

Improving health through research and information



**National Drug Treatment Reporting System**

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**National Drug Treatment Reporting System  
NDTRS  
Training Protocol**

**Part Two  
2013**

## HRB contact details

If you require training or have any queries, please contact the NDTRS staff at [ndtrs@hrb.ie](mailto:ndtrs@hrb.ie)

Completed forms should be returned monthly to:

National Drug Treatment Reporting System  
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# Introduction

## Background

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. It was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover all areas of the country. The reporting system was originally developed in line with the Pompidou Group's Definitive Protocol and subsequently refined in accordance with the European Monitoring Centre for Drug and Drug Addiction's Treatment Demand Indicator Protocol. The National Drug Treatment Reporting System is co-ordinated by staff at the Health Research Board on behalf of the Department of Health.

## NDTRS Methodology

Compliance with the National Drug Treatment Reporting System requires that a form be completed for each new client coming for first treatment, and each previously treated client returning to treatment, for problem drug or alcohol use in a calendar year.

- Service providers at drug treatment centres throughout Ireland collect data on each individual who attends for first treatment or returns to treatment for problem drug or alcohol use in a calendar year;
- Data collection for any given year commences on 1st January and continues through to 31st December;
- Service providers complete sections A, B and C of the National Drug Treatment Reporting System form during the initial assessment stage, and sections D, E, F and G during the treatment stage with each client who attends in a given year (see **NDTRS form**);
- The Exit section of the form (Section H) is completed when the client exits treatment (see **NDTRS form**);
- The client is made aware that the National Drug Treatment Reporting System data is anonymous, neither the name of the practitioner nor the client appears on the form. As data is anonymous, consent is not necessary but clients should be told about the reporting system as a matter of good practice;
- Service providers completing the form keep the top copy at source for their records.
  - The centre number and client number on the form have to be recorded accurately so that the carbon copies can be matched;
  - The white anonymous carbon copy is sent to the data co-ordinator when the client commences treatment (section G-Activity details).
  - The blue anonymous carbon copy is sent to the data co-ordinator once section H-Exit details is complete.
- Service providers should try to obtain a full and accurate history from each client and should only use the code 'unknown' when it is not possible to acquire specific information about a client;
- Copy forms are sent **monthly** to the Health Research Board;
- A security envelope for returning forms is supplied by the Health Research Board to each participating service provider;
- Each participating service provider is requested to nominate a person who will be responsible for the return of the data to the Health Research Board on a **monthly** basis;
- At national level, NDTRS staff at the Health Research Board log, code, enter, clean, and analyse the data.

**NB:**

- From 2004 alcohol can be recorded as a main or only problem substance.
- From 2004 the NDTRS does NOT require forms for continuous care clients. Continuous care clients are those who continue in treatment without a break from December of one year to January of the subsequent year.

## When should a form be filled?

The NDTRS form only records contacts where drug or alcohol use is a reason for seeking help, therefore a form should only be filled in the following situations:

- A client seeks help for substance misuse problems
- A concerned person seeks help about substance misuse problems
- A client's main problem is gambling, and they have additional substance misuse problems – this data will not be analysed by the HRB, it is to facilitate centres with electronic databases to record the number of clients using their service.
- A client's main problem is spending, and they have additional substance misuse problems – this data will not be analysed by the HRB, it is to facilitate centres with electronic databases to record the number of clients using their service.
- A client's main problem is eating disorders, and they have additional substance misuse problems – this data will not be analysed by the HRB, it is to facilitate centres with electronic databases to record the number of clients using their service.

If a client is seeking help for depression, anxiety, stress etc and does not have an additional substance misuse problem, a form should not be filled out.

However, if a client is seeking help for depression, anxiety, stress etc and is also seeking help for additional substance misuse problem, a form should be filled out but the main problem substance should be recorded at Q14 and not the depression, anxiety, stress etc.

## What is treatment?

**Treatment is:**

- Any activity targeted at people who have problems with substance use, and which aims to improve the psychological, medical and social state of individuals who seek help for their problem drug or alcohol use;
- One or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training;
- Provided in both residential and non-residential settings.

However **treatment excludes:**

- Contacts where drug or alcohol use is not the reason for seeking help;
- Needle exchange programmes;
- Interventions solely concerned with the physical complications of problem drug or alcohol use (for example, emergency response to overdoses or treatment of blood borne infections or sexually transmitted infections);
- Imprisonment per se (although admissions to drug treatment programmes in prison are included);
- Contacts with services which involve requests for social assistance only;
- Requests for practical information only;
- Contacts by telephone or letter only (unless a brief intervention is provided over the phone);
- Contacts with family only (a form may be completed for a family member who seeks help about substance misuse problems)

## What is a Treatment Episode?

Individuals who enter treatment for the first time in their life, and clients who return to treatment after a period of absence which is greater than one month. This does not include cases who return for routine appointments after their first initial appointment.

### Continuous care clients:

Individual forms do not have to be filled for continuous care clients. The HRB will provide each centre with a list of clients not yet exited from treatment for the previous year. Each centre updates the list of clients in treatment on the 1st of January of the current year and returns this list to the HRB.

### Transferred Clients

- When a client is transferred from one centre to another after receiving treatment, the Exit section of the NDTRS form is completed at the time of referral or transfer and it should show details of the transfer to the new centre at Q38b. A new NDTRS form must be completed by the new service to which the client has been transferred (source of referral at Q15 will be code 4 other drug treatment centre in this instance).
- If a client is released from prison and continues treatment in another centre, a new NDTRS form is required.
- When a client receives treatment in a GP/clinic and is referred to another GP/clinic due to sanction, a second form is required from the GP/clinic where the client is sent to (in addition to the initial form).
  - If the client returns within 28 days a new entry form is not required.
  - If the client does not return within 28 days the exit form should be completed and returned to the HRB.
  - If the client returns after a period of more than 28 days a new entry form is required.

## The value of treatment data

The value of a good database on treatment contacts is that it provides data that:

- Identifies patterns of substance use and risk behaviours;
- Explores patterns of service utilisation;
- Provides information for evidence-based service planning including obtaining and justifying funding and personnel;
- Analyses trends in treated alcohol and drug use over time.

NDTRS staff will provide, on request, to each treatment provider who participates in the National Drug Treatment Reporting System an area or clinic specific analysis of the data collected.

For further information please contact:  
Administrator  
National Drug Treatment Reporting System  
Health Research Board  
Third Floor, Knockmaun House  
42-47 Lower Mount Street  
Dublin 2  
email [ndtrs@hrb.ie](mailto:ndtrs@hrb.ie) or phone +353-1-2345152

# Instructions for data collection

**When completing the NDTRS form please use a ball point pen and ensure that the information is visible on all carbon copies of the form.**

Please note that each Section of the form reads from left to right

## Section A: Administrative details

A. Administrative details		PLEASE COMPLETE USING A BALL POINT PEN																					
Name _____		Address _____																					
1. HSE Area <small>(see Appendix 2)</small>	1	2	2a. Centre	1	2	3	4	5	2b. Type	2	3	3. Client number								1	3	6	5

*\*Please note that the sample form shows mock data for illustration purposes only.*

### Q1. Health Service Executive Area

Enter the two-digit code for the Health Service Executive (HSE) area (this code is provided by the Health Research Board).



This code refers to the HSE area in which the treatment provider is situated. See **Appendix 2** for Health Service Executive (HSE) area codes.

### Q2a. Centre

The first two digits of the centre code are derived from the HSE area code (see question 1). The Health Research Board or the Regional Drug Co-ordinator will provide the subsequent three digits.

### Q2b. Treatment provider type

Insert the code that best describes the treatment type that the client is attending.  
**For a listing of treatment provider type codes, see Appendix 3.**



If you are unsure of the codes that should be assigned to a particular treatment provider please contact:  
**Ita Condron** (Research Analyst)  
01 2345164  
**Vivion McGuire** (Nurse Researcher)  
01 2345191

### Q3. Client number

Each client should have a unique number assigned by the treatment provider. This can be the case notes number or whatever numbering system is most appropriate for the participating treatment provider.  
**The client number is only used for administrative purposes.**



**Why is a client number necessary?**  
If a question has not been completed on the form or has been completed incorrectly, the HRB can contact the participating treatment provider to verify the information on the form against the client's records. The client number also enables the HRB to check for duplicate cases within agencies.  
**The client number is, therefore, a vital piece of information.**

## Section B: Demographic details

B. Demographic details		
<b>4. Gender (circle)</b> <input checked="" type="radio"/> 1. Male 2. Female	<b>8a. Area of residence</b> (DED, see pink book or Appendix 4) <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="9"/>	<b>11. Employment status (circle)</b> 1. In paid employment 2. Unemployed <input checked="" type="radio"/> 3. FAS/training course 4. Student 5. Housewife/husband 6. Retired/unable to work 8. Other (specify) _____ 9. Not known
<b>5. Age (years)</b> <input type="text" value="1"/> <input type="text" value="9"/>	<b>8b. Community Care Area</b> (see Appendices 4/5) <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="7"/>	<b>12a. Age left primary or secondary school (not third level)</b> (years, or circle code below) <input type="text" value="1"/> <input type="text" value="6"/> 01. Never went to school 88. Still at school 99. Not known
<b>6. Date of birth</b> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="3"/> <small>Day Month Year</small>	<b>9. City/county</b> Car registration code (see Appendix 4) <input type="text" value="D"/>	<b>12b. Education: highest level completed (circle)</b> 0. Primary level incomplete 1. Primary level <input checked="" type="radio"/> 2. Junior cert 3. Leaving cert 4. Third level 5. Never went to school 6. Special needs education 8. Still in education 9. Not known
<b>7a. Living with whom (circle)</b> 1. Alone <input checked="" type="radio"/> 2. Parents/family 3. Friends 4. Partner (alone) 5. Partner & child(ren) 6. Alone with child(ren) 8. Foster care 7. Other 9. Not known	<b>10a. Nationality (circle, if other please specify)</b> 1. Irish 3. Irish traveller <input checked="" type="radio"/> 2. Other 9. Not known Nationality <u>ENGLISH</u>	
<b>7b. Living where (circle)</b> <input checked="" type="radio"/> 1. Stable accommodation 2. Institution (prison/residential care/halfway house) 3. Homeless 4. Other unstable accommodation 9. Not known	<b>10b. Ethnic background (circle)</b> 1. White Irish 2. White Irish Traveller <input checked="" type="radio"/> 3. Any other white background 4. Black African background 5. Any other black background 6. Chinese background 7. Any other Asian background 8. Other 9. Do not wish to answer this question	

\*Please note that the sample form shows mock data for illustration purposes only.

### Q4. Gender

Circle the appropriate code.

### Q5. Age

Record the client's age in years at time of contact with centre. If not known, code 99.



If you are completing the form retrospectively, the age must be the client's age **at the date of initial assessment**.

### Q6. Date of birth

Record the client's date of birth. Write in order: Day, Month, Year (for example. 07.12.62). **Please ensure consistency with age (see question 5).**



In the **rare** circumstances where age and DOB could not be ascertained, please insert **99** in the age box and leave DOB **blank**.

### Q7a. Living status (with whom)

If the client's situation has changed recently (within the last 30 days), record the client's living status as it was immediately prior to treatment contact.



- **Parents/family** refers to client's mother and/or father, sisters, brothers or extended family such as grandparents, uncles, and aunts;
- The **parents/family** code also applies to the client's adoptive parents or family members.
- Partner refers to spouse or co-habitee.
- If the client is homeless or in an institution, circle 7-Other.

### Q7b. Living status (where)

**Where** refers to the stability of the client's living situation.



- **Institution** includes **prison, residential care** or **halfway house**.
- **Homeless** can include sleeping rough (roofless), living in a guesthouse/hostel/hotel etc.
- **Other unstable accommodation** includes temporary living arrangements. For example staying with a friend on a temporary basis without paying rent. Use this code only if client's living status is insecure. Do **not** use this code if client has just moved to a new but stable address.
- If a client is living on an official **halting site**, circle 1, if a client is living on an unofficial halting site, circle 4.

### Q8a. Area of residence

**Area of residence** refers to the location in which the client resides and not the location of the service provider.

Clients living **outside Dublin, Kildare** or **Wicklow**.



**Appendix 4** contains the area of residence codes. If a client is in prison record the area of residence prior to imprisonment.

Clients living in **Dublin, Kildare** or **Wicklow**.



For clients living in **Dublin, Kildare** or **Wicklow**, the Electoral Division (DED) is recorded by means of the Epidemiological Information System (EIS) Street Index. This is known as the pink book, which all treatment agencies in Dublin, Kildare and Wicklow receive. Inpatient centres throughout the country also receive a copy of this book. It may be useful to highlight in the pink book the DED codes that are most applicable to your particular client group.

### Q8b. Community care area

Record the Community Care Area code.



For a full listing of Community Care Area codes **outside Dublin or Wicklow** see **Appendix 4**. For clients living in **Dublin** or **Wicklow** see **Appendix 5** to find the correct CCA code for the relevant DED code.

### Q9. City/County

Record the city/county where the client usually resides. The city/county codes are derived from the car registration codes.



For a full listing of the city/county codes, please see **Appendix 4**.

### Q10a. Nationality

If Irish circle 1, if Irish traveller circle 3, if other nationality circle 2 and write the appropriate nationality in the space provided.

### Q10b. Ethnic background

Circle the appropriate code.



This question refers to the client's **self described** ethnic background and therefore may be different to his/her nationality. It should not be decided by health professionals. Some clients may not wish to answer this question, in this case circle 9.

### Q11. Employment

Employment status provides some information about the client's economic situation. Circle the appropriate code.

If **other** please specify.

Please note that this question refers to the client's situation at the time of assessment.



- If the client works part-time or is self-employed, circle 1.
- If the client is a **full-time student** and works **part-time**, circle 4.
- If the client is in prison, circle 6.

### Q12a. Age left school

Record age in years when the client left full-time education at **primary or secondary** school level for the first time.



- Age left school does not refer to **post-secondary** level education. Therefore, if a client left school at 18 and attended university until the age of 21, the age the client left school is **18 (not 21)**.
- If a client never went to school, code 01.
- If a client is still at school, code 88.
- If not known, code 99.
- If a client returned to education as an adult, record the age s/he left school **initially**.

**Q12b. Education: highest level completed**

Record the highest educational level **completed** by the client.

- If the client never went to school, code 5.
- **If the client left school at 15 without obtaining junior cert exams (or equivalent) circle 1.**
- If the client is still receiving education at any level, code 8.
- If not known, code 9.



Northern Ireland and UK educational equivalents are as follows:

- GCSEs, O levels and General National Vocational Qualifications (GNVQ) intermediate are equivalent to the junior cert.
- A levels and GNVQ advanced are equivalent to the leaving cert.

Rep of Ireland: If the client's highest level of education completed is the Intermediate Certificate (Inter Cert) or Group Cert, circle 2 (Junior Cert) on the form.

## Section C: Referral/Assessment details

C. Referral/assessment details		
<p><b>13. Date of referral</b> <input type="text" value="09"/> <input type="text" value="06"/> <input type="text" value="13"/></p> <p style="text-align: center;">Day      Month      Year</p>	<p><b>15b. If client was referred from another treatment centre, please give reason for referral</b> (circle one)</p> <p><input checked="" type="radio"/> Client moved address</p> <p><input type="radio"/> Client management / security</p> <p><input type="radio"/> Dual diagnosis (psychiatric/substance use co-morbidity)</p> <p><input type="radio"/> Treatment for blood borne diseases</p> <p><input type="radio"/> Client unstable requires substitution treatment</p> <p><input type="radio"/> Other treatment required (excluding substitution)</p> <p><input type="radio"/> Client stable, transferred to satellite clinic or GP</p> <p><input type="radio"/> Other (specify) _____</p>	<p><b>18a. Client's treatment status</b> (circle one)</p> <p><input type="radio"/> Offered treatment (proceed to Q19)</p> <p><input checked="" type="radio"/> Placed on waiting list for opiate substitute</p> <p><input type="radio"/> Placed on other drug treatment waiting list</p> <p><input type="radio"/> Psychiatric assessment only</p> <p><input type="radio"/> Transferred to another site</p> <p>Specify site _____</p> <p style="color: red;">If 3 or 4, STOP and return form to HRB. If 2, 6, go to 18b, if 1 go to 19</p>
<p><b>14. Main reason for referral</b> (based on main problem, circle)</p> <p>1. Alcohol <input type="radio"/> 2. Illicit drug <input checked="" type="radio"/> 3. Licit drug <input type="radio"/> 4. Other problem <input type="radio"/></p> <p>Specify main drug/problem <u>HEROIN</u></p>	<p><b>16. Date of initial assessment</b> <input type="text" value="09"/> <input type="text" value="06"/> <input type="text" value="13"/></p> <p style="text-align: center;">Day      Month      Year</p>	<p><b>18b. If client was on waiting list, please give reason client removed from waiting list</b> (circle one)</p> <p><input checked="" type="radio"/> Treatment offered with this centre</p> <p><input type="radio"/> Client did not fulfil criteria to commence treatment</p> <p><input type="radio"/> Client did not accept substitution/other drug treatment</p> <p><input type="radio"/> Client transferred/commenced treatment with another centre. Specify centre _____</p> <p><input type="radio"/> Service unable to contact / locate client</p> <p><input type="radio"/> Client admitted to hospital</p> <p><input type="radio"/> Client sent to prison</p> <p><input type="radio"/> Client died</p> <p><input type="radio"/> Other (specify) _____</p> <p style="color: red;">If 1 continue form, otherwise STOP and return to HRB</p>
<p><b>15a. Source of referral</b> (circle)</p> <p>1. Self <input type="radio"/> 2. Family <input type="radio"/> 3. Friends <input type="radio"/></p> <p><input checked="" type="radio"/> Other drug treatment centre <input type="radio"/> 5. General practitioner</p> <p>6. Acute hospital service excluding A&amp;E</p> <p>7. Social services/Community services</p> <p>8. Court/probation/police <input type="radio"/> 10. Outreach worker</p> <p>11. Mobile bus <input type="radio"/> 12. School <input type="radio"/> 13. Prison <input type="radio"/></p> <p>14. Employer <input type="radio"/> 15. Mental health liaison nurse at A&amp;E</p> <p>16. Accident &amp; emergency other</p> <p>17. Mental health facility (including psychiatrist)</p> <p>99. Not known</p> <p style="color: red;">If 4, 5, 6, 13, 15, 17, please complete Q15b</p>	<p><b>17a. Assessment outcome</b> (circle one)</p> <p><input checked="" type="radio"/> Suitable <input type="radio"/> 2. Unsuitable</p> <p style="color: red;">If 2, STOP and return form to HRB.</p>	<p><b>19. Accepted place at this treatment agency</b> (circle one)</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> 2. No</p> <p style="color: red;">If 2, STOP and return form to HRB.</p>
<p><b>17b. Assessment criterion fulfilled</b> (circle)</p> <p><input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Pending <input type="radio"/> 6. Not applicable</p> <p style="color: red;">If 2, STOP and return form to HRB.</p>	<p><b>17c. Date assessment criterion fulfilled</b></p> <p><input type="text" value="21"/> <input type="text" value="06"/> <input type="text" value="13"/></p> <p style="text-align: center;">Day      Month      Year</p>	

\*Please note that the sample form shows mock data for illustration purposes only.

### Q13. Date of referral for this treatment episode

<p>This date refers to the date on which the client presents to the treatment provider for assistance regarding their drug or alcohol problem.</p> <p><b>A client may be referred, assessed and treated on the same day.</b></p>		<p>The term referral can be defined as directing a person to a source for help, information or treatment in relation to problem drug or alcohol use.</p>
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#### Q14. Main reason for referral

The codes for main reason for referral are:

1. Alcohol
2. Illicit Drug
3. Licit Drug
4. Other problem

Circle **only one** of the above.

For illicit and licit drugs you must **specify the name of the drug** used.

For any other problem you must **specify the nature of the problem**.

Other problem includes gambling problems, eating problems, spending problems and concerned persons.

If **Cocaine** please specify whether this is coke or crack cocaine.

If **Methadone** please specify if it is street or prescribed methadone.

If **Head shop drug** please specify the name of the substance.



An **illicit drug** is a drug that has not been sanctioned by law and is, therefore, illegal (such as heroin, cocaine, ecstasy, cannabis etc). If an individual's main problem substance is an illicit drug please circle 2 and specify the type of drug used.

A **licit drug** is a drug that can be dispensed by a pharmacist and, therefore, is legal. If an individual's main problem substance is a licit drug (such as methadone, prescribed painkillers/analgesics or benzodiazepines) please circle 3 and specify the type of drug used. Although licit drugs are legal they can be misused in the same way as illegal drugs. Licit drugs can be bought on the street (see **Appendix 7**).

Although they are products legally sold on the market, **volatile inhalants** are considered illicit when misused as a drug.

**If the client is misusing two substances (such as heroin and alcohol) and both substances are problematic, the treatment provider and client should come to an agreement as to which substance is more problematic.**

If the client is a **concerned person**, please circle 4 and send form to HRB

#### Q15a. Source of referral

Please circle the appropriate code.



- If the client is referred by a psychiatrist, please circle 17.
- If the client is referred by an addiction counsellor, please circle 4.
- Community services (code 7) include public health nurse and family liaison and counselling services (excluding addiction counsellor).

#### Q15b. If client was referred from another treatment centre, please give reason for referral.

Please circle the appropriate code.



This question should only be completed if the client was referred from the following sources; 4.Other drug treatment centre, 5. general practitioner, 6.Acute hospital service excluding A&E, 13.Prison, 15.Mental health liaison nurse at A&E, 17.Mental health facility (incl. psychiatrist)

## Q16. Date of initial assessment for this treatment episode

This refers to the date on which the client was assessed for problem alcohol or drug use by the treatment provider for this treatment episode in the reporting year.

**A client may be referred, assessed and treated on the same day.**



An assessment is an evaluation of an individual's needs. The aim of assessment is to identify the requirements of the individual in order to inform decisions about treatment, care and support. It usually takes the form of one-to-one discussions between the treatment provider and the individual.

## Q17a. Assessment outcome

Please indicate whether the client is suitable for treatment.



If the client is suitable for treatment please circle 1.  
If the client is **not** suitable for treatment, please circle 2 and **STOP. Ensure Q 14 is complete and send form to the HRB.**

## Q17b. Assessment criterion fulfilled

Assessment criterion refers to criteria which must be fulfilled by the client.



- Some centres have formal assessment criterion while others do not, if this centre has no formal explicit assessment criterion please circle **8** (Not Applicable).
- Requirements may include for example urinalysis, be substance free etc.
- Circle **3** (Pending) if the results of the assessment criterion are not yet known and continue with the form.

## Q17c. Date assessment criterion fulfilled

This refers to the date on which the client has fulfilled the assessment criterion.



If this centre has formal assessment criteria please enter the date on which this criterion was fulfilled.

If the assessment criterion is pending (code 3 at 17b) this date may be left blank and completed once the assessment criterion has been fulfilled.

### Q18a. Treatment status

If the client is offered a place with **this** treatment provider, circle 1.  
If the client is placed on a waiting list for an opiate substitute please circle 2. If the client is receiving counselling while waiting for an opiate substitute please circle 2 and fill in the form with the counselling details.

If a client is receiving an intervention while waiting for a place on a treatment programme other than opiate substitution, please circle 1.

If the client is placed on other drug treatment waiting list (excluding opiate substitution) circle 6.

If the client is transferred to another site, circle 3, specify the name of the site.  
If the client is undergoing a psychiatric assessment **only**, circle 4. For example, some clients are referred by general practitioners or counsellors from other drug treatment centres for a psychiatric opinion.



- This question should only be completed if the client is suitable for treatment.
- If **1, 2 or 6** continue form when treatment commences.
- If **2 or 6** answer Q18b when client comes off waiting list.
- If **3** specify site transferred to and **STOP. Ensure Q14 is complete and send form to the HRB.**
- Code **4** is used when the client is undergoing a psychiatric assessment **ONLY. If 4 STOP. Ensure Q14 is complete and send form to the HRB.** If the client undergoes psychiatric assessment and will continue in treatment at this centre the appropriate code is **1, 2 or 6. Fill the complete form** and indicate in Section G-(Activity Details) if psychiatric treatment has been provided.

**Note:** If the client cannot get a specified treatment start date and must wait for a place to become available they are considered to be placed on a waiting list.

### Q18b. If client was on waiting list, please give reason client removed from waiting list.

If the client was placed on a waiting list please indicate the reason why the client was removed from the waiting list



- This question should only be completed if the client was placed on a waiting list.
- If **1** continue the form when treatment commences.
- If **4** ensure the centre transferred to is specified **STOP** and **send form to the HRB.**
- If codes **2 to 8 STOP** and **send form to the HRB.**
- If other please circle **9** and specify.

### Q19. Place accepted

Please indicate whether the client has accepted a place at this treatment centre.



If the client has accepted a place at **this** treatment centre, circle 1.  
If the client has not accepted a place at **this** treatment centre, circle 2 and **STOP. Ensure Q14 is complete and return the form to the HRB.**

## Section D: Treatment details

D. Treatment details	
<p><b>20. Number of times started treatment in this centre this year (Jan-Dec)</b> (excluding continuous care and previous referrals or assessments) <i>(Enter 1, if first time this year)</i></p>	<p><input type="text" value="1"/> Times</p>
<p><b>21a. Date THIS treatment started</b></p>	<p><input type="text" value="22"/> <input type="text" value="06"/> <input type="text" value="13"/> Day Month Year</p>
<p><b>21b. If received an opiate substitute (methadone/suboxone) date THIS substitution started</b></p>	<p><input type="text" value="22"/> <input type="text" value="06"/> <input type="text" value="13"/> Day Month Year</p>
<p><b>22. Ever previously treated for problem drug or alcohol use</b> (if main problem is alcohol, circle appropriate answer in alcohol options or if main problem is a drug, circle appropriate answer in drug options)</p>	<p><b>Alcohol</b> 1. Never treated 2. Previously treated <input checked="" type="radio"/> 3. Not applicable 9. Not known <b>Drug</b> <input checked="" type="radio"/> 1. Never treated 2. Previously treated 8. Not applicable 9. Not known</p>
<p><b>23. Type of contact with this centre (circle)</b></p>	<p><input checked="" type="radio"/> 1. First treatment 2. One or more treatment periods 9. Not known</p>

*\*Please note that the sample form shows mock data for illustration purposes only.*

### What do we mean by treatment?

Treatment is any activity targeted at people who have problems with substance use, and which aims to improve the psychological, physiological and sociological state of individuals who seek help for their problem substance use;

Treatment options include one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training;

Treatment is provided in both residential and non-residential settings.

### Q20. Number of times started treatment in this centre, this year (Jan - Dec), excluding continuous care.

Indicate the number of times the client has started treatment for a drug or alcohol problem in **this** centre in **this** calendar year.  
**Enter 1** if this is the first time the client has presented for treatment this year.



- This question refers to treatment only.
- Do **not** include the number of times the client has been previously referred or assessed **and not treated**.
- Do **not** include continuous care clients.
- A client may attend a clinic several times during the same treatment period. However, if a client is discharged from treatment but resumes treatment at a later stage, the client is thus going through his/her **second** treatment period.
- If a client returns to treatment and has **only** previously been assessed (not treated), this client requires a new assessment prior to treatment. This treatment is the client's **first** treatment period.

### Q21a. Date this treatment started

This refers to the date in which the client was treated for problem drug or alcohol use, by the treatment provider, for **THIS** treatment episode, in the reporting year (Jan - Dec).  
**A client may be referred, assessed and treated on the same day.**



The date this treatment started does **not** refer to the date when the form was completed, but to the date treatment commenced.

### Q21b. If receiving an opiate substitute, record the date this substitution started

If a client begins counselling (or another form of treatment) and is still undergoing assessment for opiate substitution, it is essential to record the date substitution begins.



Q21a and 21b can be the same date. Please skip if client does not require any opiate substitution.  
**Only write a date here if the client receives an opiate substitution (methadone/suboxone) as part of the current treatment episode provided by this centre.**

### Q22. Ever previously treated for problem alcohol or drug use

1. **Never treated** refers to a client who is receiving treatment for the first time, and has never received treatment **for the main problem substance** (alcohol or drugs) anywhere or at anytime in the past.
2. **Previously treated** refers to a client who has received treatment **for the main problem substance** (alcohol or drugs) at some point in the past, either from this treatment centre or from any other treatment centre.
8. **Not Applicable.** If the main substance is alcohol, **Drug** must be **Not applicable**. If the main substance is a drug, **Alcohol** must be **Not applicable**.
9. **Not Known.** Please try to obtain full and accurate information. If not known, circle 9.



- If a client has been referred on by another provider, but did not receive treatment there, then that person has **not** been previously treated.
- **Only the main substance is relevant.** If the main substance is alcohol, **Drug** must be **Not applicable**. If the main substance is a drug, **Alcohol** must be **Not applicable**.
- Needle-exchange service is **not** treatment.

### Q23. Type of contact with this centre

1. **First treatment at this centre.**  
This refers to a client who is being treated at **this** treatment centre for the first time for problem substance use.
2. **One or more treatment periods.**  
This refers to a client who has been treated at **this** treatment centre at anytime in the past for problem substance use.
9. **Not known.**  
It should be possible to distinguish between new and returning clients.  
However, if not known circle 9.

## Section E: Substance use (including alcohol)

**E. Substance use**

24a. Age first used any drug (excluding alcohol and tobacco)  years (if not applicable code 88)

24b. Specify first drug used (excluding alcohol and tobacco) MARIJUANA

25e. Please specify the preferred types of alcohol consumed (circle all that apply)  
 Beer  Spirits 4. Wine 5. Fortified wine 6. Cider 7. Alcopops  
 Other (e.g. methylated spirits)  
 Specify \_\_\_\_\_

a. Problem substance(s) including alcohol (write in words)	b. Route of administration	c. Frequency of use in last month	d. Age at first use (years, if unknown 99)
25. Main substance name <u>HEROIN</u>	1. Inject <u>1</u>	1. Once a week, or less <u>3</u>	<u>17</u>
26. Substance 2 name* <u>VALIUM</u>	2. Smoke <u>3</u>	2. 2-6 days per week <u>3</u>	<u>18</u>
27. Substance 3 name <u>MARIJUANA</u>	3. Eat/drink <u>2</u>	3. Daily <u>2</u>	<u>14</u>
28. Substance 4 name <u>ALCOHOL</u>	4. Sniff/snort <u>3</u>	4. No use in past month <u>3</u>	<u>13</u>

28f. How many standard drinks were consumed on a typical drinking day over the past month? (if none write 0)  Standard drinks

28g. Please specify the number of days alcohol was consumed within the past month (if none write 0)  Days

28h. Please categorise the extent of the drinking problem (circle)  
 2. Hazardous drinker  3. Harmful drinker  4. Dependent drinker

\*In addition to the main problem substance, record any secondary substances that are part of the client's CURRENT problem alcohol or drug use.

\*Please note that the sample form shows mock data for illustration purposes only.

### Q24a. Age first used any drug

Record the age of the client when s/he first used any drug for non-medical purposes.



This excludes alcohol and tobacco. This **includes** experimentation for example glue, markers, Tippex and aerosols etc. If never used any drug, enter 88. If not known, code 99.

### Q24b. First drug used

Write in words the first drug the client used for non-medical purposes.



This excludes alcohol and tobacco. This **includes** experimentation for example glue, markers, Tippex and aerosols etc. If not applicable, code 998. If not known, code 999.

### Q25a. Main problem substance (includes alcohol)

Problem substance use is the taking of any legal or illegal substance, which harms the physical, mental or social well being of the individual, the group or society. Record the name of the substance that the client gives as the main problem for which s/he is seeking treatment.



- The main problem substance listed here should be the same as the main reason for referral listed at Q14.
- If a client is substance free, record the main substance s/he was last using and for which treatment was sought.
- **Alcohol** can be recorded as the main, subsequent, or only problem substance.
- Tobacco is excluded.
- If **Cocaine** please specify whether this is coke or crack cocaine.
- If **Methadone** please specify if it is street or prescribed methadone.
- If **Head shop drug** please specify the name of the substance.

Please note: If the client has been receiving **prescribed Methadone** then we need the problem Opiate that led them to be receiving this prescription (i.e. Heroin) specified at Q25-Q28.

### Q25b. Route of administration for main problem substance

Record usual route of administration from the codes provided.

Please try to obtain a full and accurate history from each client.



