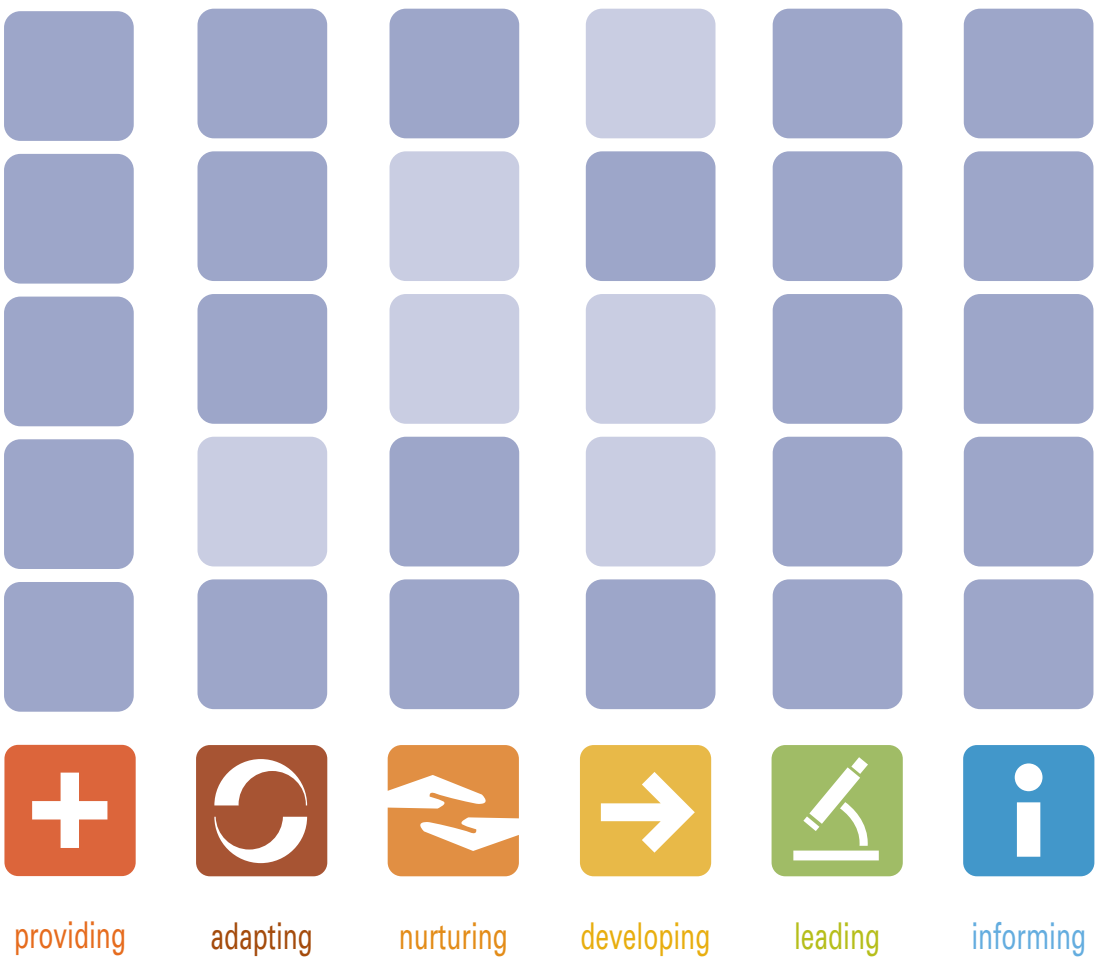




THE DRUG TREATMENT CENTRE BOARD



Annual Report 2006

contents

Mission and Vision	2
About the DTCB	3
Board Members	5
Chairman's Statement	7
General Manager's Report	9
Clinical Director's Report	11
Trends in 2006	15



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mission

To provide an integrated, person centred, specialist addiction service, supported by best practice and national leadership in academic excellence.

vision

As the largest and longest established Addiction Treatment (Day) Centre in the country, our aim is to continue providing a broad range of specialist treatments for a variety of drug using populations and those requiring specialist psychiatric, psychological, social and medical interventions. We also aim to:

- **continue improving and developing the services we offer in the treatment of substance misuse**
- **contribute to drug treatment policy and**
- **act as a key resource and training centre for professionals working in the area of substance misuse.**

As a specialist service we contribute to forward thinking policies for the treatment, prevention, education, rehabilitation, aftercare, and the development of adequate programmes of care for those affected by substance misuse.

In collaboration with educators, other statutory, voluntary and community agencies, we strive to foster a spirit of independence and choice amongst clients, developing and promoting best practice in therapeutic and clinical treatments.

Research is an integral part of assessing the effectiveness of existing practices and appropriate policy development. We support this by producing data on evidence-based research. Our specialist service also provides evidence-based practice which supports insight into the effectiveness of current treatments and best practice within the addiction field. As such, and as a hub of addiction services, we aim to lead and inform on best practice and to contribute to drug treatment policy.

about

The Drug Treatment Centre Board (DTCB)

The Drug Treatment Centre Board, formerly known as The National Drug Advisory and Treatment Centre, was established in 1969 and is the longest established treatment service in the country. It was originally located at the 'Charitable Infirmary', Jervis Street Hospital, Dublin 1, established in 1718. The current Chairman of The Drug Treatment Centre Board, Mr. Denis McCarthy, is from a family with a history of involvement since 1909. At the end of 1987, Jervis Street Hospital closed. The Drug Treatment Centre Board was set up by statutory instrument in 1988 and moved to new premises at Trinity Court, 30 – 31 Pearse Street, Dublin 2. We receive our funding from the Health Service Executive.

We are committed to providing effective, high quality and client focused treatment. This is provided in a caring, professional manner, taking account of the individual needs of our clients within a multidisciplinary setting. We offer guidance and training to other professionals working in the area of substance misuse and contribute to policy development in addiction management.

In partnership with other statutory and voluntary agencies, The Drug Treatment Centre Board provides prevention, treatment, rehabilitation and aftercare programmes on an out-patient and in-patient basis in order to minimise the harmful effects of drug addiction and prevent the spread of HIV and other infectious diseases.

Out-patient treatment facilities are provided on-site. In-patient detoxification facilities are located at St. Michael's Ward, Beaumont Hospital, Dublin (10-bed unit) and Cuan Dara, Cherry Orchard Hospital, Dublin (17-bed unit).

In addition we provide a National Drug Analysis Laboratory service which supports treatment policy, monitors trends and supports service planning and best practice in the treatment, care and management of drug misuse. Our research supports evidence based practice in drug treatment policy and clinical developments.

