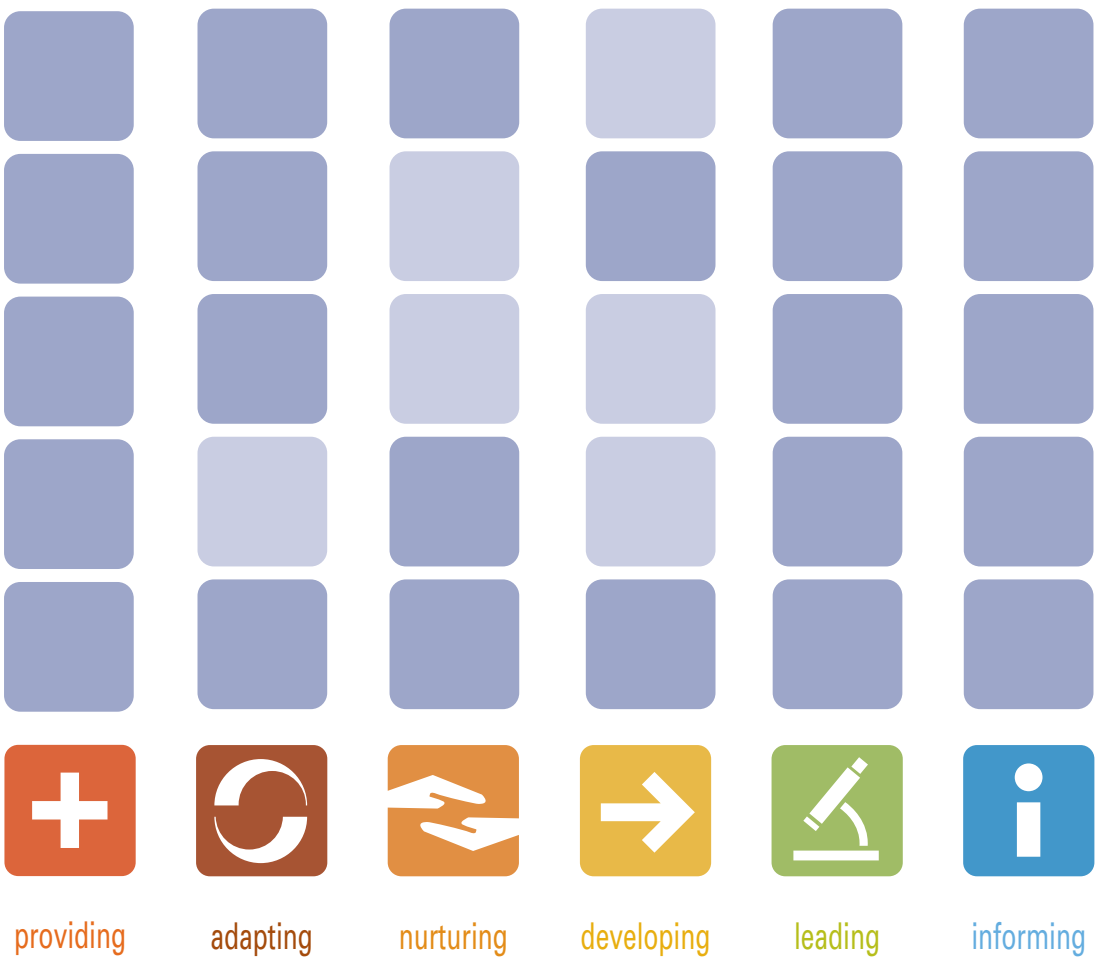




THE DRUG TREATMENT CENTRE BOARD



Annual Report 2008

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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

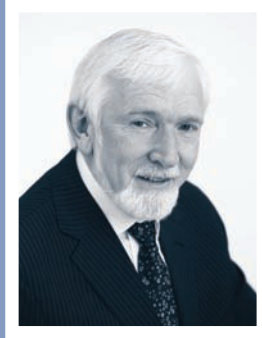
board members



Mr. Denis P. McCarthy Chairman



Dr. Íde Delargy



Mr. Frank Fagan



Prof. Joseph Barry



Dr. Siobhan Rooney



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 2008 Annual Report. It provides an informative account of our activities and developments for the year under review.

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.

One of our objectives was to complete a programme of works to enhance the physical environment of our service and improve the safety and welfare of staff and clients. To this end building refurbishment and lift installation project and work continued during 2008 with the majority of works completed by year end. For our National Laboratory during 2008 it meant that on the 6th May our Laboratory was temporarily relocated to 32 Pearse Street to facilitate refurbishment of the laboratory in our main building. Whilst they returned in September it meant that during this period we had to voluntarily suspend our accreditation. It was, however, reinstated in October 2008.

Our Ethics Committee established in 2002 includes representation from medical, legal, nursing, management and lay people. The Board acknowledges their support, dedication and commitment and 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.

The work of our Ethics Committee continued under the new Chairmanship of Justice Donachda O'Buchalla in 2008 and on behalf of our Board I would like to acknowledge the work and commitment of this voluntary committee.

A highlight of our research work during 2008 was the taking part in an international clinical trial on Suboxone. This work is vital in the development of additional treatment interventions.

During 2008 our Young Persons Programme (YPP) took a novel approach to enhance outcomes in addiction treatment using charity sponsorships as an incentive for young people attending our service. A number of agencies benefitted from this initiative through the commitment of the young people. We are grateful for the support of Hayes Cunningham Solicitors in this venture.

We continued the development of our IT infrastructure in working to achieve the targets of our ICT strategy. Our Board is proud of our infrastructure developed to date.

