

HRB Bulletin

National Drug Treatment Reporting System

2025 Alcohol Treatment Demand

Siobhán Ní Luasa, Tiina Lynch, Michael
O'Sullivan and Anne Marie Carew

Published by:

Health Research Board, Dublin
An Bord Taighde Sláinte
© Health Research Board 2026
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 32

National Drug Treatment Reporting System 2025 Alcohol Treatment Demand

Siobhán Ní Luasa, Tiina Lynch, Michael O'Sullivan and Anne Marie Carew

Table of Contents

Introduction	1
National overview of treatment demand	2
Overall treatment demand 2025	2
Treatment status	2
Service type	3
Profile of cases treated	4
Level of problem alcohol use	4
Alcohol consumption patterns	5
Type of alcohol consumed	6
Polydrug use	6
Sociodemographic characteristics	6
Cases by Health Region of residence	8
Continuous care cases 2025	9
Trends over time (2017–2025)	9
Key focus area	11
Polydrug use	11
Polydrug use in 2025	11
Trends in polydrug use 2017–2025	14
Acknowledgements	16
Methodology note	17
Background	17
Participation in the NDTRS	17
Notes	18

Introduction



This bulletin presents data on treated problem alcohol use for 2025, followed by trends over the nine-year period from 2017 to 2025.¹ 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.

When interpreting the data, it is important to consider both percentages and absolute numbers. These may move in different directions over time; percentages can appear stable despite substantial changes in the underlying case counts, or vice versa. For this reason, trends should be assessed using both measures.

National overview of treatment demand

Overall treatment demand 2025

- In 2025, the number of cases treated for problem alcohol use increased by less than 1% and reached 8,798 cases, the highest annual total reported over the time period.

8,798

Total number
of cases treated for
problem alcohol use



43%
new
cases



53%
previously
treated cases

Figures relate to 2025

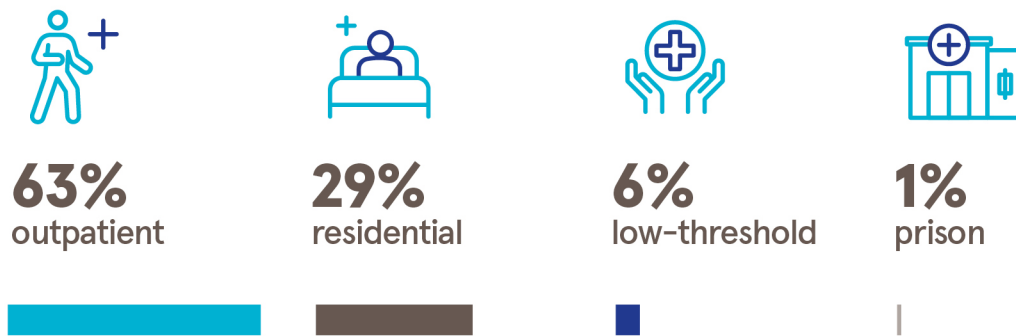
Treatment status

- 43.1% were *new cases* (never treated for problem alcohol use before).
- Previously treated cases* accounted for 53.0% of alcohol treatment cases.

Service type

- The majority of cases (63.3%) were treated in outpatient facilities, followed by residential services (29.4%), low-threshold settings (6.4%) and prison (0.9%). General practitioners do not currently report alcohol treatment figures to the NDTRS.
- In 2025, alcohol treatment demand increased in outpatient and low-threshold services.

Service type 2025



Figures relate to 2025

Profile of cases treated

Level of problem alcohol use

- Almost half of all cases (48.7%) were classified as **alcohol dependent** (by the healthcare professional treating them) (**Box 1**).
 - Among *new cases*, over two in five (43.5%) were classified as alcohol dependent.
 - Among *previously treated cases*, more than half (54.3%) were classified as alcohol dependent.
- The proportion of cases who were classified as **hazardous** drinkers was 15.7%.
- The proportion of cases who were classified as **harmful** drinkers was 29.8%.

