



***National Treatment Agency  
for Substance Misuse***

**National Drug Treatment Monitoring System (NDTMS)**

**NDTMS DATA SET H**

**BUSINESS DEFINITION FOR PRISON DRUG AND ALCOHOL TREATMENT  
PROVIDERS**

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## REVISION HISTORY

Version	Author	Purpose / Reason	Date
1.0	A. Cooper	New business definition for providers of specialist treatment services in prisons for drug and alcohol misusers. Version 1.0 refers to NDTMS Data Set H	07/10/2011
1.01	A. Cooper	Additional clarification on recording client's postcode and DAT of residence. Additional clarification on recording care plan reviews for opioid maintenance clients – see Appendix C.	26/10/2011

## EXTERNAL REFERENCES

Ref No	Title	Version
1	NDTMS Data Set - Technical Definition	9.02
2	NDTMS Data Set - Reference Data	9.01
3	Updated guidance for prison-based opioid maintenance prescribing, Department of Health	2010
4	Clinical Management of Drug Dependence in the Adult Prison Setting, Department of Health <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063064">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_063064</a>	2006
5	Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults: Commissioning guide, Implementing NICE guidance, NICE <a href="http://www.nice.org.uk/media/72A/1A/AlcoholServicesCMG.pdf">http://www.nice.org.uk/media/72A/1A/AlcoholServicesCMG.pdf</a>	2011
6	Drug misuse and dependence: UK guidelines on clinical management, Department of Health	2007

This document uses the convention that any external references are indicated by square brackets e.g. [3].

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## 1 INTRODUCTION

This document establishes, at a business level, the set of performance data items (known as the NDTMS Data Set) to be collected and utilised by the NDTMS.

In support of evolving business requirements, the data items, which are collected by the NDTMS Programme, are reviewed on an annual basis.

**This version (commonly referred to as the NDTMS Data Set 'H') will come into effect for prisons reporting to NDTMS as "early adopters" prior to national data collection from 1<sup>st</sup> April 2012.**

This document contains definitions that are applicable to all clients, adults (18 years and over) and young people (under 18s).

This document should not be interpreted as a technical statement - it is intended to serve the business perspective of the data. The technical specification and code-sets for the data items are available as separate documents [1 and 2] - these documents are available on request from the NTA.

## **2 REQUIREMENTS**

Data reporting facilitates policy formulation and supports the development of efficient commissioning systems at a local level.

It is anticipated that performance measures for prison-based drug and alcohol treatment using NDTMS data will be developed once comprehensive data collection has been implemented across England, for example:

- Numbers in treatment
- Successful completions of treatment

### 3 DATA ENTITIES

The prison treatment data items (listed later in this document) may be considered as belonging to one of four different entities or groups. These are:

Client details	Section No 1
Episode details (including client details which may vary over time)	Section No 2
Treatment modality / intervention details	Section No 3
Care Plan Review details	Section No 4

The following section lists all data items in the Prisons NDTMS Data Set.

## 4 DATA ITEMS

Sect No	Item	Description
1	Initial of client's first name	The first initial of the client's first name – for example Max would be 'M'
	Initial of client's surname	The first initial of the clients surname – for example Smith would be 'S', O'Brian would be 'O' and McNeil would be 'M'.
	Date of birth of client	The day, month and year that the client was born.
	Sex of client	The client gender at triage.
	Ethnicity	The ethnicity that the client states as defined in the OPCS census categories. If a client declines to answer then 'not stated' should be used, if a client is not asked then the field should be left blank.
	Nationality	Country of nationality at birth.

Sect No	Item	Description
2	Initial Reception Date	The date that the client was received into the first prison where they began their current continuous period in custody.
	Reception Date	The date that the client was received into the current prison.
	NDTMS Prison Code	An unique identifier for the Prison that is defined by the NDTMS Hub – for example A0001
	Client Prison Number	The unique number allocated to a prisoner – this should be the NOMS ID. (NB: this field must not hold or be composed of attributers which might identify the individual).
	Client ID	A mandatory, technical identifier representing the client, as held on the clinical system used in the prison (NB: this should be a technical item, and must not hold or be composed of attributers, which might identify the individual.). A possible implementation of this might be the row number of the client in the client table.
	Episode ID	A mandatory, technical identifier representing the episode, as held on the clinical system used in the prison (NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual). A possible implementation of this might be the row number of the episode in the episode table.

