

Publication withdrawn

This guidance was withdrawn in April 2024.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](#).

TREATMENT OUTCOMES PROFILE

CLIENT ID

KEYWORKER

DOB
DD / MM / YYYY

SEX
MALE FEMALE

TREATMENT STAGE
START REVIEW EXIT POST-TREATMENT

INTERVIEW DATE
DD / MM / YYYY

Use 'NA' only if the client does not disclose information or does not answer

1 SUBSTANCE USE Total for NDTMS return

Record the number of using days in each of the past four weeks, and the average amount used on a using day

	WEEK 4	WEEK 3	WEEK 2	WEEK 1	AVERAGE PER DAY	
A. ALCOHOL	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="UNITS"/>	<input type="text" value="0-28"/>
B. OPIATES/OPIOIDS (ILLICIT) <small>Includes street heroin and any non-prescribed opioid, such as methadone and buprenorphine</small>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="G"/>	<input type="text" value="0-28"/>
C. CRACK	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="G"/>	<input type="text" value="0-28"/>
D. COCAINE	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="G"/>	<input type="text" value="0-28"/>
E. AMPHETAMINES	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="G"/>	<input type="text" value="0-28"/>
F. CANNABIS	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="SPLIFFS"/>	<input type="text" value="0-28"/>
G. OTHER SUBSTANCE. SPECIFY:	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="G"/>	<input type="text" value="0-28"/>
H. TOBACCO <small>Includes ready-made and hand-rolled cigarettes, cannabis joints with tobacco, cigars, pipe tobacco, shisha/waterpipes, etc</small>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value=""/>	<input type="text" value="0-28"/>

2 INJECTING RISK BEHAVIOUR

Record the number of days the client injected non-prescribed drugs during the past four weeks

	WEEK 4	WEEK 3	WEEK 2	WEEK 1	
A. INJECTED	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
B. INJECTED WITH A NEEDLE OR SYRINGE USED BY SOMEBODY ELSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or N (Y if either is yes)"/>
C. INJECTED USING A SPOON, WATER OR FILTER USED BY SOMEBODY ELSE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

3 CRIME

Record the number of days of shoplifting, drug selling and other categories committed during the past four weeks

	WEEK 4	WEEK 3	WEEK 2	WEEK 1	
A. SHOPLIFTING	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
B. SELLING DRUGS	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>
C. THEFT FROM OR OF A VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or N (Y IF EITHER IS YES)"/>
D. OTHER PROPERTY THEFT OR BURGLARY	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
E. FRAUD, FORGERY OR HANDLING STOLEN GOODS	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or N"/>
F. COMMITTING ASSAULT OR VIOLENCE	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

4 HEALTH & SOCIAL FUNCTIONING

Record days worked, or at college or school in the past four weeks

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																				<input type="text" value="0-20"/>
B. DAYS IN PAID WORK	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>																
C. DAYS IN VOLUNTEERING	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>																
D. DAYS IN UNPAID STRUCTURED WORK PLACEMENT	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-28"/>																
E. DAYS ATTENDED COLLEGE OR SCHOOL	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="0-7"/>	<input type="text" value="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																				<input type="text" value="0-20"/>
G. ACUTE HOUSING PROBLEM	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or 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"/>			<input type="text" value="Y or N"/>																
I. AT RISK OF EVICTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>			<input type="text" value="Y or 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																				<input type="text" value="0-20"/>

TREATMENT OUTCOMES PROFILE

ABOUT THE TOP

The Treatment Outcomes Profile (TOP) is the national outcome monitoring tool for 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.

Outcome reports are compiled centrally within Public Health England (PHE) via the National Drug Treatment Monitoring System (NDTMS).

Keyworkers should complete the TOP within two weeks either side (+/- two weeks) of the first modality start date at the beginning of each service user's treatment journey. This provides a baseline record of behaviour in the month leading up to starting a new treatment journey. If the treatment start TOP is completed after the first modality start date, it should focus on the 28 days before this date.

It is good practice to review a service user's recovery care plan every 12 weeks, and it is recommended that the TOP is completed at these reviews. However, this may be more or less frequent depending on individual need.

Also complete the TOP at treatment exit. Some services may want to use the TOP to measure post treatment exit outcomes.

HOW TO COMPLETE THE TOP

START BY ENTERING:

- client ID, date of birth and gender
- completion date
- keyworker name
- date of assessment
- treatment stage – treatment start, review, treatment exit, or post-treatment exit.

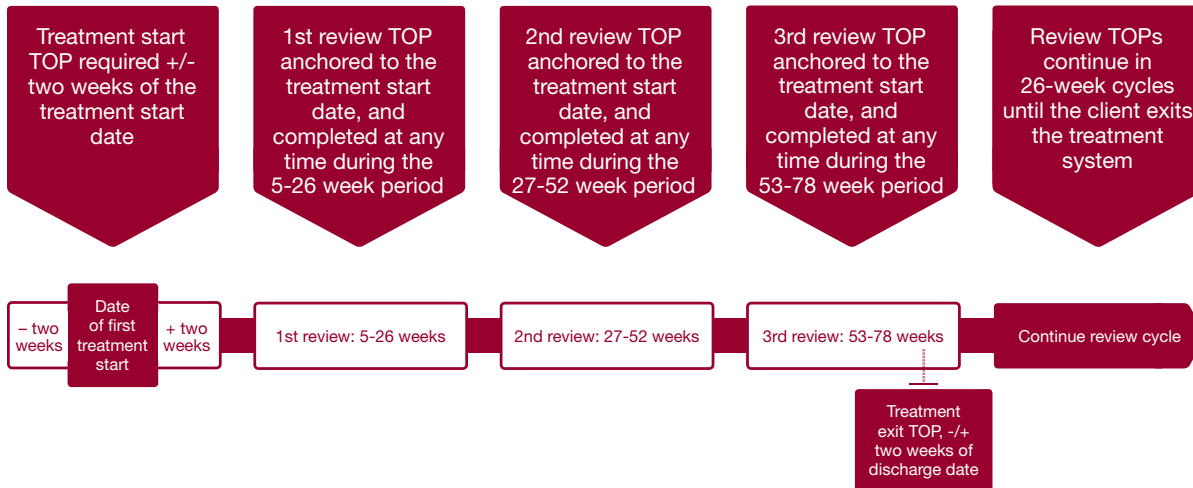
TYPES OF RESPONSES:

- timeline – invite the client to recall the number of days in each of the past four weeks on which they did something, for example, the number of days they used heroin. You then add these to create a total for the past four weeks in the red NDTMS box
- yes and no – a simple tick for yes or no, then a 'Y' or 'N' in the red NDTMS box
- rating scale – a 21-point scale from poor to good. Together with the client, mark the scale in an appropriate place and then write the equivalent score in the red NDTMS box.

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 Treatment Start TOP should always capture pre-treatment drug use, so it is important that the recall period is the 28 days before the treatment start date. Not doing this will skew outcomes as there is likely to be a lower baseline.

THE PROTOCOL FOR TOP REPORTING



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

THANK YOU FOR USING THE TOP AND CONTRIBUTING TO NDTMS