National Institute for Health and Clinical Excellence

Quality standard for drug use disorders

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NICE quality standard 23

guidance.nice.org.uk/qs23

Contents

Introduction and overview

This quality standard covers the treatment of adults (18 years or over) who misuse opioids, cannabis, stimulants or other drugs in all settings in which care is received, in particular inpatient and specialist residential and community-based treatment settings. This includes related organisations such as prison services and the interface with other services, for example those provided by the voluntary sector. For more information see the scope for this quality standard.

Introduction

Drug use disorders are defined as intoxication by, dependence on, or regular, excessive consumption of psychoactive substances leading to social, psychological, physical or legal problems. Opioid misuse is often characterised as a long-term chronic condition with periods of remission and relapse. Patterns of cannabis and stimulant misuse vary considerably and are less well understood.

Patterns of drug misuse vary in England and Wales. Among people aged between 16 and 59 years, the most commonly used psychoactive substance is cannabis, followed by cocaine and ecstasy. Opioids are used less commonly[1], but present the most significant health problems.

People with drug use disorders may have a range of health and social care problems. Drug misuse is more prevalent in areas characterised by social deprivation, which in turn is associated with poorer health. Many people with drug use disorders have lifestyles that are not conducive to good health. Injecting drug users are particularly vulnerable to contracting blood-borne viruses and other infections. A long-term study of people with an addiction to heroin showed they had a mortality risk 12 times greater than the general population[2]. The aim of drug treatment is to reduce such inequalities by helping people overcome their addiction and improve their quality of life.

This quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people with drug use disorders in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.

- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

These overarching outcomes are from The NHS Outcomes Framework 2012/13.

The quality standard is also expected to contribute to the following overarching indicators from the 2011/12 Adult Social Care Framework:

- Enhancing quality of life for people with care and support needs.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

Overview

The quality standard for drug use disorders requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole drug use disorder care pathway. An integrated approach to provision of services is fundamental to the delivery of high quality care to adults with drug use disorders.

Under the Health and Social Care Act 2012, the commissioning of substance misuse treatment services will be transferred to local authorities in April 2013. NICE will produce a local government briefing in the first quarter of 2013/14, drawing together resources for local authorities on drug services, including this quality standard and related NICE guidance.

The quality standard should be read in the context of national and local guidelines on training and competencies, for example competencies set out in the Drugs and Alcohol National Occupational Standards (DANOS). Implementation of this quality standard is dependent on all healthcare professionals involved in the assessment, care and treatment of adults with drug use disorders being appropriately trained, competent and supervised to deliver the actions and interventions described in the quality standard.

[1] Home Office (2011) Drug misuse declared: Findings from the 2010/11 British Crime Survey England and Wales

[2] Department of Health (2007) Drug misuse and dependence: UK guidelines on clinical management

List of quality statements

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In addition, quality standards that should also be considered when commissioning and providing a high-quality drug use disorder service are listed in Related NICE quality standards.

Quality statement 1: Needle and syringe programmes

Quality statement

People who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.

Rationale

Needle and syringe programmes can reduce transmission of blood-borne viruses and other infections caused by sharing injecting equipment. High quality programmes may reduce other harm associated with drug misuse, for example by advising on safer injecting practices, access to drug treatment and testing, vaccination and treatment for blood-borne viruses.

Quality measure

Structure: Evidence of local arrangements to ensure people who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.

Outcome:

a) Proportion of people who inject drugs who access needle and syringe programmes.

Numerator – the number of people who access needle and syringe programmes.

Denominator – the estimated prevalence of injecting drug users.

b) Incidence of blood-borne viruses among people who inject drugs.

What the quality statement means for each audience

Service providers ensure systems are in place for people who inject drugs to have access to needle and syringe programmes in accordance with NICE guidance.

Needle and syringe programme staff ensure people who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.

Commissioners ensure they commission services for people who inject drugs to have access to needle and syringe programmes in accordance with NICE guidance.

People who inject drugs have access to needle and syringe programmes that are nearby, have suitable opening hours and provide injecting equipment and advice on reducing the risk of harm.

