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In this issue

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Polysubstance use among young adults in Ireland

Polysubstance use – the consumption of multiple psychoactive substances within a short time frame – is increasingly recognised as a major public health issue. A new nationally representative study of young adults in Ireland, based on the Growing Up in Ireland (GUI) study cohort, sheds important light on the prevalence and risk factors associated with this behaviour.[1]

In this research, which has been published in the journal *Addiction*, the authors followed more than 4,600 individuals from childhood into early adulthood, analysing their substance use at age 20 years. Using latent class analysis, the study identified four distinct patterns of use. Approximately one-third (33.8%) of participants were classified as 'limited users', with low-risk alcohol consumption and little involvement with other substances. The largest group (43.0%) fell into the 'alcohol, tobacco, and cannabis' class, reflecting high rates of use of these three substances but relatively low engagement with other drugs. Almost one in four young adults belonged to a polysubstance class: around 16.2% were engaged in regular use of alcohol, tobacco, cannabis, cocaine, and ecstasy, and 7.0% exhibited 'heavy polysubstance use', characterised by frequent and diverse drug consumption, including ketamine and other substances. These individuals displayed the highest likelihood of high-risk or dependent alcohol use and repeated use of multiple illicit drugs.

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

Polysubstance use among young adults

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The analysis also identified a number of individual, familial, and social factors associated with higher-risk substance use. Male participants were significantly more likely to belong to polysubstance classes than females were. Early initiation of alcohol use, particularly drinking before the age of 15 years, was strongly linked with later polysubstance use. Family background and social influences played an important role: participants who reported parental alcohol or drug problems were at greater risk of polysubstance use, as were those whose parents had lower levels of education. Having friends who used cannabis at the age of 17 years was associated with a dramatic increase in the odds of belonging to a polysubstance class by the age of 20 years. Living outside the parental home and residing in Dublin were also linked with heavier patterns of use, likely reflecting increased independence and greater drug availability in urban areas.

The findings position Ireland at the higher end of international comparisons. While studies in the United States of America and Australia typically report polysubstance use prevalence rates of between 6% and 15%, the Irish figure of 23.2% is substantially greater. Cultural factors, including the normalisation of heavy drinking and the growing availability of cocaine in Ireland, may help explain this difference.

From a policy perspective, the study underscores the need for integrated approaches that address multiple substances simultaneously, rather than focusing on individual drugs. Prevention strategies aimed at delaying alcohol use initiation, supporting families, and reducing peer influence are likely to be the most effective. The study authors suggest that the implementation of Ireland's Public Health (Alcohol) Act 2018, which includes measures such as minimum unit pricing and restrictions on marketing, represents a step in the right direction. However, additional harm reduction and education initiatives will be needed in order to address the complex realities of polysubstance use.

In conclusion, this research reveals that almost one-quarter of Irish young adults engage in polysubstance use by the age of 20 years. Addressing this issue will require sustained public health investment, robust prevention strategies, and continued monitoring as this cohort progresses further into adulthood.

Seán Millar

1 Brennan MM, Mongan D, Doyle A, *et al.* (2025) Polysubstance use in early adulthood and associated factors in the Republic of Ireland: An analysis of a nationally representative cohort. *Addiction*, 121(1): 150–162. Available from: https://doi.org/10.1111/add.70182

Policy and legislation

Progress on Youth Justice Strategy: Implementation statement, 2024

In June 2025, the Department of Justice, Home Affairs and Migration provided an update on the progress made in addressing the objectives and key actions identified in the Youth Justice Strategy 2021–2027 (YJS) for 2024.[1] The YJS is centred on a developmental framework that aims to target ongoing and emerging challenges in youth justice in Ireland.[2] A key strength of this Strategy is that its development was informed by an expert steering group representing key stakeholders across Ireland. The implementation statement focuses on several strategic objectives identified in Appendix 3 of the YJS and builds on previous updates for 2021, 2022, and 2023.[2]

Governance, oversight, and consultation

The dedicated governance, oversight, and consultation structures developed to steer and support the Strategy's implementation (Strategic Objective 1.1) were maintained in 2024. For example, the Department of Justice, Home Affairs and Migration chaired meetings with the Governance and Strategy Group (n=3), Oversight Group (n=4), Advisory Group (n=2). Several topics were discussed, such as:

- the provision of enhanced capacity building and training opportunities to the Youth Diversion Project (YDP) network in order to target the specific needs of young people
- the implementation of the joint commissioning 'No Wrong Door' approach in collaboration with youth justice-related stakeholders
- the application of Empowering Children in Care's (EPIC's) six recommendations
- efforts to empirically prove that YDPs play a role in reducing recidivism in youth
- changes to the reporting processes used by the Garda Youth Diversion Programme Monitoring Committee.[1]

Cross-border cooperation

In order to enhance cross-border cooperation, the North South Youth Justice Advisory Group met twice in 2024.[1] Topics discussed included:

- amendments to relevant legislation, such as Northern Ireland's Justice Bill 2024 and the Republic of Ireland's Children (Amendment) Bill 2024
- exchange visits between Woodlands Juvenile Justice Centre and Oberstown Children Detention Campus
- recent criminal justice system publications in Northern Ireland and the Republic of Ireland
- shared approaches to restorative justice and trauma-informed practice
- extensions of the Police Service of Northern Ireland's Community Resolution Notices.

Expansions of YDPs

Efforts were made to establish two YDPs in 2024: one in North Tipperary and one in East Clare.[1] Consultations were held with stakeholders in both areas in order to determine the communities' needs and how to design the projects (Action 2.9.2).

Youth Justice Strategy Implementation

continued

Research Evidence into Policy, Programmes and Practice

In 2024, a Programme of Work, along with a budget and grant was agreed and signed. Updates were provided throughout 2024 to the Youth Justice Oversight Group, Youth Justice Governance and Strategy Group, Youth Justice Advisory Group, and the Research Evidence into Policy, Programmes and Practice (REPPP) Advisory Group.[1]

Greentown Programme

The Greentown Programme targets the influence of criminal networks on children who offend or who are involved in criminal networks via four interrelated pillars: Network Disruption, Community Efficacy, Intensive Family Support, and Pro-Social Opportunities.[1,3] A range of activities and outputs was evident for the programme in 2024, including the following:

- Implementation of the Greentown Programme in Whitetown and Yellowtown continued in 2024.
- The Department of Justice, Home Affairs and Migration committed to funding the Greentown Programme until the end of 2026.
- An ethics application was submitted to An Garda Síochána to allow for the crime network maps update.
- A social network analysis was undertaken in order to assess, map, and confirm network connections on Yellowtown data.
- A tender proposal to the European Union Drugs Agency for REPPP to work with other European States to establish a new multidisciplinary community of practice was developed.

YDP Research and Development team

The purpose of the Research and Development (R&D) team is to improve outcomes for children, young people, and families connected to YDPs by drawing on local and international evidence.[1] The R&D team works alongside YDPs to generate new research.

- Following the 2023 amalgamation of the YDP Best Practice Team and the REPPP Action Research Team into the new REPPP R&D team, an integrated work programme was developed.
- Workshops were held with YDP staff to collaboratively design a new visual format for the Relationship Model guidance and related resources.
- Strategies to support the implementation of the Relationship Model across the YDP network were developed
- Extensive training and capacity building programme was delivered to the YDP network in 2025.
- Calls for Expressions of Interest for new YLS/CMI trainers and Restorative Practice trainers were issued. Four new trainers for each call were to commence in 2025.

Improving data usability in the youth justice system

One of the aims of the YJS Strategy 2021–2027 is to maximise the use of data and research to inform youth justice policy.[1] Several related activities and outputs by REPPP were evident in 2024, such as the following:

- YDP annual performance report datasets (2016–2023) and YDP annual plan reports (2021–2023) were anonymised and transferred from the Department of Justice, Home Affairs and Migration to REPPP to be cleaned and analysed.
- A data study handbook was produced and code for statistical analysis was developed. Three data study reports are currently in development.[1]

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Implementation studies

REPPP is exploring implementation policy and practice in several projects, such as:

- Implementation of the Relationship Model Guidance
- Implementation of the YJS 2021–2027, titled *How can a Published Strategy Better Contribute to the Implementation of Youth Justice Policy Intentions? A Case Study of the Irish Youth Justice Strategy 2021–2027*
- the No Wrong Door Project, which explores the needs of young people who are at risk of being in contact with the criminal justice system.[1]

Local Leadership Programme

REPPP's Local Leadership Programme brings together professionals working in public service organisations who can contribute leadership and influence towards tackling 'wicked' or complex problems.[1]

Stable Lives Safer Streets

Funded under the North South Research Programme, collaborations between the Higher Education Authority, REPPP researchers, Queen's University Belfast, and the Centre for Effective Services aim to deliver a range of work packages in order to consolidate youth justice research; respond to policy priorities, activities, and outputs; and translate and implement evidence-informed policy into practice. In 2024, these included a published study on child criminal exploitation.[4] Other studies are ongoing and include the following:

- Transitioning from Care, Supports Systems and Contact with the Justice System
- Developing a pragmatic self-report measurement framework
- An exploration of the feasibility of using virtual reality to objectively measure psychosocial factors associated with youth offending
- A study of how a published strategy can better contribute to the implementation of youth justice policy intentions – a case study of the Irish Youth Justice Strategy 2021–2027; and
- No Wrong Door: exploring service delivery and complexity through the voices of young people, parents, and frontline practitioners.

Garda Youth Diversion Programme

The Garda National Youth Diversion Bureau (GNYDB) carried out a range of initiatives in 2024, as described in the following subsections.

Greentown Programme

The GNYDB is responsible for coordinating An Garda Síochána's participation in the Greentown Programme.[1] In 2024, more work was completed on designing and implementing the Network Disruption pillar of the Greentown Programme by requesting additional research support from the Garda Research Unit. The An Garda Síochána analysis service has started to produce network maps for each trial site for internal use, which will help inform the delivery of the Network Disruption pillar. In addition, members of An Garda Síochána took part in a field visit to the Ministry of Justice in the Netherlands in 2024 in order to increase their understanding of the Dutch 'Prevention with Authority' programme.[1]

Youth Joint Agency Response to Crime

The Youth Joint Agency Response to Crime (Y-JARC) is a multi-agency approach to managing and targeting offending in youth.[1] The GNYDB coordinates An Garda Síochána's involvement in Y-JARC. In 2024, the Y-JARC Diamond Project was established in the Dublin

Youth Justice Strategy Implementation

continued

Metropolitan Region North Central Division. Further development of Y-JARC was expected to continue in 2025.

Bail Supervision Scheme

The GNYDB provides oversight of the Bail Supervision Scheme. In 2024, a review was conducted of the Scheme's processes and procedures. This work is ongoing.

Young Persons Probation support

In 2024, the Probation Service, via the Young Persons Probation (YPP) service in Ireland, collaborated with Northern Ireland's Youth Justice Agency via quarterly cross-border meetings. The aim was to share experiences and practices in order to increase understanding across jurisdictions. Joint training initiatives were explored and were to start in 2025. Overall, 764 children and young people were referred to YPP in 2024; 683 pre-sanction reports were prepared for the courts; and 690 Supervision Orders were given through the courts. Other reports were also requested, including pre-sanction reports (n=51) to consider community service and the Central Criminal Courts (n=8). The YPP has four dedicated YPP teams located in areas with the highest needs (Dublin North, Dublin South, Limerick/Clare, and Cork). In addition, a probation officer operates 2 days per week in Oberstown Children Detention Campus, providing assessments to the courts as well as group work intervention for young people involved in sexual crime.

The Probation Service works alongside Oberstown Children Detention Campus to manage and care for children and youth on remand. In 2024, in collaboration with Tusla's National Inter-Agency Prevention Programme (NIAPP) and Assessment Consultation Therapy Service, a group work response was rolled out for young people detained for sexual offences in order to ensure that they have access to specialist treatment and rehabilitation. Five probation officers have been seconded to the NIAPP for one day per week. They co-facilitate the treatment programmes in Cork, South Dublin, North Dublin, Meath, Limerick, Oberstown, and Kerry on a part-time basis. In addition, in-reach services were provided by a YPP probation officer on the Oberstown Children Detention Campus to facilitate offence-focused programmes and work with children one to one. In light of increased court requests for restorative justice practices, the Probation Service provided relevant bespoke training to all YPP personnel.

