

The newsletter of
Ireland's focal point
to the EUDA

drugnet ^{Ireland}

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Publication of the evaluation of Ireland's national drugs strategy

Introduction

An evaluation of the national drugs strategy *Reducing Harm, Supporting Recovery 2017–2025* was published in July 2025.¹ The independent evaluation was commissioned by the Department of Health and carried out over a four-month period by a team of researchers from Grant Thornton Ireland.



From L-R: Antoinette Kinsella, Chair, DRIVE Oversight Committee; Jim O'Callaghan, Minister for Justice; Jennifer Murnane O'Connor, Minister of State at the Department of Health; and Shawna Coxon, Deputy Commissioner, An Garda Síochána at the launch of DRIVE project. Photo by Bryan Brophy, 1IMAGE Photography.

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Evaluation of Ireland's national drugs strategy

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Evaluation goals

As required by the Department of Health's specification for the evaluation of the national drugs strategy, the findings are reported across four domains that reflect the goals of the evaluation. These four domains are as follows:

- 1 The impact of the strategy: In relation to the strategy's goals and strategic priorities, to assess its overall impact in delivering a public health-led and whole-of-government response to drug and alcohol use.
- 2 Governance and coordination effectiveness: To review the governance and coordination structures involved in the implementation of the strategy, including the contribution of stakeholders (such as civil society and Drug and Alcohol Task Forces), government oversight, and reporting arrangements.
- 3 Performance against key outcome indicators: To measure the strategy's performance against key outcome indicators, and to assess the broader impact of substance use on families, communities, and society. Key outcome indicators include:
 - Prevalence and patterns of drug use
 - Demand for drug and alcohol treatment services, and
 - Incidence of drug-related harms, including drug related deaths.
- 4 Coherence with international drugs strategies: To explore the coherence and synergies between the strategy and relevant international responses. While those listed in the tender document included international responses such as those of the European Union (EU), the European Union Drugs Agency (EUDA), the Pompidou Group, and the British-Irish Council, the evaluation focused on collecting data on the national drugs strategies of seven countries.

The evaluation also aimed to inform Ireland's next drugs strategy by identifying the accomplishments of the 2017–2025 strategy, areas where improvements could be made, and making recommendations to address drugs use in Ireland into the future.

Methodology

The evaluation used a mixed-methods approach. Data collection included five elements:

- 1 Context mapping: A mapping of the evolution of drug policy in Ireland, the context in which the 2017–2025 strategy was developed, and any reviews of the strategy carried out to date.
- 2 Documentation review: A review of documents published since the start of the strategy that explore drug use in Ireland. Sources included: Google Scholar, the Health Research Board's (HRB's) National Drugs Library, Lenus, and the Department of Health. Documents were 'narratively summarised to present the overarching recurring themes, patterns, concepts, and issues raised' (p. 28).¹
- 3 Data review: A review of some of the national data on drug and alcohol use in Ireland, related to the period 2015–2024.
- 4 Stakeholder consultations: Collection and analysis of interviews, focus groups, and written submissions from stakeholders to identify the accomplishments in the lifetime of the strategy, areas for improvement, and suggestions for the future focus of Ireland's national drugs strategy.
- 5 International review: Ireland's national drugs strategy was comparatively reviewed against those of seven other countries. The evaluation team reviewed each country's strategy and policy orientation, as well as any collaborations with Ireland.

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The evaluation findings evolved from two main activities that drew on the data collected:

- 1 Data integration: The team synthesised the data collected above 'to identify patterns, confirm validity of stakeholder observations and confirm accuracy of emerging conclusions' (p. 24).¹
- 2 Findings: The findings were identified across the four domains outlined above.

Finally, a set of recommendations was generated, based on the data collection and analysis outlined above.

Evidence review

The findings from the five elements of the evidence review are presented in Chapter 4 of the evaluation report. The chapter provides a summary of each strand of data collection, reflecting the wide-reaching nature of the strategy and the complexity of the data. Two key gaps were identified by the HRB in relation to opioid use. These are discussed in the final section of this article.

Evaluation findings

Chapter 5 of the evaluation report presents a set of key findings. The authors of the evaluation define a key finding as 'a distinct thematic element or operational component identified through the evaluation process as being of strategic relevance to the implementation and outcomes of the national drugs strategy (2017–2025)'. These emerged through a mixed-methods approach to bring together the quantitative and qualitative data gathered by the team. The process involved:

- 'Data integration: Consolidating all relevant data to establish a comprehensive and robust foundation.

- Pattern identification: Examining the integrated dataset to identify patterns and trends across data types.
- Validation: Engaging with Strategic Implementation Group 6 to validate emerging findings, ensuring their accuracy, relevance, and alignment with policy objectives.' (p. 81).¹

A set of findings is presented under each of the four domains outlined above. Each finding is categorised under one of three rating levels, which the evaluation's authors say reflect the status of implementation and progress, based on the strength of evidence, stakeholder feedback and alignment with the strategy. The ratings are:

Accomplishments: The topic of focus is progressing well and demonstrates strong alignment with the goals of the strategy. Implementation is active and positive developments are either emerging or already evident.

Progress underway: Meaningful steps have been taken in the topic of focus, and implementation is in progress. However, further work is required in order to strengthen delivery, embed practices, and ensure consistency across settings.

Areas for improvement: This rating indicates limited progress to date. Strategic intent may be underdeveloped, and significant work is needed in order to initiate or advance implementation.

Twenty-five key findings were identified across the four domains. Of these, seven were rated as accomplishments, eight as progress underway, and 10 were rated as areas for improvement. Set out below is a summary of the evaluation's findings for each domain, as presented in the evaluation report.

Evaluation of Ireland's national drugs strategy

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Domain 1: To assess the overall impact of the strategy, its goals and priorities, in delivering a public health-led and whole-of-government response to drug and alcohol use.

Accomplishments

- The expansion of harm reduction strategies nationwide: Harm reduction initiatives were seen as a central component of the health-centred approach of the strategy. Stakeholders expressed broad support for this approach and the initiatives identified as having progressed in the lifetime of the strategy – the expanded availability of naloxone, the operation of needle exchange programmes, and the introduction of drug-checking services at festivals.
- Strong responses to crisis events and emerging drug threats: The response of drug services to the COVID-19 pandemic and the cluster of overdoses linked to nitazenes were highlighted as examples of the structures in place to support the capacity for timely, health-oriented interventions in crisis situations.

Progress underway

- The provision of integrated and holistic care: Services related to addiction, mental health, housing and criminal justice were reported to operate often in isolation, and therefore were not meeting the complex needs of some service users. However, the evaluators noted the launch of the *HSE Model of Care for Dual Diagnosis* in 2023 as a positive step towards providing more integrated care.
- Equity of access and inclusion: Stakeholders identified geographic and demographic disparities in access to

treatment services. While some promising community-led and peer-driven initiatives that promote recovery and reduce stigma were identified, these were described as often being underfunded.

Areas for improvement

- Improve prevention and early intervention: Prevention was described as underdeveloped, inconsistent, and lacking in national ownership.
- Embed lived experience in policy and advancing recovery supports.
- The need for better integration of drug policy with problem alcohol use policy: There were concerns that the strategy only gave limited attention to problematic alcohol use and that a more unified approach to alcohol and other drugs was needed.
- The need for legal reform and alternative sanctions: The implementation of alternative sanctions for drug offences was found to be applied inconsistently across the country.
- Sustainable funding and workforce sustainability: There are staff shortages and disruptions in service delivery due to funding issues and restrictive hiring policies. Stakeholders called for multi-annual funding commitments and investment in the workforce.

Domain 2: To review the governance and coordination structures underpinning the strategy, alongside evaluating the contributions of stakeholders, government oversight, and reporting arrangements.

Accomplishments

- Strengthened governance structures to support implementation: The introduction of the Strategic Implementation Groups (SIGs) was perceived to have improved

Evaluation of Ireland's national drugs strategy

continued

coordination in the implementation of the strategy, as well as engagement in the process among stakeholders.

- Interagency involvement at local and regional level: Civil society organisations and the Drug and Alcohol Task Forces were found to play a key role in implementing the strategy at a community level. They were described as well-positioned to respond to local needs and priorities. Interagency collaboration was reported to have strengthened over the course of the strategy.

Progress underway

- Strengthening governance and accountability structures: Despite the accomplishments in this area, stakeholders called for more clearly defined roles, mandates, and oversight mechanisms in key structures.
- Enhanced data collection: Integrating timely and consistent data from multiple sources could support broader surveillance and analysis of emerging drug trends, and improved responses.

Areas for improvement

- Inclusion, communication, and lived experiences in decision-making: A disconnect between policy development and the lived experience of people affected was highlighted. The evaluators argued that inclusive decision-making processes could improve the relevance, responsiveness, and trust in the implementation of the strategy.

Domain 3: To evaluate the strategy's performance against the key outcome indicators of drug prevalence, treatment, and drug poisoning deaths.

The evaluators acknowledge the challenge of attribution when considering the indicators – it is not possible to definitively attribute any trends or changes to the implementation of the strategy. Other external factors may have influenced observed outcomes. Only areas for improvement were identified. The HRB found gaps in the data considered in relation to changes in patterns of drug use in this section of the evaluation, specifically in relation to opioid use. These gaps are discussed in the HRB comments section at the end of this article.

Areas for improvement

- Changes in patterns of drug use: Cocaine use and polydrug use are both increasing in Ireland, and new substances consistently emerge. More targeted interventions and agile responses are required in order to reduce the risk of harm.
- Incidence of drug-related harms, including drug poisoning deaths: There has been an overall upward trend in the number of drug poisoning deaths between 2012 and 2021. However, there was a 20% decrease in the number of drug poisoning deaths between 2020 and 2021.
- Outcome measures: The evaluation identifies 'a critical need for measurable outcomes to assess the effectiveness of policies, interventions, and government expenditure on drug-related issues. Measuring direct effectiveness is challenging due to the need to integrate multiple data sources, inconsistent data collection, time lags, and other factors' (p. 104).¹
- Data on drug-related expenditure: The authors of the evaluation identified unlabelled expenditure and productivity costs as being part of the 'burden of drug

Evaluation of Ireland's national drugs strategy

continued

and alcohol misuse' (p. 104).¹ The availability and quality of expenditure data severely constrains the evaluation of the strategy's performance and any assessment of cost-effectiveness.

Domain 4: To explore the alignment of Ireland's strategy (2017–2025) with relevant international responses.

Accomplishments

- Active engagement with the EU and alignment with broader EU policy frameworks: Ireland actively participates in EU-level working groups, research collaborations, and policy development initiatives. Alignment is illustrated by the emphasis on a health-led and rights-based framework.
- International cooperation: Ireland plays an active role in the British-Irish Council and the Pompidou Group, and is committed to human rights and sustainable development through United Nations (UN) engagement.
- Effective use of data and early warning systems: The HRB submits national data to the EUDA on an annual basis and participates in the European Early Warning System.

Areas for improvement

- Health-led reform: Further integration is needed of a health-led model underpinned by comprehensive services.
- Integrated and accessible care: It is recommended that opioid agonist treatment (OAT) services be expanded through general practitioners (GPs) and that addiction care be integrated into primary care.
- Inclusive, trauma-informed and youth-focused responses to drug use: The evaluators identify a need for trauma-

informed and community-based strategies, and ways to address drug use among students through youth-focused, education-led initiatives.

- Promotion of International Overdose Awareness Day: By promoting this day, help to reduce stigma, remember lives lost, and raise awareness.

Recommendations

The evaluation contains 10 recommendations, divided into three broad themes: people, process and systems. The aim of the recommendations is 'to guide the next phase of strategic development, ensuring a more coordinated, equitable, and outcomes-focused response to drug use in Ireland' (p. 117).¹ Outlined below are the topline recommendations, as they appear in the report (p. 117–123).¹

People

- 1 Embed an equity lens throughout the national drugs strategy, ensuring culturally appropriate services, and strengthening data systems to monitor the impact on populations.
- 2 Increase community engagement and service user involvement by embedding participatory approaches in policy-making, service design, and provision of community-based services.
- 3 Align service delivery with regional needs and enhance the capacity of service providers to ensure equitable and consistent implementation.

Process

- 4 Maintain and strengthen coordination and communication between the National Oversight Committee and the SIGs by clarifying roles, improving information-sharing structures, and enhancing transparency in decision-making.
- 5 Establish formal mechanisms for interdepartmental collaboration on cross-sectoral issues impacting on drug policy, particularly in areas such as housing, justice,

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continued

and health.

- 6 Continue to strengthen the health-led response by placing a focus on justice system reform, community-based responses, and investment in community safety and trust-building initiatives.

Systems

- 7 Embed recovery as a central aspect of the national drugs strategy by ensuring equitable access to integrated, peer-led, and person-centred recovery services across all regions.
- 8 Strengthen prevention and early intervention by investing in evidence-based programmes that address social determinants of drug use, support at-risk youth and families, and embed trauma-informed practice across all services.
- 9 Strengthen the integration of alcohol within the national drugs strategy by clearly defining roles, responsibilities, and service provisions for the prevention, treatment, and recovery of alcohol-related harm, including the national rollout of integrated community alcohol treatment services.
- 10 Optimise the use of data by further investing in comprehensive monitoring, evaluation, and research systems to inform evidence-based policy, track progress, and support accountability at all levels.

Limitations

The authors of the evaluation identified a set of limitations to their work which they recognised could impact on the overall evaluation and recommendations.

Short time frame of the evaluation: The 'accelerated time frame' of the evaluation (i.e. under four months) 'posed significant constraints' on the depth and breadth of analysis that could be carried out (p. 26)¹,

as well as the team's ability to identify the nuances of the implementation, outcomes, and the long-term impact of the strategy.

Scope of stakeholder engagement: Despite engaging representatives from various Government Departments and service provider and user organisations, the authors identified the scope of stakeholder consultations as a key limitation in the evaluation. Therefore, they note: 'this section of the report may not fully capture the diverse experiences and perspectives of all service provider and service user organisations involved in the national drugs strategy'. They describe the different groups as having different perspectives and experiences when discussing the strategy. However, they see as a limitation that 'these varying viewpoints made it challenging to form a comprehensive and unified conclusion' (p. 26).¹ The HRB would consider that the value of carrying out consultations with different groups is the varying perspectives gained. This can provide an opportunity to analyse areas of overlap and agreement, and possible areas of difference, and the implications of these.

