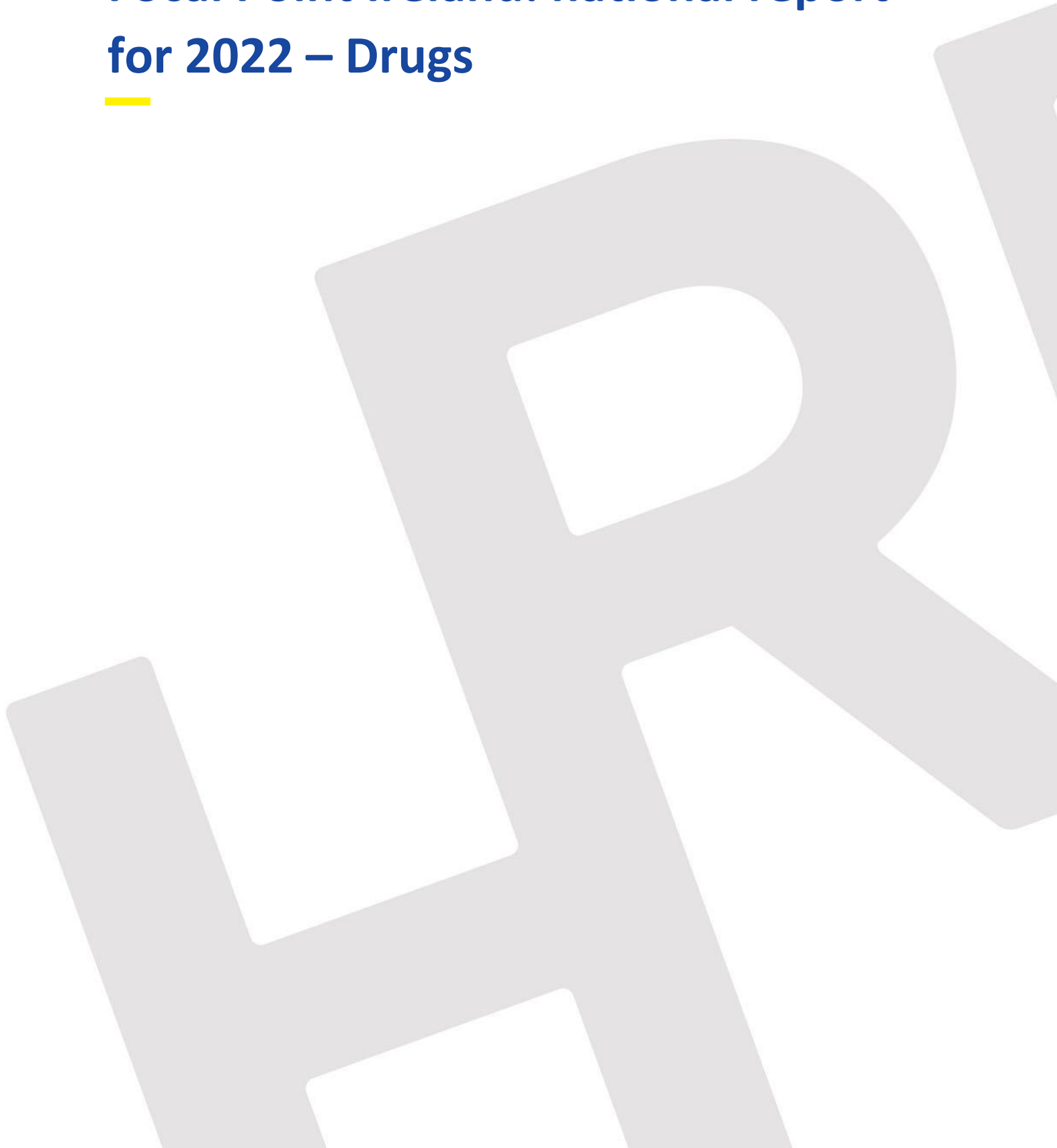


Focal Point Ireland: national report for 2022 – Drugs



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

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Please use the following citation:

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2023) **Focal Point Ireland: national report for 2022 – drugs**. Dublin: Health Research Board.

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(2023) Focal Point Ireland: national report for 2022 – drug policy.

(2023) Focal Point Ireland: national report for 2022 – treatment.

(2023) Focal Point Ireland: national report for 2022 – drug markets and crime.

(2023) Focal Point Ireland: national report for 2022 – prevention.

(2023) Focal Point Ireland: national report for 2022 – prison.

(2023) Focal Point Ireland: national report for 2022 – harms and harms reduction.

(2023) Focal Point Ireland: national report for 2022 – 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 Drug and Alcohol and Department of Health Social Services and Public Safety 2018). 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.

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

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 21.4% of cases recorded in 2021 being treated for problem cannabis use. Cannabis was the third most common drug for which entrants to treatment sought treatment in 2021, after opioids (mainly heroin) and cocaine, similar to 2020.

In 2021, 3,235 cases treated for problem stimulant use were reported through TDI, compared with 2,634 cases reported in 2020. Similar to previous years, the majority of cases were for problem cocaine (97.0%), followed by amphetamine-type stimulants (2.3%), ecstasy (0.4%), and synthetic cathinones (0.2%). Crack cocaine accounted for 17.0% of cocaine cases. In 2021 for the first time, the number of cocaine cases reported (n = 3,139, including powder and crack) overtook the number of heroin cases (n = 3,065) reported.

Data from the TDI show that in 2021, 33.7% of reported cases were treated for problem opioid use. This continues the downward trend of the past number of years (for example 36.5% in 2020; 44.9% in 2017). Of those treated for problem opioid use in 2021, heroin comprised the majority of cases (87.3%), similar to previous years.

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.

Illicit drug use was more prevalent in males and also greater among young adults, with 9.8% of persons aged 15–34 years having reported current use (compared to 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%).

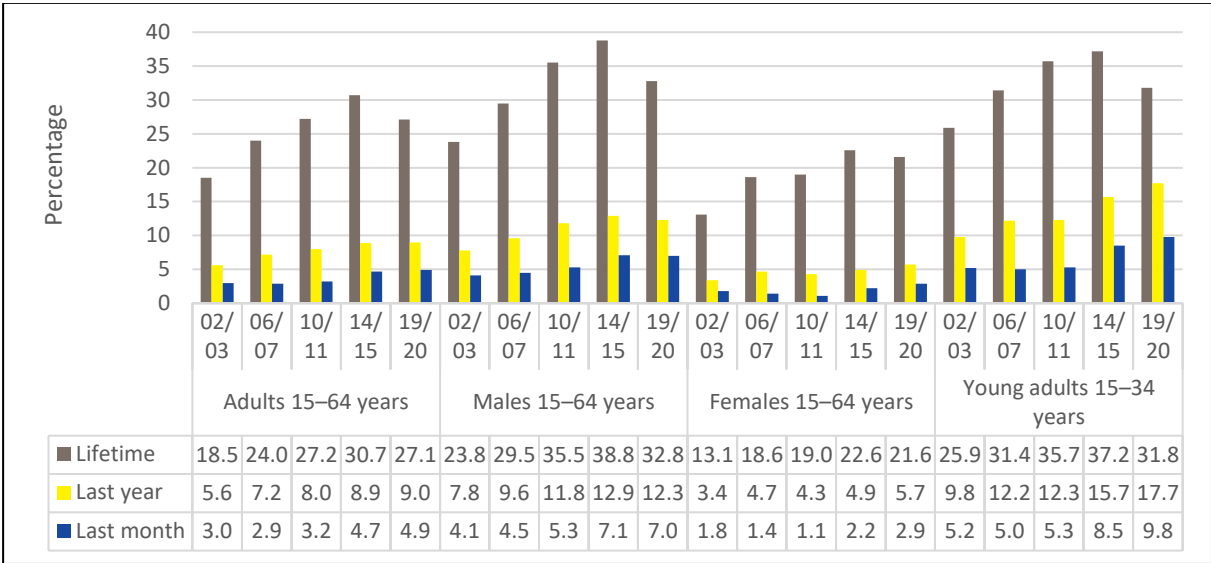


Figure T0.1.1 Lifetime, last-year and last-month prevalence of any illicit drug use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20 ¹

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) ¹

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.

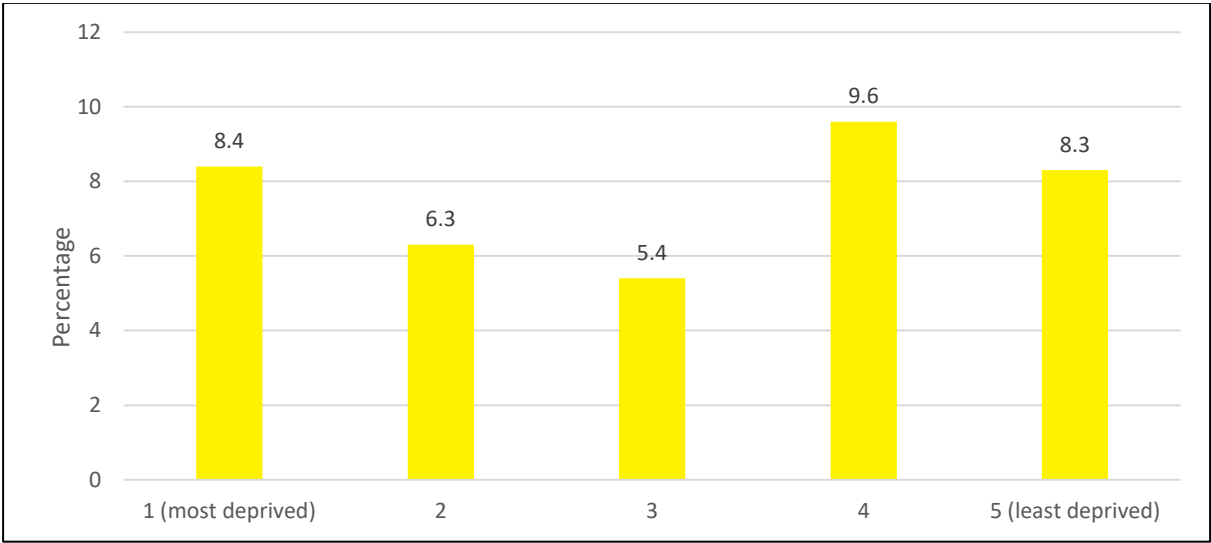


Figure T0.1.2 Recent use of any illegal drug, by area level deprivation ²

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 (%) ²

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

Employment	All adults	15–34-year-olds	Education	All adults	15–34-year-olds
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 (%)³

Weighted responses=4408	All				Females		
	15+	15–34	Males	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 ⁴

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 ⁵

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 ⁶

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 ⁷

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

Change in how illicit drugs obtained	Percentage (%)
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.