Oberstown Children Detention Campus

In 2024, the Department of Children, Disability and Equality worked alongside the Oberstown Children Detention Campus in order to inform medium- and longer-term planning, budgeting, and service development, as well as research-based assessment of likely demands for detention places and services. A multi-stakeholder round table on youth detention was held in December 2024. Key youth justice stakeholders discussed how to apply the principle of last resort in the detention of children. Work to embed the Children's Rights Policy Framework into all aspects of life on the Oberstown Children Detention Campus continued in 2024. The focus was on the provision of training opportunities during and after detention. As part of the 'Preparation for Leaving' model of care, links were developed with employers. The main highlight of this work was a careers fair held in November 2024 that was attended by employers and young people.

Conclusion

This is the fourth implementation statement on the progress being made to achieve the objectives under the *Youth Justice Strategy 2021–2027*.[2] As evidenced by the fourth implementation statement, while a lot of work has already been completed, further work is ongoing. The Strategy is centred on a developmental framework; this, along with developing and implementing suitable

Youth Justice Strategy Implementation

continued

structures and systems, facilitates flexibility to respond to new issues as they arise. Thus, the Strategy is a living document.[2] Further progress reports are expected annually.

Ciara H Guiney

1 Department of Justice, Home Affairs and Migration (2025) *Youth Justice Strategy, 2021-2027: 2024 Implementation Statement.* Dublin: Department of Justice, Home Affairs and Migration. Available from: https://assets.gov.ie/static/documents/YJS_Implementation_Statement_2024.pdf

2 Department of Justice (2021) *Youth Justice Strategy 2021–2027.* Dublin: Department of Justice. Available from: https://www.drugsandalcohol.ie/34061/

3 Department of Children and Youth Affairs (2016) *Lifting the Lid on Greentown: Why we should be concerned about the influence criminal networks have on children's offending behaviour in Ireland.* Dublin: Government Publications. Available from: https://www.drugsandalcohol.ie/26850/

4 Sheehan K, Walsh C and Cusack A (2024) 'It's a group-on-one': social disconnection as a tool of and defence against child criminal exploitation in the Republic of Ireland. *Crime Prevention and Community Safety*, 26: 266–284. Available from: https://doi.org/10.1057/s41300-024-00216-5

Healthy Ireland Survey – Alcohol findings

Background

The tenth wave of the Healthy Ireland Survey, carried out by Ipsos and commissioned by the Department of Health, involves a representative sample from the general population aged 15 years and over to increase knowledge of the population's health and health behaviours [1]. Telephone interviews took place with 7,556 respondents between October 2024 and April 2025. Along with questions about alcohol use, the survey examined general health, tobacco use, e-cigarette and nicotine pouches, sleep, menopause, contraceptive use, use of health services, and caring responsibilities. Questions about alcohol use are routinely asked in each wave of the Survey but in the 2025 Survey, additional questions were included to understand the public's consumption of Zero percent (0.0%) alcohol products.

Main findings on alcohol

Alcohol use

In the past 12 months, 71% of the population aged 15 years and over reported consuming alcohol, 73% of males and 70% of females, static for men since the 2024 survey but an increase from 67% for women [2]. Men aged 15 – 24 years were the largest group reporting last year alcohol use (77%), followed by those aged 45 – 54 years (75%). For women, those aged 15 – 24 years (79%) and 55 – 64 years (80%) were more likely to report consuming alcohol in the previous 12 months (Figure 1).

Healthy Ireland Survey

continued

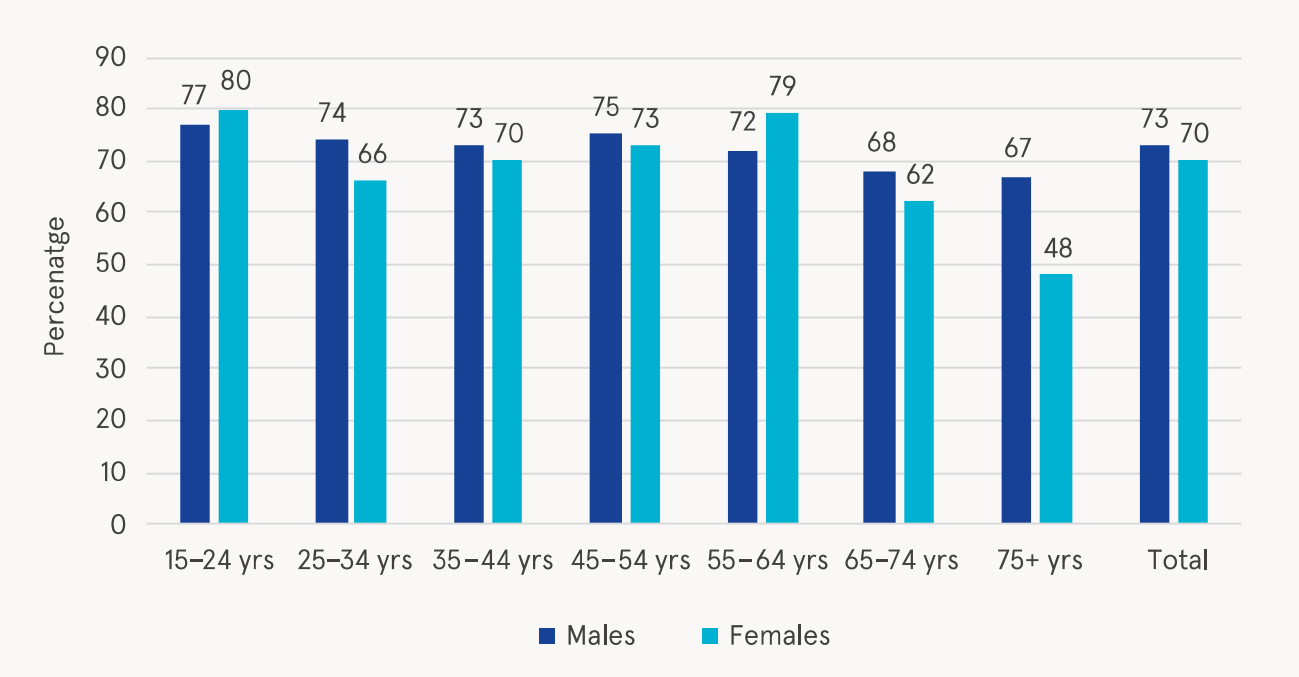


Figure 1: Percentage of respondents who consumed alcohol in the previous 12 months, by sex and age group

Drinking at least once a week was reported by 35% of respondents, a decrease since the 2024 Healthy Ireland Survey (38%). In 2025, drinking at least once a week was more common among those aged 55–64 years (31%), particularly males in this age group (34%, compared to 27% of females in the same age group).

Binge drinking

Over one-quarter (26%) of the population reported binge drinking on a typical drinking occasion – defined as drinking six standard drinks or more in one sitting – lower than that reported in 2024 (28%). Males (40%) were typically twice as females to report binge drinking compared with females across all age groups (Figure 2).

Zero percent (0.0%) alcohol product consumption

One-quarter of the Irish population (25%) reported drinking non-alcoholic wine, beer, or spirits, products. More likely to report drinking such products were those aged 25 – 34 (31%) and 35 – 44 years (32%).

Drinkers (those who consumed alcohol in the past year) (30%) were more likely to also drink non-alcoholic products than non-drinkers (12%). Frequent drinkers (those who reported drinking at least once per week) (32%) were more likely than those who reported drinking monthly or less (27%) to drink non-alcoholic products.

Figure 3 illustrates the reasons provided for choosing non-alcoholic drinks, with needing to drive home (56%), and reducing alcohol intake for health (29%), among the main reasons provided. Men were more likely to cite driving (62%) as the reason they drink non-alcoholic products, while women reported health reasons (34%).

Healthy Ireland Survey

continued

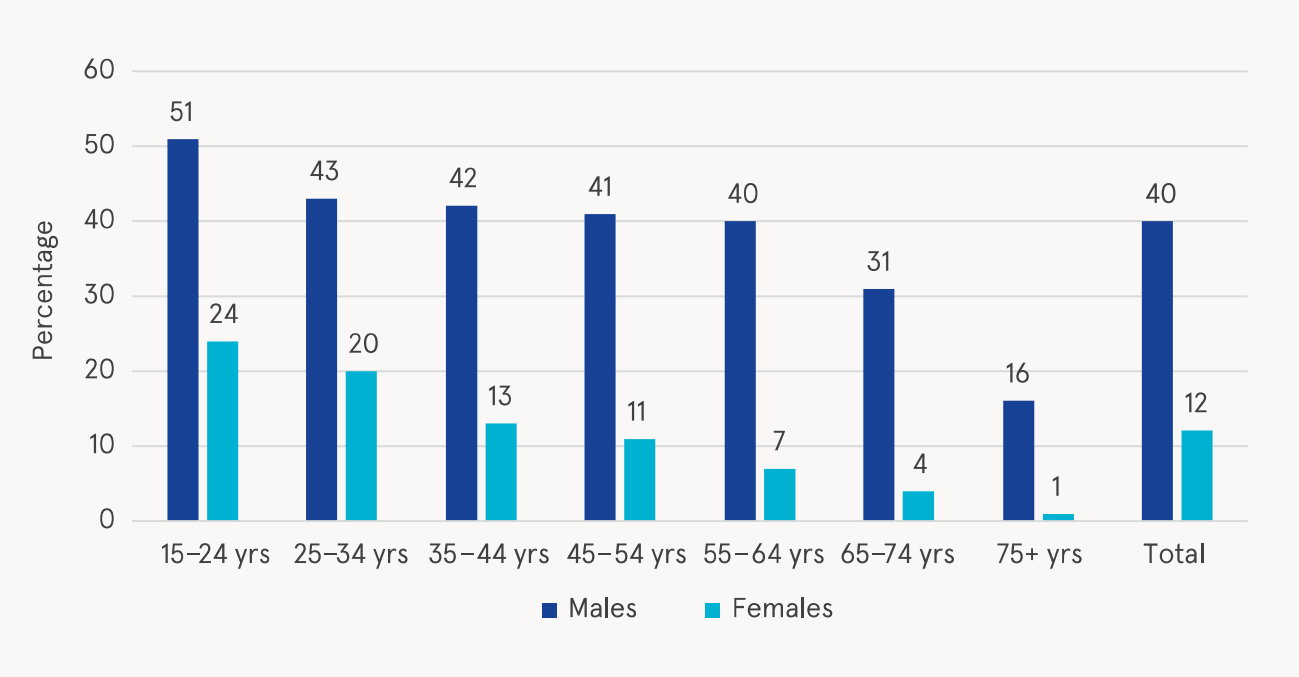


Figure 2: Percentage of respondents who reported binge drinking on a typical drinking occasion, by sex and age group

