

HRB Bulletin

National Drug Treatment Reporting System

2024 Drug Treatment Demand

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Introduction



In this bulletin, data on treated problem drug use (excluding alcohol) for the year 2024 are presented, followed by trends for the 8-year period from 2017 to 2024.¹ 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 numbers 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 is routinely used 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, residential (inpatient), low threshold, general practitioners (GPs), and those treated in prison.^{4, 5, 6}

Of note, this publication includes data collected since 2017, corresponding to the implementation of the current national drug and alcohol strategy. Treatment data can be used to measure the impact of the strategy since its commencement.

Participation in the NDTRS



Overall in 2024, 71.1% of all eligible services provided data to the NDTRS, however this rate varies by service type.

While coverage for most service types ranges between 89.2% and 100% (low threshold, outpatient, residential), the main reason for the shortfall is the low participation rate of GPs who provide opioid agonist treatment (OAT). In 2024, only 43.7% of eligible GPs participated in the NDTRS even though the NDTRS has a dedicated research nurse available to collect data on site. 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 are supplied to the European Union Drugs Agency (EUDA) 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 2024

In 2024, 13,295 cases were treated for problem drug use. This is the highest annual number recorded by the NDTRS to date and an increase of 191 cases compared to 2023.

It is important to consider the changing landscape of treatment demand when interpreting the data. While overall percentages may appear stable, the raw number of cases entering treatment may have increased or in some scenarios decreased. This highlights the need to look beyond percentages and analyse absolute figures to fully understand the trends over time.

- The proportion of *new cases* (never treated before) was 35.9%.
- The majority of cases were treated in outpatient facilities (70.1%).

Main problem drug (excluding alcohol)

- **Cocaine** was the most common drug reported in 2024, accounting for 39.8% of all cases, and a 7.4% increase from 2023 (5,289 versus 4,923 cases).
 - Cocaine remains the most common main drug among *new cases*, accounting for almost one-half (46.8%) in 2024.
 - For *previously treated cases*, cocaine accounted for 35.8% of cases, the highest number recorded to date.
- **Opioids** (mainly heroin) were the second most common main problem drug reported. The number of cases fell by 519, from 3,845 in 2023 to 3,326 in 2024.
 - **Heroin** accounted for 84.9% of all opioid cases in 2024.
- **Cannabis** was the third most common main drug reported.
- The type of drug for which treatment was sought varied by age and this has changed over time.
 - Among cases aged 19 years or under, cannabis was the main drug generating treatment demand.
 - Among those aged 20–44 years, cocaine was the main drug generating treatment demand.
 - Opioids were the main drug generating treatment demand among those aged 45 years or over.

Polydrug use

- **Polydrug** use was reported by three in five cases (60.4%).
- Cannabis (40.1%) was the most common additional drug, followed by cocaine (36.7%), alcohol (36.2%) and benzodiazepines (30.1%).

Risk behaviour

- One in five cases reported that they had **ever injected** (18.7%).
- Among cases who had injected, 40.3% had shared **needles and syringes**.
- One in four (24.1%) cases who reported ever injecting had injected in the month prior to starting treatment.
- In 2024, the main problem among cases currently injecting was opioids (74.9%), followed by cocaine (15.7%).

Sociodemographic characteristics

- The median age of cases was 34 years.
- Almost seven in ten (69.8%) cases were **male**.
- One in ten (11.7%) cases were recorded as **homeless**.
- The proportion of cases with an **Irish Traveller** ethnicity was 2.7%.
- Almost two in three (63.3%) cases were recorded as **unemployed**.
- One in five (21.8%) cases were in **paid employment**.
- Of those with children aged 17 years or under, 38.1% of cases treated for problem drug use were **residing with children**.

Cocaine users' characteristics

- Between 2023 and 2024, the treatment demand for powder cocaine increased by 6.4% (237 cases), while the treatment demand for crack cocaine increased by 10.7% (128 cases).
- Sociodemographic characteristics of cases varied by the type of cocaine used.
 - For powder cocaine as the main problem, 22.4% were female, 38.8% were employed, and the median age entering treatment was 32 years.
 - For crack cocaine as the main problem, 45.6% were female, 7.2% were employed, and the median age was 40 years.

Heroin users' characteristics

- In 2024, 2,823 cases were recorded with heroin as a main problem.
- For cases with heroin as the main problem, 28.5% were female, 18.6% were employed, and the median age entering treatment was 33 years.

Treatment outcomes 2024

- Nearly one-third (29.0%) of cases successfully completed treatment and 13.2% were referred to other drug and alcohol services for continued support. However, 32.9% of cases did not return for subsequent appointments and 14.1% refused further treatment sessions.
- At the point of exiting treatment, one in ten cases (9.4%) had either engaged with or achieved substantial progress towards their priority care plan goals. However, 3.2% had disengaged from their care plan, if one existed.
- The majority of cases (77.0%) did not report having family members or significant others involved in their treatment.

Key trends over time (2017–2024)

- Over the period 2017 to 2024, there was a 252.6% increase in the number of cases where **cocaine** was the main problem drug. Powder cocaine increased by 216.0% over the time period and crack cocaine increased by 668.2%.
- Between 2017 and 2024 there was a 426.1% increase among **females** who have sought drug treatment for cocaine, from 284 cases in 2017 to 1,494 cases in 2024.
- Between 2017 and 2024 there was a 299.4% increase in the number of *previously treated* cases reporting cocaine as a main problem, from 692 cases in 2017 to 2,764 cases in 2024.
- The proportion of treatment demand attributable to **opioids** has decreased year-on-year (from 45.0% in 2017 to 25.0% in 2024).
- Opioids were the main drug generating treatment demand for cases aged 45 years or over, an increase compared to earlier years where it was 40 years or over.
- Among *new cases*, the *proportion* that reported **ever injecting** decreased over the period from 11.0% in 2017 to 3.4% in 2024. However, among *previously treated cases* the numbers reporting ever injecting have fluctuated since 2017.

National overview for 2024

Number of cases entering treatment 2024

There were 13,295 treated cases recorded in the NDTRS in 2024. This is the highest annual number recorded by the NDTRS to date.

New cases accounted for 35.9% of drug treatment demand in 2024, while *previously treated* cases accounted for 58.0% of drug treatment demand. For the remaining 6.1% the treatment status was not recorded.

13,295

Total number of
cases treated for
problem drug use



36%
new
cases



58%
previously
treated cases

Figures relate to 2024

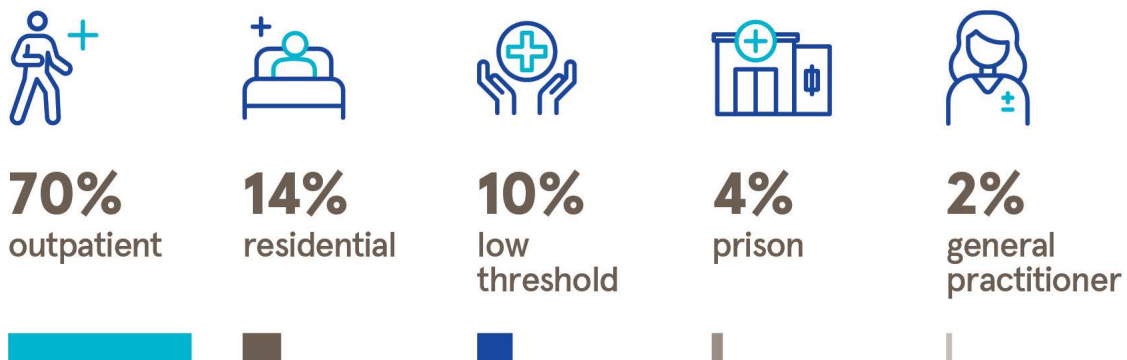
Type of service provider 2024

The majority (70.1%) of cases were treated in outpatient facilities. Residential facilities accounted for 13.8% of the cases, and 10.2% were treated in low threshold settings.

Just 4.2% of cases were treated in prison settings. In this period, the NDTRS received mainly counselling data from the Irish Prison Service.

General practitioners (GPs) accounted for the lowest proportion of cases (1.7%) which also reflects the low participation rate of GPs who provide OAT. In 2024, only 43.7% of eligible GPs participated in the NDTRS even though the NDTRS has a dedicated research nurse available to collect data on site.

Service type 2024



Figures relate to 2024

Main problem drug 2024



All cases 2024

A total of 13,295 cases entered drug treatment in 2024 which is the highest annual number recorded by the NDTRS to date.

Cocaine was the most common drug reported in 2024, accounting for 39.8% of all cases, and a 7.4% increase from 2023 (5,289 versus 4,923 cases).

Opioids (mainly heroin) were the second most common main problem drug reported in 2024 (25.0%, 3,326 cases). Heroin accounted for 84.9% of all opioid cases.

Cannabis was the third most common main problem drug reported in 2024 (17.0%, 2,263 cases).

Benzodiazepines were the fourth most common main problem drug in 2024 (13.4%, 1,788 cases).

A total of 167 cases (1.3%) commenced treatment for problem use of **pregabalin** (Lyrica). Of which, pregabalin was the main problem for 50 cases and an additional problem for 117 cases.

Even though the numbers are small, the number of cases reporting a **new psychoactive substance** (NPS) as a main problem increased by 49.1% between 2023 and 2024 (114 versus 170 cases). In 2024, most commonly reported NPS drugs were synthetic cannabinoid-type drugs followed by synthetic stimulant-type NPS drugs.

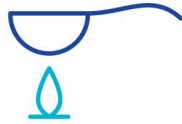
A total of 54 cases commenced treatment for problem use of **nitrous oxide** in 2024. More than one-half (57.4%) were aged 17 years or under. While 12 cases reported nitrous oxide as their main problem drug, the vast majority (77.8%, 42 cases) reported it alongside other drugs.

In 2024, 100 cases reported vaping as a route of administration. More than one-half, 54 cases, were vaping their main problem drug.

Main problem drug



40%
cocaine



25%
opioids



17%
cannabis



13%
benzodiazepines



Figures relate to 2024

New cases 2024

Cocaine (46.8%) was the most common main problem drug among *new cases*, similar to 2023. Cocaine was followed by cannabis (27.5%), benzodiazepines (10.3%) and opioids (8.7%).

- The proportion reporting cannabis as a main problem decreased from 29.1% in 2023 to 27.5% in 2024, but the absolute numbers remained stable.
- The proportion of *new cases* reporting opioids as a main problem was 8.7% in 2024, down from 10.5% in 2023.

Previously treated cases 2024

Opioids (35.9%) were the most common main problem drug reported by *previously treated cases*, closely followed by cocaine (35.8%), benzodiazepines (14.3%), and cannabis (10.6%).

- The proportion reporting opioids as a main problem decreased from 41.1% in 2023 to 35.9% in 2024.
- The proportion reporting cocaine as a main problem continued to increase in 2024.
- The numbers of *previously treated cases* reporting cannabis as a main problem increased from 776 in 2023 to 821 in 2024, however the proportion was similar (10.2% in 2023 versus 10.6% in 2024).

Polydrug use 2024

Problem use of more than one drug (polydrug use) was reported by 60.4% of cases. The number of polydrug cases in 2024 increased by 4.1% from 2023 (8,033 versus 7,719 cases).

