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European Web Survey on Drugs 2024: Irish Results

Deirdre Mongan, Nicki Killeen, Eamon Keenan, Seán R. Millar, and Brian Galvin

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European Web Survey on Drugs 2024

Irish results

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HRB Health Research Board
HSE
EUDA EUROPEAN UNION DRUGS AGENCY

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Table of contents

List of tables vi

List of figures vii

Glossary viii

Summary 1

1. Introduction 7

1.1 National drugs strategy 9

1.2 About the 2024 EWSD 9

1.3 Report structure 10

2. Methodology 11

2.1 Survey design 12

2.2 Questionnaire development 12

2.3 Recruitment of the sample 13

2.4 Data collection 15

2.5 Sample characteristics 15

2.6 Data cleaning and analysis 17

2.7 Ethical approval 17

3. Drug use 18

3.1 Last-year and last-month drug use 19

3.2 Polydrug use 23

3.3 Drug use by sociodemographic characteristics 25

4. Cannabis and cannabinoid-related products 27

4.1 Cannabis herb 29

4.2 Cannabis resin 32

4.3 Motivations for using cannabis 35

4.4 Adverse effects of cannabis use 37

4.5 CBD/low-THC cannabis 39

5. Cocaine **41**

6. MDMA/ecstasy use **45**

7. Ketamine **49**

8. New Psychoactive Substance (NPS) use **53**

9. Amphetamine use **57**

10. Drug use in nightlife and festival settings, drug information, and harm reduction **60**

10.1 Drug use in nightlife and festival settings 61

10.2 Drug information 65

10.3 Harm reduction 67

10.4 HSE Safer Nightlife Programme 69

10.5 Receiving support for drug use 71

11. Hexahydrocannabinol (HHC) use **72**

12. Discussion and policy implications **77**

References **82**

List of tables

Table 1: Description of 2024 sample and comparison with 2021 sample 16
Table 2: Last-year and last-month drug use among respondents, by sex 19
Table 3: Last-year and last-month drug use among respondents, by age group 20
Table 4: Last-year drug use among respondents, sex by age group 22
Table 5: Last-month drug use among respondents, sex by age group 22
Table 6: Number of drugs used in the last year, by sex and age group 23
Table 7: Number of drugs used in the last year, sex by age group 24
Table 8: Simultaneous polydrug use on last occasion of drug use, by drug type 24
Table 9: Last-year drug use, by ethnicity and residential area 25
Table 10: Last-year drug use, by employment status and sexual orientation 26
Table 11: Forms of cannabis used and location of use, by sex and age group 28
Table 12: Cannabis herb use among EWSD respondents, by sex and age group 30
Table 13: How cannabis herb is obtained by EWSD respondents, by sex and age group 31
Table 14: Cannabis resin use among EWSD respondents, by sex and age group 33
Table 15: How cannabis resin is obtained by EWSD respondents, by sex and age group 34
Table 16: Cannabis use motivations among EWSD respondents, by sex and age group 35
Table 17: Adverse effects of cannabis use, by sex and age group 39
Table 18: CBD/low-THC use among EWSD respondents, by sex and age group 40
Table 19: Cocaine use among EWSD respondents, by sex and age group 43
Table 20: How cocaine is obtained by EWSD respondents, by sex and age group 44
Table 21: MDMA use among EWSD respondents, by sex and age group 46
Table 22: How MDMA is obtained by EWSD respondents, by sex and age group 48
Table 23: Ketamine use among EWSD respondents, by sex and age group 50
Table 24: How ketamine is obtained by EWSD respondents, by sex and age group 52
Table 25: NPS use among EWSD respondents, by sex and age group 54
Table 26: How NPS are obtained by EWSD respondents, by sex and age group 56
Table 27: Amphetamine use among EWSD respondents 58
Table 28: Drug use in nightlife settings, by sex and age group 62
Table 29: Drug use in festival settings, by sex and age group 63
Table 30: Negative experiences in nightlife or festival settings, by sex and age group 65
Table 31: Sources of drug information among EWSD respondents, by sex and age group 66

Table 32: Harm reduction awareness, application, and needs among EWSD respondents, by sex and age group 68

Table 33: Visibility of the HSE Safer Nightlife Programme and impact of harm reduction information, by sex and age group 69

Table 34: Preferences for receiving support for substance use, by sex and age group 71

Table 35: Prevalence of HHC use and frequency of use among EWSD respondents, by sex and age group 73

Table 36: Reasons for HHC use, source, methods of administration, and harms among last-year HHC users, by sex and age group 74

List of figures

Figure 1: Amount of cannabis herb used on a typical occasion of use, by frequency of use 29

Figure 2: Amount of cannabis resin used on a typical occasion of use, by frequency of use 32

Figure 3: Risk of addiction by frequency of cannabis herb use 37

Figure 4: Adverse effects from cannabis use in the last year, by frequency of cannabis herb use 38

Figure 5: Mean amount of cocaine used on a typical day when cocaine was used, by frequency of use 42

Figure 6: Number of substances (including alcohol) used on last occasion of drug use in nightlife and festival settings 64

Figure 7: Number of drugs used in the last year, by drug awareness provision 65

Figure 8: Awareness of harm reduction and application of harm reduction measures, by drug awareness provision 67

Figure 9: HHC-related harms, by frequency of use 76

Glossary

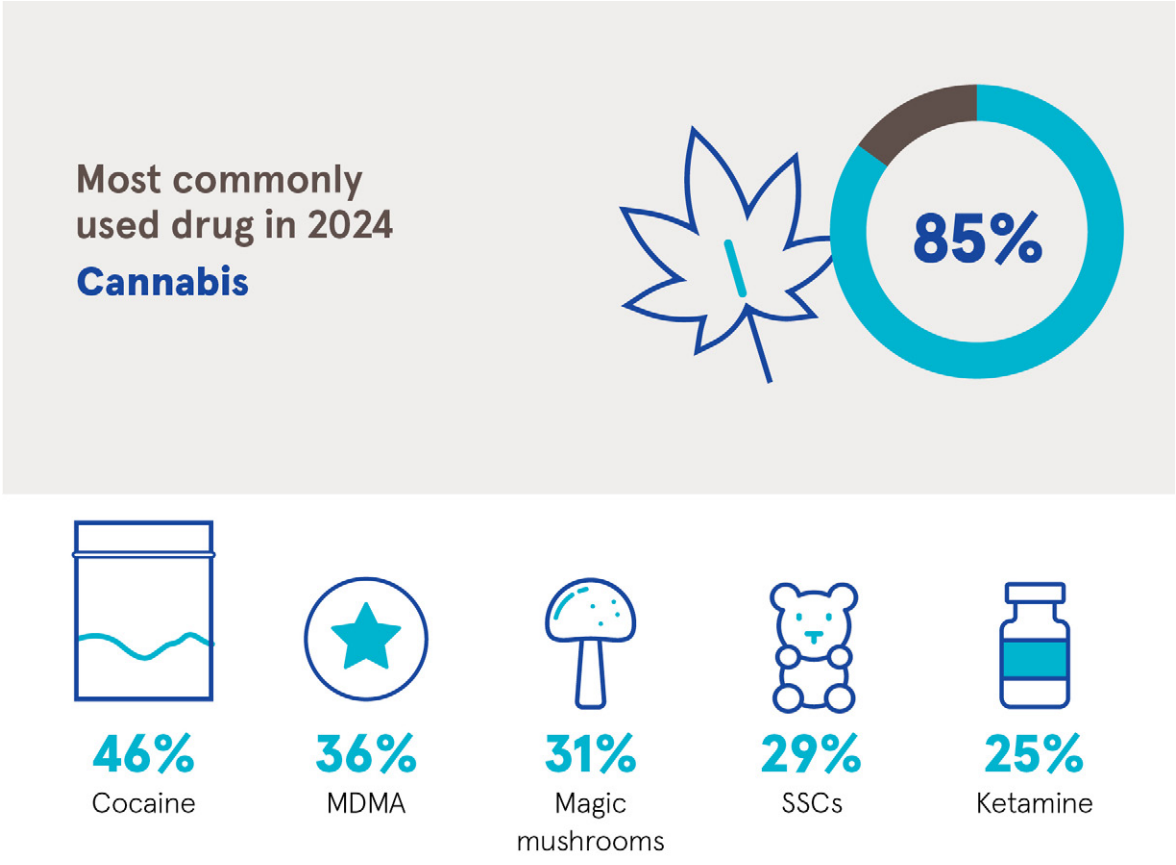
CBD	cannabidiol
EUDA	European Union Drugs Agency
EWSD	European Web Survey on Drugs
GHB	gamma-hydroxybutyrate
HHC	hexahydrocannabinol
HRB	Health Research Board
HSE	Health Service Executive
LSD	lysergic acid diethylamide
MDMA	3,4-methylenedioxymethamphetamine
N (or n)	Number of participants
NPS	new psychoactive substance
SSC	semi-synthetic cannabinoid
THC	tetrahydrocannabinol

Summary

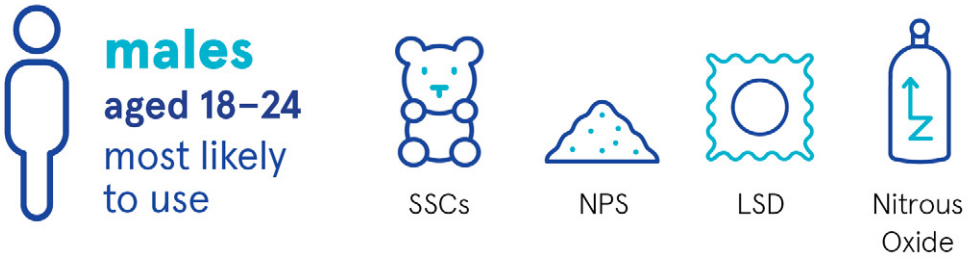
The 2024 European Web Survey on Drugs (EWSD) took place across 35 European countries, including Ireland, from May to July 2024. The objective of the 2024 EWSD was to determine patterns of drug use among a convenience sample of people aged 18 years and over in Ireland who have used drugs in the past year. As the EWSD sample is a non-probability convenience sample, it is important to note that this survey cannot provide population drug use prevalence data, and we cannot assume that the findings are representative of the drug using population in Ireland. In total, 2,406 eligible participants in Ireland took part in the EWSD, of whom 63.1% were male and 35.7% were female. The mean age of respondents was 32.1 years, and the median age was 30 years. Three-quarters (74.5%) were employed, 15.9% were students, and 3.5% were unemployed. The most common ethnicity was White Irish (83.9%), followed by any other White background (11.4%). Just 3.1% of respondents had received treatment for drug use in the last year.

Main findings

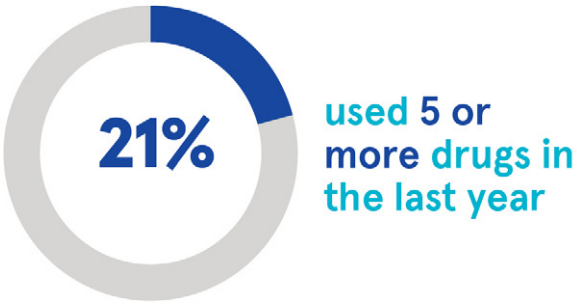
The most commonly used drug in the last year was cannabis (85.4%), followed by cocaine (46.0%), 3,4-methylenedioxymethamphetamine (MDMA) (36.0%), magic mushrooms (30.6%). semi-synthetic cannabinoids (SSCs) (29.2%) and ketamine (24.8%).



For most drugs, the proportion of males and females reporting last-year use were similar; however, males 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 was common with 21.3% of this group reporting use of at least five different substances (excluding alcohol) in the last year.

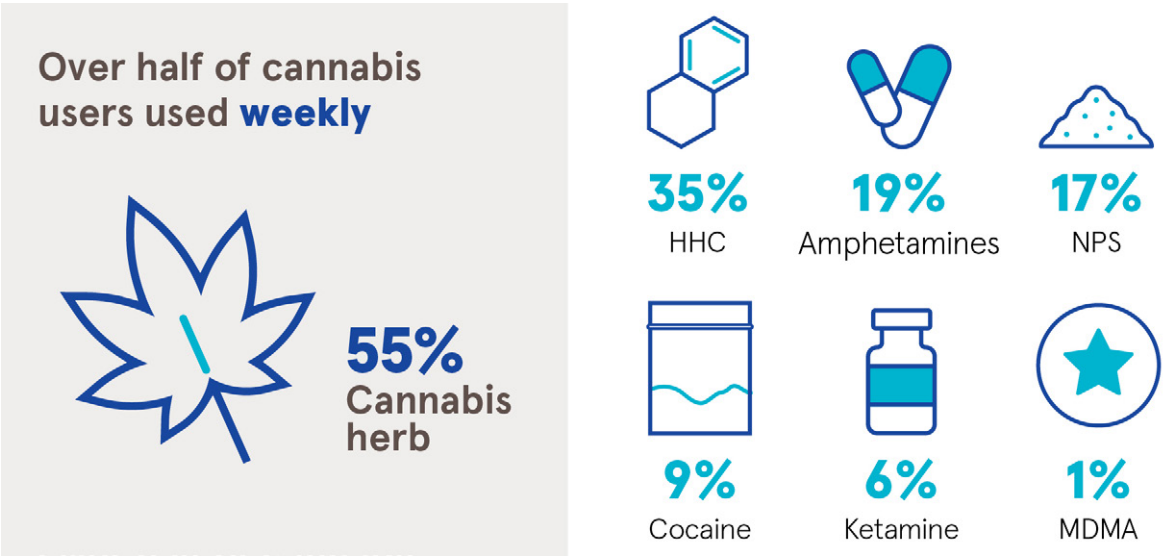


Employed respondents were more likely to have used cocaine in the last year (48.9%) than students (41.0%) or those who were unemployed (37.8%). However, students were more likely than employed or unemployed respondents to have used SSCs (43.9%), ketamine (32.3%), or NPS (30.8%) in the last year.



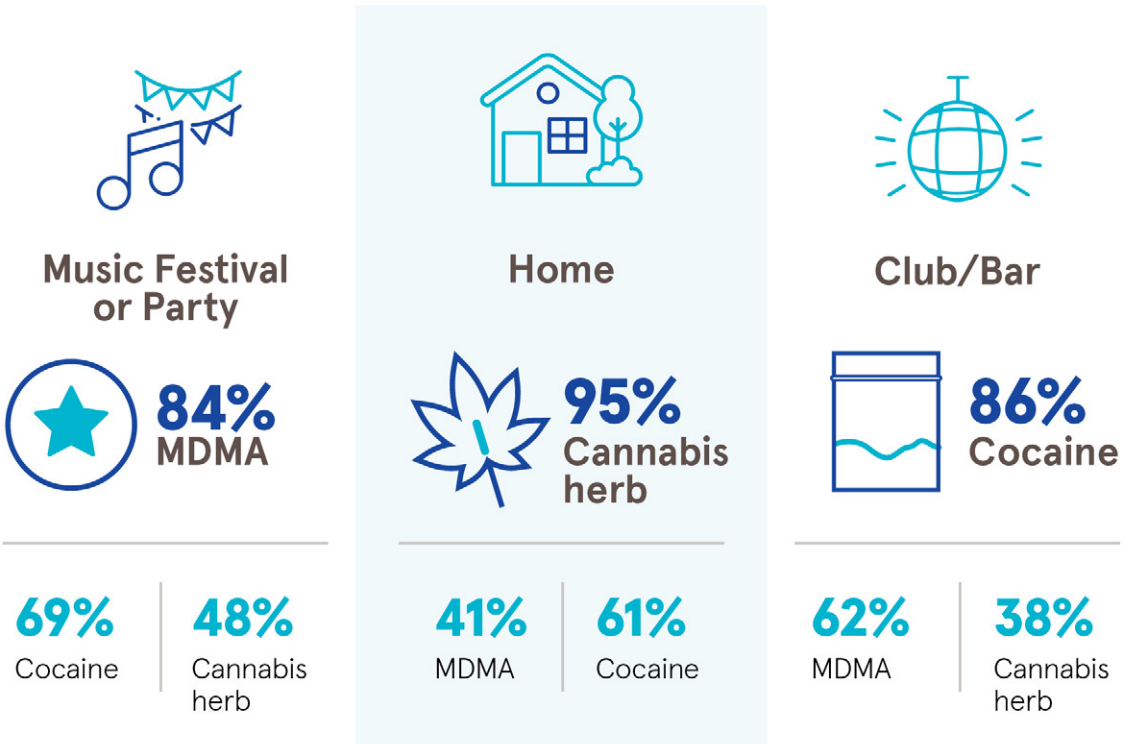
Frequency of drug use

Over half (55.2%) of those who reported last year cannabis herb use stated they used it weekly. In comparison, just 1.1% of MDMA users and 6.0% of ketamine users reported weekly use.



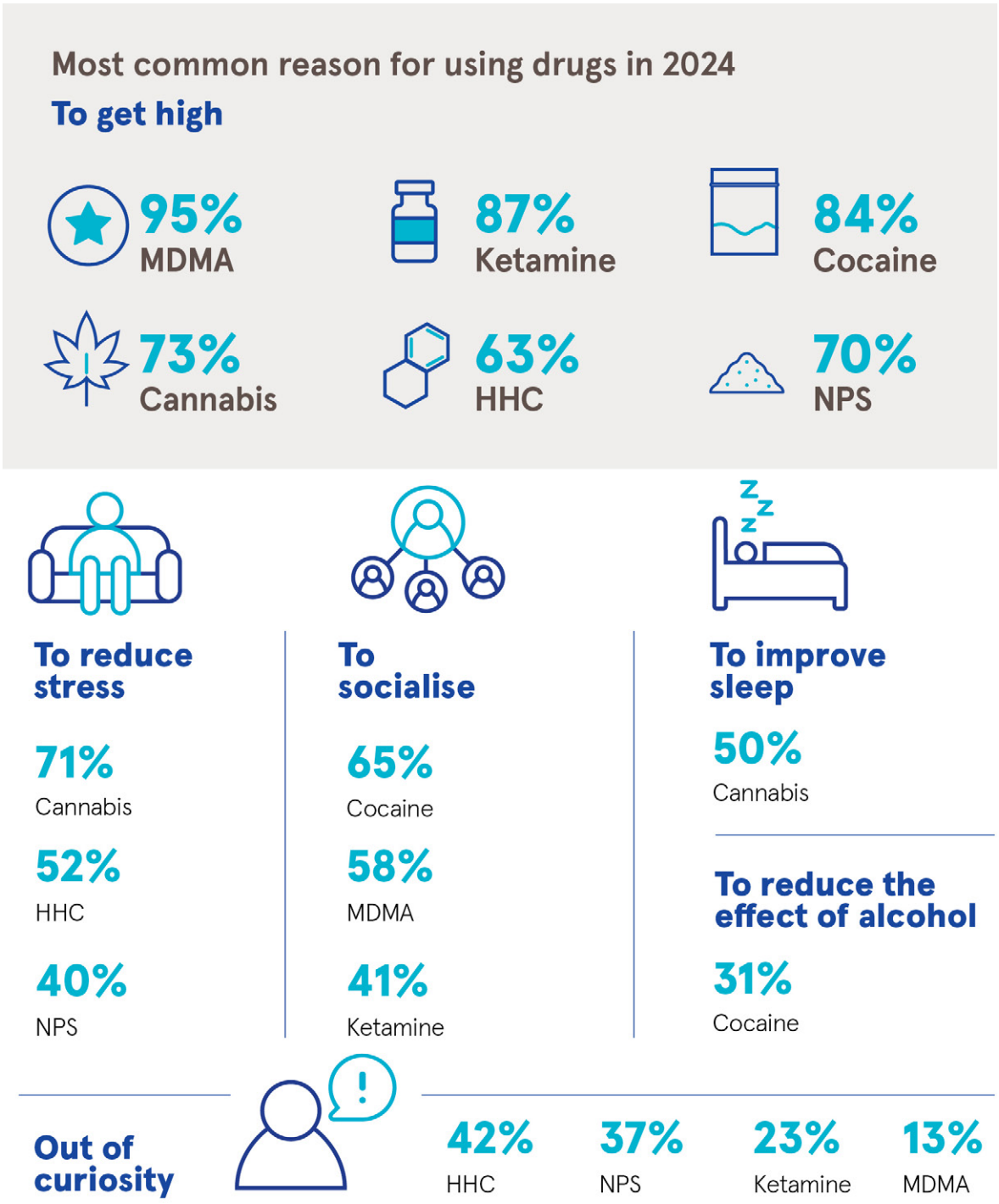
Location of drug use

The locations in which drugs were used varied by drug type. 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.



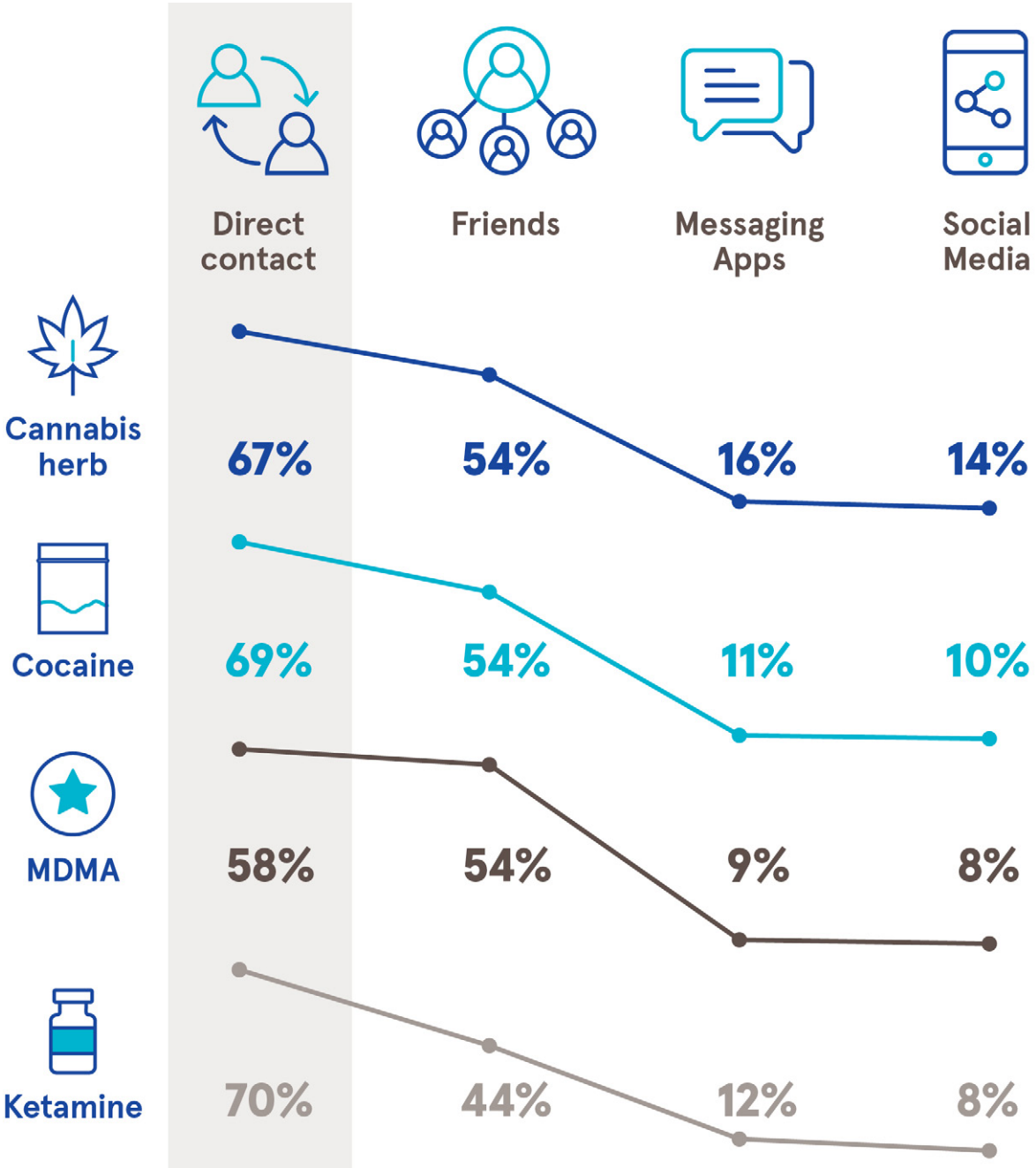
Motivations for drug use

There were differences in the motivations for using each drug. 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.



