

Annual Report
2002



providing



adapting



nurturing



developing



leading



Informing

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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 specialist treatments for the homeless drug using population and those requiring specialist psychiatric, psychological, social and medical interventions. We contribute to forward thinking policies for the treatment, prevention, education, rehabilitation, aftercare and development of adequate programmes of care for those affected by substance misuse.

As a specialist service we 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 provide evidence-based practice which supports insights into the effectiveness of current treatments 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 the treatment of substance misuse. To contribute to drug treatment policy and to act as a key resource and training centre for professionals working in the area of substance misuse.



About

The Drug Treatment Centre Board (DTCB)

The Drug Treatment Centre Board formerly known as The National Drug Advisory and Treatment Service was established in 1969 and continues to provide specialist services. Originally located at the 'Charitable Infirmary' Jervis Street Hospital, Dublin 1, which was established in 1718, The Drug Treatment Centre Board moved to its current premises at Trinity Court, 30-31 Pearse Street, Dublin 2 in 1988. We receive our funding from the Eastern Regional Health Authority (ERHA).

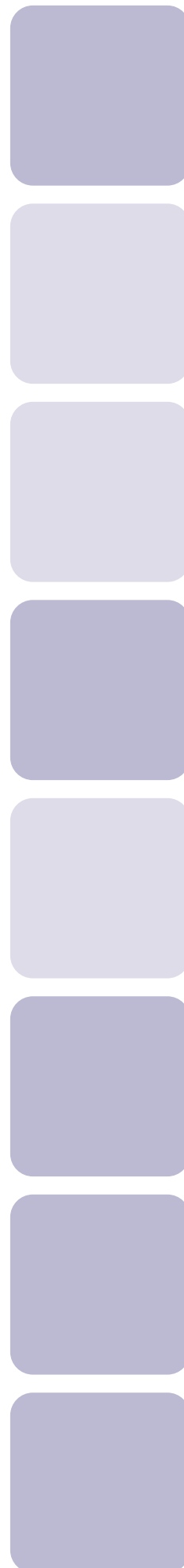
We are committed to providing effective, high quality and client focused treatment. This is provided in a caring, professional manner, taking account of the individual needs of our clients within a multidisciplinary setting. We offer guidance and training to other professionals working in the area of substance misuse and contribute to policy development in drug and addiction management.

In partnership with other statutory and voluntary agencies we provide prevention, treatment, rehabilitation and aftercare programmes on an out-patient and in-patient basis in order to minimise the harmful effects of drug addiction and prevent the spread of HIV and other infectious diseases. Out-patient treatment facilities are provided on site. In-patient detoxification facilities are located at St. Michael's Ward, Beaumont Hospital, Dublin (10-bed unit) and Cuan Dara, Cherry Orchard Hospital, Dublin (17-bed unit). In addition we provide a national Drug Analysis Laboratory service which supports treatment policy, monitors trends which supports service planning and best practice in the treatment of drug misuse. Our research department supports evidence based practice in drug treatment policy and clinical developments.

Specialist Clinical Services

- General Medical and Psychiatric Assessment
- Primary Care Services
- Prevention and Treatment of Viral Infections
- Sexual Health Clinic
- Liaison Midwifery Services
- Young Persons Programme (YPP) {19 and under}

Other Services

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

BOARD MEMBERS 2002



Mr. Dennis P. McCarthy



Dr. John O'Connor



Mr. Dan McGing



Dr. Eamon Keenan



Ms. Ann Coyle



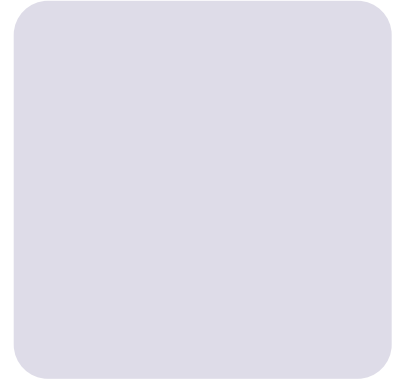
Mr. Owen Patten



Mr. Victor Keeley



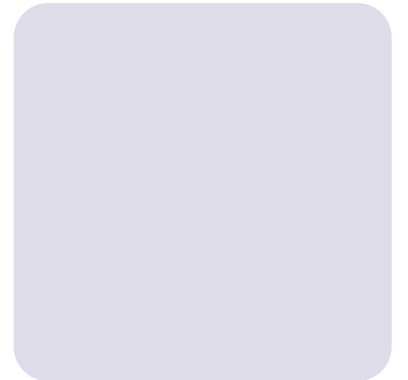
Dr. Íde Delargy



Dr. Joe Barry



Ms. Mary Ellen McCann



Chairman's Statement



Mr. Denis P. McCarthy

It gives me great pleasure to introduce our Annual Report for 2002. This report provides an informative account of our activity and developments during 2002 and our plans for the future.

In the delivery of services our Board is continually impressed by the ongoing commitment and dedication of our staff. I would like to congratulate my Board colleagues, management and staff for a job well done.

As a leading service provider we continue to play a key role in the creation of greater understanding of drug misuse throughout society. Working in partnership with the Department of Health & Children, the Eastern Regional Health Authority, Health Board's, the Office of Public Health, voluntary and community agencies we continue to respond and adapt in meeting the many challenges involved in the treatment care and management of substance misuse.

