Reading Between the White Lines: An Investigation into Cocaine-Related Harm in Ireland During Periods of Economic Change and Crisis, 2004-2024

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Abstract

This study examines the relationship between economic cycles and cocaine-related harm in Ireland from 2004 to 2024. Previous research has suggested that cocaine use declines during recessions and increases during economic booms, yet the mechanisms underlying this pattern remain poorly understood, particularly regarding treatment system capacity. Using annual data from the Health Research Board's National Drug Treatment Reporting System (NDTRS), the Central Statistics Office, and the European Union Drugs Agency, this research analyses trends in treatment demand, employment status, accommodation status, and gender distribution across four economic periods: the Celtic Tiger boom (2004-2007), the recession and austerity period (2008-2012), the recovery (2013-2019), and the post-COVID era (2020-2024). The analysis employs descriptive statistics and draws on qualitative testimony from frontline service providers, advocacy groups, and academic experts. The findings reveal that cocaine-related harm did not decline during the recession but was suppressed by falling disposable income and contracting treatment capacity, only to surge dramatically during the subsequent recovery. Between 2013 and 2024, cocaine treatment cases increased by 647%, homelessness among cocaine users nearly doubled, and unemployment among this population reached 60%. The number of women seeking treatment for cocaine increased almost seven-fold between 2017 and 2025, driven by a 906% increase in crack cocaine cases. These findings challenge the assumption that economic growth automatically reduces drug-related problems and suggest that Ireland's pro-cyclical funding model - cutting services during recessions and expanding them too slowly during recoveries - has amplified harm. The research contributes to the wider debate on drug policy by demonstrating that treatment capacity must be responsive to economic cycles. It will be used to inform recommendations for counter-cyclical funding mechanisms, integrated housing-first interventions, and dedicated services for women users. The next steps for this project include further analysis of regional variation in treatment access and the development of a policy framework for counter-cyclical drug service funding.

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Between 2013 and 2024, Ireland experienced one of the most sustained economic recoveries in its modern history, yet cocaine-related harm did not decline - it surged. Cocaine treatment cases increased from 708 in 2013 to 5,289 in 2024, a 647% rise, and by 2025 cocaine accounted for 42% of all drug treatment cases (excluding alcohol), representing 6,535 cases. The number of women seeking treatment for cocaine increased almost seven-fold, from 284 cases in 2017 to 1,912 cases in 2025.

This pattern is not inexplicable. The argument advanced here is that the surge in cocaine-related harm during Ireland's recovery was a predictable consequence of policy choices made during the preceding austerity period, when the state systematically dismantled community-based addiction services. Between 2010 and 2015, funding for the Local Drug and Alcohol Taskforces was cut by 79%, with some individual taskforces losing over 90% of their budgets. When the economy recovered, the treatment system was already broken.

This report examines the relationship between economic cycles and cocaine-related harm from 2004 to 2024, drawing on data from the Health Research Board's National Drug Treatment Reporting System, the Central Statistics Office, the European Union Drugs Agency, and qualitative testimony from frontline service providers, advocacy groups, and academic experts. The analysis is structured around four economic periods: the pre-crash boom (2004-2007), the recession and austerity period (2008-2012), the recovery (2013-2019), and the post-COVID era (2020-2024).

The Pre-Crash Boom (2004-2007)

Employed and Stably Housed

The Celtic Tiger boom was a period of unprecedented economic growth. Unemployment averaged approximately 4.5%. Disposable income rose sharply. Cocaine use increased rapidly during these years.

Treatment demand for cocaine was relatively low but rising. Cases increased from 366 in 2004 to 788 in 2007: a 115% increase. The profile of those in treatment was markedly different from later years. One-third of cocaine users in treatment were in regular employment: a reflection of powder cocaine use among workers in construction, hospitality, and other sectors with high disposable income and weekend party culture. Homelessness was low at 4.3%, and the majority (88%) had stable housing. Women constituted only about 16% of cases, and crack cocaine was virtually absent, accounting for less than 2% of cocaine treatment cases.

Media coverage at the time reflected growing public concern. In 2007, an A&E consultant warned that Ireland was at the beginning of a 10-year cocaine epidemic which would lead to "dozens and dozens" of deaths each year. Drug seizure data from 2007 reflected the scale of the problem: more than 165kg of heroin was seized, 2,500kg of cannabis resin and 200kg of herbal cannabis were recovered along with 274kg of cocaine, 20.5kg of amphetamines and 154,500 ecstasy tablets. The number of cocaine hauls jumped by more than 130%, from 566 to 1,324.

