

Publication withdrawn

This form was withdrawn in April 2024.

For the latest information about the National Drug Treatment Monitoring System (NDTMS), including up-to-date documentation, visit the [NDTMS website](#).



TREATMENT OUTCOMES PROFILE (SECURE SETTING)

CLIENT REF KEYWORKER DOB
 SEX M F INITIAL RECEPTION DATE

To be completed within 2 weeks of initial reception by the keyworker with the client

Use 'N/A' only if the client does not disclose information or does not answer

SUBSTANCE USE	Record the number of using days in each of the 4 weeks prior to custody and the average amount used on a using day				Average / day	Total
	Week 4	Week 3	Week 2	Week 1		
A. Alcohol	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> UNITS	<input type="text"/> 0-28
B. Opiates/Opioids (Illicit) <small>Includes street heroin and non-prescribed opioids</small>	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
C. Crack	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
D. Cocaine	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
E. Amphetamines	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
F. Cannabis	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> SPLIFFS	<input type="text"/> 0-28
G. Other substance. Specify:	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> G	<input type="text"/> 0-28
H. Tobacco <small>In any form and when combined with other substances</small>	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/>	<input type="text"/> 0-28

INJECTING	Record number of days client injected non-prescribed drugs during the 4 weeks prior to custody.				Y/N
	Week 4	Week 3	Week 2	Week 1	
A. Injected	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-28
B. Injected with a needle or syringe used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/> Y/N
C. Injected using a spoon, water or filter used by somebody else	Yes <input type="checkbox"/> No <input type="checkbox"/>				

If either answer is 'Yes' record 'Y'.
Otherwise record 'N'.

HEALTH & SOCIAL FUNCTIONING	A. Client's rating psychological health <small>(Anxiety, depression, problem emotions and feelings)</small>		0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Poor Good																				0-20
	Record days worked, or at college or school in the four weeks prior to custody																						
	B. Days in paid work		Week 4	Week 3	Week 2	Week 1																	0-28
	C. Days in volunteering		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7																	0-28
	D. Days in unpaid structured work placement		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7																	0-28
	E. Days attended college or school		<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7	<input type="text"/> 0-7																	0-28
	F. Client's rating Physical Health <small>(Extent of physical symptoms and bothered by illness)</small>		0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Poor Good																				0-20
	G. Acute housing problem		Yes <input type="checkbox"/> No <input type="checkbox"/>																				Y/N
	H. Unsuitable housing <small>Housing situation that is likely to have a negative impact on health and wellbeing and / or on the likelihood of achieving recovery</small>		Yes <input type="checkbox"/> No <input type="checkbox"/>																				Y/N
	I. At risk of eviction		Yes <input type="checkbox"/> No <input type="checkbox"/>																				Y/N
J. Client's rating overall quality of life <small>(Able to enjoy life, gets on with family and partner, etc)</small>		0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Poor Good																				0-20	

A FEW THINGS TO REMEMBER

- The red shaded boxes are the only information that gets sent to PHE
- Week 4 is the most recent week; week 1 is the least recent
- The TOP should always capture drug and alcohol use pre-custody, so it is important that the recall period is the 28 days before the client entered prison. Not doing this will skew outcomes as there is likely to be a lower baseline

Alcohol units converter

Drink	%ABV	Units
Pint ordinary strength lager, beer or cider	3.5	2
Pint strong lager, beer or cider	5	3
440ml can ordinary strength lager	3.5	1.5
440ml can strong lager, beer or cider	5	2
440ml can super strength lager or cider	9	4
1 litre bottle ordinary strength cider	5	5
1 litre bottle strong cider	9	9

Drink	%ABV	Units
Glass of wine (175ml)	12	2
Large glass of wine (250ml)	12	3
Bottle of wine (750ml)	12	10
Single measure of spirits (25ml)	40	1
Bottle of spirits (750ml)	40	30
275ml bottle alcopops	5	1.5