Australian Treatment Outcomes Profile (ATOP) Manual 1: Using the ATOP with Individual clients.

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First, the National Treatment Agency, National Health Service (NHS), United Kingdom. The ATOP is based on the British TOP (Treatment Outcomes Profile). A large component of the original ATOP manual was adapted from the TOP support materials to better suit the Australian context. For more information on the British TOP please see: https://www.gov.uk/government/publications/drug-and-alcohol-treatment-outcomes-measuring-effectiveness/collecting-drug-and-alcohol-treatment-outcomes-information.

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CHAPTER 1: OVERVIEW OF THE ATOP

1. What is the ATOP, and what is it used for?

The Australian Treatment Outcomes Profile (ATOP) is a brief, 22 item instrument that assesses various parameters of (a) substance use and (b) general health and wellbeing over the preceding 4 weeks. It is a patient reported outcome measure (PROM) and clinical risk screening tool, eliciting responses directly from clients and is designed to be incorporated into routine clinical care in Alcohol and other Drug (AoD) treatment settings. The ATOP is usually administered either face-to-face or by telephone by a clinician or researcher and requires minimal training for administration or interpretation. It typically takes approximately 10 minutes to complete.

The ATOP can be used for:

1. ***Conducting brief structured assessments***, allowing an overview of key substance use, clinical risks and health conditions to be assessed in a brief interview;

2. ***Screening for a range of clinical risk conditions***, such as injecting related blood borne virus risks, housing, violence and identifying potential concerns regarding child safety, overdose, mental and physical health problems;

3. ***Treatment care planning*** by identifying recent substance use, health and social conditions, which serves as a basis for identification of

client goals, planned actions and desired outcomes; and reviewing the effectiveness of individual client care plans in achieving these goals over time;

4. ***Routinely monitoring client outcomes over time,*** enabled by standardised data collection and facilitating feedback to clients regarding changes over time;

5. ***Standardised communication between service providers***, such as at multidisciplinary team reviews, case conferences and transfer of care activities; and

6. ***Service evaluation, quality improvement and research activities***. Incorporation of the ATOP as part of routine clinical care provides a platform for better descriptors of client characteristics in services, program evaluation, comparison of similar services (e.g. benchmarking), quality improvement, clinical research and data linkage research approaches.

The ATOP has been validated in a number of studies of adults attending AoD treatment, including clients with primary alcohol, opioid, or cannabis use disorders. Studies indicate good user acceptance amongst clients and clinicians in AoD treatment services (see Chapter 2 for overview). The ATOP has been implemented across multiple AoD services in Australia, and is incorporated into a number of electronic clinical information systems (CIS, also known as electronic medical records). Within NSW, its implementation can assist services to ensure they are delivering treatment that meets the Clinical Care Standards: Alcohol and Other Drug Treatment (NSW Health, 2020).

2. Sections of the ATOP

Section 1: Substance Use

Section 1 (11 items) gathers information regarding substance use in the past 28 days:

a) ***Use of a range of substances:*** alcohol, cannabis, benzodiazepines (prescribed and non-medical use), heroin, opioids (prescribed and non-medical use, excluding prescribed methadone and buprenorphine), amphetamine type substances (including methamphetamine and MDMA), cocaine and tobacco. It also includes the capacity to record up to two other substances reported by clients. Substance use information is captured using a modified Timeline Follow Back (TLFB; Fals-Stewart, O'Farrell et al. 2000) approach – enquiring about number of days each substance was used in 4 weekly (7-day) intervals, tallying to provide an estimate of the number of days used in the past 28 days. 'Average' quantity of use for each substance class is also captured, although only alcohol has a standardised unit (standard drinks) that allows for comparisons between individuals.

b) ***Injecting behaviours in the past 28 days:*** captured as number of days any substance was injected, using 4 weekly (7-day) intervals for a 28 day tally. If respondents report any injecting drug use in the past 28 days, a binary yes / no question examines whether any injecting equipment was also used by someone else.

Section 2: Health and Wellbeing

Section 2 gathers information about indicators of a person's health and wellbeing, and a range of clinical risk factors in the past 28 days. Domains include number of days paid work and study; whether the participant has been homeless or at risk of eviction; caring for or living with children; a victim or perpetrator of violence (including domestic violence); and whether they have been arrested. Respondents are also asked to rate their psychological health, physical health and quality of

life on a 0 (poor) to 10 (good) scale. This subsection of Psychological, Physical and Quality of Life self-ratings is referred to as the PPQ in this Manual.

ATOP

V7.2 March 2020

Surname: _____ MRN: _____
Given Names: _____
Date of Birth: ___/___/____ Sex: _____
Affix Patient Label here

ATOP DATE ___/___/____ MAIN SERVICE PROVIDED _____ CLINICIAN _____

Treatment stage: ☐ Start of treatment ☐ N/A Client refused ☐ Progress review ☐ N/A Not clinically appropriate ☐ Discharge ☐ Post Discharge

Section 1: Substance use

Record number of days used in each of the past four weeks

		Typical qty on day used	*Units*	Week 4 (most recent)	Week 3	Week 2	Week 1	TOTAL	Not answered
a	Alcohol		Std drks	0-7	0-7	0-7	0-7	0-28	☐
b	Cannabis			0-7	0-7	0-7	0-7	0-28	☐
c	Amphetamine type substances (ice, MDMA etc.)			0-7	0-7	0-7	0-7	0-28	☐
d	Benzodiazepines (prescribed & illicit)			0-7	0-7	0-7	0-7	0-28	☐
e	Heroin			0-7	0-7	0-7	0-7	0-28	☐
f	Other opioids (not prescribed methadone/buprenorphine)			0-7	0-7	0-7	0-7	0-28	☐
g	Cocaine			0-7	0-7	0-7	0-7	0-28	☐
h	(i)Other substance			0-7	0-7	0-7	0-7	0-28	☐
	(ii)Other substance			0-7	0-7	0-7	0-7	0-28	☐
i	Tobacco			0-7	0-7	0-7	0-7	0-28	☐

Record number of days client injected drugs in the past four weeks (if no, enter zero and go to section 2)

						TOTAL	Not answered
j	Injected	0-7	0-7	0-7	0-7	0-28	☐
k	Inject with equipment used by someone else?	Yes ☐	No ☐	Not answered ☐			

Section 2: Health and Wellbeing

Record days worked and at college, school or vocational training for the past four weeks

		Week 4	Week 3	Week 2	Week 1	TOTAL	Not answered
a	Days paid work (incl. all paid work; not voluntary work)	0-7	0-7	0-7	0-7	0-28	☐
b	Days at school, tertiary education, vocational training	0-7	0-7	0-7	0-7	0-28	☐

Record the following items for the past four weeks

c	Have you been homeless?		Yes ☐	No ☐	Not answered ☐
d	Have you been at risk of eviction?		Yes ☐	No ☐	Not answered ☐
e	Have you, at any time in the past four weeks, been a primary caregiver for or living with any child/children	(i) under 5yo?	Yes ☐	No ☐	Not answered ☐
		(ii) 5-15yo?	Yes ☐	No ☐	Not answered ☐
f	Have you been arrested?		Yes ☐	No ☐	Not answered ☐
g	Has anyone been violent (incl. domestic violence) towards you?		Yes ☐	No ☐	Not answered ☐
h	Have you been violent (incl. domestic violence) towards someone?		Yes ☐	No ☐	Not answered ☐

i Client's rating of **psychological health status** (anxiety, depression and problem emotions and feelings)

0 1 2 3 4 5 6 7 8 9 10 Not answered ☐
Poor Good

j Client's rating of **physical health status** (extent of physical symptoms and bothered by illness)

0 1 2 3 4 5 6 7 8 9 10 Not answered ☐
Poor Good

k Client's rating of **overall quality of life** (e.g. able to enjoy life, gets on well with family and partner, satisfied with living conditions)

0 1 2 3 4 5 6 7 8 9 10 Not answered ☐
Poor Good

ATOP Quick Reference Guide

(for comprehensive administration instructions refer to the ATOP Manual)

About the ATOP

The Australian Treatment Outcomes Profile (ATOP) is a 22-item instrument designed for use in alcohol and other drug (AoD) treatment settings. The ATOP assesses client-elicited responses regarding substance use, general health and wellbeing, and related risks in the past 4 weeks. The ATOP enables structured brief assessment and risk screening, monitoring of outcomes, allows for feedback of changes over time, and can assist with on-going treatment care planning, communication between service providers, quality improvement and evaluation activities.

How to complete the ATOP in a clinical setting

1. Introduce the ATOP to the client

Explain what it is, reasons for completing it, and reiterate confidentiality considerations (see below).

Introducing the ATOP

I'd like to spend a few minutes completing a short interview (called the ATOP) with you. The questions look at substance use, health and wellbeing over the last four weeks.

We ask all our clients to complete the ATOP, and some of the questions may not be relevant to you.

We use the information to help plan your treatment, look at changes over time, and to evaluate the service. Once we've completed the ATOP we can look more in-depth at your treatment needs and goals.

It's important that you answer as accurately as you can, but if you don't want to answer any question, please say so and I'll move on.

Confidentiality

The ATOP is treated in the same way as other information held on your health record - it is protected by law from unauthorised access or use – and any person who has access to this information is bound by a duty of confidentiality.

The courts may subpoena health records and Community Services may request information in child at risk investigations.

Where data is used to evaluate the service, it is presented in ways in which no individual client can be identified.

2. Enter:

Client details (Name, Medical Record Number (MRN), Date of Birth, Sex); Date ATOP administered, and Name of person administering the ATOP.

Main service provided as per the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

The treatment stage at which the ATOP is being completed:

Start of Treatment: ATOP completed at entry into the AoD treatment episode, ideally in the first week of entering treatment.

Progress Review: Any ATOP completed during AoD treatment episode.

Discharge: the ATOP completed as part of discharge or transfer of care from AoD service. n/a – Client Refused: After an explanation of the ATOP in clinical care, the client refused to participate.

n/a – Not Clinically Appropriate: Unable to undertake the ATOP with the client due to significant comorbid health issues or distress. Consider repeat ATOP at a later stage.

3. Enter client responses:

Timeline – Invite the client to recall the number of days in each of the past four weeks on which they did the activity/behaviour in question. Week 4= past (most recent) 7 days; Week 3= 7 days before that; Week 2= 7 days before that; Week 1= 7 days before that. Record the number of days for each week and tally for 28 day period.

