The newsletter of Ireland's focal point to the EUDA

drugnet Ireland

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In this issue

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New psychoactive substances identified in Ireland 2021–2025

A new psychoactive substance (NPS) can be described as a new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions. Health harms associated with NPS range from seizures to agitation, aggression, intoxication, acute psychosis as well as dependence.

In order to rapidly detect and assess threats posed by NPS, the European Union Early Warning System (EWS), was established by the European Union Drugs Agency (EUDA) in 1997. The system is composed of a multisectoral, multidisciplinary, and multiagency network, which includes the EUDA, 29 national early warning systems (27 European Union Member States, Turkey, and Norway), Europol and its law enforcement networks, the European Medicines Agency, and the European Commission.

When an NPS is identified for the first time in a country, that country's national early warning system reports this to the EUDA; the report includes chemical and analytical information, as well as the circumstances of the event. If this is the first time the NPS has been identified in Europe, a formal notification is circulated by the EUDA through the national early warning systems.

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HRB Health Research Board

Research. Evidence. Action.

Contents

The policy, research, and other documents covered in this issue of *Drugnet Ireland* have all been retrieved by the HRB National Drugs Library and may be accessed on its website **www.drugsandalcohol.ie**

New psychoactive substances
continued

Between 2021 and 2025, 57 new NPS were reported by Ireland (via the Health Research Board (HRB)) to the EUDA (Table 1); 45 NPS were identified through seizures from Forensic Science Ireland, and 12 were collected samples from the Health Service Executive (HSE) National Drug Treatment Centre. Almost all collected samples were obtained through the HSE 'back of house' drug checking service that has been provided at a number of festivals in Ireland since 2022. Cannabinoids were the most common NPS identified, with semi-synthetic cannabinoids identified for the first time in 2023. Four opioid NPS were identified; all were nitazenes, which have been responsible for a considerable number of poisonings both in Ireland and in other European countries. For three NPS identified in Ireland – Hexahydrocannabinol-C8, 6-(4-chlorophenyl)-1-methyl-4H-[1,2,4] triazolo[4,3-a][1,4]benzodiazepine, and 1-[2-(3,4-dimethoxyphenyl)-1-methylethyl]-pyrrolidine – this was the first time each was identified in Europe.

According to the EUDA, the availability of NPS in Europe is at an historic high. There are currently in excess of 1,000 NPS being monitored by the EUDA, with 47 NPS notified for the first time in 2024. Emerging threats include semi-synthetic cannabinoids in vapes and edibles, and highly potent nitazene opioids.[1]

A full list of all NPS identified in Ireland from 2021 to 2025 is provided in Table 2.

Table 1: NPS identified in Ireland 2021–2025, by drug type

	2021	2022	2023	2024	2025	2021–2025
Cannabinoids	5	4	2	2	2	15
Semi-synthetic cannabinoids	0	0	1	1	3	5
Cathinones	2	1	0	1	2	6
Benzodiazepines	0	4	2	1	1	8
Opioids	0	2	1	1	0	4
Indolalkylamines	0	1	0	0	4	5
Arylcyclohexylamines	1	0	2	2	1	6
Other	0	3	4	1	0	8
Total	8	15	12	9	13	57

New psychoactive substances
continued

Table 2: Full list of NPS identified in Ireland from 2021 to 2025

Cannabinoids	Cathinones	Indolalkylamines
4F-MDMB-BICA	N-ethylpentedrone	AMT
5F-MDMB-PINACA (5F-ADB)	2-MMC (2-methylmethcathinone)	EPT
5F-EDMB-PICA	2-CMC (2-chloromethcathinone)	4-HO-MiPT
5F-MDMB-PICA	3-CMC (3-chloromethcathinone)	4-AcO-MET
5F-3,5-AB-PFUPPYCA	4-CMC (Clephedrone)	5-MeO-DMT
ADB-4en-PINACA	Fluoro-methyl-PVP	**Arylalkylamines**
ADB-B-5Br-INACA	**Opioids**	M-ALPHA
ADB-BUTINACA	Protonitazene	1T-LSD
ADB-FUBIACA	Protonitazepyne	2C-B-Fly
CH-FUBBMPDORA	Butonitazene	Beta-hydroxy-2C-B
CUMYL-5F-P7AICA	Metonitazene	5-MAPB
EDMB-PINACA	**Benzodiazepines**	**Arylcyclohexylamines**
MDMB-4en-PINACA	Desalkylgidazepam	Deschloroketamine
MDMB-BINACA	Clobromazolam	Deoxymethoxetamine
MDMB-FUBINACA	Flualprazolam	3-MeO-PCE
Semi-synthetic cannabinoids	Bromazolam	2-fluorodeschloroketamine
Hexahydrocannabinol (HHC)	Flubromazepam	**Other**
Hexahydrocannabihexol (HHCH)	Etizolam	Xylazine
Hexahydrocannabiphorol (HHC-P)	Meclonazepam	2,5-Dimethoxy-4-methylamphetamine
Hexahydrocannabinol-C8	6-(4-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4] benzodiazepine	1-[2-(3,4-dimethoxyphenyl)-1-methylethyl]-pyrrolidine
Delta-8-THC-O-acetate		4-Fluoromethylphenidate
		2-fluoromethamphetamine

Deirdre Mongan

1 European Union Drugs Agency (2025), *European Drug Report 2025: Trends and Developments*. Available from: https://www.euda.europa.eu/publications/european-drug-report/2025_en

Policy and legislation

Support for alcohol policies and its association with knowledge of alcohol-related health consequences: findings from Ireland compared with four other EU countries

Background

Alcohol use is a major global health burden. However, effective alcohol policies are often challenging to implement due to public and political resistance. Research shows that where public knowledge of the risks associated with alcohol use (particularly about the risk between alcohol and cancer) support for stronger policy measures increases. A study conducted with respondents in five European Union (EU) countries, including Ireland, examined how knowledge of alcohol-related harms influences policy support and whether this relationship differs by policy type.[1]

Here, we examine findings from the Irish respondents and how they compare with the four other EU countries.

Methods

The cross-sectional online survey examined EU countries that were specifically selected for their varied drinking patterns, and assessed the level of knowledge of alcohol-related cancer, beliefs about alcohol's health effects, policy support, and drinking behaviours. Regression modelling tested associations with knowledge and other factors.

Results

Support for alcohol control policies differed across the 15 included measures. Educational and supportive interventions received the strongest public support, and pricing and availability restrictions were the least supported. Greater knowledge of the association between alcohol use and cancer was associated with increased support for both point-of-sale regulations and pricing/availability policies. However, believing alcohol is good for the heart was associated with lower support for several restrictive measures. Women, older adults, and those with higher education were more supportive of policies, while heavier drinkers and those who reported higher frequencies of getting drunk were less supportive.

Findings from Ireland

Figure 1 indicates that respondents in Ireland showed the greatest awareness of the risk of cancer associated with alcohol use (69.9%, compared with 64.9% of the countries combined).

Support for alcohol control policies

continued

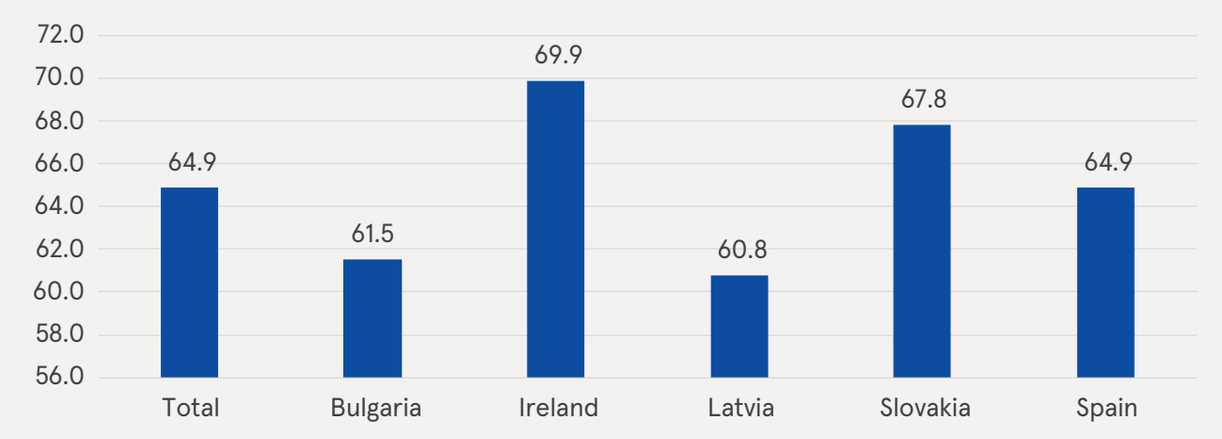


Figure 1: Percentage of respondents who were aware that drinking alcohol can cause cancer

