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Review of Prevention Systems (RePS) in Ireland

On 16 September, the Minister of State with special responsibility for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor, opened the European Society of Prevention Research's annual conference in Dublin. At that event, she launched a new report on Ireland's drug prevention system published by the Health Research Board (HRB): *Review of Prevention Systems (RePS) in Ireland: Based on the UNODC/WHO International Standards on Drug Use Prevention*.[1]

From L–R: Ali Yassine, Associate Programme Manager, United Nations Office on Drugs and Crime (UNODC); Ross MacMillan (author), University of Limerick; Jennifer Murnane O'Connor TD, Minister of State at the Department of Health with special responsibility for Public Health, Wellbeing and the National Drugs Strategy; Brian Galvin (author); Health Research Board; Lucy Dillon (author), Health Research Board.

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HRB Health Research Board

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Review of Prevention Systems (RePS)

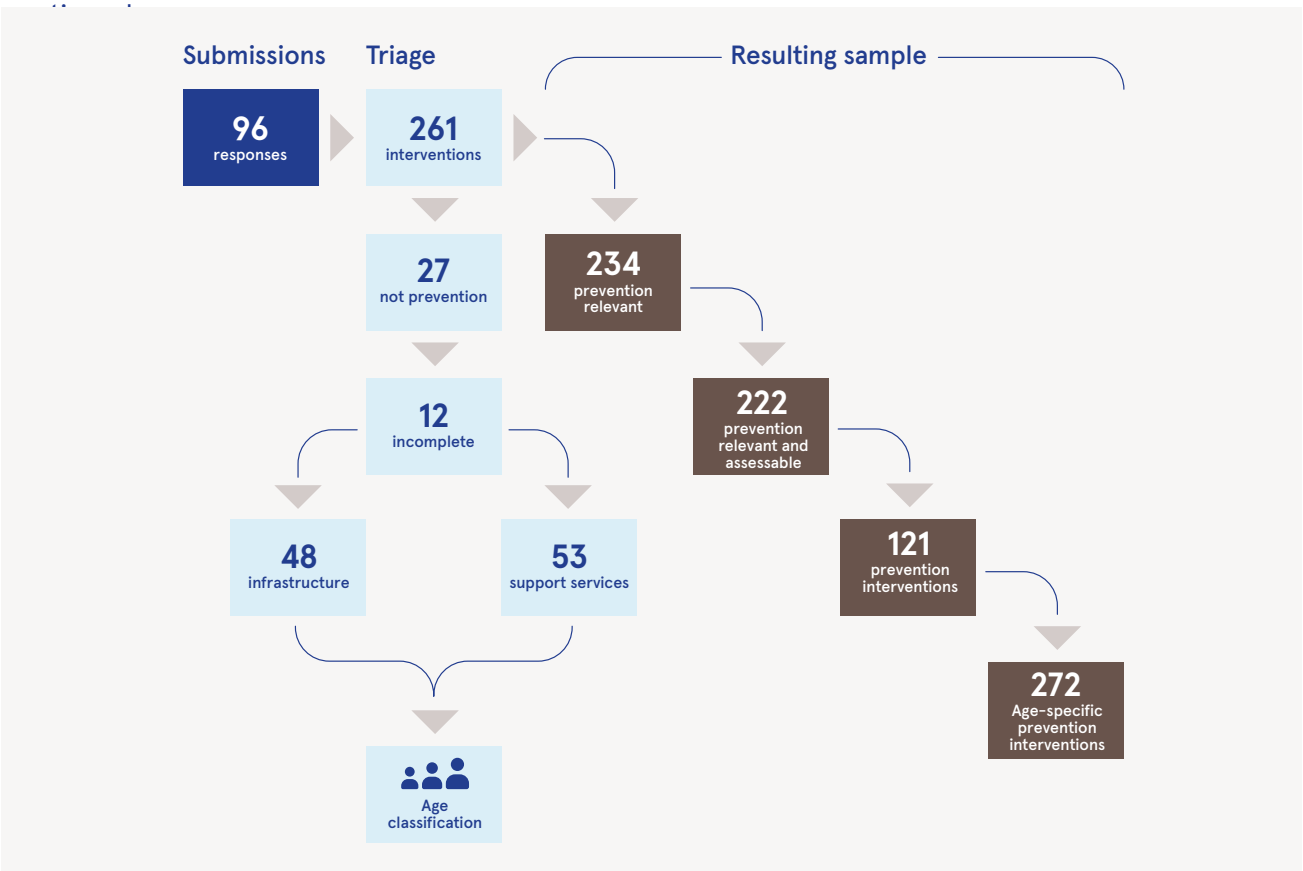

Figure 1. Triage protocol and resulting sample of prevention interventions
Source: MacMillan *et al*. (2026)

The RePS was carried out in Ireland with the support of the United Nations Office on Drugs and Crime (UNODC), the Department of Health, the Drug and Alcohol Task Forces (DATFs), the Health Service Executive (HSE), and KORUS Norway. KORUS carried out the pilot of the RePS in Europe.[2]

Background to the RePS

In 2018, the UNODC in collaboration with the World Health Organization (WHO) published the *International Standards on Drug Use Prevention: Second updated edition*.[3] The Standards present an overview of the international evidence for prevention interventions and policies that promote the health and well-being of children, young people, adults, families, and communities. Based on these standards, the UNODC developed a tool to assess a national prevention system – RePS. It was developed to assess "the extent to which the drug prevention system of a country or sub-national entity (e.g. a municipality) is in line with the Standards with a view to identifying areas of strength and weakness to allow improvement" (p. 1).[2]

Objectives of the RePS in Ireland

The objectives of the RePS in Ireland were to:

- identify and catalogue the drug and alcohol prevention interventions operating in Ireland
- assess each intervention's consistency with the UNODC/WHO Standards

Review of Prevention Systems (RePS)

continued

- rate the overall efficacy of the system of prevention in Ireland in relation to 22 criteria across 6 domains, as identified by the UNODC
- identify specific strengths, gaps, and opportunities for improvement that will ultimately inform the implementation of the next national drugs strategy.

Methodology

To meet these objectives and in line with the RePS methodology, two strands of research were carried out: an intervention survey, and research on Ireland's prevention system.

Intervention survey

The intervention survey ran from March 2025 to February 2026. Respondents were contacted through Local Drug and Alcohol Task Forces (LDATFs) and Regional Drug and Alcohol Task Forces (RDATFs) and others in receipt of funding for drug and alcohol prevention work from the Department of Health. The criteria for inclusion in the study were based on a consensus of an assessment committee. In total, 121 prevention interventions were identified for assessment, which when reclassified in line with the Standards for the purpose of analysis, resulted in 272 age-specific interventions. Figure 2 illustrates the process through which interventions were selected to undergo assessment.

System research

The collection of evidence to inform the system-level assessment process was guided by a system-focused questionnaire designed by the UNODC as part of the RePS tool. Data were collated from six sources: Ireland's annual national prevention report to the European Union Drugs Agency;[4] evaluation of Ireland's national drugs strategy;[5] *Report of the Citizens' Assembly on Drugs Use*;[6] a selection of sessions of the Oireachtas Joint Committee on Drugs Use;[7] a focus group with 11 members of the Drug and Alcohol Education Workers Forum; and a survey with DATF coordinators (12 of the 24 coordinators responded).

Limitations

The review had limitations, some of which are outlined below:

- The intervention assessments were reliant on the information provided by respondents. In many cases, there was not enough information to make a fully informed judgement. The researchers were deliberately conservative when information was lacking and classified interventions as 'weakly evidence informed' rather than 'strongly evidence informed', or as 'not evidence based' rather than as 'weakly evidence informed'.
- The researchers did not have a comprehensive list of prevention interventions in Ireland, and hence no sampling frame to draw upon or against which to assess the submissions. Despite efforts to identify as many interventions as possible, some prevention interventions in Ireland will not have been accounted for in the research.
- The organisation of interventions and their assessment in relation to research do not always reflect clear definitions or categories that can easily be matched. Age groups and definitions of risk provided challenges.
- The RePS in Ireland has based its assessment on the system as it stood in Q4 2025. 2025 was a year of transition for Ireland's national drugs strategy. It is recognised that relevant elements of the delivery structures for the national drugs strategy have not been active since 2024 and new structures had yet to be established at the time of writing (Q3 2026).

Review of Prevention Systems (RePS)

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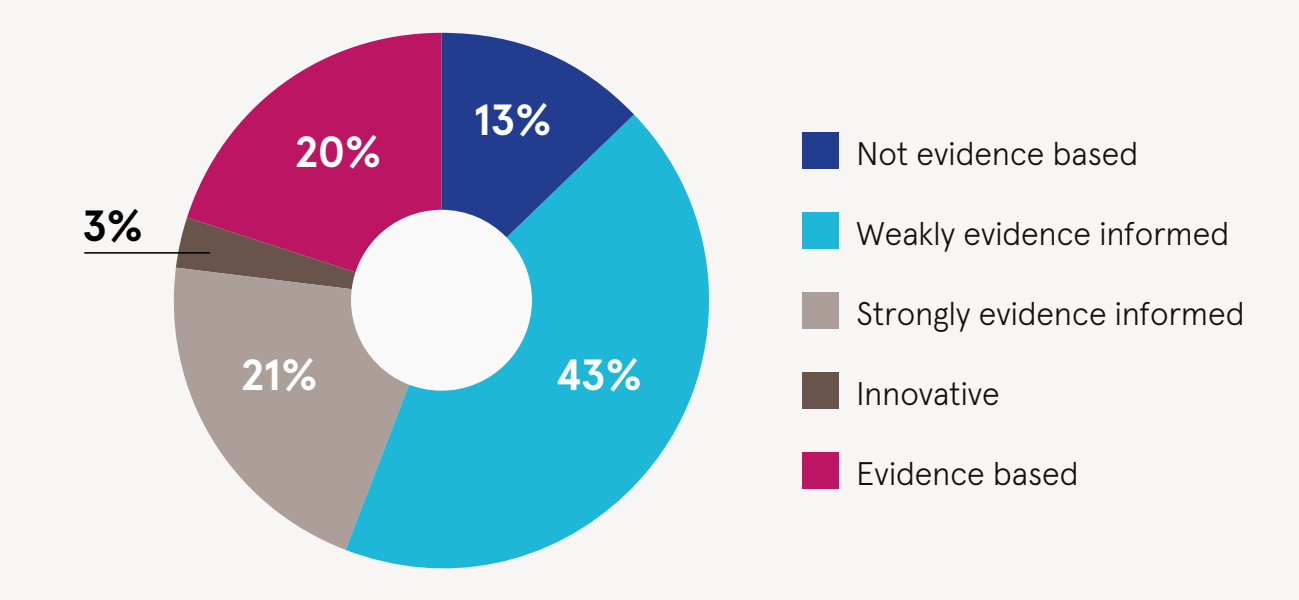


Figure 2: Percentage of age-specific interventions, by quality (n=272)

Source: MacMillan *et al.* (2026)

- The focus of the system assessment process is on drug prevention rather than prevention more broadly. It looks at drug prevention in the context of the national drugs strategy and its delivery structures. Gaps will exist in the findings of the RePS when compared with the broader prevention sector in Ireland.

Findings of the RePS

The RePS report found that while Ireland's drug and alcohol prevention system has many strengths, the country does not yet have a coherent and fully effective prevention system. Strengths include strong public health legislation around alcohol and drugs, a network of dedicated local practitioners and community-based organisations, and a significant proportion (41%) of quality prevention interventions that are evidence based or strongly evidence informed. However, the delivery of prevention interventions is fragmented and variable; 43% of interventions are weakly evidence informed, and local evaluation is practically absent, for example. Prevention interventions are largely organised and delivered by local organisations, resulting in uneven access and inconsistent quality across regions. The RePS report's conclusions are presented at the intervention level and system level separately. The overall breakdown of the quality assessment of age-specific interventions in Ireland can be seen in Figure 2.

Intervention level conclusions and recommendations

Local delivery

In Ireland, prevention interventions are very much a local enterprise with local agencies. The profile found through the RePS was that often DATFs either develop or deliver interventions themselves, or work with other local community groups to do so. This has made the overall landscape of prevention quite idiosyncratic. In some areas and for some target groups,

Review of Prevention Systems (RePS)

continued

prevention is very prevalent and multifaceted, but this is not the case in other areas.

Research and evaluation

The prevention evaluation landscape in Ireland is sparse. Only 15% of interventions provided any evidence of empirical support for their work. The majority of interventions were assessed to be either weakly evidence informed (43%) or not evidence based (13%). Very few prevention interventions in Ireland are based on practices that have been subject to outcome evaluations, and almost none have been evaluated locally. The authors raise the issue of funding. While the Department of Health has provided one-off funding for the evaluation of five prevention interventions, the authors conclude that there is no ongoing clear mechanism or block of funding to support evaluations of prevention interventions in Ireland on the scale that is needed. There is also a lack of expertise in Ireland in programme evaluation. The authors describe it as critical that Government Departments invest in developing evaluation expertise in prevention.

Geographic and demographic variation

Gaps exist in the geographic and demographic provision of prevention in Ireland. The majority of interventions were located in Dublin and the surrounding areas. While this may be expected given the population density and associated history of drug use, the authors described it as surprising how few interventions were reported in Ireland's other main cities. Even if this is in part attributable to the methodological approach of the RePS, it suggests that services in other urban areas may be disconnected socially and organisationally from other agencies working on drug use in their areas. There is also variation in the target age groups for prevention interventions. Middle and later adulthood, and early and middle childhood were identified as having only a limited number of interventions. The authors identify a critical need for prevention interventions in Ireland over the coming decades to include younger age groups in particular.

Clarifying the language of risk

The RePS found wide discrepancies among those delivering prevention in Ireland in their understanding of what constituted universal, selective, or indicated risk and how it related to their interventions. The authors argue that the review's understanding of the coherence of different prevention interventions was somewhat undermined by this lack of clarity.

According to the Standards, interventions need to be tailored to a risk group and any assessment of efficacy is predicated on a coherence and connection between the intervention and risk group. Selecting the most effective intervention requires an accurate understanding of the level of risk. The significance of this for the evaluation of the overall system was also considered critical. Choosing appropriate outcomes to evaluate also requires an accurate understanding of the level of risk. Inconsistency in risk definitions also undermines effective prevention policy. To make funding decisions and to select a balanced portfolio of interventions to meet identified need, policy-makers need to work to definitions of risk that are consistent and aligned to those understood by practitioners. If practitioners define their work differently from policy-makers, the task of developing a coordinated and effective prevention system is compromised.

Delivery settings

Possible gaps were identified in the delivery of prevention interventions in family, workplace, and criminal justice settings. In the case of the criminal justice setting, the authors recognise that this is more likely a reflection of the

Review of Prevention Systems (RePS)

continued

methodological approach of the RePS tool rather than an absence of activity. However, they also conclude that it suggests criminal justice activities may not be integrated into the overall architecture of prevention planning in Ireland.

Improving the quality of interventions

The authors identified ways in which interventions could be improved. The main limitations that resulted in lower assessments of existing interventions were the extent of contact and the mode of delivery. More interventions need to involve multiple distinct contacts, which are fundamental to effective interventions. Another area for improvement related to the style of delivery. Interventions that are dynamic rather than lecture style and do more than simply provide information about substance use are more effective. They are most effective when the focus is on developing a strong base of personal and social skills (including coping mechanism, decision-making, and resistance skills), and on providing opportunities to test such skills in relation to substance use. Most interventions reviewed fell short on at least two of these dimensions.

System-level conclusions and recommendations

Supportive policy and regulatory frameworks

Ireland's prevention system was assessed as strong in relation to its policies and legislation that create a controlled environment for the sale, marketing, and price of tobacco products and alcohol. The prioritisation of public health in developing and implementing this approach is to be welcomed when considering effective prevention. However, industry interests maintain a strong influence in the Irish context and have been seen to reduce the potentially positive impact of health-led legislation (for example, in the postponement of applying health labels to alcohol products to 2028). It is also critical that Government policy continues to state firmly that the alcohol industry has no role to play in prevention within schools.

