

EXECUTIVE SUMMARY

This report looks at trends in calls and emails (contacts) dealt with by the Helpline team in 2024. The key trends to emerge in 2024 are:

- Alcohol remains the most referred to substance and there was a 7% increase in contacts about Alcohol in 2024, following on from a 776% increase in Alcohol contacts from 2014 (388) to 2024 (3400). 32% of Alcohol contacts were about Alcohol in combination with another substance. (see Alcohol results at 7.4)
- Cocaine is the second most referred to substance, with a 668% increase from 2014 (160) to 2024 (1229) but there was a 3% decrease in the number of Cocaine contacts since 2023. When Debts or Drug related intimidation or violence are mentioned 70%, revealed that it was connected with Cocaine use. (see Cocaine results at 7.6)
- References to combined Alcohol and Cocaine use increased by 908% from 2014
 (47) to 2024 (474) but there was a 16% decrease since 2023. (see 7.5)
- 96% of people who contacted the Helpline about addiction/ substance use were seeking advice or information on treatment and support options. (see 7.3)
- Almost 1 in 3 contacts referenced a mental health issue alongside their substance use issue. (see 7.13)
- We noted a 21% increase in contacts about female drinkers aged 61yrs and over when compared with 2023.(see 7.11)
- Looking particularly at Gender
 - We noted that Codeine and Alcohol (over 61yrs) are the only two areas where we have had more queries about women than men.
 - We found that 72% of contacts about THC and Synthetic Cannabinoids were about male users.
 - We note that women are least likely to seek help with their substance use when aged 31-35yrs and 41-45yrs age group and most likely to contact us if aged 61yrs or older.
- We received almost 4.8 times more queries about Synthetic Cannabinoid HHC in 2024 compared to 2023. (see 7.10)
- Kildare, West Wickow, Dublin West and Dublin South West (CHO 7) was the area most represented in Helpline contacts in 2024 (see 7.15)

Table of contents

4
5
5
5
6
7
38
47
48
50
51

1. INTRODUCTION

The HSE Drugs/HIV Helpline was established by the Drugs/AIDS Service of the then Eastern Health Board in June 1997. It started with the recruitment of 5 part-time staff, to provide a National Helpline service, based at Cherry Orchard Hospital, Ballyfermot, Dublin 10 to provide free support, information, guidance and referral to the public around drug treatment and to inform on HIV transmission risks, screening and treatment.

In 2010, it was decided that it would be best promoted as two distinct Helplines (though still provided by a single staff team, using the same Freephone Helpline number for both services). Therefore from 2010 we refer to two separate services:

The HSE Drugs and Alcohol Helpline and The HSE HIV and Sexual Health Helpline

Helpline staff use active listening skills, brief interventions, motivational interviewing and counselling skills on calls and emails in a non-directive, non-judgemental manner to provide the following to service users:

- Support to the person, listening and acknowledging their needs and the impacts of their situation
- Information on the effects and health risks of drugs and alcohol, as appropriate
- Information on services and supports, including how to access sexual health screening or HIV treatment, if required.
- Health promotion and harm reduction information, as appropriate
- A space to talk through their options and to consider their next steps

In 2011, an Email support service was established and in 2024 this accounted for a quarter of contacts with the service.

2. BACKGROUND

The same staff team operate both the HSE Drugs and Alcohol Helpline and the HSE HIV and Sexual Health Helpline. Both services can be contacted on Freephone 1800 459 459 or by emailing helpline@hse.ie and are open to the public from Mondays to Fridays, 9.30am-5.30pm.

Calls or emails can take 5-60mins to complete and afterwards a call log is completed for each contact. These call logs feed into a database, which can be later used to help create reports such as this one.

The Helpline counsellors do not survey or question service users for statistical purposes. Rather, the data for reports is what has emerged naturally in the course of calls and emails and so will always only reflect a sample of our services users. For example: We might receive an email from a service user seeking treatment for their partner who has an alcohol problem and is living in Kerry. From this contact, we may not learn the genders or ages of the concerned person or the substance user but we log data on the substance being used; what county they are in and what services we signposted them to.

The Helpline was operational throughout COVID19 pandemic and during that period there were heightened intensity of issues including suicide, isolation, people withdrawing from drugs or alcohol without medical support as well as drug related intimidation. To improve the quality of the information being collected lists of *Psycho Social impacts* and *Themes* were added to the log sheets. This data provides a greater depth of information beyond the fact that people are seeking treatment and support around their substance use.

Often a single call or email can include multiple impacts or themes. So for example a person may be seeking treatment but in the course of the call/email will mention that they are bereaved; have had a relationship breakdown; have anxiety/ depression; debts and a mental health diagnosis. In such a case, we will tick all appropriate boxes on that contact log sheet.

3. AIMS AND OBJECTIVES

This report aims to give the reader insight into service users situations and needs. We look at trends and comparisons between this year and previous years

The objective of this report is that it would play a role in informing stakeholders/ policy makers and service providers of the needs of this population as expressed by them in their contact with the Helpline.

It also should serve to highlight the value of the helpline service and the importance of its role as a source of support, information, guidance and referral.

4. METHOD

Anonymous data from calls and emails were collected as part of a contact logging system since the service began in July 1997. All data since this time has been entered into Microsoft Excel databases, which enable us to monitor patterns over time and disaggregated by key variables such as drug type, psychosocial issues and location. Closed ended data were quantified in terms of numbers and percent's, while free text data was grouped in themes, which were then quantified.

5. LIMITATIONS OF THE DATA

- 5.1 Service users are not surveyed, so data is only representative of those who revealed the information to us naturally over the course of our conversation with them.
- 5.2 We have no limit to the number of drugs that we can note, if mentioned by a contact and we do not necessarily identify primary substance of use. Therefore, the data that we have to date is on drugs used, rather than distinguishing what drug is their primary problem drug.
- 5.3 In most cases, we get a snapshot of the persons situation with no follow up with regard to outcomes after they contact the Helpline.
- 5.4 1873 (39%) of calls are 10mins or under in duration. This limits what information/data can be noted, which in turn reduces the data that we can use for reports.

- 5.5 These figures may vary when compared with figures in other published reports due to data cleaning and validation at a later date.
- 5.6 This 2024 report was compiled very soon after the 2023 report and therefore some issues and recommendations will be repeated.

6. GLOSSARY

- 6.1 Contacts: This refers to all support and information callers and emailers dealt with by the Helpline service. Support Contacts are from a first party (the person with the issue) or a third party concerned about someone else. Information Contacts as where no person of concern is mentioned and the person is seeking information more generally such as for a college or school project.
- 6.2 All Addiction Contacts. This refers to all calls and emails received in relation to drug, alcohol, gambling or other addiction issues. The person may not necessarily identify as being Addicted in order for it to be categorised in All Addiction Contacts, for the purpose of this report.
- 6.3 All HIV/Sexual Health Contacts. This refers to all calls and emails received in relation to any sexual health query including those about HIV, STI's, Hepatitis and Contraception
- 6.4 Dual Diagnosis: For the purpose of this report we are referring to the co-occurring mental health issue (including diagnosed ADD/ADHD or similar) and a substance use issue.
- 6.5 Young person: Our data is recorded for 0-15yr olds and 16-20yr olds. When reporting we count both as *young people*.
- 6.6 Concerned person: This refers to any person concerned about someone elses substance use or sexual health, including family members, friends, professionals they encounter and work colleagues.

7. RESULTS

7.1. Analysis of Helpline calls and emails 2024

There were 6488 contacts in 2024 and 5784 (89%) of these were from first time contacts to our service.

There were 6216 Addiction contacts and 271 HIV/Sexual health contacts in 2024 and 1 complaint email. This marks a 7% increase on the number of addiction contacts in 2023 (5817) and a 73% increase in HIV/Sexual health contacts when compared with 2023 (157).

