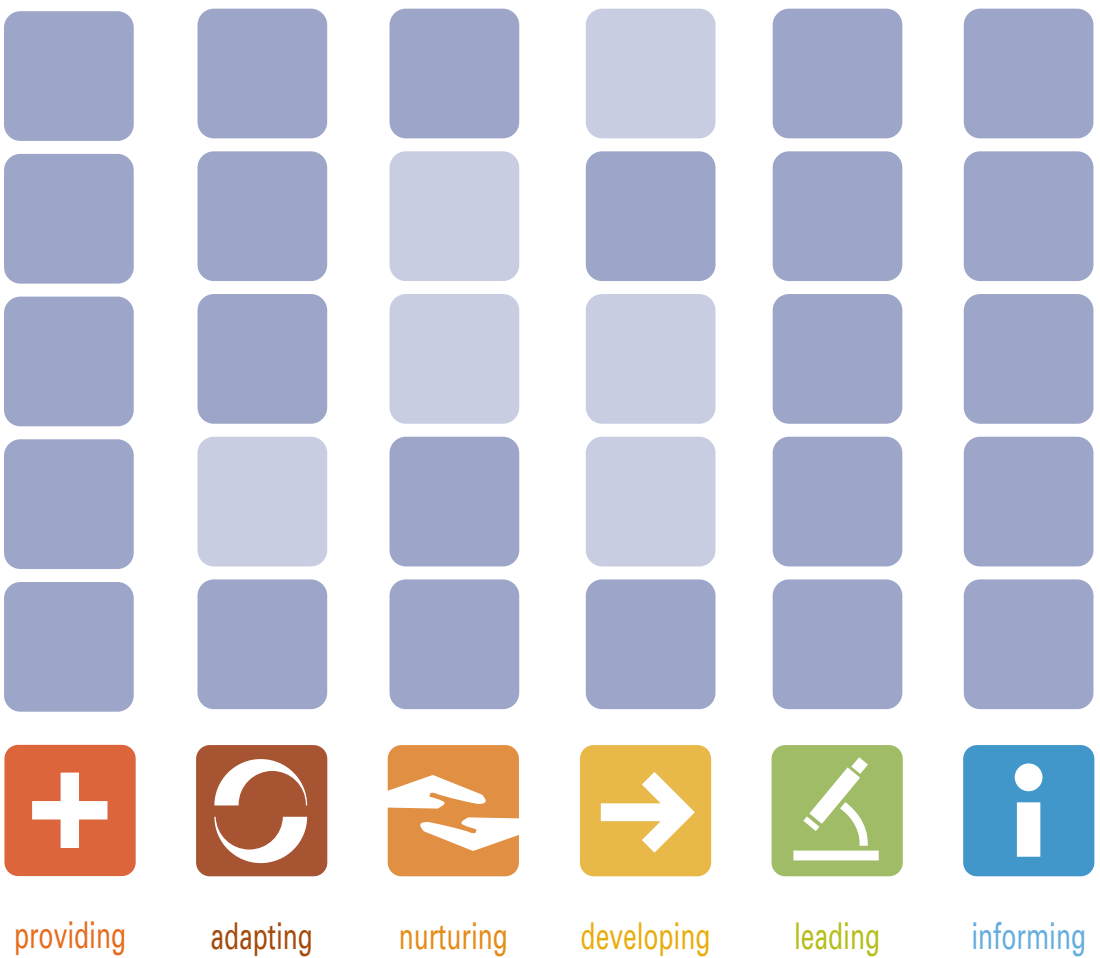




THE DRUG TREATMENT CENTRE BOARD



Annual Report 2007

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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

- Dual Diagnosis Clinic
- Adult Attention-Deficit Hyperactivity Disorder (ADHD) Clinic
- On site Hepatitis C Treatment Service
- 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

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 Services

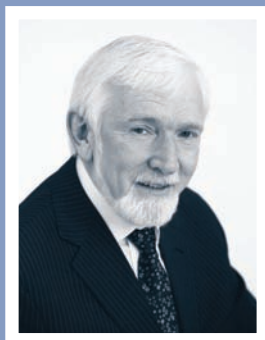
board members



Mr. Denis P. McCarthy Chairman



Dr. Íde Delargy



Mr. Frank Fagan



Dr. Declan Bedford



Dr. Eamon Keenan



Mr. Dan McGing



Dr. John O'Connor



Ms. Alice O'Flynn



Mr. Liam O'Brien



Prof. Kieran Taaffe

chairman's statement

It gives me great pleasure to introduce our 2007 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 commitment of our senior management team and staff in the continued delivery of a quality service. On behalf of the Board I would like to acknowledge them and their work in what continues to be an ever changing and demanding environment.

In 2007 we continued work to deliver on our Five Year Strategy (2005-2010). One of our objectives is to further enhance and 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.