As a specialist service we continued in 2002 to target groups who have difficulty in accessing services; including the homeless, young adults, ethnic minorities, those with disabilities and those with complex addiction needs. Through specific initiatives we worked to strengthen our relationships with other statutory and voluntary agencies by developing joint care plans and appropriate care pathways. Initiatives included the enhancement of welfare services which support clients in accessing a broad range of services including medical cards, welfare allowances, travel allowances and accommodation. In 2003 we plan to develop routes of access for the homeless that positively discriminate for this group. The developments of such initiatives ensure that the clients needs remain to the fore of our service planning and delivery.

Hepatitis C continues to present many challenges amongst the drug using population. In Ireland at present it is estimated that as many as 4 out of every 5 injecting drug users are believed to be infected with Hepatitis C

Hepatitis C continues to present many challenges amongst the drug using population. In Ireland at present it is estimated that as many as 4 out of every 5 injecting drug users are believed to be infected with Hepatitis C. We plan to develop further initiatives in the treatment, care and management of Hepatitis C by the expansion of our hepatitis education, health promotion and treatment services for clients.

In 2002, the Board adopted an Information Communication Technology (ICT) Strategy which supports our strategic plan to develop our capacity as an organisation to lead and inform.

In 2002, we established an Ethics Committee. This committee is a sub-committee of the Board of Management and its role is to advise and make recommendations in relation to all clinical research and drug trials within The Drug Treatment Centre Board. The objective of the committee is to ensure that the content of the clinical trial documentation is relevant and accurate and that they are prepared and progressed in a consistent manner and are subject to appropriate review and approval procedures in line with best practice.

In 2003, we will extend the services of our ethics committee to educational institutions and organisations involved in research. This will contribute to the quality and ethical standards of research undertaken.

This report is the last report from the current Board. I would like to take this opportunity to thank the outgoing Board for their contribution to the continued development of The Drug Treatment Centre Board over the past five years. To the incoming Board, I would like to wish them well in their tenure from 2003 to 2008. I look forward to a period of continued growth and development.

On behalf of the outgoing 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, middle managers and multidisciplinary staff who under the guidance of the Board and General Manager, Sheila Heffernan, enable us to build on our success.

We look forward to continuing to meet the challenges of the future.

Denis P. McCarthy
Chairman
November 2003

General Manager's Report



Sheila Heffernan

In 2002 our Board continued to consolidate and build on existing services by pursuing a programme of improved quality as well as developing our capacity to lead and inform on best practice. The Health Strategy, Quality and Fairness – A Health System for You, Shaping the Future – an action plan on homelessness in Dublin 2001-2003 and the National Drugs Strategy 2001-2008 are among the key documents that underpin the strategies and plans of the Board.

In 2002 there were 98,340 client visits to The Drug Treatment Centre Board. 1,334 individuals received services, 924 of which were entered into treatment. Of these 137 clients presented to our services for the first time and 138 received treatment for the first time.

We further developed in 2002 our links and joint working initiatives with services, for example, the Homeless Persons Unit and Focus Ireland. Such collaboration is indicative of our commitment to working in partnership in the treatment care and management of those involved in substance misuse.

Our welfare services further developed to ensure that we offered clients a comprehensive service. This included the securing of housing and accommodation, social welfare allowances and benefits and medical cards for our clients as well as an advisory service on money advice and budgeting.

A new initiative in 2002 was the introduction of pre-school sessions for children, which involved morning and afternoon sessions. Pre-school sessions were offered to homeless families attending our services who were unable to access childcare facilities. The objective of the service was to introduce the children to a routine in preparation for school. We provide activities that are appropriate to the age and development stage of the child.

As a specialist service we are committed to ensuring that marginalised groups are targeted and that services are designed and delivered to meet their multifaceted needs. In 2003, we plan to develop routes of access, through our waiting list, for the homeless that positively discriminate for this group.

During 2002 we also developed an Information Communication and Technology (ICT) strategy which supports the Boards strategic plan to develop our capacity as an organisation to lead and inform. We will continue to implement this strategy over the coming years.

Key elements of our ICT Strategy implemented in 2002 include:

- Enhancements to the statistical reporting capabilities of the Central Treatment List which contributes to improved drug treatment practice, policy and service planning.
- The strengthening of our information technology (IT) infrastructure enabling us to manage our network.
- The purchase of a Human Resources Information Technology System.
- Enhancements to our Laboratory Information Management system (LIMS) which allowed us to introduce automated facsimiles and enhance our reporting capabilities.

Our laboratory, the largest specialist provider of drugs of abuse screening nationally continued in 2002 to provide a comprehensive drug analysis service which supports appropriate treatment interventions and the identification of trends. In 2002, we conducted a total of 1,058,278 tests on 181,067 samples.

The demand for the identification of opiate differentiation (GC-MS) levels increased in 2002 by 221%. The identification of benzodiazepine differentiations (HPLC) has also increased by 144%. These increases are a result of our increased specialist testing capabilities.

In 2003, we plan to commence a process of laboratory accreditation with the Irish Laboratory Accreditation Board Management Systems (ILAB). Such accreditation is vital in confirming our specialist service standards and ensuring best practice.