Source guidance

NICE public health guidance 18 recommendations 1–6.

Data source

Structure: Local data collection.

Outcome:

a) Local data collection and Glasgow prevalence data from National Treatment Agency for Substance Misuse.

b) Local data collection.

Definitions

NICE public health guidance 18 defines the type of needle and syringe programmes which should be available.

NICE public health guidance 18 recommends that needle and syringe programme services should meet local need, for example they should take into account opening times, location and geography of the location (rural or urban) as well as the level of services needed.

NICE public health guidance 18 recommends that pharmacies, specialist needle and syringe programmes and other healthcare settings should be used to provide a balanced mix of the following services:

- level 1: distribution of injecting equipment either loose or in packs with written information on harm reduction
- level 2: distribution of 'pick and mix' injecting equipment plus health promotion advice
- level 3: level 2 plus provision of, or referral to, specialist services.

Blood-borne viruses include hepatitis B, hepatitis C and HIV.

Equality and diversity considerations

A number of specific groups of injecting drug users may require special consideration as outlined in NICE public health guidance 18. These groups include:

- homeless people, who are more likely to share needle and syringe equipment on a regular basis than others who inject drugs
- women, whose drug use may be linked to specific behaviours and lifestyles that put them at an increased risk of HIV and hepatitis infections
- users of anabolic steroids and other performance- and image-enhancing drugs
- the prison population, which contains a higher than average number of injecting drug users.

Quality statement 2: Assessment

Quality statement

People in drug treatment are offered a comprehensive assessment.

Rationale

People with drug use disorders have a better chance of recovery, and of maintaining recovery in the longer term, if their resources for recovery are assessed and tailored advice and support is provided.

An assessment is intended to identify needs and determine appropriate interventions and the key resources available and needed to support recovery and prevent relapse.

Quality measure

Structure: Evidence of local arrangements to ensure people in drug treatment are offered a comprehensive assessment.

Process: Proportion of people in drug treatment who receive a comprehensive assessment.

Numerator – the number of people in the denominator receiving a comprehensive assessment.

Denominator – the number of people in drug treatment.

What the quality statement means for each audience

Service providers ensure systems are in place for people in drug treatment services to be offered a comprehensive assessment.

Healthcare professionals offer people in drug treatment a comprehensive assessment.

Commissioners ensure they commission services that offer people in drug treatment a comprehensive assessment.

People in drug treatment are offered a full assessment of their drug use and needs in relation to recovery.

Source guidance

NICE clinical guideline 51 recommendations 1.2.2.1 and 1.2.2.3.

Drug misuse and dependence: UK guidelines on clinical management paragraph 3.2.3.2.

Data source

Structure: Local data collection.

Process: Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; some aspects of the assessment of resources for recovery are collected, such as 'accommodation need', 'acute housing problems', 'housing risk', 'employment status', 'education' and 'paid work'.

Definitions

A comprehensive assessment should consider both drug use and resources for recovery and include:

- treating the emergency or acute problem
- confirming the person is taking drugs (history, examination and drug testing)
- assessing the degree of dependence
- assessing physical and mental health
- identifying social assets, including housing, employment, education and support networks
- assessing risk behaviour including domestic violence and offending
- determining the person's expectations of treatment and desire to change
- determining the need for substitute medication

- obtaining information on any dependent children of parents who misuse drugs, and any drug-related risks to which they may be exposed.

Equality and diversity considerations

All assessments should be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who need a comprehensive assessment should have access to an interpreter or advocate if needed.

Quality statement 3: Families and carers

Quality statement

Families and carers of people with drug use disorders are offered an assessment of their needs.

Rationale

Drug use disorders affect the entire family and the communities in which these families live. Families and carers of people with drug use disorders are often in need of support for themselves. An assessment is important to identify their needs and determine appropriate interventions for those needs that are unmet.

Quality measure

Structure: Evidence of local arrangements to ensure families and carers of people with drug use disorders are offered an assessment of their needs.

Process: Proportion of identified family members and carers of people with drug use disorders who are offered an assessment of their needs.

Numerator – the number of people in the denominator offered an assessment of their needs.

