



**Annual Report 2004**

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### The Drug Treatment Centre Board

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## mission

To provide a specialist addiction service that operates in a therapeutic, caring and collaborative way, whilst also leading and informing on best practice.

## vision

As the largest and longest established Drug Treatment Centre in the country, our aim is to continue providing a broad range of specialist treatments for the homeless drug using population 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 developing appropriate policy development. We support this by producing data on evidence-based research, thus reducing the reliance on anecdotal evidence. Our specialist service also provides evidence-based practice which supports insights 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 Service, 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 (formerly the Eastern Regional Health Authority).

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 drug and 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 department supports evidence-based practice in drug treatment policy and clinical developments.

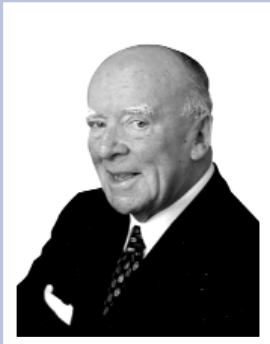
### Specialist Clinical Services on-site include:

- General Medical and Psychiatric Assessment
- Psychiatric Assessments for other health board agencies
- Prevention and Treatment of Viral Infections
- Primary Care Services
- Sexual Health Clinic
- Liaison Midwifery Services
- Treatment Programmes – Polysubstance misuse
- Young Persons Programme (YPP) (19 years and under)
- Advisory services to other professionals

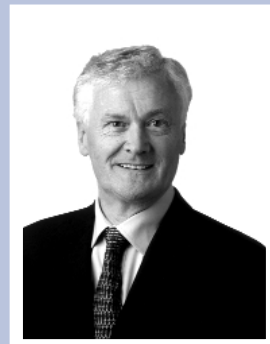
### Other Services

- Occupational Health
- 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

# board members



**Mr. Denis P. McCarthy** Chairman



**Dr. John O'Connor**



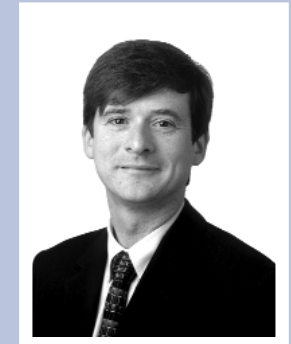
**Dr. Declan Bedford**



**Dr. Ide Delargy**



**Mr. Dan McGing**



**Dr. Eamon Keenan**



**Mr. Kieran Taaffe**



**Ms. Fionnuala Anderson**



**Councillor Christy Burke**



**Mr. Brian Melough**

## chairman's statement

It gives me great pleasure to introduce our Annual Report 2004. It provides an informative account of our activity and developments during the year and our plans for the future.

This report has been produced having celebrated our 35th year of delivering specialist services in the field of substance misuse. As the longest established and largest specialist treatment service in Ireland, we are proud of our significant contribution to drug treatment policy and practice during this time. Through our specialist services and expertise, we continue to develop best practice in the treatment, care and management of substance misuse and related issues.

In the history of our Organisation, 2004 was one of the most memorable as it was the year in which we celebrated our 35th anniversary. 2004 was highlighted by a visit to our centre by President Mary McAleese on the 18th of May. In unveiling a plaque to mark this occasion, President McAleese thanked the Board for "three and a half decades of vital work". She further acknowledged how, over the years, our services have "developed, changed, adapted, learnt and taught". We are grateful for her kind words and encouragement as we move forward.

During 2004, a number of events helped to mark our Organisation 35 years on. As part of our commitment to continuing professional development and education, we launched a series of evening seminars, 'Learning from the past... developing for the future'. They were well attended by healthcare professionals and those working in all aspects of addiction services. Other activities included a holistic week for clients and their children, a staff family day and a service of remembrance and thanksgiving for all who have attended our services over the last 35 years.

I was delighted to accept a presentation from our Board which marked my family's long line of involvement with the Charitable Infirmary (now known as the Charitable Infirmary Charitable Trust) of the old Jarvis Street Hospital, Dublin. I am extremely grateful and honoured.

Although busy marking our 35th year, the work of the Board continued. Whilst acknowledging the constraints of ceilings on staffing levels and limited development funding, we continued to enhance the quality of our services. We are continually impressed by the ongoing commitment and dedication of our staff.

Following the successful pilot of our innovative on-site Hepatitis C treatment programme in 2003, we further developed and expanded this service in 2004.

Our laboratory continues to be the largest provider of drugs of abuse screening nationally. In 2004, we continued to focus our attention on the preparation and development of quality systems for formal submission to the Irish National Accreditation Board for accreditation to the ISO 17,025 standard, which we anticipate will be completed in 2005.

The marked increase in cocaine use continues to be of major concern to the Board. We continue to develop appropriate responses in our service delivery.

In 2004, we continued a process of consultation with the Eastern Regional Health Authority/South West Area Health Board dental services to establish an on-site dental service. We look forward to progressing this.

Our Board continued to demonstrate a commitment to quality services and customer involvement. We were delighted to participate in the formal pilot of the Eastern Regional Health Authority "People Matter - a framework for handling complaints". Our Ethics Committee, under the Chair of Justice Kevin Lynch, provided a comprehensive and valuable role in ensuring all research proposals considered were of the highest ethical standards. The Board acknowledges the commitment and contribution of Justice Kevin Lynch in his capacity as Chair and that of the Committee.

The Board acknowledges the contribution of Councillor Christy Burke, who resigned from our Board in October 2004 as the Eastern Regional Health Authority Board representative following the abolition of the Authority.

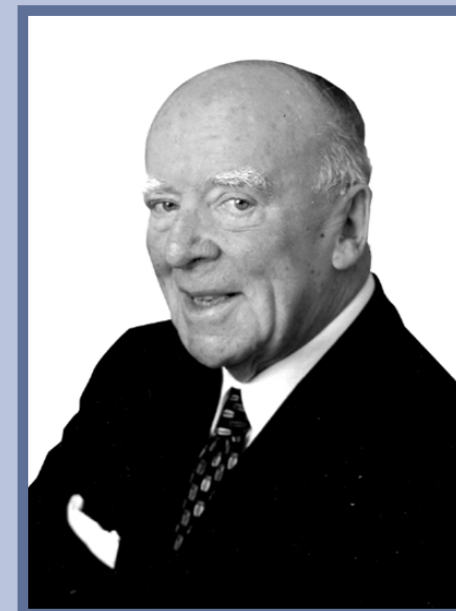
We continued to implement our ICT strategy, which was supported through value for money initiatives in 2004. Activities included the development of an Electronic Patient System, which will enable us to improve management reporting and automate our current processes thus enhancing the quality of our service for clients.

In 2004, the Board commissioned an independent review of our Strategic Plan 1999–2004 and commenced the development of our strategy for 2005-2010. This independent review confirmed that the Board far exceeded its strategic objectives. We look forward to building on our successful track record in delivering our future strategy and in working with our partners in Health (the Health Service Executive, The Department of Health and Children and Voluntary /Statutory Agencies) in the future design, development and delivery of effective quality health services for those involved in substance misuse.

In 2005, we plan to complete a refurbishment project to our client entrance and to enhance our ventilation system. Such improvements will enhance the safety, health and welfare of all attending our services.

On behalf of the Board, I would also like to thank the Charitable Infirmary Charitable Trust, the Department of Health and Children and the Eastern Regional Health Authority (now 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. In the future we look forward to working with the new Health Service Executive in the delivery of a quality specialist drug treatment service. I would like to congratulate my Board colleagues, management and staff for a job well done.

