



# HRB Bulletin

## National Drug Treatment Reporting System

# 2025 Drug Treatment Demand

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## **HRB StatLink Series 30**

# National Drug Treatment Reporting System 2025 Drug Treatment Demand

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## Introduction

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This bulletin presents data on treated problem drug use (excluding alcohol) for 2025, together with trends over the nine-year period from 2017 to 2025. The report also examines three areas: polydrug use, risk factors, and cocaine-related treatment demand. 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.

## Key Trends

### National overview

- In 2025, 15,422 cases were treated for problem drug use (excluding alcohol), this is the highest annual total recorded by the NDTRS. This represents an increase of 2,127 cases compared to 2024.

**15,422**

Total number of cases treated for problem drug use



**33%**  
new cases

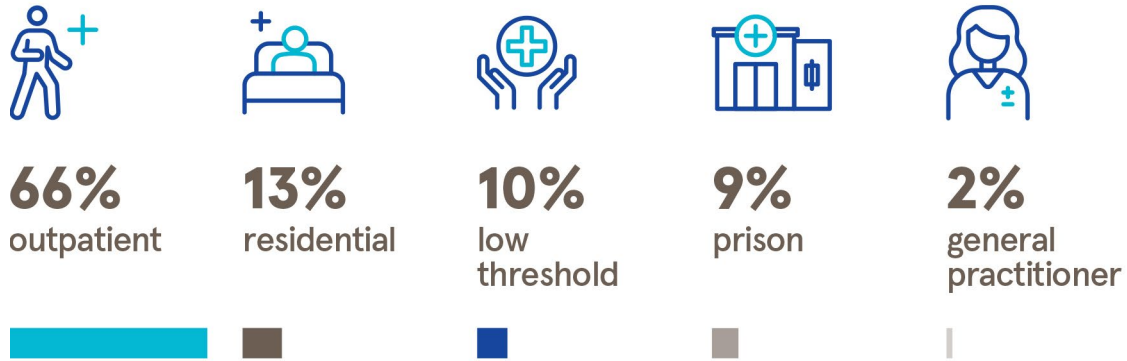


**61%**  
previously treated cases

Figures relate to 2025

- Treatment demand increased across all service types in 2025.
- Interpretation of trends should consider the improved coverage of treatment types within the Irish Prison Service, which resulted in increased reporting in 2025. Prison-based treatment cases increased substantially (by more than 150%) compared with 2024, reflecting expanded engagement in reporting rather than increased treatment provision. This expansion had a measurable impact on trends related to injecting behaviour, opioid treatment, and housing status and should be considered when interpreting year-on-year changes.
- New cases* (those entering treatment for the first time) accounted for 33.3% of all cases.
- The majority of cases were treated in outpatient facilities (65.8%).

## Service type 2025



Figures relate to 2025

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

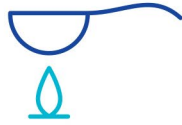
## Main problem drug 2025 (excluding alcohol)

- **Cocaine** was the most commonly treated main problem drug in 2025, accounting for 42.4% of all cases. The number of cocaine related treatment episodes increased by 23.6% compared with 2024 (6,535 cases versus 5,289), representing the highest number of cases recorded for any single drug over the nine year reporting period.
  - Cocaine remains the most common main drug among *new cases*, accounting for more than one-half (51.4%) of *new cases* in 2025.
  - In 2025, cocaine was the most commonly reported main problem drug among *previously treated cases*, accounting for 36.7% or 3,421 cases – an increase of 23.8% from 2024.
  - In 2025, the difference between cocaine and opioid related treatment demand was the largest observed over the reporting period (42.4% versus 24.3%).
- **Opioids** (mainly heroin) were the second most commonly reported main problem drug in 2025 (25.3% of cases).
  - While overall treatment demand for opioids remains lower than earlier years, the number of cases increased sharply compared with 2024, largely reflecting enhanced prison reporting rather than increased demand in community services.
  - **Heroin** accounted for 85.8% of all opioid cases in 2025.