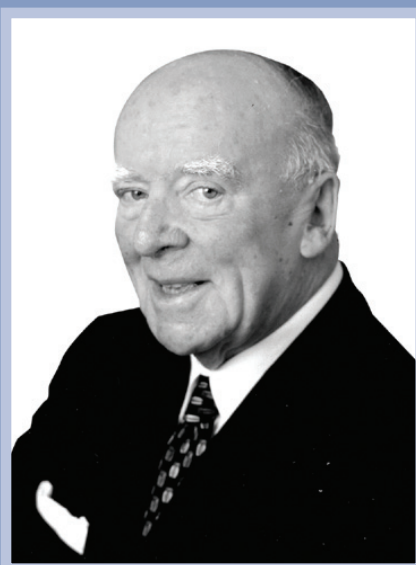
Within ever tightening budgetary constraints we continue to endeavour to develop our specialist services. As reported in 2007 we announced our plans, in response to the continued increase in cocaine use, to develop a Cocaine/Stimulant Service (CSS) for non-opiate users who are not attending existing treatment services. This service is now operational and the treatment model that is utilised is evidence based and focused on meeting the needs of clients of the service and their families.

In October 2008 the Minister for Finance, Brian Lenihan announced in his budget that under a Health Miscellaneous (Provisions) Bill it was his intention to merge our Board with the Health Service Executive in 2010.

Into the future with the planned merge of our Board with the HSE we look forward to continuing to work in the delivery of a quality specialist drug treatment service. We are confident that the level of expertise and knowledge developed over the past 40 years by The Drug Treatment Centre Board will continue to contribute to providing quality specialist addiction services nationally.

On behalf of the Board, I would like to thank the Charitable Infirmity 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. I would like to congratulate my Board colleagues, management and staff for a job, well done!

Denis P. McCarthy
Chairman
November 2009



general manager's report

In 2008 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. During 2008 a review of the National Drugs Strategy commenced. Our Board was represented in this process and we look forward to its final publication in 2009.

In 2008, we reported through the National Drug Reporting System that we assessed or treated 1,108 clients. There was no significant change in the age profile of clients attending our services in 2008 with the ratio of males to females' remaining at 2:1. Within the age profile for clients assessed or treated at our service 57.5% are over the age of 30.

In 2008, a total of 593 external psychiatric assessment appointments were made. Opiates remain the main problem substance for cases we assessed or treated in 2008. The number of young people under the age of 19 who were assessed or treated in 2008 decreased for the first time in 4 years (37 in 2005; 52 in 2006; 56 in 2007 and 44 in 2008).

During 2008 we continued to develop our working relationships with other statutory and voluntary agencies.

Highlights of our achievements during 2008 include the continuation of our building project which included the refurbishment of our building and a new lift installation. Work continued throughout the year and all within an operational building. This was achieved by completing works on a floor by floor basis with the help and support of all staff and clients. Work also included the temporary relocation of our Laboratory from May to September. During this period we voluntarily suspended our accreditation to the ISO/IEC 17025 standard for the duration of the relocation. Following a surveillance visit from INAB in October our Accreditation was reinstated on the 17th of October 2008.

The continued development of our bespoke electronic patient system (EPS) and enhancements to our general IT Systems and those within the Central Treatment List continue to meet the targets as set out in our ICT Strategy. Plans for 2009 include the finalisation of EPS modules that will further assist in client care and clinical governance.

Our Young Persons Programme (YPP) in conjunction with Hayes Cunningham Solicitors ran a 13 week Altruistic Contingency Management Programme where each participant (client) chose a charity and earned money through points which were awarded for active participation in their treatment plan. During the programme a total of ?3,115 for a range of charities including the ISPCC, The Jack & Jill Foundation & Temple Street Children's Hospital was earned through attendance at counselling sessions, demonstration of abstinence (confirmed by urinalysis) and the attainment of goals specific to their individual care plan. The clients then presented the charity of their choice with a cheque amounting to the total they themselves earned. The initiative proved very successful and our Board is extremely grateful to Hayes Cunningham Solicitors for their support.

During 2008, we commenced participation in an international clinical trial designed to demonstrate that placing opioid dependent clients, seeking treatment for their addiction, directly on Suboxone is not inferior to first taking Subutex and then Suboxone. This study will continue into 2009.

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 10,213 in 2008.

Planned developments in 2009 include our Central Treatment List (CTL) in the design and development of a database for a Suboxone Feasibility Study in partnership with the Department of Health & Children and the Health Service Executive. The database will provide valid, timely & comparable data to stakeholders.

Walk in Initial/Emergency Services

Through our walk in initial/emergency assessment service we conducted 248 assessments during 2008 this is an increase of 62% on 2007. Benefits include direct access to assessment services for drug users and an opportunity to plan appropriate services based on client needs.

Our Childrens Play Room in 2008 had a total of 2724 visits. This involved working with 159 individual children and 109 families. Following the success of previous summer programmes we continued this very popular initiative. These programmes included trips to the cinema and key attractions around the Dublin area. During each of these outings the playroom, as an essential service, remained open for other children to attend. We also organised in-house events, including treasure hunts, sports days and karaoke. The Dry Ice Company once again performed at our children's Christmas party. This was greatly enjoyed by our children and parents alike. In 2008 we received donations of Christmas presents for the children from the staff of Intel and The Irish Times. We are very grateful for their support.

Our Ethics Committee, established in 2002 supports our research department. Its role is to advise and make recommendations in relation to clinical research within our 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 2008, 14 proposals were reviewed. The committee includes representation from medical, legal, nursing, management and lay people. Our Board acknowledges their voluntary support, dedication and commitment. In particular our Board acknowledges Justice Donachda O'Buachalla in his capacity as Chair of the committee.

Despite budgetary constrains we are pleased to report that we developed a service in response to the continued increase in cocaine use. This Cocaine/Stimulant Service (CSS) is for non-opiate users who are not attending existing treatment services. This service is now operational and the treatment model that is utilised is evidence based and focused on meeting the needs of clients of the service and their families. This services is delivered off-site within a medical setting.

As our Chairman reported the Minister for Finance, Brian Lenihan announced in his budget (October 2008) that under a Health Miscellaneous (Provisions) Bill it was his intention to merge our Board with the Health service Executive in 2010.

