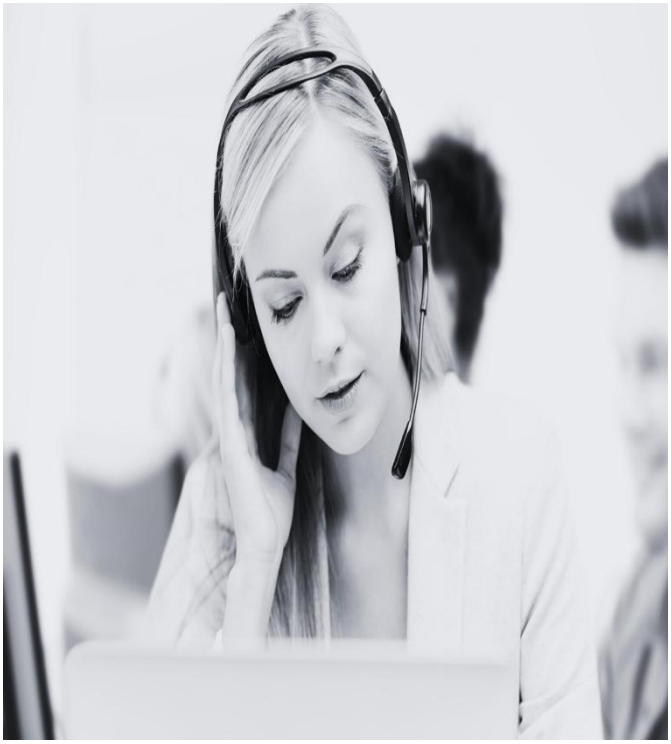
# Drugs & Alcohol Helpline / HIV & Sexual Health Helpline

# Annual Report 2025



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# GLOSSARY

- *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* are those where no person of concern is mentioned and the person is seeking information more generally such as for a college or school project.
- *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* to be categorised in *All Addiction Contacts*, for the purpose of this report.
- *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
- *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.
- *Young person*: Our data is recorded for 0-15yr olds and 16-20yr olds. When reporting we count both as *young people.*
- *Concerned person*: This refers to any person concerned about someone else's substance use or sexual health, including family members, friends, professionals they encounter and work colleagues.

# 1. EXECUTIVE SUMMARY

This report summarizes trends in contacts with the HSE Drugs and Alcohol Helpline and the HSE HIV and Sexual Health Helpline during 2025. The findings are based on anonymized information that emerged naturally during contacts with the service and should therefore be interpreted as service-contact data rather than population prevalence data.

As has been the case since 2015, Alcohol was the most commonly referred to substance of use on the Helpline in 2025, featuring in 3,273 contacts. Cocaine has been the second most commonly referred to substance since 2018 and featured in 1,231 contacts in 2025. Combined alcohol and cocaine use remained a significant theme with 512 contacts referring to using both substances, which is an 8% increase on 2024.

Mental health concerns were highlighted in 27% of addiction related contacts who referenced a mental health issue alongside substance use concerns. Relationship breakdown, anxiety/depression; suicide/self-harm, debt, drug-related intimidation and concern for family members are recurring themes.

This report also highlights changing patterns in calls relating to cannabis, benzodiazepine, opioid, crack, ketamine and synthetic/semi synthetic cannabinoid use and also regional, gender and age variations in contacts with the Helpline. The findings indicate the ongoing importance of this accessible, confidential Helpline support service, particularly for people seeking treatment and those concerned about them.

# 2. INTRODUCTION

The HSE Drugs/HIV Helpline was established by the Drugs/AIDS Service of the then Eastern Health Board in June 1997. The Helpline 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 2025 this accounted for a quarter of contacts with the service.

# 3. 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.

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 *Psychosocial issues* 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. 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/ or a mental health diagnosis. In such a case, staff will tick all appropriate boxes on that contact log sheet.

# 4. 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 to inform stakeholders/ policy makers and service providers of the needs of this population as expressed by them in their contact with the Helpline.

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

# 5. METHODS

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 the monitoring of patterns over time and disaggregation by key variables such as drug type, psychosocial issues and location. Closed ended data were quantified in terms of numbers and percentages, while free text data was grouped into themes, which was then quantified. In early 2023 the service started using a new call logging system and further changes were introduced in October 2025, allowing for better anonymous data that can inform this and future reports.

# 6. LIMITATIONS OF THE DATA

6.1 Service users are not surveyed. The data presented here reflects information that individuals voluntarily disclosed during the course of their contact with the Helpline.

6.2 This data should not be interpreted as prevalence data. They reflect the issues, substances and themes disclosed by people who contacted the Helpline and by concerned persons contacting on someone else's behalf. As callers are not surveyed and as more than one substance or theme may be recorded for a

single contact, percentages should be interpreted as proportions of Helpline contacts rather than proportions of use in the wider population.

6.3 We do not limit the number of drugs that can be noted if mentioned by a contact but we do not necessarily identify primary substance of use. Therefore, the data that we have refers to drugs used, rather than distinguishing their primary substance

6.4 In most cases, we get a snapshot of the person's situation with no follow up with regard to outcomes after they contact the Helpline.

6.5 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.

6.6 These figures may vary when compared with figures in other published reports due to data cleaning and validation at a later date.

6.7 Helpline staff vacancies remain at this time, which reduces the number of contacts that can be dealt with.

# 7. LIST OF FIGURES

# 8. LIST OF TABLES

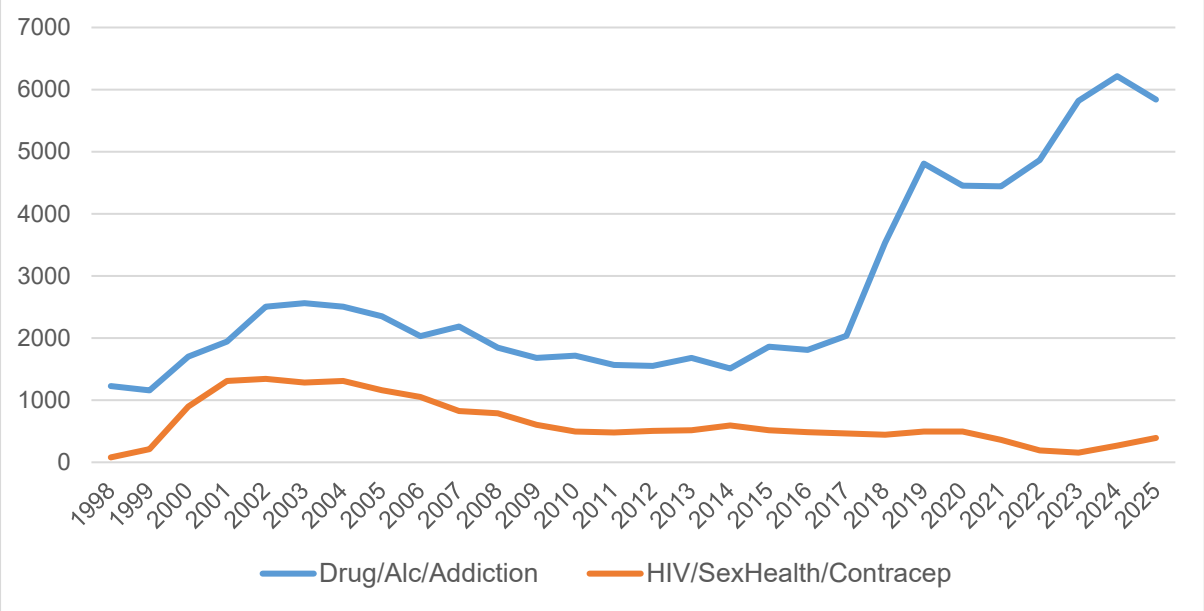
# 9. RESULTS

## 9.1. Analysis of Helpline calls and emails 2025

There was a total of 6633 contacts (calls and emails) in 2025 and 5721 (86%) of these were from first time contacts to our service. 5837 (88%) of call contacts were Addiction contacts and 394(6%) HIV/Sexual health contacts in 2025. The remaining contacts were from wrong numbers, hang ups; silent calls, failed callbacks, admin calls etc.

*Figure 1.* below shows the fluctuation in the number of calls & emails since the Helplines first full year of operation in 1998.

*Figure 1: All Addiction contacts and HIV/Sexual Health contacts 1998 to 2025*




*Figures 2.* and *Figure 3.* below illustrate how many times particular drugs and alcohol were mentioned in contacts in 2025. For *Figure 3.* we have removed alcohol (N=3274) and cocaine (N=1231) so that the other substances can be seen more clearly. As noted, Alcohol is the most mentioned substance, followed by cocaine, then cannabis and then benzodiazepines. In October 2025, we began to note *Drug Name* Unknown as we often get queries where the drug name is not known or not mentioned.

*Figure 2. Drugs mentioned, 2025*

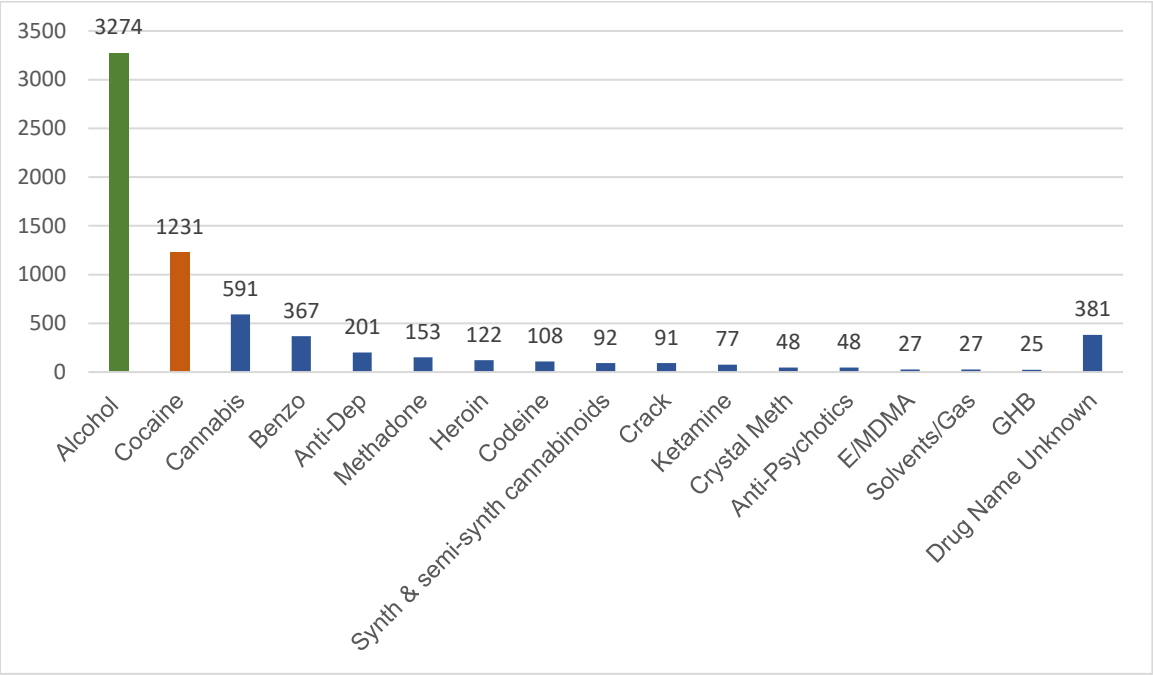
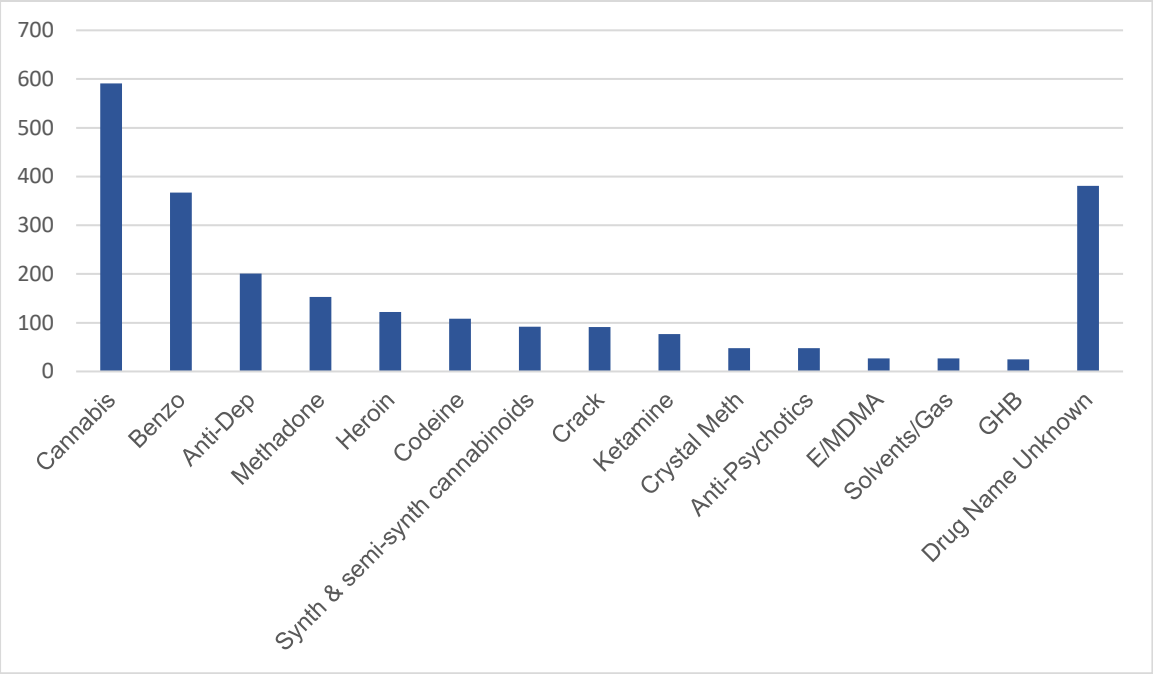


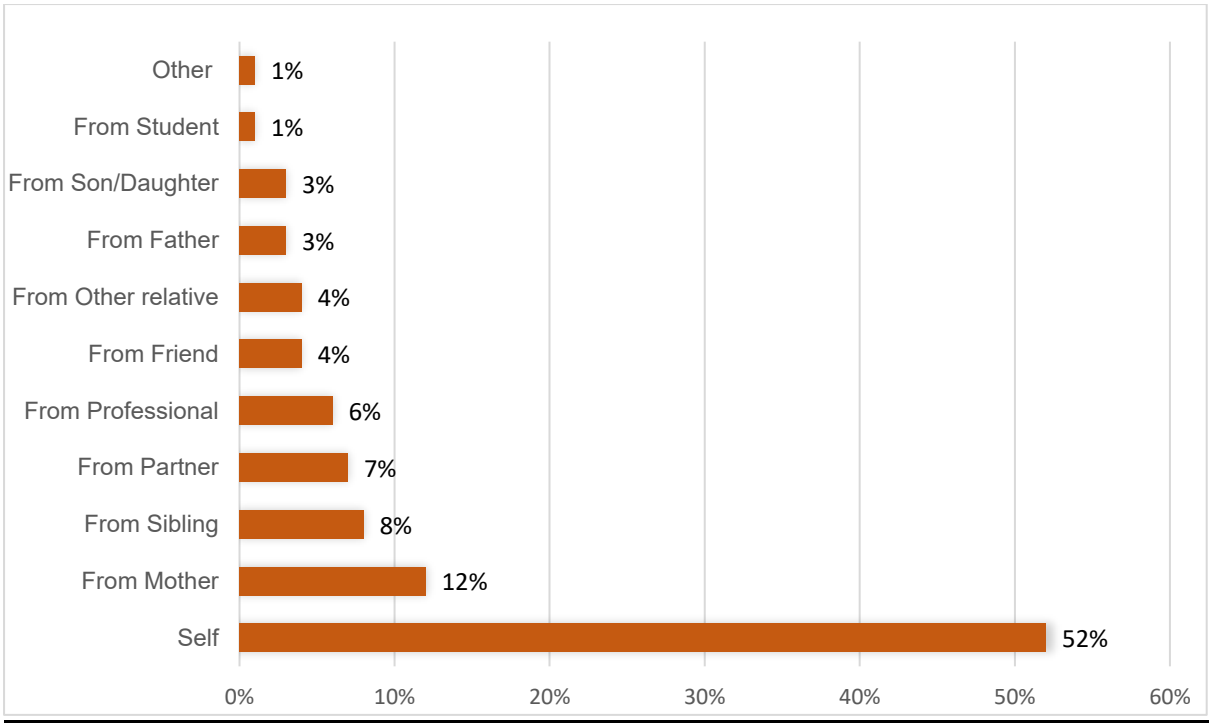

*Figure 3. Drugs mentioned, 2025 (excluding alcohol and cocaine)*



### 9.2. Who contacted the Helpline

The relationship to the 'person of concern' was known in 95% (6308) of all contacts in 2025. Of these, 52% (3293) were contacting the Helpline in relation to themselves. The remaining contacts were from family, professionals and students doing research. Details of who contacted the Helpline is illustrated in *Figure 4 below.*

*Figure 4. Percentage breakdown of who contacted the Helpline in 2025. N=6308*




We refer in section 11 of this report about sexual health contacts to the HSE HIV and Sexual Health Helpline. 92% of Helpline sexual health contacts were 1st party contacts (the person speaking about themselves). 60% of those contacting the Helpline about themselves were male.

