



THE DRUG TREATMENT CENTRE BOARD



providing



adapting



nurturing



developing



leading



informing

**Annual Report 2005**

## contents

|                                   |    |
|-----------------------------------|----|
| <i>Mission and Vision</i>         | 2  |
| <i>About the DTCB</i>             | 3  |
| <i>Board Members</i>              | 5  |
| <i>Chairman's Statement</i>       | 7  |
| <i>General Manager's Report</i>   | 9  |
| <i>Clinical Director's Report</i> | 11 |
| <i>Trends in 2005</i>             | 15 |



### **The Drug Treatment Centre Board**

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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:**

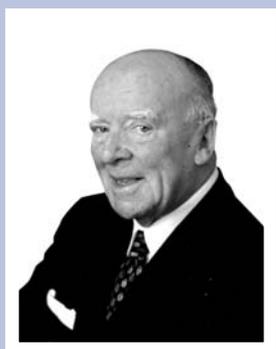
### **General Medical and Psychiatric Assessment**

- 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

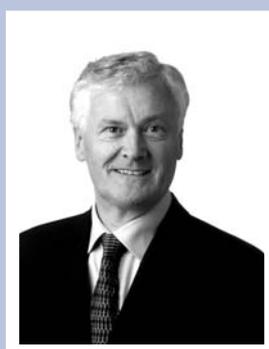
### **Other Services**

- 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. John O'Connor**



**Mr. Dan McGing**



**Mr. Kieran Taaffe**



**Ms. Fionnuala Anderson**



**Dr. Íde Delargy**



**Dr. Declan Bedford**



**Dr. Eamon Keenan**



**Mr. Brian Melaugh**  
(Resigned August 2005)

## chairman's statement

It gives me great pleasure to introduce our 2005 Annual Report. It provides an informative account of our activities, developments for the year under review and our plans for the future.

The ongoing dedication of our senior management team and staff continues to impress our Board. In the delivery of services they continually embrace what is an ever changing and challenging environment. Our work provides substantial and immediate benefits to society through the reduced economic costs, reduction in crime and enhancement of health and social well being as evidenced in studies which suggest that for every £1 invested in treatment, there is a saving of between £9 – £18<sup>1</sup>.

In 2005 we continued to demonstrate our innovative approach to the treatment, management and care of our clients. We continue to be a referral source to our colleagues who work in the field of substance misuse nationally. As with other health organisations we are working within the constraints of staff ceilings and limited development funding.

I am delighted to report that our laboratory, which is the largest provider of drugs testing/analytical toxicology nationally, achieved accreditation from the Irish National Accreditation Board to the ISO 17025 standard. Our laboratory is the first clinical laboratory funded by the Health Service Executive to achieve this standard. This formal recognition for our services further demonstrates our laboratory staff and Board's commitment and ability to achieve the highest standards. A Laboratory Service Users Guide was also produced by our laboratory and circulated to all customers. It provides a clear and transparent overview of our laboratory processes. This has proven to be a very popular guide, with hundreds of copies being distributed in 2005.

In 2004 as part of the implementation of our Information and Communication Technology (ICT) Strategy we commenced the development of the Electronic Patient System. In 2005, we automated many processes which will enhance customer services and improve management reporting.

We continue to provide a specialist on-site Hepatitis C treatment service. We acknowledge the ongoing support of the Infectious Disease Unit of St. James's Hospital and Roche (Ireland) Limited in 2005. We are heartened by the success of this model of treatment and are confident that 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.

During 2005 we continued to notice an increase in cocaine use. We submitted to the Health Service Executive a proposal to provide a stimulant service. We look forward to working with the HSE to develop this vital service.

In 2005, we conducted internal refurbishment of our client entrance/egress and relocated the children's playroom. This has greatly enhanced the through-flow of clients at our entrance/egress and now provides a modern children's playroom with a small outdoor facility. We also enhanced our ventilation system which will improve the safety, health and welfare of all attending our service.

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<sup>1</sup> Godfrey, C., Duncan, S. & Gossop, M. (2004) Economic analysis of costs and consequences of the treatment of drug misuse: 2-year outcome data from the National Treatment Outcome Research Study (NDORS) *Addiction*, 99, 697-707

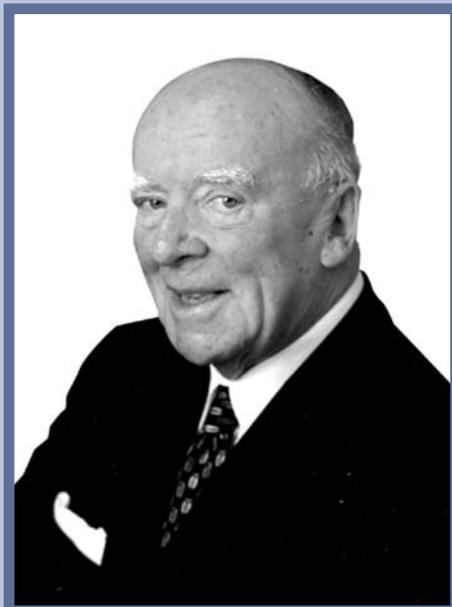
Our Ethics Committee continued to provide a comprehensive and valuable role in ensuring all research proposals were of the highest ethical standards. The Board acknowledges the contribution and commitment of Justice Kevin Lynch in his capacity as Chair and that of the Committee.

