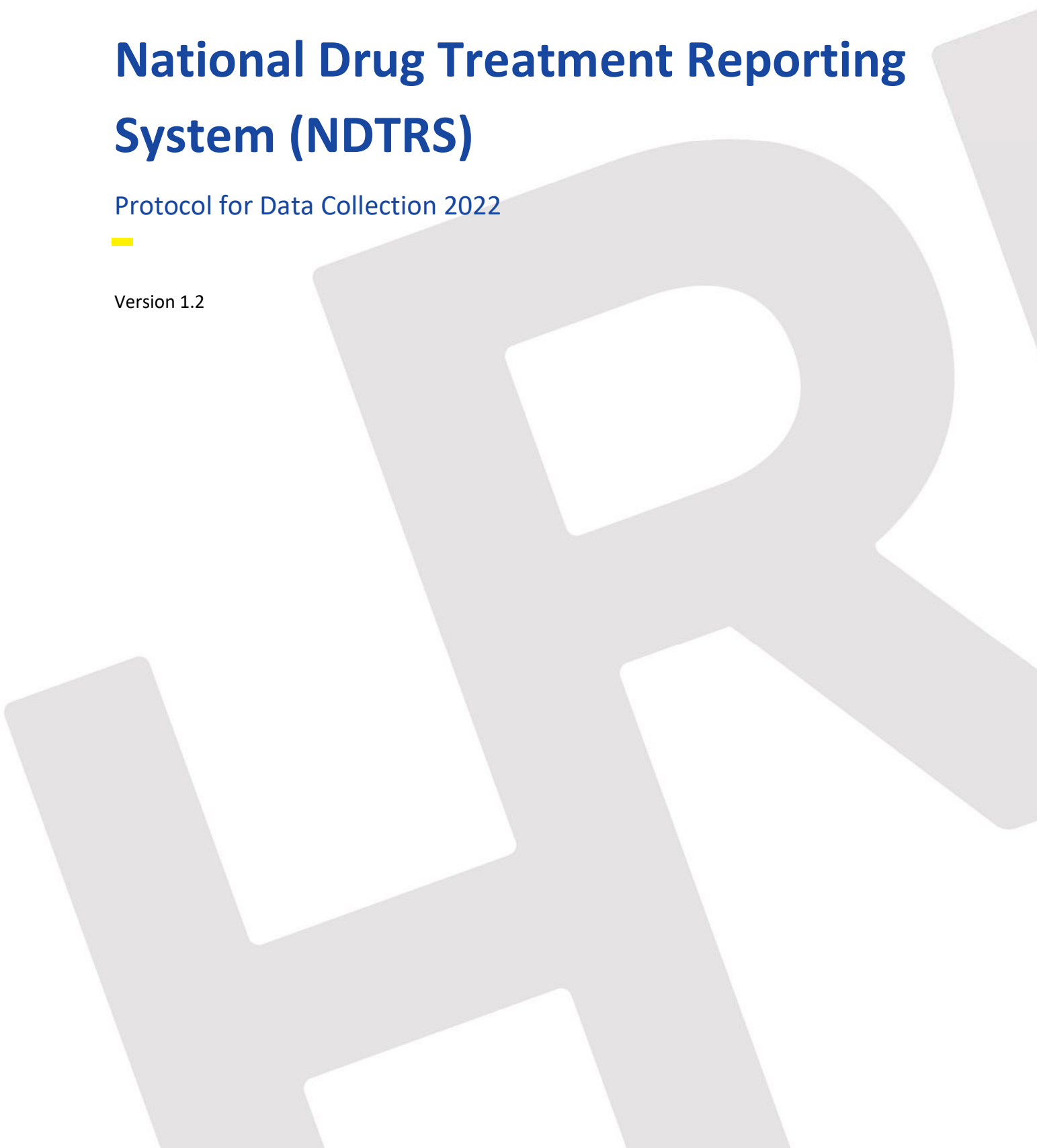


National Drug Treatment Reporting System (NDTRS)

Protocol for Data Collection 2022



Version 1.2



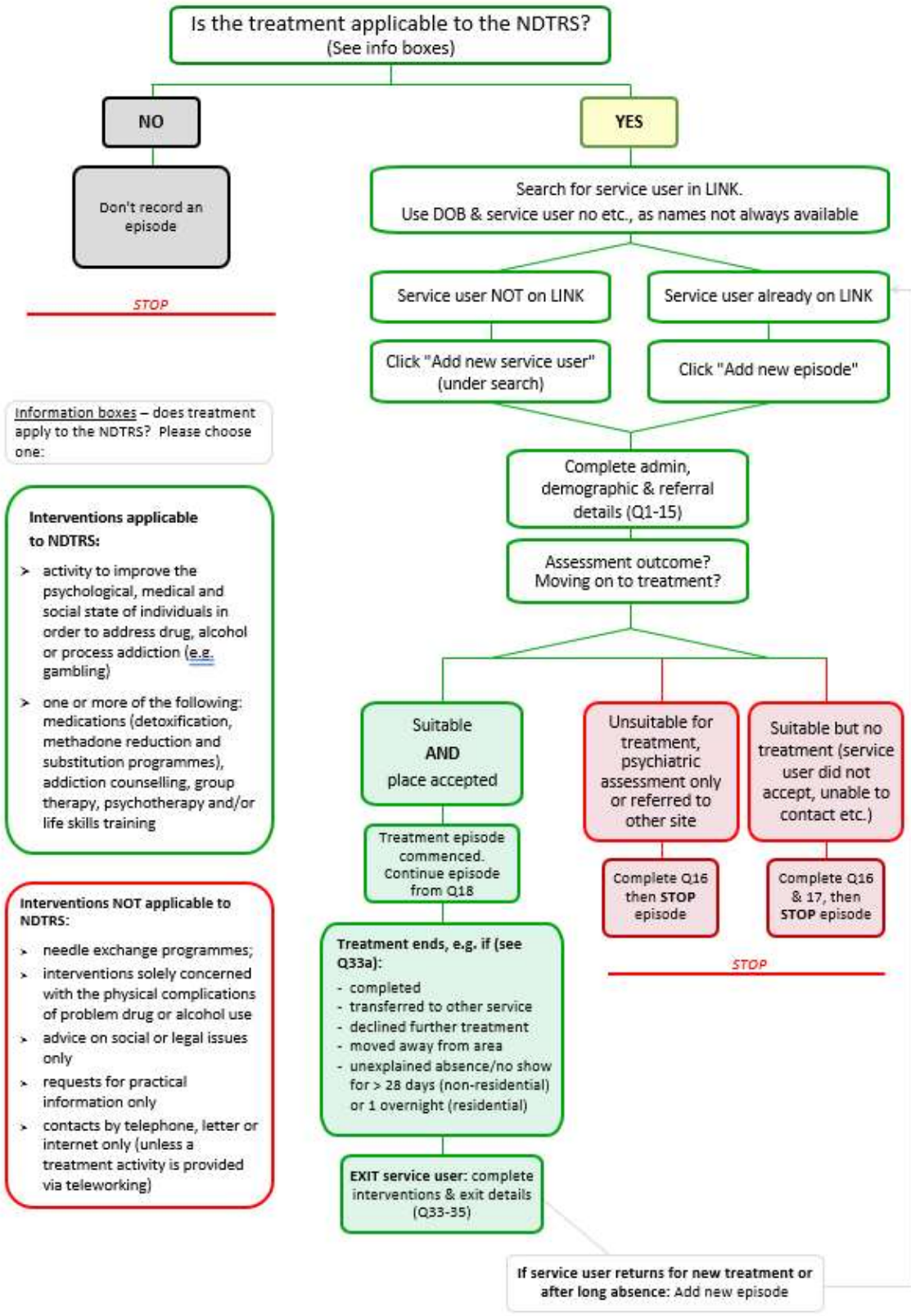


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Guidelines for completing NDTRS questions

Background

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

The National Drug and Alcohol Strategy *Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017–2025* requires **all publicly funded drug and alcohol services to complete the NDTRS for all people who use services** (action item 5.1.47).

Data is collected through an on-line web-based portal called LINK.

The value of treatment data

An accurate and complete treatment database allows us to:

- 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 and personnel; and
- analyse trends in treated problem alcohol and drug use over time.

How is treatment defined in the NDTRS?

Treatment is defined as:

- any activity that aims to improve the psychological, medical and social state of individuals;
- one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training;
- treatment in residential and non-residential settings; or
- treatment in prison.

It is important to note for the purposes of the NDTRS that the term 'treatment' **does not include:**

- 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 and sexually transmitted infections);
- contacts with services which involve requests for social assistance only;
- interventions for non-addiction issues (e.g., mental health problems, social issues) without also providing interventions for an addiction issue;
- requests for practical information only; or
- contacts by telephone, letter or internet only (unless a treatment activity is provided via teleworking).

Legal basis for data collection

The legal basis for collecting information is based on the statutory function of the Health Research Board S.I. No. 279/1986 – The Health Research Board (Establishment) Order, 1986

<https://www.hrb.ie/about/legal/privacy-policy/>

How is a treatment episode defined?

A treatment episode is defined as when a service user enters treatment for the first time in their life, or if a service user returns to treatment after a period of absence (planned or unplanned) that is **greater than one month**. The rule for residential services is different, please see below*.

Who should have an NDTRS episode?

- a service user who is seeking help for alcohol or drug problems
- a service user whose main problem is a process addiction (gambling, spending, eating, gaming/Internet, sex or pornography)
- a concerned person (family member affected by the addiction of another person)

If a service user is seeking help for mental health problems (for example, depression, anxiety etc.) and/or social problems (for example, homelessness or social isolation), and is also seeking help for problem drug or alcohol use, or for a process addiction, the main problem recorded in the response to Q13 must be either alcohol, a drug, or a process addiction. Where mental health problems or other issues such as homelessness are the sole reason for seeking help and the individual has no addiction issues, **do not record** an NDTRS episode.

When should an NDTRS episode be recorded?

An episode should be completed for each **new** service user presenting for their first treatment.

An episode should be completed for any service user who has been previously treated, and who is **returning** to treatment.

- When a service user has undergone an initial assessment, you should complete the Admin, Demographic and Referral/Assessment sections.
- If a service user did not continue past the assessment, no further information is required beyond Q16.
- If the service user did not continue on to treatment, choose the appropriate reason for this at Q17. No further information is required.
- If the service user has continued on to treatment, complete Treatment Details, Drug Use, Risk Behaviour and Activity Details sections.
- Please try to obtain a full and accurate history from each service user, and only record 'not known' if it is not possible to obtain specific information for a particular question.
- If you are unable to provide an answer, please record 'not known' rather than leave the answer to a particular question blank. This is because 'blanks' may generate validations, and cannot be processed by the NDTRS team; this in turn will result in additional data-related queries being sent by the NDTRS to your service.
- The Exit Details should be completed once the service user exits treatment.

Exiting and transferring service users

Residential services

*For **residential services** only: If a service user is absent overnight without prior explanation or agreement and is then re-admitted for residential treatment, close the previous episode and add a new one for the re-admission.

Transferred service users

- If a service user is being transferred from your service to another service after receiving treatment, you should complete the exit questions (Exit Details section) at the time of the individual's referral or transfer, and you should record the name of the new service provider in your response to Q33a.
- A new NDTRS episode will be completed by the new service provider once the service user has been transferred.

Transferring between opioid substitution clinics/GPs and/or imprisonment

- If the service user returns to your service within 28 days, you do not need to complete a new entry episode
- If the service user spent more than 28 days in the transfer service, then you are required to complete an NDTRS episode on their return to your treatment service.
- If service user is committed to prison, for more than 28 days, from a community-based service, then they should be exited from the community-based service and a new episode started in prison.
- If a service user has had a prison-to-prison transfer and is transferred back to the original prison before 28 days, then a new episode does not need to be started.

Continuous care service users

A new episode does not have to be started each year for continuous care service users, i.e., for service users who continue in treatment from one year to the next without a break, provided that the episode has already been recorded.

Verification and cleaning: Validations

Please ensure that you address all warnings and rejections in LINK (HRB online system) in a timely manner. If you are unsure how to do so, please contact the NDTRS.

Using NDTRS data

If your service has a designated LINK Super User, they can access a suite of pre-defined reports which will allow you to use your NDTRS data. You can also request a specific analysis of the data from your service from the NDTRS staff. Alternatively, you can view the on-line interactive tables at <https://www.drugsandalcohol.ie/treatment-data/> where you can also access a subset of the entire national dataset from 2004 onwards.