## 9.3 Themes and Topics

People who contact the Helpline by email or by phone typically have an initial query or concern. Then over the course of the conversation, other themes often emerge. These 'Themes and Topics' are detailed in *Table 1*.

In 2025, the Helpline expanded the range of themes being recorded, therefore there are blanks where the information was not recorded at the time. More than one theme can emerge in an individual call or email (contact). Most contacts are seeking help or treatment.

*Table 1: Main themes and topics to emerge in contacts in 2025*

| Themes and Topics | 2023 N=5983 | 2024 N=6488 | 2025 N=6633 |
|---|---|---|---|
| Seeking Treatment | 2529 | 3052 | 2901 |
| Seeking help for concerned persons | 1334 | 1503 | 1344 |
| Need help navigating treatment options | -- | -- | 1215 |
| Query on the Cost of Residential treatment/Tier 4 funding | 788 | 668 | 733 |
| Question on how to "put someone into treatment" | 554 | 359 | 619 |
| Substance user not interested in seeking help | -- | -- | 551 |
| Preparing to talk to or confront substance user | 427 | 516 | 493 |
| Withdrawals | 513 | 383 | 365 |
| Medical query | 261 | 427 | 361 |
| Binge Drinking or Drugging | -- | -- | 336 |
| Relapse | 280 | 271 | 301 |
| Attending support but feels it's not enough | -- | -- | 168 |
| Seeking Residential Treatment specifically | -- | -- | 159 |
| Wanting to drink less | 263 | 160 | 141 |
| Debts | 147 | 106 | 125 |
| Adult Child of a parent who had a Drug/Alcohol problem (ACOA+D) | 52 | 70 | 64 |
| Legal query | 35 | 71 | 60 |
| Courts/ Urines query | 47 | 54 | 28 |
| Sober Seeking Supports | -- | -- | 25 |
| Suspected Spiking | -- | -- | 4 |

## 9.4 Alcohol

There were 3,273 alcohol contacts in 2025. Of these, 2168 (66%) referred to alcohol only and the remaining 1105 (34%) referred to alcohol being used along with other substances. 1631 (50%) were from people concerned about their own drinking while, 1629 (50%) were from people concerned about the drinking of a friend, partner or family member. 128 (4%) were from a professional dealing with drinkers in their work (eg doctors; counsellors; social workers; probation officers; employers or teachers).

*Figure.5: Alcohol contacts, 2015 – 2025*

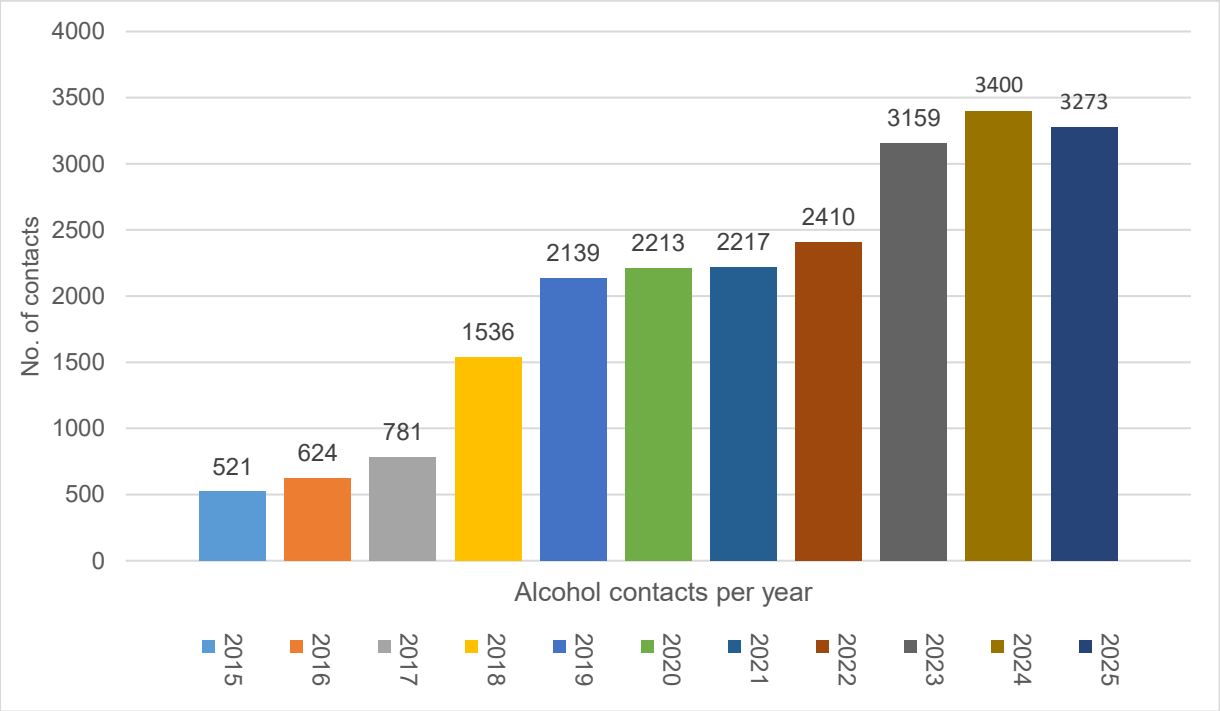



*Table 2.* illustrates the gender breakdown of all alcohol contacts in 2025. We can see that there were more males than females referred to (a ratio of 1: 1.6)

*Table 2: Alcohol users gender breakdown, 2025*

| | **All Alcohol contacts** | **Female users** | **Male users** | **Unknown gender /blank** |
|---|---|---|---|---|
| **2025** | 3273 | 1185 (36%) | 1921 (59%) | 167 (5%) |

We have information on the age of alcohol users for 46% of alcohol contacts. *Figure 6.* looks at the age of drinkers referred to in contacts in 2024 and 2025.

*Figure 6.* Number of drinkers in each age range 2024 and 2025 (where age is known)

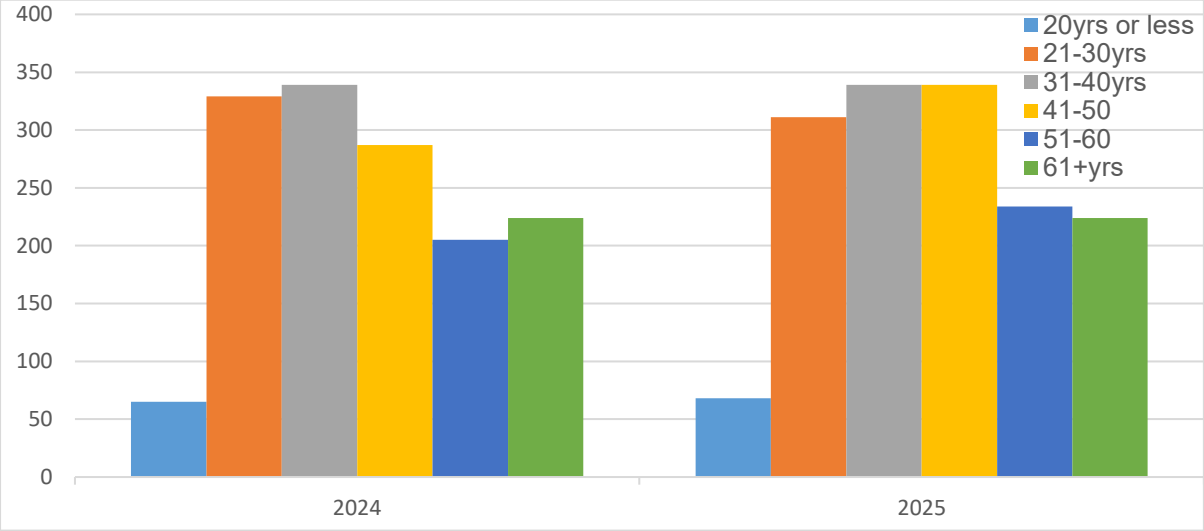



*Figure 7. Age of drinker (self, compared with 3rd party contact about a drinker) (N=1514)*

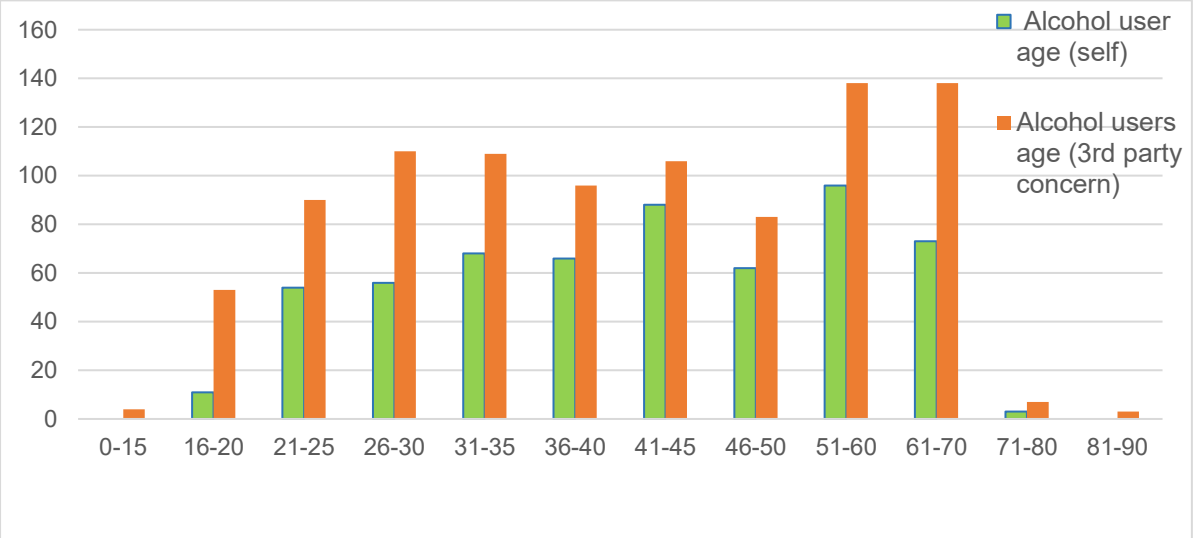
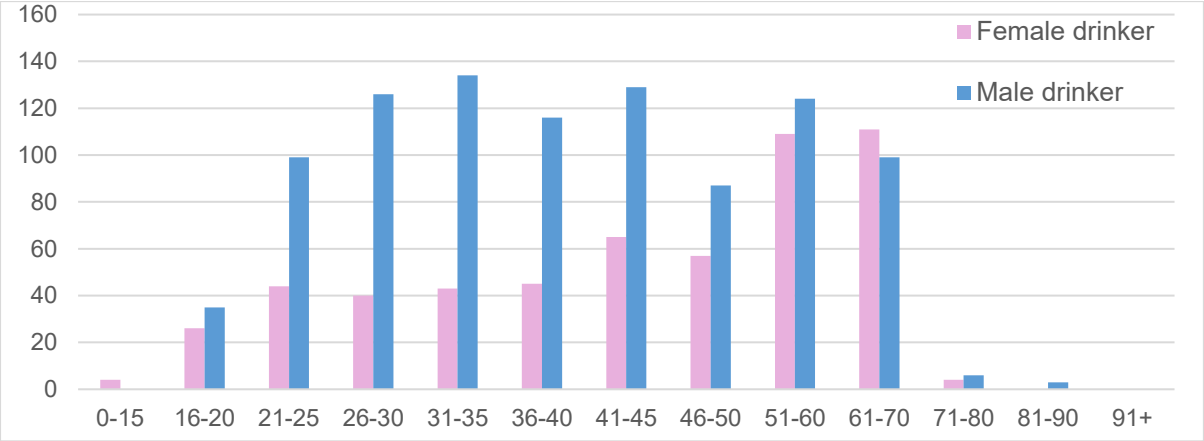



*Figure 7.* shows whether the person is contacting the Helpline about their own drinking or someone else's drinking. When contacting regarding own alcohol use, the typical age group was those aged 51-60years followed by those aged 41-45years. Where a contact was in relation to someone else's drinking, that drinker was more likely aged 51-70 years.

*Figure 8.* illustrates in more detail the age and gender of all contacts to the Helpline in 2025. Gender differences are apparent. Concerns about female alcohol use are at their highest among the 61-70years and 51-60 years age groups. There was no

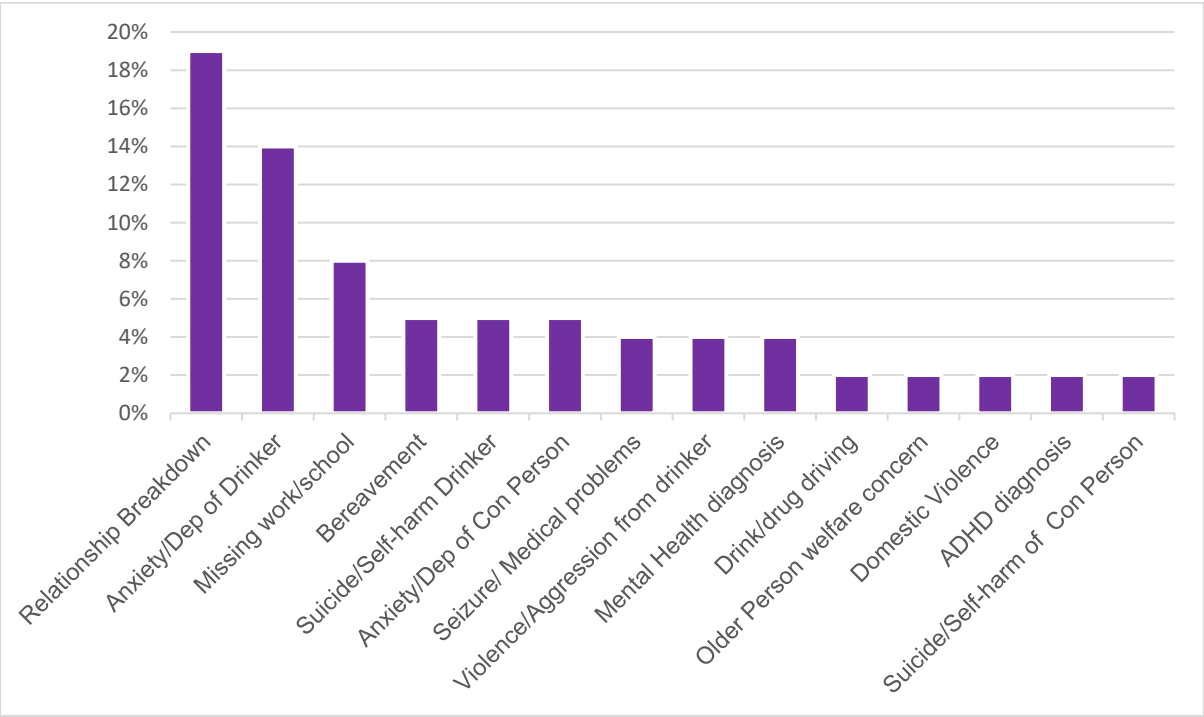
notable difference in age groups for male drinkers although lower for those aged 16-20years and 46-50years. As in 2024, we again note for all ages but 61-70yrs, there are more concerns about women than men.

*Figure 8. Alcohol users by gender and age, 2025 N=1506*




We noted psychosocial issues for 47% (1529) of alcohol contacts in 2025. *Figure 9*. below details the most common issues for people who also have alcohol issues.
In this, we can see the most common issue is Relationship Breakdown, followed by Anxiety/Depression of the drinker and then Missing work or school.