In 2005, we produced our Five Year Strategy (2005 – 2010) which has been adopted by our Board. We are now in discussion with the HSE and the Department of Health & Children to ensure delivery of this strategy.

The Board acknowledges the contribution of Mr. Brian Melaugh who resigned from our Board in August 2005 as the representative of the Voluntary Sector.

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**  
October 2006



## general manager's report

In 2005, 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 will continue to build on our existing services through programmes of improved quality whilst leading and informing on best practice.

In 2005, there were 118,958 client visits to The Drug Treatment Centre Board. 1,648 individuals received services, 941 of which were assessed or entered into treatment. In 2005, the ratio of males to females who received treatment was circa 2:1.

As reported in 2004, the increase of cocaine use continues. 9.29% of samples which were tested in our laboratory for cocaine were positive, that is out of 147,422 tests, 13,703 were positive. In 2005, we submitted to the Health Service Executive a proposal to provide a stimulant clinic service. Since then we have been in discussion and are hopeful that appropriate resources and funding will be allocated to develop this vital service.

Our Hepatitis C treatment programme has continued following the successful completion of the pilot programme. We have continued to work closely with the Infectious Diseases Unit of St. James's Hospital and acknowledge their support together with Roche (Ireland) Ltd. Into the future, however, appropriate resources must be identified in order to continue with this vital service.

Over the last number of years our laboratory has been implementing a quality system which is based on the international ISO 17025 standards for testing laboratories. Following an audit in 2005 the Irish National Accreditation Board (INAB) awarded us with accreditation to the ISO 17025 standard. This accreditation provides an assurance to users of our service that the testing carried out by our laboratory is done to the highest standard. This achievement is a credit to the commitment and dedication of all staff in ensuring a quality service. Well done.

In 2005, our Information Communication Technology (ICT) Strategy was further delivered on by the continued development of our Electronic Patient System. In 2006, we will reap the reward for this development when the system goes live thus automating many tedious paper processes. I am confident that our new system will greatly assist in the delivery of our quality service and future planning. Our laboratory continued working with the Health Service Executive to develop methods for the electronic transfer of results.

The age profile of clients who attend our services has started to change slightly in that, 50% of our clients in 2005 were 30 years of age and over compared to 43% in 2004. This profile is a reflection of the success in the education programme and development of services for primary care/HIV medical problems amongst the drug using population. The male:female ratio in our 19 year olds and under has reversed from 2:1 in 2004 to 1:2 in 2005.

There were a total of 1,761 enquiries to our Welfare Services in 2005, with accommodation and housing issues continuing to be a significant factor in referrals to the service.

In addition to psychiatric services 571 external psychiatric assessment appointments were made for clients of HSE Regions, St. Michael's Ward, Beaumont Hospital, Cuan Dara, Cherry Orchard Hospital and public clients attending the Rutland Centre. This service supported the initiation of appropriate treatment interventions and enabled client care to be managed at a local level.

During 2005, we continued our programme of enhancements to our facilities through capital grants. These included the ventilation system, refurbishment of our ground floor entrance/egress and the playroom with the enhanced facility of an outdoor space

These have greatly contributed to a more seamless entry/exit facility to our clients and the new larger children's playroom now has the capacity to take more children including those under the age of one. Further capital money received for equipment ensured our laboratory continued to operate to the highest standard.

We continue to manage the Central Treatment List (a national service for the recording and processing of all clients on methadone). Since 1998, the number of clients being processed by this service has increased from 5,403 in 1998 to 8,962 in 2005 representing an overall increase of 66%.

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 like to thank the Chairman for his personal support in 2005. Finally, I would also like to thank the Board for their continued support.

This report is a reflection of the hard work and commitment of our Board and staff who, during 2005, worked diligently to improve our services.

**Sheila Heffernan**  
**General Manager**  
October 2006



## clinical director's report

As a tertiary service our client cohort present with multi-faceted problems. It is, therefore, essential that treatment plans are tailored to the individual within a holistic framework.

In light of the measured increase in cocaine use we have submitted a proposal to the Health Service Executive for the development of a stimulant clinic. We are confident that we can play a vital role in the provision of such a service whilst continuing to be a peer resource nationally.

The development of our Electronic Patient System (EPS) reflects the nuances of a tertiary service. We have, therefore, been able to incorporate information requirements in client assessments that will improve service and produce evidence based information which will shape future developments and influence research.

Hepatitis C continues to be a major challenge in the drug using population. We have expanded our Hepatitis C treatment programme enabling more clients to avail of this treatment.

I, together with my consultant colleagues, Dr. Eamon Keenan, Dr. Brion Sweeney, Dr. Siobhan Rooney, Dr. Bobby Smyth, Dr. Gerry McCarney and Dr. Mike Scully continue to work closely to provide the best service possible within the confines of our budgetary constraints.

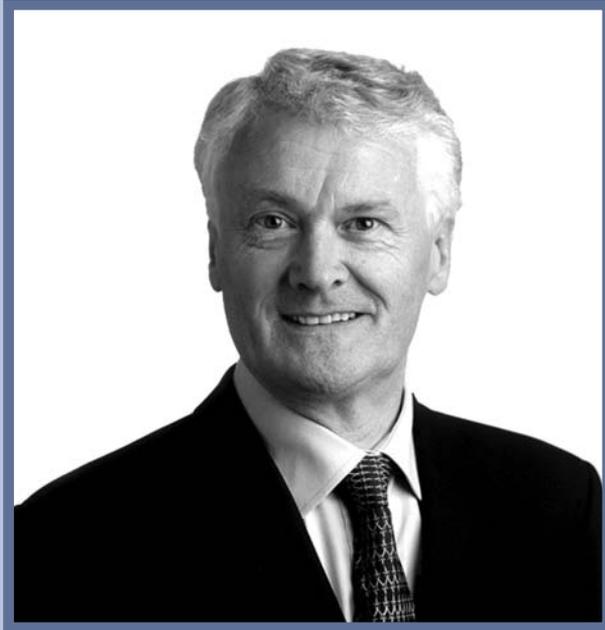
With the development of our 5 Year Strategy 2005 – 2010 which has been adopted by our Board, we can look forward to a period of continued development.

