



THE DRUG TREATMENT CENTRE BOARD

# Annual Report

2011



providing



adapting



nurturing



developing



leading



informing

## **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 national 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 our Board is Mr. Dan McGing. 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 McCarthy Centre, 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
- On site HIV treatment (in conjunction with St. James's Hospital)
- 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. Dan McGing	<b>Chairman</b>
Prof. Joseph Barry	Board Member
Dr. Íde Delargy	Board Member
Prof. Kieran Taaffe	Board Member
Dr. John O'Connor	Board Member
Dr. Siobhan Rooney	Board Member
Mr. Liam O'Brien	Board Member

## **Chairman's Statement**

It gives me great pleasure to introduce our Annual Report 2011 which provides an informative account of our activities.

I would like to acknowledge the ongoing commitment of our Chief Executive Sheila Heffernan and our senior management team and staff in the continued delivery of a quality service. On behalf of the Board I would like to acknowledge them and their work in what continues to be an ever changing and demanding environment.

In 2010 we saw the sad passing of our Chairman Denis P. McCarthy. In 2011 in his honour our Board renamed our building to the McCarthy Centre. We think this is a fitting tribute to a man and family who have been synonymous with our Board, The Charitable Infirmary Charitable Trust and the former Jervis Street Hospital.

In late 2008 the then Minister for Finance the late Brian Lenihan announced Governments intention to merge The Drug Treatment Centre Board with the Health Service Executive. We are working with all stakeholders in ensuring that the many years of hard work and dedication to those we serve continues to grow and develop into the future.

Our Ethics Committee continues its work and includes representation from medical, legal, nursing, management and lay people. The Board acknowledges their support, dedication and commitment under the Chairmanship of Justice Donachda O'Buchalla. On behalf of our Board I would like to acknowledge his work and commitment and that of his voluntary committee.

As part of our work we continue to contribute to research. We have worked with the Department of Health on the establishment and management of a National Suboxone List. In taking responsibility for the management of this national list further demonstrates our capabilities and we consider this work vital in the development of additional treatment interventions.

Despite tightening budgetary constraints we continue to deliver a quality service to our clients and families. 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. As we move into our forty third year we are confident that the level of expertise and knowledge developed by our Board, management and staff will continue to contribute to providing quality specialist addiction services nationally.

On behalf of the Board, I would like to thank the Charitable Infirmary Charitable Trust, The Department of Health 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 Chief Executive Officer, 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!

**Dan McGing**  
**Chairman**  
**30<sup>th</sup> June 2012**

## Chief Executive Officer's Report

During the past number of years 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, The Way Home – A Strategy to Address Adult Homeliness in Ireland (2008-2013 – Environment, Heritage & Local Government), the National Drugs Strategy 2009-2016 and The Introduction of the Opioid Treatment Protocol (2010). We continue to build on our existing services through programmes of improved quality whilst leading and informing on best practice.

This year we are reporting through our Electronic Patient System (EPS). In 2011 1,763 individuals availed of our services. There was no significant change in the age profile of clients attending our services with the ratio of males to females remaining at 2:1. The number of young people under the age of 20 who entered treatment in 2011 was 37.

Highlights of our recent achievements include:-

- Maintaining our accreditation to the ISO/IEC 17025 standard for our national laboratory services
- Expansion of our web-based system of Laboratory Electronic Reporting (LER) was made available to more of our customers in 2011. The system provides customers with an option to access their results on line.
- In response to the recommendation of The Review of the Opioid Treatment Protocol (2010) to move towards oral fluid testing, in 2011 we validated immunoassay screening methods for the detection of drugs in Oral Fluid including Opiates, 6-AM (Heroin Metabolite), Cocaine, Cannabinoids (Cannabis), Amphetamine and its derivatives, Benzodiazepines.
- In 2011 we also validated an immunoassay method for Ethyl Glucuronide in urine. Ethyl glucuronide (EtG) is a direct metabolite of ethanol and can be detected several days after the elimination of alcohol from the body thus increasing the window of detection of alcohol use.
- Continued development of our bespoke Electronic Patient System (EPS) in conjunction with the Health Service Executive.
- Completion of a pilot programme EPS x
- Involvement in international and national trails in respect of suboxone treatment which included the design and development of a suitable national IT database.
- In 2011 we conducted 80 walk in initial/emergency assessments. Benefits include direct access to assessment services for drug users and an opportunity to plan appropriate services based on client needs.
- There were 1,694 visits to our children's play room.
- Our Ethics Committee meets every quarter to review and adjudicate various research proposals. 12 proposals were considered in 2011.
- The number of clients identifying themselves as homeless continues to increase year on year from 181 in 2007 to 233 in 2011. This represents is an increase of 28.7 %.