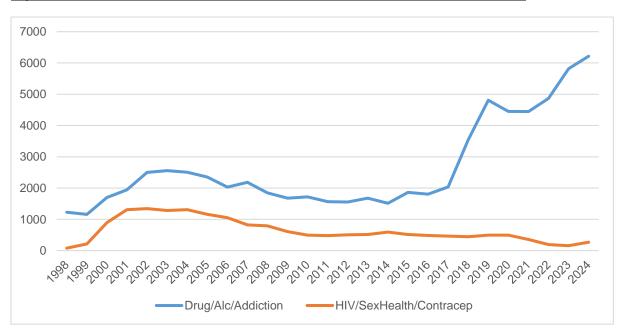
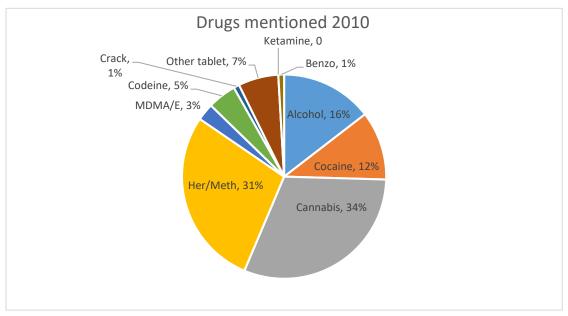
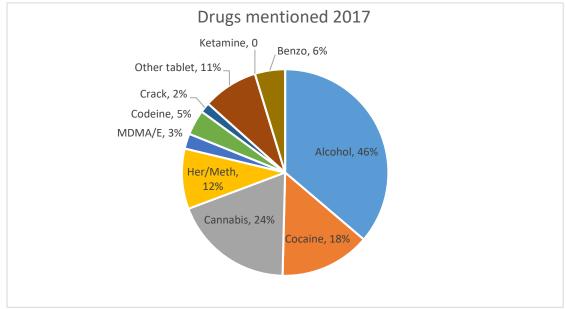


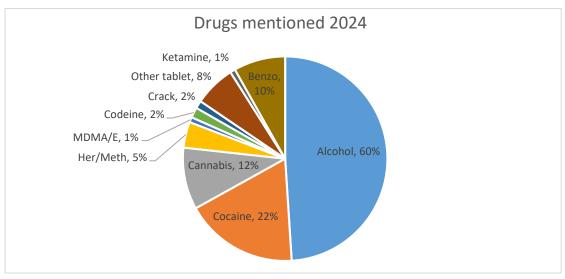
Figure 7.1: All Addiction contacts and HIV/Sexual Health contacts 1998 to 2024

The three pie charts in *Figure 7.2.* illustrate the changing profile in drugs being discussed across 7 year gaps. For the purpose of these charts we looked at the total number of drugs mentioned that year and calculated the percentage for each drug type, so as to enable a percentage comparison for 2010, 2017 and 2024. These charts illustrate the increasing proportion of contacts about Alcohol and Cocaine and the decreasing proportion of contacts about Heroin, Methadone and Cannabis. When first established the Helpline was focused on opiate use, followed by cannabis use but this has changed, most dramatically with the increase in alcohol and cocaine contacts.

Figure 7.2. Percentage of calls/emails about main drugs in 2010, 2017 and 2024



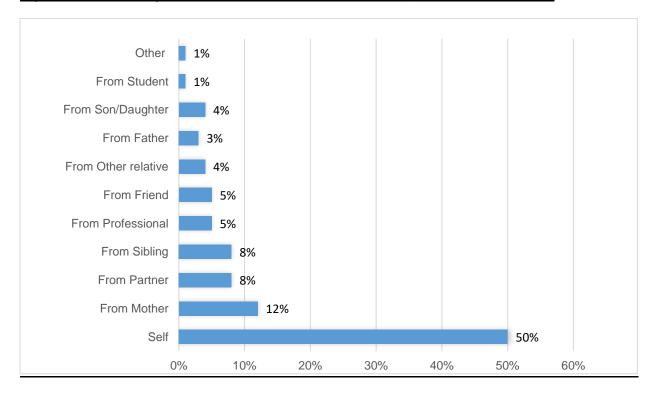




7.2. Who contacted the Helpline

We know who the person of concern is in 98% (6327) of all contacts in 2024. Of these, 50% (3178) were contacting us about themselves. The remaining contacts were from family, professionals and students doing research and the breakdown is illustrated in *Figure 7.3*.

Figure 7.3. Percentage breakdown of who contacted the Helpline in 2024. N=6327



7.3 Themes and Topics

In total 94% (4534) of contacts in 2024 were seeking information and help with navigating treatment options in some way. The 'Themes and Topics' detailed in *Table 7.1*. illustrates the types of support people are seeking when they contact the Helpline compared with 2023. More than one theme can emerge in an individual call or email(contact).

Table 7.1: Main themes and topics to emerge in contacts in 2023 and 2024.

Themes and Topics in 2023(N=5983) & 2024 (N=6488)	2023	2024
Seeking Treatment	2529	3052
Seeking help for concerned persons	1334	1503
Query on the Cost of treatment/Tier 4 funding	788	668
Question on how to force someone into treatment against their will	554	359
Withdrawals	513	383
Preparing to talk to or confront substance user	427	516
Relapse	280	271
Wanting to drink less	263	160
Medical query	261	427
Courts/ Urines query	47	54
Legal query	35	71

7.4 Alcohol

An Alcohol contact is one where alcohol is mentioned as a substance of use. There was a 776% increase in Alcohol contacts from 2014(388) to 2024(3400). Though a yearly increase can be seen from Figure 7.4, we note the 96% increase from 2017 to 2018 and a 7% increase from 2023 to 2024. Alcohol featured in 52% of all contacts in 2024.

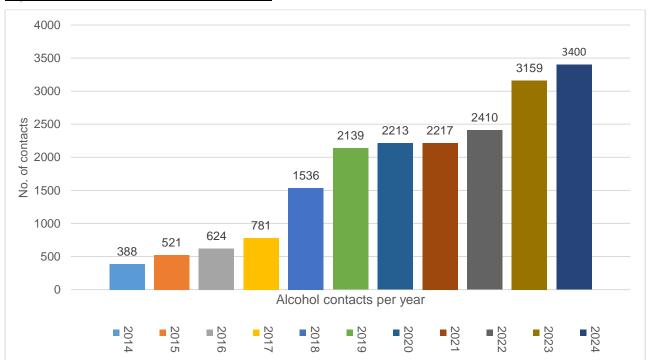


Figure 7.4: Alcohol contacts 2014 - 2024

Table 7.2 illustrates the gender breakdown of all Alcohols contacts in 2024. We can see that there were more males than females referred to (a ratio of 1 : 1.6)

Table 7.2: Alcohol users gender breakdown, 2024

	All Alcohol contacts	Female users	Male users	Unknown
				gender /blank
2024	3400	1234 (36%)	1981 (58%)	185 (5%)

Key information that we have noted about alcohol contacts:

- 1685(49.5%) are from people concerned about their own drinking
- 1530(45%) were from people concerned about the drinking of a friend, partner or family member

- 143(4%) were from a professional dealing with drinkers in their work (doctors, social workers, probation officers, employers or teacher).
- Of the 811 who revealed the frequency of drinking episodes, 610 (79%)
 reported that the drinker is consuming alcohol 4 times or more per week
- Figure 7.5 below illustrates that the highest proportion of drinkers mentioned in the 41yrs and older age bracket.
- The 36-40yr old age group is the only group where the number of drinkers contacting the service is greater than the number of 3rd party individuals contacting us about a drinker of that age. (see Figure 7.6)
- Though overall there were more male drinkers than female drinkers, we noted that there were more female drinkers (125) over the age of 61yrs than male (98) drinkers. (See Figure 7.7).
- 24% of people with alcohol concerns mentioned Anxiety or depression and 18% mentioned relationship breakdown (either as a consequence of their drinking or what they felt contributed to their drinking). (see Figure 7.8)

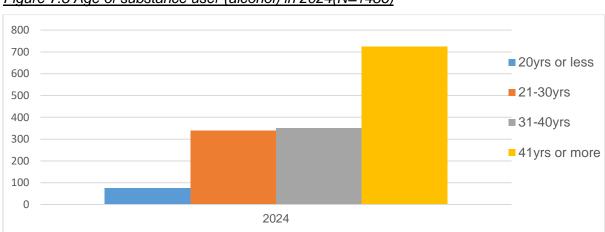


Figure 7.5 Age of substance user (alcohol) in 2024(N=1486)

Figure 7.6 Age of drinker (self compared with 3rd party contact about a drinker).