The Chairman of our Board Mr. Denis McCarthy, the Board Members and the General Manager Ms. Sheila Heffernan have, as ever, been very supportive during 2005. 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 appreciated.

I look forward to working with all into the future and to the achievement of our strategic objectives towards 2010.

**Dr. John O'Connor**  
**Clinical Director**

Consultant Psychiatrist in Substance Misuse  
October 2006



**Dr. John O'Connor**



providing

## 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.



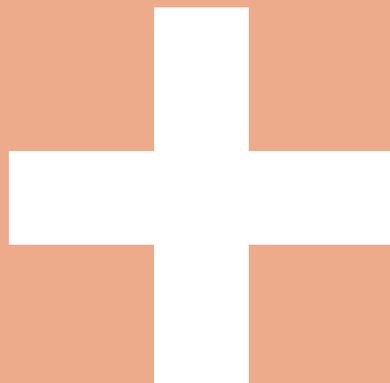
**L - R: Martin Meagher, Jimmy Fleming and Paul Caffrey at Staff Fundraising Evening for Red Cross Asia Appeal**

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.



**Niall Quinn with some children in the DTCCB**



## trends

# 2005

| TREATMENT SERVICES                          | 2004    | 2005    | % +/-  |
|---|---------|---------|--------|
| Total number of client visits               | 119,179 | 118,958 | -0.19% |
| Number of individuals who received services | 1,698   | 1,648   | -2.94% |

In 2005, 1,648 individuals attended for services, of which 941 were assessed or entered into our treatment programmes. The remaining 707 clients received a variety of services which included psychiatric, psychological and social interventions. In 2005, the ratio of males to females was 2:1.

### Gender profile for cases assessed or treated at the Drug Treatment Centre Board in 2005

| GENDER       | 2005       |               |
|--------------|------------|---------------|
|              | Count      | Column %      |
| Male         | 639        | 67.9%         |
| Female       | 296        | 31.5%         |
| Not recorded | 6          | 0.6%          |
| <b>Total</b> | <b>941</b> | <b>100.0%</b> |

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

### Age profile for cases assessed or treated at the Drug Treatment Centre Board in 2005

| AGE          | 2005       |               |
|--------------|------------|---------------|
|              | Count      | Column %      |
| 16-19        | 37         | 3.9%          |
| 20-29        | 431        | 45.8%         |
| 30-39        | 351        | 37.3%         |
| 40+          | 122        | 13.0%         |
| <b>Total</b> | <b>941</b> | <b>100.0%</b> |

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 2005**

| <b>MAIN PROBLEM SUBSTANCE</b> | <b>2005</b>  |                 |
|-------------------------------|--------------|-----------------|
|                               | <b>Count</b> | <b>Column %</b> |
| <b>Alcohol</b>                | 6            | 0.6%            |
| <b>Benzodiazepines</b>        | 13           | 1.4%            |
| <b>Cannabis</b>               | 1            | 0.1%            |
| <b>Cocaine</b>                | 9            | 1.0%            |
| <b>Opiates</b>                | 909          | 96.6%           |
| <b>Other substances</b>       | 3            | 0.3%            |
| <b>Total</b>                  | 941          | 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 2005**

| <b>LIVING STATUS</b>                | <b>2005</b>  |                 |
|-------------------------------------|--------------|-----------------|
|                                     | <b>Count</b> | <b>Column %</b> |
| <b>Stable accommodation</b>         | 697          | 74.0%           |
| <b>Institution (prison, clinic)</b> | 4            | 0.4%            |
| <b>Homeless</b>                     | 137          | 14.6%           |
| <b>Other unstable accommodation</b> | 74           | 7.9%            |
| <b>Not known</b>                    | 29           | 3.1%            |
| <b>Total</b>                        | 941          | 100.0%          |

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

## trends

# 2005

### Gender profile for new cases treated for problem substance use at the Drug Treatment Centre Board in 2005

| GENDER |       | 2005     |
|--------|-------|----------|
|        | Count | Column % |
| Male   | 25    | 59.5%    |
| Female | 17    | 40.5%    |
| Total  | 42    | 100.0%   |

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

### Main substance reported for new cases treated for problem substance use at the Drug Treatment Centre Board in 2005

| MAIN SUBSTANCES REPORTED FOR NEW CASES |       | 2005     |
|--|-------|----------|
|  | Count | Column % |
| Opiates                                | 42    | 100.0%   |

Source: National Drug Treatment Reporting System, Drug Misuse Research Division, 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 2005

| MAIN PROBLEM SUBSTANCE BY ROUTE OF ADMINISTRATION |        |       |           | 2005  |
|---|--------|-------|-----------|-------|
| Route of Administration                           |        |       |           |       |
|   | Inject | Smoke | Eat/Drink | Total |
| Opiates   | 14     | 24    | 4         | 42    |

