

THE DRUG TREATMENT CENTRE BOARD

ANNUAL REPORT 2001

					<b>providing</b>
					<b>adapting</b>
					<b>nurturing</b>
					<b>developing</b>
					<b>leading</b>
					<b>informing</b>

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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 to act as a key resource and training 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 current Chairman of The Drug Treatment Centre Board, Mr Denis McCarthy, is from a family who have 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 we 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). Other components of our organisation include a National Drug Analysis Laboratory, as well as a research and training department.

### 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
- Young Adults in Action Programme (YAIA) {under 20}

### Other Services

- Occupational Health
- Counselling and Family Support Services
- Social Work Services
- Welfare Services
- Complementary Therapies
- Outreach Services
- In-House Play Therapy Services
- Research
- Central Treatment List
- Drug Analysis Laboratory



## board members



Mr. Denis P. McCarthy Chairman



Mr. Dan McGing



Ms. Ann Coyle



Dr. Joe Barry



Mr. Owen Patten



Dr. Eamon Keenan



Mr. Victor Keeley



Dr. Íde Delargy



Dr. John O'Connor



Ms. Mary Ellen McCann

## chairman's statement



Mr. Denis P. McCarthy Chairman

It gives me great pleasure to introduce our Annual Report for 2001. This report provides an informative account of the expansion, improvements and developments during 2001 and our plans for the future. As a Board we have never ceased to be impressed by the care and dedication shown by our staff in the delivery of services. It is with great pleasure that I find myself writing once again to congratulate my Board colleagues, management and staff for a job well done. We continue to play a key role in creating a greater understanding of drug misuse throughout society. We communicate through a variety of media, for example training and education programmes, press briefings and publications.

Many challenges continue for those involved in the treatment, care and management of substance misuse in our society. We pride ourselves in our ability to adapt and respond in an effective and timely way to these challenges. We continue to work with The Department of Health and Children, the Eastern Regional Health Authority, the Health Board's, voluntary and community organisations in meeting these challenges.

**Many challenges continue for those involved in the treatment, care and management of substance misuse in our society. We pride ourselves in our ability to adapt and respond in an effective and timely way to these challenges.**

In 2001, through an interagency approach, we initiated the formulation of an outbreak committee comprising of representatives from public health/disease surveillance, infectious diseases, respiratory medicine and medical personnel and management from our centre in response to the increase of pulmonary tuberculosis in the drug using population. An extensive contact tracing procedure was established and a comprehensive screening programme was delivered on site. This committee enabled us to work closely with the Office of Public Health, general and specialist hospitals in the delivery of services.

We provided a counselling service, co-ordinated by the Eastern Health Shared Services on behalf of the Department of Foreign Affairs for bereaved and traumatised families in the wake of the terrorist attacks in the United States of America on September 11. Our ability to meet such challenges is indicative of our capabilities.

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.

A key objective for the Board in 2001 was to create a greater awareness of the wide range of services and specialities we deliver and to advise on best practice models. This was achieved by proactively encouraging and welcoming visitors to our centre in order that they might experience our work at first hand. During 2001, professionals from The United States of America, South Africa, Australia and Europe visited. We are committed to fostering and nurturing relationships with these individuals and organisations.

We continue to monitor the co-abuse of benzodiazepine use among clients attending for treatment and look forward to the report of the benzodiazepine committee, established by the Minister for Health and Children, Micheál Martin T.D., which is due to be launched.

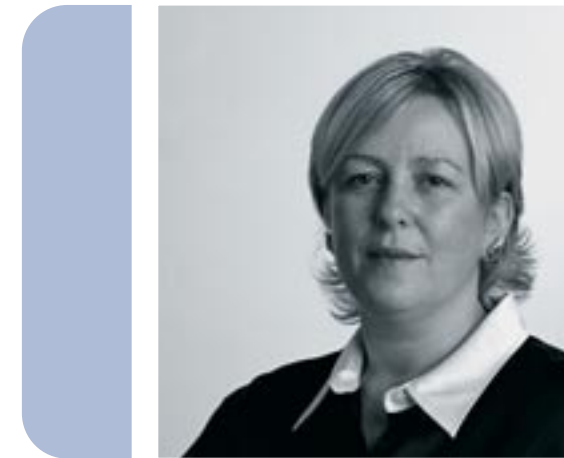
On behalf of the board I would like to thank the Charitable Infirmary Charitable Trust, The Department of Health and Children and the Eastern Regional Health Authority for their support. We are fortunate to have a dynamic, focused and committed team of senior managers and multidisciplinary staff who under the guidance of the Board and general manager enable us to build on our success. We look forward to meeting the challenges of the future.