- **Topical** refers to absorption through the skin (eg. transdermal patches).
- **Sublingual** refers to drugs placed underneath the tongue ensuring more rapid and effective absorption (e.g. buprenorphine).
- If the client is substance free at the point of treatment contact, record the usual route of administration when s/he was last using this substance.

### Q25c. Frequency of use of main substance in the past month

Record the frequency of use during the past month from the codes provided.



- The frequency of use refers strictly to use in the **last 30 days** before the treatment contact.
- If the client is substance free or has not used this substance in the past 30 days, use code 4 (no use in the past month).
- For weekend use, circle 2.

### Q25d. Age at first use

Record age in years when client first used this substance.  
If not known, code 99.

### Q26/27/28. Additional substances (substance 2, substance 3, substance 4)

#### a. Name(s) of additional substance(s)

Record the names of up to three substances, which are also part of the client's **CURRENT** problem substance use.  
If **Cocaine** please specify whether this is coke or crack cocaine.  
If **Methadone** please specify if it is street or prescribed methadone.  
If **Head shop drug** please specify the name of the substance.



This item does not attempt to record all other substances that have been used by the client, but only those that are seen by the client and/or treatment staff as significant in the client's **CURRENT** problem alcohol or drug use.  
Thus, occasional or moderate and controlled use of alcohol or cannabis would not be included, **but bouts of heavy drinking, barbiturate intoxication, episodes of compulsive cocaine use, for example, should be included.**

#### b. Route of administration of additional substance(s)

Record usual route of administration from the codes provided. Please try to obtain a full and accurate history from each client.



If the client is substance free at the point of treatment contact, record the usual route of administration when s/he was last using.

c. Frequency of use of additional substance(s)

Record the frequency of use during the past month from the codes provided.



The frequency of use refers strictly to use in the **last 30 days** before the treatment contact.

d. Age at first use of additional substance(s)

Record age in years when client first used each additional (secondary) substance. If unknown, code 99.

**If alcohol is listed as a problem substance at Q25, Q26, Q27 or Q28, please answer Q28e to Q28h, otherwise skip to Section F (Q29a).**

**Q28e. Specify preferred types of alcohol consumed**

Specify the **preferred types** of alcohol consumed i.e. the type(s) the client would normally consume.

If **other**, please **specify** the type/name of alcohol consumed.

If the client has abstained from alcohol for the month prior to treatment please record the preferred type he/she would normally have consumed when previously drinking.



- **Beer** includes lager, stout and ale.
- **Fortified wines** are created by adding a distilled beverage (usually brandy) to a wine. The most popular ones are port, madeira, marsala, sherry, and vermouth.
- **Cider** is made from the fermented juice of apples mainly, though pears are also used.
- Popular **spirits** include absinthe, brandy, German Schnapps, gin, rum, tequila, vodka, and whisky.
- An **Alcopop** is an alcoholic beverage made with fruit juices and other flavourings. Examples include Smirnoff Ice and Bacardi Breezer.

**Q28f. How many standard drinks were consumed on a typical drinking day within the past month?**

Specify the number of **standard drinks** consumed on a **typical drinking day** within the past month.

Note: This refers to consumption on a **typical drinking day** and does not refer to total alcohol consumption for the month.

The frequency of use refers strictly to use in the **last 30 days** before the treatment contact.

If no use in the past month write zero.



**Standard Drink**  
The amount of pure alcohol in a standard drink differs between countries. **In Ireland a standard drink contains 10 grams of pure alcohol.** Examples are:

- A pub measure of spirits (35.5ml)
- A small glass of wine (100ml & 12.5% vol)
- A half pint of normal beer/cider
- An alcopop (275ml bottle)

	Millilitre (ML)	% alcohol	No. Standard drinks *
<b>Bottle</b>			
WINE	750ml	12.5	8
VODKA	700ml	37.5	21
BRANDY	700ml	40	22
WHISKEY	700ml	40	22
GIN	700ml	38	21
<b>NAGGIN</b>			
VODKA	175ml	37.5	5
BRANDY	175ml	40	6
WHISKEY	175ml	40	6
GIN	175ml	38	5
<b>FLAGGON</b>			
CIDER	2 litres	4.5	8

\* All figures rounded to nearest whole number

**Q28g. Please specify the number of days alcohol was consumed within the past month**

Record the **number of days** within the last 30 days alcohol was consumed. If no use in the past month write zero.

**Q28h. Please categorise the extent of the drinking problem**

Circle one option only

Categorise based on the extent of the alcohol issue being treated and the clients level of dependency, e.g. a client may not have consumed alcohol in the past month; however the addiction being treated may be that of a dependent drinker.

If the categories are not appropriate for the client being treated, please write your response under this question.



**2. Hazardous drinking** is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.

**3. Harmful drinking** can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.

**4. Dependent drinker** refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

## Section F: Risk behaviour

F. Risk behaviour	
<p><b>29a. Injected in past month</b> (circle) <input checked="" type="radio"/> 1. Yes 2. No 9. Not known</p> <p><b>29b. Ever injected</b> (circle) <input checked="" type="radio"/> 1. Yes 2. No 9. Not known</p>	<p><b>29c. If yes, age first injected</b> <input type="text" value="18"/> years (if not applicable code 88)</p> <p><b>30. Ever shared any injecting equipment</b> (circle) 1. Yes <input checked="" type="radio"/> 2. No 8. Not applicable 9. Not known</p>

\*Please note that the sample form shows mock data for illustration purposes only.

### Q29a. Injected in past month

Injecting in past month refers to whether the person has injected any drug at least once in the past 30 days. Circle the appropriate code.



**Injecting** includes intravenous, intramuscular or subcutaneous (beneath or just under the skin) administration. This excludes *bona fide* medical injection (insulin for diabetics, vaccinations etc.)

### Q29b. Ever injected

Ever injected refers to whether the person has injected any substance for non-medical purposes at least once in his/her lifetime. All substances ever used by the client must be taken into account.



This includes the injection of any substance for non-medical purposes. This excludes medical injections (insulin for diabetes, vaccinations etc).

### Q29c. If yes, age first injected

Enter the age when the client first injected.  
If never injected, code 88.  
If not known, code 99.

### Q30. Ever shared

Circle the appropriate code.  
If never injected, circle 8.



Ever shared refers to whether the client has ever shared injecting equipment. This includes needles, syringes, spoons, filters, citric, water to mix drug, water or bleach to clean equipment.

## Section G: Activity details

G. Activity details		H. Exit details	
33a. Treatment interventions provided <small>(please tick <b>all</b> treatment interventions provided and circle the <b>main</b> treatment intervention)</small>	33b. Date commenced each type of treatment intervention	33c. Date completed (or of last visit) for each intervention	33d. Number of sessions/visits for each intervention
1. Brief intervention	✓ 22/6/13		
2. Alcohol detoxification			
3. Benzodiazepine detoxification			
4. Detoxification symptomatic medication			
5. Opiate detoxification (suboxone/subutex)			
6. Opiate detoxification (lofexidine)			
6b. Other detoxification Specify _____			
7. Methadone detoxification			
8. Methadone substitution	✓ 22/6/13		
9. Other substitution (excluding methadone) Specify _____			
12. Medication-free therapy (psychosocial therapy, therapeutic community, Minnesota Model etc)			
13. Psychiatric treatment			
14. Individual counselling			
15. Group counselling			
16. Social and/or occupational reintegration			
17. Family therapy			
18. Brief intervention: individual education /awareness programme			
19. Group education/ awareness programme			
20. Structured aftercare programme			
21. Complementary therapies			
22. Medication to maintain alcohol free status			
23. Strengthening family programme			
25. Key Worker appointed			
26. Case Manager appointed Specify service where appointed _____			
27. Care Plan			
28. Facilitated detox			
24. Sent to another site for an additional intervention not provided here			
	Specify site name _____		

*\*Please note that the sample form shows mock data for illustration purposes only.*

### Q33a. Treatment interventions provided

The interventions provided at this centre during this treatment episode should correspond with the client's main reason for referral (Q14) and substance use (Q25 – Q28). For example, if a client presents with alcohol as the main reason for referral then the possible interventions s/he may undertake can include alcohol detoxification, medication-free therapy, psychiatric treatment, counselling, social and/or occupational reintegration, family therapy, education/awareness programme or referred/transferred to another site.

### Q33a. Treatment interventions provided

Tick <b>all</b> that apply, more than one intervention can be ticked		Ensure all initial treatment <b>interventions</b> are ticked. At least one treatment intervention should be provided to this client for this treatment episode.
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### Q33b. Date commenced each type of treatment intervention

This refers to the date on which the client began each type of treatment intervention for problem alcohol or drug use during this treatment episode.		Ensure a date is provided for each intervention listed at Q33a.
--	---	---

### **1. Brief intervention**

Typically, brief interventions consist of one to four sessions with a trained interventionist (counsellor, doctor, psychologist or social worker for example), with each session ranging from 30 minutes to an hour. Research findings indicate that brief interventions can be an effective way to reduce substance misuse, especially among non-treatment-seeking people who do not have severe substance misuse problems that would require more intensive treatment.

A brief intervention that includes motivational interviewing is called a brief motivational intervention (BMI). BMI is a collaborative method that makes use of reflective listening and empathy as well as specific techniques (asking key questions, anticipating the future) to enable clients with substance misuse-related problems to explore and resolve their ambivalence about reducing their substance use. Brief motivational interventions often involve giving the client feedback regarding his/her substance misuse and the risks associated with it. This type of brief intervention is also included in code 1.

### **2. Alcohol detoxification**

Sometimes clients must go through a detoxification programme before undergoing a counselling programme. Detoxification will remove the physical craving for alcohol. Detoxification does not deal with the psychological issues that cause a person to misuse alcohol. For a successful outcome, people usually have to go through counselling afterwards to understand their addiction and change their behaviour patterns.

### **3. Benzodiazepine detoxification**

Based on the same principle as alcohol detoxification (see above for definition).

### **4. Detoxification symptomatic medication**

Symptomatic medication is used to relieve the symptoms experienced by a person who is withdrawing from a substance on which s/he is dependent.

### **5. Opiate detoxification (suboxone/subutex)**

Buprenorphine can be used as an opiate substitute. It relieves cravings and withdrawal symptoms. It does not produce the same level of dependence as methadone and is easier to stop because there are fewer withdrawal symptoms.

### **6. Opiate detoxification (lofexidine)**

Lofexidine suppresses the chemicals which produce the acute withdrawal symptoms that clients experience. It is used increasingly as a safe and effective method to help young people withdraw from opiates without the addictive properties of other opiate substitutes.

### **6b. Other detoxification**

If providing detoxification using another substance, please specify.

### **7. Methadone detoxification**

The term detoxification implies a clearing of toxins. However, for individuals with physiological substance dependence, detoxification is usually related to withdrawal syndrome. This is the predictable group of signs and symptoms following abrupt discontinuation of, or rapid decrease in, intake of a substance that has been used consistently for a period of time. In order to prevent or reduce the anxiety of the client it is vital to give clear and accurate information about what is going to happen.

### **8. Methadone substitution**

Methadone is an opiate substitute. It is taken once per day because its long duration eliminates opiate withdrawal symptoms for 24 to 36 hours. It reduces the cravings for heroin and blocks the euphoric effects of injected heroin, thereby freeing the patient from the daily cycle of seeking out, buying and using heroin.

### **9. Other substitution (excluding methadone)**

If the client is prescribed a substitute (opiate or non opiate) drug other than methadone, please circle 9 and specify the drug in the space provided.

### **12. Medication free therapy**

In order to break the cycle of chronic drug use, drug-dependent individuals must make important changes to their attitudes and lifestyles; they usually need help in doing so. Psychosocial treatments, psychoanalysis, therapeutic community and spiritual approaches help drug misusers achieve and sustain meaningful periods of abstinence.

### **13. Psychiatric treatment**

Psychiatric treatment for problem drug use involves clients receiving a combination of counselling and prescribed medication (other than or along with opiate substitutes or detoxification medications) to alleviate their problems.

### **14. Individual counselling**

In individual counselling the relationship between the client and counsellor is of fundamental importance. The task of the counsellor is concerned with the development of the relationship and its process from initial contact to effective outcome. The counsellor helps the client to identify choices for the future and supports their implementation. **Relapse prevention is considered as being part of counselling.**

Counselling theory and practice can be divided into three main areas: psychoanalytical, behavioural and cognitive. These approaches represent different ways of understanding human personality.

Psychoanalysis is concerned with how past conflicts influence present behaviour.

Behavioural therapy focuses on the problem behaviour itself.

Cognitive approaches aim to understand current problems and ways of interacting.

While counsellors work from a fundamental base of theoretical knowledge and self-awareness, in practice, they may fuse different theories and approaches in order to effectively recognise the needs of their clients and offer appropriate help.

### **15. Group counselling**

In group counselling the counsellor acts as facilitator for more than one person. The aim of a group therapy is to explore, to change, to challenge and be challenged towards personal growth. The group interacts within itself, with its members and with the counsellor. At times, the group takes over the role of counsellor by focusing, listening and helping to resolve problem areas. The strongest reason for participation in group counselling can be the support of group members for one another through explorations of self. **Relapse prevention is considered as being part of counselling.**

### **16. Social and/or occupational reintegration**

The primary aim is to prepare the client for positive participation in daily life. It consists of personal development courses, work-related training and work experience projects.

### **17. Family therapy**

Family therapy (a form of psychotherapy) involves discussion and problem-solving sessions with selected family members. Some of these sessions may be as a group, in couples, or one on one. In family therapy, the web of interpersonal relationships is examined and, ideally, communication is strengthened within the family. During family therapy, if relevant, patterns which may contribute to problem drug misuse are identified and family members are facilitated to address these patterns.

### **18. Brief intervention: individual education/awareness programmes**

These programmes inform clients of the effects of alcohol and drug misuse. Individual education/awareness programmes involve individual sessions with clients and normally consist of a predetermined number of sessions.

### **19. Group education/awareness programmes**

These programmes inform clients of the effects of alcohol and drug misuse. Group education/awareness programmes involve group sessions with clients and normally consist of a predetermined number of sessions.

### **20. Structured aftercare programme**

Aftercare is the name given to the specialised outpatient treatment which follows residential treatment for problem alcohol or drug use. The aim of aftercare is to provide comprehensive care and follow-up arrangements which support the client outside the residential setting. The ongoing needs of clients are evaluated based on the success of their treatment, issues identified in their aftercare plan and the assessments of their aftercare counsellor. Aftercare may include a number of different aspects such as individual and/or group sessions, family involvement, monitoring for relapse, outpatient follow-up with an experienced therapist and random urine screening.

### **21. Complementary therapies**

Complementary approaches to drug misuse are now used. For example, **acupuncture** for the treatment of stimulant misuse. Other complementary therapies such as **reflexology, yoga, massage** are used to manage the stressors associated with the problem drug misuse.

### **22. Medication to maintain alcohol free status**

Clients may require to stay on medication (for example Antabuse) in order to remain alcohol free after undergoing a detoxification programme. Clients may be supervised by a health professional while they are on such medication.

### **23. Strengthening family programme**

This is a Family/Systemic Consultation. It is an intervention within families and communities which enhances protective factors for young people.

In other words, this is a family skills training programme designed to increase resilience and reduce risk factors for substance misuse such as depression, violence and aggression, involvement in crime and school failure in high-risk 13-17 year old children and their parents.

**25. Key Worker appointed**

This is a named service worker who is assigned to work closely with the service user and provide a range of psycho-social interventions/ advocacy. Tasks include:

- engaging with service user
- ensuring consent
- completing assessment and care plan
- advocating on behalf of service user
- working to fulfil care plan actions relating to their direct service provision
- keeping relevant case notes / records

**26. Case Manager appointed**

This is an identified worker who has a formal role to manage the total care of a patient attending the addiction service. Tasks include:

- Drawing together a case management team comprised of all relevant key workers
- Facilitating this case management team to develop and agree a care plan either by phone/email or through case management meeting
- Acting as contact point for Case Management team and service user
- Overseeing implementation of care plan
- Maintaining the full case file, i.e. assessment, care plan, and updates/ agency reports.
- Communicating any relevant gaps/ blocks/ barriers to the pilot coordinator through the line management.
- Remaining as Case Manager until formally handed over to new Case Manager or until disengagement or case closure processes are followed.
- Ensuring that services make adequate provision for staff cover for both holidays and shift work situations.

**27. Care Plan**

This is a realistic set of goals and targets formulated for the client.

**28. Facilitated Detox**

This is a service which supports individuals to detox within the community with the support of a multi-disciplinary team.

**24. Sent to another site for an additional intervention not provided here**

If the client is sent to another site for an additional intervention not provided at this centre, while he/she is undergoing treatment at this centre, tick and specify the name of the site sent to.



### Q33a. Treatment interventions provided

Tick all **treatment interventions** provided during this treatment episode.

Ensure any **subsequent treatment interventions provided during this treatment episode are listed here. (i.e. in addition to those provided when the client began treatment)**

Circle the **main** treatment intervention.



As the treatment episode progresses **additional interventions** may be provided and these will need to be included at Q33a-Q33d when the EXIT details are being completed.

A client may receive many interventions during an episode of treatment but the treatment approach is usually centred around a single intervention; this is the **main** intervention.

The main treatment intervention varies depending on the purpose of the treatment service.

For example, the main intervention provided for a person attending a medication free centre is code 12. Medication-free therapy. This person may also receive individual counselling, group counselling, family therapy and so on.

### Q33b. Date commenced each type of treatment intervention

This refers to the date on which the client began each type of treatment intervention for problem alcohol or drug use during this treatment episode.



Ensure a date is provided for **all** interventions including any additional interventions provided since the client began treatment.

### Q33c. Date completed (or of last visit) for each type of treatment

This refers to the date on which the client completed each type of treatment intervention for problem alcohol or drug use during this treatment episode.



If the client did not complete a particular treatment, record the date of his/her last appointment for that treatment.

### Q33d. Number of sessions/visits for each treatment intervention

Record the number of sessions/visits the client attended for each treatment intervention provided for problem alcohol or drug use during this treatment episode.



A session or visit is **each appointment** a client attends.

#### Q34. Outcome for main treatment intervention

The outcome for the main treatment intervention for problem alcohol or drug use provides important information regarding the end result of the main treatment intervention during this treatment episode. Circle appropriate code. If **other**, please specify.



A client is **stable** when he/she has engaged with the service provider, is responding to treatment, and making an effort to reduce drug/alcohol use or to remain drug/alcohol free.  
A client is **unstable** when unable to respond to the treatment provided and may be in need of referral to another site.  
If a client does not return for subsequent appointments, circle 5 and skip Q35 (this is not considered as premature exit for non-compliance).

#### Q35. If outcome for main treatment intervention is premature exit from treatment site (Q34 code 6), main reason for non-compliance

Please circle the appropriate code.



Please skip if outcome for main treatment intervention is **not** premature exit from treatment site.

#### Q36. Client's condition at discharge or when last seen

This provides important information regarding the client's condition when he/she left the treatment site. Circle appropriate code. If **other**, please specify.



A client is **stable** when he/she has engaged with the service provider, is responding to treatment, and making an effort to reduce drug/alcohol use or to remain drug/alcohol free.  
A client is **unstable** when unable to respond to the treatment provided and may be in need of referral to another site.

#### Q37. Date of final discharge or transfer

This refers to the date on which the client was discharged or transferred from the treatment site.

#### Q38a. Client referred to ongoing aftercare programme provided by this centre

Circle yes if the client was referred to on going aftercare programme provided by **this** centre.



Please skip if the client has **not** been referred to an ongoing aftercare programme provided by **this** centre – this refers to unstructured aftercare provided by this centre after the client has exited treatment.

**Q38b. For clients transferred to another site for additional treatment upon discharge**

Record the name of the site to which the client was referred or transferred to for additional treatment upon discharge.



Please skip if the client has **not** been transferred to another site upon discharge from this centre.

**Q39. Please specify the number of family members or significant others (who were not treated for a personal addiction) involved in this treatment.**

Record the number of family members or significant others (who did not receive treatment for a personal addiction) who were involved in the client's treatment.

**If none write zero on the form**



**Family members or significant others** include client's partner/spouse, mother and/or father, adoptive parents, foster parents, sisters, brothers or extended family (such as grandparents, uncles, aunts) or close friend who support the client during their treatment and recovery from substance misuse.

**Q42a. Urine screening during treatment**

Record whether or not urine screening(s) were undertaken during this treatment episode.

**Q42b. Urine screening ordered by**

Record whether urine screening(s) are part of the procedure at this centre or are ordered by the Court.

**Q40. Vaccination**

Circle each dose of the vaccine provided at this centre during this treatment episode.



Hepatitis A and B vaccination may be provided to drug users as they are named as a high risk population in the immunisation guidelines for Ireland 2002. In order to acquire immunity, a minimum of three doses is required.

**Q41. Viral screening uptake**

Circle any blood-borne viral tests provided at this centre during this treatment episode.



Blood-borne viral testing may be offered to drug users for HIV, Hepatitis B and Hepatitis C.

## Chapter 2: Receiving and acknowledging hard copy forms

The HRB would like to encourage data co-ordinators and data entry clerks with responsibility for NDTRS data to manage the data they receive using similar protocols to those used at the HRB.

### Receiving and acknowledging receipt

Completed NDTRS forms received should be sorted by:

**Year** (in which treatment has taken place – Q21a, Q21b)

**Centre number** (Q2a) and

**Client number** (Q3), or Date of birth (Q6) if no client number is available.

At certain times of the year returns are received for two different treatment years. For example, in early 2013 returns are received for 2012 and 2013. NDTRS forms received should first be sorted by the year in which the treatment has taken place. The forms should then be organised according to the centre from which they have been received. The next step is to sort the forms by client number within each centre. Once the forms have been organised in this way, they should be counted.

Please note that two forms with the same client number and from the same centre but with different referral, assessment and/or treatment dates, should be counted as two separate returns. When this occurs, it is most likely that the client left or dropped out of the treatment programme and returned to the centre at a later stage for a new treatment.

It is important to send an acknowledgement to the service provider from whom the forms were received. This may be done by sending a receipt for the quantity of forms returned for each centre or by sending an email to confirm that you received the forms and the number returned for each centre.

### Checking forms are complete

Before you begin to code the forms, it is advisable to check that they are complete. Errors and omissions will require follow up with the persons/centres that have completed the original form:

Any question that is left blank should be queried, one cannot make assumptions that the question is not applicable or not known if the question is left blank.

These queries may be communicated to the relevant persons/centres over the telephone, by email or by returning photocopies of the forms with errors and omissions highlighted.

When discussing the forms which need clarification over the telephone or when providing details in an email, the **Client number** and **Date of birth** are needed to source the original form from the service provider's files. It is usually necessary to leave the details of your queries with your contact at the centre so that he/she can check the clients' files before providing a response.

If photocopies of the forms with queries are returned to the service provider, it is important to file the original version received until the queries are clarified. When the service provider returns the photocopied forms with amendments marked on them, they should be stapled to the original. The alterations made to the photocopy must also be documented on the original version of the form.

#### **Please note:**

When HRB staff mark any changes on NDTRS forms, a red pen must be used.

When data co-ordinators or data entry clerks mark any changes on NDTRS forms, any colour pen other than red pen should be used.

This avoids confusion about who has made changes to the forms.

# Chapter 3: Coding the forms

The data forms should be organised in numerical order by client number before beginning the coding process (as described in the receiving and acknowledging procedure above).

All NDTRS data provided to the HRB should be anonymous. However, in some cases, named data may be provided. If this occurs, the client's name and address details should be blocked out using a thick black marker.

**Please note:**

When HRB staff code NDTRS forms, a red pen must be used.

When data co-ordinators or data entry clerks code NDTRS forms, any colour pen other than red pen should be used.

This avoids confusion about who has coded the forms.

Follow the procedure below when coding:

## Section A: Administrative Details

A. Administrative details		PLEASE COMPLETE USING A BALL POINT PEN										
Name	Address											
1. HSE Area <small>(see Appendix 2)</small>	12	2a. Centre	12345	2b. Type	23	3. Client number	<input type="text"/>	99999				

*\*Please note that the sample form shows mock data for illustration purposes only.*

- Q1. HSE Area** → 

Ensure this field is completed and correct.
  
- Q2a. Centre** → 

Ensure this field is completed and correct.  
The first two digits of the Centre No. should be identical to the HSE Area code.
  
- Q2b. Type** → 

Ensure this field is completed and correct.
  
- Q3. Client number** → 

If left blank complete as 99999.  
Delete any zeros preceding the client number unless the complete client number is between 1 and 9 or the client number begins with a year from 2000. In these circumstances, a single zero should be left in front of the client number.

## Section B: Demographic Details

**B. Demographic details**

4. Gender (circle)  1. Male 2. Female

5. Age (years) ~~20~~ 19

6. Date of birth        
Day Month Year

7a. Living with whom (circle)  
 1. Alone  
 2. Parents/family  
 3. Friends  
 4. Partner (alone)  
 5. Partner & child(ren)  
 6. Alone with child(ren)  
 3. Foster care  
 7. Other  
 9. Not known

7b. Living where (circle)  
 1. Stable accommodation  
 2. Institution (prison/residential care/halfway house)  
 3. Homeless  
 4. Other unstable accommodation  
 9. Not known

8a. Area of residence (DED, see pink book or Appendix 4) 059

8b. Community Care Area (see Appendices 4/5) 1307

9. City/county  
Car registration code (see Appendix 4) DX

10a. Nationality (circle, if other please specify)  
 1. Irish  3. Irish traveller  2. Other  9. Not known  
 Nationality ENGLISH GB

10b. Ethnic background (circle)  
 1. White Irish  2. White Irish Traveller  
 4. Any other white background  4. Black African background  
 5. Any other black background  
 6. Chinese background  7. Any other Asian background  
 8. Other  9. Do not wish to answer this question

11. Employment status (circle)  
 1. In paid employment  2. Unemployed  
 3. FAS/training course  4. Student  
 5. Housewife/husband  6. Retired/unable to work  
 8. Other (specify) \_\_\_\_\_  
 9. Not known

12a. Age left primary or secondary school (not third level) (years, or circle code below)  
 01. Never went to school  16  
 88. Still at school  
 99. Not known

12b. Education: highest level completed (circle)  
 0. Primary level incomplete  1. Primary level  
 2. Junior cert  3. Leaving cert  
 4. Third level  5. Never went to school  
 6. Special needs education  8. Still in education  
 9. Not known

\*Please note that the sample form shows mock data for illustration purposes only.

### Q4. Gender



Ensure this field is completed and correct. If the client's gender is unknown, code to 9.

### Q5. Age



The client's age should be recorded as on the date of assessment. Ensure this field is completed and correct by calculating the year of assessment minus year of birth, then check if the client has had his/her birthday prior to the date of assessment. If not, please subtract one year from the age.

### Q6. Date of birth



Ensure this field is completed and correct.

### Missing Age and Date of Birth details

In the rare circumstances where age and date of birth are missing from the form, these details should be checked with the service provider. If there is no way that this information can be obtained, age should be entered as **99** and date of birth as **01/01/1914**. This will ensure that the age and date of birth information will match when entered to the database and NDTRS staff will know that this data was not available for the client.

### Missing Date of Birth but Age is provided

In the rare circumstances where age is provided but date of birth is missing, check with the service provider if date of birth is available. If unavailable then the date of birth should be calculated as the Year of Assessment minus age and coded as 1<sup>st</sup> of January for that year i.e. if aged 49 and date of birth is unavailable then code date of birth as 01/01/1964.

### Q7a. Living status (with whom)



Ensure this field is completed. If question 7b. **Living where** has the answer **2 Institution** or **3 Homeless** circled, then only **7 Other** is correct in this field.

### Q7b. Living status (where)



Ensure this field is completed and correct.

**Q8a. Area of residence**



Ensure this field is completed and correct, this must correlate with the **City/County** code stated at question 9. A common problem to keep an eye out for is Dublin City (D) and Dublin County (DN) discrepancies (or other City/County distinctions). If unsure check the pink book for **Dublin, Kildare and Wicklow**.

**Q8b. Community Care Area**



Ensure this code has been entered correctly by cross checking with **Appendix 4** on the back of the data form.

**Q9. City/County**



Ensure this field is completed and consistent with Q8a and Q8b.

**Q10a. Nationality**



Ensure this field is completed and correct. If 2 **Other** is circled ensure the correct nation code is supplied (refer to **Appendix 6** at the back of this document). If 9 **Not known** is circled, the correct code is ZZZ.

**Q10b. Ethnic background**



Ensure this field is completed and correct.

**Q11. Employment status**



Ensure this field is completed and correct. If the client is retired, disabled or in prison (see Q7b Living where) the correct code is 6 **Retired/unable to work**. If the client is still in education (see Q12a/b) the correct code is 4 **Student**.  
If 8 **Other** check the specify field is completed, check whether this could be recoded into one of the other employment status categories listed.

**Q12a. Age left primary or secondary school**



Ensure this field is completed and correct. If third level education completed, make sure the age entered relates to secondary and not third level education.  
If not known, code 99.

**Q12b. Education: highest level completed**



Ensure this field is completed and correct. Refer to Q12a **Age left primary or secondary school** and if the answer circled is 88 **Still at school**, only 8 **Still in education** is correct.  
If employment status is 4 **Student**, only 8 **Still in education** is correct.

## Section C: Referral/Assessment Details

**C. Referral/assessment details**

**13. Date of referral** 09 06 13  
Day Month Year

**14. Main reason for referral**  
(based on main problem, circle)  
1. Alcohol 2. Illicit drug 3. Licit drug 4. Other problem  
Specify main drug/problem HEROIN

**15a. Source of referral** (circle)  
1. Self 2. Family 3. Friends  
4. Other drug treatment centre 5. General practitioner  
6. Acute hospital service excluding A&E  
7. Social services/Community services  
8. Court/probation/police 10. Outreach worker  
11. Mobile bus 12. School 13. Prison  
14. Employer 15. Mental health liaison nurse at A&E  
16. Accident & emergency other  
17. Mental health facility (including psychiatrist)  
99. Not known  
If 4, 5, 6, 13, 15, 17, please complete Q15b

**15b. If client was referred from another treatment centre, please give reason for referral** (circle one)  
1. Client moved address  
2. Client management / security  
3. Dual diagnosis (psychiatric/substance use co-morbidity)  
4. Treatment for blood borne diseases  
5. Client unstable requires substitution treatment  
6. Other treatment required (excluding substitution)  
7. Client stable, transferred to satellite clinic or GP  
8. Other (specify) \_\_\_\_\_

**16. Date of initial assessment** 09 06 13  
Day Month Year

**17a. Assessment outcome** (circle one)  
1. Suitable 2. Unsuitable  
If 2, STOP and return form to HRB.

**17b. Assessment criterion fulfilled** (circle)  
1. Yes 2. No 3. Pending 8. Not applicable  
If 2, STOP and return form to HRB.

**17c. Date assessment criterion fulfilled**  
2 1 06 13  
Day Month Year

**18a. Client's treatment status** (circle one)  
1. Offered treatment (proceed to Q19)  
2. Placed on waiting list for opiate substitute  
6. Placed on other drug treatment waiting list  
4. Psychiatric assessment only  
3. Transferred to another site  
Specify site \_\_\_\_\_  
If 3 or 4, STOP and return form to HRB.  
If 2, 6, go to 18b, if 1 go to 19

**18b. If client was on waiting list, please give reason client removed from waiting list** (circle one)  
1. Treatment offered with this centre  
2. Client did not fulfil criteria to commence treatment  
3. Client did not accept substitution/other drug treatment  
4. Client transferred/commenced treatment with another centre. Specify centre \_\_\_\_\_  
5. Service unable to contact / locate client  
6. Client admitted to hospital  
7. Client sent to prison  
8. Client died  
9. Other specify \_\_\_\_\_  
If 1 continue form, otherwise STOP and return to HRB

**18. Accepted place at this treatment agency** (circle one)  
1. Yes 2. No  
If 2, STOP and return form to HRB.

\*Please note that the sample form shows mock data for illustration purposes only.

### Q13. Date of referral



Ensure this field is completed. The date must be equal or prior to the treatment and assessment dates on the data form.

### Q14. Main reason for referral



Ensure this field is completed. From 2012 onwards it is not necessary to code the substance; the substance name can be typed directly into the database and will be automatically assigned its corresponding substance code. **Appendix 7** outlines the substance codes and also indicates whether a substance is illicit or licit. **Appendix 8** lists substances alphabetically. **Any type of alcohol listed at Q14 should be recorded as 'Alcohol'.**

### Q15a. Source of referral



Ensure this field is completed.