The cultural dynamics of the boom period are captured by Sexton's (2013) examination of the life and death of model Katy French, who died of a drug overdose in 2007. French was both lauded and castigated as an icon of the Celtic Tiger, and her death created a national media and political furore over cocaine use. The Sunday Times later observed that cocaine use peaked in Ireland in 2007, just before the economic crash, quoting Robin Williams' observation that cocaine is "God's way of saying you have too much money."

Table 1: Average Employment and Accommodation Status of Cocaine Treatment Cases, Pre-Crash Boom Period (2004-2007). Source: Health Research Board NDTRS

Indicator	*Average % (2004-2007)*
Regular employment	33.1
Unemployed	51.8
Retired/disabled	4.6
Homeless	4.3
Stable accommodation	88.4
Institution (prisons and residential care)	4.1

The Recession and Austerity (2008-2012)

Collapse of Employment, Rise of Institutionalisation

The financial crisis of 2008 brought a dramatic reversal of fortune. Unemployment soared from 6.0% in 2008 to 15.9% by 2012. The government implemented deep austerity measures, and addiction services were hit disproportionately hard.

Treatment demand did not rise during the recession. It stagnated and even fell, from 869 in 2010 to 666 in 2012. However, this decline was not a sign of reduced harm. As Comiskey, O'Sullivan, and Milnes (2012) documented, a rapid assessment of 30 substance misuse services in 2010 revealed that opiate and cocaine use was increasing, as was drug use amongst females. The recession effectively suppressed the visibility of cocaine harm by locking up users or pushing them onto disability benefits, rather than reducing underlying need.

The socio-economic profile of cocaine treatment seekers changed dramatically. Regular employment collapsed to around 15-19%, less than half the pre-crash level of 35%. The "retired/disabled" category (often a proxy for long-term addiction-related illness) jumped to approximately 20% of cases. Institutionalisation (prison, residential care) soared to over 20%, reflecting both increased criminal justice contact and the use of prisons as de facto treatment spaces when community services were cut.

Dr. James Windle's (2018) research, drawing on Garda records, showed that the recession reduced the visibility of the Irish drug market. Windle hypothesised that this was due to the migration of young people, although a follow-up qualitative study found that some who could not migrate increased problematic substance use as a means of coping with the strain of recession. As Windle explained to me, "Cocaine is an expensive drug, during the recession the price of MDMA dropped, and the purity increased, due to changes in the international precursor chemical market - and MDMA is more cost effective than cocaine. It's a drug which suits recession. Cocaine is expensive, allows people to consume more alcohol and has been culturally associated with wealth - so that's likely why cocaine use increased after the end of the recession."

Table 2: Employment and Accommodation Status of Cocaine Treatment Cases, Recession Years (2008-2012)

Source: Health Research Board NDTRS

Year	*% Regular Employment*	*% Unemployed*	*% Retired/ Disabled*	*% Homeless*	*% Institution*
2009	16.6	54.2	19.5	2.3	20.2
2010	15.3	55.8	21.0	1.3	21.8
2011	19.0	55.6	17.3	2.0	18.0
2012	15.3	56.0	19.8	1.4	21.0

Cuts to Drug Services in Comparative Perspective: Policy Choices, Not Inevitabilities

The most consequential policy failure of this period was the systematic dismantling of community addiction services. In 2010, combined funding for the 14 Local Drug and Alcohol Taskforces (LDATFs) stood at €20.9 million. By 2015, this had been cut to €4.4 million; a 79% reduction in nominal terms.

Crucially, these cuts were imposed at a rate far exceeding the general austerity applied to other public services. As Deputy Ann Graves' office, Sinn Féin spokesperson on the National Drugs Strategy, addiction and wellness, documented: "The budget for voluntary and community drug services was reduced by 20% at a time when the actual government budget rose by +4.2%. In 2010 government spending was down -1.8%. But spending on community and voluntary drug services was down -11%. So it is clear the cuts imposed on drug services were way above mainstream budget cuts."

The cuts were not evenly distributed geographically. The Dublin 12 LDATF (Crumlin) saw its funding fall from €1.18 million to just €70,997; a 93% reduction. The South Inner City LDATF experienced a 92% cut, dropping from €2.3 million to €176,043. The Dún Laoghaire-Rathdown LDATF was cut by 90%, from €975,475 to €94,676. Even the Cork LDATF lost 75% of its funding, from €1.66 million to €411,988.

