

Publication withdrawn

This guidance was withdrawn in April 2024.

For up-to-date information about the National Drug Treatment Monitoring System (NDTMS), see [core data set documentation on the NDTMS website](#).



Public Health
England

Protecting and improving the nation's health

National Drug Treatment Monitoring System

Criminal Justice Intervention Team business definitions

Core data set O

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Revision history

Version	Author	Purpose/reason
2.03	L Hughes	Minor amendments: <ul style="list-style-type: none"> • SEXUALO amended from 'The sexual orientation the client states' to 'Sexual orientation of the client' • EXITDEST changed from 'Onward referral destination' to 'DAT/ LA or secure setting transferred to' • FAQs removed as they are now included in the CJIT supplementary guidance document • Added that client name should be updated if the client legally changes their name • NATION – clarified that Kosovo should be recorded as Serbia as per NHS data dictionary
2.02	L Hughes	Minor amendments: <ul style="list-style-type: none"> • TITID changed to REFERID (correction)
2.01	L Hughes	Minor amendments: <ul style="list-style-type: none"> • 'Facilitated access to mutual aid' definition clarified
2.0	L Hughes	CDS O New reference data items: <ul style="list-style-type: none"> • ETHNIC – 'Value is unknown' added • EHCSO – 'Client declined to answer' added Dropped headers: <ul style="list-style-type: none"> • RECOH (Client provided with any other recovery support elements) Amended headers: <ul style="list-style-type: none"> • EMPSTAT renamed OFFENCE • TITREAT renamed REFAGENCY • TITDATE renamed REFDATE • YPESTI renamed IOMS • YPABACF renamed MAPPA • DISRSN renamed CJDISRSN • RFLS renamed CJRFLS • ACCMNEED renamed CJACCMNEED Amendments: <ul style="list-style-type: none"> • AGENCY, CLIENT and CLIENTID moved to 'client' section rather than 'episode' • Updated ACCMNEED examples

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1. Introduction

The National Drug Treatment Monitoring System (NDTMS) data helps drug and alcohol treatment demonstrate the outcomes it achieves for the people it treats and in doing so aids accountability for the money invested in it. NDTMS is a national standard and is applicable to young people and adults within community and secure setting based treatment providers.

The Criminal Justice Intervention Team (CJIT) dataset is part of NDTMS.

This document defines the items to be collected by the CJIT dataset.

This document is intended to be a definitive and accessible source for use. It is not intended to be read from end to end, rather as a reference document, which is utilised by a variety of readers, including:

- interpreters of data provided from PHE systems
- suppliers of systems to PHE
- suppliers of systems which interface to PHE systems
- PHE/National Drug Treatment Monitoring System (NDTMS) personnel

This document should not be used in isolation. It is part of a package of documents supporting the CJIT dataset and reporting requirements.

Please read this document in conjunction with:

- CJIT CSV file input specification – defines the file format of the CSV file used as the primary means of submitting CJIT data
- CJIT technical definition – provides guidance to CJIT software suppliers on the structure of CJIT data items to be collected, as well as outlining the rules associated with key data items within the data set
- CJIT reference data – provides permissible values for each data item
- NDTMS geographic information – provides locality information including DAT of residence and local authority codes

Documentation can be found at: www.gov.uk/government/collections/alcohol-and-drug-misuse-treatment-core-dataset-collection-guidance

To assist with the operational handling of CSV input files, each significant change to the CJIT dataset is allocated a letter. The current version of national data collection by CJIT came into effect on 1 April 2018 and is known as CJIT dataset O.

2. Purpose of CJIT dataset

The data items contained in the NDTMS-CJIT dataset are intended to:

- provide measurements that support the outcome and recovery focus of the government's drug strategy, such as:
 - proportion of clients referred from the criminal justice system successfully completing treatment
 - proportion of clients referred from the criminal justice system that do not return to treatment following a successful completion
 - support for children and families of drug and alcohol dependents
- provide information, which can be used to monitor how effective drug and alcohol treatment services are and help to plan and develop services that better meet local needs
- produce statistics and support research about drug and alcohol use treatment.

3. Data entities

The data items listed in this document may be considered as belonging to 1 of 5 different sections, which are used throughout this document:

Client information

Details pertaining to the client including initials, date of birth, gender, ethnicity, nationality, religion, disability and sexuality.

Episode details

Details pertaining to the current episode of treatment including information gained at triage such as geographic information, problem substance/s, parent and child status, etc. A treatment episode includes time spent in treatment at 1 provider, where they record 1 triage date and 1 case closure date but can include multiple interventions.

Referrals to structured treatment

Details of any referrals to structured treatment.

Interventions

Details of any intervention delivered by the CJIT since the previous intervention assessment date (or since the client started on the caseload if this is the first intervention assessment date); intervention assessments should be updated at a minimum of every 6 months whilst on the CJIT caseload and when a client leaves the caseload. They should be completed retrospectively and can be completed by the keyworker/admin without the client present.

Case closure details

To be completed when contact with a client has ended (or if they do not engage beyond the assessment). Different case closure reasons apply depending on whether the client has been taken onto the caseload.

In general, all data is required. Some fields are required at treatment start. Others should be provided as and when the client progresses through their treatment (see section 5).

