Standard SIMS Lite Report:

Drug and Alcohol Treatment Demand,

Health Research Board

CSO Quality Report

For

Drug and Alcohol Treatment Demand

This documentation applies to the reporting period:
2024

Last edited: 06/01/2026

1. Table of Contents

2. Introduction

The National Drug Treatment Reporting System (NDTRS) is a national register of addiction treatment in Ireland. The NDTRS is the only comprehensive source of national data on treated problem drug and alcohol use. The data are reported nationally to the HSE and the Department of Health, as well as internationally to the European Union Drugs Agency (EUDA) and the World Health Organisation.

Anonymous treatment data about episodes of drug and alcohol treatment is provided to the NDTRS from outpatient services, inpatient/residential services, prisons, general practitioners, and low threshold services (that provide low-dose methadone or drop-in facilities only). The data provided includes drugs and alcohol treatment but can also be for other addictions including gambling, gaming or other functional addictions.

Treatments are defined as any activity that aims to improve the psychological, medical and social state of individual and include one or more of the following: medication (detoxification, methadone reduction and/or substitution programmes), counselling, group therapy, psychotherapy and/or life skills training.

For each relevant service user, data on socio-demographics, history of drug use, main problem, any additional problems, risk factors related to injecting (if applicable), type of treatment provided, and treatment outcome is collected. The NDTRS data are collected through a live online portal called LINK.

3. Contact

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4. Metadata Update

4.1. Metadata last update

Drug treatment demand in Ireland 2024 was published on May 28th 2025:
https://www.hrb.ie/publication/alcohol-treatment-demand-in-ireland-2024/
Alcohol treatment demand in Ireland 2024 was published on Jul 31st 2025:
https://www.hrb.ie/publication/alcohol-treatment-demand-in-ireland-2024/

5. Statistical Presentation

5.1. Data Description

The National Drug Treatment Reporting System (NDTRS) is a health information system.

The NDTRS data are used to identify patterns of drug and alcohol use and risk behaviours; explore patterns of service utilisation; provide information for evidence-based service planning, including obtaining and justifying funding and personnel; and analyse trends in treated problem alcohol and drug use over time.

The data are reported nationally to the HSE and the Department of Health, as well as internationally to the European Union Drugs Agency (EUDA) and the World Health Organisation.

The NDTRS data include main problem drug, polydrug use, treatment status (new and previously treated cases), demographic data (including gender, age, ethnicity, employment status) and injecting behaviour.

5.2. Classification System

The main classification systems are listed below in Section 5.4. The NDTRS reports cases into 5-year age bands.

The main classification systems include:
- treatment status
- gender
- age
- ethnicity
- employment status
- living status
- risk behaviour
- level of problem alcohol use

5.3. Sector Coverage

Treatment data are provided by publicly funded addiction treatment services, including residential centres, community-based addiction services (outpatient; low threshold), prison services as well as general practitioners (GPs). Action 5.1.47 of the National Drugs Strategy states that all publicly funded drug and alcohol services are required to return data to the NDTRS LINK system.

In 2024, 71.1% of all eligible services provided data to the NDTRS, however this rate varies by service type. Coverage for most service types ranges between 89.2% and 100% (low threshold, outpatient, residential), but for eligible GPs the coverage was only 43.7%.

5.4. Statistical Concepts and definitions

There are several different classifications used in the NDTRS:

Treatment status
Never treated
Previously treated
Treatment status unknown

Gender
Male
Female
Non-binary
In another way

Age groups
Under 18s
18 to 24 years
25 to 34 years
35 to 44 years
45 to 64 years
65 years or over

Ethnicity
White - Irish
White - Irish Traveller
White - Roma
White - Any other white background
Black or Black Irish - Black African
Black or Black Irish - Any other black background
Asian or Asian Irish - Chinese
Asian or Asian Irish - Indian/Pakistani/Bangladeshi

Asian or Asian Irish - Any other Asian background
Other, including mixed group / background - Arab
Other, including mixed group / background - Mixed
Other, including mixed group / background - Other

Employment status
In paid employment (including part-time)
Unemployed
Training course
Student
Housewife/husband
Retired/unable to work (including disability)
Other

Living status
Stable accommodation
Homeless
Other unstable accommodation
Prison
Institution (residential care/halfway house)

Risk behaviour
Yes – previously injected
No – never injected
Client did not wish to answer this question

Education level
Primary level incomplete
Primary level
Junior cert
Leaving cert
Third level
Never went to school

Extent of drinking problem
Hazardous drinker
Harmful drinker
Dependent drinker

5.5. Statistical Unit

The NDTRS collects data on cases, or episodes of treatment, rather than individuals. A case/treatment episode is defined as when a service user enters treatment or support for the first time in their life for a drug/alcohol problem, or if a service user returns to treatment or support after a period of absence (planned or unplanned) that is greater than one month. In addition, if a service user is absent overnight from a residential service (without prior explanation or agreement) and is then re-admitted for residential treatment; this readmission constitutes a new episode of treatment.

