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## HRB Bulletin
National Drug Treatment Reporting System

# 2022 Drug Treatment Demand

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# Introduction

In this bulletin, data on **treated problem drug use** (excluding alcohol) for the year 2022 is presented, followed by trends for the seven-year period from 2016 to 2022.[1] The data are from the **National Drug Treatment Reporting System** (NDTRS), the national surveillance system that records and reports on cases of drug and alcohol treatment in Ireland. Data in this bulletin supersede all data previously published by the NDTRS.

# Background

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

The National Drug and Alcohol Strategy *Reducing Harm, Supporting Recovery: A Health Led Response to Drug and Alcohol Use in Ireland 2017–2025* requires all publicly funded drug and alcohol services to complete the NDTRS for all people who use services (Action 5.1.47).[3] Included in the NDTRS are cases treated in all types of services: outpatient, inpatient, low threshold, general practitioners (GPs), and those treated in prison.[4, 5, 6]

# Participation in the NDTRS

In 2022, 70% of all eligible services provided data to the NDTRS, however this rate varies by service type. While coverage for most service types ranges between 88% and 100%, the main reason for the shortfall is the poor participation of GPs who provide opioid agonist treatment (OAT). In 2022, only 46% of eligible GPs participated in the NDTRS even though the NDTRS has a dedicated research nurse available to collect data on site. In addition, the NDTRS receives counselling data but no OAT data from the Irish Prison Service. This is despite Action 5.1.47 of the national drugs strategy stating that all publicly funded drug and alcohol services are required to return data to the system.[3]

This means that the number of OAT cases are underrepresented in the NDTRS, which is of particular concern as the NDTRS data is supplied to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the United Nations Office on Drugs and Crime (UNODC), as well as being widely used to measure progress and inform drug-related planning and policy nationally.[7, 8]

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

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

# Summary 2022

In 2022, 12,009 cases were treated for problem drug use. This is the highest annual number recorded by the NDTRS to date.

- The proportion of *new* cases (never treated before) was 37.1%.
- The majority of cases were treated in outpatient facilities (68.9%).

## Main problem drug (excluding alcohol)

- **Cocaine** was the most common drug reported in 2022, accounting for 34.0% of all cases, a 25.7% increase from 2021. Cocaine was also the most common main drug among *new cases* in 2022, similar to the previous two years. Trends over time for cocaine are presented in more detail on page 25.
- **Opioids** (mainly heroin) were the second most common main problem drug reported.
  - **Heroin** accounted for 86.6% of all opioid cases in 2022.
- **Cannabis** was the third most common main drug reported.
- The type of drug for which treatment was sought varied by age.
  - Among young cases aged 19 years or younger, cannabis was the main drug generating treatment demand.
  - Among those aged 20-34 years, cocaine was the main drug generating treatment demand.
  - Opioids were the main drug generating treatment demand among those aged 35 years or older.

## Polydrug use

- **Polydrug use** was reported by over half of cases (56.8%).
- Cannabis (40.3%) was the most common **additional drug**, followed by alcohol (36.2%), cocaine (36.1%) and benzodiazepines (32.2%).

## Risk behaviour

- One-in-five cases reported that they had **ever injected** (20.8%).
- Among cases who had injected, 42.7% had **shared needles and syringes**.
  - Among *new cases*, the proportion that reported ever injecting decreased over the period from 13.5% in 2016 to 4.4% in 2022.

## Socio-demographic characteristics

- The **median age** of cases was 33 years.
- Seven-in-ten (71.9%) cases were **male**.
- One-in-seven (13.9%) cases were recorded as **homeless**.
- The proportion of cases with an **Irish Traveller** ethnicity was 3.0%.
- Almost three-in-five (59.1%) cases were recorded as **unemployed**.
- One-in-five (22.0%) cases were **in paid employment**.
- Of those with children aged 17 years or younger, two-in-five (39.6%) cases treated for problem drug use were **residing with children**.

## Cocaine characteristics

- Socio-demographic characteristics varied by the type of cocaine used.
  - For cases with powder cocaine as the main problem, 21% were female, 41% were employed, the median age was 30 years.
  - For cases with crack cocaine as the main problem, 42% were male, 6% were employed, the median age was 39 years.

## Key trends over time (2016–2022)

- The proportion of treatment demand attributable to **opioids** has decreased year-on-year (from 47.0% in 2016 to 33.1% in 2022).
- Over the period 2016 to 2022, there was a 258.9% increase in the number of cases where cocaine was the main problem drug.
- Over the seven-year period there was a 15.8% decrease in the number of cases reporting that they had ever injected.

# National overview for 2022

## Number of cases entering treatment 2022

There were 12,009 treated cases recorded in the NDTRS in 2022. This is the highest annual number recorded by the NDTRS to date.

*New cases* accounted for 37.1% of drug treatment demand in 2022, while *previously treated cases* accounted for 57.1% of drug treatment demand (**Table 3).**

**12,009**
**Total number of cases treated for problem drug use**

**37%**
new cases

**57%**
previously treated cases

Figures relate to 2022

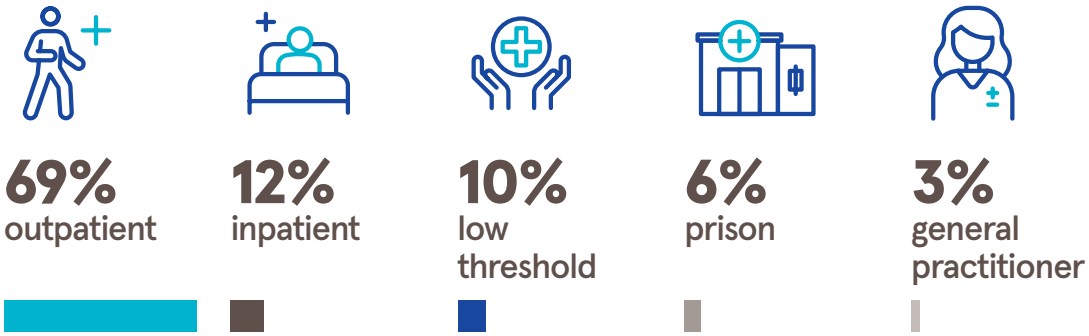
# Type of service provider 2022

The majority (68.9%) of cases were treated in outpatient facilities. Approximately one-in-ten cases were treated in inpatient (12.1%) or low threshold settings (10.0%).

Just 5.5% of cases were treated in prison settings. The NDTRS receives counselling data but no OAT data from the Irish Prison Service.

General practitioners (GPs) accounted for the lowest proportion of cases (3.4%) which also reflects the poor participation of GPs who provide opioid substitution treatment (OAT). As mentioned previously, in 2022, only 46% of eligible GPs participated in the NDTRS even though the NDTRS has a dedicated research nurse available to collect data on site (**Table 4)**.

## Service type 2022




Figures relate to 2022

# Main problem drug 2022

## All cases 2022

A total of 12,009 cases entered drug treatment in 2022 which is the highest annual number recorded by the NDTRS to date.

**Cocaine** was the most common drug reported in 2022, accounting for 34.0% of all cases, a 25.7% increase from 2021.

**Opioids** (mainly heroin) were the second most common main problem drug reported in 2022. Heroin accounted for 86.6% of all opioid cases.

**Cannabis** was the third most common main problem drug reported in 2022 (18.7%).

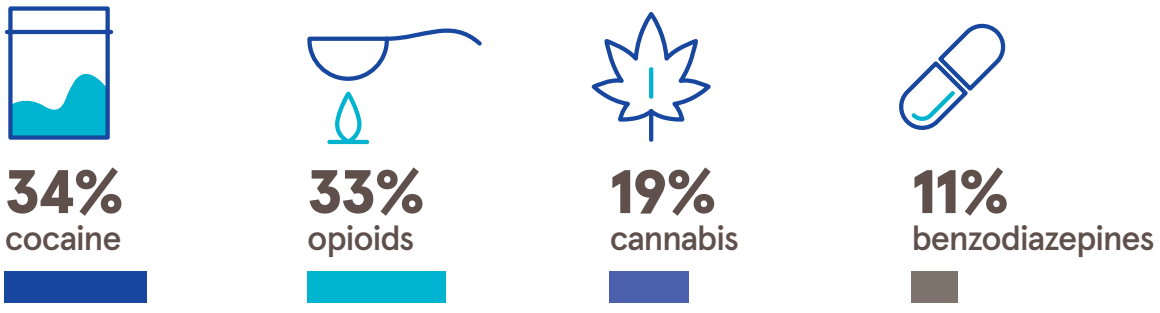
**Benzodiazepines** were the main problem for 10.7% of cases in 2022.

**MDMA** (ecstasy) and amphetamines each accounted for a small proportion of all treated cases.

In 2022, 43 (0.4%) cases reported **pregabalin** (Lyrica) as a main problem, an increase from 40 cases in 2021. A further 88 cases reported pregabalin as a secondary problem in 2022, an increase from 71 cases in 2021.

There were no reports of **nitrous oxide** among cases entering drug treatment in 2022 **(Table 5)**.

## Main problem drug




Figures relate to 2022

## New cases 2022

Cocaine (41.3%) was the most common main problem drug among *new cases*. Cocaine was followed by cannabis (32.8%), opioids (13.4%) and benzodiazepines (8.4%) as main problems for *new cases* (**Table 5**).

Over time, changes have been noted in the problem drugs reported by *new cases*:

- cocaine as a main problem increased yearly from 16.1% in 2016 to 41.3% in 2022. The number of cases reporting cocaine as a main problem increased by 258.9% over the seven year period.
- the proportion reporting cannabis as a main problem decreased from 41.2% in 2016 to 32.8% in 2022.
- the proportion of *new cases* reporting opioids as a main problem was 13.4% in 2022, down from 26.9% in 2016.

## Previously treated cases 2022

Opioids (45.7%) were the most common main problem drug reported by *previously treated cases*, followed by cocaine (28.9%), benzodiazepines (12.1%), and cannabis (10.4%) (**Table 5**).

Over time, changes have been noted in the problem drugs reported by *previously treated cases*:

- the proportion reporting opioids as a main problem has decreased from 60.1% in 2016 to 45.7% in 2022.
- the proportion reporting cocaine as a main problem had increased steadily from 10.1% in 2016 to 28.9% in 2022.
- the proportion of *previously treated cases* reporting cannabis as a main problem has also decreased from 17.0% in 2016 to 10.4% in 2022.