Sourcing drugs

Respondents were asked how they sourced each drug they used. 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 obtained 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.



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 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.



01

Introduction

The European Union Drugs Agency (EUDA) has developed the European Web Survey on Drugs (EWSD) to collect data from a wide range of people who use drugs, from those just experimenting or occasional users to those who use drugs in a more intensive way. The EWSD was first undertaken on a pilot basis in 2016 and 2017 in 14 European countries, and the fifth EWSD took place across 35 European countries in 2024. Web surveys are a relatively new tool to help develop knowledge on drug use patterns and can help to capture information on people who use drugs but may not experience dependency issues. Historically, information on patterns of drug use in Ireland has been obtained from general population surveys or from treatment samples. While general population surveys provide prevalence rates regarding drug use, they can only collect robust information on patterns of use on the more commonly used drugs as they do not have sufficiently large samples of people who use drugs to provide reliable information on patterns of use for less frequently used drugs. In addition, using treatment populations to ascertain patterns of drug use only provides information on those who engage in services and who have developed dependency issues and does not reflect the consumption patterns of the majority of people who may use drugs only occasionally.

In Ireland, new drug trends are emerging and stimulant and polydrug use are currently issues of concern. Compared to the past, drug use is now occurring across all strands of society. More recently, the proliferation of use in nightlife settings has been identified as a new challenge. While it is known that young people use drugs in nightlife settings in risky ways, these user groups are often considered 'hard to reach' by health officials in Ireland as they are unlikely to present to traditional addiction services, which are predominantly aimed at those experiencing dependency. Young people who use drugs in nightlife environments and hidden groups are often missed by general population drug surveys; therefore, alternative recruitment strategies are required to access information among these communities in order to monitor emerging drug trends. Researchers can engage with a range of drug-using populations through web surveys. Targeted recruitment strategies can reach populations based on their interests, such as dance music culture, in order to rapidly gather information on drug use patterns and trends.

Strengths of web surveys

- Cost-effective
- Targets hard-to-reach groups
- Can quickly identify and capture new drug trends

Limitations of web surveys

- Not representative of the general population
- Do not provide prevalence estimates
- Not representative of people who use drugs

1.1 National drugs strategy

The national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, is a health-led approach to protecting individuals, families, and communities against the harms associated with problem drug use and empowering individuals to improve their health and well-being [1]. One of the five strategic goals within the strategy is to develop sound and comprehensive evidence-informed policies and actions. The strategy is also closely aligned to the *EU Drugs Strategy 2021-2025* [2]. As the Irish National Focal Point to the EUDA, the Health Research Board (HRB) oversees the commissioning of research and the monitoring of projects on behalf of the Department of Health. The EUDA provides factual, objective, reliable, and comparable information concerning drugs and drug addiction and their consequences, and monitors the drugs situation and responses to drug-related problems in Europe. The prevalence and patterns of drug use is one of the five key epidemiological indicators that the EUDA uses in order to assess the drugs situation in Europe. The rationale for the 2024 EWSD was to generate data that describe patterns of drug use, as set out in action 5.1.45 of the national drugs strategy. The Health Service Executive (HSE) is responsible for implementing a number of the health based actions on drugs within the National Drugs Strategy, mainly through the National Social Inclusion Office. Through Strategic Action 1.3.11 (strengthen early harm reduction responses to current and emerging trends and patterns of drug use), the HSE aims to strengthen harm reduction responses through the development of novel initiatives aimed at new user populations.

1.2 About the 2024 EWSD

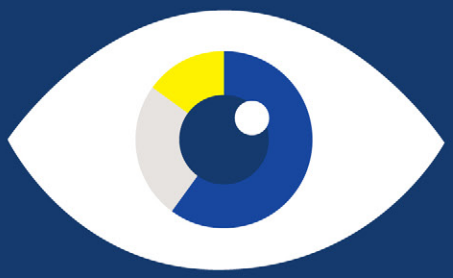
The 2024 EWSD was conducted simultaneously across Europe from May to July 2024. Thirty-five countries, including Ireland, participated in the survey. Altogether, 67,071 individuals across all participating countries agreed to participate in the 2024 EWSD, of whom 61,732 resided within the 24 participant European Union (EU) countries and Norway. This was the second time that Ireland participated in the EWSD, having taken part for the first time in 2021. The objective of the 2024 EWSD was to determine patterns of drug use among a convenience sample of people aged 18 years and over in Ireland who have used drugs in the past year. The data collected provide information on:

- The frequency of drug use by drug type, and the amount consumed on a typical day
- Drug use patterns according to sex and age
- The reasons why people use drugs, by drug type, and
- An overview of the main sources used to obtain drugs.

The organisation of the EWSD in Ireland was a collaborative effort between the HRB and the HSE National Social Inclusion Office. The HRB worked closely with the EUDA in editing the survey; the HRB was also responsible for managing the survey dataset, analysing the data, and preparing this report for publication. The HSE National Social Inclusion Office led on communications around the survey and used the drugs.ie website to promote the survey; it was also responsible for the social media strategy campaign.

1.3 Report structure

This report outlines the results of the 2024 EWSD for Ireland. Following this introductory chapter, Chapter 2 describes the methodology employed for this survey. Chapters 3–9 present the results of the EUDA modules, while Chapters 10 and 11 present the results from the two Irish modules. Finally, Chapter 12 provides a discussion and conclusion of the results.

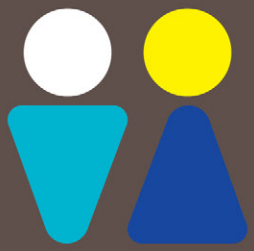




02

Methodology







This chapter outlines the methodology employed in order to undertake the 2024 EWSD. It describes the survey design, questionnaire development, recruitment of the sample, data collection, sample characteristics, data cleaning and analysis, and ethical approval.

2.1 Survey design

The 2024 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 one of the following drugs in the previous 12 months: cannabis, cocaine, MDMA (ecstasy), amphetamines, methamphetamine, heroin, or new psychoactive substances (NPS). As there is no appropriate sampling frame covering all people who use drugs in Ireland, participants were recruited using opportunistic sampling covering internet sites frequented by people who use drugs, advertising at recreational venues, advertising at treatment and harm reduction services. As a result, there was no proposed sample size. However, in order to undertake analysis on patterns of drug use with a precision of +/-3% and a 95% level of certainty, we calculated that a sample size of 1,067 was required. Based on the response to the 2021 EWSD we anticipated that by using a similar recruitment strategy we would exceed that target. It is important to note that the Irish EWSD sample is not representative of all people who use illicit drugs, nor of drug use in the general population. It represents those captured through these recruitment strategies that self-identify as people who use drugs.

2.2 Questionnaire development

The EWSD questionnaire was developed by the EUDA and comprised a core set of questions to be used across all participant countries. The EUDA questionnaire was organised into 12 question groups: (1) age, sex, and country of residence; (2) prevalence questions and opinions; (3) cannabidiol (CBD)/low-tetrahydrocannabinol (THC) module; (4) cannabis module; (5) cocaine module; (6) MDMA module; (7) amphetamine module; (8) methamphetamine module; (9) heroin module; (10) NPS module; (11) ketamine module; and (12) sociodemographic questions. The questionnaire was largely similar to that administered in the 2021 EWSD. The main differences were the inclusion of additional questions on cannabis harms and a ketamine module, while the questions on the impact of the COVID-19 pandemic on drug use were removed. Individual countries had the option of including extra modules after the EUDA questions. It was decided that the Irish EWSD would include modules on: (1) hexahydrocannabinol (HHC) use, and (2) drug use in nightlife settings. The HHC questions used in this module were adapted from Ferretti et al. who conducted a survey among self-reporting HHC users in the United States [3]. Modules 3–11 were displayed in a random order to respondents who reported having used the respective drug(s) in the last 12 months.

The two Irish modules were always answered at the end of the survey. At the end of each module, if they had used more than one drug, respondents were asked whether they wished to answer another drug module or finish the questionnaire. This procedure aimed to reduce the burden for users of multiple drugs and to reduce dropout due to time constraints and/or boredom. Respondents who used a higher number of drugs were more likely to decline the opportunity to complete all modules they were eligible to complete. All questions were voluntary.

To help respondents answer questions on the quantities of cannabis herb and resin used, visual aids were provided. For other drugs, respondents were asked the quantity they used in grams or miligrams without visual aids. For the first time, the 2024 EWSD contained the Cannabis Abuse Screening Test (CAST) [4], a short, six-item questionnaire that has been applied across Europe to assess cannabis abuse [5]. It includes six questions answered using a five-point Likert scale that ask about behaviours and problems over the last 12 months, as follows:

1. Using cannabis before midday
2. Using cannabis alone
3. Experiencing memory problems after using cannabis
4. Having friends or family members tell you to reduce or stop your cannabis use
5. Trying to reduce or stop using cannabis without success, and
6. Experiencing negative consequences due to cannabis use (e.g. arguments, fights, accidents).

In order to calculate a score, the responses are coded on a scale of 0–4. The total score obtained (which can range from 0 to 24) indicates whether or not the questioned user is at risk. A score of less than 3 indicates no addiction risk. A score of 3 to less than 7 indicates low addiction risk, and a score of 7 or above indicates high addiction risk [4].

The 2024 EWSD also contained additional questions on polydrug use. For this survey, polydrug use was defined as the use of more than one drug. It can be simultaneous (which is the use of two or more drugs on the same occasion) or concurrent (which is the use of two or more different drugs in a given time period, such as during the last month or the last year). While questions on concurrent use were also included in the 2021 survey, the 2024 EWSD is the first to ask about simultaneous polydrug use.

2.3 Recruitment of the sample

The recruitment of the EWSD sample in Ireland was managed by the HSE. The HSE National Social Inclusion Office developed a communication strategy in collaboration with the HSE Communications Division to identify the suitable strategies that would appeal to and engage with the identified target audience, particularly respondents with music, nightlife, and subcultural interests. The recruitment of the 2024 EWSD sample was similar to that utilised by the 2021 EWSD.

Drugs.ie is Ireland's national drug information website and is managed by the HSE. It is a resource used to share relevant research, news, information, and harm reduction messages about drugs. Through social media strategies and outreach to third-level institutions and nightlife settings, the Drugs.ie team engages with different populations who use substances, with a particular focus on substance use trends in nightlife settings. The Drugs.ie site receives high levels of interaction annually through its social media channels on Instagram, Facebook and X/Twitter. For these reasons, the Drugs.ie resource was selected as the main promotional platform in Ireland to endorse and share the survey. Five key areas were prioritised in order to recruit EWSD participants in Ireland.

1. Social media assets and content:

A well-known local illustrator developed novel imagery in order to help establish rapport with the target audience for the EWSD in 2021. As these images were effective, the HSE utilised these images for promoting the 2024 survey. The HSE has found that utilising identifiable designs from well-known illustrators can help gain credibility among young populations who use drugs in nightlife settings. Five images were commissioned specifically to promote the EWSD, and these were used as the main promotional assets across different social channels and advertisements in online media. These designs ensured that the EWSD promotional imagery was localised to the current Irish design landscape, which would be relatable to young audiences. Suitable messaging was agreed as part of the communication strategy, with a focus on inviting participants to share their drug experiences in order to help improve local knowledge on drug trends, to inform European drug policies, and to support Irish harm reduction developments.

2. Press release and ongoing media communication:

The HRB and the HSE issued a collaborative press release to national media channels with a focus on the benefits of implementing the EWSD in Ireland. Following this, a HSE nominee provided media interviews across different channels for the duration of the survey recruitment period. A short link was developed for use in print media (Drugs.ie/drugsurvey) which would bring readers to the Drugs.ie site where the survey could be located.

3. Online recruitment through social media networks:

Facebook and Instagram were the two social network channels used for paid advertisements from the Drugs.ie accounts with frequent organic posts issued on X/Twitter.

4. Paid media partnership:

A media company was selected to support the HSE in managing communications across a number of media outlets, including online and print publications and radio stations. Targeted online advertisements were also utilised across media publications' social network channels.

5. Communication toolkit for stakeholders:

A communication toolkit was developed in order to highlight the importance of implementing the survey in an Irish context and provided stakeholders with information about the survey modules, key promotional messages, and imagery. This toolkit was made available online through the Drugs.ie website and was circulated among stakeholder networks.

2.4 Data collection

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. Prior to commencing the questionnaire, consent was obtained from all participants. In providing this consent, respondents were informed that their participation in the survey was voluntary, anonymous, and confidential. The survey complied with General Data Protection Regulation (GDPR) requirements; no personal or identifying data were collected and IP addresses were not saved at any time during the survey. All questions were voluntary; therefore, respondents could skip over any questions if they wished. No incentive payment was offered to participate.

2.5 Sample characteristics

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 last year, and their responses have been 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 (Table 1). The mean age of respondents was 32.1 years, and the median age was 30 years. Three-quarters (74.5%) were employed, 15.9% were students, and 3.5% were unemployed. Over one-third (36.6%) lived in a city, 21.7% lived in a town, 21.4% lived in a village or the countryside, and 20.3% lived in a suburb. The most common ethnicity was White Irish (83.9%), followed by any other White background (11.4%). Just 3.1% of respondents had received treatment for drug use in the last year. Table 1 provides a comparison between the 2024 and 2021 samples where the answer categories for sociodemographic questions allows this. The overall number of respondents was considerably higher in 2021 (N=5796) than in 2024 (N=2406). In general, the 2024 sample was older; the mean age in 2024 was 32.1 years, compared with 28.0 years in 2021. The 2024 sample was also more likely to be employed and to have a higher income. It was not possible to compare the educational attainment and region of residence in 2024 versus 2021 due to differences in how these questions were asked in both surveys. The question on sexual orientation was not included in the 2021 survey. Given the differences in the sample makeup between the 2021 and 2024 surveys, caution is recommended when comparing the results of both surveys; the EWSD is not a tool for trend analysis.

Table 1: Description of 2024 sample and comparison with 2021 sample

	2024	2021		2024	2021
	n (%)	%		n (%)	%
Sex (assigned at birth)	**n=2406**	**n=5782**	**Gender (self-identified)**	**n=2290**	**n=5774**
Male	1,518 (63.1)	66.0	Man	1,490 (62.1)	65.1
Female	858 (35.7)	32.8	Woman	786 (32.7)	31.5
Intersex	5 (0.2)	0.2	Transgender or non-binary	89 (3.7)	2.1
Prefer not to say	25 (1.0)	1.1	Prefer not to say	36 (1.5)	1.0
			Other	0 (0.0)	0.4
Age group	**n=2399**	**n=5790**	**Monthly after-tax income**	**n=2290**	**n=4302**
18–24 years	737 (30.7)	44.4	Less than €1000	411 (17.9)	29.2
25–34 years	780 (32.5)	37.4	€1000–1999	460 (20.1)	28.5
≥35 years	882 (36.8)	12.5	€2000–2999	609 (26.6)	26.6
Mean age (years)	32.1	28.0	€3000 or more	810 (35.4)	15.8
Median age (years)	30	26			
Employment status	**n=2327**	**n=4313**	**Region of residence**	**n=2324**	
Employed	1,733 (74.5)	63.1	City	851 (36.6)	
Unemployed	82 (3.5)	6.6	Village/countryside	497 (21.4)	
Student	371 (15.9)	26.3	Town	505 (21.7)	
Other	141 (6.1)	4.0	Suburb	471 (20.3)	
Ethnicity	**n=2298**	**n=4233**	**Sexual orientation**	**n=2270**	
White Irish	1,929 (83.9)	89.5	Heterosexual	1,543 (68.0)	
Other White background	262 (11.4)	7.8	Gay/lesbian	223 (9.8)	
Other	107 (4.7)	2.8	Bisexual	451 (19.9)	
			Other	53 (2.3)	
Education	**n=2326**		**Treatment status**	**N=2406**	**n=5781**
Primary/secondary	585 (25.2)		Received treatment in past year	75 (3.1)	3.5
Tertiary	1,741 (74.8)				

2.6 Data cleaning and analysis

The EUDA cleaned and validated the data from all countries participating in the survey, including Ireland. The HRB then undertook additional cleaning of the dataset, including the Irish modules. Descriptive analyses of the data were conducted using Stata SE Version 18.0 (Stata Corporation, College Station, TX, USA) for Windows, using means for continuous variables and percentages for categorical variables. All results presented in this report are based on valid responses and are rounded to one decimal place. Percentages may not always sum to 100 due to either the effect of rounding or where respondents could give more than one answer. Data were analysed by age and sex, and by age within sex. With regard to sex, we have presented our results by biological sex and have included respondents born male or female; respondents could also select 'intersex' as an option, but due to low numbers we have not presented results for this group separately. The sample was divided into three age groups: 18–24 years, 25–34 years, and 35 years and over.

In each module, frequency of drug use in the last month and last year were recorded; this was assessed by asking the number of days of use in each reference period. In this report we have concentrated on last-year frequency of use. Three frequency categories were defined for each drug, excluding cannabis herb and HHC:

1. Infrequent use: defined as use on fewer than 11 days in the last year, or 'less than once a month'
2. Occasional use: defined as use on 11–50 days in the last year, or 'less than once a week but at least once a month', and
3. Frequent use: defined as use on at least 51 days in the last year, or 'more than once a week'.

For cannabis and HHC, four frequency categories were defined:

1. Infrequent use: defined as use on fewer than 11 days in the last year, or 'less than once a month'
2. Occasional use: defined as use on 11–50 days in the last year, or 'less than once a week but at least once a month'
3. Frequent use: defined as use on 51–250 days in the last year, or 'at least once a week, but not daily or almost daily', and
4. Intensive use: defined as use on more than 250 days in the last year, or 'daily or almost daily'.

These thresholds were selected in accordance with previous analysis of the EWSD undertaken by the EUDA [6].

2.7 Ethical approval

Ethical approval for the survey was obtained from the Royal College of Physicians of Ireland.



03

Drug use

3.1 Last-year and last-month drug use

Last-year and last-month use of each drug is presented in Table 2. 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. Cannabis was the drug most commonly used in the last year (85.4%), followed by cocaine (46.0%) and MDMA (36.0%). The proportion of respondents reporting last-year use of semi-synthetic cannabinoids (SSCs) was 29.2%; SSCs were the third most commonly used drug in the last month (after cannabis and cocaine). While 30.6% of respondents reported last-year use of magic mushrooms, just 7.8% reported last-month use. For most drugs, the proportion of males and females reporting last-year or last-month use were similar; however, males were much more likely than females to report last-year use of magic mushrooms, SSCs, and lysergic acid diethylamide (LSD), and to report last-month use of cannabis (Table 2).

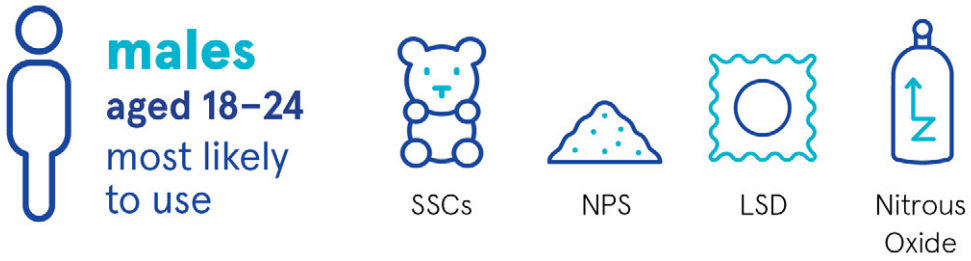


Table 2: Last-year and last-month drug use among respondents, by sex

	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%



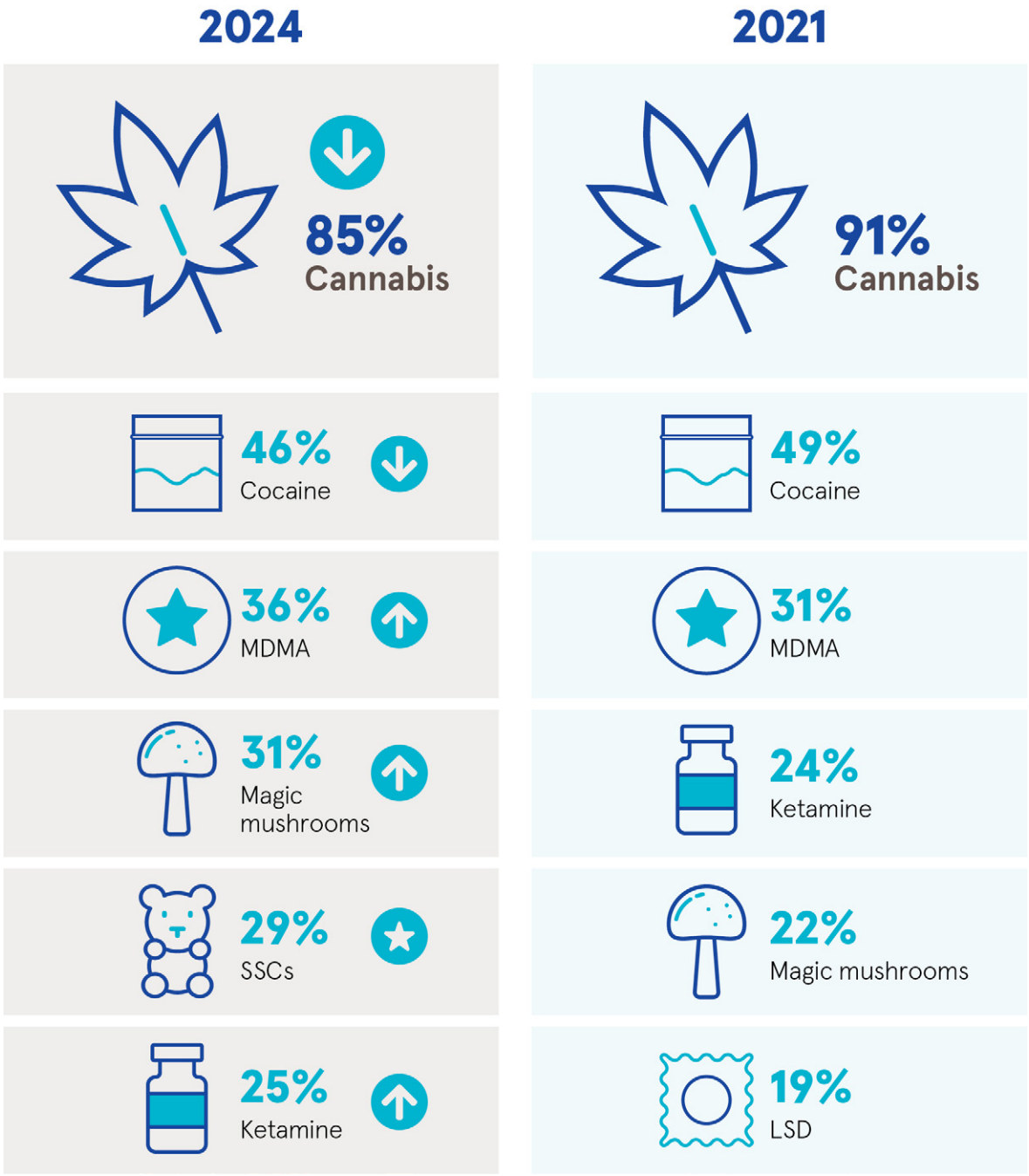
For most drugs, last-year and last-month use varied by age group. Those aged 18–24 years were more likely to report last-year and last-month use of SSCs, ketamine, NPS, and nitrous oxide than older age groups (Table 3).

