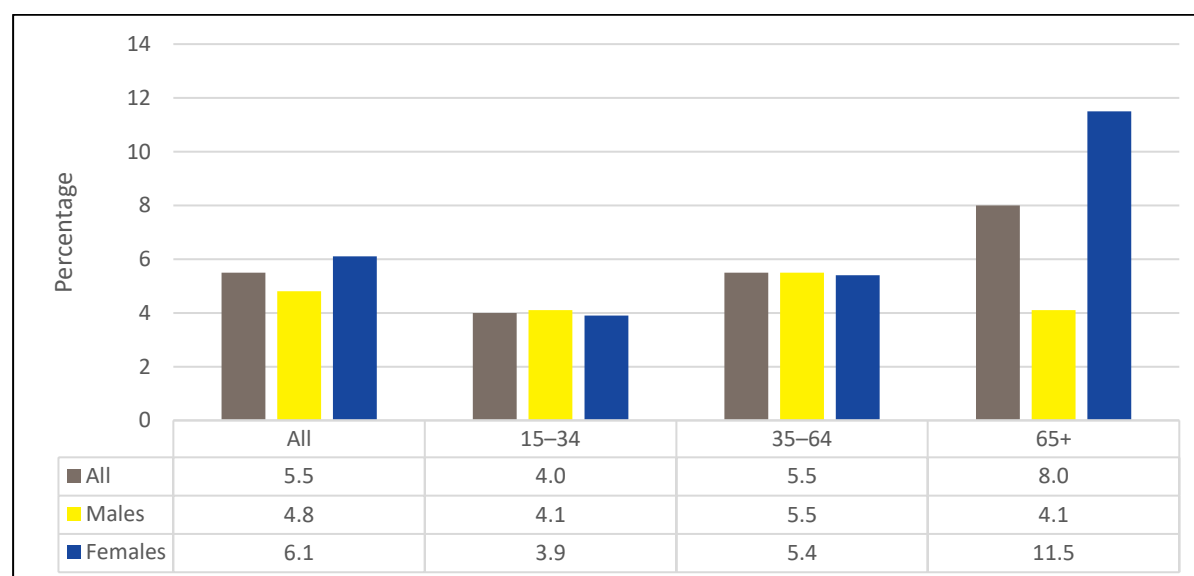


Figure T1.3.1 Recent use of sedatives/tranquillisers in 2019/20, by sex and age group

Source: NDAS (2021)

Trends in recent sedative/tranquilliser use

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

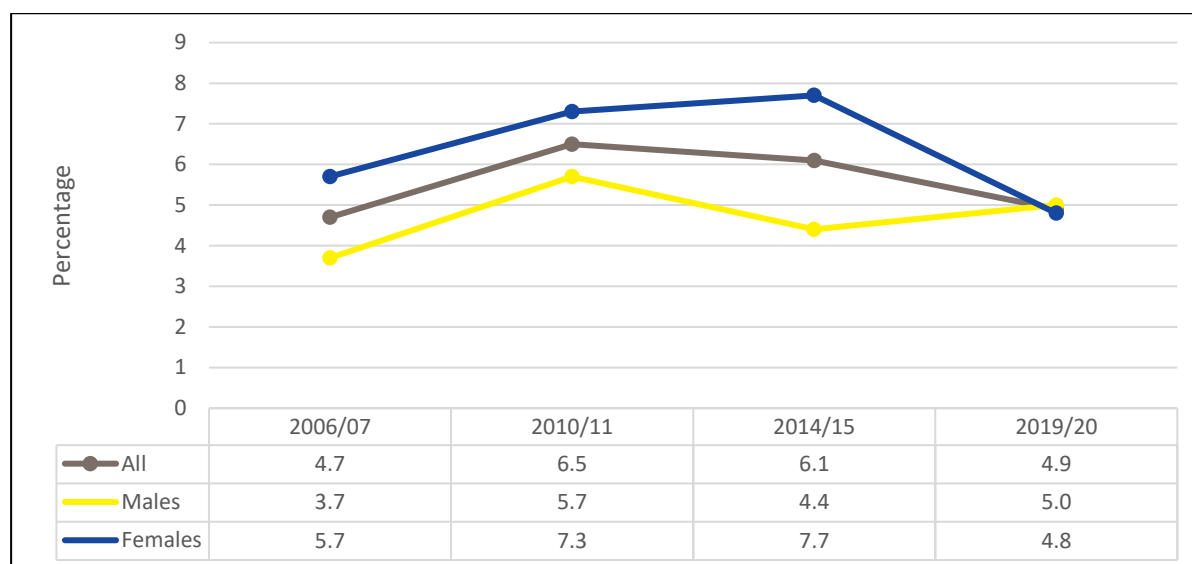


Figure T1.3.2 Trends in recent use of sedatives/tranquillisers among 15–64-year-olds, by sex