## Main problem drug



**42%**  
cocaine



**25%**  
opioids



**15%**  
cannabis



**11%**  
benzodiazepines



Figures relate to 2025

- **Cannabis** was the third most commonly treated main drug reported in 2025, accounting for 15.1% of cases. Although treatment demand for cannabis remains substantial, the number of cases where cannabis is identified as the main problem drug peaked in 2019 and has not returned to that level.
  - The proportion of newly treated cannabis cases has decreased over time accounting for 51.2% of cannabis treatments in 2025 compared with 58.0% of treatments in 2024.
- 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.
- In 2025, 191 cases (1.2%) commenced treatment for problem use of **pregabalin** (Lyrica). Of which, pregabalin was the main problem for 57 cases and an additional problem for 134 cases.
- The number of cases reporting a **new psychoactive substance (NPS)** as a main problem has increased more than 400% from 51 cases in 2017 (0.6% of cases) to 256 in 2025 (1.7% of cases). The increase observed between 2024 and 2025 represents the largest year-on-year rise across the reporting period.

- The most commonly reported NPS drugs were synthetic cannabinoid-type drugs including HHC, followed by synthetic stimulant-type NPS drugs.
- A total of 334 cases reported problem use of **ketamine** (2.1%): 130 cases reported ketamine as the main problem and 204 cases as an additional problem. The total number of cases recording ketamine as a problem drug in 2025 was more than 12 times the number recorded in 2017 (27 cases). From 2024 (57 cases) to 2025, cases with ketamine as a main problem have more than doubled.
- A total of 66 cases commenced treatment for problem use of **nitrous oxide** in 2025. More than one-half (51.5%) were aged 17 years or under. The majority (84.8%, 56 cases) reported it alongside other drugs.
- In 2025, 249 cases reported **vaping** as a route of administration compared with 100 cases reported in 2024. More than one-half, 127 cases, were vaping their main problem drug, the majority of which were HHC (97 cases).

## Polydrug use

- Three in five cases (61.8%) reported **polydrug** use, an increase from 60.4% in 2024.
- The most commonly reported additional substances among cases with polydrug use were cannabis (44.8%), followed by cocaine (40.0%), alcohol (35.2%) and benzodiazepines (32.6%).

## Risk factors

- In 2025, 17.7% of cases reported having **ever injected**.
- Among cases reporting injecting, 34.8% reported sharing **needles and syringes**. This proportion is the lowest observed since the collection of these data began in 2019, although interpretation is limited by a high proportion of unknown responses in prison-based records.
- More than one quarter of cases (27.8%) who reported ever injecting had injected in the month prior to starting treatment.
- In 2025, the main problem drug most frequently reported among cases currently injecting were opioids (76.7%), followed by cocaine (10.1%).

## Sociodemographic characteristics

- In 2025, the median age of cases entering treatment was 35 years, an increase of one year compared with 2024. Most cases fell between 17 and 52 years of age (5th–95th percentile). The age profile of cases entering drug treatment continued to shift in 2025. The proportion of cases aged 50 years or over more than doubled since 2017, indicating an increasingly ageing treatment population. For males, the median age entering treatment was 34 years while for females, the median age was 36 years.

- Almost seven in ten (69.4%) cases were **male**.
- Over one in ten cases (11.6%) were experiencing **homelessness**. The number of cases reporting homelessness increased by 234 cases from 1,555 cases in 2024 to 1,789 in 2025.
- The proportion of cases with an **Irish Traveller** ethnicity was 2.9%.
- The proportion of cases with **Roma** ethnicity was 0.2%.
- Nearly six in ten cases (59.2%) were **unemployed**, while one in five (20.8%) were in **paid employment**. These proportions decreased slightly due to the addition of prison data which is recorded as 'unable to work.'
- Of the 6,086 cases with children aged 17 years or under, 38.7% were **residing with children**.