**Denis P. McCarthy**  
Chairman  
November 2005



**Mr. D P McCarthy, Chairman**

## general manager's report

In 2004, we continued to build on existing services by pursuing a programme of improved quality as well as developing our capacity to lead and inform on best practice. 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 are among the key documents that underpin the strategies and plans of the Board. We welcome the Health Service Reform and the opportunities and challenges this presents us with as we continue our commitment to ensuring quality client focused care.

We provided specialist treatment services particularly in the area of psychiatry and dual diagnosis and expertise in trend analysis of drug misuse. We can now reflect on the contribution that our organisation has made, and continues to make, in the treatment, care and management of substance misuse.

In 2004, there were 119,179 client visits to The Drug Treatment Centre Board. 1,698 individuals received services, of which 952 were assessed or entered into treatment. In 2004, the ratio of males to females who received treatment was 2:1.

The increase in cocaine use continues. A total of 145,105 samples from 8,871 clients were tested for cocaine with 9% being positive. A programme of further staff development ensures we are best placed to deliver appropriate services to this group. Our future plans include the provision of services tailored specifically to those involved in stimulant use.

In addition to psychiatric services our doctors conducted 536 external psychiatric assessments for clients of Health Boards, St. Michaels Ward, Beaumont Hospital, Cuan Dara, Cherry Orchard Hospital and public clients attending the Rutland Centre. This service supported the initiation of appropriate treatment interventions and enabled their care to be managed at a local level.

In 2004, we completed our role as a pilot site for the implementation of the "People Matter – A framework for the enhanced and effective handling of complaints in the Eastern region". Since its completion we have implemented this framework throughout our centre. It reflects our culture of transparency and customer focus and assists in the wider development of standard setting in best practice. I would like to take this opportunity to congratulate all staff who were involved in this pilot.

We reported in 2003 on the innovative pilot Hepatitis C treatment programme that took place. The aim of this pilot was to prove that on-site treatment in a specialist drug treatment setting, facilitated patient retention in Hepatitis C treatment. As planned, in 2004 with the support of Roche Products (Ireland) Ltd we expanded this treatment programme to clients attending our clinic. I would like to acknowledge the continued support of the Health Service Executive (HSE), Dr. Colm Bergin, Consultant in Infectious Diseases, St. James's Hospital and Roche Products (Ireland) Ltd.

In 2003, we reported that our national laboratory was preparing and developing the quality systems for the Irish National Accreditation Board (INAB) to the ISO 17025 standard. 2004 was spent building on this work and the achievements were the completion of a Quality Manual and the implementation of an ISO 17,025 Quality System. The laboratory applied for and underwent Pre-Assessment to the ISO 17,025 standard with the Irish National Accreditation Board (INAB). We have a fully auditable system in place now and are operating a continuous improvement policy. The feedback from this process was positive and it is anticipated that accreditation will be achieved in 2005.

There were a total of 1,718 enquiries to our Welfare Service in 2004; representing a 12% increase on 2003. Accommodation and housing issues continued to be a significant factor in referrals to the service with a total of 958 which comprised 55% of the total enquiries. The service aims to ensure that all clients have ease of access to this service.

In 2004, we further developed our relationships with other statutory and voluntary organisations including; Dublin Simon Outreach, Dublin Simon Hostel Accommodation, Access Housing Unit, Homeless Persons Units, Dublin City Council Estate Management and Threshold. The level of rough sleeping has decreased and we have been able to place clients in accommodation quickly and therefore by providing a stable environment, clients have been able to participate in the programmes. We were successful in the placement of 35 referrals in private rented accommodation.

We are continuing to implement our IT systems in line with our Information and Communication Technology Strategy (2002). In 2003 an exercise commenced to identify the scope of an Electronic Patient System (EPS) to further enhance our service and reporting capabilities as we continue to lead and inform on best practice. In 2004, we embarked on this vital project.

During 2004 we continued our programme of enhancements to our facilities through capital grants. This included the completion of a lift refurbishment project and the commencement of ventilation installations and minor internal building works.

As part of our 35th anniversary we embarked upon a number of events. The visit of President Mary McAleese was a highlight for the organisation in its 35 year history. We remember her kind words of acknowledgement for our work and encouragement for the future.

A Holistic Week from 10<sup>th</sup>–14<sup>th</sup> May 2004 was held for clients offering a range of activities which included Reflexology, Yoga, Hair Appointments, Skin and Healthcare Class, Reiki Healing, Indian Head Massage and Men's Health Class. We very much appreciate the input of those professional therapists who volunteered their time to create this great programme of events. Clients had an opportunity to partake in the programme and enjoyed the events immensely.

Our 35 year celebrations included events for children of our Play Room. Based on the age groups of the children outings to Newbridge House and Gardens in Donabate, Dublin Zoo and the Viking Splash Tour were arranged during the summer months. We are grateful to Dublin Bus Community Support Programme for their continued support of our Play Room events. The children and staff had a wonderful time.

On 7th October 2004, we held a Service of Remembrance and Thanksgiving. A programme of poetry, readings, artwork and music was devised by the clients and staff. We were pleased to have a performance by singer and songwriter Mr Luka Bloom. His presence added to this very special occasion. Following the service, a reception was held which provided an opportunity for everyone to meet and reflect.

In 2004, the Board commissioned an independent review of our Strategic Plan 1999-2004 and the development of our strategy for 2005-2010. This involved an extensive consultation process with all key stakeholders and will be completed in early 2005. We look forward to the contribution our strategy will bring to ensuring a quality and appropriate health service.

We pride ourselves in our ability to attract highly qualified and experienced staff. This is achieved through the development of strategic, innovative recruitment campaigns. For the second year running the Board was nominated for the prestigious industry award for excellence in recruitment advertising. The "Excellence in Recruitment Advertising" awards (EIRA) are widely acknowledged for recognising forward thinking recruitment advertisements and are seen as the most prestigious awards in the country. The Board takes great pride in accepting this nomination for the second year and congratulates the department on their success.

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

During our 35th year of service delivery, Mr. Dan McGing paid tribute to our Chairman, Mr. Denis P McCarthy and presented him with a gift of sculpture made of bog oak. I would like to personally endorse this tribute and to thank the Chairman for his personal support during 2004.

Finally, I would also like to thank the Board for their continued support.

This report is a reflection of the hard work and commitment of our Board and staff who, during 2004, worked diligently to improve our services.

**Sheila Heffernan**  
General Manager  
November 2005



## clinical director's report

2004 was another year of challenges from a treatment perspective. Many clients have multiple problems and it is therefore essential that treatment plans are tailored to the individual within a holistic framework. This is particularly evident in our responses, and intervention, to the increase in cocaine use. We are very fortunate that our multidisciplinary team are highly skilled and work in a most professional manner.

The success of our Hepatitis C treatment programme under the care and supervision of Dr. Shay Keating continues and has expanded further, thus enabling more clients to avail of this treatment.