Denominator – the number of identified family members and carers of people with drug use disorders.

What the quality statement means for each audience

Service providers ensure systems are in place for families and carers of people with drug use disorders to be offered an assessment of their own specified needs.

Healthcare professionals ensure families and carers of people with drug use disorders are offered as assessment of their own specified needs.

Commissioners ensure they commission services that offer families and carers of people with drug use disorders an assessment of their own specified needs.

Families and carers of people with drug use disorders are offered an assessment of their own specified needs.

Source guidance

NICE clinical guideline 51 recommendations 1.1.2.1.

NICE clinical guideline 52 recommendation 1.1.2.1.

Drug misuse and dependence: UK guidelines on clinical management section 2.7.

Data source

Structure: Local data collection.

Process: Local data collection.

Definitions

'Family members and carers' includes anyone affected by the person with the drug use disorder who approaches services, regardless of whether or not the person with the drug use disorder is in treatment.

An assessment should address the needs of the family member and carer and include those elements outlined in the National Treatment Agency for substance misuse guide Supporting and involving carers: a guide for commissioners and providers (page 13).

Family and carers needs include personal, social and mental health needs.

Equality and diversity considerations

All assessments should be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who need an assessment should have access to an interpreter or advocate if needed.

Quality statement 4: Blood-borne viruses

Quality statement

People accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV and vaccination for hepatitis B.

Rationale

Blood-borne viruses can cause chronic poor health and can lead to serious disease and premature death. Rates of infection with blood-borne viruses are high among people with drug use disorders, specifically those who inject drugs. Vaccination can protect against hepatitis B and carrying out testing to diagnose infection with blood-borne viruses is the first step in preventing transmission and accessing treatment.

Quality measure

Structure:

a) Evidence of local arrangements to ensure people accessing drug treatment services are offered testing for hepatitis B, hepatitis C and HIV, and referral for treatment if positive.

b) Evidence of local arrangements to ensure people accessing drug treatment services are offered vaccination for hepatitis B.

Process:

a) Proportion of people accessing drug treatment services, not known to have hepatitis B, who receive testing for hepatitis B.

Numerator – the number of people in the denominator receiving testing for hepatitis B.

Denominator – the number of people accessing drug treatment services not known to have hepatitis B.

b) Proportion of people accessing drug treatment services who test positive for hepatitis B and are referred for treatment.

Numerator – the number of people in the denominator referred for treatment for hepatitis B.

Denominator – the number of people accessing drug treatment services who test positive for hepatitis B.

c) Proportion of people accessing drug treatment services, not known to have hepatitis C, who receive testing for hepatitis C.

Numerator – the number of people in the denominator receiving testing for hepatitis C.

Denominator – the number of people accessing drug treatment services not known to have hepatitis C.

d) Proportion of people accessing drug treatment services who test positive for hepatitis C and are referred for treatment.

Numerator – the number of people in the denominator referred for treatment for hepatitis C.

Denominator – the number of people accessing drug treatment services who test positive for hepatitis C.

e) Proportion of people accessing drug treatment services, not known to have HIV, who receive testing for HIV.

Numerator – the number of people in the denominator receiving testing for HIV.

Denominator – the number of people accessing drug treatment services not known to have HIV.

f) Proportion of people accessing drug treatment services who test positive for HIV and are referred for treatment.

Numerator – the number of people in the denominator referred for treatment for HIV.

Denominator – the number of people accessing drug treatment services who test positive for HIV.

g) Proportion of people accessing drug treatment services who are vaccinated against hepatitis B (either by the service or previously).

Numerator – the number of people in the denominator who are vaccinated against hepatitis B.

Denominator – the number of people accessing drug treatment services who are not known to have hepatitis B.

Outcome:

Rate of hepatitis B infection in people with drug use disorders.

Rate of hepatitis C infection in people with drug use disorders.

What the quality statement means for each audience

Service providers ensure systems are in place for people accessing drug treatment services to be offered testing and referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

Healthcare professionals ensure people accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

Commissioners ensure they commission services that offer people accessing drug treatment services testing and referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

People accessing drug treatment services are offered tests and, if needed, referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

Source guidance

NICE clinical guideline 51 recommendation 1.3.1.1.