The impact was immediate and devastating. Staff numbers were slashed, outreach services reduced or eliminated, and waiting lists grew exponentially. In 2012, a HSE management decision to cut agency worker numbers in half in the Dublin Mid-Leinster area was described by one addiction service manager as an act that would "set back" services for almost 1,000 people by a decade. A CityWide consultation report concluded that Budget 2012 had effectively "wiped out" a key incentive that had encouraged rehabilitation projects to work with clients.

Why Did Voters Accept These Cuts?

The concentration of drug-related harm in Ireland's most disadvantaged urban communities, particularly inner-city Dublin, meant that the consequences of these cuts were largely invisible to the wider electorate. The HRB and Pobal's 2026 report, "An Exploration of the Relationship Between Addiction Treatment and Geographic Deprivation," confirmed that the strong relationship between area-based disadvantage and problem drug use continues, with the worst impact concentrated in the most disadvantaged communities. As Anna Quigley, Coordinator of CityWide Drugs Crisis Campaign, explained: "These are also the communities that are most distant from decision-making and policymaking processes." The geographic concentration of harm meant that voters in affluent areas, who did not see the daily reality of addiction on their streets, had little incentive to demand restoration of services. The homeless population in inner-city Dublin became an accepted, almost invisible, feature of the urban landscape, a "normalised" crisis that failed to generate the political pressure needed to reverse the cuts.

The Recovery (2013-2019)

Employment Rebounds, Homelessness Emerges

As Ireland's economy recovered, unemployment fell from 13.8% in 2013 to 5.0% in 2019. Treatment funding slowly increased, and cocaine treatment cases began to surge - from 708 in 2013 to 2,560 in 2019, a 262% increase.

Regular employment among cocaine treatment seekers recovered to 35% by 2018, but unemployment remained stubbornly above 50% - far higher than the general unemployment rate. Homelessness began a steady climb, reaching 5.7% by 2019, double the pre-recession rate. Institutionalisation fell back to below 8% as community treatment slowly expanded.

The recovery period also saw the first signs of the crack cocaine surge. Between 2017 and 2019, crack cocaine treatment cases increased from 173 to 460, a 166% increase. Crack users were far more likely to be unemployed and homeless than powder users. In 2025, crack cocaine treatment cases would be characterised by 40% female representation, only 5% in regular employment, and a median age of 40 compared to 32 for powder users.

Media coverage noted the return of cocaine. The Sunday Times reported that cocaine use had "almost reached Celtic tiger levels once more." The Echo reported that cocaine was as prevalent on Cork's streets as it had been during boom times and that the drug was now being used by all sectors of society.

Despite the surge in demand, the funding increases for addiction services were insufficient. Between 2014 and 2019, HSE Addiction Services increased its annual spend by an average of 4% per annum, an increase of €17 million over the period. However, this represented a slow, cautious rebuilding of capacity after years of deep cuts. The 14 LDATFs continued to report that static funding combined with increased demand made their work "unsustainable." One spokesperson described a "double whammy" of frozen budgets and a massive expansion in their workload. For the first time, services reported having to turn away people seeking treatment or tell them they must wait weeks for an appointment.

The LDATF chairs network calculated that it would need a €3 million increase in funding to meet communities' needs. Andrew Montague, spokesperson for the network, stated: "We are baffled as to why successive governments have failed to value and invest in our community drug prevention, treatment and recovery services. Our work is at the coal face, working directly with affected communities, and we are uniquely placed to help identify needs and develop strategies to address those needs."

The treatment gap, that is the difference between the number of people who need treatment and the number who receive it, remains vast. In 2024, just 5,289 people entered treatment for cocaine as their main problem drug. Yet between 2017 and 2024, cocaine treatment demand increased by 250%, and over half of those entering treatment in 2025 were new to the system (51%). Cocaine was implicated in 115 drug poisoning deaths in 2022: 33.5% of all such deaths. Frontline services consistently report turning people away due to capacity constraints. While not all past-year cocaine users require treatment, rising demand, increasing new presentations, escalating deaths, and documented service strain point to a system that is failing to meet the needs of those who do.

