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Health Research Board

HRB StatLink Series 25
Drug use in Ireland 2023

Findings from the Healthy Ireland Survey

Deirdre Mongan, Seán R Millar and Brian Galvin

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Glossary

Any illicit drug – refers to cannabis, ecstasy, cocaine, ketamine, magic mushrooms, amphetamines, lysergic acid diethylamide (LSD), and new psychoactive substances (NPS).

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

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

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

New psychoactive substances (NPS) – refers to a new narcotic drug or a new psychotropic drug in its pure form or in a preparation. Many of these substances mimic the most common illegal drugs, namely cocaine, ecstasy, amphetamine, and cannabis.

Polydrug use – the use of more than one drug. It can be simultaneous, which is the use of two or more drugs on the same occasion, or concurrent, which is the use of two or more different substances in a given time period, such as during the last month or the last year.

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

Sedatives and tranquillisers – medicines that can be obtained from a doctor and that are sometimes prescribed to help people sleep or calm down, or to relax their muscles.

1. Introduction

1.1 National drugs strategy and role of the Health Research Board

Ireland's national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*, is a health-led approach to protecting individuals, families, and communities against the harms associated with problem drug use and empowering individuals to improve their health and well-being [1]. The strategy is also closely aligned with the *EU Drugs Strategy 2021–2025* [2]. One of the national drugs strategy's five strategic goals is to develop sound and comprehensive evidence-informed policies and actions, and the strategy has designated the Health Research Board (HRB) as the main information hub for evidence on the drugs situation and responses in Ireland. To fulfil this function, the HRB manages the commissioning of research and monitoring projects on behalf of the Department of Health and as part of its role as the Irish national focal point to the European Union Drugs Agency (EUDA). The EUDA provides factual, objective, reliable, and comparable information concerning drugs and drug addiction and their consequences and monitors the drugs situation and responses to drug-related problems in Europe.

1.2 Measuring drug use in the general population

Prevalence and patterns of drug use among the general population is one of the EUDA's five key indicators. These indicators are used to assess the drugs situation and allow monitoring of progress towards European Union (EU) and member state drug policy targets. Under the current Irish national drugs strategy, the Drugs Policy Unit in the Department of Health has assigned the HRB responsibility for estimating drug prevalence in Ireland. General population surveys are one of the key tools used by EU member states to develop knowledge around this indicator, and each member state is required to regularly estimate national drug use prevalence by using a general population survey. Countries collect the data within different survey contexts; for example, some countries may undertake surveys as standalone drug prevalence surveys, while some may be incorporated into broader crime or health surveys. Different modes of interviewing are used across countries, including online, by telephone, and in person in respondents' homes.

Ireland has conducted five general population surveys (2002–03, 2006–07, 2010–11, 2014–15, and 2019–20). The first four surveys were conducted simultaneously in Ireland and Northern Ireland. The 2019–20 survey was conducted in Ireland only and was managed by the HRB, which commissioned Ipsos B&A to conduct this survey on its behalf. Ipsos B&A interviewed 5,762 survey participants aged 15 years and over face to face in their homes on their use of a number of substances, including alcohol, tobacco, prescribed medicines, and illicit drugs. Additional questions to estimate prevalence of dependence in relation to alcohol, cannabis, and gambling were also included. The data collection at the selected households began in February 2019 and was completed in March 2020 [3].

1.3 Healthy Ireland Survey

The Healthy Ireland Survey is an interviewer-administered survey of the health and health behaviours of people living in Ireland. It was first conducted in 2015 and is undertaken annually. It is commissioned by the Department of Health and carried out by Ipsos B&A. Each wave has included a sample of approximately 7,500 individuals, representative of the population aged 15 years and over. The first five waves (from 2015 to 2019) were completed using face-to-face interviews. Due to the necessary public health restrictions during the COVID-19 pandemic, it was not possible to complete the 2020 survey. The subsequent surveys (2021, 2022, and 2023) were undertaken using telephone in order to ensure optimal infection control during the COVID-19 pandemic. Fieldwork for the 2023 survey, which was the eighth wave, took place between October 2022 and April 2023.

1.4 Rationale for including questions on drug use prevalence in the Healthy Ireland Survey

In 2022, the Department of Health's Drugs Policy Unit and the HRB requested that questions on drug use prevalence be included in the Healthy Ireland 2023 survey rather than undertaking a standalone study for several reasons. Conducting a separate study for drug prevalence is very costly. It is also becoming increasingly difficult to recruit experienced interviewers, as the number of surveys being conducted in Ireland has increased substantially in recent years. In addition, there is overlap between both surveys; the Healthy Ireland Survey routinely collects information on tobacco and alcohol use and a range of sociodemographic descriptors, which have typically been included in Ireland's drug prevalence surveys. Finally, including drug questions in the Healthy Ireland Survey enables drug use in the context of other healthy behaviours to be examined, which is important given the health-led approach to drug use policy that is now being adopted in Ireland.

1.5 Brief description of the Healthy Ireland Survey 2023 methodology

Potential respondents were sampled using a two-stage telephone random digit dialling approach. Mobile phone numbers were used, as there is almost universal ownership of mobile phones in Ireland; 98% of adults aged 18 years and over have personal use of a mobile phone. Mobile phone numbers were selected using a random digit dialling approach. Survey interviewers contacted randomly generated mobile numbers through Ipsos B&A's Computer-Assisted Telephone Interviewing (CATI) units in Dublin and Mayo. In order to maximise participation rates, if a number was not answered on the first attempt, up to two more attempts at dialling were made (for a maximum of three total attempts) at different times of the day and on different days of the week. When a call was connected, the interviewer screened the person in order to ensure that they were aged 15 years or over and invited them to participate in the survey. Before proceeding with an interview, informed consent was obtained from the individual and parental consent was obtained for those aged under 18 years.