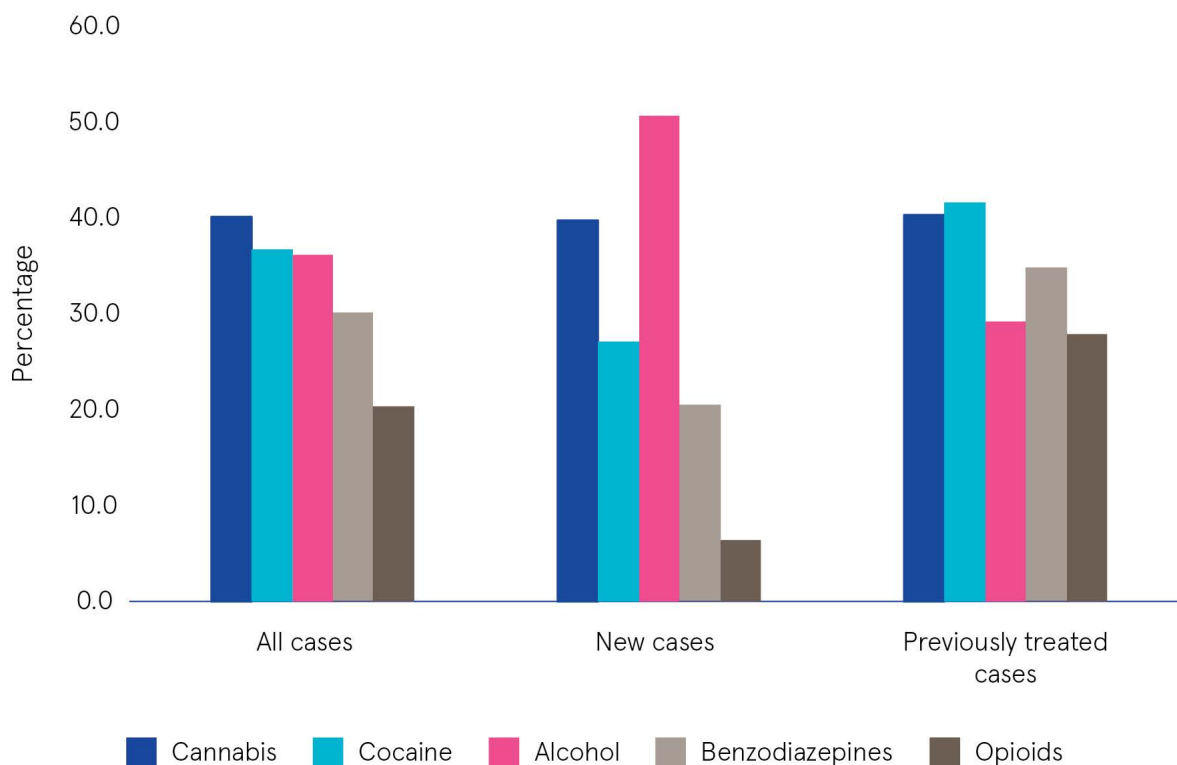
Cannabis (40.1%) was the most common additional substance reported by cases with polydrug use, followed by cocaine (36.7%), alcohol (36.2%), and benzodiazepines (30.1%). However, patterns differed by treatment status (**Figure 1**).

Among *new cases* with polydrug use, alcohol (50.7%) was the most common additional substance in 2024, followed by cannabis (39.9%), cocaine (27.1%), and benzodiazepines (20.5%).

Cocaine (41.7%) was the most common additional substance reported by *previously treated* cases with polydrug use in 2024, followed by cannabis (40.4%), benzodiazepines (35.0%), and alcohol (29.2%).

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.

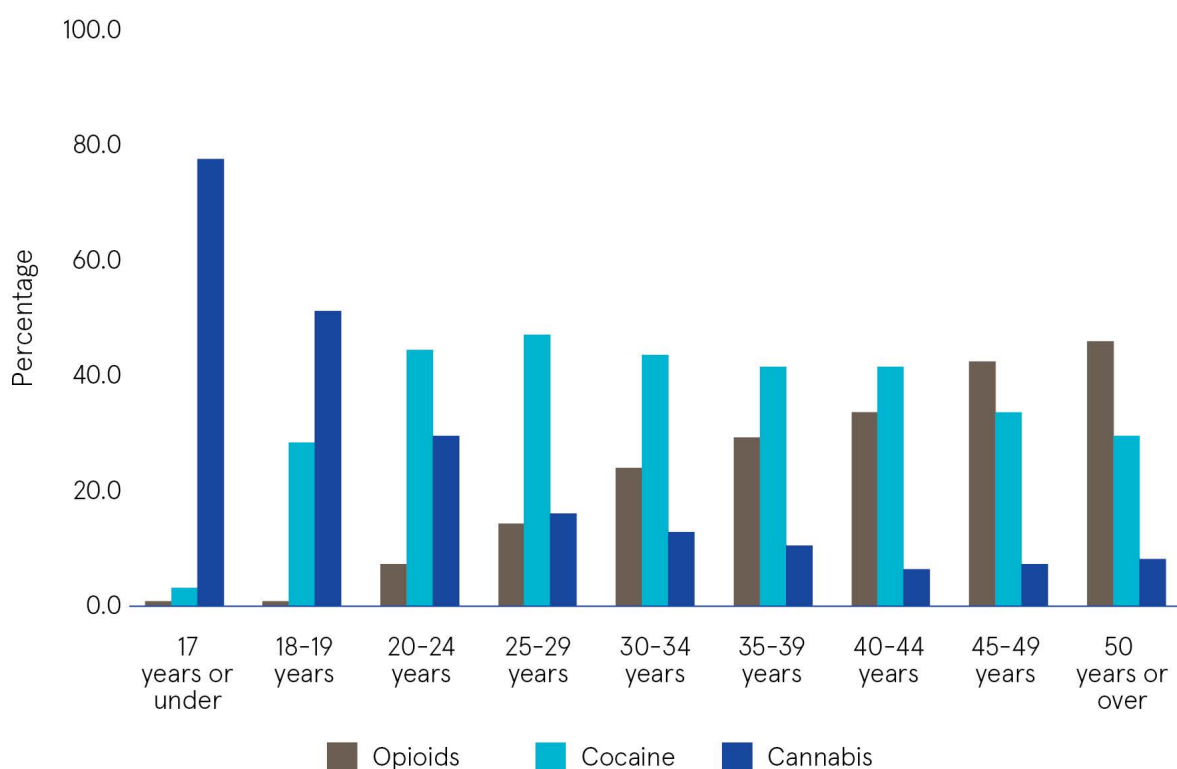
Figure 1: Additional problem substances reported by treatment status (NDTRS 2024)



Age groups 2024

Among cases aged 19 years or under, cannabis was the main drug generating treatment demand. Among those aged 20–44 years, cocaine was the main drug generating treatment demand, while opioids were the main drug generating treatment demand among those aged 45 years or over (**Figure 2**).

Figure 2: Main problem drug reported by age group (NDTRS 2024)



Gender 2024



One in three (30.0%) cases entering drug treatment in 2024 were **female**. Eighteen cases identified as non-binary or in another way (**Table 1**).⁹

While the main problem drug was cocaine for males and females, the proportion for cocaine was higher among males (40.8% versus 37.5%).

Among cases treated for the first time, females were older, had higher rates of unemployment, and had higher rates of problem opioid use.

Table 1: Sociodemographic and polydrug characteristics by gender for cases treated for drugs as a main problem, NDTRS 2024

	Female		Male	
	n	(%)	n	(%)
All cases	3988		9280	
Median age (range ¹⁰)	35	(19–51)	33	(18–52)
29 or under	1125	(28.2)	3324	(35.8)
30–49	2573	(64.5)	5229	(56.3)
50+	287	(7.2)	717	(7.7)
Median age first used drugs (range ¹⁰)	15	(12–29)	15	(11–23)
Traveller ¹⁶	122	(3.1)	243	(2.6)
Education ceased before 16	1106	(27.7)	2914	(31.4)
In paid employment	595	(14.9)	2298	(24.8)
Unemployed	2680	(67.2)	5718	(61.6)
Homeless	410	(10.3)	1142	(12.3)
<i>Main problem drug reported</i>				
<i>Cocaine</i>	1494	(37.5)	3786	(40.8)
<i>Opioids</i>	1050	(26.3)	2272	(24.5)
<i>Cannabis</i>	655	(16.4)	1599	(17.2)
<i>Benzodiazepines</i>	574	(14.4)	1211	(13.0)
Polydrug use	2313	(58.0)	5708	(61.5)

	Female		Male	
	n	(%)	n	(%)
New cases	1279		3478	
Median age (range ¹⁰)	31	16–50	29	16–48
29 or under	572	(44.7)	1829	(52.6)
30–49	641	(50.1)	1505	(43.3)
50+	66	(5.2)	142	(4.1)
Median age first used drugs (range ¹⁰)	16	12–32	15	12–25
Traveller ¹⁶	29	(2.3)	90	(2.6)
Education ceased before 16	241	(18.8)	756	(21.7)
In paid employment	297	(23.2)	1217	(35.0)
Unemployed	731	(57.2)	1675	(48.2)
Homeless	80	(6.3)	214	(6.2)
Time (years) to treatment for main problem drug (range ¹⁰)	7	0–25	8	1–26
Main problem drug reported				
Cocaine	515	(40.3)	1716	(49.3)
Opioids	151	(11.8)	262	(7.5)
Cannabis	339	(26.5)	965	(27.7)
Benzodiazepines	170	(13.3)	319	(9.2)
Polydrug use	697	(54.5)	1975	(56.8)

Children affected by drug use 2024

In 2024, more than one-half of cases (52.1%, 6,932 cases) in drug treatment had children of any age.

Of these, 8 in 10 (83.8%, 5,809 cases) were known to have children aged 17 years or under (**Table 2**). Of these cases, 62.6% were males and 37.3% were females.

In 2024, 2,221 cases in drug treatment were living with children under 18 years of age (16.6% of total cases). One-half of those were aged 35 years or over.

Of cases reported as having children aged 17 years or under, 32.0% had one child, 30.6% had two children, 21.0% had three children, while 16.4% had four or more children. The mean number of children was 2.4.

In 2024, of those known to have children aged 17 years or under, 38.1% had at least one child residing with them at the time of treatment entry, while 61.9% had at least one child residing elsewhere.^{11, 12} A higher proportion of females entering drug treatment reported having dependent children and living with children. Males were less likely to be residing with their children.

Table 2: Cases treated for drugs with children aged 17 years or under, NDTRS 2024

	All cases		Female		Male	
	n	(%)	n	(%)	n	(%)
Have children	5809		2167		3637	
Median age (range ¹⁰)	35	24–48	35	24–47	35	24–49
Living with child	2211	(38.1)	1129	(52.1)	1081	(29.7)
Children live elsewhere	3598	(61.9)	1038	(47.9)	2556	(70.3)
In paid employment	1313	(22.6)	318	(14.7)	995	(27.4)
Homeless	692	(11.9)	233	(10.8)	456	(12.5)
New treatment entrant	1877	(32.3)	649	(30.0)	1228	(33.8)
Polydrug use	3696	(63.6)	1347	(62.2)	2346	(64.5)

Risk factors

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 2024, 18.7% of cases reported that they had ever injected. Among these, 24.1% were currently injecting (i.e., in the 30 days prior to treatment).

- The number of cases who reported ever injecting decreased from 2,659 in 2023 to 2,485 in 2024.
- The number of cases who report *currently injecting* decreased from 769 in 2023 to 598 in 2024.

