



THE DRUG TREATMENT CENTRE BOARD

35 YEARS ON

Annual Report 2003

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**The Drug Treatment Centre Board**  
Trinity Court  
30-31 Pearse Street  
Dublin 2  
T: 01 - 648 8600  
F: 01 - 648 8700  
e: [info@dtcb.ie](mailto:info@dtcb.ie)  
[www.addictionireland.ie](http://www.addictionireland.ie)

# 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 (DTCB)

The Drug Treatment Centre Board, formerly known as The National Drug Advisory and Treatment Centre, was established in 1969 and is the longest established treatment service in the country. It was originally located at the 'Charitable Infirmary', Jervis Street Hospital, Dublin 1, established in 1718. The current Chairman of The Drug Treatment Centre Board, Mr. Denis McCarthy, is from a family with a history of involvement since 1909. At the end of 1987, Jervis Street Hospital closed. The Drug Treatment Centre Board was set up by statutory instrument in 1988 and moved to new premises at Trinity Court, 30 – 31 Pearse Street, Dublin 2. We receive our funding from the Eastern Regional Health Authority (ERHA).

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 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 abuse
- 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



Mr. Dan McGing



Mr. Kieran Taaffe



Dr. John O'Connor



Ms. Fionnuala Anderson



Dr. Declan Bedford



Dr. Eamon Keenan



Councillor Christy Burke



Dr. Íde Delargy



Mr. Brian Melaugh



# Chairman's Statement

It gives me great pleasure to introduce our Annual Report 2003, which is the first report from our new Board which was established in 2003. It provides an informative account of our activity and developments during 2003 and our plans for the future.

In the delivery of services our Board is continually impressed by the ongoing commitment and dedication of our staff.

This report has been produced as we celebrate 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 our expertise, we continue to be an authority on addiction services and lead in the development of models of best practice.

In 2003 we continued to demonstrate our proactive and innovative approach to the treatment, care and management of drug misuse. One such example was the pioneering, on-site pilot Hepatitis C treatment programme in our specialist treatment centre, which we initiated in March 2003. Following its initial success we plan to expand this treatment service to a further 20 Hepatitis C positive individuals in 2004. The programme, supported by the publication of our information booklet "Hepatitis C A Guide for Drug Users and their Families", launched in December 2003 by Minister for Health and Children, Mr. Micheál Martin, demonstrates our organisation's capacity to remain at the forefront of drug treatment and to improving the quality of life of clients and families.

Our laboratory research showed a significant increase in the use of cocaine. We continue to develop our programmes in





“In 2003 we continued to demonstrate our proactive and innovative approach to the treatment, care and management of drug misuse”



order to respond to the specific needs of these users by establishing dedicated and structured groups.

A key priority for the Board in 2003 was to ensure greater accessibility to our services for the homeless population and young adults under 18 years. In partnership with homeless and youth agencies we proactively developed ways for these groups to gain direct access to our service. We also developed care pathways which ensured clients' needs remain the focus of our service planning and delivery.

In 2003 we commenced a process of consultation with the Eastern Regional Health Authority (ERHA) / South Western Area Health Board (SWAHB) dental services to establish an on-site dental service. We plan to start this initiative in 2004. We will also continue to implement our IT systems in line with our Information and Communication Technology strategy (2002).

On behalf of the Board, I would like to also thank the Charitable Infirmary Charitable Trust, The Department of Health & Children and the Eastern Regional Health Authority 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 to help us advance our delivery of a quality drug treatment service. I would like to congratulate my Board colleagues, management and staff for a job well done.

**Denis P. McCarthy**  
**Chairman**  
**July 2004**

# General Manager's Report



“A highlight of 2003 was the launch of our Hepatitis C booklet A Guide for Drug Users and their Families in December by Mr. Micheál Martin, Minister for Health and Children”

As we move into our 35th year of service our Board has continued to consolidate and 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, Shaping the Future – an action plan on homelessness in Dublin 2001 – 2003 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.

Over the past 34 years of service delivery, we have provided specialist treatment services particularly in the area of psychiatry and dual diagnosis. This was coupled with our 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 2003 there were 117,150 client visits to The Drug Treatment Centre Board. 1,462 individuals received services, 902 of which were entered into treatment. Of these, 92 presented to our services and received treatment for the first time. Our specialist psychiatric teams also conducted 400 psychiatric assessments for clients attending Health Board addiction centres. This supported the initiation of appropriate treatment interventions and enabled their care to be managed at a local level.

We also piloted an on-site Hepatitis C treatment programme for Hepatitis C positive attendees at the Drug Treatment Centre Board. 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. Early indications show results comparable to



hospital based programmes. I would like to acknowledge the support of the Eastern Regional Health Authority (ERHA), Dr. Colm Bergin, Consultant in Infectious Diseases, St. James's Hospital and Schering-Plough for their support in this initiative. In 2004, we plan to expand this treatment programme to 20 Hepatitis C positive drug users.

A highlight of 2003 was the launch of our Hepatitis C booklet "A Guide for Drug Users and their Families" produced by Dr. Shay Keating of The Drug Treatment Centre Board. Launched in December by Minister for Health and Children, Mr. Micheál Martin, this booklet provides a comprehensive, easy to read guide for drug users and their families on all aspects of Hepatitis C. The booklet was circulated nationally and has proved an invaluable resource to individuals, families, GPs and professionals working in the area of substance misuse and its associated health risks.

In 2003 the laboratory commenced a process of accreditation with the Irish National Accreditation Board which will further confirm our specialist service standards and best practice. Our laboratory reported a marked increase in the use of cocaine. We carried out a total of 160,676 tests for cocaine on 9,157 clients. Of these, 8.56% were positive for cocaine. We continue to respond to the needs of these users through the further development of specific structured cocaine groups.

We consolidated our specialist programme for young people under 18 years through the appointment of a Consultant Child and Adolescent Psychiatrist, Dr. Bobby Smyth, in conjunction with the South West Area Health Board (SWAHB). This has enabled us to develop our programme further, to establish best practice and to support research initiatives.



Our research department commenced a study commissioned by the ERHA on "Pathways to Care" for young drug users under 18 years. This study will be completed in mid 2004, with the outcome further supporting national policy and planning of services for those under 18 years.

The Central Treatment List managed by The Drug Treatment Centre Board is a national list of all clients receiving methadone treatment in Ireland. It plays a vital role in ensuring the successful implementation of the Methadone Protocol (1998). As of 31st December 2003, 6,883 individuals were on the methadone treatment list in Ireland. This is an increase of 7% on 2002. Of the 6,883 in treatment, 6,606 were treated in the eastern region. In 2003 we carried out enhancements to the IT system, which enabled us to improve our reporting capabilities.

