

HRB Bulletin
National Drug Treatment
Reporting System

**2022 Alcohol
Treatment Demand**

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Published by:

Health Research Board, Dublin
An Bord Taighde Sláinte
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HRB StatLink Series ISSN 2737-7652

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HRB StatLink Series 15

National Drug Treatment Reporting System 2022 Alcohol Treatment Demand

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Introduction

In this bulletin, data on **treated problem alcohol use** for the year 2022 are presented, followed by trends for the seven-year period from 2016 to 2022.¹ The data are from the **National Drug Treatment Reporting System** (NDTRS), the national surveillance system that records and reports on cases of drug and alcohol treatment in Ireland. Data in this bulletin supersede all data previously published by the NDTRS.

Background

The NDTRS follows a common and systematic European methodology for collecting and reporting core data on the number and profiles of those entering specialised drug treatment each year (treatment demand). The European Treatment Demand Indicator (TDI) protocol aims to provide objective, reliable and comparable information at a European level and is routinely used to help identify trends and patterns in problem drug use and to assess the use and uptake of treatment facilities.²

Included in the NDTRS are cases treated in all types of services: outpatient, inpatient, low threshold, general practitioners (GPs), and those treated in prison.^{3,4,5} Nationally, NDTRS data are widely used to measure progress and inform drug-related planning and policy.⁶ The National Drug and Alcohol Strategy *Reducing Harm, Supporting Recovery: A Health Led Response to Drug and Alcohol Use in Ireland 2017–2025* requires all publicly funded drug and alcohol services to complete the NDTRS for all people who use services (Action 5.1.47).⁷

Participation in the NDTRS

In 2022, 70% of all eligible services provided data to the NDTRS, however this rate varies by service type. It must be noted that not all alcohol treatment services were participating in the NDTRS during the period under review. Therefore, it may be assumed that the data presented in this bulletin under-estimates the true extent of treated alcohol use in Ireland.

While coverage for most service types ranges between 88% and 100%, the main reason for the shortfall is the poor participation of GPs who provide opioid agonist treatment (OAT). In 2022, only 46% of eligible GPs participated in the NDTRS even though the NDTRS has a dedicated research nurse available to collect data on site. GPs do not currently report alcohol treatment data to the NDTRS.

Service providers are responsible for ensuring that data submitted to the NDTRS are accurate and complete. Service providers are supported through frequent training, detailed documentation and ongoing support provided by the NDTRS. Issues relating to the data collection process are monitored on an ongoing basis and addressed by NDTRS staff.

Data quality is monitored through a comprehensive set of automated validation checks which are applied to every record submitted to the NDTRS. All discrepancies are investigated and referred back to the service provider for review and correction.

Summary 2022

In 2022, 7,421 cases were treated for problem alcohol use.

- The proportion of *new cases* (never treated for problem alcohol use before) was 44.2%.
- The majority of cases were treated in outpatient facilities (60.2%).

Level of problem alcohol use

- In 2022, the **median age** at which cases first started drinking alcohol was 16 years.
- Almost two-in-every-three (65.3%) cases were classified as **alcohol dependent**.
- Among cases seeking treatment for alcohol use for the first time, the majority (64.0%) were classified as **alcohol dependent**.
- Seven-in-ten (68.1%) *previously treated cases* were classified as **alcohol dependent**.

Type of alcohol consumed

- Spirits (57.5%) were the most preferred type of alcohol, followed by beer (49.1%) and wine (28.3%).

Frequency and amount of alcohol consumed

- Almost three-in-four (73.4%) cases consumed alcohol in the 30 days prior to treatment.
 - Of which, over half (56.8%) consumed alcohol daily.
- For females the median number of **standard drinks** consumed on a typical drinking day was **15**. The low risk drinking guidelines for females is up to 11 standard drinks in a week.⁸
- For males the median number of **standard drinks** consumed on a typical drinking day was **20**. The low risk drinking guidelines for males is up to 17 standard drinks in a week.⁸

Polydrug use

- **Polydrug use** (problem use of more than one substance) was reported by almost one-quarter (24.2%) of cases. This was an increase from 23.7% in 2021.
- Cocaine (61.4%) was the most common **additional drug** used alongside alcohol, followed by cannabis (49.4%), benzodiazepines (21.7%), and opioids (12.8%).
- In 2022 cocaine surpassed cannabis for the first time as the most common **additional drug**.

- The most common drugs used together were (1) alcohol plus cocaine, followed by (2) alcohol plus cannabis, followed by (3) alcohol, plus cannabis and cocaine.
- The type of additional problem drugs varied by age.
 - Among young cases aged 19 years or younger, cannabis was the main drug reported alongside alcohol.
 - Among those aged 20–34 years, cocaine was the main drug reported alongside alcohol.
 - Cocaine was the main drug reported alongside alcohol among those aged 35 years or older.

Socio-demographic characteristics

- The **median age** of cases was 42 years.
- Six-in-ten (61.5%) cases were **male**.
- One-in-thirteen (7.6%) cases were recorded as **homeless** (females 4.6%; males 9.5%).
- The proportion of cases with an **Irish Traveller**⁹ ethnicity was 2.5%.
- Almost half (47.6%) of cases were recorded as **unemployed**.
- One-in-three (34.0%) cases were **in paid employment**.
- Among parents with **children** aged 17 years or younger, over half (51.0%) had at least one child residing with them at the time of treatment entry (females 66.8%; males 39.5%).

Key trends over time 2016–2022

- Between 2021 and 2022, the number of treated cases increased by 8.2%, from 6,859 cases to 7,421 cases following a period of decline between 2016 and 2020.
- There was 35.2% increase in the number of cases reporting problem use of more than one drug (polydrug use), whereby the number of cases increased from 1,328 cases in 2016 to 1,796 cases in 2022.
- In 2022, **cocaine** surpassed cannabis as the most common additional drug reported, increasing by 134.7% between 2016 and 2022 (from 35.4% in 2016 to 61.4% in 2022).
- Among cases who consumed alcohol in the 30 days prior to starting treatment, the proportion who consumed alcohol daily increased from 34.3% in 2016 to 56.8% in 2022.
- The median number of **standard drinks** consumed in a typical drinking day has increased from 15 in 2016 to 18 in 2022. Many cases in treatment had been drinking more in a typical day than is recommended in a week based on HSE low risk guidelines.⁸


National overview for 2022


Number of cases entering treatment 2022

There were 7,421 treated cases recorded in the NDTRS in 2022. *New cases* accounted for 44.2% of alcohol treatment demand in 2022, while *previously treated cases* accounted for 52.1% of drug treatment entrants (**Table 3**).

7,421
Total number
of cases treated for
problem alcohol
use



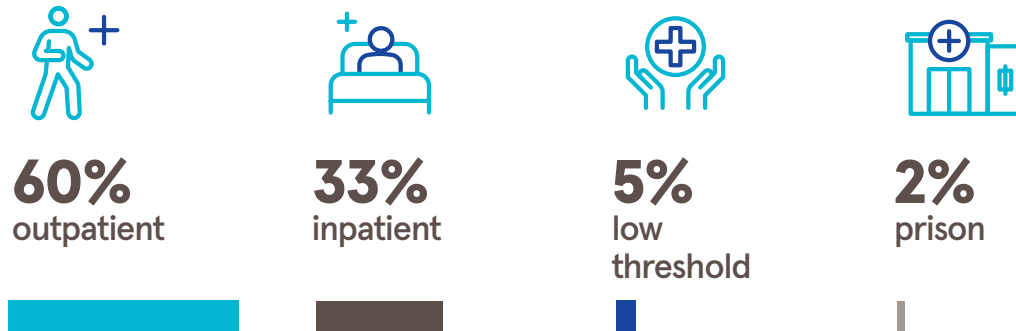

44%
new
cases


52%
previously
treated cases

Type of service provider 2022

Three-in-every-five (60.2%) cases were treated in outpatient facilities. Just over one-in-three cases were treated in inpatient (32.9%) or low threshold settings (4.7%). Just 2.2% of cases were treated in prison settings. The NDTRS only receives counselling data from the Irish Prison Service. General practitioners do not currently report alcohol treatment figures to the NDTRS (**Table 4**).

Service type 2022



Level of problem alcohol use 2022

The median age at which cases commenced alcohol use was 16 years (**Table 5**).

In 2022, the majority (65.3%) of cases were classified as **alcohol dependent** (by the health care professional treating them) (**Box 1**).

The proportion of *new cases* which were classified as alcohol dependent was 64.0% in 2022. This was higher among *previously treated cases* at 68.1%.

Box 1: Level of Problem Alcohol Use

Hazardous: a pattern of alcohol use that increases the risk of harmful consequences for the person. The term describes drinking over the recommended limits by a person who has no apparent alcohol-related health problems. Includes experimental drinking. [AUDIT score 8 – 15: Increasing risk]¹⁰

Harmful: a pattern of use that results in damage to physical or mental health; can include negative social consequences. [AUDIT score 16 – 19: High risk]¹⁰

Dependent: a cluster of behavioural, cognitive, and physiological symptoms. Typically, includes a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance. Also, notably a physical withdrawal reaction when alcohol use is discontinued. [AUDIT score 20+: Possible dependence]¹⁰

Alcohol dependence and treatment status

All cases

65%



64%
new cases



68%
previously treated cases

Types of alcohol consumed 2022

In 2022, the most common preferred alcohol types were spirits (57.5%), followed by beer (49.1%), wine (28.3%) and cider (9.2%). A small proportion of cases (3.3%) did not specify a preferred alcohol type. Patterns were broadly similar among *new* and *previously treated* cases (**Table 6**).