Among cases in 2024 that were known to be *currently injecting*:

- Almost three in four were male (73.9%), and the median age first injected (where known) was 23 years (range 15–35).
- The most common main problem drug was opioids (74.9%), followed by cocaine (15.7%).
- Four in five cases (81.1%) currently injecting also reported polydrug use.
- Most were *previously treated* (83.4%), while being homeless (34.8%) and living in unstable accommodation was common (7.7%).

Sharing of needles and syringes

In 2024, two in five cases (40.3%) that had ever injected also reported sharing needles and syringes, similar to 2023.

Among cases who reported current injecting, where known, 16.9% reported having shared needles and syringes in the 30 days prior to starting treatment.

Of note, Ireland's first medically supervised injecting facility (MSIF) opened in Dublin in December 2024 as a pilot programme which will last 18 months.¹³

Continuous care cases 2024

Continuous care cases are treatment episodes which commenced their treatment in previous years 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 11,998 cases who commenced treatment prior to 2024 and were still in treatment on 1 January 2024 (**Table 3**). Although continuous care cases are not presented elsewhere in this report, they may be combined with data on episodes commencing in 2024 to give a fuller picture of treatment provision for that year.

Table 3: Cases treated for drugs as a main problem, by new and continuing care cases, NDTRS 2024

	Cases commencing treatment in 2024		Continuous care cases 1 January 2024		Total (commencement plus continuous care)	
	n	(%)	n	(%)	n	(%)
All cases	13295		11998		25293	
New cases	4771	(35.9)	3124	(26.0)	7895	(31.2)
Previously treated cases	7717	(58.0)	8164	(68.0)	15881	(62.8)
Treatment status unknown	807	(6.1)	710	(5.9)	1517	(6.0)

Treatment outcomes 2024



Characteristics of cases exiting drug treatment in 2024

The information presented in this section relates to immediate treatment outcomes for cases exiting drug treatment in 2024. Included are cases recorded as exiting treatment between 1 January 2024 and 31 December 2024 inclusive, **irrespective of when treatment commenced** (11,658 cases). This comprises 7,731 (66.3%) cases which both entered and exited treatment within 2024, and an additional 3,927 (33.7%) cases that exited treatment in 2024 but commenced treatment in previous years.

Excluded are a small number of cases for which the service provider was unable to provide sufficient exit information. These data allow for a greater understanding of the patterns, trends, and outcomes of treatment for cases receiving treatment for drugs as their main problem substance.

Reason for treatment exit

Nearly one-third (29.0%) of cases successfully completed treatment, and 13.5% were referred to other drug and alcohol services for continued support. However, 32.6% of cases did not return for subsequent appointments, and 13.9% refused further treatment sessions (**Table 4**).

Status of care plan at treatment exit

At the point of treatment exit, one in nine cases (9.4%) had either engaged or achieved substantial progress towards their priority care plan goals. However, 3.2% had disengaged from their care plan, where one existed.

Involvement of family or significant others in treatment

Among cases exiting treatment in 2024 (and for whom the involvement of family/significant others was recorded), the majority (77.0%) did not have family members or significant others involved in their treatment.

Table 4: Reason for treatment exit, NDTRS 2024

	n	(%)
All cases exiting treatment	11658	
Client did not return for appointments ('no show')	3803	(32.6)
Treatment completed	3383	(29.0)
Client declined further treatment	1616	(13.9)
Transferred/referred to treatment in another drug/alcohol service	1572	(13.5)
Sentenced to prison	285	(2.4)
Premature exit from treatment for non-compliance	258	(2.2)
Medical or mental health reasons	114	(1.0)
No longer lives in the area	104	(0.9)
Died	120	(1.0)
Staffing issues (resignation/retirement/maternity etc.)	15	(0.1)
Released from prison but not linked to other treatment service	67	(0.6)
Prison to prison transfer	62	(0.5)
Unable to attend due to work/study commitments	108	(0.9)
Other	55	(0.5)
Unknown	89	(0.8)

Trends over time 2017–2024

Number of cases entering treatment 2017–2024

Between 2017 and 2024, a total of 88,739 cases treated for problem drug use (excluding alcohol) were reported to the NDTRS (**Table 5**).⁵ In 2024, the NDTRS recorded the highest number of cases ever, but regardless, proportions of *new* and *previously treated* cases remained relatively similar over the 8-year period.

While overall percentages may appear stable, the raw number of cases entering treatment may have increased or in some scenarios decreased. This highlights the need to look beyond percentages and analyse absolute figures to fully understand the trends over time.

Type of service provider 2017–2024

Over the period, most cases were treated in outpatient facilities (68.3%). The percentage of cases treated in outpatient facilities increased from 62.9% in 2017 to 70.1% in 2024, with a peak of 71.5% in 2023.

The proportion of cases treated in residential settings has fluctuated over the period from 19.7% in 2017 to 14.0% in 2024 and was at its lowest in 2020 (due to COVID-19 restrictions). However, the absolute number of cases in residential facilities is the highest ever recorded in 2024 (1,837 cases).

The proportion of cases treated in low threshold settings has fluctuated over the period from 8.9% in 2017 to 10.2% in 2024. The total number of cases treated in low threshold settings has generally increased from 792 in 2017 to a peak of 1,351 in 2024, in keeping with the overall increase in total case numbers.

The number of cases for inpatient, low threshold, and prison settings increased from 2023 to 2024 while outpatient numbers showed a modest decrease (**Table 6**).

Table 5: Number of cases treated for drugs as a main problem, by treatment status, NDTRS 2017 to 2024

	2017		2018		2019		2020*		2021		2022		2023		2024	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	8922		10274		10664		9702		10769		12009		13104		13295	
New cases	3257	(36.5)	3962	(38.6)	3979	(37.3)	3796	(39.1)	4206	(39.1)	4456	(37.1)	4792	(36.6)	4771	(35.9)
Previously treated cases	5242	(58.8)	5872	(57.2)	5927	(55.6)	5441	(56.1)	6090	(56.6)	6860	(57.1)	7588	(57.9)	7717	(58.0)
Treatment status unknown	423	(4.7)	440	(4.3)	758	(7.1)	465	(4.8)	473	(4.4)	693	(5.8)	724	(5.5)	807	(6.07)

*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 context¹⁴

Table 6: Number of cases treated for drugs as a main problem, by type of service provider, NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	8922		10274		10664		9702		10769		12009		13104		13295	
Outpatient	5610	(62.9)	6715	(65.4)	6946	(65.1)	6806	(70.2)	7568	(70.3)	8280	(68.9)	9371	(71.5)	9316	(70.1)
Residential*	1757	(19.7)	1384	(13.5)	1571	(14.7)	1190**	(12.3)	1394	(12.9)	1458	(12.1)	1797	(13.7)	1837	(13.8)
Low threshold	792	(8.9)	887	(8.6)	948	(8.9)	870	(9.0)	918	(8.5)	1199	(10.0)	1098	(8.4)	1351	(10.2)
Prison	651	(7.3)	1082	(10.5)	848	(8.0)	754	(7.8)	652	(6.1)	660	(5.5)	539	(4.1)	559	(4.2)
General practitioner	112	(1.3)	206	(2.0)	351	(3.3)	82	(0.8)	237	(2.2)	412	(3.4)	299	(2.3)	232	(1.7)

*Includes any service where the client stays overnight, e.g. residential 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 2017–2024

All cases 2017–2024

Over the 8-year period from 2017 to 2024, opioids (mainly heroin) were the most common drug type reported (30,828 cases, 34.7%), followed by cocaine (26,477 cases, 29.8%) and cannabis (18,279 cases, 20.6%) (**Table 7**).

As a proportion of all cases treated, opioids decreased year-on-year from 45.0% in 2017 to 25.0% in 2024.

The proportion of cases treated for **cocaine** as a main problem more than doubled over this time period, increasing from 16.8% in 2017 to 39.8% in 2024.

The proportion of cases treated for **cannabis** as a main problem decreased proportionately from 24.7% in 2017 to 17.0% in 2024, though the number of cases fluctuated over the period; 2,200 cases in 2017 compared to 2,263 cases in 2024.

Benzodiazepines as a main problem increased from 9.7% in 2017 to 13.4% in 2024. The number of cases treated for benzodiazepines has doubled from 868 in 2017 to 1,788 in 2024.

Z-drugs (non-benzodiazepine hypnotic sedative drugs such as zolpidem or zopiclone) as a main problem accounted for 0.9% of cases in 2024 and has been increasing slowly in numbers and relative proportion since a low of 0.5% in 2018.

The number of cases of **NPS** reported over the period is low and remained relatively static between 2017 (51 cases) and 2022 (51 cases). However, in 2023 the number of cases reporting a NPS as a main problem increased to 114 and further increased in 2024 to 170 (1.3% of all cases). Over the period, most commonly reported NPS drugs were synthetic cannabinoid-type drugs followed by synthetic stimulant-type NPS drugs.

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

New cases 2017–2024

Among *new cases* entering drug treatment, the most common main problem drugs were cocaine, cannabis, and benzodiazepines (**Table 7**). Opioids were not among the three most common main problem drugs for the first time in 2024.

- Among *new cases*, cocaine as a main problem increased yearly from 23.0% in 2017 to 46.8% in 2024; a 198.8% increase in the number of cases.
- The proportion of *new cases* reporting cannabis as main problem drug decreased yearly since 2017. Number of cases has decreased since a peak of 1,479 in 2021 to 1,312 in 2024.
- The proportion of *new cases* reporting benzodiazepines as a main problem increased from 8.9% in 2017 to 10.3% in 2024.
- The proportion reporting opioids as a main problem decreased overall from 24.8% in 2017 to 8.7% in 2024.

Previously treated cases 2017–2024

Among *previously treated cases*, the most common main problem drugs reported were opioids, cocaine, benzodiazepines and cannabis (**Table 7**).

- Between 2017 and 2024 there was a four-fold increase in the number of *previously treated cases* reporting cocaine as a main problem, from 692 in 2017 to 2,764 in 2024.
- The proportion of *previously treated cases* reporting cocaine as a main problem increased from 13.2% in 2017 to 35.8% in 2024.
- There was a 106.4% increase in the number of *previously treated cases* reporting benzodiazepines as a main problem, from 534 in 2017 to 1,102 in 2024.
- An overall decreasing trend was observed among proportion of *previously treated cases* for opioids, with fluctuations in the number of cases reported.
- The proportion of *previously treated cases* reporting opioids as a main problem decreased from 57.9% in 2017 to 35.9% in 2024. However, the absolute number of cases fluctuated.
- Among *previously treated cases*, the proportion reporting cannabis decreased from 15.4% in 2017 to 10.6% in 2024.