The NDTMS CJIT dataset is a consented to dataset. Meaning that all clients should give informed consent for their information to be shared with NDTMS. For further details, please refer to NDTMS Confidentiality Toolkit:

www.gov.uk/government/publications/confidentiality-guidance-for-drug-and-alcohol-treatment-providers-and-clients

4. CJIT dataset fields

1. Client details		
Field description	CSV Header	Definition
Initial of client's first name	FINITIAL	The first initial of the client's first name – for example, Max would be 'M'. For hyphenated first names, record the first letter of the first part of the name. If a client legally changes their name this should be updated on your system. This will create a mismatch at your next submission for which you should select 'replace' or 'delete'.
Initial of client's surname	SINITIAL	The first initial of the client's surname – for example Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'. For hyphenated surnames, record the first letter of the first part of the surname. If a client legally changes their name it should be updated on your system. This will create a mismatch at your next submission for which you should select 'replace' or 'delete'.
Client date of birth	DOB	The day, month and year that the client was born.
Client sex	SEX	The client sex at registration of birth.
Nationality	NATION	Country of nationality at birth. Kosovo should be recorded as Serbia as per NHS data dictionary.
Ethnicity	ETHNIC	The ethnicity that the client states as defined in the Office of Population Censuses and Surveys (OPCS) categories. If a client declines to answer, then 'not stated' should be used. If the client does not know, then 'Value is unknown' should be used.
Client reference	CLIENT	A unique number or ID allocated by the treatment provider to a client. The client reference should remain the same within a treatment provider for a client during all treatment episodes. (NB: this must not hold or be composed of attributers, which might identify the individual).
Client ID	CLIENTID	A mandatory, unique technical identifier representing the client, as held on the clinical system used by the treatment provider. 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.

CJIT agency code	AGNCY	Each Criminal Justice Intervention Team (CJIT) is assigned with a CJIT agency code. Responsibility for allocating a CJIT agency code is that of the regional NDTMS team. For example, CJ123. A general guideline is that the code should comprise of 2 parts 1) a 2 letter prefix which indicates that the service is a CJIT and the NDTMS region and an identifier (3 numeric characters) which uniquely identifies that CJIT eg CP001. This guideline will ensure uniqueness of the CJIT agency code on a national basis.
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2. Episode details

Field description	CSV Header	Definition
Software system and version used	CMSID	A mandatory, system identifier representing the clinical system and version used at the provider, for example, agencies using the data entry tool would have DET V2 populated in the field.
Consent for NDTMS	CONSENT	Whether the client has agreed for their data to be shared with regional NDTMS teams and Public Health England in line with the NDTMS confidentiality toolkit.
Episode ID	EPISODID	A mandatory, unique technical identifier representing the episode, 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 episode in the episode table.
Postcode	PC	The postcode of the client's place of residence. The postcode should be truncated by your system when extracted for NDTMS (the final 2 characters of the postcode should be removed eg '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, then the default postcode ZZ99 3VZ should be recorded (and truncated on extract).

2. Episode details		
Field description	CSV Header	Definition
DAT/LA of residence	DAT	<p>The partnership area or upper tier local authority in which the client normally resides (as defined by the postcode of their normal residence).</p> <p>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 (denoted by having an accommodation need of NFA) then the partnership (DAT) of the CJIT should be used as a proxy.</p> <p>Note – although the accommodation need is the status at the start of the episode, the DAT of residence is the current situation.</p> <p>See NDTMS Geographic Information document for a list of DAT codes: www.gov.uk/government/uploads/system/uploads/attachment_data/file/669776/Geographic_information_for_the_National_Drug_Treatment_Monitoring_System__NDTMS_.pdf</p>
Date of the event which prompted this contact	REFLD	<p>For clients presenting following a drug test (even if there was not a mandatory requirement for them to do so). This should be the date of that drug test. If a client has presented following release from a prison, then this should be the date of release. If referred by another service, this should be the date of that referral. If there is no clear preceding event, such as when a client presents without a referral from a service or without a recent arrest/release from prison, then this should be the same as the triage/assessment date.</p>
What event prompted the contact?	CJRFLS	<p>This item is applicable even for those that do not engage beyond the required assessment. 'Voluntary' has been expanded to distinguish between non-mandated contacts following arrest and those following release from a prison.</p>
Contact/assessment date	TRIAGED	<p>This is the required assessment, initial contact with the service or triage date (eg the first face-to-face contact with a CJIT worker).</p>
Offence	OFFENCE	<p>What offence prompted the client's current/most recent contact with the criminal justice system?</p>
Offender Management Scheme	IOMS	<p>Is the client on an Integrated Offender Management (IOM) scheme?</p>
Multi-Agency Public Protection Arrangements	MAPPA	<p>Is the client is on a Multi-Agency Public Protection Arrangement (MAPPA)?</p>

