

## Treated problem alcohol use in Ireland 2005 to 2010

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National Drug  
Treatment  
Reporting System

### Summary

This paper describes trends in treated problem alcohol use in Ireland over the six-year period 2005 to 2010, as recorded by the National Drug Treatment Reporting System (NDTRS). This information will assist policy makers, service planners and public health practitioners to develop appropriate responses to problem alcohol use in the future.

It is important to note that each record in the NDTRS database relates to a treatment episode (a case), and not to a person. This means that the same person could be counted more than once in the same calendar year if they had more than one treatment episode in that year.

Since 2004 the NDTRS has collected data on cases in which alcohol was recorded as the main or only reason for seeking treatment. The process of recruiting treatment services that have not participated in the NDTRS to date is ongoing. Coverage of cases remains incomplete in some counties. It may be assumed, therefore, that the data presented in this paper underestimate the true extent of treated problem alcohol use in Ireland.

The main findings from the analysis are:

In the period 2005–2010, a total of 42,333 cases presented with alcohol as a **main problem substance**, accounting for more than half (52.7%) of all cases treated for problem substance use during that period.

The incidence of these cases increased from 109.9 per 100,000 of the 15–64-year-old population in 2005 to 133.2 per 100,000 in 2010. The prevalence increased from 187.6 per 100,000 in 2005 to 251.6 per 100,000 in 2010. This is an indication that problem alcohol use is a recurring addiction that requires repeated treatment over time. These increases in incidence and prevalence may be explained by a true increase in problem alcohol use in the population, an increase in reporting to the NDTRS, or a combination of both.

The annual number of cases increased from 5,525 in 2005 to 7,866 in 2010. This increase reflects the growing number of treatment centres participating in the NDTRS, but may also point to an increase in the number of people presenting for treatment.

The number of new cases rose by 29.4%, from 3,228 in 2005 to 4,178 in 2010. The number of previously treated cases also increased (by 60.7%), from 2,229 in 2005 to 3,583 in 2010.

The incidence of cases treated for alcohol as a main problem drug was analysed by county for two distinct time periods: 2005–2007 and 2008–2010. In the period 2005–2007 the incidence rates per 100,000 of the 15–64-year-old population were highest in Sligo, Donegal, Leitrim, Waterford, Cavan and Wexford (with more than 200 cases per 100,000), and lowest in Mayo, Roscommon and Galway. The rates were also low in Dublin and Wicklow (with less than 100 cases per 100,000). These low rates may be explained by low levels of participation in the NDTRS by services in these counties prior to 2007. In the period 2008–2010 the incidence rates were highest in Waterford, Leitrim and Donegal and lowest in Wicklow, Clare and Laois.

The largest proportion (39.4%) of cases in 2010 lived in the HSE South Region, and more than one quarter (25.6%) lived in the HSE West Region.

Almost one in five of those treated for alcohol as a main problem substance also reported using at least one other substance. In 2010, the most common drugs used in conjunction with alcohol were cannabis, cocaine, benzodiazepines and ecstasy. This reflects a minor change since 2008, when opiates were the fourth most common additional drug. Use of more than one substance increases the complexity of cases and leads to poorer outcomes for the patient. Information about combinations of substances used is important in terms of individual clients' care plans.

The age profile of cases remained similar throughout the reporting period. The median age for all treated cases was 39 years; the median age for new cases continued to be lower (36 years). While the proportion of cases aged under 18 years remained small, the number of new cases in that age group rose by 144.9% in the reporting period. In all six years, the median age at which new cases began drinking was 16 years. The median age at which previously treated cases began drinking fell from 16 years prior to 2009 to 15 years in 2010. Half of all those treated for problem alcohol use had commenced the illicit use of drugs (excluding alcohol and tobacco) by the time they were 16 years old.

The socio-demographic characteristics of cases, both new and previously-treated, remained similar throughout the reporting period. The majority of cases were male, with low levels of employment. The proportion of cases in employment fell in the years 2008 to 2010, possibly reflecting the current economic climate. The proportion of cases who were homeless fell slightly between 2008 and 2009, but rose again in 2010, new cases from 2.4% to 1.5% to 2.3%, and previously-treated cases from 6.9% to 5.0% to 6.5%. Those who used other substances as well as alcohol were more likely to be unemployed and to live in unstable accommodation.

As the government develops a new, integrated National Substance Misuse Strategy to address alcohol and other drug issues in the Irish population, there continues to be a clear need for complete and accurate data on those entering treatment for problem alcohol use. The NDTRS will continue its efforts to achieve full participation in the reporting system by all alcohol treatment services. To achieve its goal of maintaining a complete and accurate national database on treated alcohol use, the NDTRS requires the ongoing support of managers and providers of services.

An online Appendix to this Trends Series paper, containing additional tables and figures with supplementary data, is available on the Health Research Board website at [www.drugsandalcohol.ie/16037](http://www.drugsandalcohol.ie/16037).

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### Acknowledgements

Glossary and acronyms can be accessed online at [www.drugsandalcohol.ie/glossary](http://www.drugsandalcohol.ie/glossary)

## Introduction

According to the World Health Organization, alcohol is the third leading risk factor contributing to the global burden of disease. The impact of alcohol consumption on disease and injury is largely determined by the total volume of alcohol consumed and the pattern of drinking.<sup>1</sup> Ireland has one of the highest levels of alcohol consumption per capita in Europe. In 2010, 11.9 litres of pure alcohol were consumed in this country for every adult aged 15 years or over, according to figures from the Revenue Commissioners and the Central Statistics Office (CSO). Alcohol is associated with a range of chronic and acute medical conditions, including liver cirrhosis, various cancers, road traffic collisions and suicide. Problem alcohol use is pervasive in Irish society, with men and women, the old and the young, experiencing its negative effects.<sup>2,3</sup>

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. It is co-ordinated by the National Health Information Systems staff of the Health Research Board (HRB) on behalf of the Department of Health.

Alcohol and other drug treatment data are viewed as an indirect indicator of drug and alcohol misuse, as well as a direct indicator of demand for treatment services. NDTRS data are used at national level (alcohol and drug data) and at European level (drug data) to provide information on the characteristics of clients entering treatment and on patterns of substance misuse, such as types of substance used and consumption behaviours. Drug data are 'valuable from a public health perspective to assess needs, ... and to plan and evaluate services'.<sup>4</sup>

## Background and methods

The NDTRS was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover all areas of the country. The reporting system was developed in line with the Pompidou Group's Definitive Protocol<sup>5</sup> and subsequently refined in accordance with the Treatment Demand Indicator Protocol.<sup>6</sup> Originally designed to record drug misuse, the NDTRS recorded problematic use of alcohol only in cases where it was an additional problem substance, that is, where the client's main reason for entering treatment was drug misuse but he/she also reported problematic use of alcohol. In 2004, the remit of the NDTRS was extended to include cases where alcohol was recorded as the main or only reason for seeking treatment.

The monitoring role of the NDTRS was recognised by the government in its document Building on experience: National Drugs Strategy 2001–2008.<sup>7</sup> The collection and reporting of data to the NDTRS was one of the actions identified and agreed by government for implementation. The National Drugs Strategy (interim) 2009–2016<sup>8</sup> (NDS) recognised the positive impact of the NDTRS on the development of key indicators, stating that '...the information provided through the NDTRS provide[s] significant insights into the patterns of problem drug use', and that 'drug treatment data has also improved substantially through the NDTRS...' (p. 69). The NDS also recommends the continuation and further development of data-collection systems, including the NDTRS (Action 49).

The HRB supplies service providers and policy makers with relevant data from the NDTRS to inform local and national substance misuse policy and planning. In recent years this information has been central to drug strategy and policy decisions:

- In 1996 NDTRS data were used to identify a number of local areas with problematic heroin use.<sup>9</sup> These areas were later designated as local drugs task force (LDTF) areas, and task force teams have continued to provide strategic responses to drug misuse in their communities.
- In 2004 NDTRS data were used to describe treatment-seeking characteristics and behaviours of those aged under 18 years and to inform the deliberations of the Working Group on treatment of under-18-year-olds.<sup>10</sup>
- In 2007 NDTRS data were used to inform some of the recommendations of the Working Group on drugs rehabilitation, and to assist the Working Group on residential services in estimating the number of residential places required to address severe alcohol and drug problems in Ireland.<sup>11</sup>
- In 2009 the Comptroller and Auditor General used data from the NDTRS in a special report on treatment and rehabilitation services provided for people with drug addictions.<sup>12</sup>
- In 2009 the NDS steering group used NDTRS data extensively to assess progress under the previous strategy.<sup>8</sup>

Compliance with the NDTRS requires that one form be completed for each new client coming for their first treatment and for each previously treated client returning to treatment for problem substance use. Service providers at treatment centres throughout Ireland collect data on episodes of treatment, rather than on the individual person treated each year. HRB staff compile anonymous, aggregated data, which are analysed and reported at national and EU levels.