Sect No	Item	Description
2	Consent for NDTMS	Whether the client has agreed for their data to be shared with the NDTMS Hub and the NTA. Informed consent must be sought from all clients and this field needs to be completed for all records, even if the client has already started treatment in the prison.
	Postcode	The postcode of the client's place of residence prior to entering custody. This postcode may or may not be truncated, by removing the final two characters of the postcode (i.e. 'NR14 7UJ' would be truncated to 'NR14 7'). If a client states that they are of no fixed abode or they are normally resident outside of the UK the Postcode should be left blank.
	DAT of residence	The Drug Action Team (or partnership) area in which the client was residing prior to entering custody (as defined by the postcode of their normal residence). If the client is resident in Scotland, Wales, Northern Ireland, or outside of the UK record the code that reflects this. If a client states that they are of no fixed abode (NFA) record the Partnership (DAT) where the benefits office from which the client last claimed is located.
	Problem Substance No. 1	The substance that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. If a client presents with more than one substance the prison is responsible for clinically deciding which substance is primary.
	Problem Substance No. 2	An additional substance that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. 'Poly drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields.
	Problem Substance No. 3	An additional substance that brought the client into treatment at the point of triage / initial assessment, even if they are no longer actively using this substance. 'Poly drug' should no longer be used in this field; instead the specific substances should be recorded in each of the problem substance fields.
	Transferred from (prison)	The prison from which the client has transferred into the current prison from (where applicable).
	Triage Date	The date that the client was assessed by a substance misuse worker in the prison.
	Care Plan Started Date	Date that a care plan was created and agreed with the client for this treatment episode.  Where a client has transferred into the prison from another prisons with a care plan that is to be continued
	Injecting Status	Is the client currently injecting, have they ever previously injected or never injected?
	Drinking days	Number of days in the 28 days prior to custody that the client consumed alcohol.
	Units of alcohol	Typical number of units consumed on a drinking day in the 28 days prior to custody.

Sect No	Item	Description
2	Discharge Date	The date that the client stopped receiving structured treatment in the prison (even if they are still in the same prison). If a client has had a planned discharge from treatment then the date agreed within this plan should be used. If a client's discharge was unplanned then the date of the last face to face contact with the treatment provider should be used.
	Discharge Reason	The reason why the client's episode of structured treatment ended. For discharge codes and definitions see Appendix D.
	Prison Exit Date	The date that the client left the current prison (or died).
	Prison Exit Reason	The reason that the client has left the prison.
	Prison Exit Destination	The Prison or the DAAT of the CJIT to which the client was released/transferred. If the client has been released without onward referral to their CJIT this field should not be completed.
	Referred to community provider	Whether the prison has made an active referral for structured treatment to a community structured treatment provider
	Pre-release Review Date	The date of the pre-release review if the reason for the prison exit is 'released'

Sect No	Item	Description
3	Treatment Modality	The treatment modality / intervention a client has been referred for / commenced within this treatment episode. A valid treatment modality code should be used as defined in the NDTMS Data Set - Reference Data [2]. A client may have more than one treatment modality running sequentially or concurrently within an episode. Current definitions and name changes for all accepted modalities / interventions can be found in Appendix B.
	Modality ID	A mandatory, technical identifier representing the modality, as held on the clinical or case management system used in the prison. (NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual). A possible implementation of this might be the row number of the modality in the modality table. This field is mandatory if any items in this section (Modality) are not null.

Sect No	Item	Description
3	Modality Start Date	The date that the stated treatment modality / intervention commenced i.e. the client attended for the appointment. The current definition of when a modality commences (by modality type) can be found in Appendix B of this document.
	Modality End Date	The date that the stated treatment modality/ intervention ended. If the modality has had a planned end then the date agreed within the plan should be used. If it was unplanned then the date of last face to face contact date within the modality should be used.
	Modality Exit Status	Whether the exit from the treatment modality was planned or unplanned.

Sect No	Item	Description
4	Care Plan Review Date	For clients receiving opioid maintenance, record the date on which the client's care plan was reviewed. Do not record any reviews held within the first 4 weeks of treatment starting, e.g. 5-day reviews. Further guidance on completing this section is provided in Appendix C.
	Care Plan Review ID	A mandatory, technical identifier representing the Care Plan Review, as held on the clinical or case management system used by the prison. (NB: this should be a technical item, and should not hold or be composed of attributers, which might identify the individual). This field is mandatory if any items in this section (Care Plan Review) are not null.
	Reason for continuing maintenance	If the client has been receiving opioid maintenance for three months (13 weeks) or more and will continue to do so beyond the Care Plan Review Date, a reason for continuing maintenance is required in this field.