Source: NDAS (2021)

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

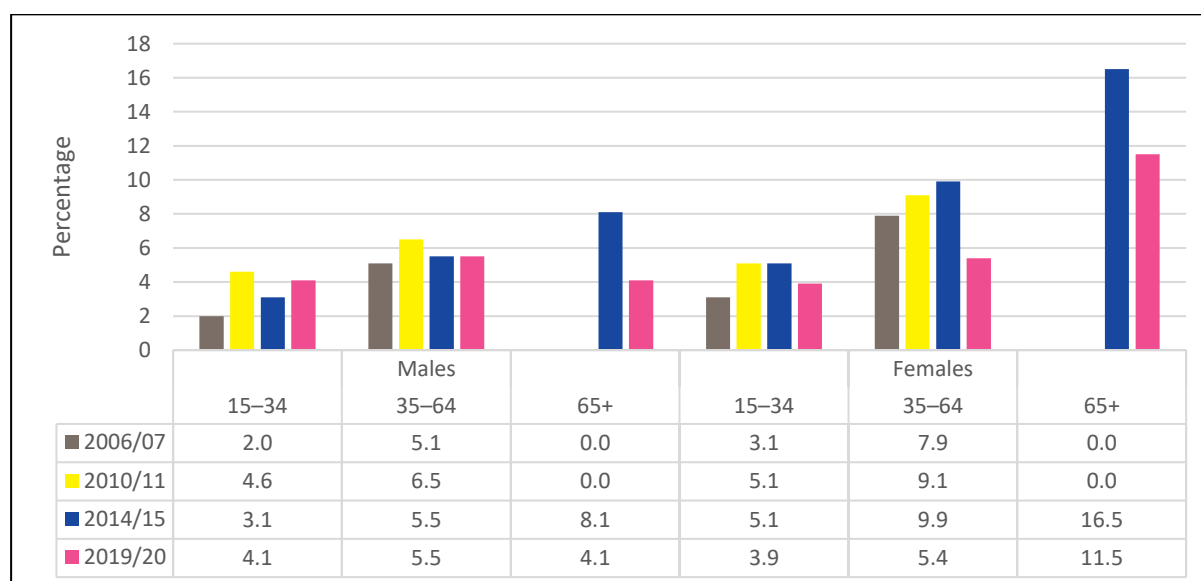


Figure T1.3.3 Trends in recent sedative/tranquilliser use, sex by age group

Source: NDAS (2021)