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

**Age profile for cases aged 19 years and under assessed or treated at the Drug Treatment Centre Board in 2005**

| GENDER       | 2005  |          |
|--------------|-------|----------|
|              | Count | Column % |
| <b>16</b>    | 4     | 10.8%    |
| <b>17</b>    | 11    | 29.7%    |
| <b>18</b>    | 11    | 29.7%    |
| <b>19</b>    | 11    | 29.7%    |
| <b>Total</b> | 37    | 100.0%   |

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

**Age profile for cases aged 19 years and under assessed or treated at the Drug Treatment Centre Board in 2005**

| GENDER        | 2005  |          |
|---------------|-------|----------|
|               | Count | Column % |
| <b>Male</b>   | 14    | 37.8%    |
| <b>Female</b> | 23    | 62.2%    |
| <b>Total</b>  | 37    | 100.0%   |

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

## CENTRAL TREATMENT LIST

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

In October 1998, the Methadone Protocol was introduced making it a requirement for all clients in receipt of methadone treatment to be on a national register. The Central Treatment List has played a vital role in its successful implementation. A Review of the Protocol was undertaken by the Department of Health and Children in 2005. The Board is committed to continuing to enhance the CTL service and look forward to working with the Department of Health & Children to implement the recommendations of the Review.

In 2005, a total of 8,962 clients received methadone treatment in Ireland, of this 809 came onto the list for the very first time representing 9% of the total figure. A total of 564 clients accessed services outside of the previous HSE Eastern Region.

The Central Treatment List continues to act as a resource for professionals involved in the treatment, care and management of drug misuse nationally.

### No. of clients receiving Methadone on the Central Treatment List

|      | Total No. of Clients | % +/- |
|------|----------------------|-------|
| 1999 | 5433                 |       |
| 2000 | 6145                 | +13%  |
| 2001 | 7107                 | +16%  |
| 2002 | 7596                 | +7%   |
| 2003 | 8155                 | +7%   |
| 2004 | 8364                 | +3%   |
| 2005 | 8962                 | +7%   |

Source: Central Treatment List, The Drug Treatment Centre Board



## leading

### HEPATITIS C SERVICES

Hepatitis C is a major medical challenge in the drug using community with potentially wide-ranging personal, social and economic impact. First identified in 1989, routine hepatitis C testing was introduced into the Drug Treatment Centre Board in 1993. In 2004, hepatitis C became a notifiable disease to the National Diseases Surveillance Centre.

In 1994 the Drug Treatment Centre Board established a walk-in clinic designated for those infected with hepatitis C. We continue to provide screening, education and tertiary referral. In addition, we continue to offer hepatitis viral screening and hepatitis A and B vaccination to all newcomers to the service and to those who may have had potential viral exposure, where appropriate.

Our booklet, 'hepatitis C: a guide for drug users and their families' by Dr. Shay Keating, published in 2003, continues to be an invaluable resource to those with hepatitis C, their families and professionals working in the area of substance misuse and its associated health care risks.

Following the successful on-site hepatitis C pilot study, conducted at the Drug Treatment Centre Board in 2003 in conjunction with the Infectious Diseases Unit at St. James's Hospital, this treatment initiative has been extended to all suitable candidates in the clinic.

Our service, supported by a dedicated team works with the individual clients and their families. The combined attendances at both the hepatitis C 'walk in' and 'treatment' clinics was in excess of 1,781 during 2005.

### WARFARIN CLINIC

A designated Warfarin Clinic, which we established in 2001 in collaboration with general hospitals, continues to provide an important role in the monitoring and compliancy with warfarin therapy. Through a co-ordinated approach, we ensure the delivery of a comprehensive treatment care plan for those at risk.

#### Attendances at Specialist Clinics 2005

|   |             |      |
|---|-------------|------|
|  | Warfarin    | 326  |
|  | Hepatitis C | 1781 |

### SEXUAL HEALTH CLINICS

Sexually transmitted infections (STIs) are a major global cause of illness, infertility and death. The increase of STIs in Ireland has increased significantly in recent years. The Health Protection Surveillance Centre reported that in 2004, 10,695 sexually transmitted diseases were notified in Ireland. This is an increase of 12.1% when compared to 2003.

Our sexual health clinics, established in 2000, are run on a sessional basis, in partnership with the Genito-Urinary Medicine and Infectious Disease Executive (G.U.I.D.E.) of St. James's Hospital, Dublin. This service is offered to all clients attending our clinic. Its aim is to promote sexual health and raise awareness of sexually transmitted infections.

All aspects of sexual health and awareness are assessed. A full screening for sexually transmitted infections is provided for both men and women and a cervical smear testing service is available for women. Advice on sexual health, as well as referrals to specialist clinics for follow up, is offered.



## leading

### YOUNG PERSONS PROGRAMME (YPP)

The Young Persons Programme (YPP), established in 2001 continues to meet the increased needs of young adults seeking treatment for substance misuse, many of whom are homeless. The programme adopts a systemic approach to addressing the physical, psychological, emotional and social needs of the young person. This commences with a comprehensive multidisciplinary team assessment in order to develop a treatment plan. A key working system supports, monitors and reviews these treatment plans. Every effort is made to involve the young person's family and/or significant other(s) in assessment, treatment and review meetings. The family and/or significant other are seen as an integral part of the treatment plan.

The programme is supported by a dedicated, highly skilled and experienced multidisciplinary team. In view of the multiple needs of young people with serious drug problems, we work in collaboration with external agencies through joint care planning and interagency work.