Table 7: Main problem drug (excluding alcohol) reported in the 30 days prior to treatment, NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	8922		10274		10664		9702		10769		12009		13104		13295	
Cocaine	1500	(16.8)	2254	(21.9)	2560	(24.0)	2619	(27.0)	3248	(30.2)	4084	(34.0)	4923	(37.6)	5289	(39.8)
Opioids	4016	(45.0)	4349	(42.3)	4133	(38.8)	3559	(36.7)	3629	(33.7)	3971	(33.1)	3845	(29.3)	3326	(25.0)
Cannabis	2200	(24.7)	2358	(23.0)	2502	(23.5)	2120	(21.9)	2299	(21.3)	2245	(18.7)	2292	(17.5)	2263	(17.0)
Benzodiazepines	868	(9.7)	999	(9.7)	1082	(10.1)	1097	(11.3)	1218	(11.3)	1287	(10.7)	1477	(11.3)	1788	(13.4)
NPS	51	(0.6)	48	(0.5)	63	(0.6)	43	(0.4)	49	(0.5)	51	(0.4)	114	(0.9)	170	(1.3)
Z-Drugs	82	(0.9)	48	(0.5)	72	(0.7)	72	(0.7)	80	(0.7)	98	(0.8)	107	(0.8)	115	(0.9)
Amphetamines	40	(0.4)	57	(0.6)	59	(0.6)	53	(0.5)	77	(0.7)	89	(0.7)	76	(0.6)	92	(0.7)
Volatile Inhalants	6	(0.1)	10	(0.1)	6	(0.1)	6	(0.1)	~	~	18	(0.1)	28	(0.2)	45	(0.3)
MDMA (ecstasy)	44	(0.5)	34	(0.3)	47	(0.4)	31	(0.3)	12	(0.1)	17	(0.1)	11	(0.1)	12	(0.1)
Other	115	(1.3)	117	(1.1)	140	(1.3)	102	(1.1)	152	(1.4)	149	(1.2)	231	(1.8)	195	(1.5)
New cases	3257		3962		3979		3796		4206		4456		4792		4771	
Cocaine	748	(23.0)	1232	(31.1)	1258	(31.6)	1359	(35.8)	1615	(38.4)	1839	(41.3)	2208	(46.1)	2235	(46.8)
Opioids	809	(24.8)	719	(18.1)	676	(17.0)	550	(14.5)	530	(12.6)	597	(13.4)	505	(10.5)	413	(8.7)
Cannabis	1272	(39.1)	1505	(38.0)	1506	(37.8)	1338	(35.2)	1479	(35.2)	1463	(32.8)	1394	(29.1)	1312	(27.5)
Benzodiazepines	290	(8.9)	345	(8.7)	340	(8.5)	392	(10.3)	418	(9.9)	374	(8.4)	416	(8.7)	490	(10.3)
NPS	21	(0.6)	25	(0.6)	22	(0.6)	26	(0.7)	23	(0.5)	29	(0.7)	74	(1.5)	108	(2.3)
Z-Drugs	22	(0.7)	17	(0.4)	24	(0.6)	27	(0.7)	26	(0.6)	15	(0.3)	27	(0.6)	29	(0.6)
Amphetamines	19	(0.6)	34	(0.9)	37	(0.9)	28	(0.7)	47	(1.1)	52	(1.2)	53	(1.1)	49	(1.0)
Volatile Inhalants	~	~	8	(0.2)	~	~	~	~	~	~	14	(0.3)	25	(0.5)	39	(0.8)
MDMA (ecstasy)	29	(0.9)	18	(0.5)	38	(1.0)	21	(0.6)	8	(0.2)	12	(0.3)	8	(0.2)	8	(0.2)
Other	42	(1.3)	59	(1.5)	73	(1.8)	52	(1.4)	55	(1.3)	61	(1.4)	82	(1.7)	88	(1.8)
Previously treated cases	5242		5872		5927		5441		6090		6860		7588		7717	
Cocaine	692	(13.2)	944	(16.1)	1074	(18.1)	1126	(20.7)	1478	(24.3)	1981	(28.9)	2485	(32.7)	2764	(35.8)
Opioids	3037	(57.9)	3478	(59.2)	3244	(54.7)	2856	(52.5)	2930	(48.1)	3133	(45.7)	3119	(41.1)	2772	(35.9)
Cannabis	807	(15.4)	717	(12.2)	784	(13.2)	691	(12.7)	740	(12.2)	711	(10.4)	776	(10.2)	821	(10.6)
Benzodiazepines	534	(10.2)	596	(10.1)	661	(11.2)	631	(11.6)	742	(12.2)	829	(12.1)	981	(12.9)	1102	(14.3)
NPS	27	(0.5)	19	(0.3)	29	(0.5)	17	(0.3)	23	(0.4)	19	(0.3)	34	(0.4)	58	(0.8)
Z-Drugs	56	(1.1)	31	(0.5)	43	(0.7)	42	(0.8)	54	(0.9)	79	(1.2)	77	(1.0)	75	(1.0)
Amphetamines	19	(0.4)	19	(0.3)	20	(0.3)	22	(0.4)	29	(0.5)	33	(0.5)	20	(0.3)	39	(0.5)
Volatile Inhalants	~	~	~	~	~	~	~	~	0	0	~	~	~	~	~	~
MDMA (ecstasy)	15	(0.3)	14	(0.2)	9	(0.2)	8	(0.1)	~	~	~	~	~	~	~	~
Other	54	(1.0)	52	(0.9)	62	(1.0)	45	(0.8)	90	(1.5)	67	(1.0)	90	(1.2)	79	(1.0)
Treatment status unknown	423		440		758		465		473		693		724		807	

~ Cells with five cases or fewer

Trends in treatment demand for cocaine 2017–2024

Over the period 2017 to 2024, 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 sociodemographic characteristics of these cases (**Table 8**).

Cocaine (all types)

In 2024, 5,289 cases were recorded with cocaine as a main problem, an increase of 252.6% compared to 2017 (1,500 cases).

Females accounted for almost one-quarter (24.8%) of cases with cocaine as a main problem over the 8-year period. The proportion of female cases increased from 18.9% in 2017 to 28.2% in 2024, increasing more than five-fold in numbers over the period.

The median age when entering treatment for cocaine increased to 34 years in 2024, an increase from 30 years in 2017.

The proportion of cases in paid employment decreased from 33.5% in 2017 to 30.9% in 2024, fluctuating in the years between. The absolute numbers for cases in paid employment tripled over the period, from 502 in 2017 to 1,633 in 2024.

The proportion of cases with polydrug use remained stable throughout the 8-year period, from 62.9% in 2017 to 62.9% in 2024. The number of cases, however, increased by 253% from 944 cases in 2017 to 3,328 in 2024.

In 2024, the most common additional drugs among cases with cocaine as a main problem were alcohol (52.6%), cannabis (45.3%), and benzodiazepines (29.5%).

Among females who sought drug treatment for the first time there was an increase of 318.7% from 2017 to 2024. Comparatively, for males seeking treatment for the first time, cases for cocaine increased by 176.3% from 2017 to 2024.

A breakdown of cocaine cases by county of residence¹⁵ is presented in **Appendix A**.

While the number of cases for both powder cocaine and crack cocaine have increased year on year since 2017, differences were observed between these types of cocaine.

Powder cocaine was the most common type of cocaine generating demand for treatment. In 2024, powder cocaine accounted for three-quarters of all cases treated for cocaine as a main problem (74.9%), while crack cocaine accounted for one-quarter of all cocaine cases (25.1%).

In the case of powder cocaine, there was an increase of 216.0% from 1,253 cases in 2017 to 3,959 in 2024. For crack cocaine, there was an increase of 668.2% from 173 cases in 2017 to 1,329 in 2024.

Powder cocaine

In 2024, 3,959 cases were recorded with **powder cocaine** as the main problem:

- 77.4% of cases male, while 22.4% were female.
- The median age when entering treatment for powder cocaine was 32 years.
- Powder cocaine cases resided¹⁵ in every county in Ireland. Almost one-half (47.4%) of all cases entering treatment for powder cocaine resided in County Dublin, followed by counties Cork (7.1%), Tipperary (4.7%) and Limerick (4.5%).
- 38.8% were in paid employment, while 53.3% were unemployed.
- 5.1% were homeless.
- 2.7% reported having ever injected.
- The most common route of administration for powder cocaine was sniff/snort (96.5%).
- The proportion of cases with polydrug use was 62.1% in 2024. The most common additional drugs among cases with powder cocaine as a main problem were alcohol (63.9%), cannabis (49.5%), and benzodiazepines (23.2%).

Crack cocaine

In 2024, 1,329 cases were recorded with **crack cocaine** as the main problem:

- More than four in ten cases (45.6%) entering treatment for crack cocaine as the main problem were female, while 54.3% were male.
- The median age when entering treatment for crack cocaine was 40 years.
- Crack cocaine cases resided¹⁵ in almost every county in Ireland, with the exception of two counties (Leitrim and Monaghan) which had no reported cases. The vast majority (79.6%) of all cases entering treatment for crack cocaine resided in County Dublin, followed by Limerick (3.2%), Meath (2.4%) and Kildare (2.1%).
- 7.2% were in paid employment, while 82.0% were unemployed.
- 21.2% were homeless.
- 32.9% reported having ever injected.
- The most common route of administration for crack cocaine was smoking (95.0%).
- The proportion of cases with polydrug use was 63.5% in 2024. The most common additional drugs among cases with crack cocaine as a main problem were opioids (55.6%), benzodiazepines (47.4%) and cannabis (33.2%).