Irish findings from the European Web Survey on Drugs

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

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has developed the European Web Survey on Drugs (EWS) to collect data from a wide range of people who use drugs. In 2021, Ireland participated in the EWS for the first time. The rationale for this was to generate new data on patterns of drug use, as set out in Action 5.1.45 of Ireland's National Drugs Strategy. The data collected provided information on:

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

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

Last-year and last-month drug use

Last-year and last-month use of each drug is presented in Table T0.1.8. Cannabis was the drug most commonly used in the last year (91%), followed by cocaine (49%) and ecstasy (31%). The proportion of respondents reporting last-year ketamine use was also high (24%). For most drugs, the proportions of males and females reporting use were similar; however, males were more likely than females to report last-year and last-month use of magic mushrooms and LSD.

Table T0.1.8 Last-year and last-month drug use among respondents, by sex ⁸

Drug	Last-year drug use (%)			Last-month drug use (%)		
	All	Males	Females	All	Males	Females
	n=5796	n=3815	n=1895	n=5796	n=3815	n=1895
Cannabis	91.2	92.0	89.8	69.5	73.0	62.4
Cocaine	48.5	48.3	49.4	22.9	23.0	23.0
Ecstasy	30.8	30.7	31.4	6.2	6.3	6.0
Ketamine	23.8	24.9	22.0	7.1	7.4	6.4
Magic mushrooms	22.1	24.5	17.2	4.9	5.5	3.8
LSD	18.8	21.5	13.3	4.4	5.1	2.9
NPS	14.3	14.4	14.2	5.8	5.4	6.6
Amphetamines	10.8	11.3	10.0	3.0	3.3	2.4
Methamphetamine	3.9	4.3	3.3	1.1	1.3	0.7
GHB	2.1	2.6	1.0	0.7	0.8	0.3
Heroin	1.1	1.2	0.8	0.6	0.7	0.3

Source: EWSD, 2022
 NPS: new psychoactive substances; GHB: gamma-hydroxybutyrate.

For most drugs, last-year and last-month use varied by age group. While there was little difference in cannabis use between age groups, younger respondents were more likely than older respondents to report use of stimulants such as cocaine and ecstasy. One-third (34%) of 18–24-year-olds reported last-year ketamine use, compared with 20% of 25–34-year-olds, 9% of 35–44-year-olds, and 5% of those aged 45 years and over. The top three most commonly used drugs in the last year were the same for each age group; however, older respondents were more likely to use amphetamines and magic mushrooms, while ketamine was more commonly used among younger age groups (see Figure T0.1.3).

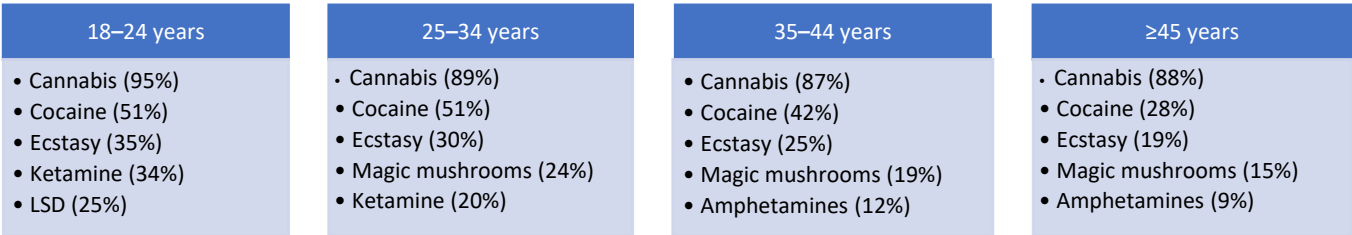


Figure T0.1.3 Drugs most commonly used in the last year, by age group ³

Source: EWSD, 2022

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

Reasons for using drugs

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

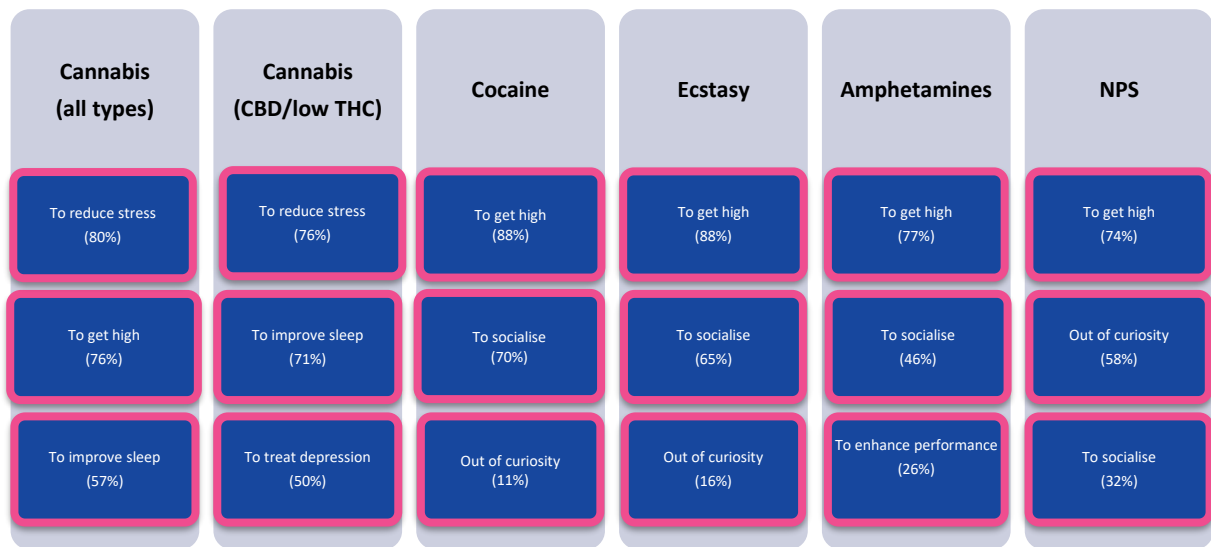


Figure T0.1.4 Top three reasons for using drugs, by drug type ⁴

Source: EWSD, 2022

CBD: cannabidiol; THC: tetrahydrocannabinol; NPS: new psychoactive substances.

Note: Respondents could select more than one option.

How drugs are sourced

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

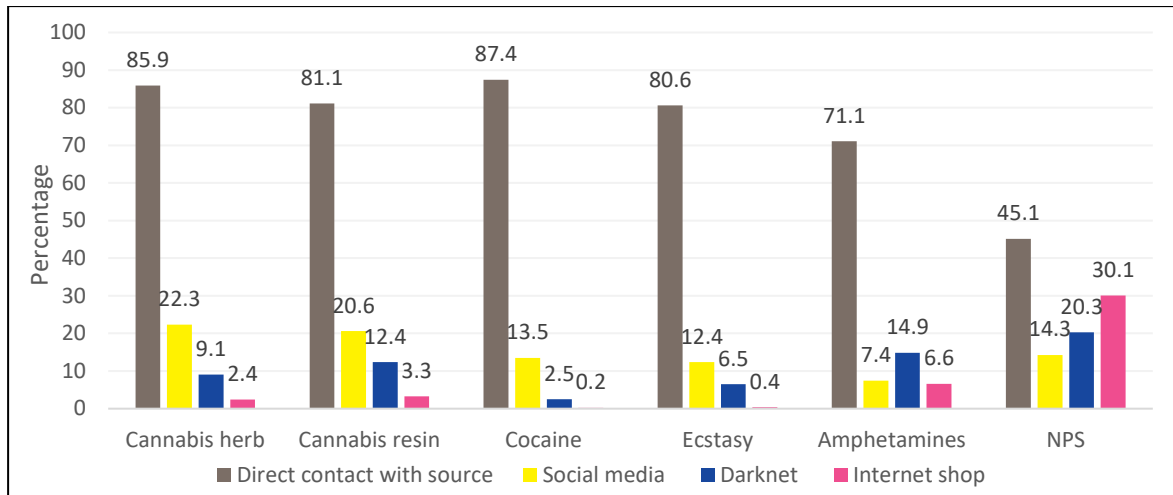


Figure T0.1.5 Methods used to buy drugs among those who bought drugs in the last year, by drug type ⁵

Source: EWSD, 2022

NPS: new psychoactive substances.

Note: Respondents could select more than one option.

Impact of COVID-19 pandemic on drug use

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

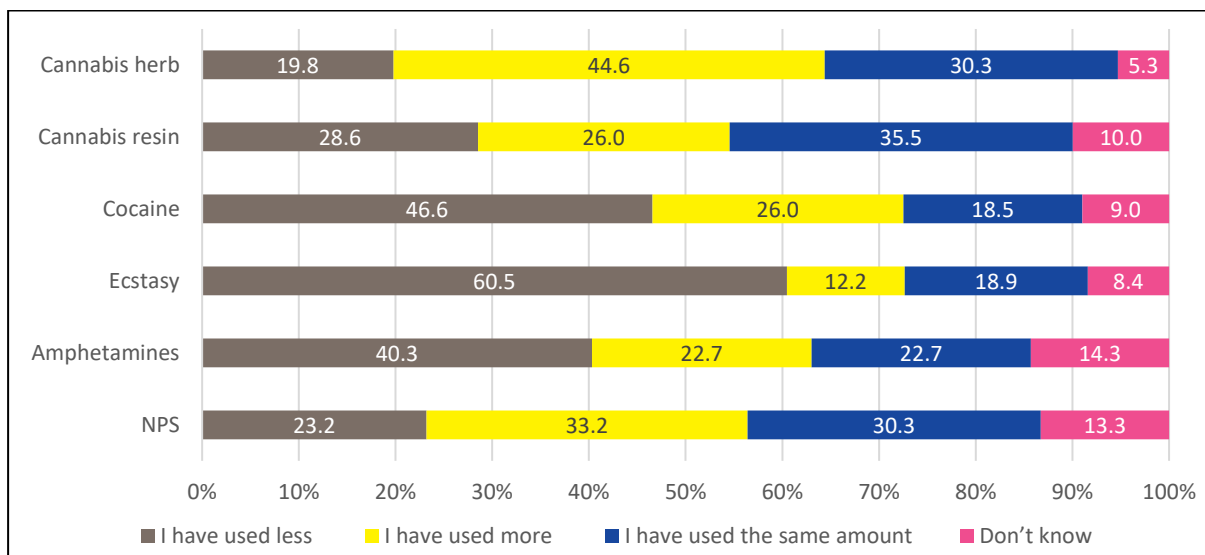


Figure T0.1.6 Change in drug use due to the COVID-19 pandemic, by drug type ⁶

Source: EWSD, 2022

NPS: new psychoactive substances.