In 2003 through a process of consultation with the ERHA, we were formally accepted to act 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". We are confident that the contribution we will make to this pilot will further reflect our culture of transparency and customer focus and assist in the wider development of standard setting in best practice, thus ensuring customers' needs and communication remain a priority. In 2004 we will continue to review, develop

and enhance our services. Our plans include the establishment of an on-site dental service for our clients, in partnership with the SWAHB dental services.

As part of our commitment to ensuring the delivery of a high standard of care the Board plans to enhance the physical environment of the service. This includes extending our ventilation system and a lift refurbishment project.

In line with our Information Communication Technology (ICT) strategy, the Board enhanced the reporting capabilities of many of our systems. These include the Central Treatment List and Laboratory Information System (LIMS). An exercise commenced to identify the scope of an Electronic Patient System which will further enhance our reporting capabilities as we continue to lead and inform on best practice.

We pride ourselves in our ability to attract highly qualified and experienced staff. This is achieved through the development of strategic, innovative recruitment campaigns. In 2003, our recruitment campaign was nominated for the "Excellence in Recruitment Advertising" awards (EIRA). This reward recognises forward thinking recruitment advertisements. The Board takes great pride in such a nomination and congratulates the department on its success.

# General Manager's Report



Another highlight of 2003 was the generous sponsorship received from the Children to Lapland Appeal, which enabled us to send 18 children of clients attending our services to Lapland. This provided a once in a lifetime opportunity and was enjoyed immensely. We are most grateful to the Lapland Appeal Fund for their sponsorship and generosity and to our staff who facilitated this initiative.

The generosity and kindness of our staff was reflected further by the charitable monies raised during 2003. This included €1,827.88 for the Special Olympics, which was made possible by the donation from the Young Persons Programme of artwork for auction, which we acknowledge with gratitude. €1,122.86 was raised for TRUST, a medical and social service for the homeless, and €202.73 was also raised for the Irish Cancer Society.

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. I would also like to acknowledge the continued support of the 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



Staff presented Alice Lealy of Trust with a cheque for €1,127.86.

partners in the voluntary and statutory sector, the local community businesses and other community service providers.

Finally, I would like to thank the Board and our Chairman, Mr. Denis P. McCarthy, for their continued support. This report is a reflection of the hard work and commitment of the Board and staff who, during 2003, worked to improve our services.

In this our 34th year of service we continue to demonstrate our ability to lead, manage and contribute to change. We look forward with enthusiasm and confidence to the future.

**Sheila Heffernan**  
**General Manager**  
**July 2004**



In 2003, we continued to lead in the delivery of a specialist service. As a drug treatment centre we are constantly evaluating and improving in order to deliver a high quality service at every level within the organisation. Our unique multidisciplinary service, supported by our on-site laboratory and research elements, affords us an opportunity to identify trends in drug misuse and to advise on appropriate responses and interventions.

As a leading service provider we continue to adapt our services to meet the needs of our clients. One such initiative is our response to the marked increase in the use of cocaine and our subsequent development of structured cocaine groups

to meet these changing needs. Hepatitis C continues to be a major challenge in the drug using population. The success of our on-site pilot treatment service for Hepatitis C positive individuals, is very encouraging. We look forward to expanding this treatment to a further 20 Hepatitis C positive clients, in 2004.

We continue to provide specialist training to 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 also provide placements, training and education of professionals involved in the treatment, care and management of substance misuse on a national basis.

# Clinical Director's Report



“As a leading service provider we continue to adapt our services to meet the needs of our clients”



As we move into our 35th year we remain an authority in advising on trends on substance misuse at national and international level, while our laboratory continues to provide evidence on trends which support policy development and service planning.

On behalf of myself and my consultant colleagues, Dr. Eamon Keenan, Dr. Brion Sweeney, Dr. Siobhan King (acting) and Dr. Bobby Smyth, I would like to express our appreciation for the support of our Chairman, Mr. Denis P. McCarthy, the Board Members, General Manager, Ms. Sheila Heffernan, and the senior management team. The dedication of the Senior Registrar and

all members of the multidisciplinary teams, together with the administrative and support staff at Trinity Court, St. Michael's Ward, Beaumont Hospital and Cuan Dara, Cherry Orchard Hospital, is very much appreciated.

**Dr. John O'Connor**  
**Clinical Director**  
**Consultant Psychiatrist in**  
**Substance Misuse**  
**July 2004**



## 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.

In late 2003 we were successful in our discussions with the ERHA to become a pilot site for the "People Matter – A framework for the enhanced and effective handling of complaints in the Eastern Region". This pilot will commence in early 2004. We look forward to the contribution we will make to this process in establishing a best practice framework at national level.

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.



### “People Matter” Framework for Handling Complaints

A comprehensive regional review of complaints procedures, protocols and appeals was undertaken by the ERHA. Consultation took place with providers and service users in the region. As part of the review a survey was commissioned to establish people’s experiences and expectations of health services.

This framework was launched on the 1st September 2003 and we were selected as a pilot site. The period of time for the pilot is three months - from March to May 2004. Each pilot site will be independently evaluated before the new framework becomes operational in the region.

This framework will result in considerable improvements in the handling of complaints in the Eastern Region, including

- A co-operative ethos of dealing with complaints together through an agreed system of independent and peer review.
- A standardised approach to complaints handling throughout the region resulting in greater equity for the patient/client.
- A more simplified process that makes it easier for patients/clients to make complaints.
- Minimising length of time to resolution of a complaint.

- Common principles and procedures that ensure a standard comprehensive complaint record and make the task of the ERHA audit and the Ombudsman (should the complaint reach this stage) easier.
- Independent chairing of reviews that introduce an objectivity and fairness for the complainant and the person against whom the complaint is made.
- Training for complaints managers that will increase their investigative skills.

We are confident that the contribution we will make to this pilot will further reflect our culture of transparency and customer focus and assist in the wider development of standard setting in best practice, thus ensuring customers’ needs and communication remain a priority.

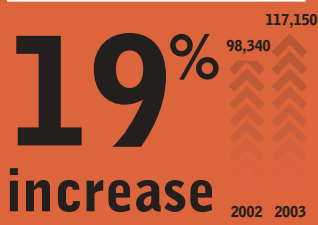


Mr. Seamus Noone, Clinical Operations Manager, Ms. Sheila Heffernan, General Manager and Mr. Alister Graham, ERHA at the launch of People Matter pilot at DTCB.

# providing

## Trends in 2003

Total number of client visits



Number of individuals who received services



In 2003, 1,462 individuals attended for services, of which 902 were entered into our treatment programmes. The remaining 560 clients received a variety of services which included psychiatric, psychological and sociology interventions. In 2003, the ratio of males to females was 2:1.