As part of our commitment to Corporate and Clinical Governance standards our Board developed a Risk Management Strategy and established a Risk Management and Clinical Governance Committee in 2007. In addition we commissioned an external review of our systems of internal financial control which will ensure we continue to adhere to best practice and standards.

Our Hepatitis C service continued to be proactive in 2007 in providing an information and advisory service for our clients. We continue our proactive approach in providing an onsite treatment service in conjunction with our colleagues in the Infectious Disease service at St. James's Hospital. I am pleased to advise that adherence rates in those receiving treatment on site remain very high. This further demonstrates direct benefits in the prevention of chronic liver disease and benefits to the longer term health of our clients as well as significant future savings to our health services.

Once again 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.

In response to the continued increase in cocaine use in 2007 we plan to develop a Cocaine/Stimulant Service (CSS) for non-opiate users who are not attending existing treatment services. The treatment model that will be utilised will be evidence-based and focus on meeting the needs of clients of the service and their families.

Our Ethics Committee established in 2002 includes representation from medical, legal, nursing, management and lay people. The Board acknowledges their support, dedication and commitment in supporting our Board in particular Justice Kevin Lynch who retired during 2007 in his capacity as Chair of the committee. We are grateful to him for his personal commitment over the years. Justice Donnchadh O'Buachalla has kindly agreed to Chair the group going forward and we look forward to his inaugural meeting as chairman early in 2008.

We established an Adult ADHD assessment clinic in February 2007. Assessments take place by appointment and are carried out by a Senior Registrar as part of special interest sessions under the supervision of our Clinical Director, Dr. John O'Connor.

During the year we commenced a building programme with the support of the HSE to install a second lift to the rear of the building and air handling on the first to fourth floors. These enhancements will greatly improve the environment for clients and staff. We look forward to its completion in Autumn 2008.

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 and our many colleagues 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
November 2008

general manager's report

In 2007, 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. In 2008 the National Drugs Strategy will be reviewed. We look forward to playing our part in shaping the future of the next drugs strategy.

In 2007 we continued to develop our working relationships with other statutory and voluntary agencies. Our joint initiative with Focus Ireland in the delivery of services to the young homeless continued.

In 2007, we reported through the National Drug Reporting System that we assessed or treated 1,062 clients. There was no significant change in the age profile of clients attending our services in 2007. However, we note that our client cohort is ageing with an increase in the age profiles of those 40 years and older. This increased by almost 2% in 2007 which is in line with national trends.

In 2007, a total of 551 external psychiatric assessment appointments were made. The ratio of males to females remains at 2:1. Opiates remain the main problem substance for cases we assessed or treated in 2007. The number of young people under the age of 19 who present for treatment is continuing to increase each year (37 in 2005; 52 in 2006 to 56 in 2007). This represents an increase of 51% over 3 years.

We continued 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 9,760 in 2007. In addition we enhanced the functionality of the IT system in 2007 which has significantly improved reporting capabilities.

In 2007 our laboratory continued to maintain its accreditation from the Irish National Accreditation Board (INAB) to the ISO 17025 standard. Having developed a method to differentiate 'Crack' from ordinary Cocaine we carried out random 'sweeps' on a sample number of clients attending our service and a project in West Dublin. This determined that approximately 10% of positive cocaine results can be attributed specifically to the smoking of 'Crack Cocaine'.

Further developments planned within our laboratory include developing a method to differentiate between Methamphetamine (Crystal Meth), Ecstasy or Amphetamines with regard to Crystal Meth. At present all samples received by our laboratory are screened once a month for amphetamines as per agreed requirements. This screen does not differentiate between Methamphetamine (Crystal Meth), Ecstasy or Amphetamines. Within our agreed screening protocol we have however identified an increase from 1% in 2006 (Of the circa 66,150 samples tested for amphetamines 660 were positive) to 2% in 2007 (circa 69,000 samples tested for amphetamine of which 1,380 were positive).

Our Hepatitis C service continued to be proactive in 2007 focusing on maximising attendance at our educational service for all those attending our service. To date 43 clients have been offered treatment, 40 of whom have completed treatment representing an excellent adherence rate of 93%.

We established an Adult ADHD assessment clinic in February 2007. This pioneering service under the supervision of our Clinical Director Dr John O' Connor has enabled us to provide a comprehensive service in the treatment, care and management of those who were previously undiagnosed thereby significantly improving their quality of life.

In 2008 we plan to further develop our counselling services focusing for clients who test positive for Cocaine. In addition, we plan to develop a Cocaine/Stimulant Service (CSS) for non-opiate users who are not attending existing treatment centres. The treatment model that will be utilised will be evidence-based and focus on meeting the needs of clients and their families.

We will also participate in an international clinical trial designed to demonstrate that placing Opioid dependent patients, seeking treatment for their addiction, directly on Suboxone is not inferior to first taking Subutex and then Suboxone.

During 2007 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. In particular we moved from paper based to electronic patient charts. Statutory returns to the Health Research Board are now reported electronically. I would like to acknowledge the support and assistance of the staff of the Health Research Board during our development phase.