Six-in-ten (59.0%) cases reported one preferred type of alcohol, while 37.9% reported more than one preferred type of alcohol. Among cases with more than one preferred alcohol type, the most common preferred alcohol type combinations were (1) beer plus spirits, followed by (2) spirits plus wine, followed by (3) beer plus spirits plus wine.

Frequency and amount of alcohol consumed 2022

Almost three-in-four (73.4%) cases consumed alcohol in the 30 days prior to treatment start date. Of these, over half (56.8%) consumed alcohol daily. The median number of standard drinks (**Box 2**) consumed on a typical drinking day or session in the 30 days prior to treatment was 18 (6–35)¹¹ standard drinks (**Table 7**). This was higher among *previously treated* cases at 20 (6–38) standard drinks than for *new* cases at 16 (6–35) standard drinks.

Box 2: What is a standard drink?¹²

In Ireland a standard drink has about 10 grammes of pure alcohol. The amount of pure alcohol in a standard drink differs between countries. Examples of one standard drink in Ireland are:



1/2 pint
of beer/
cider



100 ml
of wine
(12.5% vol)



1 pub
measure
of spirits
(35.5ml)



1 alcopop
(275ml
bottle)

The HSE low risk drinking guidelines for females is up to 11 standard drinks in a week and up to 17 standard drinks in a week for males with drinks spaced out over the week, with two to three alcohol free days per week.

Polydrug use 2022

Almost one-in-four (24.2%) cases treated for problem alcohol use reported problem use of alcohol *and* one or more other substances (polydrug use) (Table 8).

In 2022, for the first time, cocaine surpassed cannabis as the most common **additional drug** reported by cases with polydrug use. Cocaine (61.4%) was the most common additional drug reported, followed by cannabis (49.4%), benzodiazepines (21.7%) and opioids (12.8%) (Table 9, Figure 1).

In 2022, 13 cases (0.7%) reported **pregabalin** (Lyrica) as an additional problem, an increase from 9 cases in 2021.

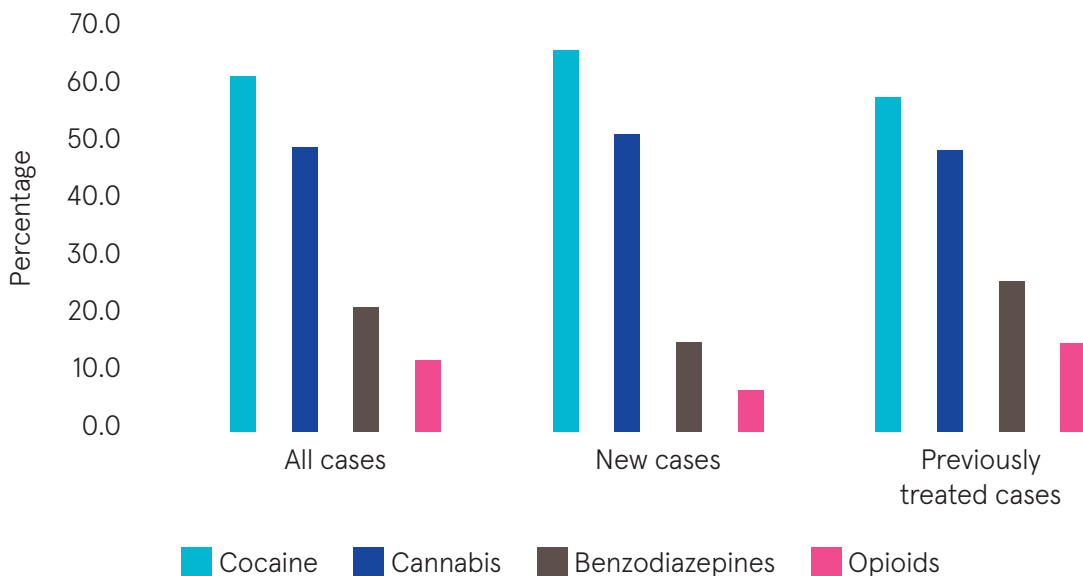
Cocaine was the most common additional drug reported by both *new cases* and *previously treated cases*. However, patterns differed by treatment status.

When *new cases* are compared to previously treated cases, rates of cocaine and cannabis are higher among *new cases*, while rates of benzodiazepines and opioids were higher among *previously treated cases*.

Among *new cases* with polydrug use, cocaine (65.9%) was the most common additional substance in 2022, followed by cannabis (51.4%), benzodiazepines (16.0%) and opioids (7.8%).

Among *previously treated cases*, cocaine (57.8%) was the most common additional substance, followed by cannabis (48.8%), benzodiazepines (25.8%) and opioids (16.0%).

Figure 1: Additional problem substances reported and treatment status (NDTRS 2022)



Among cases with polydrug use, the most common drugs used together were (1) alcohol plus cocaine, followed by (2) alcohol plus cannabis, followed by (3) alcohol, plus cannabis and cocaine.

More than one in ten (11.2%) cases with polydrug use reported difficulty in determining which drug was the main problem. Among these, the most common drugs used in combination were (1) alcohol plus cocaine, followed by (2) alcohol plus cannabis, followed by (3) alcohol, plus cannabis and cocaine.

Polydrug use by age group 2022

The type of additional problem drugs varied by age. Among young cases aged 19 years or younger, cannabis was the main drug reported alongside alcohol.

Among those aged 20–34 years, cocaine was the main drug reported alongside alcohol.

Cocaine was the main drug reported alongside alcohol among those aged 35 years or older.

Polydrug problem drug by age



19 years
or younger
cannabis



20–34 years
cocaine



35 years or older
cocaine

Socio-demographic characteristics 2022

- The median age at which cases entered treatment was 42 years in 2022 (**Table 10**). A very small proportion of cases (1.0%) were aged 17 years or younger.
- The majority of cases were male (61.5%). A small number of cases (five cases or fewer) identified their gender as non-binary¹³ or in another way. These options were added to the NDTRS at the end of the 2021 reporting period. The number of cases where gender was not known was also five or fewer.
- Almost half of reported cases were unemployed (47.6%).
- The proportion of cases recorded as homeless was 7.6%.
- In 2022, 2.5% of cases identified as Irish Traveller.⁹
- Just under one-in-five (18.6%) of cases reported ceasing education (for the first time) before the age of 16 years.
- Rates of homelessness, ceasing education before age 16, and unemployment were higher among *previously treated cases* than among *new cases*.

Characteristics



42 yrs
median age



62%
males



8%
homeless



48%
unemployed

Gender 2022

This section focuses on some gender differences between cases treated for alcohol as the main problem in 2022. Almost four-in-ten (38.4%) cases were female (**Table 1**). Less than 5 cases identified as non-binary or in another way.¹³

Females

- Median age was 44 years; median age for *new cases* was 42 years.
- The majority (75.9%) were 35 years of age or older. One-in-three (32.6%) cases were aged 50 years or over.
- 4.6% were homeless.
- 63.0% were classified as alcohol dependent.
- 19.0% reported polydrug use; most commonly cocaine and cannabis.
 - Cocaine increased from 46.8% in 2021 to 56.0% in 2022.
- Preferred types of alcohol were spirits (53.9%) and wine (50.3%).
- Median number of standard drinks consumed on a typical drinking day was 15 (5–30)¹¹ (among cases who had consumed alcohol in the 30 days prior to treatment).
- The risk of harm from alcohol use increases in line with the amount consumed. The low risk drinking guidelines for females is up to 11 standard drinks in a week with drinks spaced out over the week, with two to three alcohol free days per week.⁸
- Compared to males, females reported higher rates of problem use of both benzodiazepines and opioids in addition to their problem alcohol use. This trend was consistent among both *new* and *previously treated cases*.

Males

- Median age was 41 years; median age for *new cases* was 39 years.
- The majority of cases (69.5%) were 35 years of age or older.
- One-in-four (25.8%) cases were aged 50 years or over.
- 9.5% were homeless.
- 66.8% were classified as alcohol dependent.
- 27.4% reported polydrug use; most commonly cocaine and cannabis.
 - Cocaine increased from 56.9% in 2021 to 63.8% in 2022.
- Preferred types of alcohol were beer (63.4%) and spirits (59.7%).
- Median number of standard drinks consumed on a typical drinking day was 20 (6–37)¹¹ (among cases who had consumed alcohol in the 30 days prior to treatment).
- The risk of harm from alcohol use increases in line with the amount consumed. Low risk drinking guidelines for males is up to 17 standard drinks in a week with drinks spaced out over the week, with two to three alcohol free days per week.⁸
- Compared to females, males reported higher rates of problem use of both cocaine and cannabis in addition to their problem alcohol use. This trend was consistent among both *new* and *previously treated cases*.