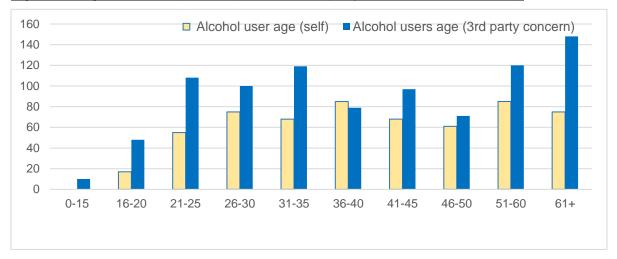


Figure 7.7 Alcohol users by Gender and age, 2024

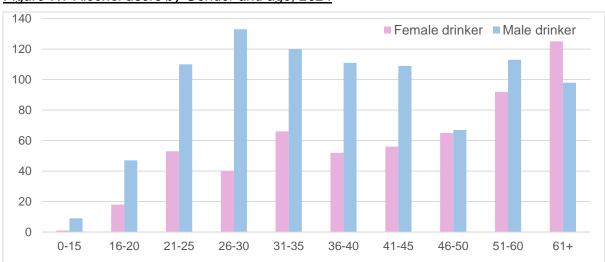
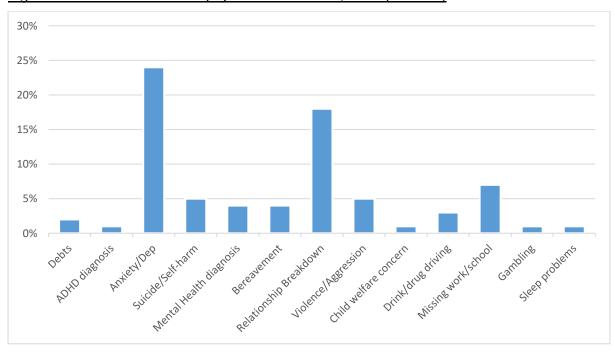


Figure 7.8 Alcohol users main psycho social issues, 2024 (N=3400)



7.5 Alcohol in combination with other drugs

Of the 3400 Alcohol contacts in 2024, we know that 1096 (32%) were talking about alcohol in combination with other substances (poly drug use). We note that 474(14%) of alcohol contacts were using both Alcohol and Cocaine; 163(5%) were using Alcohol and Cannabis; 125(4%) were using Alcohol and a Benzodiazepine (whilst separately 145(4%) were taking Librium for Alcohol detox). 111(3%) referred to taking Alcohol and an Anti-depressant.

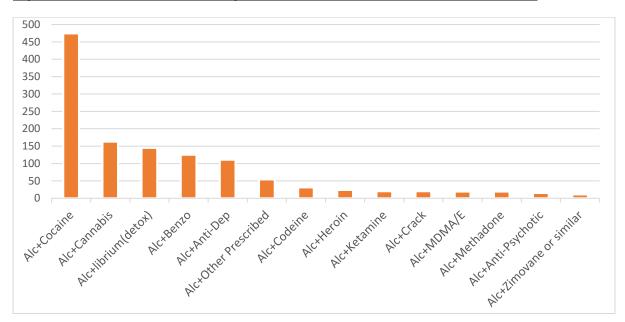


Figure 7.9. Substances used alongside Alcohol as mentioned in contacts in 2024

There has been a steady increase in Cocaine contacts in the last 10 years as can be seen from Figure 7.10 below. Though the overall number of contacts for 2024 increased, we noted that from 2023(566) to 2024(474) there was a 16% decrease in combined alcohol and cocaine use.



Figure 7.10: Number of calls/emails regarding combined Alcohol & Cocaine use 2014 to 2024

Table 7.3 illustrates the gender breakdown of all combined Alcohol and Cocaine contacts in 2024. We can see that there were more males than females referred to (a ratio of 1:3.7)

Table 7.3: Combined Alcohol and Cocaine users gender breakdown 2024

	All Combined Alcohol and	Female users	Male users	Unknown
	Cocaine contacts			gender/blank
2024	474	97 (20%)	360 (76%)	17 (4%)

7.6 Cocaine

There was a 667% increase in Cocaine contacts from 2014 to 2024. Cocaine featured in 19% of all contacts in 2024. Though a steady increase can be seen from *Figure 7.11*, we can also note the 132% increase from 2017 to 2018 and a 3% decrease from 2023 to 2024.

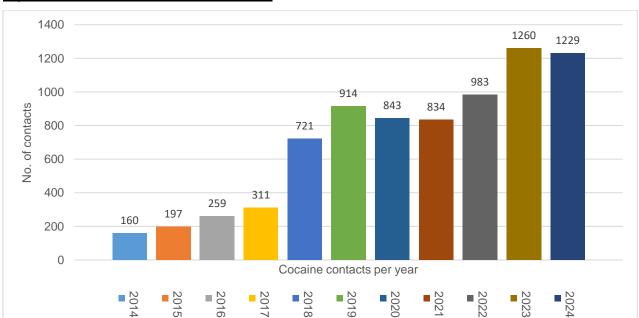


Figure 7.11: Cocaine contacts 2014-2024

Table 7.4 illustrates the gender breakdown of all Cocaine contacts in 2024. We can see that there were more males than females referred to (a ratio of 1 : 4)

Table 7.4: Cocaine users gender breakdown 2024

	All cocaine contacts Female use		Male users	Unknown	
				gender /blank	
2024	1229	214 (17%)	950 (77%)	65 (5%)	

Figure 7.12 illustrates that most cocaine use being referred to is in the 21-30yrs age bracket.

Figure 7.12 Age of substance user (Cocaine) 2024

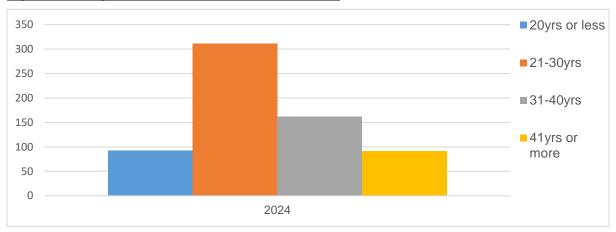
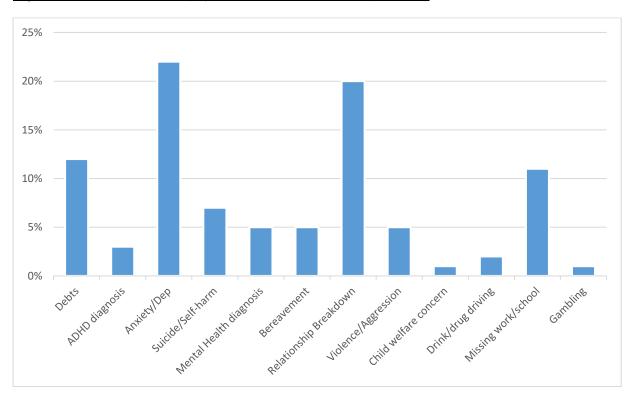


Figure 7.13 illustrates the issues that are presenting alongside cocaine use. Of note here is how often Anxiety and/or Depression; Relationship breakdown; Debts and Missing work or school are mentioned.

Figure 7.13 Cocaine users psycho social issues, 2024 (N=1229)



7.7 Cannabis

Cannabis has been the most consistently referred to substance on the Helpline since the service began in 1997. There was a 62% increase in contacts about cannabis from 2014 to 2024 but a 2.5% decrease in contacts compared with 2023. Cannabis featured in 11% of all contacts in 2024.

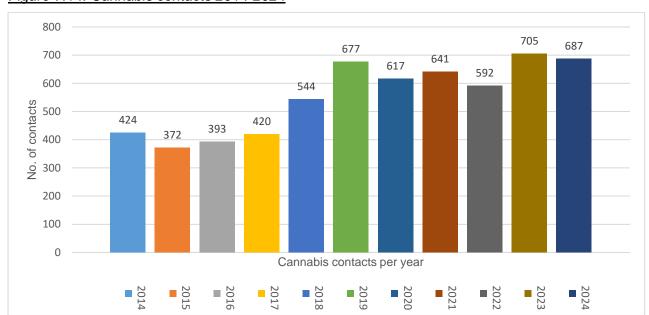


Figure 7.14. Cannabis contacts 2014-2024

Table 7.5 illustrates the gender breakdown of all Cannabis contacts in 2024. We can see that there were more males than females referred to (a ratio of 1 : 3.8)

Table 7.5: Cannabis users gender breakdown 2024

	All cannabis contacts	Female users	Male users	Unknown gender/blank
2024	687	136 (20%)	522 (76%)	29 (4%)

Figure 7.15 illustrates that the highest proportion of contacts about Cannabis use were aged under 30years.