Drug misuse and dependence: UK guidelines on clinical management sections 6.2.2 and 6.2.4.

Data source

Structure: a) and b) Local data collection.

Process:

c), d) and g) Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their drug use; 'Hep C tested', 'Hep C intervention status', 'Hep C positive?', 'Referred for hepatology', 'Hep B vaccination count' and 'Hep B intervention status' are collected.

a), b), e) and f) Local data collection.

Outcome: Local data collection.

Definitions

The term 'accessing drug treatment services' is defined as being in contact with any drug service, including needle and syringe programmes.

Testing should not be performed only once. It should be repeated when necessary because a person's situation may change.

People with drug use disorders who are vaccinated against hepatitis B should receive the full course, which consists of 3 injections of hepatitis B vaccine over a period of 4 to 6 months.

Quality statement 5: Information and advice

Quality statement

People in drug treatment are given information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Rationale

Appropriate information and advice about available treatment options will help people make informed choices about their treatment goals and the type of treatment and support likely to help them.

Quality measure

Structure:

a) Evidence of local arrangements to ensure people in drug treatment are given information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

b) Evidence of local arrangements for provision of all treatment options by local services.

Process: Proportion of people in drug treatment receiving information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Numerator – the number of people in the denominator receiving information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Denominator – the number of people in drug treatment.

What the quality statement means for each audience

Service providers ensure systems are in place for people in drug treatment to be given information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Healthcare professionals give people in drug treatment information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Commissioners ensure they commission services in which information and advice on the following treatment options are given to people in drug treatment: harm reduction, maintenance, detoxification and abstinence.

People in drug treatment receive information and advice about the following treatment options: treatment to help people reduce the risks of taking illegal drugs (harm reduction), taking a substitute drug (such as methadone or buprenorphine) for people dependent on opioids such as heroin (maintenance), reducing opioid use in a safe and effective manner (detoxification) or treatment to help people stop taking drugs (abstinence).

Source guidance

NICE clinical guideline 51 recommendation 1.1.1.1.

Drug misuse and dependence: UK guidelines on clinical management section 3.3.2, and paragraphs 4.3.1.1 and 4.3.1.3.

Data source

Structure: Local data collection.

Process: Local data collection. Contained within NICE clinical guideline 51 audit support (criteria for person-centred care), criterion 1.

Equality and diversity considerations

All information and advice about treatment should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with drug use disorders should have access to an interpreter or advocate if needed.

Quality statement 6: Keyworking – psychosocial interventions

Quality statement

People in drug treatment are offered appropriate psychosocial interventions by their keyworker.

Rationale

Psychosocial interventions can improve the therapeutic relationship between the keyworker and the person with the drug use disorder. This can help to improve motivation, participation in treatment, the likelihood of recovery and prevention of relapse.

Quality measure

Structure: Evidence of local arrangements to ensure people in drug treatment are offered appropriate psychosocial interventions by their keyworker.

Process: Proportion of people in drug treatment who receive appropriate psychosocial interventions from their keyworker.

Numerator – the number of people in the denominator receiving appropriate psychosocial interventions from their keyworker.

Denominator – the number of people in drug treatment.

What the quality statement means for each audience

Service providers ensure systems are in place for people in drug treatment to be offered appropriate psychosocial interventions by their keyworker.

Keyworkers offer people in drug treatment appropriate psychosocial interventions.

Commissioners ensure they commission services that offer people in drug treatment appropriate psychosocial interventions from their keyworker.

People in drug treatment are offered psychosocial support by their keyworker, which may involve 'talking therapies' to help increase motivation and prevent relapse, and creating visual 'maps' to help support their treatment.

Source guidance

Drug misuse and dependence: UK guidelines on clinical management sections 3.3.2 and 4.2.1, and paragraphs 4.3.1.4, 4.3.1.5 and 4.3.1.6.

Data source

Structure: Local data collection.

Process: Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; data on a range of psychosocial interventions are collected.