# Polydrug use 2022

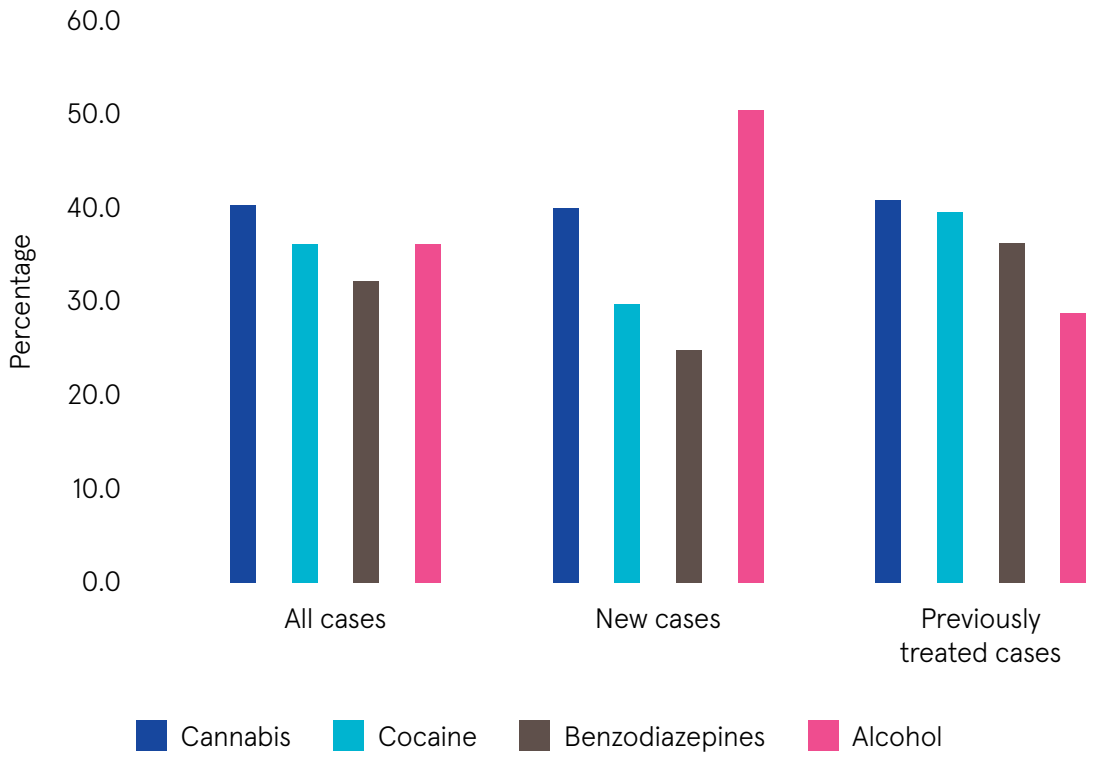
Problem use of more than one drug (polydrug use) was reported by over half of cases (56.8%) **(Table 7).**

Cannabis (40.3%) was the most common additional substance reported by cases with polydrug use, followed by alcohol (36.2%), cocaine (36.1%) and benzodiazepines (32.2%), with all three at similar levels. However, patterns differed by treatment status, whereby alcohol was the most common additional drug among *new cases* while cannabis and cocaine were almost equally prevalent among *previously treated cases* (**Table 8**, **Figure 1**).

Among *new cases* with polydrug use, alcohol (50.5%) was the most common additional substance in 2022, followed by cannabis (40.0%), cocaine (29.8%), and benzodiazepines (24.8%).

Cannabis (40.8%) was the most common additional substance among *previously treated cases* with polydrug use in 2022, followed by cocaine (39.5%), benzodiazepines (36.3%) and alcohol (28.8%).

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



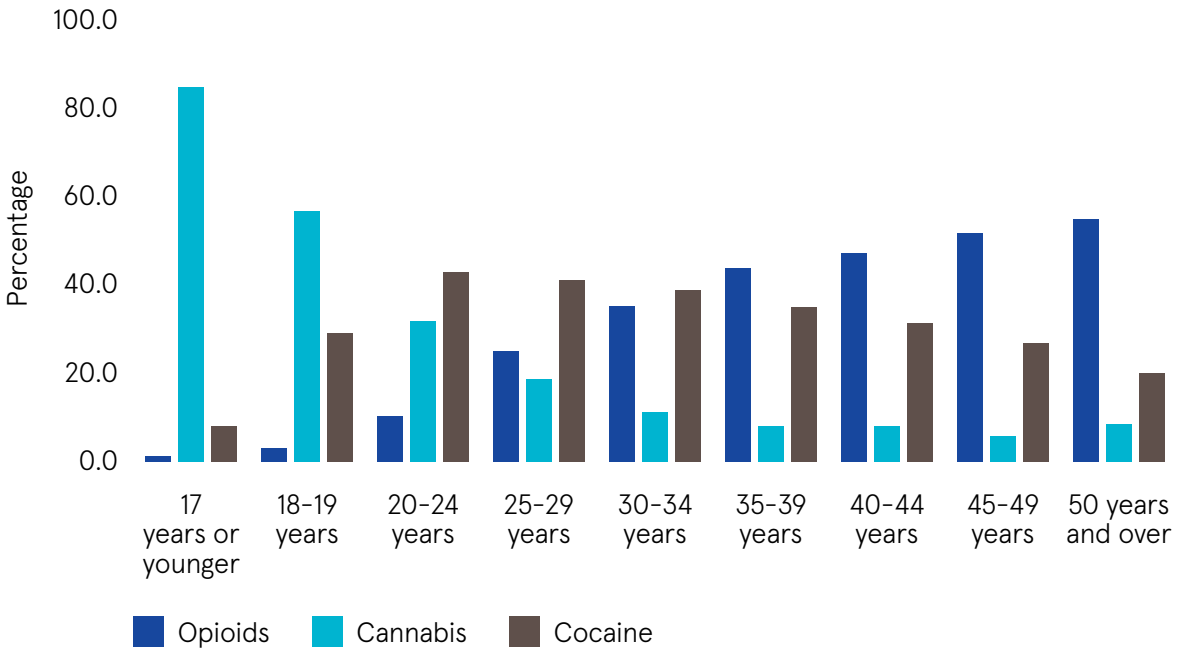
Among cases with polydrug use, the most common drugs used together were (1) cocaine plus alcohol, followed by (2) cocaine plus cannabis, followed by (3) opioids plus cocaine.

One-in-fifteen cases (6.5%) cases with polydrug use reported difficulty in determining which drug was the main problem. Among these, the most common drugs used in combination were (1) cocaine plus alcohol, followed by (2) cannabis plus alcohol, followed equally by both (3) cocaine plus cannabis and (3) cocaine plus cannabis plus alcohol.

# Age groups 2022

Among young cases aged 19 years or younger cannabis was the main drug generating treatment demand. Among those aged 20-34 years, cocaine was the main drug generating treatment demand, while opioids were the main drug generating treatment among those aged 35 years or older (**Figure 2**).

Figure 2: Main problem drug reported by age group (NDTRS 2022)



# Gender 2022

This section focuses on some gender differences between cases treated for drugs as the main problem in 2022. Almost three-in-ten (27.9%) cases were **female**. In 2022, 13 cases identified as non-binary or in another way **(Table 1)**.[9]

## Females

- Median age was 34 years; median age for *new cases* was 29 years.
- One-in-two (51.5%) cases were under 35 years of age.
- 5.7% aged 50 years or over.
- 13.6% were homeless.
- For half of female cases, the time lag between first use of the main problem drug and seeking treatment was seven years or longer.
- Among females, the most common main problem drugs were opioids, (37.0%), followed by cocaine (31.6%) and cannabis (16.1%). The same drugs were also most common among *new female cases* entering drug treatment for the first time. However, the order was different with cocaine (34.8%) being the most frequent, followed by cannabis (30.5%) and then opioids (18.5%).
- 55.9% reported polydrug use; most commonly cannabis and cocaine.

## Males

- Median age was 32 years; median age for *new cases* was 27 years.
- The majority (56.7%) were under 35 years of age.
- 5.9% aged 50 years or over.
- 14.0% were homeless.
- For half of male cases, the time lag between first use of the main problem drug and seeking treatment was eight years or longer.
- Among males, the most common main problem drugs reported were cocaine, (35.0%), followed by opioids (31.6%) and cannabis (19.6%). The same drugs were also most common among *new male cases* entering drug treatment for the first time. However, the order was different with cocaine (43.5%) being the most frequent, followed by cannabis (33.4%) and then opioids (11.8%).
- 57.1% reported polydrug use; most commonly cannabis and alcohol.

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

| | Female | | Male | |
|---|---|---|---|---|
| | n | (%) | n | (%) |
| **All cases** | **3345** | | **8639** | |
| Median age (range[10]) | 34 | (18-50) | 32 | (17-50) |
| Under 35 | 1722 | (51.5) | 4896 | (56.7) |
| 35-49 | 1424 | (42.5) | 3218 | (37.3) |
| 50+ | 191 | (5.7) | 512 | (5.9) |
| Median age (first used drugs) | 15 | (12-30) | 15 | (11-23) |
| Traveller | 102 | (3.1) | 259 | (3.0) |
| Education ceased before 16 | 973 | (29.1) | 2801 | (32.4) |
| In paid employment | 587 | (17.5) | 2050 | (23.7) |
| Unemployed | 2083 | (62.3) | 5009 | (58.0) |
| Homeless | 455 | (13.6) | 1212 | (14.0) |
| *Main problem drug reported* | | | | |
| *Opioids* | *1237* | *(37.0)* | *2729* | *(31.6)* |
| *Cocaine* | *1056* | *(31.6)* | *3025* | *(35.0)* |
| *Cannabis* | *539* | *(16.1)* | *1694* | *(19.6)* |
| *Benzodiazepines* | *383* | *(11.4)* | *902* | *(10.4)* |
| *Reported other additional drug(s)* | *130* | *(3.8)* | *289* | *(3.4)* |

| | Female | | Male | |
|---|---|---|---|---|
| | n | (%) | n | (%) |
| **New cases** | **1095** | | **3347** | |
| Median age (range[10]) | 29 | (16-49) | 27 | (16-46) |
| Under 35 | 737 | (67.3) | 2452 | (73.3) |
| 35-49 | 305 | (27.9) | 805 | (24.1) |
| 50+ | 52 | (4.7) | 90 | (2.7) |
| Median age (first used drugs) | 16 | (12-33) | 15 | (12-24) |
| Traveller | 26 | (2.4) | 87 | (2.6) |
| Education ceased before 16 | 222 | (20.3) | 807 | (24.1) |
| In paid employment | 310 | (28.3) | 1187 | (35.5) |
| Unemployed | 539 | (49.2) | 1529 | (45.7) |
| Homeless | 82 | (7.5) | 232 | (6.9) |
| *Time (years) to treatment for main problem drug* | *7* | *(0-23)* | *8* | *(1-24)* |
| *Main problem drug reported* | | | | |
| *Opioids* | *203* | *(18.5)* | *394* | *(11.8)* |
| *Cocaine* | *381* | *(34.8)* | *1456* | *(43.5)* |
| *Cannabis* | *334* | *(30.5)* | *1119* | *(33.4)* |
| *Benzodiazepines* | *123* | *(11.2)* | *250* | *(7.5)* |
| *Reported other additional drug(s)* | *54* | *(4.9)* | *128* | *(3.9)* |

# Parental status 2022

In 2022, almost half of cases (47.3%) in drug treatment were parents who had children.

Among parents, 84.0% were known to have children aged 17 years of younger. The median age of parents known to have children aged 17 years or younger in drug treatment was 35 years (**Table 2**). More than three-in-five cases (64.9%) were males, and more than one-in-three cases were females (35.1%).

In 2022, of those parents known to have children aged 17 years or younger, 39.6% had at least one child residing with them at the time of treatment entry, while 59.9% had at least one child residing elsewhere.[11, 12]

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

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

| | All cases | | Female | | Male | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Have children | 4775 | | 1675 | | 3098 | |
| Median age (range[10]) | 35 | (24-48) | 35 | (24-46) | 35 | (23-48) |
| Living with child | 1891 | 39.6 | 891 | 53.2 | 999 | 32.2 |
| Children live elsewhere | 2858 | 59.9 | 776 | 46.3 | 2081 | 67.2 |
| In paid employment | 1075 | 22.5 | 264 | 15.8 | 810 | 26.1 |
| Homeless | 553 | 11.6 | 213 | 12.7 | 340 | 11.0 |
| New treatment entrant | 1581 | 33.1 | 474 | 28.3 | 1107 | 35.7 |
| Polydrug use | 3467 | 72.6 | 1166 | 69.6 | 2300 | 74.2 |

# Risk behaviour 2022

Risk factors recorded in the NDTRS include injecting behaviour, sharing of needles and syringes, and sharing of other drug paraphernalia (such as joints, straws, foil, pipes, spoons, filters, citric, water to mix drugs, and water or bleach to clean equipment).