Table 8: Sociodemographic characteristics of cases treated for cocaine as a main problem, NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cocaine	1500		2254		2560		2619		3248		4084		4923		5289	
Median age (range ¹⁰)	30	19–45	30	19–44	30	19–46	30	19–45	31	20–47	32	20–48	33	21–49	34	21–50
Under 18	26	(1.7)	39	(1.7)	40	(1.6)	45	(1.7)	29	(0.9)	50	(1.2)	28	(0.6)	19	(0.4)
Female	284	(18.9)	453	(20.1)	516	(20.2)	546	(20.8)	819	(25.2)	1056	(25.9)	1387	(28.2)	1494	(28.2)
Homeless	56	(3.7)	107	(4.7)	151	(5.9)	150	(5.7)	252	(7.8)	386	(9.5)	479	(9.7)	483	(9.1)
Traveller ¹⁶	42	(2.8)	41	(1.8)	63	(2.5)	57	(2.2)	100	(3.1)	111	(2.7)	117	(2.4)	127	(2.4)
Education ceased before 16 years	390	(26.0)	598	(26.5)	636	(24.8)	644	(24.6)	865	(26.6)	1068	(26.2)	1287	(26.1)	1445	(27.3)
In paid employment	502	(33.5)	790	(35.0)	783	(30.6)	791	(30.2)	1111	(34.2)	1369	(33.5)	1587	(32.2)	1633	(30.9)
Unemployed	773	(51.5)	1144	(50.8)	1267	(49.5)	1321	(50.4)	1739	(53.5)	2269	(55.6)	2803	(56.9)	3201	(60.5)
Retired/unable to work including disability	90	(6.0)	136	(6.0)	240	(9.4)	253	(9.7)	231	(7.1)	197	(4.8)	296	(6.0)	238	(4.5)
New cases	748		1232		1258		1359		1615		1839		2208		2235	
Median age (range ¹⁰)	28	18–44	29	19–43	28	19–44	29	19–44	30	19–45	29	19–45	30	20–47	31	20–48
Under 18	15	(2.0)	28	(2.3)	30	(2.4)	34	(2.5)	20	(1.2)	37	(2.0)	21	(1.0)	11	(0.5)
Female	123	(16.4)	216	(17.5)	207	(16.5)	251	(18.5)	359	(22.2)	381	(20.7)	504	(22.8)	515	(23.0)
Homeless	27	(3.6)	50	(4.1)	67	(5.3)	53	(3.9)	85	(5.3)	101	(5.5)	146	(6.6)	120	(5.4)
Traveller ¹⁶	19	(2.5)	19	(1.5)	37	(2.9)	30	(2.2)	51	(3.2)	47	(2.6)	41	(1.9)	50	2.2
Education ceased before 16 years	161	(21.5)	284	(23.1)	269	(21.4)	271	(19.9)	378	(23.4)	377	(20.5)	467	(21.2)	465	(20.8)
In paid employment	286	(38.2)	497	(40.3)	466	(37.0)	507	(37.3)	649	(40.2)	836	(45.5)	923	(41.8)	917	(41.0)
Unemployed	357	(47.7)	570	(46.3)	560	(44.5)	583	(42.9)	777	(48.1)	843	(45.8)	1075	(48.7)	1168	(52.3)
Retired/unable to work including disability	37	(4.9)	65	(5.3)	104	(8.3)	114	(8.4)	102	(6.3)	81	(4.4)	121	(5.5)	87	(3.9)
Previously treated	692		944		1074		1126		1478		1981		2485		2764	
Median age (range ¹⁰)	32	19–46	32	19–46	32	19–48	31	20–47	33	20–48	34	21–49	35	22–50	35	22–51
Under 18	9	(1.3)	10	(1.1)	9	(0.8)	7	(0.6)	9	(0.6)	12	(0.6)	7	(0.3)	8	(0.3)
Female	151	(21.8)	216	(22.9)	265	(24.7)	264	(23.4)	420	(28.4)	595	(30.0)	807	(32.5)	875	(31.7)
Homeless	28	(4.0)	46	(4.9)	70	(6.5)	89	(7.9)	123	(8.3)	207	(10.4)	265	(10.7)	312	(11.3)
Traveller ¹⁶	20	(2.9)	20	(2.1)	24	(2.2)	22	(2.0)	43	(2.9)	58	(2.9)	69	(2.8)	68	(2.5)
Education ceased before 16 years	219	(31.6)	298	(31.6)	320	(29.8)	339	(30.1)	447	(30.2)	641	(32.4)	764	(30.7)	909	(32.9)
In paid employment	193	(27.9)	272	(28.8)	250	(23.3)	249	(22.1)	426	(28.8)	485	(24.5)	620	(24.9)	668	(24.2)
Unemployed	394	(56.9)	538	(57.0)	600	(55.9)	687	(61.0)	877	(59.3)	1296	(65.4)	1595	(64.2)	1853	(67.0)
Retired/unable to work including disability	46	(6.6)	62	(6.6)	123	(11.5)	114	(10.1)	118	(8.0)	112	(5.7)	165	(6.6)	146	(5.3)
Treatment status unknown	60		78		228		134		155		264		230		290	

~ Cells with five cases or fewer

Trends in treatment demand for opioids 2017–2024

Over the period 2017 to 2024, the number of cases that required treatment for opioids, primarily heroin, increased from 4,016 cases in 2017 to 4,349 cases in 2018, then decreasing to 3,326 in 2024. This section focuses on the sociodemographic characteristics of these cases (**Table 9**).

Opioids (all types)

Heroin was the most common opioid reported over the period (86.8%, 26,750). The proportion of opioid cases reporting heroin has remained relatively stable over the period, however the absolute number has decreased from 2017 (84.8%, 3,407) to 2024 (84.9%, 2,823).

Codeine (including codeine as part of a combination drug) were the second most common opioid reported over the period (1,611, 5.2%) followed by methadone (street or prescribed) (1,567, 5.1%) and then tramadol (278, 0.9%). The trends for these drugs remained relatively stable over the reporting period.

Sociodemographic characteristics

- The median age when entering treatment for opioids increased from 34 years in 2017 to 40 years in 2024.
- The proportion of cases under 40 years of age decreased from 72.8% in 2017 (2,924 cases) to 49.1% in 2024 (1,633). The proportion of cases aged 40 and above increased from 26.7% in 2017 (1,071) to 50.9% in 2024 (1,692). The largest decrease in numbers was in the under 20 age group (66.4% decrease) while the largest increase was in the over 50 age group (153.3% increase).
- The number of *new cases* has almost halved from 807 cases in 2017 (20.1%) to 413 cases in 2024 (12.4%). The absolute number of *previously treated cases* decreased from 3,037 to 2,772, however, the proportion increased from 75.6% to 83.3%.
- The number of females entering treatment for opioid use has fluctuated over the time period from 1,316 in 2017 to 1,050 cases in 2024. The median age of females increased from 33 in 2017 to 38 in 2024.

- The proportion of cases that were males increased from 66.8% in 2017 to 68.3% in 2024, while the number of male cases decreased from 2,684 in 2017 to 2,272 in 2024. The median age of males increased from 35 in 2017 to 41 in 2024.
- The proportion of cases experiencing homelessness increased from 15.0% in 2017 to 22.4% in 2022, then decreased to 16.7% in 2024.
- The proportion of cases in paid employment increased from 7.8% in 2017 to 11.3% in 2024, fluctuating slightly in the years between.
- The proportion of cases who left school before the age of 16 fluctuated over the time period with an overall decrease from 45.9% in 2017 to 41.3% in 2024.

Polydrug use

The proportion of cases with polydrug use increased from 59.2% in 2017 to 65.3% in 2024. The most common additional drugs in 2024 among cases with heroin as a main problem were cocaine (62.9%), benzodiazepines (47.0%) and cannabis (40.5%). A total of 21.6% of cases reported opioids as both a main and an additional problem.

Injecting behaviour of opioid users

For cases where opioid was the main problem, the number who had ever injected fell from 2,219 (55.3%) in 2017 to 1,567 (47.1%) in 2024. A similar downward trend was observed for both *new cases* (315 cases, 38.9% in 2017 versus 81 cases, 19.6% in 2024) and *previously treated cases* (1,810, 59.6% in 2017 versus 1,424, 51.4% in 2024).

There was a decline in *current injecting rates* among cases with **opioids** as the main problem, decreasing from 92.5% in 2017 to 74.9% in 2024. This decrease was observed in both *new cases* (from 96.3% to 55.6%) and *previously treated cases* (from 93.1% to 76.4%).

Table 9: Sociodemographic characteristics of cases treated for opioids as a main problem, NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	N	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All opioids	4016		4349		4133		3559		3629		3971		3845		3326	
Median age (range ¹⁰)	34	23–49	36	23–50	36	23–51	36	23–51	37	24–51	38	25–53	39	25–54	40	26–54
Aged 40 or over	1071	(26.7)	1381	(31.8)	1407	(34)	1217	(34.2)	1418	(39.1)	1714	(43.2)	1831	(47.6)	1692	(50.9)
Female	1316	(32.8)	1273	(29.3)	1252	(30.3)	1080	(30.3)	1088	(30.0)	1237	(31.2)	1316	(34.2)	1050	(31.6)
Homeless	602	(15.0)	690	(15.9)	767	(18.6)	606	(17.0)	774	(21.3)	891	(22.4)	710	(18.5)	556	(16.7)
Traveller ¹⁶	180	(4.5)	176	(4.0)	142	(3.4)	130	(3.7)	133	(3.7)	135	(3.4)	135	(3.5)	113	(3.4)
Education ceased before 16 years	1842	(45.9)	1997	(45.9)	1698	(41.1)	1603	(45.0)	1592	(43.9)	1623	(40.9)	1556	(40.5)	1375	(41.3)
In paid employment	312	(7.8)	389	(8.9)	322	(7.8)	260	(7.3)	346	(9.5)	417	(10.5)	436	(11.3)	375	(11.3)
Unemployed	3059	(76.2)	3245	(74.6)	2748	(66.5)	2623	(73.7)	2540	(70.0)	2750	(69.3)	2726	(70.9)	2484	(74.7)
Retired/unable to work including disability	401	(10.0)	462	(10.6)	590	(14.3)	532	(14.9)	461	(12.7)	333	(8.4)	402	(10.5)	285	(8.6)
New cases	809		719		676		550		530		597		505		413	
Median age (range ¹⁰)	32	21–50	33	22–50	33	22–51	34	21–52	33	22–52	35	21–52	36	22–56	37	22–55
Aged 40 or over	177	(21.9)	170	(23.6)	150	(22.2)	157	(28.5)	160	(30.2)	191	(32)	189	(37.4)	168	(40.7)
Female	285	(35.2)	252	(35.0)	213	(31.5)	191	(34.7)	203	(38.3)	203	(34.0)	188	(37.2)	151	(36.6)
Homeless	106	(13.1)	112	(15.6)	125	(18.5)	66	(12.0)	82	(15.5)	82	(13.7)	63	(12.5)	56	(13.6)
Traveller ¹⁶	40	(4.9)	20	(2.8)	29	(4.3)	18	(3.3)	20	(3.8)	16	(2.7)	21	(4.2)	19	(4.6)
Education ceased before 16 years	300	(37.1)	246	(34.2)	230	(34.0)	188	(34.2)	187	(35.3)	186	(31.2)	151	(29.9)	118	(28.6)
In paid employment	94	(11.6)	100	(13.9)	77	(11.4)	72	(13.1)	85	(16.0)	124	(20.8)	114	(22.6)	88	(21.3)
Unemployed	599	(74.0)	526	(73.2)	445	(65.8)	381	(69.3)	350	(66.0)	374	(62.6)	308	(61.0)	268	(64.9)
Retired/unable to work including disability	64	(7.9)	54	(7.5)	97	(14.3)	61	(11.1)	61	(11.5)	52	(8.7)	56	(11.1)	38	(9.2)
Previously treated	3037		3478		3244		2856		2930		3133		3119		2772	
Median age (range ¹⁰)	35	23–48	24	50–37	37	24–51	36	24–51	37	25–51	38	26–53	39	26–53	40	26–54
Aged 40 or over	847	(27.9)	1171	(33.7)	1187	(36.6)	1010	(35.4)	1195	(40.8)	1426	(45.5)	1552	(49.8)	1461	(52.7)
Female	988	(32.5)	961	(27.6)	977	(30.1)	844	(29.6)	835	(28.5)	969	(30.9)	1060	(34.0)	852	(30.7)
Homeless	474	(15.6)	551	(15.8)	583	(18.0)	511	(17.9)	616	(21.0)	691	(22.1)	534	(17.1)	450	(16.2)
Traveller ¹⁶	129	(4.2)	150	(4.3)	105	(3.2)	107	(3.7)	110	(3.8)	111	(3.5)	110	(3.5)	92	(3.3)
Education ceased before 16 years	1492	(49.1)	1685	(48.4)	1399	(43.1)	1352	(47.3)	1329	(45.4)	1395	(44.5)	1359	(43.6)	1223	(44.1)
In paid employment	201	(6.6)	279	(8.0)	230	(7.1)	182	(6.4)	252	(8.6)	276	(8.8)	313	(10.0)	280	(10.1)
Unemployed	2358	(77.6)	2604	(74.9)	2189	(67.5)	2148	(75.2)	2077	(70.9)	2228	(71.1)	2270	(72.8)	2117	(76.4)
Retired/unable to work including disability	324	(10.7)	394	(11.3)	448	(13.8)	424	(14.8)	388	(13.2)	279	(8.9)	336	(10.8)	238	(8.6)
Treatment status unknown	170		152		213		153		169		241		221		141	

~ Cells with five cases or fewer

Polydrug use 2017–2024

Over the period 2017 to 2024, more than one-half of all cases (57.4%) reported polydrug use (problem use of more than one substance).