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]²

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]²

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]²

Alcohol dependence and treatment status

All cases

49%



44%
new
cases



54%
previously
treated cases

Alcohol consumption patterns

- In 2025, the **median age** at which cases first started drinking alcohol was 15 years, a decrease of one year compared to 2024.
- The majority (70.5%) of cases consumed alcohol in the 30 days prior to starting treatment. Of these, more than one-half (57.7%) 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 14 (5–32)³ standard drinks. This was slightly higher among *previously treated cases* at 15 (5–35) standard drinks than for *new cases* at 12 (5–30) standard drinks.
 - For females, the median number of **standard drinks** consumed on a typical drinking day was **12**. The low-risk drinking guidelines for females is up to 11 standard drinks in a week.⁴
 - For males, the median number of **standard drinks** consumed on a typical drinking day was **15**. The low-risk drinking guidelines for males is up to 17 standard drinks in a week.⁴

Box 2: What is a standard drink?⁵

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:



Half pint of
beer/cider



100 mL wine
(12.5% vol)



1 pub
measure
of spirits
(35.5mL)



1 alcopop
(275mL
bottle)

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

Type of alcohol consumed

- Spirits (57.6%) were the most preferred type of alcohol, followed by beer (45.5%) and wine (29.5%).
- Almost two in three (62.5%) cases reported only one preferred type of alcohol, 34.5% 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.

Polydrug use

- Almost one in three (32.1%) cases treated for problem alcohol use also reported **problem use of more than one substance** (polydrug use).
- **Cocaine** (72.1%) was the most common additional drug used alongside alcohol, followed by **cannabis** (50.4%).
- Cocaine was the main drug reported alongside alcohol among those aged 20–49 years. Cannabis was the main drug reported alongside alcohol in other age groups.

Sociodemographic characteristics

- The majority (60.5%) of cases were **male**.
- 8.8% of cases were recorded as **homeless** (females 5.6%; males 10.9%).
- 1.5% of cases identified as **Irish Traveller**.
- Almost one-half (49.4%) of cases were recorded as **unemployed**.
- One in three (34.1%) cases were **in paid employment**.
- The **median age** of cases was 43 years.
- The median age for females (44 years) was higher than that for males (42 years). Among *cases treated for the first time*, the median age for females was 44 years while the median age for males was 41 years.
- One in five cases (19.1%) left education before the age of 16, with higher proportions among males (21.5%) than females (15.5%).
- Among cases with **children** aged 17 years or under, almost one-half (48.8%) had at least one child residing with them at the time of treatment entry (females 65.0%; males 37.1%).