If a client reports no use of a substance class over the 4 weeks, enter "00" in the total box.

Quantities - The average amount used on a typical using day during the past four weeks. Agree unit of measure with client. NHMRC standard (10gm) drinks for alcohol.

Yes and no – Select yes or no.

Rating scale – A 0-10 scale where "0" is poor and "10" is good.

Refused/can't recall – Select "Not Answered" next to item.

4. Section 1 notes:

Question a: Use the Alcohol NHMRC Standard Drinks Chart to calculate, in which 10gm ethanol=1 standard drink.

Question d: Include number of days in which any benzodiazepine was used – include prescribed and non-medical use.

Question f: Include any days in which any pharmaceutical opioid was used (including prescribed or non-medical use) of opioids (such as oxycodone, morphine, fentanyl, tramadol, tapentadol, codeine). Include non-medical use of methadone or buprenorphine. Do not include methadone or buprenorphine used as prescribed for the treatment of opioid dependence.

Question k: Injecting equipment includes needles, syringes, water, tourniquets, spoons, or filters.

5. Section 2 notes:

Item c: Homelessness includes residence occupied outside legal tenure arrangement, living in public places such as streets and parks, temporary shelters such as bus shelters or improvised or make shift dwellings, tents, or sleeping out / rough sleeping. It also includes persons temporarily living with family or relatives and have no other usual place of residence (e.g. 'couch surfing').

Item d: Risk of eviction is risk of loss of tenure of usual accommodation.

Before asking Items (f) to (h) remind the client about confidentiality issues (see above).

Items g & h 'Violence' includes any behaviour which is violent, abusive or intimidating, including by a partner, ex- partner or carer.

How to complete the ATOP in a research setting

Sections 1 and 2 of the ATOP can also be administered in a similar manner in research settings, noting the introduction and confidentiality issues may be different. Researchers should refer to study protocol and operating procedures.

3. How does the ATOP differ from other instruments used in AoD settings?

The ATOP was adapted from the British Treatment Outcomes Profile (TOP), a one page instrument designed and validated for British AoD treatment conditions. The ATOP was modified to reflect patterns of substance use and key issues affecting clients in Australian treatment settings. These adaptations were informed by consultation with clients and clinicians, tested with clients and clinicians for user acceptance and validated in a variety of Australian AoD treatment settings.

The key feature of the ATOP, like the TOP before it, is that it is designed to be a brief instrument that complements, rather than interferes with, routine care and service delivery. Whilst a number of multi-domain instruments have been previously developed for use in AoD treatment settings, they have often reflected clinician perspectives of client outcomes (e.g. Addiction Severity Index (ASI; McLellan, Cacciola et al. 2006)), and/or have been lengthy and unwieldy to incorporate into routine care (e.g. Time-Line Follow-Back (TLFB; Fals-Stewart, O'Farrell et al. 2000), Maudsley Addiction Profile (MAP; Marsden, Gossop et al. 1998), Opiate Treatment Index (OTI; Darke, Hall et al. 1992) and the Brief Treatment Outcome Measure (BTOM; Lawrinson, Copeland et al. 2005)). Other approaches have used a battery of validated outcome tools, each assessing different domains (e.g. Severity of Dependence Scale (SDS; Gossop, Darke et al. 1995), Kessler psychological distress scale (K10; Kessler, Andrews et al. 2002), Depression Anxiety Stress Scale (DASS; Lovibond and Lovibond 1995), and the World Health Organisation Quality of Life - Bref (WHOQOL-BREF; The WHOQOL Group 1998). Such batteries can be lengthy to administer in combination and hence difficult to routinely incorporate into outpatient treatment settings where most AoD treatment in Australia occurs. Feedback from clinicians and clients in the development of the ATOP consistently highlighted the need for any structured instrument to be brief in order for it to be routinely used.

Finally, a number of screening tools have been developed that aim to identify the severity of a substance use disorder in an individual – such as the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland et al. 1993), Drug Use Disorders Identification Test (DUDIT; Berman, Bergman et al. 2005) or Alcohol, Smoking and Substance Involvement Screening Test (ASSIST; Humeniuk, Ali et al. 2008) among general community populations or those attending general health services. In clinical settings, these are often used in screening approaches to identify people who may have a substance use disorder requiring AoD interventions and often consider lengthy timeframes. For example, the AUDIT and DUDIT examine substance use in the past 12 months, which makes them useful screening instruments from a population-level perspective, but insensitive to changes in substance use and other outcomes that usually occur within shorter intervals during treatment. Furthermore, we routinely see 'ceiling effects' in AoD treatment populations with these screening instruments due to the high proportion of clients with moderate or severe substance use disorders. This reduces their utility when used for monitoring treatment outcomes in clients attending AoD services.

CHAPTER 2: THE DEVELOPMENT AND PSYCHOMETRIC VALIDATION OF THE ATOP

1. Adapting the ATOP from the Treatment Outcomes Profile (TOP).

As described in the previous chapter, the first version of the ATOP was developed in 2009 as an adaptation of the British Treatment Outcomes Profile (TOP). The TOP was designed and validated for the British AoD treatment context during a time when clients were presenting primarily with heroin and cocaine substance use disorders.

The TOP (Marsden, Farrell et al. 2008) contains the following sections:

1. Past 28 days' use of alcohol; illicit opioids including heroin; crack cocaine; cocaine; amphetamines; cannabis; tobacco and an 'other' (client-specified) drug.

2. Injecting risk behaviour: days injected; equipment sharing.

3. Crime: shoplifting; selling drugs; theft from or of a vehicle; other property theft or burglary; forgery, fraud or handling stolen goods; committing assault or violence.

4. Health and social functioning: vocational activity (days in paid work; volunteering; unpaid work placement; study); housing stress (acute

housing problem; unsuitable housing); and self-rated psychological health, physical health and quality of life on a scale of 0-20.

The ATOP was modified to reflect patterns of substance use and key issues affecting clients in Australian AoD treatment settings. For example, the ATOP includes substances commonly used by clients attending AoD services in Australia (e.g. alcohol, cannabis, benzodiazepines and prescription opioids), and omits substances rarely used by these groups (e.g. crack cocaine). Similarly, the ATOP places less emphasis upon assessing criminal activity than the TOP, reflecting a greater proportion of clients in the Australian treatment system who use alcohol or prescription drugs and do not have criminal justice system involvement. In contrast, the ATOP includes a number of risk factors relevant to societal concerns regarding child protection and violence (including domestic violence) issues.

Feedback from clients and clinicians also lead to altering the 0-20 rating scales (employed in the TOP) to the use of 0-10 scales, as clients identified that the former were less intuitive. Feedback from clients and clinicians also indicated dissatisfaction with the early versions of the ATOP that required or 'forced' answers to several of the somewhat sensitive questions in Section 2 such as recent history of violence. More recent versions of the ATOP provide a 'not answered' response option to enable clients to skip questions they are uncomfortable about answering. This has enhanced data management by better distinguishing between missing data in the form of accidentally skipped items, and items where the client elected not to answer.

All adaptations were informed by consultation with clients and clinicians in a series of focus groups and individual interviews, and the ATOP has been tested with clients and clinicians for user acceptance. It has achieved high levels of satisfaction regarding its ease of use, applicability and suitability in a variety of Australian AoD treatment settings.

Similar adaptations of the TOP have occurred in a number of other countries, including Chile, China and, more recently, Greece. The Chilean

adaptation (Castillo-Carniglia, Marín et al. 2015) deleted opiates, crack cocaine and amphetamines from substance use as well as injecting drug use, as these are rarely used in Chile. The crimes section was also adjusted to reflect the Chilean context. Shoplifting, theft and drug selling were retained, as were fights and number of domestic violence incidents during the last 28 days; theft from or of a vehicle, other property theft or burglary, fraud, forgery and handling stolen goods and committing assault or violence were removed. Number of domestic violence incidents during the last 28 days was kept but the other crime the other items were simplified to any participation within the past 4 weeks. Phrasing of the housing items were changed to 'No stable place to live' and 'Poor housing conditions'. Wang, Shen et al. (2017) adapted the TOP for use in China. Again, changes that reflect the Chinese context were made: benzodiazepines and ketamine were added to substance use; and crack cocaine was combined with cocaine. In crime, "Theft of vehicle" was changed to "theft of motorbike or bicycles". There is also a Hellenic version of the TOP under development, which includes items such as voluntary or unpaid work, and quantifies tobacco use in the past 4 weeks.

These adaptations have not only involved translations into other languages, but also reflect the desire to tailor and validate the scale for use in local treatment settings. This highlights that the TOP and related scales are primarily designed for use in routine health care, rather than stand-alone 'research' instruments. The TOP-related instruments complement and build upon each other.

2. Psychometric Validation of the ATOP

The development of the ATOP has been accompanied by a number of studies looking at the psychometric properties of the ATOP. These include its validity, reliability, use on the telephone, and clinical 'cut offs' for the psychological health, physical health, and quality of life items.

1. ***Concurrent validity:*** Concurrent validity measures how well a new test (in this case the ATOP) compares to a well-established test used in similar populations. A number of studies have confirmed the concurrent validity of the ATOP for use with a range of clients in AoD treatment. As described, the ATOP was adapted from the British Treatment Outcomes Profile which was validated in 2006-7 in clients attending specialist AoD treatment services, predominately with heroin or cocaine as their primary drugs of concern (Marsden, Farrell et al. 2008).

The first validation of the ATOP (Ryan, Holmes et al. 2014) looked at the concurrent validity of ATOP items measuring substance use frequency, alcohol use quantity, shared injecting equipment, violence, crime, psychological health, physical health and quality of life (PPQ scores), compared to the K10, 12-item Short-Form Health Survey (SF-12; Ware, Kosinski et al. 1996) , the Depression, Anxiety and Stress Scale – 21 item (DASS-21), OTI, Physical Health Questionnaire-15 (PHQ-15; Kroenke, Spitzer, 2002) and the WHOQOL-BREF in n=131 clients attending three specialist Opioid Treatment Programs in NSW. There was correspondence between the ATOP items and the gold standard comparisons ranged from r=0.51-0.72 on the scaled items and Cohen's κ=0.7-1.00 on the dichotomous items.

This finding was supported by a study looking at the validity of the ATOP for use with n=101 older clients (defined as age 50 years or over) attending specialist AoD services – predominately for treatment of opioid or alcohol dependence (Lintzeris, Monds et al. 2016). The study again identified that substance use frequency, psychological health, physical health and quality of life were closely related to their gold standard comparison tools (r=0.45-0.75) (AUDIT, PHQ-15, SF-12 and the Geriatric Depression Scale (GDS; Yesavage and Sheikh 1986)).