To this end it is our intention to work to ensure that the knowledge and specialist experience our organisation has built up over the past 40 year continues to contribute to the development of drug treatment policy and practice.

The continued employment of our staff is paramount within this merge and with the protection of the legislation all staff will transfer to the employment of the HSE under a transfer of undertakings. During the transition period I will work, along side our executive management team, on behalf of the staff to ensure a smooth transition to the HSE.

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 the 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 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 2008.



Sheila Heffernan
General Manager
2009

clinical director's report

In 2008 together with my Consultant colleagues, Dr. Eamon Keenan, Dr. Brion Sweeney, Dr. Siobhán Rooney, Dr. Bobby Smyth, Dr. Gerry McCarney and Dr. Mike Scully we continued to work closely in the provision of the best service possible.

We developed a cocaine/stimulant service for non-opiate users who are not attending existing treatment centres and who are not opiate dependent. Its approach is in alignment with the relevant actions of the National Drug Strategy. The treatment model that is utilised is evidence based and focused on meeting the needs of clients of the service and their families. 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. Referrals are accepted from a wide range of sources. The service is provided at no direct cost to the service user. Current evidence suggests that cocaine is being widely used in Irish society and there is some evidence of crack cocaine use although this does not appear to be wide spread at this point. However, the service will be configured to ensure that it can respond to a range of stimulant type drugs as necessary.

Through the development of our Electronic Patient System (EPS) we switched in 2008 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 have continued to develop the system so that it enhances patient care and pathways.

In 2008 as planned we commenced participation in an international clinical trial designed to demonstrate that placing Opioid dependent clients, seeking treatment for their addiction, directly on Suboxone is not inferior to first taking Subutex and then Suboxone. This trial will continue into 2009 and we look forward to seeing its outcomes.

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. We also continue to provide twenty-four hour medical cover to St. Michael's Ward, Beaumont Hospital and Cuan Dara, Cherry Orchard Hospital.

As announced by the Minister for Finance, Brian Lenihan in his budget (October 2008) that under a Health (Miscellaneous Provisions) Bill it was his intention to merge our Board with the Health service Executive in 2010, we will continue to ensure that we deliver our wide range of specialist services developed over the last 40 years. The Chairman of our Board Mr. Denis McCarthy, the Board Members, the General

Manager Ms. Sheila Heffernan and the Senior Management Team has, as ever, been very supportive during 2008. 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 2009





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.

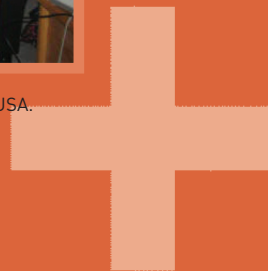
providing



World Health Alliance Day: Hepatitis C Awareness Programme
L:R Mr. Martin Rafferty, Dr. Shay Keating, Ms. Aileen Nestor
and Dr. Onome Agbahovbe.



Mr. Aidan McGivern, meeting with a group of visitors from Boston USA.



trends

2008

TREATMENT SERVICES	2008	2007	%+/-
Number of individuals who received services	1,968	1,852	+6.3%
Number of related attendances	119,876	119,343	+1.0%

In 2008, 1,968 individuals attended for services, of which 1,108 were assessed or entered into our treatment programmes. The remaining 744 individuals received a range of services including 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 remains circa 2:1.

Gender Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2007 & 2008

GENDER	2007		2008	
	Count	Column %	Count	Column %
Male	737	69.4	774	69.9
Female	325	30.6	334	30.1
Total	1062	100.0	1108	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 & 2008

AGE	2007		2008	
	Count	Column %	Count	Column %
<16	4	.4	1	.1
16-19	52	4.9	43	3.9
20-29	429	40.4	427	38.5
30-39	417	39.3	454	41.0
40+	160	15.1	183	16.5
Total	1062	100.0	1108	100.0

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

trends

2008

Living Status of Cases Assessed or Treated at The Drug Treatment Centre Board in 2008

LIVING STATUS	2008	
	Count	Column %
Stable accommodation	728	65.7
Institution (prison, residential care, halfway house)	15	1.4
Homeless	254	22.9
Other unstable accommodation	91	8.2
Not known	20	1.8
Total	1108	100.0

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

In 2008, 254 clients assessed or treated identified themselves as homeless. This is an increase of 73 (28.7%) on 2007. Also, in 2008 the number of clients stating that they were in stable accommodation decreased from 70.2% in 2007 to 65.7% in 2008.

Main problem substance for cases assessed or treated at the Drug Treatment Centre Board in 2008

MAIN PROBLEM SUBSTANCE	2008	
	Count	Column %
Alcohol	6	.5
Benzodiazepines	2	.2
Cocaine	7	.6
Opiates	1075	97.0
Other substances	18	1.6
Total	1108	100.0

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

Second substance reported for cases assessed or treated at the Drug Treatment Centre Board in 2008

SECOND PROBLEM SUBSTANCE	2008	
	Count	Column %
Alcohol	25	2.3
Benzodiazepines	196	17.7
Cannabis	78	7.0
Cocaine	104	9.4
Opiates	36	3.2
Other Substances	23	2.1
None	11	28.9
Assessed only*	177	16.0
Total	1108	100.0

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

* Only the main problem substance is recorded for cases that are assessed only.

trends

2008

Gender profile for new cases* treated for problem substance use at the Drug Treatment Centre Board in 2008

GENDER		2008
	Count	Column %
Male	37	78.7
Female	10	21.3
Total	47	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 2008

MAIN PROBLEM SUBSTANCE (NEW CASES)		2008
	Count	Column %
Benzodiazepines	1	2.1
Cocaine	5	10.6
Opiates	41	87.2
Total	47	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 2008

SECOND PROBLEM SUBSTANCE (NEW CASES)		2008
	Count	Column %
Alcohol	1	2.1
Benzodiazepines	8	17.0
Cannabis	11	23.4
Cocaine	3	6.4
Opiates	1	2.1
Other Substances	2	4.3
None	21	44.7
Total	47	100.0

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

trends

2008

Main problem substance by route of administration for new cases treated for problem substance use at the Drug Treatment Centre Board in 2008

MAIN PROBLEM SUBSTANCE BY ROUTE OF ADMINISTRATION					2008
	Inject	Smoke	Sniff/Snort	Not Known	Total
Benzodiazepines	0	0	1	0	1
Cocaine	0	1	0	4	5
Opiates	31	10	0	0	41
Total	31	11	1	4	47

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 2008

AGE		2008	
		Count	Column %
14		1	2.3
16		8	18.2
17		11	25.0
18		10	22.7
19		14	31.8
Total		44	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 2008.

