Factsheet: New psychoactive substances - the Irish situation

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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]

Other names for NPS include: designer drugs, herbal highs, legal highs, research chemicals. Examples of NPS include, synthetic opioids fentanils are a particularly potent group of synthetic opioids. Synthetic cannabinoids are made in a lab to mimic the effects of cannabis. They can make you feel relaxed, happy, paranoid or confused, and synthetic cathinones other names include: 2-CMC, 3-CMC, 4-CMC, 3-MMC, 4-MMC, alpha-PVP, bath salts, butylone, drone, M1, M-CAT, MDPV, MDPBP, meow meow, meph, mephedrone, methylone, miow, monkey dust, pentedron, plant food, pyrovalerone, snow blow, substituted cathinones.[2]

Harms from NPS

It can be hard to know the short-term and long-term effects of NPS. This is because there are not many studies on them.

The effects of an NPS can depend on its chemical structure and category of effect.

But sometimes an NPS can:

- be stronger than drugs it is similar to
- have more risky effects
- have effects of more than 1 category - for example, stimulant and psychedelic effects.[2]

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. New and harmful substances continue to be created to circumvent legal controls, with 50 new psychoactive substances notified for the first time in 2025. In addition, around 400 previously reported new substances were detected on the market in 2024.[3]

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.[4]

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.[4]

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 seventh survey[5] was undertaken in 39 European countries during 2019 and collected information on alcohol, tobacco and other substance use among 15-16-year-old students. In Ireland, 1,949 questionnaires were completed by young people who were born in 2003 from 50 randomly selected post-primary schools.

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.

- 4.7% (n=91) responded that they had used these substances and 92.7% (1,797) reported that they had not and 2.6% reported that they didn't know.
- Significant differences were observed for lifetime use by gender as more male students reported ever using legal highs (6.6%, n=62) than did female students (2.9%, n=29).

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

The European Union Drugs Agency (EUDA) has developed the **European Web Survey on Drugs** (EWSD)[6] in order to collect data from a wide range of people who use drugs. In 2024, Ireland participated in the EWSD for the second time. The 2024 Irish EWSD was an online, convenience, non-probability survey. The study population included people aged 18 years and over who lived in Ireland and who had used drugs in the previous 12 months. The final sample for analysis was 2,406, of whom 63.1% were male and 35.7% were female.

Table 2: Last year prevalence of NPS use by gender (%)

All	Male	Female
N = 2,406	n = 1,518	n = 858
21.5	23.5	17.9

Table 3: Last month prevalence of NPS use by gender (%)

All	Male	Female
N = 2,406	n = 1,518	n = 858
11.1	11.9	9.9

Source: European web survey on drugs 2024: Irish results

How many people receive treatment for NPS use?

The data are drawn from the National Drug Treatment Reporting System (NDTRS) which is the national database that records and reports on treated problem alcohol and drug use in Ireland. Treatment for problem alcohol and drug use in Ireland is provided by statutory and non-statutory services, including residential centres, community-based addiction services, general practices, and prison services. The dataset contains information only on those who started treatment in a particular year (for the first time or returning to treatment). It does not include service users in continuous care. As there is currently no national system-wide unique identifier in the Irish health system, the

NDTRS records cases of treatment. In any given year, individuals may appear more than once if treated in different centres or if they return to treatment in the same centre.

The most recent published data from the NDTRS[7] shows that a total of 256 cases were treated for NPS use as their main problem drug in 2025, an increase from 51 cases in 2017. Treatment demand for new psychoactive substances (NPS) increased further in 2025 to 256 cases, rising by 50.6% since 2024, when 170 cases were reported, and increased 495.3% since 2020 when 43 cases were reported.

Table 4: Main problem drug (excluding alcohol) reported in 30 days prior to treatment, NDTRS 2017 to 2025

	2017	2018	2019	2020	2021	2022	2023	2024	2025
	N (%)	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	15,422
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)	256 (1.7)
New cases	3,257	3,962	3,979	3,796	4,206	4,456	4,792	4,771	5,134
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)	150 (2.9)
Previously treated cases	5,242	5,872	5,927	5,441	6,090	6,860	7,588	7,717	9,333
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)	98 (1.1)

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

[For more detailed treatment data (age, gender, employment status) up to 2025 see library interactive tables]

How many people die from using NPS?

The most recent data from the HRB's National Drugs Related Deaths Index (NDRDI) shows of the 24 NPS drugs implicated in poisoning deaths in 2022 etizolam (12, 50.0%) and adinazolam (8, 33.3%) were the most common. The NPS drugs implicated in deaths in 2021 did not include nitazenes, which are highly potent synthetic opioid drugs sometimes mixed into illicit drugs like heroin or counterfeit benzodiazepines.[8]

Table 5: 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	310	307	325	361	375	439	354	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

During 2021, sweets containing synthetic cannabinoids were seized in at least five countries: Belgium, Estonia, Ireland, Slovakia and Sweden.[9]

During 2021-2022, the EMCDDA received reports from Ireland of seizures of fake oxycodone tablets containing the benzimidazole opioids metonitazene and etonitazepyne, as well as the related opioid, brorphine. The tablets looked like commercially produced oxycodone tablets.[10]

The Garda send drugs seized to the laboratory of Forensic Science Ireland (FSI) for analysis. 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 Hexahydro cannabinol (n=37) and chloromethcathinone (n=25).[10]

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Further reading:

For regional Irish data, please see our regional factsheets webpage.

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