### Gender Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2003

	Frequency	Percent
Male	598	66.3
Female	297	32.0
Not known	7	.5
Total	902	100.0

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

### Age Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2003

	Frequency	Percent
18-19	54	6.0
20-29	496	55.0
30-39	272	30.2
40+	80	8.9
Total	902	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 2003

	Frequency	Percent
stable accommodation	663	73.0
institution (prison, clinic)	7	.8
homeless	172	19.1
other unstable	59	6.5
not known	1	.1
Total	902	100.0

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

### Cases Assessed or Treated at The Drug Treatment Centre Board Reported Main Drug of Misuse in 2003

	Frequency	Percent
Opiates	827	91.7
Ecstasy (and other mdma)	1	.1
Cocaine	30	3.3
Benzodiazepines	28	3.1
Cannabis	15	1.7
Other substances	1	.1
Total	902	100.0

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

### Cases Assessed or Treated at The Drug Treatment Centre Board Reported Main Problem Drug by Route of Administration in 2003

Main problem (occasional paper)		Eat		Not		Total
		Inject	Smoke /drink	Sniff	known	
Main problem (occasional paper)	Opiates	578	196	42	11	827
	Ecstasy (and other mdma)			1		1
	Cocaine	19	3		8	30
	Benzodiazepines			28		28
	Cannabis		14	1		15
	Other substances			1		1
	Total	597	213	73	8	11

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

# providing

## New Cases Assessed or Treated at The Drug Treatment Centre Board Reported Main Drug of Misuse in 2003

	Frequency	Percent
Opiates	74	80.4
Ecstasy (and other mdma)	1	1.1
Cocaine	4	4.3
Benzodiazepines	5	5.4
Cannabis	8	8.7
Total	92	100.0

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

## New Cases Assessed or Treated at The Drug Treatment Centre Board Reported Route of Administration for Main Problem Drug in 2003

	Frequency	Percent
Inject	41	44.6
Smoke	36	39.1
Eat/drink	13	14.1
Sniff	1	1.1
Not known	1	1.1
Total	92	100.0

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

## Gender Profile of Cases Aged 19 years and under Assessed or Treated at The Drug Treatment Centre Board in 2003

	Frequency	Percent
Male	31	57.4
Female	23	42.6
Total	54	100.0

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

**Age Profile of Cases Aged 19 years and under Assessed or Treated at The Drug Treatment Centre Board in 2003**

	Frequency	Percent
15	1	1.9
16	8	14.8
17	11	20.4
18	15	27.8
19	19	35.2
Total	54	100.0

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

In 2003, 54 clients attended the Young Persons Programme of which 23 young adults received treatment interventions for the first time.

**Central Treatment List**

The Central Treatment List managed by The Drug Treatment Centre 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.

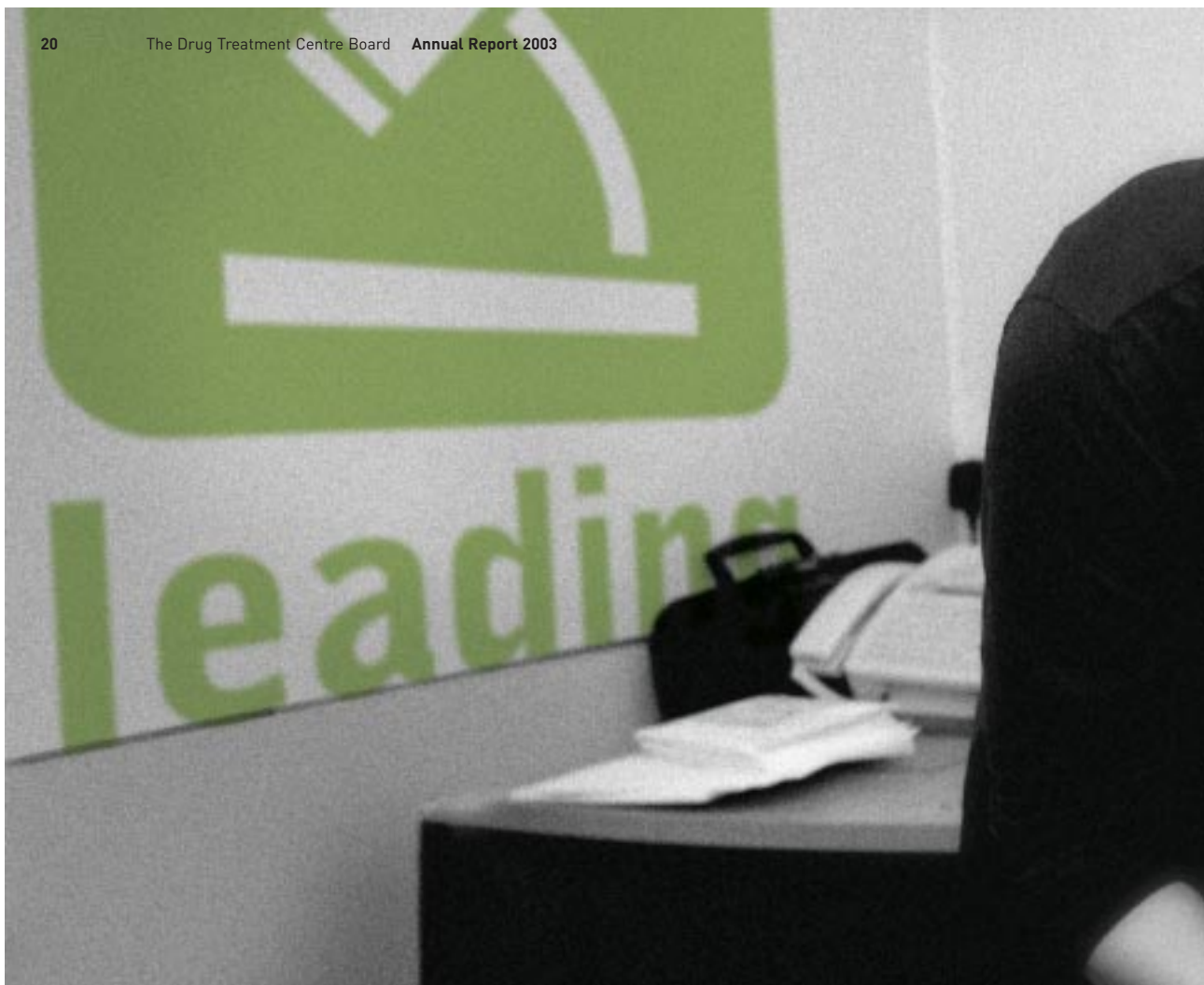
At the end of December 1998 a total of 3,610 individuals were receiving methadone treatment. This figure increased to 6,883 at the end of 2003, representing a 91% increase in the numbers of people accessing methadone treatment services.

**No. of clients receiving Methadone on the Central Treatment List as at 31 December 1998 - 2003**

Year	Total No of Clients
1998	3610
1999	4332
2000	5032
2001	5865
2002	6449
2003	6883

In 2003 The Drug Treatment Centre Board carried out enhancements to the report writing capabilities of the Central Treatment List IT System. This has enabled us to provide timely, accurate and comprehensive information for service planners and policy makers. We continue to act as a resource for professionals involved in the treatment, care and management of drug misuse nationally.