Complexity of the data: The data used to evaluate the strategy are 'highly complex, encompassing various quantitative and qualitative metrics' (p. 26).¹ The authors found that the complexity was compounded by a need to integrate data from multiple sources, and what they considered to be 'the outdated nature of some of the available data' (p. 26),¹ the impact of the COVID-19 pandemic on data, and a lack of 'sufficient granularity' of some data, limiting their ability to carry out detailed analysis (p. 26).¹

Additional limitations of the evaluation identified by HRB researchers, stemming from those outlined above, are discussed in the section below.

HRB comments on the evaluation

The evaluation of the strategy provides valuable insights that will inform the development of the next national drugs strategy. The authors of the evaluation identified a set of limitations,

Evaluation of Ireland's national drugs strategy

continued

including the short time frame given to the evaluation and the complexity of the data. The HRB recognises these limitations and agrees that they are reflected in parts of the report. Among the limitations, the HRB has identified two gaps in the evidence as presented that it considers important to note. Both gaps relate to opioid use. While relatively few young people are starting to use heroin, there continues to be a considerable cohort of ageing opioid users who will need ongoing OAT treatment and also additional care, given the high prevalence of comorbidities within this population. An accurate understanding of the scale and nature of their treatment needs (for their addiction, mental health, and physical comorbidities) is important, in order to inform the deliberations of the development of the new strategy and ensure that these people's needs are met.

Prevalence of opioid use: The prevalence of opioid use is a central feature of the landscape of drug use in Ireland, particularly in the context of the level of harms caused. While the evaluation considers prevalence data gathered through general population surveys, these do not provide adequate insights when exploring opioid use. In order to fill this gap, three studies have been carried out specifically to estimate the prevalence of problematic opioid use in Ireland covering periods from 2011 to 2022.^{2,3,4} The evaluation does not consider the findings of these studies. The overall message of this body of work is that the prevalence of opioid use significantly declined among young people in Ireland over the 10-year period, and the prevalence of opioid use overall stabilised. While recognising that the estimates do not cover all years of the strategy's lifetime, the HRB considers the three studies to be an important body of evidence, the findings of which should be considered when exploring changes in Ireland's drugs situation over the course of the national drugs strategy.

Opioid agonist treatment (OAT) and the Central Treatment List (CTL) data: OAT is a key drug treatment service in Ireland. The Central Treatment List (CTL) is the administrative database to regulate the dispensing of OAT in Ireland and is a complete register of all patients receiving OAT (as treatment for problem opioid use) in Ireland. The evaluation did not explore these data. OAT is considered in the context of the National Drug Treatment Reporting System data, and a report on the impact of OAT on people experiencing homelessness. The omission of the CTL data is problematic. For example, CTL data show that approximately 37% of all OAT is provided by GPs (as of 31 December 2024 – unpublished CTL data). This is not fully reflected in the NDTRS data as GPs have limited levels of participation in this system. As a result, the evaluation is not correct in concluding that GPs have 'limited participation in the provision of OAT' (p. 113).¹ The HRB recognises that there are difficulties in gaining access to an OAT GP in some areas, but the picture is complex.

Lucy Dillon

- 1 Grant Thornton. (2025) *Evaluation of the National Drug Strategy "Reducing Harm, Supporting Recovery 2017-2025"*. Dublin: Department of Health. <https://www.drugsandalcohol.ie/43790/>
- 2 Hanrahan MT, Millar SR, Mongan D, Lyons S and Galvin B (2025) *Prevalence of problematic opioid use in Ireland, 2020-2022*. Dublin: Health Research Board. <https://www.drugsandalcohol.ie/42700/>
- 3 Hanrahan MT, Millar SR, Phillips KP, Reed T, Mongan D and Perry IJ (2022) *Problematic opioid use in Ireland, 2015-2019*. Dublin: Health Research Board. <https://www.drugsandalcohol.ie/35856/>
- 4 Hay G, Jaddoa A, Oyston J, Webster J, Van Hout MC and dos Santos RG (2017) *Estimating the prevalence of problematic opiate use in Ireland using indirect statistical methods*. Dublin: National Advisory Committee on Drugs and Alcohol. <https://www.drugsandalcohol.ie/27233/>

Policy and legislation

The Joint Oireachtas Committee on Drugs Use is re-established

In May 2025, it was announced that the Joint Oireachtas Committee on Drugs Use had been re-established. On 22 October 2024, the first iteration of the Committee published the *Joint Committee on Drugs Use Interim Report*,¹ but the dissolution of the Government in November 2024 saw an end to their work. A commitment was made in the Programme for Government 2025 to re-establish the Committee to continue its work.²

Committee brief

The Joint Committee on Drugs Use was set up by the Government to consider the 36 recommendations in the *Report of the Citizens' Assembly on Drugs Use* and to make a reasoned response to each recommendation.³ As mentioned in its Orders of Reference published in April 2025, the re-established Committee will also need to consider the findings of the interim report of the previous Committee.⁴ In a video on the Houses of the Oireachtas website, the Committee's Chair, Gary Gannon TD, described the Committee as being in 'an interesting position whereby they need to respond to both reports. The Committee will be 'going through the recommendations of the Citizens' Assembly, comparing that against the recommendations of the previous Committee, seeing where it needs more work, more engagements and delivering a really comprehensive programme of works.'⁵ This will then inform the content of its public meetings that began in September 2025. The Committee is required to report to the Oireachtas within 9 months of its first public meeting.

Committee membership

The Committee includes members from across the spectrum of political parties (not just Government parties). The Chair of the Committee is Social Democrats TD Gary Gannon. The other members of the Committee reflect cross-party membership, including Independents, as well as members of the Senate (Seanad Éireann).

Lucy Dillon

- 1 Joint Committee on Drugs Use (2024) *Joint Committee on Drugs Use Interim Report*. Dublin: Houses of the Oireachtas. Available from: <https://www.drugsandalcohol.ie/42080/>
- 2 Fianna Fáil, Fine Gael, Independent TDs (2025) *Draft Programme for Government 2025: Securing Ireland's Future*. Dublin. Available from: <https://www.drugsandalcohol.ie/42537/>
- 3 Citizens' Assembly (2024) *Report of the Citizens' Assembly on Drugs Use*. Volume 1. Dublin: Citizens' Assembly. Available from: <https://www.drugsandalcohol.ie/40393/>
- 4 Committee on Standing Orders and Dáil Reform (2025) *Report of the Committee on Standing Orders and Dáil Reform: Orders of Reference and Establishment of Committees*. Dublin: Houses of the Oireachtas. Available from: <https://www.drugsandalcohol.ie/43645/>
- 5 Houses of the Oireachtas (2025) The Joint Committee on Drugs Use has been established. Available from: <https://www.oireachtas.ie/en/press-centre/press-releases/20250529-the-joint-committee-on-drugs-use-has-been-established/>

A whole-system approach to drug prevention

In May 2025, the Advisory Council on the Misuse of Drugs (ACMD) in the United Kingdom (UK) published a report titled *A Whole-System Response to Drug Prevention in the UK*.¹ It is a comprehensive report that reflects on the evidence for the various components of an effective drug prevention system, including for prevention interventions.

While the report's focus is on the UK, it should be of interest to prevention stakeholders in Ireland. This article is based on both the published report and a presentation made by the Chair of the ACMD, Professor Owen Bowden-Jones, at a seminar held by the the UK-based Drug Education Forum on 19 June 2025.^{1,2}

Research aim

The ACMD was commissioned by the UK Government to provide advice on drug prevention for young people aged 11–24 years. The report describes the key foundational principles for long-term drug prevention action for young people, and makes recommendations on:

- 'a whole-system response to prevention of drug use and related harms, including actions for younger age groups, which have positive effects later in life
- effective labelled (universal, selective and indicated) interventions on prevention, and
- the necessary structural components of a robust drug prevention system' (p. 3).¹

Methodology

The report is based on a review of national and international literature; evidence gathered from UK services delivering drug prevention activities; and the expertise of a specially formed working group comprising national and international experts in the field.

Benefits of prevention

The report is grounded in an understanding of the benefits of drug prevention and it makes the case for its prioritisation as a response to drug-related harms. It describes the cost-effective nature of prevention when considering the high cost of drug-related harms to society, that drug prevention activities can have wider societal benefits, and that it supports other government policy priorities.

Current UK drug prevention system

Early on in the report, the authors conclude that a drug prevention system does not currently exist in the UK. Among the issues facing drug prevention in the UK is that there is no coordinated UK-wide strategy, existing drug prevention is poorly funded, there is no clear prioritisation of interventions, there is a lack of a trained workforce, and there are no systems in place to monitor activities or outcomes.

Drug prevention

continued

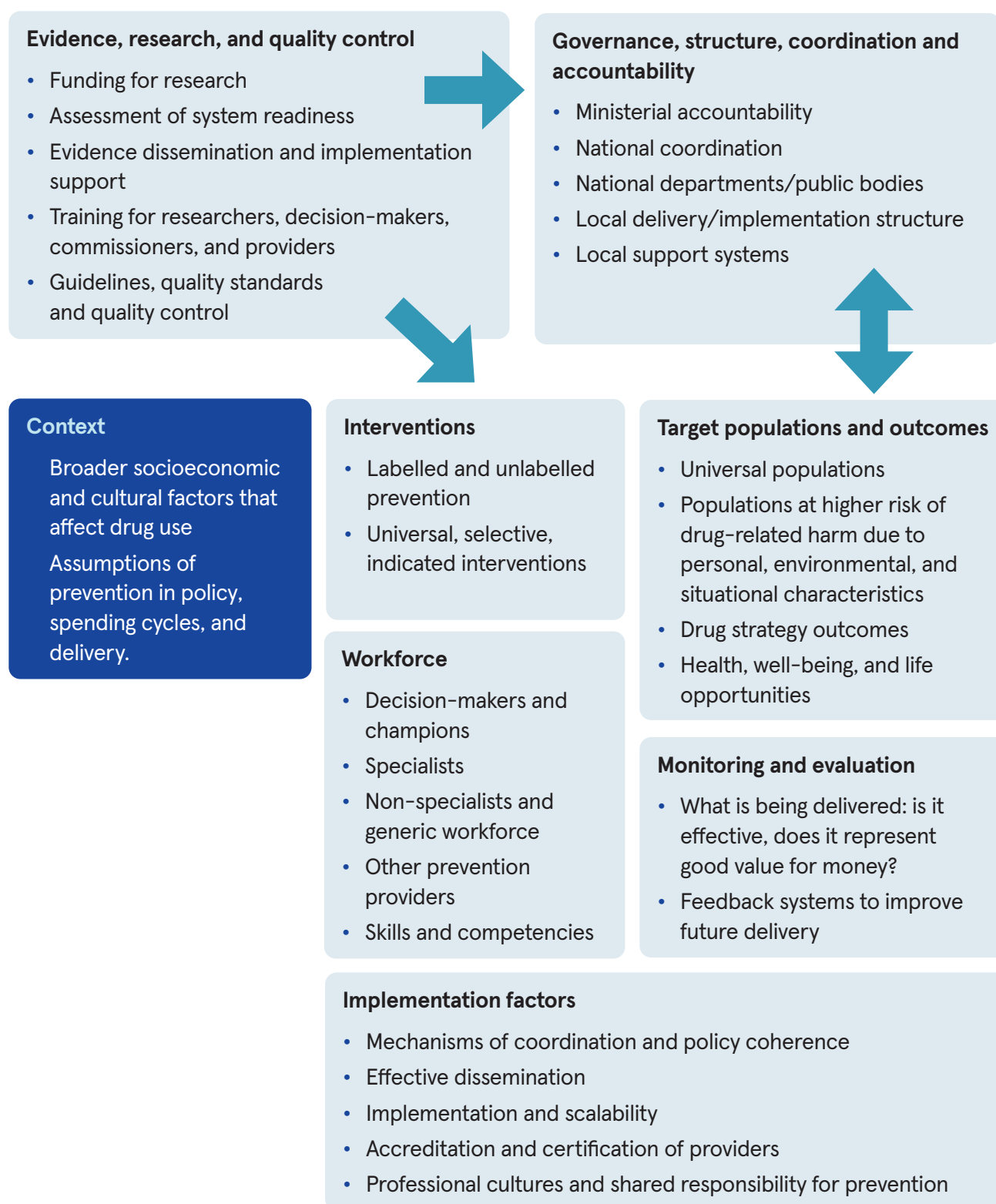


Figure 1: Structural summary of the prevention system map

Source: Advisory Council on the Misuse of Drugs (2025) (p. 12)¹

Drug prevention

continued

A systems approach

Based on an examination of the evidence, the authors present an idealised prevention map system (see Figure 1). For each component of the prevention system, they describe the current UK position and present the evidence for what a robust version of each would look like.

Recommendations

Two groups of recommendations are made in the report. The first comprises recommendations that relate to the development, implementation, and evaluation of a whole-system drug prevention approach. The second includes recommendations that relate to specific drug prevention interventions.

What is recommended to develop, implement, and evaluate a whole-system drug prevention approach?

Six recommendations are made to the UK Government to support the establishment of a whole-system drug prevention approach:

- 1 Undertake a stocktake of the prevention landscape in the UK and how it aligns with international standards, using a tool such as the United Nations Office on Drugs and Crime's (UNODC's) Review of Prevention Systems (RePS) tool.
- 2 Monitor quality by developing a national prevention quality standard, and use a dashboard to monitor delivery locally.
- 3 Provide ring-fenced, long-term funding at a local level for drug prevention.
- 4 Support strong local leadership for prevention activities.

- 5 Support national leadership, ideally through the appointment of a national prevention champion.
- 6 Develop a competence framework for evidence-based prevention activities (for labelled and unlabelled prevention work).

Which interventions did the authors recommend based on their research?

The report outlines a wide range of interventions and describes features that appear to contribute to their effectiveness. While they name numerous programmes throughout the report that they consider to be evidence based, in their recommendations, the authors summarise the approaches in which they think the UK Government should invest:

- Universal approaches:
 - whole-community approaches
 - whole-school approaches (including links to mental health support teams)
 - parent/carer-based prevention approaches
- Selective interventions:
 - interventions targeting multiple health risk behaviours and comorbidities, in particular common mental health disorders
- Indicated interventions:
 - family-based interventions targeting children and young people's drug use
 - family-based interventions to support children and young people affected by others' drug use (e.g. parental drug use).

In addition to interventions, it is also recommended that the UK Government increase funding to support a long-term approach to evaluation, innovation, and research in order to inform the UK's evidence base.