Additional problem drug – all cases

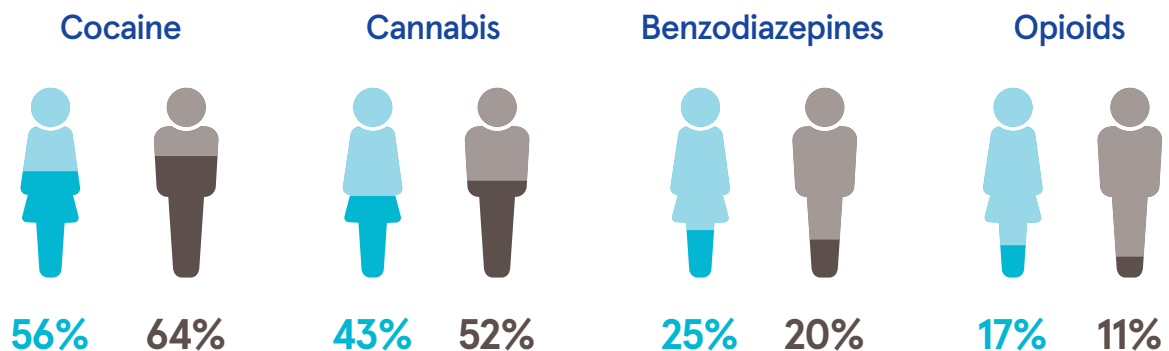


Table 1: Socio-demographic and polydrug characteristics by gender for cases treated for alcohol as a main problem, NDTRS 2022

	Female		Male	
	n	(%)	n	(%)
All cases	2851		4565	
Median age (range ¹¹)	44	(24–66)	41	(23–64)
Under 35	665	(23.3)	1378	(30.2)
35–49	1236	(43.4)	1996	(43.7)
50+	929	(32.6)	1177	(25.8)
Median age (first used alcohol)	16	(12–25)	15	(12–20)
Traveller	54	(1.9)	132	(2.9)
Education ceased before 16	396	(13.9)	985	(21.6)
In paid employment	942	(33.0)	1583	(34.7)
Unemployed	1275	(44.7)	2258	(49.5)
Homeless	131	(4.6)	435	(9.5)
Dependent alcohol use	1796	(63.0)	3049	(66.8)
Median standard drinks consumed (range ¹¹)*	15	(5–30)	20	(6–37)
<i>Reported other additional drug(s)</i>	543		1252	
<i>Cocaine</i>	304	(56.0)	799	(63.8)
<i>Cannabis</i>	235	(43.3)	651	(52.0)
<i>Benzodiazepines</i>	136	(25.0)	254	(20.3)
<i>Opioids</i>	91	(16.8)	139	(11.1)
New cases	1266		2010	
Median age (range ¹¹)	42	(21–65)	39	(21–65)
Under 35	368	(29.1)	740	(36.8)
35–49	508	(40.1)	797	(39.7)
50+	388	(30.6)	473	23.5
Median age (first used alcohol)	16	(12–25)	16	(12–21)
Traveller	27	(2.1)	58	(2.9)
Education ceased before 16	158	(12.5)	360	(17.9)
In paid employment	501	(39.6)	878	(43.7)
Unemployed	486	(38.4)	838	(41.7)
Homeless	37	(2.9)	129	(6.4)
Dependent alcohol use	770	(60.8)	1328	(66.1)
Median standard drinks consumed (range ¹¹)*	15	(5–30)	19	(6–35)
<i>Reported other additional drug(s)</i>	221		521	
<i>Cocaine</i>	127	(57.5)	363	(69.7)
<i>Cannabis</i>	103	(46.6)	278	(53.4)
<i>Benzodiazepines</i>	40	(18.1)	79	(15.2)
<i>Opioids</i>	31	(14.0)	27	(5.2)

* Restricted to cases who consumed alcohol in the 30 days prior to treatment start

Parental status 2022

In 2022, over half (4,218, 56.8%) of cases in alcohol treatment were parents who had children.

Of these, almost two-in-three (2,731, 64.7%) were known to have children aged 17 years or younger. The median age of parents known to have children aged 17 years or younger was 40 years (**Table 2**). Almost three-in-five (57.8%) parent cases were males, and just over two-in-five parent cases were females (42.2%).

In 2022, of parents known to have children aged 17 years or younger, 51.0% had at least one child residing with them at the time of treatment entry, while 48.9% had at least one child residing elsewhere.^{14, 15}

Compared to males, a higher proportion of females in alcohol treatment reported having dependent children and living with children. Males were more likely not to be residing with their children.

Table 2: Cases treated for alcohol with children aged 17 years or younger, NDTRS 2022

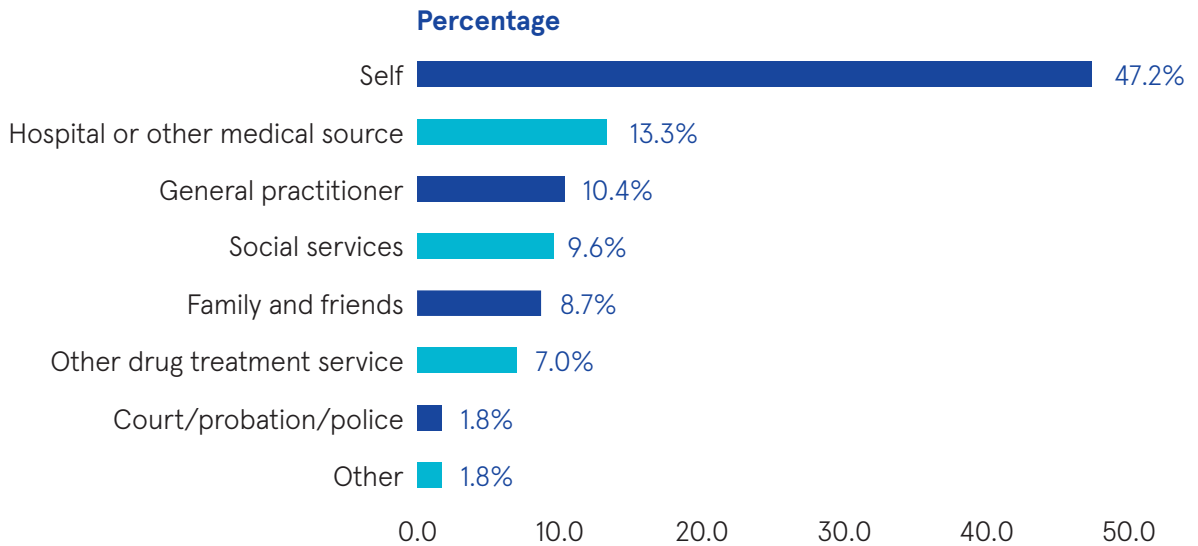
	All cases		Female		Male	
	n	%	n	%	n	%
Have children	2731		1153		1578	
Median age (range ¹¹)	40	(27–52)	40	(27–52)	40	(26–52)
Living with child(ren)	1393	(51.0)	770	(66.8)	623	(39.5)
Child(ren) live elsewhere	1336	(48.9)	382	(33.1)	954	(60.5)
In paid employment	1080	(39.5)	402	(34.9)	678	(43.0)
Homeless	197	(7.2)	52	(4.5)	145	(9.2)
New treatment entrant	1246	(45.6)	521	(45.2)	725	(45.9)
Polydrug use	760	(27.8)	260	(22.5)	500	(31.7)

Referral source 2022

The majority (47.2%) of cases were self-referred to alcohol treatment in 2022 (**Figure 2**).

Almost one-in-four (23.7%) were referred by medical professionals (hospital/other medical source (13.3%), or a general practitioner (10.4%). Social services accounted for 9.6% of referrals, while 8.7% were referred by family and friends and 7.0% were referred by other drug treatment services. A small proportion of cases were referred by court/probation/police (1.8%).

Figure 2: Source of referral (NDTRS 2022)