### Q15b. Reason for referral, if referred from another site



Ensure this field is completed if the client was referred from 4 **Other drug treatment centre**, 5 **general practitioner**, 6 **Acute hospital service excluding A&E**, 13 **Prison**, 15 **Mental health liaison nurse at A&E** or 17 **Mental health facility (incl. psychiatrist)** at Q15a

### Q16. Date of initial Assessment



Ensure this field is completed. The date must be equal to or later than the date of referral and earlier than or equal to the date of treatment.

**Q17a. Assessment outcome**



Ensure this field is completed. If 2 **Unsuitable** is circled write **STOP** and draw a line through the remainder of the form. Ensure Q14 is complete, if not the form must be queried with the centre. If there is any data entered after this point, bring the data form to the attention of the service provider or your manager.

**Q17b. Assessment criterion fulfilled**



Ensure this field is completed. If 2 **No** is circled write **STOP** and draw a line through the remainder of the form. Ensure Q14 is complete, if not the form must be queried with the centre. If there is any data entered after this point, bring the data form to the attention of the service provider or your manager.

**Q17c. Date assessment criterion fulfilled**



This field may be blank if assessment criterion is 3 **Pending** or 8 **Not Applicable** at Q17b. If 1 **Yes** at 17b ensure this field is completed. The date must be equal to or later than the date of initial assessment. It can be earlier than, equal to or later than the date of treatment (Q21a). If a substitution start date is on the form (Q21b) the assessment criterion fulfilled date must be equal to or earlier than the substitution start date.

**Q18a. Client's treatment Status**



Ensure this field is completed.

- If 3 **Transferred to another site** is circled, a code must be entered for the centre they were referred to. If the name of the centre is specified but you do not know the code for it, please refer to the dropdown list on the database at **Q18a specify** for a complete list of centre names and codes. Next write **STOP** and draw a line through the remainder of the form.

**99999** is the code for centre **unknown** (when no centre is specified)

**23232** is the code for **other** centre (where a centre is specified but is not listed in the database)

**33333** is the code for referral to a **GP**

- If 4 **Psychiatric assessment only** is circled, write **STOP** and draw a line through the remainder of the form. If the form stops there, ensure Q14 is complete, if not the form must be queried with the centre. If there is any data entered after this point, bring the data form to the attention of the service provider or your manager.
- If 2 **Placed on a waiting list for opiate substitution** OR 6 **Placed on other drug treatment list** is circled, proceed to Q18b.

**Q18b. Reason removed from waiting list** ➔

- If the client was placed on a waiting list at **Q18a** (code **2** or **6**) ensure this field is completed when client is removed from the waiting list.
- If **1 Treatment offered with this centre** or **3 client did not accept substitution/other drug treatment** check Q17c **Date assessment criterion fulfilled** has been completed.
- If **4 Transferred/commenced treatment with another centre**, a code must be entered for the centre they were referred to. If the name of the centre is specified but you do not know the code for it, please refer to the dropdown list on the database at **Q18b specify other centre** for a complete list of centre names and codes.
- If **9 Other** check the specify field is completed, check whether this could be recoded into one of the other reasons listed at q18b.

If a client received an intervention while waiting for a place on a **substitution treatment programme**, the remainder of the form should also be completed regardless of the answer at **Q18b**. In this case check the rest of the form including the Exit section (if appropriate) is completed.

If the client did not receive another intervention while on the waiting list and did not circle 1 treatment offered with this centre at Q18b, write **STOP** and draw a line through the remainder of the form. If there is any data entered after this point, bring the data form to the attention of the service provider or your manager. Ensure Q14 is complete, if not the form must be queried with the centre.

**Q19. Accepted place at this treatment agency** ➔

Ensure this field is completed. If **2 No** write **STOP** and draw a line through the remainder of the form. If there is any data entered after this point, bring the data form to the attention of the service provider or your manager. Ensure Q14 is complete, if not the form must be queried with the centre.

## Section D: Treatment Details

D. Treatment details	
<p>20. Number of times started treatment in <b>this centre this year (Jan-Dec)</b> (excluding continuous care and previous referrals or assessments) <i>(Enter 1, if first time this year)</i></p>	<p>01 Times</p>
<p>21a. Date <b>THIS</b> treatment started</p>	<p>22 06 13 Day Month Year</p>
<p>21b. If received an opiate substitute (methadone/suboxone) date <b>THIS</b> substitution started</p>	<p>22 06 13 Day Month Year</p>
<p>22. Ever previously treated for problem drug or alcohol use (If main problem is alcohol, circle appropriate answer in alcohol options or if main problem is a drug, circle appropriate answer in drug options)</p>	<p>Alcohol <input checked="" type="radio"/> Never treated 2. Previously treated <input checked="" type="radio"/> Not applicable 9. Not known Drug <input checked="" type="radio"/> Never treated 2. Previously treated 8. Not applicable 9. Not known</p>
<p>23. Type of contact with this centre (circle)</p>	<p><input checked="" type="radio"/> 1 First treatment 2. One or more treatment periods 9. Not known</p>

*\*Please note that the sample form shows mock data for illustration purposes only.*

**Q20. Number of times started treatment in this centre this year (Jan - Dec)** →

Ensure this field is completed.  
If number of times treated in this centre in this calendar year is greater than **1** then Q23 **Type of contact with this centre** cannot be **1 First treatment**.  
If number of times is greater than 1, then locate earlier submission(s) for this client to ensure **number of times** is correct.

**Q21a. Date of THIS treatment contact** →

Ensure this field is completed. The date must be equal to or later than the referral and assessment dates.

**Q21b. If receiving an opiate Substitute (methadone/suboxone) date substitution started** →

If substitution is part of the client's treatment (refer to Q33), then ensure this field is completed. The date must be equal to or later than the treatment start date. If substitution is part of the treatment and this field is blank, check Q33 for the substitution start date. If not available at Q21b or Q33 then complete with the same date as the date treatment started.  
If the client is not receiving an opiate substitute as part of THIS treatment episode, then this field should be left blank.

**Q22. Ever previously treated for problem alcohol or drug use** →

Ensure this field is completed and correct.

- If the client's specified main drug is **alcohol**, then the Drug section must be completed as **8 Not applicable**.
- If the client's specified main drug is a licit or an illicit **drug**, then the Alcohol section must be completed as **8 Not applicable**.
- If the client's specified main problem is neither alcohol nor drug, then both options should be **8 Not applicable**.

**Q23. Type of contact with this centre** →

Ensure this field is completed and correct.

## Section E: Substance use

**E. Substance use**

24a. Age first used any drug (excluding alcohol and tobacco) 14 ~~15~~ years (if not applicable code 88)

24b. Specify first drug used (excluding alcohol and tobacco) MARIJUANA

25. Main substance name HEROIN use codes 1 1. Inject 3 1. Once a week or less 17

26. Substance 2 name VALIUM use codes 3 2. Smoke 3 2. 2-6 days per week 18

27. Substance 3 name MARIJUANA use codes 2 3. Est/drink 3 3. Daily 14

28. Substance 4 name ALCOHOL use codes 3 4. Sniff/snort 2 4. No use in past month 13

28e. Please specify the preferred types of alcohol consumed (circle all that apply)  
 2. Beer  3. Spirits  4. Wine  5. Fortified wine  6. Cider  7. Alcopops   
 8. Other (e.g. methylated spirits) VOODKA

28f. How many standard drinks were consumed on a typical drinking day over the past month?  15 Standard drinks (if none write 0)

28g. Please specify the number of days alcohol was consumed within the past month (if none write 0)  30 Days

28h. Please categorise the extent of the drinking problem (circle)  
 2. Hazardous drinker  3. Harmful drinker  4. Dependent drinker

\*In addition to the main problem substance, record any secondary substances that are part of the client's CURRENT problem alcohol/drug use.

\*Please note that the sample form shows mock data for illustration purposes only.

### Q24a. Age first used any Drug (excluding alcohol and tobacco)



This excludes alcohol and tobacco. Ensure this field is completed. This should be equal to or less than the ages of first use for any of the problem substances. If the client has never used any drug, enter **88 Not applicable**. If not known, code 99.

### Q24b. Specify first drug used (excluding alcohol and tobacco)



This excludes alcohol and tobacco. Ensure this field is completed. From 2012 onwards it is not necessary to code the substance; the substance name will be typed directly into the database and will be automatically assigned its corresponding substance code.

### Problem substances table

#### Q25a. – 28a. Problem substances (includes alcohol)



Ensure at least one of these fields is completed. The main substance should be the same as **Q14 Main reason for referral (specify)**. Do not enter a form if the main substance is missing.

From 2012 onwards it is not necessary to code the substance; the substance name will be typed directly into the database and will be automatically assigned its corresponding substance code.

**Any type of alcohol listed at Q25-Q28 is entered as 'Alcohol'.**

**Appendix 7** outlines the substance codes and also indicates whether a substance is illicit or licit. **Appendix 8** lists substances alphabetically.

**Q25b. – 28b. Route of administration**



Ensure this section is completed for any substances in Column A **Problem substance(s)**. Ensure routes are appropriate, for example:

- Alcohol is most likely 3 **Eat/drink**.
- Volatile inhalants are always 4 **Sniff/snort**.
- Cannabis is usually 2 **Smoke** but can be 3 **Eat/drink** (rarely) or 4 **Sniff/snort**, but never 1 **Inject**.
- Ecstasy is usually 3 **Eat/drink** but can be 2 **smoke** (rarely).
- Licit drugs are usually 3 **Eat/drink** or 1 **Inject**.
- S/L stands for sub-lingual and means administration under the tongue. This may apply to substances such as suboxone and subutex.
- Topical means absorption of the drug through the surface of the skin. i.e. fentanyl patches (duragesic).
- Rectal administration indicates a drug taken via the rectum (or back passage) and can apply to substances such as morphine suppositories and valium.

**Q25c. – 28c. Frequency of use in last month**



Ensure this section is completed for any substances detailed in Column A **Problem substance(s)**.

**Q25d. – 28d. Age at first use**



Ensure this section is completed for any substances detailed in Column A **Problem substance(s)**. Anything that stands out as unusual (i.e. under 10 years old) should be checked with the service provider that completed the form.  
If not known, code 99.

**NOTE: If alcohol is listed as a problem substance at Q25, Q26, Q27 or Q28, then Q28e to Q28h should be answered, otherwise go to Q29a (Section F: Risk Behaviour).**

**Q28e. Preferred Types of Alcohol consumed** →

Ensure this field is completed; more than one option may be ticked.

If **other** is ticked check the specify field is completed, check whether this could be recoded into one of the alcohol categories listed.

**Q28f. Number of standard drinks consumed on a typical drinking day over the past month?** →

Ensure the number consumed is completed. Check the number looks plausible for a **Typical Drinking Day** and does not refer to alcohol consumption for the entire month. If not known code as 999. If none write 0.

**Q28g. Number of days alcohol was consumed within the past month** →

Ensure this field is completed. This number should be between 0 and 31. If not known code as 99. If none write 0.

Check this number is consistent with the frequency of use in last month answered at Q25-Q28 for alcohol.

**Q28h. Categorise the extent of the Drinking problem** →

Ensure this field is completed. If not known code as 9.

- Experimental drinking is coded as 2 **Hazardous drinker**
- This question is categorised based on the extent of the alcohol issue being treated and the clients level of dependency, so a client may not have consumed alcohol in the past month at Q28g; however the addiction being treated may be that of a **dependent drinker**.

## Section F: Risk Behaviour

F. Risk behaviour	
29a. Injected in past month (circle)	1. Yes <input checked="" type="radio"/> 2. No <input checked="" type="radio"/> 9. Not known
29b. Ever injected (circle)	1. Yes <input checked="" type="radio"/> 2. No <input checked="" type="radio"/> 9. Not known
29c. If yes, age first injected	<input type="text" value="18"/> years (if not applicable code 88)
30. Ever shared any injecting equipment (circle)	1. Yes <input checked="" type="radio"/> 2. No <input checked="" type="radio"/> Not applicable <input checked="" type="radio"/> 9. Not known

*\*Please note that the sample form shows mock data for illustration purposes only.*

**Q29a. Injected in past month**



Ensure this field is completed and correct. If the route of administration for any problem drug is injecting and the frequency shows use in the last month, then Q29a and Q29b are both 1 **Yes**.

**Q29b. Ever injected**



Ensure this field is completed and correct. If the route of administration for any problem drug is injecting then the answer to this question is 1 **Yes**.

**Q29c. If yes, age first injected**



Ensure this field is completed and correct. This age should be equal to or greater than Q24a **Age first used** any drug. If Q29b **Ever injected** is 2 **No** then the correct code is 88 **Not applicable**. If not known, code 99.

**Q30. Ever shared any injecting equipment**



Ensure this field is completed and correct. If Q29b **Ever injected** is 2 **No** then the correct code is 8 **Not applicable**.

## Section G: Activity Details

G. Activity details		H. Exit details	
33a. Treatment interventions provided (please tick all treatment interventions provided and circle the main treatment intervention)	33b. Date commenced each type of treatment intervention	33c. Date completed (or of last visit) for each intervention	33d. Number of sessions/visits for each intervention
1. Brief intervention	<input checked="" type="checkbox"/> 22/6/13		
2. Alcohol detoxification			
3. Benzodiazepine detoxification			
4. Detoxification symptomatic medication			
5. Opiate detoxification (suboxone/subutex)			
6. Opiate detoxification (lofexidine)			
6b. Other detoxification Specify _____			
7. Methadone detoxification	<input checked="" type="checkbox"/> 22/6/13		
8. Methadone substitution	<input checked="" type="checkbox"/> 22/6/13		
9. Other substitution (excluding methadone) Specify _____			
12. Medication-free therapy (psychosocial therapy, therapeutic community, Minnesota Model etc)			
13. Psychiatric treatment			
14. Individual counselling			
15. Group counselling			
16. Social and/or occupational reintegration			
17. Family therapy			
18. Brief intervention: individual education/awareness programme			
19. Group education/awareness programme			
20. Structured aftercare programme			
21. Complementary therapies			
22. Medication to maintain alcohol free status			
23. Strengthening family programme			
25. Key Worker appointed			
26. Case Manager appointed Specify service where appointed _____			
27. Care Plan			
28. Facilitated detox			
24. Sent to another site for an additional intervention not provided here			
	Specify site name _____		

\*Please note that the sample form shows mock data for illustration purposes only.

### Q33a. Treatment interventions provided



There must be **at least one type of intervention ticked**. Ensure the data correlates with all other information on the form. For example:

- If an opiate is not one of the problem drugs then opiate substitutes or opiate detoxification are inappropriate treatments.
- If alcohol is not a problem drug then alcohol detoxification is unlikely. Please check with centre.
- If benzodiazepine is not a problem drug group then benzodiazepine detoxification is unlikely. Please check with centre.
- Medication free programmes cannot be provided in conjunction with prescribed drug treatments.

**All** treatment interventions provided should be **ticked**.

Question **33a** must reflect the initial actions when the client began treatment **AND** all subsequent treatment interventions provided during this episode of treatment. Ensure that the **Main** treatment intervention has been circled.

**Q33b. Date commenced each type  
of treatment intervention →**

Ensure this field is completed for **all** treatment interventions **ticked**. This field is not required for 28 **Facilitated detox**.

The dates must be equal to or later than the date this treatment episode started recorded at **Q21a**. However in some cases date Key worker appointed, Case Manager appointed or Care Plan date may be prior to the treatment start date.

When an opiate substitution start date has been recorded at **Q21b**, the same date should be entered for substitution (methadone, Suboxone, Subutex) at **Q33b**.

## Section H: Exit details

G. Activity details		H. Exit details	
33a. Treatment interventions provided (please tick all treatment interventions provided and circle the main treatment intervention)	33b. Date commenced each type of treatment intervention	33c. Date completed (or of last visit) for each intervention	33d. Number of sessions/visits for each intervention
1. Brief intervention	<input checked="" type="checkbox"/>	22/6/13	22/6/13
2. Alcohol detoxification			
3. Benzodiazepine detoxification			
4. Detoxification symptomatic medication			
5. Opiate detoxification (suboxone/subutex)			
6. Opiate detoxification (lofexidine)			
6b. Other detoxification Specify _____			
7. Methadone detoxification	<input checked="" type="checkbox"/>		
8. Methadone substitution	<input checked="" type="checkbox"/>	19/12/13	DAILY
9. Other substitution (excluding methadone) Specify _____			
12. Medication-free therapy (psychosocial therapy, therapeutic community, Minnesota Model etc)			
13. Psychiatric treatment			
14. Individual counselling			
15. Group counselling			
16. Social and/or occupational reintegration			
17. Family therapy			
18. Brief intervention; individual education/awareness programme			
19. Group education/awareness programme			
20. Structured aftercare programme			
21. Complementary therapies	<input checked="" type="checkbox"/>	29/6/13	15/12/13 999
22. Medication to maintain alcohol free status			
23. Strengthening family programme			
25. Key Worker appointed			
26. Case Manager appointed Specify service where appointed _____			
27. Care Plan			
28. Facilitated detox			
24. Sent to another site for an additional intervention not provided here Specify site name _____			

34. Outcome for main treatment intervention (circle)	
1. Treatment completed	<input checked="" type="radio"/>
2. Transferred 'stable' (including release linking patient to other treatment site or other prison treatment)	<input type="radio"/>
3. Transferred 'unstable'	<input type="radio"/>
4. Client did not wish to attend further treatment sessions because he/she considered him/herself to be stable	<input type="radio"/>
5. Client refused to have further sessions or did not return for subsequent appointments	<input type="radio"/>
6. Premature exit from treatment for non-compliance	<input type="radio"/>
7. Released from prison but not linked to other treatment site	<input type="radio"/>
8. Died	<input type="radio"/>
9. Sentenced to prison	<input type="radio"/>
11. General medical transfer or medical issue	<input type="radio"/>
12. No longer lives in the area	<input type="radio"/>
13. Mental health transfer	<input type="radio"/>
14. Prison to prison transfer	<input type="radio"/>
10. Other _____	<input type="radio"/>

\*A client is stable when he/she has engaged with the service provider, is responding to treatment, and making an effort to reduce drug/alcohol use or to remain drug/alcohol free.

35. If outcome for main treatment intervention is premature exit from treatment site (Q34 code 6), main reason for non-compliance (circle)	
1. Drug taking	<input type="radio"/>
2. Violent behaviour	<input type="radio"/>
3. Illegal activities	<input type="radio"/>
5. Alcohol taking	<input type="radio"/>
4. Not observing other rules	<input type="radio"/>

36. Client's condition at discharge or when last seen (circle)	
1. Stable	<input checked="" type="radio"/>
2. Unstable	<input type="radio"/>
3. Died	<input type="radio"/>
4. Other _____	<input type="radio"/>

37. Date of final discharge or transfer	
Day	19
Month	12
Year	13

38 a. Client referred to ongoing aftercare programme provided by this centre 1. Yes

38 b. For clients transferred to another site for additional treatment upon discharge  
Specify name of transfer site **DR. JOE BLOGG**

39. Please specify the number of family members or significant others (who were not treated for a personal addiction) involved in this treatment (please write 0 if none) **02**

42a. Urine screening during treatment (circle)		42b. If yes, screening ordered by	
1. Yes	<input checked="" type="radio"/>	1. Treatment provider	<input checked="" type="radio"/>
2. No	<input type="radio"/>	2. Court	<input type="radio"/>

40. Vaccination (please circle any interventions provided at this centre during this treatment episode) Hepatitis A and B vaccination	
1. First dose	<input checked="" type="radio"/>
2. Second dose	<input checked="" type="radio"/>
3. Third dose	<input type="radio"/>
4. Booster dose 1	<input type="radio"/>
5. Booster dose 2	<input type="radio"/>
6. Adequate titre protective	<input type="radio"/>

41. Viral screening uptake (please circle any interventions provided at this centre during this treatment episode)	
1. HIV test	<input checked="" type="radio"/>
2. Hepatitis B test	<input type="radio"/>
3. Hepatitis C test	<input type="radio"/>

\*Please note that the sample form shows mock data for illustration purposes only.

Questions 33c to 33d must reflect the initial actions circled in Section G Activity Detail(s) when the client began treatment. **As well as this, questions 33a to 33d must be completed for all subsequent treatment interventions provided during this episode of treatment.**

**Q33a. Type(s) of intervention Provided at this centre during THIS TREATMENT** →

Question **33a** must reflect the initial actions when the client began treatment **AND** Question **33a** must be completed for all subsequent treatment interventions provided during this episode of treatment.

**Ensure any subsequent treatment interventions provided during this treatment episode are listed here.**

Ensure that the **Main** treatment intervention has been circled.

**Q33b. Date commenced each type of treatment intervention** →

This field is not required for 28 **Facilitated detox**. Ensure this field is completed for **all** other treatment interventions **ticked**. The dates must be equal to or later than the date this treatment episode started recorded at **Q21a**. When an opiate substitution start date has been recorded at **Q21b**, the same date should be entered for substitution (methadone, Suboxone, Subutex) at **Q33b**.

**Q33c. Date completed (or of last visit) for each type of treatment** →

This field is not required for 25 Key worker appointed, 26 Case manager appointed, 27 Care Plan and 28 Facilitated detox. Ensure this field is completed for **all** other treatment interventions **ticked**. The dates must be equal to or later than the date this treatment intervention started as recorded at **Q33b**. The dates must also be earlier than or equal to the date of final discharge of transfer recorded at **Q37**.

**Q33d. Number of sessions/visits for each treatment intervention** →

This field is not required for 25 Key worker appointed, 26 Case manager appointed, 27 Care Plan and 28 Facilitated detox. Ensure this field is completed for **all** other treatment interventions **ticked**. If left blank, code as 999 **Not known**.

**Q34. Outcome for main treatment intervention** →

Ensure this field is completed.

- If left blank, code as 99 **Not known**.
- If 14 **Prison to Prison transfer** check Q2b **centre Type** is consistent with this i.e. Prison

**Q35. Main reason for non-compliance** →

This question is only completed if the outcome for the main treatment intervention is premature exit from treatment site for non-compliance, code **6** at **Q34**. If left blank when it should have been completed, code as 9 **Not known**.

**Q36. Clients condition at discharge or when last seen** →

Ensure this field is completed and correct. The client's condition should be consistent with the outcome for main treatment intervention recorded at **Q34**. If left blank, code as 9 **Not known**.

**Q37. Date of final discharge or transfer** →

Ensure this field is completed. The date must be equal to or later than the dates entered at **Q33c** when the client completed each type of treatment intervention.

**Q38a. Client referred to ongoing aftercare programme provided by this centre** →

This question is only completed if the client has been referred to an ongoing aftercare programme provided by **this** centre.

**Q38b. For clients transferred to another site for an additional treatment upon discharge** →

This question is only completed if the client has been transferred to another site for an additional treatment upon discharge. A code must be assigned for the centre the client was referred to.

- If a centre is specified but not coded please refer to the dropdown list at Q38b on the database for a complete list of centre names and codes.
- 99999 is the code for centre **unknown** (when no centre is specified)
- 23232 is the code for **other** centre (where a centre is specified but is not listed in the database)
- 33333 is the code for referral to a **GP**

**Q39. Family members or significant others (who were not treated for a personal addiction) involved in this treatment** →

Ensure this field is completed.

If none, zero should be written on the form. If left blank, code as 99 **Not known**.

**Q42a. Urine screening during treatment** →

Ensure this field is completed.

**Q42b. Screening ordered by** →

This question is only completed if the client has had to undertake urine screening, i.e. if answer at Q42a is 1 **Yes**.

**Q40. Vaccination** →

There is no coding required for this question as clients only receive vaccinations at certain types of treatment centre.

**Q41. Viral screening uptake** →

There is no coding required for this question as clients only receive blood borne virus tests at certain types of treatment centre.

# Chapter 4: Entering & accessing client data

## Opening the NDTRS database

- **Split database files:** please note that the 2013 NDTRS database has been split into two files: a data file (NDTRS-13\_ **Data**) and a programme file (NDTRS-13). This is to allow fixing potential bugs in the system without affecting your data. **It is important that both files are saved in the same folder onto your computer.**

In order to enter data, open the NDTRS **programme file** (NDTRS-13).

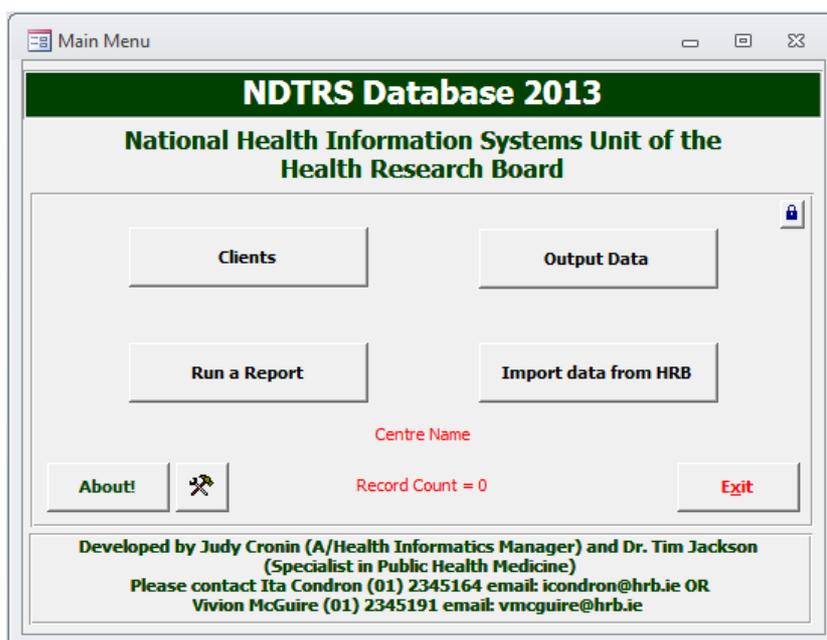
The **NDTRS 2013** database is password protected. When you open the database the following logon screen will appear. In most cases the database will be set up with a default logon, and therefore the User Name will automatically show the centre name or the user type as per the default selection. In the event where the default User Name is incorrect, please inform your contact at the HRB.



The screenshot shows a logon interface with a blue background. On the left, there is a 'User Name' label next to a dropdown menu showing 'Centre Name'. Below it is a 'Password' label next to a text input field. To the right of the dropdown is an 'OK!' button, and to the right of the password field is a 'Cancel' button.

Type in the password, which is the word **password** (all lower case) for all service providers. Click on **OK** and the database will open.

The screen below will appear, it is referred to as **Main Menu** throughout this document.



The **Clients** button is used to view client records or enter a new client.

The **Run a Report** button is used to run statistics on your entered data.

The **Output Data** button is used to send the data to the Health Research Board.

The **Import data from HRB** button is used to update data received from the Health Research Board.

The Main Menu also shows the logon name as described above, most likely the name of the service provider, as well as the number of records currently held on the database (that is the number of forms that have already been entered and saved until now).



The **System Configuration** button brings you to the system configuration screen which allows you to update specific tables in the database.

The **Exit** button is used to close down the database.

The **About** button can be ignored.

## Importing continuous care clients

The Exit form includes details of treatment outcome when a client is discharged. In order for the service providers to enter exit details in the 2013 NDTRS database, that database has to hold records of continuous care clients (clients who are currently in treatment at the beginning of the year, i.e. 1<sup>st</sup> of January 2013). Most of those clients would have been entered in the 2012 database when they started treatment. Those records can be extracted from the NDTRS 2012 database then imported into the NDTRS 2013 database in order to avoid re-entering all administrative, demographic and treatment details.

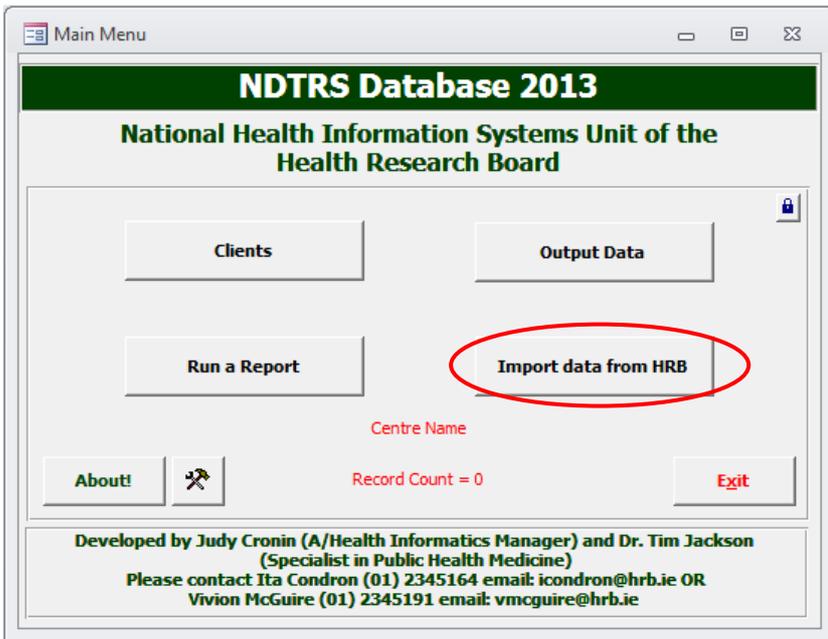
**It is very important to import continuous care data at the very beginning of the year and before entering any other data in the 2013 database, otherwise the new records may be lost during the import procedure.**

Please note that this procedure implies that the service provider was already recording exit details in 2012 for the purpose of the NDTRS. The import process checks the exit details of each record and only imports those clients for whom there is no final discharge date recorded.

In the case of clients who are discharged at some stage during the year 2013 after being treated over a long period (i.e. several years), a new record may have to be created to include all administrative, demographic and treatment details (to be retrieved from the case notes or the NDTRS form that would have been filled at the time) before entering exit details.

Below is the procedure to follow to import continuous care clients into the NDTRS 2013 database.

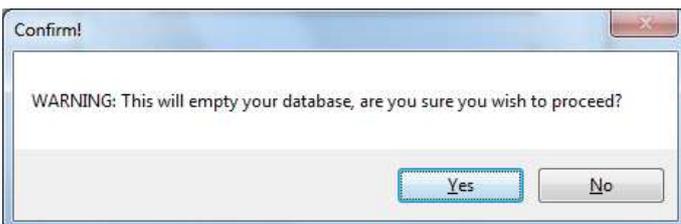
1. From the NDTRS **2012** database, export the data for the entire year as per the 2012 protocol (Output data for quarter 1 to 4, save to program path). Save the output file onto your computer.
2. Open the NDTRS **2013** database. In the main menu, select the **Import data from HRB** button.



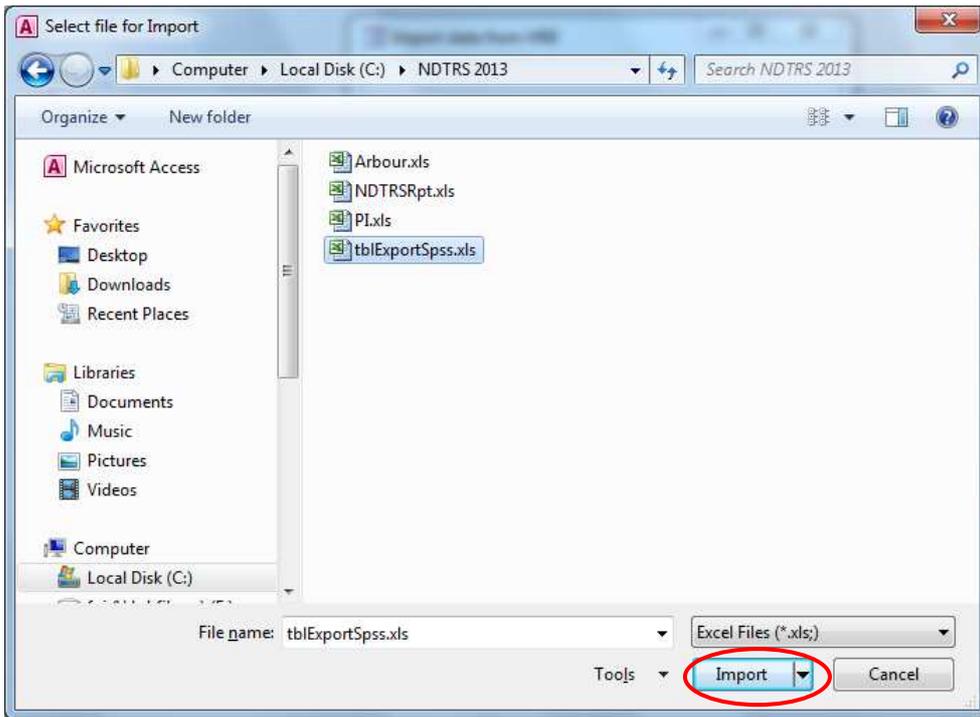
3. Click on the **Import Continuing Care data from 2012** button.



