

## Issue Ten Summer 2006



National Treatment Agency  
for Substance Misuse

# Update

More treatment  
Better treatment  
Fairer treatment

## Minister: Outcomes and efficiency are key

**Caroline Flint, Minister of State for Public Health, identifies improving efficiency and demonstrating outcomes as essential for the future growth of the drug treatment system**

**L**aunching the updated Models of Care at the NTA Commissioning Conference on 29 June, Caroline Flint, Minister of State for Public Health, praised the drug treatment sector partnerships, commissioners and providers for what had been achieved over the past five years. However, she identified new challenges ahead.

The Government had doubled investment in drug treatment, but this rate of growth could not continue indefinitely. Partnerships now needed to demonstrate that they were using resources effectively. The Department of Health, the National Audit Office and the National Treatment Agency would be developing a unit cost measurement to help partnerships obtain best value and ensure that central government funds for treatment were distributed more equitably in the future.



**Delegates from DATs across the country assembled in London for the June NTA commissioning conference**

Stressing government commitment to the drugs sector, she underlined the necessity of making the case for resources.

"We can't just feel well-intentioned about what we want to achieve; we must make the argument and get the services that are going to deliver, if we are going to be taken seriously among other competing priorities.

"We think funding and resourcing of drugs services are key to producing infrastructure, knowledge and outcomes, which are important for people who are addicted, their families and the wider community."

### Gains through commissioning

The minister reminded the audience that commissioners manage a diverse range of providers – large and small, voluntary and private, as well as NHS providers. The key point was the outcome of the people who use these services.

"We need to identify appropriate unit costs for effective drug treatment. This will be helpful for commissioners, to have a better sense of what they should be looking for and at what price.

"We don't intend for this to discriminate against services treating people with the most complex drug problems, but this doesn't mean we can't explore variations in similar services in terms of what is being provided and what are the outcomes. This is also helpful in talking to service providers to find out the costs they incur and how they function."

PTB spends per  
person 05/06

Highest = £4,085

Lowest = £498

### Residential rehabilitation

"One area of concern is in residential rehabilitation services – it's good the NTA has the online BEDVACS system, but infrequent use of the pooled treatment budget alongside community care funding

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## Pooled treatment budget allocation increased by 28%

On 21 June, the national pooled treatment budget allocation was announced for 2006/07. The new figure, £384.6m, represents a 28 per cent increase on 2005/06. This includes a £10m allocation for capital identified through treatment plans and £24.6m which will be distributed through the Young People's Partnership Grant paid to local authorities. The upgraded allocation to partnerships routed through PCTs is 30 per cent.

In addition, capital resources will be made available to support expansion

of residential provision in the period between 2007/08 and 2008/09. The Department of Health will notify partnerships of the amount available and the process for accessing these resources.

This substantial increase in funding takes place against a backdrop of severe financial restrictions in many parts of the NHS and reflects the continuing high political significance attached to the delivery of drug treatment targets by the Prime Minister, the Secretary of State for Health and the Home Secretary.

# Update

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### Outcomes and efficiencies are key

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has contributed to a spot purchase culture of these services, often sitting outside local strategic commissioning processes.

"Earlier this year we issued guidance to commissioners to support effective commissioning of these types of services. We will issue guidance on a strategic bidding process to allocate the additional £54.9m of capital funding up to 2007/08 we also announced.

"One of the key criteria will be a

the drug sector has experience of. In terms of demand, this has been driven by the criminal justice system."

#### Improving value in the system

Paul Hayes, chief executive of the NTA, stressed that it was a reflection of commissioners' success that a Government minister had chosen to address a commissioning conference. He added that there were many efficiency gains to be made in the system.

"Once we have nationally fixed the costs of treatment, we can allocate resources more fairly and allow commissioners to make decisions on quality rather than cost.