Table 3: Employment and Accommodation Status of Cocaine Treatment Cases, Recovery Period (2013-2019)

Source: Health Research Board NDTRS

Year	*% Regular Employment*	*% Unemployed*	*% Retired/ Disabled*	*% Homeless*	*% Institution*
2014	19.2	55.8	16.6	2.6	15.2
2015	24.1	52.9	14.7	3.4	13.4
2016	28.3	54.5	9.8	3.0	8.9
2017	33.6	52.7	6.1	3.5	7.3
2018	35.3	51.6	6.1	4.3	6.8
2019	30.8	49.9	9.5	5.7	8.0

COVID-19 and Post-COVID (2020-2024)

Accelerated Marginalisation

The COVID-19 pandemic brought a sharp but short-lived recession. Unemployment spiked to 6.2% in 2021 before falling to 4.2% in 2024. Treatment demand continued to rise dramatically, reaching 5,289 cases in 2024;a 694% increase from the 2012 trough.

The socio-economic profile of cocaine treatment seekers worsened significantly. Unemployment reached an all-time high of 60.2% in 2024, despite the general unemployment rate being only 4.2%. This dramatic divergence indicates that the recovery was not lifting the cocaine-using population. Homelessness nearly doubled from 5% in 2019 to 9-10% in 2022-2024. The absolute number of homeless cocaine treatment seekers increased from approximately 145 in 2019 to over 480 in 2024. Regular employment declined from its 2018 peak of 35% to 31% in 2024, indicating that even as the economy boomed, the cocaine-using population was becoming less attached to the workforce.

The crack cocaine explosion was the primary driver of these trends. Between 2017 and 2025, crack cocaine treatment cases increased by 906%. In 2025 alone, crack cocaine treatment demand increased by 31% (412 cases). The number of females seeking treatment for cocaine increased almost seven-fold, from 284 cases in 2017 to 1,912 cases in 2025.

The demographic profile of cocaine users now varies significantly by drug type. Where powder cocaine was the main problem drug in 2025, one in five cases were female, 39% were employed, and the median age entering treatment was 32. Where crack cocaine was the main problem drug, almost half were female, 7% were employed, and the median age entering treatment was 40.

Frontline services are under unprecedented pressure. Ana Liffey Drug Project worked with 4,511 unique individuals across Dublin and the Midwest in 2024. 2,591 people living in homeless accommodation were screened and assessed. Chairperson Vivian Geiran emphasised: "2024 was a year of both progress and pressure. Across the country, we have continued to see the

realities of drug use intersect with other issues including homelessness, mental health, domestic, sexual and gender-based violence, and poverty."

Merchants Quay Ireland supported 14,086 unique clients in 2024, representing 141,730 overall client engagements; a 4% increase on 2023. Jane's Place, MQI's all-female service, provided 1,132 interventions in 2024. St. Francis Farm Detox Unit in Carlow saw an increase in referrals, but due to limited resources, only 155 people could be admitted. CEO Eddie Mullins commented: "The sheer number of people seeking our services is a clear indication of the urgent need for change, and for further investment in services throughout the country."

Coolmine Therapeutic Community supported 2,523 individuals in 2023, a 6.5% increase from 2022. Demand for cocaine treatment rose by 36% in 2023 alone. CEO Pauline McKeown warned that "demand exceeds available placements," leading to waiting lists for residential services, particularly for women. McKeown noted that women are disproportionately affected by crack cocaine: while only one-third of all treatment episodes involve women, nearly 47% of all crack cocaine treatment episodes are women.

Tony Geoghegan, retired CEO of MQI, warned about the deepening enmeshment between housing insecurity and addiction: "There's been an enmeshment over the last number of years between drugs and homelessness, and that has been exacerbated recently, with all the issues around the private rental market and raising rents... It's impossible for people to get themselves together and to attempt to engage in treatment meaningfully if they don't know where they are going to sleep at night."

The response from the state has been characterised by exclusion and inaction. In September 2025, Citywide coordinator Anna Quigley revealed that community networks had been excluded from the steering group for the next National Drugs Strategy, for the first time in 30 years. Quigley noted that the Taoiseach's own words were in "stark contrast" to the Department of Health's actions. In the steering group for the 2017-2025 drugs strategy, the three community drug networks (CityWide, UISCE, and Family Addiction Recovery Ireland) had four representatives. In the new process, they have none. Andy O'Hara of UISCE testified before the Oireachtas Joint Committee on Drugs Use: "It is therefore deeply concerning that UISCE, the

national organisation named in the current NDS, has been excluded from the committee to oversee the new national drugs strategy."

