

providing
nurturing
developing
leading
informing



Annual Report 2000

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mission

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

vision

As the largest and longest established Drug Treatment Centre in the country our aim is to continue to provide a broad range of treatments and to develop forward thinking policies for the treatment, prevention, rehabilitation and development of adequate programmes of care for those affected by substance misuse.

As a specialist service we will strive, in collaboration with educators, other statutory, voluntary and community agencies to continue to foster a spirit of independence and choice amongst clients. We stringently develop and promote best practice in therapeutic and clinical treatments.

Research is integral to assessing the effectiveness of existing practices and for appropriate policy development. We support this by producing data on evidence-based research, thus reducing the reliance on anecdotal evidence. Through our specialist service, we can provide evidence-based practice which supports insights into the effectiveness of current and future treatments, new developments and best practice within the addiction field. As a hub of addiction services we aim to lead and inform on best practice and to contribute to drug treatment policy.

Our aim is to continue to improve and develop the services we offer in treatment for substance misuse, information for policy makers and as a key resource centre for professionals involved in the treatment, care and management of drug misuse nationwide.

about

The Drug Treatment Centre Board (DTCB)



The National Drug Advisory and Treatment Service, now known as The Drug Treatment Centre Board (DTCB), 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, which was established in 1718, the first voluntary hospital in Ireland. The current Chairman of The Drug Treatment Centre Board, Mr Denis 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). 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. Previously funded by the Department of Health and the Eastern Health Board, it now receives its funds through the Eastern Regional Health Authority (ERHA).

It provides effective, high quality and client focused treatment for the population it serves. This is provided in a caring, professional manner in an atmosphere cognisant of the varied individual needs of the client population. It offers guidance and training to other professionals working in the area of substance misuse and contributes to policy development in

drug and addiction management. The DTCB is represented on the National Drugs Strategy Committee and the National Advisory Committee on Drugs. The DTCB-in partnership with other statutory and voluntary agencies-provides prevention, treatment, rehabilitation and aftercare programmes for out-patients and in-patients in order to minimise the harmful effects of drug addiction and prevent the spread of HIV and other infectious diseases. All out-patient treatment facilities are provided on site. The 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). Other components of the organisation include a National Drug Analysis Laboratory, as well as research and training.

Services

- Specialist Clinics
- Primary Care
- Counselling and Family Support
- Social Work
- In-house Play Therapy
- Outreach Services
- Specialist Drug Analysis Laboratory
- Education and Training
- Research
- Central Treatment List

board members



- | | |
|--|----------------------------------|
| 1. Mr. Denis P. McCarthy (Chairman) | 6. Dr. Joe Barry |
| 2. Mr. Dan McGing | 7. Dr. Íde Delargy |
| 3. Mr. Owen Patten | 8. Mr. Victor Keeley |
| 4. Dr. John O'Connor | 9. Dr. Eamon Keenan |
| 5. Ms. Ann Coyle | 10. Ms. Mary Ellen McCann |



chairman's statement



I am delighted to introduce the Annual Report for 2000. This is our inaugural annual report and it provides an informative account of the expansion, improvements and developments at The Drug Treatment Centre Board over the past 12 months.

In 1999 a strategic plan for The Drug Treatment Centre Board was agreed with the Department of Health and Children and the Eastern Health Board and continues to be supported by the Eastern Regional Health Authority. The restructuring measures agreed as part of that plan have been effectively implemented and these ongoing improvements continue to enhance the services we offer to clients, families and professionals.

In 2000, The Drug Treatment Centre Board supported the Department of Health and Children in dealing with Dublin's worst heroin crisis. We worked in partnership with the Eastern Regional Health Authority and were integrally involved in managing this crisis.

In the year under review we submitted, through the Eastern Regional Health Authority, a proposal under the National Development Plan for capital monies to enable us to refurbish and extend our premises at Trinity Court.

We are confident that this proposal, in line with our strategic developments, will be supported.

Many challenges face those involved in the treatment, care and management of substance misuse in our society. In addition to the alarming and tragic heroin crisis, there is also evidence that the co-abuse of benzodiazepines is an increasing trend amongst those attending for treatment. This is supported by research conducted by The Drug Treatment Centre Board. Sophisticated testing and screening measures have been put in place to monitor and evaluate these trends. This affords the opportunity to ensure adequate, appropriate and timely responses.