GENDER		2007	
		Count	Column %
Male		20	45.5
Female		24	54.5
Total		44	100.0

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

trends

2008

CENTRAL TREATMENT LIST

The Central Treatment list (CTL) is a highly confidential database managed by the Drug Treatment Centre Board. In October 1998, specific legislation was introduced making it a requirement for clients in receipt of methadone treatment to be on the national register. The maintenance of the list complies with the provisions of the Data Acts.

In 2008, a total of 10,213 clients received methadone treatment in Ireland. A total of 862 clients came onto the list for the first time representing 8.4 % of the total figure.

During 2008 the enhancement of the reporting system resulted in a more comprehensive analysis of Local Health Office areas, local & regional task forces helping to identify and address gaps in service provision having regard to evidence available on the extent and specific areas. The List is also a valuable resource providing information for the National Drug Related Death Index (NDRDI), which was launched in 2007. It continues to be a key mechanism to other agencies as a resource for professionals in the treatment, care and management of drug misuse nationally.

Planned developments in 2009 include the design and development of a database for a Suboxone Feasibility Study in partnership with the Department of Health & Children and the Health Service Executive. The database will provide valid, timely & comparable data to stakeholders.

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%
2008	10,213	+4.65%

Source: Central Treatment List, The Drug Treatment Centre Board



leading

HEPATITIS C SERVICES

Hepatitis C (HCV) is the most common cause of chronic viral infection in the developed world and Intravenous Drug Use is the commonest means of infection. First identified in 1989, routine testing became available in Ireland in 1991 and was introduced to the Drug Treatment Centre Board (DTCB) shortly thereafter. Currently in Greater Dublin Area the prevalence of HCV infection in the drug using population is believed to be in excess of 70% which is in keeping with international figures. Of those with chronic infection it is estimated that 20% will present with liver cirrhosis 20 years later. Furthermore, there are six strains (genotypes) of hepatitis C worldwide. Genotype 1 and 3 are most common in the drug using cohort in Ireland in equal measure.

A walk-in hepatitis C information and testing service was established in 1994. We operate it each week and provide tertiary referral service where appropriate. We continue to educate our clients about hepatitis C, how it is contracted, how infection can be prevented and what can be done once a patient has become infected. Our booklet 'Hepatitis C: a guide for drug users and their families' continues to be a valuable information source for those infected with hepatitis C, their families and professional healthcare workers.

In the last 5 years, treatment for hepatitis C has improved dramatically with the use of pegylated interferon and ribavirin in combination. Response to treatment is genotype dependant with up to 90% of those with genotype 3 and 50% with genotype 1 clearing the virus. Liver biopsies are not now routinely offered to those with genotype 3 in advance of treatment but are to genotype 1. Following the success of our 'on-site' hepatitis C treatment initiative in 2003, we are continuing to treat HCV positive clients attending the DTCB in partnership with the with the Infectious Disease services at St. James's Hospital (SJH). This service also facilitates liver biopsy on the clients attending the DTCB where required in conjunction with the Radiology Department at SJH. HCV treatment is offered to all suitable candidates attending the DTCB regardless of genotype. During 2008, the number of clients who availed themselves of hepatitis C treatment reached 45.

World Health Alliance Day was held on 19 May 2008. As part of continuing education on this issue, a work-shop was held where DVD's and education material were available. In 2009, we plan to further extend the HCV treatment programme at the DTCB. We will continue to lead in the care of HCV positive drug users with ongoing education and support initiatives and with medical treatment of the infection.

WARFARIN CLINIC

Deep vein thrombosis and pulmonary embolus are frequent medical consequences of intravenous drug use. These often need anticoagulation with warfarin. To facilitate the monitoring of clients' bloods and adherence to warfarin treatment we introduced an on-site warfarin clinic in 2002. This initiative has proven to be very successful.

SEXUAL HEALTH CLINICS

We run a Sexual Health Clinic at the Drug Treatment centre Board in partnership with the Genitourinary Medicine and Infectious Diseases Executive (G.U.I.D.E.). The aim of the clinic is to promote an awareness of sexual health, to provide education, to do full screening for sexually transmitted infections and to treat infections where required. We also offer opportunistic cervical smear testing where appropriate. Referral to other services is arranged when required and notification and contact tracing of sexually transmitted infection performed in a confidential manner.



leading

YOUNG PERSONS PROGRAMME (YPP)

The YPP continues to treat chaotic adolescent, predominantly opiate drug users. The geographical areas expanded in 2008 both north and south due to the non availability of treatment services for young people in mainly the Kildare and Dundalk/Drogheda areas. 2008 also saw the introduction of psychological treatment for non-opiate users on an out-patient basis, utilising the SASSY & YODA services in Mountjoy Square and Tallaght respectively.

Objectives met during the year include

- Training for staff in Children's First.
- Working relationship developed with the Inspector of Juvenile Liaison Officers.
- Activity outings.
- Journal Club.
- Token Economy Scheme.
- Student placements provided during the year included Social Care, Nursing and Psychology.