Characteristics



median
age



61%
males



9%
homeless



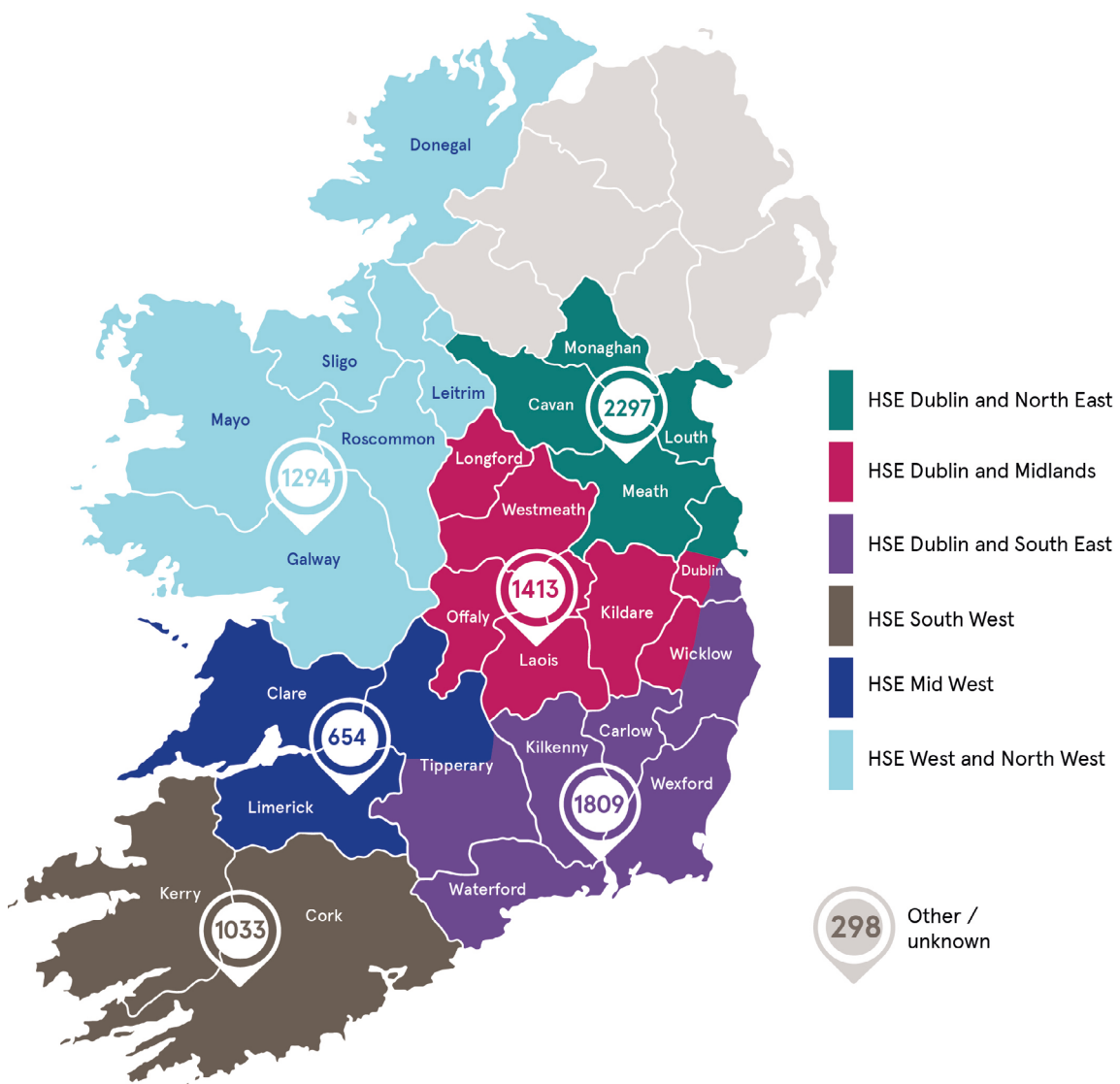
49%
unemployed

Figures relate to 2025

Cases by Health Region of residence

- The highest number of cases were recorded in the HSE Dublin and North East Health Region (2,297 cases). Dublin and North East saw the largest increase in cases of 14.2% from 2,011 cases in 2024.

Number of cases treated for problem alcohol use by Health Region of residence, NDTRS, 2025



Continuous care cases 2025

- 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 was a total of 3,931 cases that commenced treatment prior to 2025 and remained in treatment on 1 January 2025, indicating that a substantial proportion of treatment demand reflects ongoing care rather than new presentations. Although continuous care cases are not presented elsewhere in this report, they may be combined with data on episodes of treatment commencing in 2025 to give a fuller picture of treatment provision for that year.

Trends over time (2017–2025)

Total cases entering treatment

- In 2025, the number of cases treated for problem alcohol use increased by less than 1% and reached 8,798, the highest annual total reported over the time period. This is the highest number recorded since 2011 (8,876 cases).
- The median age of those treated has increased from 41 years in 2017 to 43 years in 2025. Over that time the median age of males in treatment rose from 40 to 42; while the median age for females was 44 in both 2017 and 2025.
- The proportion of males treated for alcohol as a main problem decreased from 64.9% in 2017 to 60.4% in 2025.
- The proportion of cases who left education before the age of 16 decreased from 23.5% in 2017 to 19.1% in 2025. The number of cases decreased over the time period from 1,726 cases in 2017 to 1,682 cases in 2025.

Alcohol dependence

- The proportion of cases that were classified as **alcohol dependent** decreased from 72.0% in 2017 to 48.7% in 2025. The number of cases decreased over the time period from 5,290 cases in 2017 to 4,282 cases in 2025.
- The proportion of cases who were classified as **hazardous** drinkers increased from 9.7% in 2017 to 15.7% in 2025. The number of cases increased over the time period from 711 cases in 2017 to 1,382 cases in 2025.
- The proportion of cases who were classified as **harmful** drinkers increased from 16.0% in 2017 to 29.8% in 2025. The number of cases increased over the time period from 1,174 cases in 2017 to 2,624 cases in 2025.