We commenced a building programme in 2007 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 environment for clients and staff. We acknowledge the support of the HSE in providing financial assistance for this project and look forward to its completion in Autumn 2008.

In 2007 we developed our Risk Management Strategy. This strategy ensures that clients, staff, services, reputation, and finances of the DTCCB are protected through the process of risk identification, assessment, control, minimisation and elimination. In addition we established a Clinical Governance Committee. We acknowledge the support of Ms Debbie Dunne, State Claims Agency during this process. During 2007 we also carried out an external 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, The State Claims Agency, the 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 2007.

This report is a reflection of the continued hard work and commitment of our Board and staff who during 2007 worked diligently to ensure we continue to provide a quality service.

Sheila Heffernan
General Manager
November 2008



clinical director's report

In 2007 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.

Through the development of our Electronic Patient System (EPS) we switched to a paperless chart system which has enhanced communication, planning and patient care. This format includes the receiving of results electronically from our laboratory.

We continued to provide external psychiatric assessments on behalf of Cuan Dara, Cherry Orchard Hospital, St. Michael's Ward, Beaumont Hospital, the Rutland Centre, Dublin and Health Service Executive. This service supports the initiation of appropriate treatment interventions and facilitates clients care to be managed at a local level.

ADHD co-exists with drug misuse, anxiety or depressive disorders in up to 75% of cases. In February 2007 we established a dedicated adult Attention Deficit Hyperactivity Disorder (ADHD) assessment clinic. Assessments take place by appointment and are carried out by a Senior Registrar as part of their special interest sessions.

During 2008, The Drug Treatment Centre Board will partake in an international clinical trial designed to demonstrate that placing Opioid dependent patients, seeking treatment for their addiction, directly on Suboxone is not inferior to first taking Subutex and then Suboxone.

There is considerable evidence in the literature that Cognitive Behavioural Therapy (CBT) and Cognitive Behavioural Coping Skills (CBCS) are effective for the treatment of substance abuse in general, but particularly with clients who are cocaine dependent. This approach is a short-term (usually circa 8/10 sessions) focused intervention. In broad terms the emphasis is on a functional analysis of antecedents and consequences to develop strategies to avoid high-risk situations and to identify alternatives to cocaine's reinforcing effects. It also includes a heavy emphasis on the development of coping skills. It may also be delivered as part of a broader range of interventions that could include counselling for adjunctive areas such as family counselling or vocational counselling, or attending a mutual-aid group. Motivational interviewing is seen as adjunctive to CBCS and this modality may also be utilised.

In 2008 we plan to develop a Cocaine/Stimulant Service (CSS) for non-opiate users who are not attending existing treatment centres and who are not opiate dependent. This approach is in line with the actions of the National Drug Strategy. The treatment model utilised will be evidence based and focus on meeting the needs of clients of the service and their families.

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 2007. 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
November 2008





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 Mr. Pat Carey TD, Minister of State, Department of Community, Rural and Gaeltacht Affairs during his visit to the centre



trends

2007

TREATMENT SERVICES	2007	2006	%+/-
Number of individuals who received services	1,852	1,896	-2.3%
Number of related attendances	119,343	119,552	-0.2%

In 2007, 1,852 individuals attended for services, of which 1,062 were assessed or entered into our treatment programmes. The remaining 790 clients received a range of services include opiate substitution treatment, psychiatric, psychological and social interventions, primary healthcare, counselling, crisis support, advice and information, needle exchange, health promotion services, family support and children's playroom services. The ratio of males to females was 2:1.

Gender Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2007

GENDER	2007	
	Count	Column %
Male	737	69.4
Female	325	30.6
Total	1062	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 2007

AGE	2007	
	Count	Column %
<16	4	.4
16-19	52	4.9
20-29	429	40.4
30-39	417	39.3
40+	160	15.1
Total	1062	100.0

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

trends

2007

Living Status of Cases Assessed or Treated at The Drug Treatment Centre Board in 2007

LIVING STATUS	2007	
	Count	Column %
stable accommodation	745	70.2
institution (prison, residential care, halfway house)	11	1.0
homeless	181	17.0
other unstable accommodation	85	8.0
not known	40	3.8
Total	1062	100.0

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

Main problem substance for cases assessed or treated at the Drug Treatment Centre Board in 2007

MAIN PROBLEM SUBSTANCE	2007	
	Count	Column %
Alcohol	8	.8
Benzodiazepines	8	.8
Cannabis	1	.1
Cocaine	8	.8
Opiates	1029	96.9
Other substances	8	.8
Total	1062	100.0

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

trends

2007

Gender profile for new cases* treated for problem substance use at the Drug Treatment Centre Board in 2007

GENDER		2007
	Count	Column %
Male	28	73.7
Female	10	26.3
Total	38	100.0

Source: National Drug Treatment Reporting System, Alcohol and Drug Research Unit, Health Research Board
 *New cases are clients who have never previously been treated anywhere for drug or alcohol problem use

