

HRB Bulletin
National Drug Treatment
Reporting System

**2023 Alcohol
Treatment Demand**

Derek O'Neill, Siobhán Ní Luasa,
Suzi Lyons and Anne Marie Carew

Published by:

Health Research Board, Dublin
An Bord Taighde Sláinte
© Health Research Board 2024
HRB StatLink Series ISSN 2737-7652

Health Research Board
Grattan House
67-72 Lower Mount Street
Dublin 2
D02 H638

t + 353 1 234 5000

e hrb@hrb.ie

w www.hrb.ie

HRB StatLink Series 19

National Drug Treatment Reporting System 2023 Alcohol Treatment Demand

Derek O'Neill, Siobhán Ní Luasa, Suzi Lyons and Anne Marie Carew

Introduction

In this bulletin, data on **treated problem alcohol use** for the year 2023 are presented, followed by trends for the 7-year period 2017–2023.¹ 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, residential, 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 and alcohol-related planning and policy.⁶ The National Drug and Alcohol Strategy *Reducing Harm, Supporting Recovery: A health-led approach to drug and alcohol abuse 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 Of note, this publication includes data collected since 2017, corresponding to the implementation of the strategy. Treatment data can be used to measure the impact of the strategy since its commencement.

Participation in the NDTRS



Currently, 92.0% of services required to report to the NDTRS provided data in 2023. GPs however do not currently report alcohol treatment data to the NDTRS. Therefore, it may be assumed that the data presented in this bulletin underestimate the true extent of treated alcohol use in Ireland.

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 data collection 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 service providers for review and correction.

Summary 2023

In 2023, 8,163 cases were treated for problem alcohol use, an increase of 10.0% when compared with 2022 and the highest total cases treated for problem alcohol use reported in over a decade (8,609 cases).

It is important to consider the changing landscape of treatment demand when interpreting the data. While overall percentages may appear stable, the raw number of cases entering treatment may have increased, or in some scenarios, decreased. This highlights the need to look beyond percentages and analyse absolute figures to fully understand the trends over time.

- The proportion of *new cases* (never treated for problem alcohol use before) was 44.4%.
- The majority of cases (61.0%) were treated in outpatient facilities.

Level of problem alcohol use

- In 2023, the **median age** at which cases first started drinking alcohol was 16 years.
- Three in five (61.0%) cases were classified as **alcohol dependent**.
- Among cases seeking treatment for alcohol use for the first time, the majority (57.4%) were classified as **alcohol dependent**.
- More than six in ten (65.3%) *previously treated cases* were classified as **alcohol dependent**.

Type of alcohol consumed

- Spirits (58.2%) were the most preferred type of alcohol, followed by beer (48.1%) and wine (27.6%).

Frequency and amount of alcohol consumed

- Almost three in four (74.9%) cases consumed alcohol in the 30 days prior to starting treatment. Of these, more than one-half (55.8%) 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 **18**. 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 (24.9%) of cases.
- Cocaine (64.5%) was the most common **additional drug** used alongside alcohol, followed by cannabis (47.1%), benzodiazepines (20.6%), and opioids (12.7%).
- The most common drugs used together were (1) alcohol plus cocaine; (2) alcohol plus cannabis; and (3) alcohol plus cocaine and cannabis.
- The type of additional problem drugs varied by age.
 - Among those aged 19 years or under, cannabis was the main drug reported alongside alcohol.
 - Among those aged 20–34 years, cocaine was the main drug reported alongside alcohol.
 - Among those aged 35 years or over, cannabis was the main drug reported alongside alcohol.

Socio-demographic characteristics

- The **median age** of cases was 43 years.
- Six in ten (63.7%) cases were **male**.
- Almost one in twelve (7.8%) cases were recorded as **homeless** (females 4.2%; males 9.9%).
- The proportion of cases with **Irish Traveller**⁹ ethnicity was 1.8%.
- Almost one-half (46.6%) of cases were recorded as **unemployed**.
- One in three (36.2%) cases were **in paid employment**.
- Among parents with **children** aged 17 years or under, more than one-half (51.3%) had at least one child residing with them at the time of treatment entry (females 67.5%; males 41.5%).

Key trends over time 2017–2023

- In 2023, the number of treated cases for alcohol reached 8,163, the highest annual total reported since 2012 (8,609 cases).
- The median age of females (44 years) was higher than that for males (42 years).
- The proportion of all cases that were classified as alcohol dependent decreased from 72.0% in 2017 to 61.0% in 2023.
- The proportion of cases who were classified as hazardous drinkers increased from 9.7% in 2017 to 13.4% in 2023.
- The proportion of cases who were classified as harmful drinkers increased from 16.0% in 2017 to 22.0% in 2023.
- Many cases in treatment continued to drink more in a typical day than is recommended in a week based on Health Service Executive (HSE) low-risk guidelines.⁸
- Among those who consumed alcohol in the 30 days prior to treatment:
 - One in two (51.5%) consumed alcohol daily over the period.
 - The proportion who consumed alcohol daily increased from 42.6% in 2017 to 55.8% in 2023.
- The proportion of cases reporting polydrug use increased from 19.8% in 2017 to 24.9% in 2023.
- More than four in ten (43.1%) cases successfully completed treatment.

National overview for 2023

Number of cases entering treatment 2023

There were 8,163 treated cases recorded in the NDTRS in 2023. *New cases* accounted for 44.4% of alcohol treatment demand in 2023, while *previously treated cases* accounted for 52.1% of alcohol treatment entrants.

8,163

Total number
of cases treated for
problem alcohol use



44%
new
cases



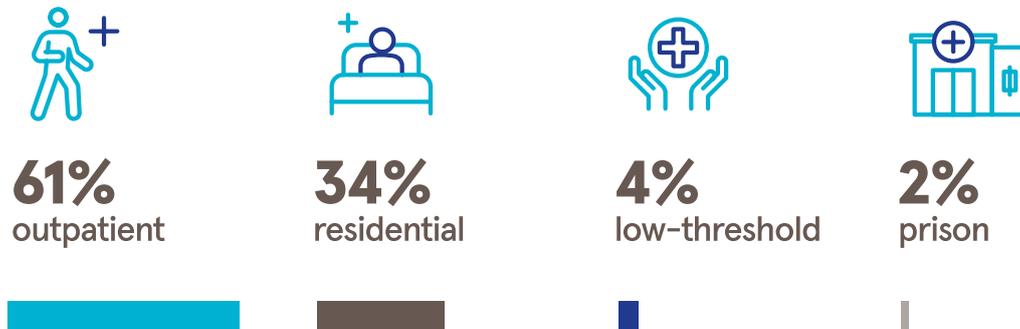
52%
previously
treated cases

Figures relate to 2023

Type of service provider 2023

Three in five (61.0%) cases were treated in outpatient facilities and one in three cases were treated in residential settings (33.6%). Much smaller proportions were treated in low-threshold settings (3.7%) and prison (1.7%). The NDTRS receives counselling data from the Irish Prison Service but no information on medical treatments for problem alcohol use such as detoxification. GPs do not currently report alcohol treatment figures to the NDTRS.

Service type 2023



Figures relate to 2023

Level of problem alcohol use 2023

The median age at which cases commenced alcohol use was 16 years.

In 2023, the majority (61.0%) of cases were classified as **alcohol dependent** (by the healthcare professional treating them) (**Box 1**).

The proportion of *new cases* that were classified as alcohol dependent was 57.4% in 2023. This was higher among *previously treated cases* at 65.3%.

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

61%



57%
new cases



65%
previously treated cases

Figures relate to 2023

Types of alcohol consumed 2023

In 2023, the most common preferred alcohol types were spirits (58.2%), followed by beer (48.1%), wine (27.6%) and cider (8.8%). A small proportion of cases (2.7%) did not specify a preferred alcohol type. Patterns were broadly similar among *new* and *previously treated* cases.

While six in ten (61.0%) cases reported one preferred type of alcohol, 36.4% 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; (2) spirits plus wine; and (3) beer plus spirits plus wine.

Frequency and amount of alcohol consumed 2023

Almost three in four (74.9%) cases consumed alcohol in the 30 days prior to treatment start date. Of these, more than one-half (55.8%) 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 16 (6–32)¹¹ standard drinks. This was slightly higher among *previously treated* cases at 17 (6–35) standard drinks than for *new cases* at 16 (6–30) 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:



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 2023

Almost one in four (24.9%) cases treated for problem alcohol use also reported problem use of one or more other drugs (polydrug use).