**APPENDIX A - WHAT DATA ITEMS SHOULD BE UPDATED AS EPISODE OF TREATMENT PROGRESSES?**

Sect No	No	Field Description	Rules & Guidance
1	1	Initial of Client's First Name	✓ <b>MUST be completed. If not, record rejected.</b> Should not change – otherwise the NDTMS Hub should be formally advised
	2	Initial of Client's Surname	✓ <b>MUST be completed. If not, record rejected.</b> Should not change – otherwise the NDTMS Hub should be formally advised
	3	Date of birth of client	✓ <b>MUST be completed. If not, record rejected.</b> Should not change – otherwise the NDTMS Hub should be formally advised
	4	Sex of client	✓ <b>MUST be completed. If not, record rejected.</b> Should not change – otherwise the NDTMS Hub should be formally advised
	5	Ethnicity	Should not change
	6	Nationality	Should not change
2	7	Initial Reception Date	✓ <b>MUST be completed. If not, record rejected.</b> Should not change – otherwise the NDTMS Hub should be formally advised
	8	Reception Date	✓ <b>MUST be completed. If not, record rejected.</b> Should not change – otherwise the NDTMS Hub should be formally advised
	9	NDTMS Prison Code	✓ <b>MUST be completed. If not, record rejected.</b> Should not change – otherwise the NDTMS Hub should be formally advised
	10	Client Prison Number	Should not change and should be consistent across all episodes of treatment in the prison.
	11	Client ID	✓ <b>MUST be completed. If not, record rejected</b> Should not change
	12	Episode ID	✓ <b>MUST be completed. If not, record rejected</b> Should not change

Sect No	No	Field Description	Rules & Guidance
	13	Consent for NDTMS	☞ Client must give consent before their information can be sent to NDTMS May change (i.e. current situation)
	14	Post Code	May change (i.e. current living situation)
	15	DAT of residence	✓ <b>MUST be completed. If not data may be excluded from performance monitoring reports.</b> May change (i.e. current living situation)
	16	Problem Substance No 1	✓ <b>MUST be completed. If not, record rejected.</b> Not expected to change (i.e. as at start of Episode)
	17	Problem Substance No 2	Not expected to change (i.e. as at start of Episode)
		Problem Substance No 3	Not expected to change (i.e. as at start of Episode)
	18	Transferred from (prison)	Not expected to change (i.e. as at start of Episode)
	19	Triage Date	✓ <b>Trigger to submit record and MUST be completed. If not, record rejected.</b> Not expected to change (i.e. as at start of Episode)
	20	Care Plan Started Date	📄 <b>MUST be completed when Modality Start Date given.</b> Not expected to change (i.e. as at start of Episode)
	21	Injecting Status	Not expected to change (i.e. as at start of Episode)
	22	Drinking Days	Not expected to change (i.e. as at start of Episode)
	23	Units of Alcohol	Not expected to change (i.e. as at start of Episode)
	24	Discharge Date	☞ Discharge date required when client is discharged. ALL modalities <b>MUST</b> have end date. Discharge reason <b>MUST</b> be given. Should only change from 'null' to populated as episode progresses.
	25	Discharge Reason	☞ Discharge reason required when client is discharged. Discharge date <b>MUST</b> be given. Should only change from 'null' to populated as episode progresses.
	26	Prison Exit Date	Required when client leaves the prison Should only change from 'null' to populated as episode progresses

Sect No	No	Field Description	Rules & Guidance
	27	Prison Exit Reason	Required when client leaves the prison. Exit Reason must be given if Prison Exit Date is populated. Should only change from 'null' to populated as episode progresses
	28	Prison Exit Destination	Required if Prison Exit Date is populated and client is transferred to another Prison, or is released and referred to the CJIT in their DAAT of residence. It should not be populated if the client is released but not referred to their local CJIT. Should only change from 'null' to populated as episode progresses
	29	Referred to Community Provider	Required when client leaves the prison and Exit Destination is 'Released' Should only change from 'null' to populated as episode progresses
	30	Pre-release Review Date	Required when client leaves the prison Should only change from 'null' to populated as episode progresses
3	31	Treatment Modality	☞ Required as soon as modality is known. Should not change – otherwise the NDTMS Hub should be formally advised
	32	Modality Id	✓ <b>MUST be completed. If not, record rejected</b> Should not change
	33	Modality Start Date	☞ Required when client actually starts modality Should only change from 'null' to populated as episode progresses
	34	Modality End Date	☞ Required when client completes modality or is discharged. Should only change from 'null' to populated as episode progresses
	35	Modality Exit Status	☞ Required when client completes modality or is discharged. Should only change from 'null' to populated as episode progresses
4	36	Care Plan Review Date	Not expected to change
	37	Care Plan Review ID	✓ <b>MUST be completed if any items in this section are not null. If not, record rejected</b> Should not change
	38	Reason for continuing maintenance	Not expected to change (i.e. status as at Care Plan Review date)

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

## APPENDIX B - DEFINITIONS OF MODALITIES/INTERVENTIONS

The treatment modalities / interventions to be captured for NDTMS are defined below. There are three categories of modality:

- Adult drug treatment modalities
- Adult alcohol treatment modalities
- Young Persons (under 18s) treatment modalities

NDTMS defines adults as those aged 18 and over.