The main elements of the reporting system in the context of this paper are defined as follows:

*All cases treated* – individuals who receive treatment for alcohol as a **main problem substance** at each treatment centre in a calendar year, including:

- *New cases treated* – individuals who have never been treated for problem alcohol use;
- *Previously treated cases* – individuals who were previously treated for problem alcohol use at any treatment centre at any time in the past and have returned to treatment in the reporting year; and
- *Status unknown* – individuals whose status with respect to previous treatment for problem alcohol use is not known.

For the purpose of the NDTRS, treatment is broadly defined as any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems. Clients who attend needle-exchange services are not included in this reporting system. Treatment options for problem alcohol use include one or more of the following: medication, psychiatric treatment, brief intervention, counselling (including cognitive behavioural therapy), medication-free therapy, family therapy, complementary therapy, and/or life-skills training.

Treatment for problem use of alcohol in Ireland is provided by statutory and non-statutory services, including general hospitals, psychiatric hospitals, community-based services and residential centres. Most treatment of problem alcohol use takes place in outpatient facilities; more complex treatments are carried out in residential settings.<sup>2</sup> The 228 treatment services that returned alcohol treatment data to the HRB in 2010 included 191 non-residential centres and 37 residential centres.

## Interpretation of data

Three factors must be taken into consideration when interpreting the figures in this paper.

1. Despite an increase from 123 in 2005 to 228 in 2010 in the number of alcohol treatment services reporting to the NDTRS, not all services participate in the system. The alcohol services managed by the mental health services were not recruited to the NDTRS until 2007. Coverage of cases remains incomplete in counties Dublin, Galway, Kildare, Mayo, Roscommon and Wicklow. It may therefore be assumed that the data presented in this paper underestimate the true extent of treated alcohol use in Ireland. The process of recruiting services that have not participated in the NDTRS to date is ongoing.
2. Each record in the NDTRS database relates to a treatment episode (a case), and not to a person. This means that the same person could be counted more than once in the reporting year if they had more than one treatment episode in that year.
3. The place of residence of 3.3% of cases for the years 2005–2010 was not recorded, and an additional small number of cases lived outside Ireland. These cases could not be assigned to a specified HSE region or county. The data presented in Tables 1–3 in this paper are based on the total of 42,333 treated cases. The remainder of the tables and all of the figures are based on the 40,671 treated cases who lived at a known address in Ireland.

## Analysis

The data presented in this paper describe treated problem alcohol use in Ireland in the years 2005–2010.

The analysis provides an outline of the following:

- incidence and prevalence;
- treatment provision;
- place of residence: by HSE region and by county;
- other substances used in conjunction with alcohol;
- patterns of alcohol use;
- socio-demographic characteristics; and
- alcohol as an additional problem substance.

### Incidence and prevalence

A total of 42,333 cases presented with alcohol as a **main problem substance** in the six years 2005–2010, accounting for more than half (52.7%) of all cases treated for problem substance use during that period. The annual number of cases who reported alcohol as a main problem substance increased by 42.4% over the reporting period, from 5,525 in 2005 to 7,866 in 2010 (Table 1). This may be attributed to an increase in the number of people presenting for treatment, or it may reflect the increase in the number of treatment centres participating in the NDTRS.

Of the 42,333 cases treated in the six-year period, 22,626 (53.4%) were new cases and 18,396 (43.5%) had been previously treated (Table 1). The annual number of **new cases** in treatment increased by 29.4% over the period, from 3,228 in 2005 to 4,178 in 2010, while the number of **previously treated cases** increased by 60.7%, from 2,229 to 3,583.

**Table 1** Number (%) of cases treated, by treatment status (NDTRS 2005–2010)

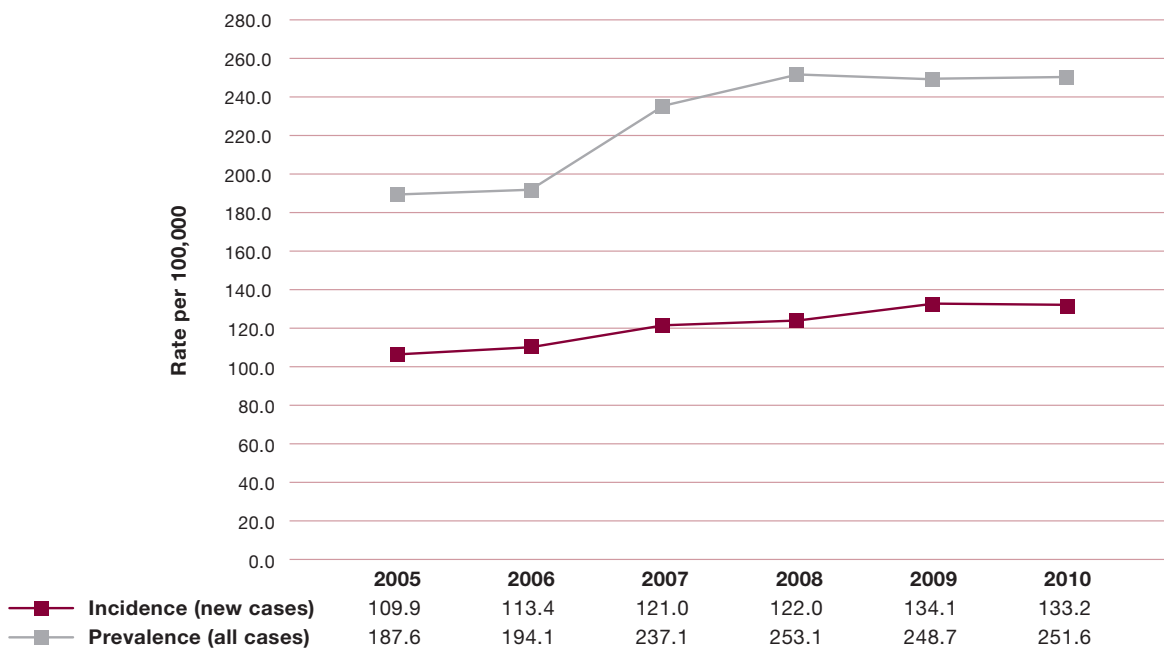
Treatment status	2005		2006		2007		2008		2009		2010	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	5525		5874		7312		7940		7816		7866	
New cases	3228	(58.4)	3431	(58.4)	3736	(51.1)	3833	(48.3)	4220	(54.0)	4178	(53.1)
Previously treated cases	2229	(40.3)	2344	(39.9)	3110	(42.5)	3606	(45.4)	3524	(45.1)	3583	(45.6)
Treatment status unknown	68	(1.2)	99	(1.7)	466	(6.4)	501	(6.3)	72	(0.9)	105	(1.3)

### Annual rates

Annual rates for the incidence (new cases) and prevalence (all cases) of treated alcohol use are expressed per 100,000 of the population aged 15–64 years, based on census figures for 2003 to 2006 and CSO estimated figures for 2007 to 2010.<sup>13, 14, 15, 16</sup>

Figure 1 presents the incidence and prevalence rates of treated cases for the years 2005–2010. The incidence increased by 21.2%, from 109.9 cases per 100,000 in 2005 to 133.2 in 2010. The prevalence increased by 34.1%, from 187.6 in 2005 to 251.6 in 2010. The increase in the number of cases in the later years (2007 to 2010) reflects a genuine increase in numbers treated as many services had been recruited by that time. This increase in prevalence indicates that problem alcohol use is a chronic, relapsing health condition that requires repeated treatment over time.

It is important to note that, despite the increases in incidence and prevalence in the six year period, both rates are an underestimate of problem alcohol use.



**Figure 1** Incidence and prevalence of cases per 100,000 of the 15–64-year-old population (NDTRS 2005–2010)

### Key points – incidence and prevalence:

- The annual number of cases who reported alcohol as a main problem substance increased by 42.4% between 2005 and 2010.
- The number of new cases increased by 29.4%, while the number of previously treated cases increased by 60.7%.
- Incidence increased by 21.2%, from 109.9 cases per 100,000 in 2005 to 133.2 in 2010.
- Prevalence increased by 31.4%, from 187.6 cases per 100,000 in 2005 to 261.6 in 2010.

## Treatment provision

### Service provision

Both the number of alcohol treatment places and the number of services participating in the NDTRS increased between 2005 and 2010 (Table 2). Over half (55.5%) of all treated cases attended outpatient services; 44.5% were treated in a residential centre.