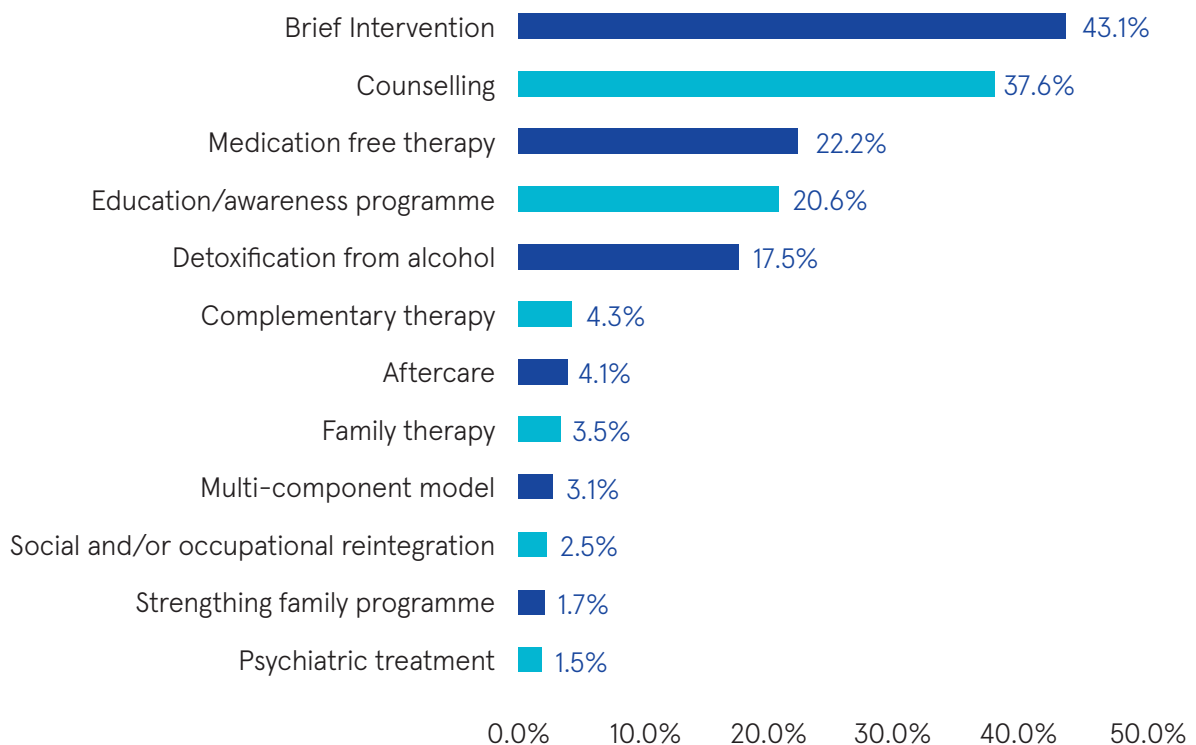


Treatment interventions provided 2022

Of the 7,421 cases entering treatment in 2022, 43.1% received a brief intervention, 37.6% received counselling (individual and/or group), 22.2% received medication free therapy, 20.6% attended education/awareness programmes (individual and/or group) and 17.5% received a detoxification from alcohol (**Figure 3**).

The majority of treated cases reported one treatment intervention (62.2%). It is important to note that the figures presented below are based on data provided at the time of analysis and therefore may include either initial treatment interventions or for cases which have been discharged, all interventions provided during that treatment episode. Therefore, the numbers may change over time but the overall trends should remain consistent.

Figure 3: Percentage of treated cases by type of initial treatment intervention availed of (NDTRS 2022)



Continuous care cases 2022

Continuous care cases are episodes of treatment which commenced treatment in a previous year and continued that treatment into the current year (continuous care cases).

At the time of writing and based on real-time data, there was a total of 4,107 cases who commenced treatment for problem alcohol use prior to 2022 and were still in treatment on 1st January 2022. Although continuous care cases are not presented elsewhere in this report, they may be combined with data on episodes commencing in 2022 to give a fuller picture of treatment provision for that year.

Trends over time 2016–2022

Number of cases entering treatment 2016–2022

In the seven-year period between 2016 and 2022, a total of 50,107 cases treated for alcohol as a main problem was reported to the NDTRS (**Table 3**).⁴ Between 2021 and 2022, the number of treated cases increased by 8.2%, from 6,859 cases to 7,421 cases following a period of decline between 2016 and 2020.

The proportion of new cases decreased from 48.1% in 2016 to 44.2% in 2022. The proportion of *previously treated cases* decreased from 49.5% in 2016 to 45.1% in 2019 but increased to 52.1% in 2022.

Type of service provider 2016–2022

Over the period, most cases were treated in outpatient facilities (56.4%). In 2022, three-in-every-five (60.2%) cases were treated in outpatient facilities. The proportion of cases treated in residential (inpatient) settings decreased from 39.2% in 2016 to 28.8% in 2020¹⁶ but increased to 32.9% in 2022.

The proportion of cases treated in low threshold settings decreased from 6.5% in 2016 to 4.7% in 2022. (**Table 4**).

Table 3: Number of cases treated for alcohol as a main problem, by treatment status, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020*		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	7643		7350		7464		7546		5824		6859		7421	
New cases	3678	(48.1)	3500	(47.6)	3230	(43.3)	3296	(43.7)	2490	(42.8)	3026	(44.1)	3278	(44.2)
Previously treated cases	3783	(49.5)	3652	(49.7)	3705	(49.6)	3400	(45.1)	3170	(54.4)	3596	(52.4)	3868	(52.1)
Treatment status unknown	182	(2.4)	198	(2.7)	529	(7.1)	850	(11.3)	164	(2.8)	237	(3.5)	275	(3.7)

* The decrease in cases in 2020 coincided with COVID-19 and related restrictions, which presented increased risks for people who use drugs and alcohol, and significant challenges for treatment providers, and should be interpreted in that context.¹⁶

Table 4: Number of cases treated for alcohol as a main problem, by type of service provider, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	7643		7350		7464		7546		5824**		6859		7421	
Outpatient	4005	(52.4)	3894	(53.0)	4087	(54.8)	4093	(54.2)	3505	(60.2)	4183	(61.0)	4469	(60.2)
Inpatient*	2994	(39.2)	2949	(40.1)	2792	(37.4)	2806	(37.2)	1680	(28.8)	2102	(30.6)	2440	(32.9)
Low threshold	495	(6.5)	436	(5.9)	451	(6.0)	469	(6.2)	467	(8.0)	403	(5.9)	352	(4.7)
Prison	149	(1.9)	71	(1.0)	134	(1.8)	178	(2.4)	172	(3.0)	171	(2.5)	160	(2.2)

* Includes any service where the client stays overnight, e.g., inpatient detoxification, therapeutic communities, respite and step down

** The reduction in residential case numbers can in part be attributed to temporary closures and reduced capacity introduced in 2020 to comply with COVID-19 restrictions.

Level of problem alcohol use 2016–2022

Between 2016 and 2022, the median age at which cases commenced alcohol use was 16 years (**Table 5**).

Over the period, the majority (67.5%) of cases were classified as alcohol dependent. The proportion of all cases which were classified as alcohol dependent decreased from a peak of 72.0% in 2017 to 65.3% in 2022 (**Table 5**).

The proportion of *new* cases which were classified as alcohol dependent decreased from a peak of 66.8% in 2017 to 57.2% in 2020 and increased to 64.0% in 2022.

Types of alcohol consumed 2016–2022

Over the period 2016 to 2022, the most preferred alcohol type was spirits (55.9%), followed by beer (52.0%), wine (27.7%) and cider (10.0%). Preference for spirits increased from 48.3% in 2016 to 57.5% in 2022 and overtook beer as the most common preferred alcohol type from 2017 onwards (**Table 6**).

Over the period, the majority (56.8%) of all cases reported one preferred type of alcohol, and 39.6% reported more than one preferred type of alcohol. Among cases with more than one preferred alcohol type, the most common preferred alcohol type combinations were (1) beer plus spirits, followed by (2) spirits plus wine, followed by (3) beer plus spirits plus wine.

Frequency and amount of alcohol consumed 2016–2022

Over the period 2016 to 2022, seven-in-ten (72.3%) cases consumed alcohol in the 30 days prior to treatment. This increased from 69.2% in 2016 to 73.4% in 2022. Over the period a higher proportion of *new cases* (77.9%) consumed alcohol in the 30 days prior to treatment than *previously treated cases* (68.0%). Among *new cases*, the proportion consuming alcohol prior to treatment increased from 73.9% in 2016 to 80.3% in 2022.

Among those who consumed alcohol in the 30 days prior to treatment:

- Almost half (48.3%) consumed alcohol daily. The proportion who consumed alcohol daily increased from 34.3% in 2016 to 56.8% in 2022.
- There was an increase in the median number of standard drinks consumed, which increased from 15 (6–35) standard drinks in 2016 to 18 (6–35) standard drinks in 2022 (**Table 7**).
- Among *previously treated cases*, the number of standard drinks consumed on a typical drinking day increased from 16 (6–38) standard drinks in 2016 to 20 (6–38) standard drinks in 2022.
- Among *new cases*, the median number of standard drinks consumed increased from 15 (6–32) standard drinks in 2016 to 16 (6–35) standard drinks in 2022.

Table 5: Age first started drinking and level of problem alcohol use, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	7643		7350		7464		7546		5824		6859		7421	
Median age first started drinking (range ¹⁾)	16	12–22	16	12–22	15	12–22	16	12–21	16	12–21	16	12–22	16	12–22
Level of problem alcohol use*														
Hazardous	748	(9.8)	711	(9.7)	746	(10.0)	864	(11.4)	807	(13.9)	830	(12.1)	908	(12.2)
Harmful	1279	(16.7)	1174	(16.0)	1236	(16.6)	1374	(18.2)	1087	(18.7)	1284	(18.7)	1346	(18.1)
Dependent	4957	(64.9)	5290	(72.0)	5300	(71.0)	5142	(68.1)	3768	(64.7)	4522	(65.9)	4848	(65.3)
New cases	3678		3500		3230		3296		2490		3026		3278	
Median age first started drinking (range ¹⁾)	16	12–22	16	12–22	16	12–22	16	12–22	16	12–22	16	12–22	16	12–22
Level of problem alcohol use*														
Hazardous	426	(11.6)	412	(11.8)	385	(11.9)	406	(12.3)	376	(15.1)	395	(13.1)	396	(12.1)
Harmful	731	(19.9)	674	(19.3)	677	(21.0)	714	(21.7)	633	(25.4)	661	(21.8)	672	(20.5)
Dependent	2212	(60.1)	2339	(66.8)	2118	(65.6)	2129	(64.6)	1425	(57.2)	1885	(62.3)	2099	64.0
Previously treated cases	3783		3652		3705		3400		3170		3596		3868	
Median age first started drinking (range ¹⁾)	15	12–22	15	12–22	15	11–22	15	12–21	16	12–21	16	12–21	16	12–22
Level of problem alcohol use*														
Hazardous	300	(7.9)	277	(7.6)	297	(8.0)	330	(9.7)	397	(12.5)	394	(11.0)	459	(11.9)
Harmful	515	(13.6)	445	(12.2)	479	(12.9)	450	(13.2)	417	(13.2)	578	(16.1)	611	(15.8)
Dependent	2649	(70.0)	2865	(78.5)	2847	(76.8)	2561	(75.3)	2284	(72.1)	2525	(70.2)	2636	(68.1)
Treatment status unknown	182		198		529		850		164		237		275	

* Where recorded. The proportion of cases where level of alcohol use is not known is not shown in the table.