2. Episode details		
Field description	CSV Header	Definition
DAT/LA or secure setting transferred from	PRISON	DAT, LA or prison the client has been transferred from.
Sexual orientation	SEXUALO	The sexual orientation of the client. If a client declines to answer, then 'not stated' should be used.
Religion or belief	RELIGION	The religion or belief of the client. If a client declines to answer, then 'not stated' should be used.
Disability 1	DISABLE1	Whether the client considers themselves to have a disability. If a client declines to answer, then 'not stated' should be used. If the client has no disability, then 'no disability' should be entered. Refer to Appendix A for disability definitions.
Disability 2	DISABLE2	Whether the client considers themselves to have a second disability. If a client declines to answer, then 'not stated' should be used. If the client has no second disability, then 'no disability' should be entered. Refer to Appendix A for disability definitions.
Disability 3	DISABLE3	Whether the client considers themselves to have a third disability. If a client declines to answer, then 'not stated' should be used. If the client has no third disability, then 'no disability' should be entered. Refer to Appendix A for disability definitions.
Problem substance number 1	DRUG1	The substance that brought the client into contact with CJIT at the point of triage/initial assessment, even if they are no longer actively using this substance. If a client presents with more than 1 substance, the provider is responsible for clinically deciding which substance is primary.
Route of administration of problem substance number 1	ROUTE	The route of administration of problem substance number 1 recorded at the point of triage/initial assessment.
Problem substance number 2	DRUG2	The second problematic substance which brought the client into contact with CJIT at the point of triage/initial assessment, even if they are no longer actively using this substance. If no additional substance, 'no second drug' should be recorded.
Problem substance number 3	DRUG3	The third problematic substance which brought the client into contact with CJIT at the point of triage/initial assessment, even if they are no longer actively using this substance. If no additional substance, 'no third drug' should be recorded.

2. Episode details		
Field description	CSV Header	Definition
Injecting status	INJSTAT	Is the client currently injecting, have they ever previously injected, never injected or declined to answer?
Drinking days	ALCDDAYS	Number of days in the 28 days prior to initial assessment that the client consumed alcohol.
Units of alcohol	ALCUNITS	Typical number of units consumed on a typical drinking day in the 28 days prior to initial assessment.
Accommodation need	CJACCMNEED	The accommodation need refers to the housing need of the client in the 28 days prior to treatment start. Appendix B describes the reference data for this item and the relevant definitions.
Pregnant	PREGNANT	Is the client pregnant?
Parental status	PRNTSTAT	The parental status of the client – whether or not the client is a ‘parent’ and whether none of, some of or all of the children they are responsible for live with the client. A child is a person who is under 18 years old. See Appendix C for data items and definitions.
Children living with the client	CHILDWTH	The number of children under 18 that live in the same household as the client at least 1 night a week. The client does not necessarily need to have parental responsibility for the children. Due to this being a numerical field, please record code ‘98’ as the response if the client has declined to answer.
Children receiving early help or in contact with children’s social care	EHSC	Are the client’s children/any children living with the client receiving early help or in contact with children’s social care? This question applies to children of the client aged under 18 (regardless of whether this child lives with the client or not) and to children aged under 18 living with the client (regardless of whether this is the child of the client or not). If more than 1 option applies, then please select the one that is considered the priority from the perspective of the treatment service/keyworker. See Appendix C for data items and definitions.
Case load start date	CPLANDT	Date that a care plan was created and agreed with the client (used for defining when a client is taken onto the caseload). If not being taken onto the caseload, then this episode must be closed with a ‘prior to caseload’ reason.

2. Episode details		
Field description	CSV Header	Definition
Case closure date	DISD	This is the date the client left the caseload or the last assessment date if the client is not taken onto the caseload. A date should be entered (and the episode closed) if the client goes to prison. If a client's case closure was unplanned then the date of last face-to-face contact with the CJIT should be used. If a client has had no contact with the CJIT for 2 months then, for NDTMS purposes, it is assumed that the client has disengaged, and a case closure date should be returned at this point using the date of the last face-to-face contact with the client. It should be noted that this is not meant to determine clinical practice and it is understood that further work beyond this point to re-engage the client may occur. Note: this process should be used for clients with a contact/assessment date after 1 April 2006 and records should not be amended retrospectively. If a client's case is closed and they then represent to the CJIT at a later date, the expectation is that the client should be reassessed and a new episode created with a new triage date.
Case closure reason	CJDISRSN	The reason why the client has left the caseload or has not been taken onto the caseload. See Appendix E for definitions of case closure reasons.
DAT/ LA or secure setting transferred to	EXITDEST	DAT, LA or secure setting to which the client has been transferred. This should only be populated if a closure reason of 'Transferred in custody' or 'Transferred to another CJIT area' is selected.

3. Treatment intervention details		
Field description	CSV Header	Definition
Recovery support assessment date	SUBMODDT	The date that the intervention review was completed.
Sub intervention ID	SUBMID	A mandatory, unique technical identifier representing the sub intervention, 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.

3. Treatment intervention details		
Field description	CSV Header	Definition
Client provided with peer support involvement	RECPEER	<p>Has the client been provided with peer support involvement?</p> <p>A supportive relationship where an individual who has direct or indirect experience of drug or alcohol problems may be specifically recruited on a paid or voluntary basis to provide support and guidance to peers. Peer support can also include less formal supportive arrangements where shared experience is the basis but generic support is the outcome (eg as a part of a social group). This may include mental health focused peer support where a service user has co-existing mental health problems.</p> <p>Where support programmes are available, staff peer should provide information on access to service users, and support access where service users express an interest in using this type of support.</p>
Client provided with facilitated access to mutual aid	RECMAID	<p>Has the client been provided with facilitated access to mutual aid?</p> <p>Staff provide a service user with information about mutual aid groups and facilitate their initial contact by, for example, making arrangements for them to meet a group member, arranging transport and/or accompaniment to the first session and dealing with any subsequent concerns (see Facilitating Access to Mutual Aid). These groups may be based on 12-step principles (such as Alcoholics Anonymous, Narcotics Anonymous and Cocaine Anonymous) or another approach (such as SMART Recovery). It is not sufficient to simply provide a client with a leaflet.</p>
Client provided with family support	RECFMSP	<p>Has the client been provided with family support?</p> <p>Staff have assessed the family support needs of the individual/family as part of a comprehensive assessment, or ongoing review of their treatment package. Agreed actions can include arranging family support for the family in their own right or family support that includes the individual in treatment.</p>
Client provided with parenting support	RECPRNT	<p>Has the client been provided with parenting support?</p> <p>Staff have assessed the family support needs of the individual as part of a comprehensive assessment, or ongoing review of their treatment package. Agreed actions can include a referral to an in-house parenting support worker where available, or to a local service which delivers parenting support.</p>