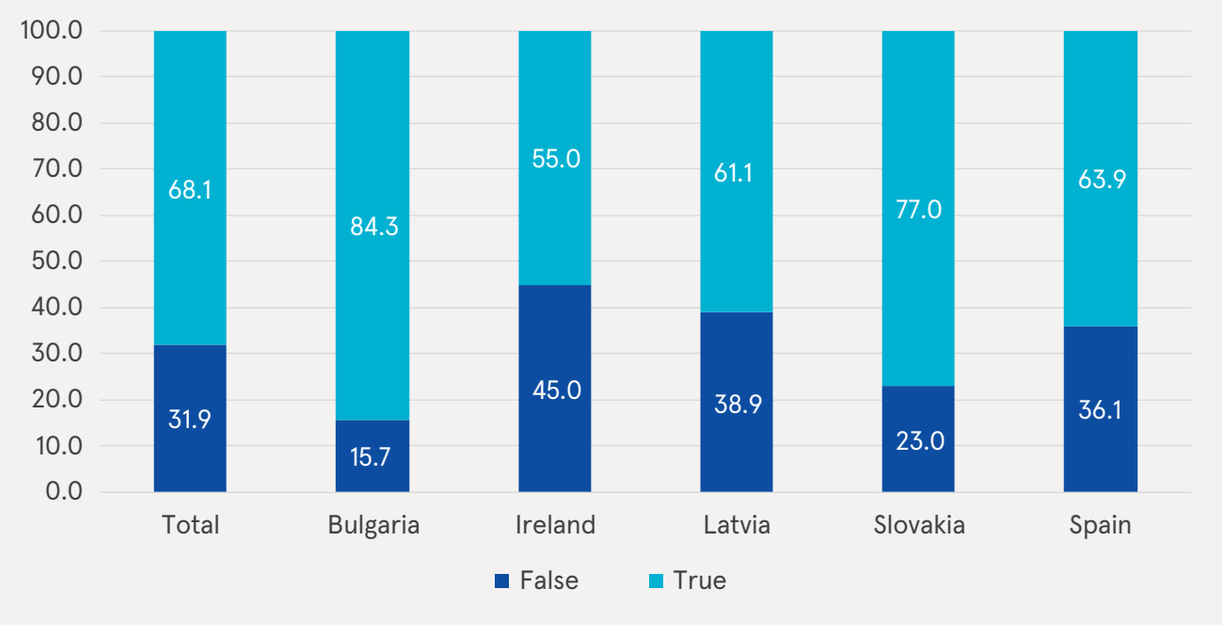


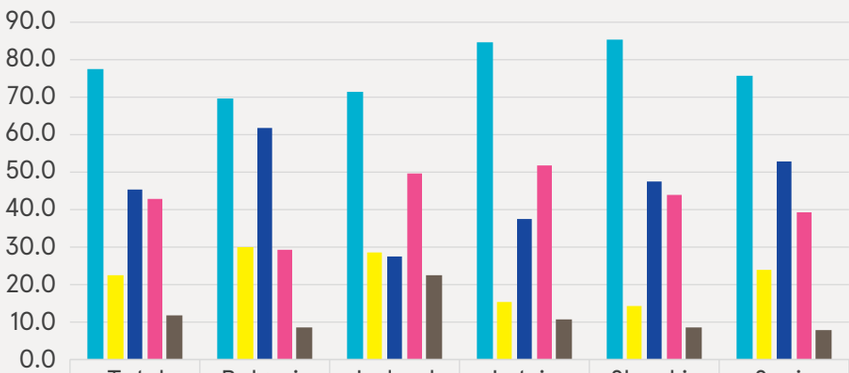
Figure 2: Percentage of respondents who reported believing that one glass of wine per day is good for the heart

Respondents in Ireland were more likely than respondents in the other EU countries in the study to know that one glass of wine per day is not good for your heart (45.0%, compared with 31.9% for the study average) (Figure 2).

Hazardous alcohol use was common among Irish respondents. Only Bulgaria (30.2%) reported greater incidence of drinking seven drinks or more per week, with respondents in Ireland following closely behind (28.7%) (Figure 3). A substantially higher proportion of getting drunk at least weekly (22.7%) was reported by Irish respondents, twice the study sample average (11.7%).

Support for alcohol control policies

continued



	Total	Bulgaria	Ireland	Latvia	Slovakia	Spain
Drinks 6 drinks per week or less	77.6	69.8	71.3	84.7	85.5	75.9
Drinks 7+ drinks per week	22.4	30.2	28.7	15.3	14.4	24.1
Never gets drunk	45.3	61.9	27.6	37.5	47.4	52.8
Gets drunk less than weekly	43.0	29.3	49.7	51.8	44.1	39.2
Gets drunk at least once per week	11.7	8.7	22.7	10.7	8.5	7.9

Figure 3: Number of drinks consumed and frequency of getting drunk per week (%)

Discussion

The findings from this study indicate that awareness of the link between alcohol and cancer is associated with greater support for restrictive alcohol-control policies, including pricing, availability, and point-of-sale regulations. These findings replicate similar studies conducted in Australia, the United Kingdom (UK) and the United States of America (USA).

Irish respondents displayed a greater awareness of the cancer risk associated with alcohol use compared with other countries, and more Irish respondents were aware that drinking a glass of wine is good for your heart is not true. However, Irish respondents reported greater hazardous alcohol use despite this increased awareness.

Anne Doyle

1 Kokole D, Neufeld M, Olsen A *et al.* 2026. Support for alcohol policies and its association with knowledge of alcohol-related health consequences: findings from 5 EU countries. *Eur. J. Public Health*. Available from: https://doi.org/10.1093/eurpub/ckag008.

EU drugs strategy

In early December 2025, the European Commission published the new EU Drugs Strategy.[1] The strategy is structured around five pillars (see Figure 1,) each of which is made up of a set of strategic priorities. It summarises the key priorities and how they relate to delivery at the levels of the European Commission, the European Drugs Agency (EUDA) (and other relevant EU agencies), and Member States. The pillars and key priorities, as presented in the strategy document, are outlined below.

Pillar 1: To enhance EU and national preparedness to anticipate and respond to drug-related health and security threats

Key priorities

The European Commission and Member States, with the support of relevant EU agencies, should:

- facilitate knowledge sharing and the identification of research priorities via research dialogues
- coordinate operational support and dissemination of innovative practices and solutions to relevant actors in the drug sector.

In line with its extended mandate, the EUDA will:

- upgrade the EU early warning system to identify swiftly and systematically new psychoactive substances and disseminate this information to the Member States
- implement a European drug alert system to issue targeted rapid health and security alerts on serious drug-related risks
- develop threat assessments on new drug-related health and security threats and carry out a specific threat assessment on highly potent synthetic opioids in Europe
- improve the timely monitoring of the drug situation by scaling up EU-wide data collection, notably building on rapid reporting from the Reitox National Focal Points.

Member States are encouraged to:

- develop national preparedness and response measures with actions to anticipate and mitigate new and emerging drug-related threats.

Pillar 2: To protect public health via evidence-based preventive approaches and treatment

Key priorities

The European Commission will:

- step up efforts on preventive health, rolling out the Healthier Together – EU non-communicable diseases initiative
- take forward its flagship projects under the communication on a comprehensive approach to mental health.

The EUDA will:

- support Member States in designing effective awareness-raising activities on the impact of drug use and drug trafficking

EU drugs strategy
continued

- develop and promote EU-wide comprehensive guidance on minimum quality standards and advise Member States on implementing effective prevention and treatment.