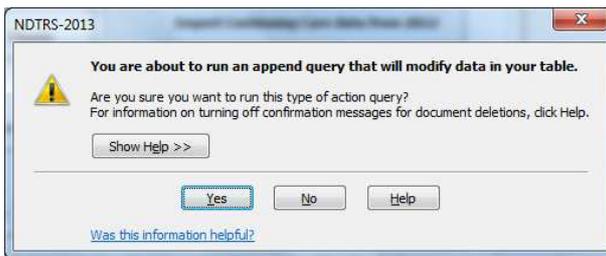
4. A message will appear warning that this procedure will empty the database. This is why it is essential to carry out this procedure once only at the very beginning of the year. Click Yes.



5. The **Select file for Import** dialog box opens. Locate and select the export file from the NDTRS 2012 database. Click on the **Import** button.



6. The following message will appear, click Yes.



7. Then a message will appear telling you the number of rows you are about to append and asking if you wish to continue. The number of rows to append should be exactly equal to the number of clients in continuous care on the 1<sup>st</sup> of January. If that number is very different (for example 100 when you expected about 15) you should check with your contact at the HRB. Otherwise click **Yes**.



8. The following message will appear to confirm that the update procedure is complete. Click OK. You can now start entering 2013 data in your NDTRS database.



- As an additional security and to avoid getting an empty database, the procedure checks the new file before replacing the old one. If the warning message below comes up, it means that

either the incorrect file has been selected, or that there is an error in the new file. Click OK to stop the procedure and try again making sure to select the correct output file from the 2012 database. **Please inform your HRB contact if a second attempt fails.**



## Entering client records

In order to start entering new records, ensure forms are complete and coded. Ensure the forms are organised in numerical sequence.

Any omissions in the coding process should be amended as the forms are entered. For details, see the previous section on **Coding**, Chapter 3.

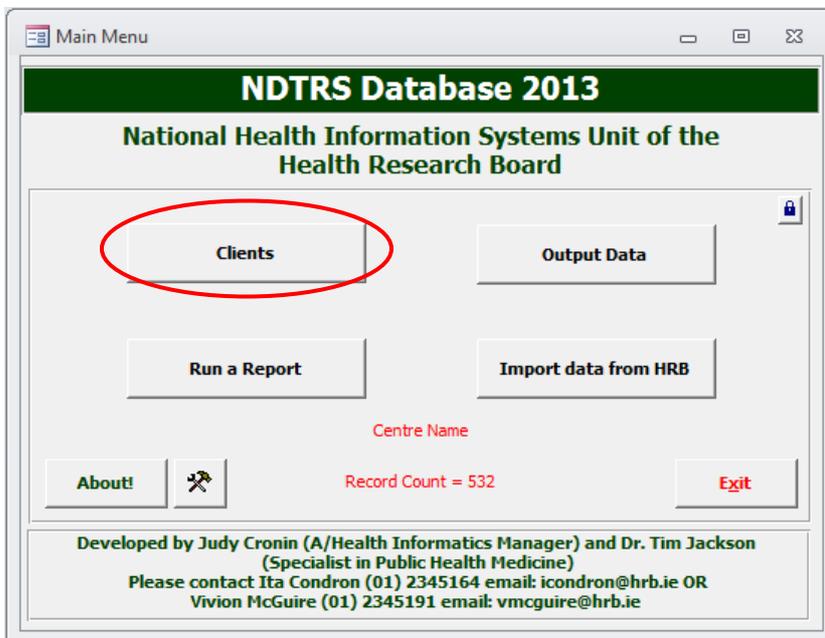
### **Please note:**

When HRB staff mark any changes on NDTRS forms, a red pen must be used.

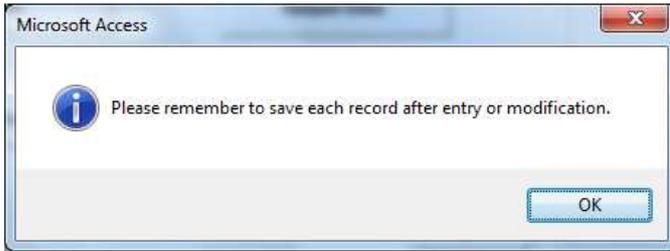
When data co-ordinators or data entry clerks mark any changes on NDTRS forms, any colour pen other than red pen should be used.

This avoids confusion about who has made changes to the forms.

1. Turn **Caps lock** on.
2. Select **Clients** from the options on the Main Menu screen.



You will be reminded to save each record as you go along, as the database will not do so automatically.



3. Click OK, the **Administrative Details** screen opens.

The database automatically opens a new record so you can start entering details for a new client.

- **Default Selection.** If the User Name used to logon is a service provider, the details of that centre will automatically come up in questions 1 (HSE Area), 2a (Centre number) and 2b (Centre type). Those details are also in the **Default Selection** bar located at the top of the screen (with the **green background**), which means that they will automatically be filled for each new record until the default selection is cleared. The default selection bar is cleared by clicking on the grey **clear default selection** button.

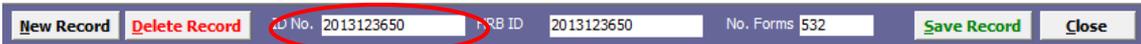


If you did not use the service provider's name at logon and you are entering a large batch of data forms that all belong to the same centre, use the **Default Selection** bar. Enter the **HSE Area, Centre and Type** in the given fields and they will appear automatically with each new record until the bar is cleared. Note that you may have to enter all details for the first record and save it for the default selection to be activated for the second and following records.

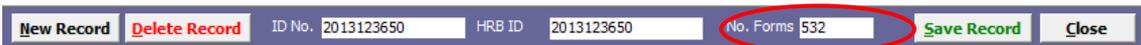
- The **Settings** dropdown bar at the top of the screen should default to SP (service provider), which is best suited for service providers as it allows the data entry person to enter data using the dropdown menus and to enter the client's name and address details.



- The **unique ID** number of each record is displayed at the bottom of the screen after saving the record.



- The **total number of records/forms** currently entered in the database is displayed at the bottom of the screen.



You can now start entering clients records. In order to move from cell to cell use the mouse, the tab key or the enter/return key.

Please note that all fields with a red asterisk (\*) must be completed.

## Section A: Administrative Details

 A screenshot of a web application window titled 'Administrative Details'. The window has several tabs: 'Administrative', 'Demographic', 'Referral/Assessment', 'Treatment', 'Substance Use', 'Risk', 'Activity/Exit I', and 'Exit II'. The 'Administrative' tab is active. The form contains several fields:
 

- '1. HSE Area' with a dropdown menu showing '12' and a text box containing 'HSE: South Western Area'.
- '2a. Centre' with a dropdown menu showing '12345' and a text box for 'Centre Name' with a 'Check by Centre Name' button.
- '2b. Centre Type' with a dropdown menu showing '23' and a text box containing 'Local health care/social service centre'.
- '3a. Client Number' with an empty text box.
- '3b. Unique Form Identifier' with an empty text box.
- 'Firstname' and 'Lastname' with empty text boxes.
- 'Address Lookup' with a dropdown menu and a 'Check Area by Code' button.
- 'Address 1', 'Address 2', 'Address 3', and 'Address 4' with empty text boxes.
- Help icons for 'Dublin / Kildare / Wicklow' and 'Other Counties'.

 A red asterisk (\*) is placed next to the labels for '1. HSE Area', '2a. Centre', '2b. Centre Type', '3a. Client Number', and '3b. Unique Form Identifier'. At the bottom left, a red asterisk (\*) is followed by the text '\* denotes a required field'.

The first screen allows you to enter the client's administrative details. To progress from question to question use the Tab key, enter/return key or click on the relevant field with the mouse cursor.

**Q1. Q2a. Q2b.** For **HSE Area** (Q1), **Centre** (Q2a) and **Centre Type** (Q2b) enter the appropriate codes or select from the dropdown list. The code or option you select will appear in writing beside the question.

If you are using the default centre logon, then those three fields will automatically be filled. In some instances only the first two fields, HSE area and centre No, will be filled and you may have to enter the Centre Type, this is due to the fact that some centres can be assigned more than one centre type.

Remember if entering a large batch of forms from the same centre, you can use the default selection tool bar.

**Q3a.** Enter the **Client Number** in the space provided.

With the exception of the cases listed below, do not include any zeros in front of the client number.

A zero should only be used in front of the client number where the complete client number is between 1 and 9 or where the first digits of the client number refer to a year (for example from 2000 to 2013, 00 – 13).

**Q3b.** Enter the **Unique Form Identifier** in the space provided. Forms printed from 2012 onwards have a unique form identifier number printed on each form. If no unique form identifier number is printed on the form, this field is left blank.

- Enter the **client's name**.

- Enter the **client's address**.

Click on the Address Lookup field and enter the first word of the street name (for Dublin Kildare and Wicklow), or enter the county for all other areas except Cork (see next bullet point below). The dropdown list will provide a number of options starting with that word, highlight and select the appropriate option (please note that there will be both city and county options in some cases). This will autofill the address details. These have to be checked and amended as required (for example to add the relevant street/apartment number, etc).

When the address is entered using the look up function, the area codes required at Q8a, Q8b and Q9 are automatically filled.

- The address dropdown list also contains details of all electoral divisions (DED) in **Cork**. Each DED has been assigned to one of the four areas of Cork: North Lee, South Lee, North Cork and West Cork. While the DED names do not exactly correspond to street names, it may help finding which option is appropriate.

**Name and address details are for service providers only.** The client's name and address details should not be sent to the Health Research Board on the carbon copy of the form.

Pressing the tab or Enter key from **Address 4** will automatically bring you to the Demographic Details screen.

## Section B: Demographic Details

Administrative	Demographic	Referral/Assessment	Treatment	Substance Use	Risk	Activity/Exit I	Exit II
Demographic Details							
4. Gender	*	<input type="text"/>	<input type="text"/>				
5. Age	*	<input type="text"/>	Years ?				
6. Date of Birth	*	<input type="text"/>	dd/mm/yyyy				
7a. Living with whom	*	<input type="text"/>	<input type="text"/>				
7b. Living Where	*	<input type="text"/>	<input type="text"/>				
8a. Area of Residence	*	<input type="text"/>	<input type="text"/>	Check by Area			
8b. Community Care Area	*	<input type="text"/>	<input type="text"/>	DED	CCA		
9. City / County	*	<input type="text"/>	<input type="text"/>	LHO	TFA		
10a. Nationality	*	<input type="text"/>	<input type="text"/>	Check Nation by Name			
If Other Please Specify		<input type="text"/>	<input type="text"/>				
10b. Ethnic Background	*	<input type="text"/>	<input type="text"/>				
11. Employment Status	*	<input type="text"/>	<input type="text"/>				
If other Please specify		<input type="text"/>	<input type="text"/>				
12a. Age Left Primary or Secondary School (NOT 3rd Level)	*	<input type="text"/>	Years ?				
12b. Education: highest level completed	*	<input type="text"/>	<input type="text"/>				

\* denotes a required field

**Q4.** Enter the client's **gender** using the codes or by selecting from the dropdown list. The correct code when the gender is unknown is 9.

**Q5.** Enter the client's **age** at the time of assessment at the centre, if not known enter **99**.

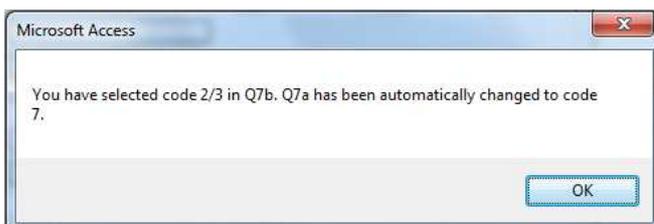
If you leave the age blank (Q5) and enter the client's date of birth (Q6), the age will automatically be calculated and filled once the **date of assessment** (Q16) is entered. However please make sure in this instance to check and correct the age on the form.

**Q6.** Enter the client's **date of birth**.

When entering date of birth or any other date, simply enter the six digits on the form (for example 010656 for 1<sup>st</sup> June 1956). Access will automatically complete the year to four digits and insert forward slashes between the day, month and year (01/06/1956).

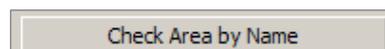
**Q7a.** Enter the client's **Living status** using the codes or by selecting from the dropdown list.

**Q7b.** Enter **where** the client is **living**, using the codes or by selecting from the dropdown list. If code **2** institution or **3** Homeless is selected, then only code **7** other is correct at Q7a. If code **7** other has not already been entered at Q7a, a message will appear informing you that Q7a has been changed automatically.

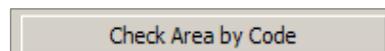


**Q8a.** If the client's address details have been entered the **area of residence** code should automatically be filled. Otherwise, enter the **area of residence** as indicated on the form, refer to **Appendix 4** or select from the dropdown menu. Area of residence can be entered by code or by name.

- If you do not know the code and wish to check by **area name**, click on the button **check Area by Name** and select from the dropdown menu.



- If you do know the code, then click on the button **check Area by Code** and select from the dropdown menu or type in the code.



- The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check Area by Name/Code** to toggle between modes, and overwrite the details as required.



- Please note that the area of residence codes for Cork City (700) and Cork County (721) each correspond to several community care areas. Please check carefully the details on the form and ensure to select the correct combination of codes from the dropdown list.

Entering the area of residence code will autofill four other codes: community care area (CCA), local health office (LHO), drugs task force area (TFA) and city/county code.

**Q8b.** The **community care area (CCA)** should automatically fill when the code for area of residence is entered. If it does not automatically fill or if the code supplied differs from that on the coded form, cross check both the **community care area** and the **area of residence codes** using **Appendices 4 and 5**. If incorrect, the CCA can be amended as required by clicking in the field and typing the correct code.

- Please note that the area of residence codes for Cork City (700) and Cork County (721) each correspond to several community care areas, therefore the CCA field may not be correct if the wrong combination of codes was selected at Q8a. In this instance you will have to manually correct the code to 0301 (North Lee), 0302 (South Lee), 0303 (North Cork) or 0304 (West Cork). Refer to **Appendix 4**.

**Q9.** The **city/county** field should automatically fill when the code for area of residence is entered. If it does not automatically fill or if the code supplied differs from that on the coded form, cross check both the **city/county** and the **area of residence codes** using **Appendix 4**. If incorrect, the city/county code can be amended as required by clicking in the field and typing the correct code or by selecting from the dropdown list.

- Please note that the area of residence codes for Cork City (700) and Cork County (721) each correspond to several city/county codes, therefore this field may not be correct if the wrong combination of codes was selected at Q8a. In this instance you will have to manually correct the code to NL (North Lee), SL (South Lee), NC (North Cork) or WC (West Cork). Refer to **Appendix 4**.

**Q10a.** Enter the client's **nationality** using the codes or by selecting from the dropdown list. If the client is Irish enter code **1** and the corresponding code IRL will appear. Enter code **3** if the client's is Irish Traveller and the same code will appear. If the client is not Irish, enter code **2**-other and select the client's country of origin from the dropdown list.

You can also refer to **Appendix 6** for a list of countries and corresponding codes. The country of origin for non Irish nationals can be entered by code or by name.

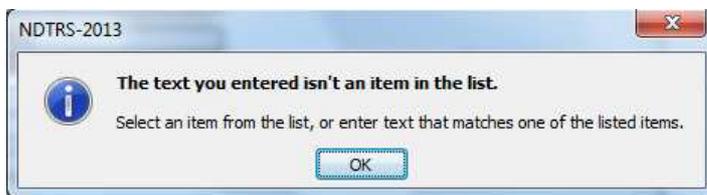
- If you do not know the code and wish to check by **country name**, click on the button **check Nation by Name** and select from the dropdown menu.

Check by Nation Name

- If you do know the code, then click on the button **check by Nation Code** and select from the dropdown menu or type in the code.

Check by Nation Code

- The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check Nation by Name/Code** to toggle between modes, and overwrite the details as required.



**Q10b.** Enter the client's **ethnic background** using the codes or by selecting from the dropdown list.

**Q11.** Enter the client's **employment status** using the codes or by selecting from the dropdown list. If the client is disabled, retired, or in prison select code **6**. If you select code **8** (other) in Q11 please enter a descriptor of the **client's employment status** in the space provided.

If you select code **4** (student), then code **8** (still in education) will appear in **Q12b**.

**Q12a.** Enter the **age** at which the client **left primary or secondary school** or enter the code from the coded data form. If not known, enter 99.

If you select code **1** (never went to school), code **5** (never went to school) will appear in **Q12b**. If you select code **88** (still at school), code **8** (still in education) will appear in **Q12b**.

**Q12b.** Enter the **highest level of education completed** by the client using the codes or by selecting from the dropdown list.

The Enter or Tab key will take you to the Referral/assessment Details screen.

## Section C: Referral/Assessment Details

**Q13.** Enter the **date the client was referred**. When entering the date the client was referred or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year.

**Q14.** Enter the **main reason for referral** using the codes or by selecting from the dropdown list.

If you enter code **1-Alcohol**, "alcohol" (and its relevant **code values**) will automatically appear in the **specify main drug** part of the question. The codes for different types of alcohol as per Appendix 7 are not used at Q14; any type of alcohol listed at Q14 is entered as "alcohol".

If you enter code **2-illicit drug**, code **3-licit drug** (street or prescribed) or code **4-other problem**, you must specify the main drug/problem. You can type the substance name or select the drug/problem from the dropdown list **specify main drug** or enter the appropriate code. Refer to **Appendix 7** and **Appendix 8** if required.

- In order to improve the quality of the NDTRS data in regards to cocaine use, health professionals who carry out the assessments and enter data for the NDTRS should be as specific as possible on what form of cocaine is being used, i.e. cocaine hydrochloride (powder, also referred to as coke) or freebase cocaine (crack).
- Other problem: you can enter records for clients being referred for a problem other than drug or alcohol. This includes concerned person (994), spending (995), gambling (996), and eating disorder (997).
- The main drug/problem can be entered by name or by code. The default is to type the substance name and then select the substance from the dropdown menu. To check by **drug name**, click on the button **Check by Drug Name** and select from the dropdown menu.

Check by Drug Name

If you do know the code, then click on the button **check Drug by Code** and select from the dropdown menu or type in the code.

Check by Drug Code

The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list,

then click on the button **Check Drug by Name/Code** to toggle between modes, and overwrite the details as required.



- If the client coming to the centre is a **concerned person**, then enter 994-concerned person as the main reason for referral. In this instance, the required fields for data entry are complete and you may save the record (see the **Saving a record** section of this document).

If the main reason for referral is alcohol, code **8-Not applicable** will automatically appear in the drug option at **Q22**. If the main reason for referral is a drug, code **8-Not applicable** will automatically appear in the alcohol option at **Q22**. If the main reason for referral is neither drug nor alcohol, code **8-Not applicable** will automatically appear in both options at **Q22**.

The code for the main substance/problem specified at this question will automatically appear at Q25a.

For concerned persons, the **date of referral** is the one used to assign this data to the correct quarter (Q32) and year. The quarter and year will automatically fill based on the date specified at Q13 for all concerned persons.

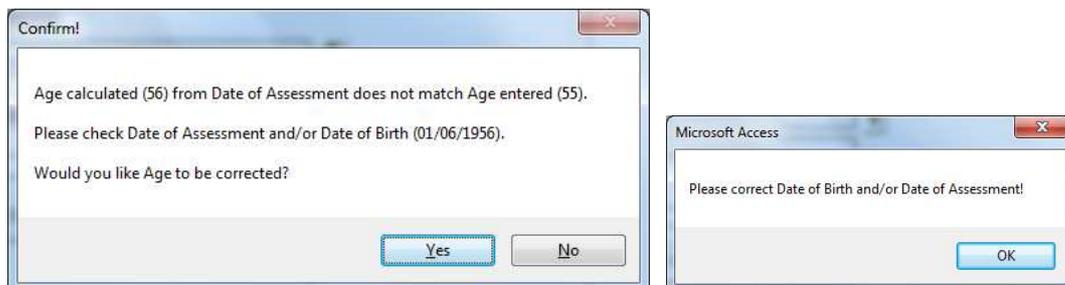
**Q15a.** Enter the **source of referral** using the codes or by selecting from the dropdown list.

**Q15b.** If code 4, 5, 6, 13, 15 or 17 at Q15a, enter the **reason for referral** using the codes or by selecting from the dropdown list, otherwise this question is greyed out.

**Q16.** Enter the **date** of the client's **initial assessment**. When entering the date of the client's initial assessment or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year.

- The **date of initial assessment** is used against the **date of birth** to verify that the correct age was entered at Q5. A warning will appear if the client's age does not equal the date of birth subtracted from the date of initial assessment, with the option to correct the age automatically. Ensure to check carefully the dates that have been entered.

If you click Yes, the age is automatically corrected as specified and you can continue entering data. If you click No, another message comes up to remind you to check and correct the date of birth and/or date of assessment.



**Q17a.** Enter the **assessment outcome** from the codes provided. If the code is **1-suitable** continue with the next question.

- If the code is **2-unsuitable**, data entry is complete and the remainder of the form becomes disabled (greyed out) on the screen. A message comes up to remind you to save the record. Click OK then skip to the **Saving a record** section of this document.

**Q17b.** Enter whether **assessment criterion** have been **fulfilled** from the codes provided. If the code is **1**-yes, continue with the next question.

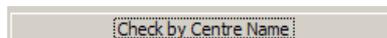
- If the code is **3**-pending Q17c is enabled on the screen, the date assessment criterion fulfilled may be left blank and completed at a later date if the assessment criterion are fulfilled. It is not necessary to change the code here from pending (code 3) to yes (code 1) if assessment criterion are fulfilled.
- If code **8**-not applicable, Q17c is disabled (greyed out) on the screen and you will proceed to Q18a.
- If the code is **2**-no, data entry is complete and the remainder of the form becomes disabled (greyed out) on the screen. A message comes up to remind you to save the record. Click OK then skip to the **Saving a record** section of this document.

**Q17c.** Enter the **date the assessment criterion** were **fulfilled**. When entering the date assessment criterion were fulfilled or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year.

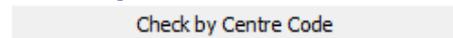
**Q18a.** Enter **the client's treatment status** using the codes or by selecting from the dropdown list. If the code is **2** or **6**, continue with the next question, if code **1** continue with Q19.

- If the code is **3** (transferred to another site) please specify where the client was transferred to in the field provided (see last bullet point below). Data entry of the form is then complete and the remainder of the form becomes disabled (greyed out) on the screen. A message comes up to remind you to save the record. Click OK then skip to the **Saving a record** section of this document.
- If the code entered is **4** (Psychiatric assessment) data entry of the form is complete and the remainder of the form becomes disabled (greyed out) on the screen. A message comes up to remind you to save the record. Click OK then skip to the **Saving a record** section of this document.
- The centre of referral can be entered by code or by name.

If you do not know the code and wish to check by **centre name**, click on the button **check by Centre Name** and select from the dropdown menu.



If you do know the code, then click on the button **check Centre by Code** and select from the dropdown menu or type in the code.



The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check Centre by Name/Code** to toggle between modes, and overwrite the details as required.



**Q18b.** Enter the reason the client was **removed from the waiting list** using the codes or by selecting from the dropdown list. This question is asked of those recorded as being on a waiting list at Q18a (code 2 or 6). If the client is still on the waiting list, this question may be left blank and completed at a later date when the client has been removed from the waiting list.

- If the code is **4** (transferred/commenced treatment with another centre) please specify where the client was transferred to in the field provided (see last bullet point above).
- If the code is **9** (other) please specify.
- If the code entered is **2** (client did not fulfil criteria to commence treatment), **3** (client did not accept substitution/other drug treatment), **4** (client transferred/commenced treatment with another centre), **5** (service unable to contact/locate client), **6** (client admitted to hospital), **7** (client sent to prison), **8** (client died), **9** (other) data entry of the form is complete and the remainder of the form becomes disabled (greyed out) on the screen. If you wish to stop and save the record skip to the **Saving a record** section of this document.

If the client received another intervention while on the waiting list you can enter the remainder of the form including the Exit section.

**Q19.** Enter whether or not the client **accepted a place at this treatment agency** using the codes or by selecting from the dropdown list.

If you enter code **2-No**, data entry is then complete and the remainder of the form becomes disabled (greyed out) on the screen. A message comes up to remind you to save the record. Click OK then skip to the **Saving a record** section of this document.

The Enter or Tab key will take you to the Treatment Details screen.

For clients who did not receive treatment at this centre, the **date of initial assessment** is the one used to assign this data to the correct quarter (Q32) and year. The quarter and year will automatically fill based on the date specified at Q16 for all clients who have been **assessed only**.

## Section D: Treatment Details

The screenshot shows the 'Treatment Details' section of a form. It includes the following questions and fields:

- 20. Number of times treated in THIS centre THIS calendar year** (excluding continuous care and previous referrals or assessments). Field: [ ] (Enter 1 if first time this year)
- 21a. Date THIS Treatment Started**. Field: [ ] dd/mm/yyyy
- 21b. If receiving an opiate substitute (methadone/suboxone), date THIS substitution started**. Field: [ ] dd/mm/yyyy ?
- 22. Ever previously treated for problem Drug or Alcohol use**. Sub-questions:
  - Alcohol** (if main problem is alcohol, select appropriate answer in alcohol options). Field: [ ]
  - Drug**. Field: [ ]
- 23. Type of Contact with THIS Centre**. Field: [ ]
- 24a. Age first used any drug (excluding ALCOHOL and TOBACCO)**. Field: [ ] Years ?
- 24b. Specify first drug used (excluding ALCOHOL and TOBACCO)**. Field: [ ] Check by Drug Code [ ]

\* denotes a required field

**Q20.** Enter the **number of times** a client has **started treatment in this centre this year** (between January and December 2013). Enter **1** if this is the first time the client has presented for treatment.

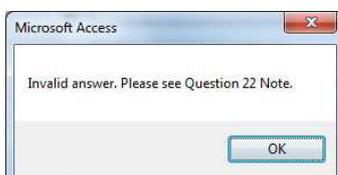
**Q21a.** Enter the **date this treatment started**. The date of treatment does not refer to the date when the form was completed, but to the date treatment commenced. When entering the date treatment started or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year.

**Q21b.** If the client is receiving an **opiate substitute** (methadone, suboxone), enter the **date THIS substitution started**. Question 21a and 21b can be the same date. When entering the date treatment started or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year. If the client is **NOT** receiving an opiate substitute please leave this field blank.

For clients who **received treatment** at this centre, the quarter which data pertains to (Q32) will automatically fill based on the **date of treatment** (Q21a).

**Q22. Ever previously treated for problem drug or alcohol use**, enter the codes as per the form or by selecting from the dropdown list.

- If alcohol has been recorded as the main reason for referral (Q14), code 8-Not applicable will automatically appear in the drug option. Select the appropriate code from the alcohol option.
- If a drug has been entered as the main reason for referral (Q14), code 8-Not applicable will automatically appear in the alcohol option. Select the appropriate code from the drug option.
- If you select code 1, 2 or 9 for **both** options (when alcohol or a drug is the main reason for referral at Q14), an error message will appear and you will be unable to proceed to the next question.



- If you select code 8 for **both** options, an error message will appear and you will be unable to proceed to the next question, unless the main reason for referral is neither drug nor alcohol (in which case the autofilled code 8 at both option is correct).



**Q23.** Enter **Type of contact with this centre** using the codes or selecting from the dropdown list.

**Q24a.** Enter the **age the client first used any drug** for non-medical purposes (excluding alcohol and tobacco). If not known, enter 99. If the client never used a drug enter code 88.

If you enter code **88**-not applicable, then code **998**-not applicable will appear in **Q24b**.

**Q24b.** Enter the **first drug the client used** for non-medical purposes (excluding alcohol and tobacco). You can select the drug from the dropdown list or enter the appropriate code. Refer to **Appendix 7** and **Appendix 8** if required.

- The first drug used can be entered by code or by name.

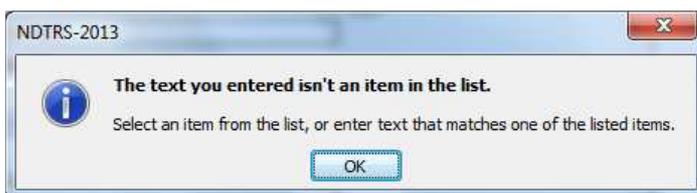
If you do not know the code and wish to check by **drug name**, click on the button **Check by Drug Name** and select from the dropdown menu.

Check by Drug Name

If you do know the code, then click on the button **check Drug by Code** and select from the dropdown menu or type in the code.

Check by Drug Code

The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check Drug by Name/Code** to toggle between modes, and overwrite the details as required.



The Enter or Tab key will take you to the Substance Use screen.

## Section E: Substance Use

Administrative Demographic Referral/Assessment Treatment Substance Use Risk Activity/Exit I Exit II

Substance Use

**25. Main Substance**

a. Name \* heroin heroin Check by Drug Code 111

b. Route of Administration \* 1 Inject 111

c. Freq. of use in last month \* 0

d. Age at first use \* 0 Type Years ?

**26. 2nd Substance** Space - Next Substance, Tab - Finish

a. Name

b. Route of Administration 0

c. Freq. of use in last month 0

d. Age at first use 0 Type Years ?

**27. 3rd Substance**

a. Name

b. Route of Administration 0

c. Freq. of use in last month 0

d. Age at first use 0 Type Years ?

**28. 4th Substance**

a. Name

b. Route of Administration 0

c. Freq. of use in last month 0

d. Age at first use 0 Type Years ?

\* denotes a required field

**Q25a.** Your cursor will automatically bring you to the Name field for **Main substance**. The main problem substance (including alcohol) that the client is seeking treatment for will be entered here to match the substance specified in **Q14**. Please ensure that the substance at Q25a on the coded data form is the same.

**Q25b.** Enter the **route of administration** by using the codes or by selecting from the dropdown list.

If alcohol is the main substance, then the route of administration defaults to code **3**-eat/drink when placing the cursor on that field.

Please note that the system may warn you if the route of administration entered is considered unlikely with the substance specified. In this instance, please double-check both the substance and the route codes and amend if required. If they are correct, click Yes and proceed.

Confirm!

Cannot be sniffed or smoked. Please verify that you have the correct route of administration for this drug selection.

Yes No

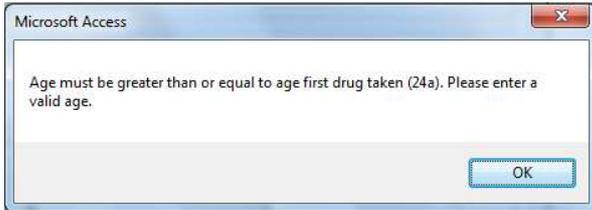
If you have selected code **1**-inject as the route of administration for any of the substances in this section, code **1**-Yes will automatically appear at Q29b.

**Q25c.** Enter the **frequency of use** by using the codes or by selecting from the dropdown list.

If you have selected code **1**, **2** or **3** as frequency for any substance that is injected, code **1**-Yes will automatically appear at Q29a and Q29b.

**Q25d.** Enter the **age the client first used** the main problem substance. If not known, enter 99.

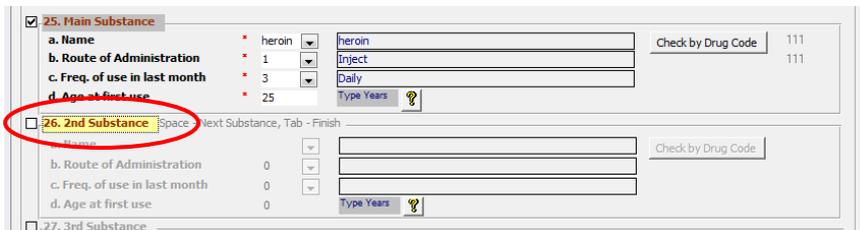
If the age entered is less than the age first used any drug specified at Q24a, the error message below comes up. Click OK and enter the correct age. You may have to check/amend the age entered at Q24a.