We continued to manage the Central Treatment List. This is a national list of all clients who are receiving methadone treatment. At the end of December 2002 there were 6,449 people on the central treatment list; this represents an overall increase of 831 nationally (15% increase on 2001) and 23.5% since 2000.

We continue to provide advice, information and referral services for those affected by Hepatitis C. In 2003 we plan to publish a Hepatitis Guide for Drug Users and their Families. This information booklet will be of value to General Practitioners and other professionals working in the area of substance misuse. We also plan to pilot a pioneering Hepatitis C treatment programme. It will aim to prove the concept of on-site treatment in a specialist drug treatment setting in retaining drug users in Hepatitis C treatment.

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, the Homeless Persons Unit, the Health Research Board and the Office of Public Health as well as our many partners in the voluntary and statutory sector, the local business community and other community service providers.

As an employer of choice, during 2002, we were resolute in our efforts to attract and retain highly qualified and motivated staff. It is a tribute to our staffs' commitment, creativity and capacity that we have been able to continue to make such great strides over the past year and it is with confidence that we embrace the challenges ahead.

Sheila Heffernan
General Manager
November 2003

Clinical Director's Report



Dr. John O'Connor

In 2003 I look forward to a period of continued development. One planned initiative will be a pioneering treatment programme for Hepatitis C patients within a specialist drug treatment setting. This pilot, the first of its kind in Ireland is one example of how we lead in responding to the needs of those involved in substance misuse.

On behalf of myself and my consultant colleagues in Substance Misuse, Dr. Eamon Keenan, Dr. Brion Sweeney and Dr. Siobhan King (acting), I would like to express our appreciation for the continued support of our Chairman, fellow past and present Board members; the general manager, Sheila Heffernan and the senior management team. We would also like to acknowledge the dedication and hard work of the Senior Registrar, 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 Hospital.

Dr. John O'Connor
Clinical Director
Consultant Psychiatrist in Substance Misuse
November 2003

In 2002, we continued to be to the fore in the delivery of a specialist service. As a drug treatment centre we are constantly evaluating and improving in order to deliver a high quality service at every level within the organisation. Our unique multidisciplinary service supported by our on site laboratory and research elements afford 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 provided placements, training and education of professionals involved in the treatment, care and management of substance misuse on a national basis.

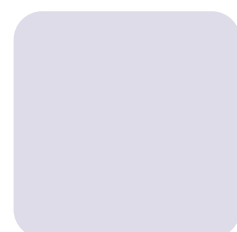


providing



Principles of our service delivery

The Drug Treatment Centre Board endorses the principles as laid out by the Health Strategy, Quality and Fairness: A Health System for You (2001), the National Aids Strategy 2000 and Ireland's National Drugs Strategy 2001-2008 in providing quality service delivery, consistent standards for planning new developments and a clear and comprehensive accountability structure. Treatment plans are based on a continuum of care and a key-worker approach in providing a seamless service.



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

- Ensuring all services are equitable, easily accessible and appropriate to needs.
- Equality - clients are recognised and treated as having equal status like 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.

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 through the initiation of focus groups. In 2001, we established a Service Users Forum to ensure effective communication and support service planning and quality initiatives. 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.

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



Trends in 2002

TREATMENT SERVICES 2001-2002

| TREATMENT SERVICES 2001-2002 | 2001 | 2002 | % +/- |
|---|--------|--------|-------|
| Total Number of client visits | 96,543 | 98,340 | +2% |
| Number of individuals who received services | 1,189 | 1,334 | +12% |

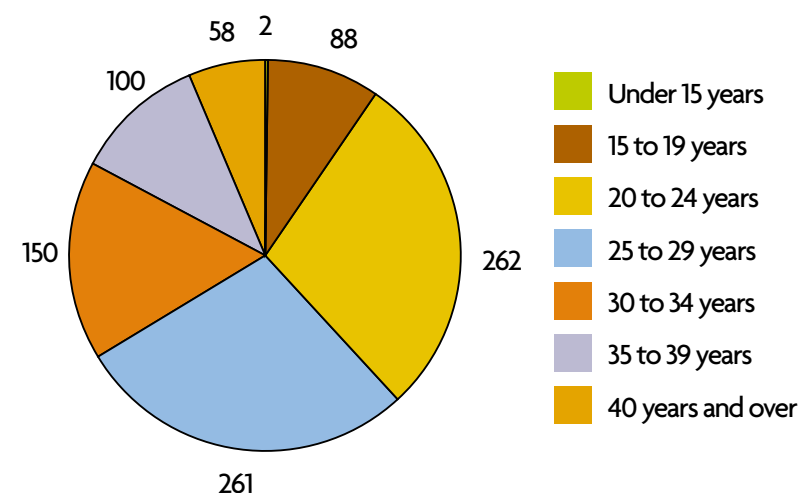
1,334 individuals attended for services, of which 924 were entered into our treatment programmes. The remaining 410 clients received services that include non medical interventions.