Table 3: Last-year and last-month drug use among respondents, by age group

	Last-year use			Last-month use		
	18–24 years	25–34 years	≥35 years	18–24 years	25–34 years	≥35 years
	n=737	n=780	n=882	n=737	n=780	n=882
Cannabis	93.2%	83.0%	81.0%	70.3%	60.7%	64.9%
Cocaine	48.0%	49.9%	40.9%	24.2%	23.8%	19.3%
SSCs	47.6%	25.1%	17.2%	28.1%	11.1%	9.8%
MDMA	39.1%	38.3%	31.4%	13.4%	11.7%	10.4%
Ketamine	35.2%	25.4%	15.5%	15.9%	8.9%	5.9%
NPS	31.5%	18.0%	16.0%	17.0%	8.0%	8.9%
Magic mushrooms	31.1%	32.3%	28.6%	7.9%	8.5%	6.9%
LSD	19.6%	15.4%	12.4%	5.3%	3.3%	3.5%
Hallucinogens	12.2%	11.3%	9.1%	3.0%	3.0%	2.3%
Amphetamines	11.0%	8.6%	7.2%	4.1%	3.0%	3.2%
Nitrous oxide	9.2%	4.7%	2.6%	1.3%	0.9%	0.8%
Tuci	3.2%	3.3%	2.3%	0.5%	0.8%	1.1%
Methamphetamine	1.6%	2.6%	1.8%	0.5%	1.0%	1.1%
GHB	1.3%	2.7%	3.1%	0.5%	1.6%	1.4%
Kratom	1.2%	1.8%	1.0%	0.2%	1.0%	0.7%
Heroin	0.5%	0.3%	1.0%	0.0%	0.1%	0.6%

Since the most recent EWSD survey in 2021, there have been changes in the most commonly used types of drugs. SSCs were not included in the 2021 survey but have since emerged onto the Irish market, and were used by 29.2% of 2024 EWSD respondents in the last year. Use of magic mushrooms has also increased since 2021.

Most common drugs used in 2024 compared with 2021



There were some differences in last-year drug use between males and females across age groups (Table 4). Males aged 18–24 years were most likely to report last-year use of SSCs (54.9%), and among this group, SSCs were the second most commonly used drug. This group also had high rates of last-year use of NPS (35.1%), LSD (23.8%), and nitrous oxide (10.5%). Females aged 18–24 years and 25–34 years were more likely than males in the same age groups to use cocaine, with females aged 25–34 years being the group most likely to report last-year cocaine use (52.7%).

Table 4: Last-year drug use among respondents, sex by age group

	Males			Females		
	18–24 years	25–34 years	≥35 years	18–24 years	25–34 years	≥35 years
	n=414	n=489	n=613	n=317	n=284	n=253
Cannabis	94.4%	85.2%	82.5%	91.5%	79.2%	77.0%
Cocaine	46.4%	48.8%	41.8%	50.3%	52.7%	39.1%
SSCs	54.9%	28.5%	19.4%	37.9%	19.5%	12.7%
MDMA	39.6%	36.9%	32.3%	38.5%	41.2%	29.2%
Ketamine	36.0%	26.9%	16.1%	34.9%	23.6%	14.5%
NPS	35.1%	20.4%	18.2%	26.3%	14.4%	10.7%
Magic mushrooms	36.8%	35.4%	30.9%	23.7%	28.1%	23.6%
LSD	23.8%	19.1%	13.5%	14.4%	9.4%	10.1%
Hallucinogens	13.4%	14.0%	9.9%	10.8%	7.1%	7.3%
Amphetamines	12.3%	8.8%	7.4%	9.1%	8.5%	7.1%
Nitrous oxide	10.5%	5.8%	2.8%	7.3%	3.1%	2.3%
Tuci	2.9%	3.9%	2.4%	3.8%	2.3%	2.3%
Methamphetamine	1.2%	3.7%	2.1%	2.2%	0.7%	1.2%
GHB	0.6%	3.0%	3.8%	2.3%	2.3%	1.8%
Kratom	1.8%	1.8%	0.6%	0.0%	1.9%	1.8%
Heroin	0.7%	0.2%	0.8%	0.3%	0.4%	1.6%

For most drugs, last-month use was highest among males aged 18–24 years (Table 5). Among this group, last-month cannabis use was reported by 75.4%, last-month SSC use by 31.8%, and last-month cocaine use by 24.9%.

Table 5: Last-month drug use among respondents, sex by age group

	Males			Females		
	18–24 years	25–34 years	≥35 years	18–24 years	25–34 years	≥35 years
	n=414	n=489	n=613	n=317	n=284	n=253
Cannabis	75.4%	65.7%	68.4%	63.1%	51.4%	56.0%
Cocaine	24.9%	24.8%	20.1%	23.4%	22.6%	17.8%
SSCs	31.8%	11.6%	10.6%	22.8%	10.2%	8.6%
MDMA	13.8%	12.5%	10.0%	13.2%	10.6%	11.1%
Ketamine	16.4%	10.1%	5.9%	15.4%	7.1%	5.9%
NPS	19.3%	8.2%	9.9%	14.0%	7.7%	7.1%
Magic mushrooms	9.3%	8.3%	8.0%	6.3%	9.0%	4.4%
LSD	7.1%	4.2%	3.5%	3.0%	1.9%	3.2%
Hallucinogens	3.7%	3.7%	2.4%	2.2%	1.9%	2.3%
Amphetamines	3.4%	2.9%	3.1%	4.7%	3.2%	3.6%

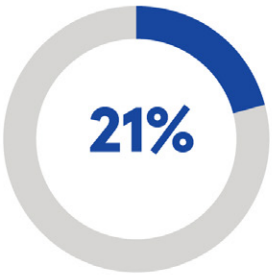
	Males			Females		
	18–24 years	25–34 years	≥35 years	18–24 years	25–34 years	≥35 years
Nitrous oxide	1.1%	0.9%	0.8%	1.5%	0.8%	0.9%
Tuci	0.3%	0.9%	1.2%	0.8%	0.8%	0.9%
Methamphetamine	0.2%	1.4%	1.5%	0.9%	0.4%	0.4%
GHB	0.3%	1.6%	1.6%	0.8%	1.5%	0.9%
Kratom	0.3%	0.9%	0.4%	0.0%	1.1%	1.4%
Heroin	0.0%	0.0%	0.3%	0.0%	0.4%	1.2%

3.2 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, from 29.3% among 18–24-year-olds to 14.0% among those aged 35 years and over (Table 6).

Table 6: 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%



used 5 or more drugs in the last year

Males aged 18–24 years were most likely to have used at least five drugs in the last year (33.1%), followed by males aged 25–34 years (25.2%) (Table 7). Older females were most likely to report using just one drug in the last year (40.3%); in comparison, 16.2% of males aged 18–24 years reported last-year use of one drug only.

Table 7: Number of drugs used in the last year, sex by age group

	Males			Females		
	18–24 years	25–34 years	≥35 years	18–24 years	25–34 years	≥35 years
1 drug	16.2%	27.8%	36.2%	23.0%	29.9	40.3%
2 drugs	19.1%	17.6%	21.7%	19.6%	24.6%	27.3%
3 drugs	17.4%	17.6%	16.5%	17.0%	14.1%	14.2%
4 drugs	14.3%	11.9%	9.6%	15.8%	13.7%	8.7%
≥5 drugs	33.1%	25.2%	16.0%	24.6%	17.6%	9.5%

Simultaneous polydrug use was defined in this survey as the use of two or more substances (including alcohol) on the last occasion of drug use. While alcohol was not typically used with cannabis, 94.6% of those who used cocaine reported also using alcohol on the same occasion of cocaine use. Ketamine was also associated with polydrug use, with 78.3% of respondents who used ketamine also using alcohol, 36.5% using cocaine, and 31.0% using MDMA on the last occasion of ketamine use (Table 8).

Table 8: Simultaneous polydrug use on last occasion of drug use, by drug type

	Cannabis	Cocaine	MDMA	Ketamine
	n=1654	n=767	n=624	n=378
Additional substance				
Alcohol	32.5%	94.6%	79.8%	78.3%
Cannabis	N/A	22.2%	26.2%	24.9%
Cocaine	48.1%	N/A	29.1%	36.5%
MDMA	7.2%	18.6%	N/A	31.0%
Ketamine	0.1%	14.3%	20.1%	N/A





3.3 Drug use by sociodemographic characteristics

Last-year drug use by ethnicity and area of residence is presented in Table 9. There was little difference in last-year drug use by ethnicity. Respondents who lived in a city were significantly more likely than other respondents to have used cocaine, MDMA, or ketamine in the last year.

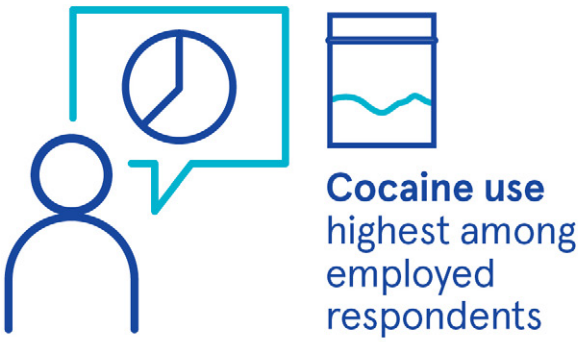
Table 9: Last-year drug use, by ethnicity and residential area

	Ethnicity		Residential area			
	White Irish	Other	City	Suburb	Town	Village/ countryside
	n=1929	n=369	n=851	n=471	n=505	n=497
Cannabis	85.7%	86.2%	82.7%	86.8%	84.2%	88.1%
Cocaine	46.0%	44.0%	51.2%	46.7%	43.8%	38.0%
MDMA	35.7%	37.4%	45.1%	32.1%	31.9%	27.4%
Magic mushrooms	30.6%	32.0%	31.3%	31.5%	30.6%	28.3%
SSCs	29.8%	27.9%	25.1%	29.6%	31.7%	30.9%
Ketamine	24.7%	25.5%	31.0%	24.2%	20.1%	19.2%
NPS	21.9%	19.7%	20.2%	19.1%	23.6%	22.2%
LSD	16.2%	14.2%	17.0%	13.6%	15.7%	13.3%
Hallucinogens	10.6%	12.0%	11.5%	10.7%	8.3%	11.6%
Amphetamines	9.0%	8.7%	10.8%	7.0%	8.9%	6.5%
Nitrous oxide	5.2%	5.4%	4.4%	6.3%	5.1%	5.4%
Tuci	3.0%	2.5%	3.9%	2.7%	1.4%	3.3%
GHB	2.6%	1.9%	2.7%	2.1%	1.4%	0.8%
Methamphetamine	2.1%	2.2%	4.0%	1.7%	0.5%	2.7%
Kratom	1.5%	0.9%	2.2%	0.7%	0.5%	1.5%
Heroin	0.7%	0.3%	0.9%	0.2%	0.6%	0.4%

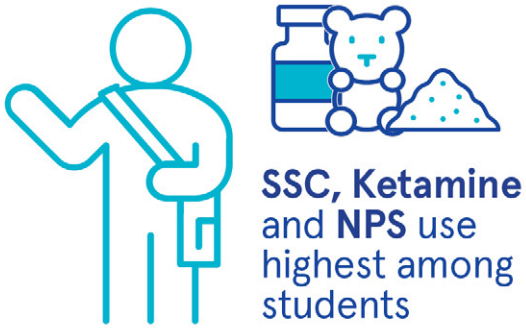
There were some notable differences in last-year drug use when analysed by employment status. Employed respondents were more likely to have used cocaine in the last year (48.9%) than students (41.0%) or those who were unemployed (37.8%). However, students were more likely than employed or unemployed respondents to have used SSCs (43.9%), ketamine (32.3%), or NPS (30.8%) in the last year. While the overall proportion of respondents reporting last-year heroin use was low (0.6%), this increased to 4.9% among unemployed respondents. Last-year drug use did not vary greatly when analysed by sexual orientation; however, those who were gay or lesbian were most likely to report using cocaine and NPS in the last year (Table 10).

Table 10: Last-year drug use, by employment status and sexual orientation

	Employment status			Sexual orientation		
	Employed	Unemployed	Student	Heterosexual	Gay/ lesbian	Bisexual
	n=1733	n=82	n=371	n=1543	n=223	n=451
Cannabis	82.5%	93.9%	93.5%	85.7%	82.5%	86.3%
Cocaine	48.9%	37.8%	41.0%	44.7%	52.9%	47.2%
MDMA	37.9%	30.5%	35.8%	35.9%	39.9%	34.4%
SSCs	24.6%	38.6%	43.9%	28.9%	31.3%	29.7%
Magic mushrooms	32.2%	24.7%	27.1%	31.5%	31.2%	26.8%
Ketamine	24.3%	23.6%	32.3%	24.9%	24.5%	23.4%
NPS	19.2%	23.7%	30.8%	20.8%	27.5%	20.5%
LSD	14.7%	17.8%	19.8%	16.1%	17.6%	13.2%
Hallucinogens	11.0%	8.2%	10.7%	10.6%	9.0%	10.4%
Amphetamines	8.4%	7.4%	11.1%	8.9%	9.4%	8.4%
Nitrous oxide	4.7%	4.3%	8.6%	5.4%	3.0%	5.9%
Tuci	2.9%	2.8%	3.4%	2.5%	2.5%	3.8%
Methamphetamine	2.6%	4.2%	1.8%	2.1%	4.0%	1.6%
GHB	2.0%	2.5%	1.3%	2.8%	4.1%	1.5%
Kratom	1.3%	0.0%	1.9%	1.5%	1.5%	0.5%
Heroin	0.3%	4.9%	0.3%	0.6%	1.3%	0.2%



Cocaine use highest among employed respondents



SSC, Ketamine and **NPS** use highest among students



04

Cannabis and cannabinoid-related products



Last-year cannabis use was reported by 85.4% of the EWSD sample, and last-month use was reported by 65.2%. The cannabis module was completed by 1,634 (79.6%) of those who reported last-year cannabis use. Cannabis herb (weed) was the most commonly used form of cannabis (94.2%), followed by cannabis edibles (42.1%) and cannabis resin (hash) (29.7%). Males were more likely than females to use e-liquids (35.4% versus 20.2%), as were those aged 18–24 years (36.1%) compared with other age groups. Respondents aged 35 years and over were least likely to report using cannabis edibles (33.3%) and e-liquids (14.3%), but most likely to report using cannabis resin (37.8%). The main locations for using cannabis were at home (95.2%), in nature (58.7%), in a public space (48.5%) and at a music festival or party (48.2%) (Table 11).

Table 11: Forms of cannabis used and location of use, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1634	n=1518	n=858	n=737	n=780	n=882
Forms of cannabis used*						
Herbal cannabis	94.2%	96.2%	91.1%	94.8%	93.7%	94.3%
Edible products	42.1%	41.9%	42.6%	46.2%	47.1%	33.3%
Cannabis resin	29.7%	23.7%	25.3%	23.6%	27.7%	37.8%
E-liquids	24.2%	35.4%	20.2%	36.1%	21.8%	14.3%
Oils/extracts	15.4%	18.5%	9.9%	14.1%	15.2%	16.7%
Crystals	3.0%	4.1%	1.2%	2.1%	4.2%	2.8%
Cosmetic products	1.8%	1.5%	2.2%	1.1%	2.6%	1.9%
Other form	1.0%	0.8%	1.4%	1.4%	1.2%	0.4%
Location of use in the last year*						
At own or someone else's home	95.2%	96.0%	93.8%	95.0%	94.8%	95.9%
In nature	58.7%	63.5%	50.6%	67.0%	60.0%	48.8%
Public space (e.g. street, park)	48.5%	52.3%	43.2%	65.2%	48.1%	31.7%
Music festival or party	48.2%	50.3%	45.5%	54.6%	48.7%	41.0%
Club or bar	37.5%	42.2%	30.3%	45.2%	36.8%	30.2%
In a car	12.2%	13.8%	9.7%	17.3%	9.7%	9.1%
At work	7.9%	10.7%	3.1%	10.0%	5.8%	7.6%
At school	5.0%	5.2%	4.6%	12.9%	0.6%	0.7%
Drug consumption room	2.1%	1.7%	2.7%	2.9%	2.2%	0.9%
Chemsex party	0.7%	0.9%	0.3%	0.4%	0.8%	0.9%
Other	2.0%	2.1%	1.7%	1.6%	1.8%	2.6%

*Respondents could select more than one option.

4.1 Cannabis herb

Cannabis herb was the form of cannabis most commonly used (94.2%) by EWSD respondents who completed the cannabis module. Almost one-half (49.4%) did not know the source of the cannabis herb they used, with females and those aged 25–34 years the least likely to know. The majority of respondents normally used joints (77.9%), while 11.0% used vaporisers. Frequent use, defined as use 'at least once a week, but not daily or almost daily, was reported by 27.7%, with 27.5% reporting intensive (daily or almost daily) use. The likelihood of being an intensive user increased with increasing age, from 19.2% among 18–24-year-olds to 36.5% among those aged 35 years and over. Infrequent herb use was reported by 22.6% of respondents, with females more likely than males to report infrequent use (30.7% versus 19.1%).

Respondents were asked how much cannabis herb they typically used. Older respondents tended to use lower amounts of herb compared with younger respondents: 41.1% of respondents aged 35 years and over typically used less than 0.1 grams (g), and 12.2% used more than 0.3 g. Among 18–24-year-olds, 21.0% used less than 0.1 g, while 32.6% used more than 0.3 g. The mean number of joints used by all respondents on a typical day when cannabis herb was used was 2.5. Increased frequency of cannabis herb use was associated with an increase in the amount of cannabis herb typically used. Among intensive users of cannabis herb, 34.1% typically used at least 0.3 g, compared with 12.2% of infrequent users (Figure 1). Increased frequency of cannabis herb use was also associated with an increase in the number of joints typically used; the mean number of joints typically used was 1.2 for infrequent users, 1.8 for occasional users, 2.4 for frequent users, and 4.9 for intensive users. One-half of respondents (50.9%) stated that they always prepared their own joint or pipe, ranging from 32.5% among 18–24-year-olds to 71.0% among those aged 35 years and over. Two-fifths (41.7%) stated that they did not usually share joints or pipes with other people (Table 12).

Figure 1: Amount of cannabis herb used on a typical occasion of use, by frequency of use

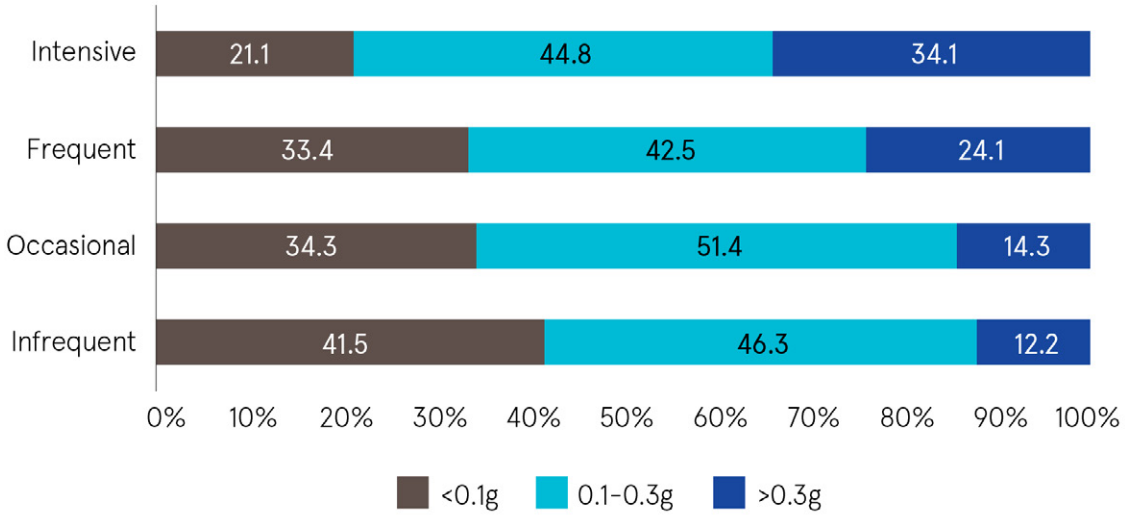


Table 12: Cannabis herb use among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1488	n=945	n=524	n=522	n=470	n=492
Source of cannabis herb						
Domestically produced	13.8%	14.0%	13.0%	7.7%	10.9%	23.0%
Imported	12.6%	13.8%	10.9%	12.6%	12.8%	12.4%
Both	24.3%	28.7%	16.0%	25.5%	21.9%	25.2%
Don't know	49.4%	43.6%	60.1%	54.2%	54.5%	39.4%
Method of administration						
Joint	77.9%	74.6%	84.4%	87.3%	77.5%	68.0%
Vaporiser	11.0%	13.3%	6.3%	4.4%	13.1%	16.1%
Dry pipes/chillums	4.5%	5.0%	3.1%	1.5%	3.6%	8.4%
Water pipes/bongs	4.0%	4.7%	3.1%	4.4%	2.8%	4.9%
Food item	2.1%	1.9%	2.5%	1.3%	2.4%	2.7%
Beverage	0.1%	0.1%	0.0%	0.0%	0.2%	0.0%
Other	0.5%	0.3%	0.8%	1.0%	0.4%	0.0%
Frequency of use						
Infrequent use (<11 days)	22.6%	19.1%	30.7%	25.4%	21.1%	20.2%
Occasional use (11–50 days)	18.5%	18.2%	18.8%	21.1%	17.3%	14.1%
Frequent use (51–250 days)	27.7%	29.0%	24.4%	29.5%	23.8%	29.6%
Intensive use (≥251 days)	27.5%	29.7%	24.0%	19.2%	27.0%	36.5%
Amount typically used						
<0.1 g	31.4%	27.6%	38.0%	21.0%	32.8%	41.1%
0.1–0.2 g	24.0%	21.6%	29.3%	23.2%	26.2%	23.1%
0.2–0.3 g	21.7%	21.7%	21.1%	23.3%	18.0%	23.7%
>0.3 g	22.9%	29.1%	11.6%	32.6%	23.0%	12.2%
Mean number of joints (n)	2.5	2.7	2.1	2.1	2.5	3.0
Self-preparation of joint/pipe						
Always	50.9%	58.0%	38.6%	32.5%	53.2%	71.0%
Most of the time	23.8%	22.8%	25.6%	29.4%	22.8%	17.9%
Sometimes	13.7%	11.7%	17.2%	20.7%	13.0%	5.8%
Never	11.6%	7.5%	18.6%	17.4%	11.0%	5.3%
Sharing joint/pipe with other people						
I mostly do not share	41.7%	45.8%	32.9%	20.7%	42.8%	62.6%
I mostly share	34.3%	31.6%	40.2%	48.5%	32.8%	20.9%
I share about half of the time	24.0%	22.6%	26.9%	30.8%	24.4%	16.6%

Most respondents (77.2%) obtained cannabis herb by buying it, with 15.8% stating that they usually got it for free. Females (21.9%) were more likely than males (12.5%) to usually get it for free. The proportion of respondents who had grown their own cannabis plants in the last year was 6.8%, with those aged 35 years and over most likely to do so (13.1%) (Table 13).

