Public Health England

National Drug Treatment Monitoring System (NDTMS)

BUSINESS DEFINITION FOR DRUG AND ALCOHOL TREATMENT PROVIDERS IN THE SECURE ESTATE

NDTMS DATA SET J

Author	A. Cooper
Approver	M. Roxburgh
Date	23/04/2014
Version	3.00

REVISION HISTORY

Version	Author	Purpose / Reason	Date
1.00	A. Cooper	New business definition for providers of specialist treatment services in prisons for drug and alcohol misusers. Version 1.0 refers to NDTMS Data Set H (Early Adopter prisons only)	07/10/2011
1.01	A. Cooper	Additional clarification on recording client postcode and DAT of residence. Additional clarification on recording care plan reviews for opioid maintenance clients – Appendix C	26/10/2011
2.00	A. Cooper	New items added for 2012-13 data collection: • Parental Status • Children • Pregnant Version 2.0 refers to NDTMS Data Set I and applies to all prisons.	24/01/2012
2.01	A. Cooper	Addition of Appendix on recording care plan reviews for clients receiving opioid maintenance	01/02/2012
2.02	A. Cooper	Removal of sentence "Clients in receipt of prescribing interventions or structured day programmes should not be additionally recorded as receiving an 'other structured intervention'. Care-planned support usually provided by the keyworker is integral to all such interventions anyway." (Appendix B, B.1.7). This rule does not apply to the prisons data set.	22/02/2012
2.03	A Cooper	Correction to the definitions for 'drinking days' and 'units of alcohol' to reflect that the responses should relate to the 28 days prior to custody.	15/03/2012
2.04	A Cooper	Updated for Core Data Set J - Addition of a new prison modality code, 'Drug Recovery Wing', to support the national evaluation of the DRW pilots. The new code should be used by DRW pilot prisons to record the time that clients receiving structured treatment in the prison spent on the DRW. See Appendix B (section B.4) for guidance.	07/08/2012
3.00	A Cooper	New items added for April 2014: • Treatment Outcomes Profile (TOP) data items • Sentenced The TOP fields will replace the need to collect information on care plan reviews and reasons for continuing maintenance. Appendix C therefore now relates to TOP completion. The TOP data items and the Sentenced data item only relate to adult detainees (18 years and over) in the prisons involved in the North West Through the Gate pilot. Other establishments are not required to complete the TOP or Sentenced field until national roll-out. Further clarification on reporting treatment activity for Young People is provided in Appendix B.3.	23/04/2014

EXTERNAL REFERENCES

Ref No	Title	Version
1	NDTMS Data Set - Technical Definition	11.02
2	NDTMS Data Set - Reference Data	11.04
3	Updated guidance for prison-based opioid maintenance prescribing, Department of Health	2010
4	Clinical Management of Drug Dependence in the Adult Prison Setting, Department of Health http://www.nta.nhs.uk/uploads/clinicalmanagementofdrugdependenceintheadultprisonsetting-incamendmentatpara7.7.pdf	2006
5	Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults: Commissioning guide, Implementing NICE guidance, NICE http://www.nice.org.uk/usingguidance/commissioningguides/alcoholservices/AlcoholServices.jsp	2011
6	Drug misuse and dependence: UK guidelines on clinical management, Department of Health	2007
7	Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/98026/drug-strategy-2010.pdf	2010

This document uses the convention that any external references are indicated by square brackets e.g. [3].

CONTENTS

1 INTRODUCTION

This document establishes, at a business level, the set of performance data items for prisons, Immigration Removal Centres (IRCs) and the Children and Young People's secure estate[1] (known as the Prisons NDTMS Data Set) to be collected and utilised by the NDTMS.

In support of evolving business requirements, the data items, which are collected by the NDTMS Programme, are reviewed on an annual basis.

This version refers to Prisons NDTMS Data Set 'J' but includes new data items applicable from April 2014 for the North West prison establishments participating in the Through The Gate testing pilot.

This document contains definitions that are applicable to all clients, adults (18 years and over) and young people (under 18s).

The Treatment Outcomes Profile (TOP) data items only relate to adults (18 years and over).

This document should not be interpreted as a technical statement - it is intended to serve the business perspective of the data. The technical specification and code-sets for the data items are available as separate documents [1 and 2]. Both documents are available from the PHE NDTMS website.

[1] The Children and Young People's secure estate comprises of Young Offender Institutions (YOIs), Secure Training Centres (STCs) and Secure Children's Homes (SCHs).

2 REQUIREMENTS

The data items contained in the NDTMS Data Set are intended to address the following critical requirements:

- Provide measurements to support the Public Health Outcomes Framework, as appropriate;
- Provide measurements to support the NHS outcomes framework, as appropriate;
- Provide measurements to support the Section 7A agreement, as appropriate;
- Provide measurements to support the Government's drug strategy in relation to young people which states; *"The aim of specialist substance misuse interventions is to stop young people's drug and alcohol use from escalating, to reduce harm to themselves or others and to prevent them becoming drug or alcohol-dependent adults. Specialist substance misuse interventions should be delivered according to a young person's age, their levels of vulnerability and the severity of their substance misuse problem, and should help young people become drug and alcohol-free."* [7]

3 DATA ENTITIES

The prison treatment data items (listed later in this document) may be considered as belonging to one of four different entities or groups. These are:

Client details	Section No 1
Episode details (including client details which may vary over time)	Section No 2
Treatment modality / intervention details	Section No 3
Treatment Outcomes Profile details	Section No 4

The following section lists all data items in the Prisons NDTMS Data Set.

4 DATA ITEMS

Sect No	Item	Description
1	Initial of client's first name	The first initial of the client's first name – for example Max would be 'M'
	Initial of client's surname	The first initial of the clients surname – for example Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'.
	Date of birth of client	The day, month and year that the client was born.
	Sex of client	The client gender at registration.
	Ethnicity	The ethnicity that the client states as defined in the OPCS census categories. If a client declines to answer then 'not stated' should be used, if a client is not asked then the field should be left blank.
	Nationality	Country of nationality at birth.

Sect No	Item	Description
2	Initial Reception Date	The date that the client was received into the first prison where they began their current continuous period in custody.
	Reception Date	The date that the client was received into the current prison.
	NDTMS Prison Code	An unique identifier for the Prison that is defined by the NDTMS Hub – for example A0001
	Client Prison Number	The unique number allocated to a prisoner – this should be the NOMS ID. (NB: this field must not hold or be composed of attributers which might identify the individual).
	Client ID	A mandatory, technical identifier representing the client, as held on the clinical system used in the prison (NB: this should be a technical item, and must not hold or be composed of attributers, which might identify the individual.). A possible implementation of this might be the row number of the client in the client table.
	Episode ID	A mandatory, technical identifier representing the episode, as held on the clinical system used in the prison (NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual). A possible implementation of this might be the row number of the episode in the episode table.