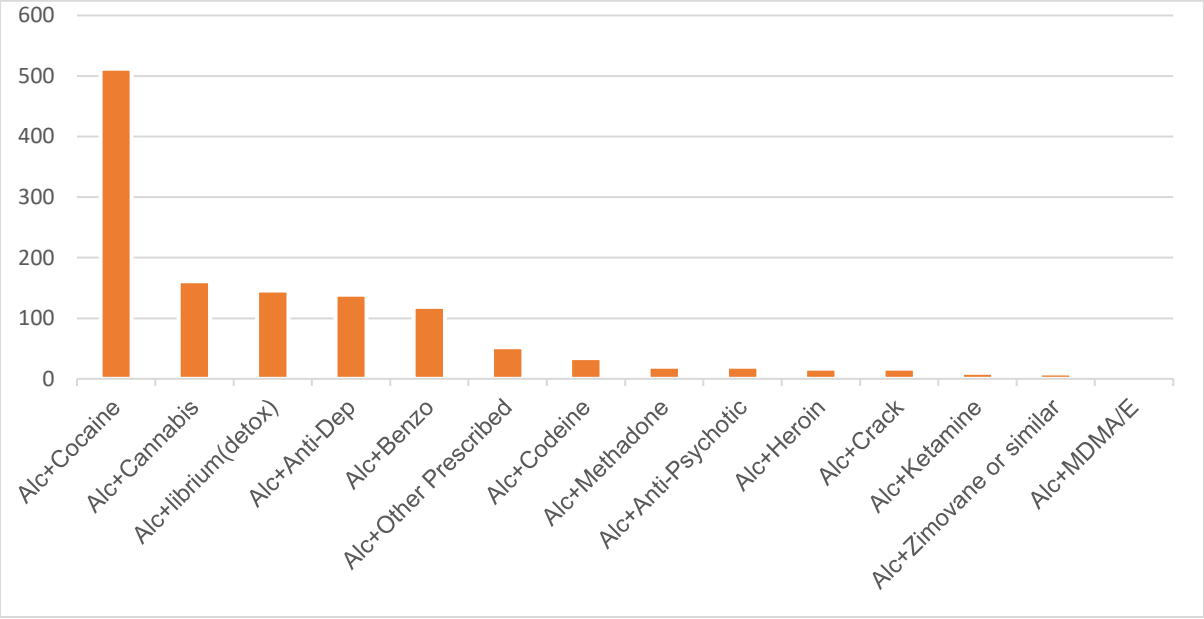
*Figure 9. Psychosocial issues mentioned during Alcohol calls & emails, 2025 (N=1529)*



## 9.5 Alcohol in combination with other drugs

Almost one quarter (1420, 24%) of all addiction contacts referred to using more than one drug (Poly Drug Use). We note that 512(16%) of alcohol contacts were using both alcohol and cocaine; 161(5%) were using alcohol and cannabis; 139(4%) referred to taking alcohol and an anti-depressant; 119(4%) were using alcohol and a benzodiazepine (whilst separately 146(4%) were taking librium for alcohol detox).

*Figure 10. Substances used alongside alcohol as mentioned in contacts in 2025*




There was a 528% increase in alcohol contacts from 2015 to 2025 and a 525% increase in cocaine contacts in the same period. It is therefore not surprising that there was a 574% increase in combined alcohol and cocaine use from 2015 to 2025. *Figure 11.* illustrates that trend and though there was a reduction in 2024(474), the number increased again in 2025(512).

*Figure 11. Number of contacts regarding combined alcohol & cocaine use 2015 to 2025*

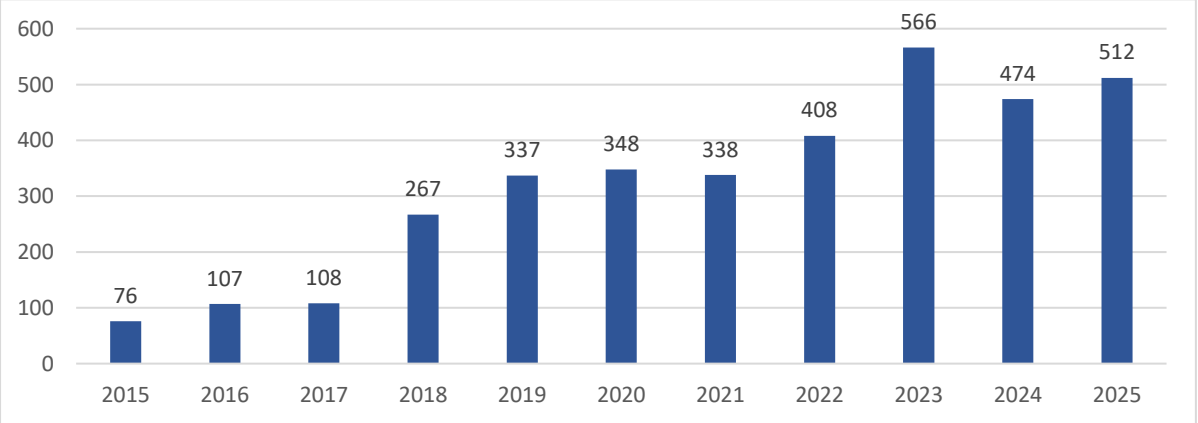


*Table 3*. illustrates the gender breakdown of all combined alcohol and cocaine contacts in 2025. We can see that there were more males than females referred to in Helpline contacts about alcohol and cocaine use (a ratio of 1: 4.7). This is an increase on the ratio from 2024 which was 1: 3.7)

*Table 3: Combined alcohol and cocaine users gender breakdown 2025*

| | **All combined alcohol & cocaine use contacts** | **Female users** | **Male users** | **Unknown gender/blank** |
|---|---|---|---|---|
| **2025** | 512 | 86 (17%) | 412 (80%) | 14 (3%) |

## 9.6 Cocaine

A cocaine contact is one where cocaine use was mentioned. Crack cocaine is excluded from this section and is reported elsewhere in the document (10.11). Cocaine use can be as part of a poly drug use pattern or just cocaine use alone. 42% of cocaine use also involved alcohol use, highlighting again the strong connection between alcohol and cocaine use. There was a very similar number of cocaine contacts in 2025, compared with 2024. Cocaine featured in 21% of all addiction contacts in 2025.

*Figure 12: Cocaine contacts, 2015-2025*

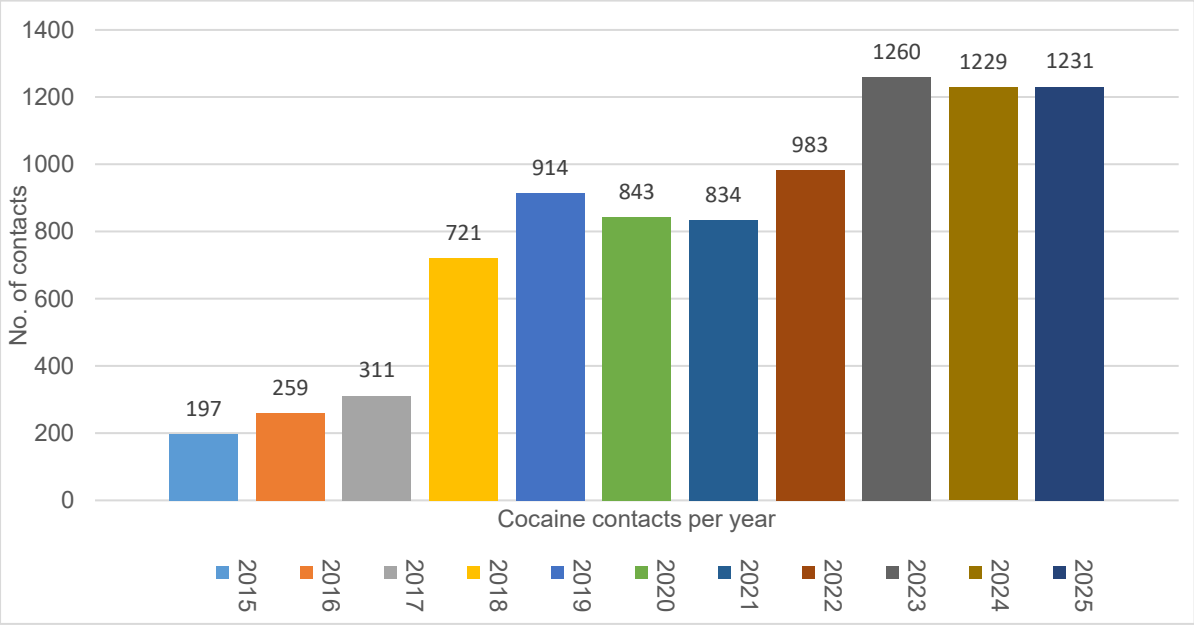



*Table 4.* illustrates the gender breakdown of all cocaine contacts in 2025. As before, males than females referred to (a ratio of 1: 4.7) in Helpline contacts about cocaine in 2025. This is an increase as the ratio in 2024 was 1: 4.4)

*Table 4: Cocaine users gender breakdown 2025*

| | **All cocaine contacts** | **Female users** | **Male users** | **Unknown gender /blank** |
|---|---|---|---|---|
| **2025** | 1231 | 207 (16%) | 985 (80%) | 34 (3%) |

We have information on the age of cocaine users for 47% of contacts. *Figure 13.* illustrates that in 2024 most concern about cocaine was expressed about or by 21-30yr olds, followed by 31-40yr olds. In 2025, the number of 21-30yr olds has reduced but the number of 31-40yr olds and over 40yr olds increased. This appears to show a

reduction in the younger group(<30yrs) and an increase in the older age group(>31yrs).

*Figure 13. Age of substance user (cocaine) 2024 and 2025 (where age is known)*

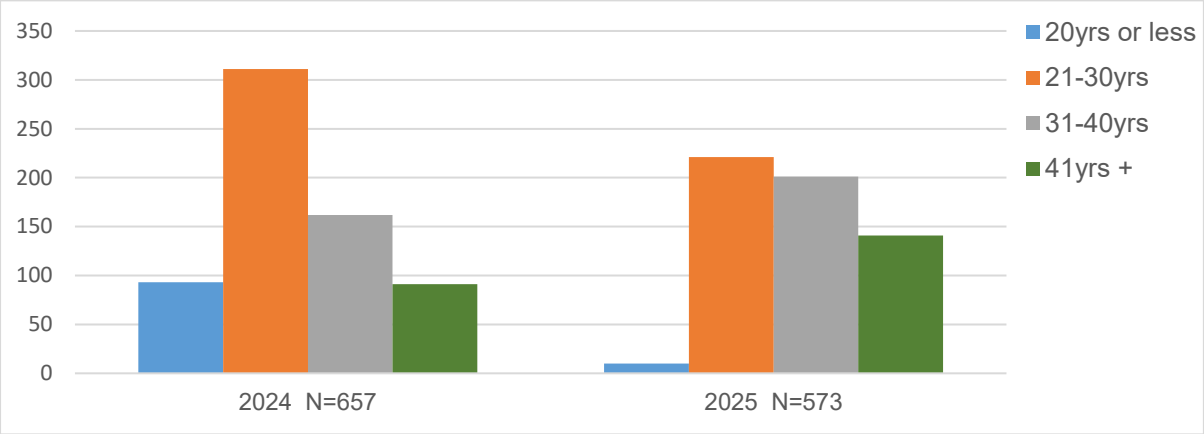
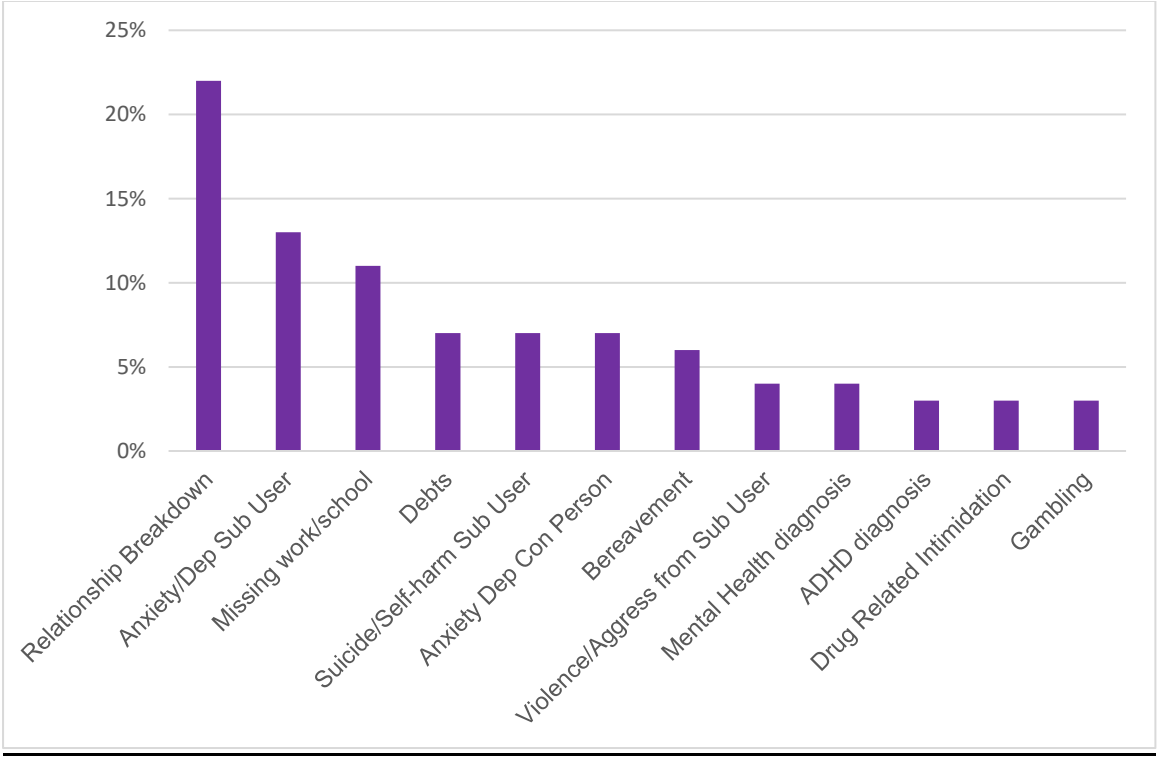



*Figure 14.* illustrates the issues that are presenting alongside cocaine use where the information is available, which represents 47% of the total cocaine contacts. Of note is that *Relationship Breakdown* and *Anxiety and/or Depression* are most common, followed by *Missing work/ school*. A total of 155 contacts in 2025 mentioned either *Debts* or *Drug-related intimidation* and 68% (106) of those mentioned that it was due to cocaine use.

*Figure 14. Cocaine users psychosocial issues, 2025 (N=1231)*



## 9.7 Cannabis

There were 591 contacts in relation to cannabis in 2025, therefore there was a 59% increase in contacts from 2015 to 2025 cannabis featured in 10% of all addiction contacts in 2025.

*Figure 15. Cannabis contacts 2015- 2025*

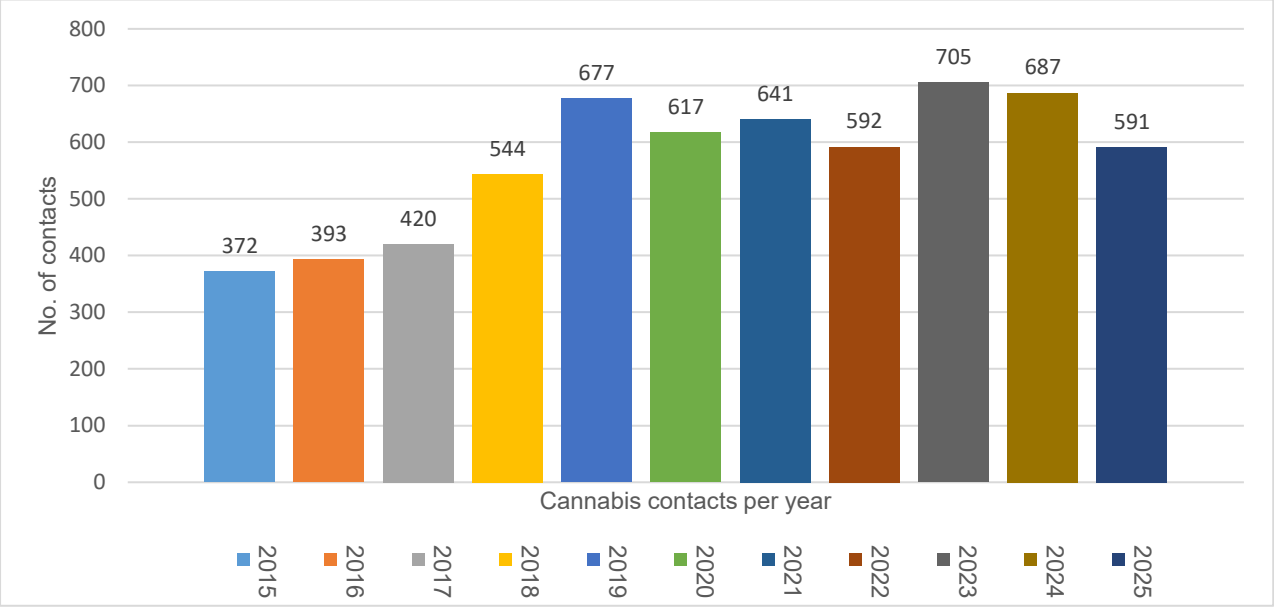



*Table 5.* illustrates the gender breakdown of all cannabis contacts in 2025. We can see that there were more males than females were referred to (a ratio of 1: 3.8)

*Table 5: Cannabis users gender breakdown 2025*

| | **All cannabis contacts** | **Female users** | **Male users** | **Unknown gender/blank** |
|---|---|---|---|---|
| **2025** | 591 | 116 (20%) | 443 (75%) | 30 (5%) |

We have data on the age of the substance user for 395 (67%) of the 2025 cannabis contacts. *Figure 16*. illustrates that the highest proportion of contacts about cannabis in 2025 use were aged 21-30years.