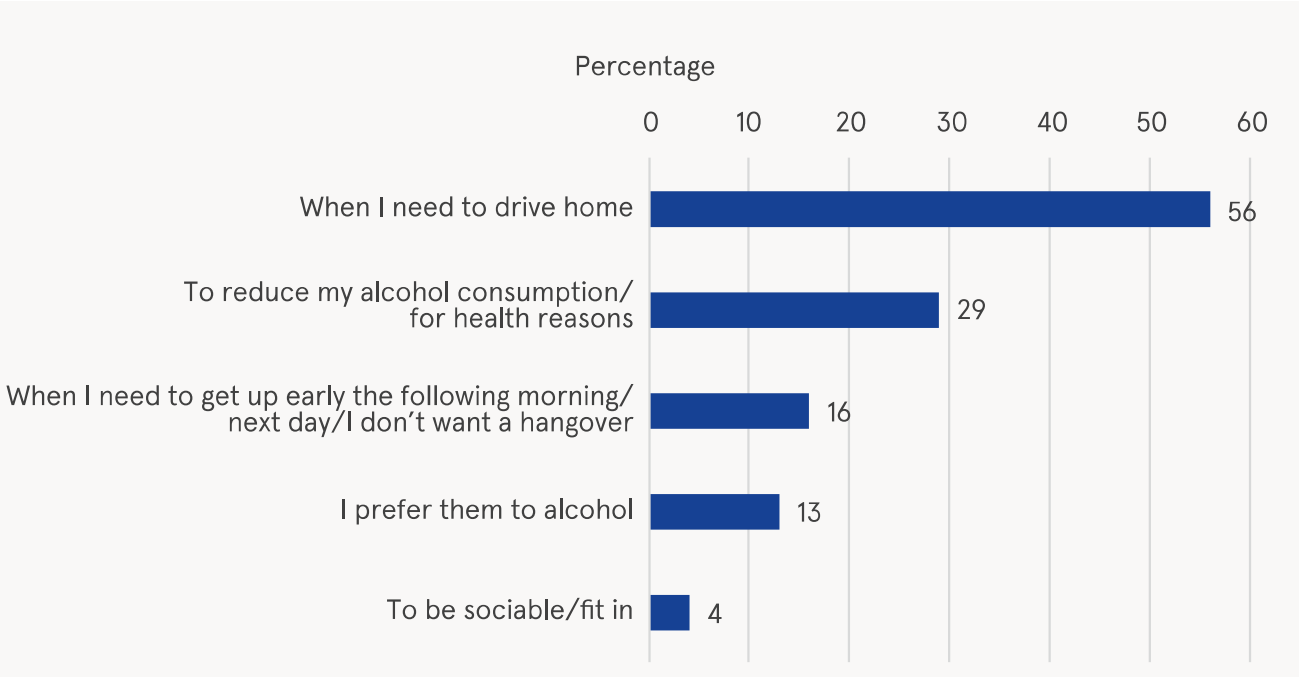


Figure 3 Reasons given for consuming 0.0% alcohol products (%*)

*Note that respondents could choose more than one reason

Healthy Ireland Survey
continued

Harms from alcohol

Alcohol Use Disorders Identification Test (AUDIT)

The 2025 Healthy Ireland Survey included the Alcohol Use Disorders Identification Test (AUDIT), a method to screen for unhealthy alcohol use [3]. Based on AUDIT responses, 1 in 5 of the population (20%) have scores that indicate hazardous or harmful drinking behaviours (score >=8), with 1% scoring 20 or more, indicating possible alcohol dependence. Hazardous or harmful drinking patterns were more common among men (29%) (compared to women, 11%); those aged 15 – 24 years, particularly men in this age group (39%), but women aged 15 – 24 years also score highly (25%); those with lower educational achievements (25%); and students (46%).

Alcohol Use Disorders Identification Test – Concise (AUDIT-C)

The shortened version of the AUDIT, the AUDIT-C was also utilised in the 2025 Healthy Ireland Survey allowing for comparisons with previous surveys. Overall, AUDIT-C scores representing hazardous or harmful drinking have decreased in the last 10 years, from 41% of respondents in 2015 to 36% in 2025. However, for women aged 15 – 24 years, an increase from 31% to 39% was noted. In fact, an increase in hazardous or harmful drinking scores were evident among women of all age groups (except those aged 25 – 34 years and 35 – 44 years, commonly regarded as the principal childbearing years).

Conclusion

Alcohol use remains high among the population, however, has decreased since 2024, representing a continuing decline since the introduction of the Public Health (Alcohol) Act in 2018 [4]. Although binge drinking among women is not as prevalent as among men, AUDIT scores representing drinking behaviours indicate that hazardous and harmful drinking is increasing among women.

This is the first time the Healthy Ireland Survey has asked about the use of non-alcoholic products. This is important information to understand the consumers of these products and may help provide an understanding of their potential role in changing alcohol use behaviours, their potential public health impact, and gain insights into attitudes toward alcohol which may help inform public health interventions.

Anne Doyle

1 Ipsos B&A. Healthy Ireland survey 2025 – summary report. Dublin: Department of Health 2025. https://www.drugsandalcohol.ie/44539/

2 Ipsos B&A. Healthy Ireland survey 2024 – summary report. Dublin: Healthy Ireland, Department of Health 2024. https://www.drugsandalcohol.ie/42364/

3 Babor T, Higgins-Biddle JC, Saunders JB, et al. AUDIT – The alcohol use disorders identification test: guidelines for use in primary care. Geneva: World Health Organizaton Department of Mental Health and Substance Abuse 2001. https://www.drugsandalcohol.ie/14104/

4 Office of the Attorney General. Public Health (Alcohol) Act. Dublin: Irish Statute Book 2018. https://www.drugsandalcohol.ie/33698/

The 68th session of the Commission on Narcotic Drugs

The Commission on Narcotic Drugs (CND) is the policy-making body of the United Nations with responsibility for drug control and other drug-related matters. It meets annually and monitors the global drug situation, develops strategies for drug control, and recommends measures to address the problems caused by drug use. It held its 68th session at its headquarters in Vienna in March 2025. Approximately 2,000 government representatives and other stakeholders attended the session.[1]

Hexahydrocannabinol and other substances placed under control

Part of the role of the CND is to place harmful substances under international control. Based on recommendations from the World Health Organization, 6 new substances were placed under control at the 68th session. Of particular interest in the Irish context is the addition of hexahydrocannabinol (HHC) to Schedule II of the Convention on Psychotropic Substances, 1971. HHC is a semi-synthetic cannabinoid with effects similar to tetrahydrocannabinol (THC) that has been found in a variety of consumer products. This means that the signatories of the 1971 Convention (of which Ireland is one) are required to restrict HHC's use to only scientific, medical, and industrial purposes.[2] Four synthetic opioids linked to fatal overdoses were also placed under control.[3] The sixth drug placed under control was carisoprodol, which is a muscle relaxant and is widely misused in combination with opioids and benzodiazepines.

Resolutions adopted

The CND has a role in adopting or rejecting resolutions proposed and backed by various member states. Six resolutions were adopted at the 68th session:

1 "To protect children and adolescents, the Commission encouraged the implementation of scientific, evidence-based drug prevention programmes, emphasising the need for early interventions and cross-sectoral collaboration to build resilience against non-medical drug use.

2 Recognising the growing impact of stimulant use disorders, another resolution promoted research into effective, evidence-based treatment options, calling on Member States to invest in innovative pharmacological and psychosocial interventions to improve care for those affected.

3 The importance of alternative development was reaffirmed with a resolution aimed at modernising strategies that help communities transition away from illicit crop cultivation, ensuring long-term economic opportunities while addressing broader issues like poverty and environmental sustainability.

4 In response to the rising threat of synthetic drugs, the Commission adopted a resolution to protect law enforcement and first responders dismantling illicit synthetic drug laboratories and advocating for stronger safety protocols, enhanced training and international cooperation to reduce risks.

5 To strengthen the implementation of international drug control conventions and policy commitments, the Commission decided to establish an expert panel tasked

Commission on narcotic drugs
continued

with developing a set of recommendations to strengthen the global drug control system.

6 Additionally, recognising the environmental damage caused by illicit drug-related activities, the Commission adopted another resolution calling on Member States to integrate environmental protection into drug policies and address the negative impacts on the environment resulting from the illicit drug-related activities."[1]

Independent review of the global drug control system

The fifth resolution has been welcomed by those working in the drug control sector and seeking drug policy reform. It was submitted by Colombia and supported by a cross-regional coalition of member states. The resolution focuses on "strengthening the global drug control system: a path to effective implementation" (p. 1).[4] Under this resolution, it is agreed to establish a multidisciplinary panel of 20 independent experts to consider what changes may need to be made to "the existing machinery for the international control of narcotics drugs" (p. 2),[4] and to make a set of recommendations to strengthen this system.

The International Drug Policy Consortium (IDPC) is a global network of approximately 190 organisations "that works collectively to promote person-centred, rights-affirming drug policies at the national, regional and international levels".[5] Following the adoption of the fifth resolution, the IDPC published an advocacy note welcoming this as a "ground-breaking document" (p. 1).[5] The IDPC describes it as a "once-in-a-generation opportunity to propose serious changes that further social inclusion, social justice and the health and welfare of humankind" (p. 1).[5]

Lucy Dillon

1 United Nations Office on Drugs and Crime (2025) CND 68 Concludes: Six New Substances Controlled; Six Resolutions Adopted. Available from: https://www.unodc.org/unodc/en/frontpage/2025/March/cnd-68-concludes_-six-new-substances-controlled-six-resolutions-adopted.html

2 Health Products Regulatory Authority (n.d.) About controlled drugs legislation. Available from: https://www.hpra.ie/regulation/controlled-drugs/controlled-drugs-legislation/about-controlled-drugs-legislation#:~:text=The%20United%20Nations%20(UN)%20Conventions,1971%20Convention%20on%20Psychotropic%20Substances

3 *N*-pyrrolidino protonitazene, *N*-pyrrolidino metonitazene, etonitazepipne, and *N*-desethyl isotonitazene.

4 United Nations Economic and Social Council (2025) Implementation of the international drug control treaties: challenges and future work of the Commission on Narcotic Drugs, the World Health Organization and the International Narcotics Control Board in the review of substances for possible scheduling recommendations. Vienna: United Nations Economic and Social Council. Available from: https://docs.un.org/en/E/CN.7/2025/L.6/Rev.1

5 International Drug Policy Consortium (2025) *Repairing the "machinery": recommendations and expectations for the independent review of international drug policy commitments.* London: International Drug Policy Consortium. Available from: https://www.drugsandalcohol.ie/43266/

Recent research

Parents Under Pressure: Evaluation launch

On 4 June 2025, the report *Evaluation of Parents Under Pressure Programme in the Community: A Coolmine-Led Initiative* was launched.[1] In attendance were staff from Coolmine Therapeutic Community (referred to as 'Coolmine' for the rest of this article), parents who had taken part in the Parents Under Pressure (PuP) programme, policy-makers, and other stakeholders. The evaluation is the work of a team from Coolmine. At the launch, the organisation's Chief Executive, Pauline McKeown, described PuP as "core to Coolmine services".

PuP programme

The PuP programme targets high-risk families who are facing multiple adversities. Its primary aim is to work with parents to support them in developing positive and secure relationships with their children and creating a nurturing family environment. "It combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model" (p. 3).[1] A focus of the PuP programme is the connection between quality parenting and parental well-being. While the programme has been found to work with parents in a variety of situations, evidence shows it to be particularly effective in improving the functioning of parents who are using drugs.[2, 3]

PuP in the community

Since 2014, the PuP programme has become firmly embedded in Coolmine's work with families impacted by drug use. A qualitative evaluation was carried out on its delivery in the organisation's residential therapeutic community in 2018. It was found to have had benefits for participants in terms of parenting practices, emotional well-being, and reductions in drug-related harms.[4] As part of that evaluation, it was recommended that this service should be provided to families in community-based non-residential settings. Coolmine secured funding to deliver PuP through a home and agency visiting service within local communities to people who were not necessarily engaged with addiction services. The 2025 report is an evaluation of this service.

Methodology

The research was carried out by an internal team at Coolmine. It captures findings from data used to support the implementation and monitoring of the programme, as well as the case management of participants (for example, sociodemographic data on participants and referral sources). The research team attempted to measure changes in emotional well-being using the Depression, Anxiety and Stress Scales (DASS) screening tool at three points over time. The DASS screening tool is designed to measure the severity of relevant symptoms and was applied to parents who exhibited behaviours that raised concerns among programme staff. The resulting report focuses on the feasibility of delivering the PuP programme in the community and does not explore its long-term impact with the parents or any changes in outcomes for the children.

Between January 2024 and March 2025, 96 parents accessed the programme – 18 fathers and 78 mothers. Twenty of the mothers were referred through the Dóchas Centre (a closed, medium-security prison).