Conclusions

The report authors note that when interpreting the Irish EWSD results, it is important to acknowledge that they are likely to have been influenced by the Covid-19 pandemic and the

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

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

The 2019/20 NDAS contained new questions on polydrug use, which was defined as the use of at least two drugs on the same occasion (simultaneously) in the last year. Table T0.2.1 presents the drugs that were used in addition to cannabis, cocaine, and ecstasy. Alcohol was the substance most commonly used with 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 (%) ⁹

	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).

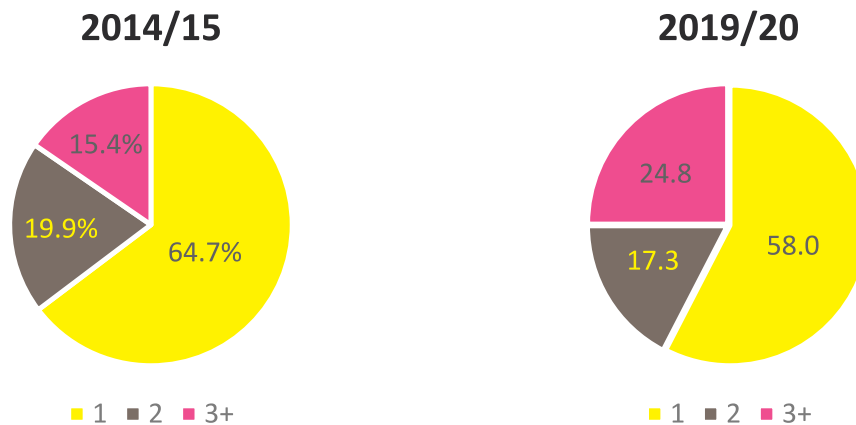


Figure T0.2.1 Number of illegal drugs used by those reporting recent use of illegal drugs in 2014/15 and 2019/20 ⁷

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).

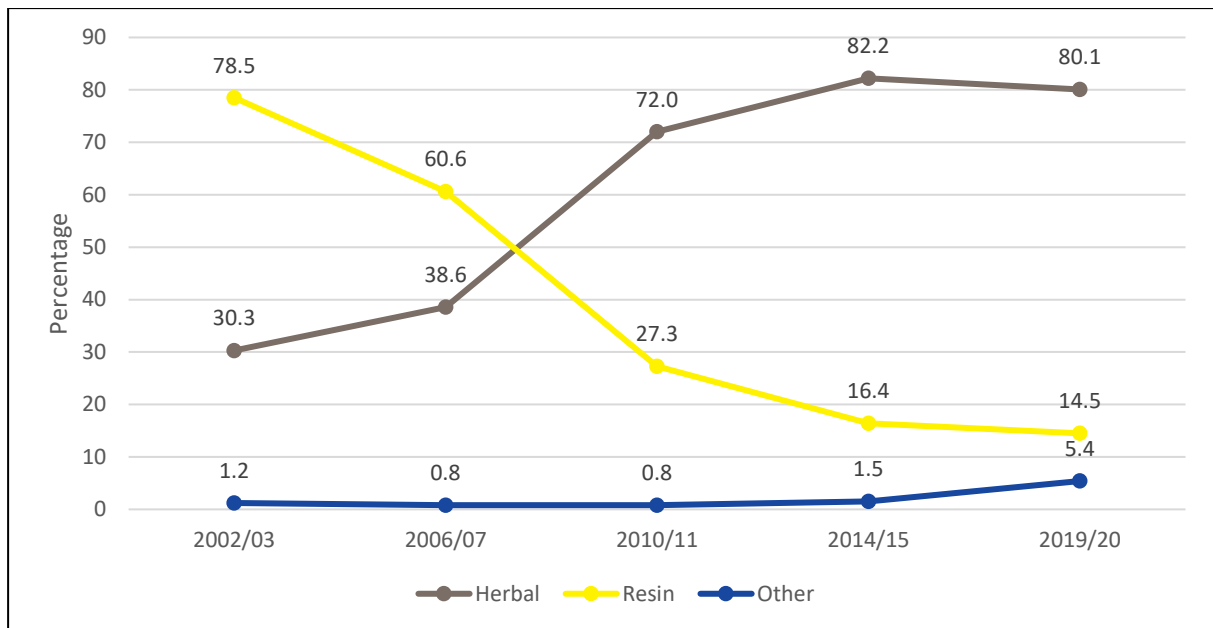


Figure T1.1.1.1 Trends in type of cannabis used ⁸

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%.

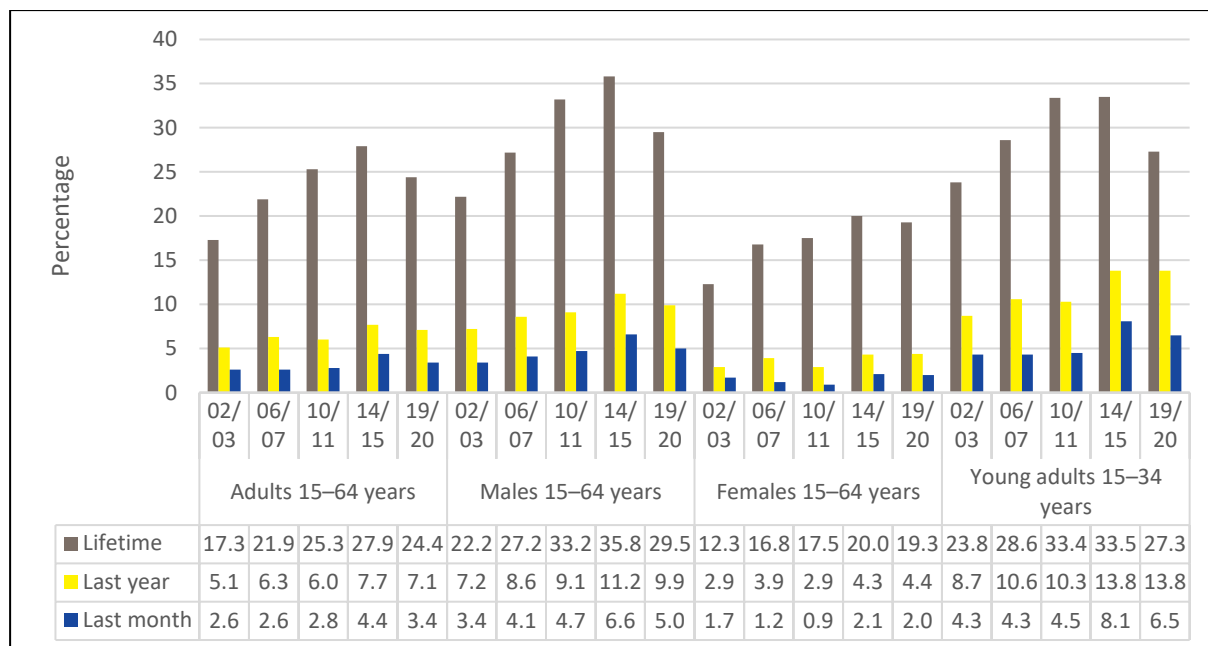


Figure T1.1.2.1 Lifetime, last-year and last-month prevalence of cannabis use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20⁹

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, 2018¹⁰

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

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.

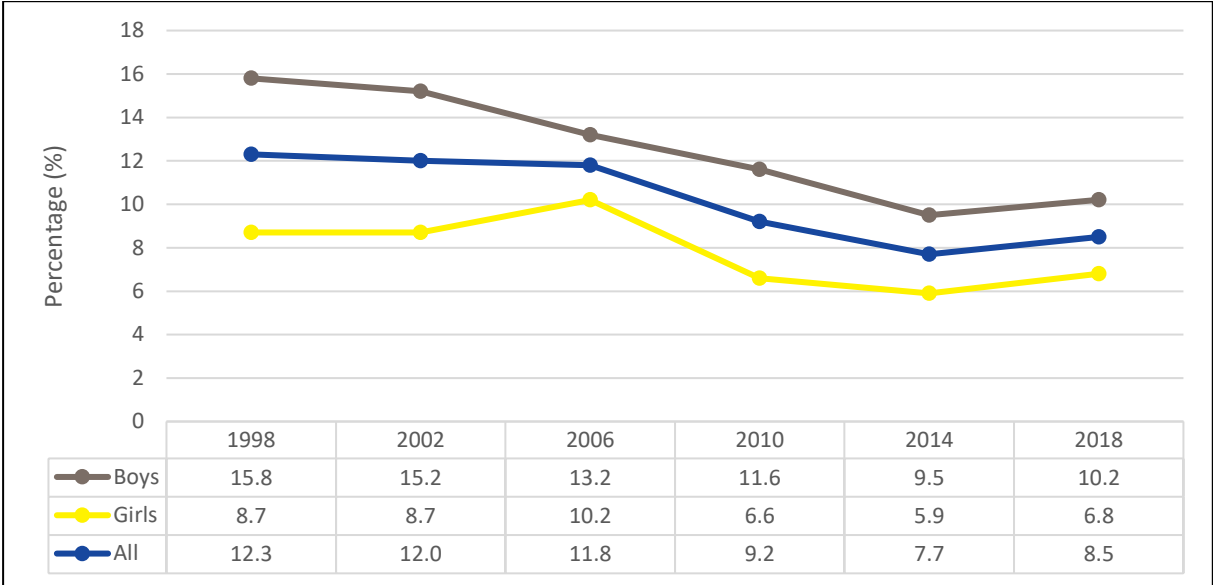


Figure T1.1.3.1 Percentage of 10–17-year-olds who reported cannabis use in the last 12 months, overall and by sex from 1998 to 2018 ¹⁰

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.