The development of our Electronic Patient System (EPS) has continued over the years. In 2011 a feasibility study concerning the development of our system as the national HSE standard for care planning within addiction services was undertaken.

The aim of this project was to pilot our EPS electronic health record in accordance with the recommendations contained in The Introduction of the Opioid Treatment Protocol: (HSE, 2010:34) to determine its compatibility and potential use by community drug treatment services. In this way identified national problems concerning fragmented and demarcated provision of

services which militate against HSE and NDS policy concerning the need for greater integration and continuity of care by adopting shared care planning and the development of integrated care pathways, can be addressed. It recommends that the EPSx system be rolled out nationally across all addiction services, based on the existing service provider model, which is deemed fit for purpose from practice and technical perspectives. In 2012 we look forward to progressing this project nationally.

On behalf of the Board, management and staff, I would like to thank the Charitable Infirmary Charitable Trust, the Department of Health, the Health Research Board, the State Claims Agency and the HSE 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.

The dedication of our building name in recognition of our past Chairman Denis P McCarthy I feel is a fitting tribute to the hard work, dedication and commitment he showed during his time on the Board.

I would like to thank our current Board Members under the Chairmanship of Dan McGing and our staff for their continued commitment, innovation and dedication to providing high quality client centred services. I look forward to continuing to work with all into the future.

**Sheila Heffernan**  
**Chief Executive Officer**  
**30<sup>th</sup> June 2012**

## **Clinical Director's Report**

In collaboration 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 provide external psychiatric assessments on behalf of Cuan Dara, Cherry Orchard Hospital, St. Michael's Ward, Beaumont Hospital, the Rutland Centre, Dublin and the 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.

I would like to concur with our Chairman and Chief Executive Officer in acknowledging the hard work and dedication of the late Chairman of our Board Mr. Denis McCarthy who served our Board relentlessly in the interest of our clients and staff. I would also like to acknowledge the hard work and dedication of our Board Members under the chairmanship of Dan McGing I am confident that the achievements of the last forty two years will be built upon going forward as we plan to merge with the Health Service Executive.

The ongoing dedication of The Drug Treatment Centre Board senior management team under the direction of our Chief Executive Officer Ms Sheila Heffernan, our staff and 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**  
**30<sup>th</sup> June 2012**

# Trends 2011

## Treatment Services

	2011
Number of clients who received services	1,763
Number of related attendances	93,527
<b>Male/Female Ratio</b>	<b>2:1</b>

Source: Electronic Patient Record (EPS). The Drug Treatment Centre Board

In 2011, 1,763 individuals attended for services, of which 864 entered into our treatment programmes. The remaining 899 individuals received a range of services including, 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.

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.

## Number of Clients who Received in-patient Medical Management in 2011

In-Patient Facility	No. of Clients
St. Michaels Ward, Beaumont Hospital	134
Cuan Dara, Cherry Orchard Hospital	155
<b>Total</b>	<b>289</b>

### Specialist Clinical Services

Psychiatric and General Medical Assessment  
 Dual Diagnosis Clinic  
 On site HIV treatment (in conjunction with St. James's Hospital)  
 On site Hepatitis C treatment programme  
 Prevention and Treatment of Viral Infections  
 Liaison Midwifery  
 Sexual Health Clinic  
 Adult Attention-Deficit Hyperactivity Disorder (ADHD) Clinic