Drug prevention

continued

Concluding comment

This is a comprehensive report that outlines key features of effective prevention and the limitations of the current evidence base in the field. While the report focuses on the UK context, there are many parallels with the Irish context and the recommendations should be of value when considering the status of Ireland's prevention landscape. The UNODC's RePS tool is currently being implemented in Ireland with the aim of informing the next national drugs strategy. This represents an important step in understanding and improving drug prevention in Ireland.

Lucy Dillon

- 1 Advisory Council on the Misuse of Drugs (2025) *A Whole-System Response to Drug Prevention in the UK*. London: Advisory Council on the Misuse of Drugs. Available from: <https://www.drugsandalcohol.ie/43292/>
- 2 Recording of the presentation is available at: <https://www.youtube.com/watch?v=cRQmPmzWISs>



Recent research

Etizolam and Irish drug poisoning deaths

While most drug poisoning deaths across Europe involve opioids, benzodiazepines are implicated in many deaths and are frequently present in deaths involving opioids.¹

The benzodiazepines involved in these deaths are not always prescribable benzodiazepines; indeed, one driver behind an increase in drug poisoning deaths, particularly in Scotland, is the emergence of benzodiazepine-type new psychoactive substances (NPS) such as etizolam.² Scotland's experience with etizolam, and the implications for Irish drug poisoning deaths, were addressed in a letter published in the *Irish Journal of Psychological Medicine* in 2024.³

While etizolam is legally prescribed in some countries, such as Italy and India, it is not sold commercially for medicinal use in most European countries; however, it has appeared on the NPS market and in counterfeit benzodiazepine tablets or 'street benzos'.² Prior to the emergence of etizolam, phenazepam was the predominant NPS benzodiazepine in the United Kingdom (UK). When phenazepam was regulated in 2012, etizolam, a drug five times more powerful than diazepam,⁴ emerged in its place.⁵

Between 2014 and 2020, Scotland recorded its highest rates of drug poisoning deaths and higher rates than other UK or European countries.² In the past, drug poisoning deaths in Ireland broadly followed the same trends as Scotland; however, in recent years, Ireland has not mirrored the trend nor the record numbers of drug poisoning deaths observed in Scotland. While several factors may explain this divergence in mortality rate trends, one possible element is that the number of deaths

where etizolam was implicated remains low in Ireland,⁶ unlike Scotland, where almost 60% of drug misuse deaths involved etizolam in 2021.⁷

The prescribable benzodiazepines diazepam and alprazolam contribute to a greater proportion of deaths in Ireland than they do in Scotland. In 2021, the most seized benzodiazepine in Ireland was alprazolam, followed by diazepam, and a small amount of delorazepam.⁸ The number of drug poisoning deaths in Ireland where a prescribable benzodiazepine was implicated has risen since 2011,⁶ while the number of such deaths in Scotland has decreased.

In the mid-2000s, due to concerns around the increased prescribing of benzodiazepines, diversion to street markets, and the level of dependence in Scotland, a policy change led to a reduction in prescribing of these drugs. This coincided with the emergence of the NPS drug market, which moved to fill the gap for benzodiazepine-type drugs in Scotland.⁵ Although a similar change in policy was not implemented in Ireland, a change to the Misuse of Drugs Regulations 2017⁹ did lead to some tightening of benzodiazepine prescription-writing. However, this does not appear to have had an impact on the role of benzodiazepines in poisoning deaths in Ireland.

Scotland has made efforts to address increasing numbers of drug poisoning deaths by expanding treatment access, naloxone availability, and toxicology testing, which seem to have had some effect.² However, while a significant decrease in etizolam-related deaths was recorded in 2022,⁷ bromazolam – another benzodiazepine-type NPS – has increased in use¹⁰ following the control of etizolam.

Irish drug poisoning deaths

continued

While the role of benzodiazepines in drug poisoning deaths in Ireland needs to be addressed, the regulation of benzodiazepines is challenging because as soon as one drug is regulated, another NPS can emerge. Any significant change to prescribing practices for benzodiazepines in Ireland must consider the Scottish experience, and any change should include intensive and evidence-based wrap-around psychosocial supports for those who currently use non-prescribed benzodiazepines.

Fiona Riordan

- 1 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2023) *European Drug Report 2023: Trends and Developments*. Available from: https://www.emcdda.europa.eu/publications/european-drug-report/2023_en
- 2 McAuley A, Matheson C and Robertson JR (2022) From the clinic to the street: the changing role of benzodiazepines in the Scottish overdose epidemic. *Int J Drug Policy*, 100: 103512.
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- 4 Nielsen S and McAuley A (2020) Etizolam: a rapid review on pharmacology, non-medical use and harms. *Drug Alcohol Rev*, 39(4): 330–336. Available from: <https://doi.org/10.1111/dar.13052>
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- 7 National Records of Scotland (2023) *Drug-related Deaths in Scotland in 2022*. Available from: <https://www.drugsandalcohol.ie/39424/1/drug-related-deaths-22-report.pdf>
- 8 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 – drug markets and crime*. Dublin: Health Research Board. Available from: <https://www.drugsandalcohol.ie/40534/>
- 9 Office of the Attorney General (2017) S.I. No. 173/2017 – Misuse of Drugs Regulations 2017. Dublin: Irish Statute Book. Available from: <https://www.irishstatutebook.ie/eli/2017/si/173/made/en/print>
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Prescription drug misuse in Ireland

The non-medical use of prescription drugs has become a global health concern. Non-medical usage is defined as the taking of prescription drugs, whether obtained by prescription or otherwise, except in the manner or for the reasons or time period prescribed, or by a person for whom the drug was not prescribed.¹

A Trendspotter study undertaken between May and September 2019 by Ana Liffey Drug Project and the European Union Drugs Agency (EUDA) Irish National Focal Point identified converging signals of the non-medical use of pharmaceuticals in Ireland.² The user groups identified included high-risk opioid users, prison populations, people with complex and multiple needs, and young people. Among these groups, the motivations for using street tablets were for their intoxicating effects, to enhance desired effects from illicit substances, to help withdrawal symptoms, to improve sleep, and to reduce stress.

A new national study conducted by Durand *et al.* presents a comprehensive analysis of prescription drug misuse in Ireland between 2010 and 2020, highlighting growing public health concerns around treatment demand, intentional drug overdoses (IDOs), and drug-related deaths (DRDs).³ In this research, which was published in the journal *Drug and Alcohol Dependence*, four main categories of prescription drugs with high misuse potential were examined: benzodiazepines and Z-drugs, prescription opioids (excluding those used in opioid agonist therapy), gabapentinoids (particularly pregabalin), and psychostimulants. Using three national datasets, the National Drug Treatment Reporting System (NDTRS), the National Self-Harm Registry Ireland (NSHRI), and the National Drug-Related Deaths Index (NDRDI), the research offers a detailed view of the health harms linked to these substances.

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

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

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

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

Prescription drug misuse in Ireland

continued

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

Seán Millar

- 1 United Nations Office on Drugs and Crime (2011) *The non-medical use of prescription drugs: policy direction issues*. New York: United Nations. Available from: <https://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf>
- 2 Duffin T, Keane M and Millar SR (2020) *Street tablet use in Ireland: a Trendspotter study on use, markets, and harms*. Dublin: Ana Liffey Drug Project. Available from: <https://www.drugsandalcohol.ie/31872/>
- 3 Durand L, Arensman E, Corcoran P, *et al.* (2025) Harms associated with prescription drug misuse in Ireland: a national observational study of trends in treatment demand, non-fatal intentional drug overdoses and drug related deaths 2010–2020. *Drug Alcohol Depend*, 272, 112669. Available from: <https://www.drugsandalcohol.ie/43321/>



New research on non-fatal opioid overdoses in Ireland

A new report from Trinity College Dublin presents a decade-long exploration of non-fatal opioid overdoses (NFODs) in Ireland.¹ Authored by Professor Jo-Hanna Ivers and Neil Dunne, the study combines clinical data, systematic review findings, and policy analysis to shine a light on the evolving nature of opioid-related harm, especially within Dublin's inner city.

The study found that between 2011 and 2021, over 2,500 NFOD cases were recorded in Ireland's acute hospitals. Dublin's inner city, despite accounting for just a fraction of the national population, was disproportionately affected. Heroin was the most implicated opioid until 2020, when methadone, a drug used in opioid agonist treatment, surpassed it in prevalence. Outside the city, other opioids, including prescription and synthetic drugs, emerged as primary contributors to overdose, pointing to different risk environments across urban and rural contexts.

Age demographics also shifted over the decade. In Dublin, the typical NFOD patient has aged, with a declining number of younger people affected. Trends show an increase in female overdose cases, particularly in non-urban areas, which the authors suggest show changing drug use patterns that demand sex-responsive services.

The report offers a number of evidence-based recommendations. These include expanding access to psychological and social inclusion supports enhancing methadone monitoring; developing structured overdose risk assessments; and ensuring coordinated care pathways from hospital to community. The authors also suggest that greater naloxone distribution and harm-reduction outreach, especially in high-risk areas, is required.

Seán Millar

- 1 Ivers J and Dunne N (2025) *A decade-long exploration of non-fatal opioid overdose 2011 to 2021*. Dublin: Trinity College Dublin. Available from: <https://www.drugsandalcohol.ie/42646/>



Prevalence and current situation

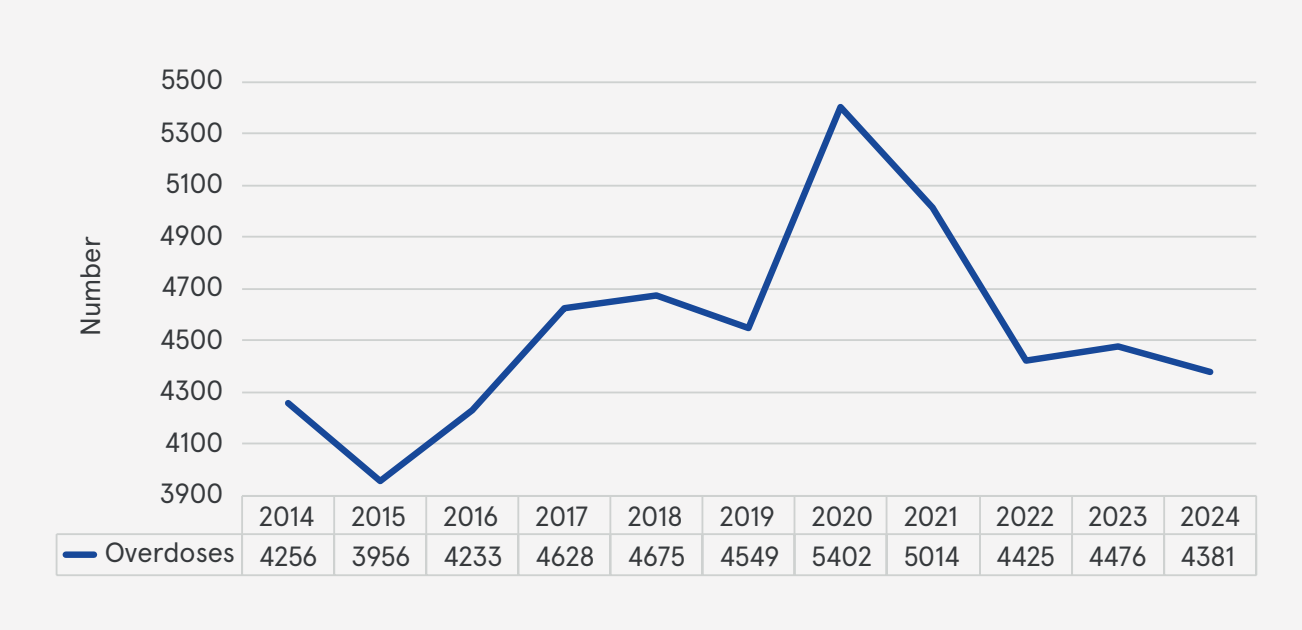
Non-fatal drug-related hospital admissions in Ireland, 2024

The HIPE (Hospital In-Patient Enquiry) scheme is a computer-based health information system, managed by the Economic and Social Research Institute (ESRI) in association with the Department of Health and the Health Service Executive (HSE). It collects demographic, medical, and administrative data on all admissions, discharges, and deaths from acute general hospitals in Ireland. Each HIPE discharge record represents one episode of care; each discharge of a patient, whether from the same or a different hospital, with the same or a different diagnosis, gives rise to a separate HIPE record. The scheme therefore facilitates analysis of hospital activity rather than of the incidence of disease. HIPE does not record information on

individuals who attend emergency departments but are not admitted as inpatients. Monitoring of drug-related acute emergencies in the Irish context refers to all admissions for non-fatal overdoses to acute general hospitals in Ireland.

Drug-related emergencies – non-fatal overdoses

Data extracted from the HIPE scheme were analysed to determine trends in non-fatal overdoses in patients discharged from Irish hospitals in 2024.¹ There were 4,441 overdose cases in 2024, of which 60 died in hospital. Only discharged cases are included in this analysis (n=4381). There was a noticeable increase



Source: HIPE, Healthcare Pricing Office, 2025

Figure 1: Number of non-fatal overdose cases admitted to Irish hospitals, by year, 2014–2024

Non-fatal drug-related hospital admissions in Ireland

continued

in overdose cases during the years of the COVID-19 pandemic. However, since the end of the pandemic, overdose cases have decreased (see Figure 1).