Many of the young people attending the service may have very serious addictions and many have experienced homelessness. As a tertiary service we have the capacity to conduct psychiatric assessments of young people referred by other agencies where there are concerns arising from their drug use. Such referrals are welcomed by the programme and are viewed as an integral part of our interagency activities.

### YPP MEDICAL TREATMENT SERVICES

- Stabilisation
- Detoxification
- Methadone
- Buprenorphine
- Blood borne/virus disease surveillance
- Sexual Health Promotion
- Harm Reduction

### YPP SPECIALIST SERVICES

- Early Intervention
- Child and adolescent mental health assessments
- Psychological and developmental assessments
- Sexual health clinics
- Liaison midwifery services
- Complementary therapies
- Social work and childcare assessment and support
- Counselling
- Family Therapy





## leading

The Young Persons Programme (YPP) continues to be committed to developing research in the areas of the aetiology of adolescent drug use, treatment effectiveness and the needs of young drug users. It also offers supervised training placements to students from multiple professional backgrounds with various learning opportunities.

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

During the year, our clients partook in a residential trip to Cavan which was an activity based programme to help them build on their self esteem. This was very successful.

Therapeutic services available at the YPP include family therapy, individual counselling, brief interventions, motivational interviewing, crisis intervention and our Token Economy Programme.

During 2005, there were a total number of 6,403 attendances at the YPP with clients attending for group work, art and design, personal development, creative writing, music classes, literacy education, problem solving and relapse prevention.

In 2006, it is planned to host a Conference on the Treatment of Adolescent Addiction 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.

We plan to hold an "Open Day" to launch our new YPP Information Brochure. We will also continue to develop and implement policies and guidelines to meet the complex needs of the young drug users.



**National Seminar Series 2005**





informing

## 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.

During 2005, the following analyses were performed:

| YEAR  | 2005    |
|---|---------|
| Total no. of urine samples tested                                       | 150,518 |
| Total tests (Up to 8 individual tests are carried out per urine sample) | 901,034 |
| Blood Methadone levels  | 487     |
| Opiate differentiation (GC-MS)  | 189     |
| Benzodiazepines differentiation (HPLC)                                  | 2,838   |
| Zimovane  | 703     |

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 ISO 17025 standard which was awarded to the laboratory in 2005 by the Irish National Accreditation Board (INAB).

A specification and selection exercise was conducted and implementation of an interim Laboratory Information Management System (LIMS) was achieved in September 2005. In addition laboratory staff worked with the HSE Drugs Aids Information System (DAIS) project team to specify and establish an electronic link between DAIS and the Drug Analysis Laboratory LIMS for the purpose of sending results electronically.

A specification and selection exercise for a Liquid Chromatograph-Mass Spectrometer (LC-MS) was also conducted. This new technology has become the gold standard in testing and it will enable the laboratory to test for a wider range of drugs. A specification and selection exercise for the replacement of the Clinical Chemistry Analysers was also conducted.

We also produced a Laboratory Service Users Guide which we circulated to all our customers. It provides a clear and transparent overview of our laboratory processes. This has proven to be a very popular guide, with hundreds of copies being distributed in 2005.

Sample validity testing on all samples using the Creatinine test was introduced, which has helped improve the confidence that customers can have in their sample collection procedures.

A Chemical Agent Risk Assessment was completed and the laboratory safety statement was updated accordingly.

In 2006, we plan to maintain and extend the scope of the laboratory's ISO 17025 accreditation. The LIMS will be further developed to enable more sophisticated reporting. LC-MS and next generation Clinical Chemistry Analysers will be installed and methods established. It is also planned to introduce Buprenorphine testing.

## 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 2005, an average of 20 – 30 proposals were reviewed mainly from within the previous HSE 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.

## 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 2005, we conducted a study to assess the prevalence rate of Dual Diagnosis amongst the client population of the Drug Treatment Centre Board. The purpose of the study was to establish specific and explicit management procedures for best practice in the care and support of clients with dual diagnosis. This included best practice measures to reduce the risk of relapse and to improve the rate of adherence and compliance with treatment. It also included maximising best practice treatment strategies to mental health problems including review of medication.

Some of the conclusions from the study included that nearly 10% of clients attending have a dual diagnosis excluding personality disorder. Of these, only 10% are in regular review with community mental health teams. Closer links between our Board and community mental health teams needs to be fostered to help in the care, management and support of clients.



**Ethics Committee**  
**Back Row**

**L - R Dr. Shay Keating, Ms. Susan Lynch, Dr. Jackie Montwill, Mr. Seamas Noone**

**Front Row**

**L - R Mr. Justice Kevin Lynch, Dr. John O'Connor**



informing

**Publications in 2005 included the following which are available on our website [www.addictionireland.ie](http://www.addictionireland.ie)**

#### **OPIATE OVERDOSE**

**Ms. Anne Bolger (RGN)**

Irish Association of Alcohol and Addiction Counsellors, Volume 32 October 2005 pp 11-13

#### **ZOPICLONE MISUSE ON A METHADONE MAINTENANCE PROGRAMME**

**Dr. Noreen Bannan, Dr. Siobhan Rooney, Dr. Richard Maguire, Mr. Columba Moran, Mr. Mark Dowling & Dr. John J O'Connor**

Irish Psychiatrist. Volume 6. Issue 5. October/November 2005. pp. 201 - 206

#### **HEPATITIS C VIRAL CLEARANCE IN AN INTRAVENOUS DRUG-USING COHORT IN THE DUBLIN AREA**

**S Keating, S. Coughlan, J. Connell, B. Sweeney & E. Keenan.**

Irish Journal of Medical Science. Volume 174. Number 1. 2005. pp. 37 - 41.