Evidence-based planning and use of research

As mentioned above, while Ireland does not have a culture of evaluating prevention activities, the system review assessed it as having a strong foundation of epidemiological research on drug use. However, using these data to inform prevention policy and practice was not a strong feature of Ireland's system. There needs to be a clearer understanding of the barriers to and facilitators of utilising epidemiological data, evaluations, and other research findings effectively in the planning and implementation of prevention policy and practice. Policy-makers and service providers need to be supported to work in a more evidence-based way.

Coordination among different sectors and levels

Ireland's national, regional, and local structures for prevention need to be strengthened to ensure the coherence and meaningful involvement of all stakeholders across the national, regional, and local levels. The findings from the RePS intervention survey would suggest that there is a lot of good practice happening at a local level, which may not be being accessed or disseminated to other local areas, regions, or nationally. A barrier to doing so would be a lack of coordinated and effective structures in some areas.

Training system

Ireland's prevention system needs to better support training for those who are delivering

Review of Prevention Systems (RePS)

continued

prevention interventions, as well as their managers and those responsible for decision-making at local, regional, and national levels. The findings suggest that there is extensive knowledge of the field among prevention workers, but that they would benefit greatly from support to develop forums or communities of practice in which to share their knowledge, as well as the development of formal training opportunities relevant to the field. While the European Prevention Curriculum (EUPC) is a valuable part of the landscape, in the absence of other courses it may be expected to meet the training needs of those beyond its target audience.

Sustainability

The UNODC considers national strategies and associated funding as part of its assessment of sustainability within a country's overall prevention system. Since 2001, Ireland has had a series of national drugs strategies that have included prevention in some form. The most recent national drugs strategy (2017–2025) had prevention as one of its goals. While a new national drugs strategy is at a draft stage at the time of writing (Q3 2026), the structures of the previous strategy were stepped down in 2025. The Strategic Implementation Group (SIG) on prevention last met in 2024. It could be the case that this has impacted negatively on the delivery and progress of prevention in Ireland.

Concluding comment

In Ireland, there are illustrations of good practice across the elements identified by the UNODC as foundations for an effective prevention system. However, these are often isolated and confined to a few areas or localities. The overall assessment indicates that the current structures associated with prevention in Ireland do not constitute an effective national prevention system. The findings suggest that there are many opportunities for improvement and examples of good practice that could be built upon.

Lucy Dillon

1 MacMillan R, Dillon L and Galvin B (2026) *Review of Prevention Systems (RePS) in Ireland: Based on the UNODC/WHO International Standards on Drug Use Prevention*. Dublin: Health Research Board. Available from: https://www.drugsandalcohol.ie/46461/

2 United Nations Office on Drugs and Crime, KORUS Oslo (2023) *Review of National Prevention Systems based on the UNODC/WHO International Standards on Drug Use Prevention. Final report of the pilot in Norway*. Vienna: United Nations Office on Drugs and Crime. Available from: https://www.drugsandalcohol.ie/41014/

3 United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) (2018) *International Standards on Drug Use Prevention. Second updated edition*. Vienna: UNODC. Available from: https://www.drugsandalcohol.ie/30048/

4 Health Research Board. Irish National Focal Point to the European Union Drugs Agency (2026) *Focal Point Ireland: national report for 2025 – prevention*. Dublin: Health Research Board. Available from: https://www.drugsandalcohol.ie/php/annual_report.php

5 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/

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

7 A selection of sessions of the Oireachtas Joint Committee on Drugs Use. Available from: https://www.oireachtas.ie/en/committees/34/drugs-use/videos/

Policy and legislation

Alcohol health warning labels in Ireland: early exposure, consumer awareness, and retail uptake following delays in policy implementation

Background

Health warning labels on all alcohol products were due to become mandatory in May 2026 as part of a suite of measures included in the Public Health (Alcohol) Act 2018. However, due to the alcohol industry's concerns about the potential impact of implementation of such labelling given the uncertain global trading environment, their introduction has been postponed until September 2028.

As health warning labelling regulations were signed into law in Ireland in May 2023, some producers had already begun introducing the labelling. Two studies published in 2026 sought to examine the extent of uptake among producers, and consumer awareness and responses to the labels.

What's on the label? The uptake and distribution of alcohol warning labels in Dublin retail stores following delay in policy implementation

A study examined how widely the health warning labels had been adopted (prior to being mandatory) in retail settings and whether their prevalence changed over time.[1] Audits were conducted in five retail stores in Dublin, selected to provide variation in size and geographic location. The stores were visited between August and September 2025 (shortly after postponement announcement), followed by a second round of visits between January and February 2026. The presence of warning labels on beer, wine, and spirit products was recorded, and further information on label placement and additional product characteristics was collected.

The findings showed that uptake of the labels remained relatively limited but increased modestly over time. During the first audit, 6.7% of alcohol products surveyed displayed the new health warning labels, increasing to 8.3% by the second audit (Figure 1). Wine products were most likely to display the labels.

More than 90% of the labels were placed horizontally on the back of the container and it was noted that many products included QR codes linking consumers to further information (84.4%), and 13.3% displayed other voluntary health-related messages.

Alcohol health warning labels in Ireland

continued

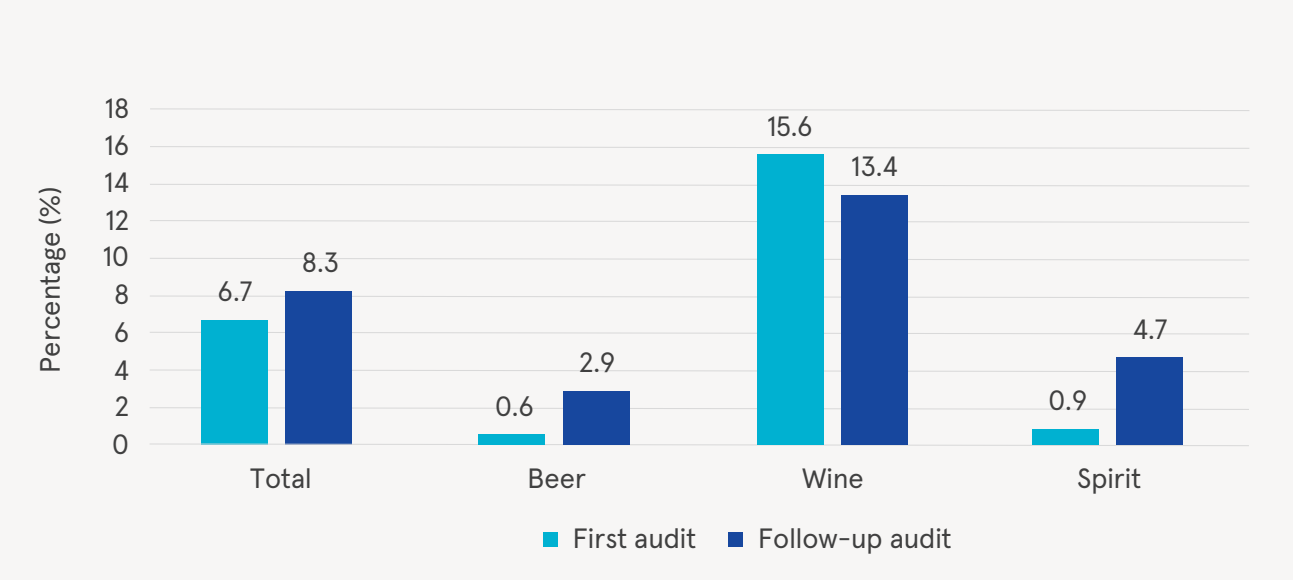


Figure 1: Percentage of sampled products containing new alcohol health warning labels at the two measurement points (August to September 2025 and January to February 2026)

Understanding the early exposure and potential impact of alcohol health warning labels in Ireland: results from a cross-sectional survey

A further study in response to early labelling implementation involved an online cross-sectional survey of 714 adults living in Ireland. This study was conducted to examine awareness and responses to the new labelling.[2] Participants were asked about their exposure to the new warning labels, their perceptions of the information provided, their knowledge of alcohol's links to cancer, and their readiness to change their drinking behaviour.

The results indicated that approximately one-third (32.5%) of respondents had noticed the new labels on alcohol products. Of those who saw the labels, 65.9% reported that the labels informed them about the risks associated with alcohol use, 40.5% said the labels made them think about alcohol's impact on health, and 24.6% reported that they decided to buy less, or no, alcohol during that shopping trip.

Almost three-quarters of respondents (73.7%) found the warnings informative, and over one-half felt that the information was relevant to them personally (50.6%) (Figure 2).

The study found that those who had noticed the labels were more likely to know that alcohol can cause cancer and were more likely to be considering changes to their drinking behaviour. However, when adjusted for drinking patterns and exposure to alcohol and cancer messages in the media, these associations were no longer statistically significant. Exposure to media messages about the link between alcohol and cancer emerged as the strongest predictor of cancer-related knowledge.

Alcohol health warning labels in Ireland

continued

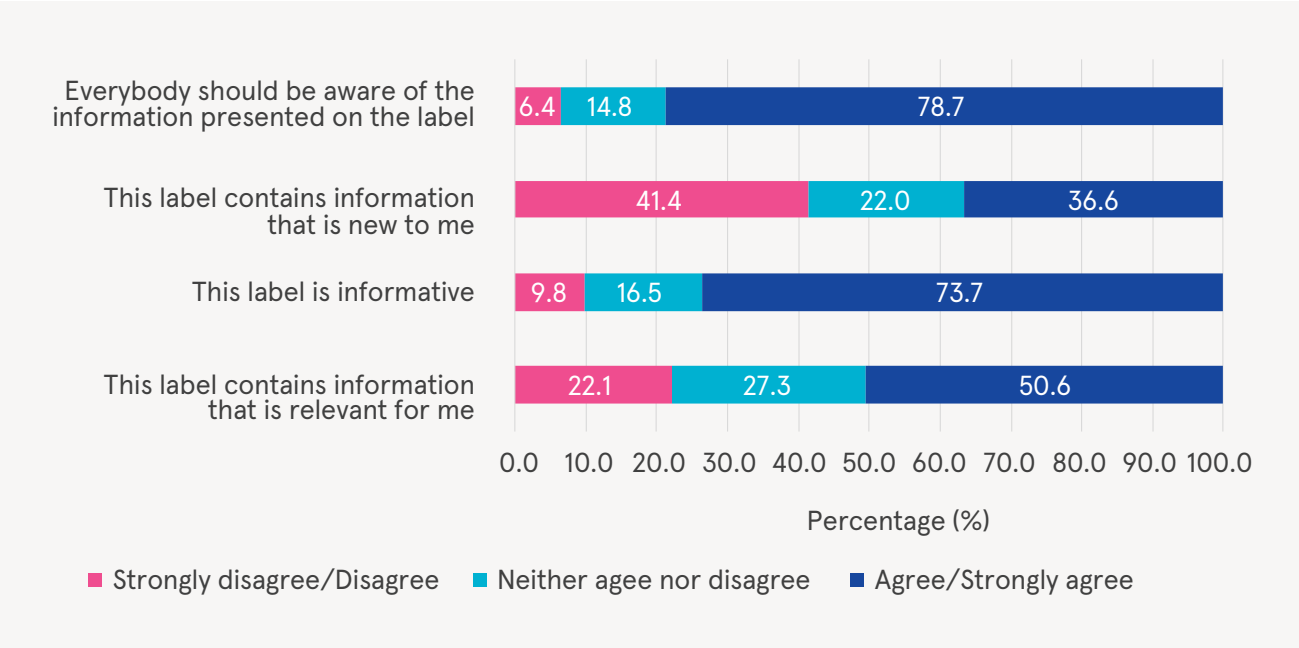


Figure 2: Perceptions of labels among Irish survey respondents

Conclusion

The findings from both studies conclude that although adoption of alcohol warning labels ahead of mandatory implementation was limited, there was evidence of gradual uptake among producers, and consumers have noticed and responded to the labelling. The findings provide early evidence that the labels can increase awareness of alcohol-related health risks and may influence purchasing decisions. The results also highlight the importance of media campaigns in improving knowledge about alcohol and cancer; they also highlight that warning labels and public information campaigns are likely to work most effectively when implemented together as part of a comprehensive alcohol harm reduction strategy. Both studies provide an important baseline against which future changes can be measured.

Anne Doyle

1 Cordos LE, Mitra S, Savvidou E, *et al.* (2026) 'What's on the label?' – the uptake and distribution of alcohol warning labels in Dublin retail stores following delay in policy implementation. *Prev Med Rep,* 70: 103612. Available from: https://www.drugsandalcohol.ie/46724/

2 Kokole D, Correia D, Rehm J, *et al.* (2026) Understanding the early exposure and potential impact of alcohol health warning labels in Ireland: results from a cross-sectional survey. *Int J Drug Policy,* 156: 105443. Available from: https://www.drugsandalcohol.ie/46447/

Irish Council for Civil Liberties policy paper on decriminalisation

In May 2026, the Irish Council for Civil Liberties (ICCL) published a policy paper with a specific focus on decriminalisation of drugs for personal use. *Rethinking drug policy: the case for decriminalising drugs for personal use*[1] advocates for the repeal of Section 3 of the Misuse of Drugs Act, 1977. The authors argue that a health-led approach to drug policy must include the decriminalisation of drugs for personal use.

The ICCL

The ICCL is Ireland's oldest independent human rights commission. It is a non-profit organisation that has as its stated purpose 'to defend and promote civil liberties and human rights in Ireland. Our mandate is to speak truth to power, even when it is unpopular or difficult. We work to ensure that everyone in Ireland can enjoy all of their rights, all of the time.'[2]

Methodology

The policy paper is based on the findings of a literature review on global drug policy, drug policy in Ireland, and its impact. This is complemented by a series of stakeholder interviews across government, civil society, and Dublin-based health services, carried out in March and April 2025. Further information on the interviewees and their selection criteria is not provided.

Findings

The central tenet of the paper is that for Ireland to have a health-led approach to drug use it must repeal Section 3 of the Misuse of Drugs Act, 1977 to decriminalise the possession of drugs for personal use, removing the associated criminal sanctions. The authors argue that this would enable 'the State to focus its finite resources on tackling the sale and supply of controlled drugs, in addition to investing in crucial health, treatment and social services as part of a health-led response' (p. 4).[1]

The paper is divided into three broad sections. The first section provides an overview of drug use in Ireland and its associated harms. It considers data on trends in prevalence, treatment, and drug-related deaths. The connection between drug-related harms and indicators of social disadvantage and exclusion are considered. This section argues that Ireland's current legislative approach stigmatises and causes harm to those who are most vulnerable, and has failed to reduce the use of illicit drugs.

The second section discusses what the authors found to be the limitations and failures of Ireland's current drug policy, in particular the Misuse of Drugs Act, 1977, elements of which they conclude are problematic: for example, the stop and search powers of An Garda Síochána. Among their criticisms is a concern about the lack of up-to-date national data on how gardaí exercise discretion when selecting people to search. The authors raise the issue of possible racial profiling. More broadly, they discuss the impact of drug convictions on individuals experiencing addiction and how they

Irish Council for Civil Liberties policy paper on decriminalisation

continued

can lead to 'a vicious cycle of re-offending and compounding of trauma' (p. 13).[1] The proposed Health Diversion Approach to dealing with people found in possession of drugs for personal use is also discussed. Overall, the authors criticise the Health Diversion Approach for being too limited in its scope and the changes that it will bring about.

Section three presents what the ICCL considers to be the way forward for a health-led approach to Irish drug policy: the decriminalisation of the possession of drugs for personal use coupled with investment in health services. The resources that would be saved by not pursuing convictions under Section 3 of the Act (3,959 convictions in 2025 (p. 24))[1] could be redirected to more effective measures to address drug-related harms. Three other legal reforms are also proposed: first, to expand the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 to include mobile facilities and to turn injecting facilities into consumption rooms; second, to make naloxone available over the counter by amending the Medicinal Products (Prescription and Control of Supply) Regulations 2003; third, to revisit the Criminal Justice (Rehabilitative Periods) Bill 2018 to expand spent convictions.

Conclusion

The report concludes that while a health-led approach to drug use is endorsed by the Irish Government and features in the national drugs strategies, the current policy position is not in fact health-led. The authors argue that decriminalisation needs to be a core part of any health-led approach. They recognise that repealing Section 3 of the Act will not stop drug use but they suggest that it would reduce the compounding of harm experienced by people who use drugs.