We welcome the initiative of the Minister for Health and Children, Micheál Martin T.D. in the establishment of a committee to examine all aspects of benzodiazepine misuse. Two members of the board of management of the Drug Treatment Centre Board are members of this committee. The deliberations of this committee are now concluding and a report is imminent.

**“To acknowledge the commitment and support of
the Senior Management Team and in particular
the Staff of The Drug Treatment Centre Board,
without whom we could not build on our success.”**

Hepatitis C continues to be a major health issue amongst our clients, which we first recognised in 1994. In that year we established a dedicated Hepatitis C clinic, one of the first of its kind in Europe.

By far the largest proportion of drug misuse is amongst young men under 25. Significant catchments of our population-the homeless, young adults, ethnic minorities and those with complex addiction problems-continue to be at risk. We endorse the proposals outlined in the National Drugs Strategy 2001-2008 and look forward to working with our statutory and voluntary sector partners in the delivery of this strategy.

On behalf of the Board I would like to thank the Charitable Infirmary Charitable Trust, the Department of Health and Children and the former Eastern Health Board for their many years of continued support. We look forward to working with the Eastern Regional Health Authority in the future. In particular, I would like to acknowledge the help and support of the Planning and Commissioning Department of the Eastern Regional Health Authority, under the direction of Mr Pat McLoughlin. In conclusion, I look forward to a period of continued development and growth.

The Board would like to acknowledge the commitment and support of the Senior Management Team and in particular the staff of The Drug Treatment Centre Board, without whom we could not build on our success.

Denis P. McCarthy, Chairman
8th November 2001

general manager's report



2000 was a year of tremendous change on many fronts, both internally and outside the organisation. Negotiations concluded with agreement in relation to the funding of the Drug Treatment Centre Board moving from the Department of Health and Children/Eastern Health Board to the Eastern Regional Health Authority.

Key Activities in 2000

- Rapid response to Dublin heroin crisis.
- Expansion of blood borne / viral screening services.
- Establishment of a "walk-in" rapid assessment service.
- Dedicated women's health clinic established.
- Continued liaison and provision of training services in conjunction with leading medical and third level institutions.
- In 2000, there were 81,650 client visits to Trinity Court. During the year, 1,034 clients received treatment service, of this 833 were on methadone treatment, which represents 16.5% of those treated on a national basis. A further 152 were treated as in-patients in St. Michael's Ward, Beaumont Hospital, Dublin 9.

As the longest established and largest treatment service in the country, it is widely acknowledged that we have within Trinity Court a wealth of knowledge and experience. This report reflects the range and extent of our specialist services.

We acknowledge the work of other statutory, voluntary and community agencies in treating, rehabilitating, preventing and educating those involved or at risk of substance misuse.

The Drug Treatment Centre Board continues to work in a spirit of collaboration by constantly evolving and embracing change in order to offer the best treatment options to our clients and to lead within our profession. We are constantly monitoring and evaluating our work and our aim is to continue to improve and develop.

I would like to take this opportunity to thank the Senior Management Team for their efforts since the reorganisation last April. Since its inauguration, we can better contribute to effective and appropriate planning and communication, internally and with the Eastern Regional Health Authority and other statutory, voluntary and community organisations to ensure the delivery of appropriate and effective services.

In addition, I would like to thank the Chairman Denis P. McCarthy for his continued personal support. This report is a reflection of the hard work and commitment of the Board and dedicated staff at every level in the organisation, who during 2000, worked to improve existing services and to develop new services.