Table 13: How cannabis herb is obtained by EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1488	n=945	n=524	n=522	n=470	n=492
Obtaining cannabis herb						
Mostly I buy it	77.2%	81.2%	69.9%	73.9%	83.3%	74.9%
Mostly I get it for free	15.8%	12.5%	21.9%	19.9%	12.2%	14.7%
Mostly I produce it myself	3.7%	4.3%	2.5%	0.2%	1.9%	9.0%
Other	3.4%	2.0%	5.8%	6.0%	2.6%	1.4%
Grew cannabis plants in last year	6.8%	8.7%	3.6%	2.5%	4.9%	13.1%
Bought cannabis herb in the last year	76.1%	80.5%	68.5%	75.4%	74.7%	78.3%
How cannabis herb was bought*						
Direct contact with dealer/source (in person or via phone, e-mail, or text message)	66.7%	69.9%	60.2%	67.4%	71.1%	62.1%
From friends or people I know	53.6%	50.9%	59.4%	57.3%	51.9%	51.2%
Legal/authorised store	17.3%	17.5%	17.6%	18.8%	20.9%	12.7%
Through messaging apps (e.g. Telegram, Viber, Signal)	16.2%	17.7%	13.2%	20.3%	18.1%	10.1%
Cannabis club	11.8%	12.1%	11.8%	11.3%	14.3%	10.1%
Through social media (e.g. Snapchat, Facebook, Instagram)	14.1%	14.4%	13.7%	22.9%	12.6%	6.5%
Dark web (e.g. Tor network)	3.9%	5.2%	1.4%	2.6%	5.2%	4.2%
Offered to me on the street	4.7%	5.3%	3.6%	7.7%	2.9%	3.4%
In a shop on the surface web	1.8%	2.0%	1.4%	1.5%	1.4%	2.3%
In an illegal/unauthorised store	2.0%	1.7%	2.0%	2.8%	2.0%	1.0%
Other	1.3%	1.1%	2.0%	1.8%	1.4%	0.8%
How cannabis herb was delivered*						
Handed over in person outside my home	57.2%	58.0%	55.4%	58.4%	61.4%	52.6%
Home (in-person) delivery	27.0%	24.5%	32.2%	24.4%	31.2%	26.0%
Picked up from arranged location without any personal contact	24.9%	23.8%	27.4%	33.0%	21.2%	19.7%
Regular mail/postage	7.2%	8.7%	3.9%	4.2%	8.7%	9.0%
Other	14.2%	15.0%	12.3%	13.3%	14.3%	15.1%

*Respondents could select more than one option.

4.2 Cannabis resin

Among those respondents who completed the cannabis module, 29.7% reported using cannabis resin in the previous year. Respondents were asked how they normally used cannabis resin; the majority used joints (71.6%), followed by vaporisers (11.6%). One-half of respondents (49.2%) reported using cannabis resin infrequently, with just 20.0% frequent or weekly use. Males were more likely than females to report frequent cannabis resin use (22.3% versus 12.4%). One-third (33.9%) of respondents typically used less than 0.1 g in a joint or pipe when they used cannabis resin, while 24.8% typically used at least 0.3 g. Females and older respondents were most likely to use smaller amounts of cannabis resin (Table 14). Frequent users of cannabis resin were more likely to report using at least 0.3 g in a joint or pipe than less frequent users (Figure 2). Due to the low number of intensive cannabis resin users (n=30), we have presented frequent and intensive users as one category. The mean number of joints used on a typical day when cannabis resin was used was 2.9, and the mean number of joints used was highest among those aged 35 years and over (3.3). Nearly two-thirds of respondents (64.9%) stated that they always prepared their own joint or pipe, and 42.5% stated that they rarely or never shared their joint or pipe with other people, with this proportion rising to 59.0% among respondents aged 35 years and over (Table 14).

Figure 2: Amount of cannabis resin used on a typical occasion of use, by frequency of use

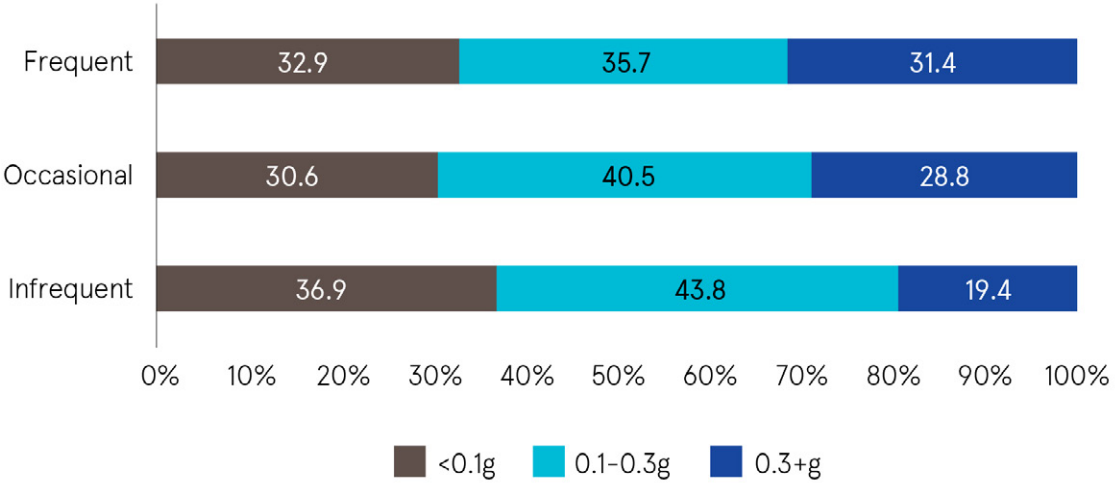


Table 14: Cannabis resin use among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=465	n=345	n=115	n=128	n=138	n=199
Method of administration						
Joint	71.6%	70.1%	78.3%	69.5%	77.5%	68.8%
Vaporiser	11.6%	10.7%	14.8%	18.0%	8.7%	9.5%
Dry pipes/chillums	5.8%	6.7%	2.6%	1.6%	4.3%	9.5%
Water pipes/bongs	5.6%	5.8%	4.3%	7.0%	6.5%	4.0%
Food item	4.5%	6.1%	0.0%	3.9%	1.4%	7.0%
Beverage	0.4%	0.3%	0.0%	0.0%	0.7%	0.5%
Other	0.4%	0.3%	0.0%	0.0%	0.7%	0.5%
Frequency of use						
Infrequent use (<11 days)	49.2%	47.5%	54.0%	49.2%	55.1%	45.1%
Occasional use (11–50 days)	30.7%	30.2%	33.6%	34.1%	31.2%	28.2%
Frequent use (≥51 days)	20.0%	22.3%	12.4%	16.7%	13.8%	26.7%
Amount typically used						
<0.1 g	33.9%	29.9%	44.3%	35.0%	26.3%	38.9%
0.1–0.2 g	21.6%	21.8%	21.6%	14.9%	27.2%	20.8%
0.2–0.3 g	19.8%	20.7%	17.7%	15.1%	19.3%	22.8%
>0.3 g	24.8%	27.6%	16.5%	35.0%	27.2%	17.5%
Mean number of joints (n)	2.9	2.8	2.3	2.1	3.1	3.3
Self-preparation of joint/pipe						
Always	64.9%	69.2%	51.6%	42.9%	65.3%	77.9%
Most of the time	19.1%	18.8%	20.6%	24.5%	22.3%	13.5%
Sometimes	8.4%	7.1%	12.4%	16.3%	7.4%	4.3%
Never	7.6%	5.0%	15.5%	16.3%	5.0%	4.3%
Sharing joint/pipe with other people						
I mostly do not share	42.5%	44.4%	34.1%	15.9%	39.1%	59.0%
I mostly share	29.2%	25.7%	41.5%	47.6%	30.4%	18.6%
I share about half of the time	28.3%	29.9%	24.4%	36.6%	30.4%	22.4%

Most respondents (72.8%) obtained cannabis resin by buying it, with 20.1% stating that they usually got it for free. Females (33.9%) were more likely than males (15.2%) to usually get it for free. Of those who had bought cannabis resin in the last year, 58.6% did so via direct contact with their source, while 46.5% bought it from friends or people they knew. While 10.8% of all respondents bought cannabis resin through social media, this increased to 17.8% among 18–24-year-olds. Respondents were most likely to have cannabis resin delivered to them by meeting their source or dealer outside the home (53.5%), while 23.3% received it using home (in-person) delivery, 22.5% picked it up from an arranged location, and 13.6% had it delivered via regular mail. Females and older respondents were most likely to have cannabis resin posted to them (Table 15).

Table 15: How cannabis resin is obtained by EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=465	n=345	n=115	n=128	n=138	n=199
How cannabis resin is obtained						
Mostly I buy it	72.8%	78.1%	58.3%	64.8%	69.6%	80.2%
Mostly I get it for free	20.1%	15.2%	33.9%	28.9%	21.0%	13.7%
Mostly I produce it myself	4.5%	4.7%	3.5%	1.6%	6.5%	5.1%
Other	2.6%	2.0%	4.3%	4.7%	2.9%	1.0%
Bought cannabis resin in the last year	64.1%	70.6%	45.6%	57.5%	64.5%	68.2%
How cannabis resin was bought*						
Direct contact with dealer/source (in person or via phone, e-mail, or text message)	58.6%	58.8%	55.8%	61.6%	65.2%	52.6%
From friends or people I know	46.5%	44.0%	59.6%	43.8%	44.9%	48.9%
Through messaging apps (e.g. Telegram, Viber, Signal)	17.2%	18.1%	13.5%	13.7%	24.7%	14.1%
Legal/authorised store	17.2%	18.1%	13.5%	28.8%	13.5%	13.3%
Cannabis club	15.2%	16.0%	11.5%	13.7%	15.7%	15.6%
Through social media (e.g. Snapchat, Facebook, Instagram)	10.8%	11.1%	9.6%	17.8%	11.2%	6.7%
Dark web (e.g. Tor network)	8.4%	9.9%	1.9%	4.1%	10.1%	9.6%
Offered to me on the street	5.1%	4.9%	5.8%	9.6%	3.4%	3.7%
In a shop on the surface web	4.0%	4.5%	1.9%	2.7%	4.5%	4.4%
In an illegal/unauthorised store	2.7%	2.5%	3.8%	6.8%	2.2%	0.7%
How cannabis resin was delivered*						
Handed over in person outside my home	53.5%	53.4%	52.1%	50.8%	58.0%	51.7%
Home (in-person) delivery	23.3%	23.1%	25.0%	27.1%	21.0%	21.2%
Picked up from arranged location without any personal contact	22.5%	23.1%	20.8%	18.6%	33.3%	18.6%
Regular mail/postage	13.6%	11.5%	18.8%	3.4%	16.0%	16.9%
Other	12.8%	15.4%	6.2%	16.9%	9.9%	12.7%

*Respondents could select more than one option.

4.3 Motivations for using cannabis

EWSD respondents stated that the main reasons why they used cannabis were to get high (73.0%), to reduce stress (71.0%), and to improve sleep (49.7%). A large proportion of respondents also used cannabis to improve or manage a range of medical conditions, with just one-quarter (25.2%) stating that they had not used cannabis for such purposes in the previous year. The conditions that cannabis was most likely to be used for were anxiety (45.3%), sadness and depression (42.8%), and sleep problems (42.4%). Females were more likely than males to use cannabis to manage anxiety, pain, and other emotional and mental health problems. Those aged 18–24 years were more likely than older age groups to use cannabis to manage sadness and depression, mood swings, and lack of appetite, while those aged 35 years and over were more likely than younger respondents to use cannabis to manage pain (Table 16).

Table 16: Cannabis use motivations among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1634	n=1518	n=858	n=737	n=780	n=882
Reasons for using cannabis*						
To get high/for fun	73.0%	75.0%	70.0%	79.4%	74.9%	64.8%
To reduce stress/relax	71.0%	72.3%	68.3%	66.2%	72.3%	75.0%
To improve sleep	49.7%	48.8%	50.4%	48.7%	50.7%	50.0%
To socialise	43.6%	44.9%	41.4%	55.5%	45.5%	29.6%
To manage depression	41.6%	39.9%	43.3%	43.5%	40.6%	40.7%
To reduce pain/inflammation	29.8%	28.1%	31.0%	22.7%	29.1%	37.8%
To enhance sexual performance	13.9%	15.2%	11.2%	15.9%	15.6%	10.2%
To enhance performance (school/ work/sport)	11.5%	12.9%	8.3%	12.2%	12.3%	10.0%
Due to dependence	11.5%	11.8%	11.2%	14.1%	12.5%	7.6%
For spiritual reasons	9.9%	11.2%	6.5%	7.5%	8.9%	13.3%
Out of curiosity	8.6%	7.0%	11.4%	15.6%	7.5%	2.6%
Other	2.9%	2.8%	2.7%	2.0%	3.0%	3.9%
Use of cannabis to manage conditions*						
Anxiety (including panic attacks)	45.3%	42.1%	50.3%	49.5%	41.9%	44.3%
Sadness and depression	42.8%	41.0%	44.9%	47.3%	41.3%	39.3%
Problems sleeping	42.4%	41.0%	43.7%	42.9%	41.9%	42.4%

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1634	n=1518	n=858	n=737	n=780	n=882
Pain	29.9%	26.5%	34.4%	22.1%	29.3%	38.7%
Other emotional or mental health problems	26.0%	21.7%	32.5%	30.6%	25.0%	22.1%
Mood swings	23.8%	21.8%	26.4%	29.5%	21.7%	19.7%
Lack of appetite	20.2%	17.9%	23.8%	26.8%	20.5%	12.8%
Headaches/migraines	14.1%	11.9%	16.7%	15.2%	13.8%	13.2%
Alcohol or other drug use	13.3%	14.7%	11.0%	17.4%	11.4%	10.7%
Trouble concentrating	12.8%	13.8%	10.8%	13.8%	12.4%	12.2%
Digestion/gastrointestinal issues	9.8%	8.3%	11.3%	8.2%	10.0%	11.3%
Nausea or chemotherapy symptoms	8.1%	7.3%	9.4%	6.2%	10.0%	8.2%
Muscle spasms	5.4%	4.4%	5.7%	2.7%	5.5%	8.2%
Seizures	1.0%	1.1%	0.7%	0.5%	2.0%	0.6%
Other condition(s)	2.9%	2.8%	2.4%	3.3%	1.6%	3.8%
Never used cannabis to manage conditions	25.2%	26.2%	24.0%	23.4%	27.0%	25.2%

*Respondents could select more than one option.

4.4 Adverse effects of cannabis use

One-half (50.7%) of respondents reported that they had experienced adverse health effects due to cannabis use in the last year. The most frequently reported adverse effects were anxiety (19.9%), memory issues (13.8%), and dissociation (13.6%). Females were more likely than males to report having experienced each adverse effect listed, with the exception of flashbacks. Differences between males and females were particularly marked for dissociation (9.6% versus 19.9%), feeling faint (8.8% versus 16.9%), and nausea (6.3% versus 13.8%). Younger respondents were more likely than older respondents to report adverse effects; just one-third of 18–24-year-olds reported no adverse effects, compared with 65.8% of those aged 35 years and over. Dissociation was the most common adverse effect reported by 18–24-year-olds (26.5%), followed by anxiety (25.6%) and memory issues (21.3%). In contrast, just 3.5% of older respondents reported dissociation, with 11.9% reporting anxiety and 7.1% reporting memory issues (Table 17). Frequent and intensive users were more likely than less frequent users to report memory issues, weight gain or loss, and lung problems, while infrequent or occasional users were more likely to report anxiety and nausea.

Based on the Cannabis Abuse Screening Test (CAST) screening tool criteria, 39.1% of cannabis users were at high risk of addiction, 34.9% were at low risk of addiction, and 26.1% were at no risk of addiction. Males were more likely than females to be at high risk of addiction (43.0% versus 33.2%), while there was less variation in addiction risk by age group (Table 17). Addiction risk varied according to frequency of cannabis herb use. Among intensive cannabis herb users, 74.7% were at high risk of addiction, compared with 20.4% of occasional users and 7.6% of infrequent users (Figure 3).

Figure 3: Risk of addiction by frequency of cannabis herb use

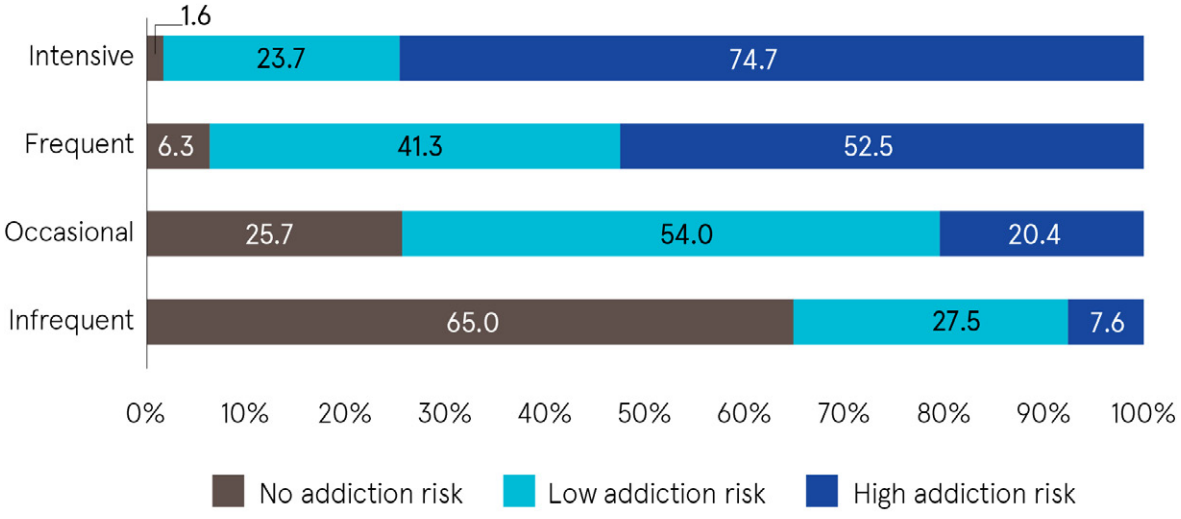


Figure 4: Adverse effects from cannabis use in the last year, by frequency of cannabis herb use

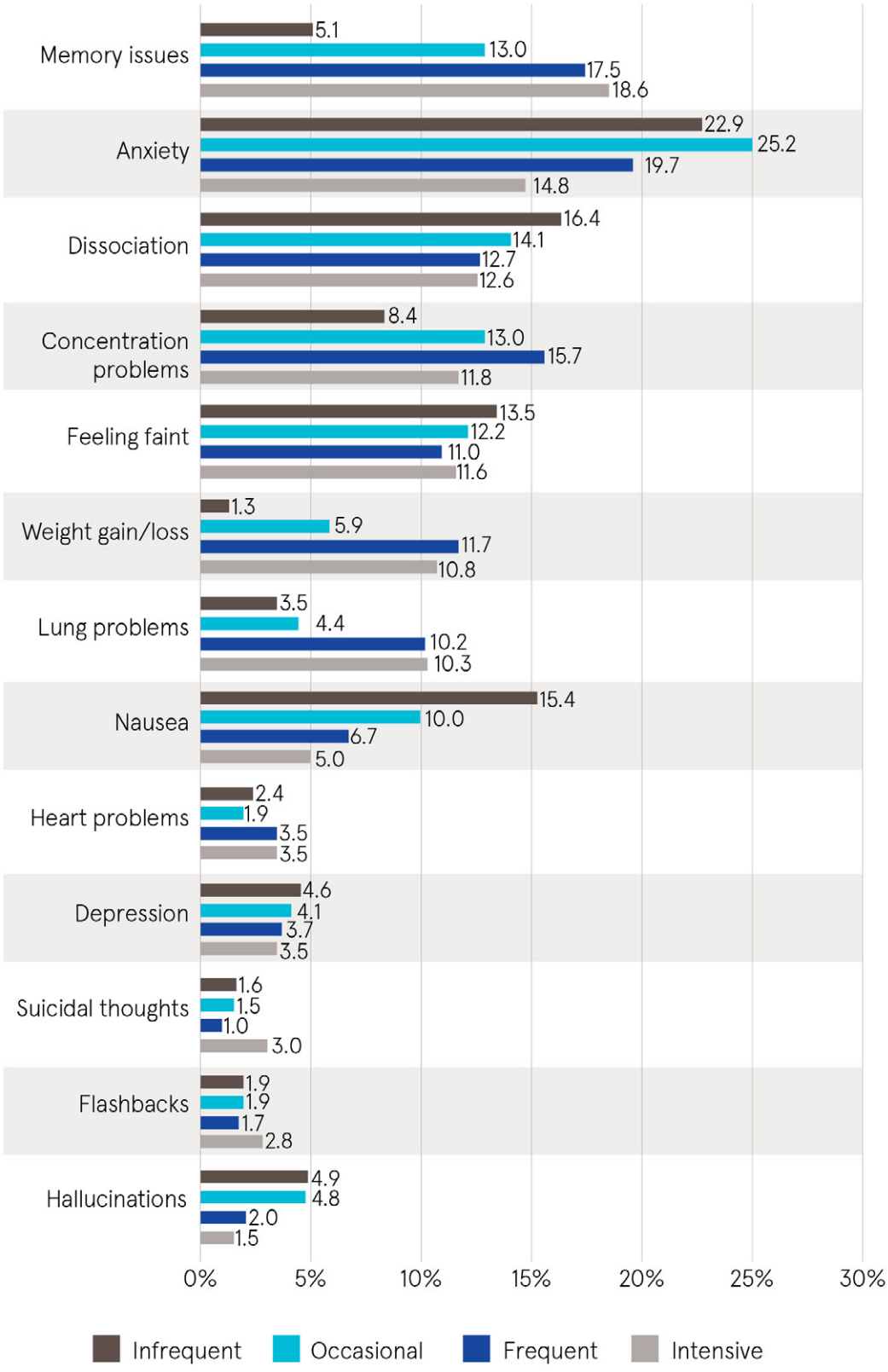


Table 17: Adverse effects of cannabis use, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1634	n=1518	n=858	n=737	n=780	n=882
Adverse effects in the last year*						
Anxiety or panic reactions	19.9%	17.9%	23.5%	25.6%	22.2%	11.9%
Memory issues	13.8%	13.0%	15.4%	21.3%	12.4%	7.1%
Dissociation/depersonalisation	13.6%	9.6%	19.9%	26.5%	10.0%	3.5%
Problems concentrating	12.3%	10.4%	15.7%	18.2%	12.4%	6.0%
Feeling faint or dizzy or passing out	11.9%	8.8%	16.9%	17.6%	11.2%	6.7%
Nausea and/or vomiting	9.2%	6.3%	13.8%	16.4%	8.8%	2.1%
Weight gain/weight loss	7.5%	5.9%	10.4%	11.3%	6.3%	4.8%
Lung or breathing problems	7.3%	6.4%	9.0%	8.5%	7.5%	5.6%
Depression	3.8%	3.7%	4.0%	6.4%	2.9%	1.9%
Heart or blood pressure problems	3.1%	2.6%	4.0%	4.5%	2.9%	1.9%
Hallucinations/psychosis	3.1%	2.4%	4.1%	6.9%	1.0%	1.0%
Flashbacks	2.1%	2.2%	1.9%	3.5%	1.2%	1.3%
Suicidal thoughts	1.8%	1.3%	2.6%	2.7%	1.4%	1.2%
Other	2.0%	1.9%	2.4%	2.0%	3.1%	1.2%
No negative health effects	49.3%	52.8%	43.0%	34.5%	48.3%	65.8%
Cannabis abuse (CAST screening tool)						
No addiction risk	26.1%	20.3%	35.7%	29.6%	28.2%	20.0%
Low addiction risk	34.9%	36.8%	31.1%	31.5%	35.6%	38.0%
High addiction risk	39.1%	43.0%	33.2%	38.9%	36.2%	41.9%

*Respondents could select more than one option.