3. Treatment intervention details		
Field description	CSV Header	Definition
Client provided with housing support	RECHSE	<p>Has the client been provided with housing support?</p> <p>Staff have assessed the housing needs of the individual as part of the comprehensive assessment, or ongoing recovery care-planning process, and has agreed goals that include specific housing support actions by the treatment service, and/or active referral to a housing agency for specialist housing support.</p> <p>Housing support covers a range of activities that either allows the individual to maintain their accommodation or to address an urgent housing need.</p>
Client provided with employment support	RECEMP	<p>Has the client been provided with employment support?</p> <p>Staff have assessed the employment needs of the individual as part of the comprehensive assessment, or ongoing recovery care-planning process, and agreed goals that include specific specialised employment support actions by the treatment service, and/or active referral to an agency for specialist employment support.</p> <p>Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a 3-way meeting with the relevant advisor to discuss education/employment/training (ETE) needs. The referral can also be made directly to an ETE provider.</p>
Client provided with education and training support	RECEDUT	<p>Has the client been provided with education and training support?</p> <p>Staff have assessed the education and training related needs of the individual as part of the comprehensive assessment, or ongoing recovery care-planning process and agreed goals that include specific specialised education and training support actions by the treatment service, and/or active referral to an agency for specialist education and training support.</p> <p>Where the individual is already a claimant with Jobcentre Plus or the Work Programme, the referral can include a 3-way meeting with the relevant advisor to discuss ETE needs. The referral can also be made directly to an ETE provider.</p>
Client provided with supported work projects	RECWPRJ	<p>Has the client been provided with supported work projects?</p> <p>Staff have assessed the employment related needs of the individual as part of the comprehensive assessment, or on-going recovery care-planning process and agreed goals that include the referral to a service providing paid employment positions. Where the employee receives significant on-going support to attend and perform duties.</p>

3. Treatment intervention details		
Field description	CSV Header	Definition
Client provided with recovery check ups	RECCHKP	<p>Has the client been provided with recovery check-ups?</p> <p>Following successful completion of formal substance misuse treatment there is an agreement for periodic contact between a treatment provider and the former participant in the structured treatment phase of support.</p> <p>The periodic contact is initiated by the service, and comprises a structured check-up on recovery progress and maintenance, checks for signs of lapses, sign posting to any appropriate further recovery services, and in the case of relapse (or marked risk of relapse) facilitates a prompt return to treatment services.</p>
Client provided with evidence-based psychosocial interventions to support relapse prevention	RECRLPP	<p>Has the client been provided with structured evidence-based psychosocial interventions to support relapse prevention?</p> <p>Evidence based psychosocial interventions that support ongoing relapse prevention and recovery, delivered following successful completion of structured substance misuse treatment.</p> <p>These are interventions with a specific substance misuse focus and delivered within substance misuse services.</p>
Client provided with complementary therapies	RECCMPT	<p>Has the client been provided with complementary therapies?</p> <p>Complementary therapies aimed at promoting and maintaining change to substance use, for example, through the use of therapies such as acupuncture and reflexology that are provided in the context of substance misuse specific recovery support.</p>
Client provided with evidence based mental health focused psychosocial interventions to support continued recovery	RECGNH	<p>Has the client been provided with mental health interventions?</p> <p>Evidence-based psychosocial interventions for common mental health problems that support continued recovery by focusing on improving psychological well-being that might otherwise increase the likelihood of relapse to substance use.</p> <p>These are delivered following successful completion of structured substance misuse treatment, and may be delivered by services outside the substance misuse treatment system, following an identification of need for further psychological treatment and a referral by substance misuse services.</p>

3. Treatment intervention details		
Field description	CSV Header	Definition
Client provided with smoking cessation interventions	RECSMOC	Has the client been provided with smoking cessation interventions? Specific stop-smoking support has been provided by the treatment service, and/or the individual has been actively referred to a stop smoking service for smoking cessation support and take-up of that support is monitored. Suitable support will vary but should be more than very brief advice to qualify as an intervention here. It will most commonly include psychosocial support and nicotine replacement therapy, and will be provided by a trained stop smoking advisor.
Has there been facilitation to domestic abuse/violence support?	RECDOMV	Has the client been provided with facilitation to domestic abuse/violence support? Staff have assessed service user needs in relation to domestic abuse/violence as part of the comprehensive assessment or ongoing recovery care-planning process. There are agreed goals that include support actions by the treatment service, and/or active referral to a specialist domestic abuse service. These services may include MARAC; community or refuge support providing safety planning, legal advice, advocacy and therapeutic interventions for victims/survivors and their children. Perpetrators of domestic abuse/violence may attend a perpetrator programme.