## Injecting behaviour

In 2022, one-in-five cases (20.8%) reported that they had ever injected. Among cases that had ever injected, three-in-ten (30.2%) were currently injecting (i.e., in the 30 days prior to treatment) (**Table 9**).

Overall, injecting behaviour has decreased over time:

- one-in-five cases (20.8%) reported that they had ever injected in 2022, down from 32.1% in 2016.
- among *new cases*, the proportion that reported ever injecting decreased from 13.5% in 2016 to 3.9% in 2021, then increased slightly to 4.4% in 2022.
- among cases that had ever injected, the proportion currently injecting (i.e., in the 30 days prior to treatment) decreased from 33.2% in 2016 to 30.2% in 2022.

## Sharing of needles and syringes

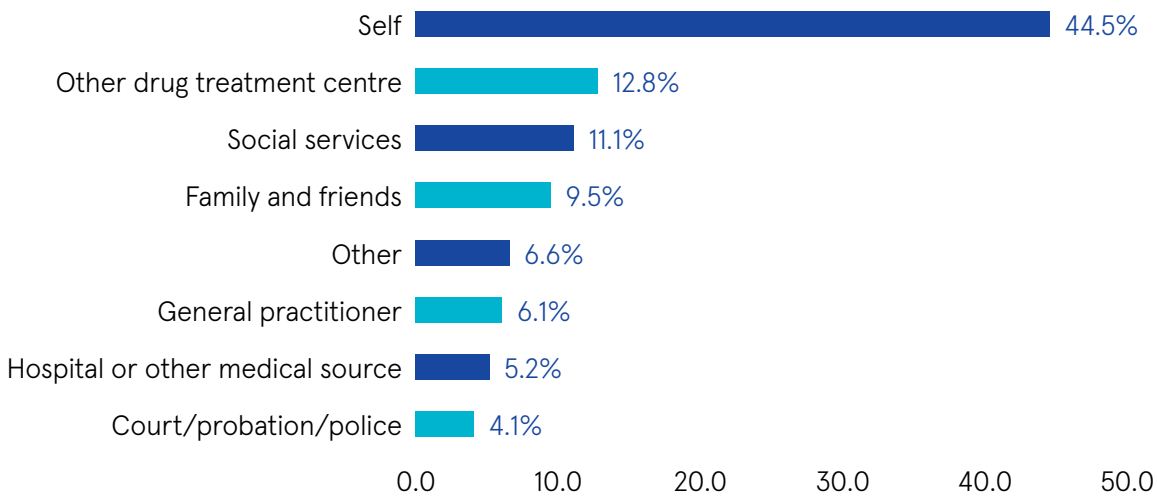
In 2022, two-in-five (42.7%) of cases that had ever injected also reported ever sharing needles and syringes. The proportion has increased, from 37.2% in 2019 (**Table 9**).

# Referral source 2022

The majority of cases (46.2%) were self-referred to drug treatment in 2022 (**Figure 3**).

Small numbers of cases were referred to drug treatment by court/probation/police (3.7%), hospital or other medical sources (5.1%) or by their general practitioner (6.3%)

Figure 3: Source of referral (NDTRS 2022)



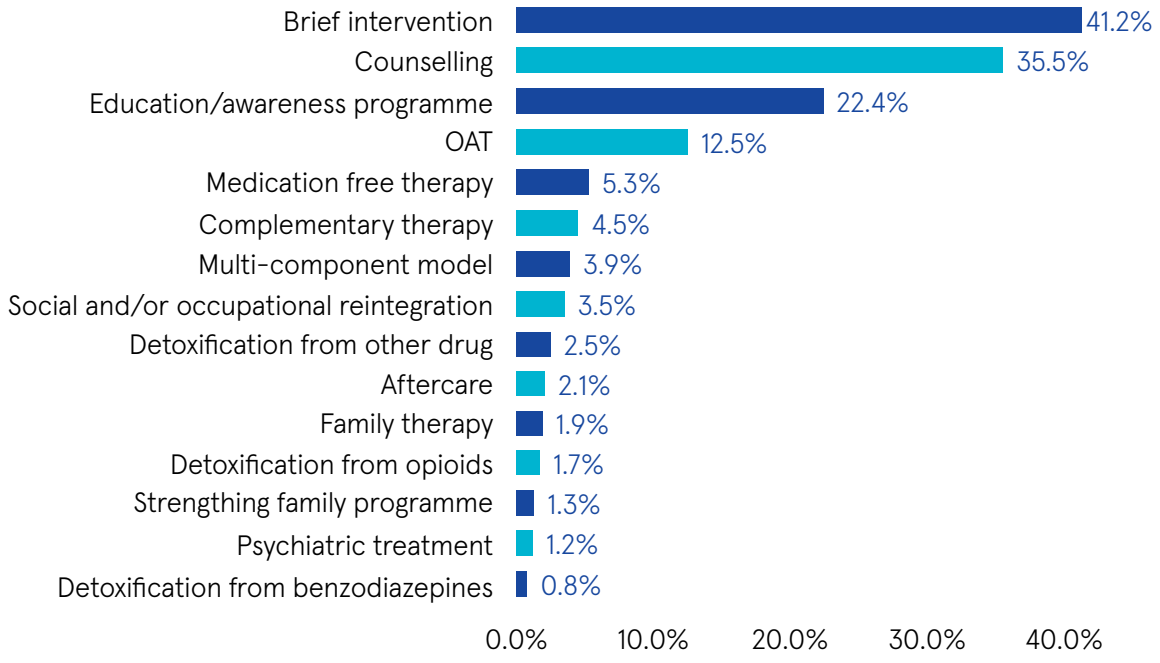
# Treatment interventions provided 2022

The majority of treated cases received one initial treatment intervention (77.1%).

Of the 12,009 cases entering treatment in 2022, 41.2% received a brief intervention, 35.5% received counselling (individual or group), 22.4% attended education/awareness programmes (individual or group) and 12.5% received OAT (**Figure 4**). There has been an increase in recent years in non-medical interventions, especially brief interventions and education/awareness programmes.

It is important to note that the figures presented for treatment interventions are based on data provided at the time of analysis and may include either initial treatment interventions (for cases still receiving treatment), or all interventions provided for cases which have been discharged. Therefore, the numbers may change over time but the overall trends should remain consistent.

Figure 4: Percentage of treated cases by type of treatment intervention availed of (NDTRS 2022)



# Continuous care cases 2022

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

At the time of writing this bulletin and based on real-time data, there were a total of 14,051 cases who commenced treatment prior to 2022 and were still in treatment on 1st January 2022. Although continuous care cases are not presented elsewhere in this report, they may be combined with data on episodes commencing in 2022 to give a fuller picture of treatment provision for that year.

# Trends over time 2016–2022

## Number of cases entering treatment 2016–2022

Between 2016 and 2022, a total of 71,567 cases treated for problem drug use (excluding alcohol) were reported to the NDTRS (**Table 3**).[5]

In 2022, the NDTRS recorded the highest number of cases but regardless, proportions of *new* and *previously treated* remained relatively similar over the seven year period.

## Type of service provider 2016–2022

Over the period, most cases were treated in outpatient facilities (66.2%). In 2022, 68.9% of cases were treated in outpatient facilities, an increase from 59.4% in 2016.

The proportion of cases treated in residential (inpatient) settings declined over the period from 20.4% in 2016 to 12.1% in 2022.

The proportion of cases treated in low threshold settings increased very slightly from 9.6% in 2016 to 10.0% in 2022. The proportion of cases treated in prison peaked at 10.5% in 2018 but decreased overall from 8.0% in 2016 to 5.5% in 2022. General practitioners (GPs) accounted for the lowest proportion of cases in 2022 (3.4%), as in previous years (**Table 4**).

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

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cases** | **9227** | | **8922** | | **10274** | | **10664** | | **9702** | | **10769** | | **12009** | |
| New cases | 3526 | (38.2) | 3257 | (36.5) | 3962 | (38.6) | 3979 | (37.3) | 3796 | (39.1) | 4206 | (39.1) | 4456 | (37.1) |
| Previously treated cases | 5335 | (57.8) | 5242 | (58.8) | 5872 | (57.2) | 5927 | (55.6) | 5441 | (56.1) | 6090 | (56.6) | 6860 | (57.1) |
| Treatment status unknown | 366 | (4.0) | 423 | (4.7) | 440 | (4.3) | 758 | (7.1) | 465 | (4.8) | 473 | (4.4) | 693 | (5.8) |

* The decrease in cases in 2020 coincided with COVID-19 and related restrictions, which presented increased risks for people who use drugs and alcohol, and significant challenges for treatment providers, and should be interpreted in that context.[13]

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

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cases** | **9227** | | **8922** | | **10274** | | **10664** | | **9702** | | **10769** | | **12009** | |
| Outpatient | 5481 | (59.4) | 5610 | (62.9) | 6715 | (65.4) | 6946 | (65.1) | 6806 | (70.2) | 7568 | (70.3) | 8280 | (68.9) |
| Inpatient* | 1885 | (20.4) | 1757 | (19.7) | 1384 | (13.5) | 1571 | (14.7) | 1190** | (12.3) | 1394 | (12.9) | 1458 | (12.1) |
| Low threshold | 886 | (9.6) | 792 | (8.9) | 887 | (8.6) | 948 | (8.9) | 870 | (9.0) | 918 | (8.5) | 1199 | (10.0) |
| Prison | 737 | (8.0) | 651 | (7.3) | 1082 | (10.5) | 848 | (8.0) | 754 | (7.8) | 652 | (6.1) | 660 | (5.5) |
| General practitioner | 238 | (2.6) | 112 | (1.3) | 206 | (2.0) | 351 | (3.3) | 82 | (0.8) | 237 | (2.2) | 412 | (3.4) |

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

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

# Main problem drug 2016–2022

## All cases 2016–2022

Over the seven-year period 2016 to 2022, opioids (mainly heroin) were the most common drug type reported, followed by cocaine and cannabis. Trends have changed over the time period however, and in 2022 cocaine was the most common main problem drug reported (**Table 5**).

The proportion of cases treated for **cocaine** as a main problem increased from 12.3% in 2016 to 34.0% in 2022. Cocaine was the most common drug reported in 2022, accounting for 34.0% of all cases, a 25.7% increase from 2021.

Heroin accounted for 86.6% of all **opioid** cases in 2022. As a proportion of all cases treated, opioids decreased year-on-year from 47.0% in 2016 to 33.1% in 2022. However, between 2021 and 2022, the number of opioid cases increased by 342 from 3,629 in 2021 to 3,971 in 2022.

The proportion of cases treated for **cannabis** as a main problem decreased from 26.4% in 2016 to 18.7% in 2022.

**Benzodiazepines** as a main problem increased from 9.7% in 2016 to 10.7% in 2022.

**Z-drugs** (non-benzodiazepine hypnotic sedative drugs such as zolpidem, zopiclone) as a main problem accounted for 0.8% of cases in 2022, a decrease from 1.1% in 2016.

**MDMA** (ecstasy) and **amphetamines** each continued to account for a small proportion of all treated cases over the period.

## New cases 2016–2022

Among *new cases* entering drug treatment, the most common main problem drugs were cocaine, cannabis and opioids (**Table 5**).

- Among *new cases*, cocaine as a main problem increased yearly from 16.1% in 2016 to 41.3% in 2022, a 223.8% increase in the number of cases.
- The proportion reporting opioids decreased steadily from 26.9% in 2016 to 12.6% in 2021, and increased slightly to 13.4% in 2022.
- The proportion of *new cases* reporting cannabis and benzodiazepines as main problem drugs decreased.