Consumption patterns

- Many cases drank more in a typical day than is recommended in a week.⁴
- Median alcohol consumption levels have fallen steadily over time, from a peak of 20 standard drinks (recorded in 2019 and 2021) to 14 drinks in 2025. Similar downward trends are seen across subgroups over the time period:
 - Median consumption among *new cases* decreased from 16 to 12 drinks.
 - Median consumption among *previously treated cases* decreased from 20 to 15 drinks.
- The proportion who consumed alcohol daily increased from 42.7% in 2017 to 57.7% in 2025.
- Spirits remained the most frequently reported (58.6% in 2017 to 57.6% in 2025) types of alcohol consumed. However, there was a shift in consumption patterns, with beer declining (54.1% to 45.5%) and wine showing a marginal increase (27.8% to 29.5%).

Polydrug trends

- The proportion of cases reporting polydrug use increased from 19.8% in 2017 to 32.1% in 2025. During this time period the number of cases nearly doubled, rising 94.2%, from 1,452 cases to 2,820 cases in 2025.
- The proportion reporting cocaine as an additional drug has increased from 41.8% in 2017 to 72.1% in 2025.
- The number of polydrug cases reporting cocaine as an additional problem drug increased by 235.1% from 607 cases in 2017 to 2,034 cases in 2025.
- These patterns are explored in more detail in the Key Focus section below.

Key focus area

The following section explores the data and trends relating to problem alcohol use where polydrug use has been reported.

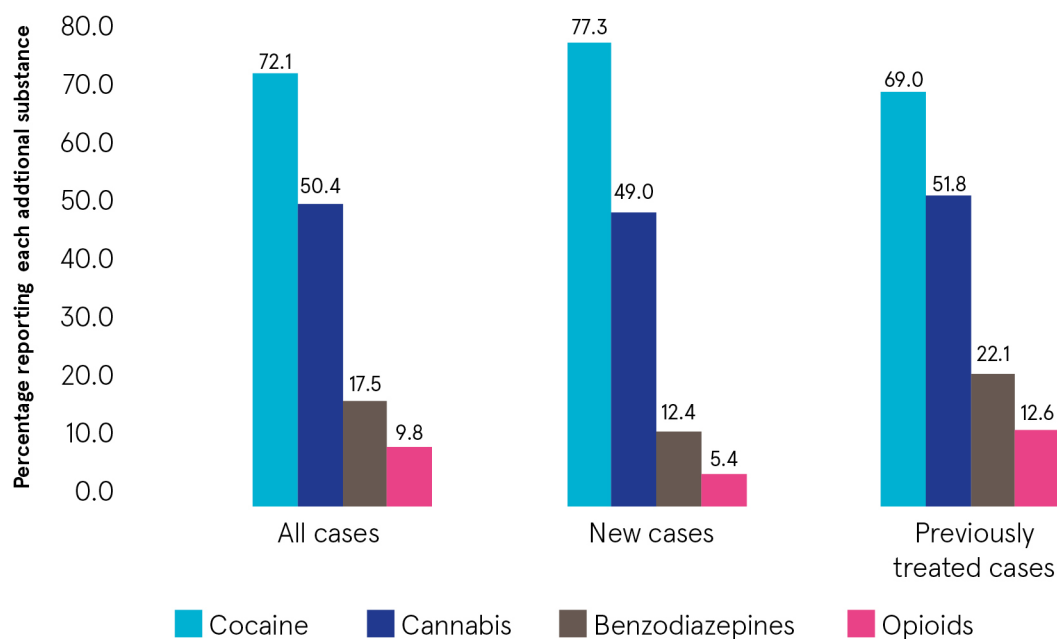
Polydrug use

Polydrug use in 2025

Almost, one in three (32.1% or 2,820) cases treated for problem alcohol use also reported problem use of one or more other drugs (polydrug use).

In 2025, cocaine (72.1%) was the most common additional drug reported, followed by cannabis (50.4%), benzodiazepines (17.5%) and opioids (9.8%) (Figure 1).

Figure 1: Additional problem substances reported and treatment status (NDTRS,2025)



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 (77.3%) was the most common additional substance in 2025, followed by cannabis (49.0%), benzodiazepines (12.4%) and opioids (5.4%).

Among *previously treated cases*, cocaine (69.0%) was the most common additional problem substance, followed by cannabis (51.8%), benzodiazepines (22.1%) and opioids (12.6%).

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.

Almost one in ten (9.2%) cases with polydrug use reported difficulty in determining which drug was the main problem.