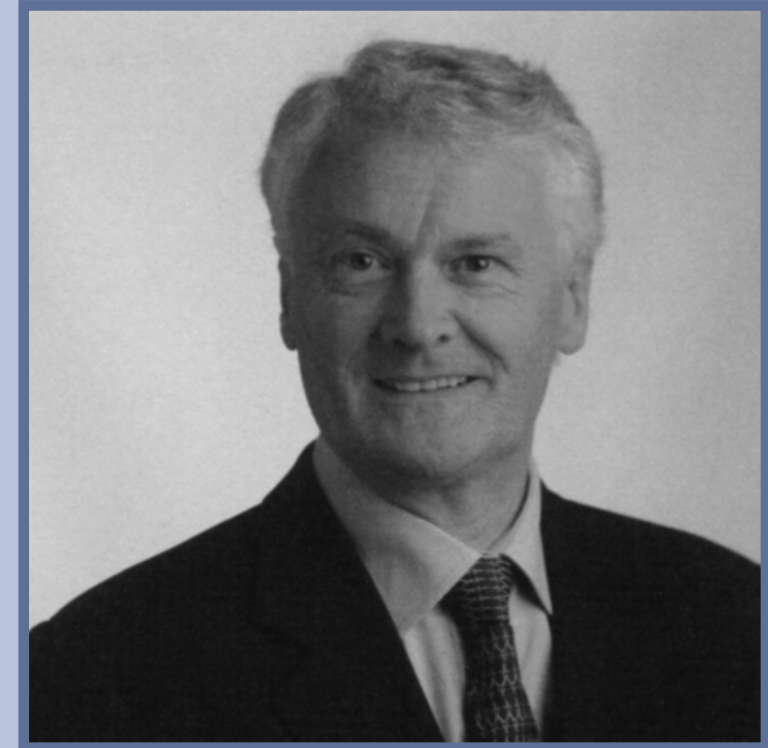
I am pleased that the specialist training we provide for non-consultant hospital doctors is much sought after and a number of those taking the membership examination were successful in 2004.

During the year an independent review was undertaken of all our activities and a Strategic Plan formulated. I, together with my consultant colleagues Dr. Eamon Keenan, Dr Brion Sweeney, Dr. Siobhan Rooney and Dr. Bobby Smyth look forward to its implementation in consultation with the Health Service Executive, The Department of Health and Children, voluntary and statutory agencies.

The Chairman of our Board, Mr. Denis McCarthy and the General Manager, Ms. Sheila Heffernan have, as ever, been very supportive during 2004. The ongoing dedication of The Drug Treatment Centre Board staff, the staff of St. Michael's Ward, Beaumont Hospital and Cuan Dara, Cherry Orchard Hospital is appreciated.

I look forward to working with all into the future.

**Dr. John O'Connor**  
**Clinical Director**  
Consultant Psychiatrist in Substance Misuse  
November 2005



**Dr. John O'Connor**



## PRINCIPLES OF OUR SERVICE DELIVERY

The Drug Treatment Centre Board endorses the principles as laid out by the Health Strategy, Quality and Fairness: A Health System for You (2001), the National Aids Strategy 2000 and Ireland's 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.

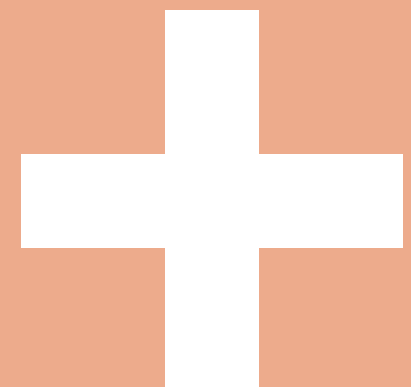
The design and delivery of our services are centred on clients and their families. We are committed to engaging in high level client consultation incorporating clients views into new service developments, strategic planning and to the evaluation of existing services. We continue to develop our Service Users Forum to ensure effective communication and support service planning and quality initiatives.



**Dr. Ruth Gray, Senior Clinical Dental Surgeon, Dental Services for Homeless People who accompanied colleagues from the Scottish Dental Services with Christina Murtagh, Clinical Nurse Manager.**

In 2004, we participated as a pilot site for the "People Matter – A framework for the enhanced and effective handling of complaints in the Eastern Region". We have adopted the framework which will result in considerable improvements in the handling of complaints in the Eastern Region. It also further reflects our culture of transparency and customer focus and assists in the wider development of standard setting in best practice, thus ensuring customers' needs and communication remain a priority.

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.





## trends 2004

TREATMENT SERVICES	2004	2003	% +/-
Total number of client visits	119,179	117,150	+2%
Number of individuals who received services	1,698	1,462	+16%

In 2004, 1,698 individuals attended for services, of which 952 were assessed or entered into our treatment programmes. The remaining 746 clients received a variety of services which included psychiatric, psychological and social interventions. In 2004, the ratio of males to females was 2:1.

### Gender profile for cases assessed or treated at the Drug Treatment Centre Board in 2004

TREATMENT SERVICES	2004	
	Count	Column %
Male	634	66.6%
Female	318	33.4%
Total	952	100.0%

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

### Age profile for cases assessed or treated at the Drug Treatment Centre Board in 2004

AGE	2004	
	Count	Column %
16-19	43	4.5%
20-29	497	52.2%
30-39	310	32.6%
40+	102	10.7%
Total	952	100.0%

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

### Living status of cases assessed or treated at the Drug Treatment Centre Board in 2004

LIVING STATUS	2004	
	Count	Column %
Stable accommodation	643	67.5%
Institution (prison, clinic)	7	.7%
Homeless	188	19.7%
Other unstable accommodation	66	6.9%
Not known	48	5.0%
Total	952	100.0%

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

### Main problem substance for cases assessed or treated at the Drug Treatment Centre Board in 2004

MAIN PROBLEM SUBSTANCE	2004	
	Count	Column %
Opiates	870	91.4%
Cocaine	29	3.0%
Benzodiazepines	32	3.4%
Volatile inhalants	2	.2%
Cannabis	7	.7%
Alcohol	10	1.1%
Other substances	2	.2%
Total	952	100.0%

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

## trends 2004

### Main substance reported for new cases treated for problem substance use at the Drug Treatment Centre Board in 2004

MAIN SUBSTANCE REPORTED FOR NEW CASES		2004
	Count	Column %
Opiates	47	94.0%
Cannabis	1	2.0%
Alcohol	2	4.0%
<b>Total</b>	<b>50</b>	<b>100.0%</b>

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

### Main problem substance by route of administration for new cases treated for problem substance use at the Drug Treatment Centre Board in 2004

MAIN PROBLEM SUBSTANCE BY ROUTE OF ADMINISTRATION		2004			
	Route of Administration				
	Inject	Smoke	Eat/Drink	Not known	Total
Opiates	29	13	3	2	47
Cannabis	0	1	0	0	1
Alcohol	0	0	2	0	2
<b>Total</b>	<b>29</b>	<b>14</b>	<b>5</b>	<b>2</b>	<b>50</b>

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

### Gender profile for cases aged 19 years and under assessed or treated at the Drug Treatment Centre Board in 2004

GENDER PROFILE		2004
	Count	Column %
Male	28	65.1%
Female	15	34.9%
<b>Total</b>	<b>43</b>	<b>100.0%</b>

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

### Age profile for cases aged 19 years and under assessed or treated at the Drug Treatment Centre Board in 2004

AGE PROFILE		2004
	Count	Column %
16	5	11.6%
17	8	18.6%
18	18	41.9%
19	12	27.9%
<b>Total</b>	<b>43</b>	<b>100.0%</b>

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

In 2004, 43 young people were assessed or treated, of these 33 were entered onto our programme, 10 of whom commenced on treatment for the first time. 10 were referred to other appropriate services.



## CENTRAL TREATMENT LIST

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

In October 1998, the Methadone Protocol was introduced making it a requirement for all patients in receipt of methadone to be on a national register. The Central Treatment List has played a vital role in its successful implementation.

In 2004, a total of 8,364 clients received Methadone throughout the country; of whom 702 came onto the Central Treatment List for the very first time representing 8.4% of the total figure. A total of 388 clients accessed services outside of the HSE Eastern Region representing 5% of the overall figure.

On 31st December 2004, 7,301 clients were registered on the Central Treatment List which represents an increase of 418 on 2003 which is a 6% increase.

The Central Treatment List continues to act as a resource for professionals involved in the treatment, care and management of drug misuse nationally and welcomes the publication of the review of the Methadone Protocol which was undertaken by the Department of Health & Children, which will ensure a best practice framework into the future.