Figure 7.15 Age of Substance user (Cannabis) 2024

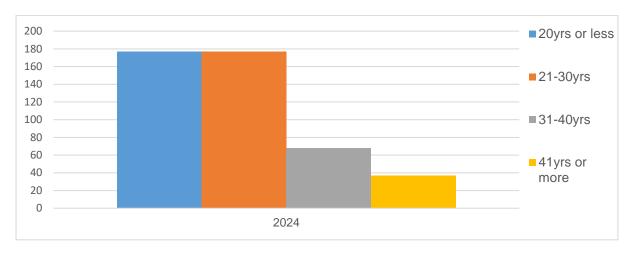
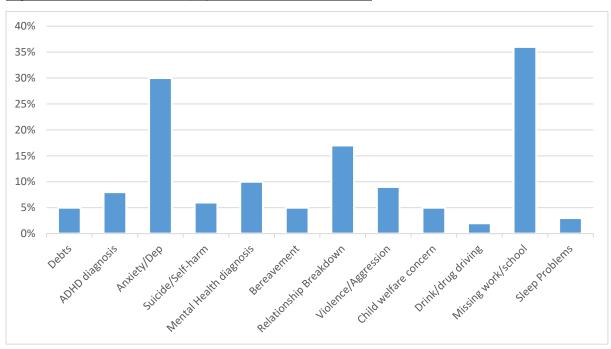


Figure 7.16 illustrates the issues that are presenting alongside Cannabis use. Of note here is how often *Missing work/school*, Anxiety and/or Depression and *Relationship breakdown* are mentioned, with *Mental Health diagnosis*, *Violence/Aggression* and *ADHD Diagnosis* also featuring a lot.

Figure 7.16 Cannabis users psycho social issues N=687



7.8 Benzodiazepines

Benzodiazepines accounted for 8.5% of contacts in 2024. Though the numbers are relatively low, we note that there has been an increase in recent years and a 16% increase from 2023 to 2024. These figures do not distinguish between 'street benzos' and prescribed benzodiazepines.

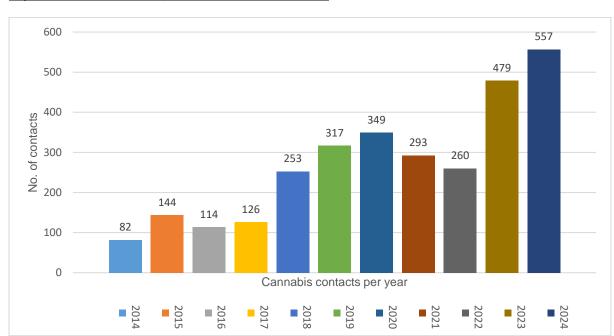


Figure 7.17 Benzodiazepine contacts 2014-2024.

Table 7.6 illustrates the gender breakdown of all Benzodiazepine contacts in 2024. We can see that there were more males than females referred to (a ratio of 1: 1.9)

Table 7.6. Benzodiazepine users gender breakdown 2024

	All benzo contacts	Female users	Male users	Unknown gender/blank
2024	557	181 (32%)	354 (64%)	22 (4%)

Figure 7.18 illustrates that benzodiazepine concerns being discussed mentioned people aged 41yrs or more most, but also those aged 21-30year and then to a lesser extend those aged 31-40years.

Figure 7.18 Age of substance user (benzodiazepines) 2024

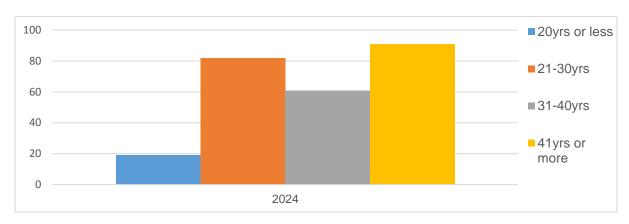
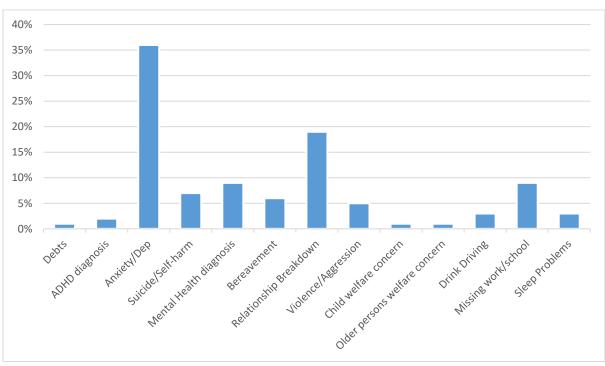


Figure 7.19 illustrates the issues that are presenting alongside Benzodiazepine use. Of note here is how often Anxiety and/or Depression and Relationship breakdown are mentioned, with Missing work/school and Mental Health diagnosis, also featuring a lot

Figure 7.19 Benzodiazepine users psycho social issues N=557



7.9 Opioids

Heroin, Methadone and Codeine are the most referred to opioids in contacts to the Helpline. Opioids featured in (551) 8% of all contacts in 2024.

From *Figure 7.20*. we can see that between 2014 and 2024 there have been changes in the nature of Opioid contacts. Contacts mentioning Heroin decreased by 20% from 2014(162) to 2024(129). In the same period, contacts mentioning Methadone increased by 94% from 88(2014) to 171(2024); contacts mentioning Codeine increased by 175% from 36(2014) to 99(2024) and contacts mentioning Other Opioids increased by 744% from 18(2014) to 152(2024). These Other Opioids were Tramadol; Oxycodone; Suboxone; Morphine and Buprenorphine.

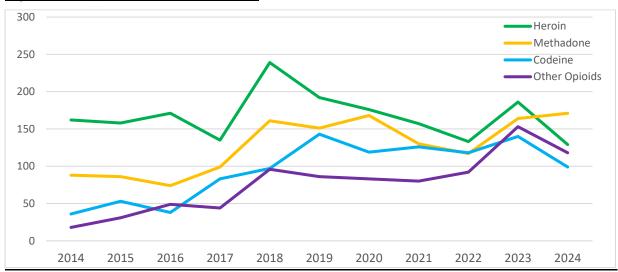


Figure 7.20 Opioid contacts 2014-2024

Table 7.7 illustrates the gender breakdown of all Opioid contacts in 2024. We can see that the gender breakdown will vary according to which opioid is being used. With Codeine we note that there are more women than men using (a ratio of 1.4:1) where for all of the other opioids we note more male users than females.

<u> 1 abie 7.7: U</u>	pioia users _.	<u>genaer breakdown 2024</u>

2024	All Opioid contac	ts	Female users	Male users	Unknown
					gender/blank
	Total Opioids: (551)		192 (30%)	277 (43%)	174 (27%)
	Heroin/ Methador	Heroin/ Methadone (253)		148 (59%)	25 (9%)
	Codeine (99)		57 (57%)	39 (39%)	3 (3%)
	Other Opioids (118)		52 (44%)	59 (50%)	7 (6%)

Figure 7.21 illustrates that the highest proportion of people referred to about their Heroin or Methadone use were aged 41yrs or more. Similarly, Figure 7.22 shows that it is the same with Codeine users.

Figure 7.21 Age of substance user (Heroin or Methadone) 2024

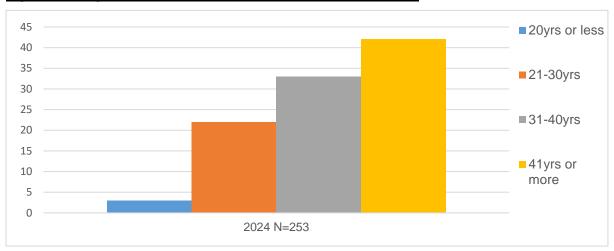
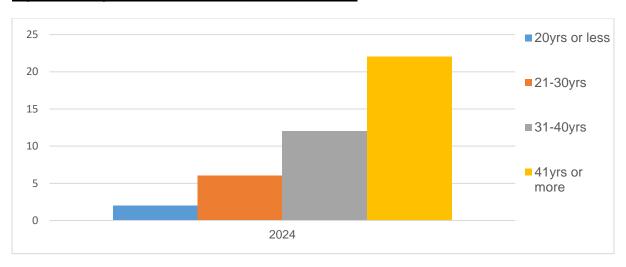


Figure 7.22 Age of substance user (Codeine) in 2024



7.10 Synthetic Cannabinoids

Queries in relation to vaping and synthetic cannabinoid consumption have increased in recent years, though they still are in much lower numbers than other drugs mentioned. Often a person will mention vaping, gummies or edibles but not what substance is being consumed (as the person calling us is not always the user). We found 106 individual contacts in 2024 in relation to THC or Synthetic Cannabinoids (HHC; THCP; Spice or other) use. The breakdown and comparison with 2023 can be seen in *Table 7.8* below. Of note, here is the particular increase in contacts about HHC and unspecified synthetic cannabinoids.