Sect No	Item	Description
2	Consent for NDTMS	Whether the client has agreed for their data to be shared with the NDTMS Hub and the PHE. Informed consent must be sought from all clients and this field needs to be completed for all records, even if the client has already started treatment in the prison.
	Postcode	The postcode of the client's place of residence prior to entering custody. This postcode may or may not be truncated, by removing the final two characters of the postcode (i.e. 'NR14 7UJ' would be truncated to 'NR14 7'). If a client states that they are of no fixed abode or they are normally resident outside of the UK the Postcode should be left blank.
	Parental Status	The parental status of the client – whether or not the client has children, whether none of, some of or all of the children lived with the client in the month prior to entering custody. A child is a person who is under 18 years old. See APPENDIX E for further definitions.
	DAT of residence	The Drug Action Team (or partnership) area in which the client was residing prior to entering custody (as defined by the postcode of their normal residence). If the client is resident in Scotland, Wales, Northern Ireland, or outside of the UK record the code that reflects this. If a client states that they are of no fixed abode (NFA) record the Partnership (DAT) where the benefits office from which the client last claimed is located.
	Problem Substance No. 1	The substance that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. If a client presents with more than one substance the prison is responsible for clinically deciding which substance is primary.
	Problem Substance No. 2	An additional substance that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. 'Poly drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields.
	Problem Substance No. 3	An additional substance that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. 'Poly drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields.
	Transferred from (prison)	The prison from which the client has transferred into the current prison from (where applicable).
	Triage Date	The date that the client made a first face to face presentation to a substance misuse worker (this includes healthcare staff who initiated substance misuse treatment for the client).
	Care Plan Started Date	Date that a care plan was created and agreed with the client for this treatment episode.
	Injecting Status	Is the client currently injecting, have they ever previously injected or never injected?

Sect No	Item	Description
2	Children	The number of children under 18 that lived in the same household as the client at least 1 night a week in the month prior to entering custody. The client does not necessarily need to have had parental responsibility for the children. Where the client declined to answer, code '98' is used. Record zero here if the client was under 18 and living in care with other children prior to custody.
	Pregnant	Is the client pregnant?
	Drinking days	Number of days in the 28 days prior to custody that the client consumed alcohol
	Units of alcohol	Typical number of units consumed on a drinking day in the 28 days prior to custody
	Discharge Date	The date that the client stopped receiving structured treatment in the prison (even if they are still in the same prison). If a client has had a planned discharge from treatment then the date agreed within this plan should be used. If a client's discharge was unplanned then the date of the last face to face contact with the treatment provider should be used.
	Discharge Reason	The reason why the client's episode of structured treatment ended. For discharge codes and definitions see Appendix D.
	Prison Exit Date	The date that the client left the current prison (or died).
	Prison Exit Reason	The reason that the client has left the prison.
	Prison Exit Destination	The DAAT or Prison to which the client was released/transferred
	Sentenced	Whether or not the client was sentenced for some or all of the duration of this custodial stay in the establishment - record 'Yes' if sentenced and 'No' if on remand. This field should be completed at Prison Exit and only for Adults i.e. clients aged 18 years and over.
	Referral on Release Status	If the reason for the prison exit is 'released', record whether a referral was made to a CJIT (or YOT), or to a structured treatment provider in the community, or to both a CJIT (or YOT) and a structured treatment provider, or no onward referral was made for the client.
	Pre-release review date	The date of the pre-release review if the reason for the prison exit is 'released'

Sect No	Item	Description
3	Treatment Modality	The treatment modality / intervention a client has been referred for / commenced within this treatment episode. A valid treatment modality code should be used as defined in the NDTMS Data Set - Reference Data [2]. A client may have more than one treatment modality running sequentially or concurrently within an episode. Current definitions for all accepted modalities / interventions can be found in APPENDIX B.
	Modality ID	A mandatory, technical identifier representing the modality, as held on the clinical or case management system used in the prison. (NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual). A possible implementation of this might be the row number of the modality in the modality table. This field is mandatory if any items in this section (Modality) are not null.

Sect No	Item	Description
3	Modality Start Date	The date that the stated treatment modality / intervention commenced i.e. the client attended for the appointment. The current definition of when a modality commences can be found in Appendix B of this document
	Modality End Date	The date that the stated treatment modality/ intervention ended. If the modality has had a planned end then the date agreed within the plan should be used. If it was unplanned then the date of last face to face contact date within the modality should be used.
	Modality Exit Status	Whether the exit from the treatment modality was planned or unplanned.

Sect No	Item	Description
4	Treatment Outcomes Profile (TOP) date	This is the date on which the TOP was completed with the client by a substance misuse worker. This should be on or up to two weeks after the client's initial reception into the establishment.
	TOP ID	A mandatory, technical identifier representing the TOP, as held on the clinical system used at the treatment provider. (NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual). A possible implementation of this might be the row number of the TOP in the TOP table. This field is mandatory if any items in this section (TOP) are not null.
	Treatment Stage	Stage of treatment that the TOP data relates to – for prisons this should be recorded as 'Start'.
	Alcohol use	Number of days in the 28 days prior to custody that the client has used alcohol

	Opiate use	Number of days in the 28 days prior to custody that the client has used opiates
	Crack use	Number of days in the 28 days prior to custody that the client has used crack
	Cocaine use	Number of days in the 28 days prior to custody that the client has used powder cocaine
	Amphetamine use	Number of days in the 28 days prior to custody that the client has used amphetamines
	Cannabis use	Number of days in the 28 days prior to custody that the client has used cannabis
	Other drug use	Number of days in the 28 days prior to custody that the client has used other problem drug
	IV drug use	Number of days in the 28 days prior to custody that the client has injected non prescribed drugs
	Sharing	Has client shared needles or paraphernalia in the 28 days prior to custody?
	Shop theft	Number of days in the 28 days prior to custody that the client has been involved in shop theft
	Drug selling	Number of days in the 28 days prior to custody that the client has been involved in selling drugs
	Other theft	Has client has been involved in theft from or of vehicle, property or been involved in the 28 days prior to custody?
	Assault/violence	Has client committed assault/violence in the 28 days prior to custody?
	Psychological health status	Self-reported score of 0-20.
	Paid work	Number of days in the 28 days prior to custody that the client has had paid work
	Education	Number of days in the 28 days prior to custody that the client has attended college/education system
	Acute housing problem	Did the client have an acute housing problem (was homeless) in the 28 days prior to custody
	Housing risk	Was the client at risk of eviction within the 28 days prior to custody
	Physical health status	Self-reported score (0-20) of physical health in the 28 days prior to custody.
	Quality of Life	Self-reported score (0-20) of quality life in the 28 days prior to custody.