The most comprehensive validation study of the ATOP (Deacon, Mammen et al, under review) tested the concurrent validity of the current version (Version 7) of the ATOP with n= 278 clients in alcohol or opioid treatment across a wider number of ATOP items. The ATOP items of substance use frequency, alcohol use quantity, injecting drug use, sharing injecting equipment, homelessness, risk of eviction, violence

towards others, psychological health, physical health and quality of life items were compared to gold standard measures (TLFB, OTI, K10, SF-12, WHOQOL-BREF and the Personal Wellbeing Index – Adult (PWI-A) International Wellbeing Group 2013). The ATOP items had acceptable concurrent validity ranging from r=0.47-1.00 on continuous measures, and generally good concordance with the ATOP items (κ=0.59-1.00) for the dichotomous items.

An assessment of the concurrent validity of the ATOP was conducted with n=128 treatment seeking cannabis users undergoing treatment for cannabis dependence (Mills, Lintzeris, et al. 2020). The ATOP substance use frequency (cannabis days used), psychological health, physical health and quality of life items had moderate to strong correlations with the gold standard comparison tools (r=0.36-0.67) (Short Form 36 Health Survey (SF-36; Ware 1994), DASS-21, and the SDS).

Finally, psychometric validation of the ATOP in clients presenting to AoD services for the treatment of methamphetamine dependence in underway, and should be reported imminently.

2. ***Interrater reliability:*** The interrater reliability statistic measures the degree of agreement among different people administering the instrument, and is important for both clinical and research use. Although the ATOP records client-elicited responses and should yield the same scores irrespective of the staff administering the questions, it is nevertheless important to demonstrate consistent reports when an instrument is administered by different people (e.g. by different clinicians in a multidisciplinary team), especially in AoD settings where some questions ask about sensitive or stigmatised behaviours. Three studies have examined the interrater reliability of the ATOP. Studies in clients treated for opioid (Ryan, Holmes et al. 2014) and alcohol or opioid use disorders (Deacon, Mammen et al, under review) both demonstrated overall acceptable interrater reliability for the key items in the current ATOP. For the main substances used in this sample – alcohol, cannabis, and benzodiazepines - interrater reliability reached excellent or good agreement (r=0.72-0.90). Psychological health, physical health and quality of life showed fair to strong agreement

(r=0.58-0.65). The most recent study suggested the importance of clear operational definitions and staff training regarding items for pertain to the use of pharmaceutical drugs ('other opioids'). The assessment of interrater reliability in cannabis treatment populations (Mills, Lintzeris et al, 2020) indicated fair to excellent agreement between items (Krippendorff's α=0.42-0.81).

3. ***Test-retest reliability:*** Test-retest reliability gives a measure of whether the tool provides a similar picture if completed twice by the same person (e.g. a client) completing the scale within a short period of time. This is important for understanding how much of the variation in scores may be due to 'measurement error' – such as problems with client memory (recall). The ATOP test-retest reliability results were assessed in a study (Deacon, Mammen et al under review) comparing two ATOPs administered by the same researcher for 94 clients completed between 1 and 3 days apart. The strength of agreement of the items ranged from Pearson's r=0.51-0.97, with most being greater than r=0.80. One outlier result was reported (r=0.26) for days used 'other opioids', again highlighting the need for care when asking about pharmaceutical drug use.

4. ***Telephone use:*** The ATOP can also be confidently used on the telephone as confirmed in an as yet unpublished study (Deacon, Mammen, 2020) where 107 clients in opioid or alcohol treatment completed the ATOP on the telephone within 72hrs of having completed one face to face. Again the 'other opioids' item had the poorest reliability, however still having acceptable agreement (r=0.55). The agreement between the responses on the other items was excellent, ranging from r=0.83-0.97. This is important in settings where clients may not be seen 'in person', such as following discharge, or telehealth settings.

5. ***Clinical cut-offs for the psychological health, physical health and quality of life items:*** More recent work has looked at the ability to identify clinical 'cut-offs' for the PPQ scores that identify individual clients who report 'poor' or 'low' scores on their ratings of psychological

health, physical health or quality of life scores, consistent with gold-standard scales measuring these domains. A clinical cut-off refers to a score that is thought to represent the boundary between "normal" and the "clinical range" on an outcome measure and can be important in individual risk screening, treatment care planning, in understanding the clinical significance of changes outcomes over time, and in evaluating services. The ATOP psychological health, physical health and quality of life on 0 (poor) to 10 (good) scale, have been compared with the K10, SF-12 Physical Components Summary Scale (PCS-12), and the PWI-A, respectively, to determine whether there is a cut off on these items that indicates a clients is more likely to be experiencing clinically significant problems in those domains.

Identifying clinical cut offs on the ATOP is important in individual risk screening and treatment care planning within a clinical setting, showing a need to enquire further about why a client has rated themselves so low, to undertake further assessment (or escalate according to local business practices) and to address in a care plan. Cut-offs can also be useful in service evaluation to meaningfully describe treatment populations and changes over time.

Using established cut offs on the K10 and SF-12 PCS, and two standard deviations above the population mean for the PWI-A, we calculated the sensitivity, specificity and correctly classified rates for placing the cut off at different points on the ATOP PPQ scales. The clinical reference group reviewed the statistical analysis (examining receiver operating characteristic (ROC) curves for each of the three items) and their clinical experience using the ATOP, reached consensus that a cut off of 5 and under on each of the psychological health, physical health and quality of life scales indicated a 'clinical problem' for the item (Mammen, Mills, in preparation).

CHAPTER 3: APPLICATIONS AND LIMITATIONS OF THE ATOP IN CLINICAL AND RESEARCH SETTINGS

1. Applications of the ATOP

The ATOP is designed for use in AoD treatment settings, recording client-elicited responses regarding recent patterns of substance use, related risks and measures of general health and wellbeing, and can be considered a condition-specific Patient Reported Outcome Measure (PROM). Routine use of the ATOP in clinical care enables structured brief assessment and risk screening, monitoring of outcomes and providing feedback of changes over time, and can assist with ongoing treatment care planning, communication between service providers, quality improvement and evaluation activities. Each of these applications are described below.

i. Conducting brief structured assessments.

The ATOP can be used to conduct a brief structured assessment of key parameters of substance use, health and social conditions, and to identify key clinical risk factors for an individual client, usually within a 10 (±5) minute interview.

Whilst a comprehensive assessment is an essential core standard of care for clients presenting for AoD treatment, such assessments routinely take at least 40-60 minutes to complete. They can often take longer for

clients with complex presentations and sometimes more than one appointment is required. The ATOP can be incorporated early into a comprehensive assessment as a way of quickly identifying key issues pertinent to the client's presentation, and can help focus the remainder of the assessment. For example, the ATOP may identify a clinical risk such as homelessness or domestic violence that warrant further assessment and an immediate response (rather than being identified towards the end of a comprehensive assessment or even deferred to the 'next session'). Alternatively, the ATOP may identify a client scoring low on psychological or physical health measures, which may alert the worker undertaking the assessment of the need to engage a more specialist clinician (e.g. psychologist, medical practitioner) for further assessment of these issues. In some clinical scenarios (e.g. hospital consultation liaison settings), a comprehensive assessment may not be feasible, and the ATOP can serve as a structured brief assessment.

Alternatively, for clients already in long term treatment, an ATOP can be used by a clinician who is 'new' to the client's team (e.g. following a change in case worker or medical practitioner) to quickly appraise themselves of key issues for the client. This enables easy comparison to previous ATOP scores from earlier in the treatment episode.

When reviewing clients in long term treatment, the structured nature of the ATOP also mitigates against 'short-cuts' or assumptions that can be made by clinicians. For example, a busy clinician may take a 'short cut' and assume that a client in treatment of an alcohol use disorder has not started using other substances during the treatment episode, or they may fail to re-screen for risk conditions that were not present at the comprehensive assessment conducted three months earlier.

ii. Screening for a variety of clinical risk conditions.

Clients attending AoD treatment have disproportionally high rates of homelessness, violence (including domestic violence), child protection concerns, mental and physical health problems. Many of these risk factors are associated with considerable stigma, and can be difficult for clinicians to raise in discussion with clients and, equally, for clients to report to their treatment provider. The structured approach of the ATOP ("we ask all clients these questions") can serve to normalise screening of these risk factors as part of routine care.

Many such clinical risks may be identified during a comprehensive assessment at the time of the client's initial presentation to treatment. However, these issues may not be present (or identified) at the initial presentation, particularly as certain issues can be quite sensitive (e.g. disclosing violence), and therapeutic rapport may need to be established before a client discloses certain information. Systems, such as embedding the routine and regular use of the ATOP in clinical practice, are required to enable ongoing screening of risk factors on a regular basis.

Risk factors identified by the ATOP and a guide for responding to these are shown in Table 1. These are not intended to override local processes and professional requirements.

Table 1: A guide to responding to ATOP items

Risk type	How identified in ATOP	Recommended response
BBV risks	Client identifies recent injecting drug use; sharing of injecting equipment.	Interventions to reduce BBV, including strategies to reducing injecting; safer injecting techniques; referral to BBV testing and NSP services
Homelessness	Client identifies homeless or at risk of eviction.	Establish the nature of the risk and assess safety (e.g. 'Do you have somewhere to sleep tonight?'). Support client to access homelessness support services.
Domestic (and other forms of) violence	Client identifies recent violence towards themselves.	Complete local procedures for screening and responses to domestic violence issues. Provide information and referral according to local business rules. Note any organisational limits to confidentiality.
Child protection	Client identifies they have been primary care provider for or living in a house with children, particularly for children aged 5 or less.	Complete local procedures for screening and responses to child protection issues. Provide information and referral according to local business rules. Note any organisational limits to confidentiality.
Mental health risks	Client identifies poor (e.g. score of 5 or lower) and/or deteriorating psychological health (score of 2 points lower than previous ATOP score) on 0-10 scale.	Mental health assessment, including assessment of risk to harm to self or others. This may require referral or escalation to more qualified clinician (e.g. clinician with MH training).
Physical health problems	Client identifies poor (e.g. score of 5 or lower) and/or deteriorating subjective physical health (score of 2 points lower than previous ATOP score) on 0-10 scale.	Assessment of physical health. This may require referral to more qualified clinician (e.g. nurse, medical practitioner).