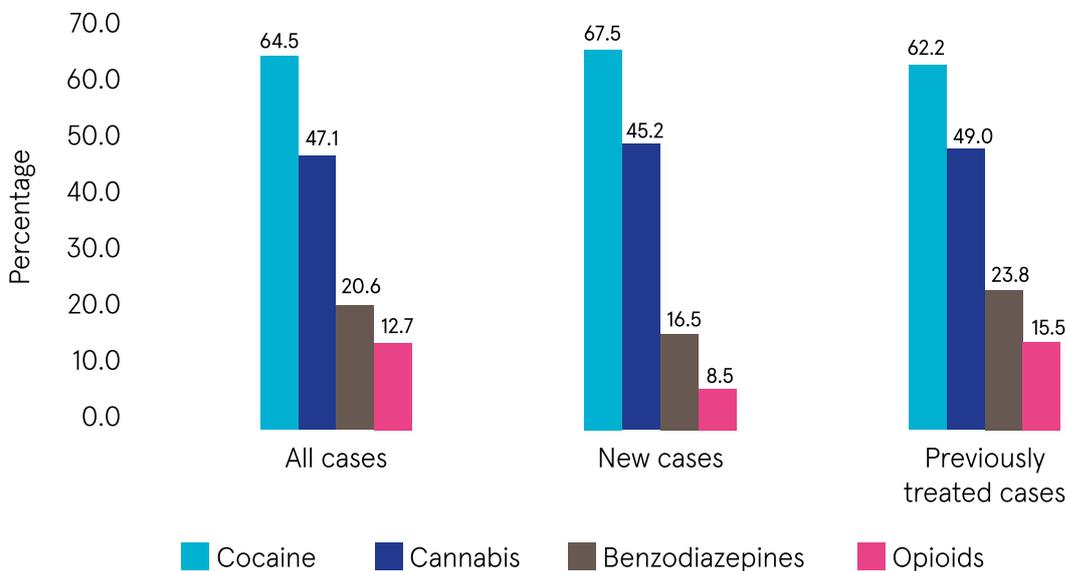
In 2023, cocaine (64.5%) was the most common additional drug reported, followed by cannabis (47.1%), benzodiazepines (20.6%) and opioids (12.7%) (**Figure 1**).

In 2023, 14 cases (0.7%) reported **pregabalin** (Lyrica) as an additional problem drug.

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

- Among *new cases*, cocaine (67.5%) was the most common additional substance in 2023, followed by cannabis (45.2%), benzodiazepines (16.5%) and opioids (8.5%).
- Among *previously treated cases*, cocaine (62.2%) was the most common additional problem substance, followed by cannabis (49.0%), benzodiazepines (23.8%) and opioids (15.5%).

Figure 1: Additional problem substances reported and treatment status (NDTRS 2023)



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

One in ten (10.0%) cases with polydrug use reported difficulty in determining which drug was the main problem. Among these, the pattern of additional drugs used in combination were the same.

Polydrug use by age group 2023

The type of additional problem drugs varied by age:

- Among those aged 19 years or under, cannabis was the main drug reported alongside alcohol.
- Among those aged 20–34 years, cocaine was the main drug reported alongside alcohol.
- Cannabis was the main drug reported alongside alcohol among those aged 35 years or over.

Polydrug problem drug by age



19 years or under
cannabis



20–34 years
cocaine



35 years or over
cannabis

Figures relate to 2023

Socio-demographic characteristics 2023

- The median age at which cases entered treatment was 43 years in 2023. A very small proportion of cases (0.8%) were aged 17 years or under.
- The majority of cases were male (63.7%). Ten cases 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 five or fewer.
- Almost one-half of cases were unemployed (46.6%).
- The proportion of cases recorded as homeless was 7.8%.
- In 2023, 1.8% of cases identified as Irish Traveller.⁹
- Just under one in five (19.9%) cases reported ceasing education (for the first time) before the age of 16 years.
- Rates of homelessness, ceasing education before the age of 16 years, and unemployment were higher among *previously treated cases* than among *new cases*.

Characteristics



Figures relate to 2023

Gender 2023

This section focuses on gender differences between cases treated for alcohol as the main problem in 2023. More than one in three (36.1%) cases were female (**Table 1**). Ten cases identified as non-binary or in another way.¹³

The median age for females was higher than that for males (44 versus 42 years). Among cases treated for the first time, the median age for females was 43 years while the median age for males was 40 years.

A lower proportion of females ceased education before the age of 16 (15.9% versus 22.3%). A lower proportion of females reported being homeless (4.2% versus 9.9%).

A higher proportion of males reported polydrug use (27.6% versus 19.9%). There were also differences in the type of additional drug used: a higher proportion of males reported cocaine as an additional drug (67.8% versus 56.2%) while a higher proportion of females reported benzodiazepines as an additional drug (26.9% versus 18.2%).

Additional problem drug – all cases

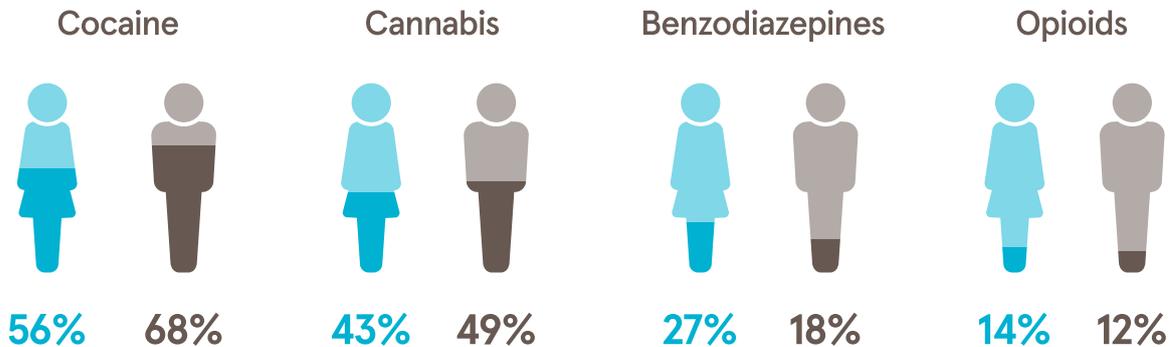


Table 1: Sociodemographic and polydrug characteristics by gender for cases treated for alcohol as a main problem, NDTRS 2023

	Female		Male	
	n	(%)	n	(%)
All cases	2947		5203	
Median age (range ¹⁾)	44	23–67	42	24–64
Under 35	659	(22.4)	1491	(28.7)
35–49	1263	(42.9)	2234	(43.0)
50+	1020	(34.6)	1473	(28.3)
Median age (first used alcohol)	16	12–24	15	12–20
Traveller	44	(1.5)	107	(2.1)
Education ceased before the age of 16 years	470	(15.9)	1158	(22.3)
In paid employment	1025	(34.8)	1926	(37.0)
Unemployed	1307	(44.4)	2485	(47.8)
Homeless	123	(4.2)	515	(9.9)
Dependent alcohol use	1,734	(58.8)	3237	(62.2)
Median standard drinks consumed (range ¹⁾ *)	15	5–30	18	7–35
Polydrug use	587	(19.9)	1436	(27.6)
<i>Reported other additional drug(s)</i>				
<i>Cocaine</i>	330	(56.2)	973	(67.8)
<i>Cannabis</i>	254	(43.3)	698	(48.6)
<i>Benzodiazepines</i>	158	(26.9)	261	(18.2)
<i>Opioids</i>	84	(14.3)	175	(12.2)
New cases	1345		2271	
Median age (range ¹⁾)	43	21–67	40	22–64
Under 35	349	(25.9)	771	(33.9)
35–49	542	(40.3)	925	(40.7)
50+	454	(33.8)	573	(25.2)
Median age (first used alcohol)	16	12–25	16	12–20
Traveller	16	(1.2)	41	(1.8)
Education ceased before the age of 16 years	185	(13.8)	427	(18.8)
In paid employment	569	(42.3)	1025	(45.1)
Unemployed	513	(38.1)	945	(41.6)
Homeless	24	(1.8)	137	(6.0)
Dependent alcohol use	757	(56.3)	1320	(58.1)
Median standard drinks consumed (range ¹⁾ *)	14	4–30	18	6–32
Polydrug use	263	(19.6)	614	(27.0)
<i>Reported other additional drug(s)</i>				
<i>Cocaine</i>	150	(57.0)	442	(72.0)
<i>Cannabis</i>	108	(41.1)	288	(46.9)
<i>Benzodiazepines</i>	61	(23.2)	85	(13.8)
<i>Opioids</i>	35	(13.3)	40	(6.5)

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

Parental status 2023

In 2023, more than one-half (56.8%, 4,639) of cases in alcohol treatment were parents who had children.

Of these, almost two in three (65.0%, 3,014) were known to have children aged 17 years or under. The median age of parents known to have children aged 17 years or under was 40 years (**Table 2**).