Main substance reported for new cases treated for problem substance use at the Drug Treatment Centre Board in 2007

MAIN PROBLEM SUBSTANCE (NEW CASES)		2007
	Count	Column %
Benzodiazepines	2	5.3
Cocaine	1	2.6
Opiates	35	92.1
Total	38	100.0

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

Second substance reported for new cases treated for problem substance use at the Drug Treatment Centre Board in 2007

SECOND PROBLEM SUBSTANCE (NEW CASES)		2007
	Count	Column %
Benzodiazepines	4	10.5
Cannabis	9	23.7
Cocaine	7	18.4
Opiates	6	15.8
Other Substances	1	2.6
None	11	28.9
Total	38	100.0

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

trends

2007

Main problem substance by route of administration for new cases treated for problem substance use at the Drug Treatment Centre Board in 2007

MAIN PROBLEM SUBSTANCE BY ROUTE OF ADMINISTRATION					2007
	Inject	Smoke	Sniff/Snort	Not Known	Total
Benzodiazepines	0	0	0	2	2
Cocaine	0	0	1	0	1
Opiates	18	15	0	2	35
Total	18	15	1	4	38

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

Age profile for cases aged 19 years and under assessed or treated at the Drug Treatment Centre Board in 2007

AGE		2007	
	Count	Column %	
14	2	3.6	
15	2	3.6	
16	7	12.5	
17	18	32.1	
18	12	21.4	
19	15	26.8	
Total	56	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 2007.

GENDER		2007	
	Count	Column %	
Male	33	58.9	
Female	23	41.1	
Total	56	100.0	

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

trends

2007

CENTRAL TREATMENT LIST

The Central Treatment List (CTL), which is managed by The Drug Treatment Centre Board is a national list of clients receiving methadone treatment.

In 2007, a total of 9,760 clients received methadone treatment in Ireland. A total of 804 clients came onto the list for the first time representing 8% of the total figure.

During 2007 we enhanced the system which has resulted in additional functionality and enhanced reporting.

The Central Treatment List continues to act as a resource for professionals 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	+6.88%
2003	8155	+7.36%
2004	8364	+2.56%
2005	8962	+7.15%
2006	9428	+5.20%
2007	9760	+3.52%

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. It is believed that as many as 62-80% of intravenous drug users in the greater Dublin have been infected with the virus, many of whom, without treatment will progress to end stage liver disease in the coming decades.

At The Drug Treatment Centre Board we continued our proactive approach to hepatitis C in particular with regard to education, diagnosis and in recent years treatment. Following the success of our 'on-site' hepatitis C treatment initiative in 2003 where we offered hepatitis C treatment by directly observed therapy, we are continuing to offer this service in conjunction with the Infectious Disease services at St. James's Hospital. To date, in excess of 43 clients have been offered treatment, 40 of whom completed treatment. This represents an excellent adherence rate of 93% in this client cohort.

Our hepatitis C service established in 1991 continues to have an active role in providing education to the clients and staff of the centre, as well as many addiction services around the country and third level institutions. We continue to operate a 'walk in' hepatitis C information, education and testing service particularly for clients attending our service. 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.

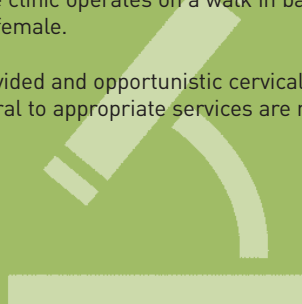
WARFARIN CLINIC

In 2002 we established a designated Warfarin clinic for our clients. We collaborate with general hospitals to facilitate optimal anticoagulation therapy monitoring and compliance for our clients. This initiative has proven very successful in adherence to treatment.

SEXUAL HEALTH CLINICS

We run a routine Sexual Health Clinic at The Drug Treatment Centre Board in partnership with the Genito-Urinary Medicine and Infectious Disease Executive (G.U.I.D.E.) at St. James's Hospital in Dublin. The aim of the clinic is to promote an awareness of sexual health, to provide education and to treat infections. The clinic operates on a walk in basis and services are available to all clients both male and female.

Full screening for sexually transmitted diseases is provided and opportunistic cervical smear testing is also offered where appropriate. Referral to appropriate services are made where required.





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 of 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 users 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. The project continues to use the Biopsychosocial Model of Care to treat adolescent drug users.

YPP MEDICAL TREATMENT SERVICES

- Stabilisation
- Detoxification
- Substitution Treatment i.e. Methadone, Suboxone
- 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

In 2007, we continued to operate a nurse liaison service with Focus Ireland which has benefited the programme through increased inter-agency networking and client participation in education programmes. During 2007, a student from the Doctoral Programme in Clinical Psychology, Trinity College Dublin carried out a five month elective placement in our department. We also participated in the National Development Agency for Collaborative Arts, whereby two students carried out a seven week placement with us.