4. Referrals to structured treatment		
Field description	CSV Header	Definition
Date referred to structured treatment agency	REFDATE	The date that a referral to a structured treatment provider has been made. Multiple referrals may be made and recorded while the client is on the caseload. Definition of structured treatment can be found in Appendix D.
Agency referred to	REFAGNCY	The agency code of the structured treatment provider that the client was referred to.
Referral to structured treatment ID	REFERID	A mandatory, unique technical identifier representing the referral to structured treatment, 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.

5. Outcomes profile – TOP (optional for CJIT dataset)		
Field description	CSV Header	Definition
Treatment Outcomes Profile (TOP) date	TOPDATE	Date of most recent outcome review. In each review all outcomes data should reflect the 28 days prior to this date.
TOP ID	TOPID	A mandatory, unique 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.
Treatment stage	TRSTAGE	Stage of treatment that the TOP data relates to eg start, review, exit, post-exit.
Alcohol use	ALCUSE	Number of days in previous 28 days that client has used alcohol.
Consumption	CONSMP	Typical number of alcohol units consumed on a drinking day in the last 28 days.
Opiate use	OPIUSE	Number of days in previous 28 days that client has used opiates.
Crack use	CRAUSE	Number of days in previous 28 days that client has used crack.
Cocaine use	COCAUSE	Number of days in previous 28 days that client has used powder cocaine.
Amphetamine use	AMPHUSE	Number of days in previous 28 days that client has used amphetamines.
Cannabis use	CANNUSE	Number of days in previous 28 days that client has used cannabis.
Other drug use	OTRDRGUSE	Number of days in previous 28 days that client has used another problem drug.
Tobacco use	TOBUSE	Number of days in previous 28 days that the client smoked tobacco, in whatever form (ready-made cigarettes, hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/water pipes, etc), but not including nicotine replacement therapy and e-cigarettes.
Injected	IVDRGUSE	Number of days in previous 28 days that client has injected non-prescribed drugs.
Sharing	SHARING	Has client shared needles or paraphernalia (spoon, water or filter) in previous 28 days? On the TOP form, this is displayed as 2 questions, but only 1 response is used for NDTMS. See NDTMS reference data document.
Shoplifting	SHOTHEFT	Number of days in previous 28 days that client has been involved in shop theft.
Selling drugs	DRGSELL	Number of days in previous 28 days that client has been involved in selling drugs.

5. Outcomes profile – TOP (optional for CJIT dataset)		
Field description	CSV Header	Definition
Other theft	OTHTHEFT	Has client been involved in: theft from or of a vehicle, property theft or burglary or been involved in fraud, forgery or handling stolen goods in previous 28 days? On the TOP form, this is displayed as 3 questions, but only 1 response is used for NDTMS. See NDTMS reference data document.
Assault/violence	ASSAULT	Has client committed assault/violence in previous 28 days?
Psychological health status	PSYHSTAT	Self-reported psychological health (anxiety, depression, problem emotions and feelings) score in previous 28 days of 0-20, where 0 is poor and 20 is good.
Paid work	PWORK	Number of days in previous 28 days that client has attended paid work. Includes legal work only.
Unpaid work	UPDWORK	Number of days in the previous 28 days that the client has participated in unpaid work as part of a structured work placement. Structured work placements provide experience in a particular occupation or industry for people facing barriers to employment and are part of an education or training course, or package of employment support. Unpaid work differs from volunteering in that the client is the main beneficiary. If volunteering, the main beneficiary it is another person, group or organisation.
Days volunteered	DAYSVOLN	Number of days in previous 28 days that the client has volunteered. Volunteering is engaging in any activity that involves spending time, unpaid, doing something that aims to benefit another person, group or organisation.
Education	EDUCAT	Number of days in previous 28 days that client has attended for education, for example, school, college, university.
Physical health status	PHSTAT	Self-reported physical health (extent of physical symptoms and bothered by illness) score in previous 28 days of 0-20, where 0 is poor and 20 is good.
Acute housing problem	ACUTHPBM	Has client had an acute housing problem (been homeless) in previous 28 days?
At risk of eviction	HRISK	Has client been at risk of eviction within previous 28 days?
Unsuitable housing	UNSTHSE	Has the client been in unsuitable housing in the previous 28 days? Unsuitable housing includes where accommodation may be overcrowded, damp, inadequately heated, in poor condition or in a poor state of repair. Unsuitable housing is likely to have a negative impact on health and wellbeing and/or on the likelihood of achieving recovery.
Quality of life	QUALLIFE	Self-reported quality of life score (able to enjoy life, gets on with family and partner, etc) in previous 28 days of 0-20, where 0 is poor and 20 is good.

Data collection guidance and field updateability

The NDTMS CJIT dataset consists of fields that are updateable (such as the client's postcode) and fields that should not change and should be completed as per the start of the episode (such as the client's sexuality). The tables below detail for each data item whether it is updateable during the episode of treatment or whether the information reported should be as per the start of the episode.