Central Treatment List 2003 and 2004

	2003	2004	% +/-
Total Number of clients	8155	8364	+3%
Total Number of new clients	753	702	-7%
Total Number of clients on as at 31 December	6883	7301	+6%
Overall number of clients outside HSE Eastern Region	316	388	+22%

## HEPATITIS C SERVICES

Hepatitis C is the most common viral infection among drug users in Ireland. Of the estimated 13,500 intravenous drug users in the Dublin area, approximately 80% are believed to be hepatitis C positive. The Drug Treatment Centre Board continues to have a proactive approach to hepatitis C with regard to education, screening and treatment.

Following the publication of our booklet "Hepatitis C, a guide for drug users and their families", this publication remains the cornerstone of our education regarding hepatitis C and covers such areas as how one can become infected, how one can avoid infection and what treatments are currently available. In 2004, Dr. Keating chaired a 'treatment subgroup' for the HSE Eastern Region Hepatitis C guidance document which is due to be published in the near future.

We offer a viral screening and hepatitis vaccination policy to all newcomers to the service and all those who may have had potential exposures. We continue to operate a 'walk in' hepatitis C clinic each Wednesday morning for those who require support and education about hepatitis C and who need referral for tertiary care.

Following the successful on-site Hepatitis C treatment pilot study, conducted at the Drug Treatment Centre Board in 2003 and in conjunction with the Infectious Disease Unit at St. James's Hospital, we have extended this service to all suitable candidates at the clinic. The primary end points were efficacy of treatment, measured by sustained viral clearance at 24 weeks post treatment and retention in treatment. Secondary end points were management of medical and psychiatric complications on-site with continued drug stability. Findings from the pilot study suggest that retention in treatment could be facilitated by directly observed therapy in a drug clinic setting with established pathways for appropriate medical and psychiatric support. Efficacy studies compare favourably with hospital based treatment. This study has been prepared for publication.

Our service, supported by a dedicated team, works with the individual client and their family. The combined attendance at both the hepatitis C 'walk in' and 'treatment' clinics was in excess of 1481 during 2004.

## WARFARIN CLINIC

In 2001, a designated warfarin clinic was established for those patients on warfarin therapy for deep vein thrombosis (DVT) or pulmonary embolus (PE). Warfarin therapy is dispensed in the clinic by directly observed therapy and the dose adjusted where appropriate. This clinic is run in collaboration with the general hospitals.

### Attendances at Specialist Clinics 2004

Warfarin	529
Hepatitis C	1481

## SEXUAL HEALTH CLINICS

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

In 2004, a key objective to increase the number of men availing of the service was achieved through increased advertising of the service in client waiting areas. The advertising encouraged female attendees to bring their partners when attending a consultation. A proactive approach by clinical staff was also used to promote the benefits of this service.

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



## leading

### YOUNG PERSONS PROGRAMME (YPP)

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

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

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

In 2004, there were 4,941 attendances.

#### YPP THERAPEUTIC SERVICES

- Family therapy
- Individual counselling
- Brief interventions
- Motivational interviewing
- Crisis Intervention
- Token Economy Programme

#### YPP MEDICAL TREATMENT SERVICES

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

#### YPP SPECIALIST SERVICES

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

#### YPP SOCIAL PROGRAMME

- Group work
- Art and design
- Personal development
- Creative writing
- Music classes
- Literacy education
- Problem solving
- Relapse prevention
- Recreational activities and outings



## 35 year celebrations

2004 marked a very special year as The Drug Treatment Centre Board celebrated the 35th Anniversary of the founding of our organisation. To mark the occasion, we held a series of events for clients and their children, our staff and peers in treatment services throughout the city. The highlight of our year was a visit from President Mary McAleese.

### VISIT BY PRESIDENT MARY MCALEESE

President Mary McAleese visited The Drug Treatment Centre Board on Tuesday, 18<sup>th</sup> May 2004 and unveiled a plaque to commemorate 35 years of the DTCB. The President toured our Centre meeting with clients and staff and was presented with her very own personalised laboratory coat by Principal Biochemist, Dr. Richard Maguire. President McAleese spoke both movingly and knowledgeably about drug related issues and the work of staff at the centre. Before retiring to the staff room for refreshments Grainne Coulson, who had recently celebrated her 35th year with The Drug Treatment Centre Board, presented the President with a bouquet of flowers.

The following are some excerpts from the Presidential Address:

"We gather in celebration and in gratitude for the thirty-five years of service of the Drug Treatment Centre Board. It gives me a welcome chance to say thank you for three and a half decades of vital work in the notoriously difficult field of substance abuse. Many thousands of individuals and families have cause to be grateful to you for the treatment, counselling, support and hope you have brought to lives skewed out of kilter by addiction and drug abuse. Each time that you have helped someone to make the transition from being a problem to a problem solver or a problem solved you have strengthened the individual, the family, the community and our country."

"I am sure that it is the dearest wish of everyone here that in thirty-five years from now there might be no more need for a drug treatment centre, but brutal reality tells us that is most unlikely. In a dismal trend, the number of addicts seems to be growing rather than diminishing, the variety of drugs is also growing and the predatory industry which feeds addiction and abuse grows more sinister, more violent and more powerful. Nearly 100,000 client visits annually is surely evidence of the depth of need as well as your commitment and energy."

"This Centre, the oldest and largest treatment service in the country, has developed, changed, adapted, learnt and taught. The services have widened and deepened, drawing in family and community as you seek to address the weaknesses and harness the strengths of the client's context. Today's sophisticated and integrated range of supports and services is very different from what was available in the early years but there is a unifying value system that underpins the Board's work throughout the years."

"I wish each of you well and in particular I wish each client who uses your service what you and they would wish for themselves - healthy lives, happy lives, their talents building up self, family and community. Behind you are 35 years of achievement and ahead a road your work makes us all less afraid of."

### EVENING SEMINAR PROGRAMME

Taking the brief from our Vision Statement "to act as a key resource and training centre for professionals working in the area of substance misuse" we commenced a series of evening educational seminars in 2004. The Autumn series took place at The Drug Treatment Centre Board and the five seminars attended by in excess of 300 delegates included healthcare professionals and those working in all aspects of the addiction services.

# 35 Year Celebrations



## 35 year celebrations

### SERVICE OF REMEMBRANCE AND THANKSGIVING

On 7 October 2004, we held a Service of Remembrance and Thanksgiving. A programme of poetry, readings, artwork and music was devised by the clients and staff. We were pleased to have a performance by singer and songwriter Mr Luka Bloom whose presence added to this very special occasion. Following the service, a reception was held which provided an opportunity for everyone to meet and reflect.

### HOLISTIC WEEK

A Holistic Week from 10<sup>th</sup>–14<sup>th</sup> May 2004 was held for clients offering a range of activities which included Reflexology, Yoga, Hair Appointments, Skin and Healthcare Class, Reiki Healing, Indian Head Massage and Men's Health Class. We very much appreciate the time of those professional therapists who volunteered their time to create this great programme of events. Clients had an opportunity to partake in the programme and enjoyed the events immensely.

### ACTIVITIES FOR CHILDREN

Our 35 year celebrations also included events for children of our Play Room. Based on the age groups of the children, outings to Newbridge House and Gardens in Donabate, Dublin Zoo and the Viking Splash Tour were arranged during the summer months. We are grateful to Dublin Bus Community Support Programme for their continued support of our Play Room events. The children and staff had a wonderful time.

### STAFF FAMILY DAY

24<sup>th</sup> July 2004 saw a great gathering of staff, spouses and children at Clontarf Rugby Club for a 35th Anniversary Summer BBQ. The event was a great success.