Our Project Plan for 2008 – 2009 sets out our current goals and objectives for the year ahead with changes in the areas of Referral & Assessment Pathways and Activity Plan. This includes plans to expand on external outings which have proven beneficial in motivating our clients to maintain a drug-free life. We also plan to host an open day in July 2008.



NATIONAL DRUG ANALYSIS LABORATORY

Our laboratory is the leading centre for drugs of misuse testing in Ireland. We are accredited by the Irish National Accreditation Board (INAB) to the ISO 17025 standard.

We provide a nationwide service to the HSE Addiction Services, hospitals, General Practitioners, voluntary organisations, juvenile detention centres, the Probation Service and Courts Service.

Analytical techniques used by the laboratory include Immunoassay (IA), Liquid Chromatography-Mass Spectrometry (LC-MS), Gas Chromatography-Mass Spectrometry (GC-MS) and Enzyme Linked Immuno Sorbent Assay (ELISA).

Our range of testing of urine samples includes Opiates, Benzodiazepines, EDDP (Methadone metabolite), Cannabis, Cocaine, Amphetamines, Alcohol, Zimovane and Buprenorphine.

Therapeutic drug monitoring of methadone levels in blood is also carried out.

Comparison of Analyses performed 2006 and 2007

Year	2006	2007
Total no. of urine samples tested	154,720	155,766
Total tests (IA)	962,681	825,359
Blood Methadone levels(ELISA)	418	336
Opiate differentiation (GC-MS)	289	247
Benzodiazepines differentiation (GC-MS)	3,031	2,130
Zimovane	892	664





KEY ACHIEVEMENTS 2007:

- Accreditation to the ISO17025 standard was maintained following the Irish National Accreditation Board (INAB) annual surveillance visit
- Liquid Chromatography-Mass Spectrometry (LC-MS) methods were developed for Crack Cocaine and Buprenorphine
- The North West Analytical's (NWA) Quality Analyst for Statistical Quality Control charting and trend analysis was installed
- Medibridge, an electronic reporting system, was set up and linked to St James's Hospital and the Virus Reference Laboratory
- The Laboratory Service Users Guide was updated and reprinted for distribution
- A procurement exercise for the supply of laboratory reagents was carried out.
- Continued laboratory representation on the Early Warning and Emerging Trends (EWET) Committee of National Advisory Committee on Drugs
- Representation at meeting of The International Association of Forensic Toxicologists (TIAFT) and the Society of Forensic Toxicologists (SOFT).
- Master of Science degrees awarded to two of our biochemists



Mr. Pat Carey, TD, Minister of State with Laboratory staff during his visit to the Centre.

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 Drug Treatment Centre Board and from other agencies including the HSE, Voluntary Hospitals and third level Institutes. The committee meets every quarter to review and adjudicate various research proposals. During 2007, 14 proposals were reviewed.

The committee includes representation from medical, legal, nursing, management and lay people. The Board acknowledges their support, dedication and commitment in



supporting the Drug Treatment Centre Board in particular Justice Kevin Lynch who retired during 2007 in his capacity as Chair of the committee. Justice Donnchadh O'Buachalla has kindly agreed to chair the group going forward and we look forward to his inaugural meeting as Chairman early in 2008.



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 2007, on-going research investigating the needs and quality of life of cocaine users on methadone maintenance treatment continued with the interviewing and completion of structured assessment measures with approximately 114 clients. Data is being analysed and prepared for publication.

Publications in 2007 included the following which are available on our website www.addictionireland.ie

Dr. Noreen Bannan, Dr. Siobhan Rooney & Dr. John O'Connor. Drug & Alcohol Review (January 2007), 26, pp. 83-85.

Zopiclone misuse: an update from Dublin

This was 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.



Dr. Marie Whitty and Dr. John O'Connor. Psychiatric Bulletin (December 2007). 31:450-453.
Opiate Dependence and Pregnancy: 20-year follow-up study

This study examined the 20-year outcome of 55 women who were pregnant and using opiates in 1985 and were attending the Drug Treatment Centre and Advisory Board, Dublin. It established outcome across a number of variables, including mortality, psychiatric and physical morbidity, psychosocial functioning, ongoing drug misuse and outcome of offspring.

Mr. Kevin Ducray Irish Association of Alcohol and Addiction Counsellors February 2007
"Young Person's Programme"

Mr. Martin Rafferty Irish Association of Alcohol and Addiction Counsellors February 2007
"Substance Abuse / Addictive Behaviour & the Counsellors/Psychotherapists Role"

Planned Research Projects for 2008:

In the year ahead, we will partake in a formal multi-sited research project investigating the efficacy of Cognitive Behavioural Coping Skills (CBCS) interventions with clients who misuse cocaine.