### Medical Treatment Services

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

### Gender Profile for cases assessed or treated 2011

	2011	
Gender	Count	%
Male	588	68
Female	276	32
Total	864	100

Source: Electronic Patient Record (EPS) The Drug Treatment Centre Board

### Age Profile 2011

	2011	%
<b>20 and under</b>	37	4
<b>21-25</b>	84	10
<b>26-30</b>	197	23
<b>31-35</b>	340	40
<b>6-40</b>	52	6
<b>41-45</b>	89	10
<b>46-50</b>	44	5
<b>51-55</b>	18	2
<b>56 years and over</b>	3	0
<b>Total</b>	864	100

Source: Source: Electronic Patient Record (EPS) The Drug Treatment Centre Board

### Living status of cases assessed or treated in 2011

	2011	
Living status	Count	%
<b>Stable accommodation</b>	553	64
<b>Institution (prison, residential care, halfway house)</b>	11	1
<b>Homeless</b>	233	27
<b>Other unstable accommodation</b>	43	5
<b>Not known</b>	24	3
<b>Total</b>	864	100

Source: Source: Electronic Patient Record (EPS) The Drug Treatment Centre Board

The number of clients identifying themselves as homeless continues to increase year on year from 181 in 2007 to 233 in 2011. This represents is an increase of 28.7 %.

## Central Treatment List

The Central Treatment list (CTL) is a confidential database managed by our Board. In October 1998, specific legislation was introduced making it a requirement for all clients in receipt of methadone treatment to be on a national register. The maintenance of the list complies with the provisions of the Data Protection Acts, 1998 & 2003.

A total of 10,711 clients were in receipt of methadone and 82 clients were in receipt of Suboxone treatment during 2011 in Ireland.

We continue to enhance our IT system. This helps with identifying and addressing gaps in service provision having regard to evidence available. The CTL is also a valuable resource providing information to the National Drug Related Death Index (NDRDI). 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.

In 2009 we developed a database for a Suboxone Feasibility Study in partnership with the Department of Health and the Health Service Executive. The database will provide valid, timely & comparable data to stakeholders.

The Introduction of the Opioid Treatment Protocol (December, 2010) has identified a number of enhancements required to the Central Treatment List databases. During 2011 we commenced actively working to ensure successful implementation of its recommendations.

### 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%
2009	10,668	+4.46%
2010	10,787	+1.1%
2011	10,711	-0.7%

Source: The Drug Treatment Centre Board, Central Treatment List

### Number of Clients Receiving Suboxone in Ireland Central Treatment List

Year	Total No of Clients
2011	82

Source: The Drug Treatment Centre Board, Central Treatment List

## National Drug Analysis Laboratory

Our laboratory is the leading centre for drugs of misuse testing in Ireland. With over 40 year's 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 and conducted over 1 million immunoassay screening tests and circa 21,000 drugs screened for using confirmatory analyses in 2011. We also actively participate on the Early Warning and Emerging Trends (EWET) Committee of National Advisory Committee on Drugs.

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).

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, pH and Creatinine. (INAB scope 169T).

In response to the recommendation of The Review of the Opioid Treatment Protocol (2010) to move towards oral fluid testing, in 2011 we validated immunoassay screening methods for the detection of drugs in Oral Fluid including Opiates, 6-AM (Heroin Metabolite), Cocaine, Cannabinoids (Cannabis), Amphetamine and its derivatives, Benzodiazepines.

In 2011 we also validated an immunoassay method for Ethyl Glucuronide in urine. Ethyl glucuronide (EtG) is a direct metabolite of ethanol and can be detected several days after the elimination of alcohol from the body thus increasing the window of detection of alcohol use.

Our range of routine confirmatory analysis in urine includes Opiates, Zopiclone, Benzodiazepines, Buprenorphine and Cannabinoids. Multiresidue methods to screen for Stimulants including amphetamines, ecstasy type drugs and “Head Shop” drugs including cathinones and other stimulants are available. Methods have also been developed for the analysis of Z drugs, Crack Cocaine, Mirtazepine and Olanzapine.