NDTRS submission deadline

The deadline for receipt of NDTRS returns for a given year is on or before 31st of January the following year. All episodes assessed, treated, or discharged in that year must be submitted by the

deadline. This includes submission of discharge information for treatment episodes that continued in treatment from previous years.

HRB contact details

If you require training, or if you have any queries, please contact the NDTRS staff by emailing ndtrs@hrb.ie

National Drug Treatment Reporting System
Health Research Board
Grattan House
67-72 Lower Mount Street
Dublin 2
D02 H638

Instructions for data collection

Section: Service-user name and address

Service user name and address

<p>Forename * <input style="width: 80%;" type="text" value="Justin"/></p> <p>Surname * <input style="width: 80%;" type="text" value="Maloney"/></p> <p style="color: red; font-size: small;">PLEASE NOTE: This address is the address of the service user in the 30 day period prior to treatment - it MAY NOT be their current address.</p> <p>Small area <input style="width: 80%;" type="text" value="268143006"/></p> <p>County * <input style="width: 80%;" type="text" value="Dublin (D)"/></p> <p>Address <input style="width: 80%;" type="text" value="HEALTH RESEARCH BOARD, GRATTAN"/></p> <p>Address1 * <input style="width: 80%;" type="text" value="HEALTH RESEARCH BOARD"/></p> <p>Address2 * <input style="width: 80%;" type="text" value="GRATTAN HOUSE"/></p> <p>Address3 <input style="width: 80%;" type="text" value="67-72 MOUNT STREET LOWER, DUBLIN"/></p> <p>Eircode <input style="width: 80%;" type="text"/></p> <p>Unsure of Eircode <input type="checkbox"/></p>	<p>Electoral division (Area of residence) <input style="width: 80%;" type="text" value="2147"/></p> <p>LHO * <input style="width: 80%;" type="text" value="Dublin South City (DSC)"/></p> <p>Task force area * <input style="width: 80%;" type="text" value="Dublin South Inner City Local Drug Task"/></p> <p>CHO * <input style="width: 80%;" type="text" value="CHO 7 Kildare/West Wicklow LHO, Dut"/></p>
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The functionality of LINK allows you to search and find the precise address where your service user lived in the 30 days before entering treatment. NB The NDTRS team is not able to see or store the address but only has access to the geo-codes generated (Small Area, Electoral Division etc).

Forename

Record the service user's forename.

Surname

Record the service user's surname.

Service providers have the option to record service user names to enable data management and ease of use. However, names and addresses are only visible to the service provider who records them and are also subject to certain user privileges. All name and address information are anonymised for other LINK users (including HRB staff).

County

Record the county where the service user resided in the 30 days prior to treatment.

Address information

After recording the county where the service user resided, type in at least the first 5 characters of the address. This will bring up a list of potential matches:

County *

Address

3 Results

- APARTMENT 72, THE NORTHUMBERLANDS, LOVE LANE EAST, MOUNT STREET LOWER, DUBLIN 2, D02H638
- HEALTH RESEARCH BOARD, GRATTAN HOUSE, 67-72 MOUNT STREET LOWER, DUBLIN 2, D02H638
- ORNUA, GRATTAN HOUSE, 67-72 MOUNT STREET LOWER, DUBLIN 2, D02H638

Highlight the correct address and DOUBLE CLICK to autofill all the codes

Double-clicking will auto-populate the geo-codes for that address.

Service user name and address

Forename * Electoral division (Area of residence)

Surname * LHO *

PLEASE NOTE: This address is the address of the service user in the 30 day period prior to treatment - it MAY NOT be their current address. Task force area *

Small area

County *

Address

Address1 * CHO *

Address2 *

Address3

Eircode

Unsure of Eircode

Put in the wrong address? Then start again from the beginning of the process, changing county if necessary.

Can't find the address? Please contact link@hrb.ie so we can inform the developers to update their system.

Don't know the address of the service user? If address not provided or they were primarily living outside Ireland (in the 30 days prior to treatment)? Use the Address unknown button to assign a county unknown/outside Ireland code.

If a service user is in **prison**



If the service user has been in prison for less than six months before they start the current treatment, then record **Area of Residence** as the service user's address/geographical area of residence 30 days prior to their imprisonment.

If the service user has been in prison for six months or more, (*without leaving for more than 28 days*), before they start the current

	<p>treatment then record Area of Residence as the Prison Address.</p> <p><i>(Please note that prison-to-prison transfers count as continuously in prison)</i></p>
<p>If a service user is homeless</p>	<p>→ If the service user is homeless, please record the address/geographical area closest to the place where they most frequently sleep rough. If the service user has mostly been sleeping in a hostel, B&B, or guesthouse in the 30 days prior to treatment, choose Area of Residence as that address.</p>
<p>If a service user transferred from treatment in a residential service</p>	<p>Record the address of the service user in the 30 days prior to their starting treatment in the residential service.</p>
<p>If you cannot find the address you want</p>	<p>→ Please contact the NDTRS.</p>

Section: Administrative details (Admin)

Administrative details

UFI

1a. Service provider *

1b. Type *

2a. Client (service user) number ^ 2b. IHI

Q1a. Service provider

The NDTRS team has provided you with a unique number for your service.

Q1b. Service provider type

Ensure the correct treatment type code is assigned to the episode



Some services provide more than one treatment type, e.g., in-reach in prison and low threshold. Make sure to insert the appropriate type to the different treatments.

If you are unsure what code should be assigned to the episode, or if your service has changed, please contact the NDTRS team by emailing ndtrs@hrb.ie.

Q2a. Service user (client) number

Each service user should be assigned a unique number by your service. This can be the case notes number, or whatever numbering system is currently used by the participating treatment service provider.

The service user number is used for administrative purposes only by the NDTRS.



Why do we need a service user number?

If a question has not been completed, or has been completed incorrectly, the HRB can contact you to cross-reference the information against the service user's records.

The service user number also enables the HRB to check for duplicate cases within agencies.

The service user number is, therefore, a vital piece of information.

Q2b. IHI – Individual Health Identifier

Where the IHI number is available, please record it.

An individual health identifier (IHI) is a unique, non-transferrable number which will be assigned to all individuals using health and social care services in Ireland. The number will last for the individual's lifetime. Its purpose is to accurately identify the individual, enabling health and social care to be delivered to the right patient, in the right place, at the right time. The ultimate benefit of these identifiers to all those who use health and social care services is better quality and safer care. The Health Identifiers Bill, which was published in 2013, provides the legislative framework for the implementation of this unique, non-transferrable number system. For more information, go to: <http://www.hiqa.ie/healthcare/health-information/health-identifiers>

UFI – Unique form identifier from the paper form

This is only for historical records and the few services still using paper forms.

Section: Demographic details (Demographics)

Service user details

3a. Gender * Male (1)

Transgender * No (2)

3b. Self-defined sexual orientation * Heterosexual or Straight (1)

4a. Date of birth * 24 Apr 1970

4b. Age (Years) 52

5. Living where * Stable accommodation (1)

6. Living with whom * Alone with child(ren) (6)

7. Number of Children * [Help?](#) 2

	Under 5 yrs	5 - 17 yrs	18 years and over	Unknown
Living with service user	0	1	0	0
Living with other parent	0	0	0	0
Number in care	0	0	0	0
Living elsewhere	0	0	0	0
Living status not known	0	0	1	0

8. Area of residence * 2147

9a. Education: highest level * **completed to date** [Help?](#) Leaving cert (3)

9b. Age left primary or secondary school for the first time [Help?](#) * 17 Years

10. Employment status * [Help?](#) In paid employment (including part-time) (1)

Other

11a. Country of birth * Ireland, Republic of (IRL)

11b. Ethnic/cultural background * White - Irish (14)

Other specify

11c. Language other than English or Irish at home? * No (2)

**Please note that the information above shows mock data, which are used here for illustrative purposes only.*

Q3a. Gender

For the purposes of the NDTRS, gender refers to a service user's gender identity.

'Gender' – record the appropriate option:

- 1: Man
- 2: Woman
- 3: Non-binary
- 4: In another way



'Transgender' status - transgender service users can choose the option 'transgender' **AND** also the gender with which they identify.

If a service user identifies as transgender and would like to be recorded as such, please select "yes" from the drop-down menu.

Gender identity refers to how a person feels regardless of their biological sex or the gender they were assigned at birth. While a person may present outwardly as one gender, they may identify as another gender.

Non-binary describes gender identities outside of the woman/man gender binary. Individuals identifying as non-binary may feel neither exclusively as a man or woman, as both a man and woman, between or beyond genders (LGBT Foundation, 2021).

Service users who do not identify with the man, woman, and non-binary gender labels, may prefer to select the option “in another way”.

If there was no opportunity for you to ask this question, please record ‘Unknown’ (99).

Transgender is an umbrella term used to describe people whose gender identity and/or gender expression differs from the gender assigned to them at birth (TENI, 2021).

Persons with a non-binary gender identity may or may not identify as transgender.

Further information:

<https://www.teni.ie/wp-content/uploads/2019/07/Lifehack-4-Non-Binary.pdf>

<https://teni.ie/resources/trans-terms/>

If We're Not Counted, We Don't Count! Good practice guide to monitoring sexual orientation and trans status 2021 (LGBT Foundation, 2021) at <https://lgbt.foundation/monitoring>

Q3b. Self-defined sexual orientation

Sexual orientation refers to a person’s enduring pattern of emotional, romantic, and/or sexual attraction, and/or behaviour. For the purposes of the NDTRS, ‘self-defined sexual orientation’ refers to a person’s self-identification as lesbian, gay, bisexual, heterosexual, or other orientation.

<p>‘Self-defined sexual orientation’ – record the appropriate option.</p> <ol style="list-style-type: none">1. Heterosexual or Straight2. Lesbian or Gay3. Bisexual4. Client did not wish to answer this question5. Other sexual orientation not listed6. Client does not know or is unsure	<p>If you asked the question, but the service user did not wish to answer, record option 4. ‘Client did not wish to answer this question’.</p> <p>→ If the individual is unsure, record option 6 ‘Client does not know or is unsure’.</p> <p>If there was no opportunity to ask this question record ‘Not known’ (99).</p>
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Rationale for collection data on self-defined sexuality

Both the current and previous National Drug Strategies (NDS) have identified risks associated with belonging to particular groups or sub-populations. The LGBTI+ community has been identified as one of these sub-populations who are likely to face higher risks of problem substance use as indicated in Action 2.1.27 of the current NDS:

2.1.27 Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people.

- a) Fostering engagement with representatives of these communities, and/or services working with them, as appropriate;
- b) Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e., those who engage in chemsex);
- c) Providing anti-racism, cultural competency, and equality training to service providers; and
- d) Ensuring all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity, and cultural background of service users for the NDTRS and treat related disclosures with sensitivity.

Accurate data are required to assess and measure the outcomes and progress of these actions.

Further information:

- The current National Drug Strategy: *Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025* at <https://www.drugsandalcohol.ie/27603/>
- *The National LGBTI+ Inclusion strategy 2019-2021* at www.gov.ie/en/publication/bab0fe-launch-of-the-lgbti-inclusion-strategy-2019-2021/
- *If We're Not Counted, We Don't Count! Good practice guide to monitoring sexual orientation and trans status 2021* (LGBT Foundation, 2021) at <https://lgbt.foundation/monitoring>

Q4a: Date of birth and Q4b: Age

Record the service user's date of birth (DOB). Express in order: day, month, year (for example, 07.12.62).

For the NDTRS, age is the service user's age on the day they start treatment.

Record the service user's age in years.



If you are completing an episode retrospectively, then the age that you record must be the service user's age **on the date they started their treatment**.

If the service user did not start treatment, then record their age at the time they were assessed.

In the **rare** circumstances where DOB and age cannot be ascertained, please record **'99'** in the age box and leave DOB **blank or record 09/09/1899**.

Q5. Living where

Living where refers to the stability of the service user's living situation in the **30 days** before they started treatment.



- **Homeless** can include sleeping rough, living in temporary accommodation (B&B/guesthouse/hostel/hotel etc.)
- **Other unstable accommodation'** includes temporary living arrangements, for example, staying with a friend on a temporary basis without paying rent. Record this option only if the service user's living situation is insecure. Do **not** record this option if the service user has just moved to a new but stable address.

