**Press Release**

Alcohol treatment in Ireland: HRB publishes latest figures for 2016

30th August 2018. Latest alcohol treatment figures from the Health Research Board (HRB) show 53,763 cases were treated for problem alcohol use in Ireland between 2010 and 2016. There were 7,643 treated cases during 2016.

According to Darrin Morrissey, Chief Executive at the Health Research Board,

‘Alcohol remains the main problem drug that people enter treatment for in Ireland. The trends outlined in this report provide good evidence to inform policy and plan services for alcohol treatment.’

Commenting on the trends over time, which are based on figures from the National Drug Treatment Reporting System, Dr Suzi Lyons, Senior Researcher at the HRB said;

‘During 2016, 7,643 cases entered treatment with alcohol as a main problem drug. This compares to 4,341 cases for opiates and 2,439 cases for cannabis.’

‘The number of cases seeking treatment for alcohol as their main problem drug has plateaued in the last four years. This could be the result of a real decrease in numbers seeking treatment, the number of submissions to the reporting system, availability of services, or a combination of these factors.’

‘The proportion of cases returning to treatment has increased from 46% to 50% of cases treated, pointing to the chronic nature of addiction. The proportion of new cases presenting for treatment has stabilised since 2012 at 48%.

‘There has been an increase in the number of new cases who were already dependent\* on alcohol when they present to treatment for the first time, from 56% in 2010 to 60% in 2016. This means that more people are presenting when the problem is already severe and being alcohol dependent can make recovery more difficult’, concluded Dr Lyons.

Key findings in 2016

Overview

* Between 2010 and 2016 53,763 cases were treated for problem alcohol use, with 7,643 cases during 2016.
* The number of cases reported decreased from a peak of 8876 in 2011 to 7819 in 2013, and have plateaued since then.
* The proportion of cases of who were previously treated has risen slightly from 46% to 50%.
* The annual rates of all cases treated per 100,000 of the population among the 15-64 year age group decreased in 2016.
* One in five cases treated mixed alcohol with other drugs, cannabis is the most common additional drug.
* Two thirds of cases are male.
* Nearly four out of 10 cases were treated in residential facilities, similar to previous years.

Level of problem alcohol use

* Median age to start drinking was 16 years.
* The number of new cases who presented as hazardous drinkers\*\* has decreased over time from 18% to 10%.
* In 2016, almost two thirds (65%) of *all* cases were classified as **alcohol dependent**.
* Three out of five (60%) *new* cases (those who have never been treated for problem alcohol use before) were classified as **alcohol dependent**.
* Almost three-quarters (73%) of cases classified as **alcohol dependent** were unemployed.
* Three in ten cases classified as **alcohol dependent** were aged 50 years or older.

Polydrug use in 2016

* Almost one in five (17%) of those treated for problem alcohol use reported using other drugs in 2016, similar to previous years.
* **Cannabis** (58%) was the most common additional drug used.
* **Cocaine** (35%) was the second most common additional drug reported
* **Benzodiazepines** (29%)were the third most common additional drug reported among cases treated for problem alcohol use.
* The proportion of cases reporting **benzodiazepines** as an additional problem increased from 18% in 2010 to 29% in 2016.
* The proportion of cases who reported a **novel psychoactive substance (NPS)** as an additional problem peaked at 7% in 2010. The proportion dropped to a low of 1% in 2014, but has risen slightly since then to 2% in 2016.

Socio-demographics

* The **median age** of treated caseswas 41 years.
* Two thirds of cases were **male.**
* The proportion who were **homeless** increased from 5% in 2010, to 8% in 2016.
* Unemployment rates have not decreased notably over the reporting period. In 2016, over half (54%) of cases were **unemployed**.
* Unemployment rates were higher among previously treated cases compared to new cases.

**\* Alcohol dependence:** Strong desire to consume alcohol, impaired control over use, persistent drinking in spite of harmful consequences, a higher priority given to alcohol than any other activities or obligations, increased tolerance and showing withdrawal reaction when alcohol use is discontinued. Source - WHO: *The Alcohol Use Disorders Identification Test (2001).*

\*\* **Hazardous drinking**: A pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person who has no apparent alcohol-related health problems. Includes experimental drinking. Source - WHO: *The Alcohol Use disorders Identification Test (2001).*

A copy of the HRB Bulletin *Alcohol Treatment in Ireland 2010 – 2016* is available on the publications page of our website [www.hrb.ie](http://www.hrb.ie)

**ENDS**

**For more information, infographics or interviews please contact:-**

Gillian Markey, Communications Manager, Health Research Board

**m** +353 87 2288514 **e** [gmarkey@hrb.ie](mailto:gmarkey@hrb.ie)

**Notes for editors**

This paper describes trends in treated problem alcohol use in Ireland over the seven-year period 2010 to 2016, as recorded by the **National Drug Treatment Reporting System (NDTRS)**. This information will assist policy makers, service planners and public health practitioners to develop appropriate responses to problem alcohol use in the future.

It is important to note that each record in the NDTRS database relates to a treatment episode (a case), and not to a person. This means that the same person could be counted more than once in the same calendar year if they had more than one treatment episode in that year.

The HRB changed to an online reporting system when collecting 2016 figures in the National Drug Treatment Reporting System. This change may have resulted in a reduction in the number of cases reported. However the overall trends (proportions) remain consistent with those reported in 2010 to 2015.