Specialist Clinical Services on-site include:

General Medical and Psychiatric Assessment

- Psychiatric Assessments for other HSE Regions
- Prevention and Treatment of Viral Infections
- Primary Care Services
- Sexual Health Clinic
- Liaison Midwifery Services
- Treatment Programmes – Polysubstance misuse
- Young Persons Programme (YPP) (18 years and under)
- Advisory services to other professionals
- Dual Diagnosis Clinic
- Hepatitis C Service

Other Services

- Counselling and Family Support Services
- Social Work Services
- Specialised groups for cocaine and alcohol misuse
- Welfare Services
- Complementary Therapies
- Outreach Services
- In-House Play Room Services
- Literacy Classes
- Research
- Central Treatment List
- National Drug Analysis Laboratory
- Occupational Health

board members



Mr. Denis P. McCarthy Chairman



Dr. Íde Delargy



Ms. Fionnuala Anderson
Resigned August 2006



Dr. Declan Bedford



Dr. Eamon Keenan



Mr. Dan McGing



Dr. John O'Connor



Ms. Alice O'Flynn
- Appointed November 2006



Mr. Kieran Taaffe



Mr. Liam O'Brien
- Appointed June 2006

Mr. Frank Fagan
- Appointed November 2006

chairman's statement

It gives me great pleasure to introduce our 2006 Annual Report. It provides an informative account of our activities and developments for the year under review and our plans for the future.

Once again I would like to acknowledge the ongoing dedication of our senior management team and staff in the delivery of services. They continually embrace what continues to be an ever changing and demanding environment.

In 2006 we continued to demonstrate our innovative approach to the treatment, management and care of our clients. During the year under review we continued to work to deliver on our Five Year Strategy (2005-2010). Effective addiction treatment is not only of health benefit but also provides a significant cost saving to society. In Ireland in particular, it reduces the incidence of crime. In addition NTORS study in the UK has found that for each £1 invested in the treatment of serious drug misuse, society as a whole saves £3^[1]. Our electronic patient system continued to be developed to improve patient care. We continue to build on our relationships with other statutory and voluntary agencies and to be a tertiary referral source to our colleagues who work in the field of substance misuse nationally.

Our National Laboratory which is a provider of drugs testing and analytical toxicology maintained its accreditation from the Irish National Accreditation Board to the ISO 17025 standard for the second year running. We continued to ensure our laboratory is sufficiently equipped thus ensuring we maintain our accreditation and achieve the highest standards in the delivery of a first class service to our customers. In the year under review we expanded our range of tests to include buprenorphine.

Our established specialist on-site Hepatitis C treatment service continues to develop and we acknowledge the ongoing support of the Infectious Disease Unit of St. James's Hospital. The continued development of this on-site treatment service demonstrates direct benefits in the prevention of chronic liver disease and associated future savings to our health service.

The increase in cocaine use continues to be of major concern to our Board. We continue to work with the HSE to provide appropriate services.

Following on from the internal refurbishment of our client entrance/egress and the relocation of the children's playroom in 2005 we are pleased to report that the expansion allowed us to offer wider services to more children and their families. We continue to pursue capital funding from the HSE to improve our building and facilities.

Our Board continues to be indebted to the work of its Ethics Committee who continues to provide a comprehensive and valuable role, under the Chair of Justice Kevin Lynch, in ensuring all research proposals were of the highest ethical standards. The Board acknowledges the contribution and commitment of this committee.

[1] The Irish College of Psychiatrists: Addiction Psychiatry Section. (2004) Submission to the Expert Group on Mental Health Services. Dublin. Unpublished.

The Board acknowledges the contribution of Ms Fionnuala Anderson who resigned from our Board in August 2006 as the representative of the Statutory Training and Occupational Rehabilitation Services and we welcome Mr. Frank Fagan as her replacement. We also welcome Mr. Liam O'Brien representing the Voluntary Sector and Ms. Alice O'Flynn representing the Health Service Executive.



During 2006 we continued to deliver our National Seminar Series and held an International Child Psychiatry Conference. A highlight was the keynote address to the conference by Ms. Mary Harney, Minister for Health & Children. Her words of praise and encouragement are very much appreciated. Our Young Persons Programme also developed an information brochure and enhanced their relationship with other statutory and voluntary agencies particularly in regard to welfare and housing.

On behalf of the Board, I would like to thank the Charitable Infirmary Charitable Trust, the Department of Health and Children and the Health Service Executive for their continued support. We are fortunate to have a dynamic, focused and committed team of managers and staff. Under the guidance of the Board and General Manager, Sheila Heffernan, this team enables us to build on our success. We look forward to continuing to work with the Health Service Executive in the delivery of a quality specialist drug treatment service. I would like to congratulate my Board colleagues, management and staff for a job well done.

Denis P. McCarthy
Chairman
September 2007

general manager's report

In 2006, the key documents that continue to underpin the strategies and plans for our Board are The Health Strategy, Quality and Fairness – A Health System for You, Making it Home – An action plan for homelessness in Dublin 2004 - 2006 and The National Drugs Strategy 2001 – 2008. Coupled with our Board's Strategy 2005 – 2010 we have continued to build on our existing services through programmes of improved quality whilst leading and informing on best practice.

We continue to develop our working relationships with other statutory and voluntary agencies. In 2006 we embarked on a commitment to work with Focus Ireland in the delivery of services to the young homeless. Through the appointment of a Nurse we have been able to work more closely in the attraction of clients and the delivery of services to this cohort. An information leaflet was also produced by our Young Persons Programme which details the services available at our centre.

We continue to manage the Central Treatment List (a national service for the recording and processing of all clients who are prescribed methadone). Since 1998, the number of clients being processed by this service has increased from 5,403 in 1998 to 9,428 in 2006 representing an increase of 9% in 2006 and an overall increase of 74% since 1998.

Over the past three years we have invested significant time and resources in developing our educational programme and in bringing it to our colleagues in addiction services around the country. In 2005 we staged a nationwide road show which brought our panel of experts to meet delegates in Cork, Limerick and Galway and this road show was further extended in 2006 to include Navan and Kilkenny. 2006 also saw the introduction of our first two day "Conference on the Treatment of Adolescent Addiction" which took place on 16/17th November in Dublin. Ms Mary Harney Minister for Health & Children launched the conference which gathered delegates from Ireland and all over the UK. This conference aimed to equip attendees with the basic skills to conduct assessments of complex adolescent addiction cases and to subsequently develop treatment plans to tackle the problems identified. This fully subscribed conference proved to be very beneficial to all those in attendance.

We continue to provide an on-site Hepatitis C treatment service to clients attending our service and we acknowledge the ongoing support of the Infectious Disease Unit of St. James's Hospital. Outcomes to date show significant benefits to the long term health and quality of life for these individuals. Injecting drug use is the commonest route of hepatitis C (HCV) infection in Ireland. In the greater Dublin area there are an estimated 15,000 intravenous drug users with up to 80% believed to be infected with HCV. HCV is now the commonest reason for liver transplant in the US. We are confident that our service demonstrates benefits to the wider health services as evidenced in patient quality of life studies and financially with the cost of a liver transplant estimated at circa 100k.

During 2006 we continued to develop our Electronic Patient System (EPS) which has automated many of the current manual work-flows and has improved efficiencies and customer care.