- Institution includes residential care or halfway house.
- **Prison** is a separate category. Ensure that Q1b is recorded as '41' the code for prison.
- If the service user is living on an official **halting site**, record option 1 'stable'. If living on an unofficial halting site, record option 4 'unstable accommodation'.

Service users receiving treatment in prison

- If the service user has been in prison for less than six months before they start the current treatment, then record Area of Residence as their Home Address.
- If the service user has been in prison for six months or more, (without a break of greater than 28 days), before they start the current treatment then record Area of Residence as the Prison Address.

(Please note that prison-to-prison transfers do not count as a break)

Q6. Living with whom (i.e., service user living with whom)

This is about with whom the service user was living within the 30 days prior to their accessing treatment.

Record the service user's living status, as was applicable in the **30 days** before they started their treatment.



Living with children (options 5 or 6) refers to all ages, including adult children over 18 years of age.

Parents/family refers to the service user's mother and/or father, sisters, brothers or extended family such as grandparents, uncles, and aunts.

The **parents/family** option also applies to the service user's adoptive parents or family members.

Partner refers to spouse or cohabitee.

If the service user is in prison

If the service user has been in **prison** for less than six months, (without leaving for more than 28 days), before they start the current treatment, then record living with whom as their living status, as was applicable in the 30 days before they started their treatment.

	<p>If a service user is being treated in prison, please ensure that Q1b type is recorded as '41', the code for prison.</p> <p>If the service user has been in prison for 6 months or more, record option 7: 'Other'.</p>
<p>If the service user is living in an institution (residential care / halfway house)</p>	<p>If the service user is living in an institution (residential care / halfway house) without children, record option 7: 'Other'.</p> <p>If the service user has children who are living with them in an institution, record Living with children (options 5 or 6).</p>
<p>If a service user is transferred from treatment in a residential service</p>	<p>If a service user is transferred from treatment in a residential service, record living with whom as their living status, as was applicable in the 30 days before they started their residential treatment.</p>

Q7. Number of children

Part 1: Total number of children

<p>Record the service user's total number of children. This includes all children under 18 years as well as all adult children aged 18 years or older.</p> <p>The fact that the children live/do not live with the service user is not relevant in the context of the total number of children.</p>	<p>If you know that the service user does not have children, enter '0'.</p> <p>If you know the service user has children, but you are unable to ascertain how many children, record '99' (which is the data code for 'not known').</p> <p>For the purposes of the NDTRS, this question only refers to children who are alive.</p> <p>If you do not know whether your service user has any children, record '99'.</p>
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Part 2: Where the children are living

Number of children

Input the **number** of children per age group (under 5 years, 5 to 17 years and 18 years and over) in the relevant space as per the options available. Please **DO NOT** type the **age** (e.g., 12) of a child into one of the boxes, just the **number of children** (e.g., 1) in that age group.

Children currently living with service user

- Currently living with the service user refers to the **30 days** prior to treatment.
- This includes children where the service user has a carer or guardianship role. It includes non-related children such as **foster children** and **stepchildren**.

- It also includes the children of a **long-term cohabiting partner**.
- The service user is a **grandparent** or other **close relative**, and a related child is living with that person: if that person is the **official guardian** then this can be deemed to be 'living with them'.

Children currently living with other parent

- The child is living full time with the other parent, or the other parent has primary, physical custody of the child.
- For **joint custody**, choose the option which reflects where the child spends the majority of their time on weekdays. If the child spends equal numbers of days with each parent, then choose the option 'Living with service user'.

Number in care

When is a child deemed to be 'in care'? For the purpose of the NDTRS data collection process, this includes any children of the service user who are living in either **formal care or informal care**.

- Formal care includes:
 - 1) Foster care with family or non-related foster parents under a care plan drawn up by the Child and Family Agency/HSE.
 - 2) Residential care in a home run by the Child and Family Agency/HSE; in a children's residential service that is registered under the 1991 Act, or in a school or other suitable place of residence.
 - 3) Children who are taken into care under special care orders or interim special care orders, and who are placed in special care units.
- **Informal care** includes: Children of the service user who are living with a family member who is their primary carer on a temporary or more permanent basis, for example, in circumstances where one or more of the children's parents are absent.
- **Young adults aged 18 to 21** years who were in care, and who then moved to aftercare services provided by the Child and Family Agency, can also be classified as living in care. This 18 to 21 years age span can be extended up to 23 years if the person is engaged in formal education.

Living elsewhere

This refers exclusively to biological children/adopted children, or children who are under the official guardianship of the service user. It also refers to:

- A child who is living with other family members or friends temporarily, but who is not considered by the service user to be a child living in care.
- Left home – Under 18: child has left home and is living elsewhere for employment or education reasons and has a different primary address to the service user e.g., left home at 17 to attend college in another geographical location.
- Left home – Over 18: left home for employment or education reasons and has a different primary address to the service user.

Unknown data: Number of children

Below are instructions on how to answer Q7 if you are missing some information on the service user's number of children, their age or living status.

If age ranges unknown:

If the service user is not completely sure of the exact ages of their children, record the youngest age option, based on the best information ascertained from the service user:

Example 1: Child is reported as aged around 5 or 6 years – include them in the group ‘under 5s’.

Example 2: Small child – if they have not yet started primary school, include in ‘under 5’.

Example 3: Teenager – if still in secondary school, include in the category ‘5 to 17 years’.

If the service user **cannot recall the age range** of the children, then type the number of children into one of the ‘Unknown’-column, for the respective living status. If living status is also unknown, the number of children is entered into the bottom-right field, under ‘Unknown’ and ‘Living status not known’.

Example:

7. Number of Children * [Help?](#)

	Under 5 yrs	5 - 17 yrs	18 years and over	Unknown
Living with service user	<input type="text" value="01"/>	<input type="text" value="01"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living with other parent	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number in care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="01"/>
Living elsewhere	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living status not known	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

The service user has 3 children. You know that two of them live with the service user. One is still in playschool, the other just started secondary school; hence, they are entered **here**.

You know the service user has a third child who has been in care, and the service user does not recall the child’s age range, so this child is entered **here**.

If living status not known:

Enter the respective number of children in the bottom row, ‘Living status not known’. Choose the column based on the respective child’s age group. If the age range is also unknown, the number of children is entered into the bottom-right field, under ‘Unknown’ and ‘Living status not known’.

(Also see next page)

Example:

7. Number of Children * [Help?](#)

	Under 5 yrs	5 - 17 yrs	18 years and over	Unknown
Living with service user	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living with other parent	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number in care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living elsewhere	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living status not known	<input type="text" value="02"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

You know that a service user has recently become a father for the first time, and to twins, but you don’t know where they have been living. The children are entered **here**.

If service user has children, but number unknown:

The code for the unknown number of children is ‘99’.

If living status and age of the children are known, and only the number is missing, enter '99' into the respective field specifying the correct age and living status. If you **know of the number of children for a certain age group/living status**, but are unclear of the total number of children, specify as much information as possible in the matrix below and record '99' in the field for total number of children at the top.

Example 1:

7. Number of Children * Help?	99			
	Under 5 yrs	5 - 17 yrs	18 years and over	Unknown
Living with service user	99	0	0	0
Living with other parent	0	0	0	0
Number in care	0	0	0	0
Living elsewhere	0	0	0	0
Living status not known	0	0	0	0

The total number of children will automatically calculate to 99 (not known) **here**.

You do know that the service user has several small children not yet in school, but don't know how many, so you record 99 here.

Example 2:

7. Number of Children * Help?	99			
	Under 5 yrs	5 - 17 yrs	18 years and over	Unknown
Living with service user	0	1	0	0
Living with other parent	0	0	0	0
Number in care	0	0	0	0
Living elsewhere	0	0	99	0
Living status not known	0	0	0	0

You know the service user has children but not how many, so enter 99 **here**.

You do know that the service user has one school-aged child living with them, so enter 1 **here**.

You know that there are more children over 18 living elsewhere, but are unclear of the total number, so enter 99 **here**.

Example 3:

7. Number of Children * [Help?](#)

	Under 5 yrs	5 - 17 yrs	18 years and over	Unknown
Living with service user	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living with other parent	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Number in care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living elsewhere	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Living status not known	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="99"/>

You have no information about the service user's children, other than that they have children, so enter '99' **here**. The total number above will auto-fill.

**Please note that the information in all above examples shows mock data, which are used here for illustrative purposes only*

Once you have input the address using the search function, Q8a will automatically populate. If the address is incorrect, return to the admin tab and go through the process as outlined on the first page.

Q9a. Education: highest level completed to date

Record the highest educational level **that had been attained** by the service user at the time of commencing treatment. If the service user is still attending school, please record the highest education level they have attained to date – see examples below.

Example 1: If the service user is a student in second year at secondary school, then the highest level they have completed is primary level i.e., 'option 1'.

Example 2: If the service user is a student in fifth year at secondary school, then the highest level they have completed is Junior Certificate i.e., 'option 2'.

Example 3: If the service user dropped out of secondary school at age 15 without completing their Junior Certificate, but returned to education at age 22 and finished their degree at age 25, the answer to Q9a is third level i.e., 'option 4'.

Note: The option 'Still in education', which featured previously in the NDTRS, is no longer a response option for Q9a.

Northern Ireland and UK educational equivalents are as follows:

- GCSEs, O levels and General National Vocational Qualifications (GNVQs) at intermediate level are equivalent to the Junior Certificate.
- A levels and GNVQs at advanced level are equivalent to the Leaving Certificate.

Q9b. Age left school

This question is about the age the service user **first** left mainstream education (primary or secondary school). Record the age in years. **If the service user never went to school, please record 01 in the age field. If the age they first left school is not known, record 99.**

Example 1: If the service user completed secondary school at 17 years of age and went straight from secondary school to university, the answer to Q9b is 'age 17'.

Example 2: If the service user is a student in secondary school, the answer is '88 still at school'.

Example 3: If the service user dropped out of secondary school at age 15 without completing their Junior Certificate, but returned to education at age 22 and finished at age 25, the answer to Q9b is 'age 15'.

Example 4: If the service user dropped out of primary school at age 11 without finishing sixth class, but returned to education at age 16 and finished at age 18, the answer to Q9b is 'age 11'.

Q10. Employment

Employment status provides some information about the service user's economic situation in the **30 days prior** to treatment. Please use the following table **to help you record** the employment status that most closely applies to your service user.

Service user status	Employment status
<ul style="list-style-type: none"> – Farmer – Self-employed – Shop owner – Apprentice – Casual worker – Sick leave (if service user is in paid employment and is currently 'out sick') – Priest – Occasional work 	1. In paid employment
<ul style="list-style-type: none"> – Lone parent 	2. Unemployed
<ul style="list-style-type: none"> – Community project – Youthreach 	3. SOLAS (FÁS) / training course
<ul style="list-style-type: none"> – Student (school or college) 	4. Student
<ul style="list-style-type: none"> – Homemaker/Housewife/husband 	5. Homemaker
<ul style="list-style-type: none"> – Service user is aged over 66 and is unemployed – In prison – Carer – Sick Benefit (service user does not have a job and is unable to work due to illness) – Asylum seeker – Unable to work due to disability 	6. Retired / unable to work

<ul style="list-style-type: none"> – Early school leaver – under 15 years of age – Career break – Community service (judicial) – Community/voluntary work 	8. Other
<ul style="list-style-type: none"> – Not known 	9. Not known

Q11a. Country of birth

This refers to the service user’s country of birth

The person’s country of birth **can be different** to their nationality.

If you are certain that your service user was born in a country other than Ireland, but you are unable to ascertain what country, record ‘Not known’.

If the country does not appear in the drop-down list in LINK please contact the NDTRS team at ndtrs@hrb.ie.

Q11b. Ethnic group/background

This question refers to the service user’s **self-identified** ethnic group/background e.g., Traveller, and may be different to their nationality and/or country of birth.

Record the appropriate option from the dropdown list.

The service user’s ethnic group/background should **NOT** be determined either by you or by the service’s staff; rather, it should be determined by the service users themselves.

In 2022, this question was updated in line with the CSO (Central Statistics Office) 2022 Census of Ireland.

If the service user does not wish to answer this question, record option 10 i.e., ‘Does not wish to answer’. If there was no opportunity to ask the question, *record* option 99 i.e., ‘Not known’.