**Table 2** Number and type of services providing treatment for problem alcohol use and number of cases treated (in brackets) (NDTRS 2005–2010)

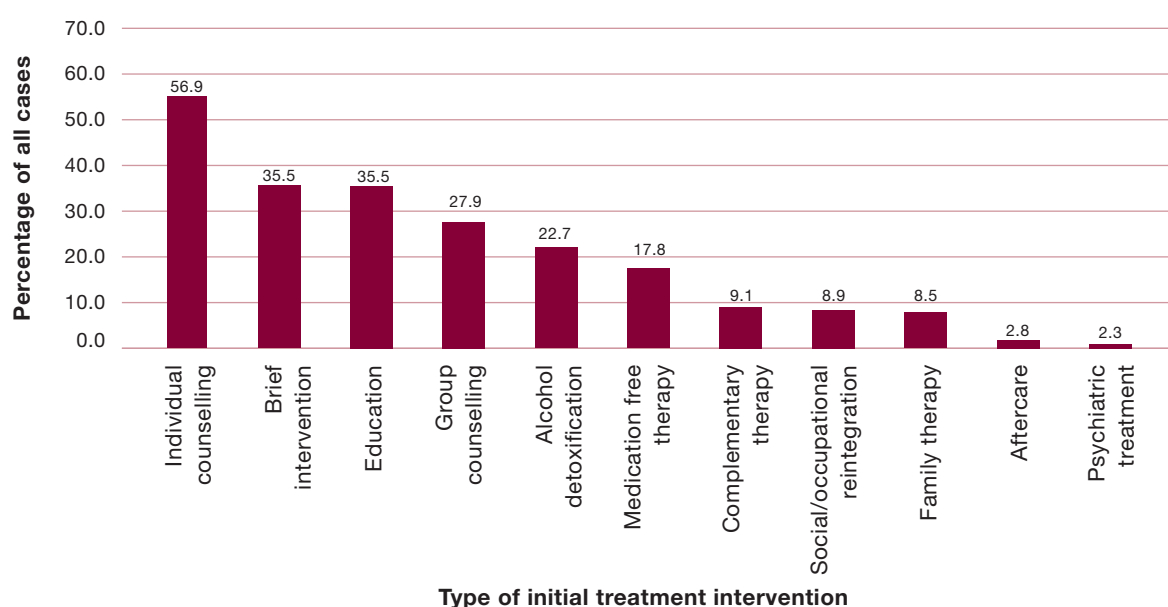
Services	2005	2006	2007	2008	2009	2010
All services (cases treated)	123 (5525)	133 (5874)	174 (7312)	191 (7940)	194 (7816)	228 (7866)
Outpatient (cases treated)	99 (2836)	107 (3181)	135 (3691)	149 (4396)	140 (4446)	145 (4179)
Residential (cases treated)	23 (2685)	25 (2690)	34 (3569)	37 (3481)	34 (3179)	37 (3227)
Low-threshold* (cases treated)	1 (4)	1 (3)	5 (52)	5 (63)	20 (191)	46 (460)

\* Low-threshold services provide low-dose methadone or drop-in facilities only.

## Treatment interventions

It is well recognised that there is no single treatment modality to address alcohol problems. In practice, there are a number of effective treatments that may be provided in various treatment settings and which meet the needs of different types of problem alcohol users. More complex cases, such as severe dependence, psychological morbidity or social disorganisation, are likely to need more intensive treatments.<sup>17</sup> A broad range of services covering treatment and rehabilitation is provided throughout the country.

The NDTRS records the treatment intervention(s) provided when the client is first admitted to a treatment service. A client may have more than one initial treatment, which means that the number of treatments recorded is greater than the number of cases. Figure 2 is based on the 7,866 cases treated for problem alcohol use in 2010. Counselling was the most common initial treatment intervention provided, with over half (56.9%) of all treated cases receiving this intervention. This was followed by brief interventions and education/awareness programmes, which were provided to 35.5% of cases. Approximately one in four treated cases received group counselling (27.9%), alcohol detoxification (22.7%), medication-free therapy (17.8%) or complementary therapy (9.1%). Social and occupational reintegration (8.9%), family therapy (8.5%), aftercare (2.8%) and psychiatric treatment (2.3%) were other initial interventions recorded for treated cases in 2010.



**Figure 2** Percentage of cases who availed of each type of initial treatment intervention provided (NDTRS 2010)

### Key points – treatment provision:

- More than half of all cases treated for substance misuse in the years 2005–2010 were treated for alcohol as a main problem substance.
- 55.5% of all treated alcohol cases attended outpatient treatment services; 44.5% received treatment at a residential centre.
- Individual counselling (56.9%) was the most common initial treatment intervention provided in 2010, followed by brief intervention (35.5%) and education/awareness programmes (35.5%).



## Place of residence

Of the 42,333 cases treated for alcohol as a main problem substance in the period 2005–2010, 40,671 (96.1%) had a specified Irish address, 1,415 (3.3%) had no place of residence recorded, and 247 (0.6%) did not live in Ireland (Table 3).

**Table 3** Number (%) of cases treated, by place of residence (NDTRS 2005–2010)

Place of residence	2005		2006		2007		2008		2009		2010	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	5525		5874		7312		7940		7816		7866	
Specified address	5190	(93.9)	5539	(94.3)	6879	(94.1)	7644	(96.3)	7671	(98.1)	7748	(98.5)
Ireland, address not recorded	310	(5.6)	295	(5.0)	371	(5.1)	242	(3.0)	114	(1.5)	83	(1.1)
Outside Ireland	25	(0.5)	40	(0.7)	62	(0.9)	54	(0.7)	31	(0.4)	35	(0.4)

The tables and figures presented in this paper from this point forward **exclude** cases whose HSE region of residence was not known, and cases who were not normally resident in Ireland.

## Incidence by county

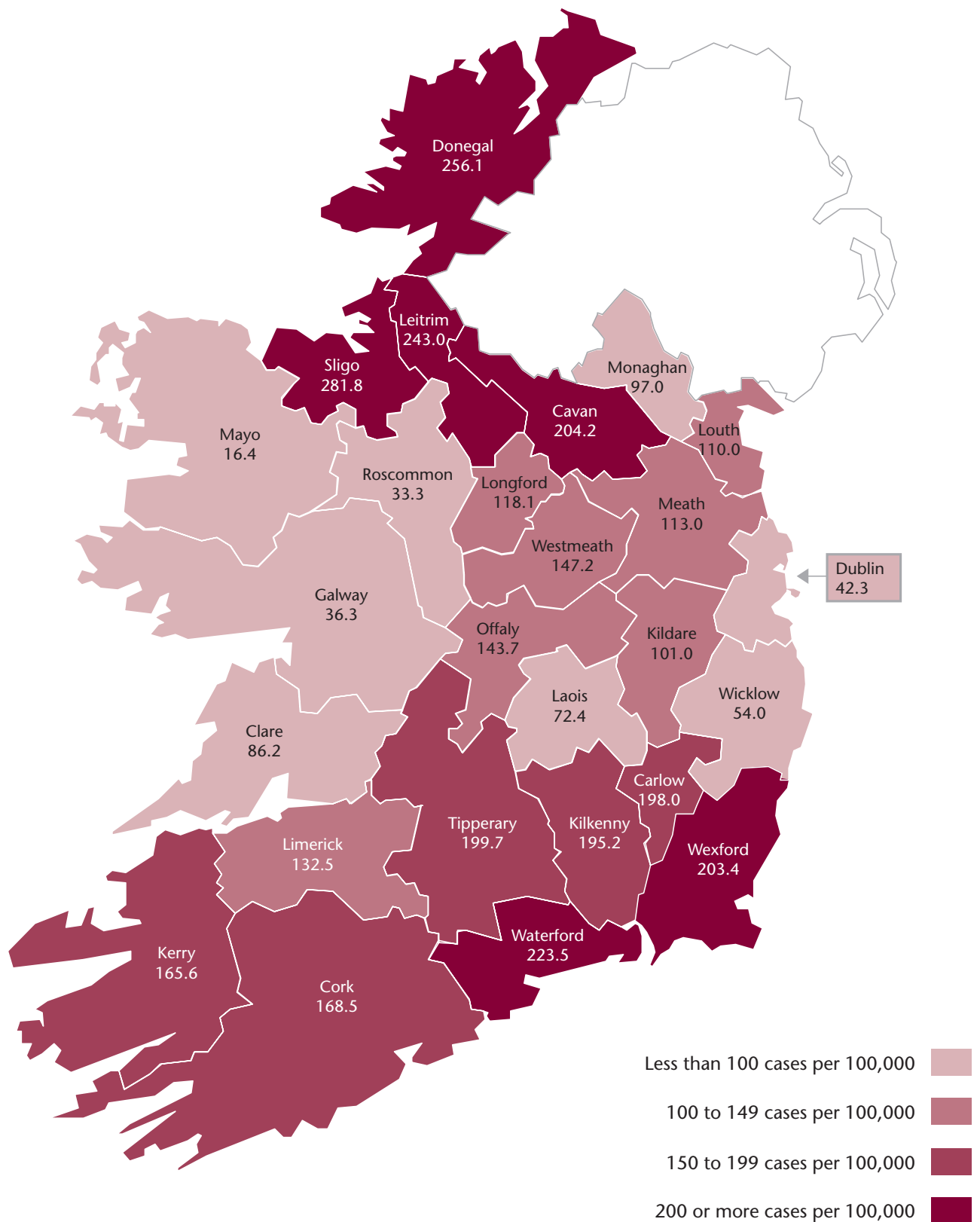
The incidence of treated cases per 100,000 of the 15–64-year-old population was analysed by county for two distinct time periods, 2005–2007 (Figure 3) and 2008–2010 (Figure 4).