The proportion of cases reporting polydrug use increased slightly from 57.2% in 2017 to 60.4% in 2024, fluctuating over the period (**Table 10**). Although the proportion of polydrug cases has increased only slightly, the number of cases has increased by 57.3%, from 5,106 in 2017 to 8,033 in 2024.

The most common additional problem drugs over the period were cannabis, cocaine, opioids, benzodiazepines, and alcohol (**Table 11**). The absolute numbers of these additional problem drugs have increased over the period. The biggest increase in the number of cases was for cocaine and cannabis, followed by alcohol.

Among *new cases* in 2024, alcohol was the most commonly reported additional drug, followed by cannabis, cocaine, and benzodiazepines.

- The proportion reporting cannabis as an additional problem increased from 33.1% in 2017 to 39.9% in 2024.
- One-half of *new cases* (50.7%) in 2024 reported problem use of alcohol with other drugs, an increase from 47.5% in 2017.
- In contrast, the proportion of *new cases* reporting cocaine as an additional problem were similar over the period, with some fluctuations, 27.5% in 2017 and 27.1% in 2024.

Among *previously treated cases*, the most commonly reported additional drugs in 2024 were cocaine, followed by cannabis, benzodiazepines, and alcohol.

- The proportion reporting cocaine as an additional problem increased from 28.5% in 2017 to 41.7% in 2024, while the number of cases more than doubled.
- The proportion of *previously treated cases* reporting cannabis as an additional problem increased from 33.0% in 2017 to 40.4% in 2024.
- There was a decrease in the proportion reporting benzodiazepines in 2024 compared to previous years. However, it is important to note that the absolute number of cases reported has increased since 2017 (1,314 versus 1,785 cases).

Table 10: Polydrug use in cases treated for drugs as a main problem, NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	N	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	8922		10274		10664		9702		10769		12009		13104		13295	
One drug only	3816	(42.8)	4787	(46.6)	4803	(45.0)	4019	(41.4)	4501	(41.8)	5190	(43.2)	5385	(41.1)	5262	(39.6)
Two or more drugs	5106	(57.2)	5487	(53.4)	5861	(55.0)	5683	(58.6)	6268	(58.2)	6819	(56.8)	7719	(58.9)	8033	(60.4)

Table 11: Polydrug use – additional problem drugs for all cases, new cases, and previously treated cases NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	N	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All polydrug	5106		5487		5861		5683		6268		6819		7719		8033	
Cannabis	1690	(33.1)	1937	(35.3)	2166	(37.0)	2246	(39.5)	2633	(42.0)	2748	(40.3)	2997	(38.8)	3221	(40.1)
Cocaine	1435	(28.1)	1619	(29.5)	1928	(32.9)	2092	(36.8)	2252	(35.9)	2464	(36.1)	2803	(36.3)	2946	(36.7)
Alcohol	1914	(37.5)	2053	(37.4)	2189	(37.3)	1986	(34.9)	2241	(35.8)	2467	(36.2)	2756	(35.7)	2906	(36.2)
Benzodiazepines	1846	(36.2)	1987	(36.2)	2088	(35.6)	2076	(36.5)	2246	(35.8)	2193	(32.2)	2394	(31.0)	2421	(30.1)
Opioids	1078	(21.1)	969	(17.7)	1180	(20.1)	1062	(18.7)	1257	(20.1)	1480	(21.7)	1735	(22.5)	1635	(20.4)
MDMA (ecstasy)	384	(7.5)	432	(7.9)	493	(8.4)	424	(7.5)	385	(6.1)	352	(5.2)	(309)	(4.0)	386	(4.8)
Z-Drugs	334	(6.5)	278	(5.1)	208	(3.5)	247	(4.3)	185	(3.0)	239	(3.5)	(307)	(4.0)	211	(2.6)
Amphetamines	129	(2.5)	128	(2.3)	145	(2.5)	145	(2.6)	159	(2.5)	126	(1.8)	142	(1.8)	182	(2.3)
NPS	52	(1.0)	52	(0.9)	76	(1.3)	78	(1.4)	89	(1.4)	100	(1.5)	94	(1.2)	159	(2)
Volatile inhalants	18	(0.4)	20	(0.4)	21	(0.4)	12	(0.2)	23	(0.4)	44	(0.6)	65	(0.8)	64	(0.8)
Other	261	(5.1)	268	(4.9)	338	(5.8)	316	(5.6)	290	(4.6)	341	(5.0)	431	(5.6)	554	(6.9)

Table 11: Polydrug use – additional problem drugs for all cases, new cases, and previously treated cases NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	N	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
New cases	1693		1896		1974		2013		2152		2271		2530		2678	
Cannabis	561	(33.1)	662	(34.9)	750	(38.0)	769	(38.2)	870	(40.4)	908	(40.0)	1027	(40.6)	1069	(39.9)
Cocaine	465	(27.5)	517	(27.3)	607	(30.7)	633	(31.4)	631	(29.3)	677	(29.8)	657	(26.0)	726	(27.1)
Alcohol	805	(47.5)	929	(49.0)	1013	(51.3)	969	(48.1)	1075	(50.0)	1147	(50.5)	1281	(50.6)	1358	(50.7)
Benzodiazepines	464	(27.4)	480	(25.3)	535	(27.1)	555	(27.6)	532	(24.7)	563	(24.8)	549	(21.7)	550	(20.5)
Opioids	214	(12.6)	179	(9.4)	157	(8.0)	143	(7.1)	155	(7.2)	187	(8.2)	215	(8.5)	173	(6.5)
MDMA (ecstasy)	195	(11.5)	219	(11.6)	248	(12.6)	238	(11.8)	184	(8.6)	160	(7.0)	140	(5.5)	178	(6.6)
Z-Drugs	79	(4.7)	51	(2.7)	26	(1.3)	34	(1.7)	32	(1.5)	38	(1.7)	54	(2.1)	33	(1.2)
Amphetamines	58	(3.4)	50	(2.6)	62	(3.1)	75	(3.7)	64	(3.0)	45	(2.0)	59	(2.3)	74	(2.8)
NPS	18	(1.1)	16	(0.8)	26	(1.3)	23	(1.1)	27	(1.3)	41	(1.8)	45	(1.8)	100	(3.7)
Volatile inhalants	6	(0.4)	6	(0.3)	7	(0.4)	~	~	11	(0.5)	33	(1.5)	43	(1.7)	44	(1.6)
Other	103	(6.1)	128	(6.8)	138	(7.0)	142	(7.1)	128	(5.9)	165	(7.3)	192	(7.6)	229	(8.6)
Previously treated cases	3230		3415		3550		3439		3923		4338		4994		5096	
Cannabis	1065	(33.0)	1213	(35.5)	1301	(36.6)	1387	(40.3)	1682	(42.9)	1772	(40.8)	1906	(38.2)	2060	(40.4)
Cocaine	921	(28.5)	1048	(30.7)	1212	(34.1)	1384	(40.2)	1553	(39.6)	1715	(39.5)	2060	(41.2)	2123	(41.7)
Alcohol	1036	(32.1)	1055	(30.9)	1040	(29.3)	950	(27.6)	1108	(28.2)	1250	(28.8)	1417	(28.4)	1487	(29.2)
Benzodiazepines	1314	(40.7)	1454	(42.6)	1461	(41.2)	1450	(42.2)	1648	(42.0)	1574	(36.3)	1787	(35.8)	1785	(35)
Opioids	812	(25.1)	759	(22.2)	963	(27.1)	878	(25.5)	1069	(27.2)	1245	(28.7)	1490	(29.8)	1427	(28)
MDMA (ecstasy)	170	(5.3)	201	(5.9)	213	(6.0)	173	(5.0)	192	(4.9)	184	(4.2)	167	(3.3)	197	(3.9)
Z-Drugs	254	(7.9)	219	(6.4)	169	(4.8)	195	(5.7)	148	(3.8)	197	(4.5)	248	(5.0)	171	(3.4)
Amphetamines	68	(2.1)	72	(2.1)	76	(2.1)	61	(1.8)	90	(2.3)	74	(1.7)	81	(1.6)	102	(2)
NPS	32	(1.0)	35	(1.0)	46	(1.3)	53	(1.5)	59	(1.5)	55	(1.3)	47	(0.9)	59	(1.2)
Volatile inhalants	11	(0.3)	14	(0.4)	13	(0.4)	6	(0.2)	12	(0.3)	11	(0.3)	22	(0.4)	17	(0.3)
Other	146	(4.5)	130	(3.8)	183	(5.2)	160	(4.7)	152	(3.9)	165	(3.8)	235	(4.7)	315	(6.2)

~ Cells with five cases or fewer

Risk factors 2017–2024

Injecting behaviour

The proportion of all cases that reported ever injecting decreased year-on-year, from 29.7% in 2017 to 18.7% in 2024, however, the absolute number of cases who reported ever injecting fluctuated over the period (**Table 12**). In 2024, 2,485 cases reported ever injecting, the lowest number reported since 2021.

Among *new cases*, the proportion that reported ever injecting decreased over the period from 11.0% in 2017 to 3.4% in 2024.

The proportion of *previously treated cases* that reported ever injecting decreased from 41.3% in 2017 to 28.9% in 2024, with the absolute number of cases fluctuating over the period.

Among cases that reported ever injecting, the proportion *currently injecting* (i.e. in the 30 days prior to treatment) decreased from 32.5% in 2017 to 24.1% in 2024. There have been small fluctuations in the proportion since 2017.

- Among *new cases*, the proportion has fluctuated over the period from 37.9% in 2017 to a high of 48.5% in 2022 and a low of 33.1% in 2024.
- Among *previously treated cases* the proportion decreased from 31.9% in 2017 to 22.4% in 2024.

Characteristics of cases currently injecting

The majority of cases currently injecting were male (73.9%) and mean age they had started injecting was 23 years of age.

There was a decline among cases *currently injecting any drugs* as the main problem, decreasing from 92.5% in 2017 to 74.9% in 2024. This decrease was observed in both *new cases* (from 96.3% to 55.6%) and *previously treated cases* (from 93.1% to 76.4%).

There was an **increase** in *current injecting* rates among those with **cocaine** as the main problem. The proportion *currently injecting* increased from 3.7% in 2017 to 15.7% in 2024 with a threefold increase in the absolute number of cases (from 32 to 94 cases).

Polydrug use increased from 65.8% in 2017 to 81.1% in 2024. This increase was observed in both *new cases* (from 50.7% to 70.4%) and *previously treated cases* (from 69.2% to 84.8%).

Sharing of needles and syringes 2019–2024

Sharing of needles and syringes is a risk factor for blood borne viral infections. Overall, the number of cases who reported having ever shared needles and syringes increased by 5.8% (from 946 cases in 2019 to 1,001 cases in 2024) (**Table 12**).

The proportion of *new cases* who shared needles and syringes increased from 29.0% in 2019 to 38.7% in 2024, however the absolute number of cases decreased (74 versus 63 cases) over the period.

Among *previously treated cases*, the proportion initially increased from 38.8% (858 cases) in 2019 to 45.8% in 2022 before decreasing to 41.3% (920 cases) in 2024.

Current injecting and sharing needles and syringes 2019–2024

Among cases *currently injecting*:

- Over the 6-year period, 1,678 cases (38.8%) had **ever shared** needles and syringes. While the proportion has remained similar, the number of cases has decreased from 300 in 2019 (39.5%) to 239 in 2024 (40.0%).
- **Recent sharing** of needles and syringes (in the 30 days before treatment) has fluctuated over the time period. In 2024, 16.9% (79 cases) reported sharing in the last 30 days, compared to 12.8% (97 cases) in 2019 (not presented in **Table 12**).