The YPP organised five outings for our young people in 2008 including; the museum of modern art, the natural history museum, the Viking splash tour, Dublin zoo and cinema day. Art students attended each Mon & Thurs afternoons 2pm-4pm. Holistic Stress Management & Mosaic Art continued each Tues & Weds afternoons.

The YPP hosted an Open Morning July 2nd 2008, various statutory, voluntary and community agencies attended leading to increased referrals for treatment. The YPP in conjunction with Hayes Cunningham Solicitors ran a 13 week Altruistic Contingency Management Programme where each participant (client) chose a charity and earned money through points which were awarded for active participation in their treatment plan. During the programme a total of €3115 was raised for a range of charities including the ISPCC, The Jack & Jill Foundation & Temple Street Children's Hospital. They earned money for a charity through attendance at counselling sessions, demonstration of abstinence from illicit drugs (confirmed by urinalysis) and the attainment of goals specific to their individual care plan. The clients then presented the charity of their choice with a cheque amounting to the total they themselves earned. The initiative proved very successful and our Board is extremely grateful to Hayes Cunningham Solicitors for their support.

Future initiatives for the programme include

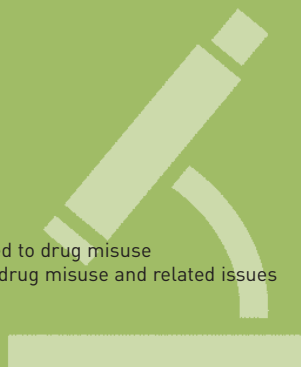
- Certificate course in Personal Development & Life Skills
- Drama Therapy
- Activity outings.
- Health, Education and Personal development groups.
- Staff training to include Cultural Awareness & Adolescent Sexuality.
- Continued promotion of positive mental health.

YPP MEDICAL TREATMENT SERVICES OFFER THE FOLLOWING:

- Stabilisation programme
- Detoxification programme
- Substitution Treatment i.e. Methadone, Suboxone
- Viral Screening
- Sexual Health Promotion
- Harm Reduction intervention
- 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





NATIONAL DRUG ANALYSIS LABORATORY

The DTCB laboratory is the leading centre for drugs of misuse testing in Ireland. With nearly 40 years experience, we are the largest specialist provider of drugs of abuse screening for drug treatment services nationally. We provide a nationwide service to the HSE Addiction Services, hospitals, General Practitioners, voluntary organisations, Department of Education (juvenile detention centres), the Probation Service, the Courts Service, the Medical Council, an Bord Altranais and various occupational health departments.

We are a highly efficient laboratory currently carrying out over 1 million immunoassay screening tests and circa 6,800 confirmatory analyses per annum. We also actively participate on the Early Warning and Emerging Trends (EWET) Committee of National Advisory Committee on Drugs.

We are accredited by the Irish National Accreditation Board (INAB) to ISO/IEC 17025 standard. The scope of our Accreditation covers toxicology screening by immunoassay of Opiates, 6-AM (Heroin Metabolite), Cocaine, Cannabinoids (Cannabis), Amphetamine and its derivatives, Benzodiazepines, EDDP (Methadone Metabolite), Alcohol and Creatinine. (INAB scope 169T).

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

Our range of routine confirmatory analysis in urine includes Opiates, Zopiclone, Benzodiazepines and Buprenorphine. Methods are also in place for the analysis of, Amphetamine class drugs (including Benzylpiperazines), Crack Cocaine, Mirtazepine and Olanzapine

On 6th May 2008 our Laboratory was temporarily relocated to 32 Pearse Street to facilitate essential building works in our main building. We voluntarily suspended our accreditation to the ISO/IEC 17025 standard for the duration of the relocation. The Laboratory returned to our newly refurbished facility on 10th September 2008. Following a surveillance visit from INAB on 13th October 2008, we received confirmation from INAB that our Accreditation was reinstated on 17th October 2008.

Comparison of Analyses performed 2007 and 2008

Year	2007	2008
Total no. of urine samples tested	155,766	158,386
Total tests (screens by immunoassay)	825,359	1,007,201
Blood Methadone levels(ELISA)	336	125
Total immunoassay screens	825,695	1,007,326
Confirmatory Analysis		
Opiate differentiation by LCMS (4 drugs)	247	136
Benzodiazepines differentiation by GC-MS (5 drugs)	2,130	1,150
Zimovane identification by LCMS	664	364
Buprenorphine identification by LCMS		158
Benzylpiperazine identification by LCMS		664
Total by Confirmatory Analysis	3,041	2,472



KEY ACHIEVEMENTS 2008:

The laboratory was temporarily relocated to facilitate necessary building refurbishment works. With rigorous planning, this relocation and re-instatement into our refurbished laboratory was achieved while maintaining the continuity of our service to clients throughout the duration of the works.

- Our Accreditation to the ISO 17025 standard was reinstated by INAB following our voluntary suspension of Accreditation for the duration of the short-term relocation of the laboratory to facilitate the building works.
- Our laboratory was represented on the Early Warning and Emerging Trends (EWET) Committee of National Advisory Committee on Drugs (NACD).
- Our Laboratory was represented at meetings of The International Association of Forensic Toxicologists (TIAFT), the Society of Forensic Toxicologists (SOFT) and at the UK and Ireland Forensic Toxicology Network (UKFTNet).
- Our Principal Biochemist is the Irish Regional Representative for T.I.A.F.T.
- Our LCMS capability was developed to include Amphetamine identification including the ability to identify Benzylpiperazine.
- A survey of samples was carried out demonstrating the use of Benzylpiperazine type drugs among the attendees of the DTCCB.
- The implementation of a web-based system of electronic reporting of Laboratory results to customers was initiated. This will provide customers with an option to access their results more speedily.

ETHICS COMMITTEE

Our Ethics Committee (established 2002) supports our research department. Its role is to advise and make recommendations in relation to clinical research within our 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 2008, 14 proposals were reviewed.