In the period 2005–2007 the incidence rates were highest in Sligo, Donegal, Leitrim, Waterford, Cavan and Wexford (with over 200 cases per 100,000) followed by Tipperary, Carlow, Kilkenny, Cork and Kerry (with between 150 and 199 cases). The lowest incidence rates for the three-year period were in Mayo, Roscommon and Galway. The rates were also low in Dublin and Wicklow (less than 100 cases per 100,000).

In the period 2008–2010 the incidence rates were highest in Waterford, Leitrim, Donegal, Sligo, Tipperary and Wexford (with over 200 cases per 100,000), followed by Carlow, Longford, Kerry and Westmeath (with between 150 and 199 cases). While the incidence rates were low in a number of counties (with less than 100 cases per 100,000), Wicklow, Clare, Laois, Dublin and Roscommon had the lowest incidence rates during the three-year period.

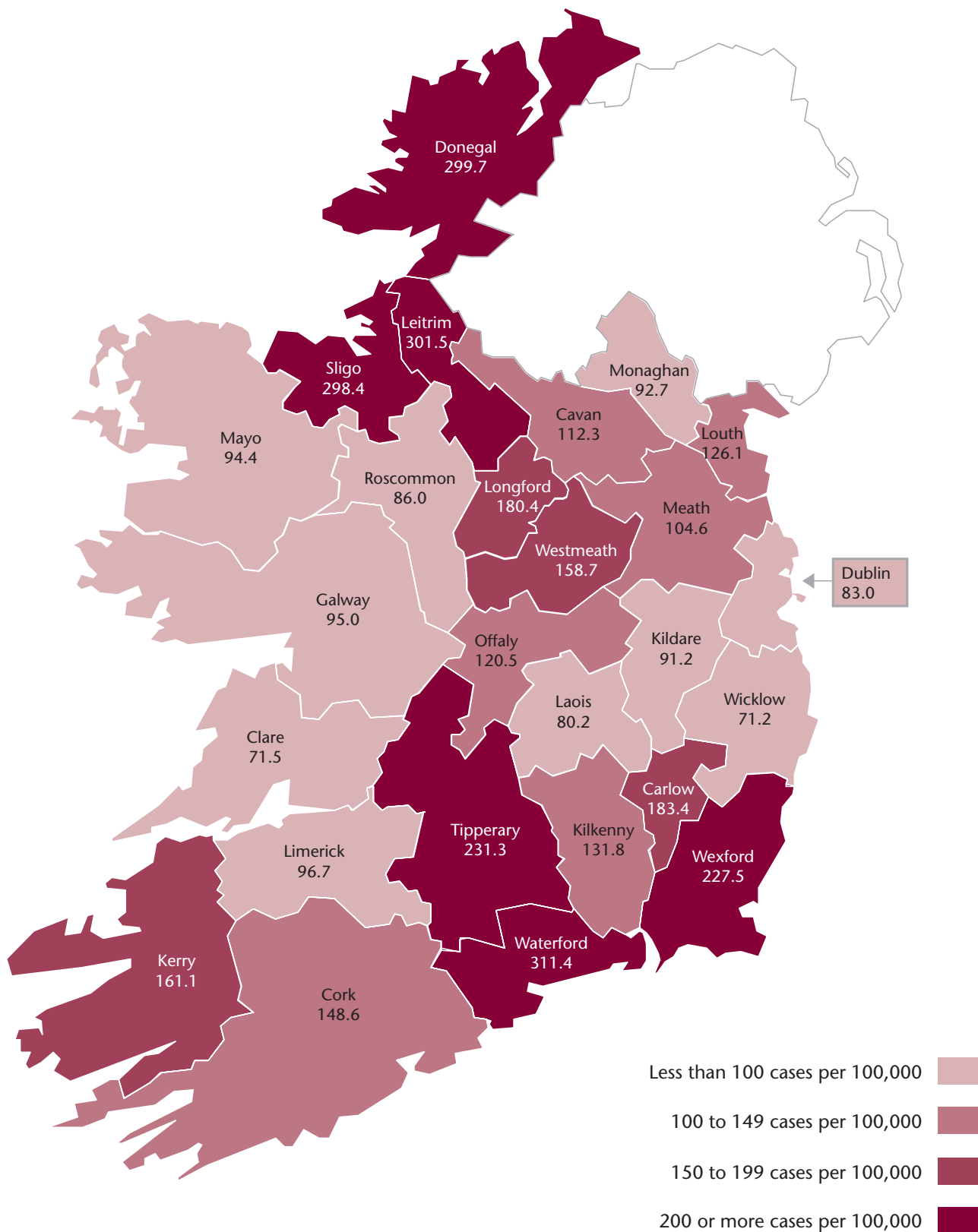
When incidence rates for the two time periods were compared, the counties with the greatest increases were Waterford, Longford, Galway, Leitrim, Mayo, and Roscommon (increases of between 50 and 88 cases per 100,000). Counties with the largest decrease in incidence rates were Cavan, Kilkenny, Limerick, Offaly and Cork (decreases of between 19 and 91 cases per 100,000).

The differences in incidence observed are most likely to be due to levels of participation in the NDTRS, especially prior to 2007. The availability of alcohol-specific services in the Dublin area may also affect the rates. However, the differences are also likely to reflect a true increase in the numbers requiring and accessing treatment for problem alcohol use in certain areas.



**Figure 3** Average annual incidence of treated problem alcohol use among 15–64-year-olds, by county (NDTRS 2005–2007)

NB: Incidence rates are affected by level of participation in the NDTRS



**Figure 4** Average annual incidence of treated problem alcohol use among 15–64-year-olds, by county (NDTRS 2008–2010)

NB: Incidence rates are affected by level of participation in the NDTRS

## Incidence by HSE region

The annual numbers of treated alcohol cases were analysed by HSE region of residence and by treatment status. In the period 2005–2010 the largest proportion (38.4%) of treated cases lived in the South Region, just over one quarter (25.4%) lived in the West Region, just over one fifth (20.9%) lived in the Dublin/Mid-Leinster Region and the remaining 15.3% lived in the Dublin/North East Region (Table 4). The proportions of previously treated and new cases followed similar trends.

The number of cases increased each year except 2010 in the Dublin/Mid-Leinster region. These increases were due mainly to the participation of new services in the reporting system.

In the Dublin/North East region the number of cases increased each year up to 2007 and subsequently numbers declined, most likely due to a reduction in the number of returns to the reporting system rather than to a reduction in demand for services.

In the South Region the number of cases increased in every year except 2006. Overall, the number of previously treated cases in the region rose by 57.1% and the number of new cases by 7.3%.

In the West Region the number of cases rose from 1,211 in 2005 to 2,161 in 2008; the number fell to 1,895 in 2009, again most likely due to a reduction in the number of returns to the reporting system rather than to a reduction in demand for services. Numbers increased slightly in 2010.