Denis P. McCarthy

Chairman

28th November 2002

## General Manager's Report



Sheila Heffernan

In 2001 our Board further pursued a programme of organisational and service development. Through an effective communication process and a clear mission and vision we continued to adapt and be to the fore in the delivery of drug treatment services and responding to needs in collaboration with other statutory and voluntary agencies.

Over the past 33 years of service delivery, providing treatment services and expertise in analysis of drug misuse, 2001 was by far the most challenging year in further developing our clinical services. Through our service level agreement with the Eastern Regional Health Authority (ERHA) we delivered a wide range of specialist and innovative services. Our commitment to engaging service users in our planning process enabled us to deliver services based on need. This was achieved through the establishment of a Service Users Forum, which enables us to ensure an effective process of communication between client peer groups and management which supports future planning and quality initiatives.

In 2001 there were 96,543 client visits to Trinity Court representing an increase of 14,893 (+18%) on 2000. 1,189 clients received treatment of which 211 people received treatment for the first time. Heroin continued to be the primary drug of misuse for those first treatment contacts. We continued to provide a 'walk-in' assessment service that ensures ease of access. During 2001, 388 people received treatment interventions through this service.

We established an innovative Young Adults in Action (YAIA) programme in March 2001. The aim of this programme is to provide a specialist comprehensive programme dedicated to meeting the needs of young drug users. Supported by a care-plan and a key-worker approach, the programme works in collaboration with voluntary and statutory service providers. In 2001, 111 young adults received treatment services.

Our key developments in 2001 included

- Establishment of a Service Users Forum
- Dedicated Young Adults in Action (YAIA) Programme
- Enhancement of specialist clinics
- Development of a dedicated specialist borne/viral screening service
- Drugs Aids Information System (DIAS) introduced
- Establishment of a music group
- Establishment of an Occupational Health Department
- Enhancement of laboratory testing capabilities
- Competency based exercise / training
- Launch of website: addictionireland.ie
- Expansion of C.C.T.V. monitoring and street patrols
- Expansion of ventilation system

Our laboratory, which is the largest specialist provider of drugs of abuse screening in Ireland continued to develop its services in 2001. One such development included the introduction of Gas-Chromatography/Mass Spectrometry (GC-MS) testing which enables us to differentiate and quantify specific substances. This initiative is the first of its kind in Ireland, specialising in drugs of misuse.

In 2001 we established an Occupational Health Department which provides a wide range of services to our staff. One of the department's initiatives in 2001 was to develop guidelines for best practice in the provision of health care for staff working in a drug treatment setting. To this end we acknowledge the support of the Public Health Department (ERHA) and St. James Hospital.

As part of our commitment to enhance our relationships with the local businesses, service providers and community we expanded our street patrol activity and C.C.T.V. monitoring system. We continue to be proactive in fostering these relationships through our monitoring committee and are committed to the upkeep and ongoing development of the Pearse Street area.

In 2001 we introduced, in partnership with Eastern Health Shared Services (EHSS), a Drugs Aids Information System (DIAS). This system supports our day to day activities in the delivery of treatment services and management information. We look forward to working with the EHSS and the Area Health Boards in developing this system.

In 2002 we plan to develop our capacity to lead and inform by developing an information communication technology strategy (ICT) to support the Board's strategic plan. This development will also enable us to enhance our position as an information provider nationally and to contribute to government policy in drug treatment.

Specific services for the homeless/disadvantaged drug using population will be developed in 2002. We endorse the principles set out in the Homeless Agency's, Shaping the Future an action plan on homelessness in Dublin 2001-2003 and we will work in collaboration with the Director of Homelessness (ERHA), The Homeless Agency and our voluntary and statutory partners to ensure access to services and continuum of care.

On behalf of the Board I would like to thank the Charitable Infirmary Charitable Trust, the Department of Health & Children and the Eastern Regional Health Authority (ERHA) for their continued support. I would also like to acknowledge the continued support of the Director of Homelessness, the Planning & Commissioning Department of the ERHA and The Health Research Board as well as our many partners in the voluntary sector, local business community and other community service providers.

It is a tribute to our staffs commitment, creativity and capacity that we have been able to make such great strides over the past year. The future will inevitably present many new challenges and it is with confidence that we move forward.