Sheila Heffernan, General Manager
8th November 2001

DTCB

consultant psychiatrists



Dr. John O'Connor
Consultant Psychiatrist in Substance Misuse/
Clinical Director



Dr. Brion Sweeney
Consultant Psychiatrist in Substance Misuse



Dr. Eamon Keenan
Consultant Psychiatrist in Substance Misuse

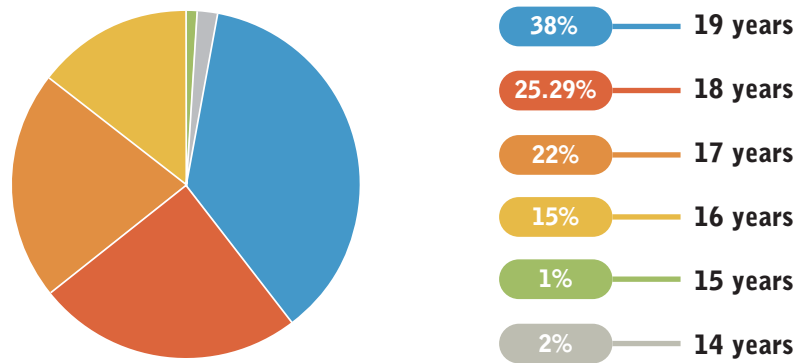
trends in 2000

Drug Use Amongst Young Adults

In 2000, we provided treatment for 1,034 people. 94% of all clients in treatment were under 40 years of age. The average age of clients attending was 26. 101 young adults (19 and under) were in treatment, representing 10% of our total client population.

We have seen an increase in the number of young adults in treatment. As a result the development of programmes in 2001 to meet their specific needs will be progressed by establishing a Young Adults in Action programme (YAIA), designed specifically to address the complex needs of young adult drug misusers.

Age Profile of Clients in Treatment at Trinity Court in 2000



Age Profile of Clients in Treatment at Trinity Court in 2000

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Under 15 years	2	0.2	0.2	0.2
15 to 19 years	99	9.6	9.6	9.8
20 to 24 years	330	31.9	31.9	41.7
25 to 29 years	275	26.6	26.6	68.3
30 to 34 years	164	15.9	15.9	84.2
35 to 39 years	105	10.2	10.2	94.4
40 years & over	58	5.6	5.6	100.0
Total	1033	99.9	100.0	
Missing / Not known	1	0.1	-	
Total	1034	100.0	100.0	

National Drug Treatment Reporting System 2000-Health Research Board

Heroin Crisis

May 2000 saw a heroin crisis hit Dublin resulting in a number of drug users dying from Toxic Shock Syndrome. In response to this crisis we immediately extended our opening hours in order to provide advice and support to concerned individuals during this time.

Resulting from this, in excess of 100 people commenced treatment here at Trinity Court. Throughout this period we took the lead role in ensuring accurate and timely advice and information was disseminated to 'at-risk' groups and professionals working with drug users.

Hepatitis C

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 1993.² Since then, the mode of transmission has been shown to be primarily parental (by blood contact), formerly by blood products and, more recently, by intravenous drug use with needle sharing. There is a seroprevalence of 80% in the drug using population in Dublin at present and the numbers of new cases of infection continue to rise.

Hepatitis C exposure is diagnosed by antibody testing and active viraemia confirmed by viral measurement. In The Drug Treatment Centre we have a proactive approach to viral testing for Hepatitis B, C and HIV.

In 1994 we established a dedicated Hepatitis C Clinic on a sessional basis. This was one of the first of its kind in Europe. During 2000, there were 960 attendances at the clinic. Our policy of viral screening, including Hepatitis, forms part of our general medical assessment for those entering treatment.

providing client focused treatment

1

Principles of our Service Delivery

The Drug Treatment Centre Board endorses the principles as laid out by the Health Strategy Document, Shaping a Healthier Future and the National Aids Strategy 2000, in providing quality service delivery, consistent standards for planning new developments and a clear and comprehensive accountability structure.

- Independence and choice.
- Effective prevention and health promotion.
- The achievement of abstinence, where feasible.
- Harm minimisation.

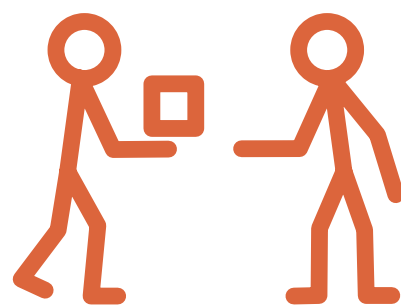


The organisation's design and delivery of services are centred on clients and their families. We are committed to engaging in high level client consultation incorporating clients' views into new service developments, strategic planning and in the evaluation of existing services. During 2000 a number of meetings were held in order to consult with clients to ascertain if the service provided was appropriate to their needs. In developing the principle of client focus, an individual customised care plan is agreed with each client.

As a service provider we endeavour to address areas such as:

- Ensuring all services are equitable, easily accessible and appropriate to need.
- Equality - clients must be recognised and treated as having equal status to every other health care client and have access to mainstream services.