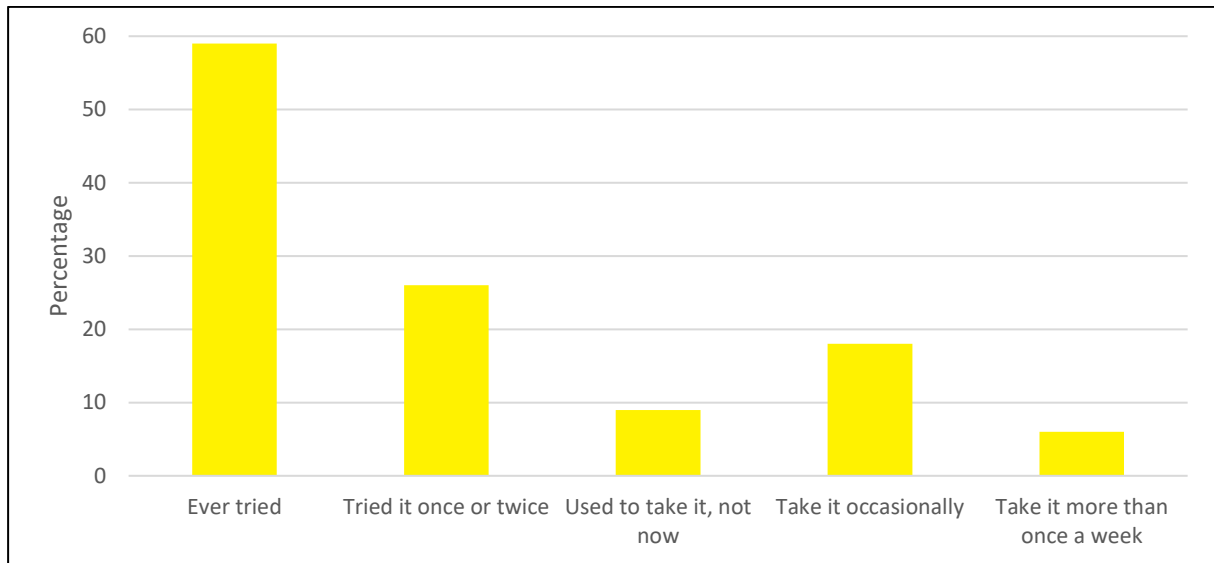


Figure T1.1.3.2 Cannabis use among 20-year-olds in Ireland, 2018/19 ¹¹

Source: (ESRI and Trinity College Dublin 2019)

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

Since 2006, the Growing Up in Ireland (GUI) study, 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 old. The most recent report presents the findings of 5,190 interviews of the 20-year-olds, which were conducted in 2018 and 2019 (O’Mahony et al. 2021). Key findings regarding drug use are discussed below.

Any drug use

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

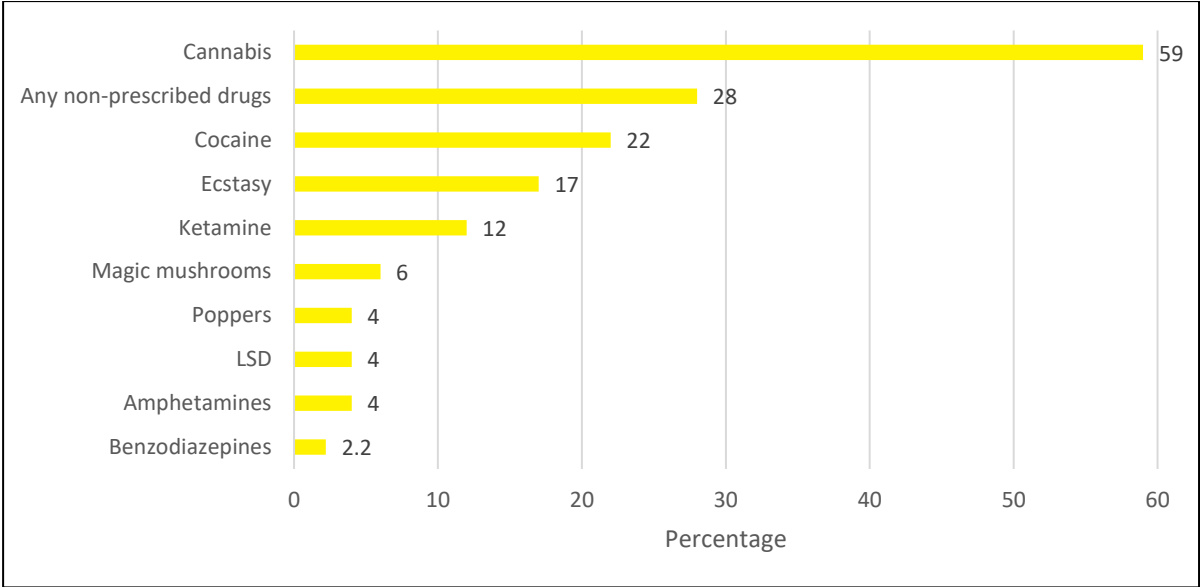


Figure T1.1.3.3 Illicit drug use (at least once) among 20-year-olds in Ireland, 2018–2019 ¹²

Source: GUI Ireland, 2021

Cannabis use

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

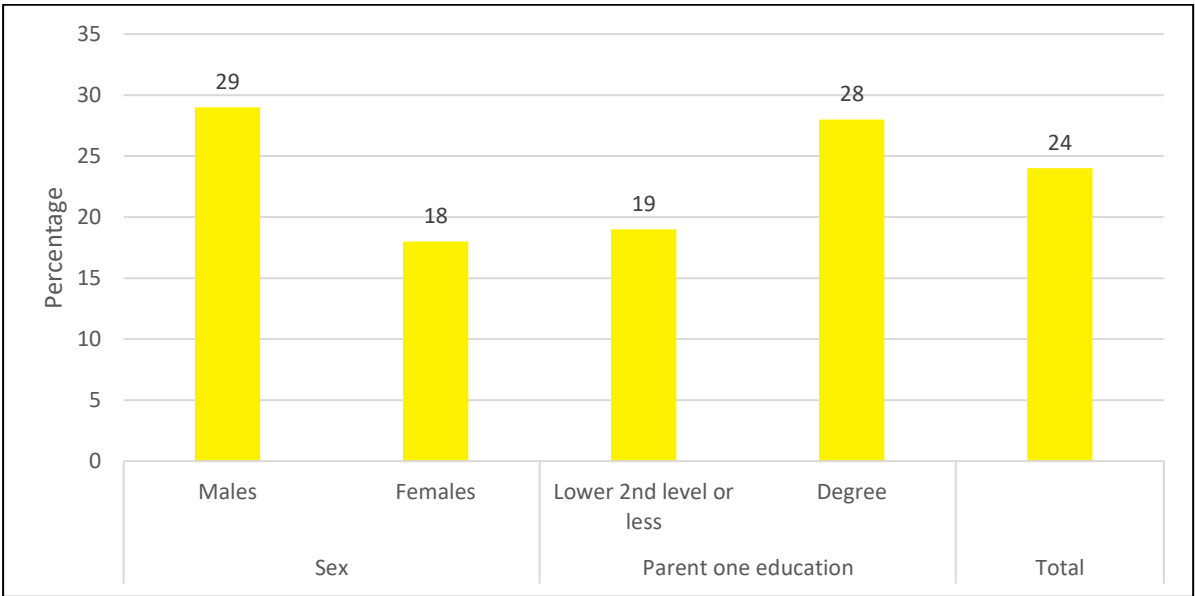


Figure T1.1.3.4 Percentage of 20-year-olds who took cannabis occasionally or more than once per week, according to key background characteristics, 2018–2019 ¹³

Source: GUI Ireland, 2021

Prior experience with drugs was also found to be related to current cannabis use (see Figure T1.1.3.5). Young adults who had already tried cannabis by age 17/18 were more likely to be current

cannabis users at age 20. In addition, they were more than twice as likely to be occasional users (34% vs 12%) and were also more likely to use more than once a week (16% vs 1%).

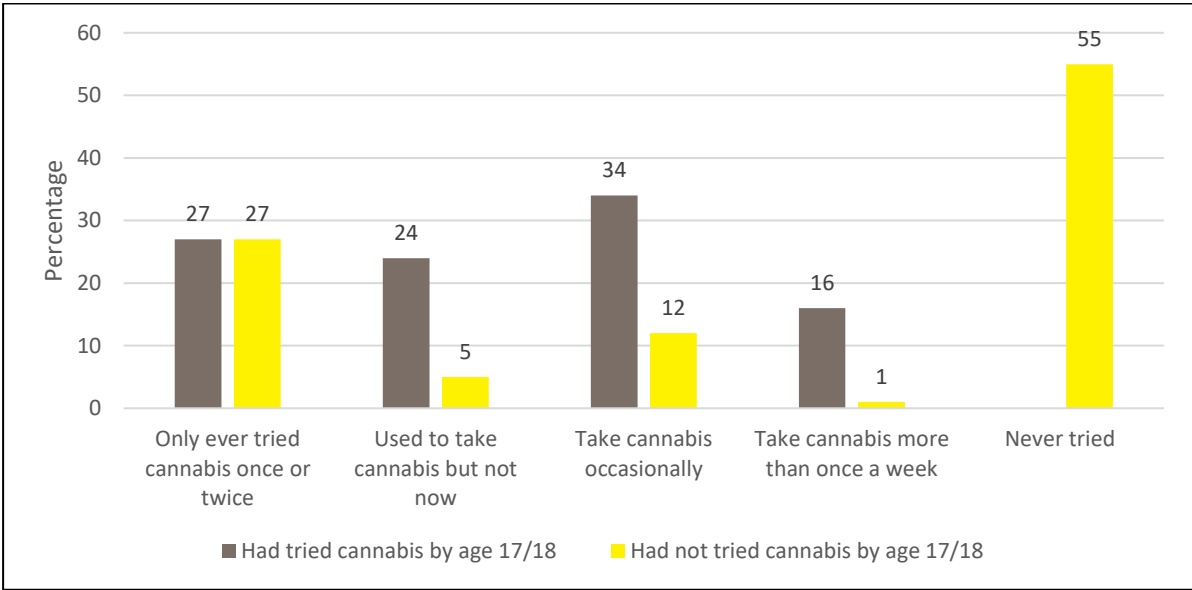


Figure T1.1.3.5 Status regarding cannabis use at age 20, based on cannabis use at age 17/18, 2018–2019 ¹⁴

Source: GUI Ireland, 2021

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 ¹¹

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 ¹²

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 ¹³

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

Lifetime use	2003 (%)	2007 (%)	2011 (%)	2015 (%)	2019 (%)
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.

Drug use among students in higher education in Ireland

The use of illicit drugs is a public health issue worldwide, with the annual prevalence of drug use increasing over the past decade (European Monitoring Centre for Drugs and Drug Addiction 2012) (Hall et al. 2016) (United Nations Office on Drugs and Crime 2018) (Ahrnsbrak et al. 2016). International research from Ireland, the United Kingdom, and the United States suggests that approximately one-quarter of students in higher education institutes (HEIs) report using illicit drugs within the last 12 months (Bennett and Holloway 2014) (Cahill and Byrne 2010) (Hope et al. 2005) (Dooley et al. 2019) (Davoren et al. 2015) (Skidmore et al. 2016). However, there is a lack of comprehensive recent data on drug use among students in higher education in the Republic of Ireland.