Table 7.8: Contacts relating to CBD, THC, Synthetic cannabinoids and vaping 2023 and 2024

	CBD	Spice	THC	THCP	ННС	Gummies	Edible	Unspecified
	products		products			unspecified	unspecified	Synthetic
								Cannabinoids
2023	2	2	17	0	7	5	4	4
2024	1	5	30	2	34	9	5	22

Below is the gender breakdown about THC or Synthetic Cannabinoids. We can see here a ratio of 1: 3

Table 7.9. THC and Synth Cannabinoid users gender breakdown 2024

	All contacts	Female users	Male users	Unknown gender/blank
2024	106	25 (24%)	76 (72%)	5 (5%)

Below is a breakdown of age groups using THC or Synthetic Cannabinoids as referred to in 2024. Of note, here is the particular peak at the 16-20 age group.

Table 7.10. THC and Synth Cannabinoid users age breakdown 2024

		All contacts	0-15	16-20	21-25	26-30	31-50	unknown
20)24	106	16 (15%)	42 (40%)	8 (8%)	3 (3%)	4 (4%)	33 (31%)

When we looked further at the 106 contacts in 2024 that were talking about either THC or Synthetic Cannabinoids, we noted the following:

Table 7.11 Themes in contacts about THC and Synthetic Cannabinoids 2024 (N=106)

Presenting scenario		
Seeking treatment	33 (31%)	
Seeking medical advice or struggling with withdrawals	27 (25%)	
Had already attended a doctor or hospital	21 (20%).	
A concerned person preparing to confront the substance user	16 (15%)	
Had a legal query	10 (9%)	
Substance Users psycho social issues		
Experiencing Anxiety/Depression	28 (26%)	
Had previously attended a counsellor	14(13%)	
Had a prior mental health diagnosis	13 (12%)	
Had attended a Psychiatrist/ Mental health support service	12 (11%)	
Is diagnosed ADD/ ADHD or similar	10 (9%)	
Substance user being violent or aggressive	9 (8%)	
Substance user feeling suicidal or engaging in Self-harm	6 (6%)	

7.11 Age and gender of substance users

We have full data on the ages of the substance user and the substances being used for 2525 (39%) of contacts in 2024. Earlier in this report we have detailed the age and gender when giving data on the main drugs being used. *Figure 7.23*. looks at the four top substances being discussed in 2024 and the ages of those using those substances, side by side for comparison.

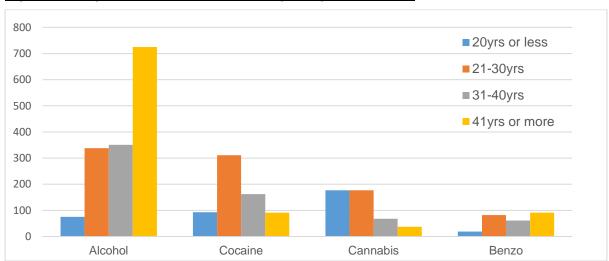


Figure 7.23 Age of substance use and drug being used in 2024

Figure 7.24. Compares male and female substance users talking about their own substance use, by age. From this, we can see that males are most likely to contact us about their substance use when aged 26-30yrs and also contact us in high numbers from 21-25yrs and from 31-45yrs. From this chart, we can see that generally women are less likely to contact us about their own use than men, other than when aged 61yrs or older

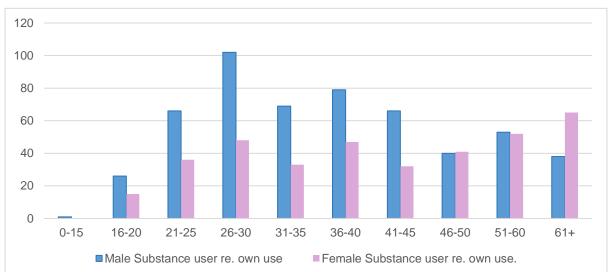
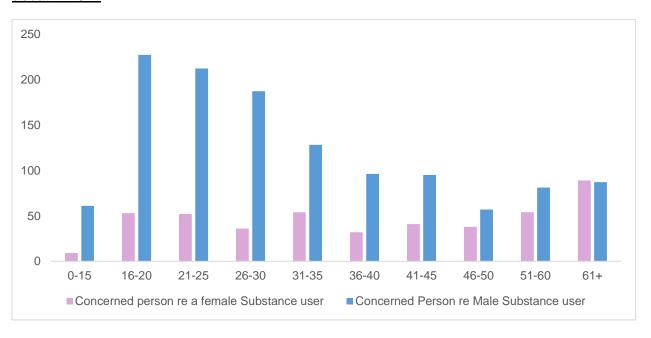


Figure 7.24 Substance users who contacted the Helpline in 2024, by age and gender

Figure 7.25. Compares Concerned persons talking about a male or a female substance user. From this, we can see that Concerned persons are far more likely to be contacting us about males than females and that this is particularly the case when the male is aged 16-30yrs. We also see that when a Concerned persons is contacting us about a female, its most likely to be about a female aged 61yrs or over.

<u>Figure 7.25. Gender & age of substance users, who concerned persons contacted the Helpline about in 2024</u>



7.12 Young people

There were 395 contacts from or about a young persons' (aged 20 or under) substance use in 2024. There were 352, 3rd party contacts concerning a 0-20yr olds in 2024. Also, there were 43, 0-20yr olds who got in touch about their own substance use.

When talking about themselves the gender mix of young people contacting the Helpline is 1: 1.8 (Female: Male) whereas when 3rd party is contacting us about a young person, they ratio is 1: 5 (Female: Male).

Table 7.12 details the main issues that are mentioned in these contacts and also compares the presentations of 3rd party and 1st party contacts about and from a young person.

Table 7.12: Contacts about young people compared with calls/emails from young people, 2024

	From a vound naroon about	About a value a parace	
	From a young person about	About a young person	
	themselves (0-20yr olds) N=43	(0-20yr olds) N=352	
Gender of the person of concern			
Female	35%	20%	
Male	63%	80%	
Topics/issues mentioned(some will mention more than one)			
Seeking treatment	72%	30%	
Anxiety/Depression	42%	24%	
Withdrawals	14%	2%	
Relationship breakdown	14%	12%	
Binge Drinking/drugging	14%	3%	
Cost/ Tier 4 query	12%	7%	
Medical Question	12%	3%	
Relapse	7%	1%	
Sleep Problems	7%	1%	
ADD/ADHD or similar	2%	11%	
Seizures/ Medical problems	2%	1%	
Suicide/ Self-harm	2%	7%	
Bereavement	2%	3%	
Violence / Aggression	2%	9%	
Drug Related Intimidation	2%	5%	
Missing work/school	0	5%	

7.13 Co-occurring substance use and mental health issues

In 2024, in total 31% (1988) of all contacts referenced a mental health issue.

We noted that

- 20% (1322) of all contacts mentioned anxiety and/or depression
- 4.6% (304) mentioned having a mental health diagnosis
- 4.5% (292) mentioned suicide or self-harm
- 4.7% (310) mentioned having previously linked with a psychiatrist or mental health service
- 3.3% (219) are on an anti-depressant or anti-psychotic
- 1.8% (117) mentioned having an ADD/ADHD diagnosis

Looking at ADHD/ADD diagnosis or similar (N=117): 38%(45) were using Alcohol; 45%(53) were using Cannabis and 32%(37) talked about using Cocaine. 8% (9) were using benzodiazepines and 5% (6) were using ketamine. 44% (51) of people with ADHD/ADD or similar were using more than one substance (poly substance use).

7.14 Psycho Social Issues

In this report we have looked earlier at psycho social issues for each of the main drugs being mentioned and noted patterns for each. *Table 7.13.* looks at the *Psycho Social Issues* mentioned in 2024 and we can see that the main issues are in a similar order to 2023, with Anxiety/ Depression on top and Relationship breakdown as the second most mentioned issue.

Given the increase in cocaine contacts its noteworthy here that 66% (46) of the 70 contacts mentioning drug related intimidation we talking about debts due to cocaine use. Similarly 73% (77) of those who mentioned debts (and not necessarily intimidation) referenced cocaine use.

Table 7.13: Psycho Social Issues mentioned in contacts in 2024

All Psycho Social Impacts mentioned in 2023 & 2024	2023	2024
Anxiety/ Depression	1397	1323
Relationship Breakdown	790	907
Missing work due to substance use	419	359
Suicide/ Self-harm	270	292
Aggression/ Violence	271	268
Bereavement	279	235
Debts	147	106
Drink/Drug driving	117	116
Sleep Problems	104	92
Drug Related Intimidation	55	70
Adult Child of Alcoholic	52	70
Older Person Welfare Concern	39	55
Child Welfare Concern	84	51
COVID Impacts	67	28

A 'Concerned Person' is usually a partner, parent, sibling, adult child, relative or friend of a person with a substance use issue. *Table 7.14 and 7.15* show how psycho social issues impacts on Concerned persons specifically and separately from the substance user.