Parents under pressure

continued

Findings

Overall, the findings in the report were positive. Some examples of these positive findings are that the programme was successful in engaging the target population, it delivered the intervention in a flexible way that could meet the wide-ranging needs of participants, and it succeeded in effective interagency working both in terms of sourcing referrals and working together to meet participants' needs. Among participants who responded to the DASS screening tool over the course of the programme (n=18), a pattern of improvement in their mental health was found.

Some of the features of the programme that were particularly valued by participants were that it was flexible and practical; it was delivered in a non-judgemental and compassionate way; there were strong collaborations between services to support participants, which supported shared case management; and the mindfulness/reframing element of the work was particularly helpful for parents.

Recommendations

Based on the findings, the report authors make recommendations under three interconnected domains with the role of family in both prevention and treatment at the core:

1 Policy level

a. Meaningfully recognise that many clients in treatment are parents with caregiving demands that are closely intertwined with their substance use.

b. Integrate parenting support in addiction services as standard practice, with systemic, collective responsibility across relevant agencies.

2 Strategic direction

a. Shift service delivery towards a whole-family approach, addressing the needs of both children and parents.

b. Position recovery pathways within primary care and community-based settings.

3 Service provision

a. Expand PuP in the community across all Integrated Healthcare Areas.

b. Allocate targeted funding to community-based organisations in order to support the effective delivery of PuP.

Concluding comment

The findings of any internal evaluation carried out by the provider of an intervention need to be treated with caution. However, the report presents valuable insights into the delivery of the PuP programme in a community setting and the opportunities this approach presents to meeting the needs of parents who may not otherwise access supports. It also suggests that there is a culture of ongoing learning and reflection on practice within Coolmine. The report's conclusion calls for investment in research to support a more "robust understanding of how best to support parents who use substances and their children" (p. 19).[1]

Lucy Dillon

1. Harris A and Niece E (2025) *Evaluation of Parents Under Pressure Programme in the Community: A Coolmine-Led Initiative*. Dublin: Coolmine. Available from: https://www.drugsandalcohol.ie/43376/
2. Dawe S and Harnett P (2007) Reducing potential for child abuse among methadone-maintained parents: results from a randomized controlled trial. *J Subst Abuse Treat*, 32(4): 381–390.
3. Barlow J, Sembi S, Parsons H, *et al.* (2019) A randomized controlled trial and economic evaluation of the Parents Under Pressure program for parents in substance abuse treatment. *Drug Alcohol Depend*, 194: 184–194.

Parents under pressure

continued

4. Ivers JH, Harris A, McKeown P and Barry J (2021) Mothers experiences of the Parenting Under Pressure Program (PuP) in a Residential Therapeutic Community: A qualitative study. *J Psychoactive Drugs*, 53(3): 230–237.

Drug poisoning deaths in Ireland in 2022: Data from the National Drug-Related Deaths Index

Introduction

Latest data from the National Drug-Related Deaths Index (NDRDI) show that there were 343 drug poisoning deaths in Ireland in 2022, representing an 8% decrease on 2021 figures.[1] The NDRDI bulletin presents data on deaths in 2022, with key trends for the period 2013–2022. It describes the number of deaths and mortality rates, as well as the circumstances of deaths, including poisoning drugs implicated, location, place, and context of deaths, and characteristics of the deceased. Trends must be interpreted in the context of the COVID-19 pandemic and related public health measures from March 2020.

Background

A drug poisoning (overdose) death is a death due to the toxic effects of one or more substances on the body, which may include illicit drugs such as cocaine, or prescribable drugs such as diazepam (Valium). Since 2005, the NDRDI has provided national data on drug poisoning and other drug-related deaths in order to inform measures to reduce deaths and other drug-related harms.

The NDRDI's main data source is closed coroner files, accessed via the Coroner Service. The NDRDI also includes data from the General Mortality Register via the Central Statistics Office, the Hospital Inpatient Enquiry system via the Healthcare Pricing Office, the Central Treatment List, and the Primary Care Reimbursement Service via the Health Service Executive.

Drug poisoning deaths
continued

Number of deaths

An upward trend in the number of deaths peaked in 2020 with 446 deaths, the highest number ever recorded (Figure 1). The NDRDI reported year-on-year decreases in the number of poisoning deaths from 2021 to 2022. A similar pattern was observed in some other countries and appears as a phenomenon of the COVID-19 pandemic period. It may reflect an acceleration of deaths among especially vulnerable people in 2020. In Ireland, there was a large increase in deaths among females in that year (Table 1).

Three-year moving averages were examined to gain further insight into trends. Where there are annual fluctuations and extremes in numbers, moving averages can provide a better indication of long-term trends than can be gained by examining differences between two individual years. Having been relatively stable through 2015/2017, the moving average number of deaths increased before plateauing over 2020/2021, followed by a small decrease in 2022 (Figure 1).

Overall, the number of deaths in 2022 appears as a return to pre-pandemic levels. Moreover, the number of deaths in 2022 represents a 6% increase on 2013 and an 11% increase on 2016.

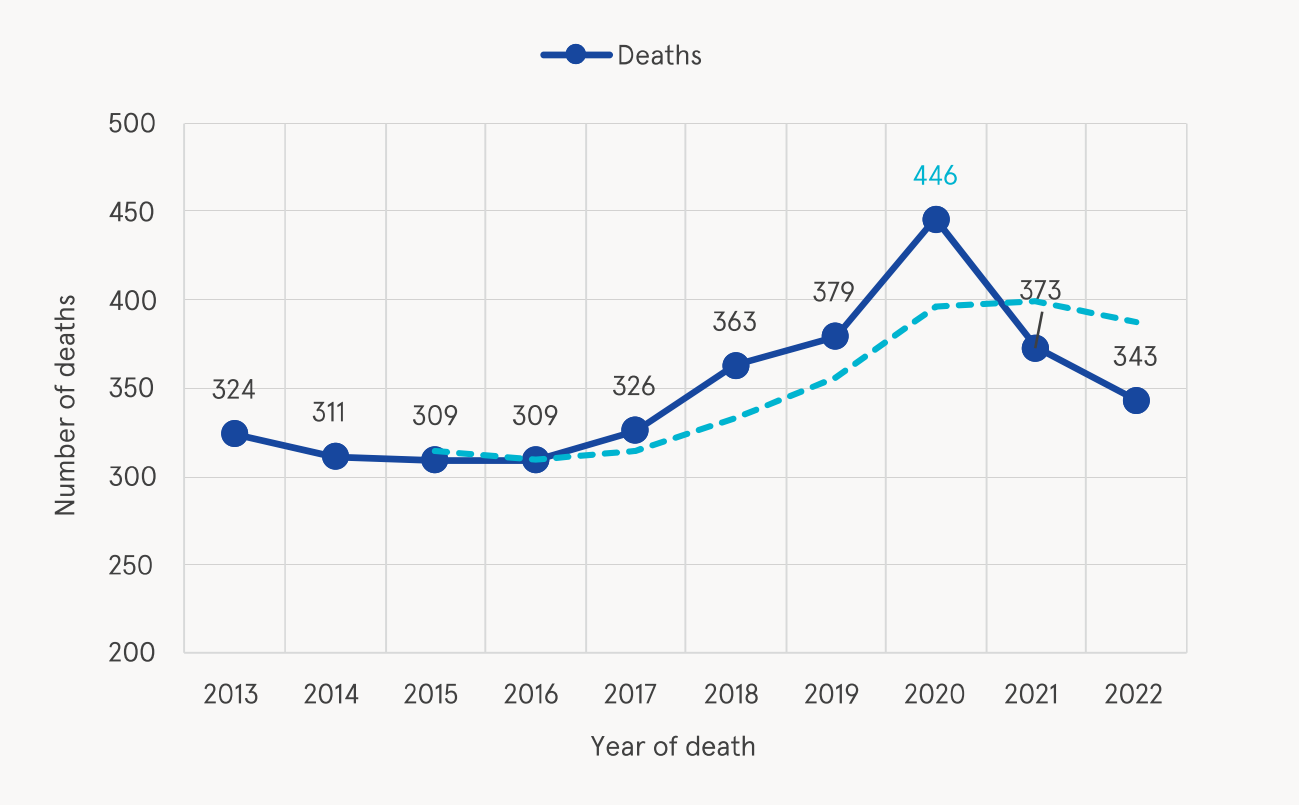


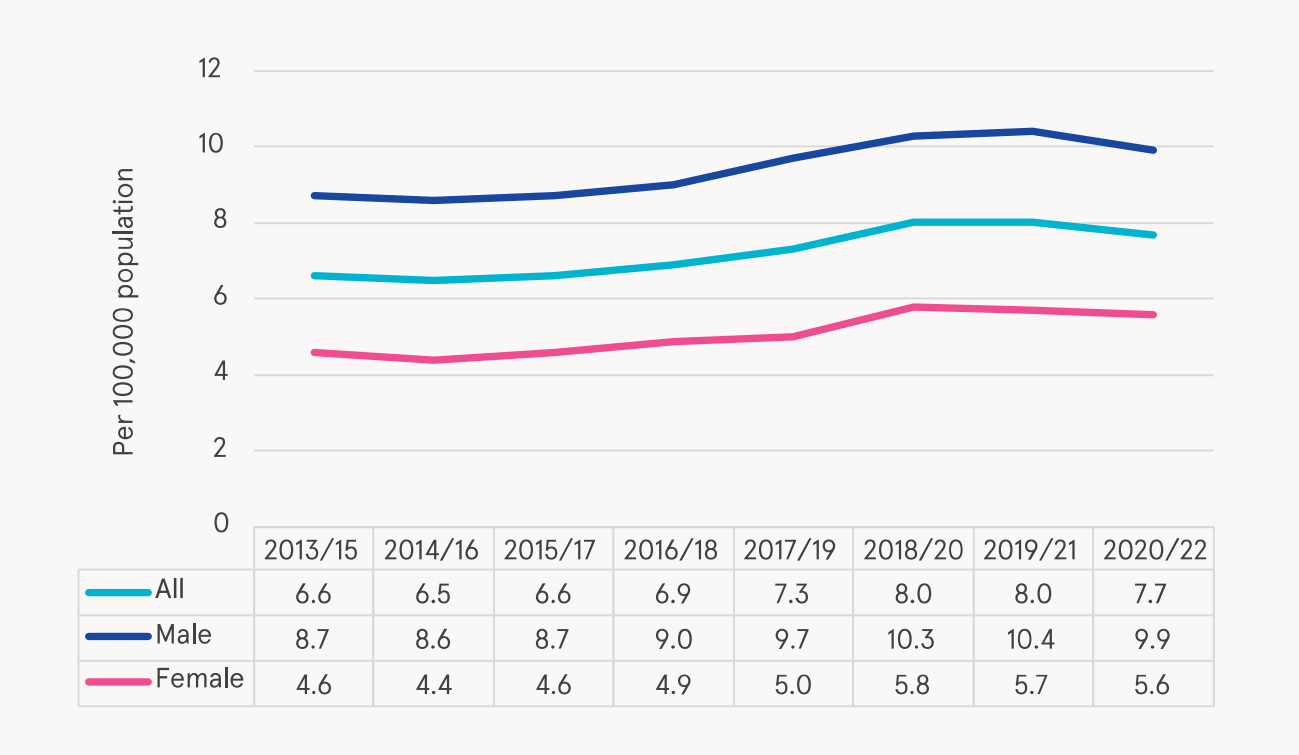
Figure 1: Number of drug poisoning deaths, and three-year moving averages, NDRDI 2013–2022

Drug poisoning deaths
continued

Table 1: Number of drug poisoning deaths by sex, NDRDI 2013–2022*

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total		**324**	**311**	**309**	**309**	**326**	**363**	**379**	**446**	**373**	**343**
Male	n	208	221	201	202	222	231	263	274	240	232
	%	64.2	71.1	65.0	65.4	68.1	63.6	69.4	61.4	64.3	67.6
Female	n	116	90	108	107	104	132	116	172	133	111
	%	35.8	28.9	35.0	34.6	31.9	36.4	30.6	38.6	35.7	32.4