Our laboratory received its certification of accreditation from the Irish National Accreditation Board (INAB) to the ISO 17025 standard. This was formally presented by the Tánaiste and Minister for Health & Children, Ms. Mary Harney on a visit to the DTCCB on 20 January 2006. This is a great achievement for the laboratory and our organisation. In her presentation the Minister acknowledged that we are the first clinical laboratory in Ireland funded by the HSE to be accredited to the ISO 17025 standard. In 2006 our accreditation was also maintained. Sincere thanks to Dr. Richard Maguire, Principal Biochemist and the laboratory team for their ongoing commitment. During the year under review our laboratory also enhanced its Laboratory Management Information System. Testing for Buprenorphine was also introduced together with the upgrading to testing instruments.

Through our walk in initial/emergency assessment service we conducted 204 assessments during 2006. Benefits include direct access to assessment services for drug users and an opportunity to plan appropriate services based on client needs. In 2006, 1,896 individuals attended for services, of which 1,121 were assessed or entered into our treatment programmes. The remaining 775 clients received a variety of services which included psychiatric, psychological and social interventions. In 2006, the ratio of males to females was 2:1. Opiates remain the main problem substance for cases we assessed or treated in 2006. There was a 100% increase in the number of clients who stated that their main problem substance was cocaine. We continue to tailor treatment programmes and to plan with the HSE for the delivery of services.

There was a marked change in the age profile of clients attending our services in 2006 with a marked increase of 16% in the 16 to 19 year old group. This group also saw an increase in the percentage of male attendees from 37.8% in 2005 to 55.8% in 2006. This also reflected a change in the gender breakdown from predominately female cohort in 2005 to predominately male in 2006.

This was our first full year in our new, improved playroom. The expansion allowed us to offer a wider service to more children. During the year the playroom had a total of 3,693 visits. We worked with 271 individual children and 170 families. As reported by our Chairman the Board has submitted for capital funding to enhance our building environment. We hope to install a second lift to the rear of the building and air handling on the first to fourth floors. These enhancements will improve the working and client environment greatly.

In 2007 our plans include the development of a Risk Management Strategy. This strategy will ensure that: clients, staff, services, reputation, and finances of the DTCB are protected through the process of risk identification, assessment, control, minimisation and elimination. The DTCB intends to use the risk management processes outlined in this strategy as a means to help achieve this aim. We will also undertake in 2007 a review of our internal financial controls.

On behalf of the Board, management and staff, I would like to thank the Charitable Infirmary Charitable Trust, the Department of Health and Children, HSE and HSE Shared Services for their continued support. We share their objective to improve the patient/client journey and provide a better working environment for staff. I would also like to acknowledge Focus Ireland, the Health Research Board, St. James's Hospital, Cuan Dara, Cherry Orchard Hospital and St. Michael's Ward, Beaumont Hospital as well as our many partners in the voluntary and statutory sector, the local community, businesses and other community service providers.

I would also like to thank the Chairman and Board for their continued support.

During 2006, two long time serving employees retired, Lucy Woolmington, Finance Officer and Grainne Coulson, HR Officer. We would like to acknowledge their significant contribution to the development of the organisation and wish them both a long and happy retirement. This report is a reflection of the hard work and commitment of our Board and staff who during 2006 worked diligently to improve our services.

Sheila Heffernan
General Manager
September 2007



clinical director's report

In 2006 we continued to deliver a quality tertiary service together with my consultant colleagues, Dr. Eamon Keenan, Dr. Brion Sweeney, Dr. Siobhan Rooney, Dr. Bobby Smyth, Dr. Gerry McCarney and Dr. Mike Scully we continued to work closely in the provision of the best service possible.

It is vital that we offer treatment options to our clients as we deliver a quality service. In 2006 we enhanced client options by the introduction of suboxone as a medication option. We plan to further develop services in 2007 by the development of a dedicated adult Attention Deficit Hyperactivity Disorder (ADHD) assessment clinic. ADHD co-exists with drug misuse, anxiety or depressive disorders in up to 75% of cases.

In 2006, a total of 419 external psychiatric assessment appointments were conducted. These were on behalf of Cuan Dara, Cherry Orchard Hospital, St. Michael's Ward, Beaumont Hospital, the Rutland Centre, Dublin and Health Service Executive. This service supported the initiation of appropriate treatment interventions and facilitated their care to be managed at a local level.

The Chairman of our Board Mr. Denis McCarthy, the Board Members, the General Manager Ms. Sheila Heffernan and the Senior Management Team have, as ever, been very supportive during 2006. The ongoing dedication of the Drug Treatment Centre Board staff, the staff of St. Michael's Ward, Beaumont Hospital and Cuan Dara, Cherry Orchard Hospital is very much appreciated.

I look forward to working with all into the future.

Dr. John O'Connor
Clinical Director
Consultant Psychiatrist in Substance Misuse
September 2007



Dr. John O'Connor



Principles of our service delivery

The Drug Treatment Centre Board endorses the principles as laid out by the Health Strategy, Quality and Fairness – A Health System for You, Making it Home – An action plan for homelessness in Dublin 2004-2006 and The National Drugs Strategy 2001 – 2008 in providing quality service delivery, consistent standards for planning new developments and a clear and comprehensive accountability structure. Treatment plans are based on care continuity and a key-worker approach in providing a seamless service.

As a specialist service provider we address areas such as:

- Ensuring all services are equitable, easily accessible and appropriate to needs
- Equality - clients are recognised and treated as having equal status with every other health care client, with access to mainstream services
- Independence and choice
- Effective prevention and health promotion
- The achievement of abstinence, where feasible
- Harm minimisation

The design and delivery of our services are centred on clients and their families. We engage in high level client consultation incorporating clients views into new service developments, strategic planning and to the evaluation of existing services.

We operate in a culture of transparency and customer focus and assist in the wider development of standard setting in best practice, thus ensuring customers' needs and communication remain a priority.

Working in partnership with other statutory and voluntary agencies, we continue to deliver services for those who have difficulty in accessing such services, including the homeless/marginalised, young adults, ethnic minorities and those with complex addiction problems

providing



Ms. Sheila Heffernan, General Manager, with Consultants (l-r) Dr. Eamon Keenan, Dr. John O'Connor, Dr. Bobby Smyth, Dr. Siobhan Rooney and Dr. Gerry McCarney



trends

2006

TREATMENT SERVICES	2006	2005	%+/-
Total number of client visits	119,552	118,958	+5%
Number of individuals who received services	1,896	1,648	

In 2006, 1,896 individuals attended for services, of which 1,121 were assessed or entered into our treatment programmes. The remaining 775 clients received a variety of services which included psychiatric, psychological and social interventions. In 2006, the ratio of males to females was 2:1

Gender Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2006

GENDER	2006	
	Count	Column %
Male	759	67.7
Female	357	31.8
Not known	5	.4
Total	1121	100.0

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board

Age Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2006

AGE	2006	
	Count	Column %
16-19	52	4.6
20-29	479	42.7
30-39	442	39.4
40+	148	13.2
Total	1121	100.0