**Table 4** Number (%) of cases treated, by HSE region of residence and by treatment status (NDTRS 2005–2010)

HSE region of residence	2005		2006		2007		2008		2009		2010	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
<b>All cases</b>	<b>5190</b>		<b>5539</b>		<b>6879</b>		<b>7644</b>		<b>7671</b>		<b>7748</b>	
Dublin/North East	567	(10.9)	882	(15.9)	1270	(18.5)	1233	(16.1)	1235	(16.1)	1020	(13.2)
Dublin/Mid-Leinster	992	(19.1)	1144	(20.7)	1219	(17.7)	1702	(22.3)	1748	(22.8)	1694	(21.9)
South	2420	(46.6)	2311	(41.7)	2504	(36.4)	2548	(33.3)	2793	(36.4)	3052	(39.4)
West	1211	(23.3)	1202	(21.7)	1886	(27.4)	2161	(28.3)	1895	(24.7)	1982	(25.6)
<b>New cases</b>	<b>3110</b>		<b>3317</b>		<b>3655</b>		<b>3772</b>		<b>4184</b>		<b>4143</b>	
Dublin/North East	346	(11.1)	575	(17.3)	698	(19.1)	618	(16.4)	698	(16.7)	566	(13.7)
Dublin/Mid-Leinster	542	(17.4)	656	(19.8)	512	(14.0)	706	(18.7)	954	(22.8)	935	(22.6)
South	1507	(48.5)	1376	(41.5)	1376	(37.6)	1321	(35.0)	1524	(36.4)	1617	(39.0)
West	715	(23.0)	710	(21.4)	1069	(29.2)	1127	(29.9)	1008	(24.1)	1025	(24.7)
<b>Previously treated cases</b>	<b>2027</b>		<b>2142</b>		<b>2863</b>		<b>3405</b>		<b>3418</b>		<b>3513</b>	
Dublin/North East	211	(10.4)	292	(13.6)	479	(16.7)	445	(13.1)	509	(14.9)	430	(12.2)
Dublin/Mid-Leinster	440	(21.7)	464	(21.7)	551	(19.2)	788	(23.1)	776	(22.7)	718	(20.4)
South	903	(44.5)	905	(42.3)	1085	(37.9)	1181	(34.7)	1257	(36.8)	1419	(40.4)
West	473	(23.3)	481	(22.5)	748	(26.1)	991	(29.1)	876	(25.6)	946	(26.9)
<b>Treatment status unknown</b>	<b>53</b>		<b>80</b>		<b>361</b>		<b>467</b>		<b>69</b>		<b>92</b>	

### Key points – place of residence:

- Of those treated between 2005 and 2010, 96.1% lived at a specified address in Ireland.
- The largest proportion (38.4%) of cases in the six-year period lived in the HSE South Region.
- The number of cases increased each year apart from 2010 in the Dublin/Mid-Leinster.

- The number of cases increased each year apart from 2006 in the HSE South Region.
- In the period 2005–2007 the incidence rates were highest in Sligo, Donegal, Leitrim, Waterford, Cavan and Wexford.
- In the period 2008–2010 the incidence rates were highest in Waterford, Leitrim, Donegal, Sligo, Tipperary and Wexford.

## Other substances used in conjunction with alcohol

The majority (81.0%) of cases treated in the period 2005–2010 reported problem use of alcohol only; the remaining 19.0% of cases reported use of more than one substance (polysubstance use). In this analysis the number of polysubstance users is underestimated because cases reporting alcohol as an **additional problem** substance are not included (see page 21).

In the years 2005–2008 the proportion of cases treated for alcohol as a main problem who reported using more than one substance remained stable (at approximately 20%, or one in five); the proportion fell to 17.4% in 2009 and rose slightly to 17.6% in 2010. The same trend was noted for previously treated cases and for new cases. In all six years the proportions of new cases using more than one substance were slightly higher than the proportions of previously treated cases (Table 5).

**Table 5** Number (%) of cases treated for alcohol as a main problem who used more than one substance, by treatment status (NDTRS 2005–2010)

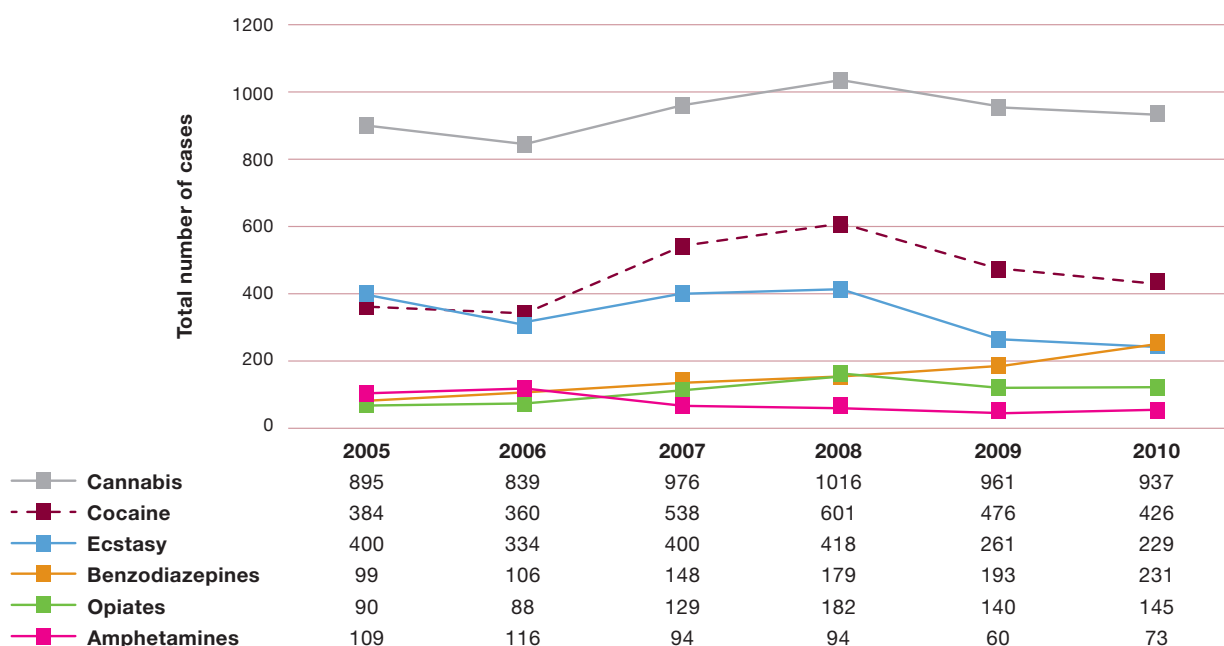
Cases using more than one substance	2005		2006		2007		2008		2009		2010	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	5190		5539		6879		7644		7671		7748	
All cases using more than one substance	1133	(21.8)	1103	(19.9)	1346	(19.6)	1450	(19.0)	1336	(17.4)	1365	(17.6)
New cases	3110		3317		3655		3772		4184		4143	
New cases using more than one substance	724	(23.3)	676	(20.4)	783	(21.4)	798	(21.2)	743	(17.8)	732	(17.7)
Previously treated cases	2027		2142		2863		3405		3418		3513	
Previously treated case using more than one substance	394	(19.4)	404	(18.9)	535	(18.7)	624	(18.3)	576	(16.9)	611	(17.4)
Treatment status unknown	53		80		361		467		69		92	

Of those who reported polysubstance use, 52.1% reported problem use of two substances, 25.1% reported problems with three substances and 22.8% reported problems with four or more substances (See Table A2, supplementary appendix). This same trend was also seen in both previously treated and new cases. Polysubstance use increases the complexity of such cases, and is associated with poorer treatment outcomes.<sup>18</sup>

The association between alcohol and additional problem substances was examined for the period 2005–2010. Information about the combinations of substances used is important in terms of individual clients' care plans.

In all six years, cannabis was the most commonly reported substance used alongside alcohol (Figure 5). Cocaine and ecstasy were (interchangeably) the second and third most commonly reported problem substances used with alcohol. These data highlight the association between alcohol and other recreational drugs. In the years 2005 and 2006, unspecified amphetamines were the fourth most common substance used alongside alcohol. In the years 2007–2009, benzodiazepines or opiates were the fourth most common additional substances used. In 2010, ecstasy was the fourth most common additional substance used with alcohol.

Over the four-year period 2005–2008 the number of cases receiving treatment for problem use of both alcohol and cocaine increased by 56.5%, from 384 to 601. The number of cases receiving treatment for both substances peaked in 2008. The most marked increase occurred between 2006 and 2007 when the number using cocaine alongside alcohol increased by 49.4%. The numbers fell by 20.8% in 2009 and by 10.5% in 2010. This trend was seen for both new and previously treated cases. The use of alcohol and cocaine together results in the formation of cocaethylene which may potentiate the cardiotoxic effects of both these substances. This combination may also increase the likelihood of violent thoughts and threats which may in turn lead to an increase in violent behaviours.<sup>19</sup>