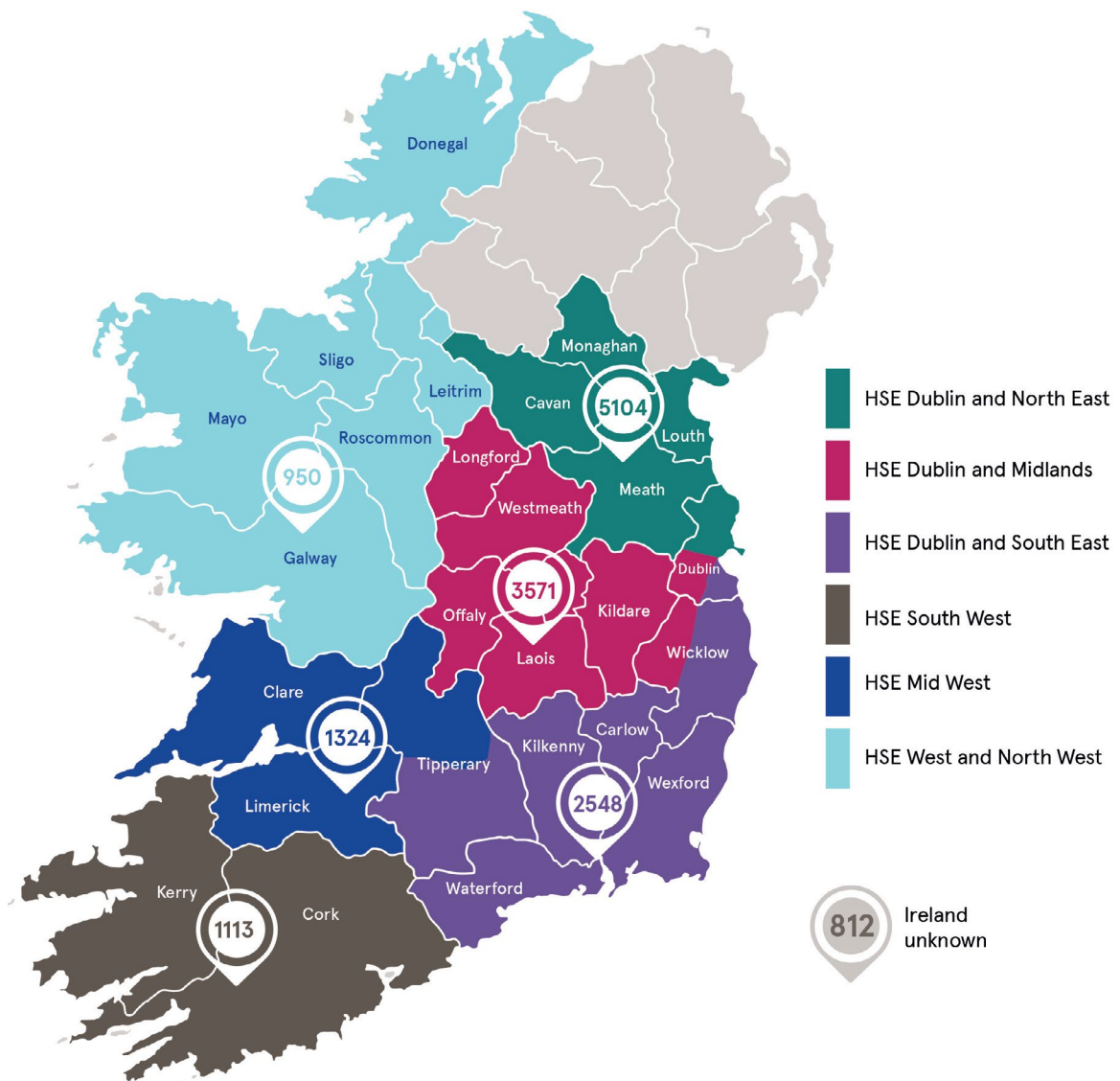
## Characteristics of cases with cocaine as a main problem

- The number of cases reporting cocaine as the main problem increased by 23.6% from 5,289 cases in 2024 to 6,535 cases in 2025.
- Between 2024 and 2025, the treatment demand for powder cocaine increased by 21.1% (or 834 cases), while the treatment demand for crack cocaine increased by 31.0% (or 412 cases).
- Sociodemographic characteristics of cases varied by the type of cocaine used.
  - For powder cocaine as the main problem, 23.6% were female, 37.7% were employed, and the median age entering treatment was 32 years.
  - For crack cocaine as the main problem, 44.8% were female, 5.2% were employed, and the median age was 40 years.

## Cases by Health Region of residence

- The number of recorded treatment cases increased across all six HSE health regions. The highest number of cases was recorded in the HSE Dublin and North East Health Region (5,104 cases).
- The HSE Mid West region experienced the largest regional increase in treatment demand in 2025, with cases rising by 51.5% compared with 2024. This increase reflects a combination of expanded treatment capacity, improved reporting and increased engagement with low threshold and outpatient services.