Member States are encouraged to:

- step up universal and environmental health prevention and develop and implement evidence-based prevention activities specifically designed for groups in vulnerable situations and young people
- strengthen the availability of evidence-based treatment options integrated in a continuum of care and addressing increased stimulant use
- promote the integration of people using drugs, via social support measures, as well as strengthen and expand the availability of alternatives to pre-trial detention and coercive sanctions for drug-related offences.

Pillar 3: To improve security and protect society by addressing drug production and trafficking and combatting criminal infiltration

Key priorities

The European Commission will:

- implement, in close collaboration with Member States and relevant EU agencies, the dedicated EU action plan against drug trafficking
- evaluate the existing Framework Decision on drug trafficking in 2026
- deliver an EU Ports Strategy with a strong focus on port security
- work with the co-legislators to advance the swift adoption of the new rules on precursors
- assess the feasibility of establishing a new EU-wide system to track financing related to both organised crime and terrorism.

The EUDA, with the support of the European Multidisciplinary Platform Against Criminal Threats (EMPACT), will:

- develop a European database on drug production incidents.

Member States are encouraged to:

- reinforce national authorities' capacities to detect, investigate and prosecute drug trafficking
- incorporate into national law and implement the strengthened rules on asset recovery and confiscation
- detect and prevent criminal infiltration into legal businesses through the administrative approach.

Pillar 4: To address drug-related harm to protect individuals and society with measures that address individual health as well as social and environmental damages

Key priorities

The European Commission will:

- develop and disseminate, through the EU Crime Prevention Network, a dedicated EU toolbox to address the recruitment of minors by criminal networks
- leverage the strengthened EMPACT framework for operational law enforcement cooperation to tackle illicit drug production facilities as part of the implementation of the action plan against drug trafficking.

EU drugs strategy
continued

The EUDA will:

- develop the European Harm Reduction Curriculum to support capacity-building on harm reduction interventions across the EU
- work closely with Member States to develop and implement their crime prevention measures in support of local communities and young people.

Member States are encouraged to:

- increase the availability of harm and risk reduction interventions and coverage to reduce drug overdoses, deaths, and blood-borne infections across the EU
- adopt zero-tolerance policies for driving under the influence of drugs, in line with the Driving Licence Directive, and make full use of available cross-border tools to enforce these rules
- make full use of the new Environmental Crime Directive to respond to the environmental challenges arising from drug production and trafficking.

Pillar 5: To build strong partnerships to address the drug situation, in particular with third countries and regions

Key priorities

The European Commission, in cooperation with the Council of the EU and Member States, will:

- strengthen international dialogues on drugs with third countries and regions, including efforts to reinforce and expand international alliances against synthetic drugs
- continue to lead EU participation in UN drug policy processes and promote a human rights and balanced approach to drug policy.

The European Commission, with the support of EU agencies, will:

- strengthen operational cooperation to address drug trafficking with candidate countries and key third countries and regions
- join efforts with Member States to drive forward the European Coalition against Drugs.

The European Commission and Member States should:

- step up engagement with the Civil Society Forum on Drugs
- promote public-private partnerships on drug policy.

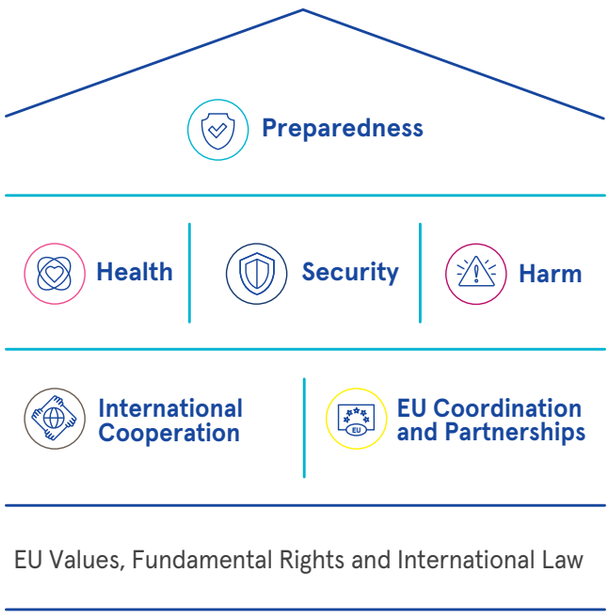


Figure 1: EU Drugs Strategy framework of strategic pillars (p. 2)[1]

EU drugs strategy
continued

Concluding comment

The new EU Drugs Strategy reflects the complexity of the issues facing the EU, its agencies and Member States in relation to drugs and the harms they can cause. It highlights the need for a coordinated policy response across Member States that supports effective health, social and security measures to meet current challenges and to be prepared for those in the future. By identifying priorities at the Member State level, the strategy allows for national drugs strategies to take account of these. Ireland's draft national drugs strategy for Ireland has sought to align itself with its European counterpart.

Lucy Dillon

1 European Commission (2025) Communication from the European Commission to the European Parliament and the Council on the EU Drugs Strategy. Brussels: European Commission. COM(2025) 743 final. Available from: https://www.drugsandalcohol.ie/44723/

Draft national drugs strategy 2026–2029

A draft of the new national drugs strategy 2026–2029 was published by the Department of Health in February 2026 for public consultation.[1] It outlines the vision, pillars, principles and enabling measures that will form Ireland's "integrated, equitable and evidence-based response to drug and harmful alcohol use" (p. 1).[1]

A strategy for alcohol and other drugs

As with its predecessor, the draft strategy is concerned with the use of alcohol and other drugs. The draft strategy describes its approach to 'drug and harmful alcohol use', with harmful alcohol use defined as "patterns of alcohol use that result in adverse physical or psychological harm or lead to dependency on alcohol, including alcohol use disorder" (p. 7).[1] The previous national drug and alcohol strategy *Reducing Harm, Supporting Recovery* did not make this distinction between alcohol and other drug use in its working definition. It worked to a definition of substance misuse as "the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines" (p. 7).[2]

A health-led approach

The draft strategy reiterates the Government's commitment to a health-led approach to drug use. While having a heavy focus on the health domain, it also recognises the complex nature of drug use and the need for action across other public policy areas, including housing, education, employment support, and the criminal justice system.

Vision, strategic pillars and principles of the draft strategy

This section outlines the vision, strategic pillars, and principles underlying the draft strategy, as they appear in the document (p. 19).[1]

Draft national drugs strategy

continued

Vision

A society where the harms from drug and alcohol use are minimised for individuals, children, families and communities and where health and social care for those affected is high quality, accessible, equitable, person-centred, integrated and recovery oriented.

Strategic pillars

There are five strategic pillars proposed:

- Protect individuals, children, families and communities from the harmful effects of drug and alcohol use
- Provide equitable access to high-quality drug and alcohol services across health regions and population groups
- Champion recovery in drug and harmful alcohol treatment, community services and in public policies
- Prioritise health supports for people in contact with the criminal justice system due to drugs or harmful alcohol use
- Prepare for and respond effectively to a more dynamic and global drugs market.

A set of actions is outlined under each strategic pillar. A total of 30 actions are proposed for 2026–2027, at which point a new set of actions will be adopted.

Principles

The strategic pillars are underpinned by the following principles:

- Respond to drug use from a health perspective, with an emphasis on prevention, harm reduction and treatment
- Commitment to health equity, including the right to health for people who use drugs and the right of the child to be protected from the harmful effects of drug and alcohol use
- Engagement with people with lived and living experience in the design and delivery of services, including measures to reduce stigma
- Collaborative working within Government and between Government, state agencies, civil society and impacted communities to address both the causes and consequences of drug use
- Recognition of the diverse social and cultural needs of women and minority groups impacted by drug and harmful alcohol use and for mainstreaming of gender-sensitive responses and interventions
- Integrated responses to the harms of alcohol and drug use, with a particular focus on the treatment of polydrug use.

Next steps

The strategy is based on the findings of a number of national activities and outputs:

- The findings of the evaluation of the national drug strategy (2017–2025)[3]
- The findings of the Citizens' Assembly on Drugs Use[4]
- A report on stakeholder consultations carried out on the new national drugs strategy[5]
- Analysis of trends in drug and alcohol use and the associated harms.