Information resources on different ethnic groups and the importance of ethnic equality monitoring:

https://www.paveepoint.ie/wp-content/uploads/2016/04/Counting-Us-In-A4_WEB.pdf

<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/travellers-and-roma/irish-travellers/>

Q11c. Main language other than English or Irish

This question refers to the main language, other than English or Irish, which the service user **speaks at home**. Please record your response from the drop-down menu.



If the service user speaks English or Irish at home, choose option 'no'.
 The service user may be proficient in English, but the language they speak at home with their family may be different.
 If there was no opportunity to ask the question, and if you are certain that the service user does speak another language, then record option 99 i.e., 'Not known'.

Section: Referral/assessment

Referral / assessment details

12. Date of referral *	28 May 2022	15. Date of initial assessment *	30 May 2022
13. Main reason for referral *	Heroin - ILLICIT (111)	16. Assessment outcome *	Suitable for treatment in any drug/alcohol service (1)
14. Source of referral *	General practitioner (5)	17. If client/service user is suitable for treatment *	Treatment offered with this centre and client accepted (1)
		Other	

**Please note that the information above shows mock data, which are used here for illustrative purposes only.*

Q12. Date of referral for this treatment episode

In the context of the NDTRS, 'referral' is defined as directing a person to a source for help, information or treatment in relation to problem drug or alcohol use.



A service user may be referred, assessed and treated on the same day.
 It can be the date the person telephoned seeking an appointment, or it can be the date a referral letter was sent by their GP.

Q13. Main reason for referral

The 'Main reason for referral' should be determined and recorded.
 The 'Main reason for referral' categories are:

1. Alcohol
2. Drug
3. Concerned person
4. Other problem (process addiction)

You should record **only one** reason for referral.



If the service user is misusing two drugs (such as heroin and alcohol) and both drugs are problematic, you and the service user should come to an agreement as to which drug is more problematic. See Q26, which allows you to record the difficulty in assessing the main drug.
 If the service user is a **concerned person (CP)**: Please complete the full treatment episode including any treatment

If a drug is the main reason, then please **specify the name of the drug** used.

If the main reason for referral is 'Other problem', you must **specify the nature of the problem**, e.g., process addiction: gambling, eating, spending, gaming/Internet, sex, or pornography.

interventions. The information collected must only pertain to the CP and not the individual who is experiencing addiction issues. For more information on completing CP episodes, see Quick Reference 5 (provided in training pack).

Specifying drug names

When recording the problem drug **please be as specific as possible** as information on the specific type of drug makes understanding trends and emerging problems much easier.

You can record the **drug name** or **medicine type** or the **brand name** or **street name**. Please do not record 'tablets', as this could refer to many different kinds of drugs; rather, you should specify the exact tablet/medication where possible.

- Cocaine: is it coke or crack? If sniffed or snorted, then it is most likely cocaine powder (coke).
- Benzodiazepines: it is important to distinguish where possible between the different types of benzodiazepines. More than one can be recorded e.g., diazepam (common brand name Valium) and alprazolam (common Xanax)
- Z-drugs: Is it zimovane or zopiclone? For example, Stilnoct is a common brand name for zimovane, so either option is acceptable.
- Novel psychoactive drugs (NPS) also known as head shop drugs: if the service user cannot remember the name of drug, you should record the type e.g., 'cannabis-like' or 'powder stimulant'.
- Lyrica (pregabalin): Do not record Lyrica as a "tablet" – Lyrica (or pregabalin) is accepted in the system.

If the main problem drug is methadone or Suboxone (buprenorphine and naloxone in combination) commonly called OAT (opioid agonist treatment), you must specify whether it is **street** or **prescribed** in the responses that you give to questions 13, 21a, 22a, 23a, 24a and 25a.

When is methadone or Suboxone 'street' or 'prescribed'?

- If the service user is receiving the OAT medication from a clinic or from a GP, and you are **working towards detoxification with the service user**, then record '*Prescription methadone*' or '*Prescription Suboxone*' as the problem drug.
- If the service user is using prescribed OAT, as per their prescription, and if they are attending your service in order to continue their OAT treatment, then record the opioid which precipitated their OAT treatment. For example, record 'heroin' or some other type of opioid.
- If the service user is receiving OAT from a clinic or from a GP, and they are using street methadone **in addition** to their prescription, then record '*Street methadone*' or '*Street Suboxone*' as the problem drug.
- If the service user is not receiving OAT from a clinic or from a GP, but they are using methadone or Suboxone, then record '*Street*' as the problem drug.

- Can't find the drug that your service user is taking? Contact the NDTRS team at ndtrs@hrb.ie and they can advise you or add the name of the drug to the list for you.

Can't find the drug that your service user is taking? Contact the NDTRS team at ndtrs@hrb.ie and they can advise you or add the name of the drug to the list for you.

Q14. Source of referral

Please record the appropriate answer.



- If the service user is referred by an addiction counsellor, record option 4.
- If the service user is referred by a psychiatrist or another mental health professional, record option 17.
- Community services (option 7) include public health nurse, family liaison and counselling services (excluding addiction counsellor).

Q15. Date of initial assessment for this particular treatment episode

This refers to the date on which the service user was initially assessed by your service *for this particular episode*.

A service user may be referred, assessed and treated on the same day.



An assessment is an evaluation of an individual's needs and suitability for treatment.

The aim of the assessment is to identify the individual's requirements, and thus inform decisions about treatment, care and support.

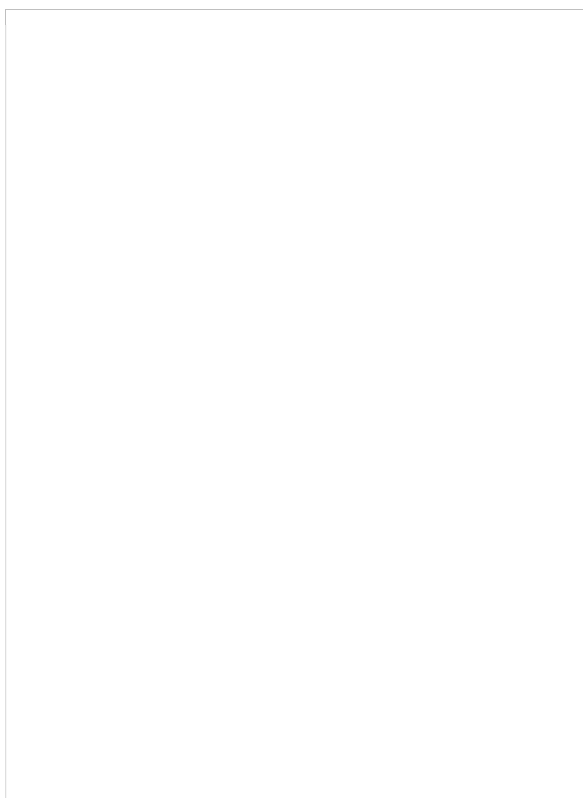
Q16. Assessment outcome

This question is about whether the service user is suitable for treatment at **any** drug or alcohol service.

If the service user is suitable for treatment at any addiction service, record option 1.



If the service user is **not** suitable for drug or alcohol treatment – for example, if a mental health issue is the person's underlying problem, record option 2. The system will close the episode automatically and no further information will be requested, as the service user did not go on to treatment. The record is saved, so simply **complete any validations**.



- If the service user has been referred to another drug or alcohol service, record option 3. **The episode is closed, complete any validations.**
- Psychiatric assessment **ONLY** – record option 4. **The episode is closed, complete any validations.** For example, some service users are referred for psychiatric opinion by GPs or by counsellors in other drug treatment services.
- However, if the service user undergoes psychiatric assessment, but continues their treatment **in your drug treatment service**, then record option 1 – **suitable for treatment. Complete the entire episode** and indicate in Section: Activity details if psychiatric treatment has been provided.

Q17. Where the service user is suitable for treatment

If the service user was offered a place **with your service**, record option 1.

If the service user was offered a place with **your service**, but then chose not to accept the place, record option 10.

If they started treatment at another location – in preference to choosing treatment in your service – record option 4.



You should complete the response to this question only if the service user is suitable for treatment.

- If you chose **option 1**, complete the episode once treatment has started. **Make sure you complete the entire episode** and include all treatment interventions.
- If any other option, the episode is closed, complete any validations.

Section: Treatment details

Treatment details

18. Number of times started drug or alcohol treatment in **this** centre **this** year (Jan to Dec) *

19. History of treatment (answer **all** questions) * [Help?](#)

	Never Treated	Previously Treated	Unknown	Age 1st Treated (years), if not known 99
Drugs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input style="width: 40px;" type="text" value="32"/>
Alcohol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 40px;" type="text" value="88"/>
--- Please Select ---	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 40px;" type="text"/>

20a. Ever received any opiate substitution (**excluding** this current treatment) *

20b. Age first received any opiate substitution (**excluding** this current treatment) If not known, record 99 * years

**Please note that the information above shows mock data, which are used here for illustrative purposes only.*

Q18. Number of times the service user **started alcohol or drug treatment** in this centre during **this** calendar year (January to December).

For service users who have been previously treated in your service, **you must ensure that you have correctly searched in LINK and then add the new episode.**

If this is the first episode in this calendar year for your service user, then the number will be 1.

If it is not the first time the service user has been treated in your service in this calendar year, the number should be the correct number of times, e.g., 2 or 3 etc.

For **concerned persons** and **other problems**, '88' (not applicable) is recorded.



- This question refers to treatment only in the current calendar year.
- It does **not** refer to the number of times the service user has been previously referred or assessed **and not treated**.
- A service user may attend a service several times during the same treatment period. However, if a service user is discharged from treatment but resumes treatment at a later stage in the year, this is their **second** (or subsequent) treatment period.
- If a service user returns to treatment and has **only** previously been assessed (not treated), this service user requires a new assessment prior to treatment. This treatment is the service user's **first** treatment period.

Q19. History of treatment

Provide answers for **both** alcohol and drug treatment, regardless of the details of the main problem recorded in your response to Q13. *This is a key question for the NDTRS so please only record unknown as a last resort.*

A service user can be described as ‘never treated’ for problem alcohol use and ‘previously treated’ for problem drug use, or vice versa.

If the person is a concerned person, or has a process addiction (e.g., gambling, spending, porn, gaming etc) as a main problem, please indicate whether they have been previously treated for **drugs and alcohol**, **AND** whether they have been previously treated for their **main problem (concerned person or process addiction)**.

If a process addiction is a *secondary problem or not a current problem*, it is optional to record information on whether they have been previously treated for a process addiction at Q19.

If mental health is recorded as an *additional problem (Q22-25)*, you have the option to record whether the service user has been previously treated for mental health at Q19. If a service user is experiencing **mental health problems** as well as an addiction, mental health must be recorded as a secondary problem on the NDTRS, in order to capture data on dual diagnosis. For information on how to ascertain whether mental health problems are part of the presenting problem, please see Appendix 1.

	When to record ‘never treated’	When to record ‘previously treated’	If service user was previously treated , then please record age when they were first treated.
Drugs	Service user has never received treatment for problem drug use at any time in the past in any service (even outside Ireland), including in your own service.	Service user has previously received treatment for problem drug use at some time in the past in any service (even outside Ireland), including in your own service.	Refers to the service user’s age when they were first treated for problem drug use in the past, in any service and in any country. <i>If never treated, record “88” – the code for not applicable. If age not known record “99” – the code for unknown.</i>
Alcohol	Service user has never received treatment for problem alcohol use at any time in the past in any service (even outside Ireland), including in your own service.	Service user has previously received treatment for problem alcohol use at some time in the past in any service (even outside Ireland), including in your own service.	Refers to the service user’s age when they were first treated for problem alcohol use in the past, in any service and in any country. <i>If never treated, record “88” – the code for not applicable. If age not known record “99” – the code for unknown.</i>
Process (behavioural)	Service user has never received treatment	Service user has previously received	Refers to the service user’s age when they were first treated for

addictions/ mental health	for a process addiction or mental health at any time in the past in any service (even outside Ireland), including in your own service.	treatment for a process addiction or mental health at some time in the past in any service (even outside Ireland), including in your own service.	a process addiction or mental health in the past, in any service and in any country. <i>If never treated, record "88" – the code for not applicable. If age not known record "99" – the code for unknown.</i>
Concerned person	Service user has never been treated as a concerned person.	Service user has previously received treatment as a concerned person at some time in the past in any service (even outside Ireland), including in your own service.	Refers to the service user's age when they were first treated as a concerned person, in any service and in any country. <i>If never treated, record "88" – the code for not applicable. If age not known record "99" – the code for unknown.</i>

Q20a. Ever received any opioid substitution (opioid agonist treatment) before (excluding this current treatment)

Please note the NDTRS is changing terminology from "opiate substitution treatment" to "opioid agonist treatment" "(OAT)", in line with EMCDDA updates.