Of parents known to have children aged 17 years or under, 40.0% had one child, 34.6% had two children, 16.4% had three children, while 9.0% had four or more children. Cases entering drug treatment in 2023 with children aged 17 years or under had on average two children.

In 2023, of parents known to have children aged 17 years or under, 51.3% had at least one child residing with them at the time of treatment entry, while 48.3% had at least one child residing elsewhere.^{14,15}

Compared with males, a higher proportion of females in alcohol treatment reported having dependent children and living with children (67.5%) compared with males (41.5%). Males were more likely not to be residing with their children.

Table 2: Cases treated for alcohol with children aged 17 years or under, NDTRS 2023

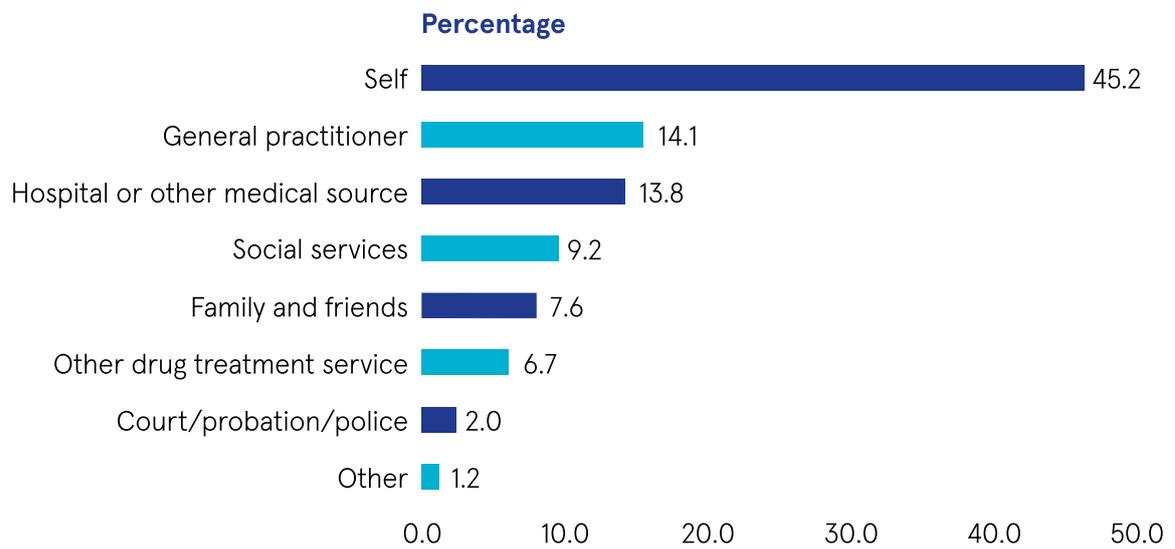
	All cases		Female		Male	
	n	%	n	%	n	%
Have children	3014		1134		1880	
Median age (range ¹¹)	40	27–53	40	27–52	40	26–54
Living with child(ren)	1546	(51.3)	765	(67.5)	781	(41.5)
Child(ren) live elsewhere	1456	(48.3)	365	(32.2)	1091	(58.0)
In paid employment	1292	(42.9)	413	(36.4)	879	(46.8)
Homeless	200	(6.6)	53	(4.7)	147	(7.8)
New treatment entrant	1407	(46.7)	513	(45.2)	894	(47.6)
Polydrug use	917	(30.4)	289	(25.5)	628	(33.4)

Referral source 2023

The majority (45.2%) of cases were self-referred to alcohol treatment in 2023 (**Figure 2**).

Almost three in ten (27.9%) were referred by medical professionals (a GP (14.1%) or a hospital/ other medical source (13.8%)).

Figure 2: Source of referral (NDTRS 2023)

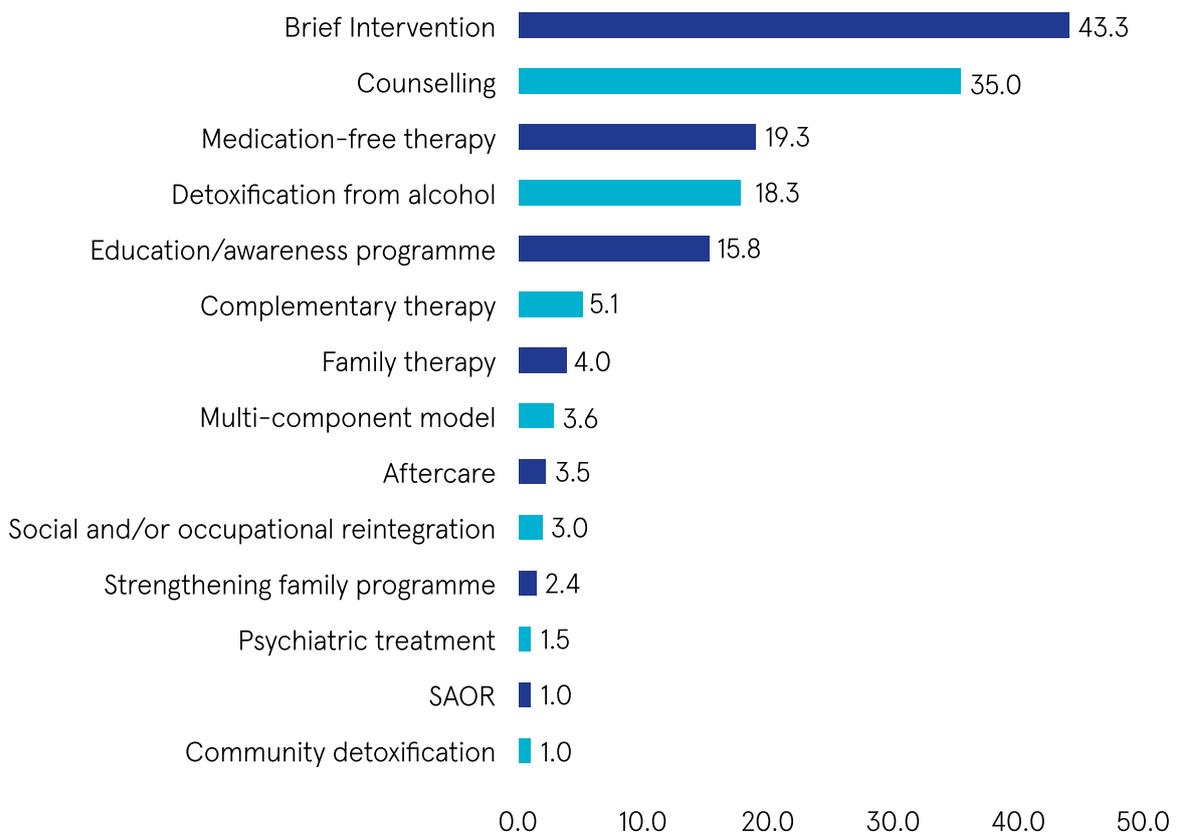


Treatment interventions provided 2023

Of the 8,163 cases entering treatment in 2023, the most common treatment was a brief intervention (43.3%), followed by counselling (individual and/or group) (35.0%) and medication-free therapy¹⁶ (19.3%) (**Figure 3**).

Almost three in five treated cases reported receiving one treatment intervention (59.9%). 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 that have been discharged, all interventions provided during that episode of treatment. 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 provided (NDTRS 2023)



Continuous care cases 2023

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

At the time of writing this bulletin and based on real-time data, there were a total of 2,679 cases that commenced treatment prior to 2023 and were still in treatment on 1 January 2023 (**Table 3**). Although continuous care cases are not presented elsewhere in this report, they may be combined with data on episodes of treatment commencing in 2023 to give a fuller picture of treatment provision for that year.

Table 3: Number of cases treated for alcohol as a main problem, new and continuous care cases, NDTRS 2023

	Cases commencing treatment in 2023		Continuous care cases 1 January 2023		Total (commencement plus continuous care)	
	n	%	n	%	n	%
All cases	8163		2679		10842	
New cases	3625	(44.4)	1148	(42.9)	4773	(44.0)
Previously treated cases	4257	(52.1)	1434	(53.5)	5691	(52.5)
Treatment status unknown	281	(3.4)	97	(3.6)	378	(3.5)

Treatment outcomes 2023

Characteristics of cases exiting alcohol treatment in 2023

The information presented in this section relates to immediate treatment outcomes for cases exiting drug treatment in 2023. Included are cases recorded as exiting treatment between 1 January 2023 and 31 December 2023 inclusive, **irrespective of when treatment commenced** (7,304 cases). This comprises 5,524 (75.6%) cases that both entered and exited treatment in 2023, and an additional 1,780 (24.4%) cases that exited treatment in 2023 but commenced treatment in previous years.