The survey response rate was 50%. The module on drug use was only included for respondents who opted into the module. A total of 6,407 out of the total 7,411 survey respondents agreed to participate in the drug use module, thus providing a participation rate of 86.5% of survey respondents or 43.5% of the total sample. Weighting of the sample was undertaken in order to ensure that the achieved sample was representative of the Irish population aged 15 years and over. The sample was weighted by sex, education, work status of the respondent, and region using population statistics from the Central Statistics Office. A more detailed account of the Healthy Ireland Survey 2023 methodology is provided in the corresponding summary report [4].

Ethical approval for the survey was obtained from the Royal College of Physicians of Ireland.

1.6 Differences between previous drug prevalence surveys and the Healthy Ireland Survey

Following the shift from face-to-face interviewing to telephone interviewing, the length of time per interview has decreased considerably (from 45 to 25 minutes), and therefore the number of drug-related questions that could be included was limited. Following advice from the EUDA, we identified the most important drug use questions to include in the 2023 survey. In previous drug prevalence surveys, showcards were used to provide answer categories (for example, to provide a list of names commonly used to describe individual drugs), in order to help ensure that respondents understood the questions being asked. It is not possible to use these in telephone surveys, which instead need to rely on aural communication only.

Social desirability occurs when the respondent offers a response that is socially acceptable, rather than what accurately represents their situation. This is more common in telephone surveys, as the interviewer and participant have not established the same level of rapport as would be typical in a face-to-face survey. In addition, satisficing occurs when a respondent does not give the survey question sufficient attention and offers a convenient or easily accessible answer. Due to the more restricted engagement between interviewer and respondent, this is more likely to occur on telephone surveys. Silences and pauses in the interview can be less comfortable during a telephone interview and thus the respondent may seek to minimise these by answering a question more quickly and not giving it adequate attention.

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

1.7 Report structure

This report describes drug use in Ireland by drug type, sex, and age group. The sociodemographic factors associated with drug use are also presented, as well as other substance use behaviours, and general and mental health status. The Appendix contains detailed tables on the lifetime, last–year, and last–month prevalence of use for each substance included in the survey. These are presented for the total sample, and separately by age group and sex. It also presents trends in last–year prevalence of use for each substance, by age group and sex, across the six surveys completed to date.

While 6,407 respondents agreed to complete the drug use module, 207 did not answer any drug use questions and have been excluded from this analysis. The results in this report are based on the 6,200 respondents who completed the drug use module. All prevalence rates presented in this report are based on weighted responses and are rounded to one decimal place. Percentages may not always sum to 100 due to low response rates and the effect of rounding. When the figure '0.0%' is reported in the prevalence tables, it can mean that either no respondents reported use of the drug, or that a very low number reported use and that, due to rounding, this is presented as 0.0%. This does not necessarily mean that no one in the population has used the drug; rather, it means that the sample was too small to detect prevalence. Where population estimates are provided, they are presented to the nearest thousand.

2. Summary of main findings

The main findings from Healthy Ireland Survey 2023 include the following:

- Last-year (recent) drug use was reported by 7.3% of respondents (adults aged 15 years and over in the general population).

- The most commonly used illicit drugs in the 12 months prior to the survey were:
  - cannabis (6.1%)
  - cocaine (2.0%)
  - ecstasy (0.8%)
  - magic mushrooms (0.8%)
  - ketamine (0.4%).

- The prevalence of last-year drug use in this survey (7.3%) was similar to that reported in 2019–20 (7.4%). Small increases in recent (last-year) use of cannabis and cocaine were reported, while there was a considerable decrease in ecstasy use, from 2.2% to 0.8%.

- Males were more likely than females to report recent illicit drug use (9.9% versus 4.9%).

- Young people aged 15–24 years were most likely to report recent illicit drug use (20.8%).

- Males aged 15–24 years had the highest reported level of recent illicit drug use (25.0%).

- Last-year sedative use was reported by 7.0% of all respondents, with females aged 65 years and over most likely to report use.

- Among those who reported sedative use, 9% used sedatives that had not been prescribed for them.

- Factors associated with higher rates of any drug use were being unemployed, having only completed secondary level education, being single, and being Irish.

- Respondents who used drugs were more likely than those who reported no drug use to also smoke (54% versus 18%), to drink in a hazardous manner (71% versus 50%), and to have a probable mental health problem (30% versus 12%).

3. Drug use in Ireland

3.1 How many people use illicit drugs?

'Any illicit drug' refers to cannabis, ecstasy, cocaine, ketamine, magic mushrooms, amphetamines, lysergic acid diethylamide (LSD), and new psychoactive substances (NPS). In 2023, 22.2% of survey participants aged 15 years and over reported use of an illicit drug at some point in their lifetime, corresponding to 911,000 adults aged 15 years and over in the general population in Ireland; 7.3% (corresponding to 301,000 adults in the general population) reported last-year or recent use; and 3.3% (corresponding to 136,000 adults in the general population) reported last-month or current use. For adults aged 15–64 years, the equivalent prevalence rates were 26.2% for lifetime use, 8.8% for last-year use, and 4.0% for last-month use.

Cannabis was the most commonly used drug, with 6.1% of respondents reporting recent use; this is similar to the prevalence reported in 2019–20 (5.9%). Recent cocaine use was reported by 2.0% of survey respondents, which is also similar to 2019–20 levels (1.9%). Ecstasy use was reported by 0.8% of survey respondents, which is a decrease from 2019–20 (2.2%). Recent use of magic mushrooms was reported by 0.8% of survey respondents.