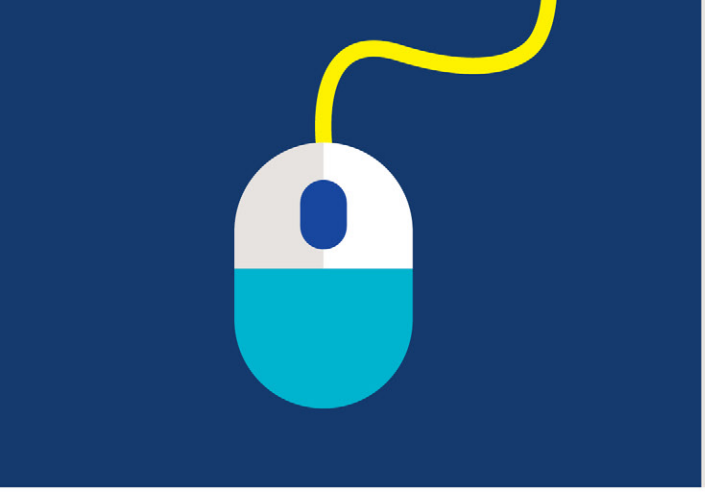
4.5 CBD/low-THC cannabis

The CBD/low-THC cannabis module was completed by 775 (59.9%) of last-year CBD/low-THC users. The most common form of CBD/low-THC product used was dried herb (46.1%), followed by e-liquids (36.9%), and edible products (32.8%). Males were more likely than females to use dried herb (51.8% vs. 35.5%), while females were more likely than males to use edible products (39.2% vs. 28.4%) and cosmetic products (12.3% vs. 2.6%). Those aged 35 years and over were most likely to use dried herb (55.8%), while 18–24-year-olds were most likely to use e-liquids (53.1%). The most common location of use was at home (91.9%), followed by in nature (38.8%). Younger respondents were more likely than older respondents to use CBD/low-THC products in nature or in public spaces. CBD/low-THC products were primarily used for health reasons including to reduce stress (72.8%), improve sleep (55.7%) and to manage depression or anxiety (41.2%). In contrast, 18.7% used these products to get high or for fun (Table 18).

Table 18: CBD/low-THC use among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=775	n=469	n=293	n=273	n=257	n=242
Forms of CBD/low-THC product used in last year*						
Dried herb	46.1%	51.8%	35.5%	33.3%	50.6%	55.8%
E-liquids	36.9%	34.8%	39.9%	53.1%	30.0%	26.0%
Edible products	32.8%	28.4%	39.2%	33.0%	35.8%	29.3%
Oils/extracts	31.0%	31.3%	29.7%	27.1%	28.4%	38.4%
Cigarettes/joints	24.6%	23.9%	25.3%	31.9%	25.3%	15.7%
Resin	11.4%	14.1%	6.8%	9.9%	9.7%	14.5%
Cosmetic products	6.5%	2.6%	12.3%	5.5%	7.8%	6.2%
Crystals	1.0%	1.7%	0.0%	0.4%	1.2%	1.7%
Location of use in the last year*						
At own or someone else's home	91.9%	90.8%	93.5%	89.7%	93.4%	93.0%
In nature	38.8%	42.4%	33.1%	45.8%	38.5%	31.4%
Public space (e.g. street, park)	29.9%	30.9%	28.7%	44.0%	26.8%	17.4%
Music festival or party	18.8%	21.3%	14.7%	22.0%	18.3%	15.7%
Club or bar	18.7%	21.1%	15.0%	24.5%	18.3%	12.4%
At work	8.4%	9.2%	6.5%	8.8%	6.6%	9.5%
At school	4.8%	4.1%	5.5%	10.6%	0.8%	2.1%
In a car	4.8%	4.9%	4.4%	7.3%	2.7%	3.7%
Drug consumption room	1.0%	0.9%	1.4%	2.2%	0.0%	0.4%
Chemsex party	0.5%	0.6%	0.3%	0.0%	0.8%	0.8%
Other	1.3%	1.7%	0.7%	0.4%	1.6%	1.7%
Reasons for using CBD/low-THC products						
To reduce stress/relax	72.8%	71.2%	74.7%	68.9%	79.4%	70.2%
To improve sleep	55.7%	55.0%	56.3%	47.6%	59.5%	61.2%
To manage depression/anxiety	41.2%	37.3%	46.1%	43.6%	42.4%	37.2%
To reduce pain/inflammations	35.4%	33.7%	36.9%	23.1%	36.2%	48.3%
To avoid/reduce illegal cannabis use	31.5%	30.5%	33.4%	45.1%	30.4%	17.4%
To manage cannabis withdrawal symptoms	26.5%	26.7%	26.3%	35.2%	26.5%	16.9%
Out of curiosity/to experiment	19.7%	20.3%	17.7%	18.3%	23.7%	16.9%
To get high/for fun	18.7%	18.1%	19.5%	28.6%	16.7%	9.5%
To socialise	11.5%	12.6%	8.9%	13.9%	12.1%	7.9%
To enhance performance (school/work/ sport)	5.0%	3.8%	6.8%	5.5%	3.9%	5.8%
Other	3.2%	2.8%	3.8%	2.2%	2.7%	5.0%

*Respondents could select more than one option.





05

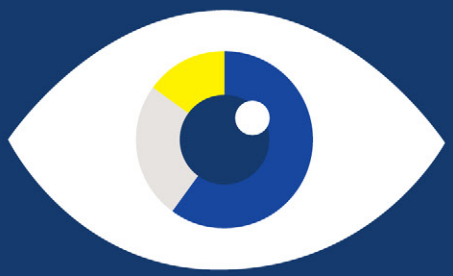
Cocaine







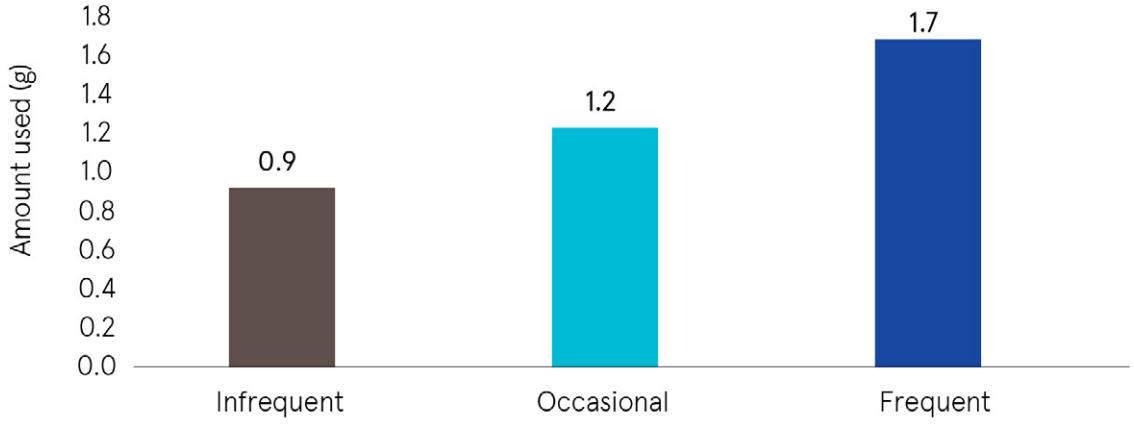






Cocaine was the second most commonly used drug among EWSD respondents, with 46.0% reporting last-year use and 22.2% reporting last-month use. Of those who reported last-year cocaine use, 69.5% (n=767) agreed to complete the cocaine module; 98.8% had used cocaine powder, 0.7% had used crack cocaine, and 0.5% had used both. Due to the low number of respondents reporting crack cocaine use, results presented here relate to cocaine powder only. Almost all respondents used cocaine by nasal snorting (99.1%), 13.9% used it by dissolving it into the mouth, and 1.8% swallowed it. A club or bar was the most commonly reported location for using cocaine (85.5%), followed by a music festival or party (69.4%) and at the user's own or someone else's home (60.6%). Three-fifths (61.1%) of those who reported last-year cocaine use were infrequent users, while 30.1% were occasional users and 8.8% were frequent users. Females were more likely than males to report infrequent use. The mean amount of cocaine that respondents reported typically using was 1.1 g. While there were no differences by sex, 25–34-year-olds reported using the largest amount of cocaine in a typical use (1.3 g) (Table 19). Frequent users reported using almost double the amount (1.7 g) of cocaine that infrequent users reported (0.9 g) (Figure 5).

Figure 5: Mean amount of cocaine used on a typical day when cocaine was used, by frequency of use



The main reasons respondents used cocaine were to get high (84.1%), to socialise (64.7%), and to reduce the effect of alcohol (31.4%). Younger respondents were more likely than older respondents to use cocaine to reduce the effect of alcohol and also out of curiosity, while older respondents were more likely to use cocaine to enhance sexual performance and to reduce stress.

Table 19: Cocaine use among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=767	n=453	n=308	n=250	n=286	n=229
Method of administration*						
By nasal snorting	99.1%	99.1%	99.0%	99.6%	99.3%	98.2%
By dissolving into the mouth	13.9%	10.7%	19.1%	19.4%	12.9%	8.9%
By swallowing	1.8%	2.2%	1.3%	2.0%	1.0%	2.7%
Other	0.3%	0.4%	0.0%	0.0%	0.3%	0.4%
Location of use in the last year*						
Club or bar	85.5%	85.6%	85.9%	89.5%	87.1%	79.1%
Music festival or party	69.4%	66.2%	74.1%	71.0%	72.4%	63.6%
At own or someone else's home	60.6%	63.6%	55.7%	52.0%	63.6%	66.2%
Public space (e.g. street, park)	15.6%	18.9%	11.1%	19.0%	15.7%	12.0%
In a car	7.4%	7.8%	6.9%	10.9%	3.5%	8.4%
In nature	5.3%	6.9%	3.0%	4.4%	5.2%	6.2%
At work	4.7%	6.0%	3.0%	4.8%	4.9%	4.4%
Chemsex party	2.4%	3.6%	0.7%	0.8%	2.1%	4.4%
At school	1.1%	0.9%	1.3%	2.8%	0.3%	0.0%
Drug consumption room	0.8%	1.1%	0.3%	1.6%	0.3%	0.0%
Other	0.3%	0.4%	0.0%	0.4%	0.3%	0.0%
Frequency of use						
Infrequent use (<11 days)	61.1%	58.0%	65.2%	62.2%	59.4%	62.1%
Occasional use (11–50 days)	30.1%	32.2%	27.2%	29.3%	32.5%	27.7%
Frequent use (≥51 days)	8.8%	9.8%	7.6%	8.5%	8.0%	10.3%
Amount typically used						
Mean number of grams/day	1.1 g	1.1 g	1.1 g	0.9% g	1.3% g	1.0 g
Reasons for using cocaine*						
To get high/for fun	84.1%	84.4%	83.9%	83.1%	86.7%	81.8%
To socialise	64.7%	63.8%	66.2%	63.3%	71.0%	57.8%
To reduce the effect of alcohol	31.4%	31.3%	31.8%	35.9%	32.2%	25.3%
To stay awake	23.7%	18.7%	31.1%	27.4%	25.2%	17.3%
Out of curiosity/to experiment	9.7%	7.1%	13.8%	19.4%	7.7%	1.8%
To enhance sexual performance	8.5%	10.0%	6.6%	6.0%	7.7%	12.4%
To reduce stress/relax	8.4%	7.6%	9.5%	7.7%	6.3%	12.0%
To manage depression/anxiety	5.3%	4.9%	5.6%	4.8%	3.1%	8.4%
To enhance performance (school/work/sport)	4.5%	5.6%	3.0%	5.6%	4.2%	3.6%
To reduce pain	0.8%	0.7%	1.0%	0.4%	0.7%	1.3%
Other	0.9%	1.3%	0.3%	2.0%	0.3%	0.4%

*Respondents could select more than one option.

Almost two-thirds (63.2%) of respondents usually obtained cocaine by buying it, while 33.6% usually got it for free. Of those who had bought cocaine in the last year, 68.8% did so via direct contact with their source, while 54.3% bought it from friends or people they knew. Males were more likely than females to buy cocaine directly from their source (73.1% versus 61.5%). One in 10 respondents bought cocaine through social media, ranging from 5.3% among those aged 35 years and over to 16.6% among 18–24-year-olds. Respondents were most likely to have cocaine delivered to them by meeting their source or dealer outside the home (66.4%), while 25.5% received it using home (in-person) delivery and 21.9% picked it up from an arranged location. Older respondents were more likely than their younger counterparts to have cocaine home-delivered (Table 20).

Table 20: How cocaine is obtained by EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=767	n=453	n=308	n=250	n=286	n=229
How cocaine is obtained						
Mostly I buy it	63.2%	70.7%	52.6%	51.8%	65.4%	72.9%
Mostly I get it for free	33.6%	26.4%	43.4%	42.9%	32.5%	24.4%
Other	3.3%	2.9%	4.0%	5.3%	2.1%	2.7%
Bought cocaine in the last year	70.0%	74.7%	63.7%	68.4%	67.0%	75.6%
How cocaine was bought*						
Direct contact with dealer/source (in person or via phone, e-mail, or text message)	68.8%	73.1%	61.5%	63.3%	75.8%	66.5%
From friends or people I know	54.3%	49.3%	63.5%	58.6%	53.7%	50.6%
Through messaging apps (e.g. Telegram, Viber, Signal)	11.0%	11.9%	9.4%	14.2%	7.9%	11.2%
Through social media (e.g. Snapchat, Facebook, Instagram)	10.0%	9.6%	10.4%	16.6%	8.4%	5.3%
Offered to me on the street	7.2%	8.1%	5.7%	10.7%	6.8%	4.1%
Dark web (e.g. Tor network)	1.5%	0.3%	1.6%	0.6%	2.6%	1.2%
Other	0.8%	2.1%	0.5%	2.4%	0.0%	0.0%
How cocaine was delivered*						
Handed over in person outside my home	66.4%	68.2%	63.5%	69.3%	67.6%	62.3%
Home (in-person) delivery	25.5%	27.6%	21.7%	19.9%	22.3%	34.7%
Picked up from arranged location without any personal contact	21.9%	22.7%	20.6%	23.5%	22.3%	19.8%
Regular mail/postage	2.1%	3.0%	0.5%	0.6%	2.1%	3.6%
Other	11.3%	8.8%	15.9%	9.0%	15.4%	9.0%

*Respondents could select more than one option.

06

MDMA/ ecstasy use



MDMA was the third most commonly used drug among EWSD respondents, with 36.0% reporting last-year use and 11.8% reporting last-month use. Of those reporting last-year use, 72.1% (n=624) agreed to complete the MDMA module. Tablets or pills were normally used by 28.9% of MDMA users, 27.1% used powder or crystal, and 44.0% used both. Older respondents were most likely to report using tablets or pills (42.7%), and 25–34-year-olds were most likely to report using powders or crystals (37.9%). Regarding the method of use, 85.1% swallowed MDMA, 27.2% used it by nasal snorting, and 18.1% used it by dissolving into the mouth. The most common locations for using MDMA were a music festival or party (83.5%), a club or bar (61.9%), and at their own or someone else's home (41.1%). The majority of respondents (87.1%) used MDMA infrequently, 11.7% reported occasional use, and 1.1% reported frequent MDMA use, with little variation observed by sex or age group. Due to the low number of respondents who reported frequent use of MDMA, we have not undertaken further analysis on frequency of MDMA use. The mean number of tablets typically used was 1.6, and the mean amount of powder used was 177 milligrams (mg). Males were more likely than females to use higher amounts of powder and tablets. Those aged 18–24 years typically used 222 mg of powder, while those aged 35 years and over typically used 131 mg. The main reasons respondents used MDMA were to get high (95.0%), to socialise (58.2%), and out of curiosity (13.0%). Younger respondents were more likely than respondents aged 35 years and over to use MDMA out of curiosity (25.2% versus 3.5%) (Table 21).

Table 21: MDMA use among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=624	n=377	n=241	n=202	n=219	n=201
Forms of MDMA used						
Tablets/pills	28.9%	31.8%	24.2%	28.6%	16.9%	42.7%
Powder/crystal	27.1%	26.8%	27.5%	23.6%	37.9%	18.6%
Both	44.0%	41.4%	48.3%	47.8%	45.2%	38.7%
Method of administration*						
By swallowing	85.1%	84.5%	85.7%	86.6%	82.5%	86.7%
By nasal snorting	27.2%	24.8%	31.7%	39.8%	26.6%	14.3%
By dissolving into the mouth	18.1%	16.5%	21.0%	13.4%	22.7%	17.6%
By 'chasing the dragon' (foil)	1.2%	0.8%	2.0%	1.9%	1.3%	0.5%
By rectal insertion	0.8%	0.8%	0.8%	0.0%	1.3%	1.0%
By injection	0.5%	0.8%	0.0%	0.5%	0.0%	1.0%
By smoking in pipes	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	1.1%	0.8%	1.6%	1.4%	0.9%	1.0%

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=624	n=377	n=241	n=202	n=219	n=201
Location of use in the last year*						
Music festival or party	83.5%	83.8%	83.1%	80.3%	87.2%	82.6%
Club or bar	61.9%	64.7%	58.7%	62.1%	63.0%	60.2%
At own or someone else's home	41.1%	42.2%	38.8%	40.4%	32.9%	50.7%
In nature	7.7%	9.5%	5.0%	10.8%	4.1%	8.5%
Public space (e.g. street, park)	6.9%	8.5%	4.5%	11.3%	3.7%	6.0%
Chemsex party	1.9%	2.4%	1.2%	2.0%	0.5%	3.5%
In a car	1.0%	1.1%	0.8%	2.0%	0.0%	1.0%
Drug consumption room	0.6%	0.5%	0.8%	1.0%	0.5%	0.0%
At work	0.5%	0.8%	0.0%	1.0%	0.0%	0.5%
At school	0.2%	0.3%	0.0%	0.5%	0.0%	0.0%
Other	0.2%	0.3%	0.0%	0.5%	0.0%	0.0%
Frequency of use						
Infrequent use (<11 days)	87.1%	86.0%	89.1%	86.7%	89.9%	84.9%
Occasional use (11–50 days)	11.7%	12.4%	10.5%	12.3%	9.2%	14.1%
Frequent use (≥51 days)	1.1%	1.6%	0.4%	1.0%	0.9%	1.0%
Amount typically used						
Mean number of milligrams of powder	177 mg	220 mg	106 mg	222 mg	160 mg	131 mg
Mean number of tablets	1.6	1.7	1.3	1.7	1.3	1.6
Reasons for using MDMA*						
To get high/for fun	95.0%	93.6%	97.9%	97.5%	95.9%	91.5%
To socialise	58.2%	59.9%	55.6%	52.5%	64.4%	56.7%
Out of curiosity/to experiment	13.0%	11.1%	15.8%	25.2%	10.5%	3.5%
To enhance sexual performance	10.6%	12.7%	7.5%	10.4%	9.1%	12.4%
To reduce stress/relax	8.7%	9.0%	7.9%	8.4%	8.2%	9.0%
To manage depression/anxiety	5.6%	5.6%	5.4%	5.4%	4.1%	7.0%
To stay awake	5.1%	5.0%	5.4%	5.0%	5.0%	5.0%
To enhance performance (school/work/sport)	1.8%	2.1%	1.2%	2.5%	1.8%	1.0%
To reduce the effect of alcohol	1.6%	1.9%	0.8%	1.0%	1.4%	2.5%
To reduce pain	0.3%	0.5%	0.0%	0.0%	0.0%	1.0%
Other	2.1%	2.4%	1.7%	1.0%	2.7%	2.5%

*Respondents could select more zthan one option.

Three-quarters of respondents (75.1%) stated that they mostly bought MDMA. Of those who had bought MDMA in the last year, 57.6% did so via direct contact with their source, while 54.3% bought it from friends or people they knew. Females were more likely than males to buy MDMA from someone they knew (66.0% versus 47.5%). While 8.3% of respondents bought MDMA through social media, this increased to 15.9% among 18–24-year-olds. Respondents were most likely to have MDMA delivered to them by meeting their source or dealer outside the home (60.8%), 22.7% received it using home (in-person) delivery, and 22.4% picked it up from an arranged location. Older respondents were most likely to have MDMA home-delivered, while younger respondents were most likely to pick it up from an arranged location (Table 22).

Table 22: How MDMA is obtained by EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=624	n=377	n=241	n=202	n=219	n=201
How MDMA is obtained						
Mostly I buy it	75.1%	81.8%	65.2%	75.9%	74.1%	75.6%
Mostly I get it for free	23.6%	17.9%	23.2%	24.1%	23.4%	24.4%
Other	1.3%	0.3%	1.0%	1.8%	1.0%	2.7%
Bought MDMA in the last year	68.3%	71.2%	64.6%	75.4%	61.6%	68.2%
How MDMA was bought*						
Direct contact with dealer/source (in person or via phone, e-mail, or text message)	57.6%	61.9%	51.0%	64.9%	51.1%	55.9%
From friends or people I know	54.3%	47.5%	66.0%	51.7%	55.7%	55.9%
Through messaging apps (e.g. Telegram, Viber, Signal)	9.3%	9.4%	9.2%	13.2%	8.4%	5.1%
Through social media (e.g. Snapchat, Facebook, Instagram)	8.3%	7.5%	9.2%	15.9%	4.6%	2.9%
Offered to me on the street	5.0%	6.8%	2.0%	6.6%	6.9%	1.5%
Dark web (e.g. Tor network)	5.0%	6.0%	3.3%	4.0%	8.4%	2.9%
In a shop on the surface web	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
How MDMA was delivered*						
Handed over in person outside my home	60.8%	59.8%	62.8%	58.0%	65.9%	60.2%
Home (in-person) delivery	22.7%	22.3%	23.0%	23.8%	17.1%	26.3%
Picked up from arranged location without any personal contact	22.4%	24.7%	18.9%	30.8%	20.3%	15.0%
Regular mail/postage	3.5%	3.6%	3.4%	2.1%	3.3%	5.3%
Other	9.7%	9.2%	10.8%	9.1%	11.4%	9.0%

*Respondents could select more than one option.



07

Ketamine

Last-year ketamine use was reported by 24.8% of EWSD respondents, and last-month use was reported by 9.9%. Those aged 18–24 years were much more likely to report last-year use compared with those aged 35 years and over (35.2% versus 15.5%). The ketamine module was completed by 360 (69.5%) last-year users. Almost all (98.1%) reported using ketamine in the form of powder or crystals, while 1.4% used tablets. The most common locations for using ketamine were a music festival or party (69.2%), at their own or someone else's home (67.5%), and at a club or bar (56.4%). While 70.0% of 18–24-year-olds used ketamine in a club or bar, this decreased to 35.2% among those aged 35 years and over. Infrequent use was reported by 68.3% of respondents, with 25.3% reporting occasional use. While 6.4% of respondents reported frequent use, this ranged from 11.3% among 18–24-year-olds to 3.9% among 25–34-year-olds and 0.0% among those aged 35 years and over. Due to the low number of respondents who reported frequent use of ketamine, we have not undertaken further analysis on frequency. The mean quantity of ketamine powder used was 0.6% g. The main reasons respondents used ketamine were to get high (86.9%), to socialise (41.1), and out of curiosity (23.1%) (Table 23).