'The time for this legal reform is long overdue and must be coupled with expanded access to treatment for individuals in need of drug-related healthcare, as part of an integrated, health-led approach focused on harm reduction. If designed and implemented with the effective involvement of people who use drugs, civil society and affected communities, this approach could be transformative' (p. 27).[1]

Lucy Dillon

1 Irish Council for Civil Liberties (2026) *Rethinking drug policy: the case for decriminalising drugs for personal use*. Dublin: Irish Council for Civil Liberties.

2 For more information on the ICCL, visit: https://www.iccl.ie/about-iccl/

Oireachtas Joint Committee on Drugs Use publishes final report

On 24 June 2026 the Oireachtas Joint Committee on Drugs Use published its final report.[1] It provides a summary of the meetings held, evidence considered, the Committee's responses to the recommendations of the Citizens' Assembly on Drugs Use, as well as a set of the Committee's own recommendations.[2]

Through its work, the Committee sought 'to contribute to the development of an effective, evidence-informed and sustainable national response to drug use in Ireland that prioritises health, dignity, prevention, recovery and community wellbeing, while also addressing the harms caused by organised criminal activity and drug-related exploitation' (p. 16).[1]

Background

The Joint Committee on Drugs Use was established in May 2024 by the Irish Government to consider the 2024 *Report of the Citizens' Assembly on Drugs Use* and to make a reasoned response to each of its 36 recommendations.[2] On 22 October 2024, the Committee published its *Interim Report*.[3] The work of the Committee was interrupted by the dissolution of the Government in November 2024. However, it was re-established under a new chair in May 2025 to continue its work. In addition to considering the 36 recommendations made by the Citizens' Assembly on Drugs Use, the new Committee was also required to consider the findings of the interim report of the previous Committee.[4]

Public meetings

The new Committee held its first public meeting in September 2025. It included members from across the spectrum of political parties (not just Government parties). The Chair of the Committee was 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).

The Committee worked to a set of thematic modules through which it examined the Citizens' Assembly's recommendations. In total, 23 public meetings were held in which witnesses with expertise in the topic were invited to present to the Committee, and were subject to questions from Committee members. Witnesses included Government Department staff, State agency staff, academics, clinicians, researchers, youth workers, community organisations, family support groups, legal experts, representatives of An Garda Síochána, international experts, and individuals with lived experience of substance use and recovery. The Committee also engaged with evidence and policy developments from other jurisdictions. The thematic modules examined and number of associated meetings were:

- **Module 1:** Family and community supports – five meetings
- **Module 2:** Education, youth, and prevention – five meetings
- **Module 3:** Treatment, recovery, and rehabilitation – three meetings
- **Module 4:** Legal and policy issues – seven meetings.

Three standalone public meetings were also held on the specific topics of: the national drugs strategy; nitrous oxide and other inhalants; and women, drug use, and addiction.

Oireachtas Joint Committee on Drugs Use publishes final report

continued

Reasoned responses to Citizens' Assembly

The Citizens' Assembly's recommendations were far-reaching and reflected the complex and cross-cutting nature of drugs use in Ireland.[5] Overall, the Assembly found it to be a 'serious, urgent, complex, escalating and evolving public health issue that causes widespread and significant harm' (p. 9).[1] The Assembly concluded that not enough was being done in Ireland to address the drug situation and to meet the needs of those affected. Greater political prominence and priority need to be given to drug policy. The recommendations argue that the response requires effective involvement from all stakeholders with a high-level leadership, and additional funding resources. An overarching theme was that the Assembly considered drug use to be predominantly a health issue, and it recommended that health-led options should be formally adopted and adequately resourced as an alternative for people experiencing drug addiction who are in contact with the criminal justice system.

The Committee overwhelmingly agreed with the recommendations of the Citizens' Assembly and through its reasoned responses provides further consideration of how they could be implemented. They differed in one case. While the Committee recognised the importance of financial accountability for key stakeholders, it did not consider it 'practical or proportionate' for them to jointly publish an annual report on expenditure that would be audited by the Comptroller and Auditor General, as per recommendation 20 of the Assembly (p. 27).[1]

Committee recommendations

Based on a consideration of the evidence presented to it, the Committee made 161 recommendations of its own. Collectively, they present the Committee's view of the most effective national response to drug use in Ireland. They are structured around the following 11 themes: family supports; community supports; kinship care; intergenerational trauma; addiction, sports, and well-being; young people; neurodiversity; women, drug use, and addiction; the national drugs strategy; emerging trends; and legal and policy issues. The recommendations vary from those that are very issue specific – such as the introduction of mandatory health warnings on aerosol deodorants and other inhalant products – to those that have a broader focus, such as the need for a health-led approach to policy. Across the board there is a call for increased funding to meet growing demands, including in prevention, treatment, and recovery. There is also a call for better coordination and collaboration across Government Departments, and with other stakeholders to address the complex nature of drug use and its social causes.

It is beyond the scope of this article to discuss all of the recommendations in detail. However, examples of recommendations linked to three core topics are outlined below: health-led approach to drug policy, decriminalisation of possession of drugs for personal use, and the delivery and governance structures for implementing Ireland's drugs strategy.

Health-led approach

Underpinning the report is an explicit commitment to a health-led approach to drug use in Ireland, echoing the findings of the Assembly. The Committee describes theirs as a 'view that health should not simply be one consideration among many, but should be the primary driver in policy design and the first, and most prominent, aspect of policy implementation that those affected by drug use will experience in practice' (p. 21).[1] It is

Oireachtas Joint Committee on Drugs Use publishes final report

continued

also recommended that in the next national drugs strategy the Department of Health adopts a definition of a 'health-led approach' based on international best practice (p. 47, recommendation 85).[1]

Decriminalisation of the possession of all drugs for personal use

To deliver on the Assembly's recommendation to introduce a comprehensive health-led response to the possession of drugs for personal use, the Committee calls for its decriminalisation (see Box 1 for a definition):

- 'The Committee recommends the repeal of section 3 of the Misuse of Drugs Act 1977 in order to fully decriminalise the possession of drugs for personal use. The Committee also supports legislative reforms to strengthen and extend the spent convictions regime, to reduce the long-term impacts of criminal records on rehabilitation, recovery, social inclusion and access to employment' (p. 52, recommendation 126).[1]
- While recommending decriminalisation, the Committee also recommends 'maintaining strong criminal sanctions against organised crime, drug trafficking, coercion of children, and commercial supply networks, while separating these offences clearly from personal possession offences' (p. 53, recommendation 132).[1]
- The Committee recognises concerns about decriminalisation undermining Garda powers and recommends that: 'Government clarify, in legislation if needed, that the repeal of section 3 would not undermine Garda powers relating to sale or supply offences, search powers, or organised crime investigations' (p. 53, recommendation 133).[1]

Delivery and governance structures

The Committee focuses some of its recommendations on the structures needed for developing and monitoring the implementation of drug policy in Ireland. For example, it supports a central role for the Drug and Alcohol Task Forces and civil society, as well as the establishment of a standing Oireachtas Joint Committee:

- 'The Committee calls for the new National Drugs Strategy to have local and regional Drug and Alcohol Task Forces at the centre of decision-making and responses, and to be represented in all appropriate oversight structures' (p. 49, recommendation 99).[1]
- 'The Committee calls on the Department of Health to un-pause the National Drugs Strategy Oversight Committee and to include representatives of civil society, and community and voluntary sector organisations in its membership' (p. 48, recommendation 94).[1]
- 'Recognising the prevalence of drug use and addiction in Ireland, and the pace of emerging trends in both substance use and international best practice responses, the Committee calls for the establishment of a standing Oireachtas Joint Committee on Drug Use and Related Issues, to ensure that drug policy is under continual consideration, review and scrutiny by the Oireachtas' (p. 52, recommendation 123).[1]

Next steps

The Committee's report has been brought to the Houses of the Oireachtas and will be subject to debate. The Government is obliged to respond to each recommendation of the report in the Oireachtas. For recommendations that it accepts, it is obliged to set out a time frame for their implementation.

Oireachtas Joint Committee on Drugs Use publishes final report

continued

Box 1: Definition of decriminalisation

Decriminalisation refers to the removal of criminal status, in law and in practice, from specified conduct. Under a decriminalised model, possession of a controlled drug within defined thresholds for personal use does not constitute a criminal offence and does not result in a criminal conviction or record. Depending on the legal framework, and under less comprehensive approaches, such conduct may remain unlawful and subject to non-criminal (administrative) sanctions, such as fines, warnings, or referral to a dissuasion body. (p. 12)[1]

Lucy Dillon

1 Joint Committee on Drugs Use (2026) *Joint Committee on Drugs Use Final Report*. Dublin: Houses of the Oireachtas. Available from: https://www.drugsandalcohol.ie/45947/

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

3 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/

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 Dillon L (2024) Final report of the Citizens' Assembly on Drugs Use. *Drugnet Ireland*, 87 (Winter), Supplement: 2–12. Available from: https://www.drugsandalcohol.ie/40651/

Public consultation on the National Drugs Strategy

A public consultation was carried out to inform Ireland's new National Drugs Strategy. The report was published in June 2026.[1]

Method

The consultation was structured around a draft version of the *National Drugs Strategy 2026-2029*, published in February 2026.[2] The Department of Health developed an online tool that was hosted on the EUSurvey platform. The consultation was held over a six-week period between February and April 2026. It assessed level of support across five main components of the strategy: health-led approach to drug use, vision, principles, strategic pillars, and enabling measures. It also gave respondents an opportunity to provide qualitative responses on these components, which were analysed by theme. The final part of the survey included questions on the involvement of individuals with

Public consultation on the National Drugs Strategy

continued

lived or living experience of drug use, and the implementation of the strategy. A total of 321 individuals and organisations responded to the consultation.

Findings

Eighty-seven per cent of respondents strongly agreed or agreed with a health-led approach to drug use. However, no definition of 'health-led approach' was provided in the report.

Seventy-three per cent of respondents strongly agreed or agreed with the vision communicated in the draft national drugs strategy.

The draft vision is: 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.

Eighty per cent strongly supported or supported the principles listed in the draft national drugs strategy.

The draft principles are:

- responding to drug use from a health perspective, with an emphasis on evidence-based 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 mainstreaming of gender-sensitive responses and interventions
- integrated responses to drug and harmful alcohol use, with a particular focus on the treatment of polydrug use.

Seventy-one per cent of respondents strongly agreed or agreed that the strategic pillars listed in the draft were a comprehensive response to drug and harmful alcohol use, with between 69% and 78% strongly agreeing or agreeing with the five individual pillars.

The draft pillars are:

- 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 through drug and alcohol treatment, community services, and in public policies.
- Prioritise health supports for people in contact with the criminal justice system due to drug use.
- Prepare for and respond effectively to a more dynamic and global drugs market.

Sixty-eight per cent of respondents strongly agreed or agreed that the proposed enabling measures help to create the conditions for the effective delivery of the national drugs strategy.

The draft enabling measures are:

- Provide leadership and investment to build capacity to implement the national drugs strategy.

Public consultation on the National Drugs Strategy

continued

- Use evidence to inform, monitor, and evaluate drug policies and practices.
- Develop collaborative and enabling partnerships to address the global drugs challenge.

There is strong support for the involvement of those with lived and living experience in the design and implementation of the strategy. In response to a question on who is best placed to support the implementation of the national drugs strategy, the responses were:

- the health system (36%)
- families and communities (29%)
- society (24%)
- the criminal justice system (3%)
- no answer (8%).

Respondents had an opportunity to respond to open-ended questions under each area too. The following are some of the main themes found:

- In relation to the vision, the most prominent theme to emerge was a preference for a health-led, person-centred vision. Respondents support approaches centred on prevention, harm reduction, and early intervention, alongside addressing structural determinants such as poverty, trauma, and inequality.
- In relation to the principles, a major theme is a consistent emphasis for a health-led, harm reduction approach, with strong acknowledgement of equity, lived experience, and cross-government collaboration.
- In relation to the enabling measures, respondents strongly emphasised the importance of sustained, multi-annual funding across the continuum of care, alongside strong alignment between national, regional, and local implementation.
- Respondents stressed that the draft national drugs strategy does not sufficiently reflect the realities of individuals, families, and communities most affected by drug use, including issues of trauma, poverty, and social exclusion.
- There was a focus on recognising the role of community and voluntary organisations, particularly Drug and Alcohol Task Forces, as key delivery partners supported by adequate resourcing, data, and ongoing evaluation.
- In relation to who is best placed to deliver on the National Drugs Strategy, respondents strongly emphasised the central role of families, local communities, and community services in prevention, support, and recovery, alongside the need for formal recognition and adequate resourcing of these actors. There is a clear expectation that community involvement should be embedded within implementation structures.
- The legal framework for drugs and the need for the National Drugs Strategy to reflect and address the findings of the Citizens' Assembly on Drugs Use were also noted.

Lucy Dillon

1 Department of Health (2026) *Report of the public consultation on the National Drugs Strategy 2026-2029*. Dublin: Department of Health. Available from: https://www.drugsandalcohol.ie/45993/

2 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/

Recent research

Irish findings from the European Web Survey on Drugs 2024

Surveys on drug use among the general population have been conducted in Ireland six times. However, although these surveys provide prevalence rates regarding drug use, they can only collect robust information on patterns of use for the more commonly used drugs, such as cannabis. They do not collect data from a sufficiently large sample of people who use drugs to provide reliable information on patterns of use for less frequently used drugs such as ecstasy, amphetamines, and emerging substances.

The European Union Drugs Agency (EUDA) has developed the European Web Survey on Drugs (EWSD) 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 rationale for this was to generate new data on patterns of drug use, as set out in Action 5.1.45 of the Irish Government's national drugs strategy.

The data collected provided information on:

- drug use and frequency of drug use by sex, age, and drug type
- location of drug use
- motivations for using drugs
- the main sources used to obtain drugs
- drug use in nightlife and festival settings
- drug information and education on drugs.

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. Data collection commenced on 21 May 2024 and finished on 14 July 2024, and was managed centrally by the EUDA. Participants accessed the questionnaire on EUSurvey, the European Commission's official survey management system. A total of 3,156 people clicked on the link and began the survey. However, 346 did not complete the consent questions and therefore could not continue to the survey; 38 were not living in Ireland; and 366 had not used illicit drugs in the past year, and their responses were excluded from the analysis. This gave a final sample of 2,406 for analysis, of whom 63.1% were male and 35.7% were female. The median age of respondents was 30 years. The main Irish findings from the EWSD report[1] are discussed throughout the rest of this article.

Last-year and last-month drug use

Last-year and last-month use of each drug is presented in Table 1. It should be noted that the data presented here do not provide population prevalence estimates, and given the recruitment strategy employed, we cannot assume they are representative of the drug-using population in Ireland. The most commonly used drug in the last year was cannabis (85.4%), followed by cocaine (46.0%), 3,4-methylenedioxymethamphetamine (MDMA) (36.0%), magic mushrooms (30.6%), semi-synthetic cannabinoids (SSCs) (29.2%), and ketamine (24.8%). For most drugs, the proportion of males and females reporting last-year use were similar; however, males

Irish findings from the European Web Survey on Drugs 2024

continued

Table 1: Last-year and last-month drug use among respondents, by sex

	Last-year use			Last-month use		
	All	Males	Females	All	Males	Females
	N=2406	n=1518	n=858	N=2406	n=1518	n=858
Cannabis	85.4%	86.6%	83.2%	65.2%	69.4%	57.1%
Cocaine	46.0%	45.3%	47.8%	22.2%	23.0%	21.4%
MDMA	36.0%	35.8%	36.7%	11.8%	11.9%	11.7%
Magic mushrooms	30.6%	34.0%	25.3%	7.8%	8.4%	6.8%
SSCs	29.2%	32.3%	24.3%	15.9%	16.8%	14.3%
Ketamine	24.8%	25.1%	25.0%	9.9%	10.2%	9.7%
NPS	21.5%	23.5%	17.9%	11.1%	11.9%	9.9%
LSD	15.5%	18.1%	11.3%	3.9%	4.7%	2.6%
Hallucinogens	10.7%	12.2%	8.4%	2.7%	3.2%	2.1%
Amphetamines	8.8%	9.2%	8.3%	3.4%	3.2%	3.9%
Nitrous oxide	5.3%	5.9%	4.3%	1.0%	0.9%	1.1%
Tuci	2.9%	3.0%	2.8%	0.8%	0.9%	0.8%
Gamma-hydroxybutyrate (GHB)	2.4%	2.7%	2.1%	1.2%	1.3%	1.1%
Methamphetamine	2.0%	2.4%	1.4%	0.9%	1.1%	0.6%
Kratom	1.3%	1.3%	1.2%	0.6%	0.6%	0.8%
Heroin	0.6%	0.6%	0.7%	0.2%	0.1%	0.5%

Source: EWSD (2025)

were much more likely than females to use magic mushrooms, SSCs, and lysergic acid diethylamide (LSD). Those aged 18–24 years were more likely than older age groups to report last-year use of SSCs, ketamine, new psychoactive substances (NPS), and nitrous oxide.