Risk type	How identified in ATOP	Recommended response
Overdose risks	Sedative overdose risk may be identified by recent use of sedating drugs (opioids, BZDs, alcohol), injecting route of administration, and/or resumption of use after period of abstinence (e.g. use in last week after period of reduced/no use earlier in 28-day period).	Discuss overdose risks with client. Consider role of interventions known to be effective in reducing opioid overdose deaths (e.g. Opioid Agonist Treatment, Take Home Naloxone, supervised injecting facilities).

iii. Treatment care planning

Treatment care planning is a core clinical care standard for clients attending AoD treatment. For example, the Clinical Care Standards: Alcohol and Other Drug Treatment (NSW Health, 2020) state that, "A client in alcohol and other drug treatment will be engaged in collaborative care planning to develop a comprehensive care plan which is tailored to their individual goals and needs." A care plan is a document that identifies and records the client's short to medium-term goals regarding substance use, health and welfare domains, actions required to achieve these goals, who will take the lead for each action, and in what timeframe (review dates). It should assist in improving the quality of treatment through enhanced communication by those involved in the delivery of care, and to engage clients in decision-making related to their care.

The ATOP can be used to assist care planning in AoD services by identifying recent patterns of substance use, clinical risks, social conditions and the client's rating of general health status (psychological, physical and quality of life status). In collaboration with the client, this information can also be used to identify which of these issues are of concern for the client, and to assist the client to identify appropriate goals and targets (e.g. "how will we know if things have improved?"), actions to be taken and by whom, and timeframes for review. In

addition, at subsequent clinical reviews, the ATOP can be used to assesses changes over time, providing feedback to client's regarding progress over time, and allows for monitoring and refinement of the treatment care plan (see next section).

iv. Monitoring of client outcomes, and providing feedback to clients

The ATOP collects information on a range of substance use, health and social outcomes in a standardised approach, enabling client scores to be compared over time. In general, an ATOP should be completed near the beginning of a treatment episode or encounter (ideally within the first week), providing a 'baseline' for future comparisons. Subsequent or follow-up ATOPs should occur at regular intervals, coinciding with clinical reviews and when reviewing treatment care plans – often at 1 to 3 month intervals. Reviewing changes over time should be done at a client level (see section below on feedback), and can also be done at a programmatic level (see section on evaluation, improvement and research activities).

Feedback to clients regarding changes in outcomes over time is an important treatment process that should be incorporated into clinical practice. For example, showing a client their improved viral counts and liver function test results following treatment for HCV, monitoring of blood glucose levels (Hb AIc) in a diabetic patient, or weighing clients attempting to lose weight, can all serve to enhance treatment engagement and motivate further health changes. Although there is good evidence supporting structured feedback of client outcomes in mental health programs for certain conditions (e.g. depression), the evidence base for the benefits of structured feedback of outcomes to clients in substance use treatment is still emerging (Riper, van Straten et al. 2009, Crits-Christoph, Ring-Kurtz et al. 2012, Worden and McCrady 2013, Andersson, Öjehagen et al. 2017). One of the biggest challenges in AoD treatment has been the difficulty of incorporating client

feedback into AoD services where there have been few (or in many cases no) client outcomes routinely quantified in a structured way that enables comparisons over time. The use of the ATOP enables structured feedback across a number of domains, and allows for the client and clinician to jointly focus on the measures most relevant to them.

When comparing ATOP scores over time for a client, it is important for the client to reflect on whether any changes are meaningful for them, what may have contributed to these changes, and what implications these have for future treatment plans. These may relate to goals they had previously identified (e.g. as part of the treatment plan), but should also serve as an opportunity for the client to reflect on what actions or interventions have 'worked well' and what 'could be done better' in the future, and to identify any barriers or enablers of change over the interval. Feedback can also be used to draw the client's attention to relationships between different domains in the ATOP. For example, it may be an opportunity to link reductions in alcohol use with improvements in psychological or physical health scores. Whilst such connections may appear self-evident to many clinicians, drawing these connections can be very meaningful for clients and may motivate future goals and plans.

Electronic versions of the ATOP allow for visual comparisons of ATOP results over time, where the outcomes of particular relevance to individual clients can be selected and graphed. The ATOP Data Dictionary and Specifications are included as Appendix B to assist with the inclusion of the ATOP into services' clinical information systems.

Research examining changes over time with the ATOP has been conducted to determine the number of days or point change required to show a statistically reliable and clinically significant change. The findings and application of this will be reported separately. While this information is important at an aggregated level for service planning and evaluation and research, these metrics are not intended to be presented to clients as a markers of their individual treatment outcomes. Instead, clinicians are encouraged to graph clients ATOP scores overtime and to

show these to clients to collaboratively make meaning of their treatment outcome.

Case Study: Using the ATOP in care planning and treatment outcome monitoring

James is a client in opioid agonist treatment with a history of HCV infection (successfully treated 6 months earlier). Liver function tests from 3 months earlier identified elevated GGT, consistent with heavy alcohol use. At the next appointment, he and his case worker complete the ATOP and identify a pattern of alcohol use of 4 to 6 standard drinks (recorded as 5 STD in ATOP) every day (28/28) in the past 4 weeks. James reports having increased his alcohol use since being told that he has been 'cured' of HCV, and acknowledges that he should probably cut back his drinking for both health and financial reasons. He rates himself as 6/10 on both Psychological Health and Physical Health scores, and 7/10 on his Quality of Life score.

James is not keen to stop drinking altogether, so he and his case worker identify a goal to reduce his alcohol consumption to 2 standard drinks on no more than 4 days a week. He is booked in with the team counsellor to begin a controlled drinking program and keeps two scheduled appointments.

At review with the case worker 8 weeks later, James reports having consumed 2 to 3 standard drinks every day since his previous appointment, demonstrating some improvements, but not achieving his previously identified consumption goals. He rates himself 7/10 for all three PPQ scores. James and his case worker review the treatment plan. James identifies that he is happy with his current pattern of alcohol use; however, the case worker expresses her concern about even this level of drinking given his history of liver disease. She suggests, and James agrees, to repeat liver function tests in several weeks' time. They also agree to explore strategies James could use to reduce his alcohol consumption, including a goal to see the

counsellor again to reconsider ways of achieving at least one alcohol free day each week.

v. Standardised communication between service providers

The standardised approach of the ATOP in collecting information regarding a range of substance use and health outcomes facilitates more effective communication between service providers. This is of particular relevance within clinical teams (e.g. at multidisciplinary team clinical review meetings) and when communicating between services such as case conferences or transfer of care activities (e.g. incorporating ATOP information into discharge summaries). Effective communication between services is becoming increasingly relevant within an integrated health care approach to clinical services.

vi. Service evaluation, quality improvement and research activities.

Incorporation of the ATOP as part of routine clinical care provides a platform for information to be used for a range of quality improvement, evaluation and research activities. The information collected in the ATOP can be used in a number of ways.

1. ***To provide a descriptions of characteristics of clients engaged in AoD services:*** The ATOP can provide valuable information regarding patterns of recent substance use, health status and risk conditions, which can also be linked to with electronic clinical information systems that capture details regarding client demographics and services used. This can also be used to compare client characteristics between services or over time.

2. ***To evaluate services by examining client outcomes over time:*** The use of information from ATOPs collected over time enables services to examine client outcomes across a number of relevant domains. The type of study designs and statistical approaches will vary according the questions being examined.

3. ***To make comparisons between services,*** comparing differences in client characteristics and outcomes, and providing a basis for benchmarking activities.

4. ***For quality improvement activities:*** The routine incorporation of ATOP into clinical services provides a data platform for quality improvement (QI) activities. It enables 'baseline' data to be captured, areas that may require improvement to be highlighted, and then the impact of any improvement activity that involves client outcomes to be assessed.

5. ***For clinical research activities:*** The ATOP can be incorporated as a validated research instrument in 'traditional' clinical trials, providing a reliable, simple instrument that is quick to administer (see Table 2). Moreover, the incorporation of the ATOP into routine clinical services facilitates clinical research in several ways. For example, the ATOP can facilitate the assessment of how a particular study population (with specific selection criteria recruited to a clinical trial) compares to clinical populations in routine care, informing the generalisability of study findings. The ATOP also provides a platform for routine data and outcome collection in routine point-of-care or pragmatic trial designs.

6. ***To provide detailed client level data that accompanies larger data linkage research methodologies:*** As a standardised outcome measure integrated into treatment, the ATOP may allow data from treatment episodes to be linked with data from larger health-based data sets. This provides an opportunity to have a better understanding of treatment trajectories for people who access drug and alcohol treatment, and their interaction with the broader health system.

2. Limitations of the ATOP

The ATOP has a number of limitations. These include:

- ***The ATOP is not a patient reported measure of treatment experience (PREM),*** and it is recommended that PREMs are incorporated alongside PROMs such as the ATOP as part of routine service delivery.

- ***The ATOP's 'strength' is its brevity,*** and it does not replace the use of lengthier clinical assessments or structured instruments that better assess individual parameters (e.g. DASS-21 or K-10 for psychological distress). Similarly, where a greater level of detail is required, it cannot replace instruments such as the SF-36; WHO-QOL BREF or PROMIS-29 that more comprehensively examine general health status. Lengthier tools are better suited to research projects with additional resources allocated to their implementation (e.g. researcher interviews), or to clinical settings such as residential programs where more time is routinely available for completion of scales.

- ***The ATOP does not assess a range of important aspects that are necessary for a comprehensive client assessment in AoD treatment settings,*** such as lifetime substance use history (e.g. age first used a substance, previous treatment history, severity of a substance use disorder). The ATOP can nevertheless be incorporated early into a comprehensive client assessment as a means of identifying key current issues for the client that can be discussed in detail during a more comprehensive assessment. This may include identifying which substances have been recently used, concerns regarding health status (e.g. scores below the 'cut off' of five for psychological health may indicate distress and the need to explore whether a mental health assessment is appropriate) or clinical risks (e.g. housing, child protection or domestic violence issues).

- ***The ATOP does not itself identify client treatment goals, available resources, nor the type of interventions planned with the***

client. These functions of treatment care planning can be assisted by conducting an ATOP. Care planning utilises information gathered in an ATOP, and in collaboration with the client identifies appropriate goals, available resources and 'strengths', actions and timeframes for review. At subsequent clinical reviews, ATOPs can be compared to assess change over time and allow for monitoring and refinement of the treatment care plan.