The specific aims of the study will be:

- to test the acceptability and feasibility of a CBCS intervention among clients with cocaine addiction in a clinic setting
- to estimate the effects of CBCS on cocaine usage
- to estimate the potential effect of CBCS on MAP outcomes (health risk behaviour; physical and psychological health, and personal and social functioning)

CLINICAL TRIAL

During 2008, we will partake in an international study designed to demonstrate that placing opioid dependent patients, seeking treatment for their addiction, directly on Suboxone is not inferior to first taking Subutex and then Suboxone.

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.

Research papers produced by The Drug Treatment Centre Board and those associated with our organisation are available on our website:

http://www.addictionireland.ie/research_training/publications.asp



Clinical Services

We provide a specialist treatment service for drug users and are constantly adapting our services to meet the needs of clients. During 2007, 1,852 individuals received services supported by a highly skilled and experienced multidisciplinary team led by our 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

Dual Diagnosis Clinic
 Psychiatric and General Medical Assessment
 Prevention and Treatment of Viral Infections
 Liaison Midwifery
 Sexual Health Clinic
 Adult Attention-Deficit Hyperactivity Disorder (ADHD) Clinic



The 4th floor waiting area before and after refurbishment work





Medical Treatment Services

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

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 2007, a total of 551 external psychiatric assessment appointments were made. The demand for this specialist assessment/support service continues to grow. Assessments were carried out on behalf of Cuan Dara, Cherry Orchard Hospital, St. Michael's Ward, Beaumont Hospital, the Rutland Centre, General Practitioners and the Health Service Executive. This service supported the initiation of appropriate treatment interventions and facilitated individuals care to be managed at a local level.

The 4th floor corridor
before and after refurbishment work





Dual Diagnosis Clinic

The Drug Treatment Centre Board provides a special Dual Diagnosis out patient clinic 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].

Attention-Deficit Hyperactivity Disorder (ADHD) Clinic

Attention-Deficit Hyperactivity Disorder (ADHD) is a neuro-developmental disorder affecting between 4 – 12 % of children. It persists into adulthood in up to 4.7 % of cases (Kessler 2004). It is characterised by severe motor hyper-activity, inattention & impulsiveness, which results in functional impairment. ADHD co-exists with drug misuse, anxiety or depressive disorders in up to 75% of cases. Such cases are clinically more severe and persistent, have a worse prognosis and show stronger association with cognitive deficits than when they occur alone (Thapar 2006).

We established an Adult ADHD assessment clinic in February 2007. Assessments take place by appointment and are carried out by a Senior Registrar as part of their special interest sessions under the supervision of Dr. John O'Connor, Clinical Director.

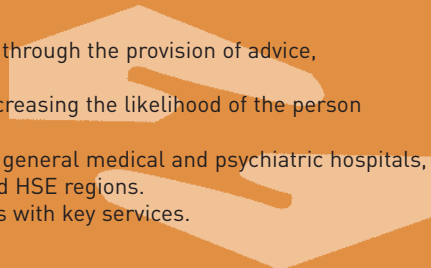
Prevention of Viral Infections

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 153 assessments during 2007. 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 Play Therapy Department provides a stimulating and supportive environment for the children and parents who attend our services. We aim to develop the children's creativity by providing opportunities to develop and enhance their skills. Through individual and group interaction the children can develop self-esteem, learn how to value themselves and develop new ways of interacting.

During 2007 the Department had a total of 3184 visits and worked with 210 individual children and 110 families. This included 56 new children and 36 new families who attended during 2007.

Following the success of our summer programme in 2006, we expanded this programme in 2007 and ran a total of thirteen outings throughout the summer to key attractions around Dublin. This allowed us include a higher number of children on the outings and offer at least one outing to every child. During each of these trips the playroom remained open for other children attending the clinic. We also organised six in-house events, including treasure hunts, sports days, face painting and karaoke.

During the Halloween mid-term we organised two outings and had a variety of events and activities throughout the week. During the Christmas period we organised a variety of events and transformed our outside area into a winter scene. The Dry Ice Company performed at our Christmas party, which was greatly enjoyed by all children and parents. We would like to acknowledge our thanks to the Dry Ice Company and all staff who helped out on the day and assisted in its smooth running. These outings and events provide the children with the opportunity for entertainment and learning and development of their social skills. We hope to continue the expansion of these outings in 2008 to include outings during all school holidays.

The playroom also offers a wide range of advice, information and support to parents and children. During 2007 we organised monthly themes for both the children and parents. We provided information on social and educational issues that were of interest to both. Each topic was chosen based on our observed needs of the children and from consultation with parents. These included road safety, sun care, toilet training, UN Convention on Children's Rights and many more. 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 each topic through a combination of play and discussion with the children and also provided information booklets for parents.



The Play Therapy Department 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 the 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 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 2007, there were a total of 3,451 attendances for counselling services.

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

The Social Work Team within the service aims to provide support and appropriate intervention to those in attendance, working on the basic Social Work principles of empathy, understanding and client self determination. We hope in conjunction with our colleagues in the multi-disciplinary team to effect change for those in attendance, their families and communities. Referrals to the service are by direct contact, team members or from external agencies.