## Previously treated cases 2016–2022

Among *previously treated cases*, the most common main problem drugs reported were opioids, cocaine and benzodiazepines (**Table 5**).

- Decreasing trends were observed among *previously treated cases* for opioids and cannabis.
- The proportion of *previously treated cases* reporting opioids as a main problem decreased from 60.1% in 2016 to 45.7% in 2022.
- Among *previously treated cases*, the proportion reporting cannabis decreased from 17.0% in 2016 to 10.4% in 2022.
- Increasing trends were observed for cocaine and benzodiazepines as main problem drugs.
- The proportion of *previously treated cases* reporting cocaine as a main problem increased steadily from 10.1% in 2016 to 28.9% in 2022.
- Among *previously treated cases*, the proportion reporting benzodiazepines increased from 9.4% in 2016 to 12.2% in 2021 and decreased marginally to 12.1% in 2022.

Table 5: Main problem drug (excluding alcohol) reported in 30 days prior to treatment, NDTRS 2016 to 2022

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cases** | **9227** | | **8922** | | **10274** | | **10664** | | **9702** | | **10769** | | **12009** | |
| Cocaine | 1138 | (12.3) | 1500 | (16.8) | 2254 | (21.9) | 2560 | (24.0) | 2619 | (27.0) | 3248 | (30.2) | 4084 | (34.0) |
| Opioids | 4341 | (47.0) | 4016 | (45.0) | 4349 | (42.3) | 4133 | (38.8) | 3559 | (36.7) | 3629 | (33.7) | 3971 | (33.1) |
| Cannabis | 2439 | (26.4) | 2200 | (24.7) | 2358 | (23.0) | 2502 | (23.5) | 2120 | (21.9) | 2299 | (21.3) | 2245 | (18.7) |
| Benzodiazepines | 897 | (9.7) | 868 | (9.7) | 999 | (9.7) | 1082 | (10.1) | 1097 | (11.3) | 1218 | (11.3) | 1287 | (10.7) |
| Z-Drugs | 103 | (1.1) | 82 | (0.9) | 48 | (0.5) | 72 | (0.7) | 72 | (0.7) | 80 | (0.7) | 98 | (0.8) |
| Amphetamines | 55 | (0.6) | 40 | (0.4) | 57 | (0.6) | 59 | (0.6) | 53 | (0.5) | 77 | (0.7) | 89 | (0.7) |
| NPS | 72 | (0.8) | 51 | (0.6) | 48 | (0.5) | 63 | (0.6) | 43 | (0.4) | 49 | (0.5) | 51 | (0.4) |
| MDMA (ecstasy) | 53 | (0.6) | 44 | (0.5) | 34 | (0.3) | 47 | (0.4) | 31 | (0.3) | 12 | (0.1) | 17 | (0.1) |
| Volatile Inhalants | 11 | (0.1) | 6 | (0.1) | 10 | (0.1) | 6 | (0.1) | 6 | (0.1) | ~ | ~ | 18 | (0.1) |
| Other | 118 | (1.3) | 115 | (1.3) | 117 | (1.1) | 140 | (1.3) | 102 | (1.1) | 152 | (1.4) | 149 | (1.2) |
| **New cases** | **3526** | | **3257** | | **3962** | | **3979** | | **3796** | | **4206** | | **4456** | |
| Cocaine | 568 | (16.1) | 748 | (23.0) | 1232 | (31.1) | 1258 | (31.6) | 1359 | (35.8) | 1615 | (38.4) | 1839 | (41.3) |
| Opioids | 950 | (26.9) | 809 | (24.8) | 719 | (18.1) | 676 | (17.0) | 550 | (14.5) | 530 | (12.6) | 597 | (13.4) |
| Cannabis | 1452 | (41.2) | 1272 | (39.1) | 1505 | (38.0) | 1506 | (37.8) | 1338 | (35.2) | 1479 | (35.2) | 1463 | (32.8) |
| Benzodiazepines | 353 | (10.0) | 290 | (8.9) | 345 | (8.7) | 340 | (8.5) | 392 | (10.3) | 418 | (9.9) | 374 | (8.4) |
| Z-Drugs | 41 | (1.2) | 22 | (0.7) | 17 | (0.4) | 24 | (0.6) | 27 | (0.7) | 26 | (0.6) | 15 | (0.3) |
| Amphetamines | 24 | (0.7) | 19 | (0.6) | 34 | (0.9) | 37 | (0.9) | 28 | (0.7) | 47 | (1.1) | 52 | (1.2) |
| NPS | 36 | (1.0) | 21 | (0.6) | 25 | (0.6) | 22 | (0.6) | 26 | (0.7) | 23 | (0.5) | 29 | (0.7) |
| MDMA (ecstasy) | 39 | (1.1) | 29 | (0.9) | 18 | (0.5) | 38 | (1.0) | 21 | (0.6) | 8 | (0.2) | 12 | (0.3) |
| Volatile Inhalants | 8 | (0.2) | ~ | ~ | 8 | (0.2) | ~ | ~ | ~ | ~ | ~ | ~ | 14 | (0.3) |
| Other | 55 | (1.6) | 42 | (1.3) | 59 | (1.5) | 73 | (1.8) | 52 | (1.4) | 55 | (1.3) | 61 | (1.4) |
| **Previously treated cases** | **5335** | | **5242** | | **5872** | | **5927** | | **5441** | | **6090** | | **6860** | |
| Cocaine | 541 | (10.1) | 692 | (13.2) | 944 | (16.1) | 1074 | (18.1) | 1126 | (20.7) | 1478 | (24.3) | 1981 | (28.9) |
| Opioids | 3204 | (60.1) | 3037 | (57.9) | 3478 | (59.2) | 3244 | (54.7) | 2856 | (52.5) | 2930 | (48.1) | 3133 | (45.7) |
| Cannabis | 908 | (17.0) | 807 | (15.4) | 717 | (12.2) | 784 | (13.2) | 691 | (12.7) | 740 | (12.2) | 711 | (10.4) |
| Benzodiazepines | 500 | (9.4) | 534 | (10.2) | 596 | (10.1) | 661 | (11.2) | 631 | (11.6) | 742 | (12.2) | 829 | (12.1) |
| Z-Drugs | 58 | (1.1) | 56 | (1.1) | 31 | (0.5) | 43 | (0.7) | 42 | (0.8) | 54 | (0.9) | 79 | (1.2) |
| Amphetamines | 29 | (0.5) | 19 | (0.4) | 19 | (0.3) | 20 | (0.3) | 22 | (0.4) | 29 | (0.5) | 33 | (0.5) |
| NPS | 34 | (0.6) | 27 | (0.5) | 19 | (0.3) | 29 | (0.5) | 17 | (0.3) | 23 | (0.4) | 19 | (0.3) |
| MDMA (ecstasy) | 13 | (0.2) | 15 | (0.3) | 14 | (0.2) | 9 | (0.2) | 8 | (0.1) | ~ | ~ | ~ | ~ |
| Volatile Inhalants | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | 0 | 0 | ~ | ~ |
| Other | 45 | (0.8) | 54 | (1.1) | 52 | (0.9) | 62 | (1.0) | 45 | (0.8) | 90 | (1.5) | 67 | (1.0) |
| **Treatment status unknown** | **366** | | **423** | | **440** | | **758** | | **465** | | **473** | | **693** | |

~ Cells with five cases or fewer

# Trends in treatment demand for cocaine 2016–2022

Over the period 2016 to 2022, the biggest change in treatment demand patterns was due to cocaine (both powder and crack). This section focuses on the types of cocaine reported as a main problem drug and the socio-demographic characteristics of these cases (**Table 6**).

## Cocaine (all types)

In 2022, 4,084 cases were recorded with cocaine as a main problem, an increase of 258.9% from 1,138 cases in 2016.

The median age when entering treatment for cocaine increased to 32 years in 2022, having increased to 31 years in 2021 and been relatively stable at 30 years from 2016 to 2020.

The proportion of cases aged 17 years or younger was 2.4% in 2016 and 1.2% in 2022.

Females accounted for one in every four (25.9%) cases with cocaine as a main problem. The proportion of cases that were female increased from 22.8% in 2016 to 25.9% in 2022.

The proportion of cases in paid employment increased from 28.3% in 2016 to 33.5% in 2022, fluctuating in the years between.

The proportion of cases with polydrug use decreased from 69.6% in 2016 to 60.1% in 2022. In 2022, the most common additional drugs among cases with cocaine as a main problem were alcohol (52.4%), cannabis (49.5%), and benzodiazepines (26.7%).

A breakdown of cocaine cases by county of residence[14] is presented in Appendix A.

While the number of cases for both powder cocaine and crack cocaine have increased year on year since 2016, differences were observed between these types of cocaine.

Powder cocaine was the most common type of cocaine generating demand for treatment. In 2022, powder cocaine accounted for 78.0% of all cases treated for cocaine as a main problem, while crack cocaine accounted for 22.0% of all cocaine cases.

In the case of powder cocaine, there was an increase of 232.9% from 957 cases in 2016 to 3,186 in 2022. For crack cocaine, there was an increase of 596.1% from 129 cases in 2016 to 898 in 2022.

## Powder cocaine

In 2022, 3,186 cases were recorded with **powder cocaine** as the main problem:

- almost 8-in-10 cases (78.6%) were male, while 2-in-10 were female (21.3%)
- the median age when entering treatment for powder cocaine was 30 years
- the proportion of cases aged 17 years or younger was 1.4%
- powder cocaine cases resided[14] in every county in Ireland. More than 4-in-10 (44.3%) of all cases entering treatment for powder cocaine resided in County Dublin, followed by counties Cork (8.0%), Limerick (5.0%) and Wicklow (4.3%)
- 41.4% were in paid employment, while 49.2% were unemployed
- 5.1% were homeless
- 2.5% reported having ever injected
- the most common route of administration for power cocaine was sniff/snort (97.5%)
- the proportion of cases with polydrug use was 59.4% in 2022. The most common additional drugs among cases with powder cocaine as a main problem were alcohol (62.1%), cannabis (53.7%), and benzodiazepines (23.7%).

## Crack cocaine

In 2022, 898 cases were recorded with **crack cocaine** as the main problem:

- more than 4-in-10 (42.0%) of entering treatment for crack cocaine as the main problem were female, while 58.0% were male
- the median age when entering treatment for crack cocaine was 39 years
- the proportion of cases aged 17 years or younger was 0.4%
- crack cocaine cases resided[14] in almost every county in Ireland, with the exception of five counties (Galway, Leitrim, Kilkenny, Monaghan and Sligo) which had no reported cases. The vast majority (88.2%) of all cases entering treatment for crack cocaine resided in County Dublin, followed by Kildare (2.0%), Meath (1.7%) and Limerick (1.6%)
- 5.6% were in paid employment, while 78.2% were unemployed
- 24.7% were homeless
- 30.1% reported having ever injected
- The most common route of administration for crack cocaine was smoking (96.2%)
- the proportion of cases with polydrug use was 62.2% in 2022. The most common additional drugs among cases with crack cocaine as a main problem were opioids (70.3%), benzodiazepines (37.0%) and cannabis (35.2%).

