

Factsheet: New psychoactive substances - the Irish situation 2026

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Glossary of terms

Drug prevalence – refers to the proportion of a population that has used a named drug during a particular time period. That is, how many people in specific group have used a drug during a specified timeframe.

Last month prevalence – refers to the proportion of a population that reported using a named drug in the 30-day period prior to the survey. Last month prevalence is often referred to as current use. Some of those reporting current use may be occasional or first-time users who happen to have used in the period leading up to the survey, so current use is not the same as regular use.

Last year prevalence – refers to the proportion of a population that reported using a named drug in the 12 months prior to the survey. Last year prevalence is often referred to as recent use.

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

Statistically significant – a result is deemed statistically significant if it is unlikely to have occurred by chance, and hence provides enough evidence to reject the hypothesis of ‘no effect’. As used in statistics, ‘significant’ does not mean important or meaningful. A small, but important, real-world difference may fail to reach significance in a statistical test, while a statistically significant finding may have no practical consequence.

What are new psychoactive substances (NPS)?

A new psychoactive substance is defined 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'.¹ Examples of NPS include, [synthetic opioids](#) fentanils are a particularly potent group of synthetic opioids. In some cases, these substances are used in human and veterinary medicine, in anaesthesia and for pain management. [Synthetic cannabinoids](#) which are a group of substances that mimic the effects of (-)-trans- Δ^9 -tetrahydrocannabinol (THC) and [synthetic cathinones](#) which are marketed as 'legal' replacements to controlled stimulants, such as amphetamine, MDMA, and cocaine.

In 2011 the National Advisory Committee on Drugs (NACD) published a review of NPS and the outlets supplying them within the Irish context.² The review found many products containing NPS are placed on the market as food.

Harms from NPS

Negative effects of NPS may include:³

- psychotic symptoms
- psychosis
- Vasculitis/ cellulitis from injecting NPS

The EUDA conducts [risk assessments](#) on NPS, these reports contain:

- available information on the chemical and physical properties of the NPS and the methods and the precursors used for its manufacture or extraction;
- available information on the pharmacological and toxicological properties of NPS;
- an analysis of the health risks associated with the NPS, in particular with respect to its acute and chronic toxicity, abuse liability, dependence-producing potential, and physical, mental and behavioural effects;
- an analysis of the social risks associated with the NPS, in particular its impact on social functioning, public order and criminal activities, and the involvement of criminal groups in the manufacture, distribution and distribution methods, and trafficking of the NPS;
- available information on the extent and patterns of use of the NPS, its availability and potential for diffusion within the Union;
- available information on the commercial and industrial use of the NPS, the extent of such use, as well as its use for scientific research and development purposes.

How are NPS detected and assessed?

The EUDA in co-operation with Europol has been assigned a key role in the detection and assessment of new drugs in the European Union and uses a [three-step approach](#) to rapidly detect, assess, and respond to health and social threats caused by NPS. At the end of 2024, the EUDA was monitoring around 1,000 new psychoactive substances, 47 of which were first reported in Europe in 2024.⁴

How do we know how many people use NPS in Ireland?

Every four years a survey of the general population takes place to estimate the number of people in Ireland who use alcohol and other drugs.⁵ Face-to-face interviews take place with respondents aged 15+ normally resident in households in Ireland. This type of survey is not designed to include people who do not normally live in private households, such as prisoners or hostel dwellers.⁵

Drug prevalence surveys were undertaken in 2002–03, 2006–07, 2010–11, and 2014–15. These surveys were commissioned on an all-island basis by the National Advisory Committee on Drugs and Alcohol in the Republic of Ireland, and the Department of Health, Social Services and Public Safety in Northern Ireland. The most recent survey 2019–20 National Drug and Alcohol Survey (NDAS), which took place in the Republic of Ireland, was managed by the Health Research Board.

How many people use NPS in Ireland?

The 2019–20 NDAS survey involved 5,762 people in Ireland.⁵

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

Table 1: Lifetime, last year and last month prevalence of NPS use among 15–64-year-olds (%)

	2010–11	2014–15	2019–20
Lifetime	-	3.5	2.5
Last year	3.5	0.8*	0.8
Last month	-	0.1	0.3

Source: Mongan et al.⁵

* Denotes a statistically significant change (p<0.05) between 2010/11 and 2014/15.