This question includes any type of opioid substitution medication, including methadone or Suboxone.

Record option 1 'previously received' if:

- the service user is currently having opioid substitution treatment at another service while simultaneously receiving a different treatment at your service, e.g., counselling; or
- the service user has ever received opioid substitution treatment under medical supervision (including low-threshold) in any clinical service in Ireland or outside Ireland.

Record option 2 'never received' if:

- the service user is receiving opioid substitution (opioid agonist) treatment for the **first time** in your service for this particular episode of care; or
- the service user self-medicated on street methadone only and was not under medical supervision for opioid substitution at any point.

Q20b Age first received any opioid substitution (opioid agonist) treatment

Age should **only** be recorded for service users who have **previously received** opioid substitution treatment.

If not applicable, record '88' not applicable.



The age when the service user first received opioid substitution can be **older** than the age cited in your response to Q19 i.e., 'Age first treated for problem drug use'. However, it cannot be younger than that age.

If age is not known, record '99' i.e., 'not known'.

Section: Drug use

Current problem drug(s) including alcohol			
a. Drug	b. Route of administration	c. Frequency of use in last month	d. Age at first use (years), if not known 99
21. * Heroin - ILLICIT (111) x v	Smoke (2) v	Daily (3) v	19
22. Alcohol (700) x v	Eat/drink (3) v	Daily (3) v	15
23. --- Please Select --- v	--- Please Select --- v	--- Please Select --- v	0
24. --- Please Select --- v	--- Please Select --- v	--- Please Select --- v	0
25. --- Please Select --- v	--- Please Select --- v	--- Please Select --- v	0

26. Was it difficult to assess which was the main problem drug? * [Help?](#)

No (2) v

27a. Age first used any drug (excluding alcohol and tobacco) 17 years
If n/a, record 88, if not known, record 99 * [Help?](#)

27b. Specify first drug ever used (excluding alcohol and tobacco) *

Weed (herbal cannabis) (6112) x v

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

Shared in the last 12 months but not in the last 30 days (3) v

**Please note that the information above shows mock data, which are provided for illustrative purposes only.*

Q21a. Main and current problem drug

The drugs table is a ranked list of current problems, with the main problem appearing first in the list. Note that the drugs table captures **current** drug and alcohol use and other problems, not a full history.

Record the name of the current **main** problem either alcohol, drug, or process addictions that the service user is currently seeking treatment for.



- The main problem drug listed here **must** be the same as the 'Main reason for referral' recorded in your response to Q13.
- If the service user is drug free, record the main drug they last used and for which treatment was sought.
- **Alcohol** can be recorded as the main drug, subsequent drug, or only problem drug.

- **Tobacco is excluded** for the purposes of the NDTRS.
- If **methadone** is the problem, please specify if it is street methadone or prescribed methadone (see note on page 20).
- If **cocaine**, please specify whether this is coke or crack cocaine.
- If **head shop drug**, please specify the name.
- If **benzodiazepines** are the main problem, please try to be as specific as possible (e.g., valium).

If the name of the drug does not appear on the list in LINK please contact ndtrs@hrb.ie

Q21b. Route of administration for problem drug

Record usual route of administration from the options provided.



- If the service user is drug free at the point of treatment contact, record the usual route of administration when they were last using this drug.
- Injecting or smoking? If the service user smoked the drug more often than they injected it in the 30 days prior to treatment, please record 'injecting', as this is more harmful.
- Topical refers to absorption through the skin (e.g., transdermal patches).
- If 'Other problem' (gambling, spending, etc.) or mental health record '9' i.e., 'Not known'.

Q21c. Frequency of use of problem drug in the past month

Record the frequency of problem drug use during the month prior to treatment, using the options provided. As follows:

- 3. Daily
- 6. 4-6 days per week
- 7. 2-3 days per week
- 1. Once a week
- 4. No use in the past month
- 9. Not known



- The frequency of use refers strictly to use in the 30 days immediately prior to treatment.
- If the service user is drug/alcohol free or has not used this drug in the 30 days prior to treatment, record option 4 (i.e., 'No use in the past month').
- If the response is 'Other problem' (gambling, spending, etc.), then

record the frequency of the service user's habit.

- For mental health, record '9' i.e., 'Not known'.

Q21d. Age at first use

Record age in years for when the service user first used this drug.

For process addictions, record age of first occurrence.

If not known, input '99'.

For mental health, record '88'.

Q22/23/24/25. Additional problems (drug 2, drug 3, drug 4, drug 5, process addictions or mental health problems)

Name(s) of additional drugs(s)

Record the names of up to four additional drugs, which are also part of the service user's **CURRENT** problem drug use. This can include alcohol, other drugs and process addictions.

The table also allows **mental health problems** to be recorded as an additional problem if the service user meets the NDTRS criteria for dual diagnosis.

The detailed criteria can be found in our protocol on recording mental health and dual diagnosis (see Appendix 1).



This item does not attempt to record all other drugs that have been used by the service user, but only those that are seen by the service user and/or treatment staff as significant in the service user's **CURRENT** problem alcohol or drug use.

Thus, occasional or moderate and controlled use of alcohol or cannabis should not be included, **but bouts of heavy binge drinking and episodes of compulsive cocaine use, for example, should be included.**

Q26. Was it difficult to assess the main problem drug?

This question refers to when two or more drugs (including alcohol) are simultaneously involved in the service user's drug problem, and it is very difficult to determine the main drug that was responsible for the service user seeking treatment.

If it is difficult to determine the main problem drug, record option 1 'Yes'.



Even if it is very difficult to determine, **only one main problem** drug must be chosen in the responses to questions 13 and 21. Agreement on just one main problem drug must be reached by you and the service user.

'88' not applicable can be chosen where the service user is a concerned person or only has a process addiction and no drug or alcohol problems.

If it was not difficult to determine the main problem drug, record option 2 'No'.

If not known, record '99'

Q27a. Age first used any drug

Record the age of the service-user when they first used/experimented with any drug for non-medical purposes.



This excludes alcohol and tobacco for the purposes of NDTRS data collection.

It **includes** experimentation with, for example, glue, markers, Tippex and aerosols etc.

If the service user never used any drug, record '88', the code for 'Not applicable'.

If not known, record '99'.

Q27b. Specify first drug ever used

Record the first drug the service user used for non-medical purposes.



This excludes alcohol and tobacco for the purposes of NDTRS data collection.

It **includes** experimentation with, for example, glue, markers, Tippex and aerosols etc.

If never used any drug, record 'Not applicable' i.e., code '998'. If not known, record '999' the code for 'not known'.

Q28. Ever shared any other drug paraphernalia

This question should be **asked of ALL service users**.

If the service user ever shared any other drug paraphernalia, record the relevant time period:

1. Shared in the past 30 days.
3. Shared in the past 12 months but not in the past 30 days.
4. Shared, but not in the past 12 months.
6. Shared but time period not known.
5. Client did not wish to answer.

If never shared any other drug paraphernalia, record option 2.



Note: in the context of this question, 'any other drug paraphernalia' does not include needles and syringes.

This question aims to determine whether the service user has ever shared any other equipment with others. The service user may **never have injected drugs** but may have used other drug paraphernalia.

Such paraphernalia **includes joints, straws, foil, pipes, spoons, filters, citric, water to mix drug, as well as water or bleach to clean equipment.**

If the service user does not wish to answer this question, record option 5.

If sharing status is not known, record '99'.

If alcohol is listed as a problem drug in the responses to questions 21 to 25, please answer questions 29a to 29d. If alcohol is not listed as a problem drug, move to Q30a.

If alcohol is listed as a problem drug at Q21-Q25 please complete the following questions:

29a. Please specify the **preferred** types of alcohol consumed

Beer (2) Spirits (3) Wine (4) Cider (6)

Other specify:

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

29c. Please categorise the extent of the drinking problem [Help?](#)

29d. Number of previous **medically supervised** alcohol detoxes. If none record 0, if not known, record 99

**Please note that the information above shows mock data, which are used here for illustrative purposes only.*

Q29a. Specify the preferred types of alcohol consumed by the service user

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

If the service user has abstained from alcohol for 30 days prior to treatment, please record the preferred type of alcohol they would normally have consumed prior to treatment.



- **Beer** includes lager, stout and ale.
- **Fortified wines** are created by adding a distilled beverage (usually brandy) to a wine. The most popular fortified wines are port, Madeira or sherry.
- An **alcopop** is an alcoholic beverage made with fruit juices and other flavourings. Examples include Smirnoff Ice and Bacardi Breezer.
- If other, please specify the types/name of alcohol consumed.

Q29b. How many **standard drinks were consumed on a typical drinking day over the past month?**

This question seeks to determine the number of standard drinks consumed by the service user in **a typical drinking day/session** in the 30 days prior to treatment. It does **NOT** seek to determine the amount consumed during the whole month. A warning will appear in LINK if you record more than 66 standard drinks as this is equivalent to 3 bottles of whiskey in one day. If the number of standard drinks is not known, please record '999'.

Where no alcohol has been consumed in the past month:

If the service user has been abstaining from alcohol for the 30 days prior to treatment, please record '0' for Q29b. You should also have indicated that there had been no use in the past month in the drug use section, for the frequency of use.

Where alcohol has been consumed in the past month:

If you have indicated that the service user consumed alcohol in the month prior to treatment under frequency of use in the drug use section, you also have to provide the number of typical standard drinks consumed in Q29b. A standard drink is:



Source HRB – National Alcohol Diary Survey 2013

Examples of number of standard drinks

	Millilitres / litres	% alcohol	Number of standard drinks
Bottle			
WINE	750ml	12.5	8
VODKA	700ml	37.5	21
BRANDY	700ml	40	22
WHISKEY	700ml	40	22
GIN	700ml	38	21
NAGGIN			
VODKA	175ml	37.5	5

BRANDY	175ml	40	6
WHISKEY	175ml	40	6
GIN	175ml	38	5
FLAGON			
CIDER	2 litres	4.5	8

Q29c. Please categorise the extent of the service user’s drinking problem

Record one option only.

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 who has no apparent alcohol-related health problems. Hazardous drinking includes experimental drinking.

[AUDIT score 8 – 15: Increasing risk]

3. Harmful drinking can be described as a pattern of use that results in damage to physical or mental health. Some would also consider social consequences among the harms caused by alcohol. **[AUDIT score 16 – 19: High risk]**



4. Dependent drinker: there is a cluster of behavioural, cognitive, and physiological symptoms that may develop after repeated alcohol use. Typically, this includes a strong desire to consume alcohol, impaired control over its use, persistent drinking despite harmful consequences, a higher priority given to drinking than to other activities and obligations, increased alcohol tolerance. Also, notably a physical withdrawal reaction when alcohol use is discontinued. **[AUDIT score 20+: Possible dependence]**

The HSE recommend the use of the Alcohol Use Disorders Identification Test (AUDIT) to screen individuals for problem alcohol use. AUDIT is a series of questions used to identify people with hazardous and harmful patterns of alcohol consumption. The AUDIT was developed by the World Health Organization as a simple method of screening for excessive drinking and to assist in brief assessment. It can help in identifying excessive drinking as the cause of the presenting illness. It also provides a framework for intervention to help hazardous and harmful drinkers reduce or cease alcohol consumption and thereby avoid the harmful consequences of their drinking. For further information see: http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf

Q29d. Number of previous medically supervised alcohol detoxifications

The need for detoxification can be an indicator of chronic harm caused by problem alcohol use. The response to Q29d is designed to ascertain the number of alcohol detoxifications that the service user has undergone which have been carried out under professional supervision.

It includes:

- detoxifications supervised by a GP in a primary care setting;
- detoxifications carried out with or without medication; detoxifications carried out in a residential treatment service;
- and any detoxification carried out in the community under the supervision of key workers using the Community Detoxification Protocols.

It does **not include** where the service user detoxed themselves by going “cold turkey”.

If the service user is currently undergoing an alcohol detoxification in your service, do not include it in the total number. If this is their first alcohol detoxification, record ‘0’.

If a service user has undergone an alcohol detoxification in the past, it is most likely that they are alcohol dependent. Please ensure that this fact is reflected in your response to Q29c.