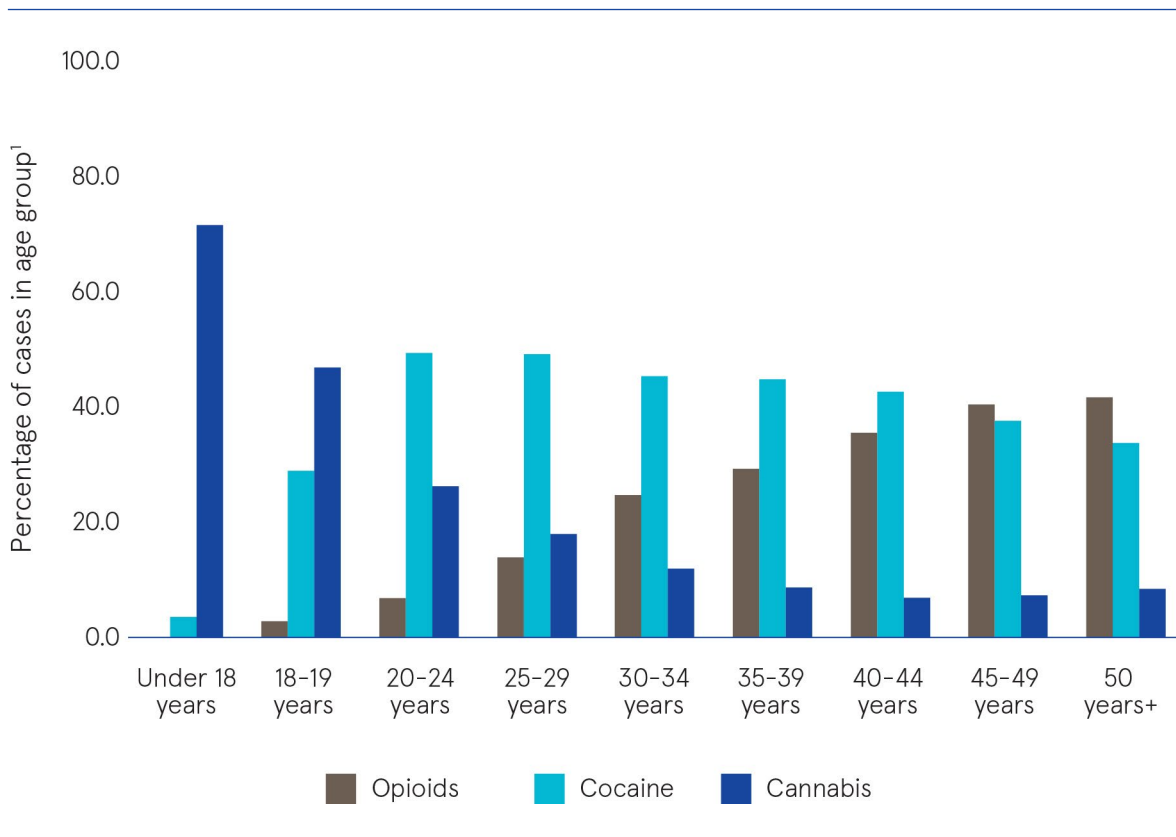
## Number of cases treated for problem drug use (excluding alcohol) by Health Region of residence, NDTRS, 2025



## Key trends over time (2017–2025)

- Between 2017 and 2025, a total of 104,161 cases treated for problem drug use (excluding alcohol) were reported to the NDTRS.
- In 2025, the NDTRS recorded the highest number of cases ever, but proportions of *new* and *previously treated* cases remained relatively similar over the 9-year period.
- The **median age** of cases increased from 30 years in 2017 to 35 years in 2025. For *new cases*, the median age increased from 26 years in 2017 to 30 years in 2025.
- The **age profile** of people entering drug treatment continued to shift in 2025. The proportion of younger clients declined steadily over the period, while the proportion aged 50 years or over more than doubled since 2017, indicating an increasingly ageing treatment population.
- Over the period 2017 to 2025, there was a 335.7% increase in the number of cases where **cocaine** was the main problem drug. Treatment demand for cocaine increased sharply in 2025 compared to the increase observed between 2023 and 2024. Powder cocaine increased by 282.5% and crack cocaine increased by 906.4% over the time period (2017–2025).
- The proportion of treatment demand attributable to **opioids** has decreased year-on-year (from 45.0% in 2017 to 25.3% in 2025).
- The gap between cocaine and opioid treatment demand reached a record high in 2025, with cocaine accounting for 42.4% compared to 24.3% for opioids.
- Although **cannabis** remains a significant contributor to treatment demand, cases where cannabis is identified as the main problem drug peaked in 2019 and have not returned to that level. Both the number and proportion of cannabis-related treatment cases have declined over the past six years.
- Treatment demand for **new psychoactive substances (NPS)** increased further in 2025 to 256 cases, rising by 50.6% since 2024, when 170 cases were reported, and increased 495.3% since 2020 when 43 cases were reported.
- The proportion of *new cases* reporting **ever injecting** decreased from 11.0% in 2017 to 3.6% in 2025. Among *previously treated cases*, the numbers reporting ever injecting have fluctuated since 2017, but the proportion that ever injected decreased overall from 41.3% in 2017 to 26.3% in 2025.