In September 2019, the then Minister of State for Higher Education, Mary Mitchell O’Connor TD, established a rapid response group to address the issue of drug use in higher education in Ireland. Minister O’Connell tasked the group with recommending a suite of specific actions appropriate to the higher education setting and in line with the Government’s national drugs strategy, *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017–2025* (Department of Health 2017), with the overall aim being to reduce harms experienced by students through the use of drugs. The My Understanding of Substance-use Experiences (MyUSE) research team in University College Cork was selected to develop the Drug Use in Higher Education in Ireland (DUHEI) Survey (Byrne et al. 2022). The survey population included undergraduate and postgraduate students aged 18 years and over in publicly funded HEIs. The sampling strategy used ensured that a random representative sample of the student population was invited to participate in the survey.

Twenty-one publicly funded HEIs in the Republic of Ireland participated in DUHEI. Data collection was completed in early 2021 via a secure online survey platform. Over 11,500 participant responses were included for analysis, of which 60% were female. The median age was 21 years; 81% were undergraduates and 90% were European Union students. The main findings from the DUHEI survey are discussed below.

Student drug use

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

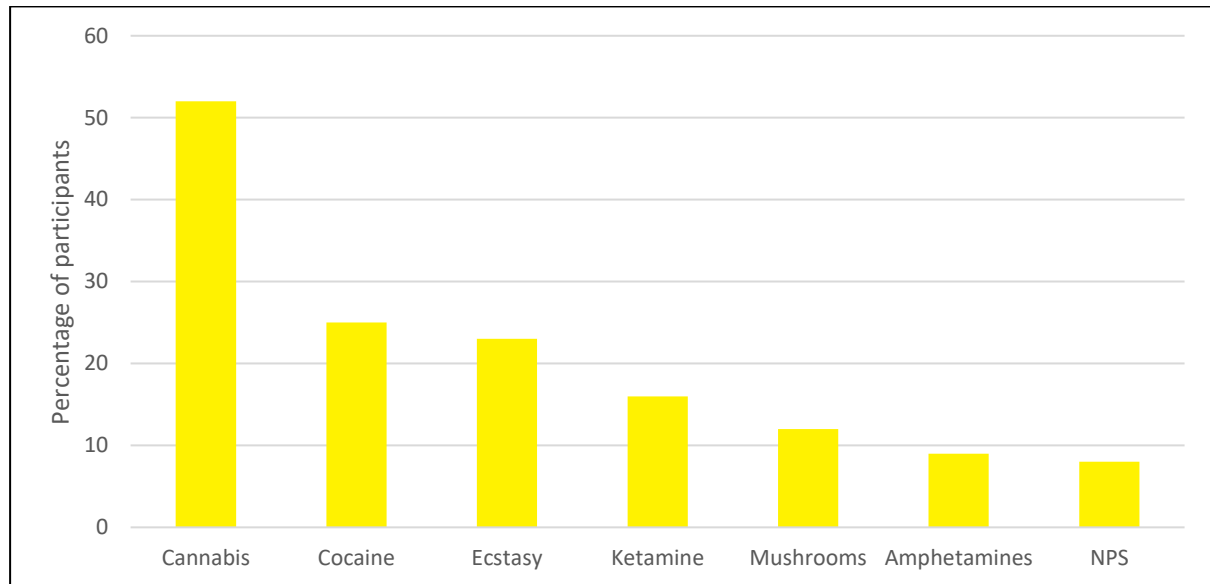


Figure T1.1.3.6 Type of drugs used by DUHEI survey participants who reported ever using an illegal drug ¹⁵

Source: DUHEI (2022)

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

Harms and effects

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

Changing drug use behaviours

One in three users reported that they had tried to reduce their drug use. The most commonly reported means of changing drug use were avoiding environments where drugs are used and

avoiding friends and peers who use drugs. For all participants, face-to-face interventions were perceived as being more effective than online interventions to reduce drug-related harms. Education was perceived as being the least effective intervention to reduce harm, while counselling was perceived as being the most effective intervention to reduce harms from drug use.

Other findings

- Other findings from the DUHEI survey include the following:
- Less than one in 20 participants reported using smart drugs (i.e. study drugs/nootropics/cognitive enhancers), while one in 10 current users reported using smart drugs to enhance their academic performance.
- Over one in 20 participants reported that they previously had a drug or alcohol problem; for one-half of these, it had resolved within the previous two years.
- One in four of those with a previous drug or alcohol problem identified themselves as currently in active recovery.
- Of those who had used drugs during the COVID-19 pandemic, one in three had decreased their use, while just less than one in four had increased their use over this period.
- One in 10 participants reported using drugs for the first time since the COVID-19 pandemic began.

Conclusions

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

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

T1.2.1 Patterns of cannabis use

Frequency of cannabis use

Findings from the 2019/20 NDAS show that 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 (%) ¹⁴

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

n=159	All	Males	Females	15–34-year-olds	35–64-year-olds
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 21.4% of cases recorded in 2021 being treated for problem cannabis use (see Section T2.1 of the Treatment workbook for further information).

Cannabis was the third most common drug for which entrants sought treatment, after opioids (mainly heroin) and cocaine, which is similar to the 2020 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 2021, 76.1% of cases reporting cannabis as their main problem drug were male, the mean age was 25 years (males: 25 years; females: 26 years), and all of these figures are similar to previous years. Two-thirds (66.3%) were new entrants, again similar to previous years.

In 2021, the highest percentage of cases (50.1%) 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 32.2% of cases that were referred by other medical agencies or social services. One in 10 (9.6%) were referred by court/probation or police.

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. The number of cases reported in 2021 has increased compared to 2020, which may indicate that the impact of public health restrictions on addiction care has been allayed for 2021.

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 (%) ¹⁵

	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 (%) ¹⁶

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. These numbers fluctuate over the years, but the small numbers make interpretation of trends impossible. In 2021, 42 cases reported a synthetic cannabinoid as a main problem drug, an increase compared with the 37 cases reported in 2020. 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 42 cases reported in 2021 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. New developments

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

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.

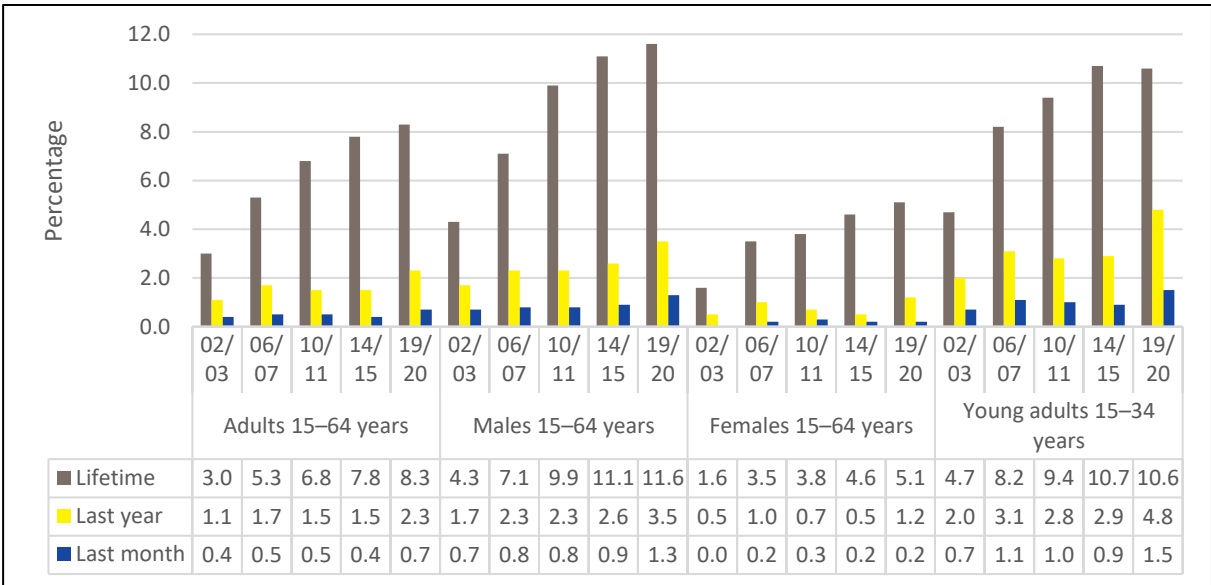


Figure T1.1.2.1 Lifetime, last-year and last-month prevalence of cocaine use (including crack) in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20 ¹⁶

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).

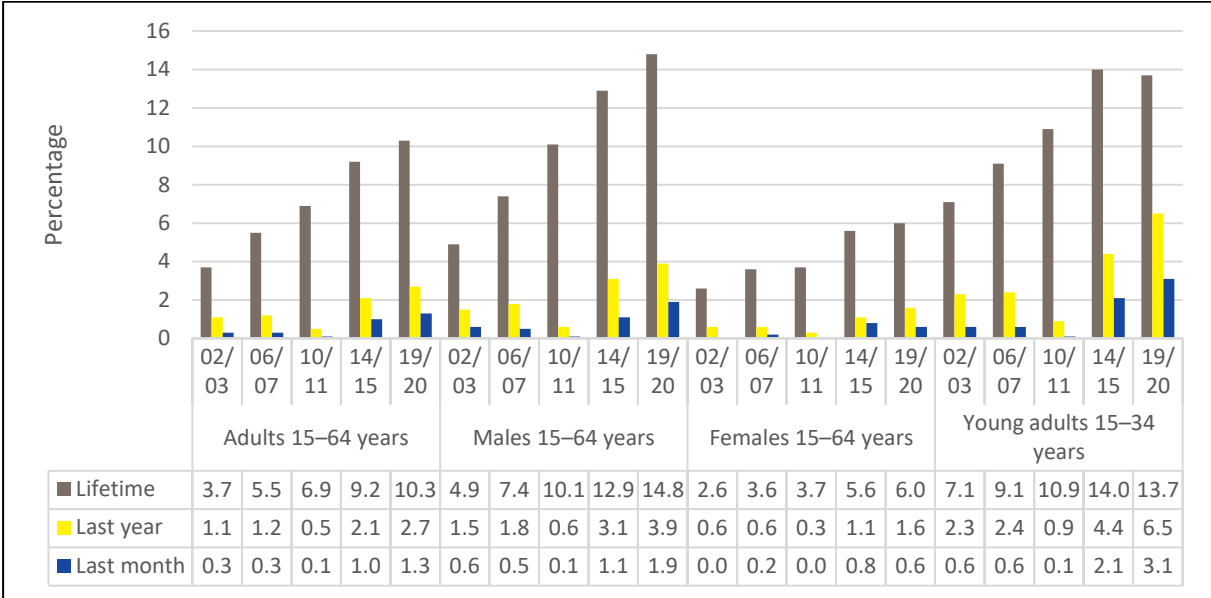


Figure T1.1.2.2 Lifetime, last-year and last-month prevalence of ecstasy use in Ireland, 2002/03, 2006/07, 2010/11, 2014/15, and 2019/20 ¹⁷

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 2021, there were 3,235 cases treated for problem stimulant use, as reported through the TDI, compared with 2,634 cases reported in 2020. Similar to previous years, the majority of cases were treated for problem cocaine use (97.0%), followed by amphetamine-type stimulants (2.3%), ecstasy (0.4%), and synthetic cathinones (0.2%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in the number cocaine cases.