3.2 Drug use by age group and sex

Males were more likely than females to report recent use of an illicit drug (9.9% versus 4.9%). The youngest age group (15–24 years) had the highest prevalence of drug use (20.8%). In each age group, males were much more likely than females to report recent drug use (Figure 1).
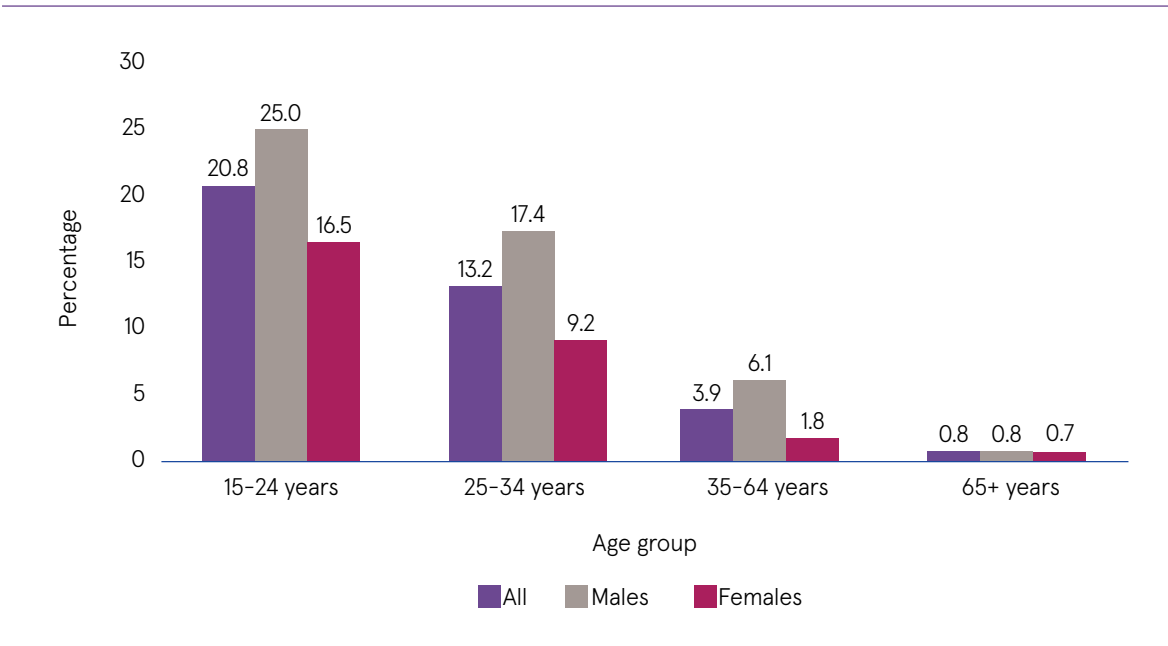
Figure 1: Recent use of any illicit drug, by sex and age group

Overall, those aged 15–24 years were most likely to report any drug use, and this was particularly the case for cannabis and ketamine. Magic mushroom use was most common among 25–34-year-olds, while similar proportions of 15–24-year-olds and 25–34-year-olds reported cocaine and ecstasy use (Figure 2).
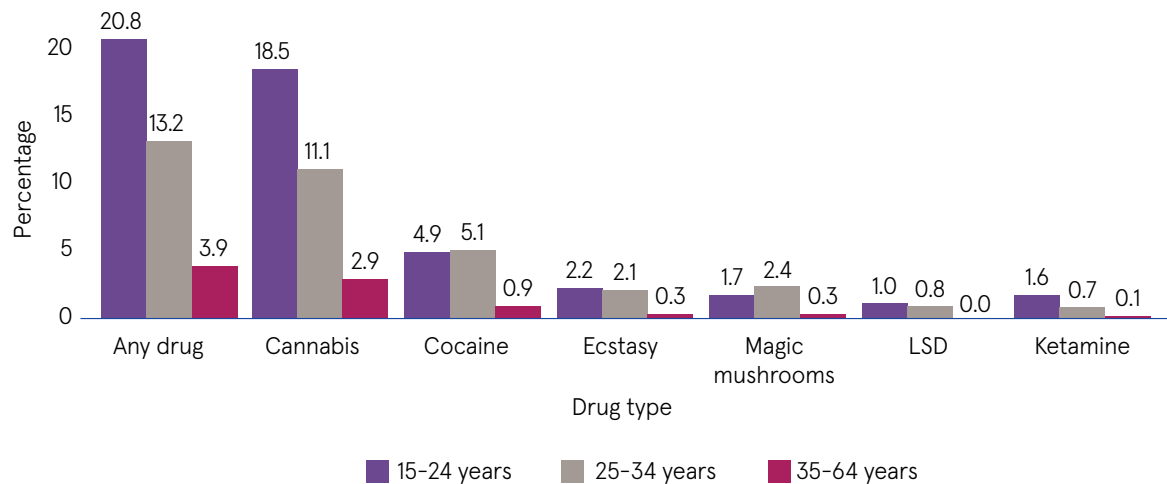
Figure 2: Recent use of illicit drugs, by drug type and age group