In 2006, we plan to research the quality of life and needs of service users with a particular focus on a comparative analysis between regular cocaine users and non-cocaine users on the same programme.

In order to continue to develop appropriate strategies to counteract problems associated with drug use (and in particular to cocaine use) we face the following questions:

- What are the specific needs of service users?
- What are the differing or additional needs, if any, of cocaine using clients on Methadone Maintenance Treatment (MMT)?
- How does the quality of life of cocaine using clients on MMT differ from non-cocaine using clients on MMT?
- Can identified differences in measures of 'quality of life' and 'client needs' inform multidisciplinary treatment modalities to more effectively respond to the needs of clients in general, and in particular to these disparate client subgroups?

All consenting clients will be administered the World Health Organisation Quality of Life Assessment (WHOQOL- BREF) and the Camberwell Assessment Of Need (CANSAS). Having analysed measures of these two constructs for all clients receiving MMT, we will then specifically compare two sample populations. One sample will comprise clients with a 6 month history of MMT for opiate dependence. The other will a 6 month history of MMT for opiate dependence and a 6 month concurrent pattern of cocaine use as indicated by urine sample results.

Appropriate statistical methods will be employed to investigate or identify possible significant differences in (1) the quality of life and (2) the needs of these two groups.

This information will be analysed and will inform the development of client centred treatment modalities reflecting the needs and health related requirements of these client populations.

## INFORMATION DISSEMINATION

Our extensive 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.

Following the redesign of our website in 2004 the number of visitors continued to increase. Traffic to our site was particularly high during recruitment campaigns and the advertisement of our Evening Seminar Series in 2005. Our Frequently Asked Questions, Careers, News and Events pages are the most visited sections.

In 2005 the Frequently Asked Questions (FAQ) Section on our website was formally launched in the presence of Minister of State, Noel Ahern and Niall Quinn who is patron of the Dublin Bus Community Support Programme. We acknowledge and thank Dublin Bus for their support and funding.

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



**L - R: Minister of State Noel Ahern with Niall Quinn at launch of FAQ'S**

## NATIONAL SEMINAR SERIES

During 2005, we delivered a very successful Autumn Educational Seminar Series "Learning from the Past – Developing for the Future" comprising of three one day seminars in Galway, Limerick and Cork. These were attended by healthcare professionals and those working in all aspects of the addiction services. We also held an Educational Event and Tour of the Drug Treatment Centre Board during the year.

In 2006, our educational programme will include a number of one day seminars and the introduction of our inaugural International Child Psychiatry Conference. This conference aims to go towards building the confidence of Child Mental Health Professionals, especially in their capacity to respond to the needs of young people involved in substance misuse.

Both these programmes promise to be valuable opportunities to learn, share our expertise, network and gain a greater understanding of issues surrounding addiction and treatment.



**L - R:  
Dr Bobby Smyth,  
Ms. Maria McCully,  
Ms Sheila Heffernan,  
Dr. Des Corrigan  
at National Seminar  
Series**



## nurturing

### CLINICAL SERVICES

We provide a specialist treatment service for drug users and are constantly adapting our services to meet the needs of clients. During 2005, 1,648 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 2005, a total of 571 external psychiatric assessment appointments were made. 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

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. In Ireland, Dual Diagnosis occurs in a significant number of people accessing primary care, addiction and mental health services. Some studies suggest that the prevalence rates are as high as 43% in community groups [Condren et al. 2001] and 37% for in-patient groups [Kamali et al. 2000].

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 referees.

### 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.



**L - R: CIE Chairman, Dr. John Lynch and Minister for Transport, Martin Cullen with Sheila Heffernan and Carol Grady from The Drug Treatment Centre Board at The Dublin Bus Community Support Programme Awards**

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 247 assessments during 2005. 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 children's playroom is to provide a stimulating, safe and supportive child centred setting for children who accompany their parents or guardians to the clinic. The children's playroom is designed to motivate children to develop and widen their individual and social capabilities. Children are encouraged to express themselves in a safe, happy and structured environment. The service also acts as a resource to parents.

During the year we worked with 195 individual children and 112 families and the total number of children's visits to the playroom was 2,619.

In 2005 we transferred to our new playroom. Our facilities now include an outside play area for the children. As a result of these enhancements we can now cater for children under the age of one. We would like to thank Dublin Bus Community Awards Scheme for their generous award of €5,000 to enhance our playroom.

The children enjoyed a very successful summer trip to Newbridge House and Gardens and again we thank Dublin Bus for their continued support.

The Play Therapy Department continues to work in collaboration with the Dublin Institute of Technology (DIT) in Mountjoy Square to provide a setting where a college student completes a one year work experience placement in the playroom.



## nurturing

### 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.

While the team specialise in addiction treatment it is evident from a great deal of therapeutic sessions that many clients have been subjected to physical, sexual and emotional abuse. This in turn means that many clients have two major problems to work through, the past-unresolved traumas and an ongoing drug problem. Therefore, each counselling psychotherapist has to work through many issues 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.

The Counselling Team is also active in the supervision of student counsellors on clinical placement. The students come from Dublin Business School and Trinity College Dublin. Clinical placement students benefit greatly from their participation on the multi-disciplinary team.