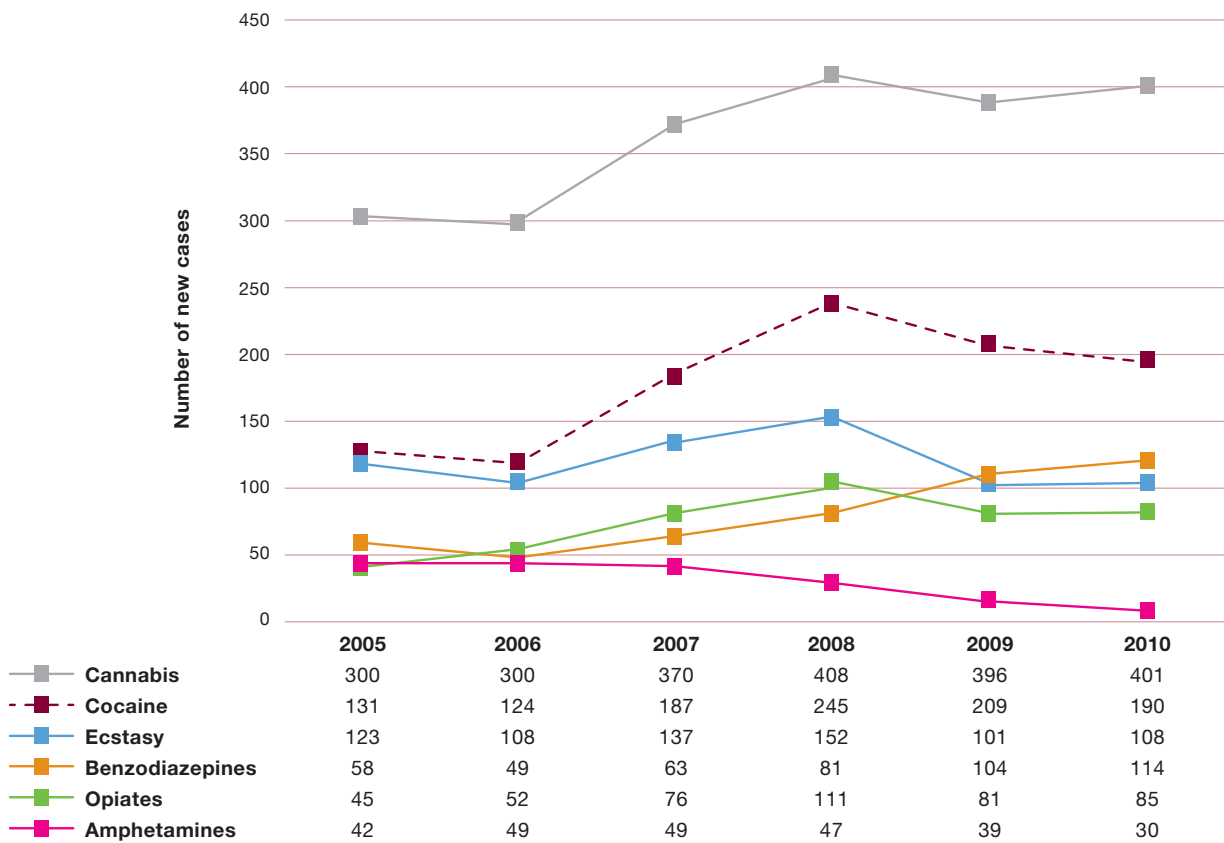


**Figure 5** All cases: additional problem substances associated with alcohol as a main problem substance (NDTRS 2005–2010)

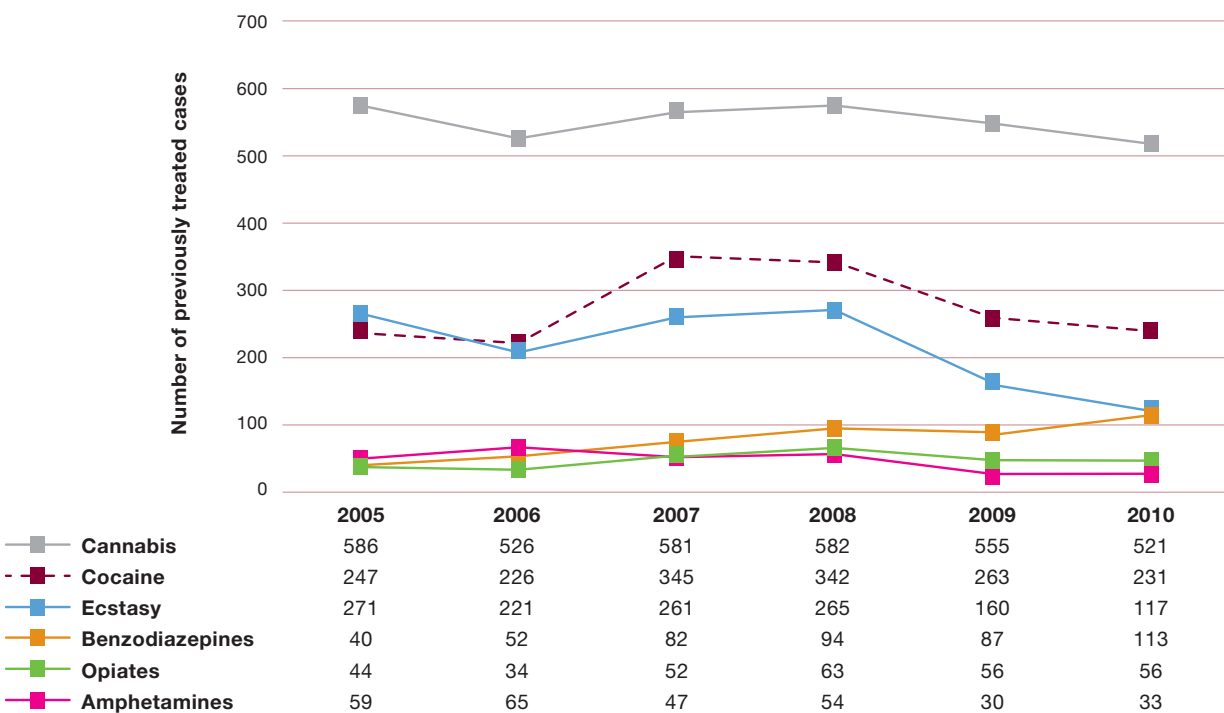
There were some differences between new and previously treated cases in the ranking order of additional substances used. Opiates featured among the top four additional problem substances reported by **new** cases; opiates were the fourth most common substance in the years 2006–2008 (Figure 6). Benzodiazepines and ecstasy also featured as additional problem substances reported by **new** cases; benzodiazepines were the third most common substance in 2009 and 2010 (Figure 6). Benzodiazepines featured among the top four additional problem substances reported by **previously treated** cases in all years except 2005 and 2006 (Figure 7).

### Key points – other substances used in conjunction with alcohol:

- Most (81.0%) cases reported problem use of alcohol only.
- Almost one in five (19.0%) reported problem use of more than one substance.
- Cannabis was the most commonly reported substance used alongside alcohol for both new and previously treated cases
- Cocaine was the second most commonly reported substance used alongside alcohol.
- In 2010, benzodiazepines were the third most common additional substance used with alcohol for new cases.
- Opiates featured among the top four additional problem substances reported by new cases in the years 2006–2008.
- Benzodiazepines featured among the top four additional problem substances reported by previously treated cases in all years except 2005 and 2006.



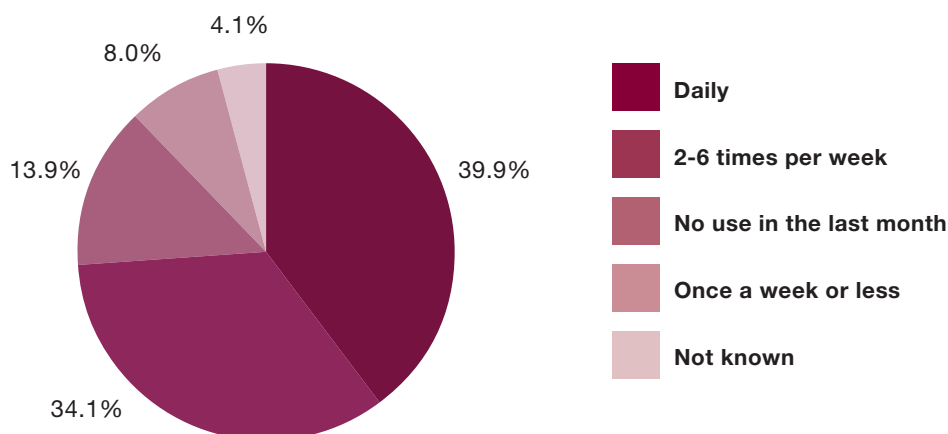
**Figure 6** New cases: additional problem substances associated with alcohol as a main problem substance (NDTRS 2005–2010)



**Figure 7** Previously treated cases: additional problem substances associated with alcohol as a main problem substance (NDTRS 2005–2010)

## Patterns of alcohol use

The largest percentage (39.9%) of cases in the period 2005–2010 reported using alcohol daily (Figure 8).



**Figure 8** Frequency of alcohol use in the month prior to treatment (NDTRS 2005–2010)

In 2010, 31.0% used alcohol daily, 38.1% used it between two and six days per week, 9.0% used it once per week or less, and 17.5% had not used it in the month prior to entering treatment. In the same year, the figure for 'daily use' was higher for previously treated cases (33.2%) than for new cases (29.4%).

Half of all cases had begun drinking by the age of 16 years. This was true for new and previously treated cases. Of those who reported ever using drugs (10,336, 25.4%), the median age at which they commenced the illicit use of drugs remained constant over the reporting period. By the time they were 16 years old, half of all those treated for problem alcohol use had commenced the illicit use of drugs (excluding alcohol and tobacco) (Table 6) for all years.