Table 6: Type of alcohol consumed, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	7643		7350		7464		7546		5824		6859		7421	
<i>Type of alcohol consumed</i>														
Spirits	3690	(48.3)	4310	(58.6)	4338	(58.1)	4164	(55.2)	3288	(56.5)	3934	(57.4)	4266	(57.5)
Beer	3934	(51.5)	3977	(54.1)	4260	(57.1)	3998	(53.0)	2921	(50.2)	3348	(48.8)	3641	(49.1)
Wine	1751	(22.9)	2040	(27.8)	2062	(27.6)	2130	(28.2)	1798	(30.9)	1999	(29.1)	2102	(28.3)
Cider	692	(9.1)	694	(9.4)	682	(9.1)	841	(11.1)	701	(12.0)	737	(10.7)	680	(9.2)
Fortified wine	53	(0.7)	55	(0.7)	71	(1.0)	94	(1.2)	94	(1.6)	107	(1.6)	86	(1.2)
Alcopops	50	(0.7)	47	(0.6)	77	(1.0)	81	(1.1)	108	(1.9)	110	(1.6)	79	(1.1)
Other*	~	~	7	(0.1)	7	(0.1)	6	(0.1)	~	~	~	~	21	(0.3)
Type not specified	678	(8.9)	207	(2.8)	190	(2.5)	287	(3.8)	190	(3.3)	194	(2.8)	242	(3.3)
New cases	3678		3500		3230		3296		2490		3026		3278	
<i>Type of alcohol consumed</i>														
Spirits	1647	(44.8)	1955	(55.9)	1817	(56.3)	1777	(53.9)	1325	(53.2)	1647	(54.4)	1802	(55.0)
Beer	1946	(52.9)	1993	(56.9)	1949	(60.3)	1832	(55.6)	1258	(50.5)	1483	(49.0)	1662	(50.7)
Wine	878	(23.9)	985	(28.1)	951	(29.4)	1006	(30.5)	809	(32.5)	994	(32.8)	978	(29.8)
Cider	259	(7.0)	282	(8.1)	257	(8.0)	327	(9.9)	259	(10.4)	262	(8.7)	262	(8.0)
Fortified wine	22	(0.6)	28	(0.8)	28	(0.9)	52	(1.6)	35	(1.4)	43	(1.4)	37	(1.1)
Alcopops	28	(0.8)	30	(0.9)	33	(1.0)	46	(1.4)	53	(2.1)	66	(2.2)	47	(1.4)
Other*	~	~	~	~	~	~	~	~	0	(0.0)	0	(0.0)	6	(0.2)
Type not specified	320	(8.7)	82	(2.3)	40	(1.2)	87	(2.6)	66	(2.7)	69	(2.3)	97	(3.0)
Previously treated cases	3783		3652		3705		3400		3170		3596		3868	
<i>Type of alcohol consumed</i>														
Spirits	1973	(52.2)	2271	(62.2)	2251	(60.8)	1992	(58.6)	1910	(60.3)	2155	(59.9)	2340	(60.5)
Beer	1901	(50.3)	1886	(51.6)	2048	(55.3)	1745	(51.3)	1593	(50.3)	1757	(48.9)	1868	(48.3)
Wine	833	(22.0)	1013	(27.7)	996	(26.9)	903	(26.6)	956	(30.2)	957	(26.6)	1060	(27.4)
Cider	413	(10.9)	392	(10.7)	348	(9.4)	430	(12.6)	424	(13.4)	446	(12.4)	398	(10.3)
Fortified wine	30	(0.8)	25	(0.7)	36	(1.0)	37	(1.1)	58	(1.8)	63	(1.8)	49	(1.3)
Alcopops	21	(0.6)	17	(0.5)	33	(0.9)	34	(1.0)	55	(1.7)	44	(1.2)	30	(0.8)
Other*	~	~	~	~	~	~	~	~	~	~	~	~	13	(0.3)
Type not specified	328	(8.7)	83	(2.3)	102	(2.8)	140	(4.1)	93	(2.9)	100	(2.8)	104	(2.7)
Treatment status unknown	182		198		529		850		164		237		275	

* Other includes hand sanitiser, ethanol, methylated spirits, mouth wash

~ Cells with five cases or fewer

Table 7: Amount of alcohol consumed by cases who consumed alcohol in the 30 days prior to treatment start, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	5288		5562		5589		5449		4033		4874		5448	
Median standard drinks consumed (range ¹¹)	15	(6–35)	16	(6–32)	18	(6–31)	20	(6–40)	18	(6–40)	20	(6–40)	18	(6–35)
New cases	2717		2835		2651		2521		1845		2316		2631	
Median standard drinks consumed (range ¹¹)	15	(6–32)	16	(6–30)	18	(6–30)	16	(6–35)	16	(6–38)	16	(6–36)	16	(6–35)
Previously treated cases	2480		2600		2594		2326		2098		2403		2627	
Median standard drinks consumed (range ¹¹)	16	(6–38)	16	(8–32)	20	(6–34)	20	(8–40)	20	(7–40)	20	(8–40)	20	(6–38)
Treatment status unknown	91		127		344		602		90		155		190	

Polydrug use 2016–2022

Over the seven-year period 2016 to 2022, more than one-in-five (21.4%) reported polydrug use (problem use of more than one substance). The proportion of cases reporting polydrug use increased from 17.4% in 2016 to 24.2% in 2022 (**Table 8**).

- In 2022, **cocaine** surpassed cannabis as the most common additional drug reported (**Table 9**). The number of polydrug cases reporting **cocaine** as an additional problem increased by 134.7% between 2016 and 2022, increasing from 35.4% in 2016 to 61.4% of polydrug cases in 2022.
- Between 2021 and 2022 there was a 25.8% increase in the proportion of cases reporting cocaine.
- In the years 2016 to 2021, **cannabis** was the most common additional drug reported by cases with polydrug use. Between 2016 and 2021, the proportion of polydrug cases reporting cannabis as an additional problem fluctuated between 54.9% and 60.5%. In 2022, the proportion of cases reporting cannabis decreased to 49.4%.
- The proportion of polydrug cases treated for **benzodiazepines** as an additional problem decreased from 28.6% in 2016 to 21.7% in 2022.
- **Opioids** were the fourth most common additional drug reported in this time period, decreasing from 15.2% in 2016 to 12.8% of cases in 2022.
- In 2022, 13 cases (0.7%) reported **pregabalin** (Lyrica) as an additional in problem, an increase from 9 cases in 2021. In 2016, less than five cases were treated for pregabalin.
- Among *new* and *previously treated cases*, the patterns of additional drug use are similar, with cocaine, cannabis, benzodiazepines and opioids the four most commonly reported drugs. Patterns of use varied slightly with a higher proportion of *new cases* reporting cocaine and cannabis, whereas the proportion reporting benzodiazepines and opioids was higher among *previously treated cases*.

Table 8: Polydrug use in cases treated for alcohol as a main problem, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	7643		7350		7464		7546		5824		6859		7421	
Alcohol only	6315	(82.6)	5898	(80.2)	5861	(78.5)	5976	(79.2)	4477	(76.9)	5231	(76.3)	5625	(75.8)
Reported other additional drug(s)	1328	(17.4)	1452	(19.8)	1603	(21.5)	1570	(20.8)	1347	(23.1)	1628	(23.7)	1796	(24.2)