APPENDIX A - WHAT DATA ITEMS SHOULD BE UPDATED AS EPISODE OF TREATMENT PROGRESSES?

Sect No	No	Field Description	Rules & Guidance
1	1	Initial of Client's First Name	✓ MUST be completed. If not, record rejected. Should not change – otherwise the NDTMS Hub should be formally advised
	2	Initial of Client's Surname	✓ MUST be completed. If not, record rejected. Should not change – otherwise the NDTMS Hub should be formally advised
	3	Date of birth of client	✓ MUST be completed. If not, record rejected. Should not change – otherwise the NDTMS Hub should be formally advised
	4	Sex of client	✓ MUST be completed. If not, record rejected. Should not change – otherwise the NDTMS Hub should be formally advised
	5	Ethnicity	Should not change
	6	Nationality	Should not change
2	7	Initial Reception Date	✓ MUST be completed. If not, record rejected. Should not change – otherwise the NDTMS Hub should be formally advised
	8	Reception Date	✓ MUST be completed. If not, record rejected. Should not change – otherwise the NDTMS Hub should be formally advised
	9	NDTMS Prison Code	✓ MUST be completed. If not, record rejected. Should not change – otherwise the NDTMS Hub should be formally advised
	10	Client Prison Number	Should not change and should be consistent across all episodes of treatment in the prison.
	11	Client ID	✓ MUST be completed. If not, record rejected Should not change
	12	Episode ID	✓ MUST be completed. If not, record rejected Should not change

Sect No	No	Field Description	Rules & Guidance
	13	Consent for NDTMS	👌Client must give consent before their information can be sent to NDTMS May change (i.e. current situation)
	14	Post Code	May change (i.e. current living situation)
	15	Parental Status	Not expected to change (i.e. as at start of Episode)
	16	DAT of residence	✓ MUST be completed. If not data may be excluded from performance monitoring reports. May change (i.e. current living situation)
	17	Problem Substance No 1	✓ MUST be completed. If not, record rejected. Not expected to change (i.e. as at start of Episode)
	18	Problem Substance No 2	Not expected to change (i.e. as at start of Episode)
	19	Problem Substance No 3	Not expected to change (i.e. as at start of Episode)
	20	Transferred from (prison)	Not expected to change (i.e. as at start of Episode)
	21	Triage Date	✓ Trigger to submit record and MUST be completed. If not, record rejected. Not expected to change (i.e. as at start of Episode)
	22	Care Plan Started Date	📄 MUST be completed when Modality Start Date given. Not expected to change (i.e. as at start of Episode)
	23	Injecting Status	Not expected to change (i.e. as at start of Episode)
	24	Children	Not expected to change (i.e. as at start of Episode)
	25	Pregnant	Not expected to change (i.e. as at start of Episode)
	26	Drinking Days	Not expected to change (i.e. as at start of Episode)
	27	Units of Alcohol	Not expected to change (i.e. as at start of Episode)
	28	Discharge Date	👌 Discharge date required when client is discharged. ALL modalities MUST have end date. Discharge reason MUST be given. Should only change from 'null' to populated as episode progresses.

Sect No	No	Field Description	Rules & Guidance
	29	Discharge Reason	👌 Discharge reason required when client is discharged. Discharge date MUST be given. Should only change from 'null' to populated as episode progresses.
	30	Prison Exit Date	Required when client leaves the prison Should only change from 'null' to populated as episode progresses
	31	Prison Exit Reason	Required when client leaves the prison. Exit Reason must be given if Prison Exit Date is populated. Should only change from 'null' to populated as episode progresses
	32	Prison Exit Destination	Required if Prison Exit Date is populated and client is transferred to another Prison, or is released and referred to the CJIT in their DAAT of residence. It should not be populated if the client is released but not referred to their local CJIT. Should only change from 'null' to populated as episode progresses
	33	Sentenced	Required when client leaves the prison Should only change from 'null' to populated as episode progresses
	34	Referral On Release Status	Required when client leaves the prison and Exit Destination is 'Released' Should only change from 'null' to populated as episode progresses
	35	Pre-release Review Date	Required when client leaves the prison Should only change from 'null' to populated as episode progresses
3	36	Treatment Modality	👌 Required as soon as modality is known. Should not change – otherwise the NDTMS Hub should be formally advised
	37	Modality Id	✓ MUST be completed. If not, record rejected Should not change
	38	Modality Start Date	👌 Required when client actually starts modality Should only change from 'null' to populated as episode progresses
	39	Modality End Date	👌 Required when client completes modality or is discharged. Should only change from 'null' to populated as episode progresses

Sect No	No	Field Description	Rules & Guidance
	40	Modality Exit Status	👌 Required when client completes modality or is discharged. Should only change from 'null' to populated as episode progresses
4	41	Treatment Outcomes Profile (TOP) date	Not expected to change (i.e. as at TOP date)
	42	TOP ID	✓ MUST be completed if any items in this section are not null. If not, record rejected Should not change
	43	Treatment Stage	Not expected to change (i.e. as at TOP date)
	44	Alcohol use	Not expected to change (i.e. as at TOP date)
	45	Opiate use	Not expected to change (i.e. as at TOP date)
	46	Crack use	Not expected to change (i.e. as at TOP date)
	47	Cocaine use	Not expected to change (i.e. as at TOP date)
	48	Amphetamine use	Not expected to change (i.e. as at TOP date)
	49	Cannabis use	Not expected to change (i.e. as at TOP date)
	50	Other drug use	Not expected to change (i.e. as at TOP date)
	51	IV drug use	Not expected to change (i.e. as at TOP date)
	52	Sharing	Not expected to change (i.e. as at TOP date)
	53	Shop theft	Not expected to change (i.e. as at TOP date)
	54	Drug selling	Not expected to change (i.e. as at TOP date)
	55	Other theft	Not expected to change (i.e. as at TOP date)
	56	Assault/violence	Not expected to change (i.e. as at TOP date)
	57	Psychological health status	Not expected to change (i.e. as at TOP date)
	58	Paid work	Not expected to change (i.e. as at TOP date)
	59	Education	Not expected to change (i.e. as at TOP date)

Sect No	No	Field Description	Rules & Guidance
	60	Acute housing problem	Not expected to change (i.e. as at TOP date)
	61	Housing risk	Not expected to change (i.e. as at TOP date)
	62	Physical health status	Not expected to change (i.e. as at TOP date)
	63	Quality of Life	Not expected to change (i.e. as at TOP date)

Where items are designated as 'not expected to change' this does not include corrections or moving from a null in the field to it being populated.