*Data presented in this bulletin supersede all previously published NDRDI data



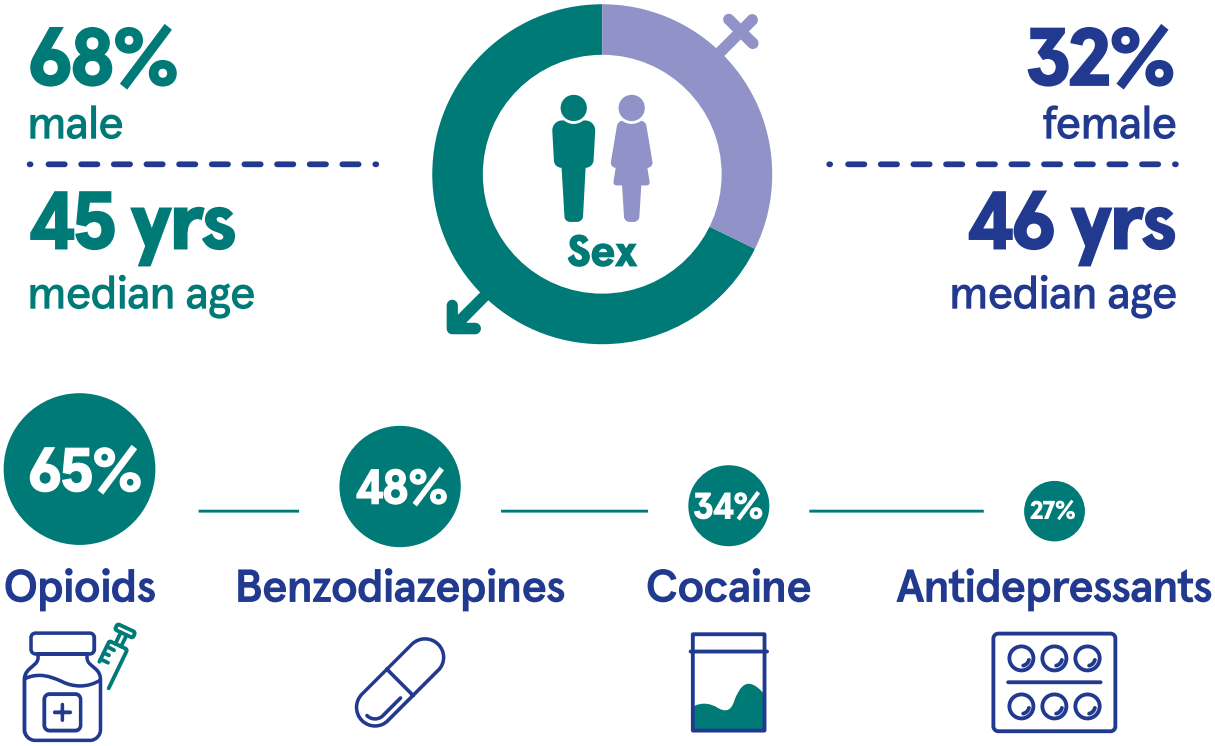
	2013/15	2014/16	2015/17	2016/18	2017/19	2018/20	2019/21	2020/22
All	6.6	6.5	6.6	6.9	7.3	8.0	8.0	7.7
Male	8.7	8.6	8.7	9.0	9.7	10.3	10.4	9.9
Female	4.6	4.4	4.6	4.9	5.0	5.8	5.7	5.6

Figure 2: Three-year moving average age-standardised mortality rates (ASMRs) for drug poisoning deaths, by sex, NDRDI 2013–2022

Mortality rates

Age-standardised mortality rates (ASMRs) were calculated to enable rates to be compared by year while accounting for differences in population age and structure. The ASMR for drug poisoning deaths in 2022 was 6.7 deaths per 100,000 standard population, compared with 6.9 in 2013, and 6.8 in 2017. Moving average ASMRs increased after 2014/2016, and stabilised over 2020/2021, before decreasing slightly in 2022 (Figure 2). Overall, mortality rates in 2022 also appear to reflect a return to the pre-pandemic trends, rather than a downward shift that will continue.

Drug poisoning deaths
continued



Characteristics of the deceased

Males were in the majority, accounting for 68% (232) of drug poisoning deaths in 2022 and at least three in five deaths in every year (Table 1). In 2022, the median age was 45 years for males and 46 years for females.

Poisoning drugs implicated

In 2022, opioids (65%), benzodiazepines (48%), cocaine (34%), and antidepressants (27%) were the most common types of drugs implicated in poisoning deaths. Methadone (street/prescribed) (36%) was the most common individual drug, while the main illicit drugs were cocaine (34%) and heroin (27%). Most (81%) deaths had prescribable drugs implicated, such as diazepam (29%), alprazolam (28%), and pregabalin (18%). In most (78%) poisoning deaths, more than one drug was implicated.

The NDRDI recorded decreases in opioids, benzodiazepines, cocaine, and gabapentinoids/antiepileptics between 2020 and 2022. Nevertheless, each of these drug types was implicated in more deaths in 2022 than in 2013. The largest 10-year increase was for cocaine (a 259% increase), followed by gabapentinoids/antiepileptics (a 250% increase), mainly due to pregabalin. Methadone increased 31% over the 10-year period, while heroin decreased 11%.

Drug poisoning deaths
continued

Ever injected

At least
23%
(80 people)
ever injected

Injecting at the time of death

9%
32 people
→
91%
were
polysubstance poisonings
50%
were
alone

Circumstances of deaths

Two in five (43%) poisonings occurred in Dublin; most (70%) poisonings occurred in a private dwelling; and many (47%) people were alone at the time.

In 2022, almost eight in ten (78%) of the deceased had experienced substance misuse or dependency; two in five (41%) had received substance use treatment; and three in ten (31%) were in treatment (mainly opioid agonist treatment, 27%) at the time of death.

In 2022, almost one in four (23%, 80) of the deceased were known to have ever injected drugs, similar to the 2013 findings (24%). Of those, two in five (40%, 32) were injecting at the time of death (a decrease from 60% in 2013). In 2022, one-half (50%) of those injecting at the time of death were alone at the time.

Alcohol-related poisonings

The NDRDI recorded 155 alcohol-related poisoning deaths in 2022, of which 67 involved alcohol-only and 65 involved alcohol in combination with one or more other drugs.[2] The number of alcohol-only deaths remained fairly stable over the period, while alcohol in combination decreased by 22% between 2013 and 2022.

Conclusion

Despite recent decreases in the number of drug poisoning deaths in Ireland, there has been an upward trend in the number of deaths from 2013. However, drug poisoning deaths are preventable deaths. The NDRDI will continue to monitor trends and provide data to inform policy and other measures to reduce drug deaths and other harms of drug use.

Cathy Kelleher

1 Kelleher C, Riordan F and Gopalakrishnan A (2025) *Drug poisoning deaths in Ireland in 2022: Data from the National Drug-Related Deaths Index*. HRB StatLink Series 28. Available from https://www.drugsandalcohol.ie/44591. Additional online E-appendices are available at: https://www.hrb.ie/data-collections-evidence/drug-and-alcohol-deaths-ndrdi/

2 Data on alcohol-only poisoning deaths and data on all alcohol-related poisoning deaths are presented in the online E-Appendices available from: https://www.hrb.ie/wp-content/uploads/2025/12/Tables-Drug-poisoning-deaths-2022.pdf.

Prevalence and current situation

Tabor Group annual report, 2024

The Tabor Group is a provider of residential addiction treatment services in Ireland. It aims to offer hope, healing, and recovery to clients suffering from addictions through integrated and caring services. In addition to two residential facilities, the organisation provides a continuing care programme to clients who have completed treatment to assist with their recovery as well as a community-based programme. Its family support programme offers counselling to families whose loved ones are struggling with an addiction. In 2025, the Tabor Group published its annual report for 2024.[1] This article highlights services provided by the Tabor Group to individuals with a substance use addiction in 2024.

Primary Residential Programme

Tabor Group offers a 28-day Residential Treatment Programme at its Tabor Fellowship treatment centre. The treatment centre is located at Spur Hill in Doughcloyne, on the outskirts of Cork City. The programme consists of comprehensive assessment, individualised care planning, group therapy, counselling, addiction education, meditation, and recreational activities.

Integrated Recovery Programme

Tabor Group's 12-week Integrated Recovery Programme comprises two phases suited to both male and female clients with complex needs, poly/cross-addiction, history of previous treatment and relapse, deficits in coping, and living skills. Phase 1 of the programme takes place in Tabor Lodge, a residential addiction treatment centre situated in Belgooly, 15 miles south of Cork City. The Phase 1 programme is designed to respond to the complex needs of clients and provides safety and stabilisation. The Phase 2 programme, in the Tabor Fellowship treatment centre, supports clients to take on more personal responsibility while continuing to develop skills for managing addiction as well as everyday living skills. Clients can also avail of a Phase 3 programme comprising an additional 12 weeks of 'Recovery Living' in homes in the community.

Other services

Tabor Group also provides ongoing treatment and peer-led support to clients as they navigate day-to-day living following treatment. This includes participation in a facilitated weekly group meeting and an individualised care plan over 12 months, with an option to extend for a second year. In addition, the organisation offers comprehensive assistance to families affected by addiction, recognising that the entire family benefits from support. Assistance encompasses education, one-to-one support, peer support groups, phone support, and intervention advice.

Numbers treated in 2024

In 2024, 342 initial assessments were undertaken at Tabor Group. Each of these was conducted in accordance with Health Service Executive (HSE) National Protocols for Drug and Alcohol Services. Tabor Group meets with the HSE each month to review admissions and discharges to its treatment centres. In 2024, 250 clients

Tabor Group annual report
continued

were admitted to Tabor Group for residential treatment of addiction to alcohol, drugs or gambling or a combination of these, with 181 of these people going on to attend the 28-day Residential Treatment Programme and 69 people going on to attend the 3-month Integrated Recovery Programme. In 2024, Tabor Group also provided weekly peer-led Continuing Care groups to 225 people across Cork city, county, and online, including the establishment of a dedicated Women's Support Group to further enhance outreach and support.

Seán Millar

1 Tabor Group (2025) *Tabor Group Annual Report 2024*. Cork: Tabor Group. Available from: https://www.taborgroup.ie/annual-reports/

Adolescent stimulant drug use in Ireland: The role of the home environment and extracurricular activities

A new study published in *PLOS One* explores how family dynamics and extracurricular involvement influence stimulant drug use among Irish adolescents.[1] Drawing on data from the 2020 Planet Youth Survey, the researchers examined nearly 5,000 secondary school students across Galway, Mayo, and Roscommon in order to assess lifetime use of cocaine and ecstasy, and to identify associated social and environmental factors.

Background

Cocaine and ecstasy remain among the most commonly used stimulant drugs worldwide, with both substances posing serious health risks, including cardiovascular complications, neurological damage, and heightened risks of both depression and suicidality. Adolescence is a particularly vulnerable period, as brain development is ongoing and social influences are especially strong. Internationally, Ireland ranks near the top in Europe for adolescent cocaine use, with prevalence levels higher than the continental average.

The Planet Youth Survey, modelled on the successful Icelandic Prevention Model, anonymously gathered information from students about their drug use, mental health, home life, and leisure activities. The researchers focused on two outcome measures: lifetime use of cocaine and lifetime use of ecstasy. They then explored how these outcomes correlated with home environment factors such as parental monitoring, rule-setting, and intergenerational closure (the extent of connectedness between families), as well as involvement in extracurricular activities, including sports, arts, volunteering, and after-school clubs.

Key findings

Overall, 3.4% of respondents reported having used cocaine and 2.8% had tried ecstasy. While these percentages may appear modest, they are

Adolescent stimulant drug use
continued

high compared with European norms. Several social and familial factors stood out as significant predictors of stimulant use.