Table 7.14. Psycho social issues and who they related to (N=6488)

2024	Re: Substance User	Re: Concerned Person
Anxiety / Depression	1170 (18%)	230 (4%)
Suicide / Self Harm	247 (4%)	50 (1%)
Violence/ Aggression	229 (4%)	39 (1%)

Table 7.15: Psycho social issues specifically related to Concerned Persons in 2024 (N=6488)

Impacts on Concerned persons in 2024	
Substance users not interested in getting help	444 (7%)
Anxiety/ Depression of Concerned Person	230 (4%)
Violence/ Aggression from Substance User towards Concerned Person	229 (4%)
Debts	106 (2%)
Suicidal ideation / Self harm of Concerned Person	8 (1%)
Drug Related Intimidation	70 (1%)
Child Welfare Concern	51 (1%)
Older Person Welfare Concern	55 (1%)

7.15 Locations

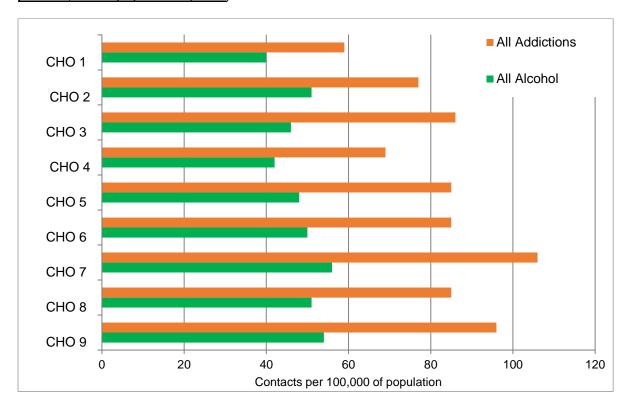
We have noted the location of 4619 (71%) of all contacts in 2024. In this, 3 contacts were in prison; 40 were homeless with no location given; 44 were outside of Ireland and 112 stated that they were in Dublin/ Kildare/ Wicklow region but did not clarify what part. Health Atlas Ireland (https://finder.healthatlasireland.ie/) has figures for each Community Healthcare Organisation (CHO) area based on 2022 census figures and we have used these to calculate how many contacts per 100,000 of the population we receive for each of the CHO areas. *All Addictions* refers to Alcohol, drug, gambling etc.

<u>Table 7.16. Contacts for All Addictions & All Alcohol Contacts by CHO area, when revealed in</u> 2024 (N=4619)

CHO pop	CHO breakdown	All Addictions	All Alcohol
CHO 1	Donegal, Leitrim, Sligo, Cavan, Monaghan	246	167
(416,138)			
CHO 2	Galway, Roscommon, Mayo	373	247
(485,966)			
CHO 3	Clare, Limerick, North Tipp	355	192
(413,059)			
CHO 4	Kerry, Cork	513	314
(740,614)			
CHO 5	South Tipp, Kilkenny, Carlow, Wexford,	467	262
(549,720)	Waterford		
CHO 6	Wicklow, Dun Laoghaire, Dublin South West (old	358	209
(421,373)	CCA 1,2,10)		
CHO 7	Kildare, West Wicklow, Dublin West, Dublin	794	424
(759,640)	South West (old CCA 9,3,4,5)		
CHO 8	Laois, Offaly, Longford, Westmeath, Louth,	577	347
(681,863)	Meath		
CHO 9	Dublin North, Dublin Central, Dublin North West	653	369
(680,766)	(old CCA 6,7,8)		

In *Figure 7.26.* we take the data from Table 7.16 and depict it in chart form highlighting the different traffic depending on whether the person is seeking support around Alcohol use or Addiction more generally. From this we can see that Kildare, West Wickow, Dublin West and Dublin South West (CHO 7) is the area that the largest number of contacts originate from both for Alcohol and All Addictions.

Figure 7.26. Location (when known) by CHO of all Alcohol contacts v All Addiction contacts per 100,000 of population (2024). N=4619



7.16 Services used previously and signposted to

In 2024, 2292 (35%) of contacts indicated that they had contact with services or supports prior to contacting the Helpline. *Table 7.17.* gives an outline of what supports people accessed prior to contacting the Helpline and what supports the Helpline pointed them towards. Some will have accessed supports in the months or years previous to their contact or some might be linked in currently with services.5924 (91%) of people who contacted our service in 2024, were signposted to at least one service or support option by the Helpline staff. Often multiple support options will be given to service users. Noteworthy here is that 19% of all contacts had previously spoken with their GP about their concern.

Table 7.17. Services used previously v services we signposted to, in 2024 (N=6488)

2024	% Services used prior to Helpline contact	% Services signposted to by the Helpline
GP	19%	31%
Counsellor	10%	32%
Peer support groups	7%	49%
Day or residential treatment	8%	23%
Psychiatrist/ MH supports	5%	4%
Community Project	4%	30%
Other	4%	4%
JLO/ Garda	1%	2%
Outreach /RIS Worker	1%	15%
STI/HIV Clinic	<1%	3%
Callback	-	50%
Internet based resources	-	19%
Online self-assessment tool	-	2%

7.17 Gambling

The Helpline is not promoted as a Gambling support service and therefore we do not expect to receive a high number of Gambling support queries. There has been a yearly average of 54 contacts in the last 5 years.

In 2024, the Helpline dealt with 74 queries in relation to Gambling. (44) 59% of these gambling queries mentioned drug or alcohol use and 30(41%) of all gambling contacts were about Gambling and Alcohol use; 16(22%) are about Gambling and Cocaine use.

42 (57%) were seeking treatment when they contacted our service; 14 (19%) were enquiring about the cost of residential treatment or specifically seeking information on Tier 4 funding for treatment

7.18 HIV and Sexual Health Helpline

This second and separate Helpline service has had fewer calls /emails in recent years as the profile HIV and STI testing and treatment has changed and the nationwide service offering has improved.

Here are two typical scenarios:

Scenario 1: A person living with HIV and on treatment in their home country is moving to Ireland for work or study and they contact the Helpline asking about access to treatment here. In this case, we prepare a response (often by email) with details of clinics and give information on their next steps.

Scenario 2: A person who is anxious about HIV or STIs following a sexual encounter in the recent past. Here we talk it through with caller and give them the necessary information and support as they consider whether they need to test or not.

HIV and Sexual health contacts account for (271) 4% of contacts to the Helpline in 2024. There was a 21% increase on 2023 (157). Figure 7.27 below looks at the type of HIV/Sexual Health contacts that the Helpline dealt with in 2024. Noteworthy here is that people will sometimes contact us only about HIV or an STI but it is common for a conversation to open beyond that, to include a combination of HIV, STIs and Hepatitis.

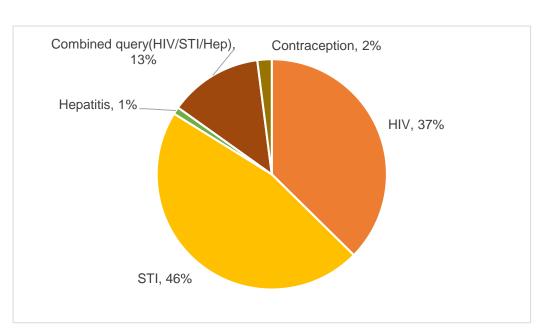


Figure 7.27. Percentage breakdown of Sexual health contacts in 2024 N=271

There has been very significant changes in the area of HIV and Sexual health in Ireland and worldwide, over the course of the lifetime of the HSE HIV and Sexual Health Helpline and this is likely to explain the reducing number of contacts. In 2023, there were 173 first time HIV diagnoses in Ireland and there were 20,576 notifications of STIs in Ireland in 2024 (10).

Changes in the HIV/ Sexual Health landscape include the following:

- The internet has grown into a tool and a resource that people turn to first. This has reduced the number of people who turn to the Helpline for that information.
- Free home testing is now available through <u>www.sh24.ie</u>. This allows asymptomatic people to access testing for free from their home.
- HIV prevention medicines: PEP and PrEP are now widely available
- Advances in HIV treatment mean that people often now have undetectable viral loads, which means that they cannot transmit HIV (Undetectable = Untransmittable).
- Regional support services are well established and have a high profile as a source of support

8. DISCUSSION

The key trends to emerge from this 2024 report.