Table 6: Socio-demographic characteristics of cases treated for cocaine as a main problem, NDTRS 2016 to 2022

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cocaine** | **1138** | | **1500** | | **2254** | | **2560** | | **2619** | | **3248** | | **4084** | |
| Median age (range[10]) | 29 | 18-44 | 30 | 19-45 | 30 | 19-44 | 30 | 19-46 | 30 | 19-45 | 31 | 20-47 | 32 | 20-48 |
| Under 18 | 27 | (2.4) | 26 | (1.7) | 39 | (1.7) | 40 | (1.6) | 45 | (1.7) | 29 | (0.9) | 50 | (1.2) |
| Female | 259 | (22.8) | 284 | (18.9) | 453 | (20.1) | 516 | (20.2) | 546 | (20.8) | 819 | (25.2) | 1056 | (25.9) |
| Homeless | 38 | (3.3) | 56 | (3.7) | 107 | (4.7) | 151 | (5.9) | 150 | (5.7) | 252 | (7.8) | 386 | (9.5) |
| Traveller | 30 | (2.6) | 42 | (2.8) | 41 | (1.8) | 63 | (2.5) | 57 | (2.2) | 100 | (3.1) | 111 | (2.7) |
| Education ceased before 16 years | 309 | (27.2) | 390 | (26.0) | 598 | (26.5) | 636 | (24.8) | 644 | (24.6) | 865 | (26.6) | 1068 | (26.2) |
| In paid employment | 322 | (28.3) | 502 | (33.5) | 790 | (35.0) | 783 | (30.6) | 791 | (30.2) | 1111 | (34.2) | 1369 | (33.5) |
| Unemployed | 611 | (53.7) | 773 | (51.5) | 1144 | (50.8) | 1267 | (49.5) | 1321 | (50.4) | 1739 | (53.5) | 2269 | (55.6) |
| Retired/unable to work including disability | 104 | (9.1) | 90 | (6.0) | 136 | (6.0) | 240 | (9.4) | 253 | (9.7) | 231 | (7.1) | 197 | (4.8) |
| **New cases** | **568** | | **748** | | **1232** | | **1258** | | **1359** | | **1615** | | **1839** | |
| Median age (range[10]) | 27 | 18-43 | 28 | 18-44 | 29 | 19-43 | 28 | 19-44 | 29 | 19-44 | 30 | 19-45 | 29 | 19-45 |
| Under 18 | 20 | (3.5) | 15 | (2.0) | 28 | (2.3) | 30 | (2.4) | 34 | (2.5) | 20 | (1.2) | 37 | (2.0) |
| Female | 107 | (18.8) | 123 | (16.4) | 216 | (17.5) | 207 | (16.5) | 251 | (18.5) | 359 | (22.2) | 381 | (20.7) |
| Homeless | 17 | (3.0) | 27 | (3.6) | 50 | (4.1) | 67 | (5.3) | 53 | (3.9) | 85 | (5.3) | 101 | (5.5) |
| Traveller | 15 | (2.6) | 19 | (2.5) | 19 | (1.5) | 37 | (2.9) | 30 | (2.2) | 51 | (3.2) | 47 | (2.5) |
| Education ceased before 16 years | 124 | (21.8) | 161 | (21.5) | 284 | (23.1) | 269 | (21.4) | 271 | (19.9) | 378 | (23.4) | 377 | (20.5) |
| In paid employment | 190 | (33.5) | 286 | (38.2) | 497 | (40.3) | 466 | (37.0) | 507 | (37.3) | 649 | (40.2) | 836 | (45.5) |
| Unemployed | 273 | (48.1) | 357 | (47.7) | 570 | (46.3) | 560 | (44.5) | 583 | (42.9) | 777 | (48.1) | 843 | (45.8) |
| Retired/unable to work including disability | 46 | (8.1) | 37 | (4.9) | 65 | (5.3) | 104 | (8.3) | 114 | (8.4) | 102 | (6.3) | 81 | (4.4) |
| **Previously treated** | **541** | | **692** | | **944** | | **1074** | | **1126** | | **1478** | | **1981** | |
| Median age (range[10]) | 31 | 20-46 | 32 | 19-46 | 32 | 19-46 | 32 | 19-48 | 31 | 20-47 | 33 | 20-48 | 34 | 21-49 |
| Under 18 | 7 | (1.3) | 9 | (1.3) | 10 | (1.1) | 9 | (0.8) | 7 | (0.6) | 9 | (0.6) | 12 | (0.6) |
| Female | 144 | (26.6) | 151 | (21.8) | 216 | (22.9) | 265 | (24.7) | 264 | (23.4) | 420 | (28.4) | 595 | (30.0) |
| Homeless | 20 | (3.7) | 28 | (4.0) | 46 | (4.9) | 70 | (6.5) | 89 | (7.9) | 123 | (8.3) | 207 | (10.4) |
| Traveller | 15 | (2.8) | 20 | (2.9) | 20 | (2.1) | 24 | (2.2) | 22 | (2.0) | 43 | (2.9) | 58 | (2.9) |
| Education ceased before 16 years | 180 | (33.3) | 219 | (31.6) | 298 | (31.6) | 320 | (29.8) | 339 | (30.1) | 447 | (30.2) | 641 | (32.4) |
| In paid employment | 129 | (23.8) | 193 | (27.9) | 272 | (28.8) | 250 | (23.3) | 249 | (22.1) | 426 | (28.8) | 485 | (24.5) |
| Unemployed | 317 | (58.6) | 394 | (56.9) | 538 | (57.0) | 600 | (55.9) | 687 | (61.0) | 877 | (59.3) | 1296 | (65.4) |
| Retired/unable to work including disability | 56 | (10.4) | 46 | (6.6) | 62 | (6.6) | 123 | (11.5) | 114 | (10.1) | 118 | (8.0) | 112 | (5.7) |
| **Treatment status unknown** | **29** | | **60** | | **78** | | **228** | | **134** | | **155** | | **264** | |

~ Cells with five cases or fewer

# Polydrug use 2016–2022

Over the period 2016 to 2022, over half of all cases (56.8%) reported polydrug use (problem use of more than one substance).

The proportion of cases reporting polydrug use decreased from 61.8% in 2016 to 56.8% in 2022, fluctuating over the period between (**Table 7**).

As an additional drug, cannabis increased steadily over the period from 32.9% of cases in 2016 to 42.0% in 2021, but decreased slightly to 40.3% in 2022 (**Table 8**). In the years 2016 to 2019, alcohol was more common as an additional problem than cannabis. However, from 2020 onwards cannabis has become more common than alcohol as an additional problem.

Cocaine as an additional problem increased substantially over the period from 25.9% of cases with polydrug use in 2016 to 36.1% in 2022.

Benzodiazepines decreased from 36.9% of polydrug cases in 2016 to 32.2% in 2022.

Alcohol decreased slightly from a high of 37.5% of polydrug cases in 2017 to 34.9% in 2020, then increased to 36.2% in 2022.

Opioids were reported as an additional substance by 21.7% of cases with polydrug use in 2022. There have been small fluctuations in the proportion since 2016 (21.4%).

Among *new cases,* the most commonly reported additional drugs in 2022 were alcohol, followed by cannabis, cocaine and benzodiazepines. One-in-two *new cases* that reported additional drugs reported alcohol (50.5%), an increase from 42.7% in 2016. The proportion reporting cannabis as an additional problem increased from 29.9% in 2016 to 40.0% in 2022. During the same time period, the proportion of *new cases* reporting cocaine as an additional problem were similar, 29.0% in 2016 and 29.8% in 2022 with fluctuations over the period.

Among *previously treated cases,* the most commonly reported additional drugs in 2022 were cannabis, followed by cocaine, benzodiazepines, and alcohol. The proportion reporting cannabis as an additional problem increased from 35.0% in 2016 to a peak of 42.9% in 2021, then decreased to 40.8% in 2022. Over the reporting period, the proportion of *previously treated cases* reporting cocaine as an additional problem increased from 24.0% in 2016 to 39.5% in 2022. The proportion reporting benzodiazepines remained at similar throughout the time period (at approximately 40% each year) up to 2021, then decreased to 36.3% in 2022.

Table 7: Polydrug use in cases treated for drugs as a main problem, NDTRS 2016 to 2022

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cases** | **9227** | | **8922** | | **10274** | | **10664** | | **9702** | | **10769** | | **12009** | |
| One drug only | 3524 | (38.2) | 3816 | (42.8) | 4787 | (46.6) | 4803 | (45.0) | 4019 | (41.4) | 4501 | (41.8) | 5190 | (43.2) |
| Two or more drugs | 5703 | (61.8) | 5106 | (57.2) | 5487 | (53.4) | 5861 | (55.0) | 5683 | (58.6) | 6268 | (58.2) | 6819 | (56.8) |

Table 8: Polydrug use - additional problem drugs for all cases and new cases, NDTRS 2016 to 2022

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All polydrug** | **5703** | | **5106** | | **5487** | | **5861** | | **5683** | | **6268** | | **6819** | |
| Cannabis | 1878 | (32.9) | 1690 | (33.1) | 1937 | (35.3) | 2166 | (37.0) | 2246 | (39.5) | 2633 | (42.0) | 2748 | (40.3) |
| Cocaine | 1475 | (25.9) | 1435 | (28.1) | 1619 | (29.5) | 1928 | (32.9) | 2092 | (36.8) | 2252 | (35.9) | 2464 | (36.1) |
| Alcohol | 1943 | (34.1) | 1914 | (37.5) | 2053 | (37.4) | 2189 | (37.3) | 1986 | (34.9) | 2241 | (35.8) | 2467 | (36.2) |
| Benzodiazepines | 2105 | (36.9) | 1846 | (36.2) | 1987 | (36.2) | 2088 | (35.6) | 2076 | (36.5) | 2246 | (35.8) | 2193 | (32.2) |
| Opioids | 1222 | (21.4) | 1078 | (21.1) | 969 | (17.7) | 1180 | (20.1) | 1062 | (18.7) | 1257 | (20.1) | 1480 | (21.7) |
| MDMA (ecstasy) | 465 | (8.2) | 384 | (7.5) | 432 | (7.9) | 493 | (8.4) | 424 | (7.5) | 385 | (6.1) | 352 | (5.2) |
| Z-Drugs | 438 | (7.7) | 334 | (6.5) | 278 | (5.1) | 208 | (3.5) | 247 | (4.3) | 185 | (3.0) | 239 | (3.5) |
| Amphetamines | 128 | (2.2) | 129 | (2.5) | 128 | (2.3) | 145 | (2.5) | 145 | (2.6) | 159 | (2.5) | 126 | (1.8) |
| NPS | 115 | (2.0) | 52 | (1.0) | 52 | (0.9) | 76 | (1.3) | 78 | (1.4) | 89 | (1.4) | 100 | (1.5) |
| Volatile inhalants | 13 | (0.2) | 18 | (0.4) | 20 | (0.4) | 21 | (0.4) | 12 | (0.2) | 23 | (0.4) | 44 | (0.6) |
| Other | 224 | (3.9) | 261 | (5.1) | 268 | (4.9) | 338 | (5.8) | 316 | (5.6) | 290 | (4.6) | 341 | (5.0) |
| **New cases** | **2016** | | **1693** | | **1896** | | **1974** | | **2013** | | **2152** | | **2271** | |
| Cannabis | 603 | (29.9) | 561 | (33.1) | 662 | (34.9) | 750 | (38.0) | 769 | (38.2) | 870 | (40.4) | 908 | (40.0) |