Adolescents who reported being outside after midnight in the previous week were over five times more likely to have used cocaine and over six times more likely to have used ecstasy. Weak parental rule-setting and reduced monitoring were also strongly linked to stimulant use, as was lower intergenerational closure. Importantly, mental health emerged as a significant factor: teenagers reporting 'bad' or 'very bad' mental health were three to five times more likely to have used stimulants compared with peers with positive mental health.

Participation in extracurricular activities showed a protective effect, but only for sports. Adolescents who were not involved in organised sports, whether within or outside of a club, were significantly more likely to report stimulant use. Other activities, such as music, arts, or volunteering, did not show significant associations with stimulant use, although lower participation rates in these types of activities may mean that there was limited statistical power to detect relationships.

Implications for prevention

These findings reinforce the importance of a supportive home environment, active parental engagement, and structured leisure opportunities in reducing adolescent drug use. Evidence from Iceland shows that strengthening family bonds, curbing unsupervised late-night activities, and promoting widespread participation in organised sports can substantially reduce substance use among young people.

In the Irish context, the study authors suggest that a recreation card scheme (which would subsidise the cost of extracurricular participation) could help broaden access to protective activities. The recent introduction of mandatory Social, Personal and Health Education (SPHE) in schools also represents a promising step towards equipping adolescents with resilience and decision-making skills.

Conclusions

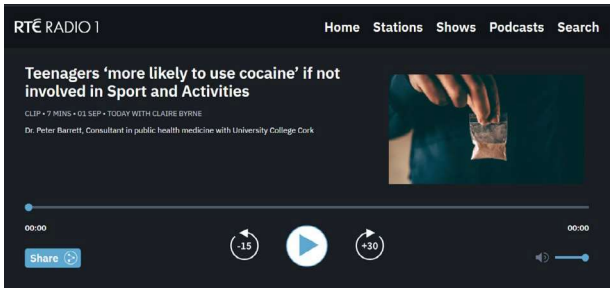
The Planet Youth Survey highlights that stimulant drug use among Irish teenagers remains a pressing public health concern. By fostering stronger family oversight, supporting youth mental health, and expanding access to extracurricular engagement, particularly in sports, Ireland may move closer to replicating Iceland's success in curbing adolescent substance use.

Seán Millar

1 Daly FP, Millar SR, Major E and Barrett PM (2025) Prevention of adolescent stimulant drug use: Do the home life environment and extracurricular activities influence this? Findings from the Irish Planet Youth Survey. *PLOS One*, 20(8): e0330489. Available from: https://doi.org/10.1371/journal.pone.0330489

This research has appeared in several articles in the press. Use the link below to access an interview with study lead Dr Peter Barrett on RTÉ Radio 1.

https://www.rte.ie/radio/radio1/clips/22541127/



Courts Service Annual Report, 2024

The *Courts Service Annual Report 2024* was published on 7 July 2025. While the report presented data for all criminal cases arising within the Irish justice system between January and December 2024, this article only reports on statistics related to prosecutions for drug offences.[1] The data provided are for overall drug law offences. The Courts Service in Ireland does not distinguish between the different supply offences and possession/use offences (Courts Service, personal communication, 2017).

District Court

In most cases, prosecutions for drug offences are carried out in the District Court, which is the lowest court in the Irish legal system. The District Court, exercising its criminal jurisdiction, deals with four types of offences: summary offences, indictable offences tried summarily, some indictable offences, and indictable offences not tried summarily. When the District Court hears a criminal case, the judge sits without a jury. The District Court judge decides the issues of fact and whether to convict, and also determines the sentence.

In the case of most indictable offences that must be tried by a judge sitting with a jury, the District Court may impose a sentence where the accused pleads guilty, provided that the Director of Public Prosecutions consents and the judge accepts the guilty plea. Otherwise, the accused is sent forward to the Circuit Court on their signed guilty plea for sentencing. The District Court has a limit on the sentence it may impose in respect of a single criminal charge, which is 12 months' imprisonment.[2]

Overall, 22,700 orders were made in relation to drug offences in 2024 involving 14,727 defendants, which represents a 7% decrease since 2023 (N=15,858 defendants) (see Table 1 and Table 2).[1]

Table 1: Number of sentences for drug offences in the District Court, 2024

Incoming		Resolved: offences		
Offences	Defendants*	Summary	Indictable offences dealt with summarily	Sent forward for trial
27 783	14 727	1011	21 689	3588

Source: Courts Service (2025)[1]

* There may be more than one offence brought against a defendant.

Table 2: Number of summary and indictable offences: outcomes in the District Court, 2024

	Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
Summary offences: outcomes	56	282	221	125	2	0	10	92	58	41	124	1011
Indictable offences dealt with summarily: outcomes	533	6810	3046	2877	62	4	209	2138	595	745	4670	21 689

Source: Courts Service (2025)[1]

Note: Dis = dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence

Courts Service Annual Report 2024

continued

Juvenile crime

The age of criminal responsibility in Ireland is 12 years (Section 52 of the Children Act, 2001, as amended by Section 129 of the Criminal Justice Act 2006). Generally, children who come before the courts are aged between 15 and 17 years. The total number of orders that were made in respect of drug offences in the Children Court in 2024 was 577 (see Table 3),[1] which represented approximately an 11% increase since 2023 (N=518 orders). In 2024, young offenders received a range of punishments, including being imprisoned or detained (n=3), providing community service (n=11), or being sentenced to probation (n=137). The number of young people placed on probation in 2024 (n=137) was approximately 15% higher than 2023 (n=119).[1]

Circuit Court

In 2024, the Circuit Court heard cases for 870 defendants that involved 3,653 drug offences. There were 2,970 guilty pleas, which represented a 6% increase from 2023 (N=2,803); of the cases that went to trial, 44 resulted in convictions and 15 resulted in acquittals (see Table 4). Trials resulted in 440 imprisonments/detentions and 480 suspended sentences (see Table 5).[1]

Appeals (from District Court)

In 2024, 391 appeals from the District Court, representing 953 offences, were dealt with in the Circuit Court.[1] Appeals and offences in 2024 were approximately 42% and 12% lower than in 2023, respectively (appeals = 677; offences = 1,078). Table 6 shows a breakdown of resolved offences.

Court of Appeal

The number of appeals that were lodged from the Circuit Criminal Court for drug/misuse of drugs offences was nearly 46% lower in 2024 (n=97) when compared with 2023 (n=179).[1] Overall, 179 appeals that originated in the Circuit Criminal Court were resolved in 2024.1 Table 7 indicates that most appeals resolved were for sentence severity (n=110), followed by sentence leniency (n=53), conviction and sentence (n=10), and other (n=6).[1]

Table 3: Number of juvenile crime outcomes in 2024

Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
32	183	103	16	2	0	11	137	3	4	86	577

Source: Courts Service (2025)[1]
Dis = dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence

Table 4: Number of sentences for drug offences in the Circuit Court in 2024

Incoming		Resolved: offences						
Offences	Defendants*	Guilty	Trials		NP	TIC	Quash	Dec
			Convicted	Acquitted				
3653	870	2970	44	15	1072	582	0	14

Source: Courts Service (2025)[1]
Guilty = guilty pleas; NP = nolle prosequi; TIC = taken into consideration; Quash = quash return for trial; Dec = accused deceased. * There may be more than one offence brought against a defendant.

Courts Service Annual Report 2024

continued

Table 5: Number of offence outcomes following conviction in the Circuit Court in 2024

	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
Offence outcomes following conviction	406	25	659	2	25	74	440	480	944	3055

Source: Courts Service (2025)[1]
TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence

Table 6: Number of appeals from District Court, 2024

Incoming		Resolved: offences				
Offences	Defendants	Aff	Varied	Rev	Withdrawn	S/O N/A
953	391	141	545	97	278	253

Source: Courts Service (2025)[1]
Aff = affirmed; Rev = reversed; S/O N/A = struck out no appearance

Table 7: Summary of resolved appeals in 2024

Appeal	Conviction	Sentence (severity)	Conviction and sentence	Sentence (leniency)	Director of Public Prosecutions (dismissal)	Miscarriage of justice	Other	Total
Resolved	0	110	10	53	0	0	6	179

Source: Courts Service (2025)[1]

Conclusion

The report was commended by the Chief Justice and chairperson of the Courts Service Board, Ms Justice Elizabeth Dunne. She acknowledged that the *Courts Service Annual Report 2024* was "a comprehensive account of the work of the Courts Service and achievements towards realising an improved, modern court system for the benefit of all users" (p. 5).[1]

Ciara H Guiney

1 Courts Service (2025) *Courts Service Annual Report 2024*. Dublin: Courts Service. Available from: https://www.drugsandalcohol.ie/43644/

2 Courts Service (2013) *Courts Service Annual Report 2012*. Dublin: Courts Service. Available from: https://www.drugsandalcohol.ie/20180/

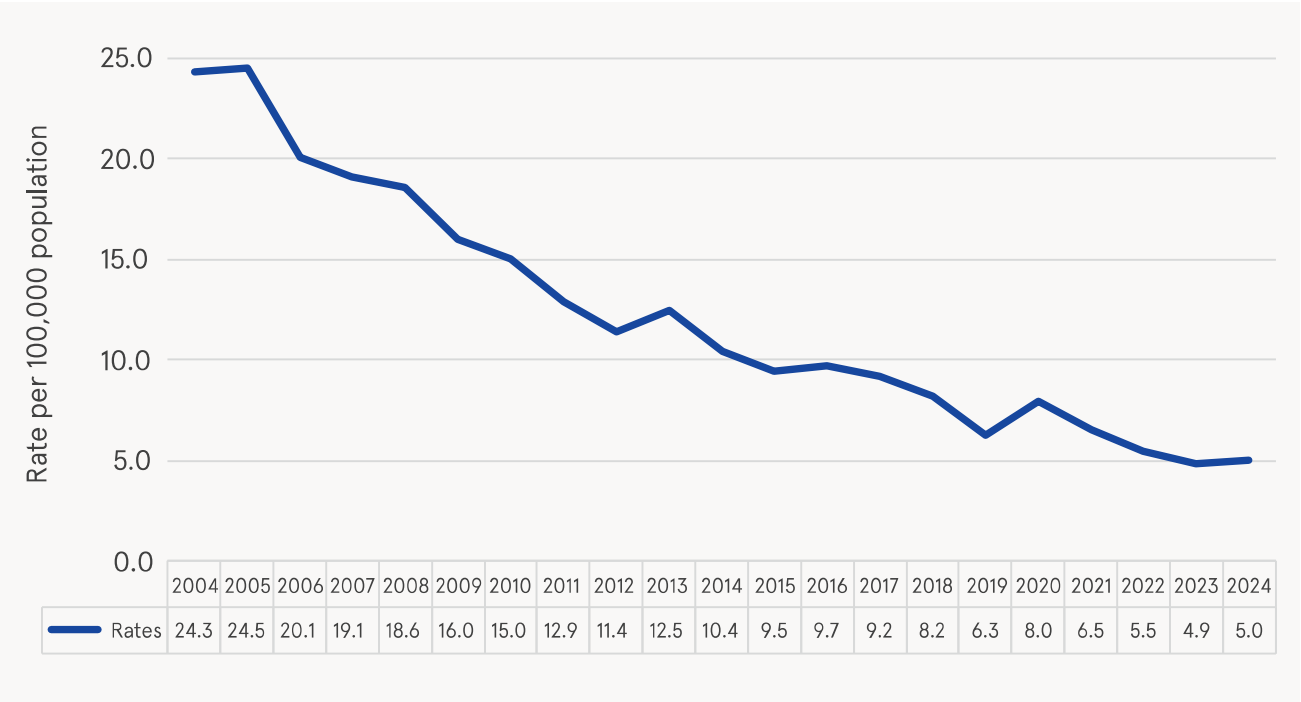
3 Office of the Attorney General (2006) *Criminal Justice Act 2006*. Dublin: Irish Statute Book. Available from: https://www.irishstatutebook.ie/eli/2006/act/26/section/129/enacted/en/html

Trends in alcohol and drug admissions to psychiatric facilities

The National Psychiatric Inpatient Reporting System (NPIRS) Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2024 published by the Health Research Board (HRB) Mental Health Information Systems Unit[1] shows that the rate of new admissions to inpatient care for alcohol disorders has remained stable.