APPENDIX B - DEFINITIONS OF MODALITIES/INTERVENIONS

The treatment modalities / interventions to be captured for NDTMS are defined below. There are three categories of modality:

- Adult drug treatment modalities
- Adult alcohol treatment modalities
- Young Persons (under 18s) treatment modalities

NDTMS defines adults as those aged 18 and over.

Adult prisons, Immigration Removal Centres (IRCs) and Young Offender Institutions (YOIs) with no juvenile (under 18s) population should only use the adult drug and alcohol treatment modalities for recording the interventions they deliver. YOIs that have a juvenile population (under 18s) should use the Young Persons (YP) modalities for any clients aged under 18s. Therefore, YOIs with both a juvenile and adult (18-21) population may record interventions from any of the three modality categories, but only using the YP modalities for clients under 18.

If a client is receiving a non-clinical structured intervention to address both their drug and alcohol misuse, only one modality should be recorded to reflect this - choose either the drug treatment modality, or the alcohol equivalent, based on the client's primary drug of use ('Problem substance No.1').

B.1 ADULT DRUG TREATMENT MODALITIES

B.1.1 Opioid Reduction

The 'opioid reduction 'modality should be used where the client is receiving substitute opioid prescribing (methadone or buprenorphine) and the client's care plan objective is reduction with a commitment to becoming drug free. Every review of the client's care plan should indicate that the substitute dosage is being reduced. Where it has not been possible to reduce the dosage over successive reviews (2 or more) the prisoner is effectively being maintained and therefore this modality should be ended and a subsequent 'opioid maintenance' modality opened.

Opioid detoxification may also be recorded under this modality. Following a stabilisation, detoxification should routinely be for a minimum of 14 days if withdrawing from a short-acting opiate but longer if withdrawing from methadone. Detoxification will often need to be for 21 days or more if methadone has been used regularly prior to arrest. [4].

It is important that the right balance be achieved in determining whether a detoxification, gradual reduction or maintenance regime is the appropriate approach when prescribing for those who are opiate dependent. DH guidance sets out parameters for the use of substitute prescribing. [3,4]

There is a requirement that all periods of extended prescribing, whether maintenance or gradual reduction regimes, are reviewed every three months as a minimum. The review will have input from the multi-disciplinary team including the patient, prescriber, other members of the substance misuse team and where their involvement is incorporated within an agreed clinical governance framework, a senior officer and/or offender supervisor.

The prisoner will also be expected to participate in the psychosocial, educational and rehabilitation opportunities available to them whilst in prison to assist them with achieving abstinence.

The modality/intervention start is the date of dispensing the first dose of medication where reduction is the aim.

B.1.2 Opioid Maintenance

The option of methadone (first line) or buprenorphine maintenance after stabilisation should be considered in the following circumstances:

- where a chronic opiate user is received into custody on remand, in order to enable them to engage in treatment upon release;
- where an opiate dependent prisoner is received into custody on a sentence of less than 26 weeks, in order to enable them to engage in treatment upon release; or
- where, on the basis of a full clinical assessment, it is considered necessary to protect the prisoner on release from the risks of opiate overdose upon release. [3]

There is a requirement that all periods of extended prescribing whether maintenance or gradual reduction regimes are reviewed every three months as a minimum. The review will have input from the multi-disciplinary team including the patient, prescriber, other members of the substance misuse team and where their involvement is incorporated within an agreed clinical governance framework, a senior officer and/or offender supervisor.

Where longer term prescribing is offered to those whose sentence exceeds 26 weeks, it should be explained that at an appropriate time there will be an expectation that the prisoner works towards reducing their dose of opiate substitute medication, and that abstinence remains the ultimate goal.

When a prisoner moves from a maintenance to a reduction regime the maintenance modality should be ended and a new modality of "opioid reduction" be opened to indicate the change in treatment goal.

The prisoner will also be expected to participate in the psychosocial, educational and rehabilitation opportunities available to them whilst in prison to assist them with achieving abstinence.

The modality/intervention start is the date of dispensing the first dose of medication on a maintenance script.

B.1.3 Other Clinical Intervention

This modality should be used to record the following treatment interventions:

- detoxification from benzodiazepines;
- detoxification from opiates using a non-opiate agonist (i.e. lofexidine);
- prescribing of naltrexone prior to release from prison; or
- re-induction onto opiate substitution treatment prior to release. [6]

As for all clinical substance misuse treatment interventions the prisoner should also be receiving structured sessions with a key worker or other substance misuse worker to address their drug (and alcohol) misuse, health-related issues, offending behaviour and social functioning.

The modality/intervention start is the date of dispensing the first dose of medication.

B.1.4 Psychosocial Intervention Mental Disorder

Many drug users also have considerable co-morbid problems, particularly common mental health problems such as anxiety and depression. There is evidence that a range of evidence-based psychosocial interventions can be beneficial for a wide range of mental disorders. Such disorders may include: depression (NICE, 2007b); anxiety (NICE, 2007c); post traumatic stress disorder (NICE, 2005a); eating disorders (NICE, 2004); obsessive compulsive disorder (NICE, 2005b); antenatal and postnatal mental health (NICE, 2007d).

Psychosocial interventions to address these disorders range from, for example, guided self-help and brief interventions for mild forms of problems to cognitive behavioural therapy and social support for more moderate forms.

All psychosocial interventions to address common mental disorders should be recorded using this code regardless of their intensity.

The modality/intervention start is the date of the first formal and time-limited appointment.

B.1.5 Other Formal Psychosocial Therapy

This modality category includes other psychosocial therapies that are used in drug treatment and that are beneficial for some clients as they are practical and broad-based techniques. Psychosocial therapies recorded under this category will include the Community Reinforcement Approach and Social Behaviour Network Therapy.

The modality/intervention start is the date of the first formal and time-limited appointment.

B.1.6 Structured Day Programme

The structured day programmes category should be used to record a range of programmes where a client must attend for a fixed period of time. Interventions tend to be either via a fixed rolling programme or a fixed individual timetable, according to client need. In either case, the programme includes the development of a care plan and regular keyworking sessions. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning.

Clients will usually attend the programme according to specified attendance criteria, and follow a set timetable that will include group work, psychosocial interventions, educational and life skills activities.

In prisons the majority of drug treatment programmes would fall into this category, including 12-Step programmes and Therapeutic Communities.

The category of 'other structured intervention' should be used for less extensive or less structured 'day care' provided in the context of a structured care plan.

The modality/intervention start is the date of the start of the programme.

B.1.7 Other Structured Intervention

'Other structured intervention' describes a package of interventions set out in a client's care plan which includes as a minimum regular planned therapeutic sessions with the keyworker or other drugs worker. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning.

This modality category reflects the evidence base that drug treatment consisting of individually tailored packages of care, in the context of a therapeutic relationship, is beneficial. This intervention may be particularly relevant for non-opiate drug misusers and clients who are receiving criminal justice treatment interventions.