**"Once we have fixed the costs of treatment, commissioners can begin to make decisions on the basis of quality rather than cost"**

### Paul Hayes, NTA chief executive

commitment from commissioning partnerships to sustained revenue streams. It's also very important to know where people end up when you send them out of your area. We need a better geographical spread, to support the linkage back into communities."

"We know there are underspends and efficiency savings. The national average per person treated was £2,800. The average contribution the PTB made per person was £1,600; the average local spend was £1,172.

"There is huge variation – one local



**Nick Lawrence, DH head of drug and alcohol policy, spoke about the new NHS commissioning environment**

partnership in the north-west was spending under £1,000 per person, while another in east London was spending over £5,500. One of the best-performing partnerships is delivering quality at half the PTB average – this means that savings can be made without sacrificing quality.

"We also need to look at local contributions – they range from £20 per person to £4,500. Are local partnerships making fair contributions themselves?"

He added that, to achieve best value, retention and growth need to be prioritised. Measures such as preventing blood-borne viruses and engaging hard-to-reach groups depended on commissioners.

"This must be done while growing the

#### The new NHS environment

Nick Lawrence, head of drug and alcohol policy at the Department of Health, spoke about commissioning in the new NHS environment. Further guidance is scheduled in August and November.

"Together with a more important role for local delivery, the performance regime supported by the pooled treatment budget and the work of the NTA has helped us to deliver a national target and helped local services to deliver. An encouraging development is independent assessment by the Healthcare Commission – rather than focusing on targets, Improvement Reviews have provided a more rounded look at services.

#### The future

"The future is based on a model which looks to deliver better care, better patient experience and better value for money. It is a systems-based approach, with a number of levers. There is more emphasis on independent assessment and local target setting. The other element is to provide a system of checks and balances.

"Supply-side reforms are intended to provide a more dynamic market, which

## Updated Models of Care guidelines

The NTA commissioning conference also saw the launch of updated Models of Care guidance for drug and alcohol treatment.

Models of Care for Treatment of Adult Drug Misusers: Update 2006 builds upon, clarifies and refines the four-tier model of service provision outlined in the original 2002 framework, providing national guidance on commissioning and provision of treatment.

The guidance places a greater focus on harm reduction, with interventions integrated into all tiers of drug treatment. Particular emphasis is placed on minimising the spread of blood-borne viruses, by more

widespread vaccination, treatment and by reducing the risks of transmission. In addition, it advocates measures to reduce the risks of overdose and to minimise the harm to local communities, and users' partners and families.

Models of Care: Update 2006 also seeks to clarify the four-tiered model of treatment, in response to differing interpretations and some instances of over-rigid interpretation. The aim is for providers to offer a range of interventions across a number of tiers, with tiers equating to the level of interventions provided and not the organisations that provide them.

**Models of Care: Update 2006 places greater emphasis on harm reduction and clarifies the four-tiered treatment model**



quality agenda. Expectations have now risen – we’re improving our ability to capture the realities of what is going on within services, over and above data collection. We also need to better understand the nature of the treatment population and match treatment to meet those needs.

“We need to show we’re delivering

**“ The key point of commissioning is the outcomes of people using the services “**

**Caroline Flint, public health minister**

real outcomes – reductions in crime, more people abstinent, fewer deaths, more

people in work, more people receiving sufficient doses of substitute medication.”

## Supporting the Treatment Effectiveness strategy

In May and June 2006, the NTA held a series of conferences in the regions, on the Treatment Effectiveness strategy.

The NTA’s director of quality, Annette Dale-Perera, outlined the results of several research surveys the NTA had undertaken, which had given the Agency a much better understanding of practice. She acknowledged the NTA had put pressure on services and thanked everyone who had participated. There was now more direction from clients as to what aspects work for them, in terms of their drug use and criminal behaviour.

### Service user survey

With most users having aspirations to be eventually drug-free, quality had to be improved and there had to be routes out of treatment.