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board

trends

2006

Main problem substance for cases assessed or treated at the Drug Treatment Centre Board in 2006

MAIN PROBLEM SUBSTANCE	2006	
	Count	Column %
Alcohol	13	1.2
Benzodiazepines	25	2.2
Cannabis	6	.5
Cocaine	19	1.7
Opiates	1053	93.9
Other substances	5	.4
Total	1121	100.0

Source: National Drug Treatment Reporting System, Drug Misuse Research Division, Health Research Board

Living Status of Cases Assessed or Treated at The Drug Treatment Centre Board in 2006

LIVING STATUS	2006	
	Count	Column %
stable accommodation	837	74.7
institution (prison, clinic)	3	.3
homeless	204	18.2
other unstable accommodation	62	5.5
not known	15	1.3
Total	1121	100.0

Source: National Drug Treatment Reporting System, Drug Misuse Research Division, Health Research Board

trends

2006

Gender profile for new cases treated for problem substance use at the Drug Treatment Centre Board in 2006

GENDER		2006
	Count	Column %
Male	19	61.3
Female	12	38.7
Total	31	100.0

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board

Main substance reported for new cases treated for problem substance use at the Drug Treatment Centre Board in 2006

GENDER		2006
	Count	Column %
Opiates	31	100.0

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board

Main problem substance by route of administration for new cases treated for problem substance use at the Drug Treatment Centre Board in 2006

MAIN PROBLEM SUBSTANCE BY ROUTE OF ADMINISTRATION					2006
Route of Administration					
	Inject	Smoke	Eat/drink	Total	
Opiates	11	19	1	31	
Total	11	19	1	31	

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board

trends

2006

Age profile for cases aged 19 years and under assessed or treated at the Drug Treatment Centre Board in 2006

AGE	2006	
	Count	Column %
16	5	9.6
17	19	36.5
18	14	26.9
19	14	26.9
Total	52	100.0

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board

Gender profile for cases aged 19 years and under assessed or treated at the Drug Treatment Centre Board in 2005 and 2006.

	GENDER 2005		GENDER 2006		
	Count	Column %	Count	Column %	
Male	14	37.8	Male	29	55.8
Female	23	62.2	Female	22	42.3
Not Recorded	0		Not recorded	1	1.9
Total	37	100	Total	52	100

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board

trends

2006

CENTRAL TREATMENT LIST

All clients receiving Methadone within the state must be listed on the national register. This register known as the Central Treatment List (CTL) is managed by our Board.

In 2006, we reviewed our ICT system and plan further developments in 2007 which will include additional functionality and enhanced reporting. Our Board is committed to continuing to enhance the CTL service.

In 2006, a total of 9,428 clients received methadone treatment in Ireland, of this 852 came onto the list for the very first time representing 9% of the total figure. A total of 670 clients accessed services from outside of the previous HSE Eastern Region.

We continue to act as a resource for professionals involved in the treatment, care and management of drug misuse nationally.

Number of Clients Receiving Methadone in Ireland Central Treatment List

Year	Total No of Clients	% +/-
2001	7107	
2002	7596	+7%
2003	8155	+7%
2004	8364	+3%
2005	8962	+7%
2006	9428	+5%

Source: Central Treatment List, The Drug Treatment Centre Board



leading

HEPATITIS C SERVICES

Hepatitis C is the most common cause of chronic viral infection in the western world. First identified in 1989, routine testing became available in Ireland in 1991 and was introduced to the Drug Treatment Centre Board shortly after. The mode of transmission has been shown to be by intravenous drug use with needle sharing. There is an estimated prevalence of hepatitis C infection of between 62% and 80% in the drug using population in Dublin at the present time.

We continue to educate our clients about hepatitis C, how it is contracted, how infection can be prevented and what can be done once a client has become infected.

Our booklet 'Hepatitis C: a guide for drug users and their families' continues to be a valuable information source for those infected with hepatitis C, their families and professional healthcare workers.

Our long established 'walk-in' hepatitis C information and testing service continues to provide an important role in the treatment of hepatitis C.

Following the success of our 'on-site' hepatitis C treatment initiative in 2003, we are continuing to offer this service in conjunction with the Infectious Disease services at St. James's hospital. Treatment is available to all suitable candidates attending the Drug Treatment Centre Board. Since its inception, a total of 24 candidates have been started on treatment. To the end of 2006, 20 of the 24 have completed the course, 2 of whom dropped out of treatment prior to completion. This represents a treatment retention rate of 90%.

WARFARIN CLINIC

Our established designated Warfarin Clinic in collaboration with general hospitals, continues to provide an important role in the monitoring and compliance with warfarin therapy. Through a co-ordinated approach, we ensure the delivery of a comprehensive treatment care plan for those at risk.

SEXUAL HEALTH CLINICS

All clients attending our services have access to the Sexual Health clinic run in partnership with the Genito-Urinary Medicine and Infectious Disease Executive (G.U.I.D.E.) at St. James's Hospital in Dublin. The clinic is run on a regular basis, with no prior appointment required.

Specialist advice is available in addition to full screening for sexually transmitted Infections for both male and female clients. A cervical smear service is also available. Most results encountered can be dealt with on-site and occasionally where necessary referral to a specialist will be arranged.

The aim of the service is to diagnose, treat infections and to raise awareness of sexual health.



leading

YOUNG PERSONS PROGRAMME (YPP)

Our Young Persons Programme (YPP) provides treatment to young people under the age of 18 presenting with a serious drug misuse problem. The team comprises members from a number of disciplines including Psychiatry, Counselling, Social Work, Clinical Psychology, Systemic Family Therapy, Project Work, Nursing and Art therapy. Its aim is to assist young drug misusers by developing a holistic and systemic understanding of their unique needs and using evidence-based interventions to address the biological, psychological and social needs of the client.

YPP MEDICAL TREATMENT SERVICES

- Stabilisation
- Detoxification
- Substitution Treatment i.e. Methadone, Buprenorphine
- Viral Screening
- Sexual Health Promotion
- Harm Reduction
- Nursing expertise and Support
- Physical Health Examination
- Referral to Appropriate External Services

YPP SPECIALIST SERVICES

- Early Intervention and Treatment Plan formulation
- Psychological assessment focusing on factors related to drug misuse
- Provision of psycho-social interventions addressing drug misuse and related issues
- Sexual health clinics
- Liaison midwifery services
- Complementary therapies
- Social work and childcare assessment and support
- Counselling
- Family Therapy
- Token Economy Programme
- Outreach support





leading



At the Launch of the Conference on the Treatment of Adolescent Addiction were (l-r) Ms. Sheila Heffernan, Dr. Bobby Smyth and Dr. Gerry McCarney.