Polydrug use

Concurrent polydrug use (defined in this survey as the use of two or more different drugs, excluding alcohol, in the last year) was reported by 70.9% of respondents, with 21.3% reporting the use of at least five different drugs in the last year. Males were more likely than females to have used five or more drugs (23.6% versus 17.8%). The likelihood of using five or more drugs decreased with increasing age, going from 29.3% among 18–24-year-olds to 14.0% among those aged 35 years and over (Table 2).

Irish findings from the European Web Survey on Drugs 2024

continued

Table 2: Number of drugs used in the last year, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
1 drug	29.1%	28.1%	30.3%	19.1%	28.9%	37.6%
2 drugs	21.2%	19.6%	23.5%	19.3%	20.3%	23.5%
3 drugs	16.4%	17.1%	15.4%	17.2%	16.3%	15.7%
4 drugs	12.1%	11.7%	12.9%	15.1%	12.4%	9.3%
≥5 drugs	21.3%	23.6%	17.8%	29.3%	22.2%	14.0%

Source: EWSD (2025)

Frequency of drug use

Over one-half of those who reported last-year cannabis herb use stated they used it on a weekly basis (see Figure 1). In comparison, just 1.1% of MDMA users and 6.0% of ketamine users reported weekly use.

Location of drug use

The locations in which drugs were used varied by drug type (see Figure 2). Cannabis herb was most likely to be used at home, while MDMA was most likely to be used at a music festival or party, and cocaine was most likely to be used in a club or a bar. Cannabis herb was the drug least likely to be used at a music festival or party or in a club or bar, while it was the drug most likely to be used at home.

Motivations for using drugs

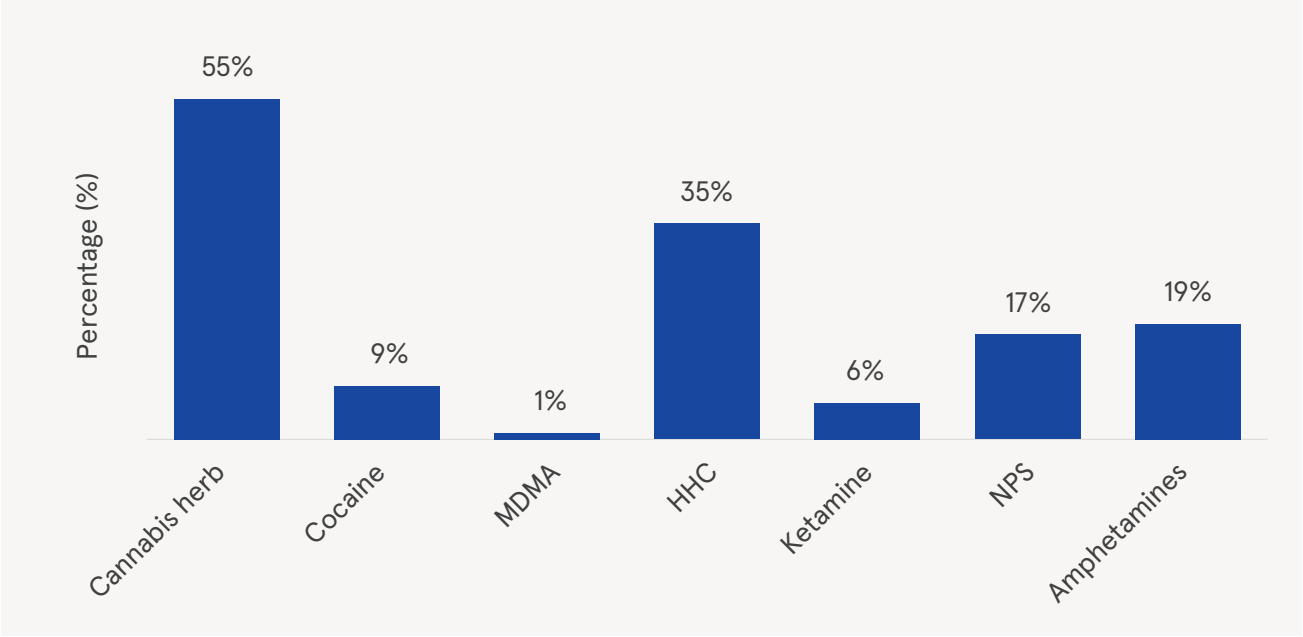
There were differences in respondents' motivations for using each drug (see Figure 3). The predominant reasons for using stimulant-type drugs such as cocaine or MDMA were to get high or to socialise. Another common reason for using cocaine was to reduce the effect of alcohol. Respondents cited a wide range of reasons for using cannabis. While 73% used cannabis to get high, 71% used it to reduce stress, and 50% used it to improve sleep. Similar results were observed for hexahydrocannabinol (HHC): while 62.9% used HHC to get high, 51.9% used it to reduce stress.

How drugs are sourced

Respondents were asked how they sourced each drug they used (see Figure 4). Users of cannabis herb and MDMA were most likely to state that they mostly bought their products themselves. Those who used cocaine and ketamine were most likely to state that they got these drugs for free. The main method of purchasing each drug type was through direct contact with a dealer. Ketamine users were most likely to buy ketamine through direct contact with their dealer and were less likely than other drug users to purchase from friends. MDMA users were least likely to use either messaging apps or social media to purchase their drugs. The proportion of those using either social media or messaging apps to purchase drugs was low across all drug types.

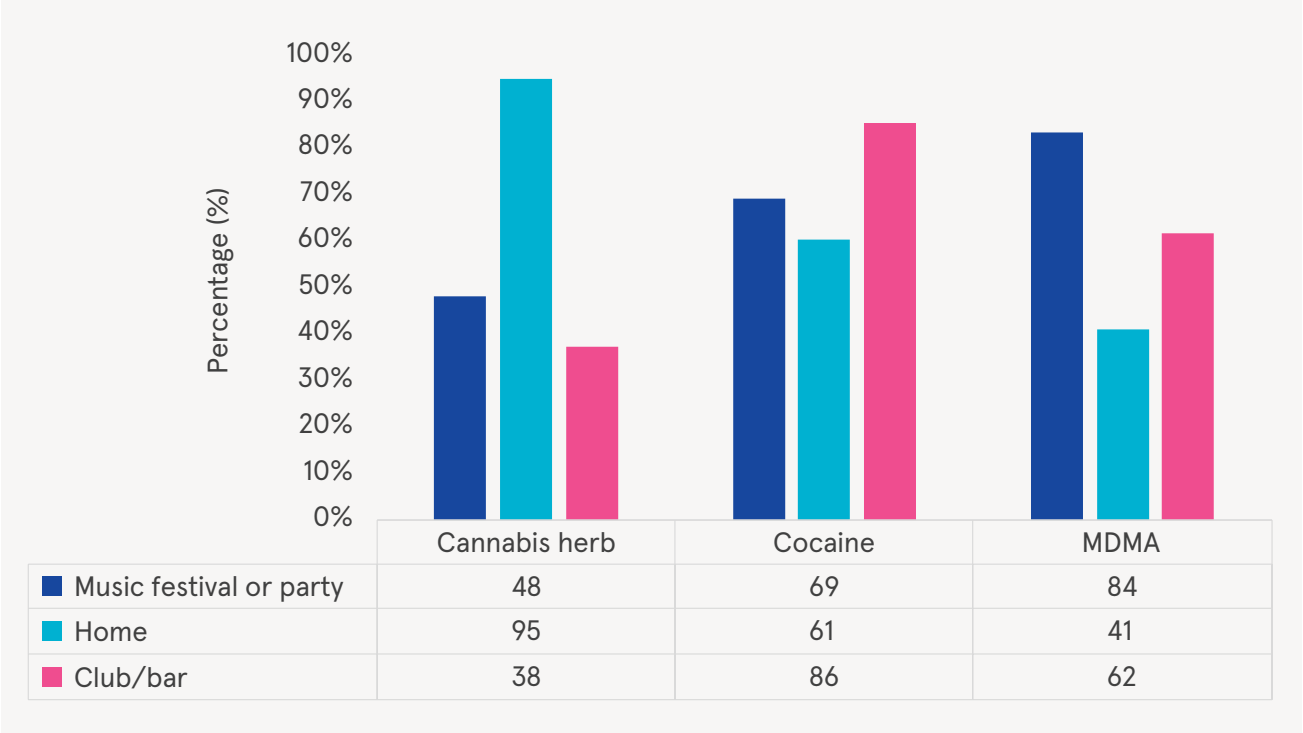
Irish findings from the European Web Survey on Drugs 2024

continued



Source: EWSD (2025)

Figure 1: Frequency of drug use reported in the 2024 Irish EWSD



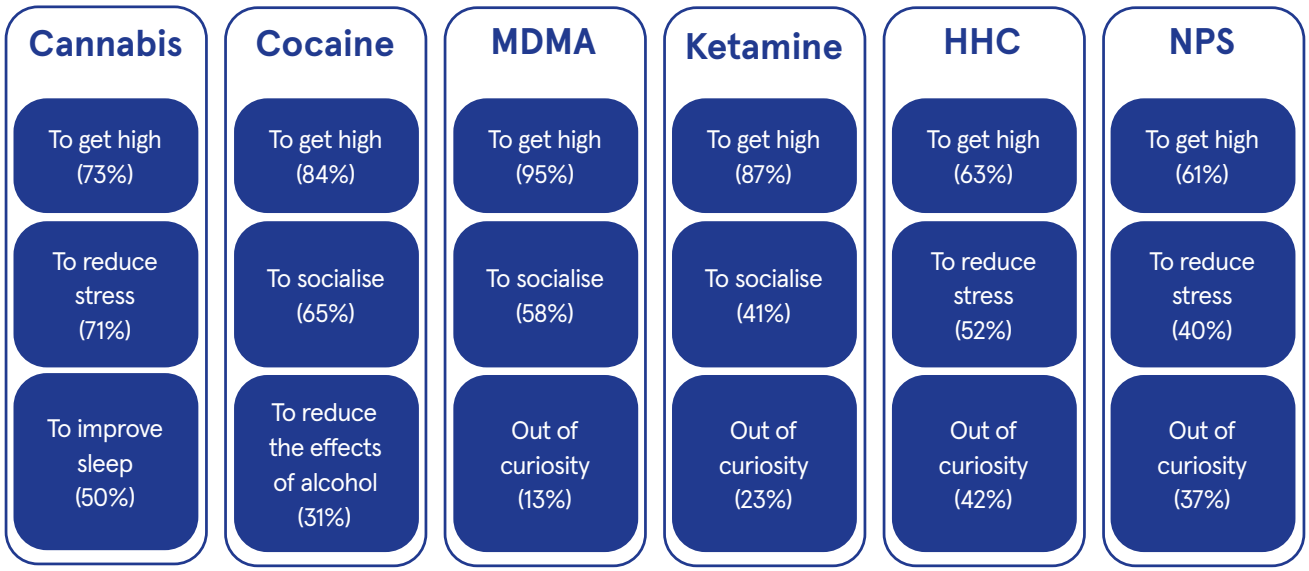
	Cannabis herb	Cocaine	MDMA
Music festival or party	48	69	84
Home	95	61	41
Club/bar	38	86	62

Source: EWSD (2025)

Figure 2: Location of drug use reported in the 2024 Irish EWSD

Irish findings from the European Web Survey on Drugs 2024

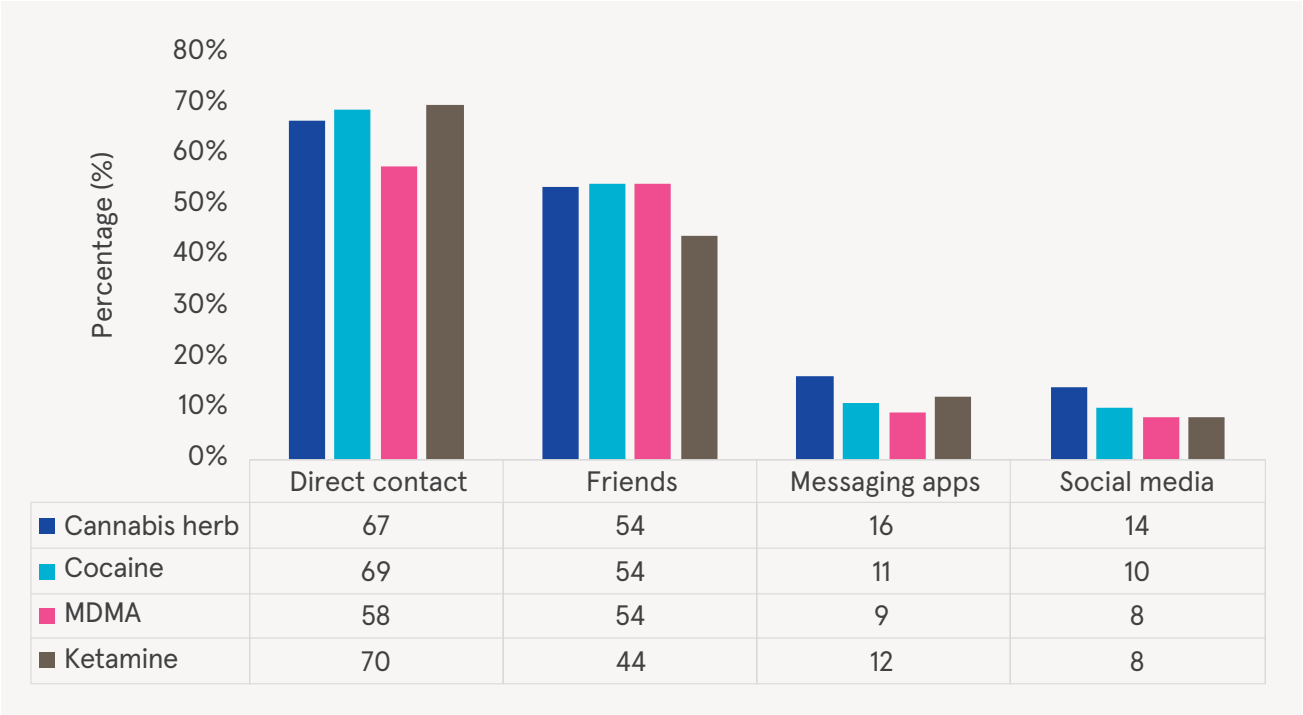
continued



Source: EWSD (2025)

Figure 3: Top three reasons for using drugs, by drug type

Note: Respondents could select more than one option



	Direct contact	Friends	Messaging apps	Social media
Cannabis herb	67	54	16	14
Cocaine	69	54	11	10
MDMA	58	54	9	8
Ketamine	70	44	12	8

Source: EWSD (2025)

Figure 4: Methods used to buy drugs among those who bought drugs in the last year, by drug type

Note: Respondents could select more than one option

Irish findings from the European Web Survey on Drugs 2024

continued

Drug use in nightlife and festival settings

Most respondents used drugs in nightlife or festival settings, with polydrug use particularly prevalent among festival-goers. On the last occasion on which respondents used drugs in nightlife settings, 23.8% used three substances (including alcohol), 8.1% used four substances, and 6.0% used five or more substances. On the last occasion on which respondents used drugs at festivals, 23.5% used three substances, 18.1% used four substances, and 21.9% used five or more substances. One in five respondents had seen harm reduction information from the HSE's Safer Nightlife Programme, with one in three of these stating that the harm reduction information they received had an impact.

Drug information and education

Three-quarters of respondents had not received a structured drug awareness intervention in school. The primary source of drug information was personal research online while the main source of harm reduction information was through Google searches. Approximately one-half of respondents had applied harm reduction measures in the previous year.