The additional substance(s) section (**substance 2, substance 3 & substance 4**) does not attempt to record all other substances that have been used by the client, but only those that are seen by the client and/or treatment staff as significant in the client's **CURRENT** problem alcohol or drug use. Thus, occasional or moderate and controlled use of alcohol or cannabis would not be included, **but bouts of heavy drinking, barbiturate intoxication, episodes of compulsive cocaine use, for example, should be included.**

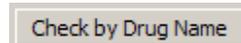
### Q26a.b.c.d.

- If there is only one substance, press the Tab or Enter key **twice** to skip the additional substances and go to the Risk Behaviour screen.
- For alcohol clients or other problem clients, if Q24a and Q24b are both coded to Not applicable, then there is no additional problem substances and the remainder of that section is inactive. Pressing the tab key once will take you straight to the next screen.
- If additional substances need to be entered, press the Tab or Enter key **once only**, this will highlight the second substance section in yellow.

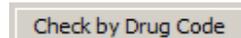


Then press the space bar in order to tick the second substance box. You may also use your mouse to click in the box to the left of Q26. Enter the details for **Substance 2** in the same manner as used for the main substance, enter the **substance 2** code/name (Q26a), the **route of administration** (Q26b), the **frequency of use** (Q26c) and the **age the client first used** the second substance (Q26d).

- Substances can be entered by name or by code. The default is to type the substance name and then select the substance from the dropdown menu. To check by **drug name**, click on the button **Check by Drug Name** and select from the dropdown menu.



If you do know the code, then click on the button **check by Drug Code** and select from the dropdown menu or type in the code.



The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check by Drug Name/Code** to toggle between modes, and overwrite the details as required.



- In order to improve the quality of the NDTRS data, health professionals who carry out the assessments and enter data for the NDTRS should be as specific as possible on what form of cocaine, methadone or Head shop drug are being used:
  - Cocaine - cocaine hydrochloride (powder, also referred to as coke) or freebase cocaine (crack).
  - Methadone - prescribed or street.
  - Head shop - stimulant powders, stimulant party pills, hallucinogenic substances, cannabis like substances or Kratom.

**Q27a.b.c.d.** Press tab once and then space bar or use your mouse to tick the box for **Substance 3**. Enter the **substance 3** code/name (Q27a), the **route of administration** (Q27b), the **frequency of use** (Q27c) and the **age the client first used** the third substance (Q27d).

**Q28a.b.c.d.** Press tab once and then space bar or use your mouse to tick the box for **Substance 4**. Enter the **substance 4** code/name (Q28a), the **route of administration** (Q28b), the **frequency of use** (Q28c) and the **age the client first used** the fourth substance (Q28d).

**Each form will contain details for between 1 and 4 substances. Once you have entered the correct number of substances, press the Enter or Tab key once or twice as required to move on to the Risk Behaviour screen.**

**Q28e to Q28h.** These questions are only asked of those who have alcohol listed as a **problem substance at Q25-Q28**. If alcohol is not listed at Q25-Q28 then these question will be greyed out on the data entry form.

**Q28e.** Select the **Preferred Type of Alcohol consumed**. More than one type may be selected. To select a type use either the Enter or Tab key to highlight the alcohol type and use the space bar to tick the box. You may also tick the relevant alcohol type(s) with the mouse and cursor.

If other is selected at Q28e the specify field becomes active, please specify the other type of alcohol consumed in this field.

If type is not known tick 'unspecified alcohol'.

**Q28f.** Enter the **number of standard drinks** consumed on a typical drinking day within the past month, if unknown enter as 999.

**Q28g.** Enter the **number of days** alcohol was consumed within the past month, if unknown enter as 99.

**Q28h.** Enter the **extent of the drinking problem** using the codes or by selecting from the dropdown list. If unknown enter as 9.

## Section F: Risk Behaviour

Administrative	Demographic	Referral/Assessment	Treatment	Substance Use	Risk	Activity/Exit I	Exit II
<b>Alcohol Behaviour</b>							
28e Please specify the preferred type of alcohol consumed.		<input type="checkbox"/> Beer <input type="checkbox"/> Spirits <input type="checkbox"/> Wine <input type="checkbox"/> Fortified Wine <input type="checkbox"/> Cider <input type="checkbox"/> Alcopops <input type="checkbox"/> Unspecified Alcohol <input type="checkbox"/> Other Alcohol    Specify					
28f How many standard drinks were consumed on a typical drinking day over the past month		<input type="text"/>					
28g Please specify the number of days alcohol was consumed within the past month		<input type="text"/>					
28h Please categorise the extent of the drinking problem		<input type="text"/> <input type="text"/>					
		Specify					
<b>Drug Risk Behaviour</b>							
29a Injected in the past month		<input type="text"/> <input type="text"/>					
29b Ever Injected		<input type="text"/> <input type="text"/>					
29c If Yes, Age First Injected		<input type="text"/> Years <input type="button" value="?"/>					
30. Ever Shared any injecting equipment (including needles/syringes/spoons/filter or any other equipment)		<input type="text"/> <input type="text"/>					
* denotes a required field							

**Q29a.** Enter whether or not the client injected in the **last month** using the codes or by selecting from the dropdown list.

- If there is a combination of **injecting** as the route of administration and **current use** as the frequency for any of the substances listed in the Substance Use section (Q25-Q28), code 1 will automatically appear at this question.

If you enter code **1-Yes** at this question, code **1-Yes** will automatically appear at **Q29b**.

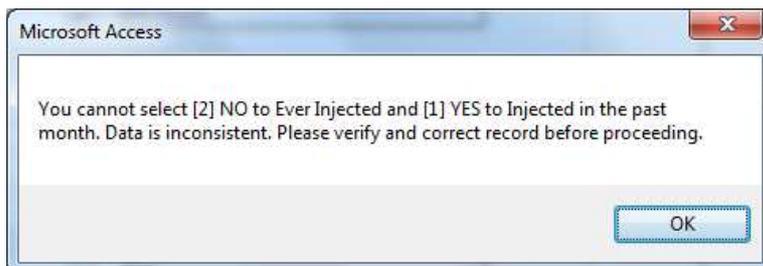
**Q29b.** Enter whether or not the client **ever injected** using the codes or by selecting from the dropdown list.

- If code 1-inject was entered as the route of administration for any of the substances in the Substance Use section, code 1 will automatically appear at this question.

If code **2-No** is selected for this question, code **88-Not applicable** will automatically appear in **Q29c** and code **8-Not applicable** will automatically appear in **Q30**.

Please note that you may not notice the autofill in this instance as the cursor will then 'jump' straight to the Activity screen.

- If code 1-Yes is entered at Q29a, and code 2-No is entered at Q29b, the following error message will appear as this information does not correlate. Click OK and check/amend the data as required.



**Q29c.** Enter the **age at which the client first injected**. If the client never injected enter code 88-Not applicable. If not known enter code 99.

**Q30.** Enter whether or not the client **ever shared any injecting equipment** using the codes or by selecting from the dropdown list. If not known enter code 9.

The Enter or Tab key will take you to the Activity screen.



## Section H: Exit details

The Exit details section is divided over two screens. Questions 33a to 33d are entered on the first screen (Activity/Exit I). Questions 34 to 42b are entered on the second screen (Exit II).

Administrative	Demographic	Referral/Assessment	Treatment	Substance Use	Risk	Activity/Exit I	Exit II
<b>Exit Interventions</b>							
<b>33a. Main Intervention</b>		<b>Specify</b>	33b. Date of Commence.	33c. Date Completed	33d. Number Of Sessions		
1. Brief Intervention		<input type="checkbox"/>		?	0	Daily	Weekly
2. Alcohol Detoxification		<input type="checkbox"/>			0	Daily	Weekly
3. Benzodiazepine Detoxification		<input checked="" type="checkbox"/>			0	Daily	Weekly
4. Detoxification Symptomatic Medication		<input type="checkbox"/>			0	Daily	Weekly
5. Opiate Detoxification (suboxone/subutex)		<input type="checkbox"/>			0	Daily	Weekly
6. Opiate Detoxification (Lofexidine)		<input type="checkbox"/>			0	Daily	Weekly
6b. Other Detoxification		<input type="checkbox"/>			0	Daily	Weekly
7. Methadone Detoxification		<input type="checkbox"/>			0	Daily	Weekly
8. Substitution (Methadone)		<input type="checkbox"/>			0	Daily	Weekly
9. Other Substitution (excluding Methadone)		<input type="checkbox"/>			0	Daily	Weekly
12. Medication-free Therapy		<input type="checkbox"/>			0	Daily	Weekly
13. Psychiatric Treatment		<input type="checkbox"/>			0	Daily	Weekly
14. Individual Counselling		<input type="checkbox"/>			0	Daily	Weekly
15. Group Counselling		<input type="checkbox"/>			0	Daily	Weekly
16. Social and/or Occupational Reintegration		<input type="checkbox"/>			0	Daily	Weekly
17. Family Therapy		<input type="checkbox"/>			0	Daily	Weekly
18. Brief Int: Individual Educat/Aware Programme		<input type="checkbox"/>			0	Daily	Weekly
19. Group Education/Awareness Programme		<input type="checkbox"/>			0	Daily	Weekly
20. Structured Aftercare Programme		<input type="checkbox"/>			0	Daily	Weekly
21. Complementary Therapies		<input type="checkbox"/>			0	Daily	Weekly
22. Medication to maintain alcohol free status		<input type="checkbox"/>			0	Daily	Weekly
23. Strengthening Family Programme		<input type="checkbox"/>			0	Daily	Weekly
25. Key Worker appointed		<input type="checkbox"/>			0	Daily	Weekly
26. Case Manager appointed		<input type="checkbox"/>			0	Daily	Weekly
27. Care Plan		<input type="checkbox"/>			0	Daily	Weekly
28. Facilitated detox		<input type="checkbox"/>			0	Daily	Weekly
24. Sent to another site for an additional intervention not provided here.		<input type="checkbox"/>	0		0	Daily	Weekly
				OR Specify Other			
				<input type="button" value="Check by Centre Name"/>	<input type="button" value="Check by Drug Code"/>		

**Before you begin to enter the exit details, please note that questions 33a to 33d must be entered for each treatment intervention before moving on to the next.**

Please check that any ticked interventions match the information on the Exit form and amend as required.

**Q33a.** Select the **main treatment intervention** by using the codes or by selecting from the dropdown list. This will highlight the main treatment intervention in red font in the list of interventions displayed on screen.

Administrative	Demographic	Referral/Assessment	Treatment	Substance Use	Risk	Activity/Exit I	Exit II
<b>Exit Interventions</b>							
<b>33a. Main Intervention</b>		<b>Specify</b>	33b. Date of Commence.	33c. Date Completed	33d. Number Of Sessions		
1. Brief Intervention		<input type="checkbox"/>		?	0	Daily	Weekly
2. Alcohol Detoxification		<input type="checkbox"/>			0	Daily	Weekly
3. Benzodiazepine Detoxification		<input checked="" type="checkbox"/>	22/06/2013		0	Daily	Weekly
4. Detoxification Symptomatic Medication		<input type="checkbox"/>			0	Daily	Weekly
5. Opiate Detoxification (suboxone/subutex)		<input type="checkbox"/>			0	Daily	Weekly
6. Opiate Detoxification (Lofexidine)		<input type="checkbox"/>			0	Daily	Weekly
6b. Other Detoxification		<input type="checkbox"/>			0	Daily	Weekly
7. Methadone Detoxification		<input type="checkbox"/>			0	Daily	Weekly
8. Substitution (Methadone)		<input type="checkbox"/>			0	Daily	Weekly
9. Other Substitution (excluding Methadone)		<input type="checkbox"/>			0	Daily	Weekly
12. Medication-free Therapy		<input type="checkbox"/>			0	Daily	Weekly
13. Psychiatric Treatment		<input type="checkbox"/>			0	Daily	Weekly
14. Individual Counselling		<input type="checkbox"/>			0	Daily	Weekly
15. Group Counselling		<input type="checkbox"/>			0	Daily	Weekly
16. Social and/or Occupational Reintegration		<input type="checkbox"/>			0	Daily	Weekly
17. Family Therapy		<input type="checkbox"/>			0	Daily	Weekly
18. Brief Int: Individual Educat/Aware Programme		<input type="checkbox"/>			0	Daily	Weekly
19. Group Education/Awareness Programme		<input type="checkbox"/>			0	Daily	Weekly
20. Structured Aftercare Programme		<input type="checkbox"/>			0	Daily	Weekly
21. Complementary Therapies		<input type="checkbox"/>			0	Daily	Weekly
22. Medication to maintain alcohol free status		<input type="checkbox"/>			0	Daily	Weekly
23. Strengthening Family Programme		<input type="checkbox"/>			0	Daily	Weekly
25. Key Worker appointed		<input type="checkbox"/>			0	Daily	Weekly
26. Case Manager appointed		<input type="checkbox"/>			0	Daily	Weekly
27. Care Plan		<input type="checkbox"/>			0	Daily	Weekly
28. Facilitated detox		<input type="checkbox"/>			0	Daily	Weekly
24. Sent to another site for an additional intervention not provided here.		<input type="checkbox"/>			0	Daily	Weekly
				OR Specify Other			
				<input type="button" value="Check by Centre Name"/>	<input type="button" value="Check by Drug Code"/>		

### Q33a Interventions 6b & 9

If **Other detoxification** (intervention 6b) or **Other substitution (excluding methadone)** (intervention 9) are selected then the name of the substance must be specified. You can select the drug from the dropdown list or enter the appropriate code. Refer to **Appendix 7** and **Appendix 8** if required.

- The first drug used can be entered by name or by code.

The default is to type the substance name and then select the substance from the dropdown menu. To check by **drug name**, click on the button **Check by Drug Name** (on the bottom right corner of the page) and select from the dropdown menu.

Check by Drug Name

If you do know the code, then click on the button **check Drug by Code** (on the bottom right corner of the page) and select from the dropdown menu or type in the code.

Check by Drug Code

The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check Drug by Name/Code** to toggle between modes, and overwrite the details as required.



### Q33a Interventions 26 & 24

If **Case Manager Appointed** (intervention 26) or **Sent to another site for additional intervention not provided here** (intervention 24) are selected then the centre must be specified. Select the centre to which the client was referred or transferred using the codes or by selecting from the dropdown list.

- The centre of referral can be entered by code or by name.

If you do not know the code and wish to check by **centre name**, click on the button **check by Centre Name** (on the bottom right corner of the page) and select from the dropdown menu.

Check by Centre Name

If you do know the code, then click on the button **check Centre by Code** (on the bottom right corner of the page) and select from the dropdown menu or type in the code.

Check by Centre Code

The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check Centre by Name/Code** to toggle between modes, and overwrite the details as required.



**Q33b.** Enter the **date the treatment intervention commenced** (of any of the relevant interventions). When entering the date the treatment intervention started or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year.

**Q33c.** Enter the **date the treatment intervention was completed**. When entering the date the main treatment intervention was completed or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year.

**Q33d.** Enter the **number of sessions/visits for the treatment intervention**. If not known, enter 999.

There are situations where a client will have been receiving the treatment intervention on a **daily** basis. (This would be the case for opiate substitution and opiate detoxification programmes). If the client has received the treatment on a daily basis, you can simply click on the **Daily** button. When this button is selected the field for Q33d will autofill with the number of days between the date the treatment intervention commenced and the date it was completed.

For clients who received the intervention once a week, you can simply click on the **Weekly** button. When this button is selected the field for Q33d will autofill with the number of weeks between the date the treatment intervention commenced and the date it was completed.

**Repeat these steps (Q33b.c.d) for ALL treatment interventions provided.**

The Enter or Tab key will take you to the Exit II screen.

Administrative	Demographic	Referral/Assessment	Treatment	Substance Use	Risk	Activity/Exit I	Exit II
<b>Exit Details</b>							
<b>34. Outcome for MAIN treatment intervention</b> *		Specify		[Dropdown]		[Text Box]	
35. If outcome for main treatment intervention is premature exit from treatment site (Q34 code 6), main reason for non-compliance		Specify		[Dropdown]		[Text Box]	
<b>36. Client's condition at discharge or when last seen</b> *		Specify		[Dropdown]		[Text Box]	
<b>37. Date of final discharge or transfer</b> *		[Calendar Icon]		[Text Box]			
<b>38a. Client referred to ongoing aftercare program provided by this centre</b>		[Dropdown]		[Text Box]			
<b>38b. For Clients transferred to another site for additional treatment upon discharge</b>		If site not on list, enter here		[Dropdown]		[Check Centre by Code]	
<b>39. Please specify the number of Family members or significant others (who were not treated for a personal addiction) involved in this treatment</b> *		0		[Dropdown]		[Text Box]	
<b>42a. Urine Screening</b> *		0		[Dropdown]		[Text Box]	
42b. Screen Ordered By		0		[Dropdown]		[Text Box]	
<b>40. Vaccination (Hepatitis A and B vaccination)</b>		<input type="checkbox"/> 1st dose <input type="checkbox"/> 2nd dose <input type="checkbox"/> 3rd dose <input type="checkbox"/> Booster dose 1 <input type="checkbox"/> Booster dose 2 <input type="checkbox"/> Adequate titre protective					
<b>41. BBV testing uptake</b>		<input type="checkbox"/> HIV test <input type="checkbox"/> Hepatitis B test <input type="checkbox"/> Hepatitis C test					
Quarter & Year		32. Year & Quarter which data pertains to		2013		2 [Dropdown]	
* denotes a required field							

**Q34.** Enter the **outcome for the main treatment intervention** using the codes or by selecting from the dropdown list. If not known, enter 99.

- If code 10-other is entered the specify field becomes active, please describe the outcome in the field provided.

If code 2-Transferred stable is entered, code 1-stable will automatically appear at Q36.  
If code 3-Transferred unstable is entered, code 2-unstable will automatically appear at Q36.  
If code 8-died is entered, code 3-died will automatically appear at Q36.

**Q35. Main reason for non-compliance** will only be enabled for entry if the outcome for the main treatment intervention at Q34 is premature exit from treatment site (code 6). Otherwise, this question will be skipped. If applicable, enter the **main reason for non-compliance** using the codes or by selecting from the dropdown list. If not known, enter 9.

**Q36.** Enter the **clients condition at discharge or when last seen** using the codes or by selecting from the dropdown list. If not known, enter 9.

- If code 4-other is entered the specify field becomes active, please describe the condition in the field provided.

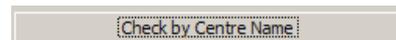
**Q37.** Enter the **date of final discharge or transfer**. When entering the date of final discharge or transfer or any other date, simply enter the six digits on the form. Access will automatically insert forward slashes between the day, month and year.

**Q38a.** Enter code 1 (yes) if the **Client was referred to aftercare programme provided by this centre**. If Yes is not circled on the paper form then leave this question blank.

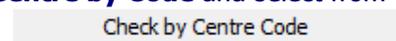
**Q38b.** This question should be answered if the client is referred or transferred to **another site** for additional treatment upon discharge. Otherwise, this question will be skipped. Select the centre to which the client was referred or transferred using the codes or by selecting from the dropdown list.

- The centre of referral can be entered by code or by name.

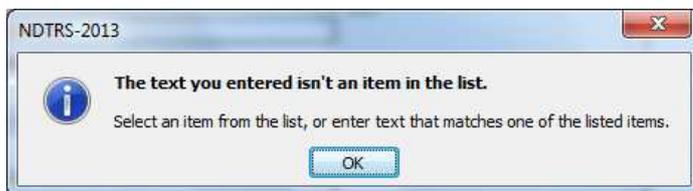
If you do not know the code and wish to check by **centre name**, click on the button **check by Centre Name** and select from the dropdown menu.



If you do know the code, then click on the button **check Centre by Code** and select from the dropdown menu or type in the code.



The following error message indicates that you are trying to enter a code when in name mode, or to enter a name when in code mode. In this instance, simply choose any option from the list, then click on the button **Check Centre by Name/Code** to toggle between modes, and overwrite the details as required.



- If Q38b is coded as 23232 (centre specified but not listed on the database), please type the centre details in the specify field at Q38b.
- If Q38b is coded as 33333 (referred to GP) and the GP details are provided, please type the GP details in the specify field at Q38b.

**Q39.** Enter the **number of family members or significant others (not treated for a personal addiction) involved in this treatment.** If not known, enter 99. If none were involved then leave the default value of 0.

**Q42a.** Enter whether or not the client was requested to **undertake urine screening** during treatment using the codes or by selecting from the dropdown list. If not known, enter 9.

**Q42b.** This question will only be enabled for entry if code 1-Yes was entered at Q42a. Otherwise this question will be skipped. Enter whether the urine screening was **requested by Court or by the centre** (as part of the treatment procedure) using the codes or by selecting from the dropdown list.

**Q40.** If applicable, select the **doses of the Hepatitis A and B vaccination which were provided to the client** during this treatment episode. To select a dose use either the Enter or Tab key and the space bar, or the mouse cursor.  
It is possible that there will be no data to be entered at this question as clients only receive vaccinations at certain types of treatment centre. If not applicable, simply leave this question blank.

**Q41.** If applicable, select the **viral screening or blood borne virus tests which were provided to the client** during this treatment episode. To select a test use either the Enter or Tab key and the space bar, or the mouse cursor.  
It is possible that there will be no data to be entered at this question as those tests are only available at certain types of treatment centre. If not applicable, simply leave this question blank.

**Q32.** When the form has been entered to this point, the **quarter and Year which data pertains to** will have been filled automatically. Please note that Q32 is no longer on the hard copy form as this information is fully automated on the database.

- For clients who have been treated, the quarter and year in which the client was treated will be entered (using the date this treatment started at Q21a).
- For clients who have been assessed only, the quarter and year in which the client was assessed will be entered (using the date of assessment at Q16).
- For concerned persons, the quarter and year in which the client was referred will be entered (using the date of referral at Q13).

## Saving a record

**It is essential that you save each complete record as you go along, as the database will not do so automatically.**

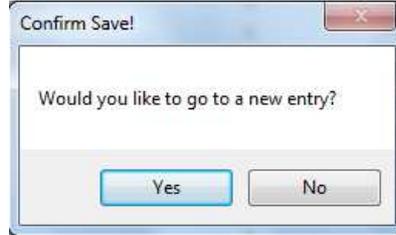
Once the record is completely entered to the database please click on the Save Record button at the bottom of the screen.



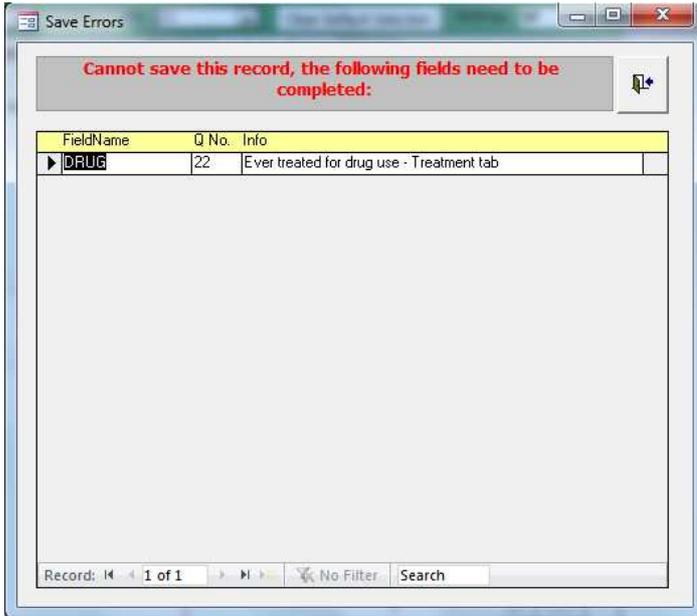
The screenshot shows a toolbar with several buttons and input fields. From left to right: a 'New Record' button, a 'Delete Record' button, an 'ID No.' label followed by a text input field, an 'HRB ID' label followed by a text input field, a 'No. Forms 518' label followed by a text input field, a 'Save Record' button (highlighted with a red circle), and a 'Close' button.

- If the record is complete, a message will appear asking to confirm that you want to save/add the record. Click Yes.

Another message will then appear asking if you would like to go to a new record. Click Yes to begin entering another form. Click No if this was your last record and you wish to exit the database.

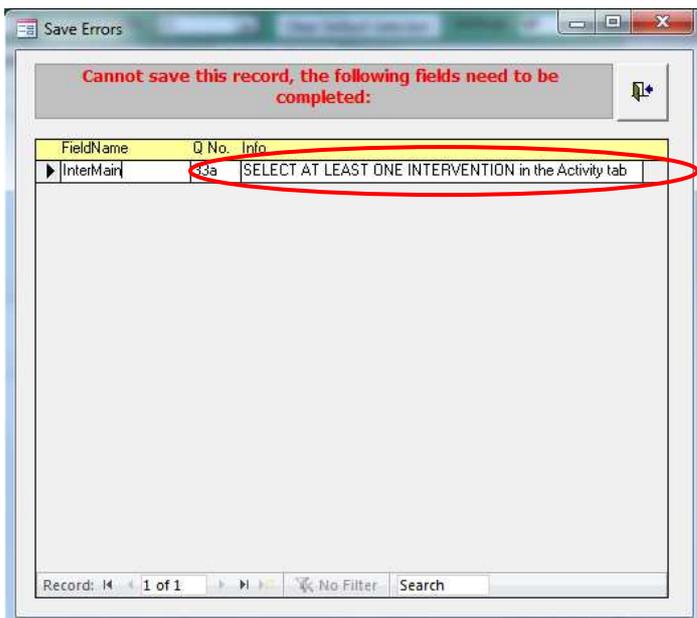


- If the record is incomplete and therefore cannot be saved, the following message will appear. This message will give you a list of the missing details, with the relevant question number and where it is located on the data entry screen (for example Administrative tab, or Treatment tab).



Simply take note of what field(s) need to be completed, close this dialog box and go back to the relevant screen in order to complete the missing information.

Please note that if you try to save a record without selecting any treatment intervention at Q33 (for a client who has received treatment), the following error will appear:



Although InterMain is listed here as the fieldname, this does not mean that the Main Intervention is missing; it means that **at least one** intervention has to be ticked at Q33 AND/OR that the **main intervention** must be entered at Q33 in order to complete and save the record.

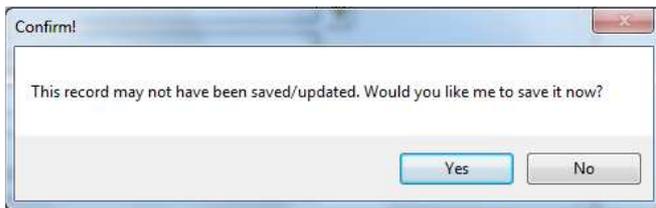
Once the missing details have been entered and the record is complete **please ensure to click on the Save Record button again.**



Once the data has been saved to the database a unique ID number is assigned to the record.



- If you forget to press the **Save Record** button and instead press the **New Record** button, you will be reminded that the record may not yet have been saved/updated and asked if you would like to save it.



Press **Yes** to save the record and **Yes** again to go to a new record.

- When you wish to exit the database click on the **Close** button to return to the Main Menu screen. This button is located on the bottom right hand corner of your screen.



A message will appear requesting you to **send forms to HRB**. This is to remind you to send your NDTRS hard copy forms to the HRB after you have entered them to your database. Forms should be sent to the HRB on a monthly basis.



## Searching for client data

In order to search the database for information on a client use the blue Search tool bar at the top of the screen.

**NOTE: When searching the database for information on a client, more than one client may share the same client number, date of birth or name. Check the combination of date of birth, gender, name, client number and centre number to ensure you have selected the correct client.**

**The same client may also be entered in the database more than once if they have had more than one treatment episode.**

Search by ClientNo  Search by DOB  Search by Name  Search by Centre

- To search by client number, enter the client's number and press Enter or select the number from the dropdown list.
- To search by birth date enter the client's date of birth and press Enter or select from the dropdown list.
- To search by name, enter the client's name and press Enter or select the name from the dropdown list. Please note that the HRB does not hold named data, this option is for centre's use only.
- To search by centre number, enter the appropriate centre code and press Enter or select from the dropdown list.

## Deleting records

If you need to delete a record that has been entered on the database, bring up the relevant record on the screen (for example using the search options as described above). Check carefully that the record displayed on the screen is definitely the one that you want to delete. Then click on the **delete record** button located at the bottom of the screen to erase all details of the record currently shown on the screen – **it is important to be sure you definitely want to delete a record before carrying out this procedure as this command cannot be undone.**

ID No. 2013123451620 HRB ID  No. Forms 519

A message will come up asking you to confirm the delete procedure. Click Yes to delete the record.



Confirm!

Are you absolutely sure you wish to DELETE this record?

If you try to delete a record that has not been fully entered, or that has not yet been saved, the following message will appear. Simply click OK, the record will not be saved and therefore the details will be deleted as soon as you close the database or go to a new record.



Microsoft Access

This Record has not been saved!

## Important procedures

- Once a form has been entered completely, the person who entered the data must write his/her **initials** in the top right-hand corner of the form. This avoids any confusion as to whether or not the form has been entered.
- When a batch of forms for a particular centre has been entered, the forms must be **counted** to ensure the number of forms matches the number of cases entered to the database. Any discrepancies must be investigated.
- If **duplicate** forms are received, they must be stapled to the original (and only entered once).
- Guidelines for **filing** NDTRS forms

Once the NDTRS forms have been entered into your NDTRS Access database they should be filed by:

**Year** (in which treatment has taken place)

**Centre number**

**Client number** (or **Date of birth** if no client number available)

It is also useful to file forms that have already been entered separately from those that have yet to be entered.

Forms for each year (2012, 2013 etc) should be filed separately.

Forms must be filed by client number from **lowest to highest**. Numerically the lowest number faces the top of the pile and ascends through the file.

Letters come before numbers. For example the following files: B1, B30, A122, A200 would be ordered as follows: A122, A200, B1, B30.

When client numbers begin with a year or abbreviated year they are placed in chronological and then numerical order. For example the following files: 01/01, 05/01, 98/01, 99/01, would be ordered as follows 98/01, 99/01, 01/01, 05/01.

Forms, for which no client number is available, are filed by date of birth from oldest to youngest.

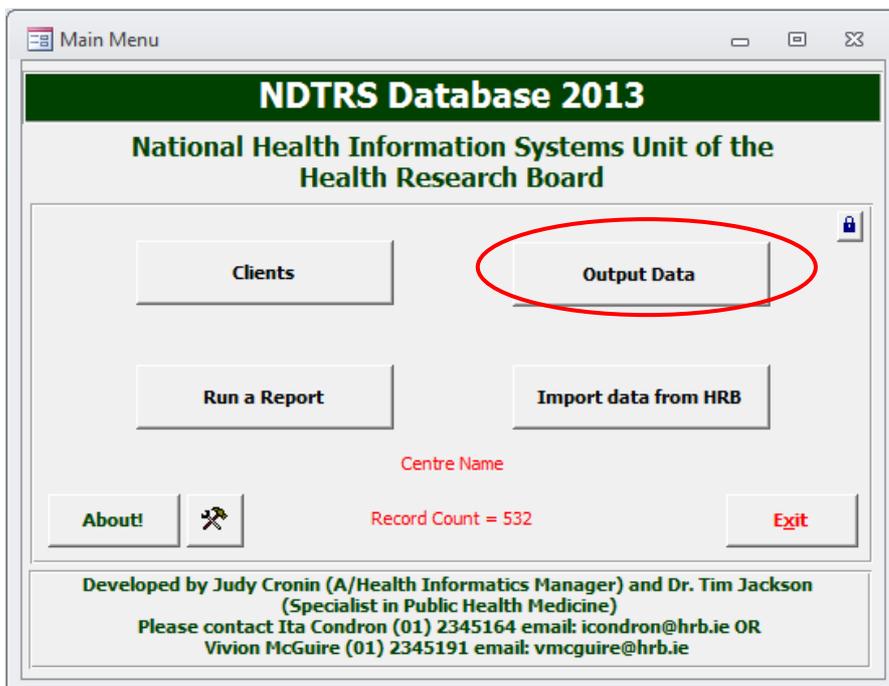
It is important to file all forms received in a systematic manner so that they may be easily located (using the centre number and client number) if queries are received from the HRB.