The median age at which new cases commenced treatment was 36 years. Half of the new alcohol cases had used alcohol for 19 years or more before seeking treatment (Table 7).

### Key points – patterns of alcohol use:

- The largest percentage (39.9%) of cases reported using alcohol daily.
- Half of all cases had commenced drinking by the age of 16 years.
- Half of those cases reporting ever used a drug (excluding alcohol and tobacco) commenced their illicit drug use by the time they were 16 years old.
- Half of all new cases had used alcohol for 19 years or more before seeking treatment.



**Table 6** Age at which substance use started, by treatment status (NDTRS 2005–2010)

	2005	2006	2007	2008	2009	2010
<b>All cases</b>						
Number of responses for age first used any drug (excluding alcohol)	1225	1311	1647	1891	2025	2237
Median age (range*) started use of any drug, in years	16 (12–29)	16 (12–29)	16 (12–28)	16 (12–29)	16 (12–28)	16 (12–29)
Number of responses for age first used alcohol	3938	4125	4902	5975	6211	6099
Median age (range*) started use of alcohol, in years	16 (12–23)	16 (12–23)	16 (12–23)	16 (12–23)	16 (11–23)	16 (12–22)
<b>New cases</b>						
Number of responses for age first used any drug (excluding alcohol)	780	790	947	1050	1125	1209
Median age (range*) started use of any drug in years	16 (12–28)	16 (12–28)	16 (12–28)	16 (12–28)	16 (12–27)	16 (12–28)
Number of responses for age first used alcohol	2468	2533	2831	3253	3444	3218
Median age (range*) started use of alcohol, in years	16 (12–23)	16 (12–23)	16 (12–22)	16 (12–23)	16 (12–22)	16 (12–22)
<b>Previously treated cases</b>						
Number of responses for age first used any drug (excluding alcohol)	432	504	682	824	883	1013
Median age (range*) started use of any drug, in years	16 (12–30)	16 (12–34)	15 (12–28)	16 (12–30)	16 (12–28)	16 (12–30)
Number of responses for age first used alcohol	1442	1549	2040	2700	2741	2848
Median age (range*) started use of alcohol, in years	16 (12–23)	16 (12–24)	16(12–23)	16 (11–24)	16 (11–25)	15 (11–22)

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

**Table 7** New cases: median age at significant points, and time in years between first use of alcohol and entry into treatment (NDTRS 2005–2010)

New cases (n=22181)	Age first used alcohol (n=17736)	Age first sought treatment (n=22163)	Years between first use of alcohol and first seeking treatment (n=17736)	Age first used any drug (n=5898)
Median age/time (range*) in years	16 (12–22)	36 (18–61)	19 (3–41)	16 (12–28)

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

## Socio-demographic characteristics

Table 8 presents the socio-economic characteristics of cases treated for alcohol as a main problem substance in the years 2005 to 2010.

The majority of treated alcohol cases were male; however, the proportion decreased slightly during the reporting period, from 68.6% in 2005 to 64.8% in 2010. The same trend was observed in the proportions of new and of previously treated male cases, at 65.2% and 64.3% respectively.

In 2010 the median age of new cases entering treatment was 36 years, while the median age of previously treated cases was 41 years. The median age of all cases treated increased by one year between 2005 and 2010 (from 38 to 39 years). As would be expected, new cases were younger than their previously treated counterparts. The median age of new cases treated ranged between 36 and 37 years over the period. The median age of previously treated cases was 41 years throughout the reporting period.

While the proportion of all treated cases aged under 18 years was small (3.3%), a higher proportion of new cases (5.0%) than previously treated cases (1.1%) were in this age group. While numbers were small, the proportion of new cases aged under 18 years increased significantly (by 144.9%) over the six-year period, when the numbers rose from 109 in 2005 to 267 in 2010.

It is difficult to interpret whether long-standing alcohol problems lead to social disadvantage or whether failure to secure or retain employment and accommodation leads to a greater likelihood of developing chronic alcohol problems. In the period 2005–2010, one third (33.1%) of new cases lived with their parents or family members, while less than a quarter (24.1%) of previously treated cases had similar living arrangements. In the same period, 4.0% of all treated cases were homeless; the proportion among new cases was 2.3%, and among previously treated cases 6.3%. While the majority (94.2%) of cases were Irish, the proportion of cases of other nationality increased marginally each year.

At 31.7% for the six-year period, the employment rate among cases aged 16 to 64 years was considerably lower than that in the general population (58.0% of the national population aged 15 to 64 was employed in the reporting period).<sup>20</sup> The employment rate was lower among previously treated cases (25.2%) than among new cases (37.1%). This suggests that prolonged problem alcohol use may lead to loss of employment, or alternatively, the factors associated with failed treatment (or chronic addiction) are similar to those associated with failure to secure or retain employment.

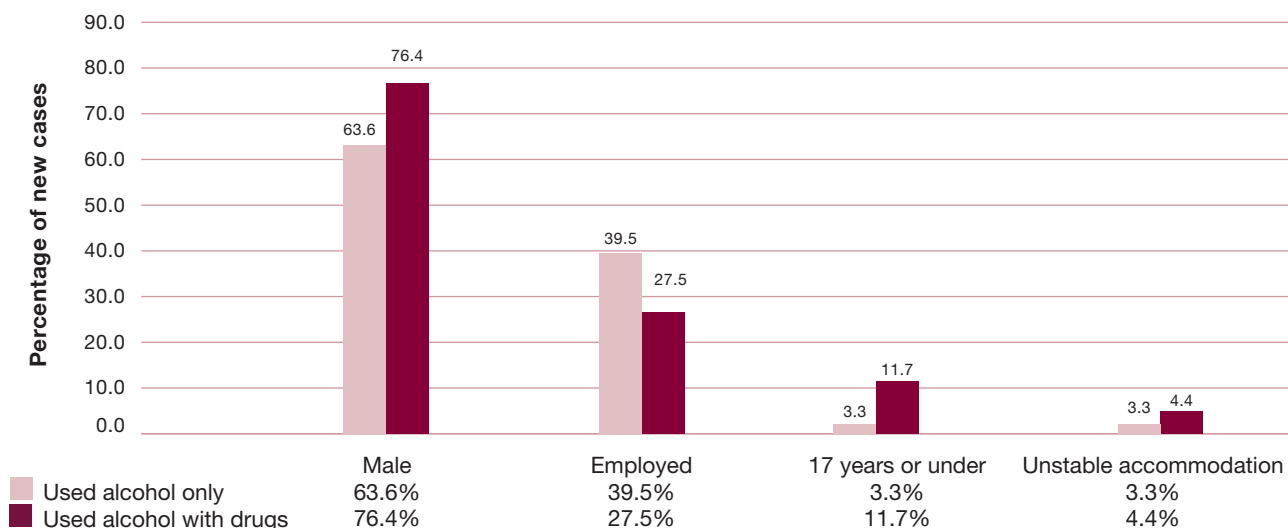
**Table 8** Socio-demographic characteristics, by treatment status (NDTRS 2005–2010)