In 2024, some 696 cases were admitted to psychiatric facilities with an alcohol disorder; of these cases, 259 were treated for the first time. Figure 1 presents the rates of first admission between 2004 and 2024 for cases with a diagnosis of an alcohol disorder. Trends over time indicate an overall decline in first admissions. In 2024, almost two-thirds (62.2%; n=161) of cases of first-time admission for an alcohol disorder were male and 95.8% (n=248) were voluntary.

In 2024, some 860 cases were also admitted to psychiatric facilities with a drug disorder. Of these cases, 385 were treated for the first time. Figure 2 presents the rates of first admission between 2004 and 2024 for cases with a diagnosis of a drug disorder. The admission rate in 2024 (7.5 per 100,000 population) was similar to that reported in 2023 (7.7 per 100,000 population). It should be noted that the report does not present data on drug use and psychiatric comorbidity; it is therefore not possible to determine whether or not these admissions were appropriate.



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Rates	24.3	24.5	20.1	19.1	18.6	16.0	15.0	12.9	11.4	12.5	10.4	9.5	9.7	9.2	8.2	6.3	8.0	6.5	5.5	4.9	5.0

Source: Daly *et al.* (2025)

Figure 1: Rates of psychiatric first admission of cases with a diagnosis of an alcohol disorder per 100,000 of population in Ireland, 2004-2024

Alcohol and drug admissions to psychiatric facilities

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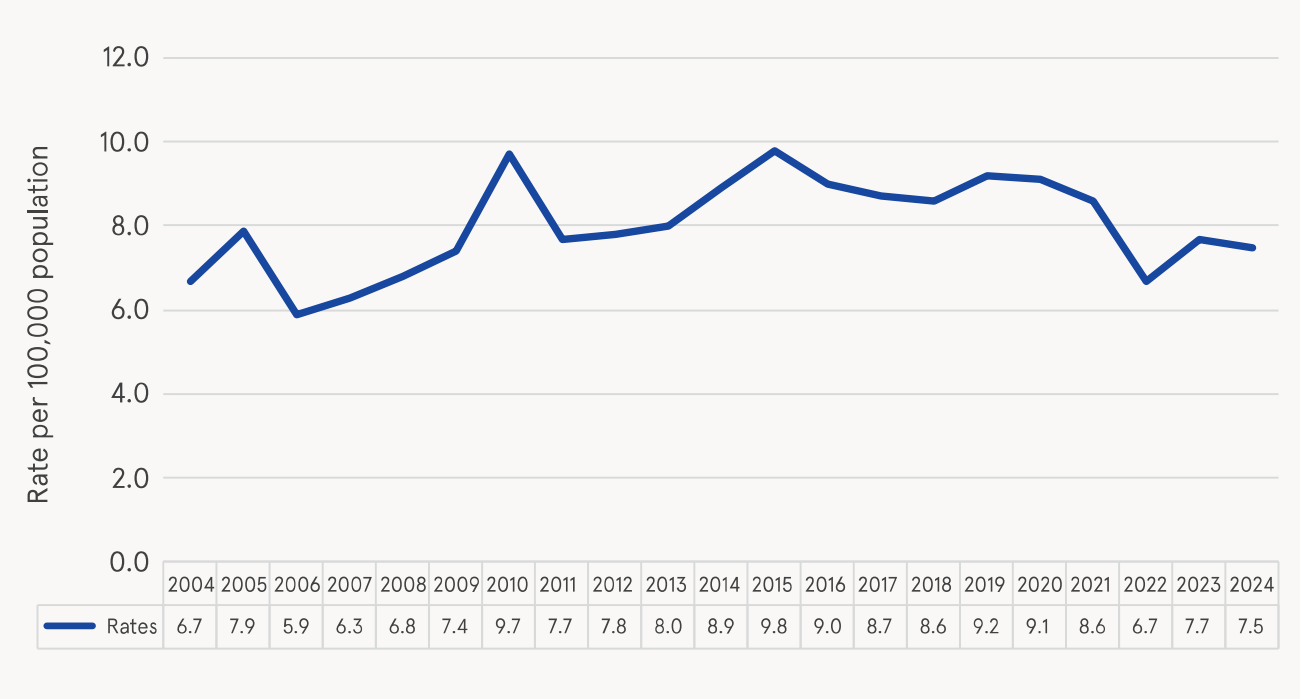


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Rates	6.7	7.9	5.9	6.3	6.8	7.4	9.7	7.7	7.8	8.0	8.9	9.8	9.0	8.7	8.6	9.2	9.1	8.6	6.7	7.7	7.5

Source: Daly *et al.* (2025)

Figure 2: Rates of psychiatric first admission of cases with a diagnosis of a drug disorder per 100,000 of population in Ireland, 2004–2024

Similar to previous years, the rate of psychiatric first admission with a diagnosis of a drug disorder was higher for men (11.3 per 100,000 population) than for women (3.7 per 100,000 population). In 2024, 84.7% (n=326) of psychiatric first admission of cases with a diagnosis of a drug disorder were voluntary.

Seán Millar

1 Daly A, Lovett H and Lynn E (2025) *National Psychiatric Inpatient Reporting System (NPIRS) Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2024.* Dublin: Health Research Board. Available from: https://www.drugsandalcohol.ie/43691/

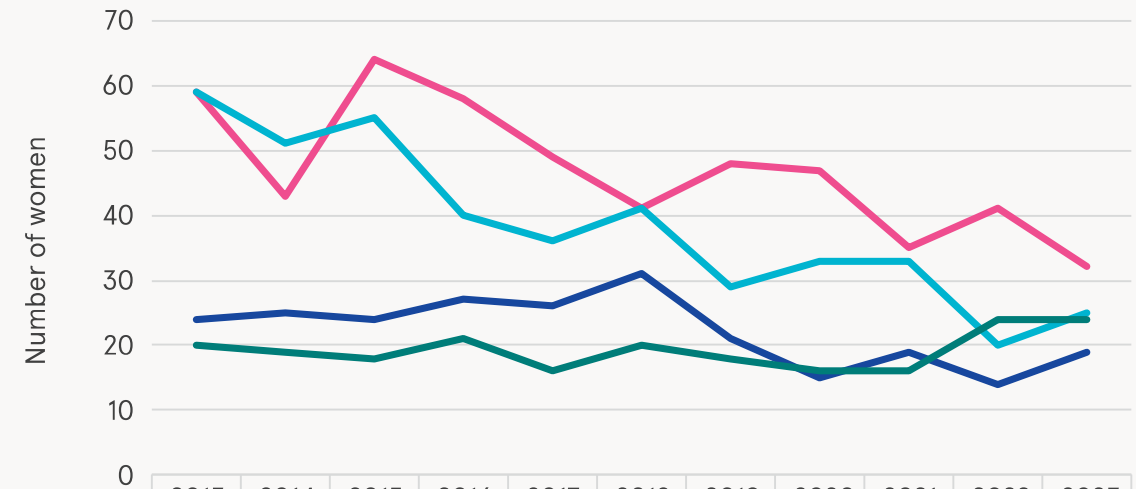
Dove Service: Rotunda Hospital annual report, 2023

The Danger of Viral Exposure (DOVE) Service in the Rotunda Hospital, Dublin was established in order to meet the specific needs of pregnant women who have or are at risk of blood-borne or sexually transmitted bacterial or viral infections during pregnancy. Exposure may also occur through illicit substance use. Figures from the DOVE Service for 2023 were published in the hospital's annual report in 2024.[1]

Clinical activity

Figure 1 shows the number of women who booked into the DOVE Service for antenatal care each year during the period 2013–2023. It also shows the diagnosis of specific viral diseases for these women. During 2023, some 173 women booked into the DOVE Service for antenatal care. Among those attending the service, 100 were serology positive; of these:

- Nineteen women were positive for human immunodeficiency virus (HIV) infection.
- Thirty-two women were positive for hepatitis B virus (HBV) surface antigen.
- Twenty-five women were positive for hepatitis C virus (HCV) antibody.
- Twenty-four women had positive treponemal serology (syphilis).



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
HIV	24	25	24	27	26	31	21	15	19	14	19
HBV	59	43	64	58	49	41	48	47	35	41	32
HCV	59	51	55	40	36	41	29	33	33	20	25
Syphilis	20	19	18	21	16	20	18	16	16	24	24

Source: The Rotunda Hospital (2024)

Figure 1: DOVE Service bookings by year, 2013–2023

Rotunda annual report

continued

In addition to the figures presented above, a number of women attended the DOVE Service for diagnosis and treatment of human papillomavirus (HPV), herpes simplex virus, chlamydia, and gonorrhoea.

It should be noted that these numbers refer to patients who booked for care during 2023. Table 1 summarises the outcome of patients who actually delivered during 2023. Of these patients, 18 were HIV positive, 31 were HBV positive, 15 were HCV positive, and 25 had syphilis. During 2023, 126 women were referred to the Drug Liaison Midwife (DLM) service, including 25 women who had a history of opioid addiction and were engaged in an opioid substitution therapy (primarily methadone) programme. Eight were HCV positive and one was HIV positive. Sixty-four women who were linked with the DLM delivered their babies in the Rotunda Hospital in 2023.

Table 1: Deliveries to mothers attending the DOVE Service who were positive for HIV, HBV, HCV, or syphilis, or who were attending the DLM service, 2023

Mother's status	HIV positive	HBV positive	HCV positive	Syphilis positive	DLM
Total number of mothers delivered <500 g (including miscarriage)	1	0	0	0	0
Total number of mothers delivered ≥500 g	17	31	15	25	64
Live infants	16	31	16*	17	64
Miscarriage	0	0	0	0	0
Stillbirths	1	0	0	1	0
Infants <37 weeks' gestation	1	1	4	1	10
Infants ≥37 weeks' gestation	16	30	12	24	54
Caesarean section	7	15	6*	10	20

Source: The Rotunda Hospital (2023)
*One set of twins.

Seán Millar

1 The Rotunda Hospital (2024) *The Rotunda Hospital Dublin annual report 2023*. Dublin: The Rotunda Hospital. Available from: https://www.drugsandalcohol.ie/42188/

Hexahydrocannabinol and psychosis: Trends in Ireland's mental health landscape

A recent study published in the journal *BJPsych Bulletin* sheds light on the growing concern over hexahydrocannabinol (HHC) and its apparent role in precipitating psychotic episodes.[1] Conducted by a team of Irish psychiatrists and researchers from the University of Galway and Trinity College Dublin, the research explores the prevalence of HHC use among psychiatric admissions at University Hospital Galway and raises significant public health and legislative concerns.

HHC, a derivative of cannabidiol (CBD), has gained popularity in Ireland in recent years as an alternative to delta-9-tetrahydrocannabinol, the primary psychoactive component of cannabis. Out of a total of 214 cases admitted over a 21-month period (May 2023 to December 2024), the study identified 28 admissions (13.1%) for psychosis that were preceded by HHC use, and found that HHC was the second most common drug involved in psychosis presentations. Alarmingly, more than one-third of patients admitted for a first episode of psychosis had used HHC prior to admission. The median age of HHC users in the study was 24 years, which was significantly younger than non-users.

Unlike fully synthetic cannabinoids, HHC is labelled as 'semi-synthetic' because it is chemically derived from plant-based CBD. Critics argue that this label obscures its potent psychoactive potential, which is increasingly evident in both anecdotal and clinical reports. While some users describe HHC's effects as mild or euphoric, the study's findings suggest a strong correlation with the onset or exacerbation of psychotic symptoms, particularly among young males.

On 29 July 2025, the Minister for Health, Jennifer Carroll MacNeill; the Minister for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor; and the Minister for Mental Health, Mary Butler, announced that the import, export, production, possession, sale, and supply of products containing HHC is now illegal in Ireland. However, the study authors call for urgent policy reform, emphasising that legislative and clinical systems must respond more swiftly to emerging psychoactive substances.