# Chapter 5: Sending and receiving data

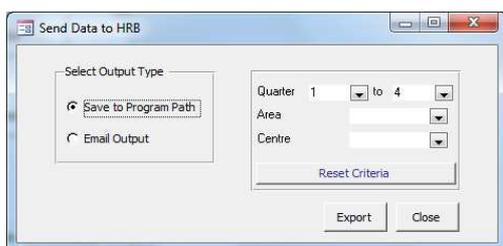
## Sending data to the HRB

In order to send data to the HRB follow the steps below:

1. On the main menu click Output Data.



The **Send data to HRB** screen will appear.



2. Select the output type as appropriate.

The **Save to program path** option allows you to save the output Excel file on your computer, whereas the **Email Output** option automatically adds the output Excel file as an attachment in a new email message ready to be sent to the HRB. While the Email option provides a quicker and easier way to forward data to the HRB, the Save option allows you to keep a copy of the file onto your computer for your own records.

Please note that the default selection is Save to program path.

3. Define the parameters to select the data.

There are three parameters by which you can select your data.

The first is based on the **quarter** to which the data pertains.

The second is based on the **HSE Area**.

The third is based on the **centre number**.

It is not necessary to define all three parameters but at least one parameter has to be entered: a range of quarters, **or** an Area, **or** a centre number.

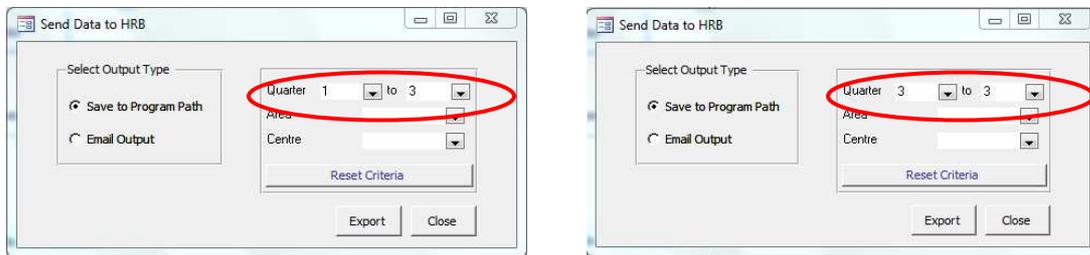
- **Quarter**

**The quarter parameter is the one most commonly used by service providers.**

It is important to define the quarter parameter correctly in order to send relevant data to the HRB. An incorrect file is likely to generate more queries and could potentially affect the accuracy of analyses and reports such as Performance Indicator reports.

When selecting an output using the quarter variable, a single quarter or a range of quarters may be selected. To extract data for **a single quarter** it is necessary to set the 'from' and 'to' fields to the same quarter number. For example, in order to send your quarter 1 data to the HRB the quarter range should be **Quarter 1 to 1**. If you would like to send all your data for the year, the quarter range should be **Quarter 1 to 4**.

The example below on the left would extract data for the first three quarters of the year, whereas the example on the right would extract data for quarter 3 only.



Please note that the default selection is Quarter 1 to 4.

- **Area**

When selecting an output using the area variable, data for all centres in that area will be exported. This is especially relevant for HRB staff using the central HRB database that holds data for multiple centres/areas.

- **Centre number**

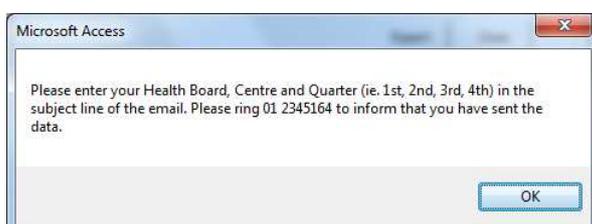
When selecting an output using the centre variable, data for a single centre will be exported. This is especially relevant for HRB staff using the central HRB database that holds data for multiple centres. If you select your centre number, then the output created will contain all the data that you have entered in the database to date.

These three methods will provide you with a Microsoft Excel output that will either be saved onto your computer or attached to an email depending on the output type that you choose.

4. Once a quarter (or area, or centre) has been entered, please check that the correct output type is selected before exporting the file. Click on the **Export** button and the export file will be created.

- **Email output**

When the Email output option is selected, an information message comes up to remind you to specify your **HSE area, centre and quarter** (i.e. 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> or 4<sup>th</sup>) in the subject line of the email and to telephone your contact in the HRB to advise that you have sent data.



Click OK, the system will then automatically open your email system and create a new message with the file attached. The file is called **tblExportSPSS.xls**.

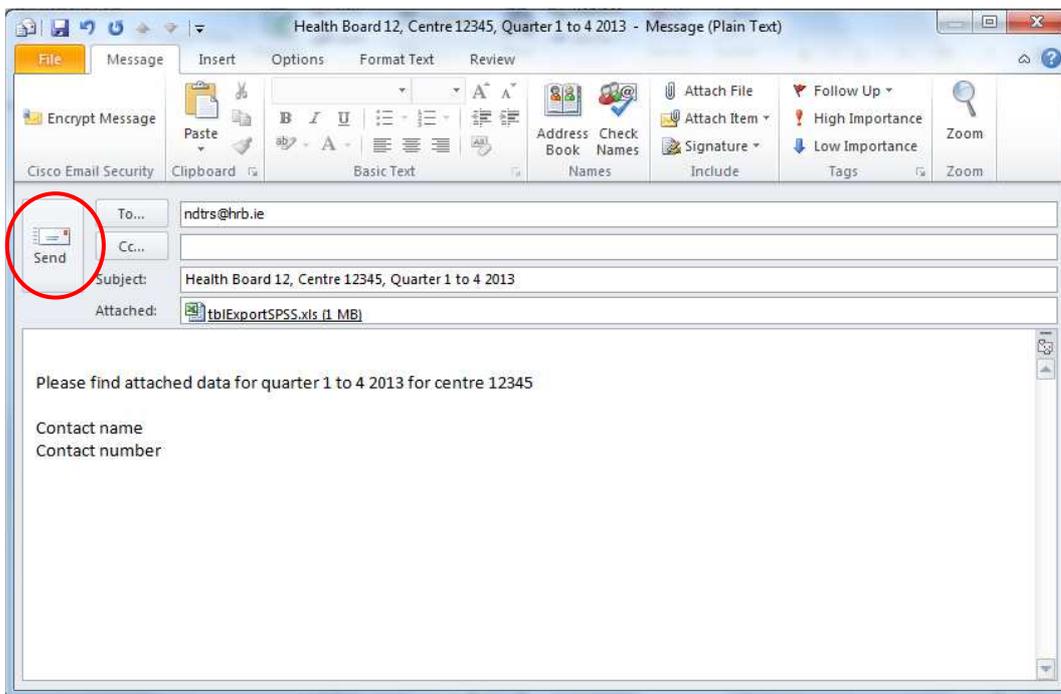
The email address for HRB will automatically appear in the **To** box. It is the general address of the National Drug Treatment Reporting System ([ndtrs@hrb.ie](mailto:ndtrs@hrb.ie)). This ensures that electronic data will be received even if staff working on the NDTRS change.

5. Check the Excel output file

In order to ensure that the Excel output contains the **correct number of records**, open the attachment by double-clicking on it. The number of records in the Excel file should match the number of records being exported + 1 (the first row in all Excel files contains the column headings). Once you are satisfied that the correct number of records has been exported, close the Excel file to go back to the email message.

6. Send the file

Simply complete your email as required, it is good practice to clearly state which centre the data is from, and what period (quarters) it covers. Click on Send.



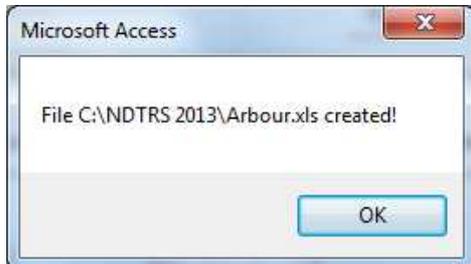
As noted above, when you have sent your data, it is helpful to email or telephone your contact in the HRB to advise that you have sent data.

Please note that if you decide to close the message without sending, the following confirmation message will appear.



- **Save to program path**

If you have selected the Save to program path option, the Excel file will automatically be saved in the same folder in which your NDTRS 2013 database is located. The following Microsoft Office Access message will appear to confirm that the export file has been created and where it is located.



The new file is automatically called **Arbour.xls**. Click OK to return to the NDTRS 2013 database.

Again, it is good practice to check straight away that the Excel output file is correct. Locate and open the file (either from Windows Explorer or directly in MS Excel from the File/Open menu) and check the number of records as outlined in step 5 above.

The Excel file can now be used for any internal analyses and/or may be sent to the HRB as an email attachment.

## Receiving data from the HRB

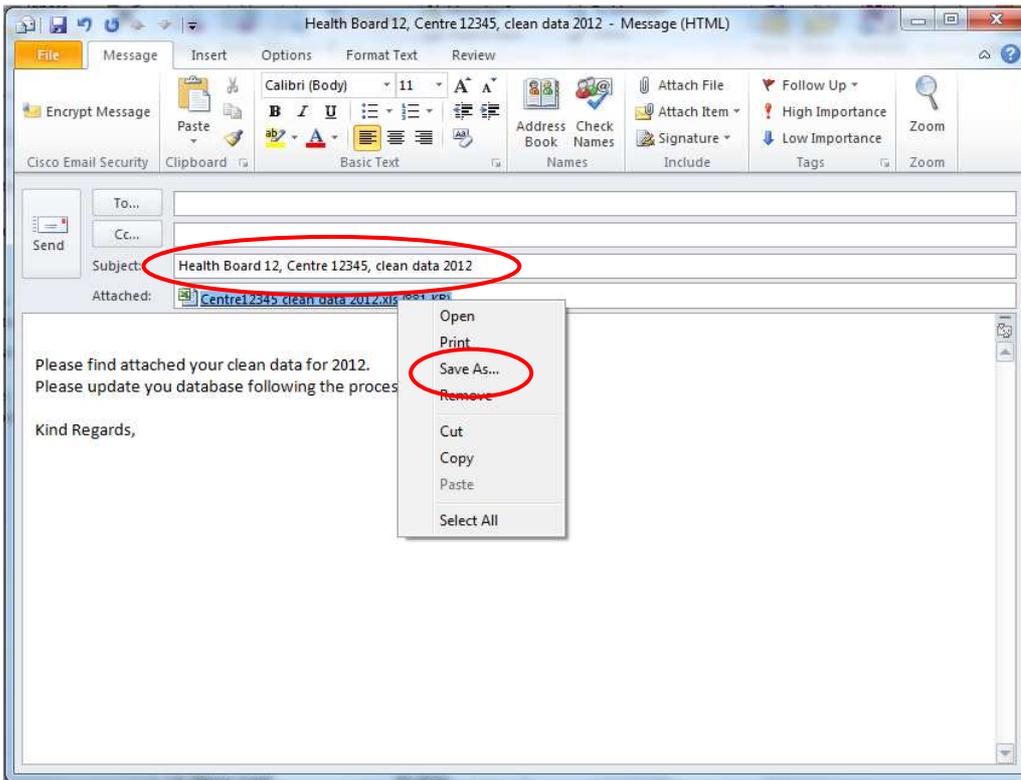
The data returned to you by the HRB has been cleaned. The cleaning process ensures that all fields are complete, filled correctly and that the information provided about each client is logical. Changes may have been made to the data during the cleaning stage. The query form you received from the HRB and sent back with your responses will contain details of any changes made.

**Updating your database with clean data from the HRB is a very important procedure. It ensures that the data you have in your NDTRS database and the data held for your centre(s) by the HRB are the same, which is essential to guarantee the consistency and accuracy of further reports.**

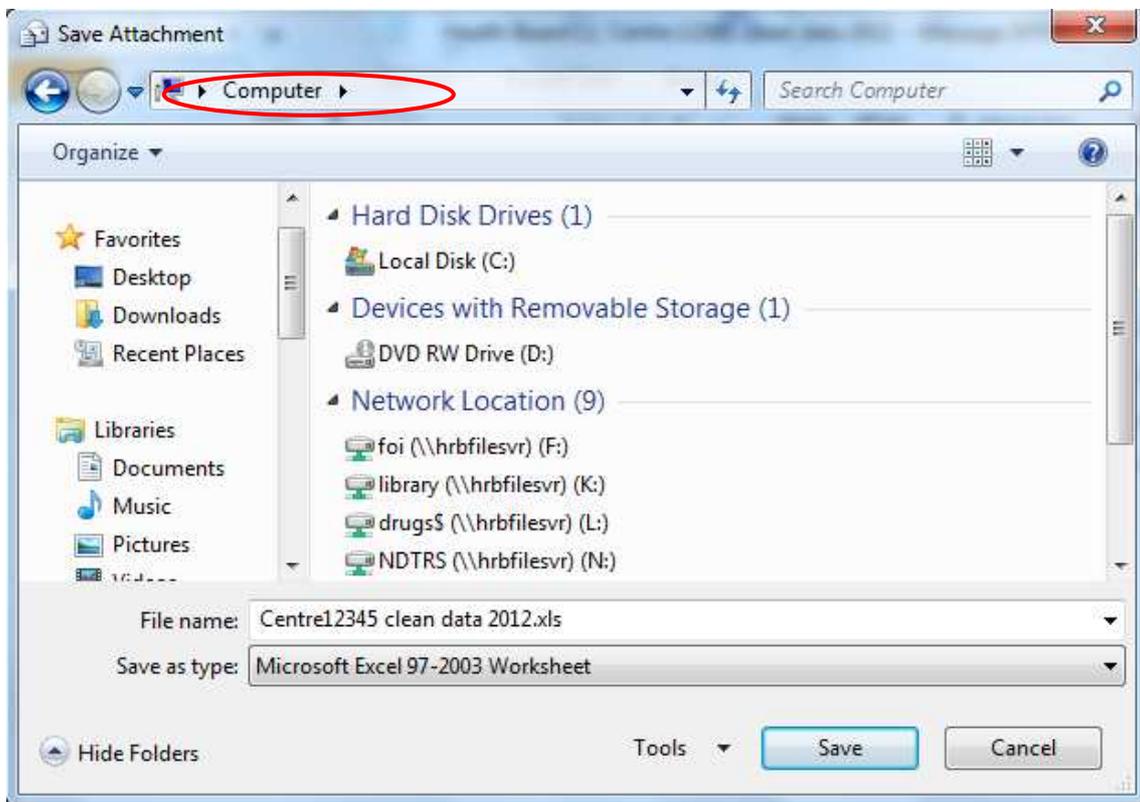
When data for your area or centre(s) has been cleaned, you will receive an email from your contact at the HRB with an attached Excel file. In order to update your database, please follow the steps below:

1. On receipt of the email from the HRB, save the attachment (Microsoft Excel file) onto your computer.

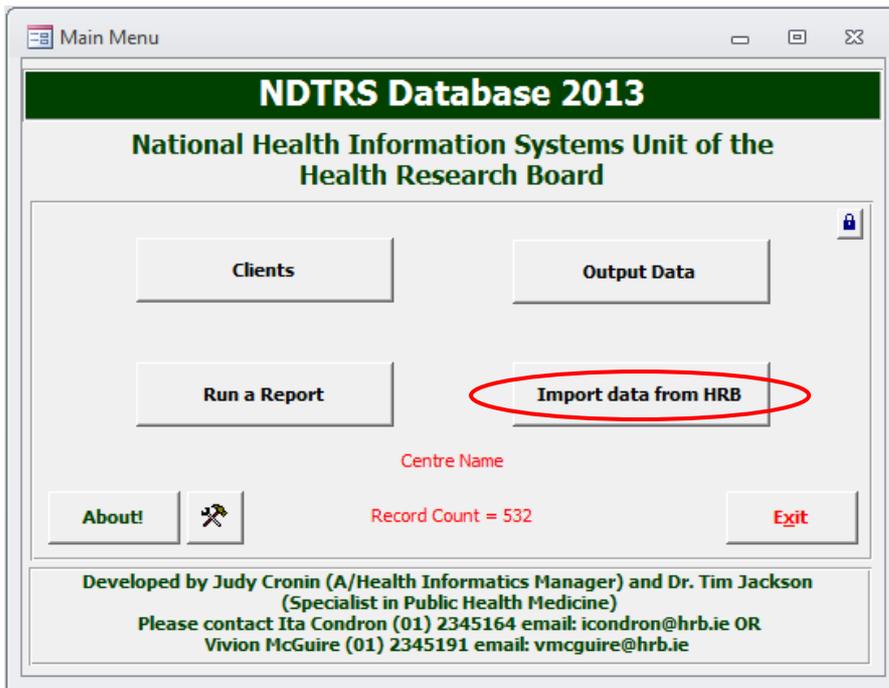
To save the Excel file onto your computer, simply highlight the attachment, right-click on the file name and choose Save As.



In the **Save Attachment** dialog box, select the appropriate location for the file by using the dropdown list. Please note that the file can be saved in any folder as per your own preference and/or internal procedures. Make sure you note and remember where the file is being saved as you will be prompted to locate and select it at the next step.



2. Open the NDTRS 2013 database. On the main menu click **Import data from HRB**.

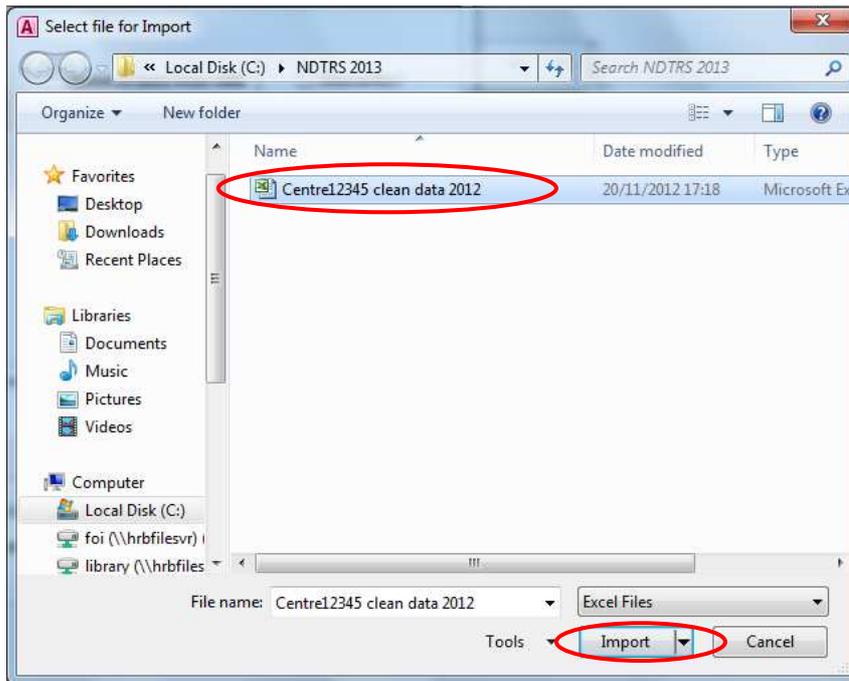


3. The **Import data from HRB** dialog box will open. Click on **Updated data from HRB**.



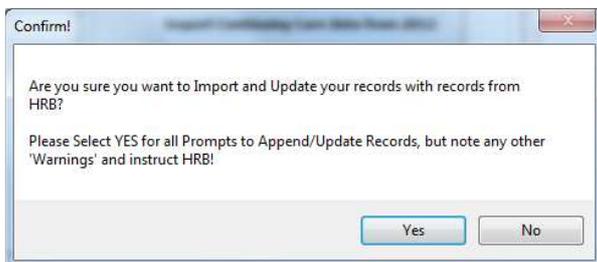
Do **NOT** tick the overwrite box by mistake or you will lose the data you have entered since your last output.

4. The **Select file for Import** dialog box will open. Locate and select the Excel file that you saved at step 1 above, using the dropdown list if required, and click **Import**.



5. A number of confirmation prompts will appear. These are important as they ensure that your data cannot be overwritten should anyone click on a button by mistake.

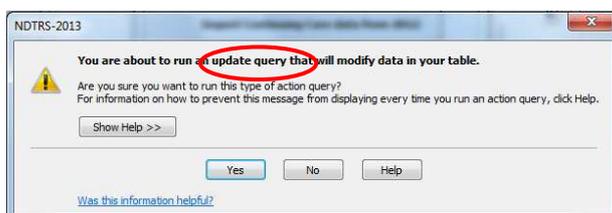
You will be asked if you are sure you want to import and update your records with records from the HRB. Click Yes.



6. You will then be prompted to confirm the procedure to append/update your records.

If any warnings other than the ones shown below appear, click No and contact the HRB before continuing.

A message will appear to tell you that you are about to run an **update query** that will modify the data in your table (database) and asking if you wish to continue. Click **Yes**.

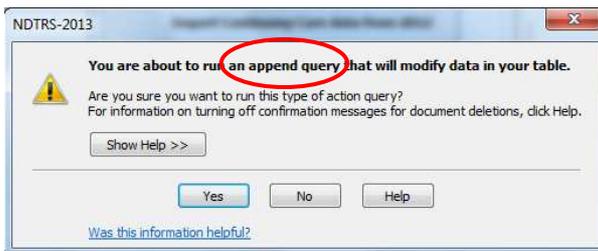


Then a message will appear telling you the number of rows you are about to update and asking if you wish to continue. The number of rows to update should be reasonably close to the number of records that you originally sent to the HRB, if that number is very different (for example only 10 rows when you expect 100) you should check with your contact at the HRB. Otherwise click **Yes**.



The **same two messages** will appear again. The number of rows should be identical the second time. Click Yes to both.

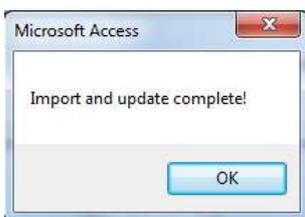
A similar message will then appear to tell you that you are about to run an **append query** that will modify the data in your table (database) and asking if you wish to continue. Click **Yes**.



Another message will appear telling you the number of rows you are about to append and asking if you wish to continue. It is possible that the number of rows to update is a low number or even zero in some instances. Click **Yes**.



7. The following message will appear to confirm that the update procedure has run successfully. Click OK, then simply close the **Import data from HRB** dialog box to go back to the main menu of the NDTRS database.



## Replacing your data with a new file

In some rare circumstances it may happen that your data file needs to be replaced entirely with a new one sent by the HRB. For example if a problem occurred and you have lost some data or if your data had to be re-entered at the HRB, or any other reason.

In this case the update/append procedure may not be suitable due to conflicting or non matching ID numbers, hence the need for an **overwrite** procedure.

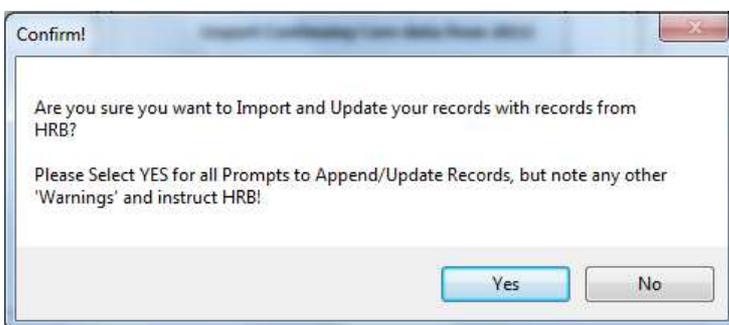
**This procedure should only be run if specifically instructed to do so by HRB staff.**

Your contact at the HRB will send you via email the correct file to be used to overwrite your data file, clearly stating which procedure to use. Upon receipt of the email:

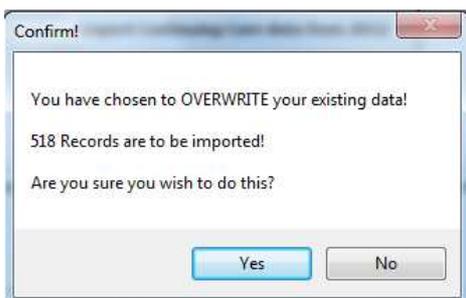
1. Save the attached file as described in step 1 of the above section Receiving data from the HRB.
2. Open the NDTRS 2013 database. On the main menu click **Import data from HRB**.
3. FIRST, tick the Overwrite box. The word Overwrite will change to red font. THEN click on the **Updated data from HRB** button.



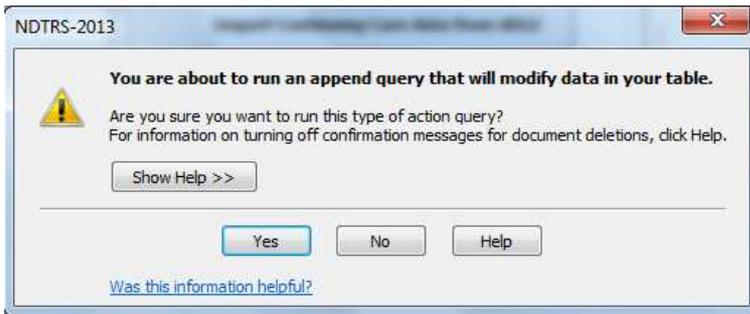
4. The **Select file for Import** dialog box will open. Locate and select the file saved onto your computer at step 1. Click on the **Import** button.
5. The following confirmation message will appear, click Yes.



6. A second warning message will come up. Multiple warnings are important as this **procedure cannot be undone and would cause the loss of your data if it is carried out by mistake**. Click Yes if you wish to overwrite your data.



7. A message will appear to tell you that you are about to run an **append query** that will modify the data in your table (database) and asking if you wish to continue. Click **Yes**.



8. Then a message will appear telling you the number of rows you are about to append. It should be reasonably close to the number of records you originally had in your database, or to the expected total number of clients for the year so far. If that number is very different (for example only 10 rows when you expect 100) you should click No and check with your contact at the HRB. Otherwise click Yes.



9. The following message will appear to confirm that the update procedure has run successfully. Click OK, then simply close the **Import data from HRB** dialog box to go back to the main menu of the NDTRS database.



Please note that if you click No, the following message will confirm that the overwrite procedure did not take place.



## Updating tables in the NDTRS database

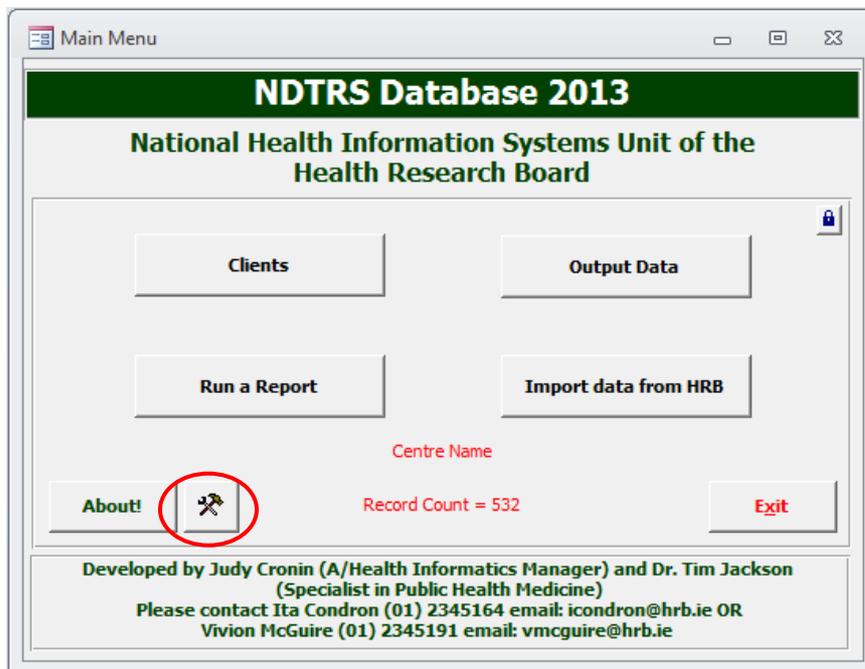
The NDTRS database contains a number of background tables that hold lists of centres, of drugs, of areas along with their respective codes. All dropdown lists and autofill features of the database are based on those tables. Although rarely, it may happen that some of those tables need updating at some stage within the year. Below is a description of the procedure that needs to be followed in order to update a background table in your database. Your contact at the HRB will inform you should this be required.

- **Centre list update**

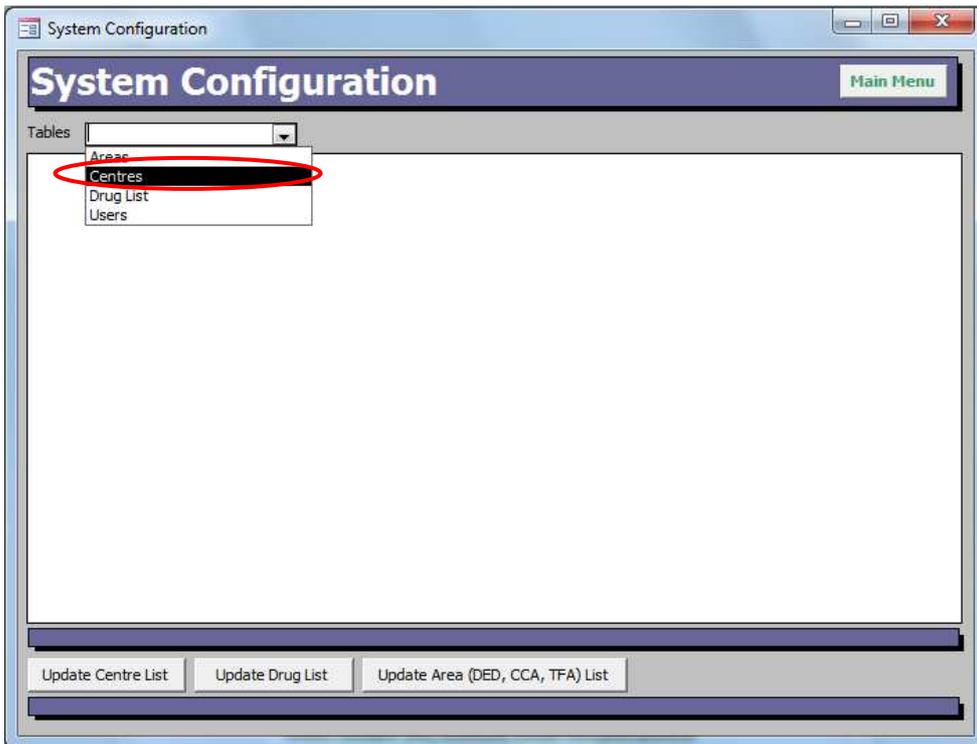
New centres are recruited to make submissions to the NDTRS each year. Newly recruited centres are assigned a centre number which will be unique to them. These centres will not be in the version of the NDTRS database finalised at the beginning of 2013. In order to enter data to your NDTRS database for a new centre (or a referral to a new centre), the list of centres that is stored in your database may have to be updated.

When and if this happens, your contact at the HRB will send you a new centre list in the form of an Excel file (as an email attachment). Upon receipt of this file, follow the steps below in order to update your database.

1. Save the attached file as described in step 1 of the above section Receiving data from the HRB.
2. Open the NDTRS 2013 database. On the main menu click on the Configuration button, which is the square button with a hammer and a spanner located next to the About button.