Characteristics	2005		2006		2007		2008		2009		2010	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
<b>All cases*</b>	<b>5190</b>		<b>5539</b>		<b>6879</b>		<b>7644</b>		<b>7671</b>		<b>7748</b>	
Median age (range <sup>†</sup> ) in years	38 (19–62)		39 (19–62)		39 (19–61)		39 (19–61)		39 (19–61)		39 (18–62)	
Under 18	133 (2.6)		163 (2.9)		216 (3.1)		229 (3.0)		253 (3.3)		335 (4.3)	
Male	3559 (68.6)		3764 (68.0)		4607 (67.0)		5112 (66.9)		5071 (66.1)		5018 (64.8)	
Living with parents/family	1520 (29.3)		1556 (28.1)		2007 (29.2)		2323 (30.4)		2304 (30.0)		2150 (27.7)	
Homeless	223 (4.3)		201 (3.6)		314 (4.6)		340 (4.4)		238 (3.1)		327 (4.2)	
Irish	4961 (95.6)		5240 (94.6)		6460 (93.9)		7227 (94.5)		7229 (94.2)		7214 (93.1)	
Left school aged 14 years or under	805 (15.5)		810 (14.6)		957 (13.9)		1002 (13.1)		939 (12.2)		1018 (13.1)	
Employed (aged 16–64 years)	1954 (39.1)		2071 (39.0)		2328 (35.0)		2314 (31.4)		1991 (26.9)		1747 (23.6)	
<b>New cases*</b>	<b>3110</b>		<b>3317</b>		<b>3655</b>		<b>3772</b>		<b>4184</b>		<b>4143</b>	
Median age (range <sup>†</sup> ) in years	36 (18–60)		37 (18–61)		37 (18–60)		36 (17–61)		36 (17–60)		36 (17–62)	
Under 18	109 (3.5)		143 (4.3)		172 (4.7)		194 (5.1)		220 (5.3)		267 (6.4)	
Male	2126 (68.4)		2205 (66.5)		2419 (66.2)		2466 (65.4)		2756 (65.9)		2700 (65.2)	
Living with parents/family	1037 (33.3)		1038 (31.3)		1187 (32.5)		1266 (33.6)		1471 (35.2)		1338 (33.1)	
Homeless	85 (2.7)		80 (2.4)		105 (2.9)		90 (2.4)		61 (1.5)		96 (2.3)	
Irish	2984 (95.9)		3131 (94.4)		3413 (93.4)		3547 (94.0)		3933 (94.0)		3841 (92.7)	
Left school aged 14 years or under	480 (15.4)		440 (13.3)		490 (13.4)		486 (12.9)		446 (10.7)		484 (11.7)	
Employed (aged 16–64 years)	1279 (42.6)		1382 (43.4)		1492 (42.4)		1378 (38.2)		1239 (30.9)		1104 (28.1)	
<b>Previously treated cases*</b>	<b>2027</b>		<b>2142</b>		<b>2863</b>		<b>3405</b>		<b>3418</b>		<b>3513</b>	
Median age (range <sup>†</sup> ) in years	41 (22–63)		41 (21–63)		41 (21–62)		41 (21–62)		41 (22–62)		41 (20–62)	
Under 18	20 (1.0)		19 (0.9)		43 (1.5)		34 (1.0)		23 (0.7)		60 (1.7)	
Male	1393 (68.7)		1504 (70.2)		1938 (67.7)		2312 (67.9)		2270 (66.4)		2259 (64.3)	
Living with parents/family	465 (22.9)		498 (23.3)		718 (25.1)		911 (26.8)		812 (23.8)		787 (22.4)	
Homeless	138 (6.8)		118 (5.5)		201 (7.0)		234 (6.9)		170 (5.0)		228 (6.5)	
Irish	1926 (95.0)		2039 (95.2)		2696 (94.2)		3227 (94.8)		3233 (94.6)		3290 (93.7)	
Left school aged 14 years or under	320 (15.8)		359 (16.8)		459 (16.0)		512 (15.0)		486 (14.2)		525 (14.9)	
Employed (aged 16–64 years)	657 (33.7)		663 (32.3)		736 (26.5)		829 (25.1)		737 (22.2)		617 (18.1)	
<b>Treatment status unknown</b>	<b>53</b>		<b>80</b>		<b>361</b>		<b>467</b>		<b>69</b>		<b>92</b>	

\* It is not possible to ascertain the percentage with each characteristic of interest from the total number because complete data were not reported in all cases.

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

Figure 9 presents social and demographic characteristics of new cases that used alcohol only, compared with those who used alcohol and other drugs (polysubstance users). Higher proportions of polysubstance users were male, aged 17 years or under, less likely to be employed, and living in unstable accommodation.



**Figure 9** Characteristics of new cases (NDTRS 2005–2010)

### Key points – socio-demographic characteristics:

- The median age of new cases entering treatment was lower than that of previously treated cases.
- Two thirds of treated cases were male.
- One in twenty new cases was aged under 18 years; the proportion of new cases in this age group increased significantly (by 144.9%) over the six-year period.
- 4.0% of all treated cases were homeless.
- The majority (94.2%) of cases were Irish.
- Employment levels among cases aged 16 to 64 years were considerably lower (31.7%) than those in the general population (58.0%).
- A higher proportion of polysubstance users were male (76.4%) and under 18 years of age (11.7%) compared to alcohol-only users.

## Alcohol as an additional problem substance

This paper deals with alcohol as a main problem substance. Many cases treated for problem drug use report alcohol as an additional problem substance. A forthcoming publication will cover this in more detail (HRB Trends Series 12). However, to put this into context, a brief summary is given below.

A total of 42,333 cases presented with alcohol as a main problem substance in the six years 2005–2010, accounting for more than half (52.7%) of all cases treated for problem substance use during that period.

In addition to these 42,333 cases, 9,914 cases presented with a drug as their **main** problem substance and alcohol as an **additional** problem substance.

In the six-year period examined, the **main** problem substances reported where alcohol was an **additional** problem substance were cannabis (38.5% of cases), opiates (32.9% of cases) and cocaine (18.2% of cases). Less frequently reported as a main problem substance were benzodiazepines (4.5%) and ecstasy (2.6%).

Between 2005 and 2008 the proportion of cases reporting opiates or cocaine as their **main** problem substance and alcohol as an **additional** problem substance increased, while in 2009 and 2010 the proportions reporting these substances decreased (Table 9). During the reporting period, although numbers were small, there was a continuous increase in cases reporting benzodiazepines as their **main** problem substance and alcohol as an **additional** problem substance. The sharp increase in 2010 in the number of cases reporting 'Other substances' as their main problem substance was mainly due to the emergence of head shop substances in recent years.

**Table 9** Main problem substance associated with alcohol as an additional problem substance (NDTRS 2005–2010)

	2005		2006		2007		2008		2009		2010	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	1136		1466		1529		1826		1931		2026	
Opiates	332	(29.2)	463	(31.6)	543	(35.5)	684	(37.5)	625	(32.4)	615	(30.4)
Ecstasy	51	(4.5)	48	(3.3)	57	(3.7)	52	(2.8)	33	(1.7)	20	(1.0)
Cocaine	185	(16.3)	293	(20.0)	347	(22.7)	390	(21.4)	311	(16.1)	282	(13.9)
Amphetamines	15	(1.3)	10	(0.7)	14	(0.9)	18	(1.0)	18	(0.9)	30	(1.5)
Benzodiazepines	35	(3.1)	46	(3.1)	72	(4.7)	62	(3.4)	106	(5.5)	127	(6.3)
Volatile inhalants	14	(1.2)	8	(0.5)	9	(0.6)	15	(0.8)	7	(0.4)	13	(0.6)
Cannabis	499	(43.9)	594	(40.5)	480	(31.4)	599	(32.8)	818	(42.4)	824	(40.7)
Other substances	5	(0.4)	4	(0.3)	7	(0.5)	6	(0.3)	13	(0.7)	115	(5.7)

### Key points – alcohol as an additional problem substance:

- In the six-year period examined, the main problem substances reported where alcohol was an additional problem substance were cannabis, opiates and cocaine.
- The proportion of cases reporting opiates or cocaine as their main problem substance and alcohol as an additional problem substance increased between 2005 and 2008, but decreased in 2009 and 2010.
- There was a sharp increase in the number of cases reporting benzodiazepines as their main problem substance and alcohol as an additional problem substance.

## Conclusions

Data on treated alcohol cases from the NDTRS continue to provide valuable information which allows alcohol and drug services to understand the extent of the problem, the personal and substance-using characteristics of those seeking treatment, and trends in treatment seeking over time. These data enable health service planners to allocate appropriate resources to the treatment of problem alcohol use.

The total number of cases treated for alcohol as a main problem substance increased by 42.4% over the reporting period. This is probably a reflection of the increase in the number of alcohol treatment services participating in the NDTRS but also may be attributed to a true increase in the number of people presenting for treatment. The increase in the number of previously treated cases points to problem alcohol use being a chronic, relapsing condition that requires repeated treatment over time.

The data clearly show that the upward trend in polysubstance use among those seeking treatment for problem alcohol use was maintained over the six years under review and this continues to be a challenge for alcohol and drug treatment services. Cannabis was the most common additional problem substance reported by polysubstance users. Although small, the numbers reporting benzodiazepines as an additional problem substance increased over the period. This highlights the need for an integrated approach to the management of substance misuse in Ireland.

The median age of first use of alcohol and other drugs was 16 years, and remained constant over the reporting period. The proportion of new cases aged under 18 years increased by 144.9% over the reporting period, when the numbers rose from 109 in 2005 to 267 in 2010. This highlights the need to delay the initiation to drinking among young people and to reduce alcohol-related harm. Effective policies include: increasing the price of alcohol; restrictions on alcohol sales; minimum legal purchase age (18 years); and low legal blood alcohol concentrations for drivers.<sup>21</sup>

New fields recently added to the NDTRS reporting form will allow future Trends Series papers to provide additional data on specific alcohol-related questions: the clients preferred type of alcohol; volume of alcohol consumed on a typical drinking day; number of days on which alcohol was consumed in the month prior to treatment; and the extent of the drinking problem. Such valuable information will enable service providers to more fully understand the extent of the problems.

As the government develops a new, integrated National Substance Misuse Strategy to address alcohol and other drug issues in the Irish population, there continues to be a clear need for complete and accurate data on those entering treatment for problem alcohol use. The NDTRS will continue its efforts to achieve full participation in the reporting system by all alcohol treatment services. To achieve its goal of maintaining a complete and accurate national database on treated alcohol use, the NDTRS requires the ongoing support of managers and providers of treatment services.

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## NDTRS

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