Figure 1: Main problem drug reported by age group (NDTRS 2025)



### Continuous care cases 2025

- 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 12,845 cases who commenced treatment prior to 2025 and were still in treatment on 1 January 2025. Although continuous care cases are not presented elsewhere in this report, they may be combined with data on episodes commencing in 2025 to give a fuller picture of treatment provision for that year.

# Key Focus Areas

## Polydrug use

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### Polydrug use in 2025

In 2025, 61.8% of cases reported problem use of more than one drug (polydrug use), representing 9,535 cases, an increase of 18.7% compared with 2024.

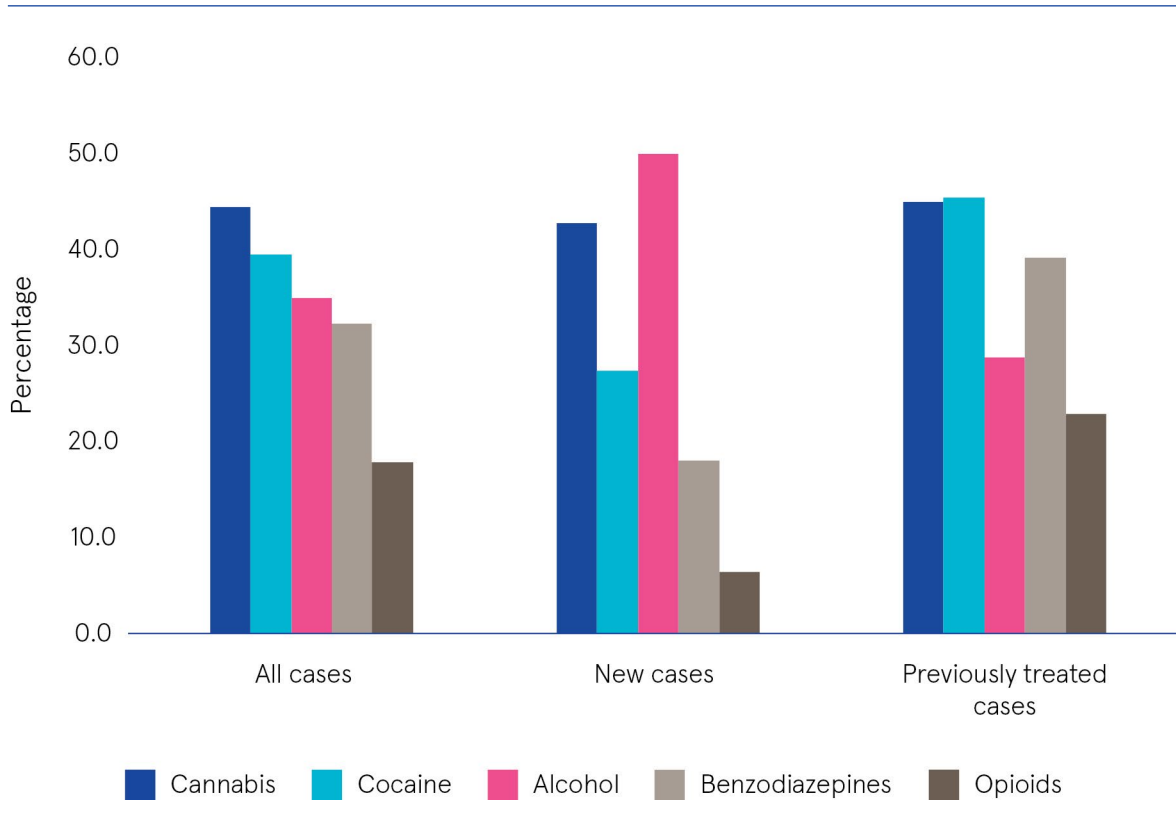
Cannabis (44.8%) was the most common additional substance reported by cases with polydrug use, followed by cocaine (40.0%), alcohol (35.2%), and benzodiazepines (32.6%). However, patterns differed by treatment status (**Figure 2**).