In March 2026, the three community drug networks described the draft National Drugs Strategy as "fundamentally flawed" for failing to refer to the link between drug use and poverty, inequality, and economic conditions. The proposed strategy, covering 2026-2029, includes five pillars: protection from harm, provision of quality treatment services, promotion of recovery, prioritisation of health supports over criminal sanctions, and preparedness for global drug threats. Missing from this list is any explicit recognition of economic vulnerability as a driver of harm.

Table 4: Employment and Accommodation Status of Cocaine Treatment Cases, Post-COVID Period (2020-2024)

Source: Health Research Board NDTRS

Year	*% Regular Employment*	*% Unemployed*	*% Retired/ Disabled*	*% Homeless*	*% Institution*
2020	30.4	51.2	9.8	5.3	9.7
2021	34.3	54.0	7.4	7.7	8.1
2022	33.5	55.8	5.2	9.4	7.8
2023	32.2	56.9	6.9	9.8	6.3
2024	30.9	60.2	5.5	9.2	6.6

Voices from the Political Frontline: Qualitative Insights

Anna Quigley

Community Development Manager at Citywide Drugs Crisis Campaign

"Since it was set up in 1995, the work of Citywide has been about ensuring that there is a voice for people living in our most disadvantaged communities in shaping and delivering the responses that are relevant and appropriate. The Rabbitte Report in 1996 was the first formal recognition by the Irish state that problem drug use needed to be considered in the context of wider structural factors relating to poverty, inequality and socio-economic disadvantage. Evidence clearly showed that the worst impact of drug-related harms was in disadvantaged urban communities. These are also the communities that are most distant from decision-making and policymaking processes. The overall evidence should reinforce the message for policymakers that, while the type and nature of drugs being used will change, the underlying causes leading to drug-related harms need to be addressed as part of a broader socio-economic response to drugs. Unless we follow the evidence and address the underlying issues of poverty and inequality as a core part of our Drugs Strategy, we will not be effective in reducing the devastating impact of drug-related harms on our communities."

Dr. James Windle

Senior Lecturer in Criminology at University College Cork

"Most drugs drift into and out of fashion, and cocaine seems to become fashionable during booms. It may eventually be seen as an old person's drug. Otherwise, it’s expensive so needs disposable income, and a good international supply chain (cocaine was really expensive until the late 1990s when the Columbian traffickers lost the US market, when it became unfashionable after the crack era, so started to focus attention on the European market). The price declined as supply increased, and people switched from amphetamines and MDMA to cocaine. I'd suggest that we need a consistent level of treatment provision and harm reduction, as opioids and

cannabis use have often increased during recessions. The market changes, and adapts, but will not disappear."

Jennifer Murnane O'Connor TD

Minister of State at the Department of Health, with special responsibility for Public Health, Well Being and the National Drugs Strategy

The Minister published a detailed analysis of the relationship between addiction treatment and deprivation, titled 'An Exploration of the Relationship Between Addiction Treatment and Geographic Deprivation'. The report aims to guide the planning, funding, and implementation of drug services by the Health Service Executive (HSE) Health Regions. Utilising 2024 data from the National Drug Treatment Reporting System and the 2022 Pobal HP Deprivation Index, this analysis examines 20,970 treatment episodes, with 19,339 episodes linked to Small Area deprivation information for comprehensive geographic review. The findings of this study will inform a population based resource allocation approach to funding allocations and provide crucial data to guide service planning into the future. The Minister stated: "I would ask that once completed your research is forwarded to my office as I am keen to review its findings. I remain committed to using evidence to inform the policy response to drug use in Ireland."

The International Perspective

Ireland's Exceptionalism

Ireland's experience is not unique, but its scale is exceptional. According to EUDA data, Ireland's per-capita rate of cocaine treatment (93.2 per 100,000) is twice that of the Netherlands (46.3) and Scotland (46.8), and more than three times that of Portugal (29.3).

Yet Ireland's residential bed capacity per capita is among the lowest in Europe. In 2023, the system comprised 1,036 residential beds across all HSE-funded addiction services. This figure of approximately 1,000 beds for a population of over 5 million is extraordinarily low by international standards. A 1,036-bed system cannot absorb a sudden surge in cocaine-related treatment demand without significant strain, and strain is precisely what the data reveals. Every year since 2017, total treatment cases have broken the previous year's record, rising from 8,922 in 2017 to 13,104 in 2023; a 46.8% increase in total demand over just six years.