Sex of overdose cases

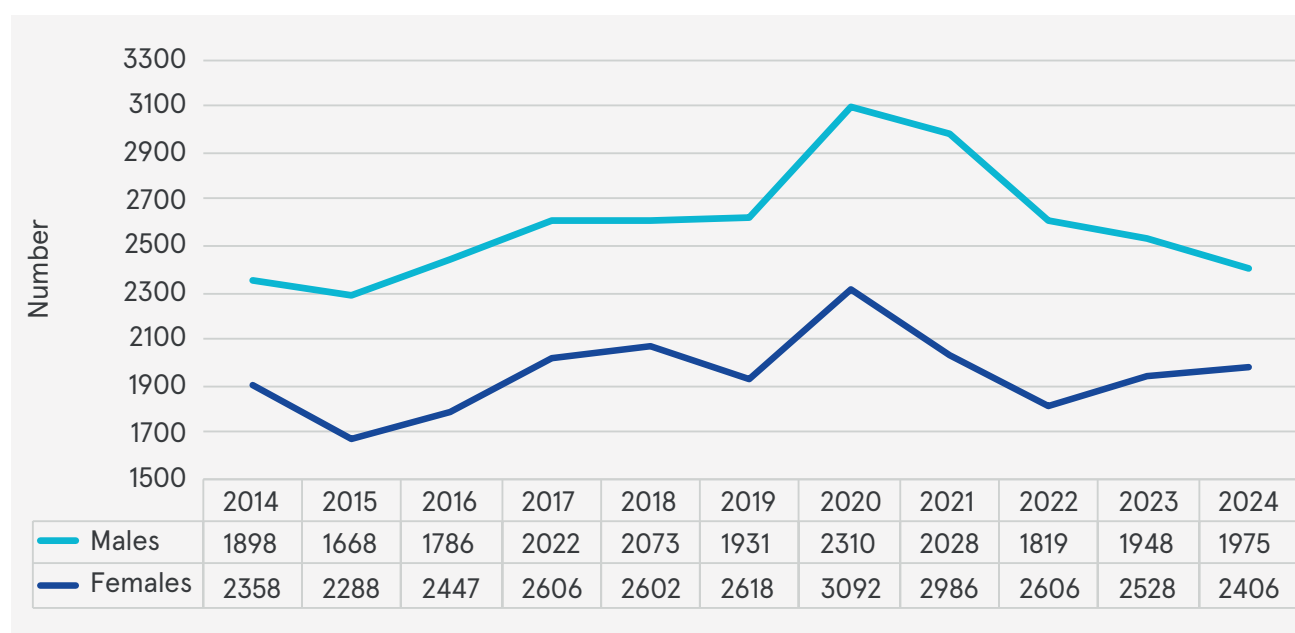
Between 2014 and 2024, there were more overdose cases among women than men, with women accounting for 2,406 (54.9%) of all non-fatal overdose cases in 2024 (see Figure 2).

Age group

Between 2015 and 2020, there was a general increase in the number of non-fatal overdose cases in all age groups. As noted in previous years, the incidence of overdose cases in 2024 peaked in the 15–24 years age group (see Figure 3). In 2024, some 32.1% of cases were under 25 years of age.

Toxicology of drug-related acute emergencies

Table 1 presents the positive findings per category of drugs and other substances involved in all cases of overdose in 2024. Non-opioid analgesics were present in 1,457 cases. Paracetamol is included in this drug category and was present in 1,323 cases in 2024. Benzodiazepines and psychotropic agents were taken in 838 and 1,046 cases, respectively. There was evidence of alcohol consumption in 248 cases in 2024. Cases involving alcohol are included in this analysis only when alcohol was used in conjunction with another substance.

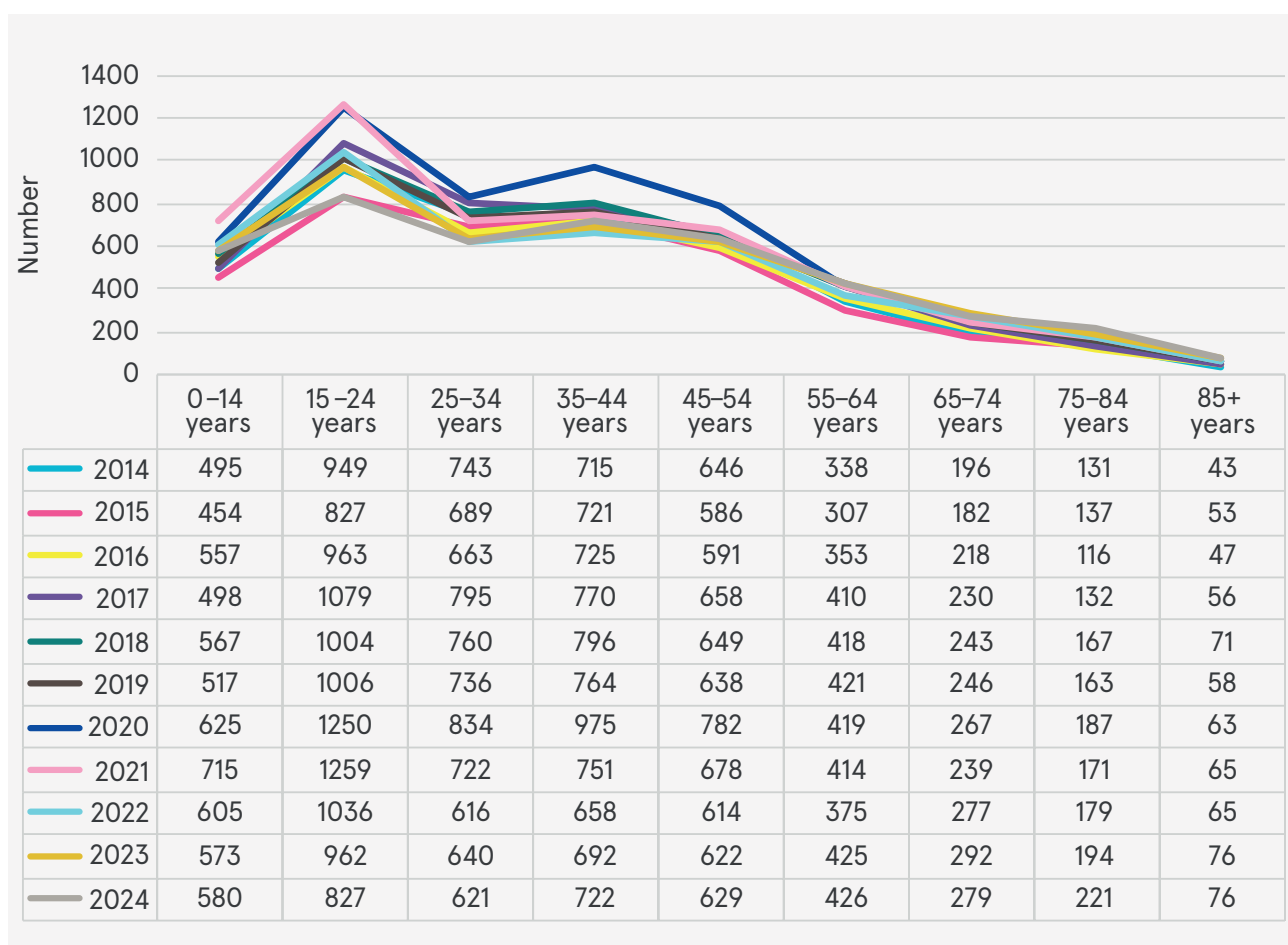


Source: HIPE, Healthcare Pricing Office, 2025

Figure 2: Number of non-fatal overdose cases admitted to Irish hospitals, by year and sex, 2014–2024

Non-fatal drug-related hospital admissions in Ireland

continued



Source: HIPE, Healthcare Pricing Office, 2025

Figure 3: Non-fatal overdose cases admitted to Irish hospitals, by year and age group, 2014–2024

Overdoses involving narcotics or hallucinogens

Figure 4 shows positive findings of illicit substances among overdose cases in 2024. Opioids were used in 16.0% (n=702) of cases; cocaine in 7.0% (n=306) of cases; and cannabis in 3.3% (n=146) of cases in 2024. No overdose cases (or five or fewer) involving LSD or other hallucinogens were recorded.

Overdoses classified by intent

For 59.1% (n=2591) of cases in 2024, the overdose was classified as intentional (see Figure 5). For 9.9% (n=434) of cases, classification of intent was not clear.

Table 2 presents the positive findings per category of drugs and other substances involved in cases of intentional self-poisoning in 2024 (n=2591). In 2024, non-opioid analgesics were involved in 1,197 cases, benzodiazepines in 496, and psychotropic agents in 824 cases.

Non-fatal drug-related hospital admissions in Ireland

continued

Table 1: Categories of drugs involved in non-fatal overdose cases admitted to Irish hospitals, 2024

Drug category	2024
Non-opioid analgesics	1457
Paracetamol (4-Aminophenol derivatives)	1323
Benzodiazepines	838
Psychotropic agents	1,046
Antiepileptic/sedative/antiparkinson agents	1,929
Narcotics and hallucinogens	993
Alcohol*	248
Systemic and haematological agents	221
Cardiovascular agents	198
Autonomic nervous system agents	129
Anaesthetics	81
Hormones	176
Systemic antibiotics	67
Gastrointestinal agents	95
Other chemicals and noxious substances	254
Diuretics	57
Muscle and respiratory agents	45
Topical agents	53
Anti-infectives/antiparasitics	26
Other gases and vapours	33
Other and unspecified drugs	1025

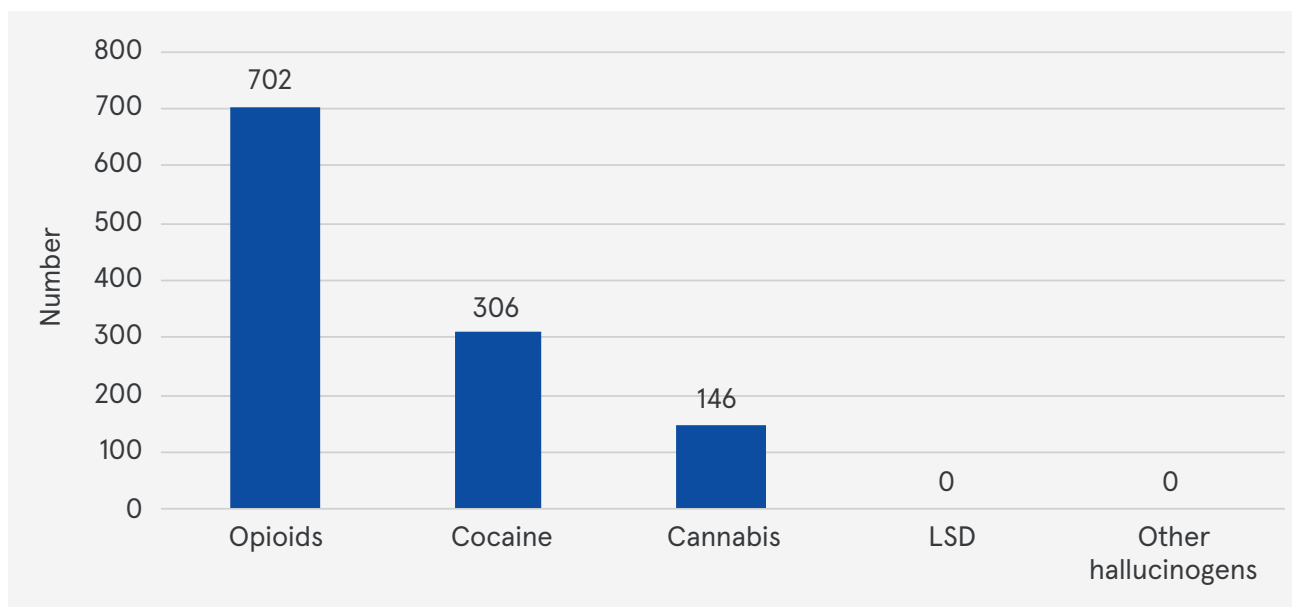
Source: HIPE, Healthcare Pricing Office, 2025

Note: The sum of positive findings is greater than the total number of cases, as some cases involved more than one drug or substance.

* Alcohol was only included for cases where any code from any of the other drug categories in this table was also reported.

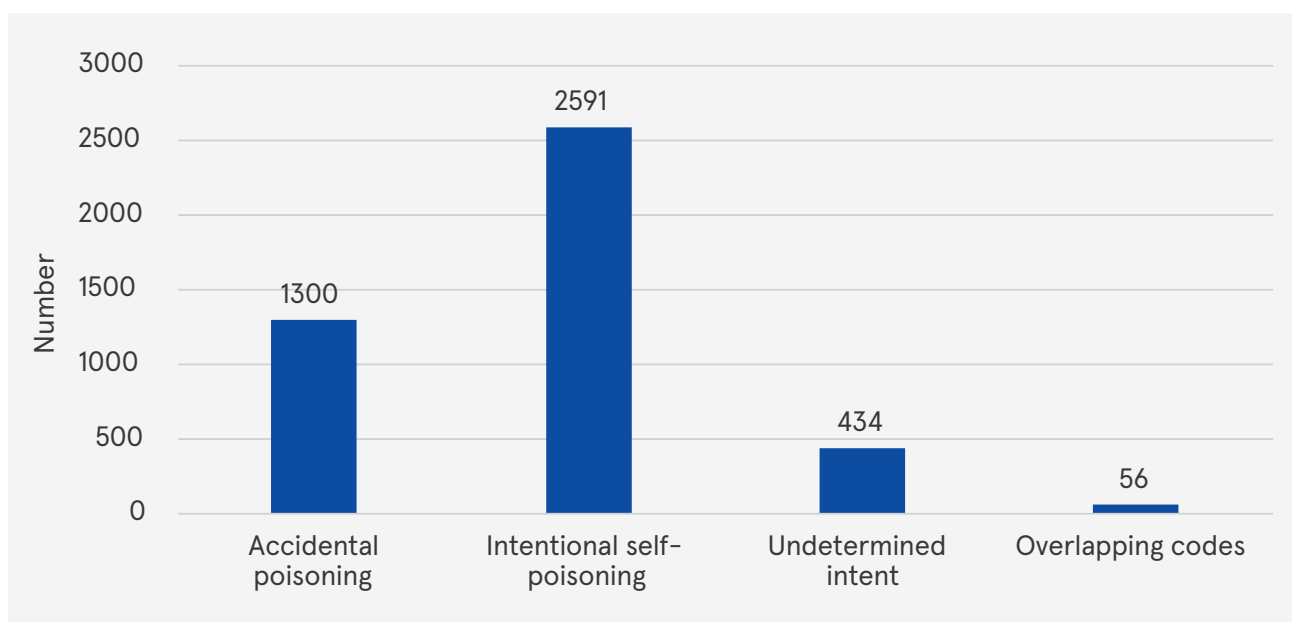
Non-fatal drug-related hospital admissions in Ireland

continued



Source: HIPE, Healthcare Pricing Office, 2025

Figure 4: Narcotics and hallucinogens involved in non-fatal overdose cases admitted to Irish hospitals, 2024



Source: HIPE, Healthcare Pricing Office, 2025

Figure 5: Non-fatal overdose cases admitted to Irish hospitals, classified by intent, 2024

Non-fatal drug-related hospital admissions in Ireland

continued

Table 2: Categories of drugs involved in intentional self-poisoning cases admitted to Irish hospitals, 2024

Drug category	2024
Non-opioid analgesics	1197
Benzodiazepines	496
Psychotropic agents	824
Antiepileptic/sedative/antiparkinson agents	1320
Narcotics and hallucinogens	425
Alcohol*	187
Systemic and haematological agents	140
Cardiovascular agents	112
Autonomic nervous system agents	82
Anaesthetics	20
Hormones	101
Systemic antibiotics	37
Gastrointestinal agents	66
Other chemicals and noxious substances	74
Diuretics	22
Muscle and respiratory agents	34
Topical agents	26
Anti-infectives/antiparasitics	13
Other gases and vapours	~
Other and unspecified drugs	536

Source: HIPE, Healthcare Pricing Office, 2025. **Note:** As some discharges may be included in more than one drug category, the total count in this table exceeds the total number of discharges.