In the year ahead, the Social Work Team plan:

- To formalise working relationships with the three main Dublin Maternity Hospitals in an effort to facilitate pre-birth / discharge meetings.
- To continue development of the Literacy Group within the Centre.
- To facilitate guidelines to assist the team in their assessment of vulnerable families specifically in the area of child welfare / protection.



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.



Mr. Seamas Noone, Clinical Operations Manager talking to a visiting group of nurses from Boston, USA to the Centre

Nursing Department

Our nursing team continue to play a key role in the co-ordination, assessment, planning and delivery of quality client care through key working/care planning systems of care. The role of the nurse within the clinic is multifaceted:

- **Multidisciplinary** - This role is crucial to the conveying of accurate up to date information regarding client's welfare. We collaborate closely with other disciplines to provide optimum quality care to our clients.
- **Primary care** - this embraces viral screening, vaccinations, family planning, crisis intervention, needle exchange, wound care, administering and monitoring of specialist medications. We liaise on a regular basis with other agencies involved in the clients care and play a key role in the initial assessment process.
- **Waiting list/discharge planning** - monitoring and prioritising the client on the waiting list. We play a key role in preparing the client for discharge to the community, ensuring all systems are in place for a smooth transfer from our services.
- **Student Nurses** - facilitating student nurse community placements. Approximately 50 students participate annually with each student spending a week in our clinics. This experience also provides them with the opportunity to meet members of the multidisciplinary team.
- **Nurse Prescribing** - this post will be developed in the year ahead.



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, information technology personnel, general assistants, building supervisor, housekeeping, contract cleaning and security staff. The Board acknowledges the vital contribution that each individual and team make to ensure we provide a quality service.





Welfare Services

We continued to deliver a quality welfare service to clients attending our services during 2007. 1,718 enquiries were dealt with which represents an increase of 20% on 2006 figures. Housing and accommodation issues continue to account for the greatest share of queries dealt with by the service.

The maintenance of relationships with organisations best placed to meet the needs of the client base has remained a priority of the service. Much of the work has concentrated on consolidating the gains made by the service for its clients over the past number of years. Assistance with social welfare, finance, medical cards and debt remain at the core of the service. Ongoing engagement with accommodation providers with special focus on long term sustainable accommodation has and will continue to be a priority.

Welfare Service at the Drug Treatment Centre Board

Enquiry:	2006	2007
Housing and Accommodation	727	958
Medical Cards and Travel	236	251
Special and Dietary Allowances	87	97
General Services	386	412
Total Number of Enquiries	1436	1718



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Education and Training

As the longest established treatment service in the country, with more than 38 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 2007, 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.



Nurses from Boston, USA on a visit to the Centre

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 2007, 185 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 valuable experience. These include DIT, Kevin Street and Tallaght, Athlone and Carlow Institutes of Technology and Cathal Brugha Street

Information Communication Technology

We continued the implementation of our Information Communication Technology (ICT) Strategy in 2007 resulting in enhancements to our database applications.

Development on our Electronic Patient System (EPS) in 2007 included the electronic completion of the National Drug Treatment Reporting System (NDTRS) for the Health Research Board and enhancements to the doctors assessment, medications and laboratory.

In addition to EPS developments, other IT projects completed during 2007 included:

- 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 from St. James's Hospital and the Virus Reference Laboratory in UCD into the Laboratory Management Information System (LIMS) which in turn are available through the EPS
- Ongoing hardware upgrades to replace obsolete equipment
- Upgrade of network capacity



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Human Resources

During 2007 we 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.

Under the Disability Act 2005, we as a public service body have a duty to ensure that at least 3% of our staff are people with disabilities. The Disability Act 2005 defines as: "disability, in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment." The Board sees this target for the employment of people with disabilities in the public service as a positive action measure designed to ensure public service employers are proactive in providing employment and career opportunities for a group who face a higher than average risk of exclusion from employment. By undertaking an annual count, it gives us an opportunity to identify whether staff with disabilities are getting all the supports they need to do their jobs. In 2007 we sent a voluntary survey to all employees to find out how many people have a disability. 3% of staff identified themselves as having a disability.

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 2007, we continued our strategy of Information Technology (IT) training which aimed to support staff in enhancing their computer skills. In support of our IT systems a number of staff availed of intensive keyboard skills training.

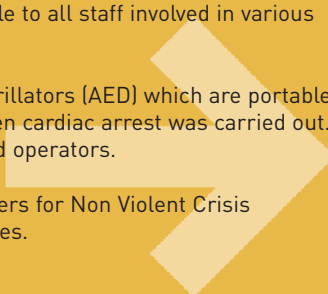
Occupational Health

Our Occupational Health Department continues to provide a service for employees which includes various aspects of staff well being, vaccination programmes for Hepatitis A and B and Flu.

In 2007, Manual Handling Training was made available to all staff involved in various aspects of Manual Handling.