Most clients receiving 'other structured intervention' will receive a range of interventions to meet needs identified in their care plan. These will involve a range of interventions to address their drug misuse and support to address needs in other domains. Examples of these may include:

- A crack user who is receiving regular sessions with a keyworker and attending 'day care' sessions to address a range of social and health-related needs

- An opiate user who has been through detoxification and is receiving ongoing support to maintain abstinence as part of the care plan (prior to referral on or provision of aftercare arrangements), and is also receiving harm reduction interventions and help to deal with health needs
- An uncomplicated problem cannabis user who is receiving a short period of care-planned regular brief interventions to deal with problem cannabis use
- Clients who are not receiving a structured psychosocial intervention for their problem drug use, but who receive sessions with keyworkers to address their social needs and offending behaviour.

'Other structured intervention' can describe regular sessions with a keyworker, delivered in order to keep a client engaged in the treatment system while they are waiting to start receiving another care-planned intervention, if the structured interventions are outlined in an initial care plan following a triage assessment.

Clients receiving 'day care' rather than a structured 'day programme', as part of a care plan, may be recorded as receiving 'other structured intervention'. Day care is distinct from structured day programmes, because it has a lower requirement to attend than structured day programmes (usually 1–2 days). Some clients may have a care plan that specifies regular attendance at day care with regular sessions with keywork. As part of the care-planned day care they may receive a range of interventions and support including emotional and psychological support, educational and life-skills work and related activities, advice and information, harm reduction support, further assessment and subsequent referral to alternative structured treatment. This may be particularly relevant for clients who have co-existing mental health problems.

The modality/intervention start is the date of the first formal and time-limited key worked appointment.

B.2 ADULT ALCOHOL TREATMENT MODALITIES

B.2.1 Alcohol - Prescribing

Prescribing involves the provision of care-planned specialised alcohol treatment, which includes the prescribing of drugs to treat alcohol misuse. This modality should be used to capture the three classes of pharmacotherapy that are effective in the treatment of alcohol misusers:

- medications to promote abstinence or prevent relapse, including sensitising agents
- medications for treating withdrawal symptoms during medically assisted alcohol withdrawal
- nutritional supplements as a harm reduction measure for heavy drinkers and high-dose parenteral thiamin for the treatment of Wernicke's encephalopathy and its prevention.

There is significant research evidence and consensus on the most appropriate medications to use in managing the side effects of withdrawal from alcohol and these conventions should be followed. Typically the medications of choice will be benzodiazepines, such as chlordiazepoxide or diazepam. Medications for reducing craving for alcohol should only be prescribed alongside psychosocial treatment and not as a stand-alone intervention, and use of sensitising medications requires continuing support from professionals and from families or social networks.

Pharmacological therapies should be delivered in the context of structured care-planned treatment and are not a stand-alone treatment option (there is some evidence that multiple episodes of assisted withdrawal can be associated with increased harmful outcomes). Pharmacological therapies are most effective when used as enhancements to psychosocial therapies as part of an integrated programme of care.

The modality/intervention start is the date of dispensing the first dose of medication.

B.2.2 Alcohol – Structured Psychosocial Intervention

Structured psychosocial interventions are clearly defined, evidence-based psychosocial interventions, delivered as part of a client's care plan, which assist the client to make changes in their alcohol (and drug) misuse. These interventions are normally time limited and should be delivered by competent practitioners. Competent practitioners will have adequate training, regular clinical supervision to ensure adherence to the treatment model and be able to demonstrate positive client outcomes.

Structured psychosocial interventions should be identified within a care plan. These interventions can be delivered in individual or group settings, and by any practitioners who have appropriate training and supervision

A wide range of treatments have been shown to be effective in research studies, including cognitive-behavioural therapy, motivational enhancement therapy, 12-step facilitation therapy, coping and social skills training, a community reinforcement approach, social behaviour and network therapy, behavioural self-control training, and cognitive-behavioural marital therapy.

Psychosocial treatment skills (e.g. particular relapse prevention techniques) may be used in face-to face sessions (e.g. by a keyworker), but this would not reach the threshold to be considered a 'structured psychosocial intervention'.

If such a skill were used as part of a clearly defined, consistent and evidence-based package of psychological treatment, especially when delivered by a demonstrably competent practitioner, it would then be part of a 'structured psychosocial intervention'. Examples of structured psychosocial interventions could include four sessions of family therapy, or a manualised relapse prevention package.

In this definition, psychosocial interventions are to be differentiated from a number of other interventions:

- While psychosocial interventions may be delivered by a keyworker, this activity is not part of the keyworking process *per se*. The keyworker may provide a level of ongoing face-to-face therapeutic support involving the use of some psychological techniques. If keyworkers do not deliver complete and consistent psychological treatment packages as part of their work with individual clients, it does not constitute a 'structured psychosocial treatment'. For example, a keyworker helping a client draw up a list of pros and cons is not delivering a full motivational interviewing intervention, merely using one technique commonly associated with the approach. Where keyworkers do deliver a planned, structured and coherent evidence-based psychosocial intervention (for which they have received training and supervision) this is likely to comprise a number of sessions and this constitutes a structured psychosocial intervention.
- The difference between psychosocial interventions for problem substance misuse and formal psychological therapies targeting a client's co-morbid mental health problems is that the latter interventions are specialist psychological treatments (such as cognitive-behaviour therapy for depression or anxiety, cognitive-analytic therapy, dialectical behaviour therapy, or schema-focused therapy for personality disorders) aimed primarily at the non-substance psychological problem. Such interventions should only be delivered by specialist practitioners such as clinical and counselling psychologists, suitably trained psychiatric staff or other specialist therapists with relevant training, qualifications and supervision in the therapy model being offered. This would be delivered as part of the care plan but would not constitute a 'structured psychosocial intervention' for problem alcohol use itself.
- Psychosocial interventions also differ from advice, information, simple psycho-education or other low-threshold support, which may be provided by a range of practitioners in a range of treatment settings.

An additional category of 'other structured treatment' is provided for less clearly defined counselling in the context of a structured care plan.

The modality/intervention start is the date of the first formal and time-limited appointment.

B.2.3 Alcohol – Other Structured Treatment

Other structured treatment' describes a package of interventions set out in a client's care plan which includes as a minimum regular planned therapeutic sessions with the keyworker or other substance misuse worker. The care plan should address alcohol (and any drug) misuse, health needs and social functioning. 'Other structured treatment' describes structured therapeutic activity not covered under the alternative specific intervention categories set out above.

The creation of this 'other' category of intervention reflects the evidence base that treatment consisting of individually tailored packages of care, in the context of a therapeutic relationship, is beneficial. Most clients receiving 'other structured treatment' will receive a range of interventions to meet needs identified in their care plan.