Definitions

Psychosocial interventions need to be appropriate to the service user's needs and circumstances. Drug misuse and dependence: UK guidelines on clinical management lists relevant interventions which can be offered by the keyworker. These include:

- motivational interviewing
- relapse prevention
- goal setting and problem solving
- brief motivational interventions
- recovery planning.

All of the above can be supported through the use of mapping techniques.

The Drug misuse and dependence: UK guidelines on clinical management defines a keyworker as a key individual or clinician, for example a doctor, nurse or voluntary sector drugs worker who

is in regular contact with the service user. If the person has complex needs it is important that the keyworker is a single named individual.

Quality statement 7: Recovery and reintegration

Quality statement

People in drug treatment are offered support to access services that promote recovery and reintegration including housing, education, employment, personal finance, healthcare and mutual aid.

Rationale

People with drug use disorders have a better chance of recovery and reintegration, and maintaining recovery in the longer term, if they are supported to access services that promote recovery.

Quality measure

Structure: Evidence of local arrangements to ensure people in drug treatment are offered support to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.

Process: Proportion of people in drug treatment who receive support to access services that promote recovery and reintegration.

Numerator – the number of people in the denominator receiving support to access services that promote recovery and reintegration.

Denominator – the number of people in drug treatment.

What the quality statement means for each audience

Service providers ensure systems are in place for people in drug treatment to be offered support to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.

Healthcare professionals ensure people in drug treatment are offered support to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.

Commissioners ensure they commission services that offer people in drug treatment support to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.

People in drug treatment are offered support to help them recover and integrate back into the community, including getting help from housing, education, employment, personal finance and healthcare services and mutual aid.

Source guidance

NICE clinical guideline 51 recommendations 1.3.2.1 (key priority for implementation) and 1.3.2.2.

NICE clinical guideline 52 recommendation 1.1.1.6.

Drug misuse and dependence: UK guidelines on clinical management section 3.2.5 and paragraphs 4.3.1.2, 4.3.1.7 and 4.3.2.5.

Data source

Structure: Local data collection.

Process: Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs. Data on a range of recovery support interventions are collected.

Definitions

Definitions of support for housing, education, employment and healthcare should be taken from the National Drug Treatment Monitoring System dataset.

Mutual aid services include SMART (self-management and recovery training) recovery and those based on 12-step principles, for example Narcotics Anonymous, Alcoholics Anonymous and Cocaine Anonymous.

NICE clinical guideline 51 states examples of support that may be considered to assist people with drug use disorders to make initial contact with a self-help group. These include making appointments, arranging transport, accompanying people to their first session and dealing with any concerns. Support also includes the provision of information and advice.

Equality and diversity considerations

People in drug treatment should receive support to access services that promote recovery, tailored to their individual needs.

Quality statement 8: Formal psychosocial interventions and psychological treatments

Quality statement

People in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments.

Rationale

Evidence-based psychosocial interventions are effective in the treatment of people with drug use disorders. For the best chance of recovery a range of interventions should be provided to meet different needs.

Many people with drug use disorders have comorbid problems, particularly mental health problems that need concurrent or sequential interventions for treatment to be effective.

Quality measure

Structure: Evidence of local arrangements to ensure people in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments.

Process:

a) Proportion of people in drug treatment who receive appropriate formal psychosocial interventions.

Numerator – the number of people in the denominator receiving appropriate formal psychosocial interventions.

Denominator – the number of people in drug treatment.

b) Proportion of people in drug treatment who have comorbid depression or anxiety disorders who receive psychological treatments for those disorders.

Numerator – the number of people in the denominator receiving psychological treatments for those disorders.

Denominator – the number of people in drug treatment who have comorbid depression or anxiety disorders.

What the quality statement means for each audience

Service providers ensure systems are in place for people in drug treatment to be offered appropriate formal psychosocial interventions and/or psychological treatments.

Healthcare professionals offer people in drug treatment appropriate formal psychosocial interventions and/or psychological treatments.

Commissioners ensure they commission services that offer people in drug treatment, appropriate formal psychosocial interventions and/or psychological treatments.

People in drug treatment are offered psychosocial treatments including contingency management, behavioural couples therapy and/or psychological treatments that are suitable for their needs.