“The vast majority of service users reported being satisfied, in terms of feeling respected and that treatment was having a positive impact on their lives. They were generally satisfied with staffing.

“People who had shorter waiting times, up-to-date care plans and attended more frequently reported highest degrees of satisfaction. People in residential and inpatient care reported more satisfaction than those in the community. Women were more satisfied than men, but there was variability connected to ethnicity.”

There was no link between satisfaction and doses of substitute medication and supervised dispensing did not seem to have an effect.

One-third of users had not received help with services such as education, housing and employment. They also thought families and partners were not getting the help they needed.

Needle exchanges were more worrying, with variability and lack of consistency between services.

“We think around 80 per cent of needle exchange is pharmacy-based and is about handing out equipment rather than involvement with clients. Also there was little out-of-hours provision and no basic healthcare provision. There is more to changing behaviour than handing out equipment – it’s the one-to-one contact with the worker. We’re not doing enough to stem the spread of blood-borne viruses.

On substitute prescribing: “Doses of methadone and buprenorphine are increasing. We think 75 per cent of methadone prescriptions were for maintenance and 25 per cent for reduction. The evidence base for maintenance is much better, but some clients do want reduction.

“There is still some under-dosing going on. One-third of prescribing services have no involvement in shared care. Supervised consumption is still variable.”

### Improvement Reviews

Diane French, national programme lead



**Annette Dale-Perera (left) outlined the results of the surveys of needle exchanges, prescribing and service users**

for standards and inspection at the NTA, spoke about the draft findings of the national Improvement Reviews and what they meant for the future.

The reviews aim to improve service delivery for service users. The NTA, acting as specialist sponsor, works in partnership with the Healthcare Commission, who provide the regulatory remit. Initial assessment is on the basis of information.

The areas in need of most improvement are commissioning practice and comprehensive assessment, including risk management and care planning. However, a large proportion of DATs were rated “excellent” on user involvement and policies on care plan reviews also scored well across services.

### ITEP programme

Kate Buchanan, senior manager at Lifeline, spoke about her involvement in the piloting of the International Treatment Effectiveness Programme (ITEP). It is a set of interventions to enhance, develop and strengthen the therapeutic partnership between practitioners and service users.

The unprecedented growth in the workforce means training has become more important than ever before.

Testing the programme with two female groups, aged between 13 and 16, showed encouraging results and Kate hoped the good anecdotal feedback would translate into improved outcomes.

## now available

### New alcohol guidance

The minister also used the conference to launch Models of Care for Alcohol Misusers (MoCAM).

MoCAM provides best practice guidance for local health organisations and their partners, on delivering planned and integrated local treatment systems for adult alcohol misusers, especially primary care trusts, which will play a leading role.

Alcohol misuse is associated with a wide range of problems and the evidence base indicates much of it is preventable. Comprehensive integrated local alcohol treatment systems will be of considerable benefit to problematic drinkers, their families and the wider community.

Models of Care: Update 2006 is available to order or download from the NTA website, [www.nta.nhs.uk](http://www.nta.nhs.uk).

Models of Care for Alcohol Misusers is available to download from the Department of Health website, [www.dh.gov.uk](http://www.dh.gov.uk).



## New NTA research publications

**The NTA's treatment effectiveness conference signalled the launch of several research briefings, which complement the Agency's Treatment Effectiveness strategy**

### Findings of a Survey of Needle Exchanges in England

This document investigates the extent and nature of provision of needle exchange and other harm reduction measures in England. The survey is set against the Department of Health's Hepatitis C Action Plan.

The study also investigates data reporting systems and issues relating to delivery, commissioning and planning of needle exchange and other harm reduction measures.

### Summary of the NTA's National Prescribing Audit

The growth in the numbers of people in drug treatment has been accompanied by a rise in the national guidance on its provision. This is the first national survey of substitute prescribing in England and it examines how effectively this guidance has been implemented.