Sheila Heffernan

General Manager

28th November 2002



## Clinical Director's Report

In the history of our organisation 2001 was a notable year in the development of our clinical services. The establishment of our Young Adults in Action programme (YAIA), Service Users Forum and specialist clinics are indicative of our commitment to improving the services we provide to clients and their families.

We are committed to constantly improving and delivering a high quality service at every level within the organisation. Our unique service supported by our laboratory and research affords us an opportunity to identify trends in drug misuse and advise on appropriate responses and interventions. 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.

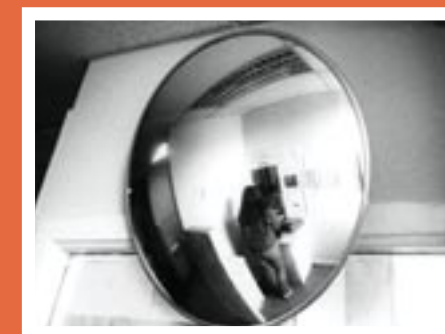
On behalf of myself and my consultant colleagues in Substance Misuse; Dr. Eamon Keenan and Dr. Brion Sweeney I would like to express our appreciation for the continued support of our Chairman, fellow Board members, general manager and senior management team. We would also like to acknowledge the dedication and hard work of the Non Consultant Hospital Doctors (NCHD's), clinical, administrative and support teams here at Trinity Court, St. Michaels Ward, Beaumont Hospital and Cuan Dara, Cherry Orchard.

Dr. John O'Connor  
Clinical Director  
Consultant Psychiatrist in Substance Misuse  
28th November 2002



Dr. John O'Connor

**+** providing



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



**PRINCIPLES OF OUR SERVICE DELIVERY**

The Drug Treatment Centre Board endorses the principles as laid out by the Health Strategy Document, 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 a continuum of care and a key-worker approach in providing a seamless service.

The organisations 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. In 2001 we established a Service Users Forum to ensure effective communication and support service planning and quality initiatives.

We continue to deliver services for those who have difficulty in accessing services including the homeless/disadvantaged, young adults, ethnic minorities, and those with complex addiction problems.



## Trends in 2001

### TREATMENT SERVICES 2001-2002

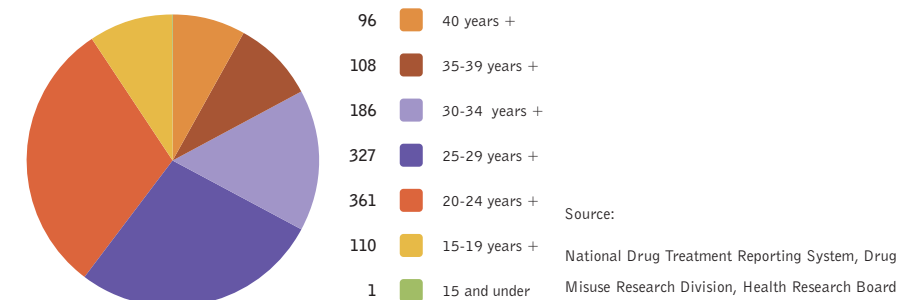
	2000	2001	% +/-
Total Number of Client Visits	81,650	96,543	+18%
Number of Clients receiving treatment services	1,034	1,189	+15%
Number of clients who received methadone treatment	833	891	+7%

### Age Profile of Clients in Treatment at Trinity Court in 2000 and 2001

Age	2000 Number	2001 Number
Under 15 years	2	1
15 to 19 years	99	110
20 to 24 years	330	361
25 to 29 years	275	327
30 to 34 years	164	186
35 to 39 years	105	108
40 years & over	58	96
Total	1033	1189
Missing/not known	1	0
Total	1034	1189

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

### Age Profile of Clients in Treatment at Trinity Court in 2001



### Main Drug of Misuse of All Treatment Contacts treated at Trinity Court 2001

Main Drug of Misuse	2001	
	N	(%)
Heroin	1069	(89.9)
Methadone non-medical	44	(3.7)
Other opiates	36	(3.1)
Cocaine	10	(0.8)
Ecstasy	3	(0.3)
Amphetamines	1	(0.1)
Benzodiazepines	19	(1.6)
Cannabis	6	(0.5)
Other substances	1	(0.1)
Total	1189	

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

In 2001 we provided treatment services for an additional 211 clients. Heroin continues to be the main drug of misuse as evidenced in the first treatment contacts.