3.2.1 Cannabis use by age group and sex

Recent (last-year) use of cannabis was reported by 6.1% of the survey respondents (7.4% among 15–64-year-olds) and was higher among males (8.4%) than females (3.9%). Those aged 15–24 years were most likely to report recent cannabis use (18.5%). There were differences according to sex in the prevalence of recent cannabis use across all age groups, with a higher percentage of males than females reporting recent use (Figure 3).
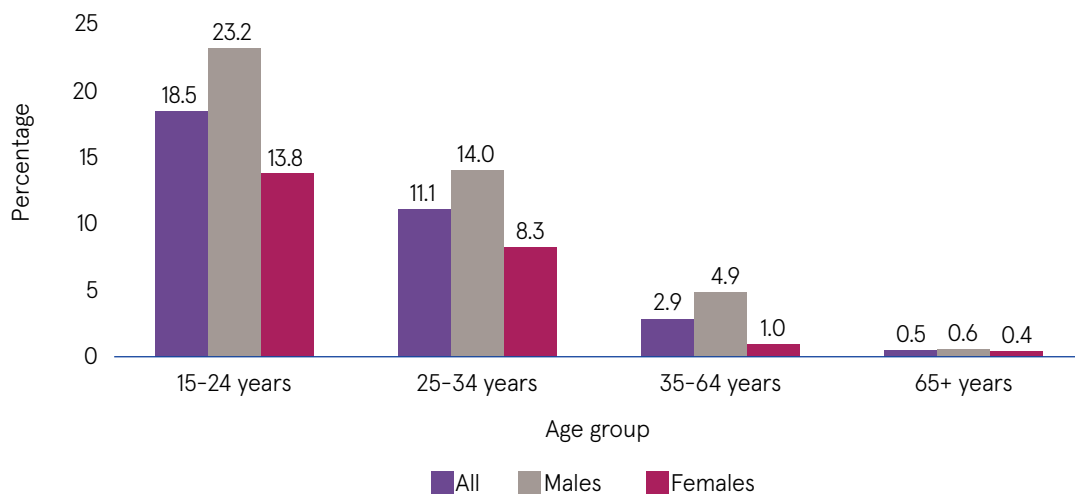
Figure 3: Recent use of cannabis, by sex and age group

3.2.2 Cocaine use by age group and sex

Recent cocaine use was reported by 2.0% of the survey respondents (2.4% among 15–64-year-olds). Males were more likely than females to report recent use of cocaine (2.9% versus 1.1%). Those aged 25–34 years were most likely to report recent cocaine use (5.1%). Across all age groups, males were more likely than females to use cocaine. However, the most marked difference in cocaine use by sex was observed among 25–34-year-olds (8.1% of males versus 2.2% of females) (Figure 4).
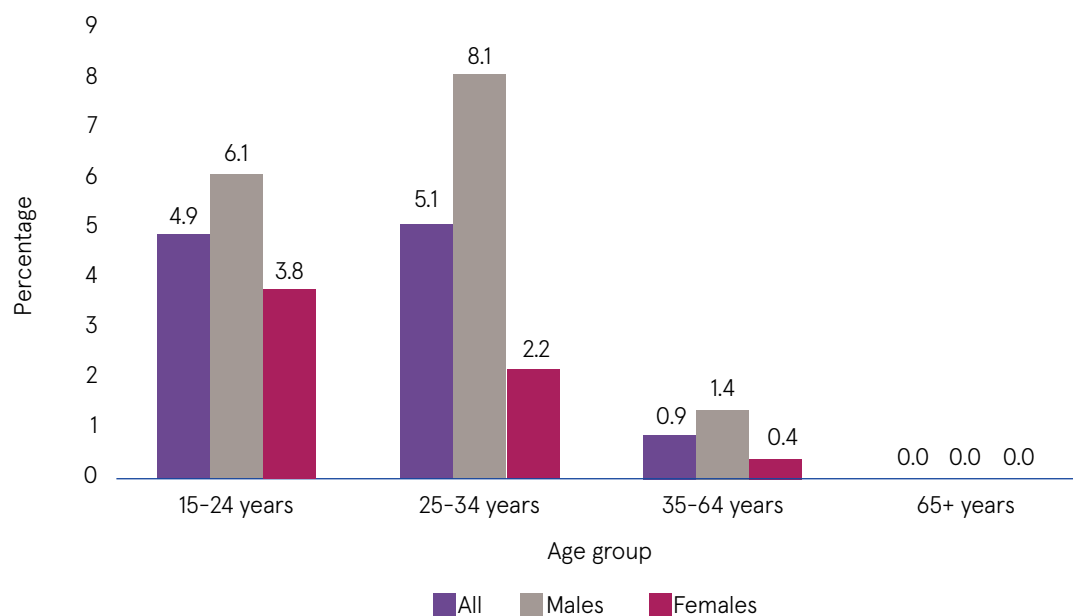
Figure 4: Recent cocaine use, by sex and age group