Table 12: Injecting history in cases treated for drugs as a main problem, NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	8922		10274		10664		9702		10769		12009		13104		13295	
Ever injected	2651	(29.7)	2740	(26.7)	2540	(23.8)	2260	(23.3)	2264	(21.0)	2492	(20.8)	2659	(20.3)	2485	(18.7)
Ever shared needles and syringes	N/A‡	N/A‡	N/A‡	N/A‡	946	(37.2)	855	(37.8)	938	(41.4)	1064	(42.7)	1057	(39.8)	1001	(40.3)
New cases	3257		3962		3979		3796		4206		4456		4792		4771	
Ever injected	359	(11.0)	314	(7.9)	255	(6.4)	194	(5.1)	164	(3.9)	198	(4.4)	191	(4.0)	163	(3.4)
Ever shared needles and syringes	N/A‡	N/A‡	N/A‡	N/A‡	74	(29.0)	50	(25.8)	45	(27.4)	61	(30.8)	68	(35.6)	63	(38.7)
Previously treated cases	5242		5872		5972		5441		6090		6860		7588		7717	
Ever injected	2165	(41.3)	2367	(40.3)	2213	(37.3)	1991	(36.6)	1996	(32.8)	2147	(31.3)	2357	(31.1)	2228	(28.9)
Ever shared needles and syringes	N/A‡	N/A‡	N/A‡	N/A‡	858	(38.8)	784	(39.4)	886	(43.4)	984	(45.8)	982	(41.7)	920	(41.3)
Current risk																
All cases	2651		2740		2540		2260		2264		2492		2659		2485	
Currently injecting†	862	(32.5)	815	(29.7)	759	(29.9)	702	(31.1)	741	(32.7)	752	(30.2)	769	(28.9)	598	(24.1)
New cases	359		314		255		194		164		198		191		163	
Currently injecting†	136	(37.9)	131	(41.7)	94	(36.9)	82	(42.3)	77	(47.0)	96	(48.5)	82	(42.9)	54	(33.1)
Previously treated cases	2165		2367		2213		1991		1996		2147		2357		2228	
Currently injecting†	691	(31.9)	660	(27.9)	637	(28.8)	582	(29.2)	605	(30.3)	595	(27.7)	629	(26.7)	499	(22.4)

† In the 30 days prior to treatment
‡ N/A Not available, due to transition to a new question in order to comply with EUDA reporting, data are not reported prior to 2019

Sociodemographic characteristics 2017–2024

- The median **age** of cases increased from 30 years in 2017 to 34 years in 2024 (**Table 13**). For *new cases*, the median age increased from 26 years in 2017 to 29 years in 2024.
- In 2024, 4.4% of all cases were aged 17 years or under, a decrease from 6.6% in 2017. However, the number of cases aged 17 years or under has fluctuated over the time period: in 2017 there were 591 cases compared to 585 in 2024. The proportion of *new cases* aged 17 years or under in 2024 was 11.4% and throughout the 8-year period was 12.7% on average.
- Over the 8-year period, 7 in 10 (71.9%) cases reported were **male**.
- The proportion of cases recorded as **homeless** increased from 9.6% (858 cases) in 2017 to 11.7% (1,555 cases) in 2024.
- The proportion of cases with an Irish Traveller **ethnicity** was highest at 3.5% in 2017 and lowest at 2.7% in 2024, though the absolute number of cases in 2024 was higher than in 2017 (365 versus 310 cases).¹⁶
- The proportion of cases recorded as having ceased **education** (for the first time) before the age of 16 years decreased from 34.9% in 2017 to 30.3% in 2024.
- The proportion of all cases that were in paid **employment** increased from 14.3% in 2017 to 21.8% in 2024.
- Over the reporting period, 60.1% of all cases were **unemployed**. The proportion of cases that were unemployed were 63.9% in 2017 and 63.3% in 2024.
- Each year, rates of homelessness, ceasing education before age 16, and unemployment were higher among *previously treated* cases than among *new cases*.

Table 13: Sociodemographic characteristics of cases treated for drugs as a main problem, NDTRS 2017 to 2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	8922		10274		10664		9702		10769		12009		13104		13295	
Median age (range ¹⁰)	30	17–47	31	17–48	31	17–48	31	17–48	32	17–49	33	17–50	34	17–51	34	18–52
Under 18	591	(6.6)	732	(7.1)	822	(7.7)	674	(6.9)	595	(5.5)	616	(5.1)	657	(5.0)	585	(4.4)
Male	6449	(72.3)	7626	(74.2)	7859	(73.7)	7167	(73.9)	7754	(72.0)	8639	(71.9)	9009	(68.8)	9280	(69.8)
Homeless	858	(9.6)	980	(9.5)	1173	(11.0)	1023	(10.5)	1349	(12.5)	1667	(13.9)	1588	(12.1)	1555	(11.7)
Traveller ¹⁶	310	(3.5)	343	(3.3)	320	(3.0)	291	(3.0)	361	(3.4)	361	(3.0)	368	(2.8)	365	(2.7)
Education ceased before 16 years	3118	(34.9)	3551	(34.6)	3306	(31.0)	3154	(32.5)	3563	(33.1)	3779	(31.5)	4040	(30.8)	4024	(30.3)
In paid employment	1280	(14.3)	1735	(16.9)	1700	(15.9)	1574	(16.2)	2207	(20.5)	2643	(22.0)	2905	(22.2)	2896	(21.8)
Unemployed	5702	(63.9)	6356	(61.9)	5852	(54.9)	5726	(59.0)	6333	(58.8)	7101	(59.1)	7819	(59.7)	8412	(63.3)
Retired/unable to work including disability	712	(8.0)	823	(8.0)	1251	(11.7)	1165	(12.0)	1049	(9.7)	790	(6.6)	1048	(8.0)	798	(6.0)
New cases	3257		3962		3979		3796		4206		4456		4792		4771	
Median age (range ¹⁰)	26	16–46	26	15–45	26	15–45	27	15–46	28	16–46	28	16–47	29	16–49	29	16–49
Under 18	413	(12.7)	537	(13.6)	618	(15.5)	548	(14.4)	468	(11.1)	495	(11.1)	546	(11.4)	481	(10.1)
Male	2446	(75.1)	3000	(75.7)	3065	(77.0)	2886	(76.0)	3100	(73.7)	3347	(75.1)	3471	(72.4)	3478	(72.9)
Homeless	199	(6.1)	248	(6.3)	263	(6.6)	229	(6.0)	287	(6.8)	314	(7.0)	334	(7.0)	294	(6.2)
Traveller ¹⁶	97	(3.0)	109	(2.8)	112	(2.8)	100	(2.6)	129	(3.1)	113	(2.5)	102	(2.1)	119	(2.5)
Education ceased before 16 years	834	(25.6)	946	(23.9)	888	(22.3)	841	(22.2)	1031	(24.5)	1030	(23.1)	1052	(22.0)	998	(20.9)
In paid employment	652	(20.0)	943	(23.8)	901	(22.6)	903	(23.8)	1216	(28.9)	1500	(33.7)	1569	(32.7)	1517	(31.8)
Unemployed	1757	(53.9)	2029	(51.2)	1765	(44.4)	1772	(46.7)	2054	(48.8)	2070	(46.5)	2234	(46.6)	2411	(50.5)
Retired/unable to work including disability	183	(5.6)	222	(5.6)	364	(9.1)	308	(8.1)	299	(7.1)	237	(5.3)	300	(6.3)	219	(4.6)
Previously treated cases	5242		5872		5927		5441		6090		6860		7588		7717	
Median age (range ¹⁰)	33	19–47	34	19–49	34	19–50	33	20–49	35	20–50	36	21–51	36	22–52	37	22–52
Under 18	154	(2.9)	170	(2.9)	155	(2.6)	111	(2.0)	117	(1.9)	115	(1.7)	89	(1.2)	96	(1.2)
Male	3686	(70.3)	4328	(73.7)	4211	(71.0)	3948	(72.6)	4315	(70.9)	4790	(69.8)	5069	(66.8)	5318	(68.9)
Homeless	620	(11.8)	679	(11.6)	810	(13.7)	735	(13.5)	911	(15.0)	1105	(16.1)	1030	(13.6)	1063	(13.8)
Traveller ¹⁶	194	(3.7)	211	(3.6)	180	(3.0)	174	(3.2)	216	(3.5)	227	(3.3)	251	(3.3)	229	(3)
Education ceased before 16 years	2183	(41.6)	2460	(41.9)	2224	(37.5)	2165	(39.8)	2357	(38.7)	2615	(38.1)	2821	(37.2)	2845	(36.9)
In paid employment	562	(10.7)	738	(12.6)	678	(11.4)	605	(11.1)	917	(15.1)	1045	(15.2)	1254	(16.5)	1284	(16.6)
Unemployed	3717	(70.9)	4056	(69.1)	3714	(62.7)	3722	(68.4)	4001	(65.7)	4644	(67.7)	5185	(68.3)	5501	(71.3)
Retired/unable to work including disability	495	(9.4)	563	(9.6)	782	(13.2)	745	(13.7)	709	(11.6)	539	(7.9)	692	(9.1)	545	(7.1)
Treatment status unknown	423		440		758		465		473		693		724		807	

HSE Health Regions (HR) area of residence 2017–2024

In 2024, the highest number of reported cases resided¹⁵ in HR HSE Dublin and North East (**Table 14**) (see below for reference to areas included in each HR).

As mentioned previously, participation in the NDTRS is not uniform across the country and therefore conclusions based on geographic analyses must be interpreted in this context.