Age and gender

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 20–49 years, cocaine was the main drug reported alongside alcohol.
- Among those aged 50 years or older, cannabis was the main drug reported alongside alcohol.

Polydrug problem drug by age



19 years or under
cannabis



20–49 years
cocaine

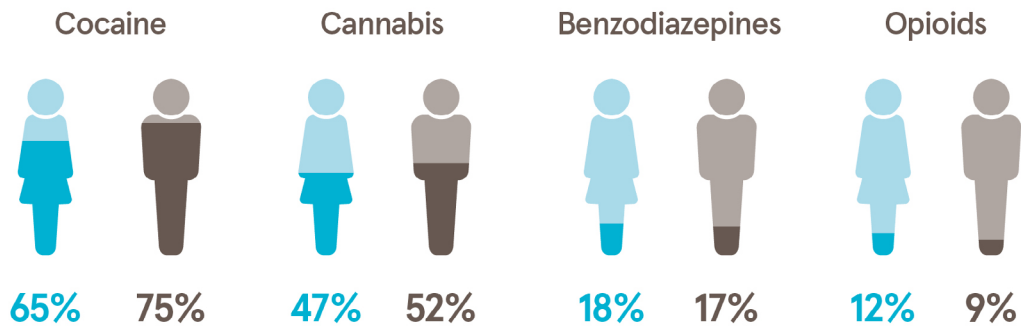


50 years or over
cannabis

Figures relate to 2025

A higher proportion of males (37.3%) reported other problem drugs (with alcohol) compared with females (24.0%). Of those using one or more drug alongside alcohol, a higher proportion of males (75.2%) reported cocaine use compared with females (64.9%).

Additional problem drug – all cases



Figures relate to 2025

Trends in polydrug use 2017–2025



Polydrug use

The proportion of cases reporting polydrug use increased from 19.8% in 2017 to 32.1% in 2025. The number of cases reporting polydrug use has increased by 94.2%, from 1,452 cases in 2017 to 2,820 cases in 2025.

Cocaine, cannabis, benzodiazepines, and opioids were the most common additional problem drugs reported over the period 2017–2025 for those in alcohol treatment.

The number of polydrug cases reporting use (alongside alcohol) of

- Cocaine increased by 235.1% between 2017 and 2025, from 607 cases in 2017 to 2,034 cases in 2025.
- Cannabis increased by 61.8% between 2017 and 2025, from 878 cases in 2017 to 1,421 cases in 2025.
- Benzodiazepines increased by 48.5% between 2017 and 2025, from 332 cases in 2017 to 493 cases in 2025.
- Opioids increased by 33.3% between 2017 and 2025, from 207 cases in 2017 to 276 cases in 2025.

The number of *previously treated* cases where additional drugs were reported increased from 51.7% of all cases in 2017 to 55.5% in 2025. Within *previously treated* cases,

- Cocaine use increased by 261.5% between 2017 and 2025, increasing from 299 cases in 2017 to 1,081 cases in 2025.
- Cannabis increased by 82.2% between 2017 and 2025, increasing from 445 cases in 2017 to 811 cases in 2025.
- Benzodiazepine use increased by 61.9% between 2017 and 2025, increasing from 202 cases in 2017 to 327 cases in 2025.