Further public consultation is being undertaken by the Department of Health on this draft strategy. A six-week public consultation on the draft strategy was launched in late February 2026 to run to April 2026. A summary report on the responses to this consultation will be published and the final strategy published. No publication date for the strategy has been announced.

Draft national drugs strategy
continued

Lucy Dillon

1 Department of Health (2026) *Draft National Drugs Strategy 2026-2029*. An integrated, equitable and evidence-based response to drug and harmful alcohol use. Dublin: Department of Health. Available from: https://www.drugsandalcohol.ie/45067/

2 Department of Health (2017) *Reducing harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017–2025*. Dublin: Department of Health. Available from: https://www.drugsandalcohol.ie/27603/

3 Grant Thornton (2025) *Evaluation of the National Drug Strategy "Reducing Harm, Supporting Recovery 2017-2025"*. Dublin: Department of Health. Available from: https://www.drugsandalcohol.ie/43790/

4 Citizens' Assembly (2024) *Report of the Citizens' Assembly on Drugs Use*. Dublin: Citizens' Assembly. Available from: https://www.drugsandalcohol.ie/40393/

5 Healy G and Walsh K (2025) *Stakeholder consultations to inform the development of a successor national drug strategy: summary of key findings*. Dublin: Department of Health. Available from: https://www.drugsandalcohol.ie/44454/

Recent research

Drink-driving and road safety in Ireland: a crisis demanding urgent action

Background

A report by Alcohol Action Ireland (AAI), the national independent advocate for reducing alcohol harm, outlines a series of 10 recommendations for the Government to act upon in order to reduce road fatalities.[1] The recommendations come in response to the deadliest year on Irish roads since 2014, with 179 fatal collisions claiming 190 lives.

The report opens with a powerful foreword by Donna Price, the founder and president of the Irish Road Victims Association (IRVA), who describes the heartbreaking repercussions of losing someone in a road traffic collision (RTC):

> *'The impact does not end with the funeral. It lives on in our shattered lives. In the empty chair at the dinner table, in milestones never reached, in grandchildren never met, in ordinary days that suddenly feel unbearable.'*

The Government has committed to a 50% reduction in road deaths and serious injuries by 2030 in the Road Safety Strategy *Our Journey Towards Vision Zero*.[2]

Drink-driving and road safety
continued

The role of alcohol in road traffic collisions

Alcohol remains a major factor in RTCs, with evidence indicating that over one-third of driver fatalities between 2016 and 2020 had alcohol present in their system.[3] One in eight drivers admitted to drink-driving in 2025 according to research from the Road Safety Authority (RSA), a 20% increase on 2024.[4] Yet, the likelihood of getting caught is remarkably low. In fact, Ireland has the lowest level of roadside breath testing in the EU, and in 2024 there were just 5,007 incidents recorded on the PULSE database for drink-driving.[5] The data present the harsh reality that most drink-drivers are not detected.

AAI recommendations

AAI outline 10 evidence-based recommendations to reduce alcohol-related RTCs:

- Reduce population-level alcohol use by enhancing controls on price, marketing and availability to reduce alcohol-related RTCs
- Allow Emergency Department health professionals to take and store samples as evidence, in order to reduce opportunities for intoxicated drivers to evade accountability
- Provide drink-driving offenders with access to treatment, and enhance service provision
- Strengthen Garda resourcing
- Prioritise closing legal loopholes and providing additional civilian support to relieve gardaí of administrative burdens and time to police roads and operate checkpoints due to the high level of dismissals of drink-driving cases in court (37%); these are well below conviction rates seen in other countries
- Adopt the effective and cost-efficient system used in Australia, where every licensed driver is breath tested at least once annually
- Extend the blood sample collection window from 3 to 12 hours
- Carry out mandatory vehicle impoundment at the time of a failed breath test
- Introduce alcohol ignition interlocks and provide structured diversion programmes for offenders in order to help reduce reoffending and enhance public safety
- Conduct a welfare check on the family when a positive breath test is provided and there are children present in the vehicle.

Longer-term solutions to reduce alcohol use

Long-term solutions must also address Ireland's alcohol use. International evidence demonstrates clear links between alcohol affordability, licensing hours, and RTCs.[6] In Ireland, alcohol remains highly affordable, and proposed extensions to licensing hours risk worsening an already dangerous situation.[3,7] A 10% increase in alcohol prices has been shown to be associated with a 7% reduction in road deaths,[8] but alcohol excise duty has not been increased since 2014 and minimum unit pricing (MUP) has not been adjusted for inflation since its introduction in 2022.

Treatment is another essential component of any effective response. While more than one-half of Irish drinkers engage in hazardous drinking, and in excess of 500,000 people in Ireland have an alcohol use disorder (AUD), there were only 8,745 treatment cases for problem alcohol use in 2024.[9,10] Many repeat drink-driving offenders likely fall within this group, and in 2024 alone 263 drivers were arrested twice for drink-driving.[11]

Drink-driving and road safety
continued

Conclusion

Drink-driving remains a preventable cause of death and injury on Irish roads. Implementing evidence-based policies would save lives. A whole-of-government approach is essential. The time has come to end the silent acceptance of drink-driving and make Ireland's vision of zero road deaths by 2050 a reality.

Anne Doyle

1 Alcohol Action Ireland. *Alcohol and road safety*. Dublin: Alcohol Action Ireland 2026. Available from: https://www.drugsandalcohol.ie/45304/

2 Road Safety Authority. *Our Journey Towards Vision Zero: Ireland's Government Road Safety strategy 2021–2030*. Dublin: Department of Transport 2021. Available from: https://www.drugsandalcohol.ie/35347/

3 Doyle A, Mongan D and Galvin B *Alcohol: availability, affordability, related harm, and policy in Ireland*. HRB overview series 13. Dublin: Health Research Board 2024. Available from: https://www.drugsandalcohol.ie/40465/

4 O'Mahony J, Gunning C and Ipsos B&A. *The Road Safety Authority safety performance indicators 2025. Dublin:* Road Safety Authority 2025. Available from: https://www.drugsandalcohol.ie/44765/

5 Central Statistics Office. Central Statistics Office databases [Ireland] [Crime, population and health statistics]. Published Online: March 2024. Available from: https://www.drugsandalcohol.ie/38530/

6 Babor TF, Casswell S, Graham K, *et al*. *Alcohol: no ordinary commodity: research and public policy*. Oxford University Press 2022. Available from: https://www.drugsandalcohol.ie/37638/

7 Ireland. Department of Justice. General Scheme: Sale of Alcohol Bill 2022. Dublin: Government of Ireland 2022. Available from: https://www.drugsandalcohol.ie/37347

8 Castillo-Manzano JI, Castro-Nuño M, Fageda X, *et al*. An assessment of the effects of alcohol consumption and prevention policies on traffic fatality rates in the enlarged EU. Time for zero alcohol tolerance? *Transportation Research part F: Traffic Psychology and Behaviour* 2017;50:38–49.

9 Doyle A. *Alcohol Statistics Dashboard for Ireland. Alcohol Statistics Dashboard* 2024. Available from: https://www.drugsandalcohol.ie/41357/ (accessed 10 Sep 2024).

10 Mongan D, Millar S and Galvin B *The 2019–20 Irish National Drug and Alcohol Survey: main findings*. Dublin: Health Research Board 2021. Available from: https://www.drugsandalcohol.ie/34287/

11 Medical Bureau of Road Safety. *Medical Bureau of Road Safety Annual Report 2024*. Dublin: Medical Bureau of Road Safety 2025. Available from: https://www.drugsandalcohol.ie/44739/

Impact of Dublin's supervised injecting facility on drug-related litter

A recent study published in the *International Journal of Drug Policy* examined the early impact of Dublin's first medically supervised injecting facility, which opened in December 2024 at Merchants Quay Ireland.[1] The facility was introduced as a harm reduction measure to address high rates of overdose and public injecting in Dublin city centre, where opioid-related deaths remain a significant public health concern.

The study assessed changes in discarded needles and other indicators of public disorder during the four months before and after the facility opened. Weekly patrols were conducted within a 500-metre radius to record discarded needles, drug-related litter, and loitering. Weather conditions were controlled for in the analysis to ensure accurate comparisons.