3.2.3 Sedative/tranquilliser use

Recent sedative/tranquilliser use was reported by 7.0% of the adult population, with females more likely than males to report use (10.2% versus 3.7%). Those aged 65 years and over were more likely than younger age groups to report recent sedative/tranquilliser use (9.8%). Females aged 65 years and over had the highest prevalence of recent sedative/tranquilliser use (14.8%), while males aged 25–34 years had the lowest prevalence, at 1.4% (Figure 5).
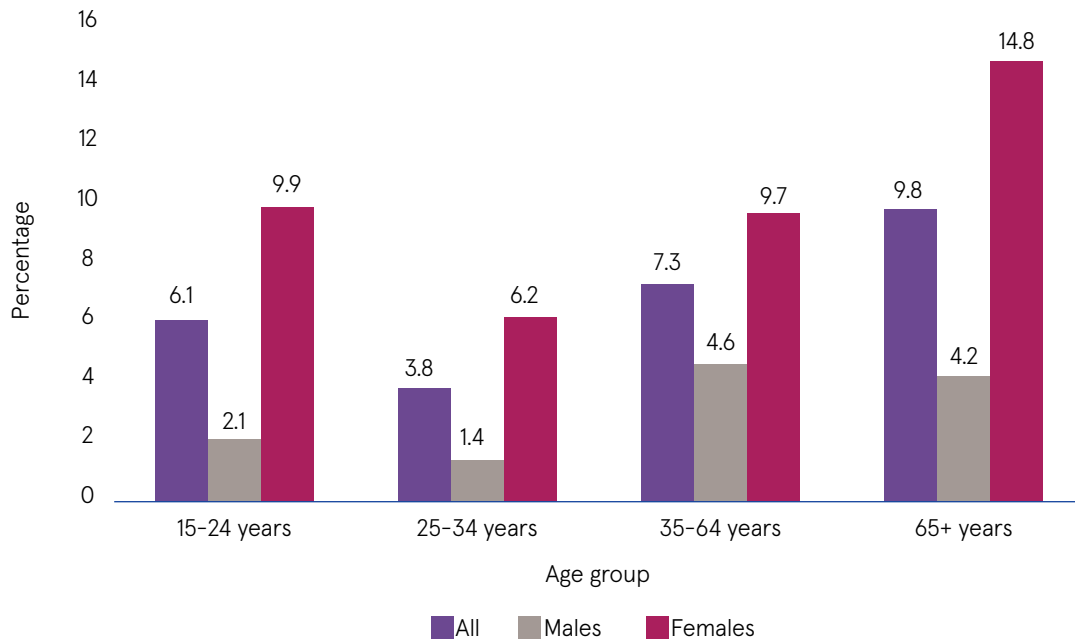
Figure 5: Recent sedative/tranquilliser use, by sex and age group

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

3.3 Factors associated with using drugs

This section presents recent illicit drug use in relation to a number of socioeconomic and demographic variables. These include education, employment, region of residence, marital status, and ethnicity (Table 1). Results are also presented for 15–34-year-olds, as drug use is most prevalent in this age group (Table 2).

Table 1: Factors associated with recent drug use among all adults (%)

EMPLOYMENT	Employed	Unemployed	Student	Home duties/ retired/other
	n=4016	n=120	n=286	n=1778
Any drug use	6.4	25.2	18.4	2.9
Cannabis	5.0	21.7	17.8	2.3
Cocaine	2.1	4.2	3.0	1.2
EDUCATION	None/primary/ lower secondary	Upper secondary/ technical/vocational	Third level non-degree	Third level degree
	n=916	n=1461	n=860	n=2939
Any drug use	3.8	11.0	8.2	6.7
Cannabis	2.7	9.6	7.5	5.4
Cocaine	0.7	3.1	1.9	2.1
REGION	Dublin	Rest of Leinster	Munster	Connacht/Ulster
	n=1867	n=1727	n=1562	n=1044
Any drug use	9.5	7.1	7.1	4.5
Cannabis	7.7	6.1	5.9	3.8
Cocaine	2.6	2.1	1.6	1.3
MARITAL STATUS	Single/never married	Married/civil partnership	Divorced/ separated	Widowed
	n=2036	n=3427	n=433	n=296
Any drug use	14.7	1.8	5.8	0.6
Cannabis	12.6	1.3	3.8	0.1
Cocaine	4.1	0.3	2.0	0.0
ETHNICITY	Irish	Other		
	n=5273	n=927		
Any drug use	7.0	8.9		
Cannabis	5.8	7.6		
Cocaine	2.1	1.4		

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

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

Table 2: Factors associated with recent drug use among 15–34-year-olds (%)

EMPLOYMENT	Employed	Unemployed	Student	Home duties/ retired/other
	n=940	n=44	n=266	n=74
Any drug use	15.0	26.4	19.2	17.4
Cannabis	11.6	24.5	18.5	17.4
Cocaine	5.5	8.3	3.1	8.9
EDUCATION	None/primary/ lower secondary	Upper secondary/ technical/vocational	Third level non–degree	Third level degree
	n=64	n=328	n=191	n=744
Any drug use	11.0	22.3	18.3	13.3
Cannabis	11.0	19.6	17.0	10.7
Cocaine	1.2	6.7	3.5	4.9
REGION	Dublin	Rest of Leinster	Munster	Connacht/Ulster
	n=507	n=319	n=308	n=190
Any drug use	17.6	18.2	17.2	13.7
Cannabis	15.3	16.3	14.8	11.5
Cocaine	5.1	6.5	3.8	4.7
MARITAL STATUS	Single/never married	Married/civil partnership	Divorced/ separated	Widowed
	n=1093	n=217	n=13	n=0
Any drug use	19.2	2.8	13.9	
Cannabis	16.7	2.5	13.9	
Cocaine	5.6	0.3	13.9	
ETHNICITY	Irish	Other		
	n=968	n=356		
Any drug use	18.8	12.2		
Cannabis	16.1	11.3		
Cocaine	6.1	1.9		

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

3.4 Drug use and other health indicators

This section presents recent drug use in relation to other substance use behaviours, and general and mental health status. The variables used to describe other substance use behaviours are current tobacco use, current e-cigarette use, last-year alcohol use, and hazardous alcohol use. The Healthy Ireland Survey measures hazardous alcohol use using the World Health Organization's Alcohol Use Disorders Identification Test-Concise (AUDIT-C). This is a three-question screening test that asks about frequency of drinking, typical volume consumed per drinking occasion, and heavy episodic drinking (also referred to as binge drinking). In this survey, a score of 5 or higher is considered positive for a hazardous pattern of drinking [5].