Among *new cases* with polydrug use, alcohol (50.2%) was the most common additional substance in 2025, followed by cannabis (43.2%), cocaine (27.8%), and benzodiazepines (18.2%).

Cocaine (45.8%) was the most common additional substance reported by *previously treated cases* with polydrug use in 2025, closely followed by cannabis (45.2%), then benzodiazepines (39.6%), and alcohol (29.0%).

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

Figure 2: Additional problem substances reported by treatment status (NDTRS 2025)



### Trends in polydrug use 2017–2025

Over the period 2017 to 2025, more than one-half of all cases (58.1%) reported polydrug use (problem use of more than one substance).

The proportion of cases reporting polydrug use rose from 57.2% in 2017 to 61.8% in 2025, with some fluctuations in between. Although the proportion of cases reporting polydrug use increased modestly over time, the absolute number of polydrug cases rose sharply, increasing by 86.7% from 5,106 cases in 2017 to 9,535 cases in 2025.

The most common additional problem drugs over the period were cannabis, cocaine, opioids, benzodiazepines, and alcohol. The absolute numbers of these additional problem drugs have increased over the period. The largest increases were observed for cocaine and cannabis, followed by alcohol.

Among *new cases* in 2025, alcohol was the most commonly reported additional drug, followed by cannabis, cocaine, and benzodiazepines.

- The proportion of *new cases* reporting cannabis as an additional problem increased from 33.1% in 2017 to 43.2% in 2025.

- One-half of *new cases* (50.2%) in 2025 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 27.8% in 2025.

Among *previously treated cases*, the most commonly reported additional drugs in 2025 were cocaine, followed by cannabis, benzodiazepines, and alcohol.

- The proportion reporting cocaine as an additional problem increased from 28.5% in 2017 to 45.8% in 2025, while the number of cases more than tripled.
- The proportion of *previously treated cases* reporting cannabis as an additional problem increased from 33.0% in 2017 to 45.2% in 2025, while the number of cases increased by 165.6%.

## Risk factors

### Risk factors in 2025

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 2025

In 2025, 17.7% of cases reported that they had ever injected. Among these, 27.8% were currently injecting (i.e., in the 30 days prior to treatment). Of the 2,732 cases who reported ever injecting, 6.8% were *new cases* and 89.9% were *previously treated cases*. Among *new cases*, 3.6% reported ever injecting compared to 26.3% among *previously treated cases*.

- Since 2024, the number of cases reporting ever injecting increased by 247. However, the overall proportion of cases reporting ever injecting decreased from 18.7%.
- The number of cases that reported *currently injecting* increased from 598 in 2024 to 759 in 2025, representing 24.1% of cases that had ever injected in 2024 and 27.8% of cases that has ever injected in 2025.

Among cases in 2025 that were known to be *currently injecting*:

- Almost three in four were male (74.8%), and the median age first injected (where known) was 22 years (range 15–40).
- The most common main problem drug was opioids (76.7%), followed by cocaine (10.1%).
- Most were *previously treated* (80.5%). Experiencing homelessness (26.6%) and living in unstable accommodation were common (5.5%).

#### Sharing of needles and syringes in 2025

In 2025, 34.8% of cases that had ever injected also reported sharing needles and syringes, which was lower than 2024 (40.3%).

Among cases *currently injecting*, where known, 12.1% reported sharing needles and syringes in the 30 days prior to starting treatment.

### Trends in risk factors 2017–2025

#### Injecting behaviour 2017–2025

Over the period 2017 to 2025, the proportion of cases reporting ever injecting declined from 29.7% to 17.7%, despite fluctuations in absolute numbers.

Among both *new* and *previously treated cases*, long term declines were observed in the proportion reporting injecting. Among *new cases*, 3.6% reported ever injecting in 2025 (185 cases) compared to 11.0% (359 cases) in 2017. Among *previously treated cases*, 26.3% (2,457 cases) in 2025 reported ever injecting compared to 41.3% (2,165 cases) in 2017.