* Alcohol was only included for cases where any code from any of the other drug categories in this table was also reported.

~ Five or fewer cases.

Seán Millar

- For further information on HIPE data, visit the Healthcare Pricing Office website:
<http://www.hpo.ie/>

Trends in polysubstance use among patients in methadone maintenance treatment in Ireland: Evidence from urine drug testing 2010–2020

Introduction

The main cause of death among people with opioid use disorder (OUD) is drug overdose. OAT is a proven intervention to reduce both drug-related and all-cause mortality. The advantages of OAT can be negated by using other prescribed and non-prescribed substances at the same time during OAT, such as heroin, cocaine or street benzodiazepines and/or other prescribed medications. Polysubstance use is associated with treatment discontinuation and is known as a risk factor for drug overdose. Despite this, there is limited research on the effects of polysubstance use among patients in OAT.

An Irish study sought to address this gap in the research by aiming to (1) examine trends in drug positivity rates in amphetamines, benzodiazepines, cannabis, cocaine and opioids (heroin, morphine and codeine); and (2) identify trends in polysubstance positivity rates for drug combinations associated with increased risk of drug overdose including (a) methadone and benzodiazepines; (b) methadone, benzodiazepines and opioids; (c) methadone, benzodiazepines and cocaine; and (d) methadone, benzodiazepines, opioids and cocaine.¹

Methods

A cross-sectional study design was employed using anonymised individual-level urine drug test (UDT) results from the National Drug Treatment Centre (NDTC) laboratory between

2010 and 2020. The NDTC is the largest specialist addiction clinic in Ireland, with approximately 750 patients attending OAT (primarily methadone) services each year. In line with national guidelines, all patients attending OAT services must provide regular urine samples for drug testing throughout the course of their treatment.

Samples from OAT patients were included if the patient had a minimum of five valid samples, one of which must have been positive for methadone. All urine samples were tested for benzodiazepines, methadone, other opioids, and cocaine using immunoassay testing. Annual positivity rates were calculated by dividing the number of samples tested for each substance and multiplying by 100. In order to evaluate trends in polysubstance positivity rates for drug combinations, mixed-effects logistic regression models were employed. Sensitivity analysis was carried out to assess the impact of COVID-19 on these observed trends.

Findings

A total of 221,564 samples were included over the study period, with an average of 114 samples per patient.

The results showed that methadone was the most commonly detected substance followed by benzodiazepines, cannabis, other opioids, cocaine, and amphetamines. The magnitude of increase was greatest for cocaine, reflecting a weighted annual positivity rate of 12% in 2015,

Trends in polysubstance use urine testing

continued

compared with 37% in 2020. In contrast, the detection of opioids decreased from 50% in 2015 to 39% in 2020.

For patterns in polysubstance positivity rates for drug combinations associated with increased risk of drug overdose, the main findings were as follows:

- 1 Combination of methadone and benzodiazepines was common over the period.
- 2 Combination of methadone and benzodiazepines with cocaine increased over the period.
- 3 Combination of methadone, benzodiazepines, opioids and cocaine increased between 2010 and 2020.
- 4 Combination of methadone and benzodiazepines with opioids decreased over the study period.
- 5 Patients aged 36 years and over were less likely to test positive for multiple substances.

Limitations

This research only included patients attending the NDTC and focused on drugs that are routinely tested by the NDTC laboratory; therefore, they may not be generalisable outside this setting. In addition, immunoassay tests can be limited in scope, e.g. cannot detect prescription opioids such as tramadol, which could underestimate concurrent opioid use. Another issue which may affect the results is that cannabis and amphetamine testing was at the request of individual doctors, which may have led to some selection bias; moreover, it was not possible to ascertain whether the benzodiazepines were prescribed by a doctor

or were sourced at street level. It should also be noted that there was an increase in the number of patients enrolled in OAT during the COVID-19 pandemic, but a decrease in the number of urine samples taken in that period.

Conclusions

The authors state that given the prevalence of polysubstance use among patients in OAT, and its associated risk with overdose fatality, there is a need to introduce measures to address the persistently high use of benzodiazepines and cocaine among this group. They also state that information from urine sampling can be very useful in relation to identifying changes in the trends of drug use over time and that it can inform interventions to help reduce polysubstance use in patients on OAT.

Siobhán Ní Luasa

- 1 Durand L, O’Kane A, Stokes S, Bennett KE, Keenan E and Cousins G (2024) Trends in polysubstance use among patients in methadone maintenance treatment in Ireland: evidence from urine drug testing 2010–2020. *J. Subst. Abuse Treat.* 167, 209507.
<https://doi.org/10.1016/j.josat.2024.209507>.
<https://www.drugsandalcohol.ie/41799/>

Launch of the national awareness campaign for the DRIVE project

On 8 May 2025, Jennifer Murnane O'Connor, Minister for Public Health, Wellbeing and the National Drugs Strategy, together with Jim O'Callaghan, Minister for Justice, launched the national awareness campaign for the DRIVE (Drug-related intimidation and violence engagement) project.^{1,2} The key messages associated with the campaign were that drug-related intimidation can happen to anyone but there is help, and by visiting the website driveproject.ie people can find information about safe and confidential services in their local area.

The DRIVE project is funded by the Drugs Policy, Refugee and Inclusion Health Unit, Department

of Health. The launch was chaired by Antoinette Kinsella, Chair, DRIVE Oversight Committee, with additional presentations from Dr Shawna Coxon, Deputy Commissioner, An Garda Síochána; Dr Suzi Lyons (Health Research Board (HRB)) and Siobhan Maher (DRIVE Co-ordinator).

The DRIVE project is the first of its kind in Ireland. It provides a six-pillar model to enable a national interagency response to drug-related intimidation (DRI) and violence. The project includes specialised training, resources, and local capacity building, bringing together community and voluntary groups, An Garda Síochána, Government Departments and other agencies.



From L-R: Dr Suzi Lyons, Health Research Board; Siobhan Maher, DRIVE Co-ordinator; Dr Shawna Coxon, Deputy Commissioner, An Garda Síochána; Jim O'Callaghan, Minister for Justice; Jennifer Murnane O'Connor, Minister for Public Health, Wellbeing and the National Drugs Strategy; and Antoinette Kinsella, Chair, DRIVE Oversight Committee. Photo by Bryan Brophy, 1IMAGE Photography.

DRIVE launch

continued



From L-R: Mark Dunne, David Kenny, Detective Superintendent Sé McCormack, Joe Slattery, Hugh Greaves, Dr Suzi Lyons, Fran Byrne, Jennifer Murnane O'Connor, Minister for Public Health, Wellbeing and the National Drugs Strategy; Jim O'Callaghan, Minister for Justice; Siobhan Maher, David Creed, Kevin Byrne, Georgia Brown, and Antoinette Kinsella. Photo by Bryan Brophy, 1IMAGE Photography.

The DRIVE project is a data-driven model, with the need to provide accurate data recognised as central to the overall project.³ The HRB is responsible for collecting these data from addiction treatment services nationwide. Since 1 January 2025, this has been facilitated through the National Drug Treatment Reporting System online data collection portal. Accurate and complete data will allow services and policy-makers, for the first time, to understand the prevalence and impact of DRI. Any services that wish to obtain more information on the data collection process should contact ndtrs@hrb.ie

Suzi Lyons

- 1 Department of Health press release. Available from: <https://www.gov.ie/en/departments-of-health/>
- 2 More information on the project, the supports available and the national awareness campaign is available from: www.driveproject.ie.
- 3 DRIVE Oversight Committee (2021) A data-driven intervention model to respond effectively to drug-related intimidation and violence in communities in Ireland. Executive summary. Available from: <https://driveproject.ie/wp-content/uploads/2023/01/DRIVE-Model-Executive-Summary.pdf>

New study shows a rise in cocaine-related harms in Ireland

A recent study has revealed a sharp increase in cocaine use and associated health harms in Ireland over the past two decades. Conducted by a team of researchers from the Health Research Board (HRB); the School of Public Health, University College Cork (UCC); Trinity College Dublin; and the Health Service Executive (HSE), the study used data from five national databases to track trends from 2000 to 2023.

In this research, which has been published in the journal *BMC Public Health*, findings show that last-year prevalence of cocaine use among 15–64-year-olds in Ireland more than

doubled, rising from 1.1% in 2002–03 to 2.4% in 2023.¹ Hospitalisations, psychiatric admissions, treatment episodes, and deaths related to cocaine use have all risen dramatically over this time period. For example, cocaine-related hospital discharges increased from 1.4 per 100,000 population in 2000 to 24.3 in 2022. Treatment entrants reporting cocaine as their main problem drug increased from 1.5 per 100,000 population in 2000 to 93.2 in 2023, while cocaine-related poisoning deaths rose from 0.13 to 2.6 per 100,000 between 2000 and 2020 (see Figures 1, 2 and 3).

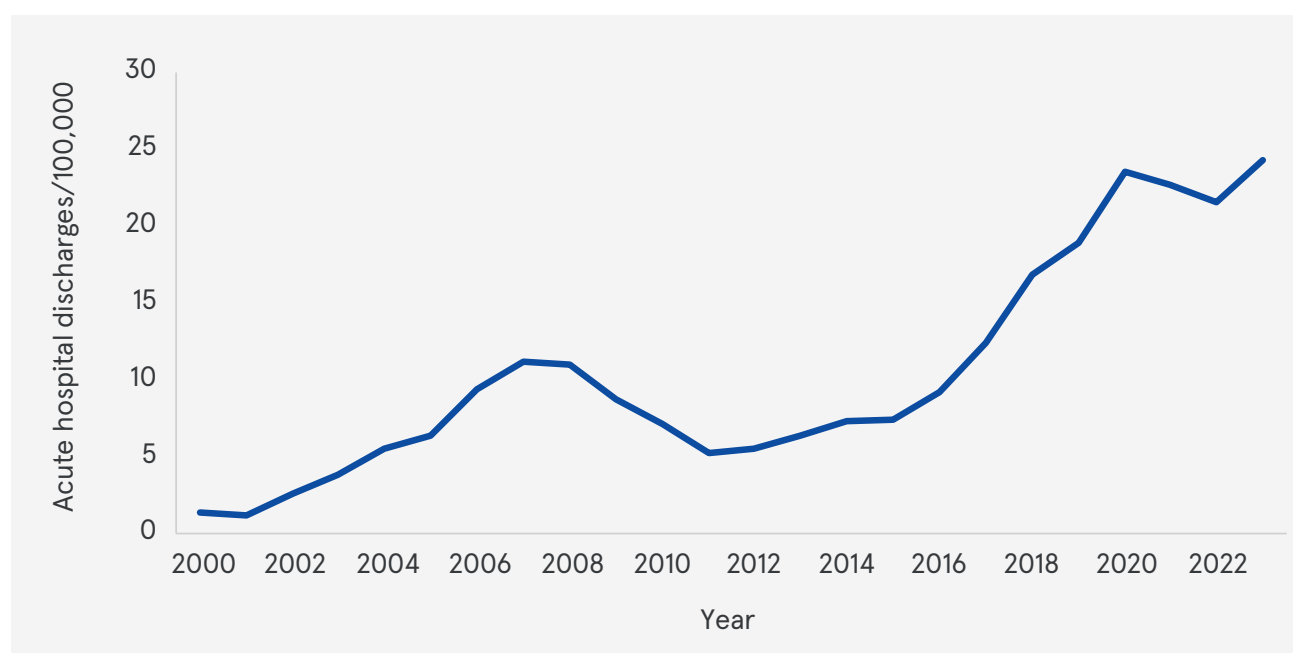


Figure 1: Cocaine-related inpatient hospitalisations per 100,000 population in Ireland, 2000–2022

Source: Mongan *et al.* (2025)

Cocaine use and related harms in Ireland

continued

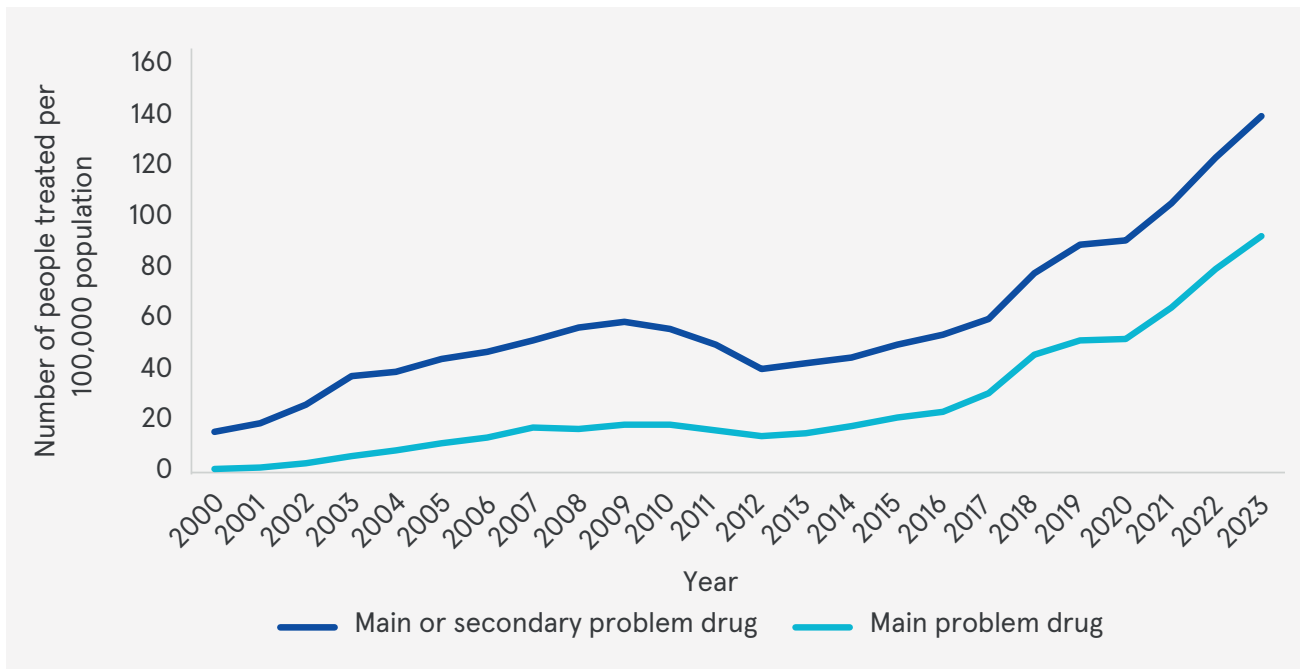


Figure 2: Treatment episodes involving cocaine per 100,000 population in Ireland, 2000–2023