In 2021, 74.7% of cases were male and the mean age was 32 years, similar to 2020. Just over one-half (51.6%) 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 2021, the majority of cases were self-referred or referred by family/friends (61.4%), similar to previous years.

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 2021 to 30.2% compared to 27.2% in 2020. This is the eighth year in a row where an increase has been reported in the number of cocaine cases. In 2021 for the first time, the number of cocaine cases reported (n = 3,139, including powder and crack) overtook the number of heroin cases (n = 3,065) reported. For further information, please also see Sections T1.3.1, T2.1, and T2.2 of the Treatment workbook.

In 2021, 74.6% of cases treated for problem cocaine use were male and the mean age was 32 years, slightly older than previous years. Just over one-half (51.4%) had never been treated before, similar to previous years. The majority (63.2%) were self-referred or referred by family/friends.

In 2021, crack cocaine accounted for 17.0% (535) of cocaine cases. There were some differences between those cases who reported powder cocaine and those who reported crack. There was a much higher proportion of females who reported using crack (44.9%) compared to powder (21.3%). Crack cases were older (mean age 38 years compared to 31 years). Crack cases were more likely to be referred by drug or other services (60.2%) compared to powder cases (19.4%).

Amphetamine-type stimulants

Amphetamine-type stimulants, including ecstasy, benzyloperazine (BZP) and other unknown/unspecified stimulants accounted for only a very small proportion of all main problem drugs treated in Ireland. In 2021, 0.9% of cases reported that their main problem drug was in this group of drugs, the same as in 2020. The relatively small number of cases in this group means that

trends are difficult to interpret. The number of cases treated for ecstasy dropped from 29 in 2020 to 12 in 2021.

In 2021, 77.2% of problem amphetamine-type stimulant cases were male, an increase compared to 2020 (86.7%). Three fifths (59.8%) had never been treated before and half of cases (48.9%) were referred by family/friends and over one-third by health services (38.0%). 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, 55.1% reported using more than once week in the month prior to entering treatment. Almost all powder cocaine cases reported route of administration as sniff/snort (97.4%) while for crack the main route of administration was smoke (96.4%). 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 2021, 0.04% of cases were treated for synthetic cathinones, similar to previous 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 2021, 8.0% of cases accessing drug treatment for any stimulant drug use reported ever injecting any drug (not necessarily restricted to the main problem drug). Of those who reported ever injecting, 22.4% reported injecting (any drug, not necessarily restricted to the main problem drug) in the 30 days prior to treatment. The proportion reporting injecting a stimulant as the current main problem drug was 1.0%.

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 (Health Research

Board Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

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 (CTL) (of clients on methadone), the Hospital In-Patient Enquiry (HIPE) scheme, and Garda Síochána PULSE (Police Using Leading Systems Effectively) data. A third study using the CRC method was published in 2017 (Hay et al. 2017) (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018b). In 2020, the 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. The methodology and main findings from this study are discussed below.

Methodology

Study population

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

The Central Treatment List

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

The Probation Service

Data from the Probation Service were used in the 2014 prevalence study and also in this research. Data for the current study were compiled by the Probation Service through a data scraping exercise, using agreed terms, of a number of databases that make up the Probation Service Case Tracking System. The databases used consisted of case notes created between 2015 and 2019 and included different reporting forms such as the “Pre-Sanction Report”, “Community Service Report”, and “Level of Service Inventory – Revised Risk Assessment”. The search terms “opiate”, “opioid”, “methadone”, “oramorph”, “oxycodone”, “fentanyl”, “heroin”, “tramadol”, “codeine”, and “oxy” were used to identify individuals for inclusion in this research. The extracted raw data were processed by a Probation Service statistician in a Microsoft Excel spreadsheet using Statistical Analysis System software. The data were reviewed in order to ensure that every individual was counted only once for each year of study.

Matching

The following information was required for matching cases between lists and for stratifying data: date of birth, sex, name, and address (town/village/city and county).

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

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

Data analysis

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

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

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

Results

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

Table T1.1.2.1 Summary of prevalence estimates (2019) ¹⁷

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

Source: Unpublished data from the HRB

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

Table T1.1.2.2 Comparison of the number of problematic opioid users and rates per 1,000 population aged 15 to 64 years (2015–2019) ¹⁸

Year	Known	Estimate	95% CI	Rate	95% CI
2015	12,449	21,198	20,776–23,234	7.13	6.99–7.81
2016	12,454	20,494	20,131–21,959	6.89	6.77–7.39
2017	12,606	20,465	19,813–22,460	6.88	6.66–7.55
2018	12,720	21,574	21,133–23,293	7.26	7.11–7.83
2019	12,312	19,875	19,522–21,608	6.68	6.57–7.27

Source: Unpublished data from the HRB

Table T1.1.2.3 Comparison of the number of problematic opioid users and rates per 1,000 population aged 15 to 24 years (2015–2019) ¹⁹

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

Source: Unpublished data from the HRB

Table T1.1.2.4 Comparison of the number of problematic opioid users and rates per 1,000 population aged 25 to 34 years (2015–2019) ²⁰

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

Source: Unpublished data from the HRB

Table T1.1.2.5 Comparison of the number of problematic opioid users and rates per 1,000 population aged 35 to 64 years (2015–2019) ²¹

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

Source: Unpublished data from the HRB

T1.1.3 Estimates of opioid use in sub-populations

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

had the lowest prevalence of problematic opioid use, at 3.27 per 1,000 population (95% CI: 2.96–4.38).

Table T1.1.3.1 Estimates of the number of problematic opioid users by city, and rates per 1,000 population aged 15 to 64 years (2019) ²²

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

Source: Unpublished data from the HRB

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

Data from the TDI show that in 2021, 33.7% of cases reported were treated for problem opioid use. This continues the downward trend of the past number of years (for example 36.5% in 2020; 44.9% in 2017). Of those treated for problem opioid use in 2021, heroin comprised the majority of cases (87.3%), similar to previous years.

Problem heroin use

In 2021, problem heroin use accounted for 33.7% 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 2021, the trends in case demographics were very similar to previous years: 72.9% of cases were male, and the mean age was 36.9 years. The majority of cases had been previously treated (82.7%). The proportion of people who use heroin who were new to treatment peaked in 2009 at 34.4%, but has decreased every year since then. Most cases (50.2%) were self-referred or were referred to treatment by family/friends.

Other opioids

Codeine (all types) and methadone (prescribed or street) were the next most common opioid types reported. Codeine cases accounted for 5.6% of all treatment entrants for problem opioid use, an increase compared to 2020 (4.2%). Codeine accounted for 1.9% of all cases treated. In 2021, methadone (prescribed or street) was the second most common opioid reported, 1.8% of all treatment entrants for problem opioid use. Methadone accounted for 0.6% 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 see Section T1.4 of the Treatment workbook.

T1.2.3 High-risk opioid use

Of those cases treated for problem opioid use, 60.5% 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 2021, there were less than five 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, making any analysis unreliable.

T1.2.5 Injecting and other routes of administration

In 2021, almost half (47.6%) of cases reporting problem opioid use reported ever injecting (any drug, not necessarily the current main problem drug); however, this should be interpreted in the context that injecting history was unknown for 10.9% of cases in this group. Data from the TDI show that in 2021, 31.0% 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 (54.5%), followed by injecting (31.0%) and then eating (12.1%).

The overall trends for injecting and other routes of administration appear to be consistent with previous years.

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).

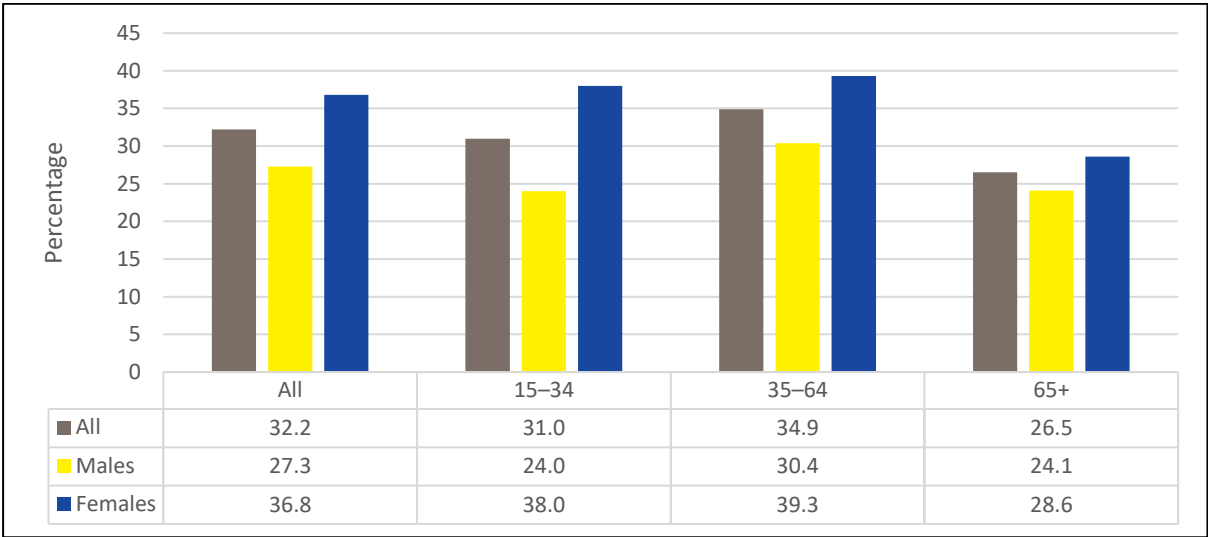


Figure T3.1.1 Recent use of opioid pain relievers in 2019/20, by sex and age group¹⁸

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).