Findings showed encouraging early results. Although the average number of discarded needles per patrol fell by 20%, this reduction was not statistically significant. However, each additional client using the facility was associated with a 5% reduction in discarded needles, suggesting a positive relationship between service uptake and safer disposal. The weight of drug-related litter decreased significantly by 59%, while incidents of loitering outside the facility declined by 45%.

While the study covers only the first four months of operation, the authors note that findings support international evidence that supervised injecting facilities can deliver community-level benefits alongside harm reduction for people who inject drugs. Continued monitoring will be essential in order to assess longer-term impacts.

Seán Millar

1 Evans D and Keenan E (2025) Dublin's supervised injecting facility: an assessment of its impact on discarded needles. *Int. J. Drug Policy*, 147, 105101. Available from: https://www.drugsandalcohol.ie/44756/

Prevalence and current situation

Neurological consequences of recreational nitrous oxide abuse in Ireland

Published in the *Irish Journal of Medical Science*, a new study highlights the growing neurological consequences of recreational nitrous oxide abuse, particularly among young adults.

Subacute combined degeneration of the cord (SACD) is traditionally associated with vitamin B_{12} deficiency and affects the posterior and lateral columns of the spinal cord. Nitrous oxide inactivates vitamin B_{12} by oxidising its cobalt ion, impairing critical metabolic pathways necessary for myelin integrity. This results in neurological dysfunction, often presenting as a myeloneuropathy. A recent single-centre case series study examined nitrous oxide-induced myeloneuropathy in patients presenting to Tallaght University Hospital in Dublin between October 2022 and July 2024.[1]

The study identified 18 patients with nitrous oxide-induced myeloneuropathy over a 21-month period. The cohort had a mean age of 20 years (range 16–24), and 78% were male. Most patients (aged 16 -18) reported episodic use of nitrous oxide, using up to 12 large cannisters (typically a 580 g cannister) at various levels of regularity, over periods varying from one month to several years. Clinically, the most common presenting symptom was paraesthesia (83%), followed by limb weakness (72%) and gait impairment (44%). Examination frequently revealed sensory ataxia, impaired joint position sense and vibration sense, distal weakness, and reduced or absent reflexes. Severe cases required inpatient rehabilitation due to functional disability.

Laboratory investigations showed that while only a minority had clearly low serum vitamin B_{12} levels, most had low-normal levels or had already received supplementation. Importantly, homocysteine levels were elevated in nearly all patients tested, including some with normal B_{12} levels, supporting the concept of functional B_{12} deficiency. Methylmalonic acid was also elevated in many cases. Magnetic resonance imaging of the spinal cord demonstrated T2 hyperintensity in the cervical dorsal columns in approximately one-half of patients, sometimes extending into the thoracic cord.

The authors note that data from the Global Drugs Survey[2] demonstrate increasing recreational nitrous oxide use, particularly among young people. However, despite growing awareness of its risks, many patients in this cohort continued using nitrous oxide even after experiencing complications. The ready availability of large cannisters, often marketed for catering purposes, contributes to ease of access and potentially to underestimation of harm.

The study concludes that nitrous oxide-induced myeloneuropathy represents a significant and ongoing public health concern in Ireland. Early recognition is critical, as prompt vitamin B_{12} treatment can prevent permanent disability. The authors emphasise the need for continued physician awareness, public education, and potentially broader legislative or cross-sectoral responses to address rising misuse and its neurological consequences.

Consequences of recreational nitrous oxide abuse

continued

Seán Millar

1 Redmond A, Samuel S, Ryan M *et al.* (2025) Nitrous oxide abuse: single centre experience of nitrous oxide induced myeloneuropathy. *Ir. J. Med. Sci.* Available from: https://www.drugsandalcohol.ie/44736/

2 Winstock A, Maier L.J, Zhuparrism A *et al.* (2021) *Global drug survey (GDS) 2021 key findings report*. London: Global Drug Survey. Available from: https://www.drugsandalcohol.ie/35257/

National Self-Harm Registry Ireland annual report, 2024

In December 2025, the National Suicide Research Foundation published the 2024 *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 2024, 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.

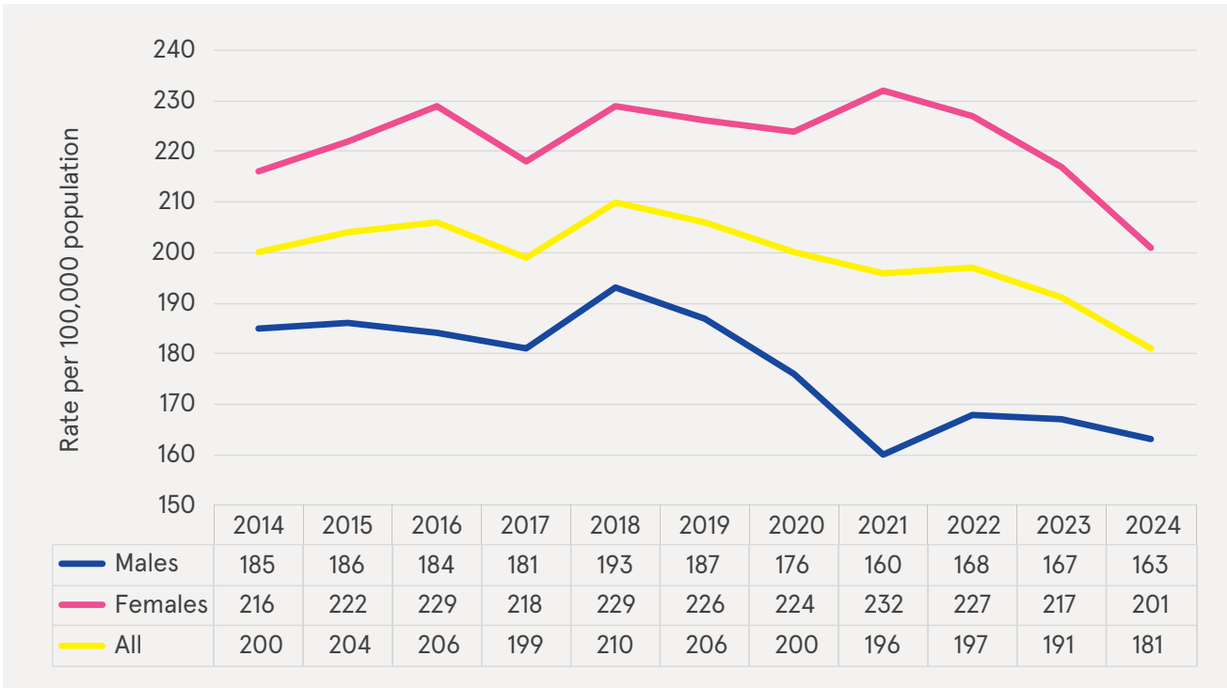
Rates of self-harm

In 2024, the National Self-Harm Registry Ireland estimated that there were a total of 12,621 self-harm presentations made by 9,436 individuals. The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following self-harm in 2024 was 181 per 100,000 population (Figure 1). This is 5% lower than the rate in 2023, and 19% lower than the peak rate recorded by the Registry in 2010 (223 per 100,000).

In 2024, the national male rate of self-harm was 163 per 100,000 population, which was 2% lower than the rate in 2023. The female rate was 201 per 100,000 population in 2024, 7% lower than in 2023. The female rate in 2024 is the lowest rate recorded by the Registry for women, and marks a continuation of the decrease observed for women since 2021.