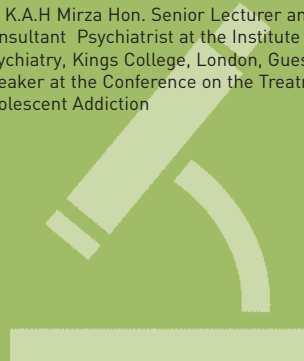
(L – R) Ms Sheila Heffernan, General Manager, Ms. Mary Harney T.D., Minister for Health and Children, Mr Denis P. McCarthy, Chairman of the Board at the opening of the Conference on the Treatment of Adolescent Addiction



(L – R) Mr. Kevin Ducray, Dr. Eamon Keenan, Dr. K.A.H. Mirza, Ms. Maeve Dwan, Dr. Gerry McCarney, Ms. Deirdre Carey, Dr. Bobby Smyth and Mr. Seamas Noone at the Conference on the Treatment of Adolescent Addiction



Dr. K.A.H Mirza Hon. Senior Lecturer and Consultant Psychiatrist at the Institute of Psychiatry, Kings College, London, Guest Speaker at the Conference on the Treatment of Adolescent Addiction





leading

DEVELOPMENTS IN 2006 INCLUDED:

INITIAL ASSESSMENT PROCESS

The assessment procedure was further developed into a structured, three-tiered process, which involves assessments by the Key Worker, the Clinical Psychologist and the Psychiatric Registrar. This process has proven to be instrumental in identifying and addressing the needs of the client.

INTERAGENCY COOPERATION

A new position of Liaison Nurse was developed with Focus Ireland in 2006. This temporary post has a link with our YPP services and has assisted in the development of strong links between homeless services and The Drug Treatment Centre Board.

INTERNATIONAL CHILD PSYCHIATRY CONFERENCE ON THE TREATMENT OF ADOLESCENT ADDICTION

International best practice indicates that treatment of severe adolescent addiction problems should involve dedicated input by a Multi-Disciplinary Team. Our Young Persons Programme has developed substantially with growth and diversification of the Multi-Disciplinary Team. The Young Persons Programme deals with the most complex cases of adolescent addiction and has substantial experience and real expertise within this field.

In November 2006 we hosted a two day conference for Mental Health Professionals with the main learning objective being to equip attendees with the basic skills to conduct assessments of complex adolescent addiction cases and to subsequently develop treatment plans to tackle the problems identified. The Conference involved a combination of lectures, case discussions, small group work and workshops dealing with this very specific area of treatment.

BROCHURE LAUNCH

The YPP hosted an open day to launch its new brochure which details the services it offers. The event was attended by individuals and groups from a wide variety of disciplines, and was a resounding success. This brochure was circulated to statutory and voluntary organisations throughout relevant bodies across the country.

PLANS FOR 2007

The YPP are participating in an initiative whereby a student from the Doctoral Programme in Clinical Psychology, Trinity College will carry out a 5 month elective placement in our department.

The YPP are also participating with the National Development Agency for Collaborative Arts, whereby two students will carry out a seven week placement with us.

Continuous professional development is encouraged by supporting staff to attend seminars, courses and conferences.





NATIONAL DRUG ANALYSIS LABORATORY

Our laboratory provides the largest drug testing service in the country. It supports appropriate treatment interventions and the identification of national trends in substance misuse.

Samples of urine and blood are received by the laboratory from a variety of locations nationally, including drug treatment centres, satellite clinics, general practitioners, voluntary organisations, Health Service Executive, the Department of Education, Department of Justice, Equality and Law Reform, Probation and Welfare and the Dublin Drug Court. Increasingly, as part of the multidisciplinary team, the laboratory has been involved in supporting employee assistance programmes for professional bodies.

Laboratory Activity 2006

Year	2005	2006
Total no. of urine samples tested	150,518	154,720
Total tests (Up to 8 individual tests are carried out per urine sample)	901,034	962,681
Blood Methadone levels	487	418
Opiate differentiation (GC-MS)	189	289
Benzodiazepines differentiation (HPLC)	2,838	3,031
Zimovane	703	892

Techniques used by the laboratory include Immunoassay, HPLC, LC-MS and GC-MS.



Ms. Mary Harney TD, Tánaiste and Minister for Health & Children with (l-r) Mr. Tom Dempsey, Ms. Sinead McNamara, Dr. Richard Maguire, Mr. Tom Beegan, Mr. Denis P McCarthy, Ms. Sheila Heffernan, Dr. John J O'Connor and Dr. Eamon Keenan at the presentation of the award of ISO 17025 accreditation



KEY ACHIEVEMENTS 2006:

The role of the Drug Analysis laboratory is to provide the best possible standard of drug testing to its customers. This is achieved by regularly reviewing the needs of the customer to ensure that the service is relevant and transparent. This is aided by accreditation to the Irish National Accreditation Board (INAB) ISO 17025 standard.

- Accreditation to the INAB ISO 17025 standard was maintained.
- Laboratory Information Management System (LIMS) was further developed to enhance quality and management information.
- Liquid Chromatograph and Mass Spectrometer Technology (LC-MS) was installed and commissioned. Method development commenced.
- New AU 2700 Clinical Chemistry Analysers were installed and commissioned.
- Distribution of the Laboratory Service Users Guide continued.
- A link between the Laboratory Information Management System (LIMS) and Drugs Aids Information System (DAIS) was tested and established for the purpose of sending results electronically to a number of customers within the Health Service Executive.
- Buprenorphine testing was introduced.

ETHICS COMMITTEE

Our Ethics Committee, established in 2002 supports our research department. Its role is to advise and make recommendations in relation to clinical research within the DTCB and from other agencies including HSE and voluntary hospitals. Under the Chair of Justice Kevin Lynch, the Committee meets every quarter to review and adjudicate various research proposals. During 2006, in excess of 20 proposals were reviewed mainly from within the previous Eastern Region.

The committee includes representation from medical, legal, management and lay people. The Board acknowledges their support, dedication and commitment in supporting the Drug Treatment Centre Board.



DTCB Ethics Committee (l – r) Dr. Zafrullah Hamzah, Dr. Niall O’Cleirigh, Dr. John J O’Connor, Mr. Ken Duggan, Mr. Justice Kevin Lynch (centre) Ms. Deidre Daly, Dr. Eamon Keenan, Ms. Noreen Geoghegan and Mr. Seamas Noone



RESEARCH

Research continues to be an integral component of our work. Through our clinical practice and supported by on-site drug analysis laboratory, employment training schemes and our training of Consultant Psychiatrists with extensive experience in the field, we aim to lead on new developments in the addiction field, produce data on the effects of policy and influence future drug treatment practice.

During 2006, a research project on the prevalence of zopiclone misuse in clients receiving methadone maintenance through detection of its degradation product, 2-amino-5-chloropyridine (ACP) on urinalysis was undertaken. Results of this study are due for publication in 2007.

Publications in 2006 included the following which are available on our website www.addictionireland.ie

Violence and aggression in the Drug Treatment Centre Board
Whitty P and O'Connor JJ
Irish Journal of Psychological Medicine 2006; 23(3): 89-91

INFORMATION DISSEMINATION

Our library facilities continue to play a pivotal educational role as well as providing access to employees and students as part of their continuing education. This service continues to be made available to professionals seeking access to specialised journals and publications. We also received formal requests for information on addiction from students, parents, other service providers and those involved in substance misuse.