These will involve a range of interventions to address their alcohol misuse and support to address needs in other domains. This intervention may be particularly relevant for alcohol misusers who are receiving structured, care-planned treatment in the absence of prescribing interventions or psychosocial interventions. For example:

- Regular sessions with a keyworker to address a range of social and health-related needs
- Ongoing support following alcohol withdrawal to maintain abstinence as part of the care plan
- A short period of care-planned regular brief interventions to address problem alcohol misuse.

'Other structured treatment' can describe regular sessions with a keyworker, delivered in order to keep a client engaged in the treatment system while they are waiting to start receiving another care-planned intervention, if the structured interventions are outlined in an initial care plan following a triage assessment.

Some clients may have a care plan that specifies regular attendance at day care with regular sessions with keywork. As part of the care-planned day care they may receive a range of interventions and support including emotional and psychological support, educational and life-skills work and related activities, advice and information, harm reduction support, further assessment and subsequent referral to alternative structured treatment. This may be particularly relevant for clients who have co-existing mental health problems.

The modality/intervention start is the date of the first formal and time-limited key worked appointment.

B.2.4 Alcohol – Brief Intervention

This modality should be used for recording brief interventions to alcohol clients, should prisons wish to record these on NDTMS.

Brief interventions for hazardous and harmful drinkers include:

- a session of structured brief advice on alcohol for adults who have been identified via screening as drinking a hazardous or harmful amount.
- an extended brief intervention for adults who have not responded to structured brief advice or who may benefit from an extended brief intervention for other reasons. [5]

Further definitions are provided in the 2011 NICE alcohol commissioning guidance [5] as follows:

- Brief intervention: This can comprise either a short session of structured brief advice or a longer, more motivationally based session (that is, an extended brief intervention). Both aim to help someone reduce their alcohol consumption or abstain, and can be carried out by non-alcohol specialists.
- Extended brief intervention: This is motivationally based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. In this guidance, all motivationally based interventions are referred to as "extended brief interventions".

The modality/intervention start is the date of the first face-to-face contact where a simple or extended brief intervention has been provided.

B.3 YOUNG PERSONS (YP) TREATMENT MODALITIES

Treatment providers should be delivering specialist treatment interventions for young people in the secure estate. The definition that has been agreed across government departments, and should be used in this context, is that young people's specialist substance misuse treatment is a care planned medical, psychosocial or specialist harm reduction aimed at alleviating current harm caused by a young person's substance misuse.

Universal, targeted or early intervention substance misuse activity for young people should not be reported to NDTMS. Any treatment providers providing universal, targeted and/or early intervention services for substance misuse should ensure they report only substance misuse activity for young people receiving specialist treatment to NDTMS.

Young people (under 18s) must be able to access each of the young people's specialist substance misuse treatment interventions described below. Interventions include social and health care interventions, all of which are important and complement each other in reducing harm caused by a young person's substance misuse.

B.3.1 Specialist Pharmacological Interventions

These are substance misuse specific pharmacological interventions which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse.

The modality/intervention start is the date of dispensing the first dose of medication.

B.3.2 Psychosocial Interventions

Psychosocial interventions are structured treatment interventions that encompass a wide range of actions. Key working is the basic delivery mechanism for a range of key components including the review of care plans and goals, provision of substance including alcohol related advice and information, and interventions to increase motivation and prevent relapse. Help to address social problems, for example peer relationships, family relationships and education. In addition, a range of formal psychosocial interventions may be provided by key workers or others with the appropriate competences.

Formal psychosocial interventions may be provided alone or in combination with other interventions and should be targeted at addressing assessed need.

They may be provided:

- To treat substance misuse including alcohol or co-occurring mental health disorders
- Alone or in addition to harm reduction or pharmacological interventions

Formal psychosocial interventions should be provided in accordance with Drug Misuse and Dependence: UK guidelines on clinical management (DH & devolved administrations, 2007), also known as the 'clinical guidelines' or 'orange book' and relevant NICE Clinical Guidelines.

The type of psychosocial intervention should be selected on the basis of the problem and treatment need of the specific young person guided by the available evidence base of effectiveness.

This intervention has been broken down into five psychosocial intervention types:

1. **Counselling** is a process in which a counsellor hold face to face talks with young person to help him or her solve a problem, or help improve that persons attitude, behaviour (substance misuse).

2. **Cognitive behavioural therapy** is a psychotherapeutic, talking therapy that aims to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure.

3. **Motivational interviewing** is a brief psychotherapeutic intervention. For substance misusers, the aim is to help individuals reflect on their substance use in the context of their own values and goals and motivate them to change.

4. **Relapse prevention** - Relapse-prevention CBT focuses on helping drug users to develop skills to identify situations or states where they are most vulnerable to drug use, to avoid high-risk situations, and to use a range of cognitive and behavioural strategies to cope more effectively with these situations.

5. **Family work** -interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment. Note: family work should only be reported to NDTMS if and when a young person who is a member of the family receiving family work is currently accessing specialist substance misuse young people's treatment services and should be reported using the young person's attributors.

The modality/intervention start is the date of the first formal and time-limited appointment.

B.3.3 Specialist Harm Reduction

Care planned substance misuse specific harm reduction is not brief advice and information; this intervention must be delivered as part of a structured care plan and after a full assessment of the young person's substance misuse and risks. Specialist harm reduction interventions should include services to manage those at risk of, or currently involved in:

- **Injecting** - these treatment services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses.

- **Overdose** - advice and information to prevent overdose, especially overdose associated with poly-substance use, which requires specialist knowledge about substances and their interactions.

- **Risky behaviour associated with substance use** - advice and information to prevent and/or reduce substance misuse related injuries and substance misuse related risky behaviours.

The modality/intervention start is the date of the first appointment where specialist harm reduction interventions were provided.