- ***The ATOP has yet to be validated for self-completion by clients in AoD treatment settings.*** To date, the ATOP has been validated as an instrument administered by a clinician or researcher. The routine use of self-completed scales in AoD treatment settings is potentially challenged by a number of factors: poor levels of literacy, high rates of functional cognitive impairment, and intoxication and withdrawal states can all potentially complicate unassisted self-completion. Further research is planned examining the psychometric properties (validity and reliability) and acceptance of self-administration of the ATOP in AoD treatment populations.

- ***The ATOP has not been specifically examined for cultural appropriateness with different communities, including Aboriginal, Torres Strait Islander and other CALD communities in Australia.*** This is a potential area for future development.

- ***The ATOP is not an attributional measure.*** It asks clients to rate their health status across a number of health domains without attempting to attribute health status to a client's substance use or substance use disorder. This is in contrast to scales that ask the client to rate the extent to which a certain health domain (e.g. physical health) is impacted by a specific condition (e.g. their substance use).

- ***The ATOP is not a screening or diagnostic tool that identifies whether a client has a substance use disorder,*** such as the AUDIT or ASSIST scales. In this regard, it has not been validated in general or 'non-treatment' populations.

- ***The ATOP does not examine other behavioural addictions such as gaming or gambling conditions***. This is a potential area for future development.

- ***The ATOP has not been able to validate the use of standardised measures of quantity of consumption beyond the use of standard drinks for alcohol.*** The uncertain potency of illicit drugs and the variation in units commonly reported by clients complicates the standardisation of quantity measures. For example, there is little consistency in the size or cannabis content of a 'joint', and the variation in THC content (e.g. a fourfold variation of 5 to 20% in Australian cannabis is not uncommon (Swift, Wong, et al. 2013)) makes any attempt at standardised quantities difficult. Similarly, the variation in tablet size of prescription drugs (e.g. clonazepam is available as 0.5mg or 2mg tablets in Australia) make simple comparisons difficult. Whilst it is theoretically possible to derive oral morphine equivalent doses for prescription opioids or oral diazepam equivalent doses for benzodiazepines, this is often time consuming and inaccurate. Nevertheless, the ATOP retains the capacity to document average daily quantity and to identify a unit of measure for each substance for an individual client, as it can be clinically useful for comparing 'within-client' changes over time.

CHAPTER 4: ADMINISTERING AND SCORING THE ATOP

The following section is divided into two parts (1) a brief overview of the key points for administering the ATOP and (2) a table (Table 3) with suggested ways of asking the ATOP questions and key definitions. It includes suggestions for introducing the ATOP for the first time and asking the ATOP questions. These are summarized in the quick reference guide (QRG) that is include on the back page of the ATOP (see Chapter 1). The previous chapter (Chapter 3 ATOP Applications and Limitations) examined how to use the information collected in the ATOP, and the way you use the ATOP will determine how useful it is to your clinical practice. For client who have difficulty recalling the past 28 days, the Timeline Follow Back method is an evidence based approach to recall and can be used in conjunction with the ATOP frequency questions (TLFB; Fals-Stewart, O'Farrell et al. 2000). Finally, the ATOP is designed to be a part of a clinical interaction with a client, and so standard rapport building strategies should be used when administering the ATOP: appropriate eye contact, acknowledging the emotion and content of clients' responses, noting items for follow up etc (Geldard, Geldard et al., 2017).

1.Introducing the ATOP to the client

When completing an ATOP for the first time with a client, orient the client as to what the ATOP is and why you are completing it with them. Key points include:

> "I'd like to spend a few minutes completing a short interview called the ATOP with you."

"The questions look at your substance use, health and wellbeing over the last four weeks."

"We ask all clients to complete the ATOP, and some of the questions may not be relevant for you."

"We use the information to help plan your treatment and to evaluate how well the service is providing treatment. Once we've completed the ATOP we can look more in-depth at your needs and treatment goals."

"It's important that you answer as accurately as you can, but if you don't want to answer any of the questions please say so and I'll move on."

When completing a second or subsequent ATOP with a client, you can remind them that they have completed the ATOP previously (provide some sense of how long ago), and let them know that completing the ATOP again will enable a comparison of how things have changed over time.

2.Reiterate confidentiality

Some of the questions asked in the ATOP may be potentially sensitive for some clients, include disclosure of information regarding illegal behaviour (e.g. illicit substance use), violence or child protection issues. It is important to reiterate conditions of confidentiality for clients. Key points include:

- The ATOP is treated in the same way as other information held on your health record - it is protected by law from unauthorised access or use - any person who has access to this information is bound by a duty of confidentiality.

- As with all health records, the courts may subpoena health records and Community Services may request information in investigations regarding children at risk.

- Where data is used to evaluate the service, the data taken from medical records is presented in ways in which individual clients cannot be identified.

3.Enter the treatment stage at which the ATOP is being completed

- ***Start of Treatment:*** ATOP completed at entry into the Drug and Alcohol Service (usually within first week of entry).

- ***Progress Review:*** Any ATOP completed during treatment with the Drug and Alcohol Service.

- ***Discharge:*** the ATOP completed as part of discharge or transfer of care from a treatment service.

- ***n/a – Client Refused:*** After an explanation of the importance of the ATOP in monitoring treatment the client refused to participate.

- ***n/a – Not Clinically Appropriate:*** Unable to undertake the ATOP with the client due to significant comorbid health issues or distress, another ATOP should be scheduled for completion within 4 weeks.

4.ATOP question structure

The questions are grouped broadly into two sections: (a) Substance Use and (b) Health and Wellbeing. There are four types of questions included in the ATOP:

1. ***Frequency questions:*** Ask the client to recall the number of days in each of the past four weeks on which they did the activity/behaviour in question. Frequency questions are used to assess number of days of substance use, injecting drug use, days of work and study. To help clients recall the past 28 days, the ATOP breaks down the 28 day period into four one-week periods. For example, this may relate to how many days they consumed alcohol in the past 7 days (fourth week of the last month), in the week before that (third week), the week before that (second week), and the week before that (first week)? If your client did not use a drug or alcohol during the past 28 days – enter "00" in the total box. For clients experiencing significant challenges in recalling their substance use over the past month, you can also use a calendar-based interview technique, the Timeline Follow Back (Fals-Stewart, O'Farrell et al. 2000) to assist administration.

2. ***Quantity of average daily substance use:*** These items ask about the average amount of a substance used on a typical day of use. Quantities are predetermined for alcohol, where standard drinks (10gm ethanol as per National Health and Medical Research Council guidelines, Appendix A) are used. For other drugs, agree the most meaningful unit of measure with your client (e.g. by weight, dollar value), and try to use this same metric on subsequent ATOP completions.

3. ***Dichotomous Yes/No Questions:*** Enquire whether a behaviour or situation occurred during the previous 28 days;

4. ***Client self-ratings on a 0-10 scale:*** The client rates their perception of their general psychological health, physical health and quality of life (PPQ scores) over the preceding 4 weeks on a 0-10 scale where "0" is poor and "10" is for good.

5. ***Refused/can't recall:*** For all questions, if a client declines or is unable to answer, record this in the "not answered" or "no answer" box. This is preferable to leaving 'blank' or 'missing' items.

Table 3: Guide to administering the ATOP

ATOP item	Suggested approach in administering ATOP
Introducing the ATOP	
Frame the interview and timeframe:	When completing an ATOP for the first time with a client, orient the client as to what the ATOP is and why you are completing it with them. Key points include: • "I'd like to spend a few minutes completing a short interview (called the ATOP) with you." • "The questions look at your substance use, health and wellbeing over the last four weeks." • "We ask all clients to complete the ATOP, and some of the questions may not be relevant for you." • "We use the information to help plan your treatment and to evaluate how well the service is providing treatment. Once we've completed the ATOP we can look more in-depth at your needs and treatment goals." • "It's important that you answer as accurately as you can, but if you don't want to answer any of the questions, please say so and I'll move on." • NB: When completing a second or subsequent ATOP with a client, you can remind them that they have completed the ATOP previously (provide some sense of how long ago), and let them know that completing the ATOP again will enable a comparison of how things have changed over time.
Reiterate confidentiality	**Reiterate conditions of confidentiality.** Key points include: • The ATOP is treated in the same way as other information held on your health record - it is protected by law from unauthorised access or use - any person who has access to this information is bound by a duty of confidentiality. • As with all health records, the courts may subpoena health records and Community Services may request information in investigations regarding children at risk. • Where data is used to evaluate the service, it is presented in ways that no individual client can be identified

ATOP item	Suggested approach in administering ATOP
Enter the treatment stage at which the ATOP is being completed	• **Start of Treatment**: ATOP completed at entry into the Drug and Alcohol Service (usually within first week of entry). • **Progress Review**: Any ATOP completed during treatment with the Drug and Alcohol Service. • **Discharge**: the ATOP completed as part of discharge or transfer of care from a service. • **Post-discharge**: ATOP completed 4 or more weeks after discontinuing treatment • **n/a – Client Refused**: After an explanation of the importance of the ATOP in monitoring treatment the client refused to participate • **n/a – Not Clinically Appropriate**: Unable to undertake the ATOP with the client due to significant comorbid health issues or distress, another ATOP should be scheduled for completion within 4 weeks
Section 1: Substance Use	
Introduce the section.	"The first set of questions are about your use of alcohol and other drugs over the past 4 weeks".
Record number of days used in each of the <u>past four weeks for each class of substance.</u>	"Let's look at how often you used (INSERT NAME OF SUBSTANCE) in the past four weeks. Did you use (INSERT SUBSTANCE) at any time?" If answer is No – record '0' for each of the four weeks, and '00' for the 28 day tally. If answer is Yes: • "How many days did you use (INSERT SUBSTANCE) during the last 7 days?" Record the number of days in the 4th week column. • "What about the week before – did you use (INSERT SUBSTANCE) at any time?" Record the number of days in the 3rd week column. • "What about the week before that, and the week before that?" Record the number of days in each of the 2nd and 1st week columns. • Tally the number of days in each of the 4 weeks for a 28-day total.