If the service user has never undergone alcohol detoxification, record ‘0’. If the answer to this question is not known, record ‘99’. If the service user is not sure how many alcohol detoxifications they have undergone, please provide the “best estimate” number. For example, if it was “a few”, try to determine if it was more or less than 5. If it was less than 5 but more than one or two, record 3.

Section: Risk behaviour

Risk behaviour

30a. Ever injected * Yes (1) ▾

30b. If yes, age first injected If not known, record 99 33 years

30c. Frequency of injecting Injected but not in the last 12 months (3) ▾

30d. Ever shared needle and syringes Shared but not in the last 12 months (4) ▾

31. History of viral screening (Select one option in each column) *

	Hepatitis C	Hepatitis B	HIV
Never tested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tested in the past 12 months	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Tested but not in the past 12 months	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client/service user did not wish to answer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not known	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please note that the information above shows mock data, which are used here for illustrative purposes only.*

Q30a. Ever injected

The term ‘ever injected’ refers to whether the person has injected any drugs for non-medical purposes at least once in their



Injecting includes intravenous, intra-muscular or subcutaneous (beneath or just under the skin) administration.

lifetime. All drugs ever used by the service user must be taken into account.

If the response is 'no' or 'not known', proceed to Q31.

Injecting steroids for body building or injecting tanning solution is included, but *bona fide* medical injections (insulin for diabetics, vaccinations etc.) are not included.

Q30b. If the service user has ever injected, state age when they first injected.

Enter the age when the service user first injected. If this is not known, record '99'.

Q30c. Frequency of injecting

Frequency of injecting refers to very specific time periods:

Record the appropriate option. As follows:

1. Injected in the past 30 days.
2. Injected in the past 12 months, but not in the past 30 days.
3. Injected, but not in the past 12 months.
99. Not known

This includes the injection of any drug for non-medical purposes.

It does not include medical injections (insulin for diabetes, vaccinations etc.).



If you record option 1 'Injected in the past 30 days', then this **must correspond** with the answers given in Section: 'Drug use'. Route of administration of at least one of the problem drugs must be by injecting at a frequency of at least once a week.

Q30d. Ever shared needle and syringes

If the service user never shared needles or syringes, record option 2. Never shared.

If ever shared needles and syringes, record the relevant time period, i.e.:

2. Never shared
1. Shared in the past 30 days.
3. Shared in the past 12 months but **not** in the past 30 days.
4. Shared, **but not** in the past 12 months.
6. Shared but time period not known.
5. Client did not wish to answer.
99. If not known if client ever shared, record '99'.

This question **only** refers to **needles and syringes**, and to whether the service user has ever shared these items.

Excluded from this list are spoons, filters, citric, water to mix drugs, as well as water or bleach to clean equipment – see Q28.



If the service user does not wish to answer, record option 5.

Q31. History of viral screening

This question should be **asked of ALL service users**, and not only those who report that they are currently injecting/have injected drugs.

The question should be asked as soon as the service user enters treatment.

The ultimate objective is to obtain a complete and reliable picture of the level of testing of infectious diseases among treatment service users.



There should be one tick in each column.

If the service user was never tested, record all the appropriate boxes. You should only record 'not known' as a last resort.

If the service user does not wish to answer this question, tick the boxes for option 4.

Section: Activity details

**Please note that the information above shows mock data, which are used here for illustrative purposes only.*

Q32a/b. Interventions provided

Enter the relevant date beside the intervention(s) provided at this service during this treatment episode.



Ensure that the dates for all initial **interventions** are entered.

At least **one intervention** for this treatment episode must be provided for the episode to be valid.

If you are providing a new intervention or the intervention you want to record does not

--

appear in your list in LINK, please contact ndtrs@hrb.ie

Treatment interventions

Brief intervention

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

A brief intervention that includes motivational interviewing is titled 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), in order to enable service users with substance misuse-related problems to explore and resolve their ambivalence about reducing their substance use. Brief motivational interventions often involve giving the service user feedback regarding their substance misuse and the risks associated with it. This type of brief intervention is also included in this treatment option.

Individual counselling

For individual counselling to be recorded on the NDTRS form, it must be provided by a trained addiction counsellor. In individual counselling, the relationship between the service user and the counsellor is of fundamental importance. The counsellor focuses on the development of the relationship and its progress from initial contact to effective outcome. The counsellor helps the service user identify choices for the future, and then supports the service user as they implement such choices. **Relapse prevention is considered part of the counselling process.**

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 service users and offer appropriate help.

Group counselling

For group counselling to be recorded on the NDTRS form, it must be provided by a trained addiction counsellor. 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.

Individual education/awareness programmes

These programmes inform service users of the effects of problem alcohol and drug use. Individual education/awareness programmes involve individual sessions with service users, and normally comprise a predetermined number of sessions.

Group education/awareness programmes

These programmes inform service users of the effects of problem alcohol and drug use. Group education/awareness programmes involve group sessions with service users, and normally comprise a predetermined number of sessions.

Medication-free therapy

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

Complementary therapies

Acupuncture is one of the complementary therapies used for the treatment of stimulant misuse. Other complementary therapies, such as **reflexology, yoga, massage** and **mindfulness**, are used to manage the stressors associated with the problem drug use.

Social and/or occupational reintegration

The primary aim of social and/or occupational reintegration is to prepare the service user for positive participation in daily life. Social and/or occupational reintegration comprises personal development courses, work-related training and work experience projects. **CE schemes delivered by your service** should be included under this intervention.

Family therapy

Family therapy (a form of psychotherapy) involves discussion and problem-solving sessions with recorded family members. For the purposes of the NDTRS, family therapy **must be** delivered by a trained family therapist. The sessions may take the form of group sessions, couple sessions or one-to-one sessions. In family therapy, the web of interpersonal relationships is examined and, ideally, communication is strengthened within the family. If relevant, patterns that may contribute to problem drug use are identified during the therapy sessions, and family members are then facilitated to address these patterns.

Structured aftercare programme

Aftercare is the name given to the specialised outpatient treatment that follows residential treatment for problem alcohol or drug use, using following a set curriculum over a set period of time. The aim of aftercare is to provide comprehensive care and follow-up arrangements which support the service user outside the residential treatment setting. The ongoing needs of service users are evaluated, based on the success of their treatment, and also based on 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.

Strengthening family programme/Structured family intervention

A **strengthening family programme** encompasses family/systemic consultation, and involves intervention within families and communities, which enhances protective factors for young people. 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. It is also designed to increase resilience/reduce risk factors for the parents of such children.

A **structured family intervention** is where a counsellor (not a family therapist) provides a very structured and intensive programme using a set curriculum over a prescribed number of days/weeks with a service user over the **age of 18 and their family**. However, before choosing this option please consider whether it is more appropriate to record this as treatment for a concerned person. In this case, a new episode can be started in the on-line system for the concerned person.

Psychiatric treatment

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

Multi-component models

You can record any approved broad-spectrum/multi-component behavioural programme if your service is implementing the intervention **strictly according to protocols**. Staff must be trained by an accepted practitioner, and they must work to the appropriate protocols and practices e.g., using the procedures checklist, functional analysis, treatment planning etc.

Includes: Community Reinforcement Approach (CRA), Community Reinforcement Approach and Family Training (CRAFT), Adolescent Community Reinforcement Approach (A-CRA), SMART Recovery, 5-Step Model.

Please inform the NDTRS team which model your treatment service is using, so that the team can note this in their records.

SAOR

The SAOR model of screening and brief intervention for problem alcohol and drug use aims to allow professionals to assess, and if necessary, assist a person to alter their problem alcohol or drug use. The SAOR (Irish word for free) model advocates a four step-by-step guide to brief intervention for problem alcohol and drug use: 1. **Support**; 2. **Ask and assess**; 3. **Offer assistance**; and 4. **Refer**. The SAOR Model has been adopted by the HSE as the national model for delivering screening and brief intervention for drug and alcohol use. Staff must have been trained in SAOR before the intervention can be added to their service. Care must be taken to not to double count brief interventions separately if included in the SAOR model. However brief interventions which do not fall under this model can be recorded separately based on the professional opinion of trained staff.

For further information see http://www.drugsandalcohol.ie/15791/2/HSE_Saor_model.pdf

Methadone substitution

Methadone is an opiate substitute. It is taken once a day because its long duration eliminates opiate withdrawal symptoms for between 24 and 36 hours. It reduces cravings for heroin, and blocks the euphoric effects of opioids.

Buprenorphine and naloxone substitution

Suboxone is a brand name for a combination preparation of buprenorphine and naloxone (a partial-opioid agonist) which is licensed for use as an opiate substitute in Ireland. It is a sublingual tablet, and it is usually given in a daily dose as a maintenance treatment.

Detoxification

The NDTRS records the specific drug that the service user is *detoxing from* and not the method / medication that is used to support the detoxification process.

Detoxification from alcohol

Alcohol is the drug the service user is being detoxed from. The method of detoxification may include symptomatic medication to relieve withdrawal symptoms.

Detoxification from heroin

Heroin is the drug the service user is being detoxed from. The detoxification method may include medication with methadone, lofexidine or other medications to reduce the physical withdrawal symptoms.

Detoxification from methadone

The service user is detoxing from methadone. If you are using methadone to aid a detoxification from another opioid drug e.g., heroin – chose '*detox from heroin*'. If you are using methadone to aid detoxification from another opioid, '*chose detox from other drug*' and specify the drug e.g., '*codeine*'.

Please specify whether the original problem was street methadone or prescribed methadone. The type of methadone (either prescribed or street) **must** be recorded as one of the problem drugs in your responses to Q13, and Q21 to Q25. Methadone may be prescribed and used as a medication to assist with the detoxification of the service user.

Detoxification from benzodiazepines

The service user is being detoxed from benzodiazepines. This includes all benzodiazepine-type drugs e.g., diazepam (Valium) and flurazepam (Dalmane). It **excludes** other non-benzodiazepine sedatives e.g., Z-drugs (see below).

Detoxification from Z-drugs

The service user is being detoxed from Z-drugs. This includes all non-benzodiazepine sedative drugs: Zimovane, Zopiclone, Zolpidem or brand names such as Stilnoct.

Frequently, benzodiazepines are used to help detoxification from Z-drugs. In this case, benzodiazepines are the type of medication used to aid the detoxification process, not the type of

detoxification, and the service user *should not* be recorded as having a benzodiazepine detoxification.

Detoxification from other drugs

The service user is being detoxed from any drug other than those listed above, for example codeine or cannabis. This includes any drug the service user is being detoxed from, *NOT* the medication used to assist the detox.

Community detoxification: supported

You can choose this option if your service is supporting the service user through a detoxification in the community in a **structured and managed approach** – for example, key worker working to the Community Detoxification Protocols. Please record date treatment started, date treatment finished and the number of sessions/visits e.g., daily, weekly. Services should record this option where the responsible GP is not employed by, or based in, the service.

For GPs supervising a service user detoxing, the appropriate detoxification should be recorded in its own right (alcohol, benzodiazepine, opiate or other type of detoxification).

For more information, see: www.drugs.ie/resources/community_detox/

Key processes

Key working

A key worker is a named service worker who is assigned to work closely with the service user and provide a range of psycho-social interventions/advocacy. The key worker is usually appointed when the service user starts their treatment. The key worker's responsibilities include:

- engaging with the service user;
- ensuring consent;
- completing the service user's assessment and care plan;
- working to fulfil care plan actions relating to direct service provision for the service user; and
- keeping relevant case notes/records.

Please record the date the key worker was appointed, the date the service user concluded working with the key worker, and the number of sessions involved. If a key worker provides a brief intervention during a key working session, this should be recorded separately. (See above for definition of a brief intervention.)

Case manager appointed

This is an identified worker who has a formal role in managing the total care of a patient attending an addiction service. The case manager's responsibilities include:

- assembling a case management team comprising all relevant key workers;
- facilitating this case management team to develop and agree a care plan either by telephone/email or through a case management meeting;

- acting as contact point for the case management team and service user;
- overseeing implementation of the care plan;

Example

Service user commenced treatment on 3rd March 2020 and received 1 face-to-face individual counselling session.

The service user then had 3 subsequent individual counselling sessions by telephone on the 9th, 16th and 23rd March.

The service provider had 1 brief intervention on the 19th of March.

The service user then decided they did not want any further sessions on the 23rd March.

A total of 4 sessions should be recorded for individual counselling.

A total of 1 brief intervention should be recorded.