### Main Drug of Misuse of First Treatment Contacts Treated 2001

Main Drug of Misuse	2001	
	N	(%)
Heroin	188	(89.1)
Methadone non-medical	5	(2.4)
Other opiates	2	(0.9)
Cocaine	4	(1.9)
Ecstasy	2	(0.9)
Amphetamines	1	(0.5)
Benzodiazepines	7	(3.3)
Cannabis	2	(0.9)
Other substances	0	(0)
Total	211	

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

## Trends in 2001 continued

### Age Breakdown of First Treatment Contacts aged under 20 years treated at Trinity Court 2001

Age	2001	
	N	(%)
Under 15 years	1	(2.2)
15 to 19 years	44	(97.8)
Total	45	

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

In 2001 we experienced a 10% increase in our young adult population, under 20, attending services. Our Young Adults in Action (YAIA) programme established in 2001, resulted in 111 young people receiving treatment interventions of which 45 were first treatment contacts.

### Gender of First Treatment Contacts aged under 20 years treated at Trinity Court 2001

Gender	2001	
	N	(%)
Male	21	(46.7)
Female	24	(53.3)
Total	45	

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

### Main Drug of Misuse of First Treatment Contacts aged under 20 years treated at Trinity Court 2001

Main Drug of Misuse	2001	
	N	(%)
Heroin	42	(93.3)
Ecstasy	1	(2.2)
Benzodiazepines	1	(2.2)
Cannabis	1	(2.2)
Total	45	

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

In 2001, heroin continued to be the main drug of misuse

### Homeless Clients Treated at Trinity Court 1999-2001

Year	Total number treated	Homeless	
		Number	Valid % of total
2001	1189	166	13.96
2000	1034	129	12.47
1999	1022	78	7.63

\*never previously treated

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

As a tertiary service we are committed to ensuring that the disadvantaged are targeted and that services are designed and delivered to meet their multifaceted and complex needs. Future plans for the Board include the development of services specifically for the homeless/disadvantaged drug using population.

### Central Treatment List

The Central Treatment List, which is a national list of clients receiving methadone treatment, is managed at Trinity Court. It plays a vital role in ensuring the successful implementation of the Methadone Protocol (1998). As of 31st December 2001, 5,922 individuals were on the methadone treatment list in Ireland. This is an increase of 19% on the previous year. Of these, 5,865 were treated within the eastern region.

In 2002 we plan to enhance the statistical reporting capabilities of the current computer system. Through this improved reporting module we can provide better information on evidence-based practice, which supports insights into the effectiveness of current and future treatments and best practice within the addiction field. It will provide information for policy makers and act as a resource for professionals involved in the treatment, care and management of drug misuse nationally.

 **leading**



**Young Adults in Action (Y.A.I.A.) Programme**

In 2001 we established an innovative programme that is designed to meet the complex needs of young drug users (under 20), many of whom are homeless.

The programme adopts a holistic approach that addresses their physical, psychological, emotional and social needs. The programme is supported by a dedicated, highly skilled and experienced multidisciplinary team in collaboration with external agencies. The programme is tailored to meet the individuals needs.



The programme delivers the following services:

**Medical Treatment Services**

- Stabilisation
- Detoxification
- Maintenance
- Primary Care
- Blood Borne / Virus Disease Surveillance
- Family Planning

**Therapeutic Services**

- Counselling
- Family support
- Children's Play Therapy Services
- Complementary Therapies
- Social Work
- Outreach Services

**Specialist Medical Services**

- Psychiatric and General Medical Assessment
- Sexual Health Clinics
- Liaison Midwifery Services
- Complementary Therapies

**Lifeskills Activities Include:**

- Art
- Personal development
- Creative writing
- Music club
- Computer training
- Literacy training
- Anger Management
- Assertiveness training
- Recreational activities e.g. bowling, outdoor pursuits etc.

**919 ATTENDANCES IN 2001**



There were 919 attendances in 2001. 111 young adults (under 20) received treatment interventions in 2001 of which 45 were first time treatment contacts.

The Y.A.I.A. are represented on the Service Users Forum, their contribution is vital in ensuring management understand their needs and in shaping the future development of this programme.

**Women's Health Clinic**

The women's health clinic was established in September 2000 and is run in partnership with the Genito-Urinary Medicine and Infectious Disease Executive (G.U.I.D.E.) in St. James Hospital, Dublin.