Among cases who had ever injected, the proportion reporting current injecting declined overall in the period, although year to year fluctuations were observed. Recent increases in absolute numbers are largely associated with expanded reporting from prison based services.

### Characteristics of cases currently injecting 2017–2025

The majority of cases *currently injecting* were male (74.8%) with a median age when started injecting of 22 years.

There was an increase in **cocaine** as a main problem among those currently injecting. The proportion currently injecting who were being treated for cocaine use increased from 3.7% in 2017 to 10.1% in 2025 with the absolute number of cases more than doubling (from 32 to 77 cases).

**Polydrug use** increased from 65.8% in 2017 to 80.4% in 2025. This increasing trend has been observed year-on-year in *previously treated cases* (from 69.2% to 86.1%) but fluctuated in *new cases* (from 50.7% in 2017 to 79.3% in 2023, before decreasing to 52.0% in 2025).

### Sharing of needles and syringes 2019–2025

Sharing of needles and syringes is a risk factor for blood borne viral infections. Since recording of this information began in 2019, the proportion of cases reporting sharing of needles and syringes has declined modestly, from 37.2% in 2019 to 34.8% in 2025.

- Among *previously treated cases*, 38.8% reported ever sharing needles or syringes in 2019 compared to 36.0% in 2025
- Among *new cases*, 29.0% reported ever sharing needles or syringes in 2019 compared to 27.0% in 2025

### Currently injecting and sharing needles and syringes 2019–2025

Among cases *currently injecting*:

- Over the seven-year period, 1,943 cases (38.3%) had **ever shared** needles and syringes. Both the proportion and the number of cases decreased from 300 in 2019 (39.5%) to 265 in 2025 (34.9%).
- **Recent sharing of needles and syringes** (in the 30 days before treatment) has fluctuated over the time period (2019–2025). In 2025, 12.1% (92 cases) reported sharing in the last 30 days, compared to 17.0% (131 cases) in 2023, and 12.9% (98 cases) in 2019.

# Treatment demand for cocaine

## Treatment demand for cocaine in 2025

Over the period 2017 to 2025, 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.

In 2025, 6,535 cases were recorded with cocaine as a main problem, an increase of 23.6% on the 2024 number of 5,289. The year-on-year increase in cocaine-related treatment demand increased sharply in 2025, rising by 23.6%, compared with an increase of 7.4% between 2023 and 2024.

- Cocaine treatment (42.4% of cases) now exceeds that of opioids (25.3% of cases) by the largest margin ever recorded.
- In 2025, cocaine was the most commonly reported main problem drug among cases returning to treatment.
- **Females** accounted for 29.3% of *all cases* and 32.2% of *previously treated cases*.
- The number of females over 50 who were treated for cocaine almost doubled, from 76 in 2024 to 142 cases in 2025.
- The **median age** entering treatment for cocaine as the main problem was 34 years: 32 years for *new cases* and 36 years for *previously treated cases*.
- The proportion of cases that were **unemployed** and in **paid employment** were 61.0% and 29.0% respectively. For *new cases*, 40.1% were in paid employment and for *previously treated cases*, 22.9% were in paid employment.
- In 2025, the most common **additional drugs** among cases with cocaine as a main problem were alcohol (51.9%), cannabis (48.0%), and benzodiazepines (27.4%).
- **Powder cocaine** was the most common type of cocaine generating demand for treatment. In 2025, powder cocaine accounted for just under three-quarters of all cases treated for cocaine as a main problem (73.3%, 4,793 cases), while **crack cocaine** accounted for just over one-quarter of all cocaine cases (26.6%, 1,741 cases).

## Trends in treatment demand for cocaine 2017–2025

### Cocaine (all types)

Treatment demand for cocaine increased more than four-fold between 2017 and 2025, rising from 1,500 cases to 6,535 cases, an overall increase of 335.7%.

**Females** accounted for one-quarter (25.6%) of cases with cocaine as a main problem over the 9-year period. The proportion of female cases increased from 18.9% in 2017 to 29.3% in 2025, increasing almost 600% in numbers over the period, from 284 cases in 2017 to 1,912 cases in 2025.

The **median age** when entering treatment for cocaine increased to 34 years in 2025, an increase from 30 years in 2017.

The proportion of cases in **paid employment** decreased overall from 33.5% in 2017 to 29.0% in 2025 and has decreased year-on-year since 2021, when 34.2% of cases were in paid employment. The absolute numbers for cases in paid employment more than tripled over the period, from 502 in 2017 to 1,896 in 2025.