Adult prisons and Young Offender Institutions (YOIs) with no juvenile (under 18s) population should only use the adult drug and alcohol treatment modalities for recording the interventions they deliver. YOIs that have a juvenile population (under 18s) should use the Young Persons (YP) modalities for any clients aged under 18. Therefore, YOIs with both a juvenile and adult (18-21) population may record interventions from any of the three modality categories, but only using the YP modalities for clients under 18.

If an adult client is receiving a non-clinical intervention to address both their drug and alcohol misuse, only one modality should be recorded to reflect this – choose either the drug treatment modality, or the alcohol equivalent, based on the client's primary substance of use ('Problem substance No.1'), e.g. if the client has a drug recorded as their primary substance and, as part of their care plan, is receiving regular therapeutic sessions with their key worker to address both their drug and alcohol misuse the drug treatment modality 'Other Structured Intervention' should be recorded rather than 'Alcohol – Other Structured Treatment'.

### B.1 ADULT DRUG TREATMENT MODALITIES

#### B.1.1 Opioid Reduction

The 'opioid reduction' modality should be used where the client is receiving substitute opioid prescribing (methadone or buprenorphine) and the client's care plan objective is reduction with a commitment to becoming drug free. Every review of the client's care plan should indicate that the substitute dosage is being reduced. Where it has not been possible to reduce the dosage over successive reviews (2 or more) the prisoner is effectively being maintained and therefore this modality should be ended and a subsequent 'opioid maintenance' modality opened.

Opioid detoxification may also be recorded under this modality. Following a stabilisation, detoxification should routinely be for a minimum of 14 days if withdrawing from a short-acting opiate but longer if withdrawing from methadone. Detoxification will often need to be for 21 days or more if methadone has been used regularly prior to arrest. [4].

It is important that the right balance be achieved in determining whether a detoxification, gradual reduction or maintenance regime is the appropriate approach when prescribing for those who are opiate dependent. DH guidance sets out parameters for the use of substitute prescribing. [3,4]

There is a requirement that all periods of extended prescribing, whether maintenance or gradual reduction regimes, are reviewed every three months as a minimum. The review will have input from the multi-disciplinary team including the patient, prescriber, other members of the clinical substance misuse team, CARATs, and where their involvement is incorporated within an agreed clinical governance framework, a senior officer and/or offender supervisor.

The prisoner will also be expected to participate in the psychosocial, educational and rehabilitation opportunities available to them whilst in prison to assist them with achieving abstinence.

**The modality/intervention start is the date of dispensing the first dose of medication where reduction is the aim.**

### B.1.2 Opioid Maintenance

The option of methadone (first line) or buprenorphine maintenance after stabilisation should be considered in the following circumstances:

- where a chronic opiate user is received into custody on remand, in order to enable them to engage in treatment upon release;
- where an opiate dependent prisoner is received into custody on a sentence of less than 26 weeks, in order to enable them to engage in treatment upon release; or
- where, on the basis of a full clinical assessment, it is considered necessary to protect the prisoner from the risks of opiate overdose upon release. [3]

There is a requirement that all periods of extended prescribing whether maintenance or gradual reduction regimes are reviewed every three months as a minimum. The review will have input from the multi-disciplinary team including the patient, prescriber, other members of the clinical substance misuse team, CARATs, and where their involvement is incorporated within an agreed clinical governance framework, a senior officer and/or offender supervisor.

Where longer term prescribing is offered to those whose sentence exceeds 26 weeks, it should be explained that at an appropriate time there will be an expectation that the prisoner works towards reducing their dose of opiate substitute medication, and that abstinence remains the ultimate goal.

When a prisoner moves from a maintenance to a reduction regime the maintenance modality should be ended and a new modality of "opioid reduction" be opened to indicate the change in treatment goal.

The prisoner will also be expected to participate in the psychosocial, educational and rehabilitation opportunities available to them whilst in prison to assist them with achieving abstinence.

**The modality/intervention start is the date of dispensing the first dose of medication on a maintenance script.**

### B.1.3 Other Clinical Intervention

This modality should be used to record the following treatment interventions:

- detoxification from benzodiazepines;
- detoxification from opiates using a non-opiate agonist (i.e. lofexidine);
- prescribing of naltrexone prior to release from prison; or
- re-induction onto opiate substitution treatment prior to release. [6]

As for all clinical substance misuse treatment interventions the prisoner should also be receiving structured sessions with a key worker or other substance misuse worker to address their drug (and alcohol) misuse, health-related issues, offending behaviour and social functioning.