### TRIBUTE TO OUR CHAIRMAN DENIS P MCCARTHY

Mr Dan McGing, Board Member, paid tribute on behalf of the Board to the Chairman, Mr Denis P. McCarthy and presented him with a gift of a sculpture made of bog oak. Mr. McCarthy is from a long line of family members, who since 1909, have been involved with the Charitable Infirmary (now known as the Charitable Infirmary Charitable Trust) in the old Jervis Street Hospital.



## leading

The Young Persons Programme (YPP) is committed to developing research in the areas of the needs of young drug users, treatment effectiveness and aetiology of adolescent drug use. To this end, a research sub-committee was established in 2004. A descriptive study was commenced by a Registrar and an outcome study by the Senior Clinical Psychologist. An education meeting also takes place once a month for team members. The YPP also offers trainees, from multiple professional backgrounds, various learning opportunities through supervised work placements.

In 2004, a detailed project plan was developed to ensure treatment in the YPP is consistent with international best practice. A new assessment instrument was introduced for young people referred for substance misuse treatment. New policies and procedures were introduced in the following areas; assessment, confidentiality, clinical records, treatment planning, stabilization and detoxification, keyworking, treatment reviews, interdisciplinary work and continuous professional development. A family support group was established in addition to acquiring extra accommodation for one to one work and family therapy. Complementary therapies including reiki and relaxation techniques were offered to clients attending the YPP.

During 2004, a variety of outings were organised for clients attending the YPP. A Token Economy system was introduced as a reward for positive treatment outcomes. The aim of the token economy is the prevention of benzodiazepine dependency in new clients, increasing their chances of early stabilisation and enhancing their ability to achieve progress in the specific objectives in their treatment plans. Improved links were made with the traveller community. There was greater emphasis on detoxification rather than methadone maintenance and there was an increase in the numbers of young people referred to our patient services. YPP team members worked off location to increase contact with vulnerable young people.

In 2005, it is planned to increase the number of complementary therapies offered to young people including art therapy, Indian head massage, reflexology and holistic stress management and to introduce Buprenorphine and Lofexidine as options along with methadone for stabilization and detoxification. It is planned to carry out information and health workshops covering such topics as sexual health, effects of drug use, harm reduction, holistic health, training and employment issues and to increase the number of social and educational outings for young people.



Young Persons Programme Staff





## NATIONAL DRUG ANALYSIS LABORATORY

Our laboratory provides the largest 'drugs of abuse' screening service in the country. It supports appropriate treatment interventions and the identification of national trends in substance misuse.

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

During 2004, we performed a total of 810,000 tests on 149,051 samples of blood and urine (517 and 148,534 respectively).

The range of specialist testing carried out was varied and can be broken down under the following headings:

- **Illicit Drugs of Misuse** - Heroin (6-AM), Amphetamines, Ecstasy, Cannabis and Cocaine
- **Licit Drugs of Misuse** - Benzodiazepines, Opiates, Alcohol, Tricyclic Antidepressants and Zopiclone (Zimovane).
- **Therapeutic Drugs** - Methadone (both Methadone and EDDP) and Benzodiazepines.
- **Biochemistry** - Pregnancy, Glucose, Creatinine, pH, Specific Gravity and Nitrates.

The main types of instrumentation used include, High Performance Liquid Chromatography (HPLC), Gas Chromatography (GC-MS), Automated Clinical Chemistry Analysers and Elisa systems.

During 2004, there were the following developments in testing:

- The Creatinine test was introduced on a limited basis in 2004 (for benzodiazepine identifications). It is hoped to expand this test to all samples in the future, this test is capable of detecting whether a sample has been adulterated or not.
- A serum methadone Elisa test was introduced using the Elisa system purchased in 2003 which enhanced validation.
- The checking of the Alcometers using standardised gas, containing known levels of alcohol was introduced. This has helped the clinical teams ensure that they are using alcohol breath testing equipment which is in calibration. This service was outsourced previously.
- Oxycodone and Buprenorphine immunoassays were evaluated in anticipation of future need.
- Strict chain of custody procedures were drafted and chain of custody kits procured. These procedures were rolled out in 2004 and have been most useful where legally defensible testing is required.



Laboratory Staff

- Sample tracking has been improved within the DTCCB which has improved turnaround times.
- Mechanisms established with external agencies to support hair testing.
- The development of the next generation method for the detection of Benzodiazepine on GC-MS was initiated in 2004.

The Laboratory continues to have an excellent performance in the two proficiency testing schemes, Austox and UKNEQAS.

Much of 2003 was spent preparing and developing the quality systems for the Irish National Accreditation Board (INAB) to the ISO 17,025 standard. 2004 was spent building on this work and the achievements were the completion of a Quality Manual and the implementation of an ISO 17,025 Quality System. The laboratory applied for and underwent Pre-Assessment to the ISO 17,025 standard with the Irish National Accreditation Board (INAB). We have a fully auditable system in place now and are operating a continuous improvement policy. The feedback from this process was positive and it is anticipated that accreditation will be achieved in 2005.

In keeping with ISO 17,025 and the Board's commitment to quality service the laboratory continued to develop its customer focus by meeting with customers more frequently and soliciting appraisals from same on a regular basis. This process is ongoing.

The laboratory also engaged fully in making the laboratory data available to external customers in the addiction services through the DAIS system. Much of 2004 was spent exploring needs of the DTCCB and the DAIS users. This project is due for completion in early 2005 and for DAIS users will improve the accessibility to drug testing results.

The laboratory participated in the technical evaluation of the National Laboratory Information System (L.I.S.) procurement exercise which was carried out by the North Eastern Health Board and the Health Board Executive. In the interim to support our operation the Board procured an Interim (L.I.S.) system to support our critical business continuity.

The reporting tool Crystal reports was introduced and integrated into our continuous improvement programme. This allows the laboratory to specifically tailor reports and enhance reporting for our customers.

The Paradigm Work Management Processor was also procured and installed. In conjunction with the laboratory quality system this software has enabled the laboratory to run more efficiently through strict document control, instrument management and continuous improvement modules.

Safety standards were improved in the laboratory in 2004. Key developments were the provision of prescription safety eyewear, improved hazardous solvent management and staff training.

As part of its commitment to quality and academic development, the laboratory also has a number of staff involved in academic improvement and one member of staff is enrolled in a Masters by research with Dr. Des Corrigan in the School of Pharmacy, Trinity College Dublin. The work carried out by this staff member is directly relevant to current developments within the laboratory.

An undergraduate student (B.Sc. Pharmaceutical Science) from Cathal Brugha Street was placed in the laboratory for work experience.

A member of the laboratory presented a talk on "Alcohol Metabolism and Detection" to our nursing staff. Training involving our laboratory staff, St. James's Hospital and the Mater Hospital on PGP software and internal auditing respectively also took place.

A number of obsolete instruments were donated to Kevin Street DIT for use in undergraduate/post graduate Biological Sciences Courses.

The laboratory was represented at the joint Society of Forensic Toxicology (SOFT)/The International Association of Forensic Toxicologists (TIAFT) meeting in Washington DC and one member of staff attended the inaugural meeting of the UK & Ireland Forensic Toxicology Network.

Our Principal Biochemist was formally co-opted on the National Advisory Committee on Drugs Early Warning and Emerging Trends sub-committee. This development should assist the flow of information from the Drug Analysis Laboratory into the NACD which impacts on policy development and planning.



## RESEARCH

Research has always been, and continues to be, an integral component of our work. Our service presents the opportunity for research through our clinical practice. This is supported by an on-site drug analysis laboratory and employment training schemes that have a mandatory research component. It is further supported by Consultant Psychiatrists with extensive experience in the field. Through research we aim to lead on new developments in the addiction field, produce data on the effects of policy and influence future drug treatment practice.