*Figure 16. Age of substance user (cannabis) 2024 and 2025, (where age is known)*

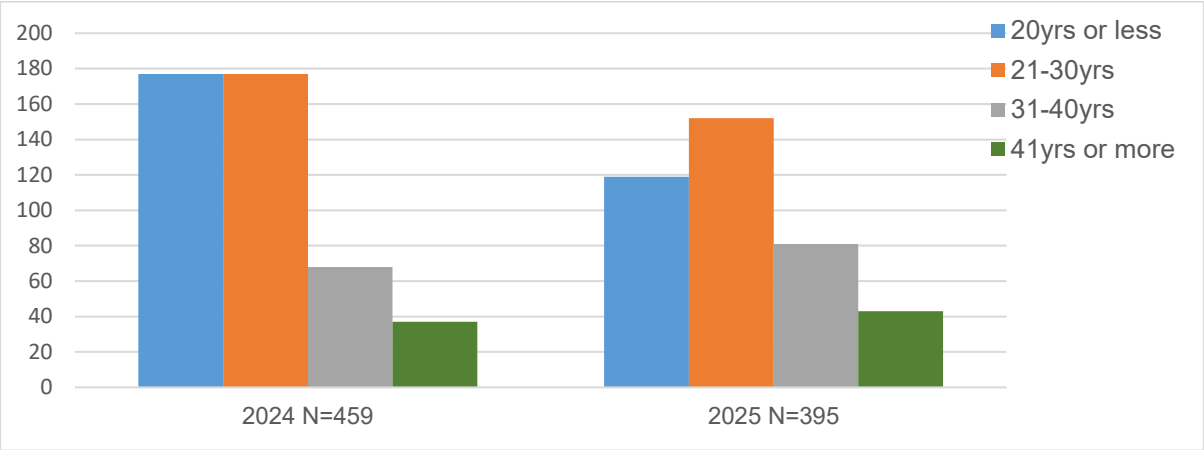
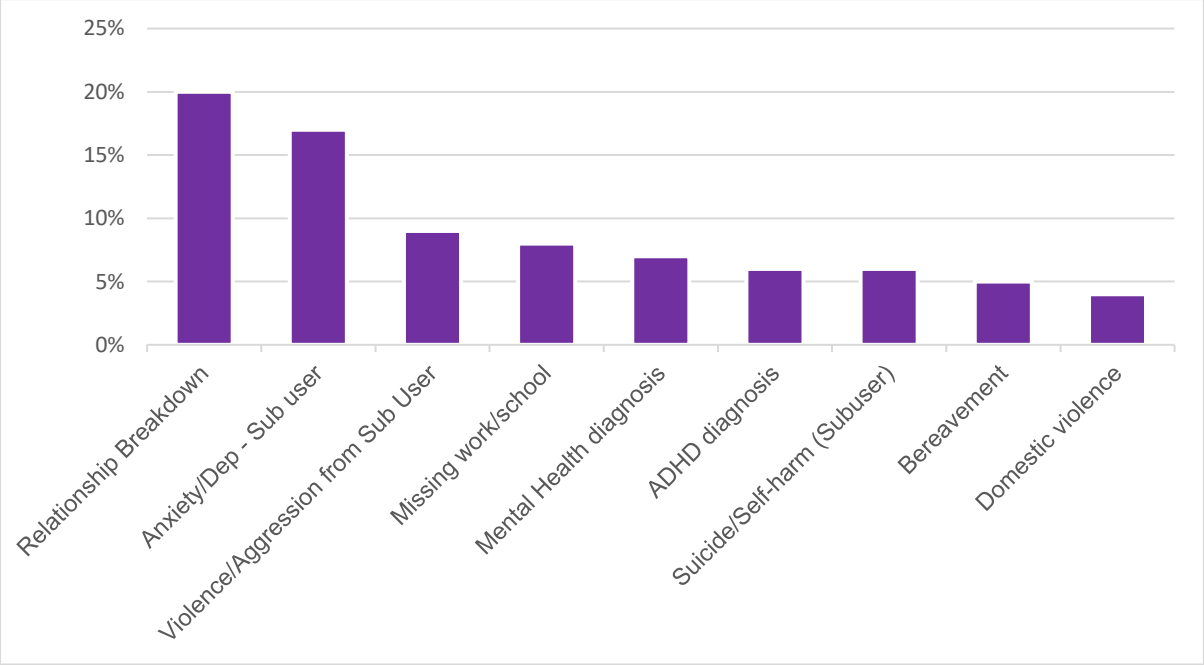



*Figure 17.* illustrates the issues that are presenting alongside cannabis use. Of note here is how often *Relationship Breakdown* and *Anxiety/ Depression of the Substance User* feature but also how *Violence/Aggression from Substance User* feature more prominently (9%) than for other substances

*Figure 17. Cannabis users psychosocial issues N=591*



## 9.8 Benzodiazepines

Benzodiazepines accounted for 5% of all contacts in 2025. The figures for Regular/ Ongoing Benzodiazepine refer to both 'street benzos' and prescribed benzodiazepines. We noted an 11% decrease in contacts in 2025, compared with 2024.

Figure 18. below illustrates the trend in benzodiazepine contacts with the Helpline 2015 to 2025. From 2023, we have not included benzodiazepine use as part of alcohol detox in these figures.

*Figure 18. Benzodiazepine contacts 2015-2025*

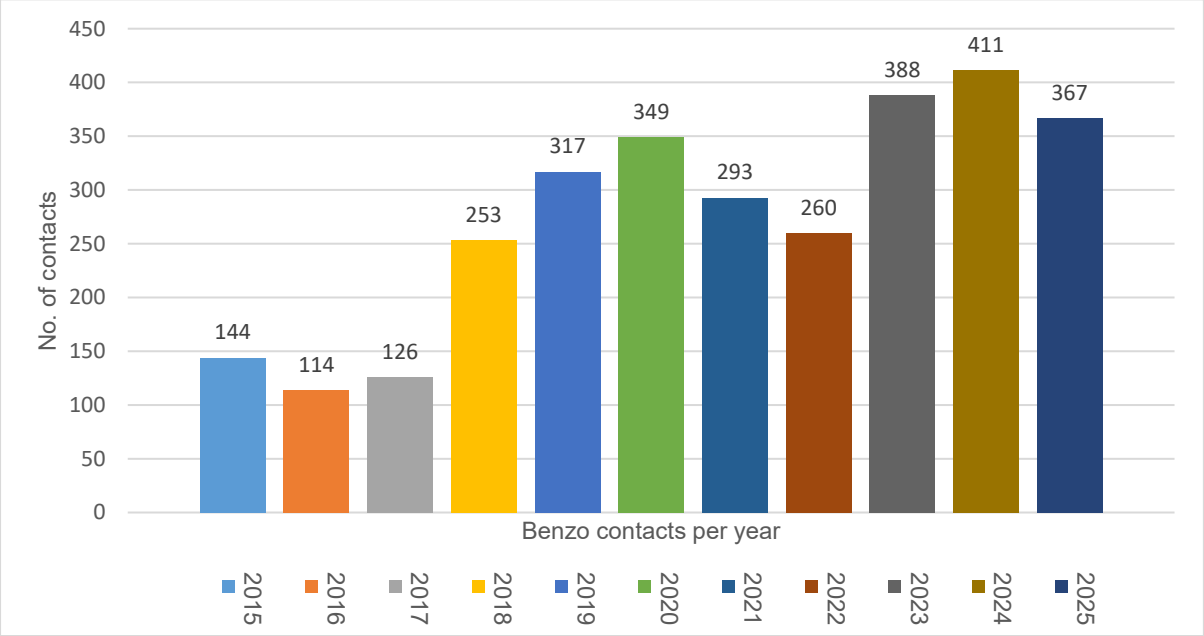


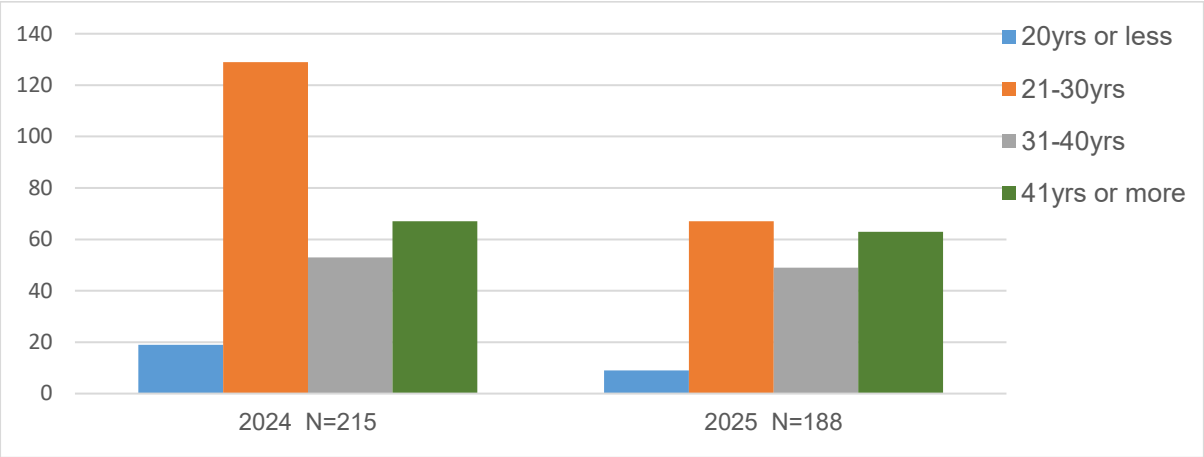

*Table 6.* illustrates the gender breakdown of all benzodiazepine contacts in 2025. There were more males than females were referred to (a ratio of 1: 2.5)

*Table 6. Benzodiazepine users gender breakdown 2025*

| | All benzo contacts | Female users | Male users | Unknown gender/blank |
|---|---|---|---|---|
| **2025** | 367 | 99 (27%) | 248 (68%) | 20 (5%) |

The age of the benzodiazepine user was known for 51%(188) of helpline contacts in 2025. *Figure 19.* illustrates that 60% of contacts, where the age was known, were aged 31yrs and over in 2025 and there were similar numbers in 2024. There was however, a notable decrease in the number of people aged 21-30yrs (48% of contacts where age was known in 2024 and 36% of contacts where age was known in 2025).

*Figure 19. Age of substance user (benzodiazepines) 2024 and 2025*




There were more males than females referred to regarding benzodiazepine use (a 1: 2.5 ratio) in 2025. Also there were more males aged 21-25 and 26-30years referred to than other ages.

*Figure 20. Number of benzodiazepine contacts by gender and age (where information is kncwn) in 2025 (N=188)*

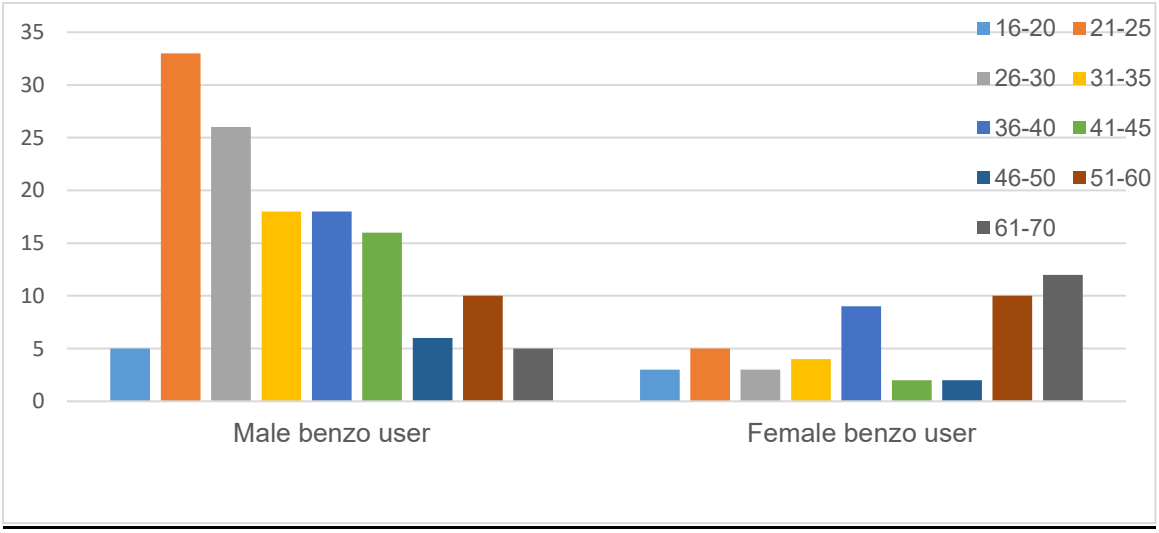
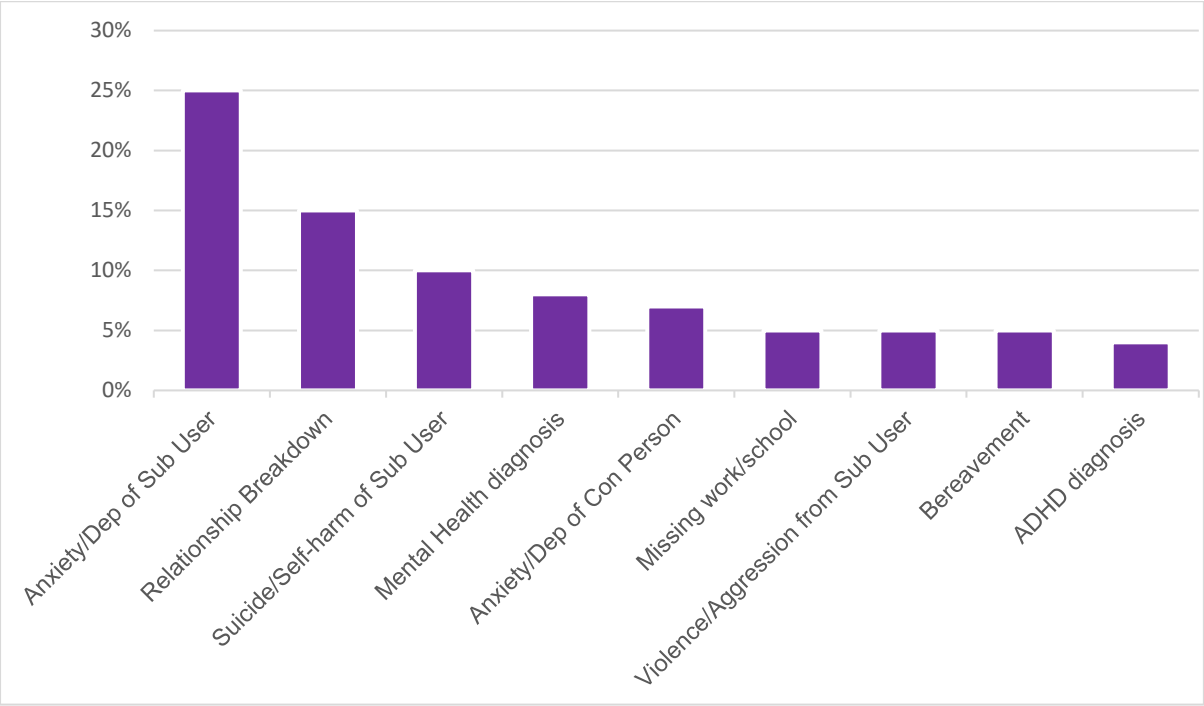



*Figure 21.* illustrates the psychosocial issues that are presenting alongside benzodiazepine use. Of note here is that *Anxiety and/or Depression* and *Relationship breakdown* are most mentioned issues, followed by Suicide/ self-harm of the Substance user.