Our ‘Head shop’ Screen is subject to change as required but currently includes the following drugs:

Dimethyl Cathinone, Naphyrone, Dimethocaine, 3-Fluoromethcathinone, 4-Methylethcathinone (4-MEC), 4-Ethylmethcathinone (4-EMC), 3,4-Dimethylmethcathinone (3,4 DMMC), Butylone, Ethylone, Naphyrone, Pentylone, Ethcathinone, O-Desmethyltramadol, MDPV, Methedrone, 3TFMPP, Tramadol, BZP, mCPP, PCat, 2-Aminoindane, 5,6-Methylenedioxy-2-aminoindane (MDAI), 2-Phenethylamine, Mephedrone, Methylone, Methedrone, Synephrine, Buphedrone, 3,4-Methylenedioxy-alpha-pyrrolidinobutiophenone (MDPBP), Benzedrone, Fluorotropacocaine, Benzocaine, Desoxypipradol, Pseudoephedrine, Lidocaine, Benzocaine, 3-Methiopropamine, Dimethylamylamine (DMAA), Stephanamine, Camfetamine, 4-Methylmethamphetamine, 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone (PVP), MDA

### Analyses Performed by the National Laboratory During 2011

Screening	Sample Numbers 2011
Total number of urine samples screened by immunoassay	157,957
Total tests (screens by immunoassay)	1,029,922
Blood Methadone levels (ELISA)	47
<b>Total Screens</b>	<b>1,187,926</b>

Confirmatory Analysis	Sample Numbers 2011
Opiate differentiation by LCMS (4 drugs)	199
Benzodiazepines differentiation by GC-MS (5 drugs)	466
Zimovane identification by LCMS	2,057
Buprenorphine identification by LCMS	199
Headshop Drug Screen (over 40 drugs currently included - approx <b>15,700 drugs</b> screened for in total in 2011)	696
<b>Total Samples Confirmatory Analysis</b>	<b>3,617</b>

#### Recent Key Achievements:

- Our web-based system of Laboratory Electronic Reporting (LER) was made available to more of our customers in 2011. The system provides customers with an option to access their results more speedily since results are viewable in the system as soon as they have been authorised.
- As part of a program of IT improvements and in order to enhance and streamline our IT systems, a novel project to remove “middleware” and directly connect our analysers to Labware LIMS was successfully completed in 2011.

- Using data from our unique “Head Shop” drugs screening the Laboratory contributed to the report: “Europol–EMCDDA Joint Report on a new psychoactive substance: 4-methylmethcathinone (mephedrone)” and was referenced in the EMCDDA Risk Assessments 9: Report on the risk assessment of Mephedrone in the framework of the Council Decision on new psychoactive substances. EMCDDA 2011 and in the 2011 NACD report “New Psychoactive Substances and the Outlets Supplying Them”.
- As new “Head Shop” drugs emerged and as reference standards became available, the DTCB Laboratory “Head Shop” screen was expanded to include these drugs as required to meet clinical requirement. The Laboratory continues to monitor their usage.
- In 2011 we validated immunoassay screening methods for the detection of drugs in Oral Fluid and an immunoassay method for detection of Ethyl Glucuronide in urine.
- We presented a poster at the 2011 ACBI (Association of Clinical Biochemists of Ireland) Conference.
- Our laboratory actively participated in the Early Warning and Emerging Trends (EWET) Committee of National Advisory Committee on Drugs (NACD) and in December 2011 carried out analysis which was referenced in the “HSE Warning: Severe reaction to ecstasy ingestion”
- We participated in the first EMCDDA Trendspotter meeting in October 2011 on ‘Recent shocks in the European heroin market: explanations and ramifications’ which found that a small number of countries including Ireland experienced a severe shortage of heroin most heavily felt between November 2010 and March 2011. Our results show that there is an on-going reduction in either the availability or strength of Heroin in the market; however this has been counterbalanced by increased use of Benzodiazepines.
- During 2011 we carried out a review of safety in the laboratory and implemented safety improvements.
- Our Laboratory was represented at meetings of The International Association of Forensic Toxicologists (TIAFT) and at the UK Ireland Association of Forensic Toxicology (UKIAFT)
- Our Principal Biochemist is the Irish Regional Representative for T.I.A.F.T. (The International Association of Forensic Toxicologists).