In this case, the teleworking period should be recorded as starting on the 9th of March and ending 23rd of March [total of 4 sessions] – 3 counselling and 1 brief intervention.

Exit date [23rd March] and relevant exit details should be recorded as usual.

- maintaining the full case file, i.e., assessment, care plan, and updates;
- communicating any relevant gaps/blocks/barriers to the pilot coordinator through line management; and
- remaining as case manager until formally handed over to new case manager or until disengagement or case closure processes are followed.

The definition of a case manager may differ slightly from service to service. If your definition differs to this protocol, please inform the NDTRS team.

Care plan

This is a realistic set of goals and targets formulated for the service user. For further information see the National Drug Rehabilitation Committee (NDRIC) at

<http://www.hse.ie/eng/services/publications/SocialInclusion/ndric/>

Teleworking

During the initial COVID-19 restrictions in 2020, the EMCDDA temporarily lifted restrictions on recording treatments provided remotely by telephone and/or internet. This will assist services to accurately reflect their activities for reporting purposes to the EMCDDA.

If your service is providing treatment over the telephone or internet [e.g., Skype, video call]:

- **Continue** to record the type of treatment intervention (activities) you are giving as usual e.g. brief intervention, counselling session, group counselling.
- Also record **Teleworking** within the Activity section to reflect treatments provided remotely.
- Record the **period** where teleworking was provided [start date, end date and the total number of combined sessions of all the different interventions].

The NDTRS Teleworking option is **not an intervention** in itself, **it should accompany the existing intervention types that have been carried out over the phone or internet.**

DO NOT record teleworking only without a treatment intervention. Please note that contact by telephone or internet for advice on social issues etc are not to be included under Teleworking.

Drug-Related Intimidation and Violence

In December 2021, a new report, *'DRIVE (Drug-Related Intimidation and Violence Engagement) Initiative, A Data-Driven Intervention Model To Respond Effectively To Drug-Related Intimidation And Violence In Communities In Ireland Drive Intervention Model'* was launched. Until the data

collection portion of the model has been finalised and rolled out, where you are supporting service users in relation to these issues, please record the activities/interventions as usual under the Activity Details tab, and type “DRIVE” in the comment box under the Validations tab.

The data-driven intervention model to tackle DRI is comprised of six key pillars which, collectively, provide a comprehensive response to Drug-Related Intimidation. On their own, the pillars will not deliver the intended outcomes or results, moreover the six pillars are interdependent and require a joint commitment and unity of purpose from those with responsibility to intervene. Central to the framework is a commitment to data collection and information sharing. At a basic level, by naming, defining and better understanding the problem – this model creates the impetus for action. The successful implementation of the model will also create the conditions for effective lobbying and campaigning for policy and legislative changes that may bring about greater levels of convictions and ultimately reduced incidents of DRI –which is at the heart of a theory of change.

<http://drugs.ie/images/uploads/DRIVEReportExecutiveSummary.pdf>

Q32a/b. Interventions provided and date the service user started each type of intervention

Enter the start date against all interventions provided at this service during this treatment episode.



Ensure that a date is provided for all interventions, including any additional interventions provided since the service user began treatment.

At least **one intervention** (excluding teleworking) must be provided for the episode to be valid.

If a service user has had only one treatment session, the date they started and the date they finished must be the same.

If you are providing a new intervention or the intervention you want to record does not appear in your list in LINK, please contact ndtrs@hrb.ie

Q32c. Date each type of intervention was completed (or date of last visit for each type of treatment)

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



If the service user did not complete a particular treatment, record the date of their last appointment for that treatment.

Q32d. Number of sessions/visits for each intervention

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



A session or visit refers to **each appointment** that a service user attends. For the purpose of completing the NDTRS, only **one** session per day **per intervention** can be recorded.

For example, if a person is being given detoxification medication morning and evening, this should be recorded as one session (of detoxification) per day. You can record this as 'Daily'.

Section: Exit details

**Please note that the information above shows mock data, which are shown here for illustrative purposes only.*

When to complete the exit details

For the purposes of the NDTRS, service users should be exited (discharged from your service), and exit data completed if:

- treatment is completed;
 - this includes the initial intervention and any other additional subsequent activities / interventions;
- the service user has been transferred to another drug or alcohol treatment service;
- the service user has refused to continue with their treatment or has failed to show for further appointments, despite reminders;
- or has permanently left the service for another reason (choose appropriate options).

28-day cut-off

For the purposes of the NDTRS, if the service user is a 'no-show' for more than **28 days** and there has been no contact with them despite your best efforts, then the service user should be exited. If the service user returns to your service after this time, a new episode must be completed.

If your service has set rules/agreed time in relation to discharge dates/‘no-shows’, please discuss this with the NDTRS team.

Reminder: When a service user has exited treatment, please ensure that the Activity details section has been correctly recorded for every intervention. This includes date started, date of last visit and number of sessions.

Q33a. Exit details

The response to this question records how and why the service user left/exited your treatment service.

1. Treatment completed
2. Transferred/referred to treatment in another drug/alcohol service (specify service)
4. Client declined further treatment
5. Client did not return for appointments (no show/DNA)
6. Premature exit for non-compliance. Specify reason (choose 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)

‘Transferred/referred’ relates to other drug/alcohol treatment **only**. Specify the other treatment service location. Only answer this question if the service user is continuing their **drug/alcohol treatment**. If the service user has been referred to a housing authority or to other social services, this can be recorded in the response to question 34 - i.e., option 14.

If, for example, the service user was referred to social services or to a housing authority, record option 1 ‘treatment completed’ and then choose the appropriate response option in Q34.

If the outcome was ‘premature exit for non-compliance’, record option 6 and also choose the most appropriate reason from the reasons set out in numbers 1 to 5 on the list provided.

Treatment in prison

If the service user has been released from prison, please record the option that best describes their situation:

If the service user was assigned to another drug or alcohol treatment service on release, then record option 2 – ‘Transferred/referred to another drug/alcohol treatment service’. Then specify the other treatment service location.

Otherwise record option 7 – ‘Released from prison but not linked to another treatment service’ or option 14 – ‘Prison-to-prison transfer’.

If absconded, choose option 10 – ‘Other’ and specify.

Q33b. Please specify the number of family members or significant others who were involved in this service user's treatment.

Record the number of family members or significant others who were involved in the service user's treatment.

If none, record '0'.

If not known, record '99'.

This question must be answered for all service users, regardless of the main problem for which they received treatment.



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

This excludes people supporting the service user in a **professional capacity**.

Q34. At the end of treatment or when the service user was last seen, the service user is/has:

Record the condition and progress of the service user at discharge, referral, or when last seen. This aims to measure progress and outcomes of the service user in a more meaningful way.

You can choose as many options as are applicable for both drug and alcohol use.

In general **drug/alcohol use** should be compared to use at the time the service user started treatment.

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



Drug free: is not using any drug on discharge from treatment.

Drug use unchanged/increased/reduced: this refers only to the **main problem drug** the service user sought treatment for.

The frequency of the drug or alcohol use should be based on the use at entry to treatment. Some service users may have become unstable since entering treatment. They may now be misusing another drug in a harmful and risky way, and more frequently, (and, for example, has declined further treatment). In this case you can choose the option 'other' and record explanatory text e.g., 'service use unstable, misusing additional drugs which were not part of the problem at treatment entry'.

Progress with **the care plan** (options 10 to 13) should be assessed by you to the best of your current knowledge. If you chose this option, then you **must** also have marked that the service user has received a care plan in treatment interventions.

Engaging with other services (i.e., options 14 and 15) may be for the individual's drug use,

- 10. Substantially reached priority goals of care plan
- 11. Engaging with care plan
- 12. Disengaged from care plan
- 13. Care plan gaps and blocks identified
- 14. Engaging with other services (e.g., housing, education)
- 15. Engaging with other therapeutic services (e.g., self help groups, AA)
- 16. Engaging in other unstructured aftercare
- 17. Other (specify)
- 99. Not known

but also may be a positive step towards dealing with other non-addiction problems e.g., mental health.

Unstructured aftercare covers what happens once the service user has officially exited/left the service but, for example, the service provides occasional drop-in visits or telephone calls for support.

If the service user is participating in a more **structured aftercare** programme in your service, which has a set curriculum and number of sessions, fill details for 'Structured aftercare programme' in Q32a instead.

Q35. Date of discharge or transfer

This refers to the date on which the service user was discharged or transferred from the treatment service location.

Validations Tab: Review date

As service users progress through their treatment, LINK episodes can remain open for varying lengths of time. It is important that episodes that have been open for a prolonged time are **reviewed periodically, at year end and six months later in June/July**. This will reduce the number of queries to you about exits but also helps the NDTRS verify that the episode is still open which ensures that any prevalence analysis is accurate. Prevalence includes episodes that have entered in the calendar **AND** those which are continuing from previous years.

To review open episodes, click "view" on the dashboard page next to "episodes currently open (all years)".

If the treatment is ongoing at the time of review, the **review date** should be recorded on the **validations page**.

If previously reviewed, you will see the most recent review date displayed.



To update the review date, click "save" beside the field containing today's date.

If the treatment is complete, the activity details for this episode must be updated on the Activity Details Tab.

To update the activity details, click "edit" under action. Add the necessary details to the pop-up window and select "add" when finished.

Then complete all the relevant details on the "Exit Details" tab. Ensure all applicable options are selected for question 34.

- Admin
- Demographic
- Referral / Assessment
- Treatment Details
- Drug Use
- Risk Behaviour
- Activity Details
- Exit Details
- Validations

Below is the list of all the REJECTED Validations:

Below is the list of all the WARNING Validations, you can confirm these as appropriate:

Most recent review dates

Not reviewed yet.

Review Date 

Episode Comment

Appendix 1: Recording dual diagnosis/ mental health problems as an additional problem

The impact of dual diagnosis has become more recognised within the addiction services over the past number of years and is a major theme in the current National Drug Strategy. The NDTRS has collected information on psychiatric treatment as an intervention for several years including data from participating mental health services. From January 2020, services are able to record mental health problems as an additional problem (but currently not a main problem) within the NDTRS. This data has the potential to provide top level figures on the number of addiction service users with a dual diagnosis along with some basic characteristics and treatment details.

When can you record mental health problems as an additional problem?

If the service user presenting for drug treatment is known to have current mental health problem, then it can be chosen as an **additional problem** by the professional providing data to the NDTRS. Mental health problems can be ascertained in various ways:

- Known to have been officially diagnosed with a mental health illness e.g., schizophrenia and/or;
- Currently receiving mental health treatment from a GP, psychiatrist or psychologist or other mental health professional; and/or
- Currently receiving psychological interventions for the treatment of a mental health problem; and/or
- Currently receiving pharmacological intervention or psychotropic medication (a legitimate prescription) for the treatment of a mental health problem; and/or
- Referral from mental health services such as psychiatric services or voluntary/advocacy services for people with mental health needs; and/or
- Recent discharge from psychiatric hospital (one month or less);

Mental health problems can be recorded for the NDTRS even if the service user is not receiving any treatment for their mental health in presenting service. Mental health problems as an additional problem should not be recorded if service user is articulating or displaying mental health symptoms but the staff member does not know if they meet any of the criteria above. These data are purely for surveillance/epidemiological purposes.

How to record mental health problems

- Drugs table: Enter “mental health” after and current problem substances have been added. Not known/not applicable values should be inserted for the other values with the drug table (route of admin (code 9), frequency (code 9), age (code 88)).

Drug use

Current problem drug(s) including alcohol

	a. Drug	b. Route of administration	c. Frequency of use in last month	d. Age at first use (years), if not known 99
21. *	Weed (herbal cannabis) (6112) ×	Smoke (2)	Daily (3)	15
22.	Mental health (99504) ×	Not known (9)	Not known (9)	88
23.	--- Please Select ---	--- Please Select ---	--- Please Select ---	0

- If mental health problems are part of the current problem, **history of previous** treatment for mental health and age first treated can be recorded, if desired. This is not mandatory.

19. History of treatment (answer **all** questions) * [Help?](#)

	Never Treated	Previously Treated	Unknown	Age 1st Treated (years), if not known 99
Drugs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17
Alcohol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	88
Mental health (99504)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16

- Any relevant interventions can then be added that are being provided within the service. They **do not** have to be interventions specifically related to the services user’s mental health problems if the service in question is not providing the mental health treatment – this is to avoid double counting.
- On exit, any additional outcomes can be recorded if they pertain to current mental health problems within the other specify section, but this is not mandatory.

