

NDTRS National Drug Treatment Reporting System, Health Research Board. Please check information is legible on carbon copies.

Administrative details	PL	EASE COMPLETE US	SING A	BALL POINT	Γ PEN	
Forename	Address					
Surname	Eircode					
1a. Centre 1b.Type	2a.Client number		2b.I	IHI		
Demographic details	7. Number of children		10. I	Employment sta	atus (circle)	
3a. Gender (circle) 1. Man 2. Woman 3. Non-binary	Total number of children	(If none write 0)		paid employmer		ed
4. In another way 99. Unknown	Number living with client	yrs 5 - 17 yrs 18 yrs or Over		raining course	4. Student	alala da consulo
Transgender Tick if Yes 3b. Self-defined sexual orientation (circle)	Number living with other parent			omemaker ther (specify)	6. Retired/una	able to work
Heterosexual or Straight	Number in care			ot known		
2. Lesbian or Gay 3. Bisexual	Number living elsewhere		11a.	Country of Birt	th (circle, if other ple	ase specify)
4. Client did not wish to answer	Living status not known		1. Ire	eland 2. Other	99. Not known	
5. Other sexual orientation not listed6. Client does not know or is unsure99. Not known	8a. Area of residence		Coun	itry		
4a. Date of birth	8b. City/county		11b.	Ethnic group/b	•	iat on book name)
4b. Age Pay Month Year Years				Enter code (cnoc	ose one code from I	ist on back page)
5. Living where (circle)	9a. Education: highest level co					
Stable accommodation	0. Primary level incomplete1. F2. Junior cert3. L	eaving cert	(If a	8 or 13, please spec	cify) —	
3. Homeless 4. Unstable accommodation		Never went to school				
 Prison Institution (residential care/halfway house) Not known 	9. Not known		110	c. Language oth	ner than English	or Irish at home?
6. Living with whom (circle)	9b. Age left primary or second		e	(circle) 1. Yes	2. No 99. No	ot known
1. Alone 2. Parents/family	(not third level) (years, or circle code b 01. Never went to school	eiow)	(if y	ves, specify)		
3. Friends4. Partner (alone)5. Partner & child(ren)6. Alone with child(ren)	88. Still at school	Years				
8. Foster care 7. Other 9. Not known	99. Not known					
Referral/assessment details	14. Source of referral (circle)		16. Assess	sment outcome	(circle one)	
12. Date of referral	1. Self 2. Family	3. Friends	1. Suitable	for treatment in a	any drug/alcohol s	ervice
	4. Other drug treatment centre6. Acute hospital service excluding	the second secon		ole for drug or ald tric assessment		
Day Month Year	7. Social services/Community se					ovided in this centr
13. Main reason for referral Circle ONLY one option	8. Court/probation/police 10.12. School or college 13. Pris		If 2, 3, 4 S	TOP and return	form to HRB.	
1. Alcohol	14. Employer 16. Emergency		17. Where	client is suitab	le for treatment	(circle one)
2. Drug (specify)	17. Mental health professional	•			is centre and clien	
3. Concerned person	99. Not known				his centre and clie to commence treat	nt DID NOT accep
4. Other problem (specify)	15. Date of initial assessment				nent with another of	
- Other problem (specify)				unable to contact		
	Day Month Yea		Client seOther (sp		8. Client died	
					se STOP and retu	rn form to HRB.
Treatment details		19. History of treatment		<u> </u>		
18. Number of times started alcohol or drug treatme	Times		•		Age first treated	Treatment status
this year (Jan-Dec) (Enter 1, if first time this year)	ent in uns centre	1. Drugs	ever treated	Previously treated	(years, if unknown 99)	unknown
20a. Ever received any opioid substitution before (e	coluding this current treatment)	2. Alcohol				
1. Previously received 2. Never received 99. Not		Enter history of treatme	ent only wh	nere main probl	em is:	
		3. Concerned person				
20b. Age first received any opioid substitution	years	4. Other problem				
	applicable, code 88 known, code 99	(specify)				
Drug use					1	
a. Current problem drug(s)	b. Route of c. Frequency of d. Age at	first	26	6. Was it difficul	It to assess which	h
	dministration use in last use (years use code) unknown	s, if		was the main	problem drug?	
21. Main drug	Month (use code) unitiowit	Route of administration			99. Not known	
		1. Inject 2. Smoke	88	8. Not applicable		
22. Drug 2		3. Eat/Drink 4. Sniff/snort	27	7a. Age first use	ed any drug	
		5. Sublingual	(ex	xcluding alcohol a	and tobacco)	
23. Drug 3		6. Rectal 7. Topical		years (if not a	pplicable 88, if not kr	nown 99)
		9. Not known				•
24. Drug 4		Frequency of use in past mon' 3. Daily	27		t drug ever used	
		6. 4-6 days per week 7. 2-3 days per week	(ex	xcluding alcohol a	ind tobacco)	
25. Drug 5		Once a week or less No use in the past month	_			
		9. Not known				