Conclusions

One of the main findings of this survey is the emergence of SSCs (particularly HHC) onto the Irish drug market. While 14% of the EWSD sample from the 24 participant European Union (EU) countries and Norway reported last-year SSC use, 29% of Irish respondents reported last-year SSC use, which may be due to SSCs being legal to purchase in Ireland during the data collection phase of this survey. One-third of respondents had used HHC in the previous year, which is considerable given that HHC was only formally identified in Europe in 2022 and in Ireland in early 2023. Polydrug use is also a predominant feature of Irish drug use, with 70.9% of respondents reporting the use of two or more drugs (excluding alcohol) in the last year. Similar to the findings of the 2021 Irish EWSD, in 2024 cocaine was the second most commonly used drug, with 46.0% of respondents reporting last-year use. While this is slightly lower than the proportion reporting cocaine use in Ireland in 2021 (49%), it is considerably higher than the rate of 29% reported in 2024 by the entire EWSD sample reporting last-year cocaine use for the EU and Norway.[2] The continued high rate of cocaine use in Ireland is not surprising and reflects research on cocaine use and cocaine-related harm from other Irish data sources that demonstrate sustained high levels of cocaine use and cocaine-related harm since 2014.[3]

The report authors note that when interpreting Irish results from the EWSD, it is important to consider them in the context of the survey's strengths and limitations. The Irish EWSD had a very comprehensive and effective recruitment campaign, which utilised many different online channels and achieved a valid sample of 2,406 respondents. This ensured a sufficient number of respondents to adequately analyse patterns of drug use, including analyses on drugs that are less prevalent in Ireland. However, the sample achieved in the current survey was considerably lower than the sample of 5,796 achieved in the 2021 survey. Notwithstanding this, the Irish EWSD is a useful tool for collecting information on patterns of drug use from a large number of people both quickly and cheaply.

Seán Millar and Deirdre Mongan

1 Mongan D, Killeen N, Keenan E, Millar SR and Galvin B (2026) *European Web Survey on Drugs 2024: Irish results*. Dublin: Health Research Board.

Irish findings from the European Web Survey on Drugs 2024

continued

2 European Union Drugs Agency (2025) *European Web Survey on Drugs 2024: top-level findings, 24 EU countries and Norway*. Lisbon: European Union Drugs Agency.

3 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(1): 2285.

Traveller Substance Use in Ireland: A National Study

A new national study on substance use among Travellers in Ireland provides comprehensive evidence on the burden of substance use experienced by the Traveller community and the structural factors that contribute to it.[1]

The study was commissioned by the Eastern Region Traveller Health Unit, Health Service Executive (HSE), and Pavee Point Traveller and Roma Centre. The research was conducted by Trinity College Dublin.

The report, which includes an overview of the existing policy context, also generated a number of recommendations to address substance use and its impacts in the community. It was formally launched in April at Pavee Point by the Minister of State for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor.

Methodology

The mixed methods research included interviews and focus groups with Travellers who have lived/living experience of drug use, as well as Traveller community workers, key stakeholders, and service providers. The research also included an analysis of 17 years of national treatment data from the National Drug Treatment Reporting System (NDTRS).

Findings

Addiction treatment data

Travellers are overrepresented in addiction treatment, accounting for 2.5% of treatment episodes despite representing less than 1% of the total population in Ireland. Treatment completion is less common for Travellers than

Traveller Substance Use in Ireland

continued

for the wider population (35% versus 47% completion). Higher rates of polydrug use among those treated were reported, and among the Traveller community more than one-half of those entering treatment were parents.

Since 2008, alcohol and opioids have been consistently reported as the main problem drugs for Traveller men and women, while opioids were more commonly reported as the main problem drug among Traveller women. Despite this, there has been a significant rise in the number of Traveller men and women accessing treatment for cocaine since 2008.

Qualitative reports

Participants acknowledged that early exposure to racism and discrimination shaped how they experienced wider society, including education and health services. Indicators of societal disadvantage – including unemployment, overcrowding, and poor living conditions – were mentioned as factors contributing to drug use. At the personal and social level, poor mental health and high suicide rates, the breakdown of relationships and support networks, together with violence and drug debts, were cited as risk factors for drug use, and also cited as impacts and outcomes of drug use.

Barriers for Travellers seeking support were highlighted; these included the availability of services and a mistrust and lack of confidence in services to fully understand Traveller needs. Traveller women highlighted specific barriers that they have experienced when accessing health services, including failures to have their health concerns addressed fully, and the lack of accessible and appropriate childcare support.

Conclusions

While treatment data from the NDTRS indicate that Travellers are more likely to seek support for addiction, the qualitative insights echo that tackling substance use requires more than the expansion of addiction services. Such findings reinforce the importance of a holistic approach, addressing social determinants of health, including poverty, discrimination, housing conditions, and educational disadvantage, in order to support more positive outcomes in engagement and treatment. These interrelated deprivations mean that a coordinated response across Government Departments and agencies will be needed to address the structural factors that contribute to substance-related harm.

A clear argument is made that a stronger focus on culturally appropriate and accessible care that can build trust with Traveller communities is needed; this would include Traveller-led and community-based responses and further supports to build the capacity of Traveller organisations. The findings underline the importance of investing in prevention and early intervention initiatives, particularly for younger Travellers, to reduce the long-term personal, family, and community impacts associated with substance use. In addition, the report highlights a clear need to address gender-based differences in treatment and support needs.

The study provides an important evidence base for policy-makers and service providers and is a timely call for action as the final stages of agreeing the new national drugs strategy approach.

Recommendations

The report calls for a strengthened, coordinated response to Traveller substance use, with a number of overarching recommendations including:

- targeted national policy and research responses

Traveller Substance Use in Ireland

continued

From L-R: Jennifer Murnane O'Connor, Minister of State at the Department of Health with special responsibility for Public Health, Wellbeing and the National Drugs Strategy; Anne Marie Sweeney, Peer Outreach Project Worker for the Traveller Community with Coolmine Therapeutic Community in North Dublin.

- specific measures to improve access, participation, and outcomes in addiction services
- increased investment in Traveller-specific services and supports
- expansion of culturally appropriate and community-based interventions
- enhanced partnership working with Traveller organisations
- broader actions to address social determinants of health and discrimination.

The study suggests that Traveller substance use should be viewed as both a public health issue and a social justice issue. The report highlights the need for broader actions to address inequalities, discrimination, housing conditions, and access to health services. At the same time, a culturally appropriate approach to addiction treatment is required. Such an approach would see greater partnerships with Traveller organisations, with the overall aim of improving access to support and treatment outcomes. The study and recommendations have broad implications not only for addiction policy but also for Traveller health, equality, and social inclusion policy.

Michael O'Sullivan

1 Comiskey C and O'Neill D (2026) *Traveller Substance Use in Ireland: A National Study.* Dublin: Eastern Region Traveller Health Unit, Health Service Executive, and Pavee Point Traveller and Roma Centre.

New Irish study highlights link between adolescent polysubstance use and mental health problems

A new Irish study shows that young people who use multiple substances are significantly more likely to experience mental health difficulties than their peers who do not use drugs, alcohol, or nicotine. In this study, which has been published in the *Irish Journal of Psychological Medicine*,[1] researchers from the Royal College of Surgeons in Ireland (RCSI) University of Medicine and Health Sciences and collaborating institutions examined data from 4,404 students aged 15–16 years participating in the programme Planet Youth Ireland. The research investigated how the use of cannabis, alcohol, and nicotine, either individually or in combination, was associated with a range of negative mental health outcomes, including anxiety, depression, behavioural difficulties, and psychotic experiences.

The findings reveal a clear dose–response relationship: as the number of substances used increased, so did the likelihood of the user experiencing poor mental health. Adolescents who had used all three substances in the month prior to the study had more than five times greater odds of having general psychopathology and almost six times greater odds of having externalising behavioural problems, such as conduct difficulties and hyperactivity, compared with young people who had not used any substances during the previous month. They were also more than twice as likely to experience internalising problems, including symptoms of anxiety and depression, and more than three times as likely to report psychotic experiences.

The study found that polysubstance use was relatively common among adolescents. While approximately 60% of participants reported no recent substance use, 22% had used one substance during the previous month, 12% had used two substances, and nearly 5% had used cannabis, alcohol, and nicotine together. More than one-half of adolescents who reported using all three substances met the criteria for at least one clinically significant measure of psychopathology. The study also noted differences in outcomes by sex; although increased mental health risks were observed across all groups, female adolescents who engaged in polysubstance use consistently experienced the poorest mental health outcomes. Girls using all three substances demonstrated particularly strong associations with general psychopathology, psychotic experiences, and externalising behavioural problems, suggesting that young females who engage in polysubstance use may represent a particularly vulnerable population requiring targeted support.

The researchers emphasise that the study cannot determine whether substance use causes mental health problems or whether existing psychological difficulties increase the likelihood of substance use. Instead, the findings suggest a complex, potentially bidirectional relationship in which substance use and mental health difficulties may reinforce one another. Nevertheless, the authors suggest that the results of the study may have important implications for schools, healthcare providers, and policy-makers. Notably, rather than focusing on single substances in isolation,

Adolescent polysubstance use and mental health problems

continued

prevention programmes and clinical services should routinely assess polysubstance use when supporting young people. Likewise, mental health services should recognise multiple substance use as a potential marker of underlying psychological distress.

Seán Millar

1 Fleury R, Dooley N, Staines L, *et al.* (2026) Adolescent polysubstance use and psychopathology: a population-based survey in schools. *Ir J Psychol Med* [Early online]: 1–10. Available from: https://www.drugsandalcohol.ie/45705/

New case series study raises concerns over HHC vapes

A newly published Irish case series study has highlighted serious mental health risks associated with hexahydrocannabinol (HHC), relating the experiences of two adolescents who developed severe first-episode psychosis after prolonged use of HHC vaping products.[1] The study adds to growing evidence that this semi-synthetic cannabinoid, once widely marketed as a legal alternative to cannabis, may have significant psychiatric consequences for young people. HHC rapidly gained popularity across Europe in recent years because it produced cannabis-like effects while remaining legally available in many countries. In Ireland, HHC was sold in vape products, oils, and edible preparations, often packaged in colourful designs that appealed to younger consumers. However, increasing numbers of reports of adverse psychological effects prompted its classification as a controlled drug in July 2025.

The research, which has been published in the *Irish Journal of Psychological Medicine*, describes two male adolescents, aged 16 and 17 years, who had no previous history of psychotic illness and no family history of psychosis. Both had been regularly using HHC vape products for several months before experiencing an abrupt onset of severe psychiatric symptoms which required them to be admitted to specialist child and adolescent inpatient psychiatric services. The first teenager presented with intense anxiety, insomnia, suicidal thoughts, and frightening auditory and visual hallucinations, including seeing spiders and snakes. Following treatment with antipsychotic medication and complete abstinence from HHC, his psychotic symptoms gradually resolved, although he required an eight-week hospital admission before making a full recovery. The second patient developed paranoia, disorganised thinking, and persecutory beliefs after approximately nine months of HHC use. His symptoms were severe enough to require involuntary hospital admission under mental health legislation. After treatment with olanzapine and supportive inpatient care, his symptoms slowly improved over a 10-week admission, with ongoing follow-up arranged following discharge.

Concerns over HHC vapes
continued

Although the report describes only two patients, the similarities between the cases are striking. Both adolescents were previously healthy, both reported prolonged HHC vaping, and both experienced severe psychotic illnesses that improved following discontinuation of HHC alongside antipsychotic treatment. These observations strengthen concerns that HHC may trigger psychosis in susceptible young people. Although HHC is now a controlled drug in Ireland, the authors caution that banning HHC alone may not eliminate the problem. Evidence from other countries suggests that chemically similar compounds may quickly replace banned substances, highlighting the need for continued surveillance, public education, and improved laboratory testing. The authors argue that schools, healthcare providers, and public health agencies should work together to raise awareness of the psychiatric risks associated with emerging cannabinoid products.

Seán Millar

1 Cevikel P, Ferreira J, Raji E, O'Brien C and Hallahan B (2026) HHC-induced psychosis in adolescents: a case series. *Ir J Psychol Med* [Early online]: 1–5. Available from: https://www.drugsandalcohol.ie/45938/

Prevalence and current situation

2025 alcohol treatment demand

Published in June 2026, the latest National Drug Treatment Reporting System (NDTRS) report on alcohol treatment demand in Ireland presents data on alcohol treatment cases for 2025 and examines trends over the period 2017–2025. It outlines key findings on the profile of cases treated, including levels of problem alcohol use, alcohol consumption patterns, types of alcohol consumed, sociodemographic characteristics, and region of residence. The report also analyses polydrug use in 2025 and trends across 2017–2025, with a particular focus on the use of cocaine alongside alcohol, the most reported co-used substance.

The full report, along with accompanying data tables, are available to download from the HRB website.[1]

When interpreting the data, it is important to consider both percentages and absolute numbers. These may move in different directions over time; percentages can appear stable despite substantial changes in the underlying case counts, or vice versa. For this reason, trends should be assessed using both measures.

Main findings

In 2025, a total of 8,798 cases were treated for problem alcohol use, representing a slight increase compared with 2024 (8,745 cases).

More than 4 in 10 cases (43.1%) had not previously received treatment.

Most cases were treated in outpatient settings (63.3%), followed by residential services (29.4%), low-threshold services (6.4%), and prison settings (0.9%).

2025 alcohol treatment demand

continued

Profile of cases treated

Level of problem alcohol use

Almost one-half of all cases (48.7%) were classified as alcohol dependent by the treating healthcare professional. Dependence was more common among previously treated cases (54.3%) than among new cases (43.5%).

Smaller proportions of all cases were classified as harmful drinkers (29.8%) and hazardous drinkers (15.7%).

Alcohol consumption patterns

In 2025, the median age at which cases first started drinking alcohol was 15 years, one year younger than in 2024.

A total of 7 in 10 cases (70.5%) had consumed alcohol in the 30 days prior to starting treatment, and of these, more than one-half (57.7%) reported daily use.

Cases reported that in the 30 days prior to treatment, on a typical drinking day:

- The median number of standard drinks consumed was 14 (range: 5–32).
- Previously treated cases reported a higher median consumption of 15 standard drinks (range: 5–35), compared with 12 (range: 5–30) among new cases.
- Females reported a median of 12 standard drinks per typical drinking day, while males reported a median of 15.

These levels exceed low-risk drinking guidelines, which recommend up to 11 standard drinks per week for females and up to 17 per week for males.

Alcohol dependence and treatment status

All cases
49%

44% new cases

54% previously treated cases

Characteristics

median age

61% males

9% homeless

49% unemployed

2025 alcohol treatment demand

continued

Type of alcohol consumed

Almost two in three cases (62.5%) reported having a single preferred alcohol type, while 34.5% reported having more than one. The most preferred types of alcohol were spirits (57.6%), followed by beer (45.5%) and wine (29.5%). Among those with multiple preferences, the most common combinations were beer and spirits; spirits and wine; and beer, spirits, and wine.

Sociodemographic characteristics

- Males accounted for the majority of alcohol treatment cases (60.5%).
- Homelessness was recorded in 8.8% of cases, with a higher prevalence among males (10.9%) compared with females (5.6%).
- Irish Travellers represented 1.5% of all cases.
- Almost one-half of cases (49.4%) were unemployed, while 34.1% were in paid employment.
- The median age of cases was 43 years, with females slightly older (median 44 years) than males (median 42 years).
- Among cases with children aged 17 years and under, almost one-half (48.8%) had at least one child living with them at the time of treatment entry; this was more common among females (65.0%) than males (37.1%).

HSE health regions

In 2025, the HSE Dublin and North East Health Region recorded the highest number of cases (2,297) treated for alcohol as a main problem.

Polydrug use

The proportion of cases treated for problem alcohol use involving polydrug use (the use of alcohol alongside other substances) increased from 19.8% in 2017 to 32.1% in 2025.

In 2025, the most commonly reported additional drugs were:

- cocaine (72.1%)
- cannabis (50.4%)
- benzodiazepines (17.5%)
- opioids (9.8%).

This pattern was observed among both new and previously treated cases, although percentages varied by treatment status. As shown in Figure 2, 77.3% of new cases reported using cocaine alongside alcohol, compared with 69.0% of previously treated cases. Similarly, cannabis was the second most commonly reported additional drug in both groups.