*Figure 21. Psychosocial issues mentioned alongside benzodiazepine use in 2025 N=367*


30%
25%
20%
15%
10%
5%
0%
Anxiety/Dep of Sub User
Relationship Breakdown
Suicide/Self-harm of Sub User
Mental Health diagnosis
Anxiety/Dep of Con Person
Missing work/school
Violence/Aggression from Sub User
Bereavement
ADHD diagnosis

## 9.9 Opioids

Heroin, methadone and codeine are the most referred to opioids in contacts to the Helpline. Opioids featured in (491) 8% of all contacts in 2025. From *Figure 22*. we can see that between 2015 and 2025 there have been changes in the nature of opioid contacts with the Helpline. Contacts mentioning Heroin decreased by 23% from 2015(158) to 2025(122). In the same period, contacts mentioning methadone increased by 78% from 2015 (86) to 2025 (153); contacts mentioning codeine increased by 104% from 2015 (53) to 2025 (108) and contacts mentioning Other opioids increased by 248% from 2015 (31) to 2025 (108). These other opioids included tramadol; oxycodone; suboxone; morphine and buprenorphine.

*Figure 22. Opioid contacts 2015-2025*

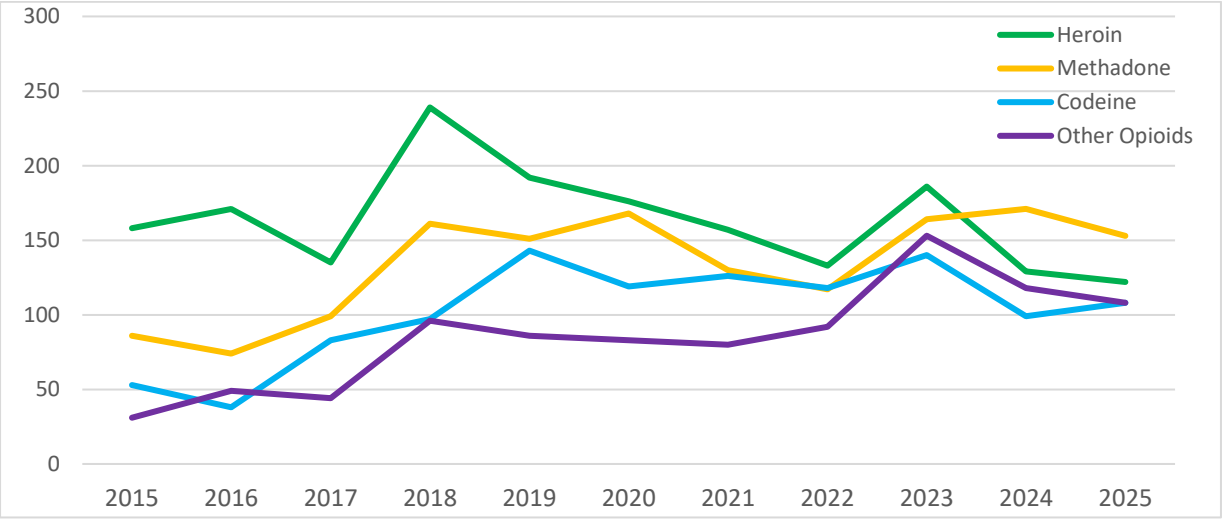



*Table 7.* illustrates the gender breakdown of all opioid use mentioned in 2025. We can see that the gender breakdown will vary according to which opioid is being used. With codeine there are more women than men using (a ratio of 1.4: 1) unlike other opioids such as methadone (1: 2.3); heroin; (1:2.9) and other opioids (1:1.2)

*Table 7: Opioid users gender breakdown 2025*

| All Opioid mentions | Female users | Male users | Unknown gender/blank |
|---|---|---|---|
| **Heroin (122)** | 29 (24%) | 86 (70%) | 7 (6%) |
| **Methadone (153)** | 42 (27%) | 98 (64%) | 13 (8%) |
| **Codeine (108)** | 59 (55%) | 43 (40%) | 6 (5%) |
| **Other Opioids (108)** | 47 (43%) | 58 (54%) | 3 (3%) |
| **Total Opioids (491)** | **177 (36%)** | **285 (58%)** | **29 (6%)** |

*Figure 23.* illustrates that the highest proportion of people referred to about their heroin or methadone use were aged 41yrs or more (43% of those where the age was known). Similarly, *Figure 24*. shows that it is similar to codeine users (56% of those where the age was known).

*Figure 23. Age of substance user (heroin or methadone) 2025 N=233, (age known for 82 contacts).*

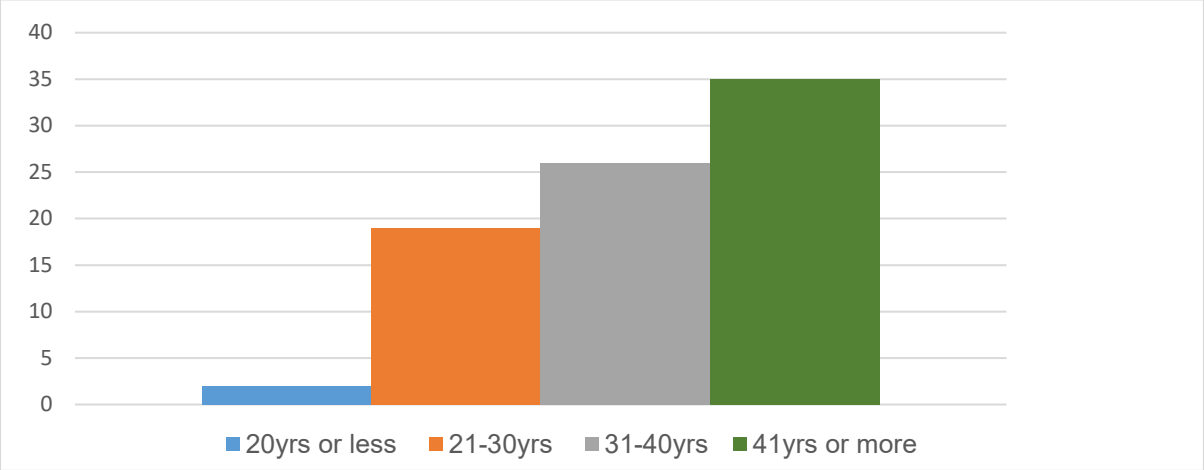
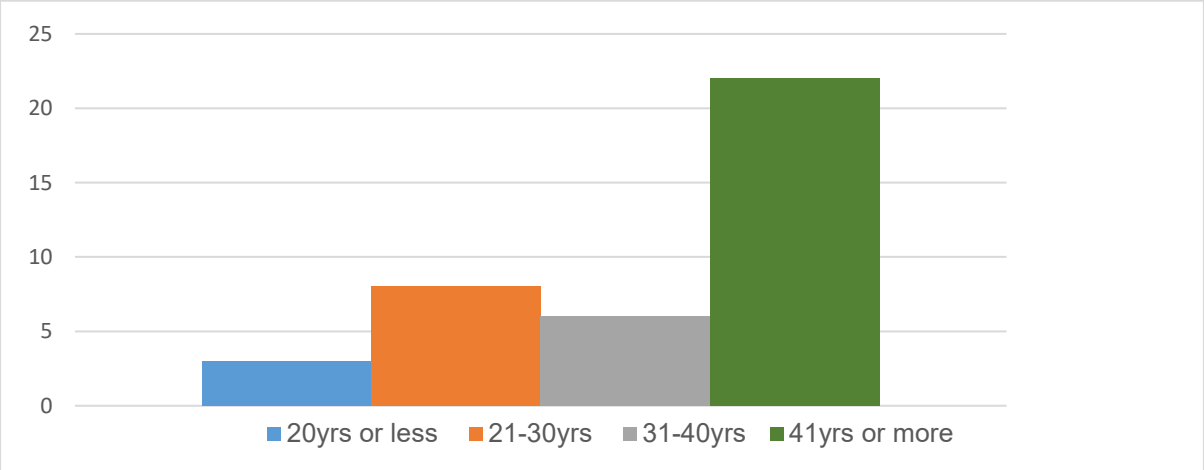



*Figure 24. Age of substance user (codeine) in 2025 N=108, (age known for 39 contacts)*



## 9.10 Cannabis-like substances: THC products and Synthetic / semi-synthetic cannabinoids

In recent years the Helpline has received calls and emails in relation to cannabis-like substances. Often a person will mention vaping, gummies or edibles but not what exact substance is being consumed (as the person calling us is not always the user), therefore the figures here are where the name of the substance was revealed.

While THC is a naturally occurring cannabinoid in cannabis, we have opted to include it in this section as national and international research indicates that many or most vape and gummie products sold as 'THC' contain synthetic cannabinoids.

Though they still are in much lower numbers than other drugs mentioned referred to on the Helpline, there was a 16-fold increase in synthetic cannabinoid contacts from 2023 to 2025. 21% of synthetic/semi synthetic cannabinoid contacts in 2025, referred to also using cannabis.

In 2023, there were 17 Helpline contacts referring to THC products use and 6 referring to synthetic or semi synthetic cannabinoid use. In 2024, there were 30 Helpline contacts referring to THC use and 27 contacts referring to synthetic or semi synthetic cannabinoid use and in 2025, there were 28 Helpline contacts referring to THC use and 98 contacts referring to synthetic or semi synthetic cannabinoid use. 78% of synthetic cannabinoids contacts were about HHC.

*Table 8: Contacts relating to THC, synthetic/semi synthetic cannabinoids 2025*

| | **THC products** | **Synthetic Cannabinoids** (not Spice) | **HHC** | **Spice** | **Gummies / Jellies** (drug not named) | **Edibles** (drug not named) |
|---|---|---|---|---|---|---|
| **2025** | 28 | 88 | 68 | 10 | 6 | 3 |

Below is the gender breakdown for those using THC products (where gender is known). Of note here is the ratio of 1: 2.3 (female: male)

*Table 9. THC users gender breakdown 2025 N=28*

| | **Female users** | **Male users** | **Unknown gender/blank** |
|---|---|---|---|
| **2025** | 8 (29%) | 18 (64%) | 2 (4%) |

For synthetic and semi-synthetic cannabinoid users we note a gender ratio of 1:3 (female: male).

*Table 10. Synthetic / semi-synthetic cannabinoid users gender breakdown 2025 N=95*

| | **Female users** | **Male users** | **Unknown gender/blank** |
|---|---|---|---|
| **2025** | 20 (21%) | 62 (65%) | 13 (14%) |

Below is a breakdown of age groups using either THC products or synthetic / semi-synthetic cannabinoids as referred to in 2025. In cases where age of user was known, 72% were under 21 years old.

*Table 11. THC, synthetic/ semi-synthetic cannabinoid users age breakdown 2025 N=123*

| | **0-15 yrs** | **16-20yrs** | **21-25yrs** | **26-30yrs** | **31-50yrs** | **Age Unknown** |
|---|---|---|---|---|---|---|
| **2025** | 20 (16%) | 40 (33%) | 14 (11%) | 4 (3%) | 5 (4%) | 40 (33%) |

The following themes were noted in connection with Helpline contacts about THC or synthetic/semi-synthetic cannabinoids in 2025:

*Table 12. Themes in contacts about THC and synthetic/ semi-synthetic cannabinoids 2025 N=123*

| **Presenting scenario** | |
|---|---|
| Seeking treatment | 57 (46%) |
| Seeking medical advice or struggling with withdrawals | 41 (33%) |
| Had already attended a doctor or hospital | 19 (15%) |
| A concerned person preparing to confront the substance user | 20 (16%) |
| Had a legal query | 9 (7%) |
| **Substance Users Psychosocial issues** | |
| Experiencing Anxiety/Depression | 18 (15%) |
| Had attended a Psychiatrist/ Mental health support service | 17 (14%) |
| Had previously attended a counsellor | 13 (11%) |
| Diagnosed ADD/ ADHD | 13 (11%) |
| Substance user being violent or aggressive | 12 (10%) |
| Had a prior mental health diagnosis | 8 (7%) |
| Substance user feeling suicidal or engaging in Self-harm | 5 (4%) |

## 9.11 Crack

There were 91 contacts that referred to crack use in 2025. 75% of people who mentioned using crack were also using another substance or alcohol.

37% (34) of helpline contacts using crack were also using heroin; 26% (24) were using crack and cocaine; 25% were using crack and methadone; 18% (17) were using crack and alcohol. 17.5% (16) were using crack and a benzodiazepine.

*Figure 25. Helpline contacts referring to crack use 2015 to 2025*

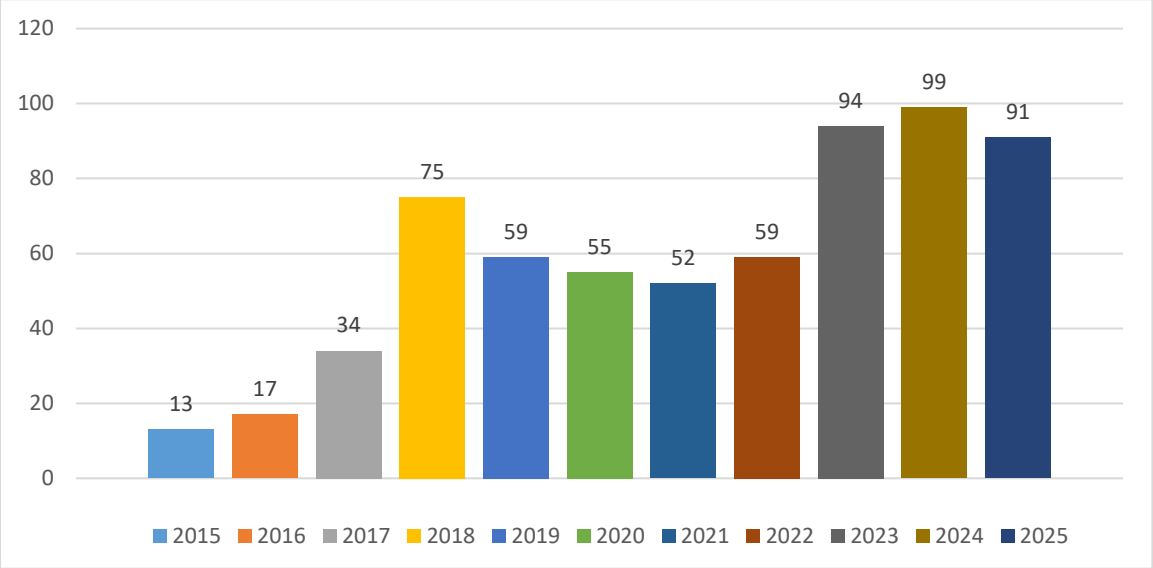



*Table 13.* illustrates the gender breakdown of all crack contacts in 2025. We can see that there were more males than females were referred to (a ratio of 1: 1.75).