**The modality/intervention start is the date of dispensing the first dose of medication.**

### B.1.4 Psychosocial Intervention Mental Disorder

Many drug users also have considerable co-morbid problems, particularly common mental health problems such as anxiety and depression. There is evidence that a range of evidence-based psychosocial interventions can be beneficial for a wide range of mental disorders. Such disorders may include: depression (NICE, 2007b); anxiety (NICE, 2007c); post traumatic stress disorder (NICE, 2005a); eating disorders (NICE, 2004); obsessive compulsive disorder (NICE, 2005b); antenatal and postnatal mental health (NICE, 2007d).

Psychosocial interventions to address these disorders range from, for example, guided self-help and brief interventions for mild forms of problems to cognitive behavioural therapy and social support for more moderate forms.

All psychosocial interventions to address common mental disorders should be recorded using this code regardless of their intensity.

**The modality/intervention start is the date of the first formal and time-limited appointment.**

### **B.1.5 Other Formal Psychosocial Therapy**

This modality category includes other psychosocial therapies that are used in drug treatment and that are beneficial for some clients as they are practical and broad-based techniques. Psychosocial therapies recorded under this category will include the Community Reinforcement Approach and Social Behaviour Network Therapy.

**The modality/intervention start is the date of the first formal and time-limited appointment.**

### **B.1.6 Structured Day Programme**

The structured day programmes category should be used to record a range of programmes where a client must attend for a fixed period of time. Interventions tend to be either via a fixed rolling programme or a fixed individual timetable, according to client need. In either case, the programme includes the development of a care plan and regular key working sessions. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning.

Clients will usually attend the programme according to specified attendance criteria, and follow a set timetable that will include group work, psychosocial interventions, educational and life skills activities.

In prisons the majority of drug treatment programmes would fall into this category, including 12-Step programmes and Therapeutic Communities.

The category of 'other structured intervention' should be used for less extensive or less structured 'day care' provided in the context of a structured care plan.

**The modality/intervention start is the date of the start of the programme.**

### **B.1.7 Other Structured Intervention**

'Other structured intervention' describes a package of interventions set out in a client's care plan which includes, as a minimum, regular planned therapeutic sessions with the keyworker or other drugs worker. The care plan should address drug and alcohol misuse, health needs, offending behaviour and social functioning.

This modality category reflects the evidence base that drug treatment consisting of individually tailored packages of care, in the context of a therapeutic relationship, is beneficial. This intervention may be particularly relevant for non-opiate drug misusers and clients who are receiving criminal justice treatment interventions.

Most clients receiving 'other structured intervention' will receive a range of interventions to meet needs identified in their care plan. These will involve a range of interventions to address their drug misuse and support to address needs in other domains. Examples of these may include:

- A crack user who is receiving regular sessions with a keyworker and attending 'day care' sessions to address a range of social and health-related needs

- An opiate user who has been through detoxification and is receiving ongoing support to maintain abstinence as part of the care plan (prior to referral on or provision of aftercare arrangements), and is also receiving harm reduction interventions and help to deal with health needs
- An uncomplicated problem cannabis user who is receiving a short period of care-planned regular brief interventions to deal with problem cannabis use
- Clients who are not receiving a structured psychosocial intervention for their problem drug use, but who receive sessions with keyworkers to address their social needs and offending behaviour.

'Other structured intervention' can describe regular sessions with a keyworker, delivered in order to keep a client engaged in the treatment system while they are waiting to start receiving another care-planned intervention, if the structured interventions are outlined in an initial care plan following a triage assessment.

Clients receiving 'day care' rather than a structured 'day programme', as part of a care plan, may be recorded as receiving 'other structured intervention'. Day care is distinct from structured day programmes, because it has a lower requirement to attend than structured day programmes (usually 1–2 days). Some clients may have a care plan that specifies regular attendance at day care with regular sessions with keywork. As part of the care-planned day care they may receive a range of interventions and support including emotional and psychological support, educational and life-skills work and related activities, advice and information, harm reduction support, further assessment and subsequent referral to alternative structured treatment. This may be particularly relevant for clients who have co-existing mental health problems.

**The modality/intervention start is the date of the first formal and time-limited key worked appointment.**

## **B.2 ADULT ALCOHOL TREATMENT MODALITIES**

### **B.2.1 Alcohol - Prescribing**

Prescribing involves the provision of care-planned specialised alcohol treatment, which includes the prescribing of drugs to treat alcohol misuse. This modality should be used to capture the three classes of pharmacotherapy that are effective in the treatment of alcohol misusers:

- medications to promote abstinence or prevent relapse, including sensitising agents
- medications for treating withdrawal symptoms during medically assisted alcohol withdrawal
- nutritional supplements as a harm reduction measure for heavy drinkers and high-dose parenteral thiamin for the treatment of Wernicke's encephalopathy and its prevention.