In 2003 a review of the Methadone Protocol was undertaken by the Department of Health & Children. We welcome the report to be published in 2004, which will ensure an ongoing best practice framework.



## Hepatitis C Services

Hepatitis C is the most common cause of chronic viral infection in the Western world. First identified in 1989, Hepatitis C antibody testing was introduced in Ireland in 1993. Hepatitis C is a major medical challenge in the drug using community with potentially wide-ranging personal, social and economic impact. Of the estimated 13,000 drug users in the Dublin area, 80% are believed to be infected with Hepatitis C.

In 1994, The Drug Treatment Centre Board established a walk-in clinic designated for those who are Hepatitis C positive. This was one of the first of its kind in Europe. The aim of the clinic is to deal with all aspects of Hepatitis C, to offer support and education and to refer on those patients for treatment where appropriate. The clinic liaises with the major hepatology centres in Dublin. In addition, treatment, education and awareness of the risks of contracting hepatitis through drug use and unprotected sexual intercourse are promoted.

In 2003 we piloted a Hepatitis C treatment programme for nine Hepatitis C positive attendees at the Drug Treatment Centre. The aim of this on-site study was to assess the efficacy of treating patients within a specialist drug treatment setting and to improve treatment adherence. This pilot was conducted in liaison with the Infectious Disease Unit at St. James's Hospital, with support from the ERHA and Schering Plough.

This innovative study adopted a client-focused approach. Treatment was initiated by the Drug Treatment Centre Board medical officer and coordinated by a Hepatitis C Liaison Nurse. A designated psychiatrist and counsellor reviewed all clients regularly. Results of this study will be presented in early 2004 but preliminary reports suggest that patient retention in, and adherence to, treatment is comparable to hospital delivered treatment.



Attendances at the Hepatitis C clinic during 2003 were in excess of 1,420, representing a 2% increase on 2002.

To help the dissemination of information to Hepatitis C positive clients, families and professionals, in 2003, we produced a Hepatitis C information booklet: "Hepatitis C "A guide for drug users and their families". This booklet written by Dr. Shay Keating, was formally launched by Mr. Micheál Martin, Minister for Health & Children in December 2003 and distributed to every General Practitioner in the country.

The information in this booklet is essential for drug users, in particular injecting drug users at risk of, or diagnosed with, Hepatitis C. It is also a useful tool for doctors, nurses and counsellors in the ongoing education of drug users on Hepatitis C. In 2004 we plan to expand our Hepatitis C treatment programme to a further twenty clients.



Mr. Denis P. McCarthy, Chairman, Ms. Sheila Heffernan, General Manager, Mr. Micheál Martin, Minister for Health & Children, Dr. Shay Keating, Medical Officer at the launch of the DTCB Hepatitis C booklet 'A guide for drug users and their families'.

# leading

## Warfarin Clinic

An intravenous drug user may develop a deep vein thrombosis (DVT) or pulmonary embolus (PE) as a consequence of his/her drug use, which can prove fatal if not treated. Warfarin is an anti-coagulant (an anti-clotting tablet) that thins the blood and is used in the treatment and prevention of DVT and PE. Warfarin therapy is initiated in a hospital setting and regular follow-ups with monitoring of the Warfarin dose are essential.

The designated Warfarin clinic, established by The Drug Treatment Centre Board in 2001, continues to provide an important role in the monitoring of and compliance with warfarin therapy. Through a co-ordinated approach and in collaboration with the general hospitals, we continue to ensure the delivery of a comprehensive treatment care plan for those at risk.

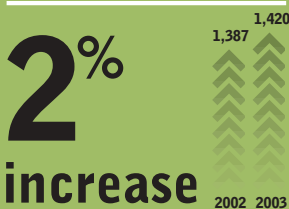
In 2003 there were a total of 820 attendances at this clinic, representing a 15% increase on 2002.

### Attendances at Specialist Clinics 2002 - 2003

#### Warfarin



#### Hepatitis C



## Sexual Health Clinics

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

In 2003 a key objective was to increase the number of men availing of the service. This 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 and contraception, as well as referrals to specialist clinics for follow up, is offered. In 2004 an information leaflet will be produced for clients, focusing on the sexual health clinic service and healthcare related issues.

## Young Persons Programme (YPP)

The Young Persons Programme was established in 2001 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. In 2003 we consolidated the programme through the appointment of a Consultant in Child and Adolescent Psychiatry in conjunction with the South West Area Health Board. This has enabled us to develop our programme further, establish best practice and to support research initiatives.

Most young people attending the service have very serious addictions (usually to heroin/cocaine) and many have experienced homelessness. In view of the specialist expertise within the 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 the interagency activity of our tertiary service.

#### **YPP Therapeutic Services**

- Family therapy
- Individual counselling
- Brief interventions
- Motivational interviewing
- Crisis Intervention
- Milieu therapy