B.4 DRUG RECOVERY WING MODALITY

B.4.1 'Drug Recovery Wing'

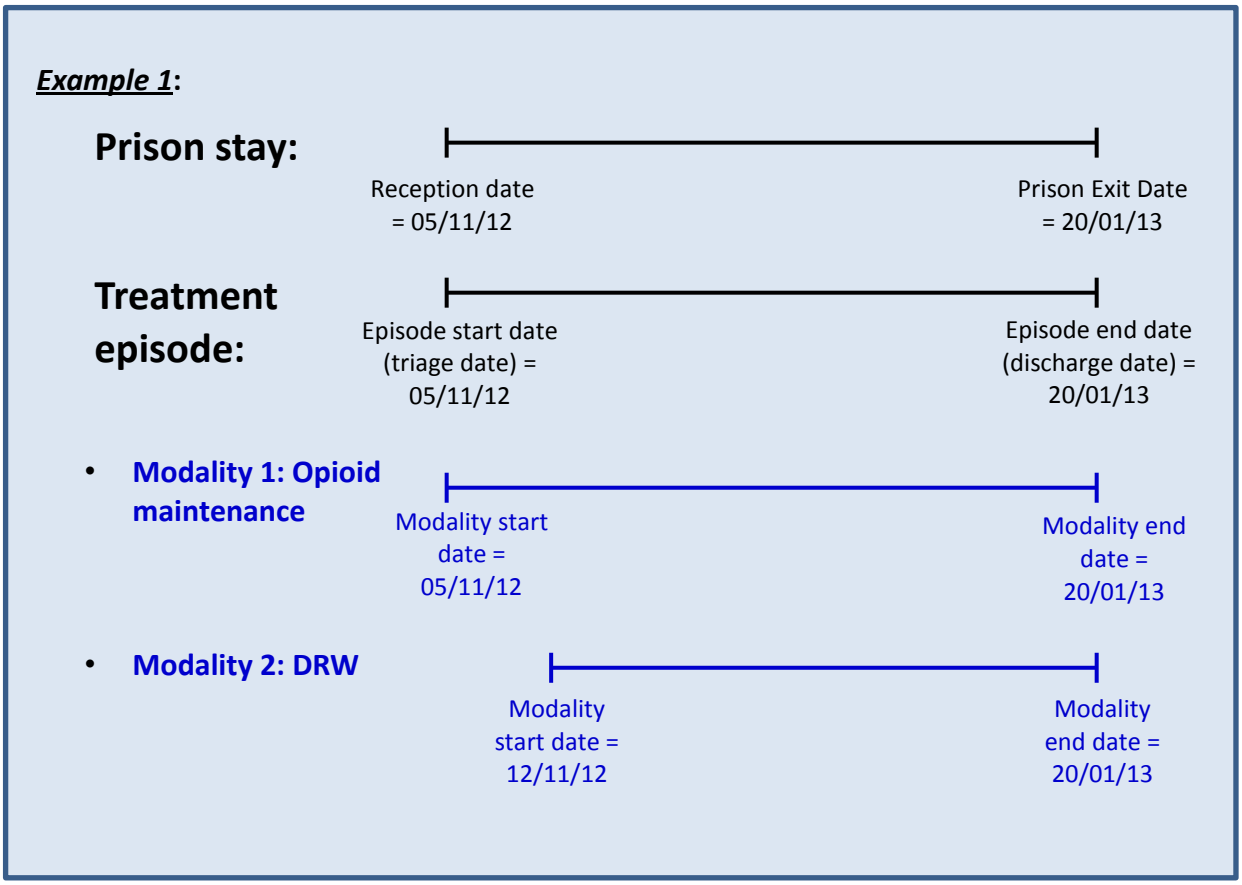
This modality should only be used by prisons which are part of the Drug Recovery Wing (DRW) pilot. The modality should be recorded for all clients receiving structured substance misuse treatment on a DRW on the 1st November 2012 (backdating the DRW modality start date to the date the client was placed on the DRW) and any clients placed on the DRW from the 1st November onwards.

Any client who is receiving structured substance misuse treatment whilst on a DRW should have the "DRW" modality recorded as part of their treatment episode. This is in addition to any modalities recorded to denote the specific structured treatment interventions they are receiving within their treatment episode, e.g. opioid maintenance, structured day programme etc.

The start and end dates for the DRW modality should indicate when the client started on the DRW and when they ended their stay on the DRW, respectively. The structured treatment modalities received as part of their treatment episode may fall within this time period or overlap either side of the DRW time period, depending on whether the client is on the DRW when in receipt of structured interventions - specific structured substance misuse treatment interventions may be delivered whilst the client is on the DRW or on a non-DRW wing. The DRW modality information should only represent the time spent on the DRW.

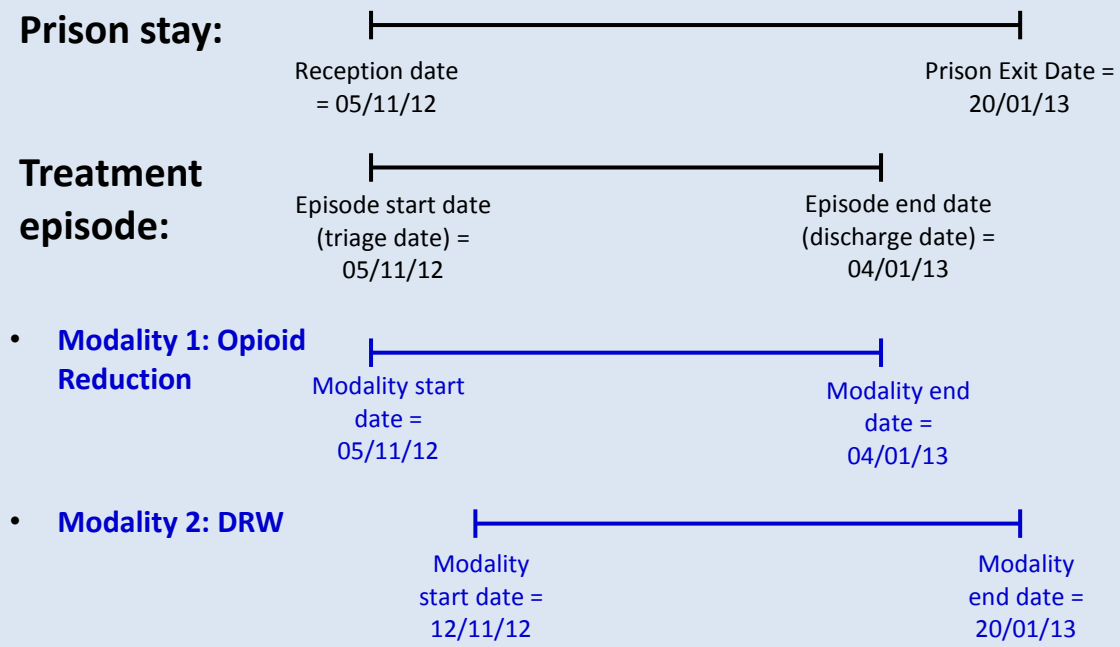
Example 1: A client arrives in the prison, has a healthcare screening assessment and is immediately prescribed an opioid substitute. Therefore the client has started their treatment episode immediately (episode start is denoted by the triage date) and this includes one structured treatment intervention (in this example, opioid maintenance) commencing from day one. Following clinical stabilisation, it is decided that the client is suitable for the DRW and is placed on the DRW. We would therefore expect to see two modalities in the NDTMS records for this client, one indicating the modality start date for the prescribing (day 1) and one indicating the start date for placement on the DRW (day 7 in this example).