Table 23: Ketamine use among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=360	n=218	n=141	n=160	n=128	n=71
Location of use in the last year*						
Music festival or party	69.2%	66.1%	73.8%	73.8%	70.3%	56.3%
At own or someone else's home	67.5%	71.1%	61.7%	69.4%	60.2%	77.5%
Club or bar	56.4%	57.8%	54.6%	70.0%	50.8%	35.2%
In nature	12.8%	14.7%	9.9%	16.3%	8.6%	12.7%
In a car	3.3%	4.6%	1.4%	6.2%	1.6%	0.0%
Chemsex party	2.5%	3.7%	0.7%	1.3%	0.0%	9.9%
At school	2.2%	2.3%	2.1%	4.4%	0.8%	0.0%
Public space (e.g. street, park)	2.1%	2.3%	1.8%	4.7%	1.2%	0.8%
At work	1.9%	2.3%	1.4%	3.1%	1.6%	0.0%
Drug consumption room	0.8%	0.9%	0.7%	1.3%	0.8%	0.0%
Other	0.6%	0.9%	0.0%	0.0%	0.0%	2.8%
Frequency of use						
Infrequent use (<11 days)	68.3%	66.1%	71.6%	58.8%	79.7%	69.0%
Occasional use (11–50 days)	25.3%	27.5%	22.0%	30.0%	16.4%	31.0%
Frequent use (≥51 days)	6.4%	6.4%	6.4%	11.3%	3.9%	0.0%

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=360	n=218	n=141	n=160	n=128	n=71
Amount typically used						
Mean number of grams of powder	0.6 g	0.6 g	0.6 g	0.7 g	0.5 g	0.6 g
Reasons for using ketamine*						
To get high/for fun	86.9%	89.0%	84.4%	90.6%	88.3%	76.1%
To socialise	41.1%	42.2%	39.7%	39.4%	47.7%	32.4%
Out of curiosity/to experiment	23.1%	23.9%	21.3%	20.6%	23.4%	28.2%
To reduce stress/relax	18.3%	18.8%	17.0%	23.1%	13.3%	16.9%
To manage depression/anxiety	11.9%	12.4%	11.3%	15.0%	7.8%	12.7%
To enhance sexual performance	5.6%	6.4%	4.3%	3.7%	3.9%	12.7%
To reduce pain	5.0%	4.1%	6.4%	9.4%	0.8%	2.8%
To stay awake	2.5%	2.8%	2.1%	2.5%	3.9%	0.0%
To reduce the effect of alcohol	1.9%	1.4%	2.8%	3.1%	1.6%	0.0%
To enhance performance (school/ work/sport)	1.7%	2.3%	0.7%	2.5%	0.8%	1.4%
Other	6.4%	6.9%	5.7%	6.2%	7.0%	5.6%

*Respondents could select more than one option.

Three-fifths (60.3%) of respondents stated that they mostly bought ketamine. Of those who had bought ketamine in the last year, 69.8% did so via direct contact with their source and 43.9% bought it from friends or people they knew. While 8.3% bought ketamine through social media, this increased to 13.7% among 18–24-year-olds. Respondents were most likely to have ketamine delivered to them by meeting their source or dealer outside the home (64.2%), while 23.8% received it using home (in-person) delivery and 22.3% picked it up from an arranged location (Table 24).

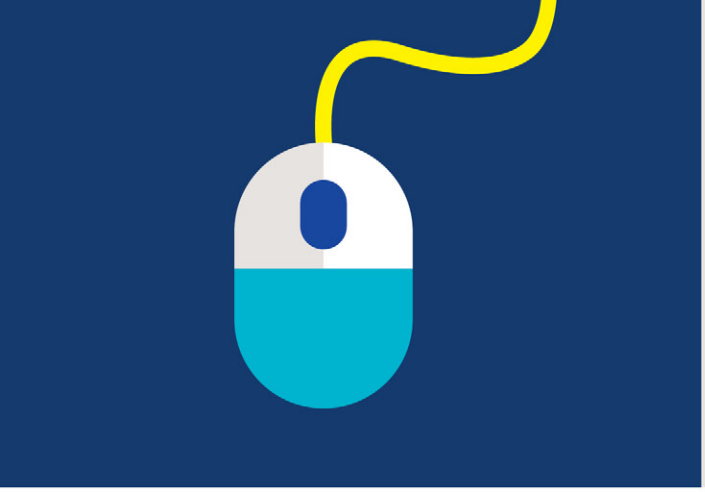
Table 24: How ketamine is obtained by EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=360	n=218	n=141	n=160	n=128	n=71
How ketamine is obtained						
Mostly I buy it	60.3%	71.4%	42.9%	65.0%	53.5%	62.9%
Mostly I get it for free	37.7%	26.7%	55.0%	33.1%	44.9%	34.3%
Other	2.0%	1.8%	2.1%	1.9%	1.6%	2.9%
Bought ketamine in the last year	58.2%	65.4%	46.4%	64.4%	53.2%	53.6%
How ketamine was bought*						
Direct contact with dealer/source (in person or via phone, e-mail, or text message)	69.8%	72.1%	64.1%	72.5%	65.2%	70.3%
From friends or people I know	43.9%	37.9%	57.8%	43.1%	48.5%	37.8%
Through messaging apps (e.g. Telegram, Viber, Signal)	12.2%	12.1%	12.5%	15.7%	9.1%	8.1%
Through social media (e.g. Snapchat, Facebook, Instagram)	8.3%	9.3%	6.2%	13.7%	4.5%	0.0%
Offered to me on the street	3.9%	5.0%	1.6%	4.9%	3.0%	2.7%
Dark web (e.g. Tor network)	4.4%	5.0%	3.1%	2.9%	3.0%	10.8%
In a shop on the surface web	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
How ketamine was delivered*						
Handed over in person outside my home	64.2%	63.1%	67.7%	64.5%	68.8%	55.6%
Home (in-person) delivery	23.8%	23.1%	25.8%	22.6%	23.4%	27.8%
Picked up from arranged location without any personal contact	22.3%	26.2%	14.5%	26.9%	14.1%	25.0%
Regular mail/postage	3.1%	3.8%	1.6%	1.1%	3.1%	8.3%
Other	8.3%	6.2%	11.3%	6.5%	12.5%	5.6%

*Respondents could select more than one option.

08

New Psychoactive Substance (NPS) use

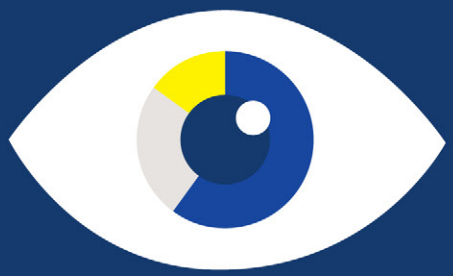














In this survey, the module on NPS use was preceded with the following text: *'new substances, that have sometimes similar effect as known illicit drugs, may now be sometimes available. They are sometimes called 'new psychoactive substances' or 'legal highs' and can come in different forms, for example – herbal mixtures, powders, crystals, or tablets'*. Last-year use of NPS was reported by 21.5% of respondents, and last-month use was reported by 11.1%. Those aged 18–24 years were more likely to report last-year NPS use compared with those aged 35 years and over (31.5% versus 16.0%). The NPS module was completed by 275 respondents, which corresponds to 53.6% of last-year NPS users. The most common types of NPS used were synthetic cannabinoids (37.5%) and hallucinogens (28.0%). Females were more likely than males to have used synthetic cannabinoids (49.5% versus 29.9%) and benzodiazepines (17.5% versus 10.3%), while males were more likely to have used hallucinogens (35.1% versus 15.5%) and synthetic cathinones (14.4% versus 7.2%). Younger respondents were more likely than older respondents to use synthetic cannabinoids, while those aged 35 years and over were most likely to use hallucinogens and benzodiazepines. The most common forms of NPS used were liquids (31.6%) and powders, crystals, or tablets (29.8%). The main location of NPS use was at their own or someone else's home (79.4%). Infrequent use was reported by 59.7% of respondents, occasional use by 23.3%, and frequent use by 17.0%. Females were more likely than males to report occasional and frequent use, which may be explained by the types of NPS most commonly used by females (benzodiazepines and cannabinoids). The most common reasons for using NPS were to get high or for fun (69.6%), to reduce stress (40.1%), and out of curiosity (37.4%). Females were more likely than males to use NPS to reduce stress, improve sleep, and to manage depression or anxiety (Table 25).

Table 25: NPS use among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=275	n=174	n=97	n=124	n=84	n=66
Types of NPS used in last year*						
Synthetic cannabinoids (e.g. Spice)	37.5%	29.9%	49.5%	43.5%	33.3%	30.3%
Hallucinogens	28.0%	35.1%	15.5%	22.6%	28.6%	37.9%
Benzodiazepines or tranquillisers	12.7%	10.3%	17.5%	10.5%	13.1%	16.7%
Synthetic cathinones (e.g. mephedrone, 3-chloromethcathinone (3-CMC))	11.6%	14.4%	7.2%	9.7%	16.7%	9.1%
Opioids (e.g. carfentanil, protonitazene)	2.9%	2.9%	3.1%	4.0%	3.6%	0.0%
Other NPS	23.6%	26.4%	19.6%	25.0%	27.4%	16.7%
Type of NPS most frequently used						
Synthetic cannabinoids	36.0%	28.1%	48.4%	40.8%	32.9%	29.7%
Hallucinogens	24.2%	30.5%	12.9%	18.3%	25.3%	34.4%
Other NPS	22.0%	24.6%	18.3%	25.8%	21.5%	15.6%
Synthetic cathinones	8.7%	10.2%	6.5%	7.5%	11.2%	9.4%
Benzodiazepines or tranquillisers	8.0%	5.4%	12.9%	6.7%	7.6%	10.9%
Opioids	1.1%	1.2%	1.1%	0.8%	2.5%	0.0%

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=275	n=174	n=97	n=124	n=84	n=66
Form of NPS most frequently used*						
Liquids	31.6%	31.0%	33.0%	37.1%	29.8%	24.2%
Powders, crystals, or tablets	29.8%	31.0%	27.8%	24.2%	34.5%	34.8%
Herbal smoking mixtures	15.3%	13.2%	18.6%	16.1%	14.3%	15.2%
Blotters	8.0%	9.8%	5.2%	4.0%	10.7%	12.1%
Other	21.5%	19.0%	25.8%	24.2%	22.6%	13.6%
Location of use in the last year*						
At own or someone else's home	79.4%	78.4%	81.3%	80.0%	78.5%	79.0%
Music festival or party	35.0%	35.2%	34.1%	34.8%	36.7%	33.9%
In nature	33.9%	37.7%	24.2%	37.4%	32.9%	29.0%
Club or bar	33.5%	32.7%	35.2%	38.3%	34.2%	24.2%
Public space (e.g. street, park)	26.5%	27.2%	24.2%	33.0%	24.1%	16.1%
In a car	7.0%	6.8%	6.6%	10.4%	1.3%	8.1%
At work	6.6%	6.2%	6.6%	8.7%	3.8%	6.5%
At school	5.8%	5.6%	5.5%	12.2%	1.3%	0.0%
Chemsex party	1.2%	1.2%	1.1%	0.9%	1.3%	1.6%
Drug consumption room	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	1.9%	1.9%	2.2%	2.6%	1.3%	1.6%
Frequency of use						
Infrequent use (<11 days)	59.7%	62.7%	55.7%	56.1%	61.8%	64.5%
Occasional use (11–50 days)	23.3%	21.7%	26.1%	27.2%	21.1%	19.4%
Frequent use (≥51 days)	17.0%	15.5%	18.2%	16.7%	17.1%	16.1%
Reasons for using NPS*						
To get high/for fun	69.6%	72.0%	65.2%	75.2%	65.0%	65.1%
To reduce stress	40.1%	37.3%	43.5%	37.2%	43.8%	39.7%
Out of curiosity/to experiment	37.4%	36.0%	38.0%	43.4%	38.8%	25.4%
To socialise	26.8%	24.8%	28.3%	32.7%	27.5%	15.9%
To improve sleep	26.1%	21.1%	32.6%	30.1%	26.3%	19.0%
It is easily available	22.6%	21.7%	21.7%	27.4%	22.5%	14.3%
To manage depression/anxiety	22.2%	19.3%	25.0%	23.0%	20.0%	22.2%
My usual drug of choice was not available	14.4%	14.9%	12.0%	19.5%	12.5%	7.9%
It is cheap	13.2%	14.3%	9.8%	16.8%	13.8%	6.3%
To treat a health issue	9.7%	8.1%	10.9%	6.2%	12.5%	12.7%
To enhance performance (school/work/sport)	7.0%	7.5%	5.4%	8.8%	2.5%	9.5%
To enhance sexual pleasure or performance	5.4%	5.6%	3.3%	5.3%	5.0%	6.3%
To stay awake or get more energy	5.1%	3.7%	6.5%	4.4%	6.2%	4.8%
Other	4.7%	5.6%	3.3%	1.8%	10.0%	3.2%

*Respondents could select more than one option.

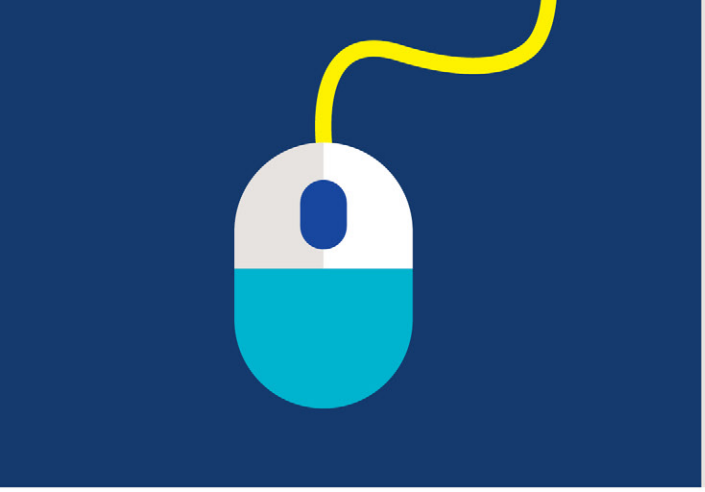
Three-quarters (74.2%) of respondents stated that they mostly bought NPS. Of those who had bought NPS in the last year, 58.8% did so from a high street shop and 24.4% bought NPS from a shop on the surface web. Females were more likely than males to buy NPS from a high street shop (75.0% versus 50.5%), while males were more likely than females to buy NPS through direct contact with their dealer or source (17.4% versus 8.3%). Just 40 respondents answered the delivery question, with 47.5% of eligible respondents stating that NPS were typically handed over in person outside their home (Table 26).

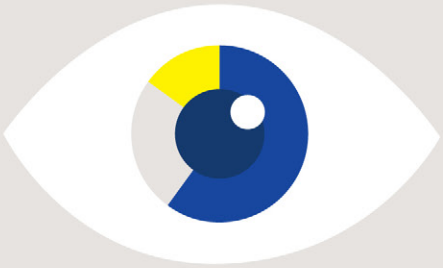
Table 26: How NPS are obtained by EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=275	n=174	n=97	n=124	n=84	n=66
How NPS are obtained						
Mostly I buy it	74.2%	81.0%	60.7%	67.2%	76.3%	84.1%
Mostly I get it for free	21.5%	17.8%	29.2%	25.9%	21.1%	14.3%
Other	4.3%	1.2%	10.1%	6.9%	2.6%	1.6%
Bought NPS in the last year	62.7%	66.9%	54.4%	61.5%	64.9%	61.5%
How NPS were bought*						
In a shop on the high street	58.8%	50.5%	75.0%	62.5%	63.3%	44.7%
In a shop on the surface web	24.4%	24.8%	18.8%	15.3%	30.6%	34.2%
Direct contact with dealer/source (in person or via phone, e-mail, or text message)	14.4%	17.4%	8.3%	15.3%	10.2%	18.4%
From friends or people I know	9.4%	11.0%	6.2%	8.3%	6.1%	15.8%
Through messaging apps (e.g. Telegram, Viber, Signal)	3.7%	3.7%	4.2%	2.8%	4.1%	5.3%
Dark web (e.g. Tor network)	3.1%	3.7%	2.1%	2.8%	4.1%	2.6%
Through social media (e.g. Snapchat, Facebook, Instagram)	2.5%	2.8%	2.1%	4.2%	2.0%	0.0%
Offered to me on the street	1.3%	1.8%	0.0%	0.0%	2.0%	2.6%
Other	3.1%	0.0%	10.4%	4.2%	0.0%	5.3%
How NPS were delivered*^						
Handed over in person outside my home	47.5%					
Home (in-person) delivery	27.5%					
Picked up from arranged location without any personal contact	20.0%					
Regular mail/postage	15.0%					
Other	5.0%					

*Respondents could select more than one option.

^Results not reported by sex or age group due to low numbers of respondents.





09

Amphetamine use







Last-year amphetamine use was reported by 8.8% of respondents, and last-month use was reported by 3.4%. The amphetamine module was completed by 85 respondents, corresponding to 40.1% of last-year users. Due to the low number of respondents who completed this module, we have not presented the results by sex or age group. Powder or crystal (60.7%) was the form of amphetamine most commonly used, while 35.7% used tablets or pills. Infrequent use was reported by 62.4% of respondents, while almost one in five (18.8%) reported frequent use. Respondents were most likely to use amphetamines in their own or someone else's home (62.7%) or at a music festival or party (54.2%). The prime reasons for using amphetamines were to get high or for fun (61.2%), to socialise (42.4%), and to stay awake (40.0%) (Table 27).

Table 27: Amphetamine use among EWSD respondents

	All		All
	n=85		n=85
Form of amphetamine used		**Frequency of use**	
Powder/crystal	60.7%	Infrequent use (<11 days)	62.4%
Tablets/pills	35.7%	Occasional use (11–50 days)	18.8%
Both	3.6%	Frequent use (≥51 days)	18.8%
Location of use in the last year*		**Reasons for using amphetamines***	
At own or someone else's home	62.7%	To get high/for fun	61.2%
Music festival or party	54.2%	To socialise	42.4%
Club or bar	42.2%	To stay awake	40.0%
At work	22.9%	To enhance performance (school/ work/sport)	28.2%
At school	14.5%	Out of curiosity/to experiment	14.1%
Public space (e.g. street, park)	13.3%	To reduce stress	10.6%
In nature	10.8%	To reduce the effect of alcohol	10.6%
In a car	2.4%	To manage depression/anxiety	10.6%
Chemsex party	1.2%	To enhance sexual performance	5.9%
Drug consumption room	1.2%	To reduce pain	2.4%
Other	3.6%	Other	12.9%

	All		All
	n=85		n=85
How amphetamines are obtained		**How amphetamines were bought***	
Mostly I buy it	56.5%	Direct contact with dealer/source (in person or via phone, e-mail, or text message)	39.0%
Mostly I get it for free	40.0%	From friends or people I know	24.4%
Other	3.5%	Through messaging apps (e.g. Telegram, Viber, Signal)	12.2%
How amphetamines were delivered*		Dark web (e.g. Tor network)	7.3%
Handed over in person outside my home	51.9%	In a shop on the surface web	7.3%
Home (in-person) delivery	18.5%	Offered to me on the street	2.4%
Picked up from arranged location without any personal contact	29.6%	Through social media (e.g. Snapchat, Facebook, Instagram)	0.0%
Regular mail/postage	7.4%	Other	19.5%
Other	3.7%		

*Respondents could select more than one option.

10

Drug use in nightlife and festival settings, drug information, and harm reduction

This section presents the results of the Irish module on drug use in nightlife and festival settings, which also contained questions on drug education, harm reduction, and respondents' awareness and experience of the Health Service Executive (HSE) Safer Nightlife Programme. The HSE Safer Nightlife Programme aims to help reduce harms in festival settings and involves a media campaign, providing harm reduction materials, outreach and 'back of house' drug monitoring at events. 'Back of house' testing involve the analysis of substances that are not directly obtained from people who use drugs such as through the use of 'amnesty bins' or 'surrender bins'. Prior to this survey, the approach had been piloted at 4 festivals since 2022 through the use of 'surrender' bins in a safe location in the harm reduction and medical tents. This module was completed by 2,328 respondents.

10.1 Drug use in nightlife and festival settings

In the year prior to the survey, 1,961 (84.2%) respondents socialised in a nightlife setting (pubs, night clubs, chemsex parties, and gatherings such as after-hours events and raves), of whom 1,648 (84.1%) had used drugs (other than alcohol). Of those who had socialised in nightlife settings, 15.9% had not used drugs in these settings, 21.6% reported monthly drug use in nightlife settings, and 9.4% reported weekly drug use. Frequency of drug use was similar across sex and age groups. On the last occasion of drug use in a nightlife setting, almost all (87.6%) respondents used alcohol, with 54.0% using cannabis, 47.8% using cocaine, 25.3% using MDMA, and 14.0% using ketamine. Less than 1% reported use of either GHB/GBL, kratom, heroin, methamphetamine, synthetic cannabinoids, or tuci (Table 28).

Table 28: Drug use in nightlife settings, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1961	n=1209	n=729	n=615	n=644	n=695
Frequency of drug use in nightlife settings						
Never	15.9%	15.6%	16.4%	16.7%	16.0%	14.8%
Less than quarterly	31.3%	32.8%	28.9%	30.7%	32.7%	30.7%
Quarterly	21.8%	21.3%	23.0%	20.2%	21.3%	23.9%
Monthly	21.6%	20.7%	22.4%	22.6%	21.2%	21.3%
Weekly	9.4%	9.6%	9.4%	9.8%	8.9%	9.2%
Substances used on last occasion of drug use in a nightlife setting*						
Alcohol	87.6%	87.9%	87.2%	87.9%	87.6%	87.4%
Cannabis	54.0%	55.8%	50.7%	53.8%	55.1%	53.3%
Cocaine	47.8%	46.6%	50.0%	49.7%	50.4%	43.8%
MDMA	25.3%	24.4%	27.2%	25.2%	24.8%	26.0%
Ketamine	14.0%	12.2%	16.9%	13.0%	14.6%	14.1%
Semi-synthetic cannabinoids (SSCs)	6.6%	6.0%	7.2%	8.7%	4.7%	6.6%
Magic mushrooms/truffles	4.2%	4.7%	3.2%	5.2%	3.5%	4.0%
Lysergic acid diethylamide (LSD)	2.9%	3.1%	2.5%	3.3%	2.8%	2.6%
Amphetamines	2.4%	2.5%	2.3%	2.6%	2.6%	2.0%
Other hallucinogens (e.g. dimethyltryptamine (DMT), 4-bromo-2, 5-dimethoxyhenethylamine (2CB))	1.8%	1.4%	2.5%	2.2%	1.6%	1.6%
Benzodiazepines (without prescription)	1.5%	1.3%	2.0%	2.6%	0.6%	1.5%
Nitrous oxide	1.3%	1.6%	0.9%	1.5%	1.2%	1.3%
Synthetic cathinones	1.2%	0.9%	1.6%	1.5%	1.4%	0.7%
Number of substances used on last occasion of drug use in a nightlife setting (including alcohol)						
1	9.1%	8.9%	9.2%	9.4%	8.9%	9.0%
2	53.0%	54.0%	51.6%	49.6%	52.6%	56.0%
3	23.8%	24.0%	23.3%	25.7%	23.8%	22.5%
4	8.1%	7.3%	9.8%	8.7%	8.9%	7.0%
≥5	6.0%	5.8%	6.1%	6.7%	5.7%	5.5%

*Respondents could select more than one option.

Two in five respondents (40.7%) used drugs (excluding alcohol) at a music festival in the last year, corresponding to 62.0% of those who had attended a music festival. On the last occasion of drug use at a festival, 85.8% used alcohol, 60.6% used cannabis, 60.2% used MDMA, 51.9% used cocaine, and 31.5% used ketamine. Less than 1% reported use of either GHB/GBL, kratom, heroin, methamphetamine, synthetic cannabinoids, or tuci (Table 29).