Age Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2002

| AGE | 2002 NUMBER |
|---------------------|----------------|
| Under 15 years | 2 |
| 15 to 19 years | 88 |
| 20 to 24 years | 262 |
| 25 to 29 years | 261 |
| 30 to 34 years | 150 |
| 35 to 39 years | 100 |
| 40 years and over | 58 |
| Total | 924 |
| Missing / Not known | 3 |
| Total | 924 |

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

Age Profile of Cases Assessed or Treated at The Drug Treatment Centre Board in 2002



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

In 2002, 523 clients in treatment were aged between 20 and 29 years.

Cases Assessed or Treated at The Drug Treatment Centre Board Reported Main Drug of Misuse, 2002

| Main Drug of Misuse | 2002 | |
|-----------------------|------|--------|
| | N | % |
| Heroin | 817 | (88.4) |
| Methadone non-medical | 39 | (4.2) |
| Other opiates | 15 | (1.6) |
| Cocaine | 21 | (2.3) |
| Ecstasy | 1 | (0.1) |
| Amphetamines | 0 | (0.0) |
| Benzodiazepines | 22 | (2.4) |
| Cannabis | 9 | (1.0) |
| Total | 924 | |

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

In 2002 we provided treatment services for an additional 137 clients who never received treatment services before. Heroin continues to be the main drug of misuse as evidenced in the first treatment contacts.

New Cases Assessed or Treated at The Drug Treatment Centre Board Reported Main Drug of Misuse, 2002

| Main Drug of Misuse | 2002 | |
|-----------------------|------------|--------|
| | N | % |
| Heroin | 121 | (88.3) |
| Methadone non-medical | 3 | (2.2) |
| Other opiates | 2 | (1.5) |
| Cocaine | 6 | (4.4) |
| Ecstasy | 0 | (0.0) |
| Amphetamines | 0 | (0.0) |
| Benzodiazepines | 3 | (2.2) |
| Cannabis | 2 | (1.5) |
| Total | 137 | |

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

Age Breakdown of Cases Aged 19 years and under Assessed or Treated at The Drug Treatment Centre Board, 2002

| AGE | 2002 | |
|----------------|-----------|--------|
| | N | % |
| Under 15 years | 2 | (2.3) |
| 15 - 19 years | 88 | (97.7) |
| Total | 90 | |

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

In 2002 we continued our efforts to attract young people to our Young Persons Programme and were successful in attracting 90 clients to the programme, of which 31 young adults received treatment interventions for the first time.

Gender of Cases Aged 19 years and under Assessed or Treated at The Drug Treatment Centre Board, 2002

| GENDER | 2002 | |
|--------------|-----------|--------|
| | N | % |
| Male | 46 | (52.3) |
| Female | 42 | (47.7) |
| Missing Data | 2 | |
| Total | 90 | |

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

Main Drug of Misuse Reported by Cases Aged 19 years and under Assessed or Treated at The Drug Treatment Centre Board, 2002

| Main Drug of Misuse | 2002 | |
|-----------------------|------------|--------|
| | N | % |
| Benzodiazepines | 0 | (0.0) |
| Cannabis | 2 | (2.2) |
| Cocaine | 1 | (1.1) |
| Ecstasy | 0 | (0.0) |
| Heroin | 86 | (95.6) |
| Methadone non-medical | 1 | (1.1) |
| Total | 924 | |

Central Treatment List

The Central Treatment List is managed by The Drug Treatment Centre Board. It is a national list of all clients receiving methadone treatment in Ireland. It plays a vital role in ensuring the successful implementation of the Methadone Protocol (1998). As of 31st December 2002, 6,449 individuals were on the methadone treatment list in Ireland. This is an increase of 15% on 2001. Of the 6,449 in treatment 6,238 were treated within the eastern region.

In late 2002, the statistical reporting capabilities of the current database . 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. We provide information for service planners, policy makers and acts as a resource for professionals involved in the treatment, care and management of drug misuse nationally.

Into the future we will continue to improve the methods of data transfer between the department and the various clinics/bodies we serve.



Leading

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 2002, there were in excess of 1,387 attendances.

In 2003, we plan to conduct a pilot programme on the treatment of Hepatitis C patients within a drug treatment setting, which is the first of its kind in Ireland. The efficacy of Hepatitis C treatment is well documented. However, The Drug Treatment Centre Board through this pioneering programme aim to prove the concept of on-site treatment in a specialist drug treatment setting in retaining drug users in treatment.

Warfarin Clinic

We established a designated Warfarin clinic in 2001, 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 714 attendances at this clinic during 2002. This service is vital in ensuring compliance with treatment.

Sexual Health Clinic(s)

The sexual health clinics are run on a sessional basis in partnership with the Genito-Urinary Medicine and Infectious Disease Executive (G.U.I.D.E.) in St. James Hospital, Dublin. The service aims to promote sexual health among clients and prevent transmission of infections.

It has been established for several years at Trinity Court. In 2002, a key objective was to extend and promote the services to men attending the centre.

All aspects of sexual health and awareness are assessed. A full sexually transmitted infection screen is provided and cervical smear testing service is provided for women. Advice on sexual health and contraception as well as referrals to specialist clinics for follow up is offered. In 2002, 37 male and female clients accessed the clinic.

Attendances at Specialists Clinics 2002



Young Persons Programme (YPP)

In 2002 there were 2,010 attendances at the Young Persons programme. 90 young adults (19 and under) received treatment interventions of which 31 were first time treatment contacts.