Source: Mongan *et al.* (2025)

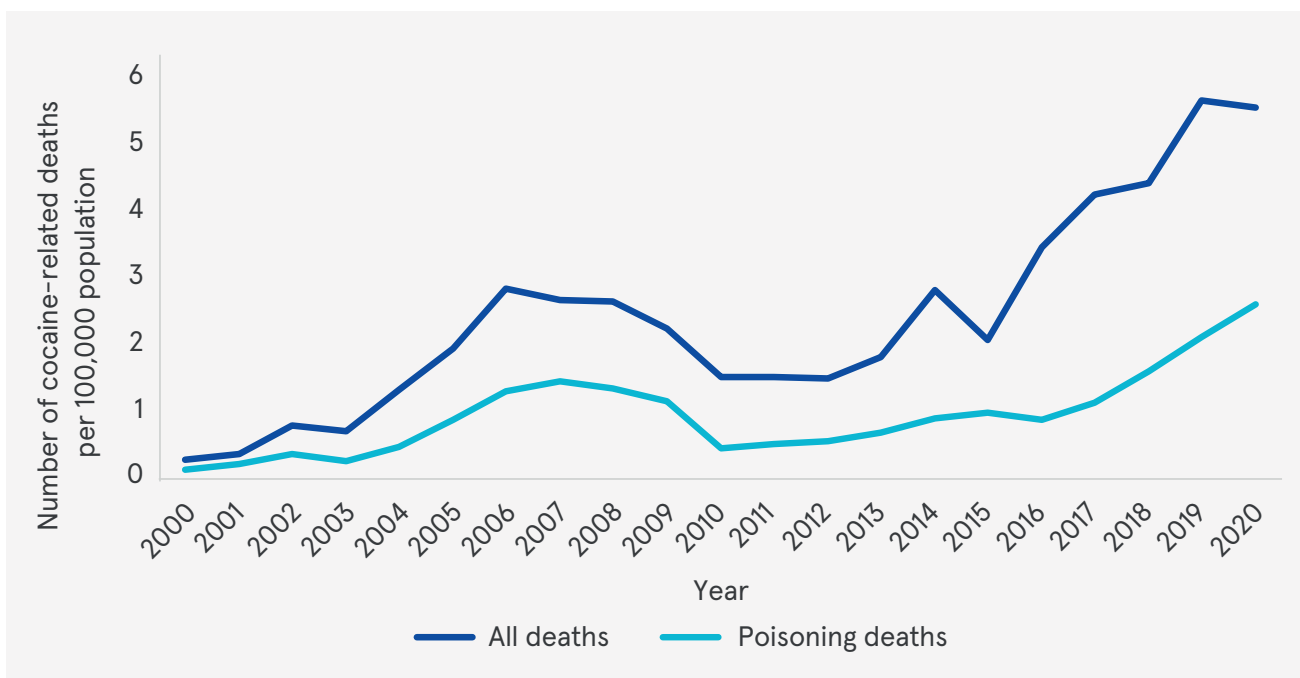


Figure 3: Cocaine-related deaths per 100,000 population in Ireland, 2000–2020

Source: Mongan *et al.* (2025)

Cocaine use and related harms in Ireland

continued

Using joinpoint regression analysis, the researchers identified distinct periods of increase and decrease. Harms generally rose until 2007, declined during the recession years, and surged again from around 2013 onwards. This trend likely reflects both Ireland's economic recovery and broader increases in cocaine availability and purity across Europe.

The study highlights the growing challenge posed by cocaine use in Ireland. Notably, a large share of cocaine users are young adults, with rising use reported among third-level students. Despite increased seizures by law enforcement, cocaine remains highly accessible.

The authors stress the urgency of targeted prevention and harm reduction, particularly in adolescent and university settings. They also call for expanded treatment capacity, especially given the lack of approved pharmacological therapies for cocaine use disorder. With cocaine use now widespread in Ireland, and with harms accelerating, the researchers conclude that Ireland, and Europe more broadly, must prioritise coordinated public health responses to address this evolving health issue.

Seán Millar and Deirdre Mongan

- 1 Mongan D, Millar SR, Carew AM, *et al.* (2025) Trends in cocaine use and cocaine-related harms in Ireland: a retrospective, multi-source database study. *BMC Public Health* 25, 2285. Available from: <https://doi.org/10.1186/s12889-025-23224-y>



New Irish study shows that the home environment and organised extracurricular activities significantly influence adolescent cannabis use

A new Irish study based on the 2020 Planet Youth Survey has revealed that home life dynamics and extracurricular activities significantly influence adolescent cannabis use.¹ Conducted among nearly 5,000 secondary school students in Galway, Mayo, and Roscommon, the research provides insights into factors linked to teenage substance use in Ireland. Speaking about the study, first author Dr Fionn Daly said:

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

In this research, which has been published in the journal *Public Health*, it was found that 18.5% of adolescents had tried cannabis, with 7.5% having used it in the past month. The study found that adolescents who spent time outside after midnight, had less parental monitoring, or weaker community ties (referred to as intergenerational closure) were significantly more likely to report cannabis use. Notably, participation in structured extracurricular activities, such as sports and volunteering, was

linked to lower rates of cannabis use; teenagers who regularly played sports or engaged in volunteering had reduced odds of cannabis use. While music, arts, and drama were also protective to some extent, their impact was less consistent.

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

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

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

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

Homelife environment and adolescent cannabis use

continued

Seán Millar

1 Daly FP, Millar SR, Major E and Barrett PM (2025) The impact of the home life environment and organised extracurricular activities on adolescent cannabis use: findings from the Irish Planet Youth Survey. *Public Health*, 242, pp. 375–381. Available from: <https://www.drugsandalcohol.ie/42978/>

2024 Drug treatment demand

Published in May 2025, the latest report from the National Drug Treatment Reporting System (NDTRS) presents data on treated problem drug use (excluding alcohol) for the year 2024, and on trends for the eight-year period from 2017 to 2024.¹

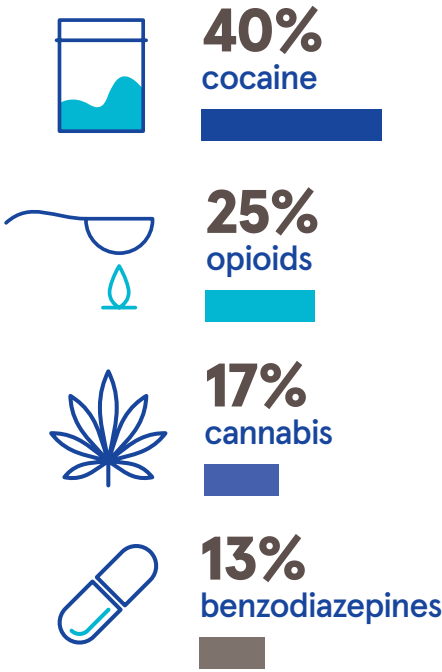
Key findings 2024

In 2024, 13,295 cases were treated for problem drug use. This is the highest annual number of cases recorded by the NDTRS to date. Cocaine was the most common drug reported among new cases entering drug treatment, accounting for almost one-half of new treatment demand. Cocaine was also the most common problem drug generating treatment demand for those aged 20–44 years. Until 2023, opioids had been the main problem drug for cases aged 35 years and over.

More than one-half (58.0%) of the cases had been treated previously, and opioids were the most common problem drug among this group. The proportion of previously treated cases reporting cocaine as a main problem continued to increase in 2024. Fewer than

4 in 10 (35.9%) of the cases were never treated before. The proportion of new cases reporting cannabis or opioids as their main problem drug has decreased. Most cases were treated in outpatient facilities (70.1%).

Main problem drug



Drug treatment demand

continued

Main problem drug by age

age started treatment



cannabis

19 years and under



cocaine

20–44 years



opioids

45 years and over

Main problem drugs generating treatment demand

Cocaine was the most common main problem drug reported in 2024, accounting for more than one in three (39.8%) cases. Opioids, mainly heroin, were the second most common main problem drug reported in 2024, accounting for one in four cases (25.0%). Cannabis and benzodiazepines were the third and fourth most common main problem drugs reported in 2024, respectively. The number of cases reporting a new psychoactive substance (NPS) as a main problem drug increased from 114 to 170 (49.1%) between 2023 and 2024, with synthetic cannabinoid-type drugs followed by synthetic stimulant-type NPS drugs as the most commonly reported. In 2024, 100 cases reported vaping as a route of administration, of which more than one-half (54 cases) were vaping their main problem drug.

Cocaine treatment demand

Between 2023 and 2024, the treatment demand for powder cocaine increased by 6.4% (237 cases), while the treatment demand for crack cocaine increased by 10.7% (128 cases). In total, 5,289 cases entered treatment for cocaine in 2024.

Sociodemographic characteristics of cases varied by the type of cocaine used. Proportionally, females were more likely to require treatment for crack cocaine (45.6%) than powder cocaine (22.4%). Those in treatment

for powder cocaine were more likely to be employed (38.8%) than those in treatment for crack cocaine (7.2%). The median age entering treatment was lower (32 years) for those seeking treatment for powder cocaine than crack cocaine (40 years).

Over the period 2017 to 2024, there was a 252.6% increase in the number of cases where cocaine was the main problem drug. Powder cocaine increased by 216.0% from 2017 to 2024 and crack cocaine increased by 668.2%. Between 2017 and 2024, there was a 426.1% increase among females who have sought drug treatment for cocaine, from 284 cases in 2017 to 1,494 cases in 2024. Cocaine is the most common drug reported among new cases entering drug treatment, accounting for almost one-half (46.8%) of new cases. Numbers of both new and previously treated cases reporting cocaine as their main problem have increased since 2017.

Opioid treatment demand

In 2024, 3,326 cases were recorded with opioids as a main problem, most of which were seeking treatment for heroin (86.8%). Treatment demand for opioids decreased by 17.2% (690 cases) between 2017 and 2024, and the number of new cases almost halved from 807 in 2017 to 413 in 2024. For cases with opioids as the main problem, 31.6% were female, 11.3% were employed, and 16.7% were experiencing homelessness.

Drug treatment demand

continued

Cocaine



5,289
cocaine
cases



75%
powder
cocaine

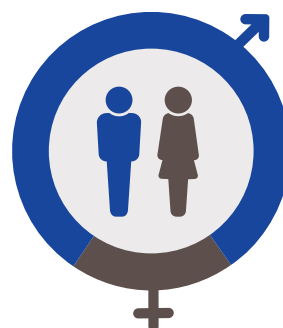


25%
crack
cocaine

Powder cocaine

78%
Male

22%
Female



32 years
median age

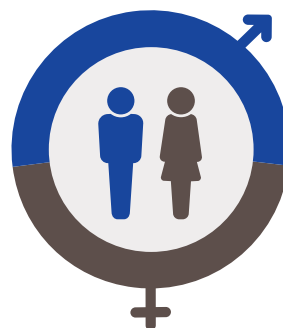


39%
employed

Crack cocaine

54%
Male

46%
Female



40 years
median age



7%
employed

The median age entering treatment for opioids rose from 34 years in 2017 to 40 years in 2024. More than one-half (50.9%) of cases entering treatment for opioids were aged 40 years and over in 2024, compared with just over one-quarter of cases in 2017 (26.7%).

Polydrug use was common and reported by 65.3% of cases entering treatment for opioids. The most common additional drugs were cocaine (62.9%), benzodiazepines (47.0%) and cannabis (40.5%). Just under one-half of cases (47.1%) entering treatment for opioids in 2024 had ever injected and 74.9% of those reported currently injecting.

Tiina Lynch and Paula Tierney

- 1 Lynch T, Tierney P and Lyons S (2025) *National Drug Treatment Reporting System, 2024 Drug Treatment Demand*. HRB StatLink Series 23. Dublin: Health Research Board. Available from: <https://www.drugsandalcohol.ie/43052>

Merchants Quay Ireland annual review, 2023

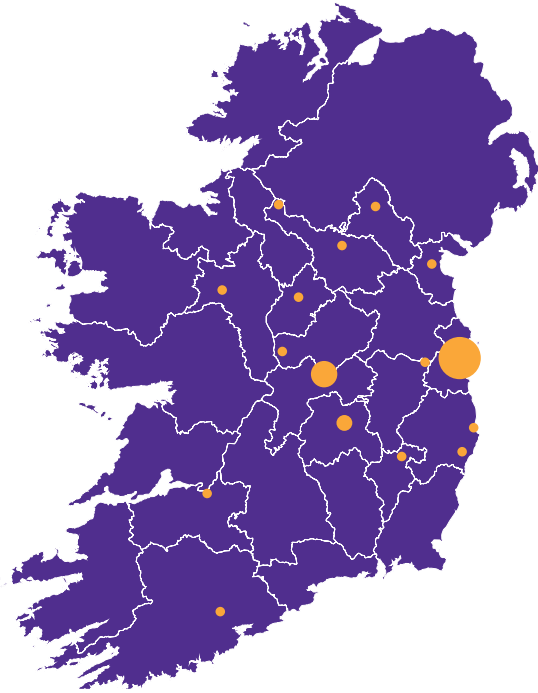
Merchants Quay Ireland (MQI) is a national voluntary agency providing services for homeless people and those who use drugs. There are 27 MQI locations in 14 counties in the Republic of Ireland (see Figure 1). MQI aims to offer accessible, high-quality, and effective services to people dealing with homelessness and addiction to meet their complex needs in a non-judgemental and compassionate way. This article highlights services provided by MQI to people who used drugs in Ireland in 2023.¹

Harm reduction services

The aim of harm reduction is to minimise the risks stemming from sharing drug paraphernalia. In 2023, a total of 3,156 people were provided with 25,905 health-led interventions. This number includes needle exchange in the MQI Riverbank Centre.