Polydrug problem drug by age

19 years or under
cannabis

20–49 years
cocaine

50 years or over
cannabis

2025 alcohol treatment demand

continued

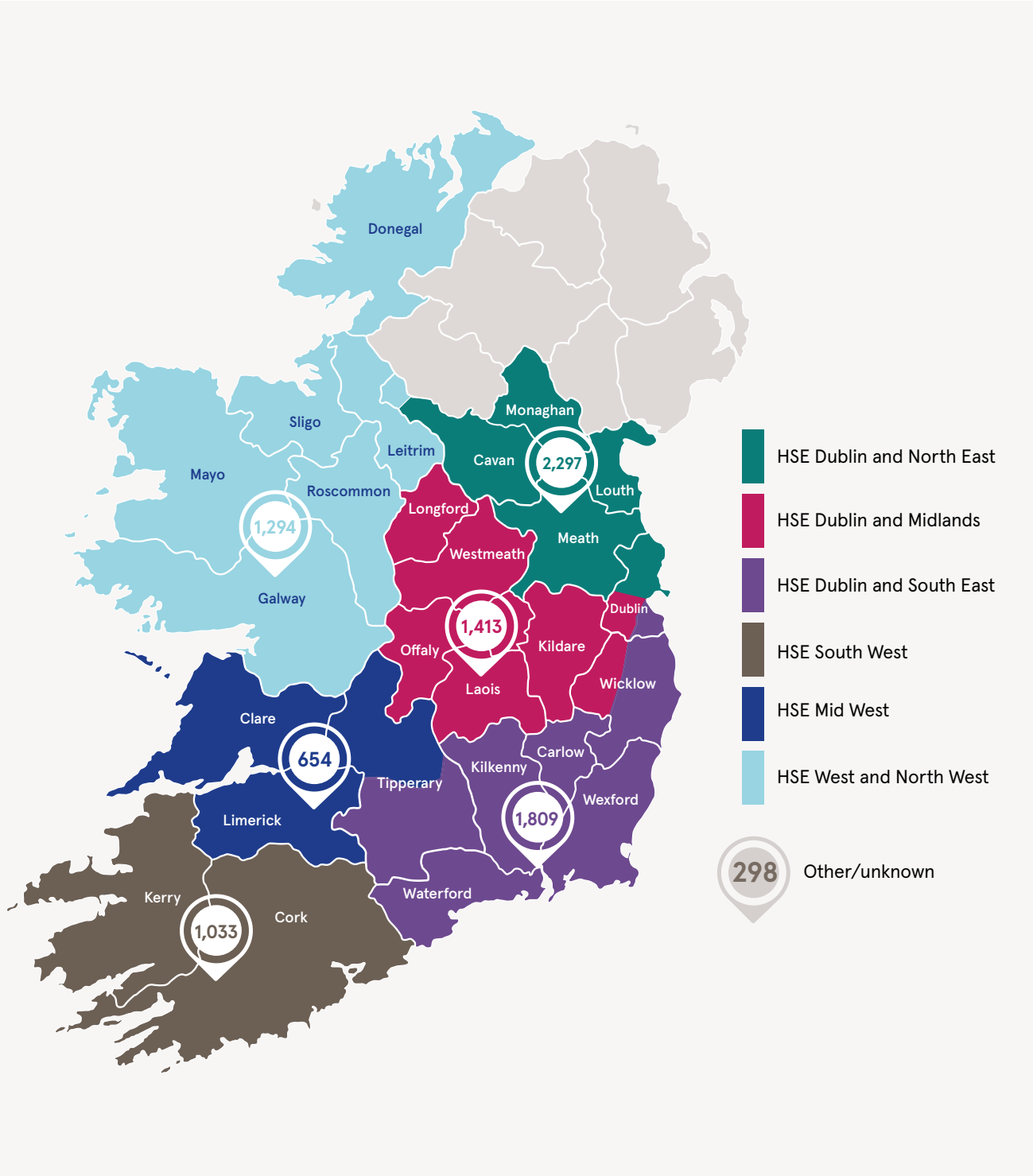


Figure 1. Number of cases treated for problem alcohol use by Health Region of residence, NDTRS, 2025

2025 alcohol treatment demand

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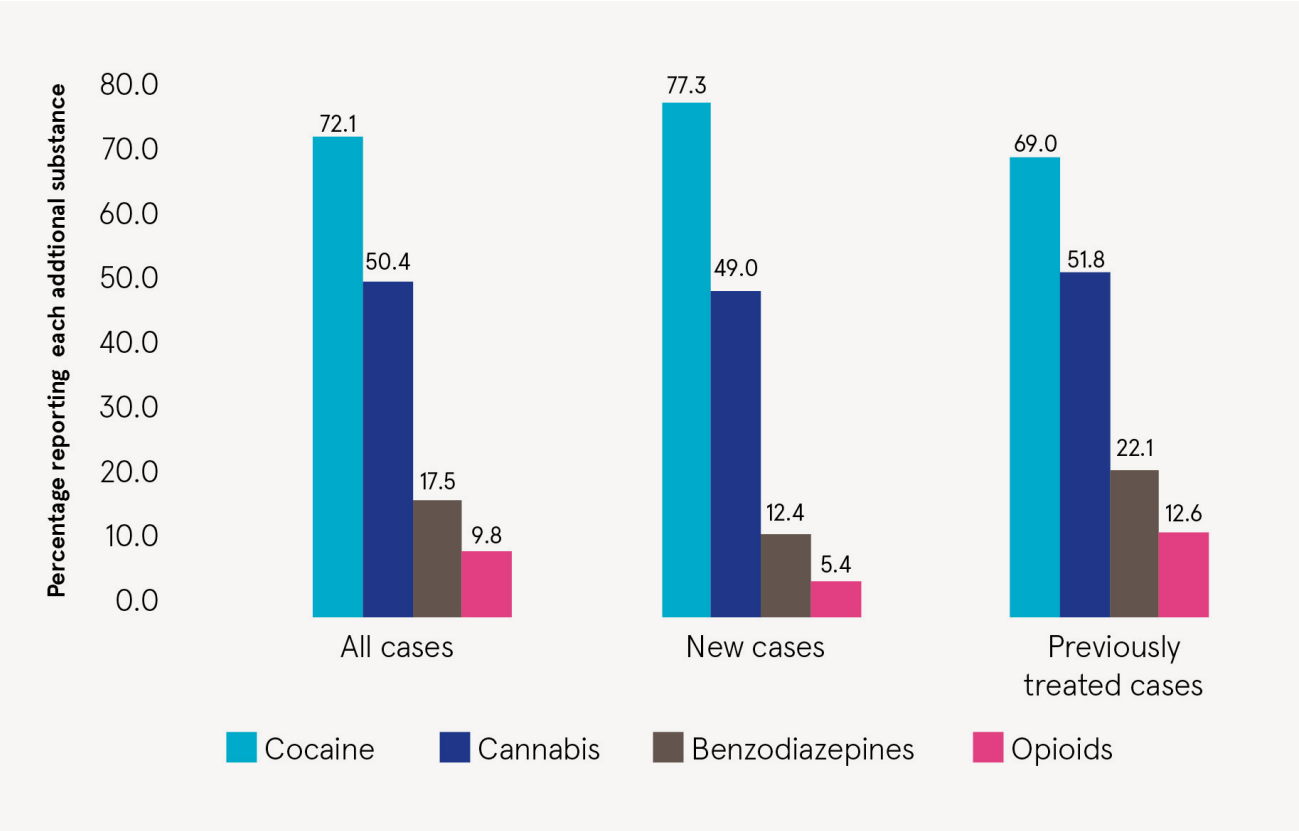


Source: NDTRS (2025)

Figure 2: Additional problem substances reported and treatment status

Age groups

Clear differences emerge across age groups in the types of additional drugs used alongside alcohol:

- Cannabis was the most commonly reported additional drug among those aged 19 years or under.
- Cocaine was the most common among those aged 20–49 years.
- Cannabis was also the most common among those aged 50 years or over.

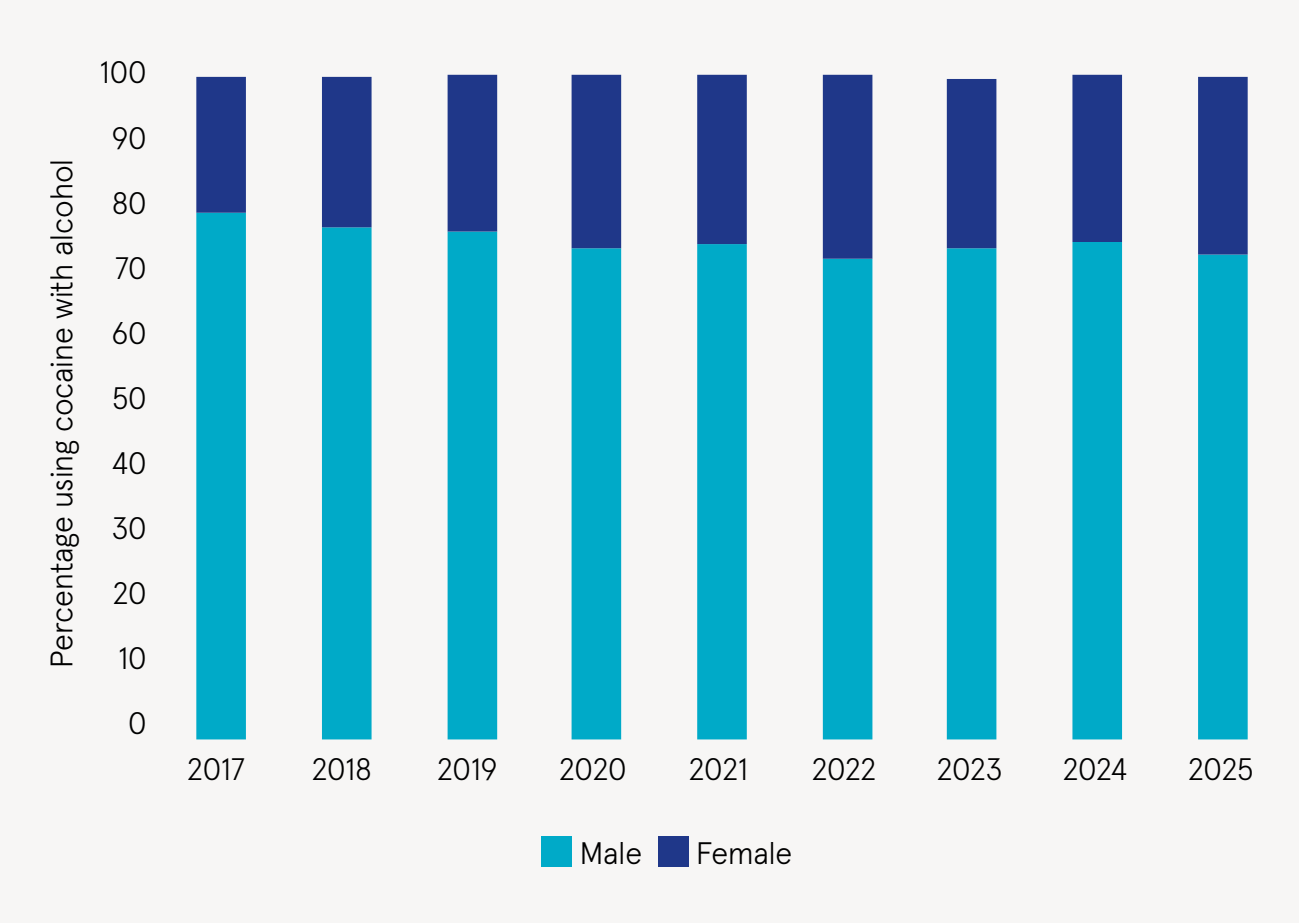
Trends in cocaine use with alcohol

Cocaine was the most frequently used drug in conjunction with alcohol; in 2025, 72.1% of cases involving an additional drug reported problem cocaine use. The median age of cases treated for cocaine use alongside alcohol increased from 32 years in 2017 to 35 years in 2025.

In new cases reporting polydrug use, the proportion reporting cocaine use increased from 44.0% in 2017 to 77.3% in 2025; the case numbers involving cocaine increased more than threefold from 2017 to 2025.

2025 alcohol treatment demand

continued



Source: NDTRS (2017–2025)

Figure 3: Proportion using a combination of alcohol and cocaine by gender

For previously treated cases, cocaine use increased from 39.8% to 69.0% of polydrug cases over the same period; the case numbers involving cocaine among those returning to treatment increased more than 3.5 times from 2017 to 2025.

By sex, cases reporting cocaine use in combination with alcohol increased by 198.9% in males and by a larger proportion (322.8%) in females (see Figure 3).

Siobhán Ní Luasa

1 Ní Luasa S, Lynch T, O'Sullivan M and Carew AM (2026) *National Drug Treatment Reporting System, 2025 Alcohol Treatment Demand.* HRB StatLink Series 32. Dublin: Health Research Board. Available from: https://www.hrb.ie/publication/alcohol-treatment-demand-in-ireland-2025/

Polydrug detection in suspected drug-driving cases has increased sharply in Ireland

A new national study has revealed sharp increases in the detection of cocaine and cannabis among drivers suspected of driving under the influence of drugs in Ireland, highlighting an emerging road safety challenge and the need for targeted prevention strategies.[1] Published in the journal *Traffic Injury Prevention*, the study analysed toxicology results from 9,369 drivers who were tested by the Medical Bureau of Road Safety between 2012 and 2018. Researchers examined trends in the detection of cannabis, cocaine, amphetamines, methamphetamines, benzodiazepines, and opioids, both individually and in combination, among motorists suspected of driving while impaired.

Cannabis was found to be the most frequently detected substance throughout the study period, with nearly one-half of all drivers testing positive. Benzodiazepines were the second most commonly detected drug, followed by cocaine and opioids. Notably, after accounting for age and sex, cocaine positivity increased by 21% each year, while cannabis detection increased by 13% annually. In contrast, detection of benzodiazepines and amphetamines declined modestly, and opioid detection remained relatively stable. The study also found growing evidence of polydrug use. Detection of cocaine alongside cannabis increased by 25% each year, while detection of cocaine combined with benzodiazepines also rose significantly. By 2018, the rate of drivers testing positive for both cocaine and cannabis had more than tripled compared with 2012, suggesting an increasing trend towards the use of multiple impairing substances.

Men accounted for more than 80% of drivers tested and were considerably more likely than women to test positive for cannabis, cocaine, amphetamines, and methamphetamines. Women, however, were slightly more likely to test positive for opioids. Younger adults were disproportionately represented among drivers testing positive for illicit drugs, reflecting broader patterns of drug use that have been observed in Ireland and internationally.

Driving under the influence of drugs is a major contributor to road traffic collisions because psychoactive substances can impair attention, reaction time, decision-making, and motor coordination. The authors note that the increasing availability and potency of cocaine and cannabis may further elevate risks on Irish roads, and that the findings of this study have important implications for road safety policy. They argue that continued roadside drug testing, enhanced enforcement, and targeted public education campaigns are essential to discourage drug-driving. They also highlight the importance of monitoring emerging patterns of polydrug use, which may result in greater impairment than the use of a single substance alone.

Seán Millar

1 Durand L, O'Kane A, Maguire R, *et al.* (2025) Drug and polydrug detection in drivers suspected of driving under the influence of an intoxicant in Ireland 2012-2018: a national repeated cross-sectional study. *Traffic Inj Prev,* 27(6) [Early online]: 647–655. Available from: https://www.drugsandalcohol.ie/44249/

Coolmine 2024 annual report

Coolmine Therapeutic Community is a drug and alcohol treatment centre providing community, day, and residential services to men and women with problematic substance use in Ireland, and to their families. Established in 1973, Coolmine was founded on the philosophies of the therapeutic community approach to addiction treatment. This is primarily a self-help approach in which residents are responsible for their own recovery, with peers and staff acting as facilitators of change. Participants are expected to contribute to the general running of the community and to their own recovery by actively participating in educational activities and in group and individual therapy. At year end 2024, Coolmine had 15 facilities and 22 satellite clinics operational across Ireland (see Figure 1), and it provided treatment and recovery services to 3,293 individuals and their families. Programmes provided by Coolmine in 2024 are highlighted below.[1]

Contact, assessment, and stabilisation services

Contact, assessment, and stabilisation services offer individuals a supportive entry point into Coolmine's primary treatment programmes. Working closely with national agencies such as the Ana Liffey Drug Project, Merchants Quay Ireland, HSE Southwest addiction services, and the Probation Service, Coolmine strives to ensure that everyone seeking help receives the necessary care and support. In 2023, Coolmine expanded its services in order to better reach Travellers, New Irish Community members, homeless clients, young people, and families. Services provided in 2024 included:

- national outreach and assessment for residential and community detox
- outreach and assessment in the Irish Prison Service
- assertive outreach for Travellers, New Irish Community members, and homeless persons
- satellite clinics in the Mid-West and South-West regions of Ireland
- drop-in services
- HSE Pharmacy Needle Exchange Programme
- groups stabilisation, programmes contingency management, and community case management.