ATOP item	Suggested approach in administering ATOP
	If client refuses or cannot answer, record 'N/A'. **For amphetamine type substances**, include methamphetamine ("ice"), amphetamines, non-medical use of pharmaceutical stimulants (e.g. dexamphetamine, fenfluramine, Ritalin®), MDMA (ecstasy). Do not include cocaine (separate category). **For benzodiazepines**, include number of days in which any benzodiazepine was used – irrespective of whether used as prescribed or non-medical use. Include use of Z-drugs such as zopiclone and zolpidem as benzodiazepines in the ATOP **For 'other opioids**', include any days in which any pharmaceutical opioid was used (including prescribed and non-medical use) of opioids such as oxycodone, morphine, fentanyl, tramadol, tapentadol, codeine. Include any days of non-medical use of methadone or buprenorphine, but do not include methadone or buprenorphine used as prescribed for the treatment of opioid dependence. **For 'tobacco'**, this pertains only to tobacco products (cigarettes, cigars, pipes, chewing tobacco etc). It does not include nicotine based products such as gum, lozenges, sprays, patches or e-cigarettes. **'Other Drugs'** may include classes of psychoactive drugs such as Hallucinogens (e.g. LSD), GHB, Ketamine, Synthetic cannabinoids. Include any drug in which the client reports non-medical use (e.g. for intoxication, escalated doses) of pharmaceutical drugs such as antipsychotic medications (e.g. quetiapine, olanzapine), or anticonvulsants (pregabalin). Record each class of drug separately. If the client reports more than two other drug classes, record the two drug classes which the client identifies as most problematic.
Average <u>Quantity.</u>	If a client reports using a class of substance on any day in the past 4 weeks, ask the client to estimate the average amount consumed on a typical day in which the substance was used. The metric for quantities for each substance are optional, other than alcohol, where standard drinks are used. (10gm ethanol as per NHMRC Alcohol Standard Drinks guidelines) For other drugs, agree the most meaningful unit of measure with your client, and try to use this same metric on subsequent ATOP completions. Common metrics may include 'grams', number of times used per days, or monetary value of drugs consumed.

ATOP item	Suggested approach in administering ATOP
	For example, one client may describe using 10 cannabis joints a day, whereas another may refer to using 1gm of cannabis per day, and yet another as $20 cannabis per day. For each client, document the average quantity and metric used, and try to repeat subsequent ATOPs referring to the same metric. **Documenting quantity for 'other opioids'**: If predominately using one type of opioid (e.g., oxycodone), then record total mg used per day and which opioid being used. If using multiple different types of opioids, then try to record average daily oral morphine equivalent dose if possible, and indicate 'OME'. If history is unclear, record number of 'tablets' used. **Documenting quantity for benzodiazepines**: If predominately using one type of BZD (e.g. oxazepam) then record total mg used per day and which BZD being used. If using multiple different types of BZDs, then try to record average daily oral diazepam equivalent dose if possible, and indicate 'ODE'. If history is unclear, record number of 'tablets' used.
Injected drugs	**Injecting drug use** refers to intravenous, subcutaneous and intramuscular injecting of a substance into one or more parts of the body. • "Thinking about the past four weeks, did you inject any drugs at any time?" If answer is No – record '0' for each of the four weeks, and '00' for the 28 day tally. If answer is Yes: • "How many days did you inject during the last 7 days?" Record the number of days in the 4th week column. • "What about the week before – did you inject at any time?" Record the number of days in the 3rd week column. • "What about the week before that, and the week before that?" Record the number of days in each of the 2nd and 1st week columns. Tally the number of days in each of the 4 weeks for a 28-day tally. If client refuses or cannot answer, record 'N/A'.

ATOP item	Suggested approach in administering ATOP
Inject with equipment used by someone else	This is a Yes/No response for those reporting injecting drug use within the past four weeks. Only ask if the person has injected any drugs in the previous 28 days. • "In the past four weeks did you inject with equipment used by someone else?" It refers to injection in a procedure that involved using one or more items of injecting equipment – such as a needle, syringe, tourniquet, spoon, water or filter – that were known or believed to have been used (before or after) by another person. The definition is regardless of whether or not the equipment has been flushed out with water or bleach.
Section 2: Health and wellbeing:	
Introduce section 2.	"I now have set of questions to ask you about which look at your health and your life in general"
Days paid work (include all paid work but not voluntary work).	Record number of days in paid worked over the past four weeks. 'Paid work' includes any paid employment and may include casual or 'cash in hand' labour conditions that is un-coerced; this includes sex work. This excludes voluntary work, student placements, unpaid labour (e.g. domestic duties, child care), other illicit activities (e.g. drug dealing, proceeds from theft), or where payment in non-monetary form (e.g. paid in drugs). • "Looking back over the past four weeks did you have any paid work – either a formal job or some casual paid work?" Record number of days in each of the 4 week columns and tally for total number of days.
Days at school, tertiary education, vocational training.	Record number of days attended school, tertiary institution (such as university, college or TAFE) or any other skills based training for employment in the past four weeks. • "What about school or some other training. Looking back over the past four weeks did you attend school, college or a training course?" Record number of days in each of the 4 week columns and tally for total number of days.

ATOP item	Suggested approach in administering ATOP
Homelessness	• "In the past 28 days have you been homeless?" Includes residence occupied outside legal tenure arrangement, living in public places such as streets and parks, temporary shelters such as bus shelters or improvised or make shift dwellings, tents, or sleeping out / rough sleeping. Includes persons temporarily living with family or friends/acquaintances and has no other usual address (including 'couch surfing').
Risk of eviction	• "In the past 4 weeks, have you been at risk of eviction?" Risk of loss of tenure of usual accommodation. This is often, but not restricted to rental or home loan arrears. This may include: • A verbal warning from their landlord (or agency or lender) concerning their tenancy that concerns some infringement of the agreement. • A formal written warning, notice seeking possession or court order which may result in their eviction from their rented or owned property. • Being asked to leave or given a warning from informal housing arrangements (such as subletting and couch surfing).
Primary caregiver or living with any child/ren under the age of 15 years old	"Have you at any time in the previous 4 weeks been a primary caregiver or living with any child/ren: under the age of 15 years old?" This includes living situations where children are in the household but the client is not the primary caregiver. If no, record 'No'. If yes, record separately for children aged under 5, and separately for children aged 5-15.
Arrest	• "In the past four weeks have you been arrested?" Stopped from normal activities by virtue of a legal authority or sanction regardless of whether formal charges are made.

ATOP item	Suggested approach in administering ATOP
Violence to self	• "Has anyone been violent towards you? This includes violence by a partner or ex-partner" Any behaviour which is violent, abusive or intimidating. This includes abuse that is physical, sexual, psychological, emotional, verbal, social, and/or economic, and harassment and stalking. It also includes domestic violence, which is violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.
Violence towards another person	• "Have you been violent towards anyone? This includes violence towards a partner or ex-partner" Any behaviour which is violent, abusive or intimidating. This includes abuse that is physical, sexual, psychological, emotional, verbal, social, and/or economic, and harassment and stalking. It also includes domestic violence, which is violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.
Client's rating of their psychological health status	Includes symptoms of anxiety, depression and problem emotions and feelings • "The next question is about your psychological health during the past 4 weeks – this includes your overall mood, anxiety, depression, or any emotions or feelings that have been troubling you". • "How would you rate your psychological health on a scale from zero ("0") to ten ("10"), where zero is poor and ten is good. What number would you say comes closest reflecting you have been feeling? As you can see, a lower number means you had greater problems in this area and higher number means you had fewer problems or no problems at all? There's no right or wrong answer – just your rating."
Client's rating of their physical health status	Refers to the extent of illness or physical symptoms and to which the client is bothered by these. • "Let me now ask you to give me a rating about your physical health. Can you think in an overall way about physical health problems, symptoms or illnesses that have bothered you during the past four weeks – this includes pain, breathing, gastric, sleep, mobility problems or other physical symptoms". • "How would you rate your physical health on a scale from zero ("0") to ten ("10"), where zero is poor and ten is good. What number would you say comes closest reflecting you have been feeling physically? As you can see a lower

ATOP item	Suggested approach in administering ATOP
	number means you had greater problems in this area and higher number means you had fewer problems or no problems at all? There's no right or wrong answer – just your rating."
Client's rating of their overall quality of life	Quality of life includes the extent to which the client is able to enjoy life, get on well with family and partner and their satisfaction with living conditions. • "Let me now ask you finally to give me a rating about how you see your overall quality of life. Can you think in an overall way about your living conditions and circumstances, your family and other relationships, work and financial aspects of your life and your overall social situation?" • "So how would you rate your quality of life on a scale from zero ("0") to ten ("10"), where zero is poor and ten is good. What number would you say comes closest reflecting your situation. As you can see, a lower number means you feel you had worse quality of life and higher number means you had a better quality of life, all things considered. There's no right or wrong answer – just your rating".

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Appendix A: Data dictionary and specifications

Australian Treatment Outcome Profile (ATOP) – Data specification v1

This data specification is for Clinical Information System developers and Information Technology professionals wanting to build the Australian Treatment Outcome into Clinical Information Systems (CIS) or databases. The ATOP contains a series of simple questions, asked by the clinician and answered by the client as a way of monitoring treatment progress and measuring outcomes.

Clinicians use the ATOP to engage clients in a brief clinical assessment in two general domains in the preceding four weeks: substance use (including injecting behaviours); and health and wellbeing measures (including physical, psychological, social and quality of life measures).

The ATOP form is completed in the client's clinical record in the electronic (CIS).

The client names, DOB, sex, Medical Record Number, age and location are populated by the CIS.

The completion date / time is populated by the system but can be back dated.

The ATOP form is activated for completion by selecting a response to the treatment stage field.

Instance: Many for each Drug and Alcohol episode of care

Who Completes: D&A Clinician

When Completed: Anytime during an active D&A episode of treatment

ATOP – Substance Use is the first section of the ATOP form

As part of an assessment or clinical review interview with a client the clinician asks the questions on the ATOP form and records the client's responses by either:

- Entering free text in the typical quantity on a day used and the units field [except q. a) Alcohol which has Standard Drinks populated] for questions a) – i).
- Selecting 'none' or Week 4 (0-7), Week 3 (0-7), Week 2 (0-7), Week 1 (0-7) for questions a) –i).
- Entering free text in the other substances fields if required and then selecting Week 4 (0-7), Week 3 (0-7), Week 2 (0-7), Week 1 (0-7) for questions h).