Excluded are a small number of cases for which the service provider was unable to provide sufficient exit information. These data allow for a greater understanding of the patterns, trends, and outcomes of treatment for cases receiving treatment for alcohol as their main problem substance.

Treatment duration

The duration of treatment refers to the length of time (in days) from the treatment start date to the treatment end date. Treatment duration was calculated for all cases exiting treatment in 2023 (7,304 cases).

Overall duration

- One-half of cases remained in treatment for 70 days or longer.
- Treatment duration ranged from 1 to 449 days (5th–95th percentile).
- Almost three in ten (29.6%) participated in treatment for less than a month.
- One in fifteen cases (6.7%) stayed in treatment for more than a year.

Duration by intervention type

The three most common interventions were brief intervention, counselling, and education/awareness programmes. Treatment duration varied by intervention type.

- **Brief intervention:**
 - This is the most common intervention (3,196 cases). Six in ten (60.2%) cases attended for one day.
- **Counselling:**
 - Individual counselling (2,695 cases): One-half attended for 57 days or less.
 - Group counselling (969 cases): One-half attended for 36 days or less.
- **Education/awareness programmes:**
 - Individual programmes (654 cases): One-half attended for 51 days or less.
 - Group programmes (1,155 cases): One-half attended for 36 days or less.

Reason for treatment exit

More than four in ten (43.1%) cases successfully completed treatment. One in ten (10.1%) cases were referred to other drug and alcohol services for continued support. However, 21.8% of cases did not return for subsequent appointments and 17.9% refused further treatment sessions (**Table 4**).

Table 4: Reason for treatment exit, NDTRS 2023

	n	%
All cases exiting treatment	7304	
Treatment completed	3148	(43.1)
Client did not return for appointments ('no show')	1589	(21.8)
Client declined further treatment	1306	(17.9)
Transferred/referred to treatment in another drug/alcohol service	736	(10.1)
Premature exit from treatment for non-compliance	141	(1.9)
Medical or mental health reasons	99	(1.4)
Unable to attend due to work/study commitments	52	(0.7)
No longer lives in the area	40	(0.5)
Died	37	(0.5)
Sentenced to prison	33	(0.5)
Staffing issues (resignation/retirement/maternity, etc.)	27	(0.4)
Released from prison but not linked to other treatment service	26	(0.4)
Prison to prison transfer	17	(0.2)
Other	~	(0.0)
Not known	51	(0.7)

~ Cells with five cases or fewer

Status of care plan at treatment exit

At the point of treatment exit, one in six cases (16.6%) had either engaged or achieved substantial progress towards their priority care plan goals. However, 4.0% had disengaged from their care plan, if one existed.

Involvement of family or significant others in treatment

Among cases exiting treatment in 2023 (and where the involvement of family/significant others was recorded), the majority (74.7%) did not have family members or significant others involved in their treatment.

Trends over time 2017–2023

Number of cases entering treatment 2017–2023

In the 7-year period 2017–2023, a total of 50,627 cases treated for alcohol as a main problem were reported to the NDTRS. In 2023, 8,163 cases were treated for problem alcohol use, an increase of 10% when compared with 2022 and the highest annual total reported since 2012 (8,609) (**Table 5**).⁴

The proportion of *new cases* decreased from 47.6% in 2017 to 44.4% in 2023. The proportion of *previously treated cases* decreased from 49.7% in 2017 to 45.1% in 2019 but increased to 52.1% in 2023.

Type of service provider 2017–2023

Over the period 2017–2023, most cases were treated in outpatient facilities (57.7%). The proportion of cases treated in residential settings decreased from 40.1% in 2017 to 28.8% in 2020 but increased to 33.6% in 2023.

The proportion of cases treated in low-threshold settings decreased from 5.9% in 2017 to 3.7% in 2023 (**Table 6**).

Table 5: Number of cases treated for alcohol as a main problem, by treatment status, NDTRS 2017–2023

	2017		2018		2019		2020*		2021		2022		2023	
	n	(%)												
All cases	7350		7464		7546		5824		6859		7421		8163	
New cases	3500	(47.6)	3230	(43.3)	3296	(43.7)	2490	(42.8)	3026	(44.1)	3278	(44.2)	3625	(44.4)
Previously treated cases	3652	(49.7)	3705	(49.6)	3400	(45.1)	3170	(54.4)	3596	(52.4)	3868	(52.1)	4257	(52.1)
Treatment status unknown	198	(2.7)	529	(7.1)	850	(11.3)	164	(2.8)	237	(3.5)	275	(3.7)	281	(3.4)

* The decrease in cases in 2020 coincided with the COVID-19 pandemic 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.¹⁷

Table 6: Number of cases treated for alcohol as a main problem, by type of service provider, NDTRS 2017–2023

	2017		2018		2019		2020**		2021		2022		2023	
	n	(%)												
All cases	7350		7464		7546		5824		6859		7421		8163	
Outpatient	3894	(53.0)	4087	(54.8)	4093	(54.2)	3505	(60.2)	4183	(61.0)	4469	(60.2)	4983	(61.0)
Residential*	2949	(40.1)	2792	(37.4)	2806	(37.2)	1680	(28.8)	2102	(30.6)	2440	(32.9)	2743	(33.6)
Low threshold	436	(5.9)	451	(6.0)	469	(6.2)	467	(8.0)	403	(5.9)	352	(4.7)	299	(3.7)
Prison	71	(1.0)	134	(1.8)	178	(2.4)	172	(3.0)	171	(2.5)	160	(2.2)	138	(1.7)

* Includes any service where the client stays overnight, e.g. residential 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 pandemic restrictions.

Level of problem alcohol use 2017–2023

Between 2017 and 2023, the median age at which cases commenced alcohol use was 16 years (**Table 7**).

Over the reporting period, the majority (66.9%) of cases were classified as alcohol dependent. The proportion of all cases that were classified as alcohol dependent decreased from 72.0% in 2017 to 61.0% in 2023.

The proportion of *new cases* that were classified as alcohol dependent decreased from 66.8% in 2017 to 57.4% in 2023.

The proportion of cases who were classified as hazardous drinkers increased from 9.7% in 2017 to 13.4% in 2023.

The proportion of cases who were classified as harmful drinkers increased from 16.0% in 2017 to 22.0% in 2023.

Types of alcohol consumed 2017–2023

Over the period 2017–2023, the most preferred alcohol type was spirits (57.4%), followed by beer (51.5%), wine (28.4%) and cider (10.0%) (**Table 8**).

Over this period, the majority (57.4%) of all cases reported one preferred type of alcohol, and 42.6% 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; (2) spirits plus wine; and (3) beer plus spirits plus wine.

Frequency and amount of alcohol consumed 2017–2023

Over the period 2017–2023, almost three in four (73.2%) cases consumed alcohol in the 30 days prior to treatment. Over the period, a higher proportion of *new cases* (79.0%) consumed alcohol in the 30 days prior to treatment than did *previously treated cases* (68.7%).

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

- One in two (51.5%) consumed alcohol daily. The proportion who consumed alcohol daily increased from 42.6% in 2017 to 55.8% in 2023.
- The median number of standard drinks consumed increased from 16 (6–32) standard drinks in 2017 to 20 (6–40) standard drinks in 2021 and decreased to 16 (6–32) in 2023. (**Table 9**).
- Among *previously treated cases*, the median number of standard drinks consumed on a typical drinking day remained steady at 20 for the 5 years 2018–2022. However, in 2023, the number of standard drinks consumed on a typical drinking decreased to 17 (6–35).
- Among *new cases*, the median number of standard drinks consumed remained steady over the period, at 16.