# Client 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 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.

### General/Psychiatric Assessments

	2011
<b>Number of Psychiatric Assessment Appointments</b>	<b>250</b>

We carried out assessments on behalf of St. Michael's Ward, Beaumont Hospital, Cuan Dara, Cherry Orchard 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.

### Walk in Initial/Emergency Services

	2011
<b>Number of walk-in initial assessments</b>	<b>80</b>

### Children's Play Room

	2011
<b>Number of visits to the play room</b>	<b>1,694</b>

### Registered Nurse Prescribing

	2011
<b>Number of Nurse prescribers</b>	2

2007 saw the introduction of legislation giving prescriptive authority to Nurses and Midwives in Ireland. In 2009, The Drug Treatment Centre Board was first to qualify a nurse prescriber in the field of addiction. Two Staff Nurses are now Registered Nurse Prescribers (RNP).

One of the key documents relating to nurse prescribing is the Collaborative Practice Agreement (CPA). This is a written agreement drawn up between the RNP, a medical practitioner (*approved by the health service provider/employer*) and the health service provider (DTCB), outlining the parameters of the RNP's prescriptive authority, i.e. their scope of practice.

In addition there were 'site requirements' which included access to a Drug and Therapeutics Committee; appropriate risk management systems; a named mentor for each nurse; a prescribing site co-ordinator and a commitment to continuing education for nurse prescribers. We fulfilled these requirements and provide on-going local support and education for our RNP.

According to the Nurse & Midwife Prescribing Data Collection System, our RNP's, to date have prescribed 102 medications. This list consists of analgesics, non-steroidal anti-inflammatory medications and hepatitis vaccinations. This list is approved by the Drug and Therapeutics Committee and is due for review during 2012.

Our Drug and Therapeutics Committee is a multi-disciplinary group and continues to support and advise on the proposed list of medications. For example, generic forms of medicinal product, authorised product, appropriate to clinical settings and scope of practice of Registered Nurse Prescriber and to ensure prescribing is in keeping with the organisations formulary and legislative requirements.

### Counselling

	2011
<b>No of attendances for Counselling services</b>	2,040

### Social Work

	2011
<b>No of attendances for Social Work services</b>	5,428

### Welfare Service at the Drug Treatment Centre Board

	<b>2011</b>
Housing /Accommodation	510
Med Cards/Travel	193
Special/Dietary Al	190
Gen Services	736
<b>Total</b>	<b>1629</b>

### Non-Consultant Hospital Doctors

We continue to provide specialist training to 14 Non Consultant Hospital Doctors (NCHD's) and participate 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, the Mater and Connolly Hospital's Training Rotation schemes. These rotations are accredited by the Royal College of Psychiatrists and the Irish College of General Practitioners.



February 2011 – Young Persons Programme (YPP) Open Day

### Ethics Committee

	<b>2011</b>
<b>Number of proposals considered by the Ethics Committee</b>	<b>12</b>

Our Ethics Committee established since 2002 includes representation from medical, legal, nursing, management and lay people.

## **Research Publications 2011**

During 2011 our research publications included:-

1. Ducray K., Byrne P., Burke., Smyth BP  
A comparison of the drug use patterns, measures of needs and quality of life of methadone-maintained patients using and not using cocaine  
Europad.org ([www.europad.org](http://www.europad.org)) Heroin Addiction and Related Clinical Problems 2011; 13 (3): 27-38
2. Stokes, Siobhán  
Quantitative Evidence of a Heroin Drought.  
Drugnet Ireland, Health Research Board. Issue 40. Winter 2011

Publications are available on our website [http://www.dtcb.ie/research\\_training/publications.asp](http://www.dtcb.ie/research_training/publications.asp)

## **Student Placements**

	<b>2011</b>
<b>Number of student placements</b>	<b>147</b>

As the longest established treatment service in the country, with more than 42 years of experience we have played a pivotal role in the on-going training and education of professionals for third level institutes, the HSE and other professionals in the area of substance misuse. This is achieved through formal training programmes, placements and educational presentations etc. 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. These included nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers, laboratory, administrative and support services personnel. In addition to student placements, clinical visits are also arranged for students and those working in the addiction field.