Traffic to our website was particularly high during recruitment campaigns and the advertisement of our Evening Seminar Series in 2006. Our Frequently Asked Questions, Careers, News and Events pages are the most visited sections.

Research papers produced by The Drug Treatment Centre Board and those associated with our organisation are available on our website (www.addictionireland.ie)





Clinical Services

We provide a specialist treatment service for drug users and are constantly adapting our services to meet the needs of clients. During 2006, 1,896 individuals received services supported by a highly skilled and experienced multidisciplinary team led by seven Consultant Psychiatrists in substance misuse.

We also provide a national advisory and support service to professionals involved in the treatment, care and management of drug misuse. This is further supported through the dissemination of policies, procedures and protocols in relation to best practice, medical and therapeutic interventions.

Specialist Clinical Services

Psychiatric and General Medical Assessment
Prevention and Treatment of Viral Infections
Liaison Midwifery
Sexual Health Clinic

Medical Treatment Services

Detoxification (in-patient and out-patient)
Methadone Maintenance Programmes
Stabilisation Programmes
Primary Care
Blood Borne / Virus Disease Surveillance
Hepatitis C treatment programme
Harm Reduction Programme

General/Psychiatric Assessment

Psychiatric co-morbidity has long been recognised as a particularly difficult problem in the treatment care and management of patients with a history of substance misuse. Research conducted at The Drug Treatment Centre Board indicates that 50% of individuals met RDC (Research Diagnostic Criteria) for depressive illness at some stage in their past.

In 2006, a total of 419 external psychiatric assessment appointments were conducted. These were on behalf of Cuan Dara, Cherry Orchard Hospital, St. Michael's Ward, Beaumont Hospital, the Rutland Centre, Dublin and Health Service Executive. This service supported the initiation of appropriate treatment interventions and facilitated their care to be managed at a local level.





Dual Diagnosis Clinic

The Drug Treatment Centre Board provides a special Dual Diagnosis out-patient clinic staffed by a Senior Registrar to advise on care for existing clients and to assess referrals from mental health teams and other referrers.

Dual Diagnosis refers to the co-occurrence of mental health disorders and a substance misuse disorder [alcohol and/or drug dependence/misuse]. Dual Diagnosis clients are more difficult to treat and manage because of higher levels of physical, social and psychological impairment.

Prevention of Viral Infections

A fundamental objective of our drug treatment programmes is prevention of the spread of viral illnesses. Delivered through clinical services dedicated to the prevention and treatment of HIV and Hepatitis, prevention is achieved by a vigorous vaccination and screening programme, needle exchange and a health promotion programme. The aim is to provide effective, high quality and client focused treatment, supported by a range of primary care services and close liaison with general hospitals and psychiatric services.

Primary Care Services

Our primary care services are designed to:

- Promote the health and well-being of clients through the provision of advice, information and education programmes.
- Intervene at an early stage of illness thus decreasing the likelihood of the person needing acute admission to hospital.
- Provide continuity of care in conjunction with general medical and psychiatric hospitals, maternity hospitals, general practitioners and HSE regions.
- Provide joint care and treatment programmes with key services.

Primary Care Services range from dressing of ulcers, abscesses, cuts and wounds and application and/or removal of sutures, to the provision of psychotropic and general medications. We also provide a service that administers and monitors specialist medications, e.g. anti-coagulant injections, general medical information, dietary advice and weight monitoring. Supervision of combination therapy medication for the treatment of HIV, as well as supervised administration of tuberculosis medications, is one of our key primary care services.

Walk in Initial/ Emergency Services

Through our walk in initial/emergency assessment service we conducted 204 assessments during 2006. Benefits include direct access to assessment services for drug users and an opportunity to plan appropriate services based on client needs.





Children's Play Room

The ethos of the play therapy department is to provide a stimulating, safe and supportive environment for the children who accompany their parents/guardians. The playroom is designed to develop, expand and motivate the children's individual and social capabilities. The staff in the playroom facilitate the children to play freely and to express themselves by providing opportunities to explore their inner world of thoughts and feelings in a safe and structured environment. We aim to develop their creativity and capacity to use their initiative, learn how to complete tasks and develop or enhance skills. Emphasis is placed on building children's self esteem by encouragement, praise for accomplishments and the development of the ability for enjoyment and having fun through constructive activities. The prime objective is that through individual and group interaction the children can develop their self-esteem, learn how to value themselves and develop new ways of interacting.

This was our first full year in our new, improved playroom. The expansion allowed us to offer a wider service to more children. During the year the playroom had a total of 3,693 visits. We worked with 271 individual children and 170 families.

In 2006, our summer programme involved visiting key attractions around Dublin. We organised ten trips in total for different groups of children. These included trips to the National Museum of Ireland, Museum of Natural History, Collins Barracks and the Hugh Lane Gallery. We also attended many events in the Temple Bar Diversions festival. These trips provided entertainment for the children during their summer holidays and also help develop their social skills. During each of these trips the playroom remained open for other children attending the clinic. The summer programme was a great success which all of the children enjoyed. We hope to continue and expand this programme in 2007.

The playroom also offers a wide range of advice, information and support to parents and children on a variety of topics. During the year we provided information on social and educational issues for both parents and children. We also ran a dental health month. The aim of this was to encourage the children and parents to practice good dental care. We developed this with the children through a combination of play and discussion with the children and also provided an information booklet for parents.

The playroom continues to work in collaboration with the Dublin Institute of Technology (DIT) in Mountjoy Square to provide a setting where an Early Childhood Education student completes a one year work experience placement in our playroom.

Counselling and Family Support Services

Counsellors working as part of multidisciplinary teams provide clients and families the opportunity of individual and group counselling services.

Counselling and Psychotherapy constitutes a fundamental component in the treatment of addiction; it provides the opportunity for a person in addiction to articulate their own part in the course of their lives, their choices and the factors governing them.

In 2006, there were a total of 4,167 attendances for counselling services.

While the counselling team specialise in therapeutic interventions it is evident from a great deal of therapeutic sessions that many clients have been subjected to physical, sexual and emotional abuse. This results in a significant amount of clients reporting two



major problems to work through; the past-unresolved traumas and the current ongoing substance misuse problem. To achieve a positive therapeutic space, each counselling psychotherapist has to work with a client by building up a trusting empathic and safe professional relationship, one that attempts to empower the client to work through and heal his/her many wounds hidden beneath the surface.

Some significant changes in the counselling department during 2006 are worth noting. We had four supervised counsellor students on clinical placement; this number should increase in 2007 as our team has increased its clinical supervisors to four in number. Four counsellors have now completed the formal supervision training to become clinical counsellor supervisors in line with IACP & IAAAC guidelines. This in turn has increased our facilitation and links with Trinity College, DBS and St. Vincent's Schools, whereby we facilitate students in their final years of counselling training to have supervised clinical placement.

Ongoing career development and attendance at seminars is also a priority to keep the team both informed of current research and best practice evidence based research treatment programmes.