We have identified specific initiatives to target groups who have difficulty in accessing services including the homeless, young adults, ethnic minorities, those with disabilities, disadvantaged and those with complex addiction problems.



nurturing independence & choice

2

Clinical Services

Clinical services are constantly evolving to meet the needs of clients and the community we serve. We provide a tertiary referral and specialist treatment service for drug users. Due to the complex nature of substance misuse these services have been tailored to meet the psychosocial need of individuals attending for services. This is supported by a highly experienced and skilled multidisciplinary team led by three Consultant Psychiatrists in substance misuse.

We act as a primary referral centre pending the development of community-based services and we continue to work with the three Area Health Boards to support locally based treatment services. It is envisaged that as additional clinics or treatment facilities open, we will provide a secondary and tertiary service for those with special needs.

We also provide an advisory and support service on a national basis to professionals involved in the treatment care and management of drug misuse. This has been supported by the development and dissemination of policies, procedures and protocols in relation to best practice.

We provide a range of services for people presenting with drug problems both licit and illicit. Various treatment responses are enacted including medical and therapeutic interventions.

During 2000, 1,034 individuals received treatment services. This represents 16.5% of all clients treated on a national basis.

Specialist Clinical Services

General Medical and Psychiatric Assessment

Primary Care Services

Prevention and Treatment of Viral Infections

Women's Sexual Health Clinic

Liaison Midwifery Services

Counselling and Family Support Services

Rapid/Emergency Assessments

Social Work Services

Complementary Therapies

Key-Worker System

Outreach Services

Play Therapy Department





We adopt a holistic approach to the care and management of drug misuse. Each individual client presenting for treatment has a full social, drug, forensic and psychiatric assessment as routine. A range of complementary therapies (including massage, relaxation and acupuncture) supports medical and therapeutic interventions.

Medical Treatment Services

- Detoxification
- Methadone Maintenance Programmes
- Primary Care
- Blood Borne / Virus Disease Surveillance

This is supported by:

- Therapeutic interventions; including counselling, family support, play therapy, social work and outreach services.

General Assessment

Psychiatric co-morbidity has long been recognised as a particularly difficult problem in the care and management of patients with a history of substance misuse. Research conducted at Trinity Court indicates that 50% of individuals met RDC (Research Diagnostic Criteria) for depressive illness at some stage in their past.³



Prevention of Viral Infections

A fundamental objective of our drug treatment programme is the 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, general practitioners, and health boards.

Primary Care Services range from dressing of ulcers, abscesses, cuts and wounds and applying and or removal of sutures to provision of psychotropic and general medical medications.

Additionally our capabilities cover:

Administration and monitoring of specialist medications e.g. anti-coagulant injections, treatment of head lice, including lotion application and shampooing, dietary advice and weight monitoring. Supervision of triple therapy medication for the treatment of HIV, as well as supervised administration of tuberculosis medications, is a key primary care service.

Key-worker System

We established a key-worker system in 2000. The aim of this system is to enhance client care and access to relevant services. Each client is allocated a key-worker who, in consultation with the individual client, develops a comprehensive care plan. This ensures greater client access to appropriate services and facilitates communication and greater co-operation with external agencies both statutory and voluntary. This involves all clinical staff from the multidisciplinary teams.

The practice of a key-worker system has been endorsed by the Farrell report (2000)⁴ External Review of Drug Services for 'Eastern Health Board', as a model of best practice where it combines the "skills of the range of disciplines working within the service".



Rapid / Emergency Assessments

We established a walk-in rapid/emergency assessment in June 2000. To December 2000, 226 assessments were carried out. The benefits include improved access to services by drug users and an opportunity to plan appropriate services based on needs. Multidisciplinary clinical teams carry out these assessments.

Women's Health Clinic

In September 2000, a women's sexual health clinic was established on a sessional basis in partnership with the Genito Urinary Medicine and Infectious Disease (GUIDE) clinic from St. James's Hospital, Dublin. The service aims to administer contraception and provide advice, smear testing, sexually transmitted infection screening, education, counselling and other appropriate treatments. From September to December 2000, 30 female clients regularly accessed this service.

Children's Play Therapy

We provide a safe, stimulating and child-centred environment for children of clients attending the Centre. We provide a variety of equipment and activities. Emphasis is placed on building the children's self-esteem and meeting their social and emotional needs. The playroom is a source of information and advice to parents on childcare.