Table 29: Drug use in festival settings, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=2326	n=1464	n=833	n=718	n=756	n=845
Drug use at a music festival						
Yes	40.7%	38.9%	44.2%	39.8%	40.6%	41.4%
No	21.3%	22.1%	20.1%	21.5%	20.1%	22.1%
Did not attend a music festival	38.0	38.9%	35.8%	38.7%	39.3%	36.5%
Substances used on last occasion of drug use at a festival*						
Alcohol	85.8%	84.6%	87.4%	88.5%	84.2%	84.9%
Cannabis	60.6%	61.9%	58.6%	58.7%	64.8%	58.3%
MDMA	60.2%	58.8%	62.5%	58.4%	59.5%	62.3%
Cocaine	51.9%	51.9%	51.8%	50.0%	55.3%	50.1%
Ketamine	31.5%	31.5%	32.1%	31.8%	29.9%	32.8%
Magic mushrooms/truffles	16.2%	17.0%	15.3%	13.3%	15.8%	18.8%
LSD	9.1%	9.0%	9.3%	8.7%	11.8%	6.7%
Other hallucinogens (e.g. DMT, 2CB)	6.4%	5.5%	7.7%	5.9%	8.6%	4.9%
Amphetamines	3.4%	2.8%	4.1%	3.5%	3.3%	3.5%
Nitrous oxide	2.9%	3.5%	1.9%	1.7%	2.6%	4.1%
SSCs (e.g. hexahydrocannabinol (HHC))	2.8%	2.5%	3.3%	2.8%	2.3%	2.9%
Synthetic cathinones (e.g. mephedrone, 3-CMC)	1.2%	0.7%	1.9%	0.3%	1.3%	1.7%
Benzodiazepines (without prescription)	1.7%	1.9%	1.4%	2.1%	1.6%	1.4%
Number of substances used on last occasion of drug use at a festival (including alcohol)						
1	8.7%	9.4%	8.0%	8.7%	8.7%	9.4%
2	27.8%	27.8%	27.4%	29.0%	27.8%	27.8%
3	23.5%	23.9%	22.5%	22.4%	23.5%	23.9%
4	18.1%	17.0%	20.0%	18.5%	18.1%	17.0%
≥5	21.9%	21.8%	22.2%	21.3%	21.9%	21.8%

*Respondents could select more than one option.

Polysubstance use, defined as the simultaneous use of two or more substances, including alcohol, was reported by the majority of respondents who used drugs in nightlife or festival settings. On the last occasion on which respondents used drugs in nightlife settings, 23.8% used three substances, 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 (Figure 6). In both nightlife and festival settings, there was little variation in polysubstance use by sex or age group. Respondents were also asked about their negative experiences in nightlife and festival settings in the last year; 18.1% reported being unwell from alcohol use and 9.0% from drug use, 4.6% reported sexual harassment or violence, 2.0% reported drink spiking, and 0.2% reported needle spiking (Table 30). The likelihood of having experienced sexual harassment varied by sexual orientation; 2.6% of those who were heterosexual reported sexual harassment, compared with 4.2% who were gay or lesbian and 11.5% of those who were bisexual.

Figure 6: Number of substances (including alcohol) used on last occasion of drug use in nightlife and festival settings

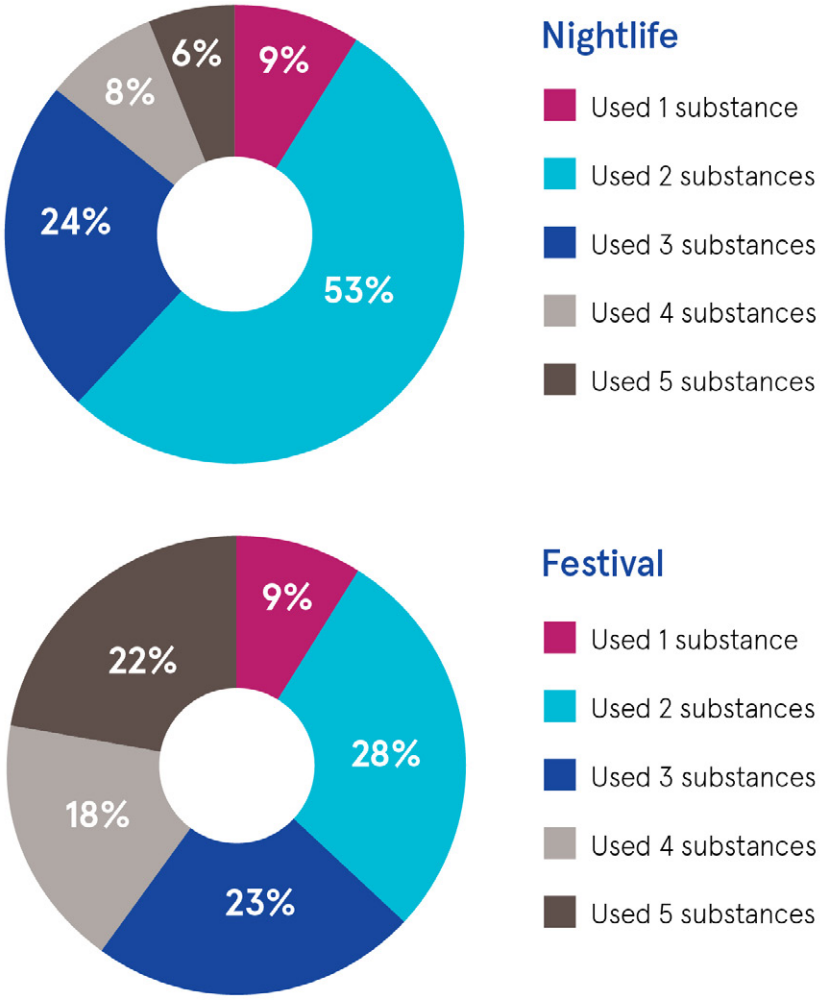


Table 30: Negative experiences in nightlife or festival settings, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=1719	n=1058	n=640	n=539	n=558	n=617
Negative experiences in nightlife or festival settings (among those who have used drugs)*						
Unwell from alcohol use	18.1%	18.2%	17.8%	16.9%	17.4%	19.6%
Unwell from drug use	9.0%	8.9%	9.1%	8.5%	8.6%	9.6%
Sexual harassment/violence	4.6%	4.4%	4.8%	5.0%	3.6%	5.2%
Drink spiking	2.0%	1.8%	2.5%	1.3%	2.3%	2.3%
Needle spiking	0.2%	0.2%	0.2%	0.0%	0.2%	0.3%
Other	0.3%	0.4%	0.3%	0.2%	0.4%	0.5%

*Respondents could select more than one option.

10.2 Drug information

Almost one-quarter (23.8%) of respondents stated that they had received a structured drug awareness intervention in school from a teacher or external facilitator. Drug information was mainly sourced through personal online research (53.5%) and from friends (24.6%). The main source of drug information did not vary by sex or age group. Just 5.6% of respondents stated that they mainly sourced drug information from school or college, and 4.2% got their drug information from the HSE. The main topics that respondents felt they needed further information on were warnings of dangerous drugs (50.8%), how drugs interact (42.4%), and how to reduce harms (38.8%) (Table 31). Rates of concurrent polydrug use were similar regardless of whether respondents had received a structured drug awareness intervention or not (Figure 7).

Figure 7: Number of drugs used in the last year, by drug awareness provision

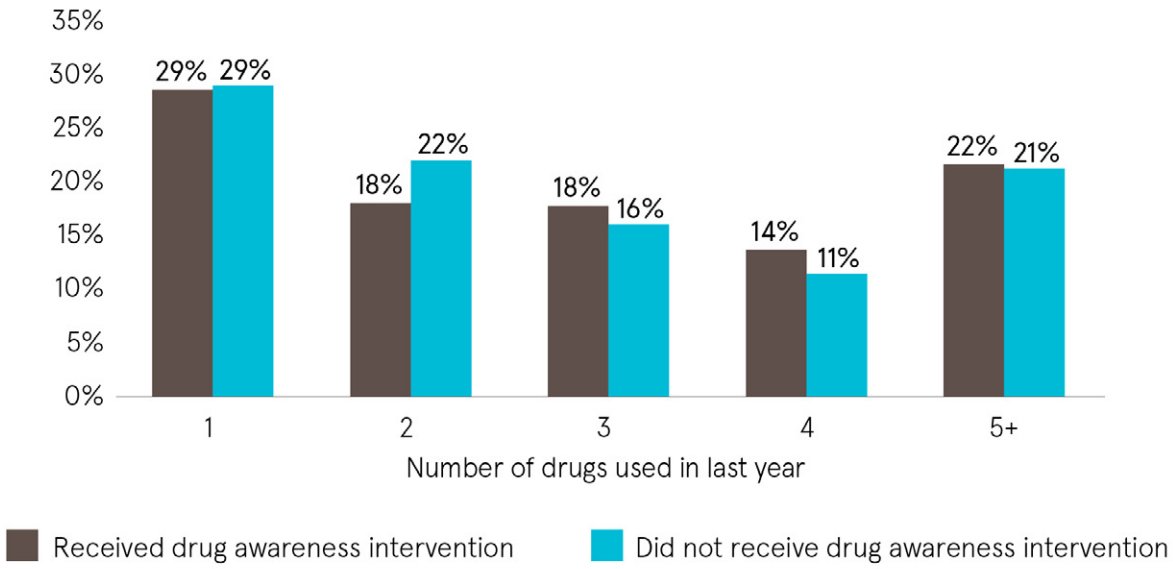


Table 31: Sources of drug information among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=2325	n=1465	n=831	n=717	n=758	n=843
Received a structured drug awareness intervention in school						
Yes	23.8%	23.9%	24.1%	23.8%	25.3%	22.4%
No	65.9%	65.7%	66.3%	65.8%	65.0%	67.0%
Don't know	10.2%	10.4%	9.6%	10.3%	9.6%	10.6%
How drug information was obtained						
Personal research online	53.5%	53.0%	54.3%	52.4%	55.4%	52.8%
Friends	24.6%	24.7%	24.6%	26.3%	23.3%	24.2%
Drug user forums	6.2%	6.0%	6.5%	5.4%	6.6%	6.6%
School/college	5.6%	6.2%	4.6%	5.8%	6.1%	4.9%
HSE	4.2%	4.6%	3.5%	4.0%	3.3%	5.0%
Parents	1.6%	1.6%	1.6%	1.4%	1.5%	1.9%
Other	4.3%	3.9%	4.9%	4.7%	3.7%	4.6%
Drug information needed*						
Warnings of dangerous drugs	50.8%	50.5%	51.6%	49.9%	50.3%	52.3%
How drugs interact	42.4%	43.4%	41.3%	43.2%	41.7%	42.5%
How to reduce harms	38.8%	38.9%	39.1%	40.0%	36.3%	40.0%
Information on drug emergencies/ overdoses	31.0%	30.0%	32.9%	31.9%	29.4%	31.5%
How to support others	28.8%	28.6%	29.7%	29.4%	28.5%	28.4%
Drugs and mental health	28.5%	28.9%	27.8%	30.0%	28.4%	27.5%
Information on drugs and their effect	23.7%	24.2%	23.0%	25.1%	22.9%	23.1%
How to access help/treatment	21.3%	21.3%	21.5%	21.7%	20.7%	21.7%
Other	2.7%	2.9%	2.3%	3.6%	1.7%	2.8%
None	29.9%	29.2%	31.3%	28.6%	31.1%	30.0%

*Respondents could select more than one option.

10.3 Harm reduction

in this survey, harm reduction was defined as a set of policies and practices that aim to support people to reduce the harms from drug use. Awareness of harm reduction measures was reported by 68.3% of respondents, with Google searching being the main source of harm reduction information (reported by 58.0%). The Drugs.ie website was a source of information for 23.8% of respondents and Drugs.ie social media was a source for 15.8%. One-half of respondents stated that they had applied harm reduction measures in the last year, with the most common measures being staying hydrated (80.5%), reducing the quantity of drugs used (78.7%), and increasing time between use (63.3%) (Table 32). Levels of awareness of harm reduction were similar for both those who had received a structured drug awareness intervention and those who had not; however, those who had received a drug awareness intervention were more likely to apply harm reduction measures (58.1% versus 47.7%) than those who had not (Figure 8). Just over one-half (53.2%) of respondents said that they would be willing to use a harm reduction service, with females and younger respondents being more likely to report this. Of those who indicated that they would engage with such a service, 85.1% would like to have drug checking available and 55.6% would like information on reducing harm (Table 32).

Figure 8: Awareness of harm reduction and application of harm reduction measures, by drug awareness provision

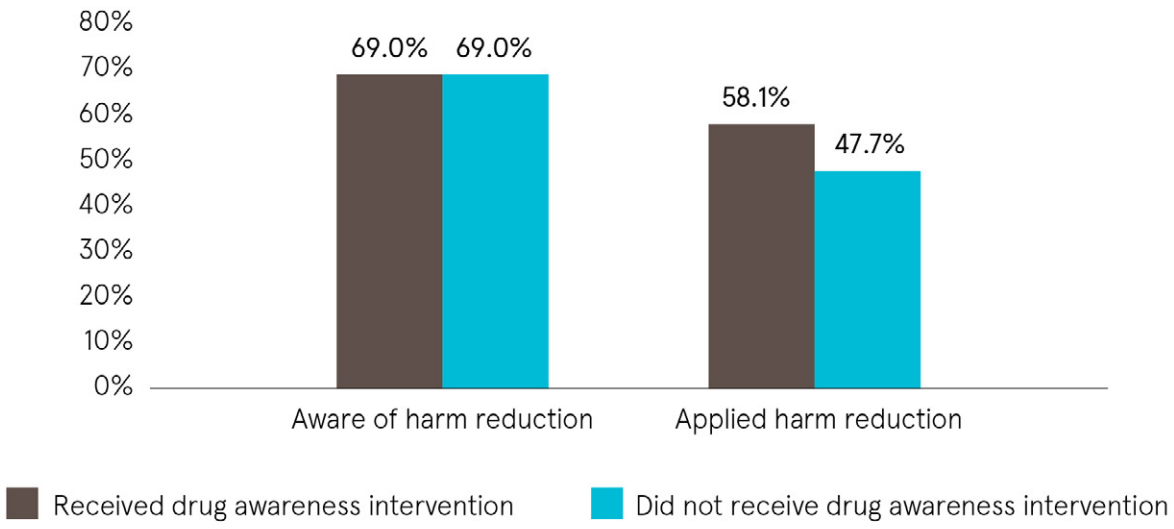


Table 32: Harm reduction awareness, application, and needs among EWSD respondents, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=2325	n=1465	n=831	n=717	n=758	n=843
Awareness of harm reduction						
Yes	68.3%	67.5%	70.3%	65.6%	69.2%	70.0%
No	20.1%	21.0%	18.4%	22.5%	19.4%	18.7%
Don't know	11.5%	11.5%	11.3%	11.8%	11.4%	11.3%
Source of harm reduction information*						
Google search	58.0%	58.8%	56.6%	60.7%	58.5%	55.7%
Friends	34.6%	35.0%	34.8%	33.4%	34.0%	36.2%
Drugs.ie website	23.8%	23.7%	24.1%	23.9%	25.0%	22.3%
Online user forums	21.7%	21.3%	22.2%	21.8%	21.8%	21.5%
School education	19.7%	20.2%	18.9%	20.1%	21.2%	17.9%
Drugs.ie social media	15.8%	15.8%	16.0%	15.9%	15.9%	15.6%
College education	11.6%	10.2%	14.2%	12.9%	12.8%	9.3%
Staff at music festival	8.9%	8.7%	9.6%	7.8%	7.1%	11.5%
Other	9.3%	9.4%	8.9%	9.3%	8.0%	10.5%
Application of harm reduction measures in the last year						
Yes	50.2%	50.1%	50.4%	50.4%	49.3%	50.9%
No	38.7%	38.7%	38.6%	38.0%	39.2%	38.5%
Don't know	11.2%	11.2%	11.0%	11.6%	11.5%	10.6%
Harm reduction measures applied*						
Staying hydrated	80.5%	79.6%	81.8%	79.2%	81.2%	80.8%
Reducing how much used	78.7%	77.7%	80.9%	78.1%	75.3%	82.0%
Increasing time between use	63.3%	63.4%	63.6%	60.7%	63.0%	65.8%
Using one drug at a time	38.3%	38.3%	38.3%	38.0%	35.7%	41.2%
Having one sober friend	24.4%	24.2%	25.1%	23.8%	24.4%	24.6%
Getting information before event	18.6%	17.2%	21.1%	19.1%	19.6%	17.3%
Using sterile paraphernalia	13.6%	13.3%	14.1%	15.5%	13.9%	11.7%
Other	7.7%	8.6%	6.0%	6.9%	8.8%	7.5%
Willing to engage with a harm reduction service						
Yes	53.2%	51.3%	56.2%	55.0%	53.3%	51.7%
No	28.3%	30.0%	25.5%	26.7%	29.0%	28.7%
Don't know	18.6%	18.7%	18.3%	18.3%	17.7%	19.7%
Information/supports wanted*						
Drug checking	85.1%	84.7%	85.9%	86.0%	82.9%	86.2%
Information on reducing harm	55.6%	55.1%	57.0%	55.7%	59.1%	52.5%
Information on drugs	46.3%	47.6%	44.8%	46.3%	45.9%	46.6%
Drug trends	43.0%	42.7%	43.7%	44.5%	42.9%	42.0%
Discussing drugs with staff	31.0%	31.3%	31.0%	30.3%	31.5%	31.4%
Mental health information	27.4%	26.9%	27.8%	28.0%	28.5%	26.1%
Other	3.4%	3.7%	3.0%	3.3%	4.0%	3.0%

*Respondents could select more than one option.

10.4 HSE Safer Nightlife Programme

Just over one-fifth (22.4%) of EWSD respondents had seen harm reduction information from the HSE Safer Nightlife Programme. Females were more likely than males to report seeing this information (26.4% versus 20.1%). Among those who had seen harm reduction information, 68.5% saw social media messages, 47.2% saw information at festivals, and 21.0% saw alerts. One-third of those who had seen harm reduction information reported that it had an impact on their behaviour, with impacts being more likely among those aged 35 years and over compared with 18–24-year-olds (39.8% versus 26.8%). The most common impacts were taking less drugs (58.6%), staying hydrated (56.2%), and increasing time between use (51.5%). Males and those aged 35 years and over were most likely to state that they avoided drug use altogether. Older respondents were also more likely to avoid mixing drugs and to avoid using alone, while females were more likely to increase time between use. Over one-half (57.9%) of respondents stated that they would be willing to use HSE 'back of house' drug checking, with no differences observed by sex or age group. A Drugs.ie tent (68.5%) and a bin in a health setting (44.8%) were identified as the most preferred options to deposit drugs for 'back of house' drug checking. Among those not willing to use 'back of house' drug checking, the main reasons cited were fear of prosecution (55.4%), not receiving the drugs back (45.8%), and not receiving personal feedback (33.7%). Females were more likely than males to cite not receiving the drugs back and not receiving personal feedback as reasons for not using 'back of house' drug checking (Table 33).

Table 33: Visibility of the HSE Safer Nightlife Programme and impact of harm reduction information, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=2304	n=1448	n=827	n=707	n=752	n=838
Saw harm reduction information from the HSE Safer Nightlife Programme						
Yes	22.4%	20.1%	26.4%	20.2%	21.4%	24.9%
No	69.0%	71.8%	64.2%	69.9%	70.9%	66.5%
Don't know	8.7%	8.1%	9.4%	9.9%	7.7%	8.6%
Harm reduction information seen*						
Social media messages	68.5%	68.4%	69.3%	62.9%	67.7%	72.7%
Information at festivals	47.2%	48.5%	45.0%	50.3%	48.4%	44.0%
Media awareness	45.2%	46.4%	44.0%	39.2%	47.8%	47.8%
Outreach at festivals	23.7%	22.0%	25.7%	22.4%	23.6%	24.9%
Alerts	21.0%	19.9%	22.9%	18.2%	21.1%	22.5%
Other	2.5%	1.7%	3.7%	2.8%	2.5%	2.4%
Did harm reduction information have an impact?						
Yes	33.3%	33.2%	33.8%	26.8%	30.4%	39.8%
No	56.1%	57.0%	54.2%	63.4%	57.0%	51.0%
Don't know	10.6%	9.8%	12.0%	9.9%	12.7%	9.2%

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=2304	n=1448	n=827	n=707	n=752	n=838
Impact of harm reduction information*						
I took less	58.6%	56.8%	61.6%	60.5%	58.3%	58.5%
I stayed hydrated	56.2%	54.7%	58.9%	52.6%	56.2%	58.5%
I increased time between use	51.5%	47.4%	57.5%	50.0%	52.1%	52.4%
I was more informed of drug emergencies	50.9%	50.5%	52.1%	44.7%	45.8%	57.3%
I avoided mixing drugs that interact dangerously	41.4%	41.1%	42.5%	36.8%	37.5%	46.3%
I avoided mixing drugs	33.7%	35.8%	31.5%	21.1%	41.7%	35.4%
I avoided using alone	24.9%	26.3%	23.3%	13.2%	29.2%	28.0%
I felt more confident to use drugs	23.7%	23.2%	24.7%	21.1%	20.8%	26.8%
I avoided use completely	15.4%	18.9%	11.0%	13.2%	8.3%	19.5%
I brought a friend to the medical tent	5.9%	7.4%	4.1%	13.2%	4.2%	3.7%
I used more drugs	1.2%	1.1%	1.4%	0.0%	2.1%	1.2%
Other	2.4%	1.1%	2.7%	0.0%	4.2%	2.4%
Willingness to use HSE 'back of house' drug checking						
Yes	57.9%	57.4%	58.5%	58.5%	57.4%	58.1%
No	21.2%	21.3%	21.4%	20.7%	22.2%	21.0%
Don't know	20.8%	21.3%	20.1%	20.8%	20.4%	20.9%
Preferred options to deposit drugs for 'back of house' drug checking*						
Drugs.ie tent	68.5%	67.3%	70.1%	66.0%	69.8%	69.2%
Bin in health setting	44.8%	43.3%	47.5%	46.7%	44.2%	43.9%
Bin at entrance	27.9%	27.0%	29.9%	28.9%	28.8%	26.5%
I wouldn't use 'back of house' drug checking	10.7%	10.0%	11.8%	13.0%	9.8%	9.7%
Other	2.5%	2.9%	1.9%	3.6%	1.4%	2.5%
Reasons for not using 'back of house' drug checking*						
Fear of prosecution	55.4%	55.7%	54.5%	57.8%	53.6%	55.1%
Don't receive drugs back	45.8%	41.4%	54.0%	44.2%	45.8%	47.2%
Don't receive personal feedback	33.7%	30.4%	40.3%	40.1%	30.7%	31.2%
Other	20.7%	20.7%	21.0%	17.7%	22.9%	21.0%

*Respondents could select more than one option.

10.5 Receiving support for drug use

Respondents were asked about their preferences for accessing support for substance use should support be needed. The most popular options were a general practitioner (GP) (28.2%), a counsellor (20.4%), a local drug service (15.3%), and a mobile phone application (11.6%). There were no differences in support preferences by sex or age group. Just 5.4% of respondents felt that they currently needed help for their substance use (Table 34).

Table 34: Preferences for receiving support for substance use, by sex and age group

	All	Males	Females	18–24 years	25–34 years	≥35 years
	n=2231	n=1405	n=827	n=690	n=721	n=814
If you were to get support for your substance use, where would you prefer to go?						
GP	28.2%	29.0%	26.8%	29.1%	29.0%	26.7%
Counsellor	20.4%	20.6%	19.5%	21.0%	19.1%	21.0%
Local drug service	15.3%	14.8%	16.5%	14.2%	15.3%	16.3%
A mobile phone application	11.6%	11.3%	12.0%	12.0%	10.5%	12.2%
A nightlife/harm reduction service	8.0%	7.7%	8.8%	8.1%	8.3%	7.6%
Phone line	6.4%	6.5%	6.1%	5.8%	7.2%	6.1%
College services	3.0%	3.1%	2.9%	3.0%	3.1%	2.9%
Other	7.0%	7.0%	7.1%	6.7%	7.5%	7.0%
Do you feel you currently need help for your substance use?						
Yes	5.4%	5.5%	5.0%	6.3%	4.5%	5.4%
No	91.1%	91.5%	90.4%	89.9%	91.3%	91.8%
Don't know	3.6%	3.0%	4.6%	3.8%	4.1%	2.9%

11

Hexahydrocannabinol (HHC) use

Hexahydrocannabinol (HHC) is a semi-synthetic cannabinoid (SSC) and was formally identified in Ireland through a law enforcement seizure in January 2023 [7]. While synthetic cannabinoids such as spice are created entirely in a laboratory from non-cannabis chemical precursors and have been available in Ireland since 2008, SSCs are derived from naturally occurring cannabinoids (e.g. CBD) extracted from the cannabis plant, which are then modified in a laboratory. HHC was categorised as a controlled drug under the Misuse of Drugs Act in July 2025 [8], but prior to this, it was easily accessible online or via retail stores in most large urban centres in Ireland [9]. In this survey, the HHC module was completed by 2,314 (96.2%) respondents.