This innovative programme is designed to meet the complex needs of young drug users (19 and under), many of whom are homeless. The programme adopts a holistic approach that addresses the physical, psychological, emotional and social needs of the young person and their family. The programme is supported by a dedicated, highly skilled and experienced multidisciplinary team, which works in collaboration with external agencies through joint care planning and interagency work.

The multidisciplinary team deliver the following services:

YPP Therapeutic Services

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

YPP Medical Treatment Services

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

YPP Specialist Medical Services

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

YPP Lifeskills Activities Include:

- Art
- Personal development
- Creative writing
- Music club
- Computer training
- Literacy training
- Anger Management
- Assertiveness training
- Recreational activities



Informing



Drug Analysis Laboratory

Our laboratory, the largest specialist provider of drugs of abuse screening nationally, provides comprehensive drug analysis that supports appropriate treatment interventions and the identification of trends. In 2002, we conducted a total of 1,058,278 tests on 181,067 samples.



Samples, for analysis, come from a variety of different locations including drug treatment centres, satellite clinics, General Practitioners, voluntary organisations, Health Authorities from within and outside the Eastern Region, the Department of Education, the Department of Justice, Probation and Welfare, including the Dublin Drug Court. We conducted 803 tests for blood methadone levels. Such tests are used in the determination of adequate dosages of medication.



The demand for the identification of opiate differentiation (GC_MS) levels in 2002 increased by 221%. The identification of benzodiazepine differentiations (HPLC) has also increased by 144%. These increases are a result of our increased specialist testing capabilities.



Laboratory Activity 2001-2002

| | 2001 | 2002 | +/-% |
|---|-----------|-----------|-------|
| Total Number of Urine Samples Tested | 175,700 | 181,068 | +3% |
| Up to 8 individuals test are carried out per urine sample | 1,054,200 | 1,058,278 | +4% |
| Blood Methadone Levels | 631 | 803 | +27% |
| Opiate differentiations (GC-MS) | 710 | 2,282 | +221% |
| Benzodiazepine differentiations (HPLC) | 1,063 | 2,598 | +144% |



Our range of specialist services include:

- Determination of Opiates, 6-Acetyl Morphine, Benzodiazepines, Methadone, EDDP, Cannabis, Amphetamines/Ecstasy, Cocaine and Tri-cyclic antidepressants by immunoassay and alcohol by enzymatic colour reaction. All of these analyses were carried out using two Olympus AU600 auto-analysers. A third AU600 was purchased during 2002 to increase capacity and provide back-up.
- Differentiation of opiates using GC-MS after solid phase extraction.
- Differentiation of Benzodiazepines by HPLC after solid phase extraction.
- Identification of Zimovane by GC-MS after liquid-liquid extraction.
- The determination of blood methadone levels using enzyme multiplied immunoassay techniques (EMIT).



The laboratory participates in proficiency testing schemes. A member of UKNEQAS for many years, participation in proficiency testing was expanded to include the AUSTOX proficiency testing scheme in mid-2002. The laboratory has an excellent performance record in both of these schemes.

In 2003, the laboratory will be working towards Irish Laboratory Accreditation Board accreditation. It is envisaged that this process will be completed in 2004.

Our sophisticated equipment and laboratory information technology system, which was further enhanced in 2002, allows rapid and direct availability of results and related information to clinicians. In 2003, we will continue to review, monitor and improve our reporting services.

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 2002 our scientists 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) at which a poster was presented by Dr. Richard Maguire on the 'Determination of Zopiclone Misuse in the Republic of Ireland'.

Presentation to Staff of The Drug Treatment Centre Board's ICT Strategy (2002)



(L:R) Stephen Hughes, Deloitte & Touche; Sheila Heffernan, General Manager

Research

In 2002, we established an Ethics Committee to support our research department. This committee is a sub-committee of the Board of Management and its role is to advise and make recommendations in relation to all clinical research and drug trials within The Drug Treatment Centre Board. The committee is chaired by Justice Kevin Lynch and includes representation from medical, legal, management and lay members.

The objective of the committee is to ensure that the content of the clinical trial documentation is relevant and accurate and that they are prepared and progressed in a consistent manner, and are subject to appropriate review and approval procedures according to best 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: www.addictionireland.ie.

In 2002, we received in excess of 2,300 requests for information on addiction from students, parents, other service providers and those involved in substance misuse. Our website, launched in 2001 receives an average 750 visits per week with the most popular sections being Services, Publications and Career Opportunities with a typical visit lasting an average of eight minutes. Traffic on our website has doubled since 2001.



nurturing



Clinical Services

We provide a specialist treatment service for drug users and are constantly adapting our services to meet the needs of clients. During 2002, 1,334 individuals received services supported by a highly skilled and experienced multidisciplinary team led by four 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

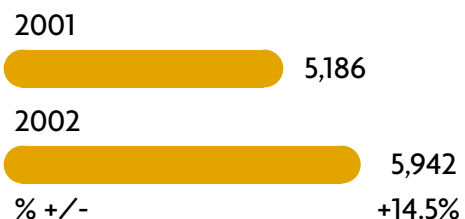


General/Psychiatric Assessment

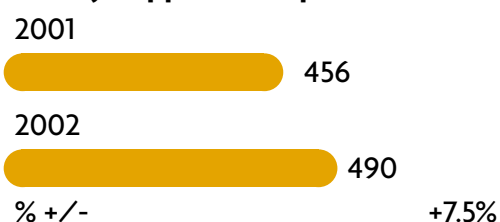
Psychiatric co-morbidity has long been recognised as a particularly difficult problem in the treatment care and management of patients with a history of substance misuse. Research conducted at Trinity Court indicates that 50% of individuals met RDC (Research Diagnostic Criteria) for depressive illness at some stage in their past. 511 psychiatric assessments were carried out on-site in 2002. This is an increase of 44% on 2001. We also carried out psychiatric assessments for in-patient facilities at Cuan Dara, Cherry Orchard Hospital and St. Michaels Ward, Beaumont Hospital.