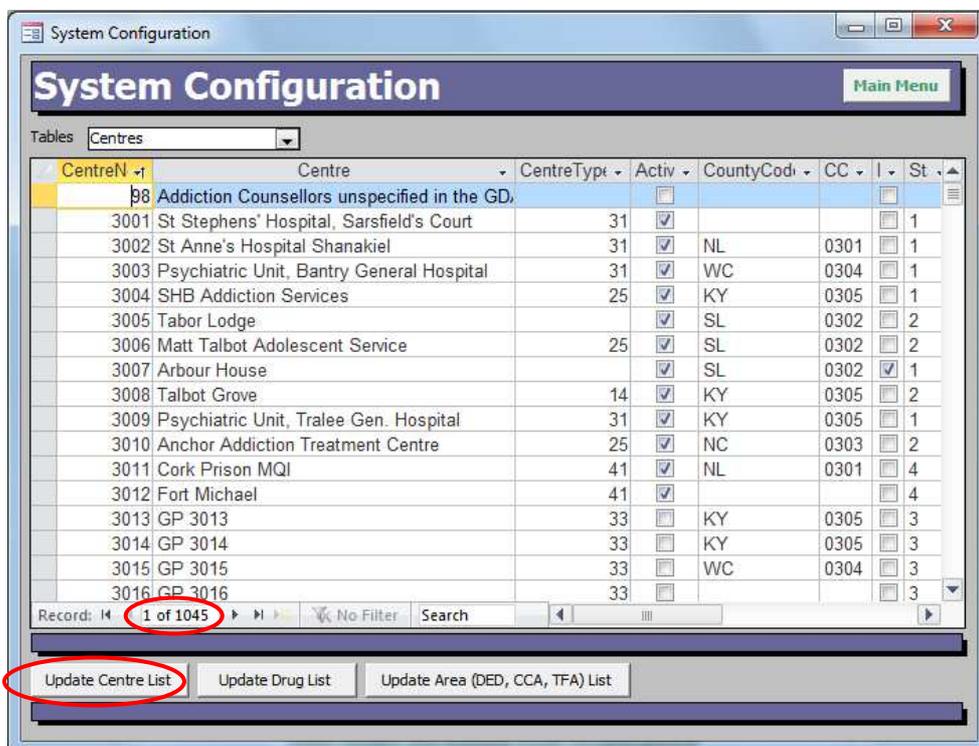


3. This will open the system configuration screen. Select the **Centres** option from the tables dropdown list.

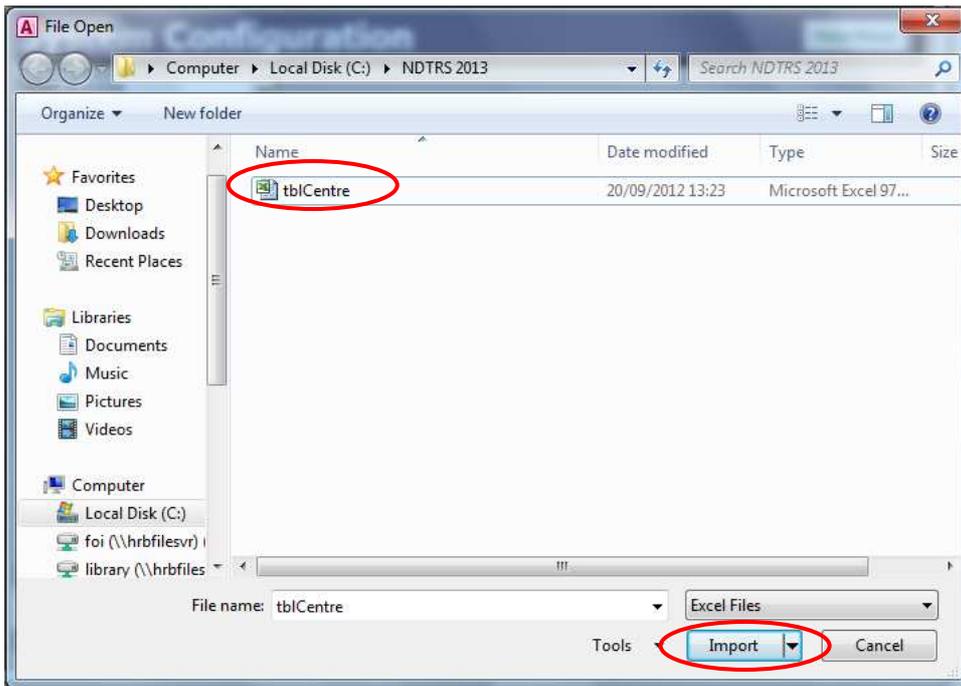


The centre list that is currently held on your NDTRS database will be displayed on screen. It is a good idea at this stage to take note of the total number of centres just below the list (i.e. number of records, 1045 in the example below). Please note that the tables are for viewing only and cannot be amended from that screen.

4. Click on the **Update Centre List** button located at the bottom of the screen.



5. This will bring up the File Open dialog box. Locate the new centre list using the dropdown list (where you saved it at step 1) and select it. Click **Import**.



6. The update procedure will delete the old centre list and replace it with the new one. A message will come up confirming the import and stating the number of centres entered in the database.



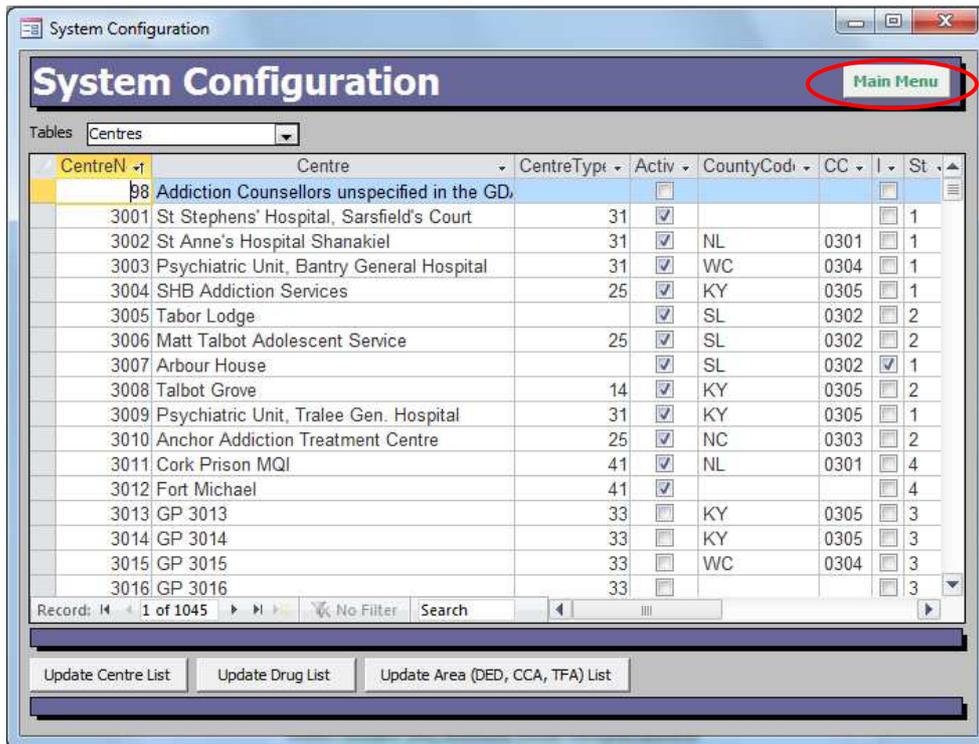
This number should be reasonably close to the number of centres from the previous list. Click OK. The update procedure is complete and you can now see the new list on the screen. If the new count of centres is very different to that expected, and especially if it is much lower, please call your HRB contact as soon as possible.

As a security and to avoid deleting a table by mistake, the procedure checks the new file before replacing the old one. If the warning message below comes up, it means that either the incorrect file has been selected, or the incorrect button was pressed, or that there is an error in the new file. Click OK to stop the procedure and try again selecting the correct file and button.

**Please inform your HRB contact if a second attempt fails.**



7. Click on the **Main Menu** button located in the top right corner to close the System Configuration screen and go back to the main menu of the NDTRS database.



- **Drug list update**

The system configuration tool also allows to update the list of drug names and codes. The HRB will inform you if you need to update the drug table in your database and will send the new table as required.

The process is the same as outlined above, but the **Drug List** table should be selected from the Tables dropdown list, and the **Update Drug List** button selected.

- **Area list update**

The system configuration tool also allows to update the list of area of residence codes. This table holds street/county names, area of residence, city/county, CCA, TFA and LHO codes. The HRB will inform you if you need to update the area table in your database and will send the new table as required.

The process is the same as outlined above, but the **Areas** table should be selected from the Tables dropdown list, and the **Update Area (DED, CCA, TFA) List** button selected.

## Chapter 6: Running reports

The NDTRS 2013 database has an in-built report function. This enables you to run summary reports and performance indicator reports.

Should you require any report other than reports provided, the HRB staff will be happy to discuss your requirements and run the appropriate report on your behalf. The HRB will take into account any feedback from centres in regard to reports to ensure that the most relevant reports are designed and built in future databases if required.

Before running any reports ensure the report templates NDTRSrpt.xls and PI.xls are saved in the same folder as the NDTRS database.

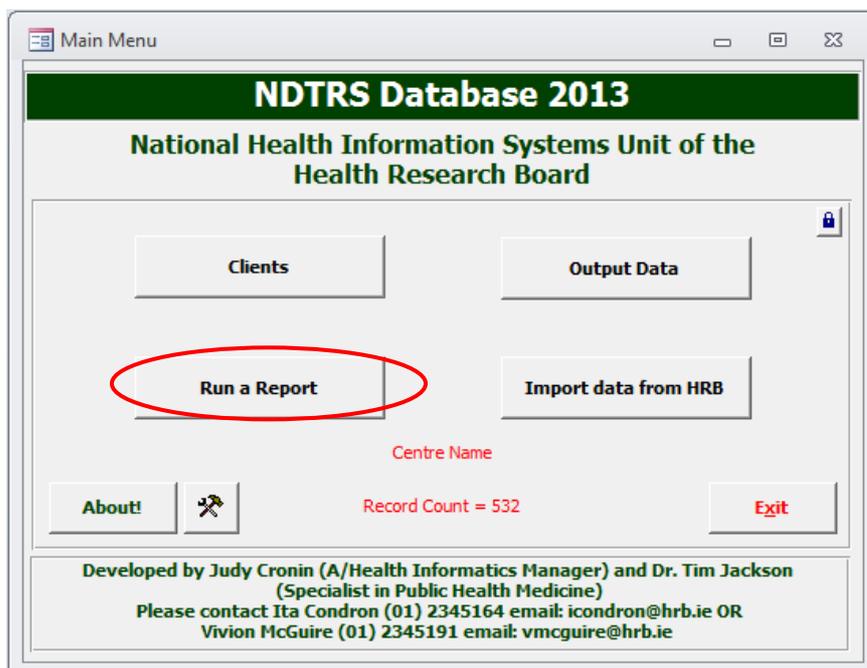
**Please note:** data must be sent to the HRB to be **cleaned** before you run reports. Reports should only be run when you have received your clean data from the HRB and updated your database as outlined in Chapter 5, in the section about **Receiving data from the HRB**.

All reports are produced in Excel.

### Excel Summary Report

The summary report may be run for your centre(s) or HSE area as a whole. You may run the report for the full year or for a particular quarter. You may view the output by county, TFA (Task Force Area) or LHO (Local Health Office) in which the client resides.

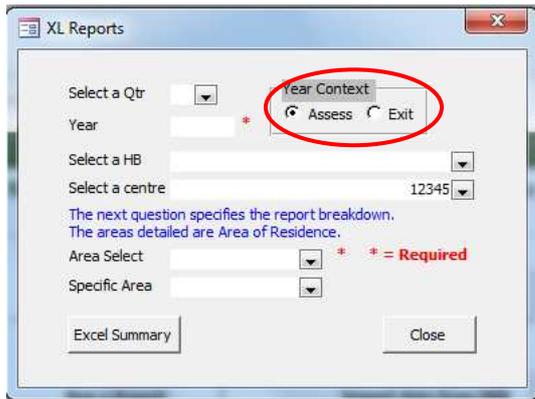
In order to run the reports, select **Run a Report** from the Main Menu screen.



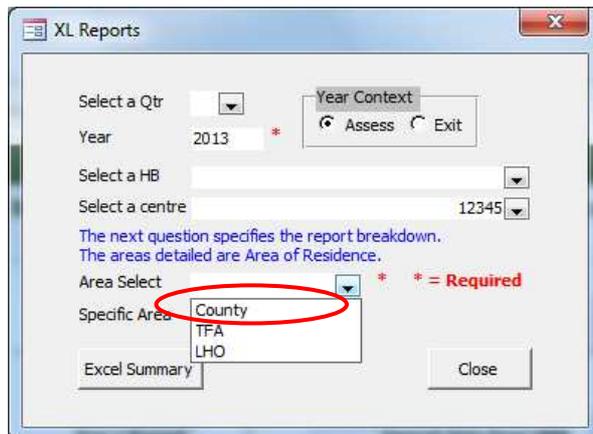
The following screen will appear. Select **Excel Summary Report**.



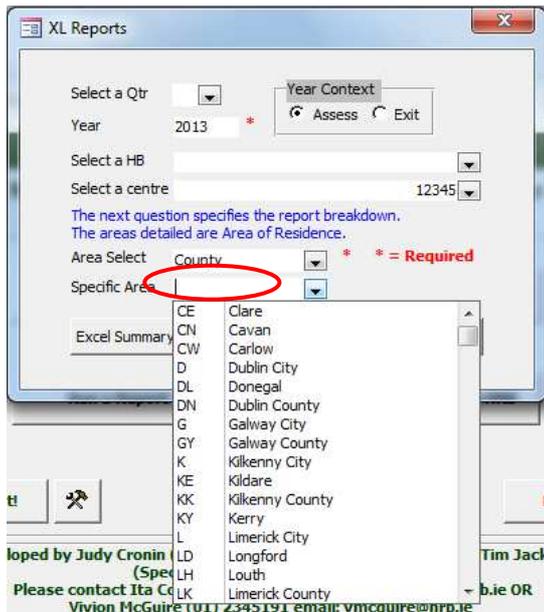
The **Reports** screen below will appear. Please note that all fields with a red asterisk (\*) must be completed.



1. **Required:** 'Year Context' – This specifies whether the report will be based on those being assessed/entering treatment or those exiting treatment. The default is 'Assess' which refers to those being assessed and/or treated.
2. **Optional:** 'Select a Qtr' – Select the **quarter** that you wish to analyse, if you wish to run the report for the entire year, leave the quarter field blank.
3. **Required:** 'Year' - Type in the **year** (2013 for the NDTRS 2013 database), this is a required field.
4. **Optional:** 'Select a HB' - Select the **HSE area** that you wish to analyse. If your NDTRS database contains data for more than one HSE area and you would like to analyse all of areas, leave this box blank.
5. **Optional:** 'Select a centre' - Select the **centre number** that you wish to analyse. If your NDTRS database contains data for more than one centre and you would like to analyse all of the centres, leave this box blank. If your NDTRS database contains data for one centre only, you can leave this box blank. This field may be filled automatically with your centre number if you used a centre logon to open the database, either delete or leave as required.
6. **Required:** 'Area Select' - Select how you would like the output to be organised. In the **Area select** field you may select by county, TFA or LHO where the client resides.

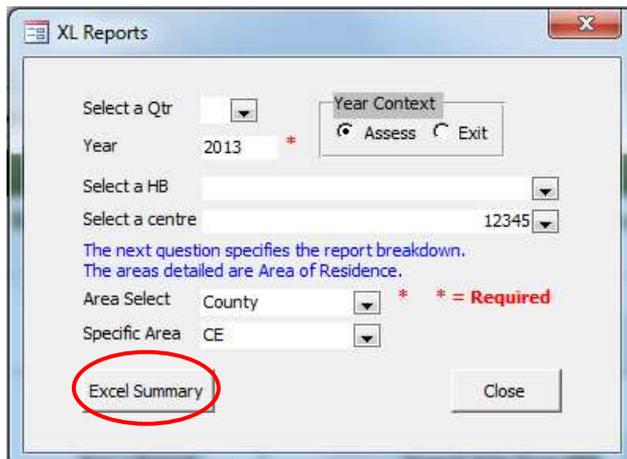


7. **Optional:** 'Specific Area' - You may further refine your output by choosing an option in the **Specific Area** field. This may be selecting a specific county, TFA or LHO where the client resides.

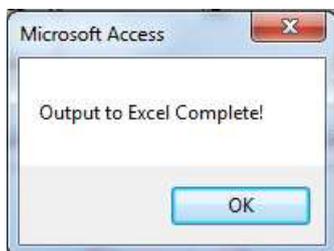


- Click on the **Excel Summary** button to run the analysis. This runs the report and exports it to the **NDTRS Rpt** Microsoft Excel spreadsheet which is located in the same folder as the 2013 NDTRS database.

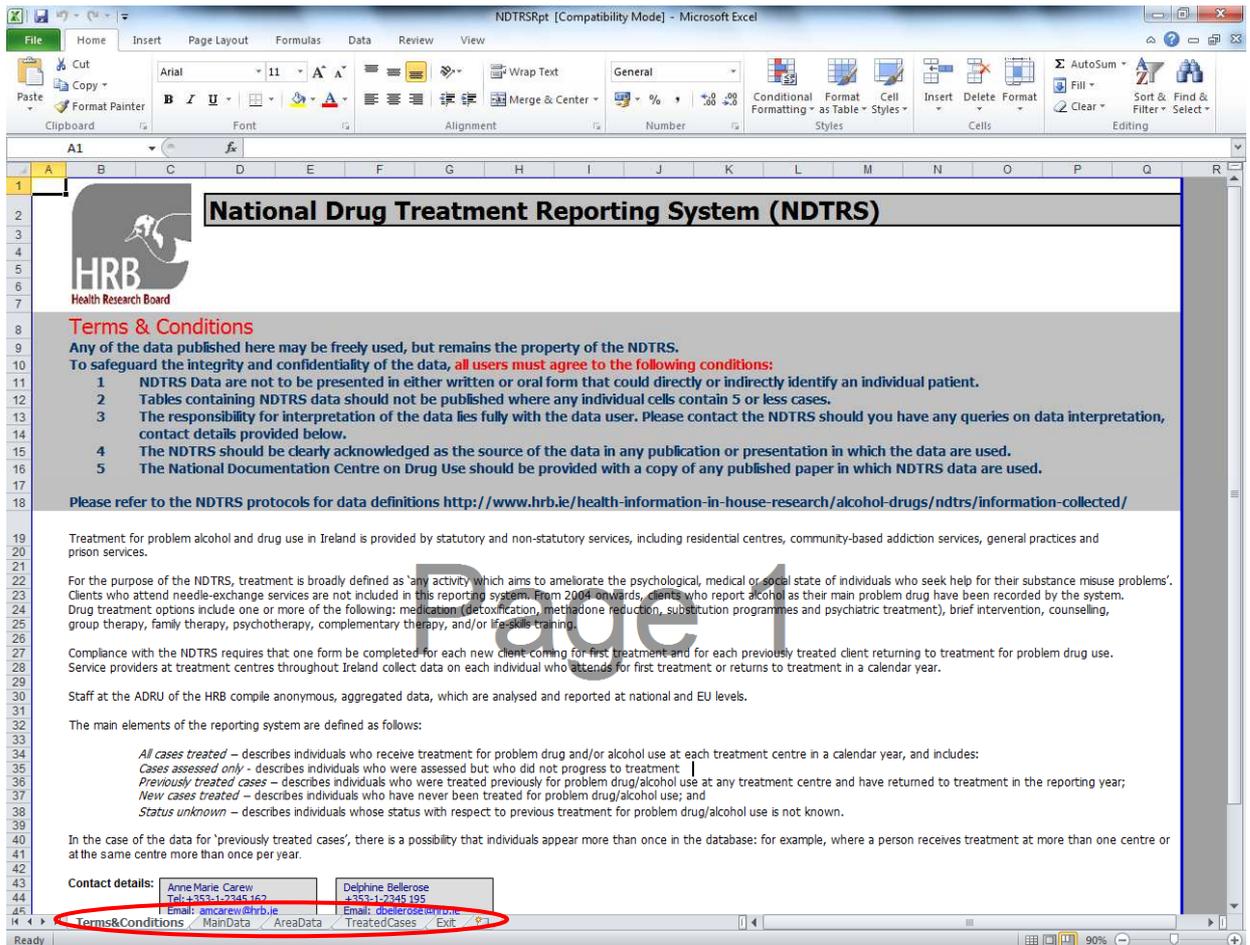
**NOTE:** Do not open or switch applications while the report is running.



- The following message will appear to confirm that the report has run.



Click Ok to open the report in Excel.



There are five tabs associated with this report, the Terms and Conditions are outlined in the first **Terms&Conditions** tab. Please read the Terms and Conditions carefully. Use of the generated tables implies that you have read, understood and agree to comply with the stated terms and conditions in their entirety.

**Please note:** the report will appear on screen in the **NDTRS Rpt** Microsoft Excel spreadsheet which is located in the same folder as the 2013 NDTRS database. If you wish to save this report you should go to the file menu, click on save as, and save the Excel file **under a different name** in the appropriate folder on your computer. It is important **not** to save any data to the **NDTRS Rpt** Excel spreadsheet as this will prevent you from running any further summary reports. The report can be printed in the same way as any other Excel spreadsheet.

In the database, Select the **Close** button to return to the main menu.

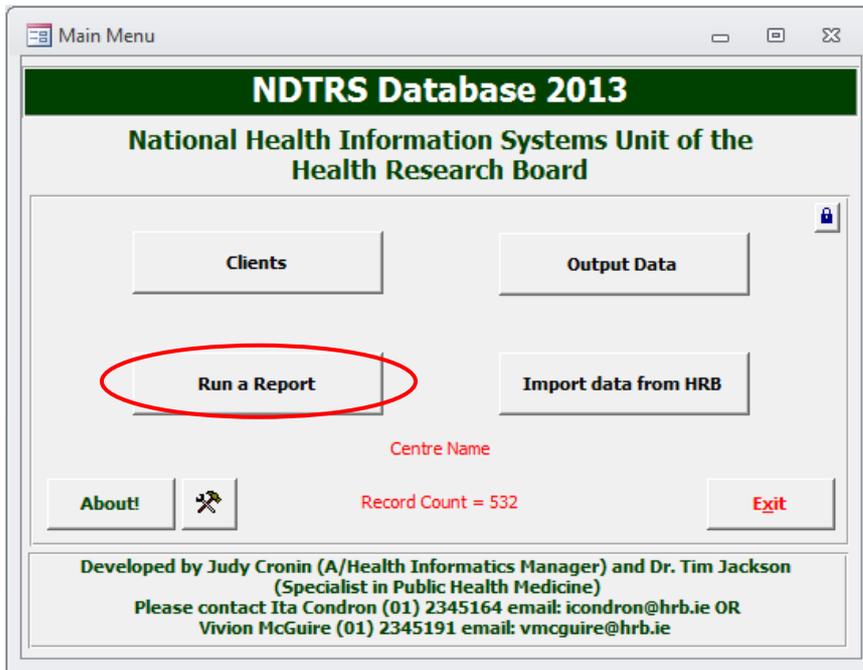
## Performance Indicator Report

**Please note:** data must be sent to the HRB to be **cleaned** before you run performance indicator reports for submission to the HSE. PI reports should only be run when you have received your clean data from the HRB and updated your database as outlined in Chapter 5, in the section about **Receiving data from the HRB**.

All PI reports are produced in Excel.

Performance indicator reports may be run for your centre(s) or HSE area as a whole, by county or community care area.

In order to run the performance indicator reports, select **Run a Report** from the Main Menu screen.



1. To run a performance indicator report, click on the **Performance Indicator Report** button.



The **Reports** screen below will appear. Please note that all fields with a red asterisk (\*) must be completed.

2. **Optional:** Select the **Service Type** that you wish to analyse.
3. **Optional:** Select the **HB** (HSE Area - formerly health board) that you wish to analyse.
4. **Optional:** Select the **centre number** that you wish to analyse. If your NDTRS database contains data for more than one centre and you would like to analyse all of the centres, leave this box blank. If your NDTRS database contains data for one centre only, you can leave this box blank. This field may be filled automatically with your centre number if you used a centre logon to open the database, either delete or leave as required.

5. **Required:** Select the **quarter** that you wish to analyse.
6. **Required:** Type in the **year** (2013 for your NDTRS 2013 database).
7. **Required:** The **Area Select** automatically defaults to client. This determines how the PI report will be run. If you wish to run your report based on where the client resides click on client, if you wish to run your report based on where the centre is located, click on the centre radio button.
8. **Optional:** Select from the drop down list for County or CCA.  
The PI reports for **Centres** run by county are based on the county in which the **centres** are located. The PI reports for **Centres** run by community care area are based on the CCA in which the centres are located.

The PI reports **for Clients** run by county are based on the county in which the **client resides** (Q9-Regcode). The PI reports **for Clients** run by community care area are based on the CCA in which the client resides (Q8b).

- **Client:** You may refine your report further by basing it on the County or CCA where the client resides. For example if in **Area Select** you have selected client and in Client CCA you select "0502", your report will be run for clients residing in CCA 0502.
- **Centre:** To run the report based on centre, change **Area Select** to Centre. The County and CCA dropdown lists automatically change to "Centre County" and "Centre CCA", you may now select the CCA or County for which you wish to run the report.

9. Click on the **PI Export** button to run the analysis. The PI Export button runs the report and exports it to the PI Microsoft Excel spreadsheet which is located in the same folder as the 2013 NDTRS database.

**NOTE:** Do not open or switch applications while the report is running.

The following message will appear to confirm that the report has run.



10. Click Ok to open the report in Excel.

PI Report 25 Jul 2013, Qtr = 1, Year = 2013:

Note: Concerned Persons & Other Problems are excluded from all tables after 'Number of cases referred to services by problem drug' table onwards

Number of cases referred by centre						Number of cases referred by County					Number of cases by problem
Centre	Under 18 Years	18 Years or over	Missing	Total		County	Under 18 Years	18 Years or over	Missing	Total	
12345: Centre Name	13	21	0	34		North Cork	0	1	0	1	Heroin
<b>Total</b>	<b>13</b>	<b>21</b>	<b>0</b>	<b>34</b>		North Lee	5	5	0	10	Alcohol
						South Lee	8	15	0	23	Other Illicit
						<b>Total</b>	<b>13</b>	<b>21</b>	<b>0</b>	<b>34</b>	Licit Drug
											Not Known
											Other problem
											Concerned
											<b>Total</b>

**Please note for all PI reports:** the report will appear on screen in the PI Microsoft Excel spreadsheet which is located in the same folder as the 2013 NDTRS database. If you wish to save this report you should go to the file menu, click on save as, and save the Excel file **under a different name** in the appropriate folder on your computer. It is important **not** to save any data to the PI Excel spreadsheet as this will prevent you from running any further PI reports. The report can be printed in the same way as any other Excel spreadsheet.

In the database, Select the **Close** button to return to the main menu.

# Appendices

## Appendix 2: Health Service Executive (HSE) area codes

Code	HSE area
03	HSE Southern Area
04	HSE North Western Area
05	HSE Midland Area
06	HSE Western Area
07	HSE Mid Western Area
08	HSE North Eastern Area
09	HSE South Eastern Area
11	HSE East Coast Area
12	HSE South Western Area
13	HSE Northern Area

## Appendix 3: Type of treatment centre codes

Code	Type
	<b>Specialised residential</b>
11	Specialised inpatient detoxification unit
12	Therapeutic community
14	Other specialised residential treatment
	<b>Specialised non residential</b>
21	Hospital outpatient treatment centre
22	Day centre/hospital
23	Local health care/social service centre
24	Low threshold
25	Other specialised non-residential
	<b>Based in general services</b>
31	Inpatient psychiatric hospital/unit or acute general hospital
32	Outpatient mental health care centre
33	General practitioner
34	Residential social care facility
35	Non residential social care facility
36	Other non specialised non-residential centre
37	Primary care
	<b>Prisons</b>
41	Treatment in prison

## Appendix 4: Area of residence, City/County and CCA codes

Area	Area of residence	Community Care Area code	City/County code
Carlow	711	0901	CW
Cavan	732	0803	CN
Clare	720	0702	CE
Cork - North Lee	700 / 721*	0301	NL
Cork - South Lee	700 / 721*	0302	SL
Cork - North Cork	721	0303	NC
Cork - West Cork	721	0304	WC
Donegal	733	0401	DL
Dublin City	pink book**	see Appendix 5	D
Dublin County	pink book**	see Appendix 5	DN
Galway City	742	0601	G
Galway County	727	0601	GY
Kerry	722	0305	KY
Kildare	pink book**	1209	KE
Kilkenny City	710	0901	K
Kilkenny County	712	0901	KK
Laois	713	0502	LS
Leitrim	728	0402	LM
Limerick City	740	0701	L
Limerick County	723	0701	LK
Longford	714	0501	LD
Louth	715	0801	LH
Mayo	729	0602	MO
Meath	716	0802	MH
Monaghan	734	0803	MN
Offaly	717	0502	OY
Roscommon	730	0603	RN
Sligo	731	0402	SO
Tipperary NR	724	0703	TN
Tipperary SR	725	0902	TS
Waterford City	741	0904	W
Waterford County	726	0904	WD
Westmeath	718	0501	WH
Wexford	719	0903	WX
Wicklow	pink book**	see Appendix 5	WW
<b>Outside Ireland</b>			
Northern Ireland	751	8888	XX
UK (excluding Northern Ireland)	752	8888	XX
EU (excluding UK and Northern Ireland)	753	8888	XX
Other European (outside EU)	754	8888	XX
America, Africa, Asia, Australia	755	8888	XX

\* area of residence is 700 for Cork **City** and 721 for Cork **County**

\*\* look up specific DED code in the pink book<sup>1</sup> for **Dublin, Kildare and Wicklow**

<sup>1</sup> Health Information Unit. (2008 Revision). *Health Atlas Street Index. Dublin, Kildare and Wicklow*. Dublin: Health Service Executive, Eastern Regional Area.