Lifetime HHC use was reported by 36.2% of respondents, while 33.5% reported last-year use and 17.8% reported last-month use. There was little difference in HHC use by sex, while those aged 18–24 years were most likely to use HHC. Almost two-thirds of those who had ever used HHC first used it in the last year, with only 4.8% stating that they first used it 2 or more years prior to this survey. Among EWSD respondents who used HHC in the last year, 31.5% used it infrequently, 33.7% used it occasionally, 31.5% used it frequently, and 3.4% reported intensive use. Females and those aged 18–24 years were most likely to report intensive use (Table 35).

Table 35: Prevalence of HHC use and frequency of use among EWSD respondents, by sex and age group

	All	Male	Female	18–24 years	25–34 years	≥35 years
	n=2314	n=1455	n=830	n=712	n=754	n=841
Lifetime use	36.2%	35.7%	37.0%	38.9%	35.7%	34.2%
Last-year use	33.4%	32.9%	34.5%	36.8%	32.8%	31.2%
Last-month use	17.8%	17.5%	18.3%	18.7%	17.4%	17.2%
When did you first use HHC?						
In the last year	64.1%	64.2%	64.0%	67.2%	67.8%	57.7%
1–2 years ago	31.1%	30.6%	32.0%	29.5%	27.7%	35.9%
≥2 years ago	4.8%	5.1%	4.0%	3.3%	4.5%	6.4%
Frequency of last-year HHC use						
Infrequent use (<11 days)	31.5%	30.3%	34.4%	28.8%	28.2%	36.6%
Occasional use (11–50 days)	33.7%	37.0%	27.8%	37.1%	32.1%	31.7%
Frequent use (51–250 days)	31.5%	30.3%	32.5%	28.8%	35.9%	30.3%
Intensive use (≥251 days)	3.4%	2.4%	5.3%	5.3%	3.8%	1.4%

The primary motive for first using HHC was its easy availability in stores (61.5%), followed by a sense of safety in buying from a store (46.1%) and friends using HHC (36.0%). The most common reasons for using HHC were to get high or for fun (62.9%) and to reduce stress or relax (51.9%). Respondents reported using HHC to treat a number of physical and mental ailments: 27.3% used it to manage depression or anxiety, 18.2% to reduce pain or inflammation, and 5.6% to manage cannabis withdrawal symptoms. Females were more likely than males to use HHC for these reasons. Those aged 18–24 years were more likely than older respondents to use HHC to get high or to socialise. The main source of HHC reported was a high street shop (62.4%), while 19.6% of respondents typically sourced HHC from friends or family and 15.7% bought HHC from an online store. Just 2.1% sourced HHC from a dealer. Vapes were the most commonly used method of administration (85.4%), followed by edibles in the form of candies and gummies (34.1%) and smoked dried plant or flower (14.5%). Females and 18–24-year-olds were most likely to use edibles in the form of candies or gummies (Table 36).

Table 36: Reasons for HHC use, source, methods of administration, and harms among last-year HHC users, by sex and age group

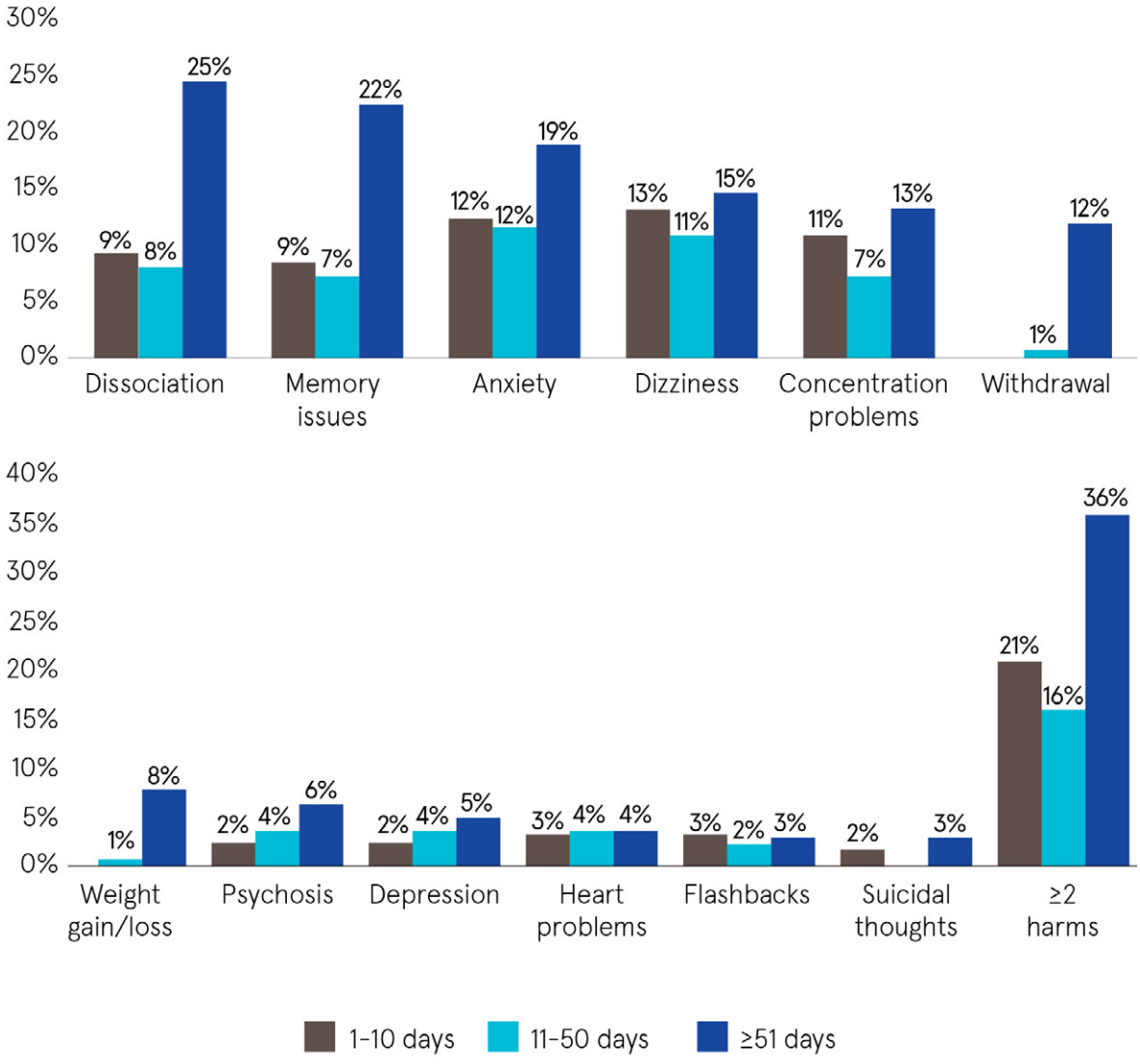
	All	Male	Female	18–24 years	25–34 years	≥35 years
	n=774	n=479	n=286	n=262	n=247	n=262
What influenced your decision to first use HHC?*						
It is easily available in stores (accessibility)	61.5%	60.8%	62.2%	61.1%	62.8%	60.7%
Sense of safety buying from a store	46.1%	46.1%	46.5%	47.3%	46.6%	43.9%
My friends were using	36.0%	36.5%	35.3%	38.9%	31.6%	37.4%
The type of effects	27.6%	26.7%	28.7%	24.4%	30.4%	27.9%
My usual drug of choice was not available	26.6%	25.7%	27.6%	24.4%	29.1%	26.7%
Price	17.6%	15.9%	19.9%	18.3%	19.4%	14.9%
The media made me aware of it	6.2%	7.3%	4.5%	5.0%	6.1%	7.6%
User forums	5.2%	5.4%	4.9%	4.6%	6.1%	5.0%
Other	8.4%	7.7%	9.4%	11.1%	7.3%	6.9%
Reasons for using HHC*						
To get high/for fun	62.9%	63.7%	61.5%	66.0%	61.1%	61.8%
To reduce stress/relax	51.9%	49.5%	55.9%	51.1%	54.3%	50.8%
Out of curiosity/to experiment	41.9%	42.8%	40.6%	40.5%	41.7%	43.5%
To improve sleep	40.1%	37.4%	44.1%	39.3%	42.5%	38.5%
To avoid/reduce illegal cannabis use	30.4%	30.7%	29.7%	29.8%	31.2%	30.5%
To socialise	28.6%	27.6%	30.4%	34.0%	27.5%	24.4%
To manage depression/anxiety	27.3%	24.2%	31.1%	25.2%	26.3%	30.2%
To reduce pain/inflammation	18.2%	15.9%	21.7%	17.9%	18.6%	18.3%
To enhance performance (school/work/sport)	5.6%	5.2%	5.9%	6.1%	6.1%	4.6%
To manage cannabis withdrawal symptoms	5.6%	3.5%	8.0%	5.7%	6.9%	4.2%

	All	Male	Female	18–24 years	25–34 years	≥35 years
	n=774	n=479	n=286	n=262	n=247	n=262
Main source HHC is obtained from						
High street shop	62.4%	63.6%	60.1%	64.1%	61.3%	61.9%
Friends/family give it to me	19.6%	20.2%	18.9%	20.8%	18.5%	19.6%
Online store	15.7%	13.9%	18.9%	13.5%	18.1%	15.0%
Dealer	2.1%	2.1%	1.8%	1.5%	2.1%	2.7%
Other	0.3%	0.2%	0.4%	0.0%	0.0%	0.8%
Methods of administration*						
Vapes (e.g. pen)	85.4%	85.4%	85.3%	85.1%	83.4%	87.4%
Edibles (candies, gummies)	34.1%	31.7%	37.4%	37.4%	34.8%	30.5%
Smoked dried plant or flower	14.5%	14.2%	14.7%	16.4%	12.6%	14.5%
Edibles (baked goods and other foods)	5.2%	4.8%	5.9%	5.3%	3.6%	6.5%
Oils/concentrates – oral use (tinctures)	4.0%	3.5%	4.5%	5.0%	2.8%	4.2%
Other	1.4%	1.3%	1.7%	1.5%	1.2%	1.5%
Harms experienced in last year*						
Anxiety or panic reactions	14.7%	12.5%	18.5%	17.6%	12.6%	13.7%
Feeling faint or dizzy or passing out	13.4%	12.3%	15.4%	13.7%	13.4%	13.0%
Dissociation/depersonalisation	11.9%	11.1%	12.9%	17.2%	7.7%	10.7%
Memory issues	11.4%	9.6%	14.3%	14.1%	10.9%	8.8%
Problems concentrating	10.3%	8.6%	13.3%	13.4%	9.7%	7.6%
Nausea and/or vomiting	10.2%	8.4%	12.9%	10.3%	10.9%	9.5%
Lung or breathing problems	8.0%	8.8%	7.0%	9.9%	9.3%	5.0%
Heart or blood pressure problems	3.9%	3.3%	4.9%	5.0%	4.0%	2.7%
Hallucinations/psychosis	3.9%	3.5%	4.5%	6.1%	2.8%	2.7%
Depression	3.6%	2.7%	4.9%	5.3%	3.2%	2.3%
Withdrawal symptoms	3.2%	3.1%	3.1%	4.6%	3.2%	1.9%
Weight gain/weight loss	2.2%	2.5%	1.4%	3.8%	1.2%	1.5%
Flashbacks	1.9%	1.0%	3.1%	2.3%	1.2%	2.3%
Suicidal thoughts	1.3%	0.6%	2.1%	2.3%	1.2%	0.4%
≥2 HHC harms	24.0%	22.3%	27.3%	27.1%	22.7%	22.1%

*Respondents could select more than one option.

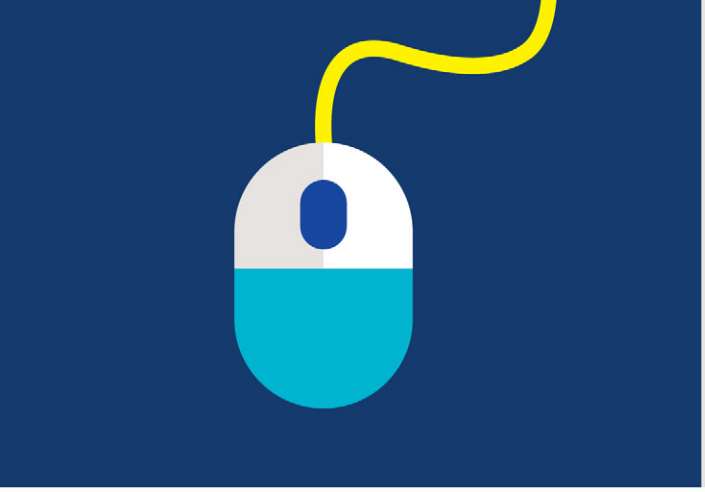
Negative consequences arising from the use of HHC in the last year were reported by 89.9% of respondents, with 24.0% reporting at least two harms. The most frequently reported harm was anxiety or panic reactions (14.7%), followed by feeling faint or dizzy (13.4%) and dissociation or depersonalisation (11.9%). Hallucinations or psychosis were reported by 3.9% of respondents, depression was reported by 3.6%, and withdrawal symptoms were reported by 3.2%. Females were more likely than males to have experienced each individual harm, with the exception of weight loss or gain and lung or breathing problems. Those aged 18–24 years were more likely than older respondents to report anxiety, dissociation, problems with concentration, and hallucinations (Table 36). Of those who reported experiencing harm, only 1.7% had sought medical help. Frequent HHC users were more likely than occasional users to report HHC-related harms (Figure 9).

Figure 9: HHC-related harms, by frequency of use



12

Discussion and policy implications



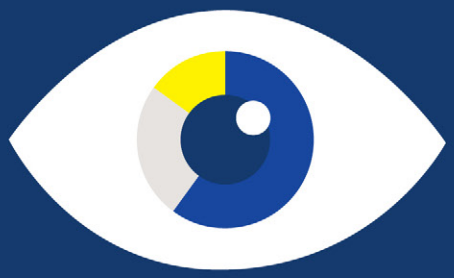














This was the second time that Ireland has participated in the EWSD, and the results presented here continue to provide unique insights into new trends, drug use patterns, motivations of use and location of use in Ireland. One of the main findings of this survey is the emergence of SSCs (particularly 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 [10]. 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. One in five respondents reported the use of at least five different drugs in the last year, and this increased to one in three among males aged 18–24 years. Simultaneous polydrug use – defined in this survey as the use of two or more substances (including alcohol) on the last occasion of drug use – was also common, particularly among those who reported stimulant or ketamine use. The high levels of polydrug use reported in the EWSD are consistent with previous findings from the Growing Up in Ireland cohort [11] and the Drug Use in Higher Education in Ireland survey, [12] and are concerning, as polydrug use is associated with overdose and mental ill health. The high proportion of respondents reporting simultaneous use of cocaine and alcohol is also of concern as when they are ingested together, they produce cocaethylene, an active metabolite that has a synergistic effect in increasing cocaine toxicity and extending the chronicity of its effects [13].

Cannabis remains the most commonly used drug, with 85.4% of respondents using it in the last year, almost all (94.2%) of whom used cannabis herb. Cannabis was also the drug that was most frequently used by respondents – 27.7% reported frequent use, while 27.5% reported intensive or almost daily use. Frequent and intensive users were also more likely than less frequent users to use higher quantities of cannabis and to smoke more joints on an occasion of use. For the first time, the EWSD contained a measure on cannabis harm – the Cannabis Abuse Screening Test (CAST) screening tool – and, based on the CAST criteria, 39.1% of cannabis users were at high risk of experiencing problematic and hence, impactful harmful use. Males were more likely than females to be at high risk of addiction (43.0% versus 33.2%), as were intensive users when compared with infrequent users (74.7% versus 7.6%). This is consistent with previous international studies that have reported that increased frequency of cannabis use is associated with cannabis use problems [14]. Three in four cannabis users stated that they used it to manage health conditions, indicating that there may be extensive self-medication practices using cannabis in Ireland. Respondents were most likely to use cannabis to manage anxiety, sadness and depression, and problems sleeping. For almost all conditions listed, females were more likely than males to use cannabis to manage symptoms. While cannabis is widely used for medical or health reasons, one in two respondents experienced adverse effects from cannabis use in the last year, with anxiety, memory issues, and dissociation being the most commonly reported adverse effects. There was no clear pattern between frequency of use and adverse effects; memory issues, weight gain or loss, and lung problems were associated with more frequent use, while anxiety and nausea were associated with less frequent use.

Similar to the 2021 Irish EWSD survey, 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 2021 (49%), it is considerably higher than the rate of 29% reported by the entire European EWSD sample [10]. 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 [15]. Females aged 25–34 years were the Irish EWSD respondents most likely to report last-year cocaine use, and this is reflective of data from general population surveys, which have shown a steady and consistent increase in cocaine use among females since 2014 [16]. Three in 10 cocaine users reported monthly use, while almost 1 in 10 reported frequent or weekly use. Frequent cocaine users typically used almost double the amount of cocaine as infrequent users did on occasions of cocaine use, which may increase their likelihood of developing cocaine use disorder [17].

The 2024 EWSD was the first to include a module on ketamine use. One-quarter of respondents had used ketamine in the last year, compared with 14% of the overall European EWSD sample; this increased to 35.2% among Irish respondents aged 18–24 years. Respondents used ketamine infrequently, with 25.3% reporting monthly use and only 6.4% reporting weekly use; however, among 18–24-year-olds, 30.0% used ketamine monthly and 11.3% used it weekly. This corresponds with recent data indicating that ketamine use is becoming more common among young Irish adults and students [12] [11]. On the last occasion of ketamine use, 78.3% of respondents also used alcohol, 36.5% also used cocaine, and 31.0% also used MDMA, which is consistent with Irish research that found that ketamine use is predominantly concentrated among those engaged in heavy polysubstance use [11]. A music festival or party and a club or bar were common locations for using ketamine among Irish EWSD respondents, which is consistent with data from the Netherlands [18] and Sweden [19]. The findings on ketamine suggest that increased monitoring of ketamine use and health harms is justified. While information on harms in Ireland is limited, the Euro-DEN study on emergency department presentations reported an increase in presentations due to ketamine use in 2024 [20].

The context of drug use varied by drug type. The most common location for using cannabis was at home, while cocaine and MDMA use typically occurred in nightlife settings. The differing contexts by drug type may be associated with the differing motivations for using drugs – cannabis is frequently used to relax and to manage health conditions while cocaine and MDMA are mostly used to get high or to have fun. Most respondents obtained their drugs by purchasing them while females were much more likely than males to get drugs for free. Drugs were mostly purchased through direct contact with a source or from friends and this was the case for all drug types. Somewhat surprisingly, social media was used infrequently to purchase drugs; just 14% of those purchasing cannabis herb and 10% of those purchasing cocaine used social media. Messaging apps were also used infrequently to purchase drugs. One in four of those who purchased NPS did so via a shop on the surface internet, a trend not observed for any other drug.

The module on nightlife and festival settings found that most respondents used drugs in nightlife or festival settings, with polydrug use particularly prevalent. This is consistent with international research which has found that polydrug use is common among frequent nightlife attendees [21]. Three-quarters of respondents had not received a structured drug awareness intervention in school, and the primary source of drug information was personal research online. Similarly, the main source of harm reduction information was through Google searches. This is concerning, as the information obtained may not be from reputable sources and may be inaccurate. Respondents also highlighted a number of drug use and harm reduction information gaps. These findings suggest that there is a need for drug education in both secondary and tertiary educational settings. More positively, approximately one-half of respondents had applied harm reduction measures in the previous year, and there appears to be a willingness to engage with a harm reduction service, with drug checking being the most frequently desired support cited by respondents. Just over one in five respondents had seen harm reduction information from the HSE Safer Nightlife Programme, with one in three of these stating that the harm reduction information they received had an impact, thus, our results suggest that harm reduction messaging can have a positive impact on reducing drug-related risks. One in five respondents stated that they would not use HSE 'back of house' drug checking, with fear of prosecution being the prime reason for not using such a service. While efforts have been made to communicate that people using 'back of house' drug checking will not be prosecuted, this perception persists among a sizeable minority of respondents. Continued communication by the HSE and An Garda Síochána is warranted in order to reassure the public that using 'back of house' drug testing will not lead to their arrest.

When interpreting the results presented in this report, 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, ensuring that we had 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. The 2021 survey was conducted from March to May 2021, when restrictions on movement were in place and nightlife settings were closed due to the COVID-19 pandemic. It is likely that it was easier to reach potential respondents in 2021. Also, the 2024 survey took place during summer, when third-level institutions are closed and people are more likely to be on holidays, which may have contributed to the smaller sample size. Despite the recruitment strategy employed in 2024 being similar to that utilised in 2021, there were considerable differences in the sample makeup of the two surveys, meaning that caution should be used when identifying trends over time.

The 2024 sample was older and more likely to be in employment and earned considerably more than the 2021 sample. As the EWSD sample is a non-probability one that excludes people who do not use drugs and who do not use the Internet, it cannot provide population drug use prevalence data and the results presented here are not generalisable to the general population nor to the overall population of people who use drugs. Non-response bias (where there are inherent differences between those who participate in a survey and those who do not) and volunteer bias (where people are more likely to respond to a survey if they are interested in the topic) may both have influenced the composition of the EWSD sample. The low numbers of respondents reporting use of drugs typically associated with deprivation and marginalisation such as crack cocaine or heroin, and the low proportion of respondents who have received treatment in the previous year (3.1%) is a reflection of our recruitment strategy, which particularly focused on younger adults who use drugs in nightlife settings. Finally, the EWSD also excluded respondents aged under 18 years, and based on our school surveys, this is a population that also has a high prevalence of drug use.

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. It has allowed us to assess the extent of the use of HHC and ketamine, drugs that have only recently become prominent features on the Irish drug market and for which, little information exists on their use or related harms. In Ireland, the EWSD has previously been used to collect information on nitrous oxide and magic mushrooms, as there had been anecdotal reports regarding an increase in their use. Online surveys complement other traditional data sources, such as general population and school surveys, and newer data sources like wastewater analysis, syringe analysis, and hair analysis, to provide a more complete picture of the nature of drug use and drug markets across Ireland and Europe. Recent analysis of wastewater data in Ireland identified high levels of ketamine and cocaine in Ireland, similar to trends reported in this survey [22]. The data presented here are intended to provide evidence indicative of trends that warrant further monitoring. These findings will add to policy-makers', service providers', and the general public's understanding of drug use in Ireland.



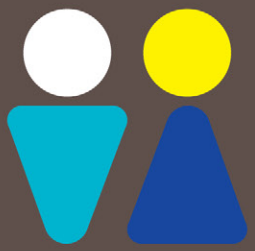


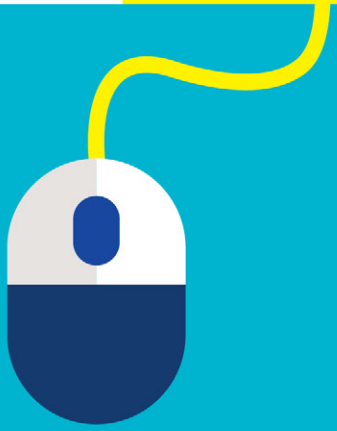
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