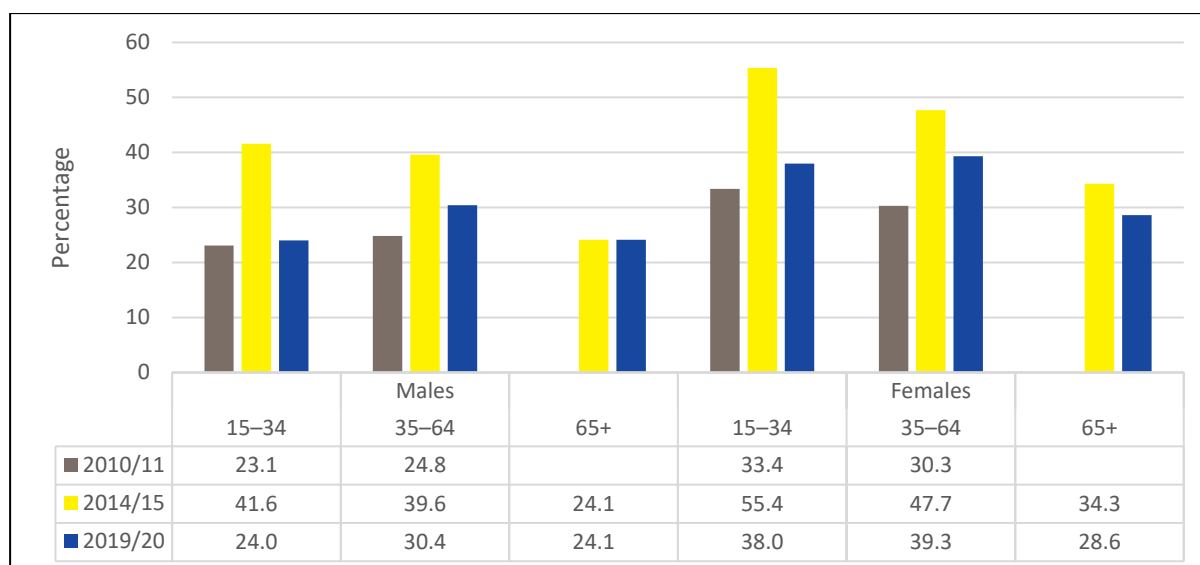


Figure T3.1.2 Trends in recent use of opioid pain relievers, sex by age group¹⁹

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).

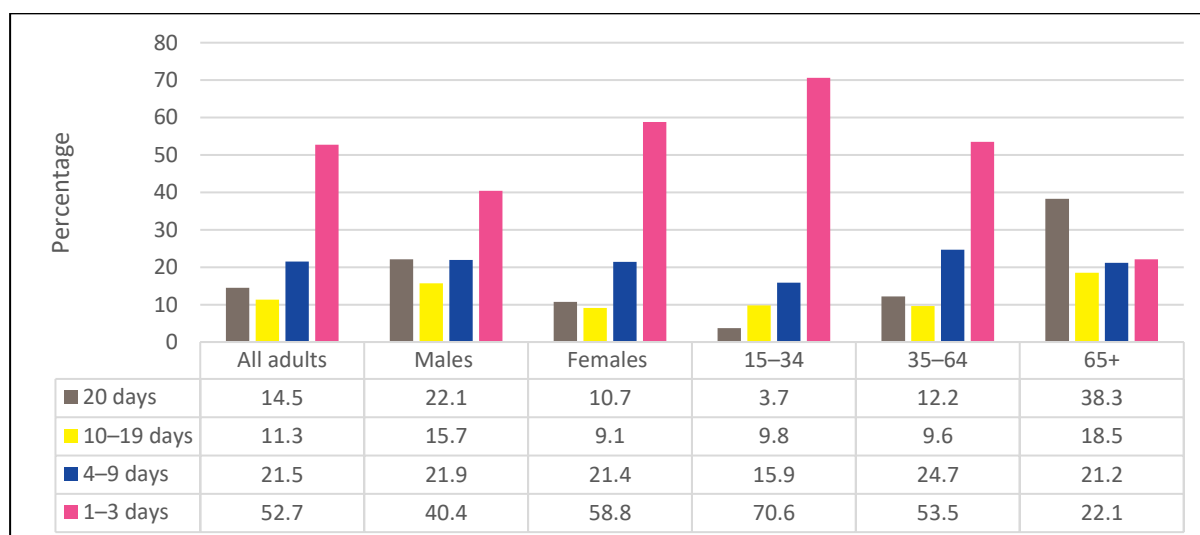


Figure T3.1.3 Frequency of opioid pain reliever use in the last month among current users, by sex and age group²⁰

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 ²³

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).

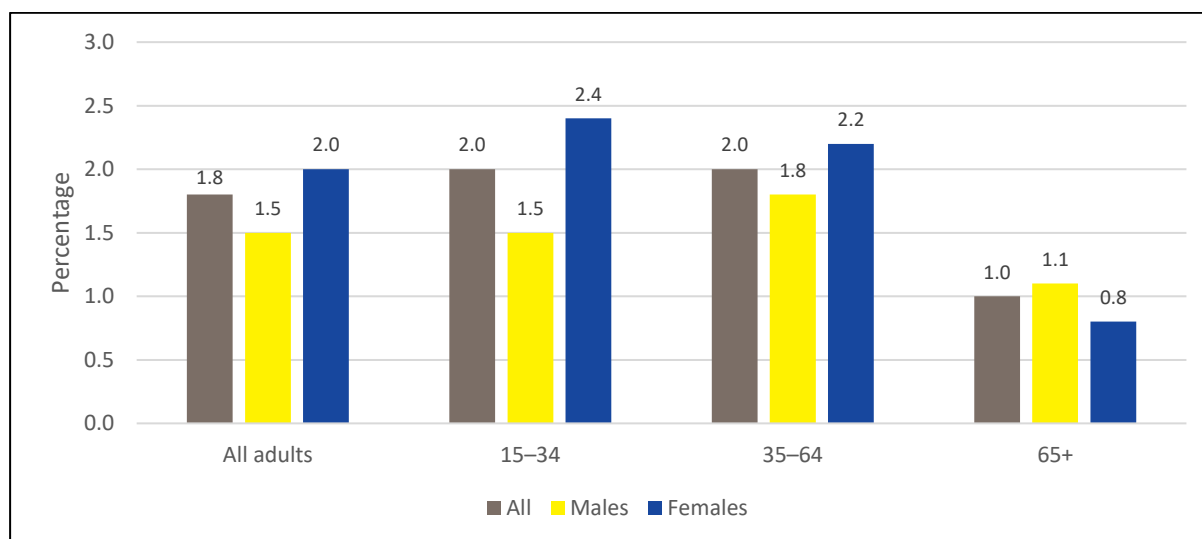


Figure T3.1.4 Recent non-medical use of opioid pain relievers 2019/20, by sex and age group ²¹

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

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.

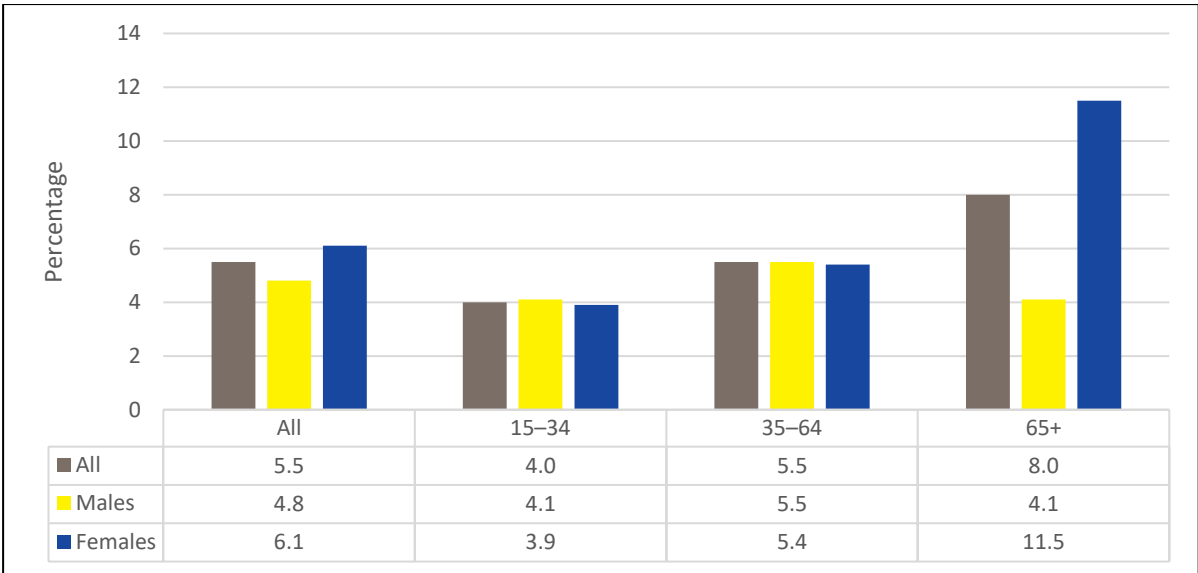


Figure T1.3.1 Recent use of sedatives/tranquillisers in 2019/20, by sex and age group ²²

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).

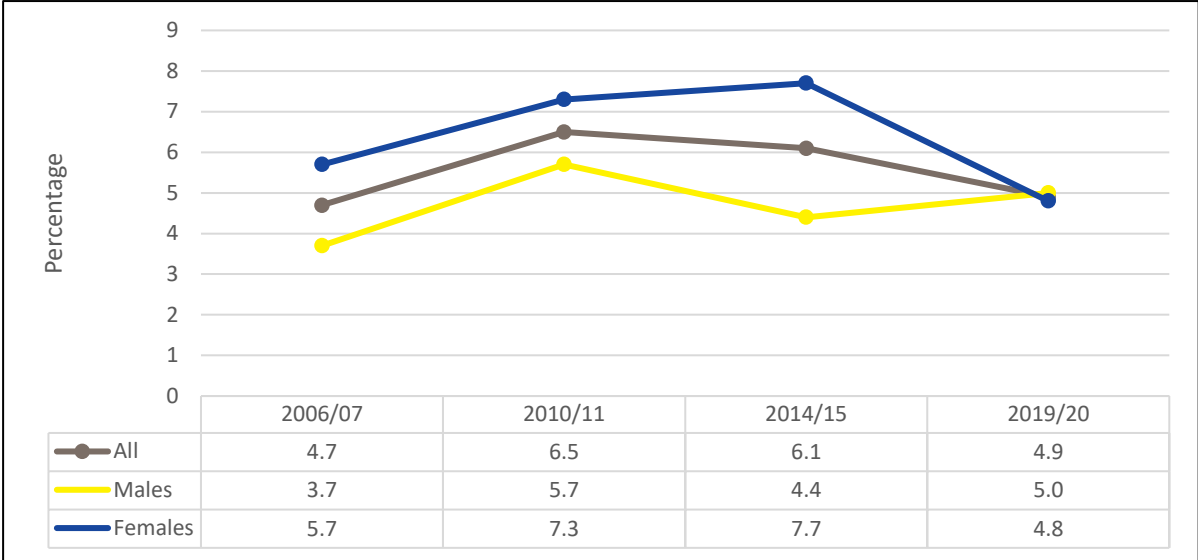


Figure T1.3.2 Trends in recent use of sedatives/tranquillisers among 15–64-year-olds, by sex ²³
 Source: NDAS (2021)

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).