Number of attendances for Counselling Services 2001-2002



Number of attendances at Family Support Groups 2001-2002



Prevention of Viral Infections

A fundamental objective of our drug treatment programme is prevention of the spread of viral illnesses. Delivered through clinical services dedicated to the prevention and treatment of HIV and Hepatitis, prevention is achieved by a vigorous vaccination and screening programme, needle exchange and a health promotion programme.

The aim is to provide effective, high quality and client focused treatment, supported by a range of primary care services and close liaison with general hospitals and psychiatric services.

Primary Care Services

Our primary care services are designed to:

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

Primary Care Services range from dressing of ulcers, abscesses, cuts and wounds and application and/or removal of sutures to the provision of psychotropic and general medications. We also 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

Our walk in initial/emergency assessment service carried out 331 assessments during 2002. The benefits include direct access to assessment services for drug users and an opportunity to plan appropriate services based on needs.

Children's Play Room

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

The total number of children's visits to the playroom in 2002 was 3,464. This figure accounts for over 288 visits to the playroom each month or over 72 visits to the playroom per week. During the year the playroom worked with 235 individual children. We continued our established parenting course in conjunction with the Irish Society for the Prevention of Cruelty to Children (ISPCC).

A new initiative in 2002 was the introduction of pre-school sessions for children, which involved morning and afternoon sessions. Pre-school sessions were offered to homeless families attending the service who were unable to access childcare facilities. We offered this service to families and ran two sessions one in the morning and one in the afternoon for children. The objective of the service was to introduce the children to a particular routine in preparation for school. We provide activities that are appropriate to the age and development stage of the child.

We continued to work in collaboration with the Dublin Institute of Technology (DIT) by providing a setting where a student from the college completes a one year work experience placement within the playroom.

During the year new play equipment and redecorating of the playroom ensured we continued to provide a colourful and fun environment for the children. Highlights during 2002 included the children's Halloween and Christmas parties. The staff of the playroom were supported by professional entertainers on these occasions. These special days proved to be hugely successful.

Counselling and Family Support Services

Counsellors working as part of multidisciplinary teams provide clients and families the opportunity of individual and group counselling services.

Counselling/psychotherapy is a fundamental part of the therapeutic process and is primarily concerned with facilitating development issues. It facilitates our clients to explore issues such as 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 dependency/misuse.

Presentation of attendance certificate from South Inner City Adult Literacy Scheme



(L:R) Aidan McGivern, Head Social Worker; Jason Dyre, Student; Carmel Scott, Tutor

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 from an education and support programme. The services available to family members of clients attending the clinic include: crisis intervention, individual and group therapy sessions and ongoing family support.

In 2002, there were 5,942 attendances for counselling services, representing an increase of more than 14.5% on 2001. The family support group continued to provide a vital support service reflected by the 478 family members' attendances. The counselling department also continued to offer information, advice, referral and counselling services by telephone.

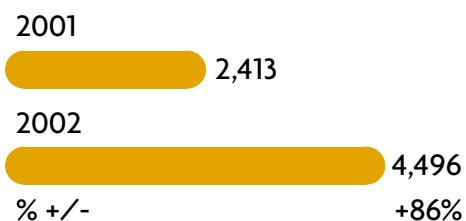
The counselling department provided three student placements which included supervision and mentoring services in collaboration with third level colleges: Trinity College, LSB/ DBS College and NUI Maynooth. Counsellors are also proactive in facilitating visits to our centre to share our knowledge and expertise with peer professionals from other statutory and voluntary agencies.

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 planning in-patient and out-patient facilities. The department liaises with statutory and voluntary groups within the community. Aftercare, health promotion and crisis intervention support is provided to clients and their families.

Outreach plays a key role in the validation of our waiting list to ensure we have a current status report and maintain contact with clients on the list. Our outreach service in 2002 engaged in a comprehensive validation exercise in conjunction with the three area Health Boards in the Eastern Region. Its objective was to validate the existing waiting list and to put in place mechanisms for the ongoing review and validation of the waiting list. In 2002 outreach continued to contribute to the further education of other health care professionals.

Number of attendances for Social Work Services 2001-2002



Social Work Services

In 2002, 299 clients availed of social work services. This is an increase of 47% on 2001. This resulted in 4,496 attendances for services, an increase of 86% on 2001. During 2002, the department also supported in excess of 80 concerned friends and family members.

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 community social work teams from the voluntary and statutory sector. The department completed in excess of 250 reports to the courts during 2002. This is an increase of 10% on 2001. In 2002, the department established client groups in the areas of alcohol, literacy and music. Such groups play a vital role in the rehabilitation of clients.