Population Rules

1. If Treatment Stage has a value of 'n/a – Client Refused' or 'n/a – Not Clinically Appropriate' selected all fields should be disabled expect for Next ATOP Due in 4, 8, 12 weeks or 'n/a'.
2. If Treatment Stage has a value of 'Discharge' or 'Post Discharge' selected then the field Next ATOP Due in should default to 'n/a'.
3. If a 'None' value is selected for any of the substances from questions a) to h) and i), then the fields, Week 4, Week 3, Week 2, Week 1 should populate with '0'.
4. All fields Week 4, Week 3, Week 2, and Week 1 need to be completed for the calculation to show.
5. The fields Total (0-28) are calculated fields that add up the values in Week 4, Week 3, Week 2, Week 1 (Week 4+Week 3+Week 2+Week 1).

6. Question k) Inject with equipment used by someone else? - will be enabled once all fields Week 4 to Week 1 are completed and a total score presents.
7. The ATOP total scores for substance use are posted onto the flowsheet/ time series graphing feature.

ATOP – Health and Wellbeing is the second section of the ATOP form

Population Rules

1. If a 'None' value is selected for any of the questions a) to b), then the fields, Week 4, Week 3, Week 2, Week 1 should populate with '0'.
2. All fields Week 4, Week 3, Week 2, and Week 1 need to be completed for the calculation to show.
3. The fields Total (0-28) are calculated fields that add up the values in Week 4, Week 3, Week 2, Week 1 (Week 4+Week 3+Week 2+Week 1).
4. A calculation field has been added to i) psychological health, j) physical health and k) quality of life section so that the scores can be posted onto the flowsheet/ time series graphing feature.
5. The field 'Next ATOP due in', when a value is selected will trigger a reminder 2 weeks prior to the due date

FILE SPECIFICATION

The data elements and their order are described in Table 1 below.

ATOP data submission requirements:

- Data must be saved and submitted (if required) in a comma delimited format (.csv file).
- Field name headers are to be included in the data in the first row.
- The file must contain 134 variables.
- The file name must be in the following format:

  <LHDID>_reporting year/month (yyyymm)

e.g. X710_ATOP_date_period

The filename can have other text after the Provider Code, year and month, but a full stop (.) cannot be included in the text (other than the ".csv" at the end).

Table B1: ATOP – Description and order of data items

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
1	Facility	Facility	Facility from the episode where the ATOP form was created	Code set:	Char(100)	Y	Y
2	Building	Building	Building the encounter is currently located within	Code set:	Char(100)	Y	Y
3	Location at ATOP form Date/Time		Location at date/time ATOP form performed		Char(100)	Y	Y
4	Encounter Type	Encounter_Type	Encounter type that the powerforms are associated with		Char(20)	Y	Y
5	Encounter Stream	Encounter_Stream	Current Stream for the encounter		Char(20)	Y	Y
6	Current Location	Location	Current location for the episode		Char(100)	Y	Y
7	MRN	MRN	Client Medical Record Number for the facility the extract is run for & that matches the community encounter	Example 123456	Char(15)	Y	Y
8	AUID	AUID	Area Unique Person Identifier for the Client	Example 01234567	Char(20)	Y	Y
9	Surname	Surname	Family name / surname		Char(100)	Y	Y
10	First Name	First_name	First name / given name		Char(100)	Y	Y
11	DOB	DOB	Client date of birth		'DD-MM-YYYY ' Char(10)	Y	Y
12	Sex	Sex	Client biological sex	Client Sex code set Display Male Female Not stated Other	Char(10)	Y	Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
13	Indigenous Status	Indigenous_Status	Whether the person is Aboriginal and/or Torres Strait Islander, based on the person's own self-report.	Code set: Aboriginal but not Torres Strait Islander origin; Torres Strait Islander but not Aboriginal origin; Aboriginal and Torres Strait Islander origin; Neither Aboriginal nor Torres Strait Islander; Declined to respond; Unknown not stated	Char(50)	Y	Y
14	Registration Date Time	Reg_Dt_Tm	Client Registration Date/Time of the encounter	20-06-2019 10:15	'DD-MM-YY HH:MM' Char(16)	Y	Y
15	Discharge Date Time	Disch_Dt_Tm	Client Discharge Date/Time of the encounter	20-06-2019 10:15	'DD-MM-YY HH:MM' Char(16)	Y	Y
16	Form Source	Powerform_name	Name of Powerform		Char(20)	Y	Y
17	Performed Date Time	Pfrmed_Dt_Tm	Performed on Date Time of ATOP form	20-06-2019 10:15	'DD-MM-YY HH:MM' Char(16)	Y	Y
18	Treatment Stage	Tx_Stage	Treatment stage value for ATOP completion	Start of episode; progress review; discharge; n/a Client refused; n/a Not clinically appropriate	Char(35)	Y If post discharge then field 127 is populated with NA	Y
19	Principal Drug of Concern	PDoC	Principal drug of concern value at episode commencement as per AODTS NMDS collection	e.g. Alcohol; Cannabis; Methamphetamine etc.	Char(50)	Y	Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
20	Main Service Provided	Main_Service	Main service provided value at episode commencement as per AODTS NMDS collection	Eg Counselling; Rehabilitation; Withdrawal; Support and case management; Maintenance pharmacotherapy	Char(50)	Y	
Section 1: Substance use							
21	Alcohol Typical Quantity	Alcohol_Qty	The number of standard drinks of alcohol ingested on a typical drinking day	Number of standard drinks 0-999	Char(3)	Y	Y
22	Alcohol Units	Alcohol_Units	Standard drinks	SD	Char(2)		
23	Alcohol None	Alcohol_None	If a 'None' value is selected then this indicates no alcohol used in the 4 week period. This field to be populated with 00. The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 24-28= 00	
24	Alcohol Week 4	Alcohol_W4	The number of days alcohol consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
25	Alcohol Week 3	Alcohol_W3	The number of days alcohol consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
26	Alcohol Week 2	Alcohol_W2	The number of days alcohol consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
27	Alcohol Week 1	Alcohol_W1	The number of days alcohol consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
28	Total Alcohol	Alcohol_Total	The total number of days alcohol consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	if 23>0 Mandatory if reported at 24-27	Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
29	Cannabis Typical Quantity	Cannabis_Qty	The amount of cannabis consumed on a typical day of cannabis use in the past four weeks	Number of units 0-999	Char(2)		Y
30	Cannabis Units	Cannabis_Units	The unit of measure for the amount of cannabis	Free text	Char(10)		Y
31	Cannabis None	Cannabis_None	If "None" value is selected this indicates no cannabis used in the 4 week period. This field to be populated with 00. The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 32-36 = 0	
32	Cannabis Week 4	Cannabis_W4	The number of days cannabis consumed in the most recent past week 0-7	Refused / can't recall = NA – no answer	Char(2)		
33	Cannabis Week 3	Cannabis_W3	The number of days cannabis consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
34	Cannabis Week 2	Cannabis_W2	The number of days cannabis consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
35	Cannabis Week 1	Cannabis_W1	The number of days cannabis consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
36	Total Cannabis	Cannabis_total	The total number of days cannabis consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	If 31 >0 Mandatory if reported at 32-35	Y
37	Amphetamine Typical Quantity	Amphetamine_Qty	The average amount used on a typical day during the past four weeks	Number of units 0-999	Char(3)		Y
38	Amphetamine Units	Amphetamine_Units	The unit of measure for the amount of amphetamine type substance	Free text	Char(10)		Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
39	Amphetamine None	Amphetamine_None	If a 'None' value is selected this indicates that no Amphetamine used in the 4 week period. This field to be populated with 00. The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 40-44 = 0	
40	Amphetamine Week 4	Amphetamine_W4	The number of days amphetamine type substance consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
41	Amphetamine Week 3	Amphetamine_W3	The number of days amphetamine type substance consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
42	Amphetamine Week 2	Amphetamine_W2	The number of days amphetamine type substance consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
43	Amphetamine Week 1	Amphetamine_W1	The number of days amphetamine type substance consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
44	Total Amphetamine	Amphetamine_Total	The total number of days amphetamine type substance consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	Y if 39>0 Mandatory if reported at 40-43	Y
45	Benzodiazepine Typical Quantity	Benzo_Qty	The average amount used on a typical day during the past four weeks	Number of units 0-999	Char(3)		Y
46	Benzodiazepine Unit	Benzo_Unit	The unit of measure for the amount of benzodiazepine type substance	Free text	Char(10)		Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
47	Benzodiazepine None	Benzo_None	If a 'None' value is selected this indicates that no Benzodiazepine used in 4 week period. This field to be populated with 00. The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 48-52= 0	
48	Benzodiazepine Week 4	Benzo_W4	The number of days benzodiazepine consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
49	Benzodiazepine Week 3	Benzo_W3	The number of days benzodiazepine consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
50	Benzodiazepine Week 2	Benzo_W2	The number of days benzodiazepine consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
51	Benzodiazepine Week 1	Benzo_W1	The number of days benzodiazepine consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
52	Total Benzodiazepine	Benzo_Total	The total number of days benzodiazepine consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	If 47 >0 Mandatory if reported at 48-51	Y
53	Heroin typical quantity	Heroin_Qty	The average amount used on a typical day during the past four weeks	Number of units 0-999	Char(3)		Y
54	Heroin Units	Heroin_Units	The unit of measure for the amount of heroin	Free text	Char(10)		Y
55	Heroin None	Heroin_None	If a 'None' value is selected this indicates that no Heroin has been used in the 4 week period. This field to be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 56-59= 0	