Staff training on the use of Automatic External Defibrillators (AED) which are portable machines used to treat people who experience sudden cardiac arrest was carried out. This has resulted in 20 of our staff becoming certified operators.

In 2008, it is planned to increase the number of trainers for Non Violent Crisis Intervention and deliver health promotion programmes.



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Health, Safety & Welfare

Our Board is committed to meeting its obligations under health and safety legislation and to creating and maintaining a safe and healthy work environment for its employees, clients and visitors. During 2007, the Health & Safety Committee worked to ensure the Board's obligations were met.

Training is an integral part of reducing the risk/occurrence of accidents or incidents. Examples of training provided in 2007 included the ongoing training on critical incident management, needle-stick injuries and manual handling.

Risk Management

In 2007 our Board developed and implemented a Risk Management Strategy which included the establishment of a Risk Management Committee and Clinical Governance Committee.

The objective of the Risk Management Strategy is 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, the Audit Committee appointed by the Board continued to assist and report to the Board on its responsibilities in monitoring:

- The effectiveness and impact of all internal controls in the Board
- The compliance by the Board with legal and regulatory requirements
- The integrity of the financial statements and other activity data produced by the Centre



Staff of the Finance Department who organised the Christmas Charity Fundraising Function (l - r) Paul Bernard, Danny Cassidy, Mary Culligan and Patrick Lynch



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Financial Statements

The Finance Department manages the annual allocation of HSE funding on behalf of the Board. It ensures the timely payment to suppliers and monthly payroll to staff. It is also responsible for procurement of supplies in line with best practice. The department ensures accurate reporting and cost control are maintained by production of reports including monthly accounts, annual financial statements and budgets.

The financial statements for the year ended 2007 show a total income of €9,626,458 of which €9,347,091 was the grant allocation from the Health Service Executive (HSE). These statements reflect a surplus of €401,433 in the year. (Note that this surplus is before taking into account a transfer of €648,593 from the Revenue to the Capital Account in 2007).

Developments in 2007:

- A review of the Finance system was conducted which identified the requirement for a new system. Discussions are ongoing with the HSE to be included in the rollout of the Agresso Finance System.
- An external review of the systems of internal financial control was commissioned by our Board. This review further highlighted the requirement for a new Finance System.
- Staff received training on the Micropay payroll system and the use of the reporting capabilities of the system have been enhanced.

Initiatives for 2008:

Discussions with the HSE re the Agresso system are ongoing and we are hopeful that funding approval for this system will be confirmed. It is hoped implementation of Agresso will provide greater financial reporting capabilities and efficiency improvements by automation of tasks currently done manually.

We would like to take this opportunity to thank the staff of and the Health Service Executive and The Department of Health and Children for their support and co-operation during 2007.

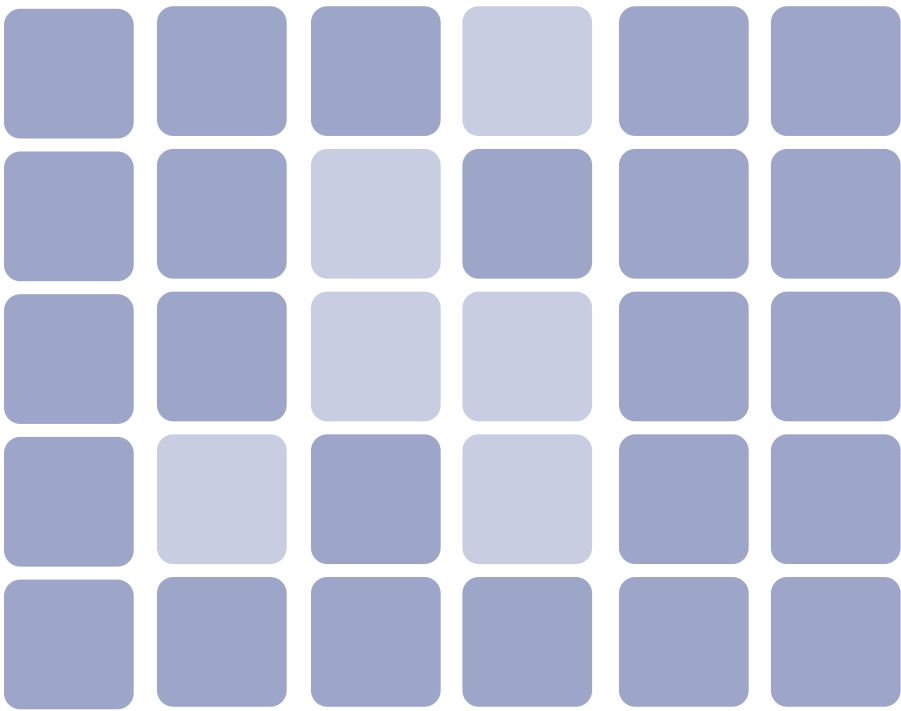
Prompt Payment of Accounts Act (1997)

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 2007 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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An Irish version of this document is available on our website www.addictionireland.ie



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