Liaison Midwifery Services

We provide liaison midwifery services 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 and receive comprehensive anti natal and post partum care. In 2002, 187 women availed of this service. This is an increase of 62.5% on 2001.

Nursing Department

Our nursing team work as part of a multidisciplinary team and are involved in the strategic planning process of the centre. They are a highly skilled and motivated team. They also play a key role in the process of discharge planning as clients move from our specialist service to second and primary services within their own area.

The Board continued to support the ongoing training and development of its nursing team. During 2002 seven nurses were involved in formal continued education programmes. The team also continued to provide on the job training to third level nursing and paramedical students. In 2003, to further enhance our ongoing nursing education programme, we plan the introduction of a formal nursing journal club.

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 The Drug Treatment Centre Board and has now become an integral part of the services we provide.

Occupational Health

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

Established in 2001, the department offered a comprehensive range of professional services which included health assessments (pre-employment and return to work fitness), vaccinations against various biological hazards; in particular Hepatitis B, risk assessments, first aid, health and safety advice, health promotion, health education and eye testing. Training in cardio-pulmonary resuscitation (CPR), de-escalation, first aid, fire warden and manual handling is also co-ordinated by the department. Occupational health is represented on various sub-committees including our staffs 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, I.T. Officer, general assistants, building supervisor, housekeeping, contract security and domestics. We acknowledge the vital contribution that these teams make to our organisation.



Staff members of the Music Group from The Drug Treatment Centre Board (2002)



adapting

Welfare Services:

Welfare Services at The Drug Treatment Centre Board are client centred, working with the client and in close collaboration with the multidisciplinary teams and external agencies. On a daily basis a large number of diverse enquiries on behalf of our clients are processed. Advocacy also plays a major part of our service.

We continue to seek, establish, maintain and strengthen links with both statutory and voluntary agencies and we acknowledge their continued support.

We processed 871 enquiries in 2002. By far the largest issue was housing and accommodation taking up 31% of the total. To this end we have sought and established good working relationships with agencies, which include the Homeless Persons Unit, Simon, Focus Ireland, Threshold and the Anna Liffey Project. We have also established working links with The Homeless Persons Unit and Dublin City Council Settlement Service. To date we have had considerable success in gaining accommodation for our clients and in ensuring they retain accommodation when they access it. During 2002, 446 clients were placed in both temporary and settled accommodation.

Our service assists clients in stabilisation and re-integration. To this end we have established contacts with training and resettlement services such as Simon, the N.A.H.B. Rehabilitation/Integration service, the Access Housing Unit and Dublin City Council Estate management.

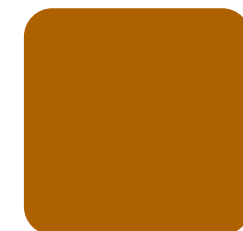
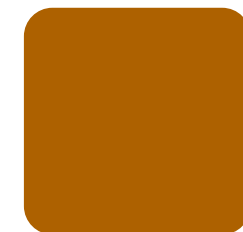
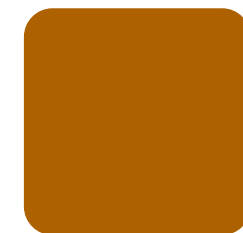
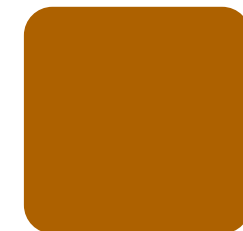
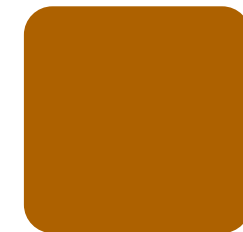
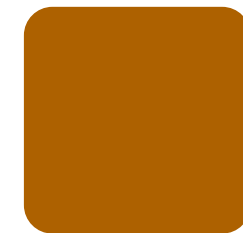
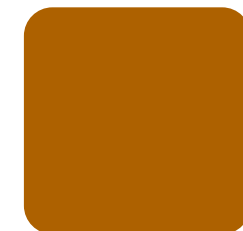
We have also been active in assisting clients in obtaining medical cards through linking them with local GPs and the Area Health Board's medical card officers. In 2002, 50 clients obtained medical cards through our service.

A further innovation has been in the area of Citizen's information and Money Advice where we have incorporated both activities within our existing services. The welfare service has been active not only in providing Citizen's advice and assistance with debt, it also provided, where necessary, the professional services and assistance provided by our Social Work team in addressing with the client the underlying causes that may have initiated the query.

Welfare Services:

| Enquiry | 2002 |
|--|------------|
| Housing and Accommodation | 270 (31%) |
| Finance (Social Welfare, Allowances and Benefit etc.) | 318 (37%) |
| Medical (Medical Cards, Disability Allowance etc.) | 257 (30%) |
| Children (One Parent Family Payment, Child Benefit etc.) | 19 (2%) |
| Total number of enquiries | 871 |

The area of Social Welfare payments, allowances and benefits comprised 37% of our enquiries and involved issues such as exceptional needs payments, supplementary welfare, unemployment benefit and assistance and disability allowance. The service has been active in both advocating on behalf of clients and assisting them to process claims. We have established good working relationships with the outreach Community Welfare Officers from the Homeless Persons Unit based in the Greater Dublin area and this has ensured that claims are dealt with quickly. Whenever possible we have sought to link the client in with their local Community Welfare Officer.





developing

Education and Training

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

In 2002, we continued to provide training for the prison service, third level institutes, health boards and other professionals. Ongoing education is an integral part of the ethos of our organisation. In 2002 further training was provided for support groups, prisoners and clients in rehabilitation centres.