Primary treatment services

Coolmine primary treatment services are built on the foundation of the therapeutic community model, which creates a safe and structured environment for healing and growth. Through educational activities, group and individual therapy, and a shared commitment to a drug-free life, clients are encouraged to make profound psychological and lifestyle changes. Services provided in 2024 included:

- residential methadone detoxification placements
- men's residential service at Coolmine Lodge
- mother and child and women's residential services at Ashleigh House and Westbourne House
- drug-free day programmes
- parents Under Pressure programme
- young Person's Programme
- community reinforcement and case management.

Coolmine 2024 annual report

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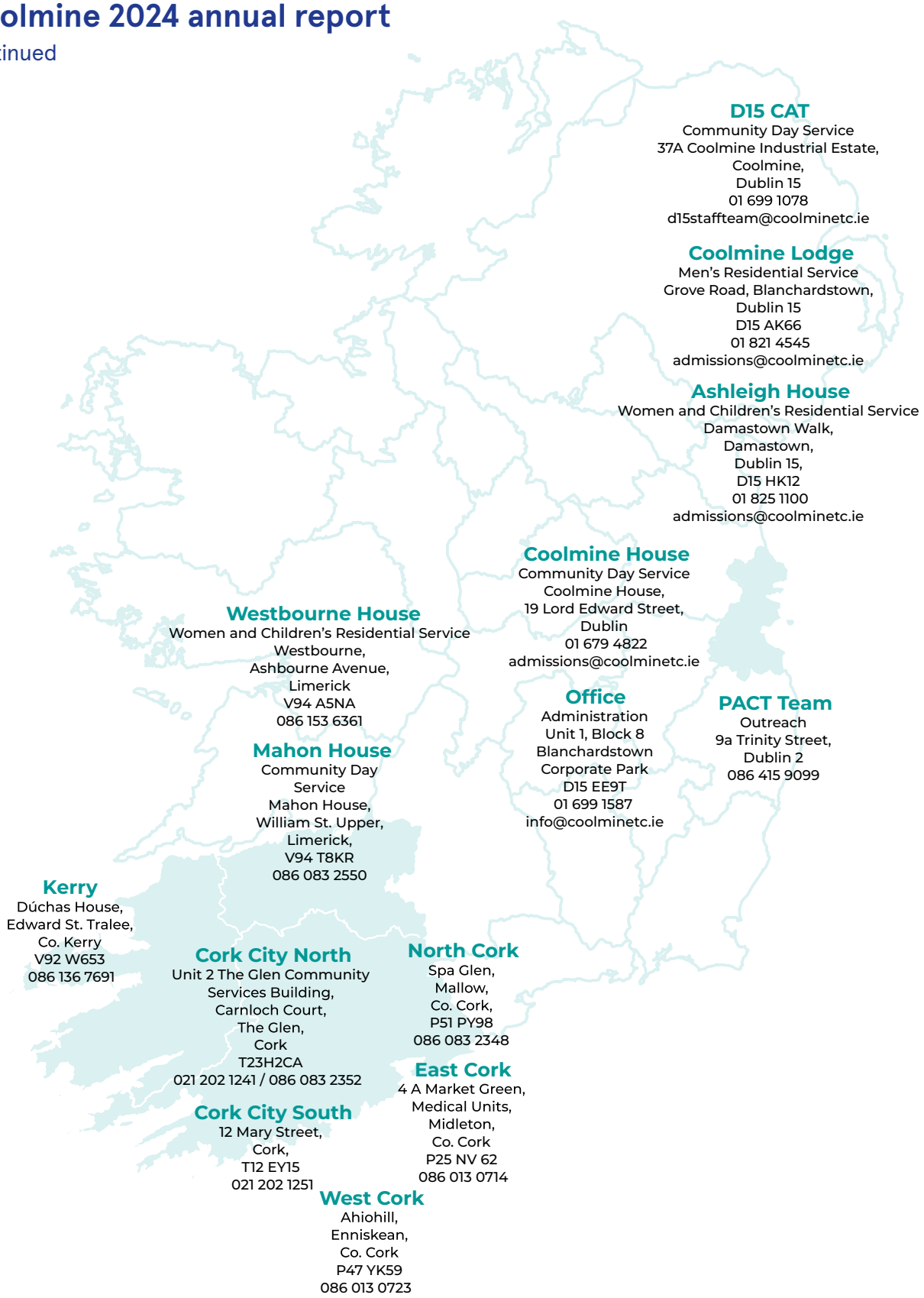

Source: Coolmine annual report (2023)

Figure 1: Coolmine services in Ireland, 2024

Coolmine 2024 annual report
continued

Recovery services

Coolmine recovery services are tailored to meet the unique needs of each individual, providing a range of supports that foster health, well-being, and long-term sobriety. Services provided in 2024 included:

- medical services
- health promotion
- housing support
- education and literacy support
- career guidance
- counselling/psychotherapy and psychiatric services
- positive social activities programmes.

The annual report noted that in 2024, Coolmine strengthened its commitment to delivering inclusive, high-quality, and responsive treatment and recovery services. This included a 60% increase in detoxification bed capacity and 7.5% rise in dual diagnosis placements. In 2024, Coolmine supported 1,396 women, which was an 11% increase compared with 2023. Coolmine also reinforced its long-standing commitment to supporting the Traveller community in 2024 through enhanced outreach and early intervention services, developed in partnership with the HSE. This expanded programme reflects Coolmine's belief that recovery must be accessible, inclusive, and rooted in the lived experiences of marginalised communities.

In 2023, Coolmine began working closely with the Edenmore Drug Intervention Team (EDIT) and key stakeholders in order to sustain and enhance addiction services provided in Dublin 5. In 2024, the EDIT became part of the Coolmine family as Coolmine EDIT, a day service located centrally in Dublin 5 at Edenmore Shopping Centre. This service delivers a client-centred approach to recovery through structured case management and one-to-one counselling. In response to emerging community needs, Coolmine EDIT has expanded its evidence-based supports to include Parents Under Pressure groups, cocaine-specific groups, and community reinforcement approach programmes.

Seán Millar

1 Coolmine (2025) *Coolmine 2024 annual report*. Dublin: Coolmine. Available from: https://www.drugsandalcohol.ie/44421/

Non-fatal drug-related hospital admissions in Ireland, 2025

The Hospital In-Patient Enquiry (HIPE) scheme is a computer-based system that is 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 in order to determine trends in non-fatal overdoses among patients who were discharged from Irish hospitals in 2025.[1] There were 4,280 overdose cases in 2025, of whom 72 died in hospital. Only discharged cases are included in this analysis (N=4208). There was a noticeable increase in overdose cases during the peak years of the COVID-19 pandemic, with the number of discharged overdose cases in 2020 being the highest recorded since 2008.

Since the end of the pandemic, the number of overdose cases has decreased, with the number of discharged overdose cases in 2025 being the lowest recorded since 2016 (see Figure 1).

Sex of overdose cases

Between 2015 and 2025, there were more overdose cases among women than men, with women accounting for 2,335 (55.5%) of all non-fatal overdose cases in 2025 (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 2025 peaked in the 15–24 years age group (see Figure 3). In 2025, 32.1% of cases were aged under 25 years.

Non-fatal drug-related hospital admissions in Ireland

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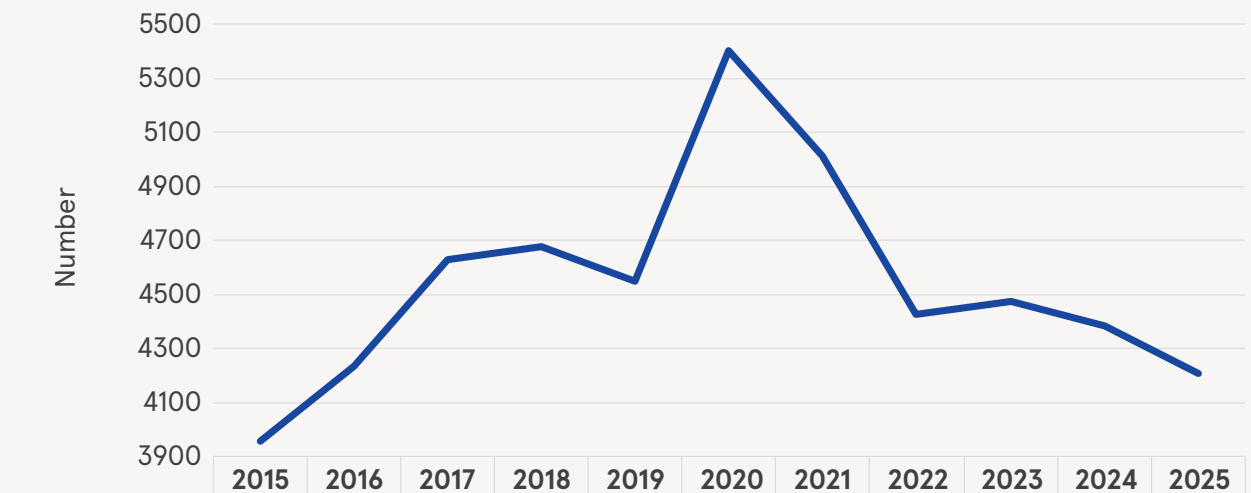
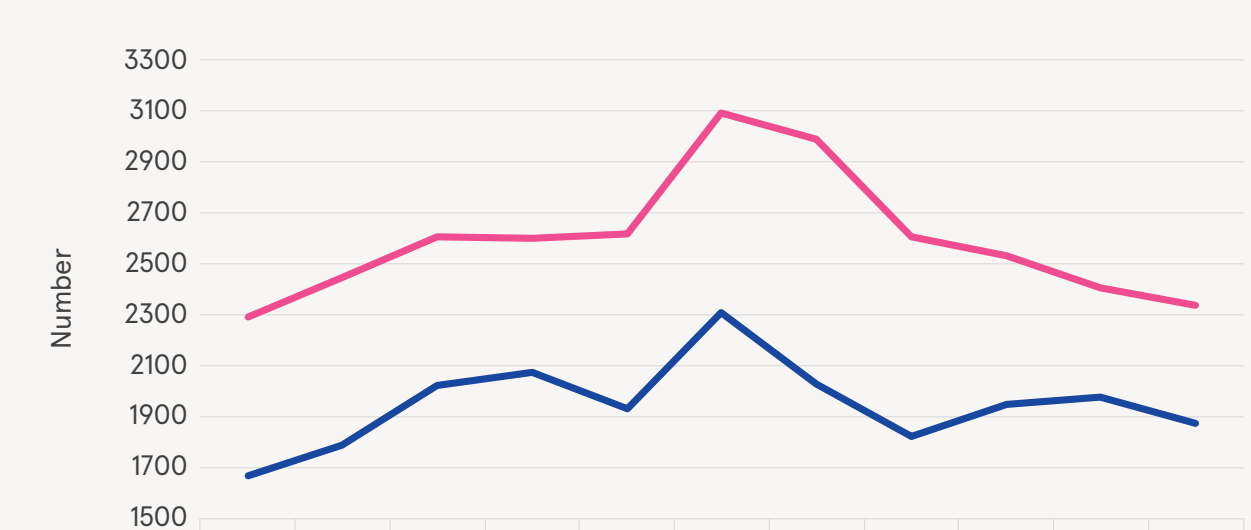


	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Overdoses	3956	4233	4628	4675	4549	5402	5014	4425	4476	4381	4208

Source: HIPE, Healthcare Pricing Office (2026)

Figure 1: Number of non-fatal overdose cases admitted to Irish hospitals, by year, 2015–2025



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Males	1668	1786	2022	2073	1931	2310	2028	1819	1948	1975	1873
Females	2288	2447	2606	2602	2618	3092	2986	2606	2528	2406	2335

Source: HIPE, Healthcare Pricing Office (2026)

Figure 2: Number of non-fatal overdose cases admitted to Irish hospitals, by year and sex, 2015–2025

Non-fatal drug-related hospital admissions in Ireland

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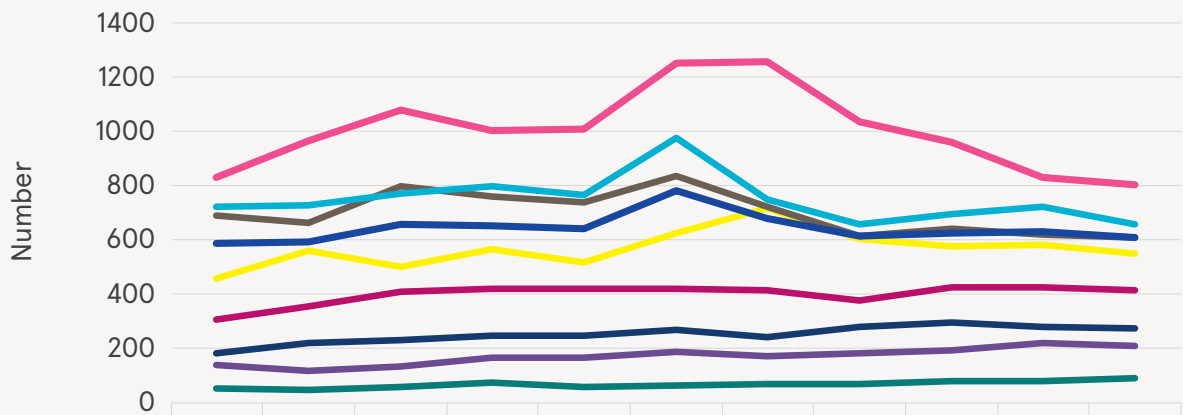

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
0–14 years	454	557	498	567	517	625	715	605	573	580	546
15–24 years	827	963	1079	1004	1006	1250	1259	1036	962	827	805
25–34 years	689	663	795	760	736	834	722	616	640	621	608
35–44 years	721	725	770	796	764	975	751	658	692	722	655
45–54 years	586	591	658	649	638	782	678	614	622	629	609
55–64 years	307	353	410	418	421	419	414	375	425	426	412
65–74 years	182	218	230	243	246	267	239	277	292	279	275
75–84 years	137	116	132	167	163	187	171	179	194	221	207
85+ years	53	47	56	71	58	63	65	65	76	76	91

Source: HIPE, Healthcare Pricing Office (2026)

Figure 3: Non-fatal overdose cases admitted to Irish hospitals, by year and age group, 2015–2025

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 2025. Non-opioid analgesics were present in 1,394 cases. Paracetamol is included in this drug category and was present in 1,188 cases in 2025. Benzodiazepines and psychotropic agents were present in 698 and 1,000 cases, respectively. There was evidence of alcohol consumption in 207 cases in 2025. Cases involving alcohol are included in this analysis only when alcohol was used in conjunction with another substance.

Overdoses involving narcotics or hallucinogens

Figure 4 shows positive findings of illicit substances among non-fatal overdose cases in 2025. Opioids were used in 14.2% (n=598) of cases, cocaine in 6.6% (n=278) of cases, and cannabis in 2.3% (n=97) of cases in 2025. No (or five or fewer) overdose cases involving lysergic acid diethylamide (LSD) or other hallucinogens were recorded.