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| Cocaine | 585 | (29.0) | 465 | (27.5) | 517 | (27.3) | 607 | (30.7) | 633 | (31.4) | 631 | (29.3) | 677 | (29.8) |
| Alcohol | 861 | (42.7) | 805 | (47.5) | 929 | (49.0) | 1013 | (51.3) | 969 | (48.1) | 1075 | (50.0) | 1147 | (50.5) |
| Benzodiazepines | 636 | (31.5) | 464 | (27.4) | 480 | (25.3) | 535 | (27.1) | 555 | (27.6) | 532 | (24.7) | 563 | (24.8) |
| Opioids | 297 | (14.7) | 214 | (12.6) | 179 | (9.4) | 157 | (8.0) | 143 | (7.1) | 155 | (7.2) | 187 | (8.2) |
| MDMA (ecstasy) | 237 | (11.8) | 195 | (11.5) | 219 | (11.6) | 248 | (12.6) | 238 | (11.8) | 184 | (8.6) | 160 | (7.0) |
| Z-Drugs | 111 | (5.5) | 79 | (4.7) | 51 | (2.7) | 26 | (1.3) | 34 | (1.7) | 32 | (1.5) | 38 | (1.7) |
| Amphetamines | 53 | (2.6) | 58 | (3.4) | 50 | (2.6) | 62 | (3.1) | 75 | (3.7) | 64 | (3.0) | 45 | (2.0) |
| NPS | 50 | (2.5) | 18 | (1.1) | 16 | (0.8) | 26 | (1.3) | 23 | (1.1) | 27 | (1.3) | 41 | (1.8) |
| Volatile inhalants | ~ | ~ | 6 | (0.4) | 6 | (0.3) | 7 | (0.4) | ~ | ~ | 11 | (0.5) | 33 | (1.5) |
| Other | 85 | (4.2) | 103 | (6.1) | 128 | (6.8) | 138 | (7.0) | 142 | (7.1) | 128 | (5.9) | 165 | (7.3) |
| **Previously treated cases** | **3507** | | **3230** | | **3415** | | **3550** | | **3439** | | **3923** | | **4338** | |
| Cannabis | 1226 | (35.0) | 1065 | (33.0) | 1213 | (35.5) | 1301 | (36.6) | 1387 | (40.3) | 1682 | (42.9) | 1772 | (40.8) |
| Cocaine | 841 | (24.0) | 921 | (28.5) | 1048 | (30.7) | 1212 | (34.1) | 1384 | (40.2) | 1553 | (39.6) | 1715 | (39.5) |
| Alcohol | 1024 | (29.2) | 1036 | (32.1) | 1055 | (30.9) | 1040 | (29.3) | 950 | (27.6) | 1108 | (28.2) | 1250 | (28.8) |
| Benzodiazepines | 1405 | (40.1) | 1314 | (40.7) | 1454 | (42.6) | 1461 | (41.2) | 1450 | (42.2) | 1648 | (42.0) | 1574 | (36.3) |
| Opioids | 882 | (25.1) | 812 | (25.1) | 759 | (22.2) | 963 | (27.1) | 878 | (25.5) | 1069 | (27.2) | 1245 | (28.7) |
| MDMA (ecstasy) | 211 | (6.0) | 170 | (5.3) | 201 | (5.9) | 213 | (6.0) | 173 | (5.0) | 192 | (4.9) | 184 | (4.2) |
| Z-Drugs | 316 | (9.0) | 254 | (7.9) | 219 | (6.4) | 169 | (4.8) | 195 | (5.7) | 148 | (3.8) | 197 | (4.5) |
| Amphetamines | 73 | (2.1) | 68 | (2.1) | 72 | (2.1) | 76 | (2.1) | 61 | (1.8) | 90 | (2.3) | 74 | (1.7) |
| NPS | 62 | (1.8) | 32 | (1.0) | 35 | (1.0) | 46 | (1.3) | 53 | (1.5) | 59 | (1.5) | 55 | (1.3) |
| Volatile inhalants | 12 | (0.3) | 11 | (0.3) | 14 | (0.4) | 13 | (0.4) | 6 | (0.2) | 12 | (0.3) | 11 | (0.3) |
| Other | 128 | (3.6) | 146 | (4.5) | 130 | (3.8) | 183 | (5.2) | 160 | (4.7) | 152 | (3.9) | 165 | (3.8) |

~ Cells with five cases or fewer

# Risk behaviour 2016–2022

## Injecting behaviour

The proportion of all cases that had ever injected decreased year on year, from 32.1% in 2016 to 20.8% in 2022 **(Table 9)**.

Among *new cases*, the proportion that reported ever injecting decreased over the period from 13.5% in 2016 to 4.4% in 2022.

The proportion of *previously treated cases* that reported ever injecting decreased from 44.6% in 2016 to 31.3% in 2022.

Among cases that had ever injected, the proportion currently injecting (i.e., in the 30 days prior to treatment) decreased from 33.2% in 2016 to 30.2% in 2022. There have been small fluctuations in the proportion since 2018. Among *new cases* the proportion increased from 39.1% in 2016 to 48.5% in 2022 while among *previously treated cases* the proportion decreased from 31.9% in 2016 to 27.7% in 2022.

## Sharing of needles and syringes 2019–2022

In 2022, 42.7% of cases that had ever injected had also shared needles and syringes, an increase on 37.2% in 2019.

Among *new cases*, the proportion of injectors that had shared needles and syringes ranged between 25.8% (2020) and 30.8% (2022). While among *previously treated cases*, the proportion of injectors that had shared needles and syringes increased from 38.8% in 2019 to 45.8% in 2022. Sharing of needles and syringes is a risk factor for blood borne viral infections.

Table 9: Injecting history in cases treated for drugs as a main problem, NDTRS 2016 to 2022

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cases** | **9227** | | **8922** | | **10274** | | **10664** | | **9702** | | **10769** | | **12009** | |
| Ever injected | 2960 | (32.1) | 2651 | (29.7) | 2740 | (26.7) | 2540 | (23.8) | 2260 | (23.3) | 2264 | (21.0) | 2492 | (20.8) |
| Ever shared needles and syringes | N/A‡ | N/A‡ | N/A‡ | N/A‡ | N/A‡ | N/A‡ | 946 | (37.2) | 855 | (37.8) | 938 | (41.4) | 1064 | (42.7) |
| **New cases** | **3526** | | **3257** | | **3962** | | **3979** | | **3796** | | **4206** | | **4456** | |
| Ever injected | 476 | (13.5) | 359 | (11.0) | 314 | (7.9) | 255 | (6.4) | 194 | (5.1) | 164 | (3.9) | 198 | (4.4) |
| Ever shared needles and syringes | N/A‡ | N/A‡ | N/A‡ | N/A‡ | N/A‡ | N/A‡ | 74 | (29.0) | 50 | (25.8) | 45 | (27.4) | 61 | (30.8) |
| **Previously treated cases** | **5335** | | **5242** | | **5872** | | **5972** | | **5441** | | **6090** | | **6860** | |
| Ever injected | 2379 | (44.6) | 2165 | (41.3) | 2367 | (40.3) | 2213 | (37.3) | 1991 | (36.6) | 1996 | (32.8) | 2147 | (31.3) |
| Ever shared needles and syringes | N/A‡ | N/A‡ | N/A‡ | N/A‡ | N/A‡ | N/A‡ | 858 | (38.8) | 784 | (39.4) | 886 | (43.4) | 984 | (45.8) |
| **Current risk** | | | | | | | | | | | | | | |
| **All cases** | **2960** | | **2651** | | **2740** | | **2540** | | **2260** | | **2264** | | **2492** | |
| Currently injecting† | 984 | (33.2) | 862 | (32.5) | 815 | (29.7) | 759 | (29.9) | 702 | (31.1) | 741 | (32.7) | 752 | (30.2) |
| **New cases** | **476** | | **359** | | **314** | | **255** | | **194** | | **164** | | **198** | |
| Currently injecting† | 186 | (39.1) | 136 | (37.9) | 131 | (41.7) | 94 | (36.9) | 82 | (42.3) | 77 | (47.0) | 96 | (48.5) |
| **Previously treated cases** | **2379** | | **2165** | | **2367** | | **2213** | | **1991** | | **1996** | | **2147** | |
| Currently injecting† | 760 | (31.9) | 691 | (31.9) | 660 | (27.9) | 637 | (28.8) | 582 | (29.2) | 605 | (30.3) | 595 | (27.7) |

† In the 30 days prior to treatment

‡ N/A Not available, due to transition to a new question in order to comply with EMCDDA reporting, data is not reported prior to 2019

# Socio-demographic characteristics 2016–2022

- The median **age** of cases increased from 30 years in 2016 to 33 years in 2022 (**Table 10**). For *new cases*, the median age increased from 25 years in 2016 to 28 years in 2022.
- In 2022, 5.1% of all cases were aged 17 years or younger, a decrease from 6.8% in 2016, and the lowest proportion in the reporting period. The proportion of *new cases* aged 17 years or younger in 2022 was 11.1% as it was in 2021.
- Over the period, seven-in-ten (72.9%) cases reported were **male**.
- The proportion of cases recorded as **homeless** increased from 9.6% in 2016 to 13.9% in 2022, the highest proportion across the time period.
- The proportion of cases with an Irish Traveller **ethnicity** was 3.2% in 2016 and 3.0% in 2022.[15]
- The proportion of cases recorded as having ceased **education** (for the first time) before the age of 16 years decreased from 35.1% in 2016 to 31.5% in 2022.
- The proportion of all cases that were in paid **employment** increased from 11.1% in 2016 to 22.0% in 2022, the highest proportion across the time period.
- Over the reporting period, 60.3% of all cases were **unemployed**. The proportion of cases that were unemployed decreased between 2016 and 2022 from 66.2% to 59.1%.
- In each year, rates of homelessness, ceasing education before age 16, and unemployment were higher among *previously treated cases* than among *new cases*.