#### **YPP Medical Treatment Services**

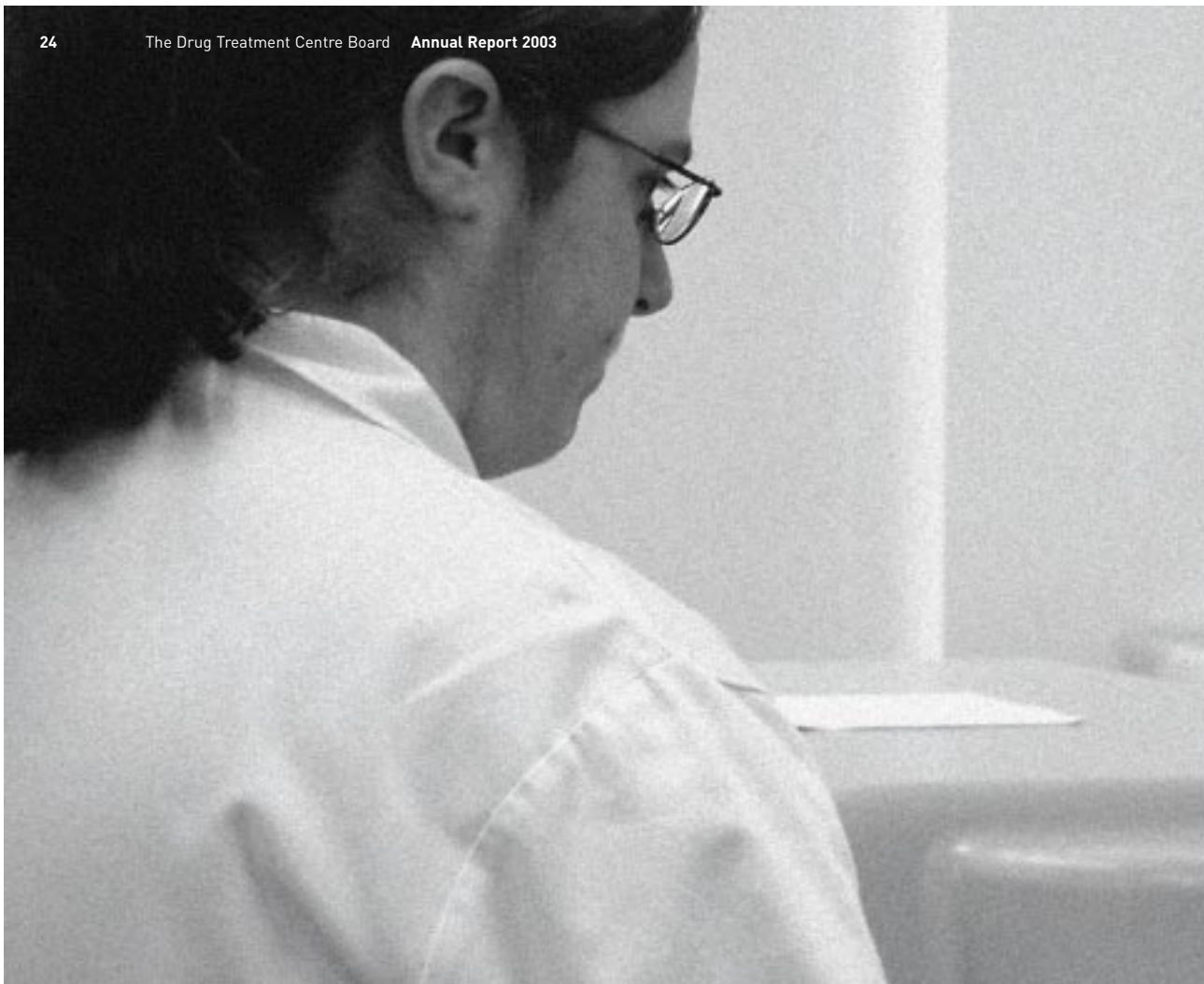
- Stabilisation
- Detoxification
- Blood borne/virus disease surveillance
- Sexual Health Promotion
- PP Specialist Services
- Child and adolescent mental health assessments
- Psychological and developmental assessments
- Sexual health clinics
- Liaison midwifery services
- Complementary therapies
- 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

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. The YPP also offers trainees, from multiple professional backgrounds, various learning opportunities through supervised work placements.

In 2004 we will continue to develop treatment interventions focused on the needs of the young people who attend the service. A detailed project plan is currently being developed to guide the programme into 2004 and 2005. Its aim is to ensure treatment in the YPP is consistent with international best practice. A new assessment instrument is currently being piloted with young people referred for substance misuse treatment. A new system of treatment planning is also being developed to support both individual and group approaches.



## 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.

During 2003 we conducted a total of 941,949 tests on 163,701 samples. A further 789 tests for blood methadone levels were also carried out. There were 464 opiate differentiations, 459 zimovane identifications and 2,569 benzodiazepine evaluations.



Mr. Michael Lyons, Regional Chief Executive ERHA, Mr. Denis P. McCarthy, Chairman DTCCB and Dr. Richard Maguire, Principal Biochemist, DTCCB.

Our commitment to providing the highest standard of testing focused much of our attention on the preparation and development of quality systems for Irish National Accreditation Board (INAB) accreditation to the ISO 17025 standard. It is anticipated that this exercise will be completed in 2004. The laboratory continued to deliver an excellent performance in proficiency testing schemes, Austox and UKNEQAS, demonstrating the laboratory's ability to deliver consistently reliable results.



### Laboratory Activity 2003

Year	2003
Total no. of urine samples tested	163,701
Up to 8 individual tests are carried out per urine sample	941,939
Blood Methadone levels	789
Opiate differentiation (GC-MS)	464
Benzodiazepines differentiation (HPLC)	2,569
Zimovane	459

Routine services include the determination of Opiates, 6-Acetyl Morphine, Benzodiazepines, Methadone, EDDP, Cannabis, Amphetamines/Ecstasy, Cocaine and Tri-cyclic antidepressants by immunoassay and alcohol by enzymatic colour reaction.

The range of specialist services carried out in 2003 included:

- Differentiation of opiates using GC-MS after solid phase extraction.
- Differentiation of Benzodiazepines by HPLC after solid phase extraction.
- Identification of Zimovane by GC-MS after liquid-liquid extraction.
- The determination of blood methadone levels using immunoassay techniques.
- Identification of unknown tablets and substances by GC-MS.

During the year we moved from testing urine for Methadone to testing for EDDP, which is a metabolite of Methadone and indicates proof of ingestion. Prior to this a Methadone positive result could be due to adulteration and this test has been a useful tool in reducing the diversion of Methadone.

The laboratory IT system has been further enhanced to enable us to improve our result turnaround time, thus demonstrating our commitment to distributing results to our customers in the shortest possible timeframe.

In 2003 the laboratory also co-operated with the production of RTE's Primetime programme. This study determined the prevalence of cocaine in pubs in the

# informing

Dublin area by testing swabs, taken from various locations, for the presence of cocaine using GC-MS. This helped heighten awareness of the increase in cocaine use, both in Dublin and nationally.

Year	Cocaine (% Positive)
2001	4.43
2002	6.96
2003	8.56

We are committed to keeping up to date on developments in analytical toxicology. This was achieved by representing The Drug Treatment Centre Board at international meetings which included: The Society of Forensic Toxicologists (SOFT), The International Association of Forensic Toxicologists (TIAFT) and The European Workplace Drug Testing Society.

## 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. This 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 2003 included:

### Pathways to Addiction Treatment Services for Young People

We undertook a study which was commissioned by the Eastern Regional Health Authority (ERHA) on 'Pathways to Addiction Treatment Services for Young

People'. 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.

This research is being conducted using a combination of qualitative and quantitative methods including questionnaires and interviews. It will be completed in 2004.

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

It has been estimated that 80% of the heroin using population in the eastern region have been infected with Hepatitis C. Treatment for Hepatitis C with interferon in non-drug using populations has proven effective. Hepatitis C treatment in drug users has proven difficult due to factors including chaotic lifestyles, homelessness, unemployment, poverty and the fact that the side effects of treatment (interferon) are not well tolerated.

The key aspect of this study was the treatment of drug users with Hepatitis C in a specialist drug treatment setting. A multidisciplinary approach was adopted which combined the work of our Hepatitis C Clinic, the psychiatric, nursing and counselling services, and the GUIDE Clinic in St. James's Hospital. Preliminary results of this study, which were presented in December 2003 at the launch of Dr Shay Keating's information booklet "Hepatitis C – A guide for drug users and their families", suggest that efficacy is comparable to hospital delivered treatment.

### Current trends in substance misuse in Ireland

The purpose of this study was to give an overview of current trends in substance misuse, looking particularly at the rates of abuse in various licit and illicit drugs. It will highlight the growing trend of cocaine misuse and advocate the need for primary prevention services to be established. It is envisaged that results of this study will be published in 2004.