In addition to collecting data on methadone, buprenorphine and benzodiazepine prescribing, the

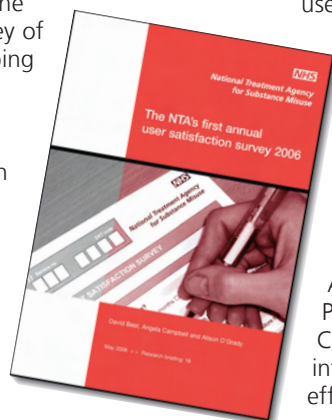
study looks at shared care arrangements and regional patterns of prescribing.

### Addiction Careers and the Natural History of Change

It is a widely held view in treatment that drug dependence is a chronic and relapsing condition. This briefing, however, discusses the evidence supporting the theory that most drug misusers grow out of their drug use. It provides guidelines for estimating the size of this population and how best they can be served.

### The NTA's First Annual User Satisfaction Survey 2005

This is a summary of the results of the first annual NTA survey of drug service users in England. It provides an opportunity for service users to give their views on the quality of treatment and will incorporate the views of users into the Healthcare Commission and NTA Improvement Reviews.



### Treating Drug Misuse Problems: Evidence of Effectiveness

A summary document, compiled by Professor Michael Gossop of King's College London, assessing the international research evidence on the effectiveness of drug treatment. It aims

to inform commissioners and providers of the most successful treatments available.

### The Impact of Treatment on Female Drug-Using Sex Workers

This study aims to identify typical treatment careers of female drug-using sex workers in treatment for over three months, and the effectiveness of that treatment. It pays particular attention to substance use, criminality, social functioning and psychological and physical health.

### Visual Assessments of Injecting Drug Use: A Pilot Study

A report summarising the key findings of a pilot visual assessment of injecting drug use. The pilot resulted in ten filmed case studies of real-life drug injecting, providing an additional resource to the large body of interview-based research on injecting behaviour.

## Research into unit costs of substance misuse treatment

In the light of the Treatment Effectiveness conference's theme of improving efficiency, Hugo Luck – manager of the NTA's South East region – is currently heading a project to look at unit costs of providing substance misuse services.

In 2004, the NTA worked with the Audit Commission to test a data collection tool. The joint project reported wide variations in overheads, suggesting the opportunity for considerable efficiency savings. Therefore, the unit costs project will use the improved tool to gather data relating to costs of (primarily NHS) substance misuse treatment services by activity and tier of delivery.

The project will compare the data with a number of proxy measures of effectiveness, to ensure the findings represent the cost of providing treatment with good outcomes. Initially, the study will pay particular attention to NHS trust services because – as part of larger organisations with block contracts – costs are often difficult to identify.

Training for staff is currently underway and draft results are expected to be published by the end of November 2006.

## Supplementary prescribing plan for Yorkshire and Humberside

The NTA in Yorkshire and Humber held an initial meeting to establish a supplementary prescribing network for the region. Supplementary prescribing allows nurses, pharmacists and other health professionals to prescribe certain medicines within an agreed clinical plan. The aims are to:

- Provide support, including help with training
- Help develop a substance misuse specific training course
- Raise the profile of supplementary prescribing in substance misuse.

### ■ Share good practice

A further meeting in September will involve nurses and pharmacy prescribers, commissioners, PCT prescribing committee representatives, and shared care and regional pharmaceutical leads, to look at peer support and wider strategic issues.

The next meeting will take place in Leeds on Tuesday 12 September at 10am. Anyone interested in joining the network should contact Nicola Berry on 0113 283 5446 or nicola.berry@nta-nhs.org.uk.

## New themes for Improvement Reviews announced

The first of the annual Improvement Reviews – undertaken by the NTA and Healthcare Commission – took place in 2005/06, covering care planning and prescribing.

For the forthcoming 2006/07 reviews, the themes will be commissioning and harm reduction.