_						
шь	121	Tall	use.	COB	TATES	III-
	48.0	1.5	101-1-1	10,000		U L =

28. Ever shared drug paraphernalia e.g. straws, foil, pipes, joints (excluding needles and syringes)

(circle one only)

2. Never shared 1. Shared in the last 30 days

Risk behaviour

30a. Ever injected (circle)

30b. If yes, age first injected

1. Injected in the last 30 days

- 3. Shared in the last 12 months **but not** in the last 30 days
- 4. Shared but not in the last 12 months
- 6. Shared but time period not known
- 5. Client did not wish to answer 99. Not known

1. Yes 2. No 3. Client did not wish to answer

9. Not known If no or not known, go to Q31.

30c. Frequency of injecting (circle one only)

3. Injected but not in the last 12 months

2. Injected in the last 12 months but not in the last 30 days

If alcohol is listed as a problem drug at Q21-Q25, please complete Q29a to Q29d, otherwise go to Q30a.

29a. 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 specify _

29b. How many standard drinks were consumed on a typical drinking day over the past month? (if none write 0, if not known write 999)

29c. Please categorise the extent of the drinking problem (circle) 2. Hazardous drinker 3. Harmful drinker 4. Dependent drinker

29d. Number of previous medically supervised alcohol detoxes (if none write 0, if not known 99)

30d. Ever shared needle and syringes	(circle one only)

- 2. Never shared
- 1. Shared in the last 30 days
- 3. Shared in the last 12 months **but not** in the last 30 days
- 4. Shared but not in the last 12 months
- 6. Shared but time period not known
- 99. Not known 5. Client did not wish to answer

31. History of viral screening (one tick per column)

٠	Thotal Goldening (one liek pe	or oolullilly			
		Hepatitis C	Hepatitis B	HIV	
1.	Never tested				
2.	Tested in the past 12 months				
3.	Tested but not in the last 12 months				
4.	Client did not wish to answer				
00	Not known				

Activity details

99. Not known

If unknown, Code 99

32a. Treatment interventions	32b. Date started	32c. Date of last visit	32d. Number of sessions/visits	32a. Treatment interventions	32b. Date started	32c. Date of last visit	32d. Number of sessions/visits
Brief intervention				Methadone substitution			
Individual counselling				Buprenorphine/naloxone substitution			
Group counselling				Detox from alcohol			
Individual education/ awareness programme				Detox from heroin			
Group education/awareness programme				Detox from methadone			
Medication-free therapy				Detox from benzodiazepines			
Complementary therapies				Detox from "Z" drugs			
Social and/or occupational reintegration				Detox from other drug Specify:			
Family therapy				Community detox			
Structured after care programme				Key processes	<u>'</u>	<u>'</u>	<u>'</u>
Strengthening family programme /structured family intervention				Key working			
Psychiatric treatment				Case manager appointed			
Multi-component model				Care plan			
SAOR				Teleworking			

Exit details

33a. Exit details (circle one only)