The proportion of cases with **polydrug use** remained stable throughout the 9-year period, from 62.9% in 2017 to 61.3% in 2025. The number of cases, however, increased by 324.5% from 944 cases in 2017 to 4,007 in 2025. Over the 9-year period, the most common additional drugs among cases with cocaine as a main problem have been alcohol, followed by cannabis, then benzodiazepines during every year apart from 2021, in which cannabis was more common than alcohol.

**Homelessness** among cases with cocaine as a main problem has increased from 3.7% in 2017 to 10.3% in 2025.

There was an increase of 417.1% from 2017 (123 cases) to 2025 (636 cases) for females who sought drug treatment for the first time (*new cases*). Comparatively, cases of males seeking treatment for cocaine increased by 221.9% from 2017 (621 cases) to 2025 (1,999 cases).

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.

In the case of powder cocaine, there was an increase of 282.5% from 1,253 cases in 2017 to 4,793 in 2025. For crack cocaine, the number of cases increased by 906.4% from 173 cases in 2017 to 1,741 in 2025.

## Powder cocaine

In 2025, 4,793 cases were recorded with **powder cocaine** as the main problem:

- 76.2% of cases were male, while 23.6% were female.
- The median age when entering treatment for powder cocaine was 32 years.
- Powder cocaine cases were recorded from every county in Ireland. Most cases (44.4%) entering treatment for powder cocaine resided in County Dublin, followed by Cork (6.8%) and Limerick (5.0%).
- 37.7% were in paid employment, while 54.4% were unemployed.
- 5.5% were experiencing homelessness.

- 2.3% reported having ever injected.
- The most common route of administration for power cocaine was sniff/snort (96.5%).
- The proportion of cases with polydrug use was 60.5%. The most common additional drugs among cases with powder cocaine as a main problem were alcohol (64.3%), cannabis (50.6%), and benzodiazepines (22.6%).
- The proportion of cases that were new to treatment was 48.8% and the proportion of cases that were *previously treated* was 46.5%.

### **Crack cocaine**

In 2025, 1,741 cases were recorded with **crack cocaine** as the main problem:

- More than four in ten cases (44.8%) entering treatment for crack cocaine as the main problem were female, while 55.1% were male.
- The median age when entering treatment for crack cocaine was 40 years.
- Crack cocaine cases were recorded from almost every county in Ireland, with the exception of three counties (Leitrim, Monaghan and Mayo) which had no reported cases. The majority (74.4%) of all cases entering treatment for crack cocaine resided in County Dublin, followed by Limerick (11.9%).
- 5.2% were in paid employment, while 79.2% were unemployed.
- 23.7% were experiencing homelessness.
- 25.7% reported having ever injected.
- The most common route of administration for crack cocaine was smoking (96.1%).
- The proportion of cases with polydrug use was 63.5%. The most common additional drugs among cases with crack cocaine as a main problem were opioids (56.3%), cannabis (41.0%) and benzodiazepines (40.0%).
- In 2025, 68.4% of cases were *previously treated* and 17.1% of cases were *new cases*.

## Acknowledgements



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

# Methodology Note

## Background

The NDTRS follows a common and systematic European methodology for collecting and reporting core data on the 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.<sup>2</sup>

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).<sup>3</sup> 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.<sup>4, 5, 6</sup>

This publication includes data collected since 2017, aligning with the implementation of the National Drugs Strategy (2017 – 2025). These data support the assessment of the strategy's impact since its commencement.

## Participation in the NDTRS

Overall in 2025, 71.6% of all eligible services provided data to the NDTRS, however this rate varies by service type.

Coverage across most service types remained high (between 89.8% and 100% among low threshold, outpatient, residential); however, participation among general practitioners providing opioid agonist treatment (OAT) remained comparatively low. In 2025, only 42.9% 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 (2017 – 2025) stating that all publicly funded drug and alcohol services are required to return data to the system.<sup>3</sup> 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.<sup>7, 8</sup>

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.

## Notes

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1. This document may be cited as: Tierney, P, Lynch, T, O’Sullivan, M, and Carew, AM, (2026) National Drug Treatment Reporting System, 2025 *Drug Treatment Demand*. HRB StatLink Series 30. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/45416> and at [hrb.ie/publications](http://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](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](http://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/](http://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](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/>



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