Community detoxification and opioid substitution therapy

In 2023, MQI increased from one to three the number of addiction case workers at the Riverbank Centre. Addiction case workers work closely with the mental health team to provide a dual diagnosis support structure for clients facing both addiction and mental health problems. The addiction team carried out 1,197 addiction interventions with clients in 2023, ranging from offering support to clients on opioid substitution therapy (OST) and ensuring robust care planning, to community detox; 18 alcohol and 14 benzodiazepine detoxes were completed with clients in the community during 2023. Three detoxes were also carried out with clients who self-reported polysubstance misuse.



Source: *MQI annual review 2022*, p. 40

The 14 counties are Dublin, Wicklow, Carlow, Cork, Limerick, Offaly, Westmeath, Laois, Louth, Longford, Roscommon, Cavan, Monaghan, Kildare.

Figure 1: MQI locations in the Republic of Ireland

Community engagement

A Community Engagement Team operates in the neighbourhood around Riverbank, Dublin in order to strengthen relationships with the local community and stakeholders, and proactively engage with clients and people sleeping rough in the area. The team also responds to calls and queries from the general public in relation to the local area, as well as collecting drug litter. The team carried out 816 patrols in 2023, and engaged with 525 residents and local businesses while collecting 4,809 items of drug litter.

Merchants Quay Ireland annual review

continued

Counselling service

The addiction counselling service in MQI's Riverbank Centre offers holistic support to individuals who are dealing with substance misuse and homelessness. A counsellor offers one-to-one assistance for mental health and life issues such as depression, anxiety, low mood, bereavement, mental ill health, and family and relationship issues. In 2023, a total of 360 counselling sessions were provided to clients.

Midlands services

Drug and Alcohol Treatment Supports

MQI's Drug and Alcohol Treatment Supports team provides a community-based drug and alcohol treatment support service for individuals aged over 18 years, and their families, in the Midlands area (counties Longford, Westmeath, Laois, and Offaly). Services provided include an outreach-based crisis support service, mobile harm reduction, needle and syringe exchange, rehabilitation and aftercare support, as well as support for families affected by substance use. In 2023, this service provided 4,791 interventions to 415 individuals. In addition, 13,954 needles were distributed as part of the mobile needle exchange programme. Seventy new clients were referred to the family support specialist last year.

Recovery services

St Francis Farm residential detoxification and rehabilitation

Located in Tullow, Co Carlow, the St Francis Farm (SFF) Detox Unit offers 24-hour medically supervised residential detoxification and individually tailored treatment plans for men and women aged over 18 years. The new purpose-built detox unit can accommodate up to 10 residents

at any one time. In 2023, there were 319 referrals to the detoxification unit, an increase of 35% on 2022. The number invited for assessment was 239 and out of these, 195 clients attended for assessment. Overall, during 2023, there were 49 admissions to the detox unit, which again represented an increase from 2022 of 37%. These admissions were a combination of clients detoxifying from the following substances: methadone and benzodiazepine, methadone only, benzodiazepines only, and suboxone. The report noted that completion rates from the detox unit were extremely strong in 2023, at 84% (41 clients). Out of this group, 27 participants progressed to the SFF rehabilitation facility.

The rehabilitation programme offers one-to-one support and care planning, group work, self-esteem seminars, assertiveness training, anger management, art work and relapse prevention training. Service users also receive education in first aid, overdose prevention, life skills, and budgeting. There were 177 referrals into the rehabilitation programme during 2023 that met the programme criteria. A total of 85 people were invited for assessment and 80 people took up the offer. Overall, there were 49 admissions to the rehabilitation unit (a 23% increase on 2022), 27 of whom were admitted directly from the detox unit. The unit achieved an overall bed occupancy rate of 77% during the year. Of the 48 clients discharged during 2023, 33 successfully completed the entire programme (69%, which was consistent with the 2022 achievement of 67.5%).

Merchants Quay Ireland annual review

continued

Prison-based services

Addiction Counselling Service and Mountjoy Drug Treatment Programme

MQI, in partnership with the Irish Prison Service, delivers a national prison-based Addiction Counselling Service aimed at prisoners with drug and alcohol problems in 12 Irish prisons. This service provides structured assessments, one-to-one counselling, therapeutic group work, and multidisciplinary care, in addition to release-planning interventions with clearly defined treatment plans and goals. Services offered include:

- Brief interventions
- Motivational interviewing and motivational enhancement therapy
- A 12-step facilitation programme
- Relapse prevention and overdose reduction
- Cognitive behavioural therapy
- Harm reduction approaches
- Individual care planning and release planning.

In 2023, counselling supports were provided to 2,035 people and these individuals were provided with a total of 14,947 interventions. MQI also relaunched the Treatment and Recovery Programme in Mountjoy Prison in 2023. This programme aims to support people who have become drug-free in prison. In 2023, there were five programmes delivered, with a completion rate of 85%.

Medically Supervised Injecting Facility

Following a tendering process, MQI was selected by the HSE as the preferred provider to operate Ireland's first medically supervised injecting facility. Located in the Riverbank Building on Merchant's Quay in Dublin, where other healthcare and harm reduction services are currently provided, the facility opened in December 2024 and will initially run as an 18-month pilot, subject to independent evaluations at 6-month and 18-month periods.

Seán Millar

- 1 [Merchants Quay Ireland \(2024\) *Merchants Quay Ireland Annual Review 2023*. Dublin: Merchants Quay Ireland. Available from: <https://www.drugsandalcohol.ie/41841/>](https://www.drugsandalcohol.ie/41841/)

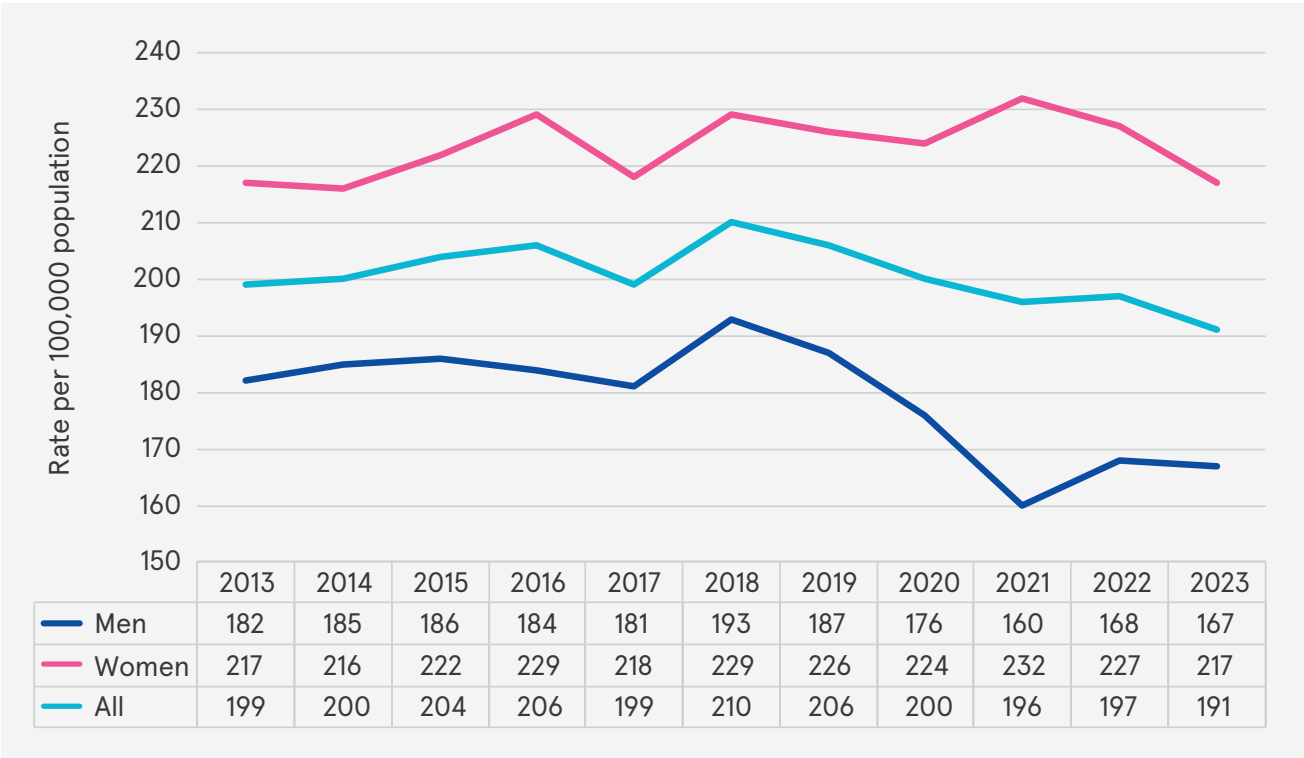


National Self-Harm Registry Ireland annual report, 2022 and 2023

In March 2025, the National Suicide Research Foundation published the 2022–2023 National Self-Harm Registry Ireland annual report.¹ The report contains information relating to every recorded presentation of deliberate self-harm to acute hospital emergency departments in Ireland in 2022 and 2023, as well as details of complete national coverage of cases treated. All individuals who were alive on admission to hospital following deliberate self-harm were included, along with the methods of deliberate self-harm that were used. Accidental overdoses of medication, street drugs, or alcohol were not included.

Rates of self-harm

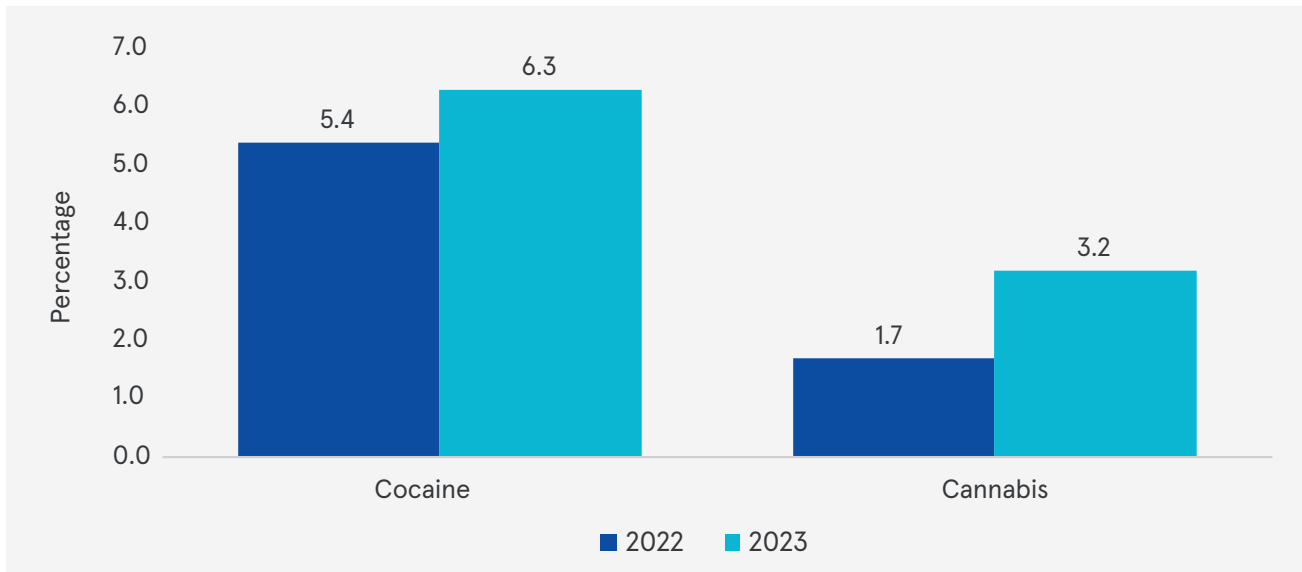
In 2022, National Self-Harm Registry Ireland estimated that there were a total of 12,705 self-harm presentations made by 9,748 individuals. In 2023, it estimated that there were a total of 12,792 presentations made by 9,786 individuals that year. The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following self-harm in 2022 was 197 per 100,000 population and in 2023 was 191 per 100,000 population (Figure 1). These rates are similar to the rate recorded in 2021 and are 12% lower than the peak rate recorded by the Registry in 2010 (223 per 100,000 population).



Source: National Suicide Research Foundation (2025)
'All' in the legend refers to the rate for both men and women per 100,000 population.

Figure 1: Person-based rate of deliberate self-harm from 2013 to 2023, by sex

National Self-Harm Registry annual report continued



Source: National Suicide Research Foundation (2025)

Figure 2: Cannabis and cocaine involvement in self-harm presentations, 2022 and 2023

In 2022 and 2023, respectively, the national male rate of self-harm was 168 per 100,000 population in 2022 and 167 per 100,000 in 2023, which was 5% higher than the rate in 2021. The female rate was 227 per 100,000 in 2022 and 217 per 100,000 in 2023, marking a 6% reduction in the female self-harm rate since 2021. With regard to age, the peak rate for men in both 2022 and 2023 was among 20–24-year-olds, at approximately 400 per 100,000. The peak rate for women was in the 15–19-year-old age group, at 850 per 100,000 in 2022 and 725 per 100,000 in 2023.

Self-harm and drug use

Intentional drug overdose (IDO) was the most common form of deliberate self-harm reported in 2022 and 2023, occurring in 59% of episodes. As observed in 2021, overdose rates were higher among women (63%) than among men (53%). Minor tranquillisers and major tranquillisers were involved in 29% and 11% of drug overdose acts, respectively. In total, 36% of male overdose cases and 51% of female overdose cases involved analgesic drugs, most commonly paracetamol, which was involved in 35% of all drug overdose acts. In 70% of cases, the total number of tablets

taken was known, with an average of 28 tablets taken in episodes of self-harm that involved a drug overdose.

Illegal or street drugs were involved in 13% of male and 3% of female IDOs, respectively. Cocaine and cannabis were the most common street drugs recorded by the registry. Figure 2 presents information on cocaine and cannabis involvement in self-harm presentations in 2022 and 2023. Of all presentations in 2022, cocaine was involved in 5.4% of presentations while cannabis was involved in 1.7% of presentations. In 2023, this increased such that 6.3% of presentations involved cocaine and 3.2% involved cannabis. A greater proportion of men used cocaine and cannabis in comparison to women (65% for cocaine and 69% for cannabis). For both drugs, the majority (61–66%) of presentations were among those aged 20–34 years.