Non-fatal drug-related hospital admissions in Ireland

continued

Table 1: Categories of drugs involved in non-fatal overdose cases admitted to Irish hospitals, 2025

Drug category	Number of cases
Non-opioid analgesics	1394
Paracetamol (4-Aminophenol derivatives)	1188
Benzodiazepines	698
Psychotropic agents	1000
Anti-epileptic/sedative/anti-Parkinson agents	1766
Narcotics and hallucinogens	844
Alcohol*	207
Systemic and haematological agents	247
Cardiovascular agents	207
Autonomic nervous system agents	136
Anaesthetics	91
Hormones	177
Systemic antibiotics	63
Gastrointestinal agents	97
Other chemicals and noxious substances	314
Diuretics	58
Muscle and respiratory agents	36
Topical agents	51
Anti-infectives/anti-parasitics	24
Other gases and vapours	37
Other and unspecified drugs	1059

Source: HIPE, Healthcare Pricing Office (2026)
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

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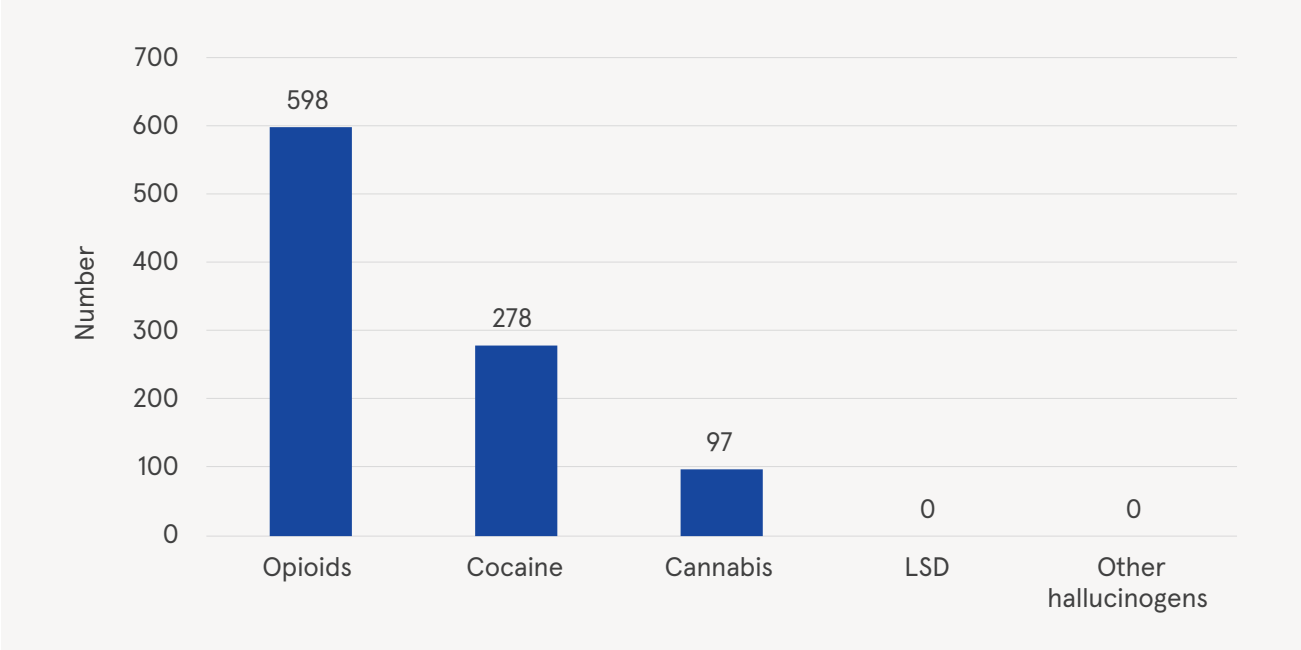
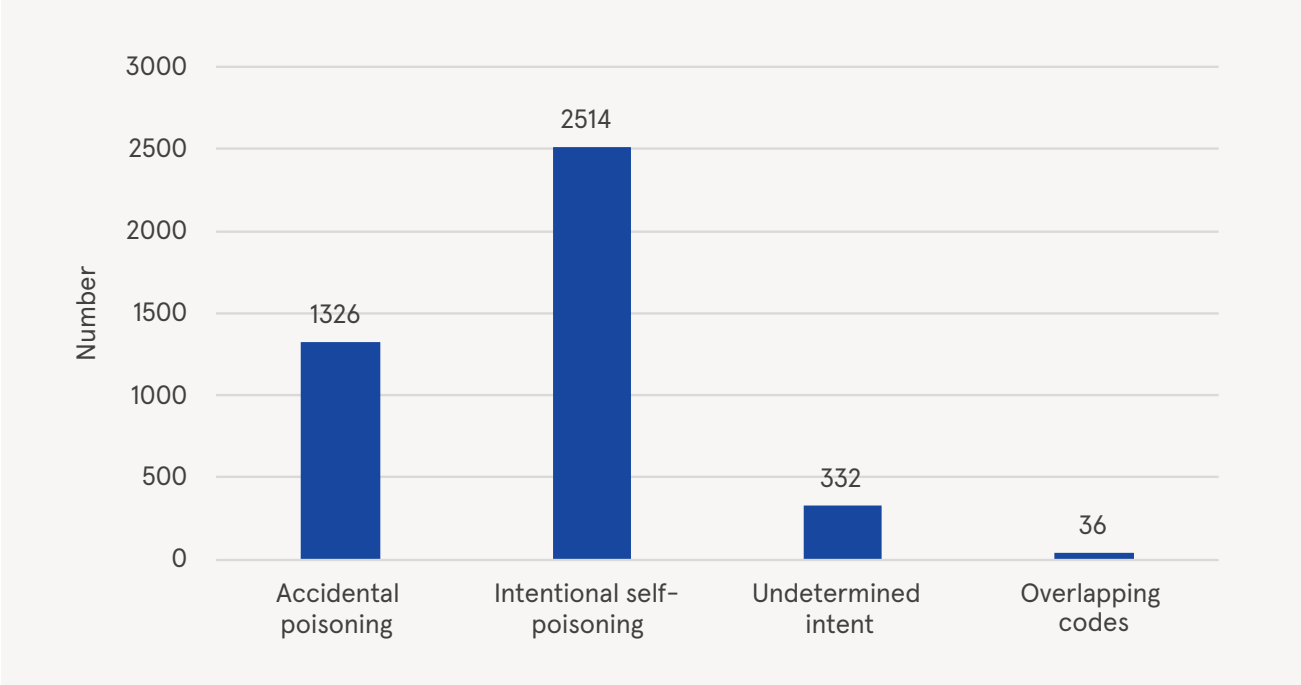


Source: HIPE, Healthcare Pricing Office (2026)

Figure 4: Narcotics and hallucinogens involved in non-fatal overdose cases admitted to Irish hospitals, 2025



Source: HIPE, Healthcare Pricing Office (2026)

Figure 5: Non-fatal overdose cases admitted to Irish hospitals, classified by intent, 2025

Non-fatal drug-related hospital admissions in Ireland

continued

Table 2: Categories of drugs involved in non-fatal intentional self-poisoning cases admitted to Irish hospitals, 2025

Drug category	Number of cases
Non-opioid analgesics	1142
Benzodiazepines	457
Psychotropic agents	793
Anti-epileptic/sedative/anti-Parkinson agents	1246
Narcotics and hallucinogens	409
Alcohol*	154
Systemic and haematological agents	156
Cardiovascular agents	116
Autonomic nervous system agents	90
Anaesthetics	25
Hormones	115
Systemic antibiotics	34
Gastrointestinal agents	71
Other chemicals and noxious substances	106
Diuretics	30
Muscle and respiratory agents	23
Topical agents	18
Anti-infectives/anti-parasitics	17
Other gases and vapours	8
Other and unspecified drugs	564

Source: HIPE, Healthcare Pricing Office (2026)
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.

Overdoses classified by intent

For 59.7% (n=2514) of non-fatal overdose cases in 2025, the overdose was classified as intentional (see Figure 5). For 7.9% (n=332) of cases, classification of intent was not clear.

Table 2 presents the positive findings per category of drugs and other substances involved in non-fatal cases of intentional self-poisoning in 2025 (n=2514). In 2025, non-opioid analgesics were involved in 1,142 such cases, benzodiazepines in 457 cases, and psychotropic agents in 793 cases.

Seán Millar

1 For further information on HIPE data, visit the Healthcare Pricing Office website: https://www.hpo.ie/

Updates

National Drugs Forum 2026: 'Creating inclusive digital health services'

The National Drugs Forum 2026 will consider how developments in telemedicine, personal health, health information systems and artificial intelligence will affect responses, monitoring, and policy development over the next few years. Ireland lags many European countries in the rollout of its digital health architecture, but the quality of its information systems, the expert knowledge available, and the commitment of successive governments will result in a major transformation of health service planning and delivery.[1] The response to drugs will be part of this transformation. However, because drugs is a multifaceted and complex system, services, research and policy will face very particular challenges in adapting to this changing landscape.

Introduction

Digital technology is embedded in much of our lives, often in ways that are not apparent, indirectly affecting our behaviour, choices and relationships. Each major technological breakthrough brings both optimism and concern about the long-term impact on our capacity to control our work, political and personal lives. Developments in digital technologies are becoming an increasingly important part of these investments in healthcare. Technology enables individuals to control important aspects of their own healthcare, improving results, creating greater efficiencies in the system, and making better use of health professionals' time.

Digital technology and drug-related interventions

Effective use of digital technologies delivers clear benefits across treatment modalities – for instance in case management and in making it easier for individuals to manage their own healthcare. While inclusivity often focuses on the need to retain familiar, analogue forms of communication, and experimentation with digital solutions can reveal the impediments to equal access and suggest new pathways to integration of services and supports.[2]

A key principle in digital health policy is access to digital health systems and services, which improves health outcomes for individual patients, informs decision-making regarding the patient's own well-being, and provides a better experience of using the health system. Telemedicine, including virtual care and telehealth services, will remove many barriers to using services, and increase comfort and flexibility. Digital health literacy is an important consideration when planning access to services for vulnerable populations.

Costs, digital literacy, privacy concerns and the capacity of individuals to navigate what can be impersonal and confusing information systems are all challenges to implementing digital health solutions. These challenges are acute for vulnerable patient groups and those facing social isolation, cognitive impairment and multiple morbidities. Effective communication around safe behaviour in prevention and harm reduction, managing the complex health and social needs of service users, and identifying

National Drugs Forum 2026
continued

emerging threats to public health add further layers of complexity when the focus is on drug use.

Building capacity in digital technologies for services

Integration of information and communications technology into everyday tasks will be a powerful enabling mechanism for those providing prevention, harm reduction and recovery services. The capacity to access and use digital health records appropriately, and make available a single, longitudinal patient record, will reduce administrative burdens and leave more time for personal interaction with clients, when required.

Ireland has excellent information systems providing robust data on indicators of drug use, consequences and responses. Combining existing longitudinal datasets, information from administrative systems, and the detail provided by electronic health records (EHRs) will enable enhanced predictive modelling, resource allocation, population health planning, and service transformation. Drug policy in Ireland is well placed to take advantage of the move towards data-driven services and to learn from advances in other countries using similar monitoring standards and systems. Greater access to higher-quality data will become an increasingly valuable resource for researchers and will help to make evidence available to clinicians and service providers in more timely and useable forms.

Many of these improvements are contingent, and cannot be separated from significant and costly developments in the overall health system. For instance, EHR systems are an extremely complex and difficult technological undertaking, with obvious legal and human rights concerns associated with them. Semantic interoperability, which allows different computer systems to share data that can also be read by each system, is technically demanding and disruptive work. EHR systems will need to be supported by robust national legislation and meet demanding European Union (EU) health data standards. The benefits will be apparent in patient safety, consistency in models of care, and efficiencies in individual services across the wider health system.

A truly integrated health information service will require continued investment in data infrastructure and universal application of individual health identifiers (IHIs). This will result in greater efficiencies as more granular and timely data become available, helping to reduce costs in other areas. The effective implementation of digital systems and application of data analytics will need the alignment of health digital strategies with various eGovernment initiatives and a mutually reinforcing system of learning, digital enhancement and research across the public service.

A digitally enabled health service will drive a culture of innovation, an inventive approach to problem-solving and more open dialogue between service provider and user. It will attract an ambitious and future-focused workforce, with an expectation of excellence in administration, planning, policy implementation and communication. Evidence will be created through a truly collaborative partnership that recognises and uses excellence in clinical practice, research and policy, and regards the contribution of patients and the public as a vital element in this knowledge creation.

National Drugs Forum 2026
continued

Types of digital interventions in the drugs field

Reviews of drug and alcohol interventions show a predominance of prevention and early intervention responses. There are several types of interventions used for prevention and early intervention in which digital technology has been applied. Some involve providing feedback to individuals to enable them to track consumption or set goals. Educational interventions, such as gaming and personalised text messages, have also been used to support prevention goals. Screening and brief intervention, with or without referral to treatment (SBIRT), involve the use of a standardised, validated, screening tool to assess the user's level of risk to alcohol or drug-related harm. Such screening tests include the alcohol screening tool Alcohol Use Disorders Identification Test (AUDIT) and its shortened forms.

Telemedicine and online delivery of treatment modalities expanded during the COVID-19 epidemic, but few of these interventions have been evaluated. One of the explanations for the slower emergence of digitally enabled services in treatment, harm reduction and recovery is the need for in-person engagement for comprehensive assessments and early treatment. Nevertheless, the lesson learned during the pandemic have informed innovative approaches to survey delivery in the substance use area. This is more apparent in alcohol treatment, but recovery services are increasingly using online platforms to support clients who have progressed beyond the early stages of recovery.

The National Drugs Forum 2026 will be held in Croke Park Dublin on 18 November. A registration link is available on the HRB National Drugs Library website. https://www.drugsandalcohol.ie/

Brian Galvin

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HRB National Drugs Library

Updates

Recent publications

Prevalence

"I never thought of myself": the lived experience of stigmatisation and wellbeing for Irish affected family members of relatives with substance use disorders

Gaffey J and Dunne S (2026) *J Health Psychol.*

Available from:
https://www.drugsandalcohol.ie/46575/

The code of the street as a hook to build redemption scripts in Cork City

Windle J, Cambridge G and Lynch O (2026) *Br J Criminol.*

Available from:
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Peer support workers' experiences of supervision in substance use services

Mahon D (2026) *Community Ment Health J.*

Available from:
https://www.drugsandalcohol.ie/46702/

A model of intergenerational adverse childhood experiences in a sample of Irish families

Maiorano N, Vallières F and Swords L (2026) *J Interpers Violence.*

Available from:
https://www.drugsandalcohol.ie/46701/

Domestic violence and abuse-related suicide: evidence from six years of Irish coronial data

Cox G, Cook E, Dangar S and Kavalidou K (2026) *Ir J Psychol Med.*

Available from:
https://www.drugsandalcohol.ie/46510/

Clinician awareness, attitudes and prescribing practices relating to doxycycline post-exposure prophylaxis (DoxyPEP) in Ireland: cross-sectional survey of sexual health professionals

Gilmore J, Barron E, Bergin J, *et al.* (2026) *Int J STD AIDS,* 37(8): 861–869.

Available from:
https://www.drugsandalcohol.ie/46517/

Recent publications

continued

Pornography use and its association with risk taking sexual behaviours among Irish adolescents

Murphy NM, Neville B, Major ES and Barrett PM (2026) *Public Health Pract,* 12: 100829.

Available from:
https://www.drugsandalcohol.ie/46552/

"Speaking through crisis": experiences of suicidal ideation and emergency care help-seeking among Irish Traveller women

O'Mahony J, Quinlivan L, Tighe J, Troya MI and Kavalidou K (2026) *Ir J Psychol Med:* 1–11.

Available from:
https://www.drugsandalcohol.ie/46529/

Policy

Understanding the early exposure and potential impact of alcohol health warning labels in Ireland: results from a cross-sectional survey

Kokole D, Correia D, Rehm J, *et al.* (2026) *Int J Drug Policy,* 156: 105443.

Available from:
https://www.drugsandalcohol.ie/46447/

Digital vectors of disease: how alcohol 'smart' labels leapfrog health policy

Coghlan A, Campbell N and van Den Akker A (2026) *BMC Public Health*, 26: 2283.

Available from:
https://www.drugsandalcohol.ie/46528/

National Drugs Forum 2026

Creating inclusive digital health services

DrugsForum@hrb.ie

Cusack Suite,
Croke Park, Dublin
18 November 2026

An Roinn Sláinte
Department of Health

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