Source guidance

NICE clinical guideline 51 recommendations 1.4.1.4 and 1.4.2.1 (key priorities for implementation), 1.4.1.3, 1.4.4.1 and 1.4.6.2.

NICE clinical guideline 52 recommendations 1.5.1.2 and 1.5.1.3.

Drug misuse and dependence: UK guidelines on clinical management section 4.2.3 and 4.3.3.

Data source

Structure: Local data collection

Process: a) and b) Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs. Data on a range of psychosocial interventions are collected.

Definitions

Formal psychosocial interventions

'Formal psychosocial interventions' have 3 aspects:

- they need specific competencies to deliver them
- they are supported by the relevant training and supervision
- they are an enhanced level of intervention (above and beyond the standard keyworking platform).

Evidence based formal psychosocial interventions are listed in Drug misuse and dependence: UK guidelines on clinical management, NICE clinical guideline 51 and NICE clinical guideline 52. These should be appropriate to the needs and circumstances of the service user and include:

- contingency management
- behavioural couples therapy
- community reinforcement approach
- social behaviour network therapy
- cognitive behavioural relapse prevention-based therapy
- psychodynamic therapy.

Cognitive behavioural relapse prevention-based therapy and psychodynamic therapy should not be used as first-line psychosocial treatments. They may be reserved for individuals who have not benefited from first-line treatments such as brief interventions, contingency management and self-help groups, or in cases where clinical judgement suggests they may be appropriate in the particular circumstances of the case.

Psychological interventions

NICE clinical guideline 90, NICE clinical guideline 91 and NICE clinical guideline 113 recommend evidence-based psychological treatment, in particular cognitive behavioural therapy, for depression and anxiety.

The National Treatment Agency toolkits and resources for healthcare professionals and partners further outlines the effective delivery of psychosocial interventions for people with drug use disorders and with comorbid anxiety or depression

Quality statement 9: Continued treatment and support when abstinent

Quality statement

People who have achieved abstinence are offered continued treatment or support for at least 6 months.

Rationale

Continued treatment and support is designed to help an individual's chances of recovery by maintaining abstinence and reducing the risk of adverse outcomes (including death). A lack of support may lead people with drug use disorders to relapse.

Quality measure

Structure: Evidence of local arrangements to ensure people who have achieved abstinence are offered continued treatment and support for at least 6 months.

Process: Proportion of people who have achieved abstinence who receive continued treatment and support for at least 6 months.

Numerator – the number of people in the denominator who receive continued treatment and support for at least 6 months after being identified as drug free.

Denominator – the number of people who have achieved abstinence.

Outcome: Proportion of people who have achieved abstinence who are still abstinent at 6 months.

What the quality statement means for each audience

Service providers ensure systems are in place for people who have achieved abstinence to be offered continued treatment and support for at least 6 months.

Healthcare professionals offer people who have achieved abstinence continued treatment and support for at least 6 months.

Commissioners ensure they commission services that offer continued treatment and support for at least 6 months for people who have achieved abstinence.

People who have achieved abstinence (stopped taking drugs) are offered continued treatment and support for at least 6 months.

Source guidance

NICE clinical guideline 52 recommendation 1.4.2.1.

Drug misuse and dependence: UK guidelines on clinical management section 5.8.

Data source

Structure: Local data collection.

Process: Local data collection.

Outcome: Local data collection.

Definitions

Support is defined as ongoing relapse-prevention interventions, access to peer support, provision of recovery-focused programmes such as education and interventions to address comorbid mental health problems.

Quality statement 10: Residential rehabilitative treatment

Quality statement

People in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Rationale

Residential rehabilitative treatment provides a safe environment, a daily structure, multiple interventions and can support recovery in some people with drug use disorders who have not benefitted from other treatment options. For people with drug use disorders to make an informed choice about residential rehabilitative treatment, taking into account personal preferences, it is important they are aware of the NICE eligibility criteria.

Quality measure

Structure: Evidence of local arrangements to ensure that people in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Process: Proportion of people in drug treatment who receive information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Numerator – the number of people in the denominator receiving information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Denominator – the number of people in drug treatment.