Seán Millar

- 1 Joyce M, Chakraborty S, McGuigan JC, Hursztyn P, Nicholson S, Arensman E, Griffin E and Corcoran P (2025). *National Self-Harm Registry Ireland Annual Report 2022–2023*. Cork: National Suicide Research Foundation. Available from: <https://www.drugsandalcohol.ie/42850/>

Responses

What Works prevention and early intervention initiatives

In July 2025, the Minister for Children, Disability and Equality, Norma Foley, announced three initiatives to support prevention and early intervention programmes for children and young people in Ireland.¹ They are being funded through the What Works prevention and early intervention initiative. As with previous activities under the What Works initiative, there are synergies with drug prevention activities.

What Works

What Works: Sharing Knowledge, Improving Children's Futures is an initiative of the Department of Children and Youth Affairs (DCYA) that was launched in June 2019. It was a rebrand of the Quality and Capacity Building Initiative that the DCYA had been developing since 2016. What Works seeks to embed and enhance knowledge and quality in prevention and early intervention activities in children and young people's policy, service provision, and practice. When it started, there were four core strands to the work: a data working strand; an evidence working strand; a professional development and capacity building working strand; and a quality working strand.²

2025 initiatives

The objective of the three new initiatives 'is to support prevention and early intervention initiatives and research that will improve outcomes for children and young people experiencing disadvantage, adversity and trauma'.¹ The three initiatives are described as follows:

- 1 The Enhancing Quality Fund 2025 aims to support organisations to improve the monitoring, evaluation, and analysis of their prevention and early intervention initiatives. It is open to not-for-profit organisations that work with children, young people, and their families, and that have a strong emphasis on prevention and early intervention. Grants of up to €30,000 are available, with a total fund value of €300,000. The closing date for applications was 22 August 2025.
- 2 Between July and October 2025, a series of four 90-minute webinars will be held that are aimed at commissioners, practitioners, and stakeholders interested in applying evidence-based research to support the development of prevention and early intervention policy and services.³ The webinars will be delivered by the United Kingdom-based organisation Foundations: What Works Centre for Children & Families. Foundations developed the What Works Ireland Evidence Hub, which provides information about prevention and early intervention programmes that have been evaluated and shown to improve outcomes for children and young people, including outcomes related to drug use.⁴
- 3 The Prevention and Early Intervention Network (PEIN) has developed a learning module aimed at professionals who work with children and families. It is 'designed to embed a prevention-oriented, child-centred mindset across professional disciplines working with children and families'.¹ The 10 learning units cover themes such as trauma-informed practice, interagency collaboration,

Prevention and early intervention initiatives

continued

and children's rights. This third initiative provides research funding to evaluate the development, piloting, and implementation of this learning module.

Lucy Dillon

- 1 Department of Children, Disability and Equality (2025) Minister for Children Disability and Equality Norma Foley announces €330,000 in funding to support Ireland's Prevention and Early Intervention programmes for children and young people. Available from: <https://www.drugsandalcohol.ie/43634/>

- 2 Dillon L (2019) What Works: Sharing Knowledge, Improving Children's Futures. *Drugnet Ireland*, 71 (Autumn): 9.
- 3 For more information on the webinar series and to register for the events, visit <https://whatworks.gov.ie/resources/prevention-and-early-intervention-webinars-2025/>.
- 4 The What Works Ireland Evidence Hub can be found at <https://whatworks.gov.ie/hub-search/>.

Safe futures: Preventing youth recruitment into drug markets

The Safe futures: Identifying promising approaches, opportunities and barriers for interventions designed to prevent youth recruitment and participation in European drug markets projects was launched in June 2025.^{1,2} It is a 2-year project that aims to identify effective ways to prevent young people's involvement in European drug markets.

Project team

The project is a collaboration between the European Union Drugs Agency (EUDA) and the Research Evidence into Policy, Programmes and Practice (REPPP) team at the University of Limerick. Through its work, this team will bring together policy-makers, researchers, law enforcement agencies, and practitioners from across Europe to collaborate in a new

multidisciplinary Community of Practice with the aim of sharing knowledge and research and of informing and designing future interventions in the field.

Policy context

The prevention of young people from becoming involved in drug markets is a priority for the European Commission and the EUDA. One of the actions (Priority 4, Action 12) of the European Commission's *EU Roadmap to Fight Drug Trafficking and Organised Crime* focuses on preventing criminal networks from recruiting children and young people.³ Alongside this, Action 9 of the *EU Drugs Action Plan 2021-2025* specifically seeks to reduce recidivism among young drug-related crime offenders.

Safe futures

continued

A European conference on drug-related violence was held in November 2024. Discussions at the event underlined an urgent need for cross-sectoral collaboration in order to address drug-related violence and highlighted that targeted prevention mechanisms should include a focus on preventing young people and other at-risk groups from becoming involved in organised crime.

It is in this policy context that Safe futures has come about.

Project aims and objectives

The overall purpose of the Safe futures project is to enhance drug-related crime prevention efforts in Europe by:^{1,2}

- evaluating existing models and strategies for preventing the involvement of young people in drug markets and drug-related crime
- supporting linked network-building activities
- identifying possible facilitators of and barriers to the implementation of programmes in this area.

The specific objectives of the project are to:

- establish a multidisciplinary and jurisdictional Community of Practice in order to support and contribute to the project's activities
- conduct a desk review of literature on interventions, initiatives, and evaluations
- identify and review existing examples of practices and interventions
- identify critical success factors of and barriers to the development and implementation of interventions

- develop a conceptual framework and model in order to inform the development and implementation of interventions.

The project outputs are expected to contribute to a better understanding of future research, policy, and developmental needs and to inform future investments in this area at national and European level.¹

Lucy Dillon

- 1 European Commission (2023) *Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime*. COM(2023) 641 final. Brussels: European Commission. Available from: <https://www.drugsandalcohol.ie/39778/>
- 2 European Union Drugs Agency (2025) Launch of 'Safe futures': a project tackling the recruitment of young people into drug markets. Available from: https://www.euda.europa.eu/news/2025/launch-safe-futures-project_en REPPP, University of Limerick (2025) *Research Evidence into Policy, Programmes and Practice (REPPP) newsletter*, (1). Limerick: University of Limerick. Available from: <https://www.drugsandalcohol.ie/43641/>



EU Roadmap to fight drug trafficking and organised crime 2023

Organised crime that involves illicit drugs is viewed as the ‘most serious security threat facing Europe today, and the situation is escalating’ (p. 1).¹ On 18 October 2023, the European Commission adopted the *EU Roadmap to fight drug trafficking and organised crime*.¹ The roadmap is aligned with the European Commission’s ongoing implementation of the *European Union (EU) Strategy on Organised Crime 2021–2025*,² and the *EU Drugs Strategy and Action Plan 2021–2025*,^{3,4} hereafter called the EU strategies.

EU strategies and response

The EU strategies outline several ‘holistic EU polices’ that aim to target these threats (p. 2), such as:

- Evaluating the implementation of the EU drugs strategy.
- Several legislative proposals were put forward to enhance EU legislation. These include:
 - The EU Strengthening Asset Recovery and Confiscation Directive (Directive (EU) 2024/1260)
 - Amendment to Directive 2019/1153 enabling authorities to access central bank account registries, thus enhancing financial investigations
 - Strengthening the EU’s anti-money laundering rules
 - Reform of EU Customs Union
 - EU rules on combatting corruption.
- Law enforcement capabilities.
- The EU’s judicial response improved by establishing the European Public Prosecutor’s Office.

- The European Monitoring Centre for Drugs and Drug Addiction (now the European Union Drugs Agency) mandate has been strengthened.
- Developing the European Drug Alert System will inform national authorities of when new drugs will enter the market. (p. 3)
- The European Multidisciplinary Platform Against Crime Threats (EMPACT) which supports EU Member-State internal security is now permanent due to additional funding. (p. 3)

Priority actions

Increasing numbers of criminals are adapting to new opportunities to make money. In addition, they also benefit from enhanced societal interconnectedness, and technological advancements (p. 5).¹ In light of the ongoing changes within this context, it is considered vital that key agencies such as the European Commission, High Representative, European Parliament, the Council and EU Agencies and bodies combine their efforts around priority areas which have been identified for increased action. Such areas include the following:

- 1 Logistic hubs within the EU and non-EU countries need to be strengthened in order to overcome vulnerabilities that leave them open to criminal exploitation. Actions include mobilising the customs community against drug trafficking (p. 7); strengthening law enforcement operations in ports (p. 9); and a public-private partnership against drug smuggling and criminal infiltration (p. 11).¹
- 2 Law enforcement and judicial authorities require increased capabilities, thus enabling them to dismantle, disrupt and confiscate

profits of criminal networks (p. 6). Actions include mapping the criminal networks that pose the biggest threats to society (p. 11); a network of specialised prosecutors and judges to dismantle criminal networks (p. 12); facilitating financial investigations (p. 12); facilitating digital investigations (p. 13); unlocking the potential of Schengen Information System alerts (p. 15); and work towards a more robust legal framework against organised crime (p. 15).¹

- 3 Prevention is vital in order to ensure that people and businesses are not exploited by criminal networks (p. 6) Actions include preventing organised crime activities through administrative measures (p. 17), combatting the proliferation of designer precursors (p. 18); preventing criminal networks from recruiting children and young people (p. 19); and improving public safety and public health in areas affected by the use and sale of drugs and drug-related crime (p. 20).¹
- 4 International cooperation is viewed as essential in order to disrupt global criminal supply routes, and to support law enforcement and judicial cooperation improvements (p. 6). Actions include strengthening support to anti-drug trafficking operations in West Africa (p. 21); boosting EU cooperation with countries in Latin America and the Caribbean in the fight against organised crime (p. 22); forging alliances to address synthetic drug threats (p. 22) and strengthening law enforcement and judicial cooperation with uncooperative jurisdictions (p. 23).¹
- 5 Since the EU strategies were adopted, the European Commission, EU member states and EU agencies and bodies have worked together and provided support in the fight against crime (p. 24). Actions have included building a multidisciplinary community of policy-makers and practitioners through frequent dialogue. The European Commission aims to continue working with key stakeholders to implement the organised crime strategy and the actions identified

in this communication, with the aim of exchanging best practice, sharing information and operational cooperation and reflecting on future needs (p. 24). EU funding for 2023–2025 will be set aside to support the fight against organised crime.¹

Conclusion

The roadmap outlines key actions that are required at EU level to intensify the fight against criminal networks and drug trafficking.¹ The European Commission committed to further actions in 2024 and 2025, in collaboration with EU member states and EU agencies. The European Commission called on the European Parliament and Council to ‘fully endorse the priorities and medium- to long-term measures set out in this roadmap’ (p. 25).¹

Ciara H Guiney

- 1 European Commission (2023) *Communication from the Commission to the European Parliament and the Council on the EU roadmap to fight drug trafficking and organised crime*. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52023DC0641>
- 2 European Commission (2021) *Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the EU Strategy to tackle Organised Crime 2021–2025*. Available from: https://sherloc.unodc.org/cld/uploads/res//treaties/strategies/european_union/
- 3 European Union (2021) EU Drugs Strategy 2021–2025 2021/C 102 I/01 INTRODUCTION – Aim, foundations and approach. *Official Journal of the European Union*. Available from: [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021XG0324\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021XG0324(01))
- 4 European Union (2021) EU Drugs Action Plan 2021–2025 2021/C 272/02. *Official Journal of the European Union*, ST/9819/2021/INIT. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021XG0708%2801%29>



National Drugs Library

Updates

Recent publications

Prevalence and current situation

Associations and mediating factors between adverse childhood experiences and substance use behaviours in early adulthood: a population-based longitudinal study

Mongan D, Millar S, Brennan M, *et al.* (2025)
Addict. Behav. 161, 108194.
<https://www.drugsandalcohol.ie/42204/>

Breaking barriers: a qualitative exploration of healthcare access for crack cocaine users in Limerick

Duopah YA, Moran L, Elmusharaf K, *et al.* (2024)
BMC Health Serv. Res. 24, 1450.
<https://www.drugsandalcohol.ie/42321/>

Barriers and enablers for adolescents accessing substance-use treatment: a systematic review and narrative synthesis

James PD, Nash M and Comiskey CM (2024)
Int. J. Ment. Health Nurs. 33, (6), pp. 1687–1710.
<https://www.drugsandalcohol.ie/42288/>

Amid magic and menace: psychiatrists' attitudes to psilocybin therapy

Gribben A, Burke T, Harrington C, *et al.* (2024)
Ir. J. Psychol. Med. 41, (4), pp. 451–459.
<https://www.drugsandalcohol.ie/42222/>

Prevalence of self-harm among children and adolescents in the Republic of Ireland: a systematic review

Lynch S, Begley A, McDonnell T, Leahy D, Gavin B and McNicholas F (2024) *Ir. J. Psychol. Med.*, 42, (1), pp. 71–84.
<https://www.drugsandalcohol.ie/42290/>

A qualitative analysis of people who died by suicide and had gambling documented in their coronial file

Reynolds CME, Cox G, Lyons S, *et al.* (2025)
Addict. Behav. 163, 108267.
<https://www.drugsandalcohol.ie/42583/>

Recent publications

continued

Responses

Implementing culturally appropriate recovery approaches in mental health services: perspectives from the Irish Traveller community

Villani J, Kuosmanen T, McDonagh M, *et al.* (2024) *Ir. J. Psychol. Med.* Early Online, pp. 1–9.
<https://www.drugsandalcohol.ie/42318/>

Examination of patients presenting to the emergency department as “apparently drunk”

Hanrahan MT, O’Mahony M, McLoughlin D and Sheahan A (2025) *Ir. J. Med. Sci.* 194, pp. 375–384.
<https://www.drugsandalcohol.ie/42545/>

Policy

Editorial. A chance for countries to support Ireland’s world-leading cancer warning labels for alcohol containers

O’Brien P, Gleeson D, Kuntsche E, *et al.* (2024) *Drug and Alcohol Review*, 44, (2), pp. 385–388.
<https://www.drugsandalcohol.ie/42305/>

Consumer reactions to multiple and single health warnings on static alcohol ads: a factorial survey experiment with a convenience sample of adults in Ireland

Filipova V, Hooper D and Kenny P (2024) *Drug and Alcohol Review*, 44, (2), pp. 389–402.
<https://www.drugsandalcohol.ie/42439/>

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