Table 9: Polydrug use - additional problem drugs for cases treated for alcohol as a main problem, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All polydrug	1328		1452		1603		1570		1347		1628		1796	
Cocaine	470	(35.4)	607	(41.8)	772	(48.2)	844	(53.8)	729	(54.1)	877	(53.9)	1103	(61.4)
Cannabis	766	(57.7)	878	(60.5)	940	(58.6)	881	(56.1)	740	(54.9)	901	(55.3)	887	(49.4)
Benzodiazepines	380	(28.6)	332	(22.9)	375	(23.4)	342	(21.8)	331	(24.6)	357	(21.9)	390	(21.7)
Opioids	202	(15.2)	207	(14.3)	212	(13.2)	206	(13.1)	156	(11.6)	203	(12.5)	230	(12.8)
MDMA (ecstasy)	99	(7.5)	134	(9.2)	185	(11.5)	146	(9.3)	104	(7.7)	101	(6.2)	99	(5.5)
Amphetamines	51	(3.8)	49	(3.4)	57	(3.6)	46	(2.9)	38	(2.8)	55	(3.4)	61	(3.4)
Z Drugs*	33	(2.5)	27	(1.9)	19	(1.2)	18	(1.1)	17	(1.3)	18	(1.1)	27	(1.5)
NPS	30	(2.3)	18	(1.2)	15	(0.9)	20	(1.3)	24	(1.8)	26	(1.6)	20	(1.1)
Volatile inhalants	~	~	6	(0.4)	~	~	~	~	~	~	~	~	9	(0.5)
Other	38	(2.9)	62	(4.3)	71	(4.4)	70	(4.5)	43	(3.2)	50	(3.1)	51	(2.8)
New cases	593		656		635		659		570		640		743	
Cocaine	221	(37.3)	290	(44.2)	331	(52.1)	365	(55.4)	335	(58.8)	352	(55.0)	490	(65.9)
Cannabis	340	(57.3)	408	(62.2)	390	(61.4)	394	(59.8)	325	(57.0)	373	(58.3)	382	(51.4)
Benzodiazepines	149	(25.1)	122	(18.6)	106	(16.7)	111	(16.8)	101	(17.7)	104	(16.3)	119	(16.0)
Opioids	62	(10.5)	63	(9.6)	45	(7.1)	46	(7.0)	40	(7.0)	43	(6.7)	58	(7.8)
MDMA (ecstasy)	57	(9.6)	57	(8.7)	77	(12.1)	64	(9.7)	55	(9.6)	41	(6.4)	38	(5.1)
Amphetamines	19	(3.2)	22	(3.4)	22	(3.5)	21	(3.2)	17	(3.0)	13	(2.0)	18	(2.4)
Z Drugs*	7	(1.2)	13	(2.0)	~	~	~	~	0	0	6	(0.9)	10	(1.3)
NPS	10	(1.7)	8	(1.2)	~	~	6	(0.9)	8	(1.4)	7	(1.1)	6	(0.8)
Volatile inhalants	~	~	~	~	0	0	~	~	~	~	~	~	~	~
Other	18	(3.0)	29	(4.4)	21	(3.3)	27	(4.1)	24	(4.2)	21	(3.3)	24	(3.2)
Previously treated cases	688		751		851		746		734		914		976	
Cocaine	234	(34.0)	299	(39.8)	390	(45.8)	390	(52.3)	377	(51.4)	481	(52.6)	564	(57.8)
Cannabis	403	(58.6)	445	(59.3)	486	(57.1)	409	(54.8)	394	(53.7)	487	(53.3)	476	(48.8)
Benzodiazepines	215	(31.3)	202	(26.9)	234	(27.5)	191	(25.6)	216	(29.4)	226	(24.7)	252	(25.8)
Opioids	125	(18.2)	133	(17.7)	140	(16.5)	128	(17.2)	110	(15.0)	148	(16.2)	156	(16.0)
MDMA (ecstasy)	40	(5.8)	74	(9.9)	96	(11.3)	71	(9.5)	43	(5.9)	49	(5.4)	58	(5.9)
Amphetamines	32	(4.7)	26	(3.5)	35	(4.1)	23	(3.1)	20	(2.7)	38	(4.2)	41	(4.2)
Z Drugs*	24	(3.5)	13	(1.7)	12	(1.4)	12	(1.6)	13	(1.8)	8	(0.9)	15	(1.5)
NPS	18	(2.6)	10	(1.3)	11	(1.3)	13	(1.7)	16	(2.2)	19	(2.1)	13	(1.3)
Volatile inhalants	~	~	~	~	~	~	~	~	~	~	0	(0.0)	6	(0.6)
Other	19	(2.8)	28	(3.7)	43	(5.1)	36	(4.8)	19	(2.6)	26	(2.8)	24	(2.5)

* Z-Drugs are non-benzodiazepine hypnotic sedative drugs, e.g., zolpidem, zopiclone

~ Cells with five cases or fewer

Socio-demographic characteristics 2016–2022

- The median age of cases remained unchanged at 41 years between 2016 and 2020, it increased to 42 years in 2021, and was unchanged in 2022 at 42 years (**Table 10**).
- For *new cases*, the median age increased from 40 years (2019–2021) to 41 years in 2022.
- In 2022, only 1.0% of all cases were aged 17 years or younger, a decrease from 1.6% in 2016, and the lowest proportion in the reporting period. The proportion of *new cases* aged 17 years or younger in 2022 was 2.0%.
- Over the period, over six-in-ten (63.4%) cases were male.
- The proportion of cases with an Irish Traveller⁹ ethnicity was 2.1% in 2016 and 2.5% in 2022, the highest reported over the seven year period.
- The proportion of cases recorded as having ceased education (for the first time) before the age of 16 years decreased from 23.7% in 2016 to 18.6% in 2022.
- The proportion of all cases that were in paid employment increased from 24.7% in 2016 to 34.0% in 2022.
- Over the reporting period, 50.3% of all cases were unemployed. The proportion of cases that were unemployed decreased between 2016 and 2022 from 53.8% in 2016 to 47.6% in 2022.
- In each year, rates of homelessness, ceasing education before age 16, and unemployment were higher among *previously treated* cases than among *new cases*.

Table 10: Socio-demographic characteristics of cases treated for alcohol as a main problem, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	7643		7350		7464		7546		5824		6859		7421	
Median age (range ¹¹)	41	21–64	41	21–64	41	21–65	41	22–64	41	21–64	42	22–64	42	23–65
Under 18	124	(1.6)	112	(1.5)	114	(1.5)	107	(1.4)	99	(1.7)	109	(1.6)	76	(1.0)
Male	4884	(63.9)	4769	(64.9)	4812	(64.5)	4835	(64.1)	3604	(61.9)	4297	(62.6)	4565	(61.5)
Homeless	613	(8.0)	620	(8.4)	713	(9.6)	654	(8.7)	494	(8.5)	567	(8.3)	567	(7.6)
Traveller ⁹	161	(2.1)	118	(1.6)	145	(1.9)	178	(2.4)	121	(2.1)	167	(2.4)	186	(2.5)
Education ceased before 16 years	1808	(23.7)	1726	(23.5)	1727	(23.1)	1739	(23.0)	1235	(21.2)	1422	(20.7)	1382	(18.6)
In paid employment	1889	(24.7)	2056	(28.0)	2067	(27.7)	2125	(28.2)	1639	(28.1)	2111	(30.8)	2526	(34.0)
Unemployed	4110	(53.8)	3827	(52.1)	3783	(50.7)	3731	(49.4)	2865	(49.2)	3345	(48.8)	3534	(47.6)
Retired/unable to work including disability	964	(12.6)	887	(12.1)	958	(12.8)	1004	(13.3)	848	(14.6)	931	(13.6)	926	(12.5)
New cases	3678		3500		3230		3296		2490		3026		3278	
Median age (range ¹¹)	40	20–64	40	19–64	39	19–65	40	20–65	40	19–64	40	20–65	41	21–65
Under 18	87	(2.4)	90	(2.6)	87	(2.7)	83	(2.5)	82	(3.3)	90	(3.0)	67	(2.0)
Male	2290	(62.3)	2234	(63.8)	2087	(64.6)	2080	(63.1)	1498	(60.2)	1841	(60.8)	2010	(61.3)
Homeless	160	(4.4)	166	(4.7)	191	(5.9)	207	(6.3)	149	(6.0)	165	(5.5)	166	(5.1)
Traveller ⁹	78	(2.1)	50	(1.4)	59	(1.8)	73	(2.2)	46	(1.8)	70	(2.3)	85	(2.6)
Education ceased before 16 years	768	(20.9)	768	(21.9)	639	(19.8)	716	(21.7)	464	(18.6)	568	(18.8)	519	(15.8)
In paid employment	1176	(32.0)	1209	(34.5)	1165	(36.1)	1116	(33.9)	890	(35.7)	1106	(36.5)	1379	(42.1)
Unemployed	1690	(45.9)	1587	(45.3)	1417	(43.9)	1458	(44.2)	1069	(42.9)	1301	(43.0)	1324	(40.4)
Retired/unable to work including disability	404	(11.0)	367	(10.5)	354	(11.0)	390	(11.8)	278	(11.2)	358	(11.8)	353	(10.8)
Previously treated cases	3783		3652		3705		3400		3170		3596		3868	
Median age (range ¹¹)	43	24–64	43	24–64	42	23–65	42	24–65	43	25–64	43	25–64	43	26–65
Under 18	20	(0.5)	17	(0.5)	20	(0.5)	15	(0.4)	13	(0.4)	18	(0.5)	9	(0.2)
Male	2480	(65.6)	2394	(65.6)	2382	(64.3)	2249	(66.1)	1997	(63.0)	2285	(63.5)	2383	(61.6)
Homeless	433	(11.4)	432	(11.8)	473	(12.8)	378	(11.1)	325	(10.3)	369	(10.3)	360	(9.3)
Traveller ⁹	70	(1.9)	62	(1.7)	67	(1.8)	81	(2.4)	68	(2.1)	83	(2.3)	93	(2.4)
Education ceased before 16 years	1003	(26.5)	912	(25.0)	957	(25.8)	847	(24.9)	734	(23.2)	798	(22.2)	792	(20.5)
In paid employment	674	(17.8)	804	(22.0)	778	(21.0)	744	(21.9)	726	(22.9)	946	(26.3)	1067	(27.6)
Unemployed	2331	(61.6)	2145	(58.7)	2109	(56.9)	1914	(56.3)	1709	(53.9)	1920	(53.4)	2078	(53.7)
Retired/unable to work including disability	540	(14.3)	498	(13.6)	535	(14.4)	502	(14.8)	538	(17.0)	542	(15.1)	545	(14.1)
Treatment status unknown	182		198		529		850		164		237		275	

Community Healthcare Organisation (CHO) area of residence 2016–2022

In 2022, the highest number of cases treated for problem alcohol use **resided**¹⁷ in CHO 9 (**Table 11**) (see below for reference to areas included in each CHO).