All aspects of women's sexual health and awareness are assessed. A full sexually transmitted infection screening and cervical smear testing service is provided. Advice on sexual health and contraception and referrals to specialist clinics for follow up are offered. In 2001, 87 women availed of this service.

**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 anticoagulant (an anti-clotting tablet) that thins the blood and is used in the treatment and prevention of DVTs and PEs. Warfarin therapy is initiated in a hospital setting and regular follow-up with monitoring of the Warfarin dose is essential.

Ongoing Warfarin review has historically been provided in a designated Warfarin clinic in hospital coagulation clinics. We established a designated Warfarin clinic, in collaboration with general hospitals, to facilitate the monitoring of and adherence to Warfarin therapy.

The aim of the clinic is to monitor the patient's response to Warfarin and to adjust the dose accordingly. There were in excess of 1,200 attendances during 2001.

**Hepatitis C Clinic**

Hepatitis C is a major medical problem in the drug using community with potentially wide-ranging personal, social and economic impact. Currently there are an estimated 13,000 drug users in the Dublin area, 80% of whom are believed to be infected with hepatitis C. We are proactive in our approach to viral screening for hepatitis A, B and C and HIV and operate a walk-in clinic designated to those who are hepatitis C positive.

The aim of the clinic is to assess patients who are hepatitis C positive, offer support and education and refer for treatment where appropriate. The clinic liaises with the major hepatology centres in Dublin. Furthermore, awareness of the risks of contracting hepatitis through drug use and unprotected sexual intercourse is promoted. All aspects of hepatitis – prevention, diagnosis, and referral for treatment are dealt with in the clinic. In 2001 there were in excess of 1,500 attendances.



**LABORATORY ACTIVITY 2000-2001**

	2000	2001	+/- %
Total Number of Urine Samples Tested	159,535	175,700	+ 10.13%
Up to 8 individuals tests are carried out per urine sample	1,000,000	1,054,200	+ 5.42%
Blood Methadone Levels	350	631	+ 80.29%
Opiate differentiation's (GC-MS)	260	710	+173.08%

**Drug Analysis Laboratory**

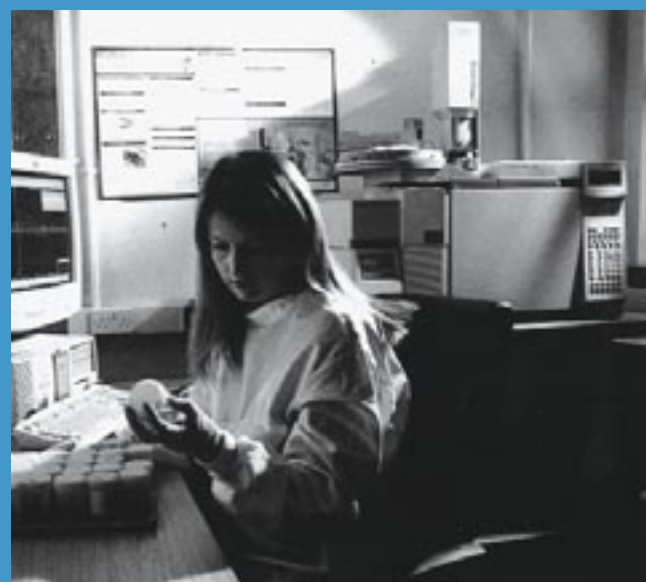
Our laboratory is the largest specialist provider of drugs of abuse screening in Ireland. In existence for over 30 years it provides comprehensive drug analysis that supports appropriate treatment interventions.

Through our participation in research we contribute to the development of drug treatment policy. Our sophisticated equipment and laboratory information technology system means that results and related information are rapidly and directly available to clinicians.

Our range of specialist services include the determination of blood methadone levels using enzyme multiplied immunoassay techniques (EMIT), the differentiation and quantification of benzodiazepines using solid phase extraction (SPE) and high pressure liquid chromatography (HPLC).

The laboratory is also equipped with gas chromatography / mass spectrometry (GC-MS). Through the use of equipment and quality standards we are committed to ensuring our laboratory department is maintained to the highest standard. In 2001 additional specialised equipment was purchased which has greatly increased our capacity for drug identification.

Current work includes the validation of an opiate identification method, which will enable distinction between Heroin, Morphine, Codeine and DF118. A new addition to our range of tests this year is an assay for 6 monoacetylmorphine (6-MAM), the heroin specific metabolite. The presence of this metabolite is proof of recent heroin use. A method for detection of Zimovane by GC-MS was established and the extent of misuse investigated. Unknown substances sent into the laboratory by members of the public are also rapidly analysed by this method.