Research conducted in 2004 included:

### *Pathways to Addiction Treatment Services for Young People*

A study which was commissioned by the Eastern Regional Health Authority (ERHA) on 'Pathways to Addiction Treatment Services for Young People' was completed in 2004. The rationale for participation was to support the future planning of addiction treatment services for young people under the age of 18 in the ERHA catchment areas. The objective was to investigate:

- the experience of the treatment referral process.
- factors influencing the young person's decision to continue in a drug treatment programme.
- the family's experience of either their son's or daughter's treatment programme.

A total of one hundred and twenty eight people participated in this research study (i.e. 28 young people, 11 parents and 89 referrers). Of the twenty eight young people who completed the questionnaire, seventeen were attending a treatment programme, eight had completed treatment and three had dropped out of treatment. The experiences of young people directly involved in substance misuse as well as their parents and professionals were highlighted and the need for specific services to meet the complex needs of young people involved in substance misuse were identified.

Two of the key findings identified that services must be able to meet the needs of polydrug users and the need for better communication by adolescent addiction services with key stakeholders.

This paper is available on our website [www.addictionireland.ie](http://www.addictionireland.ie)

### *On-site Treatment of Hepatitis C within a specialist drug treatment setting*

Following the successful on-site Hepatitis C treatment pilot study, conducted at the Drug Treatment Centre Board in 2003, we have extended this service to all suitable candidates at the clinic. The primary end points were efficacy of treatment, measured by sustained viral clearance at 24 weeks post treatment and retention in treatment. Secondary end points were management of medical and psychiatric complications on-site with continued drug stability. Findings from the pilot study suggest that retention in treatment can be facilitated by directly observed therapy in a drug clinic setting with established pathways for appropriate medical and psychiatric support. Efficacy studies compare favourably with hospital based treatment centres. This study has been prepared for publication.

## ETHICS COMMITTEE

Our Ethics Committee, established in 2002, continues to support our research department. Its role is to advise and make recommendations in relation to all research within the region. The committee met throughout 2004 to review and adjudicate on various research proposals, under the Chair of Justice Kevin Lynch.

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

## INFORMATION DISSEMINATION

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

The number of visitors to our website, [www.addictionireland.ie](http://www.addictionireland.ie), continues to increase each year. On average 77% of people accessed our site directly by way of our website address. Traffic to the site was particularly high during recruitment campaigns, evening seminar programmes and the launch of our 2003 Annual Report. During these periods traffic to the site increased by up to 85%. In 2004, with the support of the Dublin Bus Community Support Programme, we have further enhanced our website with the introduction of a Frequently Asked Questions (FAQ) section. We acknowledge and thank Dublin Bus for their continued support.

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

## EVENING EDUCATIONAL SEMINAR SERIES

During 2004, we ran a very successful series of seminars "Learning from the Past – Developing for the Future". The series comprised of five seminars, each of which ran for 90 minutes and were a great success. These were attended by in excess of 300 healthcare professionals and those working in all aspects of the addiction services.

In 2005, we will make our educational resources available countrywide.



**Staff Charity Evening in Aid of Temple Street Children's Hospital**  
L:R Ursula Brennan, Audrey Kilgallon, Mairin Breathnach,  
Anna Christian and Dr. John O'Connor





## CLINICAL SERVICES

We provide a specialist treatment service for drug users and are constantly adapting our services to meet the needs of clients. During 2004, 1,689 individuals received services supported by a highly skilled and experienced multidisciplinary team led by five Consultant Psychiatrists in substance misuse.

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

## SPECIALIST CLINICAL SERVICES

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

## MEDICAL TREATMENT SERVICES

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

## GENERAL/PsYCHIATRIC ASSESSMENT

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

In 2004, a total of 536 psychiatric assessments were conducted. These were on behalf of Cuan Dara, Cherry Orchard Hospital, St. Michael's Ward, Beaumont Hospital, the Rutland Centre and Health Boards. This service supported the initiation of appropriate treatment interventions and enabled their care to be managed at a local level.

## PREVENTION OF VIRAL INFECTIONS

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

## PRIMARY CARE SERVICES

Our primary care services are designed to:

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

Primary Care Services range from dressing of ulcers, abscesses, cuts and wounds and application and/or removal of sutures, to the provision of psychotropic and general medications. We also provide a service that administers and monitors specialist medications, e.g. anti-coagulant injections, general medical information, dietary advice and weight monitoring.

Supervision of combination therapy medication for the treatment of HIV, as well as supervised administration of tuberculosis medications, is one of our key primary care services.

## WALK IN INITIAL/EMERGENCY SERVICES

Through our walk in initial/emergency assessment service we conducted 280 assessments during 2004. Benefits include direct access to assessment services for drug users and an opportunity to plan appropriate services based on their needs.





## CHILDREN'S PLAY ROOM

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

The total number of children's visits to the playroom was 3,365. This figure accounts for over 280 visits to the playroom each month or over 65 visits per week. During the year the playroom worked with 200 individual children and 112 families.

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

A pantomime show was put on for the children at Christmas. The children were also given the opportunity to partake in some art classes where students came in on a weekly basis from the Dublin Institute of Technology (DIT) Kevin Street and carried out various art projects with the children. We acknowledge their continued support.

A dental care week was organised in conjunction with Colgate. The aim of this was to encourage the children to regularly brush their teeth and to practice good dental care. An information leaflet for parents was produced explaining the service and our role within the centre and we also held an open day for parents.

As part of the 35 years celebrations and in conjunction with Dublin Bus, trips were organised for the children to Dublin Zoo, the Viking Splash Tour and Newbridge House and Gardens in Donabate. These trips were very successful and enjoyed immensely by the children.

In 2005, we are looking forward to the development of our new playroom which will include an outside play area for the children and the facility to cater for children under the age of one.

## COUNSELLING AND FAMILY SUPPORT SERVICES

In 2004, our Counsellors worked as part of multidisciplinary teams to provide individual and group counselling services.

The counselling department vision has always been and still remains to be recognised as delivering and safeguarding the highest standards of counselling ethics, education and practice, in the interests of patients, public and the profession. The team helps clients to take control of their lives and to understand the reasons why individuals may engage in negative behaviours, but hopefully become aware through counselling how to make positive changes to their lives. Often it is only when we talk to someone unconnected with our lives that we begin to hear what we are really saying and feeling. Counselling offers each client this opportunity. In 2004, there were 3,416 attendances for counselling services.

During 2004, the department provided four student placements which included supervision and mentoring services in collaboration with third level colleges: Trinity College and LSB/DBS College. Throughout the year counsellors were also proactive in the facilitation of visits by professionals from other statutory and voluntary agencies for the purpose of sharing knowledge and expertise.

## OUTREACH SERVICES

The multidisciplinary teams work in consultation with the client to identify their needs, treatment and rehabilitation options and to develop an appropriate individual care plan. Outreach also engages in the provision of services to clients in planning in-patient and out-patient facilities. The department liaises with statutory and voluntary groups within the community. Aftercare, health promotion and crisis intervention support is provided to clients and their families.

Outreach continues to play a key role in the validation of our waiting list, ensuring that we have a current status report and maintain contact with clients on the list. In partnership with services for the homeless, we have identified drug users in acute need of treatment and, during 2004, we prioritised 18 individuals to be fast tracked for treatment. Such an initiative has helped to further address the chronic needs of those who are both homeless and in need of treatment.

In 2004, outreach commenced the revision of a practical and efficient care plan. With the advent of our new Electronic Patient System (EPS) it will become a standardised tool.