In conclusion, this research provides compelling evidence that HHC is not the benign cannabis substitute it is often marketed as, and that it poses real risks to mental health, particularly among young people. The findings underscore the importance of equipping clinicians and the public with accurate information about the dangers of novel cannabinoids.

Seán Millar

1 O'Mahony B, Lanigan S, Lally N, *et al.* (2025) Novel substance, same old problems: admissions of psychosis precipitated by hexahydrocannabinol, a widely available semi-synthetic cannabinoid. *BJPsych Bulletin:* 1–6. Available from: https://www.drugsandalcohol.ie/43779/

Hexahydrocannabinol use and harms in Ireland

A new study published in the *International Journal of Drug Policy* highlights the rapid rise in the use of hexahydrocannabinol (HHC) in Ireland and the potential public health implications associated with the drug.[1] HHC, a semi-synthetic cannabinoid derived from cannabidiol (CBD), was marketed as a legal alternative to cannabis until its control under Irish law in July 2025.

The research, conducted by experts at the Health Research Board (HRB), the Health Service Executive (HSE), the School of Public Health at University College Cork, and the European Drugs Agency (EUDA), analysed data from more than 2,300 adults who took part in the 2024 European Web Survey on Drugs. These participants had used drugs in the previous year and responded to a dedicated module on HHC use.

The findings reveal that 36.2% of respondents reported lifetime HHC use, 33.5% had used the drug in the past year, and 17.8% had used it in the past month. HHC was most commonly sourced from high street shops (62.4%) and online stores (15.7%), reflecting its widespread availability prior to regulation. Vaping was the dominant method of administration (85.4%), followed by edibles such as gummies (34.1%), and smoking (14.5%).

A key factor influencing HHC's initial use was accessibility: more than 60% of participants cited ease of purchase as their main reason for trying HHC. Many also perceived it as safer than illegal cannabis due to its legal status at the time. Motivations for ongoing use included recreation (62.9%), stress relief (51.9%), and self-medication for issues such as anxiety or pain.

The study also found high levels of self-reported harms from HHC use, with nearly 90% of users experiencing at least one negative effect. The most common harms included anxiety or panic reactions (14.7%), dizziness (13.4%), and dissociation (11.9%). More severe outcomes, such as hallucinations or psychosis, were reported by 3.9% of users.

The prevalence of HHC use in Ireland appears significantly higher than the European average, where last-year use of similar semi-synthetic cannabinoids was around 14%. This pattern mirrors earlier trends in the use of new psychoactive substances (NPS) prior to their control under the Criminal Justice (Psychoactive Substances) Act 2010. Previous legislative actions on NPS have led to sharp declines in their use and related health harms, suggesting that similar outcomes could be expected for HHC following its scheduling under the Misuse of Drugs Acts.

While its legal status has changed, the study authors stress the importance of ongoing monitoring of HHC and related substances through population surveys, hospital and psychiatric data, and treatment services. They also highlight the need for legislative frameworks that can adapt more rapidly to emerging psychoactive substances.

Seán Millar

1 Mongan D, Killeen N, Millar SR, Matias J, Keenan E and Galvin B (2025) Hexahydrocannabinol (HHC) use and harms in Ireland: New findings from the 2024 European Web Survey on Drugs. *Int J Drug Policy*, 145: 105011. Available from: https://www.drugsandalcohol.ie/44244/

Coolmine annual report, 2023

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 2023, Coolmine had 15 facilities and 22 satellite clinics operational across Ireland (Figure 1) and it provided treatment and recovery services to 2,523 individuals and their families. This represents a 6.5% increase on 2022. Programmes provided by Coolmine in 2023 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 Probation Services, 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 community members, homeless clients, young people, and families. Services provided in 2023 included:

- National outreach and assessment for residential and community detox
- Outreach and assessment in the Irish Prison Service
- Assertive outreach for Travellers, new communities and homeless persons
- Satellite clinics in the Midwest and Southwest regions of Ireland
- Drop-in services
- Health Service Executive (HSE) Needle Exchange
- 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 2023 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 persons programme
- Community reinforcement and case management

Coolmine annual report

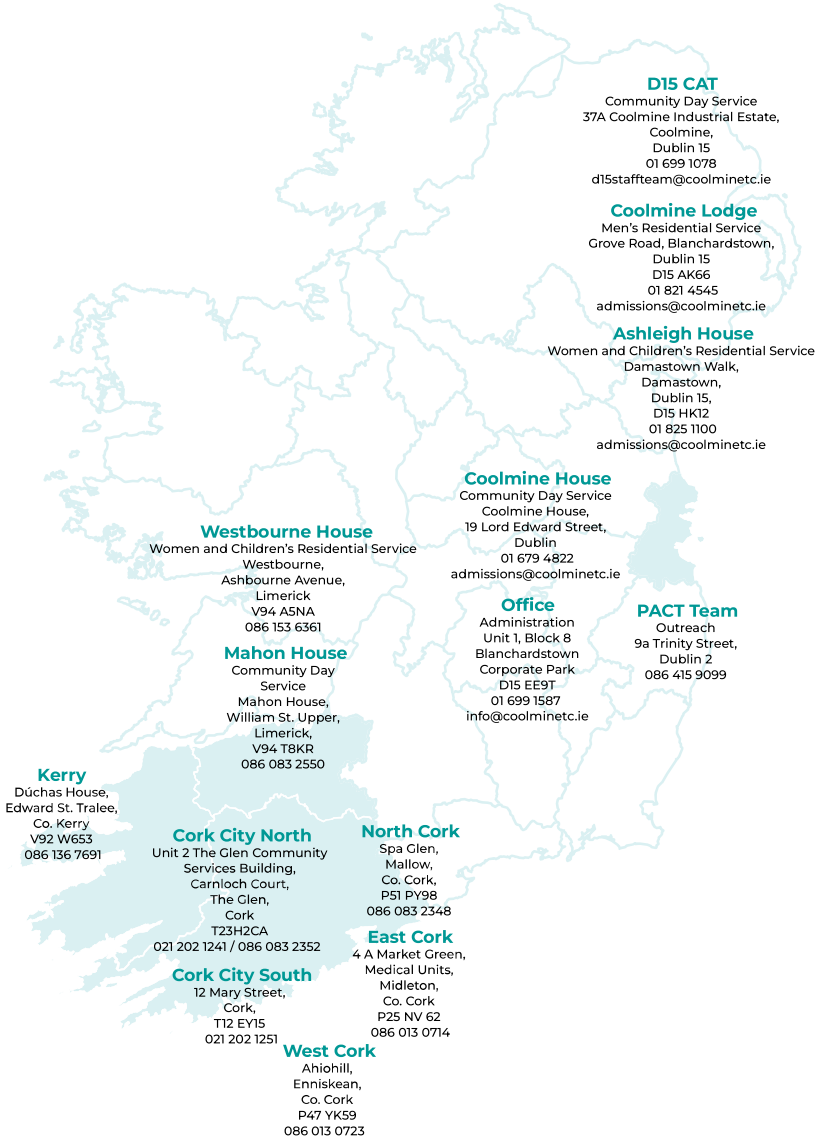
continued

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 2023 included:

- Medical services
- Health promotion
- Housing support
- Education and literacy support
- Career guidance
- Counselling/psychotherapy and psychiatric services
- Positive social activities programmes

In response to the rising number of individuals presenting with cocaine-related issues, Coolmine launched the Road to Recovery Cocaine Programme in 2022, a programme designed specifically to help people address their cocaine use. In 2023, 23% of all cases presenting to Coolmine were cocaine related, representing an increase from 18% in 2022. This rising trend, reflective of national statistics, prompted Coolmine, in collaboration with the HSE, to initiate this innovative 21-week programme in Cork; the programme has since been extended to Dublin.



Source: *Coolmine Annual Report 2022*

Figure 1: Coolmine services in Ireland, 2023

Seán Millar

1 Coolmine (2024) *Coolmine annual report 2023*. Dublin: Coolmine. https://www.drugsandalcohol.ie/42067/

National Drugs Library

Updates

Recent publications

Prevalence and current situation

Longitudinal associations between childhood adversity and alcohol use behaviours in early adulthood: examining the mediating roles of parental and peer relationships

Mongan D, Millar S, Brennan MM, Doyle A, Galvin B and McCarthy N (2025) *Child Abuse Negl*, 161: 107302. Available from: https://www.drugsandalcohol.ie/42645/

The mediating role of impulsivity on suicidal behaviour among higher education students with depression and substance abuse disorders

McHugh R, McLafferty M, Brown N, *et al.* (2025) *Alcohol*, 124: 89–96. Available from: https://www.drugsandalcohol.ie/42985/

The impact of the home life environment and organised extracurricular activities on adolescent cannabis use: Findings from the Irish Planet Youth Survey

Daly FP, Millar S, Major E and Barrett PM (2025) *Public Health*, 242: 375–381. Available from: https://www.drugsandalcohol.ie/42978/

Neurologists' perspectives of cannabis-based medicines: results from an all-Ireland survey

Savio M, Kearney H and Downer EJ (2025) *Ir J Med Sci*, 194(2): 687–697. Available from: https://www.drugsandalcohol.ie/42664/

Identifying barriers and facilitators to psychosocial care for people living with HIV in Ireland: a mixed methods study

Burke A, Davoren MP, Arensman E and Harrington J (2025) *BMC Public Health*, 25: 707. Available from: https://www.drugsandalcohol.ie/42721/

Early and risky adolescent alcohol use independently predict alcohol, tobacco, cannabis and other drug use in early adulthood in Ireland: a longitudinal analysis of a nationally representative cohort

Brennan MM, Mongan D, Doyle A, *et al.* (2025) *BMC Public Health*, 25(1): 1129. Available from: https://www.drugsandalcohol.ie/42914/

Barriers and enablers of addiction recovery amongst people experiencing homelessness in Dublin, Ireland: A proposed conceptual framework adapted from the REC-CAP

Ingram C, Buggy C and Perrotta C (2025) *J Subst Use Addict Treat*, 172: 209669. Available from: https://www.drugsandalcohol.ie/42836/

Recent publications
continued

Gay, Bisexual, and Other Men Who Have Sex with Men's Experiences of Intimate Partner Violence in Four Celtic Nations: A Mixed-Method Study

Maxwell S, McAloney K, Strongylou D, O'Brien R, Stenhouse R and Frankis J (2025) *J Interpers Violence*, Early online. Available from: https://www.drugsandalcohol.ie/43040/

"I Just Wouldn't Like Him to go Through What I Went Through as a Kid": A Qualitative Study on the Mitigating Effects of Positive Childhood Experiences in Mothers with a History of Adverse Childhood Experiences in an Irish Population

Tadjine L and Swords L (2025) *Community Ment Health J*, 61(3): 492–501. Available from: https://www.drugsandalcohol.ie/42969/

Faltering care: why mothers experiencing homelessness in Dublin, Ireland, miss their childcare visits

Lucey H (2025) *Anthropol Med*, 32(1): 17–32. Available from: https://www.drugsandalcohol.ie/42920/

People experiencing homelessness requiring psychiatric review in prison, a study of a male and female remand prison over 1 year period

Gallagher M, Sheehy S, Connaughton M, Hickey P and Ivers J-H (2025) *Ir J Med Sci*, 194(3): 1053–1066. Available from: https://www.drugsandalcohol.ie/43030/

Mental illness and suicidality among Roma and traveller communities in the UK, Ireland, and other countries: a systematic review

Dagli A and Webb RT (2025) *BMC Psychiatry*, 25(1): 331. Available from: https://www.drugsandalcohol.ie/43019/

Responses

Prioritising research on marketing and consumption of No and Low (NoLo) alcoholic beverages in Ireland

Dumbili EW, Leonard P, Larkin J and Houghton F (2025) *Int J Drug Policy*, 139: 104794. Available from: https://www.drugsandalcohol.ie/42968/

Policy

Is big money distorting the global drug policy conversation?

Smyth BP (2025) *Addiction*, 120(6): 1284–1285. Available from: https://www.drugsandalcohol.ie/42984/

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