Ms. Sheila Heffernan, General Manager, Mr. David Gunnarson, Permanent Secretary, Minister of Health & Social Security, Iceland, Mrs David Gunnarson and Dr. John O'Connor, Clinical Director.

### Ethics Committee

Our Ethics Committee, established in 2002, supports our research department. As a sub-committee of the Board of Management its role is to advise and make recommendations in relation to all clinical research and drug trials within The Drug Treatment Centre Board. The committee met throughout 2003 to review and adjudicate on various clinical research proposals, under the Chair of Justice Kevin Lynch.

In July 2003 an invitation was extended to all area Health Boards and Voluntary Hospitals to avail of our Ethics Committee services within the DTCCB. We look forward to sharing this valuable service in the future. The committee includes representation from medical, legal, management and lay members. All members of the committee offer their services in a voluntary capacity and the Board acknowledges their work, dedication and commitment in supporting The Drug Treatment Centre Board.

### Information Dissemination

In 2003 we received in excess of 2,300 formal requests for information on addiction from students, parents, other service providers and those involved in substance misuse.

Our extensive library facilities continue to play a pivotal role in the education of those who work in our discipline 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. It also provides the backbone for employees monitoring trends in addiction, treatment and professional practice,

The number of visitors to our website, [www.addictionireland.ie](http://www.addictionireland.ie), continues to increase each year. On average 75% of people accessed our site directly by way of our website address. Traffic to the site was particularly high during recruitment campaigns and the launch of our Hepatitis C information booklet. During these periods direct access to the site increased to 82% of site visitors.

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))



## Clinical Services

We provide a specialist treatment service for drug users and are constantly adapting our services to meet the needs of clients. During 2003 1,462 individuals received services supported by a highly skilled and experienced multidisciplinary team led by five Consultant Psychiatrists in substance misuse.

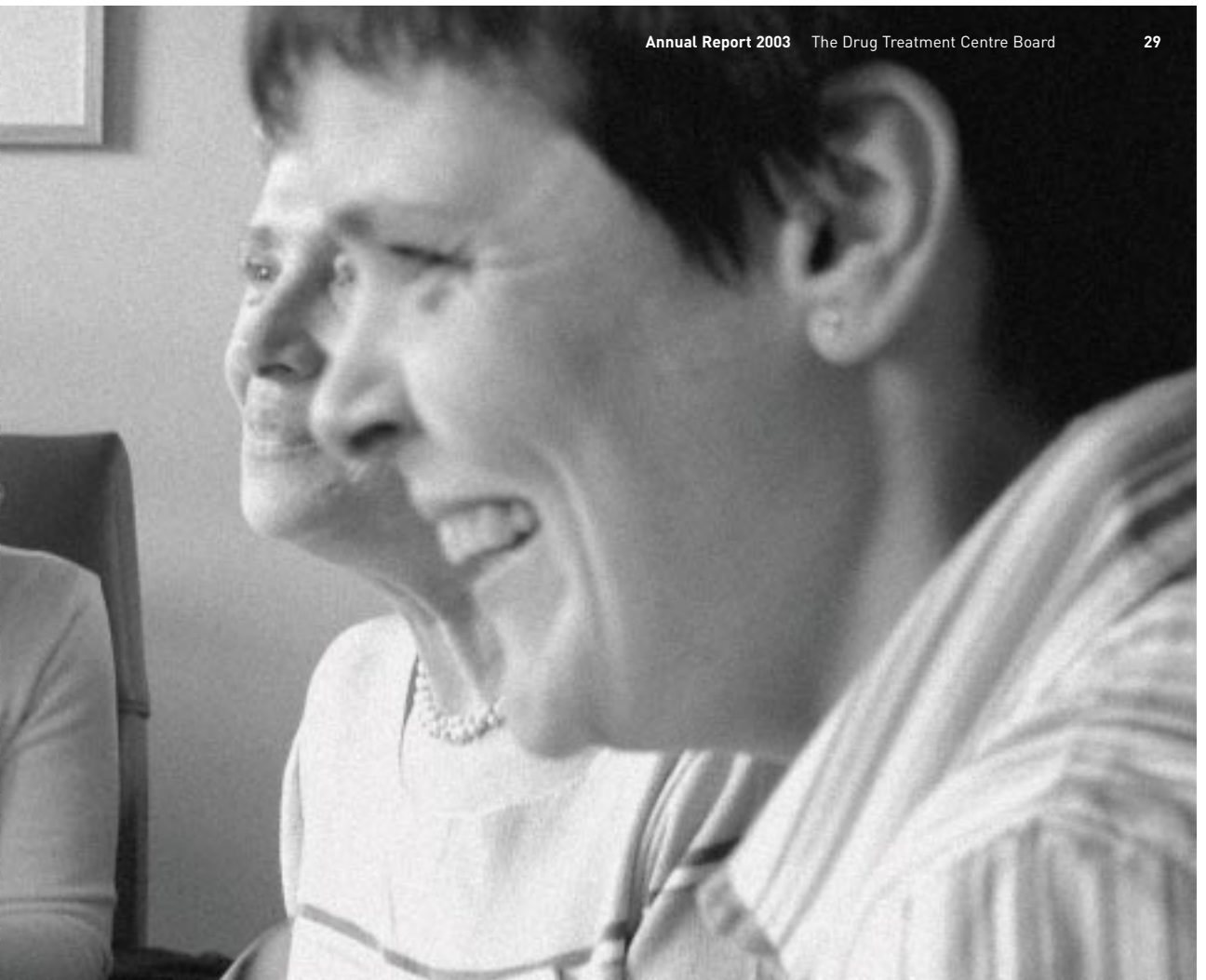
A national advisory and support service is also provided to professionals involved in the treatment, care and management of drug misuse. This is further supported through the dissemination of policies, procedures and protocols in relation to best practice, medical and therapeutic interventions.

## 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 2003 a total of 524 psychiatric assessments were conducted for in-patient clients at Cuan Dara, Cherry Orchard Hospital, and St. Michael's Ward, Beaumont Hospital. Our specialist teams also conducted a further 400 assessments for clients attending health board drug treatment services. This 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.

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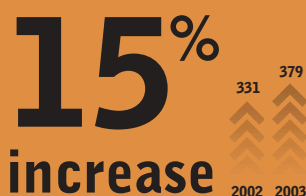
## Primary Care Services

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 379 assessments during 2003, representing a 14% increase on 2002. 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 3,936, representing a 14% increase on 2002. This figure accounts for over 328 visits to the playroom each month or over 82 visits per week. During the year the playroom worked with 235 individual children. We continued to deliver our established parenting course and held two successful courses in 2003 with 8 individual parents participating. These are held in conjunction with the Irish Society for the Prevention of Cruelty to Children (ISPCC).