In 2001 we expanded our services to provide testing for drugs of abuse to the newly established Drug Court (Dublin). At the end of 2001, 592 tests were being carried out on a weekly basis. We envisage that this number will continue to increase in 2002.

Our specialist knowledge in the area of drug analysis enables us to contribute and share our knowledge and expertise at national and international meetings. During 2001 we participated in national and international meetings which included: The Irish Society of Toxicology (IST), the International Association of Forensic Toxicologists (TIAFT), and the Society of Forensic Toxicology (SOFT).

**In 2001**

- A total of 175,700 samples were tested for up to 8 different drug types, resulting in circa 1,053,000 tests. This represents an increase of more than 10% on 2000.
- Benzodiazepine identification and quantification was carried out on 1063 samples. This represents an increase of 25% on 2000.
- 631 blood methadone levels were measured in cases where levels needed to be clarified to prevent withdrawal symptoms. This represents an increase of more than 80% on 2000.
- GC-MS has greatly enhanced our capacity to identify unknown substances in a range of matrices. In 2001, 710 samples were analysed.
- Trends in current drug use are observed. In 2001 the number of Opiate positive samples rose by 20% and Cocaine positive samples rose by 46% compared to 2000.



**Research**

Research continues to be an integral component of our organisation. Our ethos is to foster a culture of a multidisciplinary/ multi agency approach in furthering a wider body of knowledge. Supported by our Consultant Psychiatrists in Substance Misuse, Drug Analysis Laboratory and multidisciplinary teams we continue to lead on new developments in the addiction field; produce data on the effects of policy and influence future drug treatment practice.

In 2001 some of our collaborative work included; research projects with The Department of Public Health, the ERHA, Health Boards and the Centre for Disease Control (Atlanta – USA) in relation to the Heroin outbreak in 2000. We also worked with the Department of Public Health and the ERHA on a research project looking at the process of dealing with Tuberculosis in a

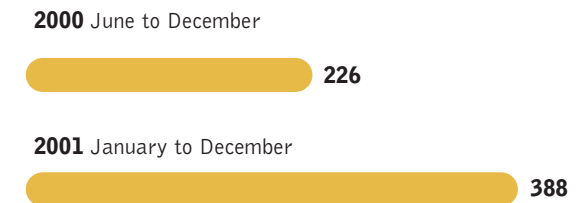
drug treatment centre context. Plans for 2002 include the development of a dedicated Research Department and the formalising of an Ethics Committee.

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.

In 2001 we received in excess of 2,000 requests for information on addiction from students, parents, other service providers and those involved in substance misuse. Our website, launched in November 2001, received an average 350 visits per week with the most popular sections being Services, Publications and Career Opportunities with a typical visit lasting an average of seven minutes.



**NUMBER OF WALK IN INITIAL/EMERGENCY ASSESSMENTS 2001-2002**



**Clinical Services**

We provide a tertiary referral and specialist treatment service for drug users and are constantly adapting our services to meet the needs of clients. During 2001, 1,189 individuals received treatment services supported by a highly skilled and experienced multidisciplinary team led by three Consultant Psychiatrists in substance misuse.

We also provide a national advisory and support service to professionals involved in the treatment, care and management of drug misuse. This is 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
- Primary Care
- Blood Borne / Virus Disease Surveillance

This is supported by:

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

**General/Psychiatric 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. An additional 353 psychiatric assessments were carried out in 2001. Such assessments are vital in ensuring that appropriate treatments are identified.

**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, maternity 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. We also cover administration and monitoring of 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**

We established a walk-in initial/emergency assessment service in June 2000. In 2001 a further 388 assessments were carried out. The benefits include improved access to services by drug users and an opportunity to plan appropriate services based on needs.

**Children's Play Therapy**

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.

Developments in 2001 included the facilitation of parenting courses tailored to need in partnership with the Irish Society for the Prevention of Cruelty to Children. A pre-school drop in service for children living in bed and breakfasts was also established. This service provides one-to-one interaction between the child and play therapist and offers ongoing support to parents.

We continued to support ongoing learning through the facilitation of students on placements from third level institutions.