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

Results are presented for all respondents (Table 3) and also for 15–34-year-olds (Table 4). In general, respondents who reported drug use in the last year were more likely than non-drug users to smoke, use e-cigarettes, drink alcohol in a hazardous manner, and meet the criteria for a probable mental health problem, with similar trends observed among all respondents and among those aged 15–34 years. However, drug use was associated with poorer general health among those aged 15–34 years, with no such association observed for all adults.

Table 3: Other substance use and health status by recent drug use

	Any drug use	Cannabis	Cocaine	No drug use
Unweighted responses	**n=348**	**n=284**	**n=99**	**n=5852**
Current smoker	54.3%	54.3%	61.9%	17.7%
Current e-cigarette use	27.5%	25.9%	33.6%	6.9%
Current drinker	82.0%	81.4%	87.4%	70.4%
Positive AUDIT-C	71.1%	71.8%	84.3%	50.3%
Probable mental health problem	29.9%	30.3%	27.7%	11.5%
Fair/bad general health	20.7%	21.1%	18.7%	19.9%

Among 15–34-year-olds, cocaine was particularly associated with other substance use. Among recent cocaine users, 61.3% were smokers, 35.3% used e-cigarettes, and 82.2% drank in a hazardous manner. In comparison, respondents who did not use drugs were much less likely to smoke (20.5%), use e-cigarettes (10.7%), or drink in a hazardous manner (53.8%). Respondents aged 15–34 years who reported recent cannabis use were more likely to have a probable mental health problem (31.8%) when compared with cocaine users (24.6%) or those who reported no drug use (13.5%) (Table 4).

Table 4: Other substance use and health status by recent drug use among 15–34-year-olds

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

4. Appendix

Table 5: Prevalence of drug, alcohol, and tobacco use among all adults aged 15 years and over, by sex (%)

	Lifetime			Last year			Last month		
	All	**Male**	**Female**	**All**	**Male**	**Female**	**All**	**Male**	**Female**
Unweighted responses	**n=6200**	**n=3201**	**n=2997**	**n=6200**	**n=3201**	**n=2997**	**n=6200**	**n=3201**	**n=2997**
Any illicit drug	22.2	27.5	17.2	7.3	9.9	4.9	3.3	4.7	2.0
Cannabis	20.4	25.6	15.4	6.1	8.4	3.9	2.8	4.1	1.6
Cocaine	7.7	11.1	4.5	2.0	2.9	1.1	0.6	0.9	0.3
Ecstasy	6.1	8.9	3.5	0.8	1.2	0.5	0.3	0.4	0.1
Magic mushrooms	4.6	7.2	2.2	0.8	1.4	0.3	0.1	0.2	0.1
Lysergic acid diethylamide (LSD)	2.7	4.6	0.8	0.3	0.6	0.0	0.0	0.1	0.0
Ketamine	2.1	3.3	1.0	0.4	0.6	0.2	0.1	0.2	0.0
Amphetamines	2.1	2.9	1.3	0.3	0.4	0.2	0.2	0.2	0.1
New psychoactive substances (NPS)	1.6	2.3	0.9	0.2	0.4	0.1	0.0	0.0	0.0
Sedatives or tranquillisers	13.2	8.6	17.5	7.0	3.7	10.2	4.5	2.0	6.8
Alcohol	81.4	83.4	79.5	71.2	73.9	68.6	60.5	64.9	56.3
Tobacco	44.9	49.5	40.6	20.4	23.3	17.6	18.0	20.6	15.5

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

Table 6: Prevalence of drug, alcohol, and tobacco use among adults aged 15–64 years, by sex (%)

	Lifetime			Last year			Last month		
	All	Male	Female	All	Male	Female	All	Male	Female
Unweighted responses	n=4902	n=2496	n=2404	n=4902	n=2496	n=2404	n=4902	n=2496	n=2404
Any illicit drug	26.2	31.9	20.8	8.8	11.9	5.9	4.0	5.5	2.4
Cannabis	24.1	29.7	18.6	7.4	10.1	4.8	3.4	4.9	2.0
Cocaine	9.3	13.3	5.6	2.4	3.6	1.4	0.7	1.1	0.3
Ecstasy	7.5	10.9	4.3	1.0	1.4	0.6	0.3	0.5	0.1
Magic mushrooms	5.6	8.6	2.6	1.0	1.7	0.3	0.2	0.3	0.1
LSD	3.2	5.5	1.0	0.4	0.7	0.0	0.0	0.1	0.0
Ketamine	2.6	4.0	1.2	0.5	0.7	0.2	0.1	0.2	0.0
Amphetamines	2.5	3.5	1.6	0.4	0.5	0.3	0.2	0.2	0.2
NPS	1.9	2.8	1.1	0.3	0.4	0.1	0.0	0.0	0.0
Sedatives or tranquillisers	12.8	8.9	16.7	6.4	3.5	9.1	3.9	2.0	5.8
Alcohol	83.4	84.2	82.6	73.7	75.6	71.8	62.8	66.3	59.4
Tobacco	44.1	48.4	40.0	22.7	26.3	19.2	20.0	23.1	16.8

Table 7: Prevalence of drug, alcohol, and tobacco use among 15–34-year-olds, by sex (%)