National Self-Harm Registry Ireland annual report

continued



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Males	185	186	184	181	193	187	176	160	168	167	163
Females	216	222	229	218	229	226	224	232	227	217	201
All	200	204	206	199	210	206	200	196	197	191	181

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 2014 to 2024, by sex

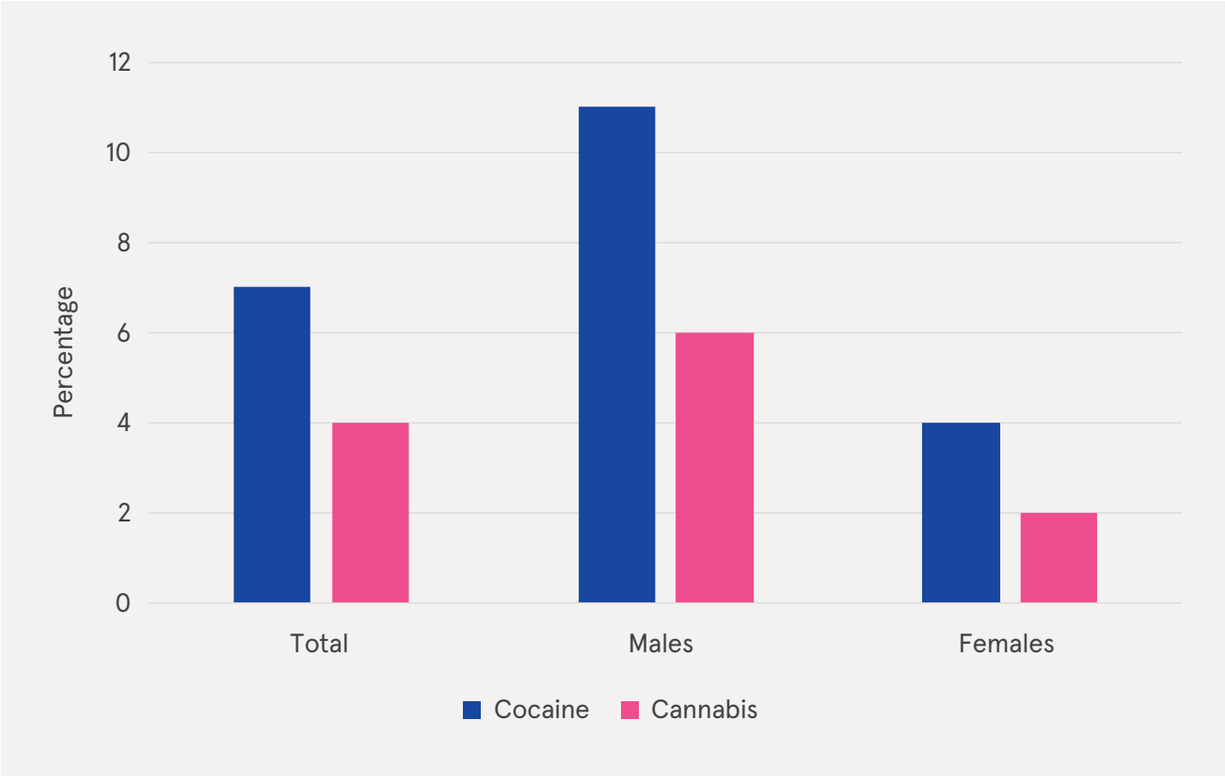
Self-harm and drug use

Intentional drug overdose (IDO) was the most common form of deliberate self-harm reported in 2024, occurring in 61% of episodes. As observed in 2024, overdose rates were higher among women (63%) than among men (59%). Minor tranquillisers and major tranquillisers were involved in 28% and 11% of drug overdose acts, respectively. In total, 32% of male overdose cases and 47% of female overdose cases involved analgesic drugs, most commonly paracetamol, which was involved in 30% of all drug overdose acts. In 69% of cases, the total number of tablets taken was known, with an average of 29 tablets taken in episodes of self-harm that involved a drug overdose.

Since 2022, information has been recorded by the Registry about whether cocaine or cannabis was involved in self-harm presentations. Figure 2 presents information on cocaine and cannabis involvement in self-harm presentations in 2024. Of all presentations in 2024, cocaine was involved in 7% of presentations, while cannabis was involved in 4%. A greater proportion of men used cocaine and cannabis in comparison to women (11% versus 4% for cocaine and 6% versus 2% for cannabis). For both drugs, the majority (57–63%) of presentations by men and women were among those aged 20–34 years.

National Self-Harm Registry Ireland annual report

continued



Source: National Suicide Research Foundation (2025)

Figure 2: Cannabis and cocaine involvement in self-harm presentations, 2024

Seán Millar

1 Joyce M, Chakraborty S, McGuiggan JC, *et al.* (2025). *National Self-Harm Registry Ireland annual report 2024*. Cork: National Suicide Research Foundation. Available from: https://www.drugsandalcohol.ie/44719/

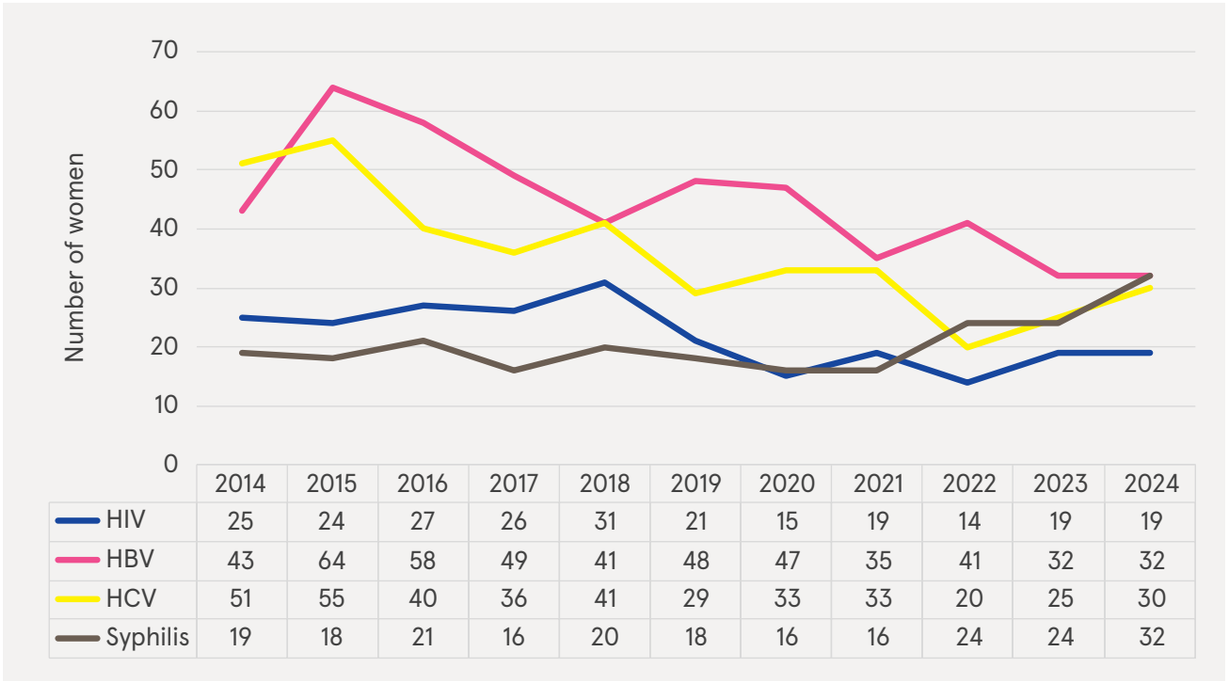
DOVE Service, Rotunda Hospital annual report, 2024

The Danger of Viral Exposure (DOVE) Service in the Rotunda Hospital, Dublin was established to meet the specific needs of pregnant women who have or are at risk of blood-borne or sexually transmitted bacterial or viral infections in pregnancy. Exposure may also occur through illicit substance use. Figures from the service for 2024 were published in the hospital's annual report in 2025.[1]

Clinical activity

Figure 1 shows the number of women who booked into the DOVE Service for antenatal care each year during the period 2014–2024. It also shows the diagnosis of viral disease for these women. During 2024, some 191 women booked into the DOVE Service for antenatal care. Of those attending the service, 112 were serology positive. Of these:

- 19 women were positive for HIV infection.
- 32 women were positive for hepatitis B (HBV) surface antigen.
- 30 women were positive for hepatitis C (HCV) antibody.
- 32 women had positive treponemal serology (syphilis).
- 2 women were co-infected with more than one blood-borne infection.