**Welfare Services**

In 2001 we established a dedicated welfare department. This service seeks to address the welfare needs of the client through the provision of a wide range of personal and social services. Information on health, welfare and social insurance entitlements as well as accessing services such as temporary accommodation supplementary welfare allowance and the medical card system is provided. The service plays a strong advocacy role in unison with Social Workers and Counsellors from within the Centre. Welfare staff who work as part of a multidisciplinary team link with external agencies to ensure that we offer clients an efficient and effective service.

**Counselling and Family Support Services**

In 2001 our counsellors, working as part of multidisciplinary teams, provided clients and families the opportunity of individual and group counselling services.

Counselling as part of the therapeutic process is concerned with developmental issues. It enables our clients to explore issues such as



### NUMBER OF INDIVIDUAL ATTENDANCES FOR COUNSELLING SERVICES 2001-2002



**+10.78%**

relationships; emotional, physical, sexual abuse, loss, separation, bereavement, issues in relation to self worth, coping with anxiety, anger and other emotions, coping with illness, relapse prevention and poly substance misuse including alcohol.

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 programmes and weekly family support groups.

In 2001 there were 5,186 attendances for counselling services, which represents an increase of more than 10% on 2000. Our Family support group continued to provide a vital support service. In 2001 456 family members availed of this service.

The counselling department also offers information, advice, referral, and counselling services by telephone. Counsellor's working as part of a multidisciplinary team are involved in the provision of our initial assessment service to those seeking help, advice and treatment.

The team also provide placement supervision and mentoring services in collaboration with third level institutions which include, Trinity College Dublin, Dublin City University, Dublin Business School and Maynooth College. The counsellors are also proactive in facilitating visits to our centre to share our knowledge and expertise with peer professionals from other agencies, statutory and voluntary.

### NUMBER OF FAMILY MEMBERS WHO ATTENDED FAMILY SUPPORT GROUPS 2001-2002



**+3.63%**

#### OUTREACH SERVICES

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. Outreach also engages in the provision of services to clients in our 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 plays a key role in the validation of our waiting list to ensure we have a current status report. The department also contributes to the further education of other health care professionals.

#### Social Work Services

In 2001 the department reported a 47.85% increase in attendances. This increase can be attributed to having a full complement of staff in place and the heightened awareness by clients of the availability of social work services. Working as part of the multidisciplinary team their role includes the early and timely intervention with at risk families. This is supported by advocacy and liaison with voluntary and statutory agencies.

Attendance at court hearings and external case conferences increased in 2001. The demand for the compilation of reports to the courts remained high with in excess of 225 reports completed during 2001. Into 2002 we look forward to continuing the development of group work particularly in the areas of alcohol, literacy and music group.

### NUMBER OF INDIVIDUAL ATTENDANCES FOR SOCIAL WORK SERVICES 2001-2002



**+47.85%**

#### Liaison Midwifery Services

2001 saw the consolidation of the drug liaison midwife service that we provided to our clients in conjunction with the Area Health Boards and the three Dublin maternity hospitals. The aim is to ensure women who are pregnant gain access to ensure they receive comprehensive anti natal and post partum care. In 2001, 117 women availed of this service.

#### 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 through the creative and multitalented staff of Trinity Court. It is envisaged that this activity will be further developed in 2002.



#### Occupational Health

Occupational health is the relationship between work and health and the effect of occupation on the health of the worker. In June 2001 an occupational health department was established.

Cognisant of the particular needs of people working in a drug treatment setting a key objective of the department in 2001 was to establish baseline serology and tuberculosis status for all staff.

Other services include; periodic health assessments, health promotion, advice on health and safety issues, post exposure evaluation, treatment and workstation ergonomic assessment. The department also coordinates cardio pulmonary resuscitation (CPR), de-escalation, first aid, fire warden and manual handling training.

This is a confidential service and offers; vaccinations, mantoux testing, fitness to work and return to work assessments, together with eye examination, counselling and chest x-ray referrals. Pre-employment health screening for potential new employees is also provided. The department liaises with the Human Resources Department and is represented on the health and safety committee.

#### ADMINISTRATIVE AND SUPPORT SERVICES

Our administrative and support personnel are to the fore 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, general assistants, security, building supervisor and housekeeping. We acknowledge the vital contribution that these teams make to our organisation.





## adapting



### **SERVICE USERS FORUM:**

As part of our commitment in engaging services users in the design, delivery and evaluation of clinical services in 2001 we established a service users forum.

#### **Its aims are to:**

1. Develop a two-way channel of communication between staff/management and the clients attending the service.
2. Provide a meaningful forum for client representation and the expression of their views.
3. Provide a meaningful forum for discussion of existing policies and practices and their perceived needs of the service.
4. Explore proposals for change and service development.
5. Provide feedback to management in relation to both the positive and negative aspects of the service experienced by the clients.