In 2003, we plan to produce an information booklet on Hepatitis C. This information booklet "Hepatitis C a Guide for Drug Users and their Families", is an example of The Drug Treatment Centre Board's pro-active approach to the treatment, care and management of those involved in substance misuse. It will provide a comprehensive easy to read guide for individuals and families affected by Hepatitis C. It will also be of value to General Practitioners and other professionals working in the area of substance misuse and its associated health risks.

Non-Consultant Hospital Doctors

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

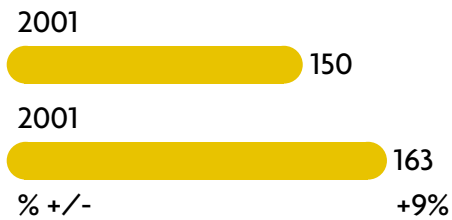
Employment Placements

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 have the opportunity to see at first hand the many aspects of clinical services and treatment programmes, as well as our drug analysis laboratory. During 2002, 163 professionals participated in on-the-job learning. These included nurses, social workers, counsellors, ambulance personnel, psychologists, childcare workers, laboratory and clerical 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 11 students. Clinical visits are arranged on a twice-yearly basis for up to a further 10 other students participating in this course.

Employment Placements*



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



Post Grad. Diploma in Addiction Studies, Trinity College Dublin (L:R) Mairin Breathnach, Counsellor pictured with Jacinta O'Sullivan, who was on placement during her studies.

Child Care Professionals

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

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 Kevin Street and Tallaght, Athlone and Carlow 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.

Human Resources

In 2002, the Human Resources Department continued to deliver a range of services.

Our Training and Development Policy, which ensures that every employee has access to training and personal development, was supported in 2002. We continued investment in management, supervisory and leadership development for both senior and middle management teams.

At the end of 2002, the Board invested in a Human Resources Information Technology System. Our website www.addictionireland.ie has developed to be an integral part of our recruitment process. It ensures ease of access for potential candidates as well as an information resource base for those wishing to access information on our organisation. To date the recruitment section of our website continues to be one of the most visited sections. During 2002, traffic on the website doubled. It is envisaged that planned enhancements for 2003 will further increase visits to the site.

A broad range of training and development opportunities were made available to staff during 2002. These included employees attending:



Presentation of IPA Certificate in Health Care Management (2002) (L:R) Marie Grant, Human Resources; Sheila Heffernan, General Manager; Hilary Coffey Farrell, Assistant General Manager/Human Resources; Caroline Comer, Clinical Team Secretary.

Training courses and seminars attended during 2002 include:

- A Drinking Culture; Workshop Course
- Addiction & Drug Use
- Crisis and Bereavement Counselling
- Critical Incident Training
- Customer Satisfaction Measurement
- Developing a Work Place Drug Testing Programme
- Dignity at Work
- ECDL
- Employment Law Updates
- English Language Seminar
- Expert Witness Training
- Family Planning
- Family Support
- Health & Safety
- Homelessness and Drug Use
- Laboratory Accreditation Preparation
- Media Training
- Motivational Interviewing
- PC Skills Courses
- Presentation Skills
- Providing a Quality Service to Patients
- Providing Equality in the Health Services
- Report Writing
- Risk Management
- Sexual Abuse
- Sexually Transmitted Diseases
- Social Partnership
- Supervisory Management
- Telephone Skills

Conferences attended during 2002 include:

- Alcohol Substance Misuse and Suicidal Behaviour
- CIPD Annual Conference
- Critical Incident Stress Management
- Homelessness and Drug Use
- Sexual Health
- SOFT (Society Of Forensic Toxicologists)
- Symposium on Work Place Drug Testing
- The Substance of Youth – Alcohol and Drug Use among young people

Employees are encouraged to further their education and avail of support in completing formal third level training courses. During 2002, employees were successful in obtaining qualifications in:

- Third Level Access Programme (Nursing)
- Bachelor of Nursing Studies
- Certificate in Health Care Management
- Diploma in Management Studies

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 and Trade Unions during 2002.

Financial Statements

The draft financial statements for the year ended 2002 show a total income of €7,200,720 of which €7,032,729 was the grant allocation from the Eastern Regional Health Authority. These draft statements reflected a deficit of €165,586 which represents spending on capital projects funded by accumulated surpluses. This surplus arose in part from deferred capital spending.

The development of the Board's Information Communication Technology (ICT) Strategy in 2002 resulted in investment and enhancement of our IT systems and equipment.

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 of management information.

We would like to take this opportunity to thank the staff of the Department of Health and Children and the Eastern Regional Health Authority for their continued support and co-operation during 2002.

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 2002, the Board fully complied with the provisions of the Act and we are pleased to report that the Board was not liable for any interest payments to creditors.

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