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

Frequency of sedative/tranquilliser use

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

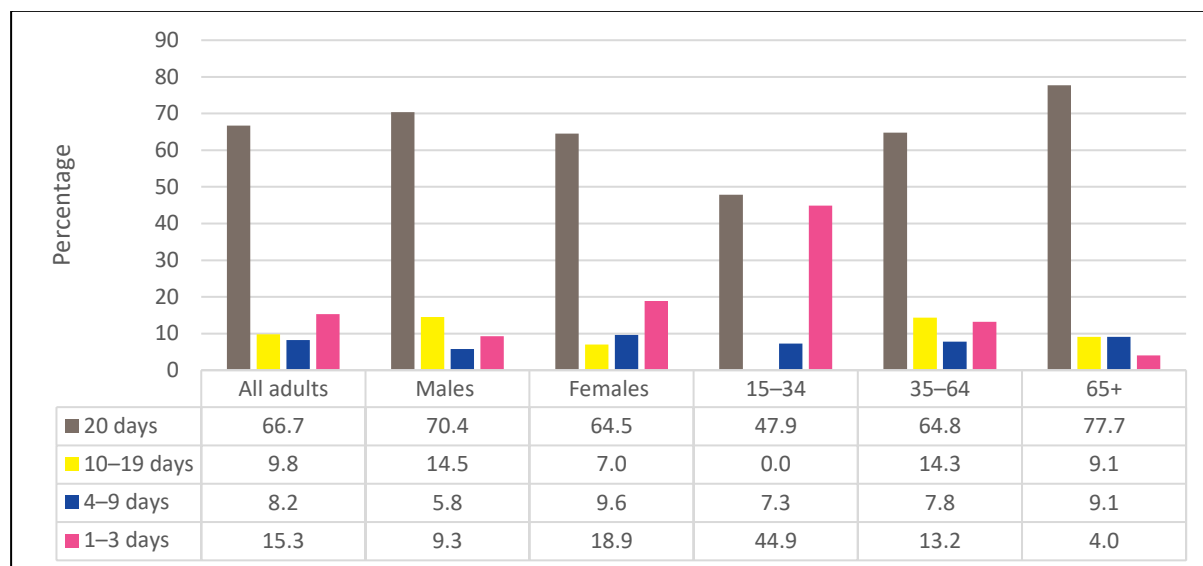


Figure T1.3.4 Frequency of sedative/tranquilliser use in the last month among current users, by sex and age group

Source: NDAS (2021)

Non-medical use of sedatives/tranquillisers

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

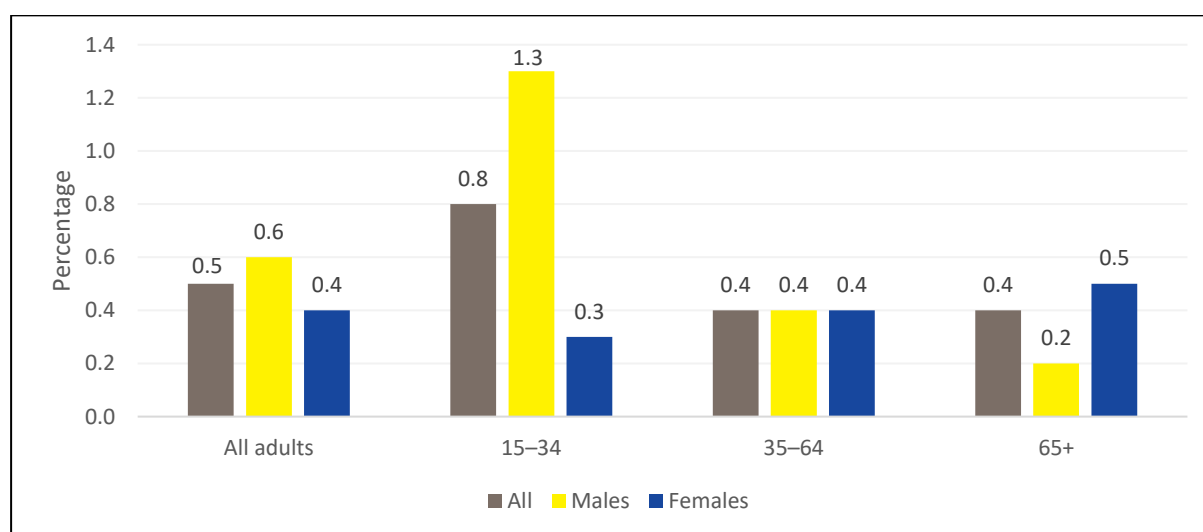


Figure T1.3.5 Recent non-medical use of sedatives/tranquillisers 2019/20, by sex and age group

Source: NDAS (2021)

Treatment data

Since 2009, a very small number of cases presenting for treatment have reported an NPS other than a synthetic cannabinoid or cathinone as their main problem drug through the TDI, although the type of NPS was usually unspecified. It should be noted that the type of NPS used by clients presenting to treatment is self-reported, so even though the type of NPS may have been specified by a client, the actual drug is rarely tested by treatment services. As a result, it is not possible to say with certainty that, for example, those NPS reported as synthetic cannabinoids or cathinones definitely fall into those categories. Among the cases reporting NPS (other than a synthetic cannabinoid or cathinone) as their main problem drug, there may be a number of clients who are synthetic cannabinoid or cathinone users, so the true number of synthetic cannabinoid or cathinone users may be under- or overestimated.

NPS other than synthetic cannabinoids or cathinones first appeared in treatment data in 2008; before then they were not recorded as a separate category of drug. The proportion of cases treated for these types of NPS peaked in 2010 at 0.4% of all treatment episodes, plateauing in 2018. Cases treated for problem NPS use comprised 0.04% of all cases treated in 2020, compared with 0.05% in 2018. Please also see Section A, T1.2.4 and Section B, T1.2.4.