The committee includes representation from medical, legal, nursing, management and lay people. Our Board acknowledges their voluntary support, dedication and commitment. In particular our Board acknowledges Justice Donachda O'Buachalla in his capacity as Chair of the committee.



Ms Lorraine Shannon, HR Officer introducing staff to Mr Des Brannigan from Marsh Staff AVC Pension Schemes.





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 2008 our Board undertook the following research:-

- 1) Assessing the needs and quality of life of cocaine users on a methadone maintenance program. Arising from the above a poster was presented at the College of Psychiatry Ireland and at the Faculty of Addictions (RCP) in Edinburgh. A number of further publications are envisaged from this research and are currently being drafted.
- 2) Preparation for "Functional Study of Inhibitory Control in Opiate Users and Non-Using Siblings". This is a joint Drug Treatment Centre Board/ School of Psychology Trinity College research study.
- 3) A pilot study is underway in the Young Persons Programme examining altruism and contingency management.
- 4) A paper on "Context and factors associated with lapse following residential detoxification in an Irish population of opiate addicted patients" is currently being written up for submission for publication in 2009.
- 5) "Lapse and relapse following inpatient treatment of opiate dependence" This paper is due for submission for publication in 2009.
- 6) Participated in a research programme both internally and with the HSE Addiction Services on effectiveness of Cognitive Behavioural Coping Skills and Cocaine use is underway.



Minister John Curran visits during 2008.
L:R Minister John Curran, Ms Sheila Heffernan, Dr. Mick Doran,
Mr. Seamas Noone and Mr. Denis P McCarthy (seated)



SUBOXONE CLINICAL TRIAL:

During 2008, we commenced participation in an international Suboxone clinical trial designed to demonstrate that placing opioid dependent clients, seeking treatment for their addiction, directly on Suboxone is not inferior to first taking Subutex and then Suboxone. This study will continue into 2009.

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



Official Opening of the Lift Extension at the DTCB
L:R Derek McNamee, Sheila Heffernan, Shane McNamee,
Denis McCarthy, Jack Tritchler and Martin Donnelly





Clinical Services

We provide a specialist treatment service for drug users and continue to adapt our services to meet the needs of clients. During 2008, 1,968 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

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



Refurbished 4th Floor





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 clients 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 2008, a total of 593 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.



Minister John Curran visit DTCB National Laboratory
L:R Siobhan Stokes & Minister John Curran



Minister Curran meets staff of the Laboratory



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 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.

Cocaine/Stimulant Clinic

We have developed a cocaine / stimulant service for non-opiate users who are not attending existing treatment centres and who are not opiate dependent. This approach is in alignment with the relevant actions of the National Drug Strategy.

The treatment model that is utilised is evidence based and focused on meeting the needs of clients and their families. 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. Referrals are accepted from a wide range of sources. The service provided at no direct cost to the service user. Current evidence suggests that cocaine is being widely used in Irish society and there is some evidence of crack cocaine use although this does not appear to be wide spread at this point. The service continues to evolve to ensure that it can respond to a range of stimulant type drugs.

Prevention of Viral Infections

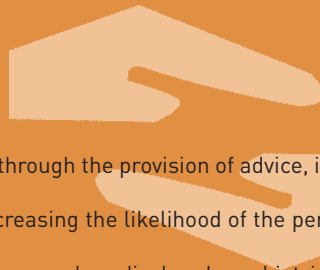
A fundamental objective of our drug treatment programmes is prevention of the spread of viral illnesses. Delivered through clinical services dedicated to the prevention and treatment of HIV and Hepatitis, prevention is achieved by a vigorous vaccination and screening programme, needle exchange and a 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

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.





We continue to provide a range of services including 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 248 assessments during 2008. 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 safe, 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 we endeavour to help the children develop their self-esteem and new ways of interacting with others.

During 2008 the department had a total of 2,724 visits. This involved working with 159 individual children and 109 families. The department works in partnership with the multidisciplinary teams, other statutory and voluntary services.

Following the success of our previous summer programmes we continued this very popular initiative. These programmes included trips to the cinema and key attractions around the Dublin area. During each of these outings the playroom, as an essential service, remained open for other children to attend. We also organised in-house events, including treasure hunts, sports days etc.

The Dry Ice Company once again performed at our children's Christmas party. This was greatly enjoyed by our children and parents alike with a special appearance by Santa Clause. In 2008 we received donations of Christmas presents for the children from the staff of Intel and The Irish Times. We are very grateful for their support.

The playroom offers a wide range of advice, information and support to parents and children. During 2008 we organised monthly topics for both the children and parents alike. 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 consultation with parents. To enhance the service we provide, we also carried out a questionnaire to ascertain further, the needs of the parents and children who attend the playroom. By doing this we were able to identify possible future initiatives such as Homework and Breakfast clubs which we aim to undertake in 2009.

Following feedback from a questionnaire carried out, we identified a need to cater for older children. This we aim to achieve in 2009.

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

The Counselling department works proactively with clients who have emotional, psychological, physical and addiction issues who wish to avail of counselling services provided by professionally trained and accredited counsellors. Counselling is a process which is clinically effective in helping clients deal with any issue in a humanistic and analytic way.

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 services. The department liaises with statutory and voluntary groups within the community regarding client needs and the design of joint agency care plans.

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 waiting list is constantly validated ensuring that we have a current status report to maintain contact with clients.

Social Work Services

The Social Work Team within the service aims to provide support and appropriate intervention to those in attendance. Working from social work principles of empathy, understanding and client self determination, we aim to assist in effecting change with those in attendance, their families and communities. Referrals to the service are by direct contact, team members or from external agencies. The social work team work in partnership with the multidisciplinary teams, other statutory and voluntary agencies.



Deirdre Carey and visitors at the YPP Open Day





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 also act as a resource for information and education for our multidisciplinary teams.