The counselling department's vision has always been and still remains to be recognised as delivering and safeguarding the highest standards of counselling ethics, education and practice, in the interests of clients, public and the profession.

In 2005, there were a total of 3,488 attendances for counselling services.

### OUTREACH SERVICES

The multidisciplinary teams work in consultation with the client to identify their 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, health promotion and crisis intervention support is provided to clients and their families.

Outreach 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. Such an initiative has helped to further address the chronic needs of those who are both homeless and in need of treatment.



**Mr. Denis P. McCarthy, Chairman and Ms Sheila Heffernan, General Manager**

## SOCIAL WORK SERVICES

The Social Work Department works as part of the multidisciplinary team. It operates a key working system that provides a range of services, including early and timely intervention with 'at risk' families. This is supported by advocacy and liaison with statutory and voluntary agencies. The established client groups continue to play a vital role in the rehabilitation of clients in the areas of alcohol awareness, literacy and music.

During 2005, the team was involved in the collation of statistics relating to children admitted to the care of the State in the last five years. The results and analysis of this study will be available in 2006. The team also co-ordinated parenting groups as a source of support to parents attending the service and in the year ahead will further develop parenting, alcohol awareness and literacy groups with a view to increasing numbers benefiting from the support groups.

The Social Work Department also provided student placements in collaboration with Trinity College, Dublin and University College Cork. During 2005, there were a total of 4,121 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. In 2005, 129 women availed of this service. The midwifery team act as a resource for information and education for our multidisciplinary teams.



**Staff presentation of cheque to Yvonne Hayden (centre)  
for Diabetic Unit Temple Street Hospital**



## nurturing

### NURSING DEPARTMENT

Our nursing team continue to play a key role in the co-ordination, assessment, planning and delivery of quality client care. In 2005 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.

The Board support continuous training and professional development of its nursing team by attendance at appropriate courses and conferences. One nurse obtained a Master of Science in Nursing (Addiction and Substance Related Difficulties) and another a Graduate Diploma in same.

In 2006, we will continue to play a key role in compiling evidence based policies and procedures. We will also work towards enhancing the Dual Diagnosis Clinic by the involvement of the nursing staff with this clinic. Clients with mental illness who also have a substance misuse problem are a particularly vulnerable group. Having a nurse led dual diagnosis clinic would be an efficient form of client management.

### SERVICE USER FORUM

We continue to develop our Service Users Forum which aims 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.

During 2005, we reviewed the terms of reference of the group and have continued to work in partnership. We plan to further develop the skills of the group by providing education and training.

### MUSIC GROUP

The role of music as a therapeutic intervention is valued within our organisation. The music group, established in 2001, aims to enhance the creative talents of our clients and facilitate expression through the medium of music. The group is facilitated by our creative and multi-talented staff and has now become an integral part of the services we provide.

### 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.





adapting

## 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.

2005 again has been a very challenging year for the Welfare Service. It dealt with 1,761 enquiries with housing and accommodation issues continuing to account for the greatest share of queries dealt with by the service.

The maintenance of relationships with organizations best placed to meet the needs of the service's 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. This has been carried out with a view to introducing a series of pragmatic rehabilitation and training initiatives in 2006, which will seek to further compliment the overall treatment programme. Assistance with social welfare, finance, medical cards and debt remain at the core of the service.

| ENQUIRY:                         | 2005         |
|----------------------------------|--------------|
| Housing and Accommodation        | 1,037        |
| Medical Cards and Travel         | 173          |
| Special and Dietary Allowances   | 60           |
| General Services                 | 491          |
| <b>Total number of Enquiries</b> | <b>1,761</b> |





## developing

### EDUCATION AND TRAINING

As the longest established treatment service in the country, with more than 35 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 2005 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 by Dr. Shay Keating 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.

### 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.

### 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 2005, 182 professionals participated in on-the-job learning. These included nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers, laboratory and clerical 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 2005 and it is planned in the year ahead to include 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 as soon as a client commences treatment. The EPS has automated many of the current manual work-flows and has improved efficiencies and customer care. Our reporting capabilities have also been enhanced.

The laboratory implemented a new Laboratory Information Management System (LIMS) system in September 2005 which will be both beneficial to the laboratory and also the customers. In addition laboratory staff worked with the HSE Drug AIDS Information System (DAIS) project team to specify and establish an electronic link between DAIS and the Drug Analysis Laboratory LIMS for the purpose of sending results electronically.

## HUMAN RESOURCES

In 2005, 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 2005 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 in the following:

- Manual Handling
- Non Violent Crisis Intervention
- Financial Advice for Staff
- Biological Hazard Training
- Healthcare Conferences
- Dual Diagnosis Conferences
- Motivational Interviewing

We continued to encourage employees to further their education and avail of support in attending formal third level training courses, which included:

- Diploma in Couple Counselling
- Foundation Certificate in Supply Chain Management
- B.A. in Psychology
- Certificate in Medical Record and Patient Services Management
- Higher Diploma in Substance Misuse
- MSc in Psychotherapy
- Certificate in Safety and Health Practice at Work
- Diploma in Corporate Governance
- MSc Nursing (Addiction)
- Masters in Science (by research)

In 2005 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.



## developing

### OCCUPATIONAL HEALTH

The Occupational Health Department established in 2001 promotes the physical, psychological and social wellbeing of all employees. It offers a comprehensive range of professional services including pre-employment and return to work fitness, vaccinations programmes, health surveillance, education and training. Additionally, advice on sickness absence including rehabilitation planning is available.