## SOCIAL WORK SERVICES

The Social Work Department works as part of the multidisciplinary team. It operates a key working system that provides a range of services, including early and timely intervention with 'at risk' families. This is supported by advocacy and liaison with statutory and voluntary agencies. The established client groups continue to play a vital role in the rehabilitation of clients in the areas of alcohol awareness, literacy and music. In 2004, there were 4,474 attendances for social work services.

The Social Work Department also provided student placements in collaboration with Trinity College, Dublin and University College Cork.



Visiting Group with Aidan McGivern, Principal Social Worker



nurturing

## LIAISON MIDWIFERY SERVICES

We continue to provide liaison midwifery services for our clients in conjunction with the Area Health Boards and the three Dublin maternity hospitals. The aim is to ensure pregnant women gain access to and receives comprehensive anti natal and post partum care. In 2004, 165 women availed of this service. The midwifery team act as a resource for information and education for the wider teams within our centre.

## NURSING DEPARTMENT

Our nursing team continue to play a key role in the co-ordination, assessment, planning and delivery of quality client care. In 2004, they continued to deliver optimum quality nursing services in collaboration with other disciplines and agencies. In addition, the team continue to promote the health and well being of clients through the provision of advice, information and education programmes.

The nursing team supports the development of care plans and pathways which ensure a seamless system of transfer of care from our tertiary service to primary and secondary services.

During 2004, a Nursing Journal Club was established which is a forum for nurses to present and exchange current relevant nursing literature, articles and reviews. Two nurses completed a Bachelor in Nursing Studies. Three of our nurses completed a Diploma in Addiction Studies and subsequently presented their findings in this area in the form of workshops on the topics of overdose, assessment tool for wound care and broadening the initial assessment form to facilitate the recognition of dual diagnosis clients. A refresher course in Cardio Pulmonary Resuscitation (CPR) was completed.

Continuous professional development is supported and encouraged by supporting nurses to attend sexual transmitted infections course, cannabis conference, manual handling, non-violent crisis intervention, venepuncture hepatology, occupational first aid and wound care study days.

## MUSIC GROUP

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

## ADMINISTRATIVE AND SUPPORT SERVICES

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



adapting

## WELFARE SERVICES:

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

There were a total of 1,718 enquiries in 2004 representing a 12% increase on 2003.

Accommodation and housing issues continued to be a significant factor in referrals to the service with a total of 958 which comprised 55% of the total enquiries. The service aims to ensure that all clients have ease of access to this service.

In 2004, we further developed our relationships with other statutory and voluntary organisations including; Dublin Simon Outreach, Dublin Simon Hostel Accommodation, Access Housing Unit, Homeless Persons Units, Dublin City Council Estate Management and Threshold. The level of rough sleeping has decreased and we have been able to place clients in accommodation quickly and therefore by providing a stable environment, clients have been able to participate in the programmes. We were successful in the placement of 35 referrals in private rented accommodation.





## developing

### EDUCATION AND TRAINING

As the longest established treatment service in the country, with more than 35 years of experience we have played a pivotal role in the on-going training and education of professionals in the area of substance misuse. This is achieved through formal training programmes, placements and courses. In addition to student placements, clinical visits are also arranged for students.

In 2004, we continued to provide training for the prison service, third level institutes, health boards 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.

Further training was provided by Dr. Shay Keating on Hepatitis to students in various third level institutes. In addition, educational sessions were provided for clinical staff working in the area of substance misuse.

### NON-CONSULTANT HOSPITAL DOCTORS

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

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

In 2004, the Medical Council visited the Centre and confirmed the continuation of training of temporary registered doctors at The Drug Treatment Centre Board. We welcome such visits which are pivotal in ensuring we continue to provide a best practice standard of training for doctors working in substance misuse.

### EMPLOYMENT PLACEMENTS

As a leading service provider in the area of substance misuse we facilitate professional training through placements. These 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 specialist clinical services and treatment programmes, as well as our national drug analysis laboratory. During 2004, 163 individuals participated in on-the-job learning. These included nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers, laboratory and clerical personnel.

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

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

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

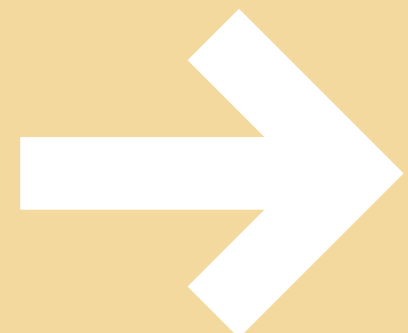
Much of the work undertaken in our laboratory is highly specialised. Over the years it has been acknowledged by third level institutions as a worthwhile and much sought after work experience for students, allowing them to gain experience in a state-of-the-art facility. These include DIT, Kevin Street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

### INFORMATION COMMUNICATION TECHNOLOGY

We have continued the implementation of our Information Communication Technology (ICT) Strategy.

In 2004, the development of the Electronic Patient System commenced which will automate many of the current manual work-flows, improve efficiencies and customer care. It will also enhance our reporting capabilities.

With the support the Dublin Bus Community Support Programme, we have further enhanced our website with the introduction of a Frequently Asked Questions (FAQ) section. We acknowledge and thank Dublin Bus for their continued support.





## developing

### HUMAN RESOURCES

In 2004, the department continued to provide HR services and support. Recruitment campaigns, training and development initiatives and manpower planning were high on the department's agenda. We continued to act as a resource to line managers and supervisors in ensuring that we continue to deliver a quality service.

At the end of 2004, the Board had an agreed staffing complement of 109.48 (w.t.e.) funded by the Eastern Regional Health Authority.

The male to female ratio stood at 1:2. In 2004, the Board also achieved its 3% target for people with disabilities employed in the Public Service.

During 2004, as part of the Board's recognition of 35 years of service, recruitment campaigns throughout the year carried the "35 Years On" logo. We pride ourselves on our ability to attract highly qualified and experienced staff. This is achieved through strategies that include innovative recruitment campaigns. During 2004, 6 external and 5 internal recruitment campaigns were conducted. Recruitment activity was much increased on the previous year, up by over 50%.

For the second year running, the Board was nominated for the prestigious industry award for excellence in recruitment advertising. The "Excellence in Recruitment Advertising" awards (EIRA) are widely acknowledged for recognising forward thinking recruitment advertisements and are seen as the most prestigious awards in the country. The Board takes great pride in accepting this nomination for the second year and congratulates the department on their success.

The Board's 35th Year was marked with a number of events, among which was a series of evening seminars. The administration of these seminars was supported by the Human Resources team. We continue to constantly monitor and evaluate our activity to ensure that we are proactive in our actions, deliver best practice, provide value for money and remain the "employer of choice".

We also continue to develop our Training and Development Policy which ensures that every employee has access to training and personal development. In 2004, there were in excess of 490 training days for staff, giving an average of 4 days training for each staff member. In 2004, we continued our strategy of I.T. training which aimed to support staff in enhancing their computer skills. Courses took place over a three month period and consisted of e-mail and Internet, Word, Excel and PowerPoint at various levels as well as one to one training. The uptake of these courses was very high, with 75 staff from various departments availing of the training.

Employees were encouraged to further their education and avail of support in attending formal third level training courses, which included: Certificate in Addiction Studies; Degree in Chemical Science; Degree in Information Systems; Diploma in Management Studies; Diploma in Psychiatric Medicine; Higher Diploma in Practice Nursing Course; MD by Thesis; Membership of the Royal and Irish College of Psychiatry; Post Graduate Diploma in Cognitive Psychotherapy.