### Harm reduction

This has been chosen as a priority following concern over the provision of harm reduction services, specifically measures to reduce the transmission of blood-borne viruses. The number of injecting drug users – within and outside

the treatment system – who are infected with hepatitis C has increased. Its incidence among people new to drug treatment is also estimated to be high.

### Commissioning

In 2004, the Audit Commission report *Changing Habits* reported that delivery of effectiveness varied according to the commitment of local agencies and the quality of leadership. It noted that:

- Drug partnerships lack a shared vision or suffer from competition driven by individual personalities or ownership of funding

- Many partnerships have not used or learnt from the substantial guidance available on how to involve users and carers, or the learning gained by related services such as mental health
- Effectiveness varies according to the commitment of local agencies and the quality of leadership.

The assessment framework has been developed by an expert group working with four development areas and has been piloted in four areas. There has also been input from NTA regional, clinical, research and information teams, and Department of Health policy leads.

## Updated guidance for structured drug treatment

The National Treatment Agency has published new guidelines for care-planned, structured drug treatment.

The Care Planning Practice Guide is designed for practitioners and service managers and is one of a series of resources designed to improve treatment effectiveness.

Care planning is not a new concept and has been a central feature of patient care for many years. Its importance was also identified in the Audit Commission report, *Drug Misuse 2004: Reducing the Local Impact*.

The guide aims to assist practitioners in tailoring care planning to specific phases of clients' treatment journeys, while retaining sufficient

flexibility to allow for individual client needs and variations in local services. It also provides guidance on integrating care planning into clinical governance and performance management mechanisms.

The guide is designed for practitioners and service managers, but will also be useful to local commissioning bodies – including primary care trusts and strategic partnerships – when commissioning effective care at practice level.

Many practitioners already use care planning effectively and this guide provides a useful benchmark to measure their practices against. For others, it will be an introduction to



**The Care Planning Practice Guide aims to provide guidance for practitioners on structured care-planned drug treatment**

## New NTA business plan nears publication

The NTA's 2006/07 business plan, *Bringing Quality Into Focus*, is nearing publication, following the delayed pooled treatment budget announcement.

Maintaining the significant gains made since 2001, while delivering the new targets and agendas, will be a significant challenge for partnerships, providers and the NTA. The key challenges will be:

- Increasing the focus on treatment outcomes, particularly improved health and social functioning, and reductions in offending
- Helping treatment systems facilitate treatment completion
- Integrating treatment with other

support systems, particularly housing, employment, education, mental health and children's services

- Maintaining stability against potential reorganisation of key partners in drug treatment delivery – local authorities, police, probation and NHS
- Identifying efficiencies and priorities, to deliver as many of our planned activities as possible.

The track record of delivery demonstrated by the treatment field over the past five years inspires confidence that these challenges will be overcome, enabling the treatment system to continue to grow and improve.

the care planning process.

The Care Planning Practice Guide is not intended to be a rulebook, but a tool to enhance care planning.

The guide is supported by the e-Care Planning Package, which is available on the NTA website.

The guide, including proforma documents on using nodal link mapping to assist with care planning, can be ordered in hard copy or downloaded from the NTA website, [www.nta.nhs.uk](http://www.nta.nhs.uk).

## North East NTA keeps ex-offenders on the ball

Over the last 12 months, the National Treatment Agency in the North East has helped fund a regional football tournament involving more than 400 service users through Teeside's Drug Interventions Programme (DIP). This successful project has contributed to users' drug rehabilitation by helping them to reduce their offending behaviour and make real steps towards reintegration into their communities.

The tournament grew out of a football coaching programme organised through the regional DIP and run by students from five universities in the region, with support from police and probation as well as key workers from the specialist drug services. As ex-offenders find it difficult to get involved in sport outside of the structured environment of prison, the aims of the

project were to help drug users to become involved in physical activity to improve their health, as well as to increase their self-esteem and self-worth.