## **Community Reinforcement Approach**

CRA (Community Reinforcement Approach) refers to the introduction and implementation of evidence based treatment approach to working with drug and alcohol users in Ireland. A key part of this is to get addiction specialists trained and supported to reach accreditation as CRA therapists for the very first time in Ireland.

Our Senior Clinical Psychologist, Kevin Ducray is a qualified ACRA practitioner and is a member of the Blanchardstown Local Drugs Task Forces CRA. The Task Force commissioned one of the founders of the approach to deliver training in CRA for adults, ACRA for adolescent drug/alcohol users and the CRAFT model for families of drug and alcohol users. Phase 1 of this plan saw an implementation team support over 80 addiction specialists to achieve accreditation as therapists in the model. In fact this is more than any other country in the world. Kevin was one of a number of chairs who supported groups of trainees to develop their competencies and eventually satisfy the criteria to gain accreditation as qualified practitioners in the models.



2011 members of the Blanchardstown Local Drugs Task force CRA

### **Risk Management**

Our Risk Management Committee, Clinical Governance Committee and Audit Committee continue to develop and implement effective risk management frameworks to assure that the full spectrum of risks are adequately managed in accordance with legal obligations and current best practices in the healthcare sector.

### **Electronic Patient System (EPS) & EPSx**

The development of our bespoke Electronic Patient System (EPS) has continued over the years. In 2011 a feasibility study concerning the development of our system as the national HSE standard for care planning within addiction services was undertaken.

The aim of this project was to pilot the DTCB EPS electronic health record in accordance with the recommendations contained in the Introduction of the Opioid Treatment Protocol: (HSE, 2010:34) in order to determine its compatibility and potential use by community drug treatment services. In this way identified national problems concerning fragmented and demarcated provision of services which militate against HSE and NDS policy concerning the need for greater integration and continuity of care by adopting shared care planning and the development of integrated care pathways, can be addressed. The dearth of current monitoring and evaluation of addiction services was noted as well as the potential of EPS to provide for real time practice and the timely generation of statistics to inform policy and practice.

It recommends that the EPSx system be rolled out nationally across all addiction services, based on the existing service provider model, which is deemed fit for purpose from practice and technical perspectives. The importance of instituting ongoing research and development as well as monitoring and evaluation was recognised as was the importance of feeding these results into national strategy fora. In 2012 we look forward to progressing this project nationally.



Staff fundraiser for Downs Syndrome Ireland. 27<sup>th</sup> May 2011  
 (L:R Pauline Geoghegan - Counsellor, Sheila Heffernan - CEO, Lorraine Shannon & Kathleen Fay – HR



Staff Fundraiser for the Irish Hospice  
 Aileen Nestor & James Anderson



November 2011 Staff CPR Training



November 2011 Service of Remembrance  
 Celebrant Fr. Paul St. John,  
 The Immaculate Heart of Mary, City Quay.



Santa Visits The Drug Treatment Centre Board

## **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 Chief Executive Officer and the DTCCB Board of Management.

### Financial Statements

The financial statements for the year ended 2011 show total income of €8,800,271 of which €8,054,518 was the grant allocation from the Health Service Executive (HSE). The 2011 Financial Statements show a surplus of €77,510 in the year. (Note that this surplus is before taking into account a transfer of €946,495 from the Revenue to the Capital Account in 2011).

### External review of the systems of internal financial control

In late 2011 the Board engaged an accounting firm to conduct an external review of its systems of internal financial control. The resulting report was approved by the Board in 2011. A number of recommendations contained in the external review will be implemented by the board in 2012.

### 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 2011 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.