Hypnotics and sedatives

In 2020, hypnotics and sedatives were the fourth most common drug group treated (12.7%), slightly increased from 2019 (11.1%). The proportion of cases rose consistently every year from 2006 (2.0%) to 2014 (11.2%), with the trend remaining stable since the last small increase in 2020. In 2020, the main drug type included in this group was benzodiazepines (89.7%), similar to previous years (please also see Section T1.3.1 of the Treatment workbook). In 2020, as with previous years, most benzodiazepines misused were unspecified, but among cases where benzodiazepines were specified, alprazolam was the most common, similar to 2019.

While the overall trends for hypnotic and sedative treatment figures appear to be consistent with previous years, the impact of public health restrictions as a result of the COVID-19 pandemic cannot be discounted. For further information, see the Treatment workbook.

Other drugs in 2019

Opioids (mainly heroin), cannabis, cocaine, and hypnotics and sedatives accounted for 98.5% of all cases in treatment in Ireland in 2020 reported through the TDI (excluding alcohol, which is not reported on in the EMCDDA workbooks). Therefore, it is difficult to comment on trends within this very small group of other main problem drugs. However, analysis of these data show some findings of note, including the following:

- Twenty cases reported problem use of pregabalin (an anti-epileptic medication) in 2020, compared with 37 in 2019.
- Thirty-five cases reported problem use of tramadol in 2020, compared with 30 in 2019.
- Forty-seven cases reported gamma-hydroxybutyrate as a main problem drug in 2020, compared with 28 in 2019 (and fewer than 5 in 2017).

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 data on new developments in the use of NPS in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b).

T4. Additional sources of information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of NPS and other drug use

No new information.

T4.3 Non-specific drug use and polydrug use

No new information.

T6. Sources and methodology

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

- National surveys of drug use among the general population
- The Health Behaviour in School-aged Children (HBSC) study
- The Growing Up in Ireland (GUI) National Longitudinal Study of Children
- The European School Survey Project on Alcohol and Other Drugs (ESPAD)
- CRC studies on opioid use in Ireland.

Data on drug treatment in Ireland are collected through two national data collection tools: the CTL and the National Drug Treatment Reporting System (NDTRS).

T6.2 Methodology

2019/20 Irish National Drug and Alcohol Survey (NDAS)

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

The 2019/20 NDAS followed best practice guidelines recommended by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The questionnaire, based on the European Model Questionnaire, was administered in face-to-face interviews with respondents aged 15 years and older. A sample comprising all households throughout the island of Ireland was randomly selected to participate; fieldwork began in February 2019 and was completed in March 2020. Of the household members contacted, 5,762 agreed to take part. The sample was weighted by sex, age, and region 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).

Health Behaviour in School-aged Children (HBSC) study

The HBSC 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 four 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, and 2014 (Gavin, *et al.* 2015). In 2018, the survey was conducted in Ireland for the sixth time and included 15,557 children drawn from third class in primary school through to fifth year in post-primary school; 255 primary and post-primary schools across Ireland participated. Data were collected on general health, smoking, use of alcohol

and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying, and sexual health behaviours. The main results were published in 2021 (Gavin, *et al.* 2021).

Growing Up in Ireland (GUI)

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

European School Survey Project on Alcohol and Other Drugs (ESPAD)

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

Capture-recapture (CRC) studies on opioid use

A national three-source CRC study to provide statistically valid estimates of the prevalence of opioid drug use in the national population was commissioned by the National Advisory Committee on Drugs and Alcohol and undertaken in 2001 (Kelly, *et al.* 2003) and again in 2006 (Kelly, *et al.* 2009). The three data sources used were the CTL (of clients on methadone), the HIPE scheme, and Garda Síochána PULSE data. A third study using the CRC method was published in 2017 (Hay, *et al.* 2017). In 2020, the HRB awarded a contract to the School of Public Health, University College Cork to conduct a fourth study on the prevalence of opioid use in Ireland for the years 2015–2019 and results will be published in the 2022 National Report.

Central Treatment List (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 Health Service Executive (HSE) and the HRB.

National Drug Treatment Reporting System (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 Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised European Union (EU) agency based in Lisbon. The EMCDDA 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 EMCDDA. These focal points gather and analyse country data according to common data collection standards and tools and supply these data to the EMCDDA. The results of this national monitoring process are supplied to the EMCDDA for analysis, from which it produces the annual *European Drug Report* and other outputs.

The Irish Focal Point to the EMCDDA 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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