

Over the TOPs?

Doctors and drug workers must now grill drug users about crimes they have committed in the last month in a bid to monitor their progress away from addiction. **Diane Taylor** on a scheme that has been met with trepidation by the field.

Have you sold any drugs in the last four weeks? Stolen something from a car, or committed theft, forgery, an assault or some other kind of violence? Or have you perhaps handled stolen goods or committed another crime not listed here?

Most of us would be rather taken aback if those questions were put to us so bluntly and repeatedly but from this month drug users will be expected to provide an itemised account of any crimes they may have committed, along with various other probing questions such as drug consumption levels as part of their treatment programme.

Treatment Outcome Profiles (TOPs) were launched in May of this year and are being rolled out now. From October, information gathered from detailed regular questionnaires put to drug users will be reported to the National Drug Treatment Monitoring System (NDTMS). Drugs workers and doctors are amongst those who are tasked with asking users the questions.

Questions focus on health and social issues as well as drug use and criminal activity and names and dates of birth are recorded. The NTA says that the data gathered will enable providers of drug treatment services to chart progress in key areas. Drug users will be asked the same questions every month and, by comparing earlier answers to the same questions with later ones, progress can be measured.

The service has been piloted with a cross-section of 1,000 drug users who access 70 different drug treatment services. The guinea pigs came from different backgrounds and different parts of the country.

The NTA says that until now treatment effectiveness has been measured by the numbers of people in treatment and retention rates. Officials say that TOP is a much more meaningful way of measuring progress. But critics are concerned about how the new data might be used.

On the website of Healthcare Republic, an online newsletter for doctors, one GP commented: "What on earth are providers of services supposed to do with any forced confessions they might receive. If you were receiving treatment and were

suddenly asked about criminal activity for the purposes of reporting it how truthful would you be?"

The NTA says that in line with data protection legislation information that users give about themselves can only be passed on to others with their consent. Treatment services have been asked to ask users to consent to their information being passed on to the NTA so that officials can ensure that services are running efficiently, to assist with the future planning of services, for public health monitoring such as the numbers of people who have been vaccinated against hepatitis B and for health research to look at the effectiveness of different types of drug treatment.

One nagging worry is whether information about crimes committed could be passed on to the police. The criminal justice agenda is increasingly a part of drug treatment services and information linked to individuals about crimes committed would be of great interest to the police.

However an NTA spokeswoman states categorically that this information will not be shared with law enforcement officers.

"The consent that the NTA asks services to obtain from clients specifically states that identifiable information will not be passed on to government bodies. Therefore it would be unlawful to provide any information from the NDTMS to criminal justice agencies for the purposes of crime enforcement." Said an NTA spokeswoman.

She added that one of the reasons for asking the question about crimes committed is because a reduction in criminal activity associated with an individual's drug use is an important indicator of the success of treatment.

Users are told before interviews are conducted that the information required by TOP is not sufficient for criminal proceedings although if specific details of crimes are divulged drugs workers and other professionals asking questions may be legally obliged to share this information with police.

In order for this to be measured accurately users need to be truthful when answering the questions about criminal activity.



It is also important for users to answer accurately about their levels of drug consumption, something which some may be unwilling to 'fess up' honestly to and which many others may simply not be able to recall accurately.

One supporter of the new system is the drugs charity Addaction, which has been involved in piloting the new scheme. Chris Siviter, director of quality at Addaction, said: "We tested TOP in a few of our services. The whole thing about it is that it allows you to see measurable differences during the course of a treatment programme. We felt that we could accurately track the clinical changes in clients. We have that information through the care planning process but now we have real outcomes and can see that there are measurable differences."

It will be impossible to monitor whether they are giving truthful and accurate answers about levels of criminal activity and drug consumption.

Danny Kushlik of the anti-prohibition organisation Transform has concerns about the exercise.

"What's being missed here is what's being counted and what's not." He says.

The issue is this: is it fair to ask patients about their level of offending when the government does not count the numbers who offend because it has made drugs illegal in the first place.

"This is not about treatment. It's about reducing the collateral damage created by prohibition. It is singularly unjust to demand that GPs and patients account for the efficacy of their intervention whilst the government is not held to account for its policy. Outcome monitoring is fine but let's apply some outcome monitoring to the policy of drug

prohibition and its very expensive enforcement."

Drugs counsellor Ira Unell believes that while most of the TOP questions are acceptable the ones measuring criminal activity are 'absurd' because the temptation to lie about such activities will be strong. Unell is also concerned about the increasingly heavy burden of form filling on both professionals and users with both TOP and care planning reviews, both of which need to be completed four times a year.

"Many clients these days are seen only once a month - eight out of 12 sessions will be dominated by these forms. One of the episodes of the series *Yes Minister* was about the most efficient hospital in the NHS. They met all their targets and completed all their paperwork on time. They did not, however, have time to see any patients!"

Michael Donmall, director of the National Drug Evidence Centre, says the case for TOP is yet to be proven.

"It feels as if assumptions have been made that this system will be of benefit without a huge amount of evidence for that assumption. I'm not absolutely convinced that it's necessary to carry out this sort of work on every person coming through the door. It might be better to have a sampling strategy. There are some aspects that I don't particularly warm to because I don't think there will be good compliance. Will clients be able to recall details? Outcomes are important but treatment is more important and the range of practice at drug services is absolutely enormous."

Users don't have a choice about participating in TOP if they access drug treatment, but they do have control over the answers they give. It will be impossible to monitor whether they are giving truthful and accurate answers about levels of criminal activity and drug consumption. Users and professionals alike wait with interest to see how the NTA will use the data collected from TOP and what changes to drug treatment services will be introduced as a result of having this information.

■ **Diane Taylor** is a freelance journalist