	Lifetime			Last year			Last month		
	All	Male	Female	All	Male	Female	All	Male	Female
Unweighted responses	n=1324	n=669	n=653	n=1324	n=669	n=653	n=1324	n=669	n=653
Any illicit drug	31.1	36.0	26.4	17.0	21.2	12.9	7.8	10.4	5.1
Cannabis	28.7	34.2	23.2	14.8	18.6	11.1	6.8	9.1	4.5
Cocaine	11.9	14.7	9.0	5.0	7.1	3.0	1.5	2.2	0.8
Ecstasy	9.4	12.3	6.6	2.2	3.0	1.3	0.9	1.4	0.3
Magic mushrooms	5.9	9.1	2.8	2.0	3.6	0.5	0.3	0.6	0.0
LSD	3.3	5.3	1.4	0.9	1.7	0.1	0.1	0.2	0.0
Ketamine	4.5	6.6	2.4	1.2	1.9	0.4	0.3	0.6	0.0
Amphetamines	2.5	2.8	2.2	0.8	1.0	0.7	0.5	0.5	0.5
NPS	2.2	3.7	0.8	0.6	0.9	0.3	0.0	0.0	0.0
Sedatives or tranquillisers	9.3	5.6	12.9	5.0	1.8	8.1	2.7	0.8	4.5
Alcohol	88.0	82.5	83.5	75.6	76.5	74.6	62.9	66.1	59.7
Tobacco	36.6	39.8	33.4	25.9	29.0	22.9	21.4	24.5	18.2

Table 8: Prevalence of drug, alcohol, and tobacco use, by age group (%)

	Lifetime					Last year					Last month				
	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years
Unweighted responses	**n=460**	**n=864**	**n=1220**	**n=1245**	**n=1113**	**n=460**	**n=864**	**n=1220**	**n=1245**	**n=1113**	**n=460**	**n=864**	**n=1220**	**n=1245**	**n=1113**
Any illicit drug	29.0	33.3	32.3	22.7	11.7	20.8	13.2	6.7	2.5	1.7	9.2	6.4	3.0	1.0	0.6
Cannabis	26.5	30.8	29.9	20.2	10.8	18.5	11.1	5.2	1.8	1.1	8.2	5.4	2.6	0.8	0.3
Cocaine	9.0	14.8	13.5	6.1	2.2	4.9	5.1	1.6	0.7	0.1	1.5	1.5	0.5	0.0	0.0
Ecstasy	6.8	12.1	11.2	5.0	1.4	2.2	2.1	0.7	0.1	0.0	1.0	0.7	0.0	0.0	0.0
Magic mushrooms	4.0	7.8	7.5	5.4	2.4	1.7	2.4	0.7	0.2	0.0	0.0	0.6	0.1	0.1	0.0
LSD	2.6	4.0	4.8	2.7	1.4	1.0	0.8	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.0
Ketamine	4.4	4.7	2.5	0.6	0.9	1.6	0.7	0.2	0.0	0.0	0.5	0.2	0.1	0.0	0.0
Amphetamines	1.9	3.2	4.3	2.4	0.3	1.2	0.5	0.2	0.1	0.0	0.8	0.3	0.0	0.0	0.0
NPS	0.9	3.6	3.6	0.9	0.3	0.5	0.8	0.2	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Sedatives or tranquillisers	8.0	10.6	15.0	14.8	15.3	6.1	3.8	6.5	6.8	9.0	2.7	2.6	3.5	4.5	6.5
Alcohol	83.1	82.9	85.3	84.1	80.6	77.1	74.1	73.7	73.0	70.5	64.6	61.2	62.1	63.6	62.5
Tobacco	33.0	40.3	47.5	49.1	49.7	26.1	25.8	24.2	19.8	17.1	20.3	22.4	21.8	18.0	16.3

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

Table 9: Prevalence of drug, alcohol, and tobacco use among males, by age group (%)

	Lifetime					Last year					Last month				
	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years
Unweighted responses	n=228	n=441	n=605	n=628	n=594	n=228	n=441	n=605	n=628	n=594	n=228	n=441	n=605	n=628	n=594
Any illicit drug	33.6	38.5	41.2	27.9	15.6	25.0	17.4	11.0	3.9	2.2	12.6	8.2	4.8	1.6	0.6
Cannabis	31.5	36.9	38.4	24.9	14.2	23.2	14.0	8.7	3.1	1.9	11.4	6.7	4.4	1.4	0.6
Cocaine	11.5	18.0	21.4	9.7	3.8	6.1	8.1	2.7	0.9	0.2	1.6	2.9	0.8	0.1	0.0
Ecstasy	9.8	14.8	17.4	7.8	2.7	2.9	3.1	1.1	0.1	0.0	1.3	1.4	0.0	0.0	0.0
Magic mushrooms	7.5	10.7	12.2	8.4	3.1	2.8	4.3	1.1	0.3	0.0	0.0	1.3	0.0	0.1	0.0
LSD	4.3	6.2	9.0	4.7	2.1	2.0	1.4	0.2	0.0	0.0	0.0	0.4	0.0	0.0	0.0
Ketamine	7.0	6.2	4.0	0.9	1.8	2.9	0.9	0.1	0.0	0.0	0.8	0.4	0.0	0.0	0.0
Amphetamines	2.8	2.9	6.7	3.6	0.5	1.3	0.6	0.3	0.1	0.0	0.8	0.3	0.0	0.0	0.0
NPS	1.9	5.5	4.7	1.1	0.5	1.0	0.9	0.2	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Sedatives or tranquillisers	3.9	7.3	13.8	8.4	9.9	2.1	1.4	5.5	2.9	5.5	1.2	0.5	2.8	1.6	3.8
Alcohol	83.1	81.8	85.8	85.4	84.8	78.8	74.2	76.0	75.3	73.7	67.9	64.4	66.3	67.5	65.1
Tobacco	34.6	45.2	53.5	55.4	51.8	27.4	30.6	30.3	23.8	18.0	21.7	27.4	27.0	21.7	16.4