Table 14: Number of cases treated for drugs as a main problem by HSE Health Region area of residence, NDTRS 2017 to 2024

	2017	2018	2019	2020	2021	2022	2023	2024
All cases	8922	10274	10664	9702	10769	12009	13104	13295
HSE Dublin and North East	2462	3006	2980	2825	3517	4026	4693	4649
HSE Dublin and Midlands	1976	2571	2746	2365	2797	2959	3063	3108
HSE Dublin and South East	1570	1725	1728	1553	1642	1833	2011	2248
HSE South West	1055	1169	1216	1007	939	994	1045	1029
HSE Mid West	749	843	851	839	859	832	907	874
HSE West and North West	653	588	698	716	670	770	778	822
Other/unknown	457	372	445	397	345	595	607	565

	2017	2018	2019	2020	2021	2022	2023	2024
New cases	3257	3962	3979	3796	4206	4456	4792	4771
HSE Dublin and North East	711	1006	971	1002	1259	1229	1481	1391
HSE Dublin and Midlands	667	907	932	860	1038	1082	1164	1138
HSE Dublin and South East	676	767	767	679	715	832	894	965
HSE South West	467	530	515	465	431	487	505	425
HSE Mid West	310	417	420	419	403	382	331	369
HSE West and North West	314	255	300	256	296	358	324	389
Other/unknown	112	80	74	115	64	86	93	94
Previously treated	5242	5872	5927	5441	6090	6860	7588	7717
HSE Dublin and North East	1627	1826	1708	1659	2074	2519	2853	2850
HSE Dublin and Midlands	1157	1579	1630	1414	1637	1706	1781	1819
HSE Dublin and South East	846	898	864	843	895	970	1086	1244
HSE South West	567	627	681	534	496	494	532	585
HSE Mid West	409	396	382	372	437	432	558	468
HSE West and North West	312	284	338	362	315	359	382	400
Other/unknown	324	262	324	257	236	380	396	351
Treatment status unknown	423	440	758	465	473	693	724	807

Regional health areas

HSE Dublin and North East: North Dublin, Meath, Louth, Cavan, Monaghan

HSE Dublin and Midlands: Longford, Westmeath, Offaly, Laois, Kildare, parts of Dublin and Wicklow

HSE Dublin and South East: Tipperary South, Waterford, Kilkenny, Carlow, Wexford, Wicklow, part of South Dublin
HSE South West: Kerry and Cork

HSE Mid West: Limerick, Tipperary North, Clare

HSE West and North West: Donegal, Sligo, Leitrim, Roscommon, Mayo, Galway

Incidence and prevalence of treatment 2017–2024

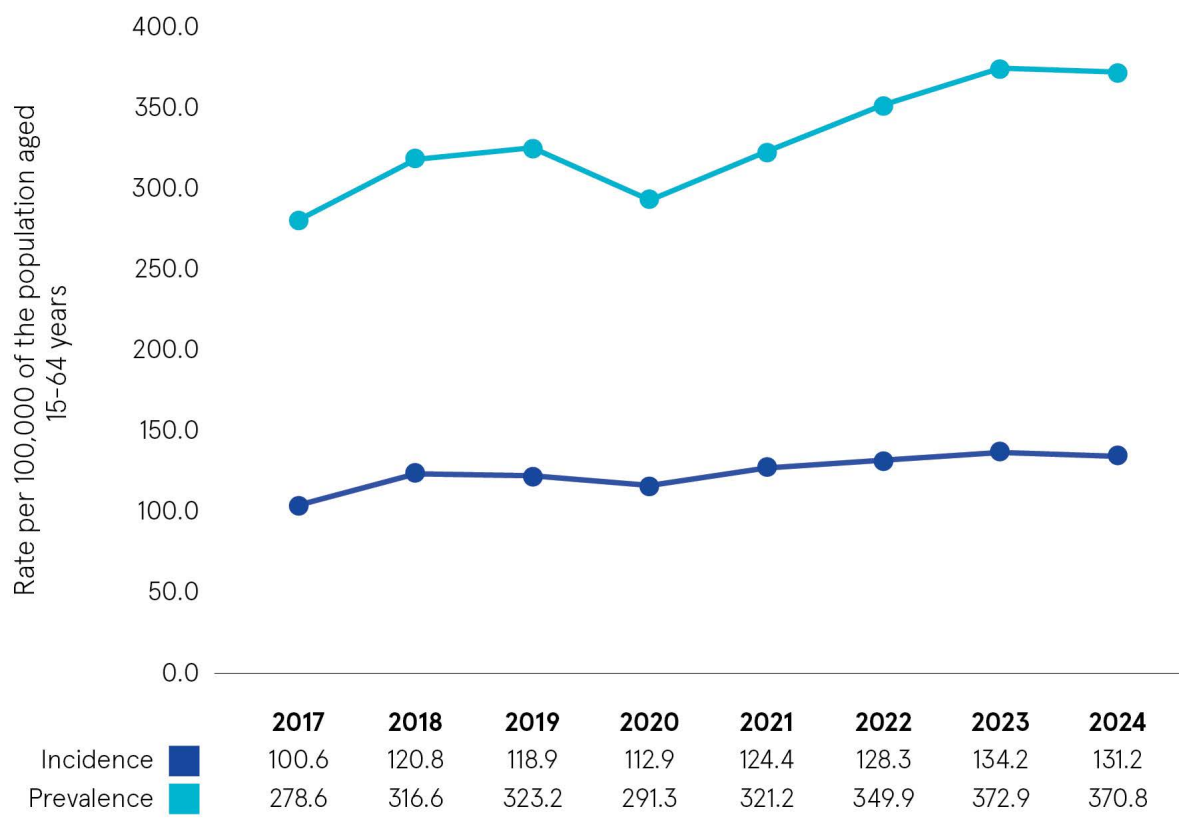
Annual rates for the incidence (*new cases*) and prevalence (all cases) of treated problem drug use were calculated per 100,000 of the population aged 15 to 64 years based on census figures from the Central Statistics Office (CSO) (**Figure 3**).¹⁷

Incidence was 100.6 per 100,000 in 2017 and 131.2 per 100,000 in 2024.

Prevalence, which includes *new cases* and those cases returning to treatment, increased from 278.6 per 100,000 in 2017 to 370.8 per 100,000 in 2024.

Changes in incidence and prevalence should be interpreted with caution due to the proportion of cases where treatment status was unknown (6.1% in 2024) and the impact of COVID-19 on case numbers in 2020.¹⁴

Figure 3: Incidence and prevalence of treated problem drug use, aged 15 to 64 years, NDTRS 2017 to 2024



Acknowledgements



The NDTRS team would like to acknowledge the ongoing support of the staff in the alcohol and drug treatment services throughout the country, without whom it would not be possible to maintain the NDTRS. Their participation and cooperation are very much appreciated and valued.

Notes

1. This document may be cited as: Lynch, T, Tierney, P, and Lyons S (2025) National Drug Treatment Reporting System, 2024 *Drug Treatment Demand*. HRB StatLink Series 23. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/43052> and at hrb.ie/publications.
2. European Union Drugs Agency (EUDA). (2012). Treatment demand indicator (TDI) standard protocol 3.0: Guidelines for reporting data on people entering drug treatment in European countries. EUDA. https://www.euda.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.euda.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. A supervised injecting facility is a clean, safe, healthcare environment where people can inject drugs, obtained elsewhere, under the supervision of trained health professionals. Further information on the medically supervised injecting facility opened in Dublin can be found at <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/addiction/supervised-injecting-centre/>.
14. 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).
15. 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 6 months prior to starting treatment, area of residence is the place of residence prior to imprisonment. Otherwise, the prison location is recorded.
16. The number of Irish Travellers living in the State and counted in Census 2022 was 32,949, an increase of 6% from 30,987 in the 2016 census. Irish Travellers make up less than 1% of the population. <https://www.cso.ie/en/releasesandpublications/ep/p-cpp5/census2022profile5-diversitymigrationethnicityirishtravellersreligion/irishtravellers/>
17. Population data are taken from the Central Statistics Office at: <https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2024/data/>

Appendix A: Number of cases treated for cocaine as a main problem, by county of residence, NDTRS 2017–2024

	2017		2018		2019		2020		2021		2022		2023		2024	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All cases	1500		2254		2560		2619		3248		4084		4923		5289	
Carlow	11	(0.7)	15	(0.7)	24	(0.9)	28	(1.1)	30	(0.9)	42	(1.0)	49	(1.0)	61	(1.2)
Cavan	11	(0.7)	~	~	21	(0.8)	14	(0.5)	22	(0.7)	40	(1.0)	35	(0.7)	45	(0.9)
Clare	30	(2.0)	42	(1.9)	57	(2.2)	51	(1.9)	51	(1.6)	64	(1.6)	81	(1.6)	69	(1.3)
Cork	124	(8.3)	185	(8.2)	220	(8.6)	234	(8.9)	193	(5.9)	260	(6.4)	290	(5.9)	296	(5.6)
Donegal	31	(2.1)	44	(2.0)	69	(2.7)	65	(2.5)	61	(1.9)	89	(2.2)	97	(2.0)	109	(2.1)
Dublin	772	(51.5)	1195	(53.0)	1316	(51.4)	1323	(50.5)	1751	(53.9)	2204	(54.0)	2765	(56.2)	2936	(55.5)
Galway	20	(1.3)	15	(0.7)	33	(1.3)	33	(1.3)	40	(1.2)	35	(0.9)	79	(1.6)	90	(1.7)
Kerry	26	(1.7)	49	(2.2)	65	(2.5)	50	(1.9)	66	(2.0)	79	(1.9)	76	(1.5)	78	(1.5)
Kildare	28	(1.9)	44	(2.0)	47	(1.8)	61	(2.3)	99	(3.0)	127	(3.1)	137	(2.8)	158	(3)
Kilkenny	11	(0.7)	31	(1.4)	31	(1.2)	21	(0.8)	32	(1.0)	31	(0.8)	45	(0.9)	45	(0.9)
Laois	13	(0.9)	32	(1.4)	31	(1.2)	36	(1.4)	35	(1.1)	59	(1.4)	43	(0.9)	52	(1)
Leitrim	~	~	~	~	~	~	~	~	~	~	9	(0.2)	10	(0.2)	9	(0.2)
Limerick	72	(4.8)	137	(6.1)	147	(5.7)	134	(5.1)	167	(5.1)	173	(4.2)	209	(4.2)	221	(4.2)
Longford	~	~	~	~	11	(0.4)	16	(0.6)	15	(0.5)	30	(0.7)	30	(0.6)	27	(0.5)
Louth	43	(2.9)	54	(2.4)	61	(2.4)	50	(1.9)	86	(2.6)	101	(2.5)	115	(2.3)	109	(2.1)
Mayo	12	(0.8)	16	(0.7)	13	(0.5)	38	(1.5)	28	(0.9)	43	(1.1)	46	(0.9)	39	(0.7)
Meath	39	(2.6)	48	(2.1)	33	(1.3)	47	(1.8)	93	(2.9)	106	(2.6)	112	(2.3)	115	(2.2)
Monaghan	~	~	0	(0.0)	~	~	8	(0.3)	10	(0.3)	9	(0.2)	11	(0.2)	18	(0.3)
Offaly	6	(0.4)	21	(0.9)	20	(0.8)	13	(0.5)	30	(0.9)	24	(0.6)	31	(0.6)	33	(0.6)
Roscommon	14	(0.9)	14	(0.6)	17	(0.7)	35	(1.3)	28	(0.9)	32	(0.8)	33	(0.7)	34	(0.6)
Sligo	14	(0.9)	14	(0.6)	17	(0.7)	20	(0.8)	15	(0.5)	23	(0.6)	17	(0.3)	36	(0.7)
Tipperary	55	(3.7)	69	(3.1)	85	(3.3)	85	(3.2)	114	(3.5)	144	(3.5)	188	(3.8)	203	(3.8)
Waterford	54	(3.6)	68	(3.0)	61	(2.4)	66	(2.5)	68	(2.1)	87	(2.1)	114	(2.3)	148	(2.8)
Westmeath	8	(0.5)	15	(0.7)	24	(0.9)	14	(0.5)	12	(0.4)	21	(0.5)	48	(1.0)	40	(0.8)
Wexford	39	(2.6)	50	(2.2)	60	(2.3)	56	(2.1)	85	(2.6)	92	(2.3)	97	(2.0)	102	(1.9)
Wicklow	49	(3.3)	81	(3.6)	87	(3.4)	102	(3.9)	94	(2.9)	143	(3.5)	130	(2.6)	173	(3.3)
Outside Ireland	7	(0.5)	~	~	~	~	11	(0.4)	18	(0.6)	17	(0.4)	31	(0.6)	41	(0.8)
Ireland Unknown	7	(0.5)	~	~	~	~	~	~	0	(0.0)	0	(0.0)	~	~	~	~
Total	1500		2254		2560		2619		3248		4084		4923		5289	

~ Cells with 5 cases or fewer



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