Exit details

33a. Exit details

Treatment completed (1)

Specify centre

--- Please Select ---

Reason for premature exit for non-compliance

--- Please Select ---

Other specify:

33b. Please specify the number of family members or significant others (who were not treated for a personal addiction) involved in this treatment if none record 0, if not known, record 99 *

0

34. At end of treatment, or when last seen client is/has (add all that apply) * [Help?](#)

Drug free (1)
 Reduced alcohol use (8)
 Substantially reached priority goals of care plan (10)
 Other (17)

Other specify:

Significant reduction in depressive symptoms

35. Date of final discharge or transfer * 30 Jun 2022

Appendix 2: Guidelines for completing a hard copy NDTRS form

You should retain the top copy of the form, containing the name and address of the service user for your own records. When returning forms to the NDTRS, only send **carbon copies (excluding name and address information) to the HRB.**

When completing the NDTRS form, please use a ballpoint pen, and make sure that the information you provide is clearly legible on each carbon copy of the form.

Please note that each section of the form reads from **left to right** (explanatory information in relation to each question is set out in the box on the right-hand side of the page).

When should an NDTRS form be recorded?

A form should be completed for each **new** service user presenting for their first treatment **in this calendar year.**

A form should be completed for any service user who has been previously treated, and who is **returning** to treatment for problem drug or alcohol use **in this calendar year.**

- When a service user has undergone an initial assessment, you should complete the sections on Administrative Details, Demographic Details and Referral/Assessment Details.
- If a service user did not continue past the assessment, **STOP** completing the form at Q16, and return it to your data coordinator or to the NDTRS team (whichever is applicable in your case).
- If the service user did not continue on to treatment, **STOP** completing the form at Q17 and return it to your data coordinator/NDTRS team.
- If the service user has continued on to treatment, complete the sections on Treatment details, Drug Use, Risk Behaviour and Activity Details and then return it to your data coordinator/NDTRS team.
- Please try to obtain a full and accurate history from each service user, and only record 'not known' if it is not possible to obtain specific information for a particular question.
- If you are unable to provide an answer, please record 'not known' rather than leave the answer to a particular question blank. This is because 'blanks' cannot be processed by the NDTRS team, and this will in turn result in additional data-related queries being sent by the NDTRS to your service.
- The exit details section of the form should be completed once the service user exits treatment.

What to send?

Forms should be submitted on a monthly basis.

Retain the top copy with name and address in the service user's notes in your service. Do not return to the data co-ordinator or the NDTRS team.

Return the **white (anonymised) carbon copy** to your data coordinator, or directly to the NDTRS team as appropriate, as soon as the service user starts treatment in your service, and you have completed the Activity details on the form.

Return the **blue (anonymised) carbon copy** to the data coordinator, or directly to the NDTRS team as appropriate, as soon as the service user has left your treatment and you have completed the Exit details on the form.

Where to send the forms?

- **At the end of each calendar month**, please send a batch of completed forms to your data coordinator, or to the NDTRS team (whichever is applicable in your case). They will be responsible for ensuring that the data are correctly inputted.
- If you are returning the forms to the NDTRS team in the blue security bag provided, please ensure that with the **correct postage** has been paid.
- Please nominate a person in your treatment service who is responsible for the return of the forms and is also responsible for dealing with any related queries.

HRB contact details

If you require training, or if you have any queries, please contact the NDTRS staff by emailing ndtrs@hrb.ie

Postal address for returning forms

National Drug Treatment Reporting System
Health Research Board
Grattan House
67-72 Lower Mount Street
Dublin 2
D02 H638

Instructions for data collection using a hard copy form

Question interpretations are outlined in the main body of this document. Listed below are instructions specific to the completion and return of hard copy forms





Q8a. Area of residence

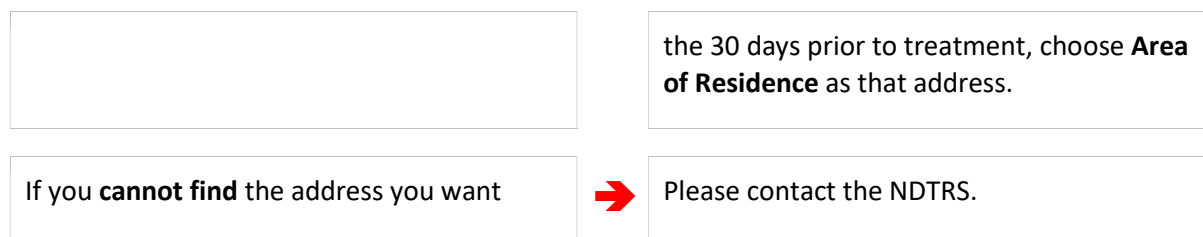
Area of residence refers to the geographical location where the service user resides in the 30 days prior to treatment. It does NOT refer to where the service provider is located.

Service providers with access to the online HSE Health Atlas (<https://finder.healthatlasireland.ie>), can find the area of residence code using the service user's address. Please enter the code at Q8a on the paper form. The Health Atlas also provides the small area code. Please write this on the form beside the area of residence.

For service providers without access to the Health Atlas, there are two different address books, which contain codes for Electoral Division, LHO and CHO. **Address Book 1** replaced the old 'pink book' for Dublin, Kildare and Wicklow. **Address Book 2** contains the townlands of all other areas outside Dublin, Kildare or Wicklow. While townland is not as precise as street, it is useful for the NDTRS in determining treatment demand and enabling improved service provision.

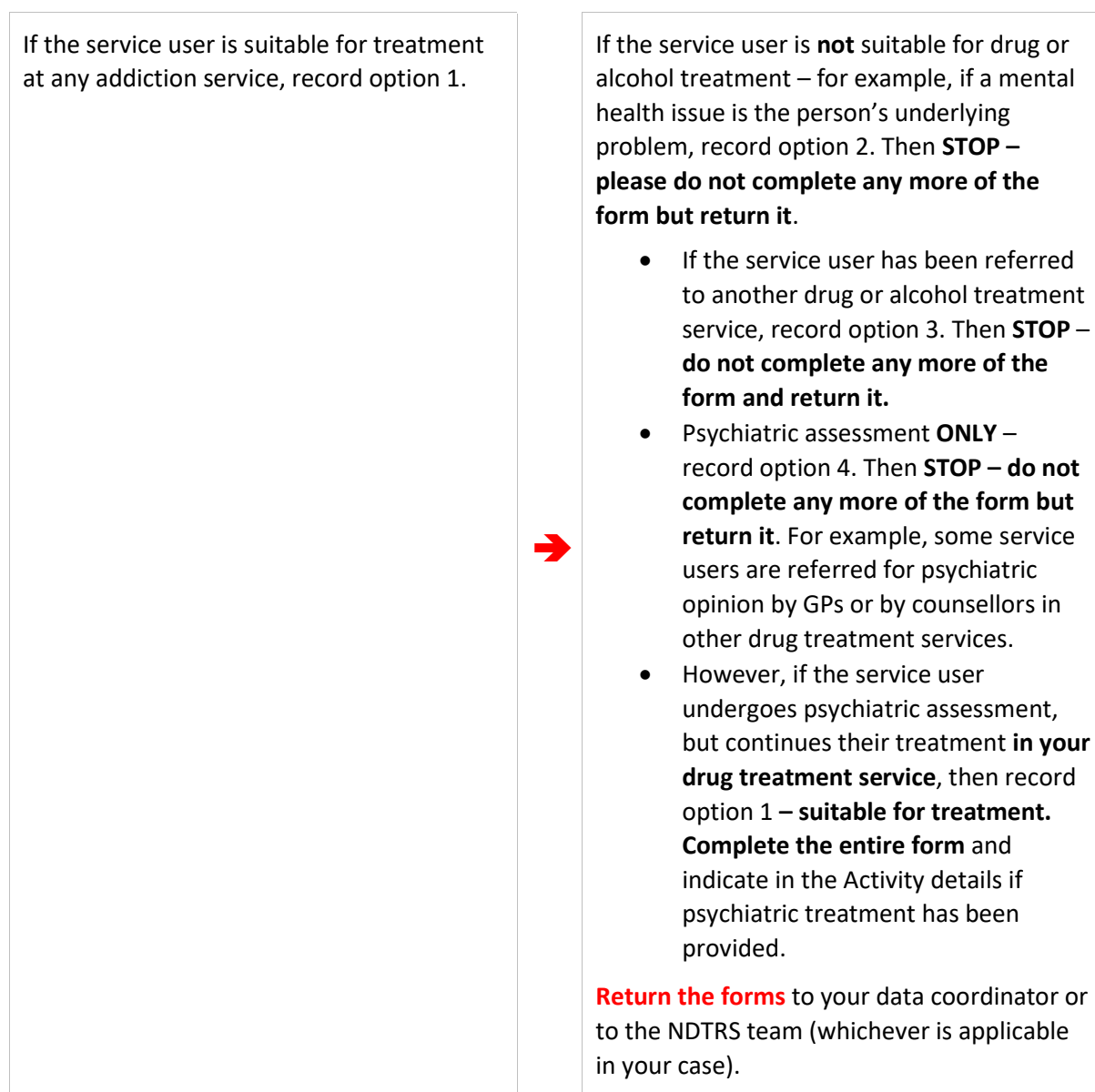
For Prison service users please see note ***Service users receiving treatment in prison***, page 12.

<p>Service users living in Dublin, Kildare or Wicklow.</p>		<p>Use Address Book 1. This contains street names</p>
<p>Service users living outside Dublin, Kildare or Wicklow.</p>		<p>Use Address Book 2. This only contains townland</p>
<p>If a service user is in prison</p>		<p>If the service user has been in prison for less than six months before they start the current treatment, then record Area of Residence as the service user's address/geographical area of residence 30 days prior to their imprisonment.</p> <p>If the service user has been in prison for six months or more, (without a break of greater than 28 days), before they start the current treatment then record Area of Residence as the Prison Address.</p> <p>(Please note that prison-to-prison transfers do not count as a break)</p>
<p>If the service user is homeless</p>		<p>If the service user is homeless, please record the address/geographical area closest to the place where they most frequently sleep rough. If the service user has mostly been sleeping in a hostel, B&B, or guesthouse in</p>



Q16. Assessment outcome

This question is about whether the service user is suitable for treatment at **any** drug or alcohol service.



Q17. Where the service user is suitable for treatment

If the service user was offered a place **with your treatment service**, record option 1.

If the service user was offered a place with **your service**, but then chose not to accept the place, record option 10.

If they started treatment at another location – in preference to choosing treatment your service – record option 4.



You should complete the response to this question only if the service user is suitable for treatment.

- If you chose **option 1**, complete the form once treatment has started. **Make sure you complete the entire form** and include all treatment interventions.
- If any other option, **STOP – do not complete any more of the form but** return it to the data coordinator/NDTRS team.

Appendix 3: Version control

Version Control Sheet (VCS)



Title	NDTRS protocol for data collection
Owner Name: Job Title:	Suzi Lyons Senior Researcher, NHIS
Business Area:	NHIS
Date protocol will take effect	17/08/2022

Is this policy to be published on any of the HRB's websites? Yes No

Reason for publication:

- Information for NDTRS data collectors/suppliers
- Requirement under legislation
- Requirement under the Code of Practice for the Governance of State Bodies

Website publication history			
Date published	Version published	Website Publication authorised by (name)	Location on website
20/05/2020	V1.0	Suzi Lyons	LINK – Documents
24/05/2021	V1.1	Suzi Lyons	LINK – Documents
17/08/2022	V1.2	Suzi Lyons	LINK – Documents

Version Control				
Version	Name	Date	Changes	Comment
V 1.0	Suzi Lyons	20/05/2020	Fully Approved	Version for national data collection for the year 2020 only
V 1.1	Suzi Lyons	24/05/2021	Question relocation and minor wording updates in the 'Drug Use' and 'Risk Behaviour' sections. Additional options in Q34.	The current version for national data collection effective 24/05/2021.
V 1.2	Suzi Lyons	17/08/2022	Category updates – Q3a (Gender); Q3b (Sexual orientation); Category and wording updates – Q.11b (Ethnic group/background); question wording update -Q33b (others involved in this treatment).	The current version for national data collection effective 17/08/2022.

If you require further information,
please contact the NDTRS at :

T: +353 1 2345 000

E: ndtrs@hrb.ie

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