*Table 13. Crack users gender breakdown 2025 N=91*

| | **All Crack** | **Female users** | **Male users** | **Unknown gender/blank** |
|---|---|---|---|---|
| **2025** | 91 | 32 (35%) | 56 (62%) | 3 (3%) |

The aged of the crack user is known in 49% (45) of the contacts. *Figure 26.* below illustrates how there were fewer younger crack users (aged 0-30years) referred to in crack contacts in 2025 than in 2024 and there was a small increase in the older age group (from age 31years upwards)

*Figure 26. Age of crack user (when known) 2024 and 2025.*

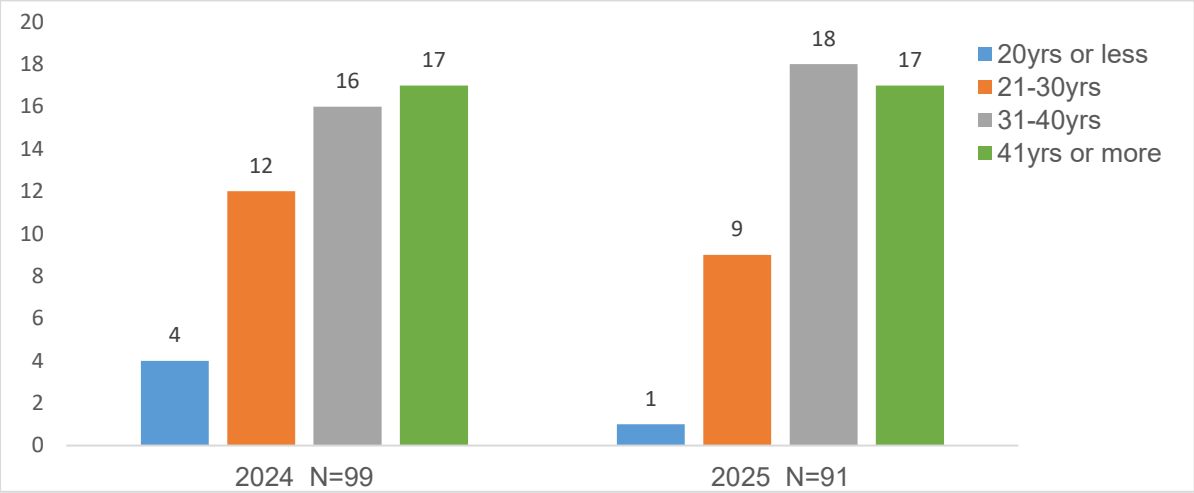
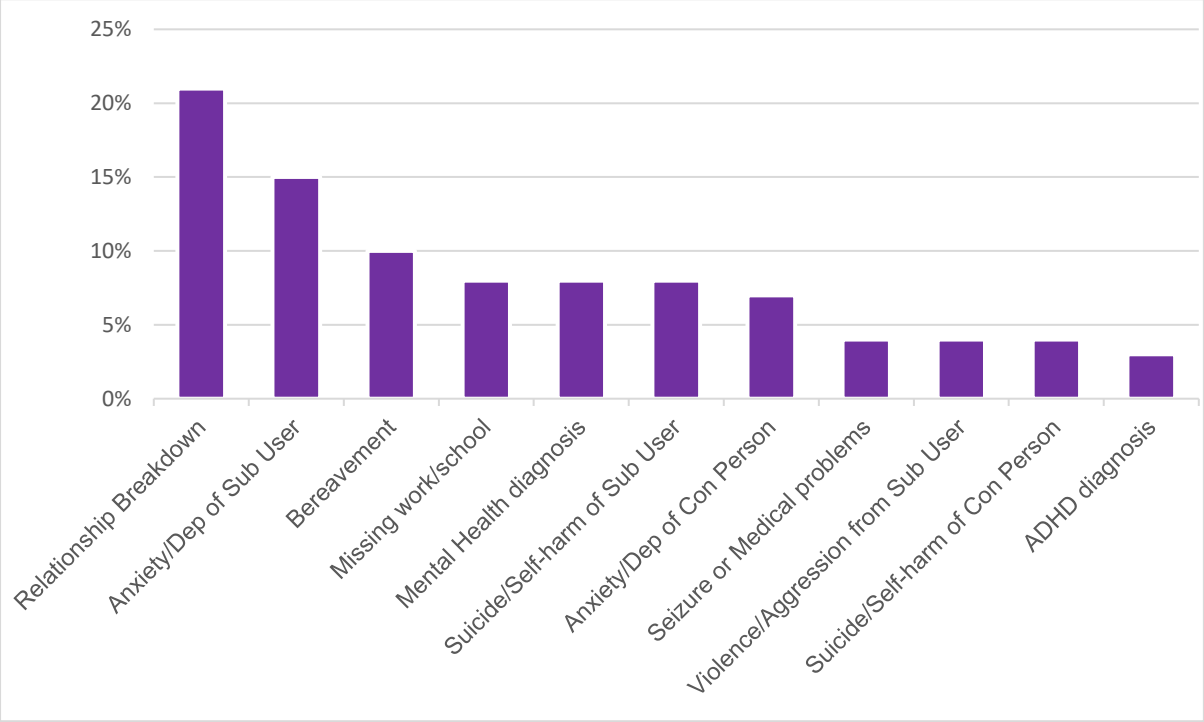



*Figure 27.* illustrates the psychosocial issues that were referred to alongside crack use. Of note here is that Relationship Breakdown is the most referred to psychosocial issues and then *Anxiety and/or Depression* of the substance user. Bereavement is the third most common issue referred to.

*Figure 27. Psychosocial issues mentioned alongside crack use in 2025 N=91*



## 9.12 Ketamine

There were 77 contacts that referred to ketamine use in 2025. 61% (47) of the ketamine contacts referred to using another substance or alcohol, in particular: 26% (20) referred to ketamine and cocaine use. 21% (16) referred to ketamine and cannabis use; 21% referred to ketamine and benzodiazepine use and 13% (10) referred to ketamine and alcohol use.

*Figure 28.* below illustrates the trend in ketamine contacts with the Helpline 2015 to 2025.

*Figure 28. Helpline contacts referring to ketamine use 2015 to 2025*

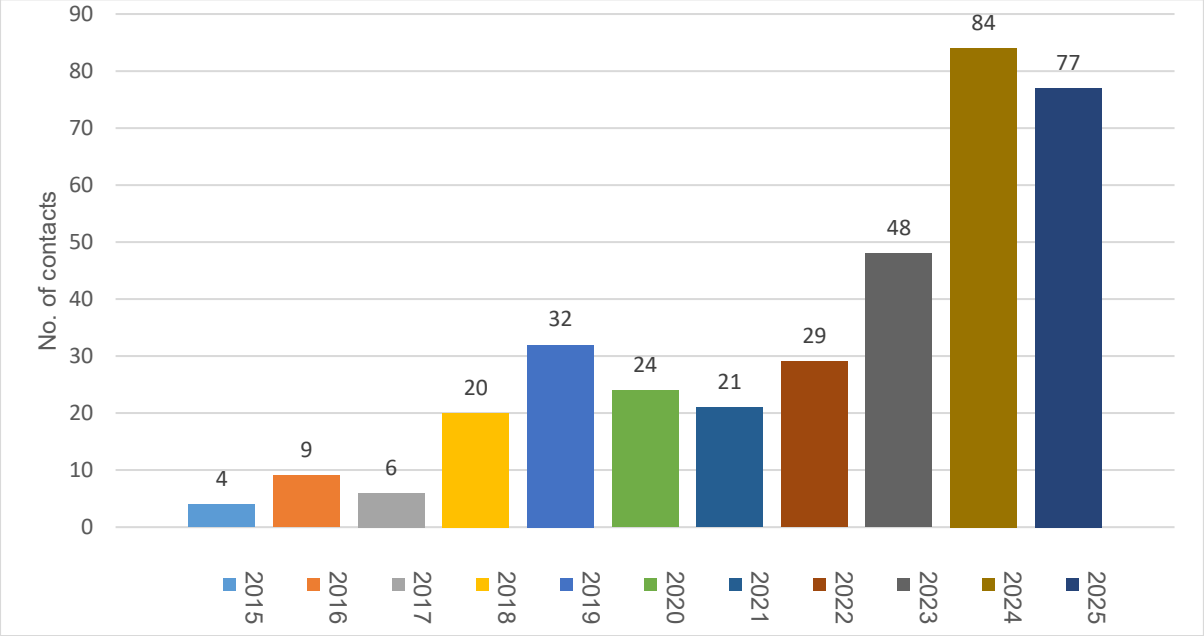



*Table 14.* illustrates the gender breakdown of all ketamine contacts in 2025. There were more males than females noted: a ratio of 1: 4

*Table 14. Ketamine users gender breakdown 2025 N=77*

| | All Ketamine | Female users | Male users | Unknown gender/blank |
|---|---|---|---|---|
| **2025** | 77 | 14(18%) | 56 (73%) | 7 (9%) |

The age of the Ketamine user is known for 62% of the contacts in 2025. *Figure 29.* illustrates, when the age of the person using is known, the number of ketamine concerns being discussed were similar from 2024 to 2025. There was a small decrease in the number of contacts from/about people aged under 20yrs and small

increases in contacts from/about people aged 21-40yrs. Of note here is that there were no contacts in 2024 where the age was given as being over 41yrs and just 1 in 2025.

*Figure 29. Age of substance user (Ketamine) 2024 and 2025, (where age is known)*

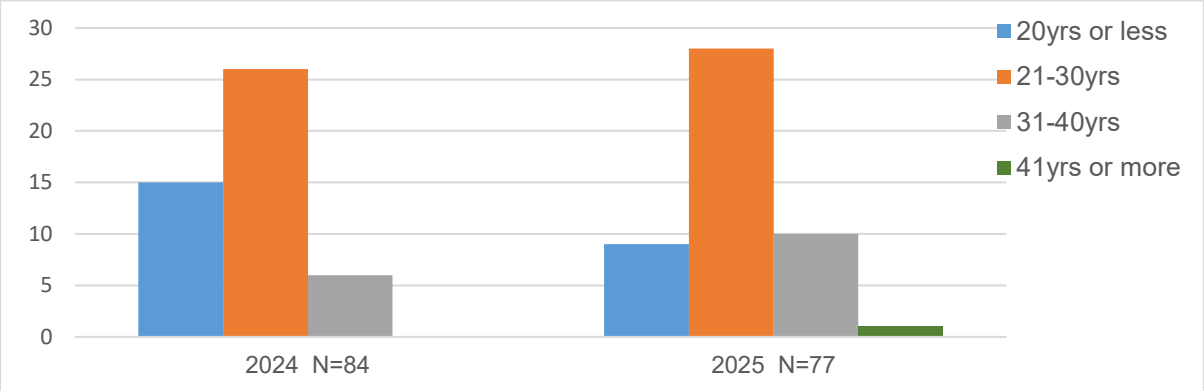
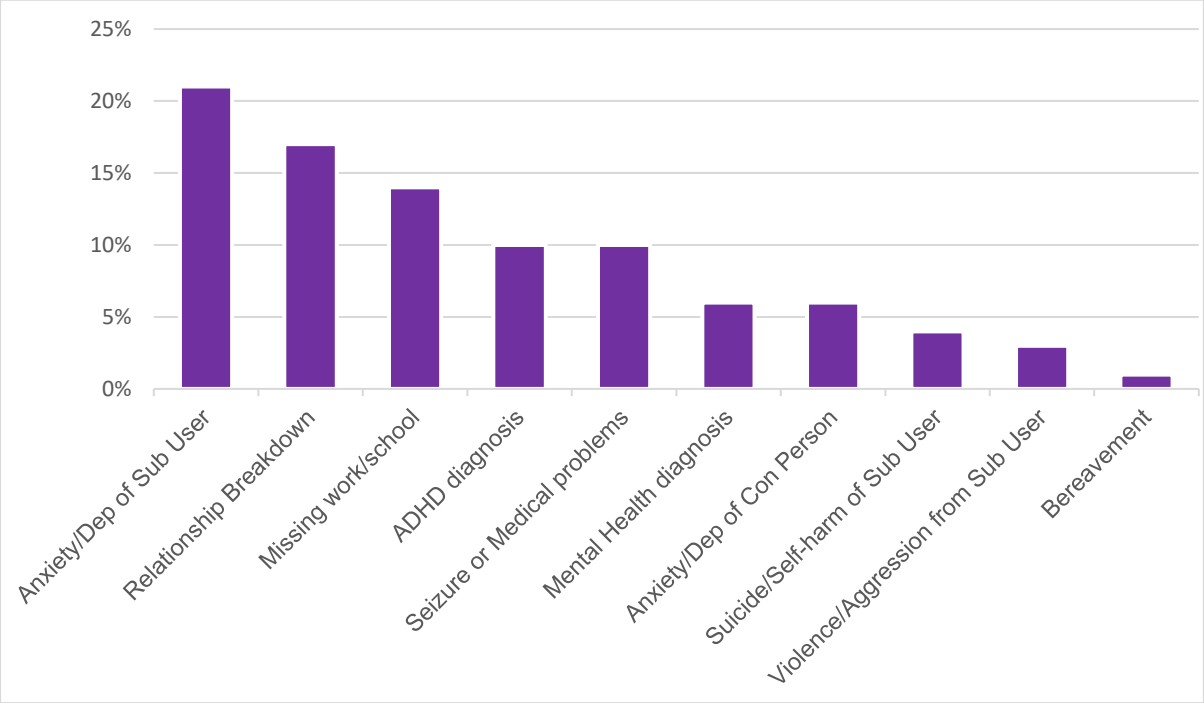



*Figure 30.* illustrates the psychosocial issues that are presenting alongside ketamine use. Of note here is that *Anxiety and/or Depression* and *Relationship breakdown* are most mentioned issues, followed by *Missing work/school.*

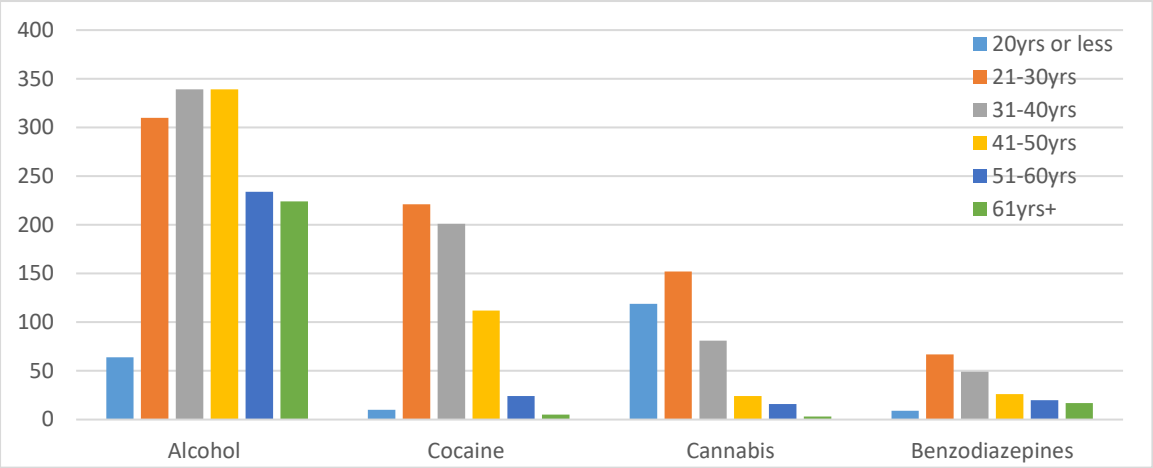
*Figure 30. Psychosocial issues mentioned alongside ketamine use in 2025 N=77*



## 9.13 Age of substance users

We have full data on the ages of the substance user and the substances being used for 2455 (37%) of all contacts in 2025. Earlier in this report we detailed the age and gender on each of the main drugs being used. *Figure 31.* looks at the four top substances being discussed in 2025 and the ages of those using those substances, side by side for comparison. We already know that we get most contacts about alcohol cocaine, cannabis and benzodiazepines but can see from this graph that certain age groups feature more prominently depending on the substance being used.

*Figure 31. Age of substance user and drug being used in 2025*



## 9.14 Young people

A young person is a person aged 20years or under. There were 320 contacts from or about a young persons' substance use in 2025. There were 268, 3rd party contacts concerning a <20yr olds in 2025. Also, there were 52, <20yr olds who got in touch about their own substance use.

*Table 15.* 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. Of note here is now different the perspective and concerns are from a parents point of view.

*Table 15: Contacts about young people compared with contacts from young people, 2025*

| | From a young person about themselves (0-20yr olds) N=52 | About a young person (0-20yr olds) N=268 |
|---|---|---|
| Gender of the person of concern | | |
| Female | 38% | 24% |
| Male | 56% | 74% |
| Topics/issues mentioned(some will mention more than one) | | |
| Seeking treatment | 52% | 56% |
| Medical Question | 37% | 4% |
| Withdrawals | 19% | 3% |
| Cost of treatment / Tier 4 query | 6% | 9% |
| Binge Drinking/drugging | 6% | 5% |
| ADD/ADHD diagnosis or similar | 6% | 9% |
| Violence / Aggression (Substance User) | 4% | 12% |
| Suicide/ Self-harm (Substance User) | 4% | 6% |
| Seizures/ Medical problems | 4% | 1% |
| Anxiety/Depression (Substance User) | 3% | 10% |
| Sleep Problems | 2% | 3% |
| Relationship breakdown | 2% | 21%* |
| Relapse | 2% | 2% |
| Missing work/school | 0 | 7% |
| Drug-related intimidation | 0 | 2% |
| Bereavement | 0 | 4% |

**This includes relationship breakdown in the home, not necessarily a relationship of the substance user.*

### 9.15 Co-occurring substance use and mental health issues

In 2025, 27% (1598*) of all addiction contacts referenced a mental health issue along with their substance use issue. As Helpline contacts are not surveyed, this information is only available if it emerges in the call/email naturally.