- Alcohol remains the most referred to substance of concern and there was a 7% increase in contacts about Alcohol in 2024, following on from a 776% increase in Alcohol contacts from 2014 (388) to 2024 (3400). 32% of Alcohol contacts were about Alcohol in combination with another substance. (see 8.1)
- Cocaine is the second most referred to substance, with a 668% increase from 2014 (160) to 2024 (1229) but there was a 3% decrease in the number of Cocaine contacts since 2023. When Debts or Drug related intimidation or violence are mentioned 70%, revealed that it was connected with Cocaine use. (see 8.2)
- References to combined Alcohol and Cocaine use increased by 908% from 2014 (47) to 2024 (474) but there was a 16% decrease since 2023. (see 8.3)
- 96% of people who contacted the Helpline about addiction/ substance use were seeking treatment. This in turn has given us insights into the challenges that people typically encounter when looking to access help (See discussion 8.4)
- Almost 1 in 3 contacts with the service referenced a mental health issue alongside their substance use issue. (see discussion 8.5)
- In 2024 we noted a 21% increase in contacts about female drinkers aged 61yrs and over when compared with 2023. (see discussion 8.6)
- Looking particularly at Gender (see discussion 8.7)
 - We noted that Codeine and Alcohol (over 61yrs) are the only two areas where we have had more queries about women than men.
 - We look specifically at THC and Synthetic Cannabinoids and found that
 72% of contacts were about male users.
 - We note that women are least likely to seek help with their substance use when aged 31-35yrs and 41-45yrs age group and most likely to contact us if aged 61yrs or older.
- We received almost 4.8 times more queries about Synthetic Cannabinoid HHC in 2024 compared to 2023. (see 8.8)
- Kildare, West Wickow, Dublin West and Dublin South West (CHO 7) is the area most represented in Helpline contacts in 2024. (see discussion 8.9)

8.1 Alcohol

The Healthy Ireland survey 2024(1) reported that 38% of those aged 15 or over drink at least once a week; 22% drink multiple times per week and 28% binge drink on a typical drinking occasion.

Alcohol Treatment figures (8163 treated in 2023)(7) do not include GP alcohol treatment; attendance at peer support meetings or engagement with other options such as online supports or general counselling. Also Alcohol treatment and support services are less available in some parts of the country and so treatment data gives a limited picture of the Alcohol issue, nationwide.

The Helpline dealt with 3400 contacts about alcohol in 2024 and from these contacts we observed the following:

- 3095 (91%) of alcohol contacts are first time callers/ emailers.
- 21% of alcohol contacts were aged 41 or over
- 30% of alcohol contacts referred to drinking 4 or more times per week (greater than the Healthy Ireland figure of 22%)
- 22% of alcohol contacts have had previous contact with their GP or hospital about their drinking.

Service users report feeling unsure about how to access help to address their alcohol use and also sometimes seek help at times of acute need.

The 2023 Primary Care Reimbursement Service data tells us that there was an average of 3.4 librium prescriptions written per patient that year and similarly Helpline contacts regularly report that they have done one or more Librium detox with a doctor, without attending any other form of support or counselling alongside that.

Similarly, it is common on the Helpline to hear about attendance at A&E by people with alcohol issues, whether it is because they have suffered an injury or they are in withdrawals or they are feeling suicidal or have engaged in self-harm. In this scenario, there is often an expectation expressed that the person should be admitted for treatment, rather than being sent home.

This tells us that Alcohol is a significant issue, with consistently increasing numbers to the Helpline. We also know that people do not know about help options or how to find help and regularly seek it through GP and A&E.

8.2 Cocaine

The HRB report on Drug Treatment Demand in 2024(4) found 3959 people reported Cocaine (powder) as their main drug of use when seeking treatment. This represents a 7.5% increase on 2023. Cocaine (powder and crack) is the main problem drug from treatment figures in 2024 and account for 39.8% of all cases (excluding alcohol). When looking at powder cocaine and gender, the treatment figures have 22.4% females and 38.8% males (with a median age of 32yrs).

On the Helpline, Cocaine (powder) was mentioned in 1229 contacts in 2024 and this was the second more referred to drug after alcohol and represented 19% of all contacts with the service. We have learned from data on 2024 contacts that 22% of Cocaine users referenced Anxiety and/or Depression as issues and 20% talked about Relationship breakdown and 12% referenced Debts and 11% mentioned missing work/school as a result of their drug use. We know that Cocaine features in 70% of the time when Drug Debt and Drug Related Intimidation are issues

8.3 Combined Alcohol and Cocaine use

We know from research that combined Cocaine and Alcohol use is dangerous (6). The HRB Drug Treatment Demand report (2024)(4) noted that 52.6% of all cocaine treatment cases were using alcohol too. The Helpline noted a large increase (320%) in contacts about combined Alcohol and cocaine use from 2017 (108) to 2024 (474), though there was a decrease of 16% from 2023(566) to 2024(474).

8.4 People seeking treatment

We know that 96% of helpline contacts in 2024 were from people seeking treatment.

A survey in Nov 2023 by the Alcohol and Drug Foundation in Victoria, Australia (11) found that participants who wanted to change their Alcohol and Drug use reported that they were more likely to try self-management strategies, than seek informal or professional help and that drug users were more likely to seek informal or professional help, than alcohol users. Barriers to seeking help from this survey included: not believing that the drug or alcohol use is an issue or problem (particularly for those using moderately) and other life priorities. Similarly not everyone in Ireland with a

substance use issue will present at treatment services. We noted some common themes that people have reported when they speak with the Helpline about seeking help:

8.4.1 <u>Difficulties navigating services</u>

86% of those who told us how they heard of the Helpline in 2024, found it through an internet search for help. While access to up to date accurate information on services has improved, Helpline callers and emailers often need to talk urgently about what is happening; to tease out questions; have assumptions challenged or sometimes get new information on the topic while they consider their needs and their next steps. Here are some sample scenarios to illustrate this point:

Sample scenario 1: A person seeking Alcohol treatment calls saying that they have tried treatment before and that it did not work. On discussing this further, they say that they were prescribed Librium by their GP to keep them safe in Alcohol withdrawals in the past. They might feel hopeless and depressed. We can clarify that there are options available to them that they were previously unaware of. We can also inform then about the nature of alcohol withdrawal and the risks involved and help them look at what they are hoping for and consider what resources might be helpful to them at this time.

Sample scenario 2: A family member of a person in addiction, thinks that AA and residential treatment are the only two options for their loved one. Having contacted private residential treatment centres, they are now contacting the Helpline to ask about funding for private residential treatment. In this case, we can look at both the callers needs and their loved ones options. Having given them space to talk, we can explain how residential treatment is funded but also that what will suit the individual will depend on their assessed need. We then give them details of free community based support options where the person can get their needs assessed and a careplan drawn up, inviting the caller to phone back if they need to at any stage.

Sample scenario 3. A family member of a person in addiction has been to A&E numerous times with their family member and is frustrated that they have not been admitted for inpatient treatment at the hospital for their drug or alcohol problem. We can talk with this person and the person in addiction about the ways of accessing help as well as the distinction between what substance use/

addiction treatment services provide and what the acute medical services provide. We can talk with them about options both for their own support needs and for the person in addiction.

91%(5878) of contacts with the Helpline in 2024 were signposted to services, supports and invited to call or email back.

8.4.2 Previous attempts to seek help

35% of contacts in 2024 had previous contact with a support service of some kind, so they may have not progressed with this to a helpful level or may have relapsed. Often in this case, years will have passed and their substance use problem will have gotten worse in the meantime.

668 (10%) of all contacts sought information on funding for treatment (which often indicates that they first phoned a residential treatment service to ask about admission). Often people will report their understanding that they cannot access treatment because of the perceived costs.

8.4.3 Reported barriers to accessing help

The following issues are regularly mentioned by Helpline service users as barriers to accessing help:

- o Stigma, Shame and embarrassment about coming forward for help
- Gender specific barriers
- Not having a GP
- Not having access to a mental health service
- Feeling anxious about leaving the house
- Not feeling ready to stop or not wanting to stop completely
- Not knowing about drug services
- Struggling to attend appointments
- Anxious about attending group meetings.
- Secrecy, often no one knows about the substance use
- Responsibilities as parents or caring for parents or family members with special needs.

- Fears that there will be a report to Tusla should they seek help (particularly for women).
- Waiting lists
- Daytime only services
- Co-occurring issues such as poly drug use, ADHD, Anxiety, Debts, Housing issues etc.

8.4.4 Support services to match the need

Treatment figures can only reflect services that are available and that report onward on their treatment episodes. The need expressed by the Helpline data is that more people are seeking treatment for alcohol, cocaine, cannabis and benzodiazepines and there are particular parts of the country where there are gaps in treatment availability. Therefore, there is a need to look at whether services are matching the need and treatment data alone cannot inform that assessment.