In 2000:

- The total number of child visits to the Play Therapy Department was 5,290.
- The total number of parental visits to the Play therapy Department was 4,275.
- 120 individual children attended in any given month.
- An average of 25 children attended each day. Two additional childcare workers were appointed. A Policies and Procedures manual and an information leaflet on the services provided by the playroom were produced. A parenting course was established in partnership with the Irish Society for the Prevention of Cruelty to Children.

Counselling and Family Support Services

The Drug Treatment Centre Board is committed to providing a support service to client's families concerned with substance misuse. In 2000, there were 4,681 individual attendances for counselling services. A further 440 family members attended family support groups.

Counselling as part of the therapeutic process is concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insight and knowledge, working through feelings of inner conflict, and improving relationships with others. As part of a multidisciplinary team, each counsellor works actively in supporting each client to address these issues, while at the same time developing a deeper understanding on what approach the counselling dynamic may best support and encourage the client to progress to self actualisation and autonomy. Some of the presenting problems include, self-identity; relationship difficulties; relapse; stress management; emotional/spiritual/physical and sexual abuse; alcohol problems; bereavement and social integration problems.

The Drug Treatment Centre Board offers support and advice to parents, family members and other concerned persons who attend our service. In addition, it supports family members and professionals with information and advice concerning all aspects of drug misuse.

It is well documented that when family members are receiving help or are involved in treatment, the outcome for the client is generally more positive. With the assistance of skilled therapeutic intervention, the family can achieve insight, become healthier and move towards positive change. Families can benefit enormously from an education and support programme. Services available for family members include; crisis intervention; education; individual and joint counselling sessions; ongoing family support; outreach programme and weekly family support groups.

Outreach Services

These services provide access to care in the community for the population we serve. Working as part of a multidisciplinary team, in consultation with the client, their needs, treatment and rehabilitation options are identified and individual care plans are developed. This service includes liaison with statutory and voluntary groups within the community; home visits to clients/families; aftercare; health promotion; crisis intervention; educational input for other services and the provision of services to clients in our in-patient facilities.

Social Work Services

In 2000, there were 1,632 attendances for social work services. The social work department work as part of the multidisciplinary team and key-working system and provide a range of services, which include, support around childcare issues and welfare, housing, court reports and group support. The team work closely with statutory and voluntary agencies. Collaboration remains essential to good practice, and we hope to continue and develop our input in this regard. The team also play a role as key-workers as part of client's treatment programmes. The availability of this service on-site allows attendees the opportunity to avail of internal social work services.

Administrative and Supportive Services

The work carried out by our administrative and support personnel plays a vital role within The Drug Treatment Centre Board. It is with their help and support that our Centre operates efficiently. We have outlined some of the teams who provide services. However, it is the administration and support personnel who are to the fore in supporting the work of these teams. Our administration and support sections include personnel from; finance; human resources; reception and medical records, clinical team secretaries, clerical officers, general assistants, security, building supervisor and housekeeping.



developing forward thinking

3

Education and Training

We have in excess of 30 years experience and 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 and is supported by our telephone advisory service.

Non-Consultant Hospital Doctors

We are recognised by the Royal College of Psychiatrists for training at both Registrar and Senior Registrar level. As part of our commitment to all the medical schools, students attend for formal lectures and tutorials. Several doctors over the years who participated in the programme are now consultants in Ireland and Britain. A similar arrangement exists with the Irish College of General Practitioners.

LSB College

In recent years this college, 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 with us. To date we have provided teaching and training for nine students. Clinical visits are also arranged on a twice-yearly basis for up to 10 other students participating in this course.

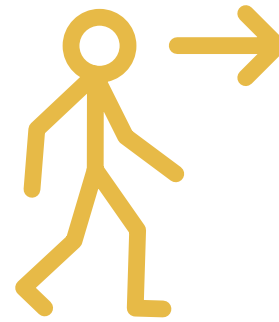
Child Care Professionals

Students from the School of Social Science at the Dublin Institute of Technology, Rathmines are offered a placement of one year. During their time with us as part of their training/supervision students attend multidisciplinary team meetings both internally and externally as appropriate. This affords students the opportunity to experience at first hand the range of needs and responses provided to children of drugs using parents.