Outreach Services

The multidisciplinary teams work in consultation with the Outreach Programme to identify client needs, treatment and rehabilitation options and to develop an appropriate individual care plan. Outreach also engages in the provision of services to clients in planning in-patient and out-patient facilities. The department liaises with statutory and voluntary groups within the community.

Aftercare / rehabilitation, health promotion and crisis intervention support is provided for clients and their families. Client follow-up remains a key service for those who have dropped out of treatment.

Our service continues to play a key role in the validation of our waiting list, ensuring that we have a current status report and maintain contact with clients on the list. In partnership with services for the homeless, we have identified drug users in acute need of treatment. This initiative has helped to further address the chronic needs of those who are both homeless and in need of treatment.

Social Work Services

Working as part of the multidisciplinary team, Social Work Services continue to play an important role in the provision of treatment. Our work in offering support to individuals and families at risk includes liaison with appropriate agencies in attempting to prevent family breakdown. Through both direct casework and acting as keyworkers, the team seeks to assist those in attendance to realise the potential within. Referrals to the service are either by direct contact or team members or from external agencies who in their contact may seek appropriate input from the team. We have been engaging in gathering statistical information over the previous few years and it is envisaged that this work will be completed in the year 2007.

The team hopes to further expand group work in parenting and also in literacy and alcohol awareness. We also hope to offer supervised social work placements to students in training.

During 2006, there were a total of 4,871 attendances for social work services.



Liaison Midwifery Services

We continue to provide liaison midwifery services for our clients in conjunction with the HSE and the three Dublin maternity hospitals. The aim is to ensure pregnant women gain access to and receive comprehensive anti-natal and post partum care. The midwifery team act as a resource for information and education for our multidisciplinary teams.

Nursing Department

Our nursing team continue to play a key role in the co-ordination, assessment, planning and delivery of quality client care. In 2006, they delivered an optimum quality nursing service in collaboration with other disciplines and agencies. In addition the team continue to promote the health and well being of clients through the provision of advice, information and education programmes in primary care, sexual health clinics and harm reduction.

Service User Forum

Our Service Users forum established in 2003 continues to:

Develop a two-way channel of communication between staff/management and the clients attending the service

Provide a meaningful forum for discussion of existing policies and practices and their perceived needs of the service

Provide a meaningful forum for client representation and the expression of their views

Explore proposals for change and service development

Provide feedback to management in relation to both the positive and negative aspects of the service experienced by the clients

Administrative and Support Services

Our administrative and support personnel are essential in ensuring the efficient and effective delivery of a wide range of services. This includes personnel from finance, human resources, reception and medical records, clinical team secretaries, clerical officers, I.T. Officer, general assistants, building supervisor, housekeeping, contract cleaning and security staff. The Board acknowledges the vital contribution that these teams make.





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Staff of the Social Work Department who organised the Christmas Charity Fundraising Function (l – r) Margaret Markey, Aidan McGivern, Carmel Cronin, Gary Rocks and Deirdre Carey



Ms. Christina Murtagh, Clinical Nurse Manager with Ms. Mary Harney, TD, Minister for Health & Children during her visit to our Centre.





Welfare Services

Our Welfare Services established in 2002 continues to work with the client and in collaboration with our multidisciplinary teams and external agencies. The service plays a strong advocacy role on behalf of the client population and continues to seek, establish, maintain and strengthen links with both statutory and voluntary agencies.

The Welfare service dealt with 1,436 enquiries in 2006. Housing and accommodation issues continue to account for the greatest share of queries dealt with by the service.

The ongoing relationship with organisations best placed to meet the needs of the service's client base has remained a priority of the service. This has resulted in a reduction in housing accommodation queries arising from tenancies being sustained for longer and identifying and dealing with potential problems before they resulted in eviction.

Assistance with social welfare, finance, medical cards and debt remain at the core of the service

Welfare Service at the Drug Treatment Centre Board

Enquiry:	2006
Housing and Accommodation	727
Medical Cards and Travel	236
Special and Dietary Allowances	87
General Services	386
Total Number of Enquiries	1436



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Education and Training

As the longest established treatment service in the country, with more than 37 years of experience we have played a pivotal role in the on-going training and education of professionals in the area of substance misuse. This is achieved through formal training programmes, placements and courses. In addition to student placements, clinical visits are also arranged for students.

In 2006 we continued to provide training for the prison service, third level institutes, the HSE and other professionals. Ongoing education is an integral part of the ethos of our organisation. Further education and training was provided for support groups, prisoners and clients in rehabilitation centres.

Training was provided on hepatitis to students in various third level institutes. In addition, educational sessions were provided for clinical staff working in the area of substance misuse.



Social Work Students from TCD, UCD & Aberdeen University including staff from Anna Liffey Project and Lefroy House Dublin visiting DTCC

Non-Consultant Hospital Doctors

We continue to provide specialist training to 15 Non Consultant Hospital Doctors (NCHD's) through our participation in training schemes accredited by The Royal College of Psychiatrists and the Irish College of General Practitioners.

We provide placements for trainees participating in the Dublin University, St. John of God Hospital and Mater Hospital Training Rotations. These rotations are accredited by the Royal College of Psychiatrists.



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Employment Placements

As a leading service provider in the area of substance misuse we facilitate professional training through placements, which form part of the training of a number of different professions and disciplines. Participants have the opportunity to see at first hand the many aspects of clinical services and treatment programmes, as well as our drug analysis laboratory. During 2006, 179 professionals participated in on-the-job learning. These included non consultant hospital doctors, nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers, laboratory, administrative and support services personnel.

Students from the School of Social Science at the Dublin Institute of Technology are offered a placement of one year. Whilst on placement in our Children's Play Room, students attend multidisciplinary team meetings both internally and externally. This allows students to experience at first hand the range of needs and responses provided to children of parents with drug misuse problems.

Students attending counselling courses as part of their training at Trinity College, Dublin, LSB/DBS College and NUI, Maynooth may avail of placements that are supervised by our experienced counselling team.

Each year our Social Work Department provides student placements in collaboration with Trinity College, Dublin and University College Cork.

Much of the work undertaken in our laboratory is highly specialised. Over the years it has been acknowledged by third level institutes as a worthwhile and much sought after work experience for students, allowing them to gain experience in a state-of-the-art facility. These include DIT, Kevin Street and Tallaght, Athlone and Carlow Institutes of Technology and Cathal Brugha Street.

Information Communication Technology

We have continued the implementation of our Information Communication Technology (ICT) Strategy. New systems were installed resulting in enhancements to our database applications.

The development of the Electronic Patient System (EPS) continued throughout 2006 and specific developments included care plans, progress notes, viral vaccinations and the doctor's assessment which incorporates the Maudsley Addiction Profile. This research tool will automatically engage as part of the normal assessment process.