1. Client details	
Field description	Guidance
Initial of client's first name	MUST be completed. If not, record rejected. Should not change (ie as at start of episode), unless client legally changes their name. If changed will create a validation mismatch.
Initial of client's surname	MUST be completed. If not, record rejected. Should not change (ie as at start of episode), unless client legally changes their name. If changed will create a validation mismatch.
Client birth date	MUST be completed. If not, record rejected. Should not change (ie as at start of episode). If changed will create a validation mismatch.
Client sex at registration of birth	MUST be completed. If not, record rejected. Should not change (ie as at start of episode). If changed will create a validation mismatch.
Nationality	Should not change (ie as at start of episode).
Ethnicity	Should not change (ie as at start of episode).
Client reference	MUST be completed. If not, record rejected. Should not change and should be consistent across all episodes at the treatment provider.
Client ID	MUST be completed. If not, record rejected. This is populated by your software system. Should not change.
CJIT agency code	MUST be completed. If not, record rejected. This is populated by your software system. Should not change. If changed will create a validation mismatch.

2. Episode details	
Field description	Guidance
Software system and version used	MUST be completed. If not, record rejected. This is populated by your software system. May change (ie current situation).
Consent for NDTMS	Client must give consent before their information can be sent to NDTMS. May change (ie current situation).
Episode ID	MUST be completed. If not, record rejected. This is populated by your software system. Should not change.
Postcode	May change (ie current living situation).
DAT/LA of residence	MUST be completed. If not, data may be excluded from performance monitoring reports. May change (ie current living situation).
Date of event which prompted this contact	MUST be completed. If not, data may be excluded from performance monitoring reports. Should not change. If changed will create a validation mismatch.
What event prompted the contact?	Should not change (ie as at start of episode).
Contact/assessment date	MUST be completed. If not, data may be excluded from performance monitoring reports. Should not change.
Offence	Should not change (ie as at start of episode).
Offender Management Scheme	Should not change (ie as at start of episode).
Multi-Agency Public Protection Arrangements	Should not change (ie as at start of episode).
DAT/LA or secure setting transferred from	Should not change (ie as at start of episode).
Sexual orientation	Should not change (ie as at start of episode).
Religion	Should not change (ie as at start of episode).

2. Episode details	
Field description	Guidance
Disability 1	Should not change (ie as at start of episode).
Disability 2	Should not change (ie as at start of episode).
Disability 3	Should not change (ie as at start of episode).
Problem substance number 1	MUST be completed. If not, record rejected. Should not change (ie as at start of episode).
Route of administration of problem substance number 1	Should not change (ie as at start of episode).
Problem substance number 2	Should not change (ie as at start of episode).
Problem substance number 3	Should not change (ie as at start of episode).
Injecting status	Should not change (ie as at start of episode).
Drinking days	Should not change (ie as at start of episode).
Units of alcohol	Should not change (ie as at start of episode).
Accommodation need	Should not change (ie as at start of episode).
Pregnant	Should not change (ie as at start of episode).
Parental status	Should not change (ie as at start of episode).
Children living with client	Should not change (ie as at start of episode).
Children receiving early help or in contact with children's social care	Should not change (ie as at start of episode).
Caseload start date	Should not change (ie as at start of episode).
Case closure date	Closure date required when client's case is closed. Case closure reason MUST be given.
Case closure reason	Closure reason required when client's case is closed. Case closure date MUST be given. Should only change from 'null' to populated as episode progresses.

2. Episode details	
Field description	Guidance
Onward referral destination	Referral destination required when client's case is closed. Case closure reason MUST be given.

3. Treatment intervention details	
Field description	Guidance
Recovery support assessment date	MUST be completed each time an intervention review is completed. Should not change. If changed will create a validation mismatch.
Sub intervention ID	MUST be completed. If not, record rejected. This is populated by your software system. Should not change.
Client provided with peer support involvement	Should not change (ie as at recovery support assessment date).
Client provided with facilitated access to mutual aid	Should not change (ie as at recovery support assessment date).
Client provided with family support	Should not change (ie as at recovery support assessment date).
Client provided with parenting support	Should not change (ie as at recovery support assessment date).
Client provided with housing support	Should not change (ie as at recovery support assessment date).
Client provided with employment support	Should not change (ie as at recovery support assessment date).
Client provided with education and training support	Should not change (ie as at recovery support assessment date).
Client provided with supported	Should not change (ie as at recovery support assessment date).

3. Treatment intervention details	
Field description	Guidance
work projects	
Client provided with recovery check ups	Should not change (ie as at recovery support assessment date).
Client provided with behavioural based relapse prevention	Should not change (ie as at recovery support assessment date).
Client provided with complementary therapies	Should not change (ie as at recovery support assessment date).
Client provided with evidence based mental health focused psychosocial interventions to support continued recovery	Should not change (ie as at recovery support assessment date).
Client provided with smoking cessation interventions	Should not change (ie as at recovery support assessment date).
Has there been facilitation to domestic abuse/violence support?	Should not change (ie as at recovery support assessment date).

4. Referrals to structured treatment	
Field description	Guidance
Date referred to structured treatment agency	MUST be completed for each referral to structured treatment. Should not change.
Agency referred to	Should not change.
Referral to structured treatment ID	MUST be completed. If not, record rejected. This is populated by your software system. Should not change.