In December 2003, through charitable sponsorship by the Children to Lapland Appeal, 18 children enjoyed a visit Lapland. It was a very successful trip and, for many, a once in a lifetime opportunity.

The children also produced a calendar, the proceeds of which (circa €60) were donated to Childline.



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

Included in our plans for 2004 is the development of an initiative that will promote good dental care amongst the children.

## Counselling and Family Support Services

In 2003 our Counsellors worked as part of multidisciplinary teams to provide individual and group counselling services.

Counselling/psychotherapy allows our clients to explore issues, such as relationships: emotional, physical and sexual abuse, loss, separation, bereavement, self worth, coping with anxiety, anger and other emotions, coping with illness, relapse prevention and poly substance dependency/misuse.

On-going family support, individual and group therapy sessions and crisis intervention are among the services available to family members of the clients attending the Centre.

In 2003 there were 4,341 attendances for counselling services. The family support group continued to provide a vital support service, reflected by the 502 attendances. We continue to offer information, advice, referral and counselling services, and work with other statutory and voluntary agencies. In September 2003, in response to the marked increase in the abuse of cocaine, we further expanded our client groups to facilitate access to structured programmes for cocaine users.

In 2004 we intend to establish an alcohol educational advice programme for all clients. During 2003 the counselling department provided 6 student placements which included supervision and mentoring services in collaboration with third level colleges: Trinity College, Dublin, LSB/ DBS College and NUI, Maynooth. 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.

### Number of attendances for Counselling Services 2003

**2003**  
4,341

### Number of attendances at Family Support Groups 2003

**2003**  
502

# nurturing

## 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 2003, 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.

Outreach coordinated the development of a practical and efficient care plan specifically tailored for our specialised service. It is currently being piloted and will be fully operational in 2004. Such initiatives ensure our administrative systems remain focused and supportive of client services.

## 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. In 2003 there were 5,481 attendances for social work services and the department completed in excess of 270 reports to the courts. The established client groups continue to play a vital role in the rehabilitation of clients in the areas of alcohol awareness, literacy and music.

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

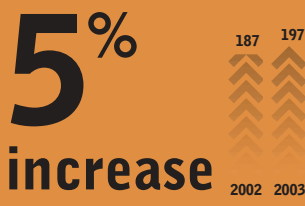
### Number of attendances for Social Work Services 2003

**2003**  
5481

## 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 receive comprehensive anti natal and post partum care. In 2003, 197 women availed of this service, representing a 5% increase on 2002. The midwifery team act as a resource for information and education for the wider teams within the Drug Treatment Centre Board.

### Liaison Midwifery Services



## Nursing Department

Our nursing team continue to have a key role in the co-ordination, assessment, planning and delivery of quality client care. In 2003 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.

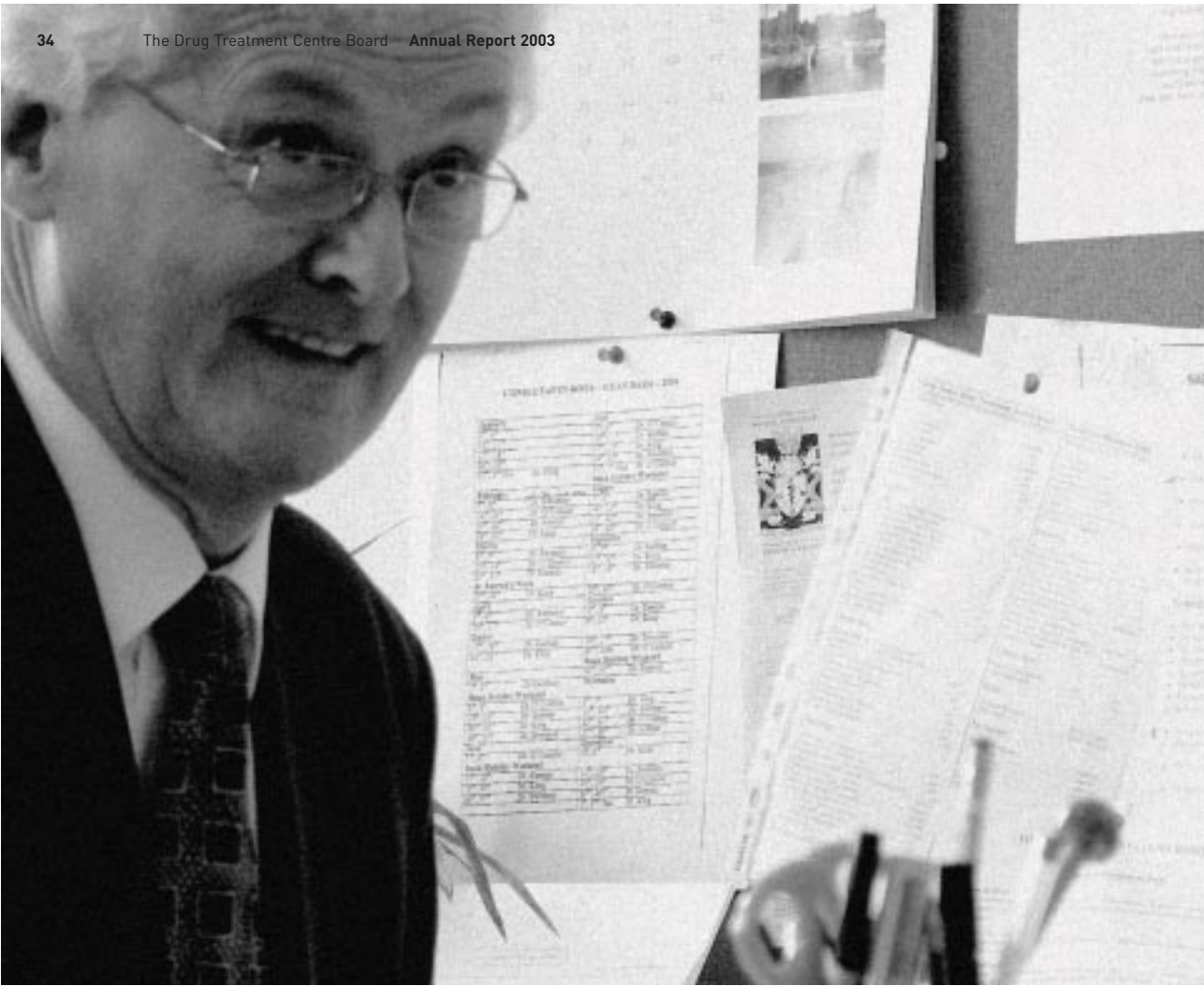
Through a key working system the team supports the development of care plans and pathways which ensure a seamless system of transfer of care from our tertiary service to primary and secondary services.

## 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 the creative and multi-talented staff of The Drug Treatment Centre Board 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 domestic and domestic staff. The Board acknowledges the vital contribution that these teams make to our organisation.