Pharmacy

This service provides a pivotal role in the delivery of services. In 2008 there have been a number developments/initiatives as follows:

- Good clinical practice including improvements in dispensing procedures have been introduced.
- Establishment of a Drug and Therapeutics Committee as part of the Nurse Prescribing requirements.
- A Suboxone Trial commenced with significant Pharmacy involvement.
- Participation on various committees, including Clinical Governance, Benzodiazepine Policy Development Committee, Medication Incident Review group and Nurse Prescribing sub-group.
- Commencement of the development of dispensing module within our Electronic Patient System (EPS).
- Development of a Medicines Guide (Formulary) which promotes safe, effective and economic prescribing.

Nursing Department

Our nursing team are highly skilled with various general, psychiatric and midwifery backgrounds. We are primary disciplines who meet clients on a daily basis. The role of the nurse is multifaceted. Our nursing team provide the following services:

Primary care- This embraces viral screening, vaccinations, family planning, crises intervention, initial assessments, needle exchange, wound care, to the provision of psychotropic and general medication. We liaise on a regular basis with other agencies involved in the clients care. We also provide a service that administers and monitors specialist medications e.g. anti-coagulant therapy. Supervision of combination therapy medication for the treatment of HIV is also one of our key primary care services.

Multidisciplinary- This role is crucial to the conveying of accurate up to date information regarding client's welfare. In the delivery of care plans we collaborate with other disciplines to provide optimum quality care to our clients.

Nurse Prescribing

A nurse manager has successfully completed the certificate in nurse /midwife prescribing. This programme is designed to develop the professional knowledge base, practical skills and understanding of prescribing, by providing nurses with a structured learning programme that will facilitate the achievement of the competencies outlined by an Bord Altranis and the report on building a culture of patient safety 2008. We hope to have a second nurse qualify during 2009.



Venepuncture/Canulation

Members of the nursing team attended the Venepuncture/Canulation Train the Trainer course in the Mater hospital. They are now qualified assessors and are available to assess nurses in venepuncture skills following attendance at a study day organised by the Mater Hospital. This skill plays an invaluable role in promoting quality of care by enabling clients to be treated in the healthcare setting most appropriate to their needs.

Research

A member of the nursing team formulated a guide to best practice in metabolic screening for clients on antipsychotic medications. This very practical user friendly guide is based on current evidence to efficiently monitor for metabolic syndrome.

A clinical nurse manager is the nurse coordinator for the Schering-Plough Suboxone research clinical trial. This role includes client contact, blood /urinalysis screening, questionnaire and data entry into a database.

A clinical nurse manager as part of her studies for a BA (hons.) Arts (psychiatry), carried out research on a small cohort of clients re the quality of life with enduring mental health and polysubstance misuse versus those with polysubstance misuse alone.

Waiting list monitoring and prioritising clients. We play a key role in preparing the client for discharge to the community ensuring a smooth transfer from our service and ensuring all systems are in place.

Student Placements: We facilitate the BSc nursing degree by way of student placements in orientation to the area of drug treatments/services and link up with other disciplines to enhance understanding and knowledge in the area of substance misuse.

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

In 2008 the Service users forum organised a Service of Remembrance for clients and family members past and present.

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.



adapting

Welfare Services

2008 saw a slight overall reduction in numbers accessing the welfare service. This can be attributed to a number of factors. In the area of accommodation and supplementary welfare queries where we have seen a 7% and 26% reduction in queries. Homelessness is still the main problem brought by clients to the welfare service.

This reduction can be attributed to the ongoing support and assistance of the Homeless Persons Unit and other statutory and voluntary homeless agencies with whom the welfare service has been in active contact with. Arising from this accommodation placements and social welfare payments can be monitored on an ongoing basis which ensures longevity of stay and assists clients in the maintenance of claims allowing, where possible, prospective problems to be pre-empted. The work in the area of medical cards in 2007 has also meant a reduction in 2008 as clients have been linked with GPs and once this is achieved is encouraged to maintain their medical entitlements on a current basis. This is monitored on an ongoing basis.

Welfare Service at the Drug Treatment Centre Board

Enquiry:	2008	2007
Housing and Accommodation	888	958
Medical Cards and Travel	145	251
Special and Dietary Allowances	122	97
General Services	326	412
Total Number of Enquiries		



Aidan McGivern and Kevin Ducray.
Staff raise funds for Goal Jersey Day.



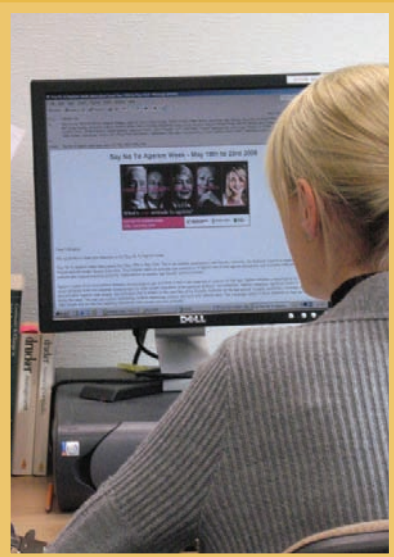
→ developing

Education and Training

As the longest established treatment service in the country, with more than 39 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 2008, we continued to provide training for 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.



Human Resources initiative
- Say No to Ageism Week



Human Resources initiative
- Work Life Balance Day

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.



developing

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 2008, 169 professionals participated in on-the-job learning. These included 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 and the Dundalk Institute of Technology are offered placements 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.

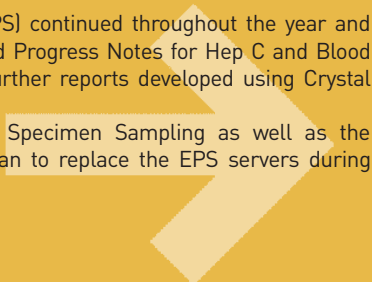
Information Communication Technology

We have continued the implementation of our Information Communication Technology (ICT) Strategy in 2008. New systems were installed resulting in enhancements to our database applications.