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

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cases** | **9227** | | **8922** | | **10274** | | **10664** | | **9702** | | **10769** | | **12009** | |
| Median age (range[10]) | 30 | 17-47 | 30 | 17-47 | 31 | 17-48 | 31 | 17-48 | 31 | 17-48 | 32 | 17-49 | 33 | 17-50 |
| Under 18 | 629 | (6.8) | 591 | (6.6) | 732 | (7.1) | 822 | (7.7) | 674 | (6.9) | 595 | (5.5) | 616 | (5.1) |
| Male | 6676 | (72.4) | 6449 | (72.3) | 7626 | (74.2) | 7859 | (73.7) | 7167 | (73.9) | 7754 | (72.0) | 8639 | (71.9) |
| Homeless | 886 | (9.6) | 858 | (9.6) | 980 | (9.5) | 1173 | (11.0) | 1023 | (10.5) | 1349 | (12.5) | 1667 | (13.9) |
| Traveller | 296 | (3.2) | 310 | (3.5) | 343 | (3.3) | 320 | (3.0) | 291 | (3.0) | 361 | (3.4) | 361 | (3.0) |
| Education ceased before 16 years | 3236 | (35.1) | 3118 | (34.9) | 3551 | (34.6) | 3306 | (31.0) | 3154 | (32.5) | 3563 | (33.1) | 3779 | (31.5) |
| In paid employment | 1028 | (11.1) | 1280 | (14.3) | 1735 | (16.9) | 1700 | (15.9) | 1574 | (16.2) | 2207 | (20.5) | 2643 | (22.0) |
| Unemployed | 6107 | (66.2) | 5702 | (63.9) | 6356 | (61.9) | 5852 | (54.9) | 5726 | (59.0) | 6333 | (58.8) | 7101 | (59.1) |
| Retired/unable to work including disability | 805 | (8.7) | 712 | (8.0) | 823 | (8.0) | 1251 | (11.7) | 1165 | (12.0) | 1049 | (9.7) | 790 | (6.6) |
| **New cases** | **3526** | | **3257** | | **3962** | | **3979** | | **3796** | | **4206** | | **4456** | |
| Median age (range[10]) | 25 | 16-46 | 26 | 16-46 | 26 | 16-45 | 26 | 15-45 | 27 | 15-46 | 28 | 16-46 | 28 | 16-47 |
| Under 18 | 469 | (13.3) | 413 | (12.7) | 537 | (13.6) | 618 | (15.5) | 548 | (14.4) | 468 | (11.1) | 495 | (11.1) |
| Male | 2628 | (74.5) | 2446 | (75.1) | 3000 | (75.7) | 3065 | (77.0) | 2886 | (76.0) | 3100 | (73.7) | 3347 | (75.1) |
| Homeless | 223 | (6.3) | 199 | (6.1) | 248 | (6.3) | 263 | (6.6) | 229 | (6.0) | 287 | (6.8) | 314 | (7.0) |
| Traveller | 102 | (2.9) | 97 | (3.0) | 109 | (2.8) | 112 | (2.8) | 100 | (2.6) | 129 | (3.1) | 113 | (2.5) |
| Education ceased before 16 years | 969 | (27.5) | 834 | (25.6) | 946 | (23.9) | 888 | (22.3) | 841 | (22.2) | 1031 | (24.5) | 1030 | (23.1) |
| In paid employment | 537 | (15.2) | 652 | (20.0) | 943 | (23.8) | 901 | (22.6) | 903 | (23.8) | 1216 | (28.9) | 1500 | (33.7) |
| Unemployed | 1990 | (56.4) | 1757 | (53.9) | 2029 | (51.2) | 1765 | (44.4) | 1772 | (46.7) | 2054 | (48.8) | 2070 | (46.5) |
| Retired/unable to work including disability | 242 | (6.9) | 183 | (5.6) | 222 | (5.6) | 364 | (9.1) | 308 | (8.1) | 299 | (7.1) | 237 | (5.3) |
| **Previously treated cases** | **5335** | | **5242** | | **5872** | | **5927** | | **5441** | | **6090** | | **6860** | |
| Median age (range[10]) | 32 | 19-47 | 33 | 19-47 | 34 | 19-49 | 34 | 19-50 | 33 | 20-49 | 35 | 20-50 | 36 | 21-51 |
| Under 18 | 141 | (2.6) | 154 | (2.9) | 170 | (2.9) | 155 | (2.6) | 111 | (2.0) | 117 | (1.9) | 115 | (1.7) |
| Male | 3782 | (70.9) | 3686 | (70.3) | 4328 | (73.7) | 4211 | (71.0) | 3948 | (72.6) | 4315 | (70.9) | 4790 | (69.8) |
| Homeless | 617 | (11.6) | 620 | (11.8) | 679 | (11.6) | 810 | (13.7) | 735 | (13.5) | 911 | (15.0) | 1105 | (16.1) |
| Traveller | 183 | (3.4) | 194 | (3.7) | 211 | (3.6) | 180 | (3.0) | 174 | (3.2) | 216 | (3.5) | 227 | (3.3) |
| Education ceased before 16 years | 2162 | (40.5) | 2183 | (41.6) | 2460 | (41.9) | 2224 | (37.5) | 2165 | (39.8) | 2357 | (38.7) | 2615 | (38.1) |
| In paid employment | 464 | (8.7) | 562 | (10.7) | 738 | (12.6) | 678 | (11.4) | 605 | (11.1) | 917 | (15.1) | 1045 | (15.2) |
| Unemployed | 3872 | (72.6) | 3717 | (70.9) | 4056 | (69.1) | 3714 | (62.7) | 3722 | (68.4) | 4001 | (65.7) | 4644 | (67.7) |
| Retired/unable to work including disability | 533 | (10.0) | 495 | (9.4) | 563 | (9.6) | 782 | (13.2) | 745 | (13.7) | 709 | (11.6) | 539 | (7.9) |
| **Treatment status unknown** | **366** | | **423** | | **440** | | **758** | | **465** | | **473** | | **693** | |

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

In 2022, the highest number of reported cases resided[14] in CHO 9 (**Table 11**) (see below for reference to areas included in each CHO).

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

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| **All cases** | **9227** | **8922** | **10274** | **10664** | **9702** | **10769** | **12009** |
| CHO 1 | 367 | 382 | 312 | 477 | 398 | 375 | 476 |
| CHO 2 | 402 | 375 | 329 | 295 | 368 | 380 | 399 |
| CHO 3 | 779 | 749 | 843 | 851 | 839 | 859 | 832 |
| CHO 4 | 1206 | 1055 | 1169 | 1216 | 1007 | 939 | 994 |
| CHO 5 | 1262 | 1170 | 1277 | 1260 | 1082 | 1134 | 1191 |
| CHO 6 | 366 | 400 | 448 | 468 | 471 | 508 | 642 |
| CHO 7 | 1639 | 1531 | 2043 | 2137 | 1848 | 2342 | 2434 |
| CHO 8 | 921 | 926 | 1007 | 983 | 902 | 998 | 1054 |
| CHO 9 | 1846 | 1877 | 2474 | 2532 | 2390 | 2889 | 3392 |
| Other/unknown | 439 | 457 | 372 | 445 | 397 | 345 | 595 |

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| **New cases** | **3526** | **3257** | **3962** | **3979** | **3796** | **4206** | **4456** |
| CHO 1 | 159 | 182 | 147 | 230 | 171 | 180 | 260 |
| CHO 2 | 185 | 173 | 132 | 104 | 111 | 152 | 158 |
| CHO 3 | 361 | 310 | 417 | 420 | 419 | 403 | 382 |
| CHO 4 | 513 | 467 | 530 | 515 | 465 | 431 | 487 |
| CHO 5 | 537 | 498 | 554 | 599 | 470 | 510 | 564 |
| CHO 6 | 149 | 178 | 213 | 168 | 209 | 205 | 268 |
| CHO 7 | 543 | 509 | 664 | 631 | 616 | 826 | 809 |
| CHO 8 | 434 | 367 | 460 | 472 | 439 | 552 | 546 |
| CHO 9 | 530 | 461 | 765 | 766 | 781 | 883 | 896 |
| Other/unknown | 115 | 112 | 80 | 74 | 115 | 64 | 86 |
| **Previously treated** | **5335** | **5242** | **5872** | **5927** | **5441** | **6090** | **6860** |
| CHO 1 | 180 | 172 | 150 | 216 | 204 | 187 | 210 |
| CHO 2 | 212 | 198 | 163 | 155 | 180 | 176 | 194 |
| CHO 3 | 381 | 409 | 396 | 382 | 372 | 437 | 432 |
| CHO 4 | 667 | 567 | 627 | 681 | 534 | 496 | 494 |
| CHO 5 | 712 | 640 | 671 | 606 | 604 | 617 | 613 |
| CHO 6 | 200 | 206 | 227 | 258 | 239 | 278 | 357 |
| CHO 7 | 996 | 933 | 1315 | 1335 | 1152 | 1399 | 1469 |
| CHO 8 | 463 | 457 | 493 | 443 | 440 | 431 | 476 |
| CHO 9 | 1225 | 1336 | 1568 | 1527 | 1459 | 1833 | 2235 |
| Other/unknown | 299 | 324 | 262 | 324 | 257 | 236 | 380 |
| **Treatment status unknown** | **366** | **423** | **440** | **758** | **465** | **473** | **693** |

**LHO areas in each Community Healthcare Organisation area**

CHO 1 – Donegal LHO, Sligo/Leitrim/West Cavan LHO and Cavan/Monaghan LHO

CHO 2 – Galway LHO, Roscommon and Mayo LHO

CHO 3 – Clare LHO, Limerick LHO, North Tipperary/East Limerick LHO

CHO 4 – Kerry LHO, North Cork LHO, North Lee LHO, South Lee LHO and West Cork LHO

CHO 5 – South Tipperary LHO, Carlow/Kilkenny LHO, Waterford LHO and Wexford LHO

CHO 6 – Wicklow LHO, Dun Laoghaire LHO and Dublin South East LHO

CHO 7 – Kildare/West Wicklow LHO, Dublin West LHO, Dublin South City LHO and Dublin South West LHO

CHO 8 – Laois/Offaly LHO, Longford/Westmeath LHO, Louth LHO and Meath LHO

CHO 9 – Dublin North LHO, Dublin North Central LHO and Dublin North West LHO

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

In 2022, the highest number of reported cases resided[14] in RHA Area A (**Table 12**) (see below for reference to areas included in each RHA).

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

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

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| **All cases** | **9227** | **8922** | **10274** | **10664** | **9702** | **10769** | **12009** |
| Area A | 2379 | 2462 | 3006 | 2980 | 2825 | 3517 | 4026 |
| Area B | 2153 | 1976 | 2571 | 2746 | 2365 | 2797 | 2959 |
| Area C | 1628 | 1570 | 1725 | 1728 | 1553 | 1642 | 1833 |
| Area D | 1206 | 1055 | 1169 | 1216 | 1007 | 939 | 994 |
| Area E | 779 | 749 | 843 | 851 | 839 | 859 | 832 |
| Area F | 643 | 653 | 588 | 698 | 716 | 670 | 770 |
| Other/unknown | 439 | 457 | 372 | 445 | 397 | 345 | 595 |
| **New cases** | **3526** | **3257** | **3962** | **3979** | **3796** | **4206** | **4456** |
| Area A | 785 | 711 | 1006 | 971 | 1002 | 1259 | 1229 |
| Area B | 777 | 667 | 907 | 932 | 860 | 1038 | 1082 |
| Area C | 686 | 676 | 767 | 767 | 679 | 715 | 832 |
| Area D | 513 | 467 | 530 | 515 | 465 | 431 | 487 |
| Area E | 361 | 310 | 417 | 420 | 419 | 403 | 382 |
| Area F | 289 | 314 | 255 | 300 | 256 | 296 | 358 |
| Other/unknown | 115 | 112 | 80 | 74 | 115 | 64 | 86 |

| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| **Previously treated** | **5335** | **5242** | **5872** | **5927** | **5441** | **6090** | **6860** |
| Area A | 1482 | 1627 | 1826 | 1708 | 1659 | 2074 | 2519 |
| Area B | 1266 | 1157 | 1579 | 1630 | 1414 | 1637 | 1706 |
| Area C | 912 | 846 | 898 | 864 | 843 | 895 | 970 |
| Area D | 667 | 567 | 627 | 681 | 534 | 496 | 494 |
| Area E | 381 | 409 | 396 | 382 | 372 | 437 | 432 |
| Area F | 328 | 312 | 284 | 338 | 362 | 315 | 359 |
| Other/unknown | 299 | 324 | 262 | 324 | 257 | 236 | 380 |
| **Treatment status unknown** | **366** | **423** | **440** | **758** | **465** | **473** | **693** |