We noted the following when looking at all addiction contacts:

- 12% (704) mentioned anxiety and/or depression of a substance user and 4% (261) mentioned anxiety and/or depression of a concerned person.
- 4% (217) mentioned having a mental health diagnosis
- 4% (250) mentioned suicide or self-harm of a substance user and 1% (78) mentioned suicide or self-harm of a concerned person.
- 6% (347) mentioned having previously linked with a psychiatrist or mental health service
- 4% (253) are on an anti-depressant or anti-psychotic or hypnotic medication.
- 2% (137) mentioned that they were diagnosed with ADD/ADHD or another neuro developmental disorder. Of these, 43% (59) were using alcohol; 31% (43) were using cocaine and 30% (41) talked about using cannabis; 11% (15) were using benzodiazepines; 9% (12) were using synthetic / semi synthetic cannabinoids and 7% (10) were using ketamine and 7% (10) were on anti-depressants.

**All Helpline contacts regarding mental health issues were cross-referenced so there was no duplication in reaching this figure*.

## 9.16 Psychosocial Issues

Psychosocial issues were examined earlier in this report for each of the main drugs *Table 16.* looks at the *psychosocial Issues* mentioned across all contacts in 2025 and as with previous years, Anxiety/ Depression is the most mentioned issue, with Relationship breakdown as the second most mentioned issue.
Given the increase in cocaine contacts its noteworthy 68% of those that mentioned either debts or Drug-related intimidation in 2025 said that it was due to cocaine use.

Where the information was available, more contacts referred to violence and/or aggression in connection with cannabis use (9% of cannabis contacts) and synthetic cannabinoid use (10% of synthetic cannabinoid contacts) than for other substances (under 5%)

*Table 16: Psychosocial Issues mentioned in contacts in 2025*

| All Psychosocial Impacts mentioned | 2025 |
|---|---|
| Anxiety/ Depression | 977 |
| Relationship Breakdown | 907 |
| Missing work due to substance use | 387 |
| Suicide/ Self-harm | 330 |
| Aggression/ Violence | 276 |
| Bereavement | 263 |
| Mental Health Diagnosis | 226 |
| ADHD Diagnosis | 127 |
| Debts | 125 |
| Domestic Violence | 101 |
| Drink/Drug driving | 103 |
| Sleep Problems | 51 |
| Drug-related intimidation | 58 |
| Adult Child of Alcoholic or Drug user | 64 |
| Older Person Welfare Concern | 79 |
| Child Welfare Concern | 43 |
| COVID Impacts | 30 |

A ‘Concerned Person’ is usually a partner, parent, sibling, adult child, relative or friend of a person with a substance use issue. *Table 17 and 18* show how psychosocial issues impacts on concerned persons specifically and separately from the substance user.

*Table 17. Psychosocial issues and who they were in relation to in 2025*

| 2025 | Substance User | Concerned Person |
|---|---|---|
| Anxiety / Depression of this person | 716 (11%) | 261 (4%) |
| Suicide / Self Harm issues of this person | 251 (4%) | 79 (1%) |
| Violence/ Aggression from this person | 213 (3%) | 66 (1%) |

*Table 18: Psychosocial issues specifically related to Concerned Persons in 2025*

| Impacts on Concerned persons noted in 2025 | |
|---|---|
| Substance users not interested in getting help | 554 (8%) |
| Anxiety/ Depression of Concerned Person | 261 (4%) |
| Violence/ Aggression from Substance User towards Concerned Person | 213 (3%) |
| Debts | 125 (2%) |
| Suicidal ideation / Self harm of Concerned Person | 79 (1%) |
| Older Person Welfare Concern | 79 (1%) |
| Drug-related intimidation | 58 (1%) |
| Child Welfare Concern | 43 (1%) |

## 9.17 Location

4490 (68%) of Helpline contacts revealed their location in 2025. In addition, 8 contacts were in prison; 57 were homeless with no location given; 53 were outside of Ireland and 55 stated that they were in Dublin/ Kildare/ Wicklow region but did not clarify what part.

There are new Health Regions and *Table 19.* provides more detail of each Health Region comparing contacts from 2024 to 2025. *All Addictions* refers to Alcohol, drug, gambling etc. All Alcohol refers to all mentions of alcohol whether the only substance or part of poly substance use.

*Table 19. Contacts (where location is given) by Health Regions in 2025 N=4490*

| **Health Region** | Counties and areas within this Health Region | **All Contacts** | | **All Addictions** | | **All Alcohol** | |
|---|---|---|---|---|---|---|---|
| | | **2024** | **2025** | **2024** | **2025** | **2024** | **2025** |
| HSE Dublin & Midlands | West Dublin, Kildare, West Wicklow (former CHO7), Laois, Longford, Offaly, Westmeath | 1077 | 1199 | 1049 | 1163 | 572 | 646 |
| HSE Dublin & North East | North Dublin(former CHO9), Louth, Meath, Cavan, Monaghan | 1116 | 1126 | 1088 | 1086 | 649 | 648 |
| HSE Dublin & South East | South Tipp, Kilkenny, Carlow, Wexford, Waterford, East Wicklow & parts of South Dublin(former CHO6) | 849 | 776 | 824 | 742 | 473 | 446 |
| HSE South West | Cork, Kerry | 528 | 513 | 513 | 486 | 315 | 288 |
| HSE West & North West | Donegal, Leitrim, Sligo, Mayo , Galway, Roscommon * | 518 | 494 | 506 | 463 | 335 | 316 |
| HSE Mid-West | North Tipp, Limerick, Clare | 368 | 380 | 354 | 357 | 192 | 203 |

**North Cavan figures included in Dublin & North East region*

*Table 20.* focuses on the most represented areas where both the drug mentioned and the location is known.

*Table 20. Drugs mentioned where location is given, 2025*

| | All Contacts | HSE Dub & Midlands (N=1199) | HSE Dub & North East (N=1126) | HSE Dub & South East (N=776) | HSE South West (N=513) | HSE West & North West (N=474) | HSE Mid-West (N=380) |
|---|---|---|---|---|---|---|---|
| **Alcohol** | 3273 | 646 | 648 | 446 | 288 | 316 | 203 |
| **Cocaine** | 1231 | 310 | 247 | 182 | 126 | 85 | 89 |
| **Cannabis** | 591 | 131 | 125 | 78 | 63 | 47 | 38 |
| **Benzos** | 367 | 77 | 99 | 41 | 28 | 27 | 25 |
| **Anti-Dep** | 201 | 39 | 44 | 29 | 20 | 27 | 12 |
| **Anti-Psy** | 48 | 9 | 15 | 6 | 3 | 4 | 3 |
| **Heroin** | 122 | 37 | 18 | 17 | 11 | 6 | 8 |
| **Methadone** | 153 | 49 | 27 | 19 | 10 | 3 | 8 |
| **Crack** | 91 | 26 | 18 | 7 | 6 | 5 | 4 |
| **Ketamine** | 77 | 18 | 21 | 19 | 3 | 6 | 3 |
| **Codeine** | 108 | 28 | 15 | 10 | 8 | 16 | 8 |
| **Synth Cannabinoids/ Spice** | 98 | 15 | 14 | 12 | 10 | 6 | 5 |
| **Crystal Meth** | 48 | 9 | 11 | 6 | 6 | 6 | 1 |
| **E/MDMA** | 27 | 3 | 3 | 6 | 2 | 2 | 1 |
| **GHB** | 25 | 6 | 7 | 4 | 0 | 0 | 0 |
| **4MMC/Blow** | 13 | 0 | 0 | 13* | 0 | 0 | 0 |

**The 13 contacts referring to Blow/ 4MMC use were all from Co. Wexford.*

## 9.18 Services used previously and signposted to

In 2025, 2336 (35%) of contacts indicated that they had contact with services or supports prior to contacting the Helpline. *Table 21.* gives an outline of what supports had been accessed and what supports the Helpline signposted contacts towards. Some will have accessed supports in the months or years prior to their contact or some might be linked in currently with services. 5944 (89%) of people who contacted our service in 2025, were signposted to at least one service or support option by the Helpline staff. Often multiple support options will be given to contacts. Noteworthy here is that 17% (1096) of all contacts revealed that they had previously spoken with their GP about their concern.

*Table 21. Services used previously compared with services signposted to in 2025 (N=6633)*

| 2025 | % Services used prior to Helpline contact | % Services signposted to by the Helpline |
|---|---|---|
| Callback | - | 49% |
| Peer support groups | 6% | 45% |
| Community Project | 5% | 32% |
| GP | 17% | 26% |
| Day or residential treatment | 7% | 21% |
| Counsellor | 9% | 21% |
| Outreach /RIS Worker | 1% | 13% |
| Internet based resources | - | 13% |
| Psychiatrist/ MH supports | 5% | 3% |
| JLO/ Garda | 1% | 2% |
| Online self-assessment tool | - | 1% |

## 9.19 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 2025, the Helpline dealt with 130 queries in relation to Gambling. 61 (47%) of all gambling contacts mentioned alcohol use and 44 (34%) mentioned cocaine use. 73 (56%) were seeking treatment when they contacted our service; 35 (27%) were enquiring about the cost of residential treatment or specifically seeking information on Tier 4 funding for treatment.

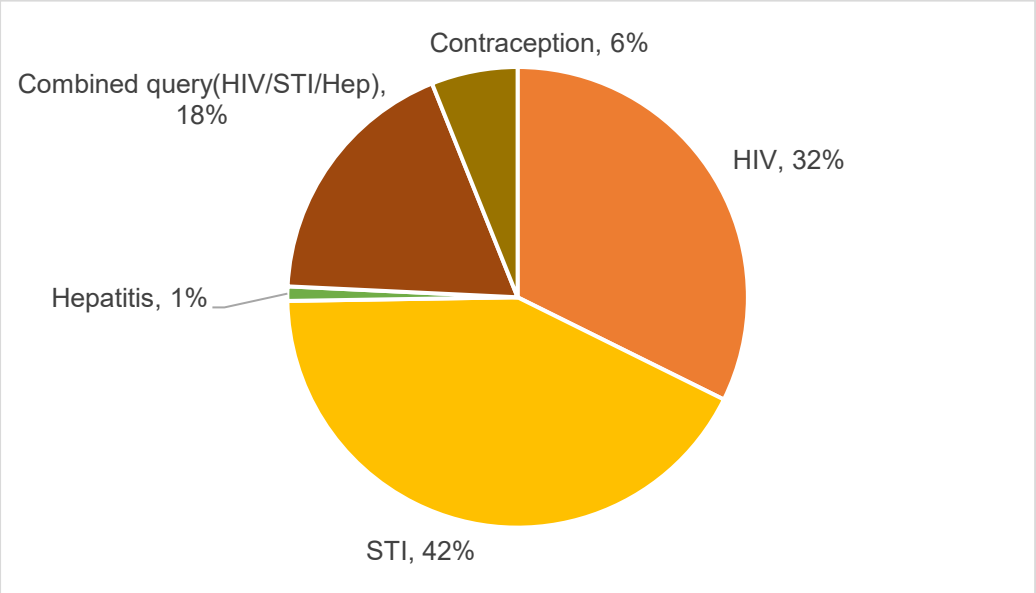
# 10. HIV and Sexual Health Helpline

This second and separate Helpline service has been operation since 1997 also. The helpline 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.

Following the Helplines 2024 report, it was determined that the Helpline number and email should be promoted more, through the HSE www.sexualwellbeing.ie website. This resulted in a 45% increase in contacts from 2024(271) to 2025(394).

*Figure 32.* looks at the type of HIV/Sexual Health contacts that the Helpline dealt with in 2025.

*Figure 32. Percentage breakdown of Sexual health contacts in 2025 N=394*




92% of Helpline sexual health contacts were 1st party contacts (the person speaking about themselves). 60% of those contacting the Helpline about themselves were male.

The location of the individual with the sexual health query is known in 43% of sexual health contacts in 2025. 11% (19) of contacts where the locations was know, were based within Dublin/ Kildare/ Wicklow but the exact area was not given. 2% (4) were from outside of Ireland.

*Table 22. Sexual health contacts where location is known (N=170)*

| **Health Region** | Counties and areas within this Health Region | Sexual health contacts in 2025 |
|---|---|---|
| HSE Dublin & Midlands | West Dublin, Kildare, West Wicklow (former CHO7), Laois, Longford, Offaly, Westmeath | 23 (13.5%) |
| HSE Dublin & North East | North Dublin(former CHO9), Louth, Meath, Cavan, Monaghan | 34 (20%) |
| HSE Dublin & South East | South Tipp, Kilkenny, Carlow, Wexford, Waterford, East Wicklow & parts of South Dublin(former CHO6) | 29 (17%) |
| HSE South West | Cork, Kerry | 20 (12%) |
| HSE West & North West | Donegal, Leitrim, Sligo, Mayo, Galway, Roscommon * | 24 (14%) |
| HSE Mid-West | North Tipp, Limerick, Clare | 16 (9%) |

# 11. KEY TRENDS FROM 2025

- There were 3273 alcohol contacts in 2025, representing 56% of all addiction contacts with the Helpline.
- (1105) 34% of alcohol contacts were about alcohol in combination with another substance
- There was an 8% increase in contacts for combined alcohol and cocaine use in 2025.
- There were 1231 cocaine contacts in 2025, representing 21% of all addiction contacts.
- Almost 1 in 3 contacts (27%) referred to a mental health issue alongside their substance use
- Contacts referring to synthetic/ semi synthetic cannabinoid use increased 16-fold from 2023 (6) to 2025 (98)
- There was a decrease in the number of Helpline contacts referring to cocaine use of people aged <30yrs and an increase in people aged >31years
- There was a 248% increase in contacts referring to *Other Opioids* including tramadol; oxycodone; suboxone; morphine and buprenorphine from 2015 (31) to 2025 (108).
- There was a 104% increase in contacts referring to codeine use from 2015 (53) to 2025 (108)
- 68% of Debt or Drug-related intimidation contacts mentioned cocaine use, where the substance involved was known
- Where the information was available, more contacts referred to violence and/or aggression of the substance user in connection with cannabis use (9% of cannabis contacts) and synthetic cannabinoid use (10% of synthetic cannabinoid contacts) than for other substances (under 5%)
- Helpline contacts presented more concerns for male substance users than female: However, 55% of codeine users mentioned in Helpline contacts were female and 53% of alcohol users over the age of 61years were female.
- HSE Dublin and Midlands Health Region was the most represented area in the country, when it comes to drug and alcohol contacts with the Helpline.

# 12. DISCUSSION

Individuals contact the Helpline seeking support, information, guidance and referral. The data from those contacts is anonymized and valuable as it gives a unique insight into the issues of people outside of treatment. This is separate from population prevalence data and treatment data so here we will contrast available data with the Helplines additional insights, prior to the recommendations section.

## 12.1 Available Data on Alcohol use in Ireland

- The Healthy Ireland survey 2025(1) reported that 71% of those aged 15 or over consumed alcohol in the last 12months. 35% of people drink at least once a week and 20% drink multiple times per week and 26% binge drink on a typical drinking occasion. 51% of drinkers in the Health Ireland survey drink at harmful levels.
- According to the HRB Bulletin National Drug Treatment Reporting System 2024 Alcohol Treatment Demand, 8745 people were treated for Alcohol problems in 2024 in Ireland)(2). Treatment data gives information on treatment received/ provided only and does not include information about the people who attended their GP only or who attended private counselling or peer support meetings such as AA and Smart Recovery. Also Alcohol treatment services are less available in some parts of the country, so the treatment figures represent treatment where its available only.
- The 2024 Primary Care Reimbursement Service data (3) reports that there was an average of 3.4 prescriptions of Librium for Alcohol detox/ withdrawals written per patient (23,608 prescriptions for 6810 patients). This only includes people using the PRCS system. We do not yet have the PCRS figures for 2025.
- In a 2024 study(4) in Beaumont Hospital, 19.4% of Emergency Department presentations were alcohol-related

**The Helplines insights from contacts:**

- 2939 (90%) of alcohol contacts were first time callers/ emailers.
- 75% of those who told us how often they are drinking, were drinking 4 or more times per week

- 750 (23%) mentioned having had previous contact with their GP or hospital about their drinking.
- People often seek help at a time of crisis, when there is a self-harm or suicide risk; a medical emergency; a loss of accommodation or work or relationships ending or when facing legal proceedings.
- Assumptions/ misinformation about services
    - That a person can ‘sign themselves into a treatment centre’ or ‘sign a loved one into a treatment centre’
    - That their emergency department (ED) will admit them for alcohol or drug treatment.
    - That the only options for treatment are residential treatment or AA meetings
    - That a GP referral is needed to access treatment
    - That cost is a barrier to accessing treatment.

**Identified need from this report:**

People encountering alcohol issues find it difficult to navigate treatment options and often have misconceptions about how and what treatments are available to them.