Future plans include the development of peer education training programmes.

 **developing**

**EDUCATION AND TRAINING**

As the longest established treatment service in the country with more than 30 years 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.

Ongoing education is an integral part of the ethos of our organisation. To this end, in 2001, we provided training for the prison service, third level institutes, health boards and other professionals on hepatitis C. Further training was provided for support groups, prisoners and clients in rehabilitation centres.

In March 2001, Dr. Shay Keating, Medical Officer DTCCB, published a booklet titled 'Vaccination guidelines for Patients Attending the ERHA Drug Treatment Clinics'.

**Non-Consultant Hospital Doctors**

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.

**Employment Placements**

As a leading service provider in the area of substance misuse we facilitate professional training through placements, which form part of the training of a number of different professions and disciplines. Participants receive exposure to the many aspects of clinical services and treatment programmes, as well as our drug analysis laboratory. During 2001, 150 professionals participated in on-the-job learning. These included nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers and laboratory personnel.



**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 10 students. Clinical visits are arranged on a twice-yearly basis for up to a further 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. This allows students to experience at first hand the range of needs and responses provided to children of drugs using parents.

**Counsellors**

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

**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 allowing them to be placed in a state-of-the-art facility.

**EMPLOYMENT PLACEMENTS\***



\*nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers and laboratory personnel.

### Human Resources

In 2001 the Human Resources Department continued to deliver a range of services that supported our strategic plan.

The Board's continued support of a Training and Development Policy ensured that every individual had access to training and personal development. There was also continued investment in management, supervisory and leadership development for its senior and middle management teams.

The strategic plan to ensure ease of access for potential candidates was supported by the launch of our website [addictionireland.ie](http://addictionireland.ie) in November 2001. Through the website potential candidates can access information on our organisation and job opportunities and make applications on-line. To date the recruitment section of the website is one of the most visited sections. The website coupled with innovative recruitment campaigns ensured we attracted suitably qualified and experienced employees.

A broad range of training and development opportunities were made available to staff during 2001. These included employees attending training courses, seminars and conferences on:-

- Supervisory Management
- Sexually Transmitted Diseases
- Motivational Interviewing
- Addiction & Drug Use
- Homelessness and Drug Use
- Family Support
- Crisis and Bereavement Counselling
- Childcare
- Risk Management
- Health & Safety Courses
- Dignity at Work
- PC Skills Courses
- Employment Law Updates

#### Conferences attended during 2001 include:

- Managing Drug Services
- Suicide
- Substance Misuse
- CIPD Annual Conference
- Family Support
- Addiction Research Centre
- Methadone
- Employee Health
- Crack Cocaine - Challenges for Treatment
- Homelessness and Drug Use

Employees are encouraged to further their education and avail of support in completing formal third level training courses. During 2001 employees were success in obtaining qualifications in:

- MSc in Human Resource Strategies
- Certificate in Health Care Management
- Diploma in Management & Employee Relations
- 3rd Level Access Programme (Nursing)
- Diploma in Occupational Medicine

The Board acknowledges that the knowledge, skills and expertise of our staff contribute to our success. In 2001 the department undertook an exercise to identify these core competencies. Through a series of questionnaires, focus groups and individual interviews a directory of core competencies will be developed. The identification of core competencies will assist with planning and focusing employee and organisational development; external and internal selection; career paths and identifying successors with the relevant skill sets.

The department acknowledges the co-operation and support of the senior management team, line managers, supervisors and staff, the Eastern Regional Health Authority, The Department of Health and Children, the Health Service Employers Agency, Trade Unions and other statutory and voluntary agencies during 2001.



## financial statements

### FINANCIAL STATEMENTS

The draft financial statements for the year ended 2001 show a total income of £4,765,953 of which £4,667,787 was the grant allocation from the Eastern Regional Health Authority. These draft statements reflected a surplus of £33,380 which is a very satisfactory outcome.

The department continues to constantly review and update systems in order to meet its formal financial reporting calendar. Such reviews assist in the relevant and timely delivery management information.

### 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 2001, 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

A planned implementation and training schedule ensured the successful implementation of the euro changeover for our Board.

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 2001.



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](mailto:info@dtcb.erha.ie)  
web: [www.addictionireland.ie](http://www.addictionireland.ie)