

# Publication withdrawn

This guidance was withdrawn in April 2024.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 (SECURE SETTING)

CLIENT ID

KEYWORKER

DOB  
DD / MM / YYYY

SEX  
MALE  FEMALE

TREATMENT STAGE  
START

INTERVIEW DATE  
DD / MM / YYYY

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

## 1 SUBSTANCE USE Total for NDMS return

Record the number of using days in each of the four weeks prior to custody and the average amount used on a using day

|   | WEEK 4                           | WEEK 3                           | WEEK 2                           | WEEK 1                           | AVERAGE PER DAY                      | Total for NDMS return             |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|-----------------------------------|
| 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)<br><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<br><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"/>                 | <input type="text" value="0-28"/> |

## 2 INJECTING RISK BEHAVIOUR

Record the number of days the client injected non-prescribed drugs during the four weeks prior to custody

|  | WEEK 4                           | WEEK 3                           | WEEK 2                           | WEEK 1                           | Total for NDMS return                                    |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|
| 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 four weeks prior to custody

|  | WEEK 4                           | WEEK 3                           | WEEK 2                           | WEEK 1                           | Total for NDMS return                                    |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|
| 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"/>      |                                  |                                  |  |
| F. COMMITTING ASSAULT OR VIOLENCE          | YES <input type="checkbox"/>     | NO <input type="checkbox"/>      |                                  |                                  | <input type="text" value="Y or N"/>                      |

## 4 HEALTH & SOCIAL FUNCTIONING

|   |  |                                  |                                  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  |                                   |
|---|--|----------------------------------|----------------------------------|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------|--|-----------------------------------|
| A. CLIENT'S RATING: PSYCHOLOGICAL HEALTH<br><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<br>POOR <span style="float: right;">GOOD</span> |                                  |                                  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  | <input type="text" value="0-20"/> |
| B. DAYS IN PAID WORK<br><small>Record days worked, or at college or school in the four weeks prior to custody</small>   | WEEK 4   | WEEK 3                           | WEEK 2                           | WEEK 1                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  | <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<br><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<br>POOR <span style="float: right;">GOOD</span> |                                  |                                  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  | <input type="text" value="0-20"/> |
| G. ACUTE HOUSING PROBLEM<br><small>Record accommodation status for the four weeks prior to custody</small>  | YES <input type="checkbox"/>   | NO <input type="checkbox"/>      |                                  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <input type="text" value="Y or N"/> |  |                                   |
| H. UNSUITABLE HOUSING<br><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<br><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<br>POOR <span style="float: right;">GOOD</span> |                                  |                                  |                                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                     |  | <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 on, or up to two weeks after, the service user's initial reception into custody. The TOP should be completed at the first assessment by a substance misuse worker. This provides a baseline record of behaviour in the month leading up to custody. If the TOP is completed after the service user has started treatment it should focus on the 28 days before entering custody.

Post-release TOP reviews will be completed in the community treatment service and/or CJIT that the service users have been referred to. Where service users have been released on licence but do not engage with community treatment or CJIT interventions, post-release TOP reviews will still be completed as part of their offender management. Community-based treatment providers or offender managers will complete a post-release TOP with the service user at least 28 days following release from custody. To support this, ensure the prison release date is shared with the community provider.

## HOW TO COMPLETE THE TOP

### START BY ENTERING:

- Client ID, date of birth and gender
- Completion date
- Keyworker name
- Date of assessment

### TYPES OF RESPONSES:

- Timeline – invite the service user to recall the number of days in each of the past four weeks before entering custody 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 service user, 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 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   |