The median wait time to treatment for all cases treated in residential services was 18 days in 2023, indicating that half of all cases waited more than 18 days for admission to residential care. By comparison, the Netherlands reports wait times of less than 10 days for residential treatment.

Table 5: Ireland in European Context (2023)

Sources: Health Research Board, European Union Drugs Agency, Public Health Scotland, Trimbos-instituut, SICAD

Metric	*Ireland*	*Netherlands*	*Portugal*	*Scotland*
Cocaine treatment rate (per 100,000)	93.2	46.3	29.3	46.8
Residential beds	1,036	>2,500	~1,200	~800
Median wait time (residential)	18 days	<10 days	<14 days	Variable

Policy Implications and Recommendations

The evidence from this analysis points to several policy implications.

First, counter-cyclical funding. As Deputy Ann Graves' office stated: "The single most important funding change would be multi-annual budgeting linked to inflation." Treatment services demand more expenditure and support. The current pro-cyclical model, that is cuts in recessions, slow expansion in recoveries, amplifies harm. A truly counter-cyclical system would build capacity during downturns and prepare for predictable surges in demand when the economy recovers.

Second, integrated housing and treatment. The rise in homelessness among cocaine users demands an integrated housing and treatment response. Ireland should adopt a "housing first for cocaine users" programme, modelled on successful initiatives in Finland and Scotland, providing stable accommodation with on-site addiction support. As Tony Geoghegan noted, "It's impossible for people to get themselves together and to attempt to engage in treatment meaningfully if they don't know where they are going to sleep at night."

Third, dedicated crack cocaine services. The 906% increase in crack cases since 2017 requires targeted interventions, including women-only services and low-threshold harm reduction. Gender-sensitive, trauma-informed services are essential, given that women are disproportionately affected by crack cocaine. Pauline McKeown noted that women often experience trauma resulting from deprivation, violence, homelessness, and incarceration.

Fourth, restoration of community representation. The exclusion of community networks from the steering group for the next National Drugs Strategy must be reversed. The three community drug networks (CityWide, UISCE, and Family Addiction Recovery Ireland) must have representation on the steering group, as they have had for the past 30 years. Anna Quigley's testimony makes clear that "the relationship between drug-related harms and wider structural factors must continue to provide the context for our next NDS."

Fifth, real-time data monitoring. The HRB should publish monthly employment and accommodation data for cocaine treatment seekers to enable early detection of worsening marginalisation.

Sixth, implementation of Citizens' Assembly recommendations. The 36 recommendations of the Citizens' Assembly on Drug Use must be urgently implemented. Andy O'Hara of UISCE emphasised: "Investing in independent advocacy is not a cost; it is the foundation upon which a truly health-led, rights-based approach is built. It is the most effective way to stop the deaths, end the discrimination and finally honour the commitments we all have to save lives and build stronger communities."

Conclusion

The data is clear: Ireland's economic recovery did not reduce cocaine-related harm, it amplified it. This was not an economic inevitability. It was the predictable result of a political choice to dismantle addiction services during the recession and rebuild them too slowly during the recovery.

The 79% cut to LDATF funding, the 93% reduction in the Dublin 12 taskforce, and the destruction of community services were not inevitable. They were policy decisions, and they had devastating consequences. By 2024, six out of ten cocaine users entering treatment were unemployed, and nearly one in ten were homeless. The number of women seeking treatment had increased almost seven-fold since 2017.

The women of Ireland have been the hidden victims of this catastrophe. As the economy boomed, as cocaine flooded the streets, as crack cocaine exploded, it was women, already marginalised, already traumatised, already homeless, who were swept into the epidemic.

The question is not whether the next recovery will bring a surge in cocaine-related harm. It will. The question is whether Ireland will be prepared this time. Will the state invest, expanding treatment capacity during booms so that it can meet the predictable surge in demand? Will it restore community services to pre-austerity levels? Will it finally provide the women-specific, trauma-informed, housing-first interventions that the evidence demands?

Reading between the white lines means seeing the hidden patterns in the data; the relationships, contradictions, and silences that lie beneath the surface of official statistics. It means recognising that austerity did not just cut services; it destroyed lives. It means listening to the voices that are too often excluded; the frontline workers, the community advocates, the people who use drugs themselves. And it means recognising that drug-related harm is not a moral failing but a complex, multi-faceted phenomenon that requires an interdisciplinary, evidence-based, and compassionate response.

The data is clear; the choice is political.

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