## Appendix 5: CCA codes for Dublin and Wicklow

Area	DED Code	Community Care Area code
<b>Dublin</b>		
CCA 1 Dublin South	407-421, 432-436, 442-456, 458-468. 111-114, 116-117, 128-131, 401-406, 422-431, 437-441, 457, 469.	<b>1101</b>
CCA 2 Dublin South East	96-103, 110, 115, 127, 132-137, 140-153, 161-162, 302, 311-313, 322-326.	<b>1102</b>
CCA 3 Dublin South City	51-56, 90-94, 154-156, 301, 303-304, 314, 328-349.	<b>1203</b>
CCA 4 Dublin South West	37-40, 57, 61, 78-79, 83-85, 95, 305-310, 315-321, 327.	<b>1204</b>
CCA 5 Dublin West	1-7, 11-14, 20, 27, 30-36, 63-69, 82, 118, 139, 208-217, 220, 227 241.	<b>1205</b>
CCA 6 North West Dublin	9-10, 15-19, 21, 24-26, 28-29, 42-45, 47-50, 58-60, 70, 80-81, 104-109, 138, 157-160, 201, 242.	<b>1306</b>
CCA 7 Dublin North Central	8, 22-23, 41, 46, 62, 71-77, 86-89, 119-126, 202-207, 218-219, 221-226, 228-240.	<b>1307</b>
CCA 8 North Dublin		<b>1308</b>
<b>Wicklow</b>		
East Coast	601-607, 632-683	<b>1110</b>
Western Area	608-631	<b>1209</b>

## Appendix 6: Nationality codes

Country	Code		
Afghanistan	AFG	Congo, Republic of the (Brazzaville)	RCB
Aland Islands	AX	Cook Islands	CK
Albania	AL	Costa Rica	CR
Alderney (British Islands)	GBA	Cote d'Ivoire (Ivory Coast)	CI
Algeria	DZ	Croatia	HR
American Samoa	AS	Cuba	C
Andorra	AND	Cyprus	CY
Angola	AO	Czech Republic	CS
Anguilla	AI	Denmark	DK
Antarctica	AQ	Djibouti	DJ
Antigua and Barbuda	AG	Dominica (Windward Islands)	WD
Argentina	RA	Dominican Republic	DOM
Armenia	AM	Ecuador	EC
Aruba	AW	Egypt	ET
Australia	AUS	El Salvador	ES
Austria	A	Equatorial Guinea	GQ
Azerbaijan	AZ	Eritrea	ER
Bahamas	BS	Estonia	EE
Bahrain	BRN	Ethiopia	ETH
Bangladesh	BD	Falkland Islands	FK
Barbados	BDS	Faroe Islands	FR
Belarus	BY	Fiji	FJI
Belgium	B	Finland	SF
Belize	BH	France	F
Benin, Republic of	DY	French Guiana	GF
Bermuda	BM	French Polynesia	PF
Bhutan	BT	French Southern Territories	TF
Bolivia	BO	Gabon	GA
Bosnia and Herzegovina	BIH	Gambia	WAG
Botswana	RB	Georgia	GE
Bouvet Island	BV	Germany	D
Brazil	BR	Ghana	GH
British Indian Ocean Territory	IO	Gibraltar	GBZ
Brunei Darussalam (Negara Brunei Darussalam)	BN	Great Britain and Northern Ireland (UK)	GB
Bulgaria	BG	Greece	GR
Burkina Faso	BF	Greenland	GL
Burundi	RU	Grenada	WG
Cambodia	K	Guadeloupe	GP
Cameroon	CM	Guam	GU
Canada	CDN	Guatemala	GCA
Cape Verde	CV	Guernsey (British Islands)	GBG
Cayman Islands	KY	Guinea	GN
Central African Republic	RCA	Guinea- Bissau	GW
Chad	TD	Guyana	GUY
Chechnya	CNY	Haiti	RH
Chile	RCH	Heard Island & McDonald Islands	HM
China	CN	Honduras	HN
Christmas Island	CX	Hong Kong	HK
Cocos (Keeling) Islands	CC	Hungary	HH
Colombia	CO	Iceland	IS
Comoros	KM	India	IND
Congo, Democratic Republic (Kinshasa) (formerly Zaire)	ZRE	Indonesia	RI
		Iran	IR

Iraq	IRQ	New Caledonia	NC
Ireland, Republic of	IRL	New Zealand	NZ
Isle of Man (British Islands)	GBM	Nicaragua	NIC
Israel	IL	Niger	NE
Italy	I	Nigeria	WAN
Jamaica	JA	Niue	NU
Japan	J	Norfolk Island	NF
Jersey (British Islands)	GBJ	Northern Mariana Islands	MP
Jordan	HJK	Norway	N
Kazakhstan	KZ	Oman	OM
Kenya	EAK	Pakistan	PK
Kiribati	KB	Palau	PW
Korea, (North) Democratic People's Republic of	KP	Palestinian Territories, Occupied	PS
Korea, (South) Republic of	KR	Panama	PA
Kosovo	KVO	Papua New Guinea	PNG
Kuwait	KWT	Paraguay	PY
Kyrgyzstan	KG	Peru	PE
Laos (Lao People's Democratic Republic)	LA	Philippines	RP
Latvia	LV	Pitcairn	PN
Lebanon	RL	Poland	PL
Lesotho	LS	Portugal	P
Liberia	LB	Puerto Rico	PR
Libya	LAR	Qatar	QA
Liechtenstein	FL	Réunion	RE
Lithuania	LT	Romania	RO
Luxembourg	L	Russian Federation	SU
Macau (Macao)	MO	Rwanda	RWA
Macedonia	MK	Samoa (formerly Western Samoa)	WS
Madagascar	RM	San Marino	RSM
Malawi	MW	Sao Tome and Principe	ST
Malaysia	MAL	Saudi Arabia	SA
Maldives	MV	Senegal	SN
Mali	RMM	Serbia	SM
Malta	M	Seychelles	SY
Marshall Islands	MH	Sierra Leone	WAL
Martinique	MQ	Singapore	SGP
Mauritania, Islamic Republic of	MR	Slovakia	SVK
Mauritius	MS	Slovenia	SLO
Mayotte	YT	Solomon Islands	SB
Mexico	MEX	Somalia	SUM
Micronesia, Federated States of	FM	South Africa, Republic of	ZA
Moldova	MD	South Georgia and the South Sandwich Islands	GS
Monaco	MC	Spain	E
Mongolia	MN	Sri Lanka	CL
Montenegro	ME	St Barthelemy	BL
Montserrat	MSR	St Helena	SH
Morocco	MA	St Kitts and Nevis	KN
Mozambique	MZ	St Lucia	WL
Myanmar, Union of (formerly Burma)	BUR	St Martin	MF
Namibia	SWA	St Pierre and Miquelon	PM
Nauru	NR	St Vincent and the Grenadines	WV
Nepal	NP	Sudan	SDN
Netherlands	NL	Suriname	SME
Netherlands Antilles	NA	Svalbard and Jan Mayen	SJ
		Swaziland	SD

Sweden	S	United States Minor Outlining	
Switzerland	CH	Islands	UM
Syrian Arab Republic	SYR	United States of America	USA
Taiwan, Province of China	RC	Uruguay	ROU
Tajikistan	TJ	Uzbekistan	UZ
Tanzania, United Republic of	EAT	Vanuatu	VU
Thailand	T	Vatican City	V
Timor-Leste (East Timor)	TP	Venezuela	YV
Togo	TG	Vietnam	VN
Tokelau	TK	Virgin Islands (British)	VG
Tonga	TO	Virgin Islands (US)	VI
Trinidad and Tobago	TT	Wallis and Futuna	WF
Tunisia	TN	Western Sahara	EH
Turkey	TR	Yemen	ADN
Turkmenistan	TM	Zambia	Z
Turks and Caicos Islands	TC	Zimbabwe	ZW
Tuvalu	TV		
Uganda	EAU		
Ukraine	UA		
United Arab Emirates	AE	Not Known	ZZZ

## Appendix 7: Drug and other problem classification codes

N.B. Please note distinction between street opiates/opioids (i.e. not prescribed by doctor and dispensed by pharmacist), and substitute opiates/opioids used as part of drug treatment programme.

### Heroin and other opiate-type drugs

Code	Drug name(s)
<b>100</b>	unspecified opiate-type drug - ILLICIT
heroin (street/nonmedical use)	
<b>111</b>	heroin, dia-morphine ("smack", "junk", "horse") - ILLICIT
opium and morphine (street/nonmedical use)	
<b>121</b>	morphine - LICIT
1210	NAPP - LICIT
1211	MST- LICIT
<b>122</b>	opium - ILLICIT
<b>123</b>	home-made concoction from opium poppies or poppy straw - ILLICIT
1231	"poppy tea"/"kompot" - ILLICIT
<b>128</b>	other (specified) form of opium or morphine or derivative - ILLICIT
codeine (street/nonmedical use)	
<b>130</b>	unspecified codeine or codeine derivative - LICIT
<b>131</b>	codeine linctus (unspecified/other) - LICIT
1311	cough syrup with codeine - LICIT
<b>132</b>	hydrocodeine - LICIT
<b>133</b>	dihydrocodeine (other) - LICIT
1330	DF118 - LICIT
1331	Paracodin - LICIT
<b>138</b>	other (specified) form of codeine or derivative - LICIT
847206	tylex – LICIT
847301	Feminax - LICIT
847302	Nurofen plus – LICIT
847303	paracodol – LICIT
847304	paramol (paracetamol & dihydrocodeine) - LICIT
847305	solpadeine – LICIT
847307	veganin – LICIT
847308	solpadol – LICIT
synthetic opiates (street/nonmedical use)	
<b>140</b>	unspecified synthetic opiate - LICIT
<b>141</b>	dextromoramide - LICIT
1411	palfium - LICIT
<b>142</b>	dextropropoxyphene - LICIT
1420	Propoxyphene - LICIT
1421	Darvon - LICIT
1422	Distalgesic - LICIT
<b>143</b>	dipipanone (diconal, "dike") - LICIT
<b>144</b>	methadone (physeptone, "phy") - LICIT
<b>145</b>	pethidine - LICIT
<b>146</b>	oxycodone hydrochloride - LICIT
14601	oxycontin - LICIT
14602	oxynorm - LICIT
<b>147</b>	tramadol hydrochloride - LICIT
1472	zamadol - LICIT
1473	zydol - LICIT

<b>148</b>	other (specified) synthetic opiate - LICIT
847201	hydromorphone - LICIT
847203	meptazinol - LICIT
847204	meptid - LICIT

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opiate agonist-antagonists (street/nonmedical)

<b>150</b>	unspecified agonist-antagonist - LICIT
<b>151</b>	Buprenorphine (street) - LICIT
1511	buprex (street) - LICIT
1512	subutex (street) - LICIT
1513	temgesic (street) - LICIT
1514	suboxone (street) - LICIT
<b>152</b>	pentazoncine – LICIT
15201	fortral - LICIT
<b>153</b>	fentanyl - LICIT
15301	durogesic- LICIT
<b>158</b>	other (specified) opiate agonist-antagonist - LICIT

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substitute opiates/opioids used as part of drug treatment programme

<b>160</b>	unspecified opiate substitute - LICIT
<b>161</b>	methadone - LICIT
<b>162</b>	codeine/dihydrocodeine - LICIT
<b>163</b>	Buprenorphine (prescribed) - LICIT
1631	buprex (prescribed) - LICIT
1632	subutex (prescribed) - LICIT
1633	suboxone (prescribed) - LICIT
<b>164</b>	heroin - LICIT
<b>168</b>	Other (specified) opiate substitute - LICIT
<b>188</b>	other (specified) opiate-type drug - LICIT
1881	cyclimorph - LICIT
1882	dimotane – LICIT

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**Cocaine, amphetamine and other stimulants**

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**Code Drug name(s)**

**200** unspecified stimulant - ILLICIT

Cocaine

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<b>210</b>	unspecified cocaine - ILLICIT
<b>211</b>	cocaine hydrochloride (coke) - ILLICIT
<b>212</b>	Crack cocaine - ILLICIT
2121	freebase cocaine - ILLICIT
<b>218</b>	other (specified) form of cocaine (e.g. cocoa paste) - ILLICIT

Amphetamines

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<b>220</b>	unspecified amphetamine – ILLICIT
2201	speed – ILLICIT
2202	uppers – ILLICIT
<b>221</b>	amphetamine sulphate – ILLICIT
2211	whizz - ILLICIT
<b>222</b>	dexamphetamine – ILLICIT
<b>223</b>	methylamphetamatine – ILLICIT
<b>224</b>	methylamphetamine (smokable) – ILLICIT
2241	crystal meth – ILLICIT
2242	ice – ILLICIT

<b>225</b>	dimethoxybromoamphetamine ("snowball" "DOB") - ILLICIT
<b>228</b>	other (specified) form of amphetamine - LICIT
2281	dexedrine - LICIT

#### Other central nervous system stimulants

<b>230</b>	unspecified other stimulants (not cocaine/amphetamine) - ILLICIT
<b>231</b>	methylphenidate - LICIT
2311	ritalin - LICIT
<b>232</b>	phenmetrazine - LICIT
2321	preludin - LICIT
<b>233</b>	ephedrine - LICIT
23302	norephedrine - LICIT
23303	pseudoephedrine - LICIT
23304	ophedrine - LICIT
<b>238</b>	other (specified) stimulants - ILLICIT
2381	slimming pills (specified stimulant) - ILLICIT
2382	sibutramine - ILLICIT
2383	KHAT - ILLICIT

#### MDMA

<b>240</b>	MDMA or Methylenedioxyamphetamine - ILLICIT
2401	Ecstasy - ILLICIT
<b>241</b>	other (specified) central nervous system stimulant - ILLICIT
2411	BZP - ILLICIT
2412	Benzylpiperazine - ILLICIT
<b>288</b>	other (specified) central nervous system stimulant - LICIT

#### Hypnotics and sedatives

Code	Drug name(s)
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<b>300</b>	unspecified hypnotic/sedative-type drug - LICIT
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#### barbiturates and other hypnotics

<b>310</b>	unspecified hypnotic - LICIT
<b>311</b>	Barbiturates unspecified/other - LICIT
3111	seconal - LICIT
3112	sodium amytal - LICIT
3113	tuinal - LICIT
3114	pentobarbital - LICIT
3115	pentobarbitone - LICIT
84806	phenobarbitone - LICIT
84807	phenytoin - LICIT
<b>312</b>	methaqualone - LICIT
<b>313</b>	glutethimide - LICIT
31301	doriden - LICIT
<b>314</b>	chlormethiazole - LICIT
31401	heminevrin - LICIT
<b>318</b>	other (specified) hypnotic, excluding benzodiazepines - LICIT
31801	zolpidem - LICIT
31802	stilnoct - LICIT
31810	zimovane - LICIT
31811	zopiclone - LICIT
<b>319</b>	Gamma-Hydroxybutyric acid (GHB) - ILLICIT

## benzodiazepines

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<b>320</b>	unspecified benzodiazepine - LICIT
32302	roche - LICIT
320001	Up Johns - LICIT
<b>321</b>	diazepam - LICIT
3211	anxicalm - LICIT
3212	calmaven - LICIT
3213	valium - LICIT
<b>322</b>	flurazepam - LICIT
3220	dormodor - LICIT
3221	dalmane - LICIT
<b>323</b>	flunitrazepam - LICIT
32301	rohypnol - LICIT
<b>324</b>	lorazepam - LICIT
32401	ativan - LICIT
32402	orfidal - LICIT
32403	idalprem - LICIT
<b>325</b>	oxazepam - LICIT
32501	serenid - LICIT
32502	aplakil - LICIT
<b>326</b>	nitrazepam - LICIT
32601	mogadon - LICIT
<b>327</b>	temazepam - LICIT
3270	euphygnos - LICIT
3271	normison - LICIT
<b>328</b>	other (specified) benzodiazepine - LICIT
32801	alprazolam - LICIT
32802	xanax - LICIT
32810	bromazepam - LICIT
32811	lexotan - LICIT
32820	chlordiazepoxide - LICIT
32821	librium - LICIT
32830	triazolam - LICIT
32831	halcion - LICIT
32840	midazolam - LICIT
32850	clorazepate - LICIT
32851	tranxene - LICIT
32860	clonazepam - LICIT
32870	prazepam - LICIT
32880	clobazam - LICIT

## major tranquillisers

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<b>330</b>	unspecified major tranquillisers - LICIT
<b>331</b>	specified major tranquillisers - LICIT
<b>388</b>	other (specified) sedative/anxiolytic, excluding benzodiazepines - LICIT
38801	bupirone - LICIT

## Hallucinogens

Code	Drug name(s)
<b>400</b>	unspecified hallucinogenic substances - ILLICIT
manufactured drugs	
<b>410</b>	unspecified manufactured/"designer" drug – ILLICIT
<b>411</b>	lysergic acid (acid) – ILLICIT
41101	LSD - ILLICIT
<b>414</b>	phencylidine – ILLICIT
41401	angel dust - ILLICIT
41402	PCP - ILLICIT
<b>418</b>	other (specified) manufactured hallucinogen or "designer" drug (NOT HEADSHOP) - ILLICIT
mushrooms and other plants and derivatives	
<b>420</b>	unspecified mushrooms (magic mushrooms) – ILLICIT
4201	Liberty Caps - ILLICIT
<b>421</b>	Amanita Muscaria – ILLICIT
<b>422</b>	psilocybin - ILLICIT
<b>423</b>	ketamine - LICIT
4231	Special K - LICIT
<b>424</b>	lignocaine - LICIT
<b>428</b>	other (specified) hallucinogenic plant - ILLICIT
<b>488</b>	other (specified) hallucinogenic substance - ILLICIT
4881	mescaline - ILLICIT

## Volatile inhalants

Code	Drug name(s)
<b>500</b>	unspecified volatile inhalants - ILLICIT
<b>511</b>	glue – ILLICIT
<b>512</b>	butane - ILLICIT
5120	gas - ILLICIT
5121	lighter fuel - ILLICIT
<b>513</b>	solvents other (specified) - ILLICIT
5131	acetone - ILLICIT
5132	cleaning fluid - ILLICIT
5133	markers - ILLICIT
5134	paint-thinners - ILLICIT
5135	tippex - ILLICIT
5136	toluene - ILLICIT
<b>514</b>	petrol - ILLICIT
<b>515</b>	nitrites other (specified) - ILLICIT
5151	aerosols - ILLICIT
5152	amyl nitrites - ILLICIT
5153	fly sprays - ILLICIT
5154	poppers - ILLICIT
<b>588</b>	other (specified) volatile inhalants - ILLICIT
5880	anti-perspirants - ILLICIT
5881	anhydrol - ILLICIT

**Cannabis**

<b>Code</b>	<b>Drug name(s)</b>
<b>600</b>	unspecified cannabis - ILLICIT
<b>611</b>	grass - ILLICIT
6111	weed - ILLICIT
6112	marihuana - ILLICIT
6113	skunk (herbal cannabis) - ILLICIT
<b>612</b>	hash /hashish - ILLICIT
6121	resin - ILLICIT
<b>613</b>	cannabis oil - ILLICIT
<b>688</b>	other (specified) form of cannabis - ILLICIT

**Alcohol**

<b>Code</b>	<b>Drug name(s)</b>
<b>700</b>	Alcohol

**Head shop drugs**

<b>Code</b>	<b>Drug name(s)</b>
<b>801</b>	Unspecified substances purchased in Head shops - ILLICIT
<b>802</b>	Head shop stimulants powders (unspecified) - ILLICIT
8021	snow/snowblow - ILLICIT
8022	mephedrone - ILLICIT
8023	Hurricane Charlie - ILLICIT
8024	vanilla sky - ILLICIT
8025	whack bath salts - ILLICIT
8026	wildcat - ILLICIT
8027	butylone - ILLICIT
8028	MDVP - ILLICIT
8029	flephedrone - ILLICIT
80210	methylone - ILLICIT
802011	Bubble [mephedrone] - ILLICIT
<b>803</b>	Head shop stimulants party pills (unspecified) - ILLICIT
8031	rocket fuel - ILLICIT
8032	speed freak - ILLICIT
8033	exotic super - ILLICIT
<b>804</b>	Head shop hallucinogenic substances (unspecified) - ILLICIT
8041	salvia - ILLICIT
<b>805</b>	Head shop Cannabis like substances (unspecified) - ILLICIT
8051	smoke - ILLICIT
8052	spice - ILLICIT
8053	bonazi - ILLICIT
8054	pulse - ILLICIT
8055	kingb - ILLICIT
8056	skunk (headshop substance) - ILLICIT
<b>806</b>	Head shop substance Kratom - ILLICIT
<b>807</b>	Other specified substances purchased in Head shops - ILLICIT

**Other drugs**

<b>Code</b>	<b>Drug name(s)</b>
<b>800</b>	unspecified other drug/substances - ILLICIT
<b>810</b>	unspecified medicaments - LICIT
<b>830</b>	anticholinergic drugs - LICIT
<b>840</b>	antidepressant drugs tricyclics (other specified) - LICIT
84001	amitriptyline - LICIT
84002	tryptizol - LICIT
84010	clompramine – LICIT
84011	anafranil - LICIT
84020	dothiepin - LICIT
84021	prothiaden - LICIT
84030	imipramine - LICIT
84041	surmontil - LICIT
84042	trimipramine - LICIT
84050	desipramine - LICIT
84060	lofepramine - LICIT
84061	gamanil - LICIT
84070	doxipen – LICIT
<b>843</b>	antidepressant drugs SSRI/ NSRI (other specified) – LICIT
84301	cipramil - LICIT
84302	citalopram - LICIT
84310	fluoxetine - LICIT
84311	prozac – LICIT
843015	duloxetine – LICIT
843016	cymbalta - LICIT
843017	yentreve- LICIT
84320	lustral - LICIT
84321	sertraline - LICIT
84330	mirtazapine - LICIT
84331	zispin - LICIT
84340	paroxetine - LICIT
84341	seroxat - LICIT
84350	reboxitine - LICIT
84360	molipaxin - LICIT
84361	trazadone - LICIT
84370	tranylcypromine - LICIT
84371	parnate - LICIT
84380	efexor - LICIT
84381	venlafaxine - LICIT
84390	lexapro - LICIT
843100	MAOI other - LICIT
<b>844</b>	antidepressant unspecified - LICIT
<b>850</b>	Antipsychotic drugs unspecified/other - LICIT
85001	chlorpromazine - LICIT
85002	largactil - LICIT
85010	clozapine - LICIT
85011	clozaril - LICIT
85020	haloperidol - LICIT
85021	serenace - LICIT
85030	olanzapine - LICIT

85031	zyprexa - LICIT
85040	levomepromazine - LICIT
85050	thioridazine – LICIT
85051	melleril - LICIT
85060	zuclopenthixol - LICIT
85061	clopixol – LICIT
85070	quetiapine - LICIT
85071	seroquel - LICIT
85080	risperidone - LICIT
85081	risperdal – LICIT
85090	phenothiazines - LICIT
85091	trifluoperazine - LICIT
<b>864</b>	<b>Steroids - Sex hormones (unspecified/other)</b>
86301	dexamethasone – LICIT
86302	hydrocortisone – LICIT
86303	prednisolone – LICIT
86401	HRT – LICIT
86402	testosterone - LICIT
87301	contraceptives - LICIT
864101	DHEA – LICIT
864102	norethandralone - LICIT
864103	nandrolene – LICIT
<b>888</b>	<b>other (specified) medication - LICIT</b>
848	antiepileptics – LICIT
849	parkinsonism and related disorders – LICIT
8423	anitmanic drugs (not specified) – LICIT
8471	non-opiate analgesics – LICIT
83101	nuelin – LICIT
83102	salbutamol – LICIT
83103	sio phyllin – LICIT
83104	theophylline – LICIT
83105	uniphyllin continus – LICIT
83106	ventolin – LICIT
83201	becotide – LICIT
83202	pulmicort – LICIT
83203	seretide – LICIT
83301	sodium cromoglicate – LICIT
83302	Zaditen – LICIT
83402	cetirizine – LICIT
83403	chlorpheniramine – LICIT
83404	cyclizine – LICIT
83405	diphenhydramine – LICIT
83406	phenergan – LICIT
83407	promethazine – LICIT
83408	vallergan – LICIT
83409	chlorphenamine – LICIT
83501	curosurf – LICIT
83502	doxapram – LICIT
83701	carbocisteine – LICIT
83702	pulmozyme – LICIT
83801	Karvol – LICIT
84601	maxolan – LICIT
84602	metoclopramide – LICIT
84610	motilium – LICIT
84805	neurontin – LICIT
84810	sodium valporate – LICIT

84811	epilim – LICIT
84820	lamictal – LICIT
84821	lamotrigine – LICIT
84830	carbamazepine – LICIT
84831	tegretol – LICIT
84840	pregabalin – LICIT
84850	gabapentin – LICIT
84860	laudanose – LICIT
86104	diamicron - LICIT
87404	viagra – LICIT
88801	slimming pills (pharmacy/prescribed) - LICIT
88802	orlistat - LICIT
831001	sudafed – LICIT
834010	doxylamine - LICIT
841001	antabuse – LICIT
841010	bupropion – LICIT
841011	zyban – LICIT
842301	lithium – LICIT
842303	valproic acid – LICIT
842304	priadel – LICIT
847101	brufen – LICIT
847102	diclofenic – LICIT
847103	difene – LICIT
847104	entoricoxib – LICIT
847105	ibuprofen – LICIT
847106	NSAIDs (unspecified) – LICIT
847107	paracetamol – LICIT
847108	ponstan – LICIT
847109	salicylate – LICIT
847110	nurofen - LICIT
847306	uniflu – LICIT
847501	phenacetin – LICIT
851903	pyrazinamide – LICIT
8470101	meloxicam – LICIT
8471010	aspirin (analgesic) – LICIT

### Other Problems

Code	Description
994	Concerned Person
995	Spending
996	Gambling
997	Eating disorder

## Appendix 8: Drug and other problem (Alphabetical List)

DRUG	CODE
acetone	5131
acid	411
aerosols	5151
alcohol	700
alprazolam	32801
amanita muscaria	421
amitriptyline	84001
amphetamine (unspecified)	220
amphetamine -other specified forms	228
amphetamine sulphate	221
amyl nitrites	5152
anafranil	84011
angel dust	41401
anhydrol	5881
antabuse	841001
anticholinergic drugs	830
Antidepressant (unspecified)	844
Antidepressant drugs - SSRI/NSRI other specified	843
Antidepressant drugs -tricyclics other specified	840
antiepileptics	848
antimanic drugs - not specified	8423
anti-perspirants	5880
antipsychotic unspecified/other	850
anxicalm	3211
aplakil	32502
aspirin (analgesic)	8471010
ativan	32401
barbiturate - unspecified/other	311
becotide	83201
benzodiazepines (unspecified)	320
benzodiazepines -other specified	328
Benzylpiperazine	2412
bonazi (illicit)	8053
bromazepam	32810
brufen	847101
Bubble [mephedrone] (illicit)	802011
buprenorphine-prescribed	163
buprenorphine-street	151
buprex - prescribed	1631
buprex - street	1511

bupropion	841010
buspirone	38801
butane	512
butylone (illicit)	8027
BZP	2411
calmaven	3212
cannabis - unspecified	600
cannabis (other specified)	688
cannabis oil	613
carbamazepine	84830
carbocisteine	83701
Central nervous system stimulant - other specified (LICIT)	288
Central nervous system stimulant - other specified (ILLICIT)	241
cetirizine	83402
chlordiazepoxide	32820
chlormethiazole	314
chlorphenamine	83409
chlorpheniramine	83403
chlorpromazine	85001
cipramil	84301
citalopram	84302
cleaning fluid	5132
clobazam	32880
clompramine	84010
clonazepam	32860
clopixol	85061
clorazepate	32850
clozapine	85010
clozaril	85011
coca paste or other specified forms of cocaine	218
cocaine - type unspecified	210
cocaine hydrochloride (coke)	211
cocaine-(crack)	2122
cocaine-coca paste or other specified forms of cocaine	2181
codeine - unspecified	130
codeine linctus (unspecified/other)	131
codeine or derivative other (specified) form	138

codeine/dihydrocodeine (substitution) - prescribed	162
Concerned Person	994
contraceptives	87301
cough syrup with codeine	1311
crack cocaine	212
crystal meth	2241
curosurf	83501
cyclimorph	1881
cyclizine	83404
cymbalta	843016
dalmane	3221
darvon	1421
designer drug (not headshop) unspecified	410
desipramine	84050
dexamethasone	86301
dexamphetamine	222
Dexedrine	2281
dextromoramide	141
dextropoxyphene	142
DF118	1330
DHEA	864101
diamicron	86104
diazepam	321
diclofenic	847102
difene	847103
dihydrocodeine (other)	133
dimethoxybroamphetamine (snowball)	225
dimotane	1882
diphenhydramine	83405
dipipanone (diconal, 'dike')	143
distalgesic	1422
doriden	31301
dormodor	3220
dothiepin	84020
doxapram	83502
doxipen	84070
doxylamine	834010
drug/substance (illicit) unspecified	800
duloxetine	843015
durogesic	15301
E	2402
Eating disorder	997

ecstasy	2401
efexor	84380
entoricoxib	847104
ephedrine other specified	233
epilim	84811
euphynpos	3270
exotic super (illicit)	8033
feminax	847301
fentanyl	153
flephedrone (illicit)	8029
flunitrazepam	323
fluoxetine	84310
flurazepam	322
fly sprays	5153
fortral	15201
freebase cocaine	2121
gabapentin	84850
gamanil	84061
Gambling	996
gas	5120
GHB - Gamma-hydroxybutyric acid	319
glue	511
glutethimide	313
Grass	611
halcion	32831
hallucinogen manufactured (not headshop) - specified	418
hallucinogen unspecified	400
hallucinogenic plant - other specified	428
hallucinogenic substance - specified	488
haloperidol	85020
Hash/hashish	612
head shop cannabis-like substance (illicit) unspecified	805
head shop hallucinogenic substance (illicit) - unspecified	804
head shop party pills (illicit)- unspecified	803
head shop powder - stimulant (illicit)unspecified	802
head shop substance (illicit) - other specified	807
head shop substance (illicit) - unspecified	801
heminevrin	31401

heroin - illicit	111
heroin - LICIT/PRESCRIBED	164
HRT	86401
Hurricane Charlie (illicit)	8023
hydrocodeine	132
hydrocortisone	86302
hydromorphone	847201
hypnotic - unspecified	310
hypnotics/sedative-type drug - unspecified	300
hyponotic (excl benzodiazepines) other specified	318
ibuprofen	847105
ice	2242
idalprem	32403
imipramine	84030
Karvol	83801
ketamine	423
Khat	2383
kingb (illicit)	8055
kratom (illicit)	806
lamictal	84820
lamotrigine	84821
largactil	85002
laudanosiine	84860
levomepromazine	85040
lexapro	84390
lexotan	32811
Liberty caps	4201
librium	32821
lighter fuel	5121
lignocaine	424
lithium	842301
lofepramine	84060
lorazepam	324
LSD	41101
lustral	84320
MAOI other	843100
Marihuana	6112
markers	5133
maxolan	84601
MDMA	240
MDVP (illicit)	8028
medication - other specified	888
medication - unspecified	810

melleril	85051
meloxicam	8470101
mephedrone (illicit)	8022
meptazinol	847203
meptid	847204
mescaline	4881
methadone - street	144
methadone (prescribed)	161
methaqualone	312
methlyone (illicit)	80210
methylamphetamine	224
methylamphetmatine	223
methylphenidate	231
metoclopramide	84602
midazolam	32840
mirtazapine	84330
mogadon	32601
molipaxin	84360
morphine	121
motilium	84610
MST	1211
mushrooms (magic) unspecified	420
nandrolene	864103
NAPP	1210
neurontin	84805
nitrates - other specified	515
nitrazepam	326
non-opiate analgesics	8471
norephedrine	23302
norethandralone	864102
normison	3271
not applicable	998
not known	999
NSAIDs - not specified	847106
nuelin	83101
nurofen	847110
nurofen plus	847302
olanzapine	85030
ophedrine	23304
opiate (synthetic) - other specified	148
opiate (synthetic) - unspecified	140
opiate agonist-antagonist : specified	158
opiate agonist-antagonist : unspecified	150

opiate substitute (prescribed) - other specified	168
opiate substitute unspecified	160
opiate type drug substitute (prescribed)- other specified	188
opiate-type drug – unspecified	100
Opium	122
opium - home made concoction	123
Opium - other specified derivative	128
orfidal	32402
orlistat	88802
oxazepam	325
Oxycodone Hydrochloride	146
oxycontin	14601
oxynorm	14602
paint-thinners	5134
palfium	1411
paracetamol	847107
Paracodin	1331
paracodol	847303
paramol (paracetamol & dihydrocodeine)	847304
parkinsonism and related disorders	849
parnate	84371
paroxetine	84340
PCP	41402
pentazoncine	152
pentobarbital	3114
pentobarbitone	3115
pethadine	145
petrol	514
phenacetin	847501
phencylidine	414
phenergan	83406
phenmetrazine	232
phenobarbitone	84806
phenothiazine	85090
phenytoin	84807
ponstan	847108
poppers	5154
Poppy tea/kompot	1231
prazepam	32870
prednisolone	86303
pregabalin	84840
preludin	2321

priadel	842304
promethazine	83407
propoxyphene	1420
prothiaden	84021
prozac	84311
pseudoephedrine	23303
psilocybin	422
pulmicort	83202
pulmozyme	83702
pulse (illicit)	8054
pyrazinamide	851903
quetiapine	85070
reboxitine	84350
resin	6121
risperdal	85081
risperidone	85080
ritalin	2311
roche	32302
rocket fuel (illicit)	8031
rohypnol	32301
salbutamol	83102
salicylate	847109
salvia (illicit)	8041
seconal	3111
sedatives/anxiolytic - other specified (NOT benzodiazepines)	388
serenace	85021
serenid	32501
seretide	83203
seroquel	85071
seroxat	84341
sertraline	84321
sibutramine	2382
sio phyllin	83103
skunk - headshop (illicit)	8056
skunk (herbal cannabis)	6113
slimming pills (pharmacy/prescribed)-LICIT	88801
slimming pills (specified stimulant)-ILLICIT	2381
smoke - headshop (illicit)	8051
snow/snowblow (illicit)	8021
sodium amytal	3112
sodium cromoglicate	83301
sodium valporate	84810

solpadeine	847305
solpadol	847308
solvents - other specified	513
Special k	4231
speed	2201
speed freak (illicit)	8032
Spending	995
spice (illicit)	8052
steroids/sex hormones unspecified/other	864
stilnoct	31802
stimulant - unspecified excluding cocaine or amphetamine	230
stimulant unspecified - DO NOT USE 2012 onwards	200
stimulants - other (specified)	238
suboxone - prescribed	1633
suboxone - street	1514
subutex - prescribed	1632
subutex - street	1512
sudafed	831001
surmontil	84041
tegretol	84831
temazepam	327
temgesic	1513
testosterone	86402
theophylline	83104
thioridazine	85050
tippex	5135
toluene	5136
tramadol hydrochloride	147
tranquilliser (unspecified)	330
tranquilliser specified	331
tranxene	32851
tranlycypromine	84370
trazodone	84361
triazolam	32830

trifluoperazine	85091
trimipramine	84042
tryptizol	84002
tuinal	3113
tylex	847206
uniflu	847306
uniphyllin continus	83105
Up Johns	320001
uppers	2202
valium	3213
vallergan	83408
valproic acid	842303
vanilla sky (illicit)	8024
veganin	847307
venlafaxine	84381
ventolin	83106
viagra	87404
Volatile inhalant - unspecified	500
volatile inhalants - other specified	588
Weed (herbal cannabis)	6111
weed -headshop (illicit)	8057
whack bath salts (illicit)	8025
whizz	2211
wildcat (illicit)	8026
xanax	32802
XTC	2403
yentreve	843017
Zaditen	83302
zamadol	1472
Zimovane	31810
zispin	84331
Zolpidem	31801
Zopiclone	31811
zuclopenthixol	85060
zyban	841011
zydol	1473
zyprexa	85031