**Regional health areas**

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

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

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

Area D: Kerry and Cork

Area E: Limerick, Tipperary North, Clare

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

# Incidence and prevalence of treatment 2016–2022

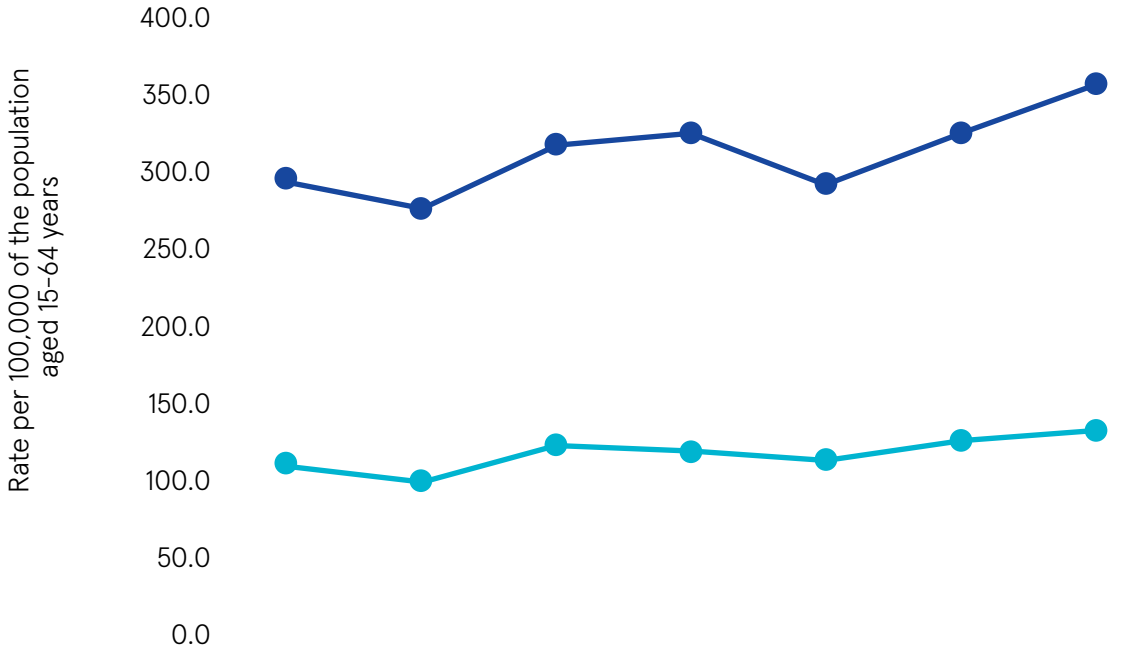
Annual rates for the incidence (*new cases*) and prevalence (all cases) of treated problem drug use were calculated per 100,000 of the population aged 15 to 64 years based on census figures from the Central Statistics Office (CSO) (**Figure 5**).[16]

Incidence was 111.0 per 100,000 in 2016 and 130.5 per 100,000 in 2022.

Prevalence, which includes *new cases* and those cases returning to treatment, increased from 293.1 per 100,000 in 2016 to 356.0 per 100,000 in 2022.

Changes in incidence and prevalence should be interpreted with caution due to the proportion of cases where treatment status was unknown (5.8% in 2022) and the impact of COVID-19 on case numbers for 2020.

Figure 5: Incidence and prevalence of treated problem drug use per 100,000 of the population aged 15 to 64 years, NDTRS 2016 to 2022




| | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|
| Incidence | 111.0 | 101.0 | 121.5 | 119.8 | 114.2 | 126.2 | 130.5 |
| Prevalence | 293.1 | 279.8 | 318.5 | 325.8 | 294.5 | 325.7 | 356.0 |

# Acknowledgements

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# Notes

1 This document may be cited as: O'Neill D, Lyons S, and Carew A (2023) National Drug Treatment Reporting System, 2022 *Drug Treatment Demand*. HRB StatLink Series 12. Dublin: Health Research Board. Available at: https://www.drugsandalcohol.ie/38794 and at www.hrb.ie/publications.

2 European Monitoring System for Drugs and Drug Addiction (EMCDDA). (2012). Treatment demand indicator (TDI) standard protocol 3.0: Guidelines for reporting data on people entering drug treatment in European countries. EMCDDA. https://www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0_en

3 Department of Health. (2017) *Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025.* Dublin: Department of Health. https://www.drugsandalcohol.ie/27603/

4 More detailed information on the NDTRS methodology can be found in previously published HRB Trends Series papers at: www.hrb.ie/fileadmin/publications_files/HRB_Trend_Series_12_Trends_in_treated_problem_drug_use_in_Ireland_2005_to_2010_02.pdf

5 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.

6 The NDTRS interactive tables will be updated to reflect the changes at: www.drugsandalcohol.ie/tables/

7 The Central Treatment List (CTL) is the administrative database to regulate the dispensing of OAT. It was established under Statutory Instrument No. 225 (Minister for Health and Children 1998) and is a complete register of all patients receiving OAT in Ireland. However, the CTL does not collect all the information required for the EMCDDAs Treatment Demand Indicator. https://www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0_en

8 Bruton, L, Gibney, S, Hynes, T, Collins, D, Moran, P (2021) *Spending review 2021. Focused policy assessment of Reducing Harm, Supporting Recovery: an analysis of expenditure and performance in the area of drug and alcohol misuse*. Dublin: Government of Ireland. https://www.drugsandalcohol.ie/34729/

9 Non-binary describes gender identities outside of the female/male gender binary. Individuals identifying as non-binary may feel neither exclusively male or female, both male and female, between or beyond genders.

10 Age range presented is 5th percentile to 95th percentile (90% of cases are included within this range).

11 Service users *currently residing with children* refers to the 30 days prior to treatment. This includes children where the service user has a carer or guardianship role; non-related children such as foster children and stepchildren; and the children of a long-term cohabiting partner. Where the service user is a grandparent or other close relative and is the official guardian of a child with whom they are living, they are recorded as living with children.

12 Children who are *not residing with* the service user refers to children currently living with another parent; children in formal care or informal care; and children living elsewhere who are biological children/adopted children, or children who are under the official guardianship of the service user. It also refers to children who have left home, and children who are living with other family members or friends temporarily, but who are not considered by the service user to be living in care.

13 The capacity and functionality of treatment services were impacted by COVID-19 restrictions. In 2020, the NDTRS surveyed participating services to estimate the impact of the restrictions on treatment data for 2020 (the response rate was 80%). Around 40% of services surveyed expressed some impact on their ability to provide returns, while around 50% expected some impact on numbers (unpublished data).

14 Area of residence relates to the service user's place of residence in the 30 days prior to commencing treatment, for all service types excluding prison. Where a service user is treated in prison and has been in prison for less than six months prior to starting treatment, area of residence is the place of residence prior to imprisonment. Otherwise, the prison location is recorded.

15 Based on the 2016 Census, the proportion of Irish Travellers in the general population is 0.7% (Central Statistics Office, 2022) www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8e/

16 Population data are taken from the Central Statistics Office at: https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2022/

# Appendix A: Number of cases treated for cocaine as a main problem, by county of residence, NDTRS 2016–2022

| | 2016 | | 2017 | | 2018 | | 2019 | | 2020 | | 2021 | | 2022 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) | n | (%) |
| **All cases** | **1138** | | **1500** | | **2254** | | **2560** | | **2619** | | **3248** | | **4084** | |
| Carlow | 16 | (1.4) | 11 | (0.7) | 15 | (0.7) | 24 | (0.9) | 28 | (1.1) | 30 | (0.9) | 42 | (1.0) |
| Cavan | ~ | ~ | 11 | (0.7) | ~ | ~ | 21 | (0.8) | 14 | (0.5) | 22 | (0.7) | 40 | (1.0) |
| Clare | 27 | (2.4) | 30 | (2.0) | 42 | (1.9) | 57 | (2.2) | 51 | (1.9) | 51 | (1.6) | 64 | (1.6) |
| Cork | 80 | (7.0) | 124 | (8.3) | 185 | (8.2) | 220 | (8.6) | 234 | (8.9) | 193 | (5.9) | 260 | (6.4) |
| Donegal | 13 | (1.1) | 31 | (2.1) | 44 | (2.0) | 69 | (2.7) | 65 | (2.5) | 61 | (1.9) | 89 | (2.2) |
| Dublin | 573 | (50.4) | 772 | (51.5) | 1195 | (53.0) | 1316 | (51.4) | 1323 | (50.5) | 1751 | (53.9) | 2204 | (54.0) |
| Galway | 15 | (1.3) | 20 | (1.3) | 15 | (0.7) | 33 | (1.3) | 33 | (1.3) | 40 | (1.2) | 35 | (0.9) |
| Kerry | 21 | (1.8) | 26 | (1.7) | 49 | (2.2) | 65 | (2.5) | 50 | (1.9) | 66 | (2.0) | 79 | (1.9) |
| Kildare | 22 | (1.9) | 28 | (1.9) | 44 | (2.0) | 47 | (1.8) | 61 | (2.3) | 99 | (3.0) | 127 | (3.1) |
| Kilkenny | 16 | (1.4) | 11 | (0.7) | 31 | (1.4) | 31 | (1.2) | 21 | (0.8) | 32 | (1.0) | 31 | (0.8) |
| Laois | 19 | (1.7) | 13 | (0.9) | 32 | (1.4) | 31 | (1.2) | 36 | (1.4) | 35 | (1.1) | 59 | (1.4) |
| Leitrim | 0 | (0.0) | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | ~ | 9 | (0.2) |
| Limerick | 72 | (6.3) | 72 | (4.8) | 137 | (6.1) | 147 | (5.7) | 134 | (5.1) | 167 | (5.1) | 173 | (4.2) |
| Longford | ~ | ~ | ~ | ~ | ~ | ~ | 11 | (0.4) | 16 | (0.6) | 15 | (0.5) | 30 | (0.7) |
| Louth | 28 | (2.5) | 43 | (2.9) | 54 | (2.4) | 61 | (2.4) | 52 | (2.0) | 88 | (2.7) | 108 | (2.6) |
| Mayo | 6 | (0.5) | 12 | (0.8) | 16 | (0.7) | 13 | (0.5) | 38 | (1.5) | 28 | (0.9) | 43 | (1.1) |
| Meath | 21 | (1.8) | 39 | (2.6) | 48 | (2.1) | 33 | (1.3) | 45 | (1.7) | 91 | (2.8) | 99 | (2.4) |
| Monaghan | 0 | (0.0) | ~ | ~ | 0 | (0.0) | ~ | ~ | 8 | (0.3) | 10 | (0.3) | 9 | (0.2) |
| Offaly | ~ | ~ | 6 | (0.4) | 21 | (0.9) | 20 | (0.8) | 13 | (0.5) | 30 | (0.9) | 24 | (0.6) |
| Roscommon | 17 | (1.5) | 14 | (0.9) | 14 | (0.6) | 17 | (0.7) | 35 | (1.3) | 28 | (0.9) | 32 | (0.8) |
| Sligo | 6 | (0.5) | 14 | (0.9) | 14 | (0.6) | 17 | (0.7) | 20 | (0.8) | 15 | (0.5) | 23 | (0.6) |
| Tipperary | 45 | (4.0) | 55 | (3.7) | 69 | (3.1) | 85 | (3.3) | 85 | (3.2) | 114 | (3.5) | 144 | (3.5) |
| Waterford | 40 | (3.5) | 54 | (3.6) | 68 | (3.0) | 61 | (2.4) | 66 | (2.5) | 68 | (2.1) | 87 | (2.1) |
| Westmeath | 12 | (1.1) | 8 | (0.5) | 15 | (0.7) | 24 | (0.9) | 14 | (0.5) | 12 | (0.4) | 21 | (0.5) |
| Wexford | 35 | (3.1) | 39 | (2.6) | 50 | (2.2) | 60 | (2.3) | 56 | (2.1) | 85 | (2.6) | 92 | (2.3) |
| Wicklow | 24 | (2.1) | 49 | (3.3) | 81 | (3.6) | 87 | (3.4) | 102 | (3.9) | 94 | (2.9) | 143 | (3.5) |
| Outside Ireland | ~ | ~ | 7 | (0.5) | ~ | ~ | ~ | ~ | 11 | (0.4) | 18 | (0.6) | 17 | (0.4) |
| Ireland Unknown | 15 | (1.3) | 7 | (0.5) | ~ | ~ | ~ | ~ | ~ | ~ | 0 | (0.0) | 0 | (0.0) |
| **Total** | **1138** | | **1500** | | **2254** | | **2560** | | **2619** | | **3248** | | **4084** | |

~ Cells with 5 cases or fewer

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