Other projects completed during 2006:

- Upgrade of the exchange server to improve network performance
- Upgrade of PABX re phone system to allow for additional digital phones
- Upgrade of the ICT Firewall to enhance security
- Backup solution for Laboratory subnet
- Upgrading of PC's

Developments to EPS during 2007 will include electronic completion of the National Drug Treatment Reporting System (NDTRS) forms, enhanced reports, medications and laboratory tab.

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Other developments in 2007 will include:

- Enhancements to the Central Treatment List ICT
- Utilisation of the StarsWeb System as part of the Board's Risk Management Strategy
- Development of Crystal reports
- Provision of on-line blood results directly into the Laboratory Management Information System (LIMS) which in turn will be available through the Electronic Patient System (EPS)



To mark the occasion of the EPS Go Live Phase 3 were Joe Merry, Deirdre Daly, Sheila Heffernan and Vincent McMahon

Human Resources

In 2006, the department continued to provide HR services and support. Recruitment campaigns, training and development initiatives and manpower planning were high on the department's agenda. We continued to act as a resource to line managers and supervisors in ensuring that we continue to deliver a quality service.

We pride ourselves in our ability to attract highly qualified and experienced staff. This is achieved through the development of targeted recruitment campaigns.

The male to female ratio stood at 1:2. In 2006 the Board also achieved its 3% target for people with disabilities employed in the Public Service.

We continue to promote our Training and Development Policy which ensures that every employee has access to training and personal development. We also encourage employees to further their education and avail of support in attending formal third level training courses.

In 2006, we continued our strategy of I.T. training which aimed to support staff in enhancing their computer skills. In support of the introduction of the Electronic Patient System a number of staff availed of intensive keyboard skills training.

During 2006, two long time serving employees retired, Lucy Woolmington, Finance Officer and Grainne Coulson, HR Officer. We would like to acknowledge their significant contribution to the development of the organisation and wish them both a long and happy retirement.



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Occupational Health

Since its establishment in 2001, the Occupational Health Department has provided a service to employees within our organisation.

During 2006, a laboratory specific health & safety programme was set up. This involved both respiratory and skin surveillance in order to prevent work related ill health. In addition, a member of the Occupational Health Department Team successfully completed manual handling instructor training and in house training programmes were delivered to staff.

In 2007 we will continue to bring the development forward of issues including work station assessments, the introduction of Automatic External Defibrillators (AED) and deliver health promotion programmes.

Health, Safety & Welfare

The Drug Treatment Centre Board is firmly committed to meeting its obligations under health & safety legislation and to creating and maintaining a safe and healthy work environment for its employees, clients and visitors. This is achieved by complying with the requirements of health and safety legislation.

Training is an integral part of reducing the risk/occurrence of accidents or incidents. Examples of training provided in 2006 included the ongoing training on critical incident management, needle-stick injuries and manual handling. Fire audit and in house training for fire wardens was also conducted.

Risk Management

In 2006, the Drug Treatment Centre Board carried out a risk assessment review. The objective being to develop and implement an effective risk management framework to assure that the full spectrum of risks are adequately managed in accordance with legal obligations and current best practices in the healthcare sector. In 2007, we look forward to the completion and implementation of the Risk Management Strategy and the establishment of the Risk Management and Clinical Governance Committees.

Financial Statements

The financial statements for the year ended 2006 show a total income of €9,010,999 of which €8,749,608 was the grant allocation from the Health Service Executive (HSE). These statements reflect a surplus of €226,691. No provision has been made in the financial statements in respect of benefits payable under Local Government/Voluntary Hospitals Superannuation Scheme, as per Financial Reporting Standard 17, as the liability is underwritten by the Minister for Health and Children.

The Finance Department continues to review and update systems which will assist in the relevant and timely delivery of management information. It is constantly striving to provide a high standard of service to both its internal and external customers. Developments in 2006 included;



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- electronic submission of our monthly payroll return (P30) and annual payroll return (P35) via the Revenue online Service at www.ros.ie
- additional analysis of pay and non-pay costs including generation of payroll reports by department
- updated and enhanced policies and procedures for the department

During 2007 we will be conducting a review of the IT systems used in the Finance Department. We will also have an external review of our systems of internal financial control in operation.

We would like to take this opportunity to thank the staff of the Department of Health and Children and the Health Service Executive for their support and co-operation during 2006.

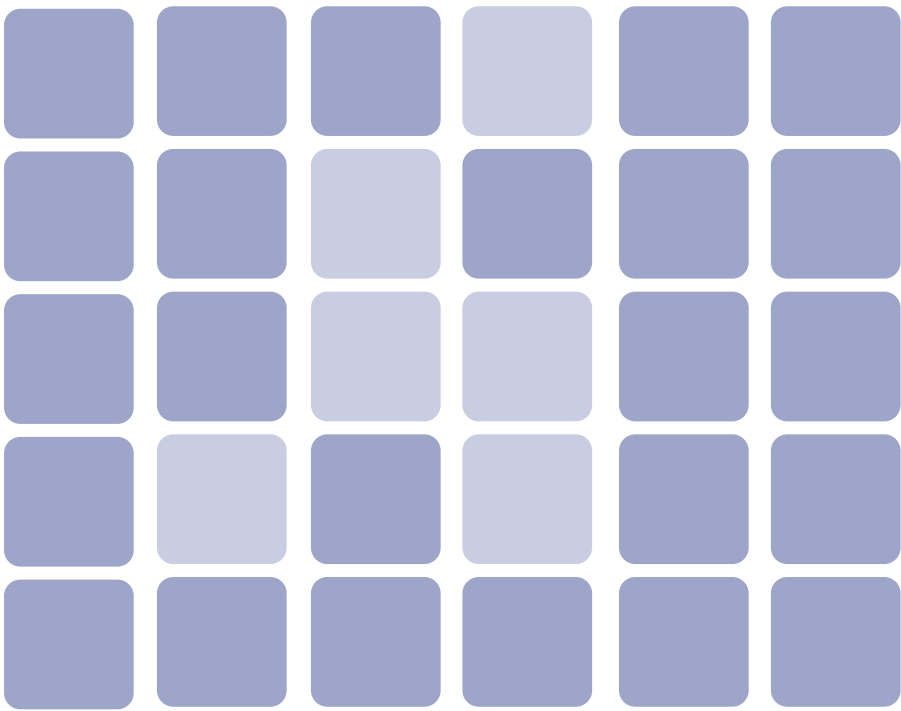
Prompt Payment of Accounts Act (1997)

It is the policy of our Board to comply with the Prompt Payment of Accounts Act (1997). The Drug Treatment Centre Board has systems and procedures to ensure full implementation of the provisions of the Prompt Payments of Accounts Act (1997). Specific procedures are in place to enable the tracking of all transactions and payments in accordance with the terms of the Act and the relevant outputs from the accounting system are kept under continuous review. The Board's procedures, which conform to accepted best practice, provide reasonable, but not absolute assurance, against non-compliance with the Act. It is also our practice to review and to take appropriate action in relation to any incidents of non-compliance that may arise. In 2006 the Board fully complied with the provisions of the Act and we are pleased to report that the Board was not liable for any interest payments to creditors.

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