8.5 Dual Diagnosis

It is common for people to reference struggles with their mental health and how substance use is a coping strategy in that struggle. Almost a 3rd of all contacts in 2024 referenced mental health issues, alongside their substance use issue.

In the period from 2003 to 2023 there were reductions in the rates of psychiatric first time admissions for people with Alcohol disorder 2003-2023 (9). In the same period there has been an steady increase in Helpline alcohol contacts.

<u>Figure 8.1. Rates of Psychiatric first-time admissions of cases with diagnosis of an alcohol disorder per 100,000 population in Ireland, 2003-2013.</u>

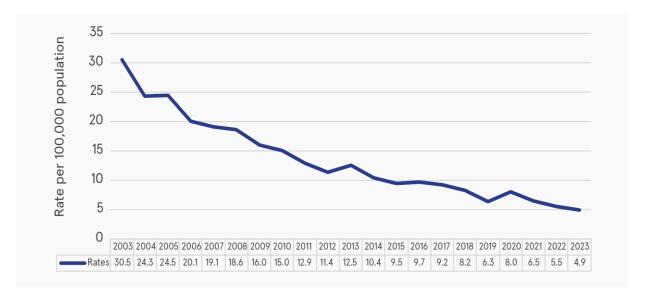
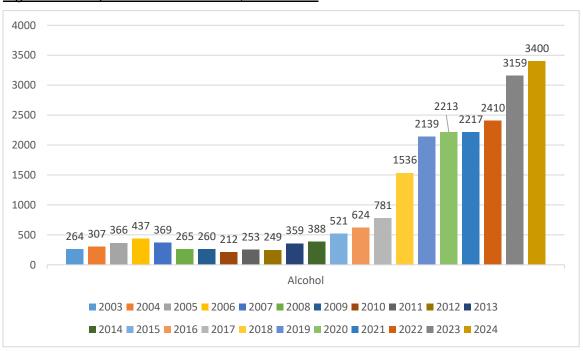


Figure 8.2. Helpline alcohol contacts, 2003-2024



Often people will report being on an anti-depressant (197 in 2024) or other medications to support their mental health but are not linked with a mental health support service. Similarly, we often hear from people attending a mental health clinics but not linked with substance use supports and continuing to struggle with that element.

The *Dual Diagnosis Model of Care* promises to establish Dual Diagnosis Teams. As this is a long awaited service there will be pent-up need and so demand for services with co-occurring mental health and substance use issues will be high, if there is a low enough threshold for referral and if the helpline data is considered an indicator of need.

8.5 Age of substance users

A Canadian study in 2020(12) of Addiction treatment for people aged 65 and over stated that Substance use can be employed as an adaptation strategy to get through hardships or ease loneliness and boredom. Based on this reports results, clinical recommendations to take into account the complex needs of seniors seeking treatment and related to their social environment are formulated.

The Health Ireland report 2024 (1) reported the incidence of more frequent drinking is higher with those aged 65 and older twice as likely to drink on multiple days each week as those aged between 15 and 24.

The Helpline received 21% more contacts about female drinkers aged 61yrs or older in 2024, than in 2023. In this age group we also noted that there was twice the number of concerned persons than people contacting us about themselves. We note that the number of female substance users being referred to increases from 46yrs upwards but there are fewer contacts about 31-35yr old women and 41-45yr old women. Some research (13) indicates that motherhood can be a theme that both helps and hinders treatment. So perhaps one reason women at some ages are not contacting the Helpline is due to barriers associated with those age groups and motherhood.

8.7 Gender

In almost all cases there are more male substance users being referred to than females in helpline contacts in 2024. We noted 58% of alcohol contacts were about males; 77% of cocaine contacts were about males; 76% of cannabis contacts were about males and 64% of benzodiazepines contacts were about males. The exception to this was with female drinkers aged 61yrs and older (56%) and Codeine users (57%).

Gender specific treatment options might address gender specific barriers and allow for greater access and retention in services. One example of a study looking at gender specific barriers looks at stigma, shame and fear that their children will be taken, as dealt with in the 2021, SWAAT study(5).

8.8 Increase in HHC and unspecified Synthetic Cannabinoid contacts

HSE Addiction Services have identified an increase in the number of presentations, particularly to Adolescent Addiction Services, associated with the use of these substances. They have advised the relevant authorities about the harms associated with HHC and understand that plans are in place to control this substance under the Misuse of Drugs Act.

8.9 Location

Kildare, West Wicklow, Dublin West and Dublin South West (CHO 7) is the area most represented in Helpline contacts in 2024.

The population of this region is 759,640 according to the Health Atlas and the Helpline was contacted by or about 794 per 100,000 of population with substance use issues and 424 per 100,000 for Alcohol.

9. CONCLUSION

In this report, we have noted trends in what is being used, who is using and what psychosocial issues they are experiencing and how these have varied from other years. The main themes noted in this report are around Alcohol; Cocaine; Mental Health and finding help. By contacting the Helpline people are expressing a need for information, support, guidance and referral around drug and alcohol related issues.

In the 28 years since the Helpline first began, the fundamental need to talk through what is happening and to access direct confidential, accessible support in that moment, remains the same

10. RECOMMENDATIONS

For policy makers and key stakeholders

- 10.1. The data from this report and previous reports differs from reported treatment figures. This is because people who contact the Helpline either prior to treatment, after treatment or because they cannot find treatment. Therefore, this and other Helpline reports need to be considered, alongside treatment and revenue figures, by the key stakeholders (Dept of Health; HRB and HSE) when looking at the populations needs around substance use policy and service provision. The changes in what substances people are seeking for can be seen in *Figure 7.2*. highlighting the need to develop Alcohol, Cocaine, Cannabis and Benzodiazepine services further.
- 10.2. We noted peaks in the ages of drinkers of concern in 2024. The peak age for male drinkers was 26-30yrs and the peak age for female drinkers was 61yrs +. This presents an opportunity to both consider these ages and also the ages where fewer people are presenting for help. Perhaps treatment services could consider the needs of these age cohorts so that accessible age appropriate wrap around provision of alcohol supports can be planned.
- 10.3. Looking at gender, we can see that men and women present differently and in different proportions. Women feature in lower numbers for all substances apart from those using Codeine and those aged over 61 with Alcohol issues. This reminds us that perhaps part of the reason that women do not appear in the treatment data is because of the barriers to accessing help or because the services do not appear relevant to what they are using. While there are some women specific services such as the *Brook Recovery Hub* in Coolock in Dublin, these are the exception rather than the rule.
- 10.4. There has been an increase in the number of contacts mentioning a co-occurring mental health issues (including ADHD and similar) and substance use issues in recent years (31% of all contacts in 2024). Often these mental health issues are part of the reason that they are not currently engaged with treatment services, so it is another barrier to help for people. Mental health issues need to be considered alongside substance use issues so that people do not have to pick which service to approach or do not find themselves excluded from help.

- 10.5. Services engaging with cocaine users and their families need to be aware of the need to open conversations about Drug Related Intimidation and Debts.
- 10.6. A needs analysis needs to be done to assess whether the locations of greatest need have sufficient services for Alcohol, Cocaine, Cannabis and Benzodiazepine in particular but also supports so that emerging issues with substances use such as synthetic cannabinoids, ketamine and other addictions such as gaming, gambling can be deal with.

For Helpline practice

- 10.7. In relation to ADHD, we will seek additional training for the Helpline team, in line with the recommendations of the recent report (6) to adopt a neuro-diverse informed approach
- 10.8. We need to work with GPs and Pharmacists to better promote the Helpline as a support to their work with patients with alcohol and drug issues. This should include sharing information about the role and scope of the Helpline so that they can feel confident about when to refer people to the Helpline.
- 10.9. We will continue to highlight the importance of informing services users of the risk when combining substances eg Alcohol and Cocaine
- 10.10. We will seek to improve our data collection by introducing more detailed age brackets for those aged over 61yrs
- 10.11. We need to target promotion of the Helpline specifically to women given the stigma and misinformation that contribute to women opting not to seek help as much.
- 10.12. Helpline Counsellors will proactively mention drug related intimidation with cocaine contacts, to ensure that people know that it is ok to talk about this often unspoken issue.

11. ACKNOWLEDGEMENTS

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Drugs and Alcohol Helpline



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Confidential support and information service www.hse.ie/drugsalcoholhelpline

HIV and Sexual Health Helpline



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Confidential support and information service www.sexualwellbeing.ie



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