Cocaine use with alcohol

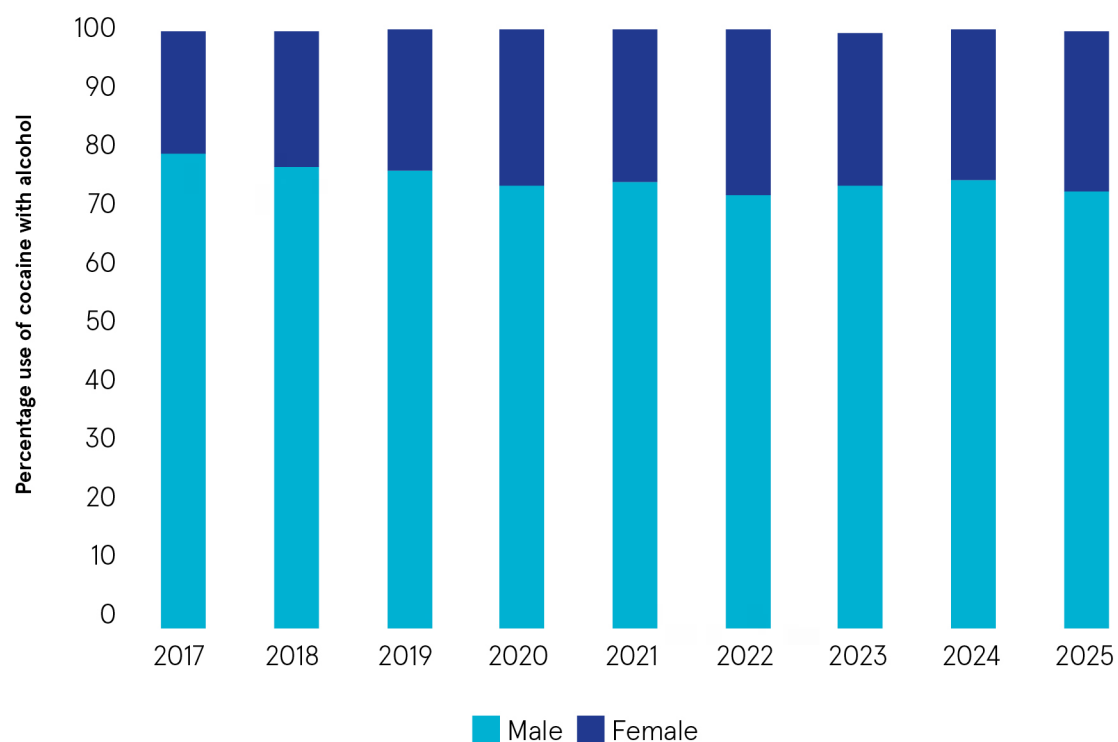
Cocaine is the most commonly used drug alongside alcohol. Seven in ten cases (72.1%) with an additional drug reported problem use of cocaine alongside alcohol in 2025. Cocaine overtook cannabis as the most common additional drug in *new cases* and *previously treated cases* in 2022.

Among *new cases* reporting polydrug use, cocaine use increased from 44.0% in 2017 to 77.3% in 2025. The number of *new cases* where cocaine was reported increased by 209.3%, from 290 cases in 2017 to 897 cases in 2025. The number of *previously treated cases* increased by 261.5% (see previous section).

The median age of those treated for cocaine use alongside alcohol increased from a median of 32 years in 2017 to a median of 35 years in 2025.

Among males, the number of cases reporting use of cocaine in combination with alcohol increased by 198.9%, from 476 in 2017 to 1,423 in 2025. Among females, the number of cases increased from 123 to 520 over the same time period, an increase of 322.8% (Figure 2).

Figure 2: Proportion using a combination of alcohol and cocaine by gender (NDTRS 2017–2025)



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.

Methodology note

Background

The NDTRS follows a common and systematic European methodology for collecting and reporting core data on the number and profile 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.⁶

Included in the NDTRS are cases treated in all types of services: outpatient, residential, low threshold, general practitioners (GPs) who provide opioid agonist treatment (OAT), and those treated in prison.^{7,8,9} Nationally, NDTRS data are widely used to measure progress and inform drug and alcohol-related planning and policy.¹⁰ 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).¹¹

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, 91.4% of services required to report to the NDTRS provided data in 2025. 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 problem 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.

Notes

1. This document may be cited as: Ní Luasa S, Lynch T, O'Sullivan M and Carew, AM (2026) National Drug Treatment Reporting System, *2025 Alcohol Treatment Demand*. StatLink Series 32. Dublin: Health Research Board. Available at <https://www.drugsandalcohol.ie/45688> and at www.hrb.ie/publications
2. 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>
3. Range presented is 5th percentile to 95th percentile (90% of cases are included within this range).
4. Drink guidelines are taken from the HSE at <https://www2.hse.ie/living-well/alcohol/health/improve-your-health/weekly-low-risk-alcohol-guidelines/>
5. 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). <https://www2.hse.ie/living-well/alcohol/health/improve-your-health/weekly-low-risk-alcohol-guidelines/>
6. 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/tidi-protocol-3.0_en
7. More detailed information on the NDTRS methodology can be found in previously published HRB Trends Series papers at <https://www.hrb.ie/publications/?filter-scheme-28=addiction-treatment>
8. 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.
9. The NDTRS interactive tables will be updated to reflect the changes at: www.drugsandalcohol.ie/tables/
10. 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/>
11. 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/>



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.