Table 7: Age first started drinking and level of problem alcohol use, NDTRS 2017–2023

	2017		2018		2019		2020		2021		2022		2023	
	n	(%)												
All cases	7350		7464		7546		5824		6859		7421		8163	
Median age first started drinking (range ¹⁾)	16	12–22	15	12–22	16	12–21	16	12–21	16	12–22	16	12–22	16	12–21
Level of problem alcohol use*														
Hazardous	711	(9.7)	746	(10.0)	864	(11.4)	807	(13.9)	830	(12.1)	908	(12.2)	1091	(13.4)
Harmful	1174	(16.0)	1236	(16.6)	1374	(18.2)	1087	(18.7)	1284	(18.7)	1346	(18.1)	1798	(22.0)
Dependent	5290	(72.0)	5300	(71.0)	5142	(68.1)	3768	(64.7)	4522	(65.9)	4848	(65.3)	4976	(61.0)
New cases	3500		3230		3296		2490		3026		3278		3625	
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	12–21
Level of problem alcohol use*														
Hazardous	412	(11.8)	385	(11.9)	406	(12.3)	376	(15.1)	395	(13.1)	396	(12.1)	533	(14.7)
Harmful	674	(19.3)	677	(21.0)	714	(21.7)	633	(25.4)	661	(21.8)	672	(20.5)	908	(25.0)
Dependent	2339	(66.8)	2118	(65.6)	2129	(64.6)	1425	(57.2)	1885	(62.3)	2099	64.0	2080	(57.4)
Previously treated cases	3652		3705		3400		3170		3596		3868		4257	
Median age first started drinking (range ¹⁾)	15	12–22	15	11–22	15	12–21	16	12–21	16	12–21	16	12–22	16	12–21
Level of problem alcohol use*														
Hazardous	277	(7.6)	297	(8.0)	330	(9.7)	397	(12.5)	394	(11.0)	459	(11.9)	507	(11.9)
Harmful	445	(12.2)	479	(12.9)	450	(13.2)	417	(13.2)	578	(16.1)	611	(15.8)	830	(19.5)
Dependent	2865	(78.5)	2847	(76.8)	2561	(75.3)	2284	(72.1)	2525	(70.2)	2636	(68.1)	2781	(65.3)
Treatment status unknown	198		529		850		164		237		275		281	

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

Table 8: Type of alcohol consumed, NDTRS 2017–2023

	2017		2018		2019		2020		2021		2022		2023	
	n	(%)												
All cases	7350		7464		7546		5824		6859		7421		8163	
Type of alcohol consumed														
Spirits	4310	(58.6)	4338	(58.1)	4164	(55.2)	3288	(56.5)	3934	(57.4)	4266	(57.5)	4754	(58.2)
Beer	3977	(54.1)	4260	(57.1)	3998	(53.0)	2921	(50.2)	3348	(48.8)	3641	(49.1)	3929	(48.1)
Wine	2040	(27.8)	2062	(27.6)	2130	(28.2)	1798	(30.9)	1999	(29.1)	2102	(28.3)	2256	(27.6)
Cider	694	(9.4)	682	(9.1)	841	(11.1)	701	(12.0)	737	(10.7)	680	(9.2)	721	(8.8)
Alcopops	47	(0.6)	77	(1.0)	81	(1.1)	108	(1.9)	110	(1.6)	79	(1.1)	114	(1.4)
Fortified wine	55	(0.7)	71	(1.0)	94	(1.2)	94	(1.6)	107	(1.6)	86	(1.2)	102	(1.2)
Other*	7	(0.1)	7	(0.1)	6	(0.1)	~	~	~	~	21	(0.3)	17	(0.2)
Type not specified	207	(2.8)	190	(2.5)	287	(3.8)	190	(3.3)	194	(2.8)	242	(3.3)	222	(2.7)
New cases	3500		3230		3296		2490		3026		3278		3625	
Type of alcohol consumed														
Spirits	1955	(55.9)	1817	(56.3)	1777	(53.9)	1325	(53.2)	1647	(54.4)	1802	(55.0)	1971	(54.4)
Beer	1993	(56.9)	1949	(60.3)	1832	(55.6)	1258	(50.5)	1483	(49.0)	1662	(50.7)	1812	(50.0)
Wine	985	(28.1)	951	(29.4)	1006	(30.5)	809	(32.5)	994	(32.8)	978	(29.8)	1089	(30.0)
Cider	282	(8.1)	257	(8.0)	327	(9.9)	259	(10.4)	262	(8.7)	262	(8.0)	278	(7.7)
Alcopops	30	(0.9)	33	(1.0)	46	(1.4)	53	(2.1)	66	(2.2)	47	(1.4)	62	(1.7)
Fortified wine	28	(0.8)	28	(0.9)	52	(1.6)	35	(1.4)	43	(1.4)	37	(1.1)	38	(1.0)
Other*	~	~	~	~	~	~	0	(0.0)	0	(0.0)	6	(0.2)	~	~
Type not specified	82	(2.3)	40	(1.2)	87	(2.6)	66	(2.7)	69	(2.3)	97	(3.0)	85	(2.3)
Previously treated cases	3652		3705		3400		3170		3596		3868		4257	
Type of alcohol consumed														
Spirits	2271	(62.2)	2251	(60.8)	1992	(58.6)	1910	(60.3)	2155	(59.9)	2340	(60.5)	2660	(62.5)
Beer	1886	(51.6)	2048	(55.3)	1745	(51.3)	1593	(50.3)	1757	(48.9)	1868	(48.3)	2004	(47.1)
Wine	1013	(27.7)	996	(26.9)	903	(26.6)	956	(30.2)	957	(26.6)	1060	(27.4)	1110	(26.1)
Cider	392	(10.7)	348	(9.4)	430	(12.6)	424	(13.4)	446	(12.4)	398	(10.3)	406	(9.5)
Alcopops	17	(0.5)	33	(0.9)	34	(1.0)	55	(1.7)	44	(1.2)	30	(0.8)	52	(1.2)
Fortified wine	25	(0.7)	36	(1.0)	37	(1.1)	58	(1.8)	63	(1.8)	49	(1.3)	62	(1.5)
Other*	~	~	~	~	~	~	~	~	~	~	13	(0.3)	10	(0.2)
Type not specified	83	(2.3)	102	(2.8)	140	(4.1)	93	(2.9)	100	(2.8)	104	(2.7)	95	(2.2)
Treatment status unknown	198		529		850		164		237		275		281	

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

~ Cells with five cases or fewer

Table 9: Amount of alcohol consumed by cases that consumed alcohol in the 30 days prior to treatment start, NDTRS 2017–2023

	2017		2018		2019		2020		2021		2022		2023	
	n		n		n		n		n		n		n	
All cases	5562		5589		5449		4033		4874		5448		6113	
Median standard drinks consumed (range ¹⁾)	16	6–32	18	6–31	20	6–40	18	6–40	20	6–40	18	6–35	16	6–32
New cases	2835		2651		2521		1845		2316		2631		2933	
Median standard drinks consumed (range ¹⁾)	16	6–30	18	6–30	16	6–35	16	6–38	16	6–36	16	6–35	16	6–30
Previously treated cases	2600		2594		2326		2098		2403		2627		2979	
Median standard drinks consumed (range ¹⁾)	16	8–32	20	6–34	20	8–40	20	7–40	20	8–40	20	6–38	17	6–35
Treatment status unknown	127		344		602		90		155		190		201	

Polydrug use 2017–2023

Over the 7-year period 2017–2023, more than one in five (22.6%) reported polydrug use (problem use of more than one substance). The proportion of cases reporting polydrug use increased from 19.8% in 2017 to 24.9% in 2023 (**Table 10**).

- In 2023, as in 2022, **cocaine** was the most common additional drug reported (**Table 11**). The number of polydrug cases reporting **cocaine** as an additional problem drug increased by 115.8% between 2017 and 2023, increasing from 607 cases in 2017 to 1,310 cases in 2023.
- In the period 2017–2023, **cannabis** was the most common additional drug reported by cases with polydrug use. While the proportion of cases reporting cannabis decreased over the period, from 60.5% in 2017 to 47.1% in 2023, the absolute number of cases reporting cannabis has increased by 9.1%, from 878 cases in 2017 to 958 cases in 2023.
- The proportion of polydrug cases reporting **benzodiazepines** as an additional problem drug slightly decreased from 22.9% in 2017 to 20.6% in 2023. The absolute number of cases reporting benzodiazepines increased over the period, from 332 cases in 2017 to 419 cases in 2023.
- **Opioids** were the fourth most common additional drug reported in this time period, decreasing from 14.3% in 2017 to 12.7% of cases in 2023. The absolute number of cases reporting opioids increased by 25.1% over the period.
- In 2023, 14 cases (0.7%) reported **pregabalin** (Lyrica) as an additional problem drug, an increase from 9 cases in 2017.
- 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, whereas the proportion reporting cannabis, benzodiazepines and opioids was higher among *previously treated cases*.