As participation in the NDTRS is not uniform across the country, conclusions based on geographic analyses are limited.

Table 11: Number of cases treated for alcohol as a main problem by Community Healthcare Organisation area of residence, NDTRS 2016 to 2022

	2016	2017	2018	2019	2020	2021	2022
All cases	7643	7350	7464	7546	5824	6859	7421
CHO 1	945	950	896	999	793	882	899
CHO 2	452	395	398	438	251	324	424
CHO 3	507	487	536	570	424	483	582
CHO 4	1411	1240	1293	1290	943	971	953
CHO 5	1264	1318	1356	1280	979	1050	1129
CHO 6	245	301	341	329	317	424	475
CHO 7	800	841	912	894	743	974	1025
CHO 8	856	729	635	650	431	571	623
CHO 9	912	880	933	999	848	1102	1194
Other/unknown	251	209	164	97	95	78	117
New cases	3678	3500	3230	3296	2490	3026	3278
CHO 1	487	433	303	446	289	326	342
CHO 2	227	216	158	215	96	122	210
CHO 3	256	234	253	294	181	223	258
CHO 4	694	639	579	569	424	459	468

	2016	2017	2018	2019	2020	2021	2022
CHO 5	586	632	632	570	386	405	489
CHO 6	108	154	174	141	158	189	213
CHO 7	360	354	366	378	313	470	463
CHO 8	435	361	306	332	237	319	330
CHO 9	427	403	391	319	354	472	463
Other/unknown	98	74	68	32	52	41	42
Previously treated	3783	3652	3705	3400	3170	3596	3868
CHO 1	434	476	489	475	482	525	523
CHO 2	218	177	195	195	152	184	201
CHO 3	247	248	246	257	235	250	318
CHO 4	690	594	654	668	512	488	465
CHO 5	661	658	638	632	586	623	621
CHO 6	127	135	157	132	143	209	238
CHO 7	412	453	490	381	384	464	510
CHO 8	411	340	290	253	189	240	273
CHO 9	447	446	468	363	450	580	662
Other/unknown	136	125	78	44	37	33	57
Treatment status unknown	182	198	529	850	164	237	275

LHO areas in each Community Healthcare Organisation area

- CHO 1 – Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO
- CHO 2 – Galway LHO, Roscommon and Mayo LHO
- CHO 3 – Clare LHO, Limerick LHO, North Tipperary/East Limerick LHO
- CHO 4 – Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO
- CHO 5 – South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO
- CHO 6 – Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO
- CHO 7 – Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO
- CHO 8 – Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO
- CHO 9 – Dublin North LHO, Dublin North Central LHO and Dublin North West LHO

Regional Health Area (RHA) area of residence 2016–2022

RHAs are the new population-based geographical areas for healthcare. In 2022, the highest number of reported cases resided¹⁷ in RHA area A (**Table 12**) (see below for reference to areas included in each RHA).

As mentioned previously, participation in the NDTRS is not uniform across the country and therefore conclusions based on geographic analyses are limited.

Table 12: Number of cases treated for alcohol as a main problem by Regional Health Area of residence, NDTRS 2016 to 2022

	2016	2017	2018	2019	2020	2021	2022
All cases	7643	7350	7464	7546	5824	6859	7421
Area A	1399	1360	1350	1417	1181	1548	1671
Area B	1356	1281	1273	1257	957	1278	1372
Area C	1509	1619	1697	1609	1296	1474	1604
Area D	1411	1240	1293	1290	943	971	953
Area E	507	487	536	570	424	483	582
Area F	1210	1154	1151	1306	928	1027	1122
Other/unknown	251	209	164	97	95	78	117
New cases	3678	3500	3230	3296	2490	3026	3278
Area A	663	632	570	510	507	661	645
Area B	655	585	556	583	438	657	663
Area C	694	786	806	711	544	594	702
Area D	694	639	579	569	424	459	468
Area E	256	234	253	294	181	223	258
Area F	618	550	398	597	344	391	500
Other/unknown	98	74	68	32	52	41	42

	2016	2017	2018	2019	2020	2021	2022
Previously treated	3783	3652	3705	3400	3170	3596	3868
Area A	692	679	688	532	624	818	926
Area B	667	647	633	522	470	575	647
Area C	788	793	795	764	729	832	859
Area D	690	594	654	668	512	488	465
Area E	247	248	246	257	235	250	318
Area F	563	566	611	613	563	600	596
Other/unknown	136	125	78	44	37	33	57
Treatment status unknown	182	198	529	850	164	237	275

Regional health areas

Area A: North Dublin, Meath, Louth, Cavan, Monaghan

Area B: Longford, Westmeath, Offaly, Laois, Kildare, parts of Dublin and Wicklow

Area C: Tipperary South, Waterford, Kilkenny, Carlow, Wexford, Wicklow, part of South Dublin

Area D: Kerry and Cork

Area E: Limerick, Tipperary North, Clare

Area F: Donegal, Sligo, Leitrim, Roscommon, Mayo, Galway

Incidence and prevalence of treatment 2016–2022

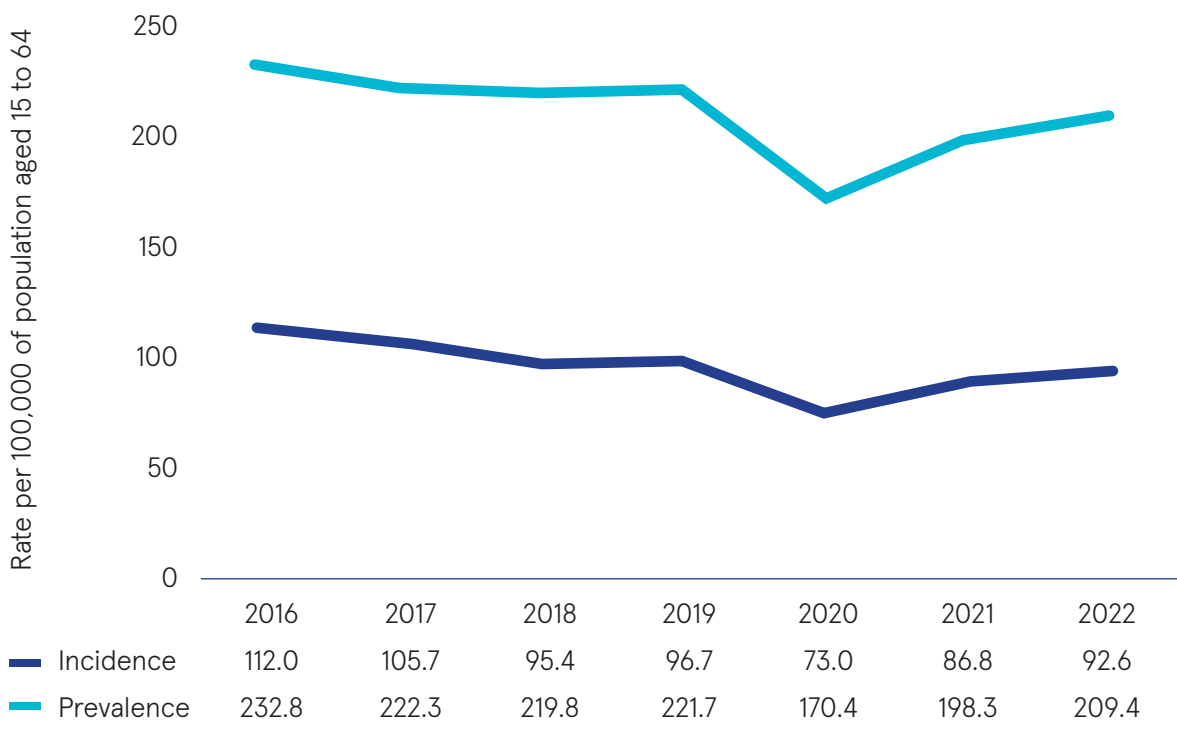
Annual rates for the incidence (*new cases*) and prevalence (*all cases*) of treated problem alcohol use were calculated per 100,000 of the population age 15 to 64 years based on census figures from the Central Statistics Office (CSO) (**Figure 4**).¹⁸

Incidence decreased from 112.0 cases per 100,000 in 2016, to 92.6 cases in 2022.

Prevalence, which includes both *new cases* and those cases returning to treatment, also decreased from 232.8 cases per 100,000 in 2016 to 209.4 cases per 100,000 in 2022.