## Welfare Services

Enquiry:	2003
Housing and Accommodation	843
Finance (Social Welfare, Allowances and Benefit etc.)	347
Medical (medical cards, disability allowance etc.)	313
Children (One parent family payment, child benefit etc.)	17
Miscellaneous	12
Total number of Enquiries	1532

Our Welfare Services established in 2002 continued in 2003 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.

Accommodation is a significant factor in referrals to the service and comprises a significant proportion of queries. The service aims to ensure that all clients have ease of access to this service.



**In 2003 the following initiatives were undertaken:**

- Partnership with Dublin Simon Outreach with emphasis on homeless clients.
- Partnership with Dublin Simon Hostel Accommodation with emphasis on medium term accommodation for clients.
- Partnership with Access Housing Unit with emphasis on Settlement in Private Rented Accommodation.
- Established close working relationship with the Homeless Persons Unit with emphasis on referral to Temporary Accommodation.
- Established close working relationship with Dublin City Council Estate Management Section.
- Established close working relationship with multidisciplinary team for homelessness.
- Established close working relationship with Threshold.

In 2004 we plan to establish mechanisms to improve the access to quality accommodation and to build closer links with estate management in the wider Dublin Area. We will also continue to build further relationships with other statutory and voluntary organisations.



## Education and Training

As the longest established treatment service in the country, with more than 34 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 2003 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.

An information booklet, written by Dr. Shay Keating of The Drug Treatment Centre Board: "Hepatitis C A Guide for Drug Users and their Families", was published. This provides a comprehensive, easy to read guide for individuals and families affected by Hepatitis C.

## 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 it is planned that the Medical Council will visit the Centre to confirm 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 2003, 159 professionals participated in on-the-job learning. These included nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers, laboratory and administrative personnel.

## LSB College

In recent years the LSB, as a recognised third level institution, has initiated a Masters Degree in Psychoanalysis. As part of their training, students are offered placements of six months in our Centre. To date we have provided teaching and training for 12 students. Clinical visits are arranged on a twice-yearly basis for a further 10 students participating in this course.

## Child Care Professionals

Students from the School of Social Science at the Dublin Institute of Technology are offered a placement of one year. During their time with us 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.

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## Counsellors

Students attending counselling courses as part of their training at Trinity College, Dublin or University College Dublin may avail of placements that are supervised by our experienced counselling team.

## Social Workers

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

## Science Students

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. During 2003, enhancements were made and new systems were installed, resulting in secure and speedy access to email, Internet and our database applications.

Our website ([www.addictionireland.ie](http://www.addictionireland.ie)) was redesigned with the addition of a content management application which has resulted in easier access for visitors. Our Laboratory information system was also enhanced ensuring that test results are available to clinicians and healthcare professionals in a timely and user friendly format.

In 2004 we plan to commence the development of a new Electronic Patient System which will automate many of the current manual work-flows, improve efficiencies and client care. This will also enhance our reporting capabilities.

## Human Resources

In 2003 the HR department continued to act as a resource for managers and supervisors, to support the continued delivery of a quality service.

We pride ourselves on our ability to attract highly qualified and experienced staff. This is achieved through strategic and innovative recruitment campaigns. In 2003 our recruitment campaign was nominated for an advertising award. The "Excellence in Recruitment Advertising" awards (EIRA) are widely acknowledged for recognising forward thinking recruitment advertisements. They are the most



prestigious recruitment awards in the country. The Board takes great pride in such a nomination and congratulates the department on its success.

The organisation's design and delivery of services are centred on clients and their families. The attraction and retention of highly qualified and experienced professionals ensures we continue to deliver our specialised quality service. In September 2003 a recruitment campaign entitled "a climate of change, a culture of improvement" was launched in the national press. This recruitment campaign produced fifty four candidates who, as part of their interview, completed a survey relating to their experience in applying for a position with the Board. The information gained will ensure that we remain an employer of choice.

Among those employed at the centre are individuals who work within multidisciplinary teams from the following disciplines: Counselling, Social Work, Scientists, Doctors, Nurses, Child Care Workers, Psychology, Welfare, Administration, General Assistants and Project Workers. As of 31st December 2003 we employed 110 whole time equivalent staff members. The male to female ratio was 1:2. In 2003 the Board also achieved its 3% target for people with disabilities employed in the Public Service.

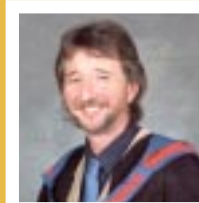
We continue to develop our Training and Development Policy which ensures that every employee has access to training and personal development. In 2003 in excess of 115 training and development courses, conferences and seminars were attended, both within Ireland and internationally. Training courses during 2003 included: Addiction and Drug Use; Crisis and Bereavement: ECDL; Manual Handling; Expert Witness Training; Family Planning; Management Skills and Report Writing. Our induction programme for Non

Consultant Hospital Doctors, which facilitates up to thirty doctors in training each year, was further enhanced by the introduction of non-violent crisis intervention training, which is specifically tailored to our specialist working environment and is delivered by our staff who qualified as trainers in 2003.

We also continued to encourage employees to avail of further education and 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, Post Graduate Diploma in Legal Studies, Higher Diploma in Practice Nursing, Post Graduate Diploma in Cognitive Psychotherapy, PhD. in Psychoanalysis, Certificate in Health Service Management and Mediation Studies.

The HR department acknowledges the co-operation and support of the senior management team, line managers, staff committees, supervisors and staff, the ERHA, The Department of Health and Children, the Health Service Employers Agency and Trade Unions, during 2003.

In 2004 our plans include the development of an employee handbook which will support a generic induction programme. We will continue to computerise our processes further and to be proactive in creating awareness of various government led initiatives, e.g. Work Life Balance and Disability Awareness.



Mr. Alan Furlong, Senior Counsellor who received a Masters MA (Hons.) in Addiction Studies.



Mr. Paul Murray, IT Officer who received a BSc (Hons.) in Information Systems.

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## 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 cardio-pulmonary resuscitation (CPR), de-escalation, first aid, fire warden and manual handling is also co-ordinated by the department. Occupational health is represented on various sub-committees including our Health and Safety Committee.

During 2003, 43 staff received training in Non-Violent Crises Intervention. In preparation for the implementation of the forthcoming smoking legislation, smoking cessation groups were initiated through the Occupational Health Department to assist staff in becoming smoke free. In 2004 the department will continue to be proactive in the promotion of good physical, mental and social well-being of all employees and plans to produce a staff information leaflet to support this.

## Financial Statements

The draft financial statements for the year ended 2003 show a total income of €7,662,402 of which €7,492,492 was the grant allocation from the ERHA. These draft statements reflect a surplus of €165,047. During the year the Board also received €230,000 towards minor capital works.

The department continues to review and update systems which will assist in the relevant and timely delivery of management information. 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 2003.

**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 2003 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.