Table 10: Polydrug use in cases treated for alcohol as a main problem, NDTRS 2017–2023

	2017		2018		2019		2020		2021		2022		2023	
	n	(%)												
All cases	7350		7464		7546		5824		6859		7421		8163	
Alcohol only	5898	(80.2)	5861	(78.5)	5976	(79.2)	4477	(76.9)	5231	(76.3)	5625	(75.8)	6131	(75.1)
Reported other additional drug(s)	1452	(19.8)	1603	(21.5)	1570	(20.8)	1347	(23.1)	1628	(23.7)	1796	(24.2)	2032	(24.9)

Table 11: Polydrug use – additional problem drugs for cases treated for alcohol as a main problem, NDTRS 2017–2023

	2017		2018		2019		2020		2021		2022		2023	
	n	(%)												
All polydrug	1452		1603		1570		1347		1628		1796		2032	
Cocaine	607	(41.8)	772	(48.2)	844	(53.8)	729	(54.1)	877	(53.9)	1103	(61.4)	1310	(64.5)
Cannabis	878	(60.5)	940	(58.6)	881	(56.1)	740	(54.9)	901	(55.3)	887	(49.4)	958	(47.1)
Benzodiazepines	332	(22.9)	375	(23.4)	342	(21.8)	331	(24.6)	357	(21.9)	390	(21.7)	419	(20.6)
Opioids	207	(14.3)	212	(13.2)	206	(13.1)	156	(11.6)	203	(12.5)	230	(12.8)	259	(12.7)
MDMA (ecstasy)	134	(9.2)	185	(11.5)	146	(9.3)	104	(7.7)	101	(6.2)	99	(5.5)	108	(5.3)
Amphetamines	49	(3.4)	57	(3.6)	46	(2.9)	38	(2.8)	55	(3.4)	61	(3.4)	51	(2.5)
NPS	18	(1.2)	15	(0.9)	20	(1.3)	24	(1.8)	26	(1.6)	20	(1.1)	31	(1.5)
Z-drugs*	27	(1.9)	19	(1.2)	18	(1.1)	17	(1.3)	18	(1.1)	27	(1.5)	28	(1.4)
Volatile inhalants	6	(0.4)	~	~	~	~	~	~	~	~	9	(0.5)	7	(0.3)
Other	62	(4.3)	71	(4.4)	70	(4.5)	43	(3.2)	50	(3.1)	51	(2.8)	64	(3.1)
New cases	656		635		659		570		640		743		884	
Cocaine	290	(44.2)	331	(52.1)	365	(55.4)	335	(58.8)	352	(55.0)	490	(65.9)	597	(67.5)
Cannabis	408	(62.2)	390	(61.4)	394	(59.8)	325	(57.0)	373	(58.3)	382	(51.4)	400	(45.2)
Benzodiazepines	122	(18.6)	106	(16.7)	111	(16.8)	101	(17.7)	104	(16.3)	119	(16.0)	146	(16.5)
Opioids	63	(9.6)	45	(7.1)	46	(7.0)	40	(7.0)	43	(6.7)	58	(7.8)	75	(8.5)
MDMA (ecstasy)	57	(8.7)	77	(12.1)	64	(9.7)	55	(9.6)	41	(6.4)	38	(5.1)	44	(5.0)
Amphetamines	22	(3.4)	22	(3.5)	21	(3.2)	17	(3.0)	13	(2.0)	18	(2.4)	19	(2.1)
NPS	8	(1.2)	~	~	6	(0.9)	8	(1.4)	7	(1.1)	6	(0.8)	10	(1.1)
Z-drugs*	13	(2.0)	~	~	~	~	0	0	6	(0.9)	10	(1.3)	15	(1.7)
Volatile inhalants	~	~	0	0	~	~	~	~	~	~	~	~	~	~
Other	29	(4.4)	21	(3.3)	27	(4.1)	24	(4.2)	21	(3.3)	24	(3.2)	29	(3.3)
Previously treated cases	751		851		746		734		914		976		1097	
Cocaine	299	(39.8)	390	(45.8)	390	(52.3)	377	(51.4)	481	(52.6)	564	(57.8)	682	(62.2)
Cannabis	445	(59.3)	486	(57.1)	409	(54.8)	394	(53.7)	487	(53.3)	476	(48.8)	537	(49.0)
Benzodiazepines	202	(26.9)	234	(27.5)	191	(25.6)	216	(29.4)	226	(24.7)	252	(25.8)	261	(23.8)
Opioids	133	(17.7)	140	(16.5)	128	(17.2)	110	(15.0)	148	(16.2)	156	(16.0)	170	(15.5)
MDMA (ecstasy)	74	(9.9)	96	(11.3)	71	(9.5)	43	(5.9)	49	(5.4)	58	(5.9)	63	(5.7)
Amphetamines	26	(3.5)	35	(4.1)	23	(3.1)	20	(2.7)	38	(4.2)	41	(4.2)	31	(2.8)
NPS	10	(1.3)	11	(1.3)	13	(1.7)	16	(2.2)	19	(2.1)	13	(1.3)	20	(1.8)
Z-drugs*	13	(1.7)	12	(1.4)	12	(1.6)	13	(1.8)	8	(0.9)	15	(1.5)	13	(1.2)
Volatile inhalants	~	~	~	~	~	~	~	~	0	(0.0)	6	(0.6)	~	~
Other	28	(3.7)	43	(5.1)	36	(4.8)	19	(2.6)	26	(2.8)	24	(2.5)	33	(3.0)

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

~ Cells with five cases or fewer

Socio-demographic characteristics 2017–2023

- The median age of cases steadily increased from 41 years in 2017 to 43 years in 2023 (**Table 12**).
- For *new cases*, the median age was 41 years (in 2022 and 2023), an increase from 40 years in the five years previously.
- In 2023, only 0.8% of all cases were aged 17 years or under, a decrease from 1.5% in 2017, and the lowest proportion in the reporting period. The number of cases aged 17 years or under decreased by 44.6% over the reporting period. The proportion of *new cases* aged 17 years or under in 2023 was 1.5%.
- Over the period 2017–2023, more than six in ten (63.4%) cases were male.
- While the proportion of cases reported as homeless decreased from 8.4% in 2017 to 7.8% in 2023, the absolute number of cases slightly increased from 620 cases in 2017 to 640 cases in 2023.
- The number of cases with an Irish Traveller⁹ ethnicity increased by 28.0% over the reporting period, from 118 cases in 2017 to 151 cases in 2023.
- The proportion of cases recorded as having ceased education (for the first time) before the age of 16 years decreased from 23.5% in 2017 to 18.6% in 2022 but increased to 19.9% in 2023.
- The proportion of all cases that were in paid employment increased from 28.0% in 2017 to 36.2% in 2023. The number of cases that were in paid employment increased by 43.7% over the period, from 2,056 cases in 2017 to 2,954 cases in 2023.
- Over the reporting period, 49.2% of all cases were unemployed. The proportion of cases that were unemployed decreased between 2017 and 2023, from 52.1% in 2017 to 46.6% in 2023.
- In each year, rates of homelessness, ceasing education before the age of 16 years, and unemployment were higher among *previously treated cases* than among *new cases*.

Table 12: Socio-demographic characteristics of cases treated for alcohol as a main problem, NDTRS 2017–2023

	2017		2018		2019		2020		2021		2022		2023	
	n	(%)												
All cases	7350		7464		7546		5824		6859		7421		8163	
Median age (range ¹¹)	41	21–64	41	21–65	41	22–64	41	21–64	42	22–64	42	23–65	43	23–65
Under 18	112	(1.5)	114	(1.5)	107	(1.4)	99	(1.7)	109	(1.6)	76	(1.0)	62	(0.8)
Male	4769	(64.9)	4812	(64.5)	4835	(64.1)	3604	(61.9)	4297	(62.6)	4565	(61.5)	5203	(63.7)
Homeless	620	(8.4)	713	(9.6)	654	(8.7)	494	(8.5)	567	(8.3)	567	(7.6)	640	(7.8)
Traveller ⁹	118	(1.6)	145	(1.9)	178	(2.4)	121	(2.1)	167	(2.4)	186	(2.5)	151	(1.8)
Education ceased before 16 years	1726	(23.5)	1727	(23.1)	1739	(23.0)	1235	(21.2)	1422	(20.7)	1382	(18.6)	1628	(19.9)
In paid employment	2056	(28.0)	2067	(27.7)	2125	(28.2)	1639	(28.1)	2111	(30.8)	2526	(34.0)	2954	(36.2)
Unemployed	3827	(52.1)	3783	(50.7)	3731	(49.4)	2865	(49.2)	3345	(48.8)	3534	(47.6)	3800	(46.6)
Retired/unable to work including disability	887	(12.1)	958	(12.8)	1004	(13.3)	848	(14.6)	931	(13.6)	926	(12.5)	998	(12.2)
New cases	3500		3230		3296		2490		3026		3278		3625	
Median age (range ¹¹)	40	19–64	39	19–65	40	20–65	40	19–64	40	20–65	41	21–65	41	22–65
Under 18	90	(2.6)	87	(2.7)	83	(2.5)	82	(3.3)	90	(3.0)	67	(2.0)	55	(1.5)
Male	2234	(63.8)	2087	(64.6)	2080	(63.1)	1498	(60.2)	1841	(60.8)	2010	(61.3)	2271	(62.6)
Homeless	166	(4.7)	191	(5.9)	207	(6.3)	149	(6.0)	165	(5.5)	166	(5.1)	163	(4.5)
Traveller ⁹	50	(1.4)	59	(1.8)	73	(2.2)	46	(1.8)	70	(2.3)	85	(2.6)	57	(1.6)
Education ceased before 16 years	768	(21.9)	639	(19.8)	716	(21.7)	464	(18.6)	568	(18.8)	519	(15.8)	612	(16.9)
In paid employment	1209	(34.5)	1165	(36.1)	1116	(33.9)	890	(35.7)	1106	(36.5)	1379	(42.1)	1596	(44.0)
Unemployed	1587	(45.3)	1417	(43.9)	1458	(44.2)	1069	(42.9)	1301	(43.0)	1324	(40.4)	1464	(40.4)
Retired/unable to work including disability	367	(10.5)	354	(11.0)	390	(11.8)	278	(11.2)	358	(11.8)	353	(10.8)	376	(10.4)
Previously treated cases	3652		3705		3400		3170		3596		3868		4257	
Median age (range ¹¹)	43	24–64	42	23–65	42	24–65	43	25–64	43	25–64	43	26–65	43	25–65
Under 18	17	(0.5)	20	(0.5)	15	(0.4)	13	(0.4)	18	(0.5)	9	(0.2)	~	~
Male	2394	(65.6)	2382	(64.3)	2249	(66.1)	1997	(63.0)	2285	(63.5)	2383	(61.6)	2748	(64.6)
Homeless	432	(11.8)	473	(12.8)	378	(11.1)	325	(10.3)	369	(10.3)	360	(9.3)	409	(9.6)
Traveller ⁹	62	(1.7)	67	(1.8)	81	(2.4)	68	(2.1)	83	(2.3)	93	(2.4)	85	(2.0)
Education ceased before 16 years	912	(25.0)	957	(25.8)	847	(24.9)	734	(23.2)	798	(22.2)	792	(20.5)	925	(21.7)
In paid employment	804	(22.0)	778	(21.0)	744	(21.9)	726	(22.9)	946	(26.3)	1067	(27.6)	1289	(30.3)
Unemployed	2145	(58.7)	2109	(56.9)	1914	(56.3)	1709	(53.9)	1920	(53.4)	2078	(53.7)	2181	(51.2)
Retired/unable to work including disability	498	(13.6)	535	(14.4)	502	(14.8)	538	(17.0)	542	(15.1)	545	(14.1)	589	(13.8)
Treatment status unknown	198		529		850		164		237		275		281	