Counsellors

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





Multidisciplinary Course in Addiction and Drugs

In 1997, we established a training course in Addiction and Drug Use in response to an identified need for induction and further training by professionals working in the area of addiction. This two-week course provides information on addiction in general, i.e. dynamics of addiction, family dimensions of addiction, legal and forensic aspects, toxicology and pharmacology, among many other related topics. It gives the participants a good grounding in the area of addiction and the services that are available. This course forms an integral part of induction and ongoing professional education for those working in the area of substance misuse.

To date we have provided training for nurses, social workers, prison officers, ambulance personnel, general assistants, counsellors, outreach workers and administrative staff. During 2000, 60 people attended the course. On a countrywide basis over 165 professionals have participated to date.

Science Students

Much of the work undertaken in our laboratory is highly specialised. Over the years it has been acknowledged by the third level institutions, including Athlone, Carlow, Kevin Street and Tallaght Institutes of Technology, as worthwhile and much sought after work experience for students.

Employment Placements

As a leading service provider in the area of substance misuse we facilitate professional training through training placements, which form part of the training of a number of different professions and disciplines. They receive exposure to the many aspects of clinical services and treatment programmes, as well as an introduction to our drug analysis laboratory and the service it can provide. During 2000, 110 professionals participated in on-the-job learning. These included nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers and laboratory personnel.

leading through research

4

Research



Research has always been, and continues to be, an integral component of our work. Our service affords the opportunity for research, as we are involved in clinical practice supported by an on-site drug analysis laboratory and employment training schemes that have a mandatory research component. This is 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. We actively encourage our wide range of disciplines to contribute to this wider body of knowledge.

Over the years, we have produced many papers that have contributed to research and policy development. During 2000, we were involved in research in relation to Hepatitis C and HIV with regard to the impact Harm Reduction Strategies may have on the prevalence rates, particularly amongst the younger age group. Our contributions have provided data on evidence-based practice.

Our extensive library facilities continue to be made available to professionals seeking access to specialised journals and publications. Papers produced by The Drug Treatment Centre Board are available on our website; addictionireland.ie



informing with experience

5

Drug Analysis Laboratory

The laboratory presently provides a national service to drug treatment agencies and General Practitioners. In addition to routine urine screening for drugs of abuse, we provide specialist services including differentiation and quantification of benzodiazepines, determination of methadone in blood samples and analysis of powders, tablets, cigarettes etc. for drugs of abuse. Supported by sophisticated equipment and a laboratory information technology system, results and related information are very rapidly and directly available to clinicians. Our highly qualified and experienced staff ensure that they keep abreast of trends, developments and best practice through their participation in and contribution on an international level.

In 2000:

- A total of 159,535 samples were each tested for between four and eight different drug types, resulting in circa 1 million tests. This represents an increase of 10% on 1999.
- A newly available kit for EDDP (methadone metabolite) was introduced, which can distinguish between ingested methadone and methadone added to urine to create 'false' specimens;
- The Laboratory is involved in specialised testing which includes HPLC identification and quantification of benzodiazepines compounds. In excess of 2,000 samples were analysed;





- 350 blood methadone levels were measured in cases where levels needed to be clarified to prevent withdrawal symptoms;
- 260 opiate differentiations were carried out to identify all opiate compounds present;
- 120 solid specimens (tablets, capsules, powders etc.) were analysed to determine if illicit drugs were present.
- Gas-chromatography/mass spectrometry (GCMS) equipment was purchased in late 2000. This will greatly enhance our capacity to identify unknown substances in a range of matrices.



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6

Central Treatment List

The Central Treatment List, which is a national list, is located at The Drug Treatment Centre Board. It has been in operation since 1993 when recommendations from the Department of Health and Children were made to GPs to register on this list all patients receiving methadone to prevent double prescribing.

In October 1998 specific legislation was introduced making it a requirement for all patients in receipt of methadone to be on a national register. Under this legislation the Eastern Regional Health Authority now has responsibility for the Central Treatment List.

The Department liaises on a national basis with General Practitioners, pharmacies, Treatment Centres and Health Boards. The Central Treatment List is vital in ensuring the successful implementation of the Methadone Protocol.



7

Human Resources

A Human Resources Department was established in May 2000. It has been proactive in building an employer brand that can successfully compete to attract and retain staff. The department is responsible for effecting a people model that supports the Centre's strategy and is sustainable given the current labour market climate.