5. Outcomes profile – TOP (optional for CJIT dataset)	
Field description	Guidance
Treatment Outcomes Profile (TOP) date	Should not change (ie as at TOP date). If changed will create a validation mismatch.
TOP ID	MUST be completed if any items in this section (TOP) are not null. If not, record rejected. This is populated by your software system. Should not change.
Treatment stage	Should not change (ie as at TOP date).
Alcohol use	Should not change (ie as at TOP date).
Consumption (Alcohol)	Should not change (ie as at TOP date).
Opiate use	Should not change (ie as at TOP date).
Crack use	Should not change (ie as at TOP date).
Cocaine use	Should not change (ie as at TOP date).
Amphetamine use	Should not change (ie as at TOP date).
Cannabis use	Should not change (ie as at TOP date).
Other drug use	Should not change (ie as at TOP date).
Tobacco use	Should not change (ie as at TOP date).
IV drug use (Injected)	Should not change (ie as at TOP date).
Sharing	Should not change (ie as at TOP date).
Shoplifting	Should not change (ie as at TOP date).
Selling drugs	Should not change (ie as at TOP date).
Other theft	Should not change (ie as at TOP date).
Assault/violence	Should not change (ie as at TOP date).

5. Outcomes profile – TOP (optional for CJIT dataset)	
Field description	Guidance
Psychological health status	Should not change (ie as at TOP date).
Paid work	Should not change (ie as at TOP date).
Unpaid work	Should not change (ie as at TOP date).
Volunteering	Should not change (ie as at TOP date).
Education	Should not change (ie as at TOP date).
Physical health status	Should not change (ie as at TOP date).
Acute housing problem	Should not change (ie as at TOP date).
Housing risk	Should not change (ie as at TOP date).
Unsuitable housing	Should not change (ie as at TOP date).
Quality of life	Should not change (ie as at TOP date).

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

Appendices

Appendix A – Disability definitions

Code	Text	Comments
1	Behaviour and emotional	Should be used where the client has times when they lack control over their feelings or actions.
2	Hearing	Should be used where the client has difficulty hearing, or need hearing aids, or need to lip-read what people say.
3	Manual dexterity	Should be used where the client experiences difficulty performing tasks with their hands.
4	Learning disability	Should be used where the client has difficulty with memory or ability to concentrate, learn or understand which began before the age of 18.
5	Mobility and gross motor	Should be used where the client has difficulty getting around physically without assistance or needs aids like wheelchairs or walking frames; or where the client has difficulty controlling how their arms, legs or head move.
6	Perception of physical danger	Should be used where the client has difficulty understanding that some things, places or situations can be dangerous and could lead to a risk of injury or harm.
7	Personal, self-care and continence	Should be used where the client has difficulty keeping clean and dressing the way they would like to.
8	Progressive conditions and physical health	Should be used where the client has any illness which affects what they can do, or which is making them more ill, which is getting worse, and which is going to continue getting worse (such as HIV, cancer, multiple sclerosis, fits etc.)
9	Sight	Should be used where the client has difficulty seeing signs or things printed on paper, or seeing things at a distance.
10	Speech	Should be used where the client has difficulty speaking or using language to communicate or make their needs known.
XX	Other	Should be used where the client has any other important health issue including dementia or autism.
NN	No disability	
ZZ	Not stated	Client asked but declined to provide a response.

Appendix B – Accommodation need guidance for CJITs

The accommodation need for CJIT clients has been defined with high-level reference data. The following provides guidance as to the sub-categories that make up the high-level view.

Code	Text	Comments
1	NFA - urgent housing problem	Lives on streets/rough sleeper Uses night shelter (night-by-night basis)/emergency hostels Sofa surfing/sleeps on different friend's floor each night
2	Housing problem	Staying with friends/family as a short term guest Night winter shelter Direct Access short stay hostel Short term B&B or other hotel Placed in temporary accommodation by local authority Squatting
3	No housing problem	Owner occupier Tenant – private landlord/housing association/local authority/registered landlord/arm's length management Approved premises Supported housing/hostel Traveller Own property Settled mainstream housing with friends/family Shared ownership scheme

Appendix C – Safeguarding questions' definitions

Parental status

Parental status should include biological parents, step-parents, foster parents, adoptive parents and guardians. It should also include de facto parents where a client 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.

Data item name	Definition
All the children live with client	The client is a parent of 1 or more children under 18 and all the client's children (who are under 18) reside with them full time.
Some of the children live with client	The client is a parent of children under 18 and some of the client's children (who are under 18) reside with them, others live full time in other locations.
None of the children live with client	The client is a parent of 1 or more children under 18 but none of the client's children (under 18) reside with them, they all live in other locations full time.
Not a parent	The client is not a parent of any children under 18.
Client declined to answer	Only use where client declines to answer.

Early help or in contact with children's social care

Are the client's children or any of the children living with the client in touch with early help or children's social care?

If more than 1 option applies, then please select the one that is considered the priority from the perspective of the treatment service/keyworker.

Data item name	Definition
Early help	The needs of the child and family have been assessed and they are receiving targeted early help services as defined by Working Together to Safeguard Children 2015 (HM Government).
Child in need	The needs of the child and family have been assessed by a social worker, and services are being provided by the local authority under Section 17 of the Children Act 1989.
Has a child protection plan	Social worker has led enquiries under Section 47 of the Children Act 1989. A child protection conference has determined that the child remains at continuing risk of 'significant harm' and a multi-agency child protection plan has been formulated to protect the child.
Looked after child	Arrangements for the child have been determined following statutory intervention and care proceedings under the Children Act 1989. Looked

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	after children may be placed with parents, foster carers (including relatives and friends), in children's homes, in secure accommodation or with prospective adopters.
No	Children are not receiving early help nor are they in contact with children's services.
Client declined to answer	Question was asked but client declined to answer.