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
HIV	25	24	27	26	31	21	15	19	14	19	19
HBV	43	64	58	49	41	48	47	35	41	32	32
HCV	51	55	40	36	41	29	33	33	20	25	30
Syphilis	19	18	21	16	20	18	16	16	24	24	32

Source: The Rotunda Hospital (2025)

Figure 1: DOVE Service bookings by year, 2014–2024

DOVE Service, Rotunda Hospital annual report

continued

In addition to the figures presented in Figure 1, a number of women attended the service for diagnosis and treatment of human papillomavirus (HPV), herpes simplex virus, chlamydia, and gonorrhoea.

It should be noted that these numbers refer to patients who booked for care during 2024.

Table 1 summarises the outcome of patients who actually delivered during 2024. Of these patients, 11 were HIV positive, 29 were HBV positive, 26 were HCV positive, and 25 had syphilis. During 2024, 139 women were referred to the Drug Liaison Midwife (DLM) service, including 22 women who had a history of opioid addiction and were engaged in an opioid substitution therapy (primarily methadone) programme. Thirteen were HCV positive and one was HIV positive. Sixty-nine women linked with the DLM delivered their babies in the Rotunda Hospital in 2024.

Table 1: Deliveries to mothers attending the DOVE Service who were positive for HIV, HBV, HCV or syphilis, or who were attending the DLM service, 2024

Mother's status	HIV positive	HBV positive	HCV positive	Syphilis positive	DLM
Total number of mothers delivered <500 g (including miscarriage)	1	0	0	1	-
Total number of mothers delivered ≥500 g	10	29	26	24	-
Live infants	11	30	26	24	69
Miscarriage	0	0	0	0	0
Stillbirth	0	0	0	1	0
Infants <37 weeks' gestation	2	1	4	0	13
Infants ≥37 weeks' gestation	9	29	22	24	56
Caesarean section	7	14	15	12	30

Source: The Rotunda Hospital (2025)
DLM = drug liaison midwife

Seán Millar

1 The Rotunda Hospital (2025) *The Rotunda Hospital Dublin Annual Report 2024*. Dublin: The Rotunda Hospital. Available from: https://www.drugsandalcohol.ie/44867/

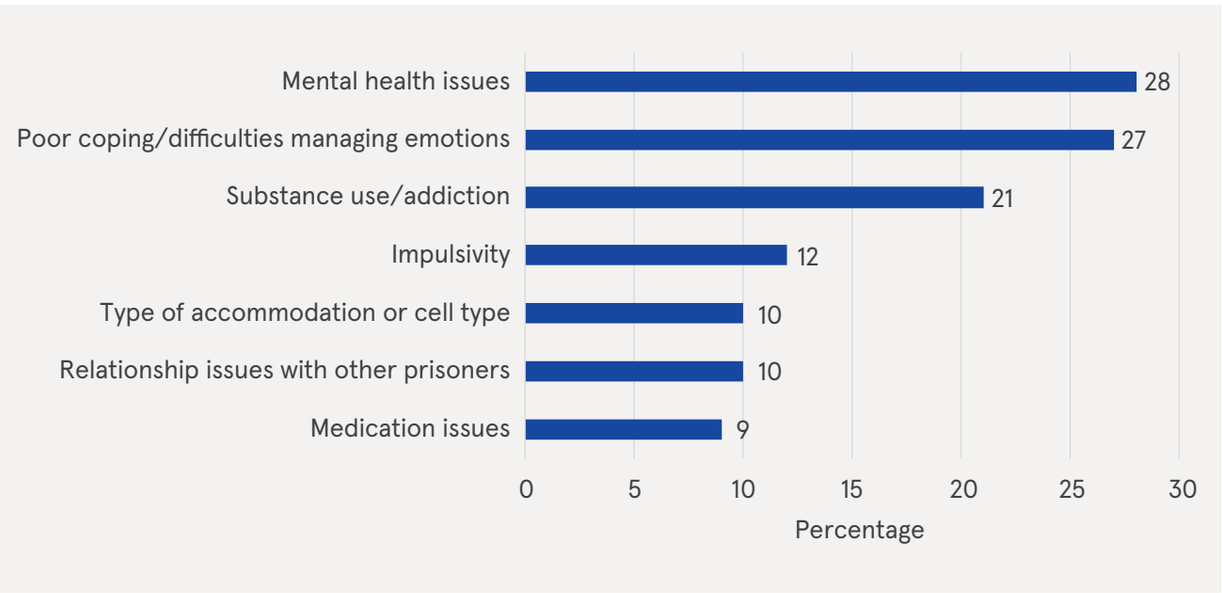
Self-harm in Irish prisons, 2024

The Self-Harm Assessment and Data Analysis (SADA) Project was set up in Ireland in 2016 to provide robust information relating to the incidence and profile of self-harm within prison settings, as well as individual-specific and context-specific risk factors relating to self-harm. In addition, it examines patterns of repeat self-harm (both non-fatal and fatal). The HSE's National Office for Suicide Prevention and the National Suicide Research Foundation assist the Irish Prison Service with data management, data analysis, and reporting.

This article highlights findings from a report presenting data in the analysis of all episodes of self-harm across the Irish prison estate during 2024.[1]

Episodes of self-harm

Between 1 January and 31 December 2024, there were 203 episodes of self-harm recorded in Irish prisons, involving 142 individuals. The majority of prisoners who engaged in self-harm were male (85.9%), but taking into account the male prison population, the rate of self-harm among males was 2.9 per 100 prisoners. Twenty female prisoners engaged in self-harm in 2024, equating to a rate of 12.7 per 100 prisoners, which is higher than the rate among male prisoners.



Source: Irish Prison Service, National Office for Suicide Prevention, National Suicide Research Foundation (2025)

Figure 1: Most common contributory factors to self-harm in Irish prisons, 2024

Self-harm in Irish prisons, 2024
continued

Methods, severity, and intent

The most common method of self-harm recorded was self-cutting, which was present in 65.0% of all episodes. The other common method of self-harm was attempted hanging, which was involved in 14.4% of episodes. Intentional overdose was reported in 3.4% of all episodes. In 32.5% of self-harm episodes, no medical treatment was required, while 40.9% of all episodes required minimal intervention/ minor dressings or local wound management. Outpatient or Emergency Department treatment was required in 10.3% of cases, and 1.0% of episodes resulted in hospitalisation. Three self-harm incidents (1.5%) resulted in loss of life.

Contributory factors

The most common contributory factors to self-harm are shown in Figure 1. The majority of contributory factors recorded related to mental health issues (28%). Substance misuse, including drug use and drug seeking, was the third most common factor recorded (21%).

Other findings

Other findings highlighted in the report include the following:

- Nearly one in five individuals who engaged in self-harm did so on more than one occasion, and females had slightly higher repetition rates than males.
- Repeat self-harmers accounted for a disproportionate share of the total number of episodes.
- In line with findings from previous reports, substance misuse continues to be one of the primary factors associated with self-harm among the prison population in Ireland.

Seán Millar

1 Irish Prison Service, National Office for Suicide Prevention, National Suicide Research Foundation (2025) *Self-harm in Irish prisons 2024 report. Sixth report from the Self-Harm Assessment and Data Analysis (SADA) Project*. Dublin: Irish Prison Service. Available from: https://www.drugsandalcohol.ie/45031/