What the quality statement means for each audience

Service providers ensure systems are in place for people in drug treatment to be given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Healthcare professionals ensure people in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Commissioners ensure they commission services for people in drug treatment to be given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

People in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment if they want to stop taking drugs, have other medical or social problems, have completed a detoxification programme and past psychosocial treatment has not been successful.

Source guidance

NICE clinical guideline 51 recommendation 1.5.1.2.

Data source

Structure: Local data collection.

Process: Local data collection.

Definitions

The eligibility criteria is listed in the NICE clinical guideline 51 which recommends residential treatment may be considered for people who are seeking abstinence and who have significant comorbid physical, mental health or social (for example, housing) problems. The person should be planning to complete a community, residential or inpatient detoxification programme and have not benefited from previous community-based psychosocial treatment.

Residential rehabilitative treatment is defined in the National Drug Treatment Monitoring System dataset as a structured drug treatment setting where residence is a condition of receiving the interventions.

Equality and diversity considerations

Residential rehabilitative treatment should be available for anyone meeting the eligibility criteria. The needs of people with children should be considered so that children are appropriately looked after while their parents enter residential rehabilitative treatment.

All information and advice about residential rehabilitation should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with drug use disorders should have access to an interpreter or advocate if needed.

Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in Development sources.

NICE has produced a support document to help commissioners and others consider the commissioning implications and potential resource impact of this quality standard. Information for patients using the quality standard is also available on the NICE website.

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of public health, health and social care. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. Because quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. For statements for which national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of health and social care.

For further information, including guidance on using quality measures, please see What makes up a NICE quality standard.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are published on the NICE website.

Good communication between health and social care professionals and people with drug use disorders is essential. Treatment and care, and the information given about it, should be

culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with drug use disorders should have access to an interpreter or advocate if needed.

Development sources

Evidence sources

The documents below contain clinical guideline recommendations or other recommendations that were used by the TEG to develop the quality standard statements and measures.

Anxiety. NICE clinical guideline 113 (2011; NHS Evidence accredited).

Depression with a chronic physical health problem. NICE clinical guideline 91 (2009; NHS Evidence accredited)

Depression in adults. NICE clinical guideline 90 (2009; NHS Evidence accredited).

Needle and syringe programmes. NICE public health guidance 18 (2009; NHS Evidence accredited).

Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007; NHS Evidence accredited).

Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007; NHS Evidence accredited).

Department of Health (England) and the devolved administrations (2007) Drug misuse and dependence: UK guidelines on clinical management.

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

National Treatment Agency for Substance Misuse (2011). Recovery-orientated drug treatment interim report.

HM Government (2010). Drug strategy 2010: reducing demand, restricting supply, building recovery: supporting people to live a drug-free life.

National Treatment Agency for Substance Misuse (2010). Annual statistical reports from National Drug Treatment Monitoring System.

Definitions and data sources for the quality measures

References included in the definitions and data sources sections:

National Treatment Agency for Substance Misuse (accessed March 2011). Skills and workforce: toolkits and resources.

National Treatment Agency for Substance Misuse (2011). National and regional estimates of the prevalence of opiate and/or crack cocaine use 2009–10

National Treatment Agency for Substance Misuse (2012). National Drug Treatment Monitoring System core dataset J

NICE (2007). NICE audit support for misuse of drugs and other substances (NICE public health guidance 4 and clinical guidelines 51 and 52).

Related NICE quality standards

Service user experience in adult mental health. NICE quality standard 14 (2011).

Alcohol dependence and harmful alcohol use. NICE quality standard 11 (2011).

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About this quality standard

NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective patient care, covering the treatment and prevention of different diseases and conditions. Derived from the best available evidence such as NICE guidance and other evidence sources accredited by NHS Evidence, they are developed independently by NICE, in collaboration with NHS and social care professionals, their partners and service users, and address three dimensions of quality: clinical effectiveness, patient safety and patient experience.

The methods and processes for developing NICE quality standards are described in the healthcare quality standards process guide.

This quality standard has been incorporated into the NICE pathway for drug misuse.

We have produced a summary for patients and carers.

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