Appendix D – Definition of structured treatment

If a client is to be referred for structured treatment the treatment should meet the definition below:

If 1 or more pharmacological interventions and/or 1 or more psychosocial interventions are selected then the treatment package is a structured treatment intervention, if the following definition of structured treatment also applies.

Structured treatment definition

Structured drug and alcohol treatment consists of a comprehensive package of concurrent or sequential specialist drug and alcohol-focused interventions. It addresses multiple or more severe needs that would not be expected to respond, or have already not responded, to less intensive or non-specialist interventions alone.

Structured treatment requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client. The plan sets out clear goals which include change to substance use, and how other client needs will be addressed in 1 or more of the following domains: physical health; psychological health; social wellbeing; and, when appropriate, criminal involvement and offending.

All interventions must be delivered by competent staff, within appropriate supervision and clinical governance structures.

Structured drug and alcohol treatment provides access to specialist medical assessment and intervention and works jointly with mental and physical health services and safeguarding and family support services according to need.

In addition to pharmacological and psychosocial interventions that are provided alongside, or integrated within, the key working or case management function of structured treatment, service users should be provided with the following as appropriate:

- harm reduction advice and information
- BBV screening and immunisation
- advocacy
- appropriate access and referral to healthcare and health monitoring
- crisis and risk management support
- education
- training and employment support
- family support and mutual aid/peer support

Appendix E – Case closure reasons

Below are the current case closure reasons and their definitions.

Prior to caseload

Data item name	Definition
No further intervention required	The client has been assessed by the CJIT worker and is judged not to need any further intervention with the team. This includes any brief advice given to the client or signposting/referrals made to other services at assessment. No care plan is required.
Did not want to engage	The client has indicated an unwillingness to engage with the CJIT in any alcohol or drug treatment, or the CJIT has been unable to successfully engage with the client.
Already case managed by treatment provider/other CJIT/offender management	On assessment, it is found the client is already being case managed by another treatment provider/other CJIT/offender management. It is determined further structured treatment would be unnecessary duplication.
Transferred – in custody	The client has received a custodial sentence or is on remand before a care plan could be agreed regarding structured treatment for drugs or alcohol. Select the prison code of the secure establishment where the client has been transferred to.
Transferred to another CJIT area	The client has relocated to a different CJIT area before a care plan could be agreed regarding structured treatment for drugs or alcohol. Select the DAT Code of the CJIT where the client has been transferred to.

From caseload

Data item name	Definition
Care plan objectives completed – drug free	The client no longer requires drug (or alcohol) treatment interventions and is judged by the CJIT worker not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine or any other illicit drug.
Care plan objectives completed - alcohol free	The client no longer requires alcohol treatment interventions and is judged by the CJIT worker to no longer be using alcohol in a harmful manner.
Care plan objectives completed - occasional user (not heroin and crack)	The client no longer requires drug or alcohol treatment interventions and is judged by the CJIT worker not to be using heroin (or any other opioid, prescribed or otherwise) or crack cocaine. There is evidence of use of other illicit drug use, but this is not judged to be problematic or to require treatment.
Transferred – not in custody	The client has finished treatment at the CJIT but still requires further drug and/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 drug and/or alcohol treatment pathways are available.
Transferred – in custody	The client has received a custodial sentence or is on remand and a continuation of treatment has been arranged. This will consist of the appropriate onward referral of care-planning information and a 2- way communication between the CJIT and prison treatment provider to confirm assessment and that care-planned treatment will be provided as appropriate. Select the prison code of the secure establishment where the client has been transferred to.
Transferred to another CJIT area	The client has relocated to a different CJIT area and a continuation of treatment has been arranged. This will consist of the appropriate onward referral of care-planning information and a 2-way communication between the 2 CJIT agencies to confirm that treatment will be provided as appropriate. Select the DAT Code of the CJIT where the client has been transferred to.
Transferred to offender management team and no longer case managed by the CJIT	The client has been re-allocated to an offender manager to serve a community sentence and a continuation of treatment has been arranged. This will consist of the appropriate onward referral of care-planning information and a 2-way communication between the CJIT agency and the offender manager to confirm assessment and that care-planned treatment will be provided as appropriate.
Incomplete – dropped out	The CJIT has lost contact with the client without a planned discharge and activities to re-engage the client back into treatment have not been successful. If a client has had no contact with the CJIT for 2 months, then for NDTMS purposes, it is assumed that the client has disengaged and a case closure date should be returned at this point using the date of the last face-to-face contact with the client.
Incomplete – treatment withdrawn by provider	The CJIT 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 case closure. It should not be used if the client has simply 'dropped out'.
Incomplete – retained in custody	The client is no longer in contact with the CJIT as they are in prison or another secure setting. While the CJIT has confirmed this, there has been no formal 2-way communication between the CJIT and the prison substance misuse service and so continuation of care cannot be confirmed.
Incomplete – client died	During their time in contact with the CJIT the client has died.

Case closure of 'transferred'

When a case closure reason of 'transferred' is selected, the expectation is that there should be 2-way communication between the transferring CJIT and the receiving provider to ensure continuity of the client's care.