There is significant research evidence and consensus on the most appropriate medications to use in managing the side effects of withdrawal from alcohol and these conventions should be followed. Typically the medications of choice will be benzodiazepines, such as chlordiazepoxide or diazepam. Medications for reducing craving for alcohol should only be prescribed alongside psychosocial treatment and not as a stand-alone intervention, and use of sensitising medications requires continuing support from professionals and from families or social networks.

Pharmacological therapies should be delivered in the context of structured care-planned treatment and are not a stand-alone treatment option (there is some evidence that multiple episodes of assisted withdrawal can be associated with increased harmful outcomes). Pharmacological therapies are most effective when used as enhancements to psychosocial therapies as part of an integrated programme of care.

**The modality/intervention start is the date of dispensing the first dose of medication.**

### **B.2.2 Alcohol – Structured Psychosocial Intervention**

Structured psychosocial interventions are clearly defined, evidence-based psychosocial interventions, delivered as part of a client's care plan, which assist the client to make changes in their alcohol (and drug) misuse. These interventions are normally time limited and should be delivered by competent practitioners. Competent practitioners will have adequate training, regular clinical supervision to ensure adherence to the treatment model and be able to demonstrate positive client outcomes.

Structured psychosocial interventions should be identified within a care plan. These interventions can be delivered in individual or group settings, and by any practitioners who have appropriate training and supervision

A wide range of treatments have been shown to be effective in research studies, including cognitive-behavioural therapy, motivational enhancement therapy, 12-step facilitation therapy, coping and social skills training, a community reinforcement approach, social behaviour and network therapy, behavioural self-control training, and cognitive-behavioural marital therapy.

Psychosocial treatment skills (e.g. particular relapse prevention techniques) may be used in face-to-face sessions (e.g. by a keyworker), but this would not reach the threshold to be considered a 'structured psychosocial intervention'.

If such a skill were used as part of a clearly defined, consistent and evidence-based package of psychological treatment, especially when delivered by a demonstrably competent practitioner, it would then be part of a 'structured psychosocial intervention'. Examples of structured psychosocial interventions could include four sessions of family therapy, or a manualised relapse prevention package.

In this definition, psychosocial interventions are to be differentiated from a number of other interventions:

- While psychosocial interventions may be delivered by a keyworker, this activity is not part of the keyworking process *per se*. The keyworker may provide a level of ongoing face-to-face therapeutic support involving the use of some psychological techniques. If keyworkers do not deliver complete and consistent psychological treatment packages as part of their work with individual clients, it does not constitute a 'structured psychosocial treatment'. For example, a keyworker helping a client draw up a list of pros and cons is not delivering a full motivational interviewing intervention, merely using one technique commonly associated with the approach. Where keyworkers do deliver a planned, structured and coherent evidence-based psychosocial intervention (for which they have received training and supervision) this is likely to comprise a number of sessions and this constitutes a structured psychosocial intervention.
- The difference between psychosocial interventions for problem substance misuse and formal psychological therapies targeting a client's co-morbid mental health problems is that the latter interventions are specialist psychological treatments (such as cognitive-behaviour therapy for depression or anxiety, cognitive-analytic therapy, dialectical behaviour therapy, or schema-focused therapy for personality disorders) aimed primarily at the non-substance psychological problem. Such interventions should only be delivered by specialist practitioners such as clinical and counselling psychologists, suitably trained psychiatric staff or other specialist therapists with relevant training, qualifications and supervision in the therapy model being offered. This would be delivered as part of the care plan but would not constitute a 'structured psychosocial intervention' for problem alcohol use itself.
- Psychosocial interventions also differ from advice, information, simple psycho-education or other low-threshold support, which may be provided by a range of practitioners in a range of treatment settings.

An additional category of 'other structured treatment' is provided for less clearly defined counselling in the context of a structured care plan (see section B.2.3 for further discussion).

**The modality/intervention start is the date of the first formal and time-limited appointment.**

### **B.2.3 Alcohol – Other Structured Treatment**

'Alcohol - Other structured treatment' describes a package of interventions set out in a client's care plan which includes as a minimum regular planned therapeutic sessions with the keyworker or other substance misuse worker. The care plan should address alcohol (and any drug) misuse, health needs and social functioning. 'Other structured treatment' describes structured therapeutic activity not covered under the alternative specific intervention categories set out above.