During 2005, the policy on the Management of Needle stick injuries was completed and implemented. The Occupational Health Department was also involved in an initiative with regard to skin care and the prevention of occupational dermatitis.

In 2006, we will continue to further develop the policy and procedures on Needle stick injuries, laboratory health surveillance and procure a biological risk assessment. In conjunction with the Information Technology Department, we will further develop our comprehensive programme on safe working with VDU's.

### 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.

During 2005, 'terms of reference' for the Health and Safety Committee were agreed and implemented. The Health and Safety Committee continues its monitoring brief and as health and safety issues arise, appropriate actions are taken and risk assessments conducted.

Training is an integral part of reducing the risk/occurrence of accidents or incidents. Examples of training provided in 2005 included training on critical incident management, needle-stick injuries and manual handling. Fire audit and in house training for fire wardens was also conducted.

In 2005, a Health and Safety Auditing schedule was also initiated and will be further developed in 2006.



**L - R: Lucy Woolmington and Louise McAuley at Staff Charity Fundraising Evening**

## FINANCIAL STATEMENTS

The financial statements for the year ended 2005 show a total income of €8,847,379 of which €8,614,545 was the grant allocation from the Health Service Executive (HSE). These statements reflect a surplus of €666,098.

The 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. 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 2005.

## 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 2005 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.

**The Drug Treatment Centre Board**  
**Trinity Court**  
**30-31 Pearse Street**  
**Dublin 2**

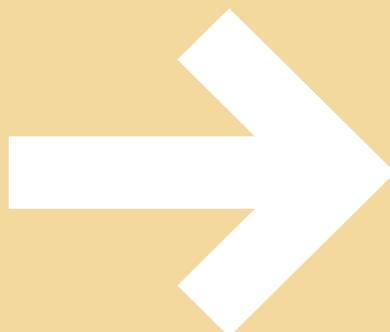
Tel: 01 - 648 8600

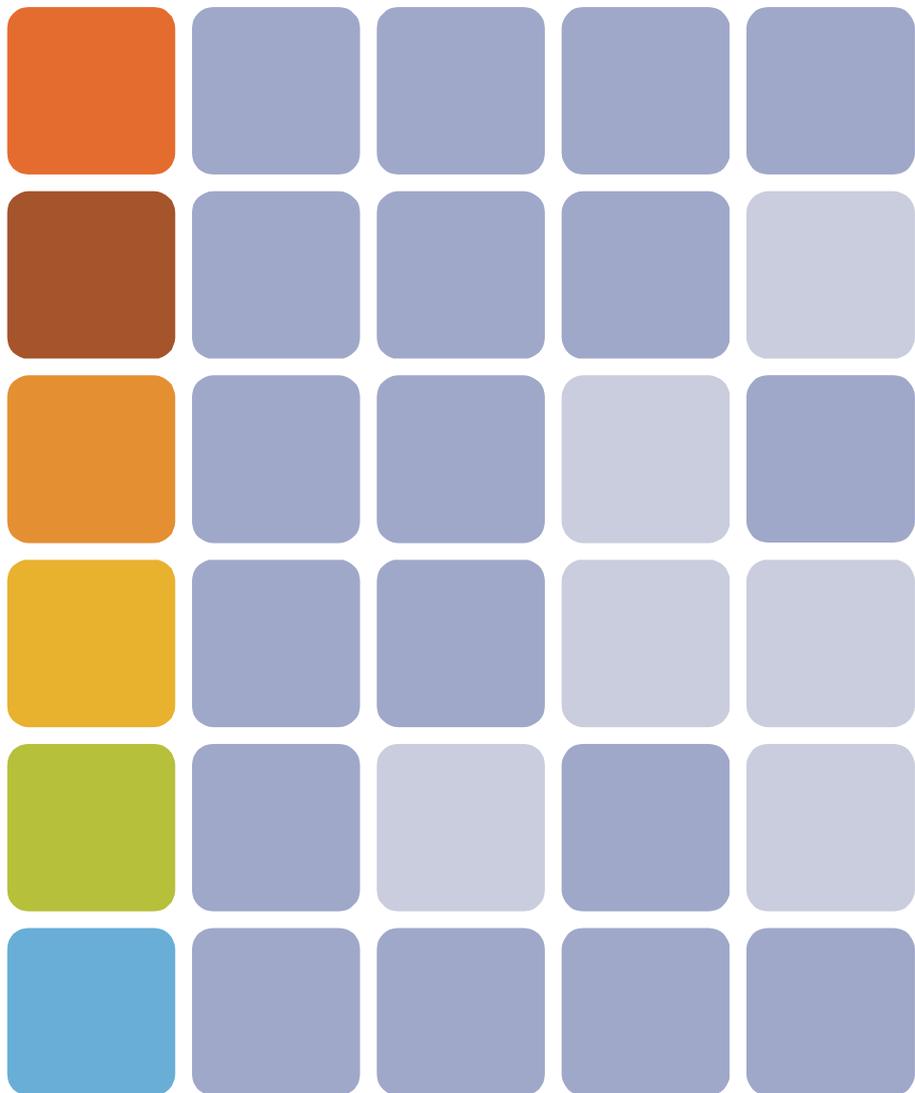
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**An Irish version of this document is available on our website [www.addictionireland.ie](http://www.addictionireland.ie)**





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