Table 10: Prevalence of drug, alcohol, and tobacco use among females, by age group (%)

	Lifetime					Last year					Last month				
	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years
Unweighted responses	n=230	n=423	n=615	n=617	n=519	n=230	n=423	n=615	n=617	n=519	n=230	n=423	n=615	n=617	n=519
Any illicit drug	24.5	28.3	24.2	17.7	8.0	16.5	9.2	2.7	1.2	1.2	5.7	4.6	1.2	0.4	0.6
Cannabis	21.6	24.9	22.2	15.7	7.7	13.8	8.3	2.0	0.5	0.2	4.8	4.2	1.0	0.3	0.0
Cocaine	6.5	11.6	6.3	2.7	0.7	3.8	2.2	0.5	0.5	0.0	1.3	0.2	0.2	0.0	0.0
Ecstasy	3.7	9.5	5.5	2.3	0.1	1.4	1.2	0.4	0.0	0.0	0.5	0.0	0.0	0.0	0.0
Magic mushrooms	0.5	5.1	3.1	2.6	1.7	0.5	0.6	0.4	0.0	0.0	0.0	0.0	0.2	0.0	0.0
LSD	0.9	1.9	0.9	0.7	0.7	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ketamine	1.6	3.2	1.1	0.3	0.0	0.2	0.6	0.3	0.0	0.0	0.0	0.0	0.2	0.0	0.0
Amphetamines	1.0	3.4	2.1	1.2	0.1	1.0	0.4	0.0	0.0	0.0	0.8	0.2	0.0	0.0	0.0
NPS	0.0	1.7	2.5	0.8	0.0	0.0	0.6	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0
Sedatives or tranquillisers	12.1	13.8	16.0	20.9	20.4	9.9	6.2	7.3	10.4	12.3	4.3	4.7	4.1	7.3	9.1
Alcohol	83.1	84.0	85.0	83.0	76.7	75.3	73.9	71.5	70.8	67.5	61.2	58.2	58.2	59.8	60.1
Tobacco	31.3	35.5	41.9	43.1	47.6	24.6	21.1	18.5	16.1	16.3	18.8	17.6	17.0	14.4	16.2

Table 11: Trends in last–year drug, alcohol, and tobacco use, by age group and drug type (%)

	15–64 years						15–34 years					
	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023
Any illicit drug	5.6	7.2	8.0	8.9	9.0	8.8	9.8	12.2	12.3	15.7	17.7	17.0
Cannabis	5.1	6.3	6.0	7.7	7.1	7.4	8.7	10.6	10.3	13.8	13.8	14.8
Cocaine	1.1	1.7	1.5	1.5	2.3	2.4	2.0	3.1	2.8	2.9	4.8	5.0
Ecstasy	1.1	1.2	0.5	2.1	2.7	1.0	2.3	2.4	0.9	4.4	6.5	2.2
Magic mushrooms	0.4	0.6	0.5	0.6	0.5	1.0	0.7	1.2	0.8	1.2	1.0	2.0
LSD	0.1	0.1	0.3	0.3	1.1	0.4	0.2	0.3	0.6	0.6	2.4	0.9
Amphetamines	0.4	0.4	0.4	0.3	1.0	0.4	0.8	0.8	0.8	0.6	2.3	0.8
NPS	~	~	3.5	0.8	0.8	0.3	~	~	6.7	1.6	1.9	0.6
Sedatives and tranquillisers	~	4.7	6.5	6.1	4.9	6.4	~	2.6	4.8	4.1	4.0	5.0
Alcohol	83.8	84.2	85.3	79.9	77.7	73.7	86.5	86.3	86.3	79.9	76.5	75.6
Tobacco	38.0	36.3	32.5	31.3	22.3	22.7	43.1	40.8	37.3	38.3	25.6	25.9

~ Prevalence not asked.

Table 12: Trends in last-year drug, alcohol, and tobacco use, by sex and drug type (%)

	Males						Females					
	2002–03	2006–07	2010–11	2014–15	2019–20	2023	2002–03	2006–07	2010–11	2014–15	2019–20	2023
Any illicit drug	7.8	9.6	11.8	12.9	12.3	11.9	3.4	4.7	4.3	4.9	5.7	5.9
Cannabis	7.2	8.6	9.1	11.2	9.9	10.1	2.9	3.9	2.9	4.3	4.4	4.8
Cocaine	1.7	2.2	2.3	2.4	3.4	3.6	0.5	1.0	0.7	0.5	1.2	1.4
Ecstasy	1.5	1.8	0.6	3.1	3.9	1.4	0.6	0.6	0.3	1.1	1.6	0.6
Magic mushrooms	0.6	0.9	0.8	0.8	0.9	1.7	0.1	0.4	0.2	0.3	0.2	0.3
LSD	0.2	0.2	0.5	0.4	1.8	0.7	0.0	0.1	0.1	0.2	0.3	0.0
Amphetamines	0.6	0.5	0.4	0.5	1.5	0.5	0.2	0.3	0.4	0.1	0.5	0.3
NPS	~	~	5.4	1.2	1.2	0.4	~	~	1.6	0.5	0.4	0.1
Sedatives and tranquillisers	~	3.7	5.7	4.4	5.0	3.5	~	5.7	7.3	7.7	4.8	9.1
Alcohol	86.0	86.4	87.5	82.5	79.8	75.6	83.3	84.0	85.3	77.3	75.6	71.8
Tobacco	38.2	36.8	35.7	34.4	26.0	26.3	37.8	35.8	29.4	28.2	18.7	19.2

~ Prevalence not asked.

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