The creation of this 'other' category of intervention reflects the evidence base that treatment consisting of individually tailored packages of care, in the context of a therapeutic relationship, is beneficial. Most clients receiving 'other structured treatment' will receive a range of interventions to meet needs identified in their care plan.

These will involve a range of interventions to address their alcohol misuse and support to address needs in other domains. This intervention may be particularly relevant for alcohol misusers who are receiving structured, care-planned treatment in the absence of prescribing interventions or psychosocial interventions. For example:

- Regular sessions with a keyworker to address a range of social and health-related needs
- Ongoing support following alcohol withdrawal to maintain abstinence as part of the care plan
- A short period of care-planned regular brief interventions to address problem alcohol misuse.

'Other structured treatment' can describe regular sessions with a keyworker, delivered in order to keep a client engaged in the treatment system while they are waiting to start receiving another care-planned intervention, if the structured interventions are outlined in an initial care plan following a triage assessment.

Some clients may have a care plan that specifies regular attendance at day care with regular sessions with keywork. As part of the care-planned day care they may receive a range of interventions and support including emotional and psychological support, educational and life-skills work and related activities, advice and information, harm reduction support, further assessment and subsequent referral to alternative structured treatment. This may be particularly relevant for clients who have co-existing mental health problems.

**The modality/intervention start is the date of the first formal and time-limited key worked appointment.**

#### **B.2.4 Alcohol – Brief Intervention**

This modality should be used for recording brief interventions to alcohol clients, should prisons wish to record these on NDTMS.

Brief interventions for hazardous and harmful drinkers include:

- a session of structured brief advice on alcohol for adults who have been identified via screening as drinking a hazardous or harmful amount.
- an extended brief intervention for adults who have not responded to structured brief advice or who may benefit from an extended brief intervention for other reasons. [5]

Further definitions are provided in the 2011 NICE alcohol commissioning guidance [5] as follows:

- Brief intervention: This can comprise either a short session of structured brief advice or a longer, more motivationally based session (that is, an extended brief intervention). Both aim to help someone reduce their alcohol consumption or abstain, and can be carried out by non-alcohol specialists.
- Extended brief intervention: This is motivationally based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. In this guidance, all motivationally based interventions are referred to as “extended brief interventions”.

**The modality/intervention start is the date of the first face-to-face contact where a simple or extended brief intervention has been provided.**

## **B.3 YOUNG PERSONS (YP) TREATMENT MODALITIES**

Young people (under 18s) must be able to access each of the young people's specialist substance misuse treatment interventions described below. Interventions include social and health care interventions, all of which are important and complement each other in reducing harm caused by a young person's substance misuse.

### **B.3.1 Specialist Pharmacological Interventions**

These are substance misuse specific pharmacological interventions which include prescribing for detoxification, stabilisation and symptomatic relief of substance misuse as well as prescribing of medications to prevent relapse.

**The modality/intervention start is the date of dispensing the first dose of medication.**

### **B.3.2 Psychosocial Interventions**

Psychosocial interventions are structured treatment interventions that encompass a wide range of actions. Key working is the basic delivery mechanism for a range of key components including the review of care plans and goals, provision of substance including alcohol related advice and information, and interventions to increase motivation and prevent relapse. Help to address social problems, for example peer relationships, family relationships and education. In addition, a range of formal psychosocial interventions may be provided by key workers or others with the appropriate competences.

Formal psychosocial interventions may be provided alone or in combination with other interventions and should be targeted at addressing assessed need.

They may be provided:

- To treat substance misuse including alcohol or co-occurring mental health disorders
- Alone or in addition to harm reduction or pharmacological interventions

Formal psychosocial interventions should be provided in accordance with Drug Misuse and Dependence: UK guidelines on clinical management (DH & devolved administrations, 2007), also known as the 'clinical guidelines' or 'orange book' and relevant NICE Clinical Guidelines.

The type of psychosocial intervention should be selected on the basis of the problem and treatment need of the specific young person guided by the available evidence base of effectiveness.

**This intervention has been broken down into five psychosocial intervention types:**

- 1. Counselling** is a process in which a counsellor hold face to face talks with young person to help him or her solve a problem, or help improve that persons attitude, behaviour (substance misuse).
- 2. Cognitive behavioural therapy** is a psychotherapeutic, talking therapy that aims to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic procedure.
- 3. Motivational interviewing** is a brief psychotherapeutic intervention. For substance misusers, the aim is to help individuals reflect on their substance use in the context of their own values and goals and motivate them to change.