In 2004, we continued the implementation of our computerised Human Resources System. This system introduced in 2003 became fully operational in 2004 with the introduction of management reporting. We look forward to the continued development of the system.

The department was also active in supporting a number of government led initiatives, including Work Life Balance Day and Anti-Racist Workplace Week. Events were organised for these occasions and were well attended by staff.



#### Work Life Balance Day

**Clare Hand,  
Occupational Health Nurse,  
Adrian Mitchell  
Abate Employee  
Assistance Programme  
and Alan Sherlock  
Human Resources**

### OCCUPATIONAL HEALTH

The aim of the occupational health service is to promote and maintain the physical, mental and social well being of all employees working in the Centre.

Established in 2001, the department offers a comprehensive range of professional services which include health assessments (pre-employment and return to work fitness), vaccinations against various biological hazards – particularly Hepatitis B, the flu vaccine, risk assessments, first aid, health and safety advice, health promotion, health education, and eye testing. Training in first aid, fire warden, manual handling and non violent crisis intervention is also co-ordinated by the department. In total 65 staff received training in non violent crisis intervention. Occupational health is represented on various sub-committees including our Health and Safety Committee.

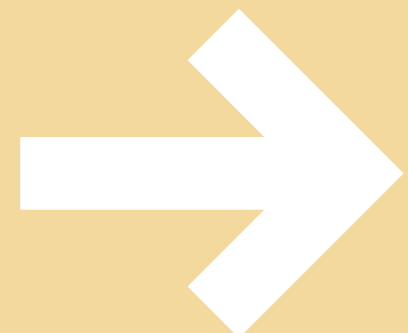
During 2004, total attendances to the Occupational Health Department was 364. We continued to develop and expand our role with the formalisation and further development of training on health & safety issues. An education and training programme on blood borne viruses and the prevention of needle stick injuries was formulated and training of all frontline staff was commenced. In addition a booklet outlining the risks associated with handling blood and sharps was also prepared and integrated into training of frontline staff.

In 2005, we will continue training on manual handling, blood borne viruses and the prevention of needle stick injuries. It is planned to formulate a hand care programme for glove users to prevent latex allergies and other occupational related skin problems. In conjunction with the IT Department a comprehensive programme on safe working with VDU's will be put together.



#### Launch of Occupational Health Information Leaflet

**Clare Hand,  
Occupational Health Nurse  
and Sheila Heffernan,  
General Manager**





## developing

### HEALTH, SAFETY & WELFARE

The Drug Treatment Centre Board is firmly committed to meeting its obligations under health & safety legislation and to creating and maintaining a safe and healthy work environment for its employees, clients and visitors. This is achieved by complying with the requirements of health and safety legislation. The Health and Safety Committee, consisting of representatives from staff, senior management and the health and safety representative, deal with a range of issues relating to health and safety principles and practices at their monthly meetings. The safety representative, elected by staff, continues to play an active role in staff representation on safety matters.

Training is an integral part of reducing the risk/occurrence of accidents or incidents. Examples of training provided in 2004 included training on non violent crisis intervention, needle-stick injuries and manual handling.

The Board's safety statement was reviewed in 2004 and a health & safety risk assessment was conducted by an external agency. A new safety statement was formulated and the recommendations of the assessment are being reviewed and implemented by the Health & Safety Committee; work will continue into 2005.

There was one inspection by the Health and Safety Authority in 2004. No prohibition or improvement notices were given.

### FINANCIAL STATEMENTS

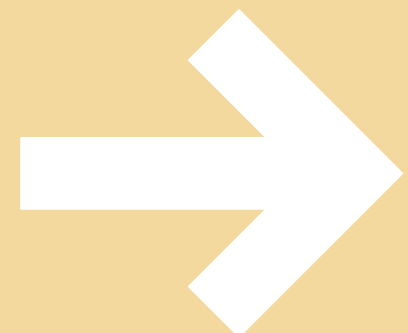
The financial statements for the year ended 2004 show a total income of €8,089,774 of which €7,862,884 was the grant allocation from the Eastern Regional Health Authority. These statements reflect a surplus of €103,685.

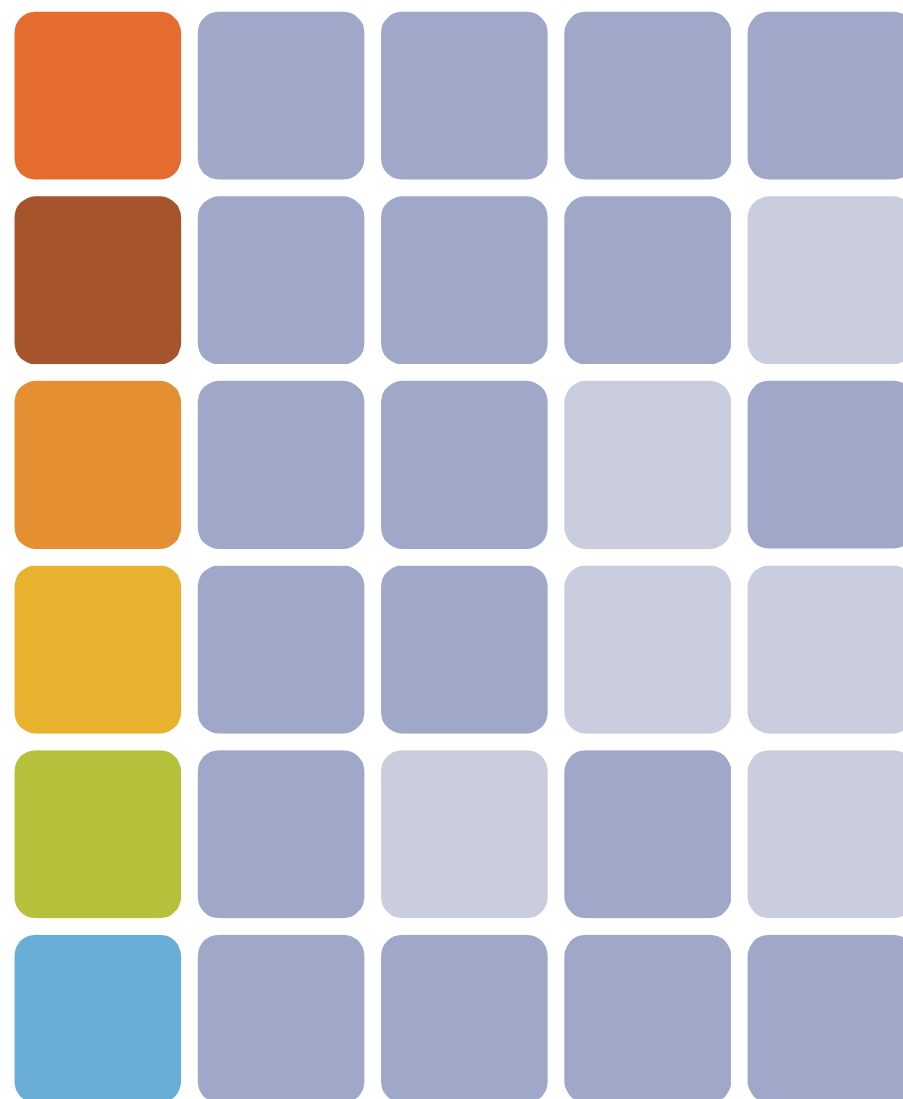
The department continues to review and update systems which will assist in the relevant and timely delivery of management information. It is constantly striving to provide a high standard of service to both its internal and external customers.

We would like to take this opportunity to thank the staff of the Department of Health and Children and the Eastern Regional Health Authority for their support and co-operation during 2004.

### 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 2004 the Board fully complied with the provisions of the Act and we are pleased to report that the Board was not liable for any interest payments to creditors.





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