The project has benefited everyone involved, including the university students who coached the service users, as it allowed them to fulfil the required number of hours to obtain football coaching awards. Their coaching not only brought out some real talent among service users, who had not had the opportunity to discover their sporting abilities before, but also encouraged some service users to consider, for the first time, entering further education.

**The Teeside football tournament is a Government Office initiative supported by the National Treatment Agency**



Photo: Government Office North East Drug Interventions Programme

## New guidance on reporting waiting times to NDTMS

The National Treatment Agency has published updated guidance notes for the reporting of waiting times in 2006/07, for adult Tier 3 and Tier 4 services.

Since April 2006, the National Drug Treatment Monitoring System has been the sole source for waiting times data. Partnerships are now performance managed on the percentage of clients accessing treatments within three weeks, with mandatory reviews of any waits longer than six weeks.

The key principle is that waiting time reports reflect the client's experience of treatment, not the time after a service becomes aware of them (although internal agency waits can also be monitored). The guidance includes clarification on how this should be put into practice, with examples for self, third-party and prison referral, waits within an episode, residential rehabilitation, and packages of inpatient detoxification and residential rehabilitation.

The guidelines, Waiting Times: Guidance Notes for the Reporting of Waiting Times in 2006/07, can be downloaded from the NTA website, [www.nta.nhs.uk](http://www.nta.nhs.uk).

## Plan for treatment outcomes monitoring tool announced

The NTA has commissioned researchers from the National Addiction Centre to develop a treatment outcomes monitoring tool to be embedded in the National Drug Treatment Monitoring System (NDTMS).

Up to now, the NTA has used proxy measures – such as waiting times and retention – to monitor the effectiveness of drug treatment. The Agency, treatment providers and commissioners have shared a long-term goal to establish proper outcomes monitoring systems and are now committed to their development.

Drug treatment outcomes in the UK are grouped into four key domains: drug and alcohol use, health, social needs, and legal and criminal issues. These domains should already be used in care planning and care plan reviews. Some validated tools to measure outcomes in drug treatment already exist – however, these are relatively long and complex and there is no widespread agreement on which is most suitable in what context. The challenge is to develop a simple but effective validated tool that can be incorporated into both NDTMS and regular care plan reviews by keyworkers.

Over the next few months, researchers will develop a simple tool and ways in which it can be validated. After representatives of treatment providers

have been consulted, the tool will be piloted in selected sites by keyworkers with service users across a range of services.

Although completion of the final outcomes monitoring tool is expected to take only a few minutes during a care plan review, validating it in the pilot sites will require a package of measures, including:

- "Surrounding" the core outcomes measures with supporting and checking questions
- An initial interview by the keyworker, re-interview by another keyworker and a follow-up interview one month later
- Confirmatory drug testing
- Matching against criminal justice data
- Checking the results against other outcomes monitoring tools.

The core data will be rolled out in NDTMS monitoring from April 2007. A range of guidance for NDTMS, keyworkers and service managers will be published and there will be training in administering the tool as part of care plan reviews. From summer 2007, the NTA aims to provide quarterly reporting of national treatment outcomes statistics.

More detailed information and guidance will be published on the NTA website as the project develops.



## NTA Board news

Professor Kamlesh Patel, NTA Board member, took his seat in the House of Lords as Lord Patel of Bradford, on 10 July 2006. He received his peerage for his work within the social work and mental health sectors.

### New Board member

Alison Comley joins the NTA Board, replacing outgoing Board member Dr Berry Beaumont.

### NTA Board meeting

The next NTA Board meeting will take place in the Durham Marriott Hotel in the city of Durham on 4 October.

The public are invited to attend, but spaces are limited. Please contact Felixia Edwin (tel: 020 7261 8948, email: felixia.edwin@nta-nhs.org.uk) if you wish to attend..