Changes in incidence and prevalence should be interpreted with caution for recent years due to the proportion of cases where treatment status was unknown (3.7% in 2022), and the challenges presented to service providers and those who availed of services due to COVID-19 in 2020.

Figure 4: Incidence and prevalence of treated problem alcohol use per 100,000 of the population aged 15 to 64 years, NDTRS 2016 to 2022



Acknowledgements

The NDTRS team would like to acknowledge the ongoing support of the staff in the alcohol and drug treatment services throughout the country, without whom it would not be possible to maintain the NDTRS. Their participation and cooperation are very much appreciated and valued, and especially so during a period that has been extremely challenging due to the COVID-19 pandemic and related restrictions.

Notes

1. This document may be cited as: Condrón I, Lyons S and Carew AM (2023) National Drug Treatment Reporting System, *2022 Alcohol Treatment Demand*. StatLink Series 15. Dublin: Health Research Board. Available at <https://www.drugsandalcohol.ie/38799/> and at www.hrb.ie/publications
2. European Monitoring System for Drugs and Drug Addiction (EMCDDA). (2012). Treatment demand indicator (TDI) standard protocol 3.0: Guidelines for reporting data on people entering drug treatment in European countries. EMCDDA. https://www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0_en
3. More detailed information on the NDTRS methodology can be found in previously published HRB Trends Series papers at www.hrb.ie/data-collections-evidence/alcohol-and-drug-treatment/publications/
4. NDTRS data are case-based which means there is a possibility that individuals appear more than once in the database; for example, where a person receives treatment at more than one centre, or at the same centre more than once in a calendar year.
5. The NDTRS interactive tables will be updated to reflect the changes at: www.drugsandalcohol.ie/tables/
6. Bruton, L, Gibney, S, Hynes, T, Collins, D, Moran, P (2021). Spending review 2021. Focused policy assessment of *Reducing Harm, Supporting Recovery: an analysis of expenditure and performance in the area of drug and alcohol misuse*. Government of Ireland: Dublin. <https://www.drugsandalcohol.ie/34729/>
7. Department of Health. (2017) *Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 – 2025*. Dublin: Department of Health. <https://www.drugsandalcohol.ie/27603/>
8. Drink guidelines are taken from the Health Service Executive (HSE) at <https://www2.hse.ie/living-well/alcohol/health/improve-your-health/weekly-low-risk-alcohol-guidelines/>
9. Based on the 2016 Census, the proportion of Irish Travellers in the general population is 0.7% (Central Statistics Office, 2022) www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8e/
10. Babor T, Higgins-Biddle J, Saunders J and Monteiro M (2001) *Audit: the Alcohol Use Disorders Identification Test: guides for use in primary health care*. Geneva: World Health Organization <https://www.who.int/publications/i/item/audit-the-alcohol-use-disorders-identification-test-guidelines-for-use-in-primary-health-care>

11. Range presented is 5th percentile to 95th percentile (90% of cases are included within this range).
12. In Ireland a standard drink has about 10 grams of pure alcohol. In the UK a standard drink, also called a unit of alcohol, has about 8 grams of pure alcohol. Some examples of a standard drink in Ireland are: a pub measure of spirits (35.5ml), a small glass of wine (12.5% volume), a half pint of normal beer, an alcopop (275ml bottle)
<https://www2.hse.ie/living-well/alcohol/health/improve-your-health/weekly-low-risk-alcohol-guidelines/>
13. Non-binary describes gender identities outside of the female/male gender binary. Individuals identifying as non-binary may feel neither exclusively male or female, both male and female, between or beyond genders.
14. Service users currently residing with children refers to the 30 days prior to treatment. This includes children where the service user has a carer or guardianship role; non-related children such as foster children and stepchildren; and the children of a long-term cohabiting partner. Where the service user is a grandparent or other close relative and is the official guardian of a child with whom they are living, they are recorded as living with children.
15. Children who are not residing with the service user refers to children currently living with another parent; children in formal care or informal care; and children living elsewhere who are biological children/adopted children, or children who are under the official guardianship of the service user. It also refers to children who have left home, and children who are living with other family members or friends temporarily, but who are not considered by the service user to be living in care.
16. The capacity and functionality of treatment services were impacted by COVID-19 restrictions. In 2020, the NDTRS surveyed participating services to estimate the impact of the restrictions on treatment data for 2020 (the response rate was 80%). Around 40% of services surveyed expressed some impact on their ability to provide returns, while around 50% expected some impact on numbers (unpublished data).
17. Area of residence relates to the service user's place of residence in the 30 days prior to commencing treatment, for all service types excluding prison. Where a service user is treated in prison and has been in prison for less than six months prior to starting treatment, area of residence is the place of residence prior to imprisonment. Otherwise, the prison location is recorded.
18. Population data are taken from the Central Statistics Office at:
<https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2022/>

Appendix A: Number of cases treated for alcohol as a main problem, by county of residence, NDTRS 2016 to 2022

	2016		2017		2018		2019		2020		2021		2022	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	7643		7350		7464		7546		5824		6859		7421	
Carlow	86	(1.1)	99	(1.3)	100	(1.3)	82	(1.1)	54	(0.9)	65	(0.9)	91	(1.2)
Cavan	91	(1.2)	89	(1.2)	78	(1.0)	94	(1.2)	67	(1.2)	87	(1.3)	101	(1.4)
Clare	127	(1.7)	91	(1.2)	106	(1.4)	111	(1.5)	87	(1.5)	112	(1.6)	138	(1.9)
Cork	1020	(13.3)	930	(12.7)	972	(13.0)	963	(12.8)	719	(12.3)	758	(11.1)	697	(9.4)
Donegal	516	(6.8)	509	(6.9)	517	(6.9)	526	(7.0)	449	(7.7)	471	(6.9)	467	(6.3)
Dublin	1793	(23.5)	1808	(24.6)	1907	(25.5)	1921	(25.5)	1593	(27.4)	2067	(30.1)	2232	(30.1)
Galway	298	(3.9)	273	(3.7)	254	(3.4)	264	(3.5)	130	(2.2)	180	(2.6)	275	(3.7)
Kerry	391	(5.1)	310	(4.2)	321	(4.3)	327	(4.3)	224	(3.8)	213	(3.1)	256	(3.4)
Kildare	135	(1.8)	201	(2.7)	182	(2.4)	203	(2.7)	205	(3.5)	249	(3.6)	291	(3.9)
Kilkenny	137	(1.8)	142	(1.9)	173	(2.3)	135	(1.8)	97	(1.7)	133	(1.9)	170	(2.3)
Laois	96	(1.3)	137	(1.9)	145	(1.9)	122	(1.6)	58	(1.0)	85	(1.2)	115	(1.5)
Leitrim	76	(1.0)	53	(0.7)	59	(0.8)	108	(1.4)	71	(1.2)	71	(1.0)	61	(0.8)
Limerick	276	(3.6)	306	(4.2)	320	(4.3)	372	(4.9)	257	(4.4)	267	(3.9)	349	(4.7)
Longford	89	(1.2)	57	(0.8)	40	(0.5)	50	(0.7)	47	(0.8)	32	(0.5)	48	(0.6)
Louth	170	(2.2)	155	(2.1)	143	(1.9)	152	(2.0)	130	(2.2)	160	(2.3)	166	(2.2)
Mayo	111	(1.5)	83	(1.1)	106	(1.4)	110	(1.5)	54	(0.9)	60	(0.9)	69	(0.9)
Meath	129	(1.7)	128	(1.7)	125	(1.7)	131	(1.7)	87	(1.5)	104	(1.5)	110	(1.5)
Monaghan	97	(1.3)	108	(1.5)	73	(1.0)	51	(0.7)	67	(1.2)	103	(1.5)	103	(1.4)
Offaly	132	(1.7)	118	(1.6)	94	(1.3)	97	(1.3)	47	(0.8)	127	(1.9)	103	(1.4)
Roscommon	43	(0.6)	39	(0.5)	38	(0.5)	64	(0.8)	67	(1.2)	84	(1.2)	80	(1.1)
Sligo	166	(2.2)	197	(2.7)	175	(2.3)	224	(3.0)	139	(2.4)	152	(2.2)	167	(2.3)
Tipperary	329	(4.3)	338	(4.6)	367	(4.9)	370	(4.9)	267	(4.6)	294	(4.3)	282	(3.8)
Waterford	436	(5.7)	455	(6.2)	441	(5.9)	426	(5.6)	361	(6.2)	335	(4.9)	346	(4.7)
Westmeath	239	(3.1)	128	(1.7)	81	(1.1)	94	(1.2)	62	(1.1)	60	(0.9)	81	(1.1)
Wexford	380	(5.0)	374	(5.1)	385	(5.2)	354	(4.7)	280	(4.8)	327	(4.8)	335	(4.5)
Wicklow	123	(1.6)	140	(1.9)	180	(2.4)	161	(2.1)	166	(2.9)	224	(3.3)	244	(3.3)
Outside Ireland	55	(0.7)	43	(0.6)	49	(0.7)	26	(0.3)	31	(0.5)	35	(0.5)	43	(0.6)
Ireland Unknown	102	(1.3)	39	(0.5)	33	(0.4)	8	(0.1)	8	(0.1)	~	~	~	~
Total	7643		7350		7464		7546		5824		6859		7421	

~ Cells with 5 cases or fewer



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