- 1. Treatment completed
- 2. Transferred/referred to treatment in another drug/alcohol service Specify centre ___
- 4. Client declined further treatment
- 5. Client did not return for appointments (no show/DNA)
- 6. Premature exit for non-compliance. Specify reason (circle one only)
- 1. Drug taking 2. Violent behaviour 3. Illegal activities 5. Alcohol taking 4. Breaking service contract
- 7. Released from prison but not linked to other treatment service
- 8. Died
- 9. Sentenced to prison
- 11. Medical or Mental Health reasons
- 12. No longer lives in the area
- 14. Prison to prison transfer
- 15. Unable to attend due to work/study commitments
- 16. Staffing Issues (resignation/retirement/maternity)
- 10. Other (specify)

3b.	Please specify the number of family members or significant others	
who	wore involved in this service user's treatment	

Please write 0 if none, 99 if not known

34. At end of treatment	or when last seen, client is/has: (circle all that apply)
 Drug free 	10. Substantially reached priority goals of care plan

11. Engaging with care plan

17. Other (specify) _

99. Not known

12. Disengaged from care plan

13. Care plan gaps and blocks identified

16. Engaging in other unstructured aftercare

14. Engaging with other services (e.g. housing, education)

15. Engaging with other therapeutic services (e.g. self help groups, AA)

- 1. Drug free 2. Not changed drug use
- 3. Increased drug use
- 4. Reduced drug use
- 5. Abstaining from alcohol
- 6. Not changed alcohol use
- 7. Increased alcohol use

- 8. Reduced alcohol use
- 19. Abstaining from gambling
- 20. Not changed gambling
- 21. Increased gambling

22. Reduced gambling			
35. Date of discharge or transfer			
	Dav	Month	Year

The NDTRS team is aware of the considerable work involved in collecting this data and we would like to take this opportunity to thank you for your invaluable input and cooperation. Your accurate and complete treatment data is very important. The NDTRS uses the data to:

> The area of residence codes were revised in 2016. The codes are available either electronically or in a booklet from ndtrs@hrb.ie. City/county codes

> > CW CN

CE

DL

DN

GY

KY KE

KK

LS

LM

LK

LD

LH

MO

МН

MN

OY

RN

SO

TN

TS

W WD

WH

WX

WW

SL

NL SL

NC

WC

XX

XX

XX

75100

75200

75300

75400

75500

*see below

are outlined below.

Clare

Cork

Donegal

Dublin City

Dublin County

Galway City Galway County

Kerry

Kildare Kilkenny City

Laois Leitrim

Kilkenny County

Limerick City

Longford

Louth

Mayo

Monaghan

Roscommon

Tipperary NR Tipperary SR

Waterford City

Westmeath

Wexford

Waterford County

Cork City - North Lee

Cork County - South Lee

Cork - North Cork

Cork - West Cork

Northern Ireland

UK Excluding Northern Ireland

Other European (Outside EU)

America, Africa, Asia, Australia

EU Excluding UK And Northern Ireland

Offaly

Sligo

Limerick County

- identify patterns of drug and alcohol use and risk behaviours
- explore patterns of service utilisation
- provide information for evidence-based service planning, including obtaining and justifying funding
- analyse trends in treated problem alcohol and drug use over time

A. White	
Irish	14
Irish Traveller	2
Roma	11
Any other white background	3
B. Black or Black Irish	
African	4
Any other black background	5
C. Asian or Asian Irish	
Chinese	6
Indian/Pakistani/Bangladeshi	15
Any other Asian background	7
D. Other, including mixed group/background	
Arab	16
Mixed, write in description	8
Other, write in description	13
Do not wish to answer	10
Unknown	99

This question asks about the amount of **standard drinks** consumed by the client on a typical drinking day/session over the past month, not the amount drank over the entire month.

A standard drink is:









17.5 glasses per bottle



Source HRB Alcohol Diary Survey 2013

For additional forms or queries please contact ndtrs@hrb.ie

Postal address

Please ensure correct postage has been paid on blue security bags

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D02 H638

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To access the on-line system to enter data, check validations or run reports go to

NDTRS

National Drug Treatment Reporting System, Health Research Board.



NDTRS Form

National Drug Treatment Reporting System

2022