Example 1:



Conversely, if a client completes their structured treatment but remains on the DRW, e.g. for recovery support, the structured treatment intervention/s received should be closed off (i.e. modality end date/s recorded) and the treatment episode ended (discharge date and reason recorded), but the DRW modality should remain open (Example 2 below).

Example 2:



If the client comes off the DRW during their structured treatment (in a planned or unplanned way), but remains in the prison, we would expect to see a modality end date for the DRW modality but an open modality for the structured treatment intervention/s. The treatment episode should not be discharged until the client has completed their structured treatment.

More than one instance of a DRW modality may be recorded on NDTMS within the one continuous treatment episode if the client comes on and off the DRW and then goes back onto the DRW at a later point during their treatment episode in the prison. However, these should be two distinct time periods and should not overlap.

Any clients transferred to another prison having been on the sending prison's DRW prior to transfer should have their DRW modality and any structured treatment modalities ended for the sending prison, plus their treatment episode discharged, as is normally required for NDTMS. This applies even if the client goes from the DRW in the sending prison to a DRW in another prison (the receiving prison would open a new treatment episode, and new DRW modality if the client will be receiving structured treatment).

APPENDIX C - RECORDING TREATMENT OUTCOMES PROFILE (TOP)

The Treatment Outcomes Profile (TOP) is the national outcome monitoring tool for adults (18 years and over) receiving substance misuse services. It is a simple set of questions that can aid improvements in clinical practice by enhancing assessment and care plan reviews. It can also help to ensure that each service user's recovery care plan identifies and addresses his or her needs and treatment goals. There are four areas covered by the TOP – substance use including alcohol consumption, injecting risk behaviour, offending behaviour, and health and social functioning. The latter includes information on psychological health, physical health, work and education, housing and overall quality of life. Outcome reports are compiled centrally within Public Health England (PHE) via NDTMS.

From 1st April 2014, establishments in the North West that are part of the Through The Gate testing are to record a TOP for any detainees who have started a new custodial stay and are assessed by a substance misuse worker.[2] The TOP should be completed within 2 weeks of initial reception, ideally when the detainee is being assessed for their treatment need. This may be on the date of initial reception into custody or shortly thereafter. The TOP should reflect the 28 days before entering custody - this will provide a baseline record of behaviour in the month leading up to the custodial stay and commencement of a new prison treatment journey. If a detainee has transferred from another establishment, and was assessed in the sending prison, a TOP does not need to be completed by the receiving establishment - the establishment where they were first received into custody should already have completed the TOP. If a detainee is assessed more than 2 weeks after initial reception, e.g. because they chose not to engage with treatment when they first came into custody, a TOP does not need to be completed. This is because it will not be possible to robustly capture behaviour in the 28 days before entering custody.

The TOP should be used for all primary drug and primary alcohol clients. In the community, providers have the option to record either the TOP or the Alcohol Outcomes Record (AOR) for adults whose primary substance is alcohol. The AOR is a shortened version of the TOP which only focuses on levels of drinking, physical health and quality of life. For the adult secure estate it is preferred that the full TOP is completed for both primary drug and primary alcohol clients assessed for substance misuse treatment. This is because the TOP includes questions on employment, education, housing and quality of life, which are not included on the AOR, but which will be important in terms of measuring post-release outcomes. For clients reporting alcohol use but no drug use or injecting behaviour these fields should be recorded as zero (and 'No' for the applicable injecting questions).

In the community, treatment providers record TOP with clients at treatment start and at regular review points, as part of a review of the service user's recovery care plan. Community treatment providers also complete the TOP at treatment exit. Following release from custody, post-release TOP reviews will also be completed by community providers, where the client has been referred to and engaged with treatment and / or taken onto a CJIT caseload. Community providers will complete a post-release TOP at least 28 days after the client leaves custody (and within 56 days of release). To support this, please ensure that the prison release date is shared with the community provider.

By collecting TOP information at prison entry, NDTMS will be able to monitor treatment outcomes post-release and across a client's entire treatment journey, i.e. from prison treatment to community treatment and at treatment completion. Under Transforming Rehabilitation all sentenced prisoners will be supervised post-release, therefore it will be possible to monitor outcomes for all clients, not just those engaging with structured treatment in the community.

[2] There may be a future requirement for all adult establishments to record the TOP for NDTMS purposes, and for the Young People's Secure Estate (YPSE) to record the equivalent outcomes profile for young people (the Young People's Outcomes Record).

APPENDIX D - DISCHARGE CODES

Data item name - Treatment completed – Drug free

Data item definition – The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine or any other illicit drug.

Data item name - Treatment completed – Alcohol free

Data item definition – The client no longer requires structured alcohol treatment interventions and is judged by the clinician to no longer be using alcohol.

Data item name – Treatment Completed - Occasional user (not heroin and crack)

Data item definition – The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require treatment.

Data item name – Transferred – Not in custody

Data item definition – A client has finished treatment at this provider but still requires further structured drug or alcohol treatment interventions and the individual has been referred to an alternative non-prison provider for this. This code should only be used if there is an appropriate referral path and care planned structured drug or alcohol treatment pathways are available.

Data item name – Transferred – In custody

Data item definition – A client has transferred to another prison establishment and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a two-way communication between the two prison treatment providers to confirm assessment and that care planned treatment will be provided as appropriate.

Data item name – Incomplete – Dropped Out

Data item definition – The treatment provider has lost contact with client without a planned discharge and activities to re-engage the client back into treatment have not been successful.

Data item name – Incomplete – Treatment withdrawn by provider

Data item definition – The treatment provider has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their discharge; it should not be used if the client has simply 'Dropped out'.

Data item name – Incomplete – Treatment commencement declined by the client

Data item definition - The treatment provider has received a referral and has had a face-to-face contact with the client after which the client has chosen not to commence a recommended structured drug or alcohol treatment intervention.

Data item name – Incomplete – Client died

Data item definition – During their time in contact with structured drug or alcohol treatment the client died.

APPENDIX E - PARENTAL STATUS

'Parental status' should include biological parents, step parents, foster parents, adoptive parents and guardians. It should also include *de facto* parents where an adult lives with the parent of a child or the child alone (for example, clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities.

The minimum period of cohabitation would be one month.

In the Prisons NDTMS Data Set 'Parental status' should be based on the month prior to entering custody.

Data item name – All the children lived with client

Data item description – The client is a parent of one or more children under 18 and all the client's children (who are under 18) resided with them full time.

Data item name – Some of the children lived with client

Data item description – The client is a parent of children under 18 and some of the client's children (who are under 18) resided with them, others lived full time in other locations.

Data item name – None of the children lived with client

Data item description – The client is a parent of one or more children under 18 but none of the client's children (who are under 18) resided with them, they all lived in other locations full time.

Data item name – Not a parent

Data item description – The client is not a parent of any children under 18

Data item name – Client declined to answer