Updates

HRB National Drugs Library website update

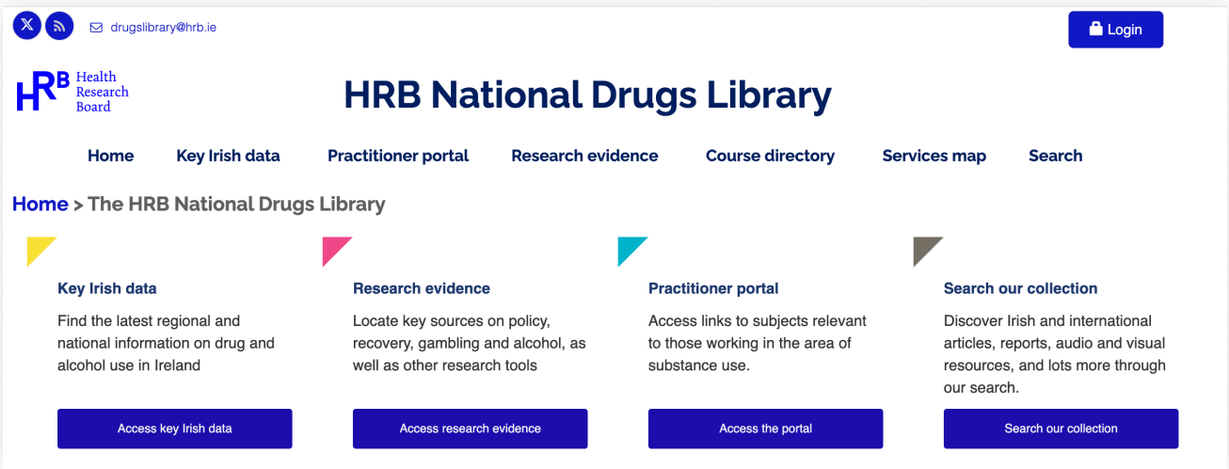


Figure 1: HRB National Drugs Library

The HRB National Drugs Library and its specialist librarians support those working to develop the knowledge base around alcohol and other drug use in Ireland. We have an online collection of over 30,000 freely available items, including articles, reports, Oireachtas debates, news, videos and audiocasts. We also provide a range of online resources that enable quick access to data and information. They can all be found on our website at https://www.drugsandalcohol.ie/

In 2025, we completed a website refresh to make accessing these resources even easier. We also added some new useful data sources.

The **Alcohol statistics dashboard** provides current information on a range of alcohol indicators for Ireland, including:

- Per capita alcohol use
- Alcohol-related hospital discharges
- Alcohol-related mortality
- Alcohol-related criminal behaviour
- Alcohol-related prescriptions
- Treatment for alcohol use
- Alcohol availability

See: https://www.drugsandalcohol.ie/alcohol_statistics_dashboard

HRB National Drugs Library website update

continued

The **Emerging trends webpage** has links to key documents and other resources relating to the monitoring and risk assessment of new and emerging drug trends.

See: https://www.drugsandalcohol.ie/emerging_trends

The **Prevention webpage** provides links to items in our collection related to all aspects of drug prevention.

See: https://www.drugsandalcohol.ie/prevention_data

View our website to see these and other resources that we hope you will find useful, including the **Addiction treatment services interactive map** https://www.drugsandalcohol.ie/services_map and **Data tables** https://www.drugsandalcohol.ie/tables/

We have also created a LinkedIn page https://www.linkedin.com/company/hrb-national-drugs-library/ where you can follow news and updates from the library.

Mary Dunne and Mairea Nelson

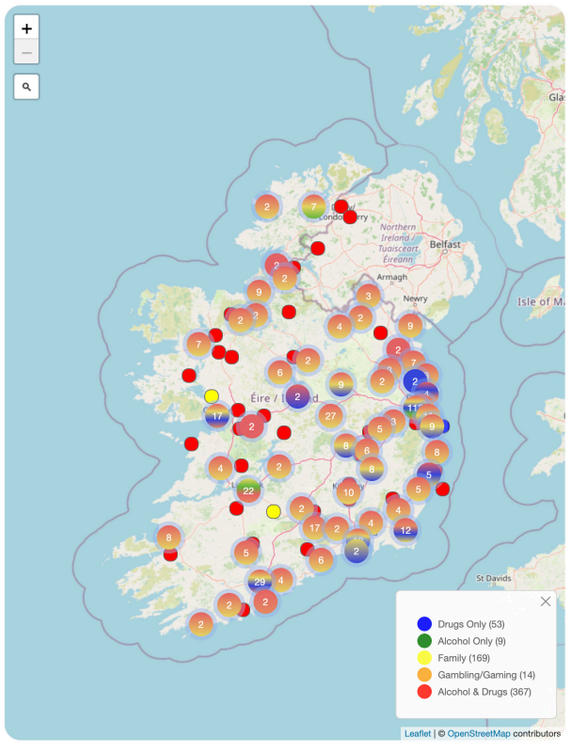


Figure 2: Addiction treatment services interactive map

National Drugs Library

Updates

Recent publications

Prevalence and current situation

Prevention of adolescent stimulant drug use: do the home life environment and extracurricular activities influence this? Findings from the Irish Planet Youth Survey

Daly FP, Millar SR, Major E and Barrett PM (2025) *PLoS ONE*, 20, (8).
https://www.drugsandalcohol.ie/44072/

Hexahydrocannabinol (HHC) use and harms in Ireland: new findings from the 2024 European Web Survey on Drugs

Mongan D, Killeen N, Millar SR, Matias J, Keenan E and Galvin B (2025) *Int. J. Drug Policy*, 145, 105011.
https://www.drugsandalcohol.ie/44244/

Polysubstance use in early adulthood and associated factors in the Republic of Ireland: an analysis of a nationally representative cohort

Brennan M, Mongan D, Doyle A, *et al. Addiction*, 121, (1), pp. 150–162.
https://www.drugsandalcohol.ie/44132/

Is mental health multimorbidity associated with contact with healthcare services before suicide? retrospective analysis of Irish coronial data, 2015–2020

Kavalidou K, Cox G, Munnelly A and Platt S (2025) *Arch. Suicide Res.*, pp. 1–15.
https://www.drugsandalcohol.ie/44189/

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

Durand L, Arensman E, Corcoran P, *et al.* (2025) *Drug Alcohol Depend.*, 272, 112669.
https://www.drugsandalcohol.ie/43321/

Trends in cocaine use and cocaine-related harms in Ireland: a retrospective, multi-source database study

Mongan D, Millar SR, Carew AM, *et al.* (2025) *BMC Public Health*, 25, (1), 2285.
https://www.drugsandalcohol.ie/43633/

Novel substance, same old problems: admissions of psychosis precipitated by hexahydrocannabinol, a widely available semi-synthetic cannabinoid

O'Mahony B, Lanigan S, Lally N, *et al.* (2025) *BJPsych Bull*, pp. 1–6.
https://www.drugsandalcohol.ie/43779/

Recent publications

continued

Probable suicide among men in farming and agricultural-related occupations in the Republic of Ireland: exploring coronial data

Cox G, Stapleton A, Russell T, *et al.* (2025) *J. Agromedicine*. Early online, pp. 1–11. https://www.drugsandalcohol.ie/43136/

Thoughts of suicide and self-harm: a national study on young people presenting to non-paediatric acute hospitals in Ireland

Kavalidou K, O'Mahony, Lovejoy S-A, McNicholas F and Russell V (2025) *J. Child Adolesc Mental Health*, pp. 1–13. https://www.drugsandalcohol.ie/43173/

Sowing seeds of awareness: a cross-sectional analysis of mental health literacy and help-seeking in Irish farmers

O'Connor S, O'Hagan AD, Firnhaber J, *et al.* (2024) *J. Occup. Med. Toxicol.*,19, 47. https://www.drugsandalcohol.ie/43482/

Responses

Exploring women's lived experiences of substance use and social work to inform social work education and practice, an Irish perspective

Harris A, Loughran H, Broderick Gary and Niece E (2024) *J. Soc. Work Educ.*, Early online. https://www.drugsandalcohol.ie/43423/

Policy

Implementation of a multi-component alcohol policy in Ireland: a qualitative study exploring barriers and facilitators to implementation

Calnan S, Matvienko-Sikar K, Fitzgerald N, Gilheany S and Kabir Z (2025) *Int. J. Drug Policy*, 143, 104870. https://www.drugsandalcohol.ie/43561/

An examination of support for more diverse alcohol warning labels (awls) in Ireland

Houghton F, Moran Stritch J, Campbell A and Shorter G (2025) *Epidemiol Biostat Public Health*, 20, (1). https://www.drugsandalcohol.ie/43156/

Labelling the debate: a thematic analysis of alcohol industry submissions to the EU consultation on alcohol health warnings in Ireland

Cott É, Dunaiceva J, White P, Annnasdotter Neely R and Lesch M (2025) *J. Global.* Health, 21, 34. https://www.drugsandalcohol.ie/43312/

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Managing editor: Brian Galvin
Copyediting: O'Hanlon Media

Health Research Board
Grattan House
67–72 Lower Mount Street
Dublin 2
D02 H638

T: 01 234 5168
E: drugnet@hrb.ie
W: www.hrb.ie