The treatment status of each episode is also recorded as follows:

Previously treated – describes cases who were treated previously for problem drug/alcohol use at any treatment service and have returned to treatment in the reporting year.
New cases treated – describes cases who have never been treated for problem drug/alcohol use.
Status unknown – describes cases whose status with respect to previous treatment for problem drug/alcohol use is not known.

5.6. Statistical Population

The target population is all publicly funded episodes/cases of treatment (as defined above) supported by drug and alcohol treatment services in Ireland.

Treatment is defined as: any activity that aims to improve the psychological, medical and social state of individuals; one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training; treatment in residential and non-residential settings; or treatment in prison.

5.7. Reference Area

The NDTRS data is published at the State level. A breakdown by HSE Health Region is interpolated for the years 2017 – 2024.

5.8. Time Coverage

2017 to 2024.

6. Unit of Measure

Number of cases and percentage of these.

7. Reference Period

Calendar year.

8. Institutional Mandate

8.1. Legal Acts and other agreements

The Health Research Board (HRB) in Ireland is a statutory body established by the Health (Corporate Bodies) Act, 1961 and formally set up under the Health Research Board (Establishment) Order, 1986 (S.I. No. 279 of 1986), operating under the Department of Health.

The legal basis for the processing of NDTRS data (including sensitive personal data) states that the processing is necessary for the performance of a task in the public interest or in the exercise of official authority vested in the Health Research Board by virtue of its statutory functions as set out in SI No. 279/1986 and Section 2(b) of SI No. 305/2007.

8.2. Data Sharing

Not applicable

9. Confidentiality

9.1. Confidentiality – policy

All information supplied to the CSO is treated as strictly confidential. The Statistics Act, 1993 sets stringent confidentiality standards: Information collected may be used only for statistical purposes, and no details that might be related to an identifiable person or business undertaking may be divulged to any other government department or body.
These national statistical confidentiality provisions are reinforced by the following EU legislation: Council Regulation (EC) No 223/2009 on European statistics for data collected for EU statistical purposes.
Further details are outlined in the CSO's Code of Practice on Statistical Confidentiality.

For more information on the CSO confidentiality policy please visit:
https://www.cso.ie/en/aboutus/lgdp/csodatapolicies/statisticalconfidentiality/

The NDTRS has a confidentiality policy which is available at this link:

9.2. Confidentiality – data treatment

In line with HRB policy, primary level disclosure control is applied to all published data – values with five cases or fewer are not published from the NDTRS.

10.   Release Policy

10.1.   Release Calendar

The date of dissemination of all statistics released by CSO can be found in the Release Calendar published in CSO.ie. This calendar is regularly updated.

A release calendar is available on the NDTRS webpage at hrb.ie.

10.2.   Release calendar access

The release calendar can be accessed via the CSO website, www.cso.ie, or directly from this link: https://www.cso.ie/en/csolatestnews/releasecalendar/

The release calendar available on the NDTRS webpages at hrb.ie can be access on this link: https://www.hrb.ie/wp-content/uploads/2025/11/NDTRS-Publication-Release-calendar-2025.pdf.

11.   Frequency of Dissemination

The NDTRS publishes a separate annual drugs bulletin and an alcohol bulletin approximately one month apart, the relevant data is updated to the CSO once a year. Updates may occur in case of substantial revisions or corrections.

12.   Quality Management

12.1.Quality Assurance

Quality Management Framework
The CSO avails of an office wide Quality Management Framework (QMF). This framework allows all CSO processes and outputs to meet the required standard as set out in the European Statistics Code of Practice (ESCOP). The QMF foundations are based on establishing the UNECE's Generic Statistical Business Process Model (GSBPM) as the operating statistical production model to achieve a standardised approach to Quality Management. All and any changes implemented to CSO processes and outputs require adherence to the QMF.

