25. Drug 5

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



			Board		
A. Administrative details	PLEASE	COMPLETE USING A BALL POINT	PEN		
Forename	Address				
Surname	Eircode	7			
		_ 			
1a. Centre 1b.Type	2a.Client number	2b.IHI			
B. Demographic details	7. Number of children	(If none write 0)	us (circle)		
3a. Sex (circle) 1. Male 2. Female	Total number of children Under 5 yrs 5 - 1	1. In paid employment			
Transgender Tick if Yes	Number living with client	3. Iraining course	Student Retired/unable to work		
3b. Self-defined sexual orientation (circle)	Number living with other parent	8. Other (specify)	o. Netired/driable to work		
1. Heterosexual 2. Homosexual 3. Bisexual	Number in care	9. Not known			
4. Did not wish to answer this question	Number living elsewhere	11a. Country of Birth	(circle, if other please specify)		
99. Not known	Living status not known	1. Ireland 2. Other	99. Not known		
4a. Date of birth	8a. Area of residence	Country			
4b. Age Years		11b. Ethnic / cultural	background (circle)		
	8b. City/county	1. Irish 2. Irish Trav			
5. Living where (circle)	9a. Education: highest level complete		kground 4. Black African kground		
Stable accommodation Homeless Homeless	Primary level incomplete	evel 6. Asian Chinese 7. A	ny other Asian background		
The stable accommodation Frison Institution (residential care/halfway house)	2. Junior cert 3. Leaving	cert 8. Other, including mixe	•		
9. Not known	4. Third level 5. Never we 9. Not known	ent to school 10. Do not wish to answ 99. Not known	ver this question		
6. Living with whom (circle)1. Alone2. Parents/family	9b. Age left primary or secondary sch (not third level) (years, or circle code below)	11c. Language other (circle)	than English or Irish at home?		
3. Friends 4. Partner (alone)	01. Never went to school	1. Yes 2. No 99.1	Not known		
 Partner & child(ren) Alone with child(ren) 	88. Still at school	Years (if yes, specify)			
8. Foster care 7. Other 9. Not known	99. Not known				
C. Referral/assessment details					
12. Date of referral	14. Source of referral (circle)1. Self2. Family3. Frie	16. Assessment outcomeands1. Suitable for treatment in an			
	4. Other drug treatment centre 5. Gene				
Day Month Year	 Acute hospital service excluding eme Social services/Community services 		only o intervention provided in this centre		
•	8. Court/probation/police 10. Outrea		If 2, 3, 4 STOP and return form to HRB.		
13. Main reason for referral Circle ONLY one option	12. School or college 13. Prison	nent (ED) 17. Where client is suitable	for treatment (circle one)		
1. Alcohol	14. Employer 16. Emergency Departn17. Mental health professional 18. Ne	IGIT (LD)	,		
2. Drug (specify)	99. Not known	_	s centre and client DID NOT accept		
3. Concerned person	45 5 4 4 11 1	Client did not fulfill criteria to			
4. Other problem (specify)	15. Date of initial assessment	 Client commenced treatme Service unable to contact / 			
		7. Client sent to prison 8.	Client died		
	Day Month Year	9. Other (specify)			
		If 1 continue form, otherwise	STOP and return form to HRB.		
D. Treatment details	20a Ever	received any opiate substitution before (exclu	uding this current treatment)		
18. Number of times started alcohol or drug treatme	Times	sly received 2. Never received 99. Not know	,		
this year (Jan-Dec) (Enter 1, if first time this year)	in this centre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
19. History of treatment (answer both questions, please tick		first received any opiate substitution	years		
	rst treated unknown 99) Treatment status (excl		olicable, code 88 own, code 99		
Drugs					
Alcohol					
E. Drug use					
a. Current problem drug(s)	b. Route of	26. Age first used a	any drug		
	administration use in last use (years, if use code) month (use code) unknown 99)	(excluding alcohol and	d tobacco)		
21. Main drug	Rou		olicable code 88)		
	2. 9	nject Smoke			
22. Drug 2		Eat/Drink 27. Specify first dr			
	5. 9	Sublingual (excluding alcohol and	u tobaccoj		
23. Drug 3	7. 7	Rectal Topical Topical			
24. Drug 4		Not known quency of use in past month			
z-t. Diug +	3. E	28 Was it difficult			

7. 2-3 days per week1. Once a week or less

4. No use in the past month

1. Yes 2. No 99. Not known

88. Not applicable

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F. Risk behaviour

If no or unknown, go to Q30e.

If unknown, Code 99

2. Never shared

30b. If yes, age first injected

1. Injected in the last 30 days

1. Shared in the last 30 days

30c. Frequency of injecting (circle one only)

3. Injected but not in the last 12 months

4. Shared but not in the last 12 months 5. Client did not wish to answer

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

29a. Please specify the preferred types of alcohol consumed

30a. Ever injected (circle) **1.** Yes **2.** No **9.** Not known

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

4. Client did not wish to answer 99. Not known

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

3. Shared in the last 12 months **but not** in the last 30 days

99. Not known

	1- 1- 27				
2. Beer	Spirits	4. Wine	Fortified wine	6. Cider	7. Alcopops
8 Other	snecify				

29c. Please	categorise	the
(if none write 0))	

29c. Please categorise	tne extent of the	arinking problem (circle
2. Hazardous drinker	3. Harmful drinker	4. Dependent drinke

29d. Number of previous alcohol detoxes

29b. How many standard drinks were consumed

on a typical drinking day over the past month?

			٠.	٠.	p. o.	.000	uioo
if non	e wi	rite (O. if	unl	know	n 99)	

30e. Ever shared any other drug paraphernalia (excluding needles and syringes)

(circle) (e.g. straws, foil, pipes)

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

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

		Hepatitis C	Hepatitis B	HIV
1.	Never tested			
2.	Tested in the past 12 months			
3.	Tested but not in the last 12 months			
4.	Client did not wish to answer			
99.	Not known			

G. Activity details

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

8. Reduced alcohol use

H. Exit details

33a. Exit details (circle)

- 1. Treatment completed
- 2. Transferred/referred to treatment in another drug/alcohol service Specify centre ___
- 4. Client declined further treatment
- 5. Client did not return for appointments (no show/DNA)
- 6. Premature exit for non-compliance. Specify reason (circle one)
- 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
- 12. No longer lives in the area
- 14. Prison to prison transfer
- 10. Other (specify) __

33b. Please specify the number of family members or significant others	
(who were not treated for a personal addiction) involved in this treament	
Please write 0 if none	

24	At end of tr	eatment or wh	en last seen	client is/has	(circle all that apply)

Drug free	10.	Substantially	reached	priority	goals	of	care	р

- 11. Engaging with care plan 2. Not changed drug use
- 12. Disengaged from care plan 3. Increased drug use
- 4. Reduced drug use 13. Care plan gaps and blocks identified
- 5. Abstaining from alcohol 14. Engaging with other services (e.g. housing, education)

99. Not known

- 6. Not changed alcohol use 15. Engaging with other therapeutic services (e.g. self help groups, AA) 7. Increased alcohol use
 - **16.** Engaging in other unstructured aftercare
 - 17. Other (specify)

35. Date of discharge or transfer	