## Second NTA annual client satisfaction survey launched

The NTA has launched its second annual user satisfaction survey of drug users in treatment services.

The survey is one of the key means the NTA uses to put the needs of service users at the heart of the drug treatment system. It has also been designed to contribute to the NTA and Healthcare Commission Improvement Reviews, in particular to the overall score for DAT partnerships (and therefore PCTs and mental health trusts).

The first annual survey was carried out in 2005 and this year's survey takes place between August and September 2006.

Questionnaires are sent out to all Tier 2, 3 and 4 services in England. It is aimed at all clients of adult drug treatment services, but will not be extended to

people under-18, clients of alcohol-only treatment services or people receiving drug treatment in prison.

The questionnaire is designed to collect information based on the actual treatment clients receive – to assess integrity of delivery against Models of Care – and also aims to collect information on attitudes towards treatment.

A full report and a summary of the findings of the 2005 service user satisfaction survey can be found on [www.nta.nhs.uk](http://www.nta.nhs.uk). Users may also complete the survey online.

The deadline for participating services to return completed questionnaires is 15 September 2006.

## Improved NDTMS software tools now available to services

Two new National Drug Treatment Monitoring System (NDTMS) software applications – a file upload portal and data entry tool – were introduced by the NTA in May, with the aim of improving the data reporting process for treatment providers as well as the quality of their data. These have been piloted through the regional teams and given to providers along with training.

In the South East region, NDTMS manager Kellie Peters said: "The universal response to the data submission portal from our agencies has been fantastic. Not only is the system simple to use, it saves an awful lot of time and providers now have ownership of their data for the first time. They can see where errors are occurring straight away and amend them, when previously it could take a few days after relaying data backwards and forwards to the NDTMS team, before errors could be detected. This has improved the quality of submitted data by 75 per cent.

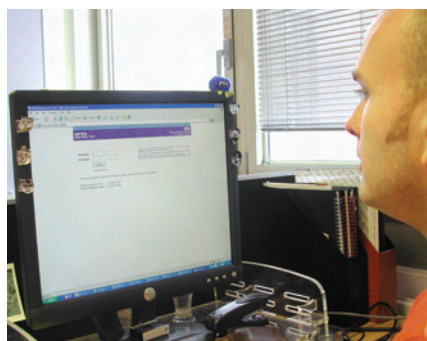
"Out of 170 agencies in the region, 100 will have been trained and will be using the system by August, with the rest by September."

Irene Cameron, NDTMS manager for the Eastern region, has piloted the data entry tool with 14 treatment providers,

which involved supporting them to take a year's worth of data onto their own systems.

Irene explained: "The tool is designed for ease of storage, access and reporting of caseload information and will be used by around a third of providers. It is not suitable for all, as some of the larger providers already have sophisticated systems in place to record additional data such as details of prescriptions.

"Providers using the new tool have discovered it is much easier to use than the previous spreadsheet system and the quality of the reported information each month has improved dramatically."



**Providers may now submit information for national drug treatment statistics using web browser-based software**

## Updated manual for local needs assessments

The NTA issued guidance to partnerships in 2005 in relation to the development of a process to identify needs and set targets for the 2006/7 treatment planning round. Needs assessment is a core component of the Treatment Effectiveness strategy.

The method is based around data from the National Drug Treatment Monitoring System (NDTMS) and the Drug Interventions Programme (DIP), plus any other local sources. The aim is to characterise the local drug-using population and identify its needs.

The new Needs Assessment Manual aims to further develop the needs assessment methodology and provide guidance for local partnerships and NTA regional teams.

Needs assessments should profile the local drug treatment requirements, including rates of infection, mortality, degree of treatment penetration and the impact of treatment on individuals, public health and rates of offending. There is a further requirement to describe the socio-demographic profile of problem drug users.

The guidance is available to download from the NTA website, [www.nta.nhs.uk](http://www.nta.nhs.uk).