Electronic Patient System (EPS)

The development of the Electronic Patient System (EPS) continued throughout the year and specific developments which went live in 2008 included Progress Notes for Hep C and Blood Results under the Laboratory Tab. There were also further reports developed using Crystal Reports to extract data from EPS.

In 2009 developments to EPS will include Random Specimen Sampling as well as the development of a new Pharmacy module. We also plan to replace the EPS servers during 2009/10.





developing

Other ICT Projects

As well as EPS developments other IT projects completed during 2008 included;

- Upgrade the phone and voicemail system
- Implementation of new anti-virus solution
- Commencement of Electronic reporting system for laboratory results
- Enhanced our network infrastructure by upgrading our switches
- Upgrade of Security Systems (network, email etc)
- Installation of electronic Proximity card system to improve building security
- Update our Active Directory system
- Continued upgrading of PCs, printers etc
- Temporary relocation of Laboratory systems to facilitate Lift /Ventilation works

In 2009, IT developments may include;

- Completion of Electronic reporting system for laboratory results
- Upgrade of Laboratory servers to improve performance
- Installation of additional servers for Contingency Planning purposes
- Continued upgrading of infrastructure (PC's, printers etc)
- Explore the potential to upgrade cabling infrastructure subject to funding being available

Human Resources

During 2008 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 2008 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.



developing

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 Influenza.

In 2008 we continue to provide manual handling, first aid and critical incident training to staff.

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 2008, 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 2008 included the ongoing training on critical incident management, needle-stick injuries and manual handling.

Risk Management

Our Board developed and implemented a Risk Management Strategy (2007) 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 2008, 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

Finance

The finance department manages the annual allocation of HSE funding on behalf of the Board. The department ensures the timely payments to suppliers and monthly payroll to staff. The department is also responsible for procurement of supplies in line with best practice. Finance ensures accurate reporting and cost control are maintained by production of reports including monthly accounts, annual financial statements and budgets. Variance analysis and commentary is periodically provided to the General Manager and the DTCCB board.

Financial Statements



The financial statements for the year ended 2008 show a total income of €9,290,660 of which €8,958,391 was the grant allocation from the Health Service Executive (HSE). Note that the original grant allocation from the HSE for 2008 was €9,608,391 less an amount of €650,000 which was a once off recoupment by the HSE from the DTCCB's cumulative surplus at December 31, 2007.



developing

The 2008 Financial Statements show a deficit of €405,172 in the year. (Note that this surplus is nett of the once off recoupment of €650,000 by the HSE in 2008).

Developments in 2008:

Developments in 2008 included;

- We had expected to be in a position to install the Agresso Finance System in 2008 but this did not happen as funding for the rollout of system was withdrawn for all agencies by the HSE. The requirement for a new finance system was identified following an internal review of the Finance systems in 2007. The requirement for a new finance system was also a key recommendation following a review of the systems of internal financial control which was undertaken in 2007 by an external accounting firm.
- The timetable for the annual audit in 2008 was brought forward so that the 2007 financial statements would be signed off by mid-March.
- The monthly accounts are being finalised by the 15th of the month, brought forward from the 18th, to adhere to HSE reporting requirements.
- Additional analysis reports were developed in 2008 to further enhance the monitoring and control of key cost areas.

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 2008.

Initiatives for 2009:

- The timetable of the annual audit in 2009 (re 2008 financial statements) will be similar to the audit in 2008 with a view to the financial statements being signed off in a timely manner.
- Funding for the Agresso system is not likely to be forthcoming from the HSE in 2009. In that case we will explore the potential to upgrade our existing Opera system to a more up to date version with greater processing and reporting capabilities. Any upgrade of the finance system will be subject to board approval and funding being available internally.

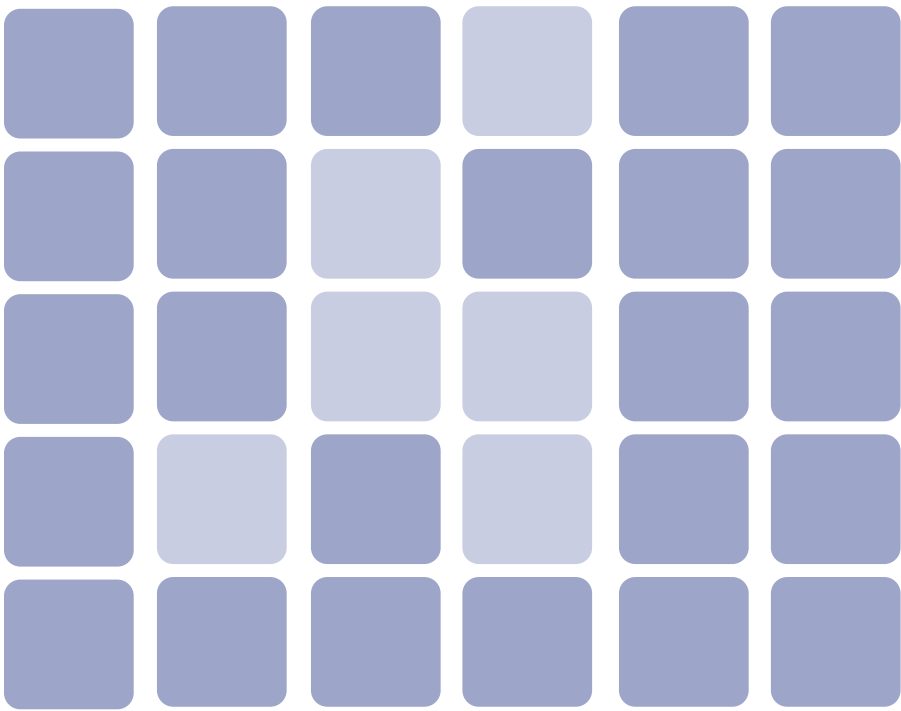
Prompt Payment of Accounts Act (1997)

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 2008 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
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An Irish version of this document is available on our website www.addictionireland.ie



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