## 12.2 Available Data on cocaine use in Ireland

- The HRB report on Drug Treatment Demand in 2025(5) found 6535 people reported cocaine (powder) as their main drug of use when seeking treatment. This represents a 23.6% increase on 2024. Cocaine (powder and crack) is the most commonly treated main problem drug in 2025, accounting for 42.4% of all cases. When looking at powder cocaine and gender, the treatment figures have 23.6% females and 76.2% males (with a median age of 32yrs).
- The National Drug-Related Deaths Index (NDRDI) (6) reported that in 2022, in 56% of the 343 deaths due to poisonings, cocaine had been used and was implicated in 33.5% of poisoning deaths overall, the majority of which were among males (80.9%, 93).

**The Helplines insights from contacts:**

- Cocaine was the second more referred to substance, after Alcohol in 2025 and that has been the case since 2018.
- Contacts often present with mental health issues(21%) and daily use (17%)
- Caller present with great urgency when seeking help with problematic cocaine use (more so than other drugs or alcohol)
- Cocaine users are usually men (80%)
- 42% of people cocaine users mentioned using alcohol also.
- 31% of contacts who told us they have been diagnosed with ADHD were struggling with cocaine use.
- 22% of Cocaine users referenced Relationship Breakdown as an issue; 13% referred to Anxiety and/or Depression and 11% mentioned missing work/school as a result of their drug use.
- 68% of those that mentioned either debts or drug-related intimidation in 2025 said that it was due to cocaine use.

**Identified need from this report**:

Continued support and resources for cocaine related issues, ideally for early intervention and including ADHD awareness and DRIVE awareness to create more accessible and better harm prevention supports

### 12.3 Available data on combined Alcohol and Cocaine use in Ireland*:*

- Combined Cocaine and Alcohol use is dangerous particularly to cardiovascular complications(7).
- There is an increased risk, particularly for men of using cocaine while alcohol intoxicated (8).
- Co-ingestion of alcohol and cocaine may be a cumulative risk factor for suicidality(9)
- The HRB Drug Treatment Demand report (2025) (5) the most common drugs used together were Alcohol and Cocaine.

**Helpline insights from contacts**

- In 2025, 512(42%) of cocaine users referred to in Helpline contacts were also using alcohol. This is a concern not only due to the dangers posed by the combined use of alcohol and cocaine and the resulting cocaethylene production in the body but also that given that alcohol impacts on decision making and resolve, it increases the risk of use and relapse for people who use cocaine.

**Identified need from this report:**

Continued awareness raising work of the risks of combined use. Also support services for Alcohol that include cocaine use prevention skills.

## 12.4 Available data on Dual Diagnosis in Ireland

- Co-occurring mental health and substance use issues has long been acknowledged as a challenge both for addiction support services and for mental health services. Many individuals also struggle with these issues but are outside of both services and perhaps have no diagnosis.
- From 2003 to 2023 there were changes to how Alcohol issues were dealt with by the mental health services in Ireland. In that period, psychiatric first time admissions for people with Alcohol disorder reduced from a rate of 30.5 per 100,000 in 2003 to 4.9 per 100,000 in 2023 (10)
- Evidence in Ireland indicates that 30-50% of people with severe mental health illness have co-existing substance misuse problems (11).
- In a study of people attending a Community Mental Health Team (CMHT), 44% had reported problem drug use and/or harmful alcohol use in the previous year. In addition, 85% of those attending an alcohol service and 75% attending a drug service had reported suffering from a psychiatric disorder in the previous year(12).
- Dual Diagnosis Model of Care, National Clinical Programme document (11) outlines the many aspects of Dual Diagnosis as it has been dealt with to date and also how the services need to evolve to deal better with it into the future. This *Model of Care* recommends the establishment of Dual Diagnosis Teams and improvements to the service that should impact eventually on everyone, from the young person or the older person who has started to use drugs or alcohol to cope with undiagnosed mental health issues, to the person who has been attending mental health services or addiction support services for years.

**Helplines Insights on contacts**

- 27% (1598) of all addiction contacts with the Helpline in 2025 mentioned having a mental health issue. Often people reference struggles with their mental health and cite substance use as a coping strategy.
- The National psychiatric Inpatient Reporting System (NPIRS)(10) reported a 49% decrease in admissions for Alcohol Disorder from 2012 to 2024. In the same time period the Helpline noted a 1265% increase in Alcohol contacts from 2012 (249) to 2024 (3400)

- Often people will report being on an anti-depressant (201 in 2025) or anti-psychotics (48 in 2025) 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 clinic but not linked with substance use support service and continuing to struggle with that element.

**Identified need from this report**:

Better provision of supports for people with co-occurring mental health issues and substance use or addiction issues and better connections between services to ensure services users needs are met.

## 12.5 Available data on age of substance users

- The Health Ireland report 2025 (1) reported the incidence of more frequent drinking is higher with those aged 65 and older and they are twice as likely to drink on multiple days each week as those aged between 15 and 24.
- The HRB Drug Treatment Demand Report 2025(2) which excludes Alcohol, reported that for those aged 19 and under, cannabis is the main drug generating treatment demand, whereas for those aged 20-44yrs, cocaine is the main drug generating treatment demand. Their figures have Opioids as the main drug generating demand amongst those aged 45 years and over.

**This Helplines insights from contacts**

- *Figure 8* shows that in 2025 there were similar numbers of contacts aged 61yrs and over drinking (108 men and 115 women). This tells us something about that population and the fact that there is less of a gender disparity at that age and also that they are drinking at concerning levels.
- *Figure 31* shows that certain age groups feature more prominently when referring to certain substances. We can see for example that the <20yrs group are most commonly referred to in relation to cannabis use, whereas those aged 31-50years are most commonly referred to in relation to alcohol use etc.

**Identified need from this report**:

To consider age when it comes to substance use services (along with gender/ poly substance use/ location etc) when designing or promoting supports and to improve the uptake of services and reduce stigma

### 12.6 Available data on gender

- The Healthy Ireland report (2025) (1) Tells us that men are more likely to binge drink and to drink hazardously (AUDIT score of 8 or higher). Also although the overall alcohol consumption levels have decreased for both men and women since 2015. We can see that for men and women aged 25 to 34 years there was a decrease in harmful drinking rates however, for 15-24yr olds there was an increase in alcohol consumption for women and no change for men. This survey also tells us that Women are more likely to say that they are carers; are more likely to say that they sleep for 6hrs or less and 25% of mid-life women carers drink several times a week.
- 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(12) .

**This Helplines insights on this:**

- Gender is mentioned throughout this report. There are common themes when it comes to gender both in how substance users present (and do not present) and in how 'concerned persons' present (and do not present). Noticing these trends can help us look at how we respond and also ask questions about how we can improve how we respond and support people who find themselves struggling with a substance use issue.
- There were 2 scenarios that had fewer male users than female users: male drinkers aged 61-70yrs (47%) and codeine users (40%). In almost all cases there are more male substance users (drugs and alcohol) being referred to than females in Helpline contacts in 2025. We noted 59% of alcohol contacts were about male drinkers. Similarly, there were more male users referred to for cocaine (80%); cannabis (75%); ketamine (73%); benzodiazepines (68%); synthetic cannabinoids/ spice (65%); THC products (64%) and crack (62%).

**Identified need from this report:**

Gender needs to be considered (along with age / poly substance use/ location etc) when designing or promoting supports and to improve the uptake of support services and reduce stigma

## 12.7 Available data on THC products and Synthetic / Semi-synthetic cannabinoids

- HHC is harmful to the mental health of users (13) and withdrawal can be problematic (14)
- The HRB Drug Treatment Demand Report 2025 (5) tells us that cases reporting New Psychoactive Substances as a main problem increased by over 400% from 51 cases in 2017 to 256 cases in 2025.

**This Helplines Insights from contacts**

- Where the age is known, 33% of people who use either THC products or Synthetic or semi-synthetic cannabinoids were aged 16-20yrs and 16% were aged 0-15 yrs and 64-65% were male. 11% mentioned having a ADHD diagnosis or similar; 15% mentioned having attended a psychiatrist or mental health service and 46% were seeking treatment and support. HHC was made illegal in July 2025 but we continue to get calls and emails from people who are using it or similar.

**Identified need from this report**:

We need to stay up to date on drug trends but also to be available to people with questions or concerns in relation to new or novel drugs, including young males.

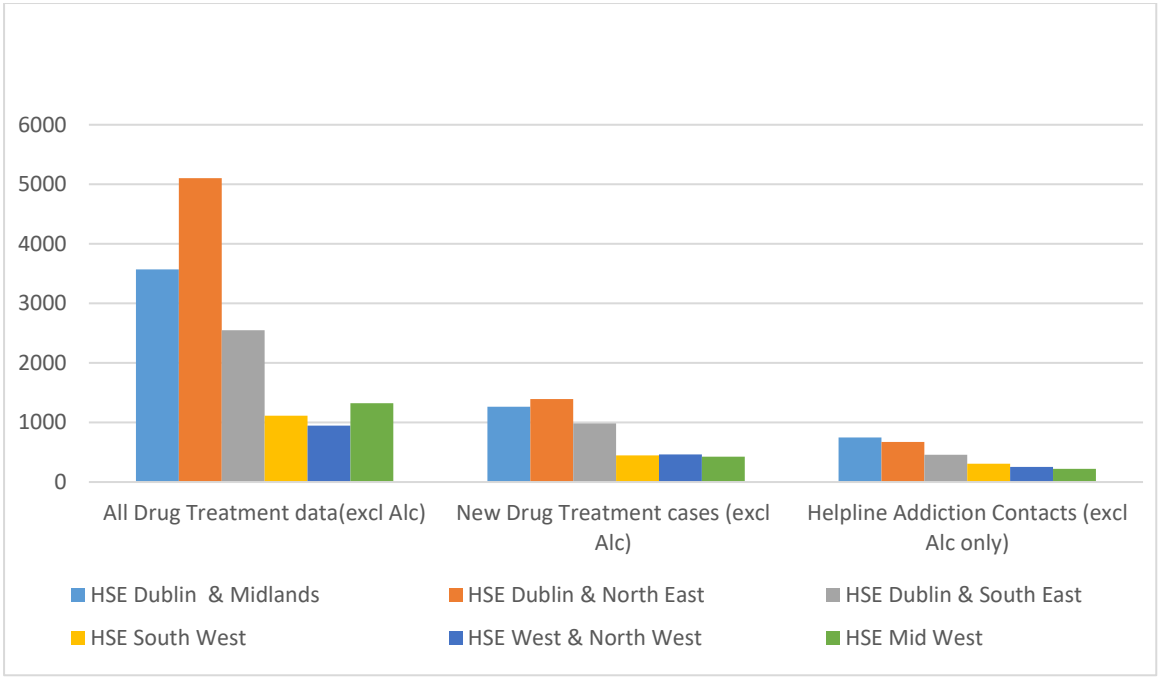
## 12.8 Available data on location

- The National Drug Treatment Reporting System (NDTRS) Treatment Data Bulletin 2025 shows an increase across all six HSE health regions. The highest number of treatment cases was recorded in the HSE Dublin and North East Health Region (5,104 cases).
- It is also acknowledged that HSE Mid-West region experienced the largest regional increase in treatment demand in 2025, with cases rising by 51.5% compared with 2024. This increase reflects a combination of expanded treatment capacity, improved reporting and increased engagement with low threshold and outpatient services(5).

### Helplines Insights from contacts

- We know that services vary across the country and therefore that treatment figures by area will also vary (if there is no suitable service near to you, you are less likely to feature in the figures). There are some areas such as North Dublin city and county that are well served both with a dedicated Alcohol service and more addiction counsellors. For South Dublin/ Kildare/ Wicklow in contrast there is no dedicate Alcohol service, several areas not served by HSE Addiction counsellors.

*Figure 33. Location of Helpline addiction contacts compared with treatment figures. 2025*



- From the Helpline data for 2025, we were informed of the location of the caller/ emailer in 70% of contacts in 2025. We noted that Dublin & Midlands Health Region (former CHO 7 and County Laois, Longford, Offaly and Westmeath) was the area most represented in Helpline contacts in 2025, followed closely by Dublin & North East Health Region (former CHO9 and county Louth, Meath, Cavan and Monaghan).
- Unlike the treatement data, the Helpline saw no significant change in the ‘All Addictions‘ figures for the HSE Mid West region from 2024 (354) to 2025 (357)
- When we focus on the contacts about All addictions compared with Alcohol contacts, we note that in HSE West and North West 64% of contacts were talking about alcohol. In the Mid-West that figure was 53% of contacts were Alcohol contacts; in the Dublin & Midlands it was 54%; in South West it was 56%; in Dublin and South East it was 58%. This tells us a little about the people seeking help around alcohol issues across the country.

**Identified need from this report:**

Helpline staff need to ask all callers/ emailers what location they are contacting us from to improve data reporting.

As one of the few national substance use services the Helplines data on location needs to be considered, along with other data, in the context of service planning, development and recruitment.

## 12.9 Available data on Harm reduction brief interventions

- Harm reduction strategies dissect the problem of drug use and address the various risk factors in order to minimize the associated risks (WHO, 2026)
- The World Health Organization (2014) ranked alcohol amongst the top five risk factors for disease, disability and death throughout the world. Alcohol has also been identified as a causal factor in more than 200 disease and injury conditions (WHO, 1992). Alcohol is classified as a Group 1 carcinogen and is one of the most important causes of cancer in Ireland, being a risk factor in seven types of cancer; cancers of the mouth, upper throat, larynx, esophagus, liver, bowel and female breast have a causal relationship to alcohol consumption. (15)
- 1 in 5 (19.0%) deaths overall had alcohol implicated along with other drugs. In 2022, almost 4 in 5 (77.8%, 267) drug poisoning deaths were polysubstance poisonings (more than one drug was implicated) (6).
- Cocaine was involved in one in three drug poisoning deaths in 2022 (6)

**Helplines insight on this**:

The Helpline offers an opportunity to create awareness and reduce risks of harm through brief interventions. Whilst this has always been part of the Helplines role, this has expanded in recent years. The goal is to raise the persons awareness of the harms that their substance use is causing to them and those in their lives and to give them options that they can look at to reducing harms, even if they are not able or ready to stop or seek help straight away. Examples of harm reduction intervention topics include:

- Highlighting older person welfare issues with callers
- Highlighting child welfare issues
- Highlighting domestic violence or coercive control issues
- Giving information on Naloxone as appropriate
- Giving information on Thiamine/ Vitamin B1 for heavy drinkers (particularly if they are missing meals).
- Informing people on how many standard drinks they are consuming per week.
- Informing on the risk of combined alcohol and cocaine use

- Informing on withdrawal risks particularly around alcohol and benzodiazepine use.
- Needle Exchange information
- Naming risks such as Foetal Alcohol Spectrum Disorder and Adult Related Brain Injury
- Talking about Mental health and wellbeing resources

**Identified need from this report**:

The Helpline plays a valuable role in helping people navigating their options and being informed about risks and that reducing risks is something to consider.

# 13. CONCLUSION

This report has revealed trends in what is being used, who is using and what psychosocial issues they and the people in their lives, are experiencing and how these have varied from other years. The main themes are around Alcohol; Cocaine; Mental Health and difficulties finding help.

By contacting the Helpline people are expressing a need for information, support, guidance and referral around drug and alcohol related issues.

The Helpline continues to offer a vital service because of the fundamental need to talk through what is happening, to connect and not feel judged and to access direct information and support around how to improve things if you find yourself in distress.

The Helpline continues to be in a strong position to inform policy makers and services by monitoring trends and reporting on substances causing harm to the general population.

# 14. RECOMMENDATIONS

**For policy and service planning**

14.1 This and other Helpline reports need to be considered, alongside other data such as HRB Treatment data by the key stakeholders (Dept of Health; HRB and HSE) when looking at the population's needs.

14.2 Substance use and addiction services need to respond to the needs of those in distress, regardless of what substance(s) they are using or their co-morbidities.

14.3 Strengthen dual-diagnosis pathways so people are not excluded or bounced between mental health services and addiction services.

14.4 Consider options to address the barriers to accessing appropriate help

14.5 Consider gender- and age- responsive access strategies

**For Helpline practice**

14.6 Develop neurodiversity informed practice training and policy.

14.7 Standardise prompts around location, age, substance use, mental health and other valuable data.

14.8 Build relationships with GP's, pharmacists, community projects and mental health services so that appropriate referrals and service information can be exchanged.

14.9 Continue to invite people contacting the Helpline about cocaine use, to talk further also about their alcohol use and debts

14.10 Consider targeted promotion of the Helpline to populations who use it less

**For communications**

14.11 Promote the Helpline more visibly

14.12 Develop targeted messaging for particular groups that are not represented in the Helpline figures.

14.13 Develop targeted messaging to help with navigating help options for substance users and for family members.

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