~ Cells with five cases or fewer

Community Healthcare Organisation area of residence 2017–2023

In 2023, the highest number of cases treated for problem alcohol use **resided**¹⁸ in CHO 9 (**Table 13**) (see below for reference to areas included in each Community Healthcare Organisation (CHO)). In 2023, although the NDTRS recorded the highest number of cases treated for problem alcohol use in over a decade, there was a reduction in the number of cases reported from CHO 3, CHO 4, CHO 6 and CHO 7.

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

Table 13: Number of cases treated for alcohol as a main problem by CHO area of residence, NDTRS 2017–2023

	2017	2018	2019	2020	2021	2022	2023
All cases	7350	7464	7546	5824	6859	7421	8163
CHO 1	950	896	999	793	882	899	1107
CHO 2	395	398	438	251	324	424	520
CHO 3	487	536	570	424	483	582	570
CHO 4	1240	1293	1290	943	971	953	920
CHO 5	1318	1356	1280	979	1050	1129	1285
CHO 6	301	341	329	317	424	475	462
CHO 7	841	912	894	743	974	1025	994
CHO 8	729	635	650	431	571	623	730
CHO 9	880	933	999	848	1102	1194	1430
Other/unknown	209	164	97	95	78	117	145
New cases	3500	3230	3296	2490	3026	3278	3625
CHO 1	433	303	446	289	326	342	397
CHO 2	216	158	215	96	122	210	234
CHO 3	234	253	294	181	223	258	261
CHO 4	639	579	569	424	459	468	447
CHO 5	632	632	570	386	405	489	558
CHO 6	154	174	141	158	189	213	224
CHO 7	354	366	378	313	470	463	461
CHO 8	361	306	332	237	319	330	398

	2017	2018	2019	2020	2021	2022	2023
CHO 9	403	391	319	354	472	463	596
Other/unknown	74	68	32	52	41	42	49
Previously treated	3652	3705	3400	3170	3596	3868	4257
CHO 1	476	489	475	482	525	523	695
CHO 2	177	195	195	152	184	201	260
CHO 3	248	246	257	235	250	318	297
CHO 4	594	654	668	512	488	465	462
CHO 5	658	638	632	586	623	621	710
CHO 6	135	157	132	143	209	238	222
CHO 7	453	490	381	384	464	510	474
CHO 8	340	290	253	189	240	273	287
CHO 9	446	468	363	450	580	662	776
Other/unknown	125	78	44	37	33	57	74
Treatment status unknown	198	529	850	164	237	275	281

Local Health Office (LHO) areas in each CHO 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

HSE Health Regions area of residence 2017–2023

In 2023, the highest number of cases treated for problem alcohol use resided¹⁸ in HSE Dublin and North East (**Table 14**) (see below for reference to areas included in each Health Region (HR)).

As mentioned previously, participation in the NDTRS is not uniform across Ireland, and therefore conclusions based on geographic analyses must be interpreted in this context.

Table 14: Number of cases treated for alcohol as a main problem by HSE HR area of residence, NDTRS 2017–2023

	2017	2018	2019	2020	2021	2022	2023
All cases	7350	7464	7546	5824	6859	7421	8163
HSE Dublin and North East	1360	1350	1417	1181	1548	1671	2193
HSE Dublin and Midlands	1281	1273	1257	957	1278	1372	1302
HSE Dublin and South East	1619	1697	1609	1296	1474	1604	1747
HSE South West	1240	1293	1290	943	971	953	920
HSE Mid West	487	536	570	424	483	582	570
HSE West and North West	1154	1151	1306	928	1027	1122	1286
Other/unknown	209	164	97	95	78	117	145
New cases	3500	3230	3296	2490	3026	3278	3625
HSE Dublin and North East	632	570	510	507	661	645	928
HSE Dublin and Midlands	585	556	583	438	657	663	643
HSE Dublin and South East	786	806	711	544	594	702	782
HSE South West	639	579	569	424	459	468	447
HSE Mid West	234	253	294	181	223	258	261
HSE West and North West	550	398	597	344	391	500	515
Other/unknown	74	68	32	52	41	42	49

	2017	2018	2019	2020	2021	2022	2023
Previously treated	3652	3705	3400	3170	3596	3868	4257
HSE Dublin and North East	679	688	532	624	818	926	1163
HSE Dublin and Midlands	647	633	522	470	575	647	592
HSE Dublin and South East	793	795	764	729	832	859	932
HSE South West	594	654	668	512	488	465	462
HSE Mid West	248	246	257	235	250	318	297
HSE West and North West	566	611	613	563	600	596	737
Other/unknown	125	78	44	37	33	57	74
Treatment status unknown	198	529	850	164	237	275	281

HSE HR areas

HSE Dublin and North East: North Dublin, Meath, Louth, Cavan, Monaghan

HSE Dublin and Midlands: Longford, Westmeath, Offaly, Laois, Kildare, parts of Dublin and Wicklow

HSE Dublin and South East: Tipperary South, Waterford, Kilkenny, Carlow, Wexford, Wicklow, part of South Dublin