The following statement outlines the processes that are carried out to ensure quality on the NDTRS: https://www.hrb.ie/wp-content/uploads/2025/11/Quality-Commitment-Statement-NDTRS.pdf

13.   Relevance

13.1.User Needs

The National Drug Treatment Reporting System (NDTRS) records information on addiction treatment demand in accordance with the European Union Drugs Agency (EUDA) Treatment Demand Indicator Protocol (https://www.euda.europa.eu/topics/treatment-demand_en). The data is used for the planning, development, and organisation of addiction treatment services in Ireland by a wide range of stakeholders including:

Any revisions to data collected or new variables are done in consultation and collaboration with stakeholders. Changes to data collected are available online on the addiction treatment noticeboard

13.2. Data Completeness

Not applicable

14. Accuracy and reliability

14.1. Overall accuracy

Not applicable

14.2. Non-sampling Error

Not applicable

14.2.1. Measurement error

Not applicable

14.2.2. Item Non-Response Rate

Not applicable

15. Timeliness and punctuality

15.1. Timeliness

The NDTRS publishes a separate annual drugs bulletin and an alcohol bulletin one year in arrears.

15.2. Punctuality

The annual drugs bulletin and alcohol bulletin once a year. This timeline has been met each year so far.

16. Coherence & Comparability

16.1. Comparability – Geographical

Not applicable.

16.2. Comparability over time

The data collected in NDTRS LINK remain the same year on year. Additional questions may be added due to data collection requirements. If wordings of any questions are changed, this is communicated in the summary report, and a note is added to affected data tables on the CSO's PxStat database.

'Non-binary' and 'in another way' were added in 2021 as a gender options.

COVID-19 pandemic had an impact on the figures in 2020 and possibly the following years due to closure of some services. 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.

16.2.1. Length of Comparable Time series

2017 to 2024. There were no breaks in the time series.

17. Revisions

17.1. Data Revision Policy

The revision policy for the NDTRS is available as part of our dissemination policy:
https://www.hrb.ie/wp-content/uploads/2024/12/Dissemination-Policy-NDTRS.pdf.

17.2. Data Revision Practice

When identified, necessary revisions to a published output are addressed promptly, and a notice placed on the affected statistical release.

18. Statistical processing

18.1. Source Type

Administrative data.

18.2. Data Collection

18.2.1. Data Capture

Data collection involves in-person interview conducted prior to, and during treatment at service providers and includes routine administrative health data collected by services for the monitoring, planning and evaluation of addiction services. Data is entered manually on the NDTRS which is a secure web-based database. Prior to gaining access to NDTRS all users must undergo training which encompasses confidentiality and data protection issues; and each user must abide by the NDTRS's terms and conditions.

18.3. Data Validation

A traffic light system is displayed on the NDTRS LINK dashboard to give feedback on data quality in real time: a red case will not be reported on, an amber case needs to be checked, and a green case is accepted. An example of an inbuilt validation check would be checking the age of service users: in LINK, the age of the case at the start of treatment, not the current age, needs to be entered. Services will amend their data and rectify any issues highlighted by the traffic light system.

Research analysts review the traffic light system data and evaluate if there is a need for a site visit, or if further training is required.

Regular checks (including HSE PI reports) are carried out by the NDTRS research analysts for data cleaning and data quality monitoring purposes. Checks require research analysts to download a pre-defined data report ('Data queries' -report and 'Clients not exited' -report) on their specified services, which includes inbuilt validation checks. An email link to the excel spreadsheet is sent to the service provider through a secure cloud-based platform, to enable the staff to review their validation checks and confirm their returns. In addition to tracking overall returns, the 'data queries report' response rates are monitored and followed up by analysts.

Research analysts extract data into a separate statistical software. Data cleaning script is then applied to the file to generate any additional queries for the services. For example, the script can be used to capture any unusual cases and to run duplicate checks. The data extraction process and cleaning script are run three times to ensure all validation checks are captured as part of an iterative process.

Research analysts will contact the services to query data, e.g. to confirm any unusual data, such as the age of service user outside of normal parameters. A comment can be added to the case to prevent further questioning of details at future checks, in case of a true outlier. Services or the NDTRS team can amend data if an error has occurred.

The process of entering and monitoring data is ongoing throughout the year before the data set is locked prior to reporting.

18.4. Data Compilation

To aid interpretation, confidentiality and for ease of reporting some variables such as age, education, employment and ethnicity are combined and recoded into easily understood groupings. Data on up to five drugs used can be recorded- this data is recoded into a binary indicator for drug categories of interest for reporting purposes e.g. opioid use, cocaine use following a predefined methodology. Similarly, use of more than one drug (polydrug use) is derived from the number of drugs recorded for a given case. The main problem drug is identified at treatment entry for each case, and this is always recorded as drug number one out of the five possible problem drugs. The main problem drug category for reporting purposes is identified from the same predefined methodology.

Operations performed on data to derive new information according to a given set of rules.

18.5. Adjustment

Not applicable.

19.   Additional Notes

Not applicable.