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
56	Heroin Week 4	Heroin_W4	The number of days heroin consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
57	Heroin Week 3	Heroin_W3	The number of days heroin consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
58	Heroin Week 2	Heroin_W2	The number of days heroin consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
59	Heroin Week 1	Heroin_W1	The number of days heroin consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
60	Total Heroin	Heroin_Total	The total number of days heroin consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	Y if 55 >0 Mandatory if reported at 56-59	Y
61	Other Opioids Typical Quantity	Other_Opioids_Qty	The average amount used on a typical day during the past four weeks	Number of units 0-999	Char(3)		Y
62	Other Opioids Units	Other_Opioids_Units	The unit of measure for the amount of other opioids	Free text	Char(10)		Y
63	Other Opioids None	Other_Opioids_None	If a 'None' value is selected this indicates that no Other Opioids have been used in the 4 week period. This field to then be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 64-67= 0	
64	Other Opioids Week 4	Other_Opioids_W4	The number of days Other Opioids consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
65	Other Opioids Week 3	Other_Opioids_W3	The number of days Other Opioids consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
66	Other Opioids Week 2	Other_Opioids_W2	The number of days Other Opioids consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
67	Other Opioids Week 1	Other_Opioids_W1	The number of days Other Opioids consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
68	Total Other Opioids	Other_Opioids_Total	The total number of days Other Opioids consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	Y if 63 >0 Mandatory if reported at 64-67	Y
69	Cocaine Typical quantity	Cocaine_Qty	The average amount used on a typical day during the past four weeks	Number of Units 0-999	Char(3)		Y
70	Cocaine Units	Cocaine_Units	The unit of measure for the amount of cocaine	Free text	Char(10)		Y
71	Cocaine None	Cocaine_None	If a 'None' value is selected this indicates that no cocaine has been used in the 4 week period. This field to be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 72-75 = 0	
72	Cocaine Week 4	Cocaine_W4	The number of days cocaine consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
73	Cocaine Week 3	Cocaine_W3	The number of days cocaine consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
74	Cocaine Week 2	Cocaine_W2	The number of days cocaine consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
75	Cocaine Week 1	Cocaine_W1	The number of days cocaine consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
76	Total Cocaine	Cocaine_Total	The total number of days cocaine consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	Y if 71 >0 Mandatory if reported at 72-75	Y
77	Other Substance 1 Name	Other_Substance_1_Name	The name of any Other Substance 1 consumed in the past four weeks	Free text	Char(40)		Y
78	Other Substance 1 Typical Quantity	Other_Substance_1_Qty	The average amount used on a typical day during the past four weeks	Number of units 0-999	Char(3)		Y
79	Other Substance 1 Unit	Other_Substance_1_Unit	The unit of measure for the amount of Other Substance 1	Free text	Char(10)		Y
80	Other Substance 1 None	Other_Substance_1_None	If a 'None' value is selected this indicates that no Other Substance 1 has been used in this period. This field should be populated with 00. The fields Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 81-84 = 0	
81	Other Substance 1 Week 4	Other_Substance_1_W4	The number of days Other Substance 1 consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
82	Other Substance 1 Week 3	Other_Substance_1_W3	The number of days Other Substance 1 consumed in the second most recent past week 0-7.	0-7 Refused / can't recall = NA – no answer	Char(2)		
83	Other Substance 1 Week 2	Other_Substance_1_W2	The number of days Other Substance 1 consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
84	Other Substance 1 Week 1	Other_Substance_1_W1	The number of days Other Substance 1 consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
85	Total Other Substance 1	Other_Substance_1_Total	The total number of days Other Substance 1 consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	If 80>0 Mandatory if reported at 81-84	Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
86	Other Substance 2 Name	Other_Substance_2_Name	The name of any Other Substance 2 consumed in the past four weeks	Free text	Char(40)		Y
87	Other Substance 2 Typical quantity	Other_Substance_2_Qty	The average amount used on a typical day during the past four weeks	Number of units 0-999	Char(3)		Y
88	Other Substance 2 Unit	Other_Substance_2_Unit	The unit of measure for the amount of Other Substance 2	Free text	Char(10)		Y
89	Other Substance 2 None	Other_Substance_2_None	If a 'None' value is selected this indicates that no Other Substance 2 has been used in the 4 week period. This field to be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 90-93 = 0	
90	Other Substance 2 Week 4	Other_Substance_2_W4	The number of days Other Substance 2 consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
91	Other Substance 2 Week 3	Other_Substance_2_W3	The number of days Other Substance 2 consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
92	Other Substance 2 Week 2	Other_Substance_2_W2	The number of days Other Substance 2 consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
93	Other Substance 2 Week 1	Other_Substance_2_W1	The number of days Other Substance 2 consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
94	Total Other substance 2	Other_Substance_2_Total	The total number of days Other Substance 2 consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	If 89 >0 Mandatory if reported at 90-93	Y
95	Tobacco Quantity	Tobacco_Qty	The average amount used on a typical day during the past four weeks	The average amount used on a typical day during the past four weeks	Char(3)		Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
96	Tobacco Unit	Tobacco_Unit	The unit of measure for the amount of tobacco	The type of tobacco product consumed	Char(40)		Y
97	Tobacco None	Tobacco_None	If a 'None' value is selected this indicates that no Tobaccohas been used in the 4 week period. This field to be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00	Char(2)	If 00 then 98-101 = 0	
98	Tobacco Week 4	Tobacco_W4	The number of days Tobacco consumed in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
99	Tobacco Week 3	Tobacco_W3	The number of days Tobacco consumed in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
100	Tobacco Week 2	₩Tobacco_W2	The number of days Tobacco consumed in the third most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
101	Tobacco Week 1	Tobacco_W1	The number of days Tobacco consumed in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
102	Total Tobacco	Tobacco_Total	The total number of days Tobacco consumed in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	If 97 >0 Mandatory if reported at 98-101	Y
Record number of days client injected drugs in the past four weeks							
103	Days Injected	Days_Injected_None	If a 'None' value is selected this indicates that no injecting days in the 4 week period. This field to be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	00 Refused / can't recall = NA	Char(2)	If 00 then 104-107 =0	Y
104	Days Injected Week 4	Days_Injected_W4	The number of days injected in the most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
105	Days Injected Week 3	Days_Injected_W3	The number of days injected in the second most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
106	Days Injected Week 1	Days_Injected_W1	The number of days injected in the fourth most recent past week 0-7	0-7 Refused / can't recall = NA – no answer	Char(2)		
107	Total Injected	Injected_Total	The total number of days injected in the past four weeks 0-28	0-28 Refused / can't recall = NA – no answer	Char(2)	Mandatory if 10-107 >0	Y
108	Shared Equipment	Shared_Equip	Yes or No, Refused/can't recall/no answer = NA	Y or N or NA N if days injected = 0	Char(2)		Y
Record days worked and at college, school or vocational training for the past four weeks							
109	Days Paid work	Paid_Work_None	If a 'None' value is selected this indicates that no days of Paid work in the 4 week period. This field to be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.	Refused / can't recall = NA	Char(1)	If 00 then 110-113 = 0	Y
110	Days Paid Work Week 4	Paid_Work_Days_W4	The number of days paid work in the most recent past week 0-7	0-7	Char(1)		
111	Days Paid Work Week 3	Paid_Work_Days_W3	The number of days paid work in the second most recent past week 0-7	0-7	Char(1)		
112	Days Paid Work Week 2	Paid_Work_Days_W2	The number of days paid work in the third most recent past week 0-7	0-7	Char(1)		
113	Days Paid Work Week 1	Paid_Work_Days_W1	The number of days paid work in the fourth most recent past week 0-7	0-7	Char(1)		
114	Total Days Paid Work	Paid_Work_Days_Total	The total number of days paid work in the past four weeks 0-28	0-28	Char(2)		Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
115	School or Study	School_Study_None	If a 'None' value is selected this indicates that no days of school or study in the 4 week period. This field to be populated with 00.The fields, Week 4, Week 3, Week 2, Week 1 should populate with '00'.		Char(1)	If 00 then 116-119 = 0	Y
116	Days School or Study Week 4	Days_School_Study_W4	The number of days school or study in the most recent past week 0-7	0-7	Char(1)		
117	Days School or Study Week 3	Days_School_Study_W3	The number of days school or study in the second most recent past week 0-7	0-7	Char(1)		
118	Days School or Study Week 2	Days_School_Study_W2	The number of days school or study in the third most recent past week 0-7	0-7	Char(1)		
119	Days School or Study Week 1	Days_School_Study_W1	The number of days school or study in the fourth most recent past week 0-7	0-7	Char(1)		
120	Total Days School or Study	Days_School_Study_Total	The total number of days school or study in the past four weeks 0-28	0-28	Char(2)		Y
Record accommodation items for the last four weeks							
121	Been Homeless Past 4 Weeks	Homelessness	Includes residence outside legal tenure arrangement, living in public places such as streets and parks, temporary shelters such as bus shelters or improvised or make shift dwellings, tents, or sleeping out / rough sleeping. Includes persons temporarily living with family or relatives and who have no other usual residence (including 'couch surfing')	Yes or No or NA	Char(3)		Y

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
122	At Risk of Eviction Past 4 Weeks	Eviction_Risk	Risk of loss of tenure of usual accommodation commonly due to rental or home loan arrears	Yes or No or NA	Char(3)		Y
Has the client at any time in the past four weeks, been a primary care giver for or living with any child/ children							
123	Primary Carer for Children Under 5	Carer_Under_5	Has the client at any time in the past four weeks, been a primary care giver for or living with any child/children aged under 5 years Refused / can't recall = NA – no answer	Yes or No or NA	Char(3)		Y
124	Primary Carer for Children 5-15	Carer_5-15	Has the client at any time in the past four weeks, been a primary care giver for or living with any child/children aged 5-15 years Refused / can't recall = NA – no answer	Yes or No or NA	Char(3)		Y
125	Been Arrested Past 4 Weeks	Arrested	Refused / can't recall = NA – no answer	Yes or No or NA	Char(3)		Y
126	Suffered Violence	Suffered_Violence	Has anyone been violent (incl. domestic violence) towards the person in past four weeks Refused / can't recall = NA – no answer	Yes or No or NA	Char(3)		Y
127	Been Violent Past 4 Weeks	Been_Violent	Has the person been violent (incl. domestic violence) towards someone else in the past four weeks Refused / can't recall = NA – no answer	Yes or No or NA	Char(3)		Y
Section 2: Health and wellbeing							

Item no.	Data item	Field header	Metadata definition	Cell content	Field size	Mandatory	Extract
128	Psychological Health Rating	Psych_Rating	Persons rating of their psychological wellbeing in past four weeks (anxiety, depression, problems with emotions and feelings) 0=poor 10=good	0-10	Char(2)		Y
129	Physical Health Rating	Physical_Health	Persons rating of their physical health in past 4 weeks (extent of physical symptoms and bothered by illness) 0=poor 10=good	0-10	Char(2)		Y
130	Quality of Life Rating	Quality_of_life	Persons rating of their quality of life in past 4 weeks (e.g able to enjoy life, gets on well with family and partner) 0=poor 10=good	0-10	Char(2)		Y
131	Next ATOP Due	ATOP_DueDate	Number of weeks until next ATOP is due	4,8,12 or NA	Char(2)		Y
132	Form ID	Form_ID	Unique identifier for the ATOP form		Char(10)		Y
133	Encounter ID	Encounter_ID	Client Episode ID		Char(10)		Y
134	Performed By	Performed_By	Name of Clinician who performed ATOP		Char(50)		Y