How many 15–16-year-old students in Ireland use NPS?

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has conducted surveys of school-going children every four years since 1995, using a standardised method and a common questionnaire (see www.espad.org). The eight survey⁶ was undertaken in 37 European countries during 2024 and collected information on alcohol, tobacco and other substance use among 15-16-year-old students. In Ireland the final sample included 1,880 students born in 2008.

Students were asked if they had ever used new substances that imitate the effects of illicit drugs (such as cannabis or ecstasy) as well as the type of substance that they used.

- 2.2% of students in Ireland used New Psychoactive Substances in their lifetime and 1.5% in the last year.
- More male students reported ever using legal highs (2.2%) than did female students (1.9%).

For further information go to the [ESPAD data portal](#) where you can search for “New Psychoactive Substances ” and filter by Ireland.

For further information on NPS use (prevalence and treatment) by County see our [Regional data factsheets](#).

How many people receive treatment for NPS use?

The HRB’s [National Drug Treatment Reporting System](#) (NDTRS) provides data on treated drug and alcohol misuse in Ireland^a

The most recent published data from the NDTRS⁷ shows that a total of 170 cases entered treatment for NPS use as their main problem drug in 2024, an increase from 51 cases in 2017.

Table 2: Main problem drug (excluding alcohol) reported in 30 days prior to treatment, NDTRS 2017 to 2024

	2017	2018	2019	2020	2021	2022	2023	2024
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N(%)
All cases	8,922	10,274	10,664	9,702	10,769	12,009	13,104	13,295
NPS	51 (0.6)	48 (0.5)	63 (0.6)	43 (0.4)	49 (0.5)	51 (0.4)	114 (0.9)	170 (1.3)
New cases	3,257	3,962	3,979	3,796	4,206	4,456	4,792	4,771
NPS	21 (0.6)	25 (0.6)	22 (0.6)	26 (0.7)	47 (1.1)	52 (1.2)	74 (1.5)	108 (2.3)
Previously treated cases	5,242	5,872	5,927	5,441	6,090	6,860	7,588	7,717
NPS	27 (0.5)	19 (0.3)	29 (0.5)	17 (0.3)	23 (0.4)	19 (0.3)	34 (0.4)	58 (0.8)

Note: N is the number of cases. The percentage is in brackets

How many people die from using NPS?

The most recent data from the HRB’s [National Drugs Related Deaths Index](#) (NDRDI) Seven novel psychoactive substances (NPS) were implicated in poisoning deaths in 2022 (Table 3), and all were NPS benzodiazepines. The NPS drugs implicated in deaths in 2022 did not include nitazenes, which are highly potent synthetic opioid drugs sometimes mixed into illicit drugs like heroin or counterfeit benzodiazepines.⁸

^a The NDTRS contains information only on those who started treatment in a particular year (for the first time or returning to treatment). It does not include the number in continuous care. Note: Cases are episodes of treatment not individuals, which means there is a possibility that individuals appear more than once in the data; for example, where a person receives treatment at more than one centre, or at the same centre more than once in a calendar year.

Table 3: Number of drug poisoning deaths where new psychoactive substance (NPS) were implicated, NDRDI 2013 to 2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
All poisoning deaths	324	311	309	309	326	363	379	446	373	343
NPS	17	16	16	8	8	8	15	21	25	7

What does the law say about NPS?

[The Criminal Justice \(Psychoactive Substances\) Act 2010](#), which was signed into law on 14 July 2010, made it a criminal offence to sell or supply substances which might not be specifically controlled under the Misuse of Drugs Acts, but which had psychoactive effects. This Act operates in conjunction with the Misuse of Drugs Act 1977 which prohibit the possession and supply of a number of substances including mephedrone, synthetic cannabinoids and BZP derivatives.

Seizures of NPS

In 2024, 243 NPS seizures were analysed by FSI. This figure was 22% lower than the number analysed in 2023 (N=312). The most prominent NPS in 2024 was bromazolam (n=57), followed by Hexahydrocannabinol (n=37) and chloromethcathinone (n=25).⁹

References

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Further reading:

For regional Irish data, please see our [regional factsheets webpage](#).

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