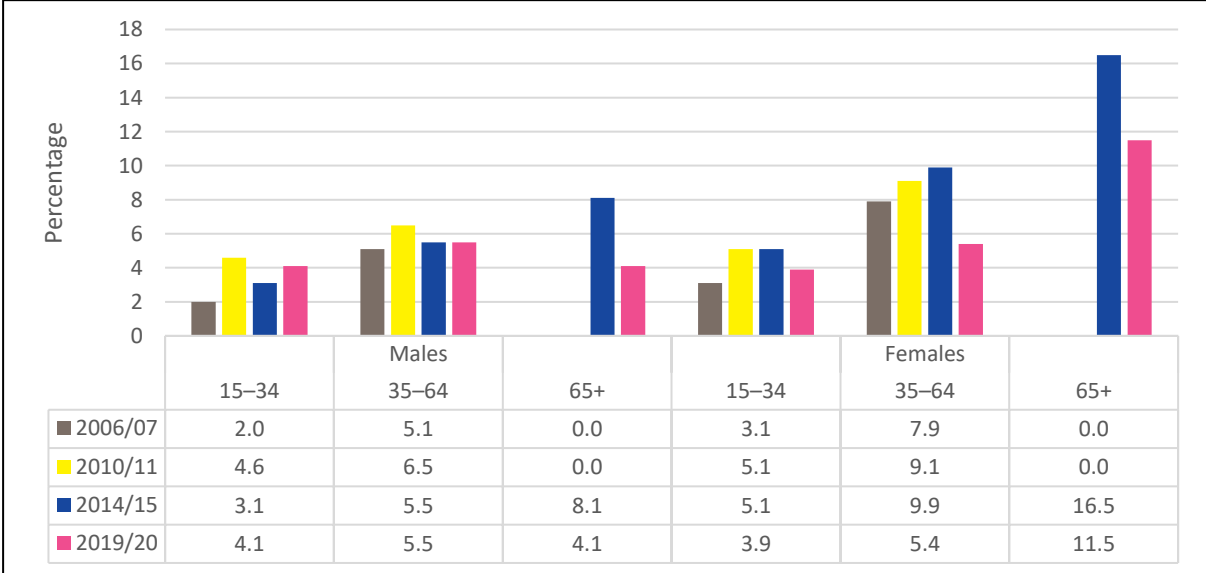


Figure T1.3.3 Trends in recent sedative/tranquilliser use, sex by age group ²⁴
 Source: NDAS (2021)
 In the 2006/07 and 2010/11 surveys, those aged 65 years and over were not included.

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).

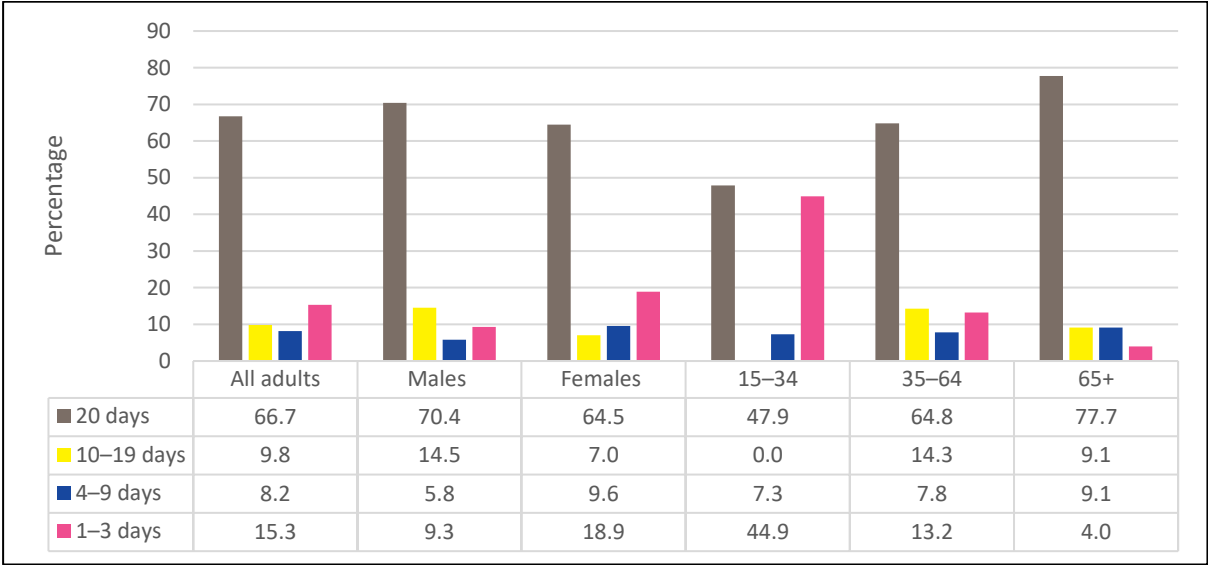


Figure T1.3.4 Frequency of sedative/tranquilliser use in the last month among current users, by sex and age group ²⁵

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.

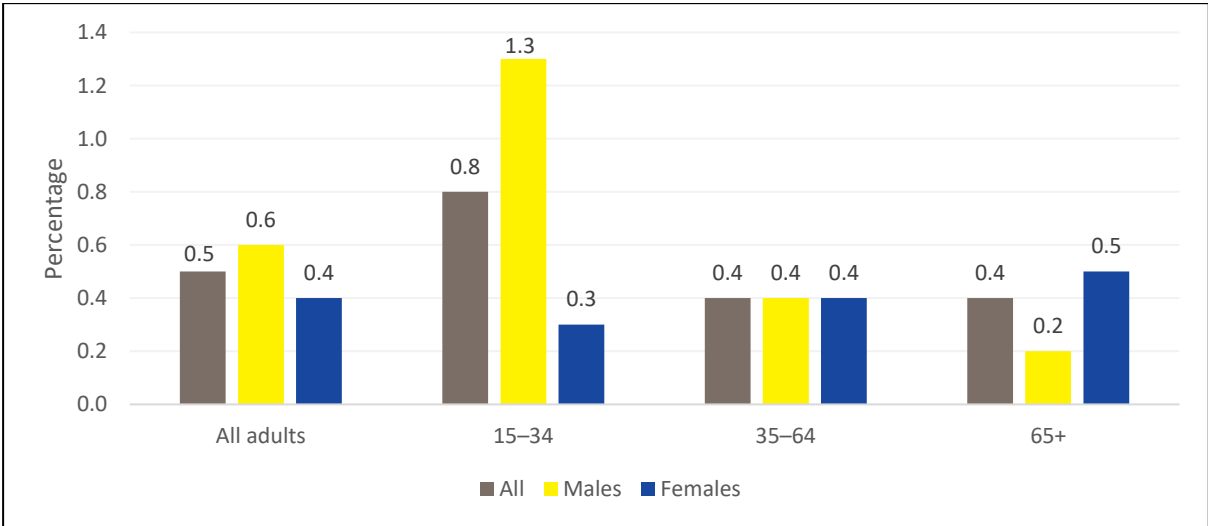


Figure T1.3.5 Recent non-medical use of sedatives/tranquillisers 2019/20, by sex and age group ²⁶

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 0.1% of all cases treated in 2021, compared to 0.04% in 2020. Please also see Section A, T1.2.4 and Section B, T1.2.4.

Hypnotics and sedatives

In 2021, hypnotics and sedatives were the fourth most common drug group treated (12.6%), the same as 2020 (12.7%). 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 2021, the main drug type included in this group was benzodiazepines (91.1%), similar to previous years (please also see Section T1.3.1 of the Treatment workbook). In 2021, as with previous years, most benzodiazepines misused were unspecified, but among cases where benzodiazepines were specified, alprazolam was the most common, similar to 2020. GHB cases represented 4.0% (53) of all hypnotic and sedative cases.

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 2021 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:

- Thirty eight cases reported problem use of pregabalin (an anti-epileptic medication) in 2021, compared with 20 in 2020.
- Twenty six cases reported problem use of tramadol in 2021, compared with 35 in 2020.
- Ten cases reported ketamine in 2021

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 (Health Research Board Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

T4. Additional sources of information

T4.1 Additional sources of information

No new information.

T4.2 Further aspects of NPS and other drug use

No new information.

T4.3 Non-specific drug use and polydrug use

No new information.

SECTION E. SOURCES AND METHODOLOGY

T6. Sources and methodology

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

- National surveys of drug use among the general population
- The 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. The methodology and main findings from this research are included in this 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.

Acknowledgements

Completion of the national focal point's reports to the EMCDDA depends on the support and cooperation of a number of Government Departments and statutory bodies. Among those to whom we would like to express our thanks are the staff of the following:

Central Statistics Office

Central Treatment List

The Coroners Service

Customs Drugs Law Enforcement, Revenue

Department of Children and Youth Affairs

Department of Education and Skills

Drugs and Organised Crime Unit, An Garda Síochána

Drugs Policy Division, Department of Justice and Equality

Drugs Policy Unit, Department of Health

Forensic Science Ireland

Health Protection Surveillance Centre, Health Service Executive

Hospital In-Patient Enquiry Scheme, Health Service Executive

Irish Prison Service

National Advisory Committee on Drugs and Alcohol, Department of Health

National Social Inclusion Office, Primary Care Division, Health Service Executive

We also wish to acknowledge the assistance of the coordinators and staff of local and regional Drug and Alcohol Task Forces, and of voluntary, community-based, and other non-governmental organisations.

We wish to thank our HRB colleagues in the Evidence Centre, the National Drug Treatment Reporting System, the National Drug-Related Deaths Index, and the HRB National Drugs Library, all of whom make significant contributions to the preparation of the National Report.