The Assistant General Manager/Human Resources is a member of the Senior Management Team and therefore contributes to the day-to-day running of the Centre, implementing strategy and planning future development. Working with the senior management team, the HR Department ensures that its interventions reflect the core capabilities of the organisation and can quickly change or adapt to meet new developments.

A key objective in 2000 was to broaden the range of training and development available to all staff. As part of the strategic development of the organisation, a new Training and Development Policy was enacted. Its objective was two-fold. Firstly, it further enhanced current knowledge and skills and secondly, it identified and supported training and development initiatives that would sustain future needs. Along with in-house training, which

included extensive computer training and health and safety training, an increased number of staff were funded through the new policy, to attend external seminars, workshops and courses, some of which awarded professional qualifications. For example, two senior managers were awarded an MSc in Drug and Alcohol Policy from Trinity College, Dublin.





Four personnel took part in the Certificate in Finance training course organised by the Eastern Regional Health Authority and were successfully awarded their certificates from the Institute of Public Administration. Other staff members continued to be supported in their ongoing studies for example; family therapy, addiction studies, health care management, acupuncture, and sign language. Such training and development initiatives are vital for the attraction and retention of key personnel.

During 2000 the Board invested in management and leadership development for its senior management team. This initiative afforded an opportunity to build on current experience and knowledge. We consider this development essential as part of senior management's

learning as it builds on our capabilities to manage change, implement the Board's strategy and plan future developments.

In partnership with IMPACT, the Irish Nurses Organisation, the Psychiatric Nurses Association Ireland and the Irish Medical Organisation, a process commenced to develop comprehensive policies on grievance, discipline and anti harassment/bullying.

Human Resources extended the benefits it offers to employees by becoming a member of the Health Services Staff Credit Union. As part of, 'Anti-Racism in the Workplace Week' the HR Department initiated a staff presentation on 'Cultural Difference'. This was received well as it communicated and gave an understanding of the different cultural backgrounds of those who work within our multicultural environment.



8

Financial Statements

The draft financial statements for the year ended 31 December 2000 show a total income of £3,942,421 of which £3,859,000 was the grant allocation from the Department of Health and Children and the Eastern Health Board. These draft statements reflected a surplus of £400,123. This was a very satisfactory outcome in a year that saw considerable pressures on services and organisational restructuring and was compounded by the successful growth in our economic climate, which led to difficulties in the area of staff recruitment and retention.

The allocation that previously came from the Department of Health and Children, from April 2000 was channelled through the newly established Eastern Regional Health Authority. We would like to take this opportunity to thank the staff of the Department of Health and Children and the Eastern Health Board for their support and co-operation over the years. We look forward to continuing good working relationships with the staff of the Eastern Regional Health Authority.

Prompt Payments

The Drug Treatment Centre Board has systems and procedures to ensure full implementation of the provisions of the Prompt Payment 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. It is also our practice to review and to take appropriate action in relation to any incidents of non-compliance that may arise. In 2000, 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.

Euro

The preparations for the introduction of the euro continued in 2000. Software upgrades were required to meet all conversion needs. A new financial system was installed in late 2000 and further training continues.

Future Developments

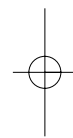
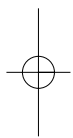
The Finance Department continues to review and update systems in order to improve management information systems. We take this opportunity to thank the staff within the finance department for their dedication and hard work throughout the year. The next few years will provide many challenges and opportunities for the department. We look forward to this period of continued development and growth.

Footnotes

- 1 Rooney, S. et al. (1999). Co-Abuse of Opiates and Benzodiazepines. *Irish Journal of Medical Science*.
- 2 Smith, R; Keenan, E; Dorman, A and O'Connor, J (1995). Hepatitis C Infection Among Injecting Drug Users Attending the National Drug Treatment Centre (Trinity Court).
- 3 Williams. H., O'Connor, J. and Kinsella, A. (1990). Depressive symptoms in opiate addiction on methadone maintenance. *Journal of Psychological Medicine*. 7: 45-46.
- 4 Farrell M., Gerada C., and Marsden J. (2000). External Review of Drug Services for "Eastern Health Board". National Addiction Centre, Institute of Psychiatry, London. p33.



DESIGNED AND PRODUCED BY SOURCE



The Drug Treatment Centre Board
Trinity Court
30-31 Pearse Street
Dublin 2
Tel: 648 8600
Fax: 648 8700
e-mail: info@dtcb.erha.ie
web: www.addictionireland.ie