4. **Relapse prevention** - Relapse-prevention CBT focuses on helping drug users to develop skills to identify situations or states where they are most vulnerable to drug use, to avoid high-risk situations, and to use a range of cognitive and behavioural strategies to cope more effectively with these situations.
5. **Family work** -interventions using psychosocial methods to support parents, carers and other family members to manage the impact of a young person's substance misuse, and enable them to better support the young person in their family. This includes work with siblings, grandparents, foster carers, etc. and can be provided even if the young person misusing substances is not currently accessing specialist substance treatment. Note: family work should only be reported to NDTMS if and when a young person who is a member of the family receiving family work is currently accessing specialist substance misuse young people's treatment services and should be reported using the young person's attributors.

**The modality/intervention start is the date of the first formal and time-limited appointment.**

### **B.3.3 Specialist Harm Reduction**

Specialist harm reduction interventions should include services to manage:

- **Injecting** - young people need to be able to access young people's specific injecting treatment services, as adult treatment providers for injectors are too low threshold and will put young people in contact with adult drug service users, both of which may put them at further risk of harm. These treatment services could include needle exchange, advice and information on injecting practice, access to appropriate testing and treatment for blood borne viruses and participation in full assessment and other specialist substance misuse treatment services.
- **Overdose** – advice and information to prevent overdose, especially overdose associated with poly - substance use, which requires specialist knowledge about substances and their interactions. This could include protocols with accident and emergency services to ensure that measures to identify and prevent future overdose are in place
- **Accidental injury** – advice and information to ensure that measures to identify and prevent substance misuse related accidental injuries are in place.

**The modality/intervention start is the date of the first appointment where specialist harm reduction interventions were provided.**

## **APPENDIX C - RECORDING CARE PLAN REVIEWS FOR CLIENTS RECEIVING OPIOID MAINTENANCE**

The purpose of the Care Plan Review section is to capture reviews undertaken with clients in receipt of opioid maintenance. The Department of Health's Updated Guidance for Prisons-based Opioid Maintenance Prescribing states the requirement that all periods of extended prescribing, whether maintenance or gradual reduction regimes, are reviewed every three months. [3]

Care Plan review dates should not be reported for clients who are not receiving opioid maintenance treatment.

The date of any three-monthly reviews with opioid maintenance clients should be captured under the data item 'Care Plan Review Date'. If the outcome of the review is that the client is to continue on a maintenance regime record the reason for this under the data item 'Reason for Continuing Maintenance'. A valid reason code should be used as defined in the NDTMS Data Set - Reference Data [2]:

- Concern over injecting drug use in prison
- Medical reason, including serious mental health problems
- Ongoing short term remand
- Impending significant events e.g. release, uptake of antiretroviral therapy, transfer to another prison

Any reviews undertaken in the first 4 weeks of treatment starting should not be reported here, e.g. 5-day reviews, as this data item is only concerned with monitoring the requirement to undertake reviews every three months.

## APPENDIX D - DISCHARGE CODES

**Data item name** - Treatment completed – Drug free

**Data item definition** – The client no longer requires structured drug treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine or any other illicit drug.

**Data item name** - Treatment completed – Alcohol free

**Data item definition** – The client no longer requires structured alcohol treatment interventions and is judged by the clinician to no longer be using alcohol.

**Data item name** – Treatment Completed - Occasional user (not heroin and crack)

**Data item definition** – The client no longer requires structured drug or alcohol treatment interventions and is judged by the clinician not to be using heroin (or any other opioids) or crack cocaine. There is evidence of use of other illicit drug or alcohol use but this is not judged to be problematic or to require treatment.

**Data item name** – Transferred – Not in custody

**Data item definition** – A client has finished treatment at this provider but still requires further structured drug or alcohol treatment interventions and the individual has been referred to an alternative non-prison provider for this. This code should only be used if there is an appropriate referral path and care planned structured drug or alcohol treatment pathways are available.

**Data item name** – Transferred – In custody

**Data item definition** – A client has transferred to another prison establishment and a continuation of structured treatment has been arranged. This will consist of the appropriate onward referral of care planning information and a two-way communication between the two prison treatment providers to confirm assessment and that care planned treatment will be provided as appropriate.

**Data item name** – Incomplete – Dropped Out

**Data item definition** – The treatment provider has lost contact with client without a planned discharge and activities to re-engage the client back into treatment have not been successful.

**Data item name** – Incomplete – Treatment withdrawn by provider

**Data item definition** – The treatment provider has withdrawn treatment provision from the client. This item could be used, for example, in cases where the client has seriously breached a contract leading to their discharge; it should not be used if the client has simply 'Dropped out'.

**Data item name** – Incomplete – Treatment commencement declined by the client

**Data item definition** - The treatment provider has received a referral and has had a face-to-face contact with the client after which the client has chosen not to commence a recommended structured drug or alcohol treatment intervention.

**Data item name** – Incomplete – Client died

**Data item definition** – During their time in contact with structured drug or alcohol treatment the client died.