HSE South West: Kerry and Cork

HSE Mid West: Limerick, Tipperary North, Clare

HSE West and North West: Donegal, Sligo, Leitrim, Roscommon, Mayo, Galway

Incidence and prevalence of treatment 2017–2023



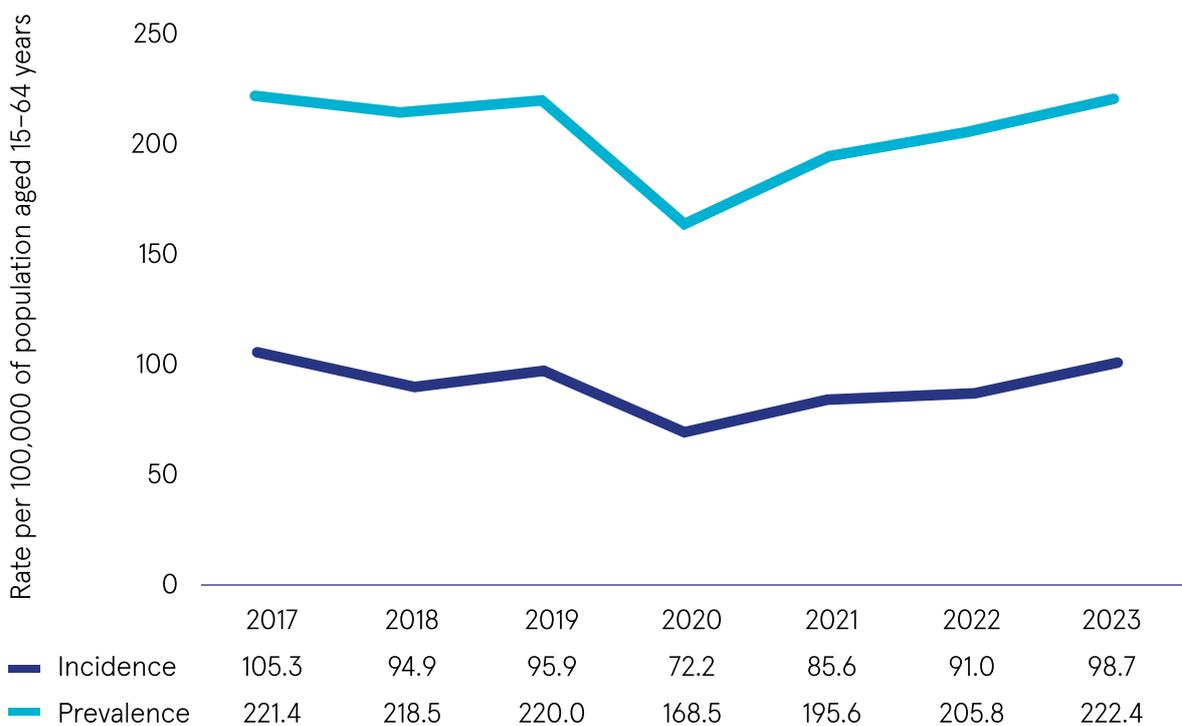
Annual rates for the incidence (*new cases*) and prevalence (*all cases*) of treated problem alcohol use were calculated per 100,000 of the population aged 15–64 years based on census figures from the Central Statistics Office (CSO) (**Figure 4**).¹⁹

Incidence decreased from 105.3 cases per 100,000 in 2017, to 72.2 in 2020, rising to 98.7 cases per 100,000 in 2023.

Prevalence, which includes both *new cases* and those cases returning to treatment, increased to 222.4 cases in 2023, a return to the levels of prevalence before the COVID-19 pandemic.

Changes in incidence and prevalence should be interpreted with caution for recent years due to the proportion of cases where treatment status was unknown (3.5% in 2023), and the challenges presented to service providers and those who availed of services due to the COVID-19 pandemic in 2020.

Figure 4: Incidence and prevalence of treated problem alcohol use per 100,000 of the population aged 15–64 years, NDTRS 2017–2023



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.

Notes

1. This document may be cited as: O'Neill D, Ní Luasa S, Lyons S and Carew AM (2024) National Drug Treatment Reporting System, *2023 Alcohol Treatment Demand*. StatLink Series 19. Dublin: Health Research Board. Available at <https://www.drugsandalcohol.ie/41144/> 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 <https://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 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-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 HSE at <https://www2.hse.ie/living-well/alcohol/health/improve-your-health/weekly-low-risk-alcohol-guidelines/>
9. The number of Irish Travellers living in the State and counted in Census 2022 was 32,949, an increase of 6% from 30,987 in the 2016 census. Irish Travellers make up less than 1% of the population. <https://www.cso.ie/en/releasesandpublications/ep/p-cpp5/census2022profile5-diversitymigrationethnicityirishtravellersreligion/>
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/WHO-MSD-MSB-01.6a>
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 (35.5 mL), a small glass of wine (12.5% volume), a half pint of normal beer, an alcopop (275 mL bottle).
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. For the purposes of the NDTRS, 'medication-free therapy' encompasses a treatment programme with a range of psychosocial treatments, psychoanalysis, therapeutic community and spiritual approaches that help people achieve and sustain meaningful periods of abstinence.
17. The capacity and functionality of treatment services were impacted by COVID-19 pandemic 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).
18. 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 6 months prior to starting treatment, area of residence is the place of residence prior to imprisonment. Otherwise, the prison location is recorded.
19. Population data are taken from the Central Statistics Office at: 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 2017–2023

	2017		2018		2019		2020		2021		2022		2023	
	n	(%)												
All cases	7350		7464		7546		5824		6859		7421		8163	
Carlow	99	(1.3)	100	(1.3)	82	(1.1)	54	(0.9)	65	(0.9)	91	(1.2)	102	(1.2)
Cavan	89	(1.2)	78	(1.0)	94	(1.2)	67	(1.2)	87	(1.3)	101	(1.4)	204	(2.5)
Clare	91	(1.2)	106	(1.4)	111	(1.5)	87	(1.5)	112	(1.6)	138	(1.9)	121	(1.5)
Cork	930	(12.7)	972	(13.0)	963	(12.8)	719	(12.3)	758	(11.1)	697	(9.4)	668	(8.2)
Donegal	509	(6.9)	517	(6.9)	526	(7.0)	449	(7.7)	471	(6.9)	467	(6.3)	552	(6.8)
Dublin	1808	(24.6)	1907	(25.5)	1921	(25.5)	1593	(27.4)	2067	(30.1)	2232	(30.1)	2451	(30.0)
Galway	273	(3.7)	254	(3.4)	264	(3.5)	130	(2.2)	180	(2.6)	275	(3.7)	315	(3.9)
Kerry	310	(4.2)	321	(4.3)	327	(4.3)	224	(3.8)	213	(3.1)	256	(3.4)	252	(3.1)
Kildare	201	(2.7)	182	(2.4)	203	(2.7)	205	(3.5)	249	(3.6)	291	(3.9)	242	(3.0)
Kilkenny	142	(1.9)	173	(2.3)	135	(1.8)	97	(1.7)	133	(1.9)	170	(2.3)	175	(2.1)
Laois	137	(1.9)	145	(1.9)	122	(1.6)	58	(1.0)	85	(1.2)	115	(1.5)	114	(1.4)
Leitrim	53	(0.7)	59	(0.8)	108	(1.4)	71	(1.2)	71	(1.0)	61	(0.8)	79	(1.0)
Limerick	306	(4.2)	320	(4.3)	372	(4.9)	257	(4.4)	267	(3.9)	349	(4.7)	355	(4.3)
Longford	57	(0.8)	40	(0.5)	50	(0.7)	47	(0.8)	32	(0.5)	48	(0.6)	42	(0.5)
Louth	155	(2.1)	143	(1.9)	152	(2.0)	130	(2.2)	160	(2.3)	166	(2.2)	228	(2.8)
Mayo	83	(1.1)	106	(1.4)	110	(1.5)	54	(0.9)	60	(0.9)	69	(0.9)	114	(1.4)
Meath	128	(1.7)	125	(1.7)	131	(1.7)	87	(1.5)	104	(1.5)	110	(1.5)	187	(2.3)
Monaghan	108	(1.5)	73	(1.0)	51	(0.7)	67	(1.2)	103	(1.5)	103	(1.4)	148	(1.8)
Offaly	118	(1.6)	94	(1.3)	97	(1.3)	47	(0.8)	127	(1.9)	103	(1.4)	75	(0.9)
Roscommon	39	(0.5)	38	(0.5)	64	(0.8)	67	(1.2)	84	(1.2)	80	(1.1)	91	(1.1)
Sligo	197	(2.7)	175	(2.3)	224	(3.0)	139	(2.4)	152	(2.2)	167	(2.3)	131	(1.6)
Tipperary	338	(4.6)	367	(4.9)	370	(4.9)	267	(4.6)	294	(4.3)	282	(3.8)	343	(4.2)
Waterford	455	(6.2)	441	(5.9)	426	(5.6)	361	(6.2)	335	(4.9)	346	(4.7)	393	(4.8)
Westmeath	128	(1.7)	81	(1.1)	94	(1.2)	62	(1.1)	60	(0.9)	81	(1.1)	77	(0.9)
Wexford	374	(5.1)	385	(5.2)	354	(4.7)	280	(4.8)	327	(4.8)	335	(4.5)	366	(4.5)
Wicklow	140	(1.9)	180	(2.4)	161	(2.1)	166	(2.9)	224	(3.3)	244	(3.3)	264	(3.2)
Outside Ireland	43	(0.6)	49	(0.7)	26	(0.3)	31	(0.5)	35	(0.5)	43	(0.6)	55	(0.7)
Ireland unknown	39	(0.5)	33	(0.4)	8	(0.1)	8	(0.1)	~	~	~	~	19	(0.2)
Total	7350		7464		7546		5824		6859		7421		8163	



Contact details for queries regarding
this bulletin or the NDTRS:

t + 353 1 2345 000

e ndtrs@hrb.ie

Health Research Board

Grattan House

67-72 Lower Mount Street

Dublin 2

D02 H638

w www.hrb.ie

Research. Evidence. Action.