

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Centre for Clinical Practice

Review consultation document

Review of Clinical Guidelines

CG51 Drug misuse: Psychosocial interventions

1. Background information

Guideline issue date: 2007

3 year review: 2010

National Collaborating Centre: Mental Health

2. Consideration of the evidence

Literature search

From initial intelligence gathering and a high-level randomised control trial (RCT) search clinical areas were identified to inform the development of clinical questions for focused searches. Through this stage of the process 24 studies were identified relevant to the guideline scope. The identified studies were related to the following clinical areas within the guideline:

1. Clinical effectiveness of using 12 steps approach as one of the support therapies
2. Clinical effectiveness of cognitive behaviour therapies (CBT) in opioid and cannabis dependence

Two review questions were developed based on the clinical areas above, qualitative feedback from other NICE departments, and the views expressed by the Guideline Development Group, for the more focused literature searches. The results of the focused searches are summarised in the table below. All references identified through the initial intelligence gathering, high-level RCT search and the focused searches can be viewed in [Appendix I](#)

Clinical area 1: Clinical effectiveness of using 12 steps approach as one of the support therapies

Clinical question	Summary of evidence	Relevance to guideline recommendations
<p>What is the clinical effectiveness of using 12 steps approach as one of the support therapies?</p>	<p>Through the focused search six studies relevant to the clinical question were identified.</p> <p>Two randomised control studies were identified, one suggesting improved group attendance in intensive referral for 12 step approaches and other reported benefits of using 12 step approaches among women. Other observational studies identified suggested improved outcomes with group attendance while one study reported no benefits in abstinent patients at one year but better outcomes in non-abstinent patients attending the group at four years.</p>	<p>No conclusive evidence was identified that would change current recommendations.</p>

Clinical area 2: Clinical effectiveness of cognitive behaviour therapy in opioid and cannabis dependence

Clinical question	Summary of evidence	Relevance to guideline recommendations
<p>What is the clinical effectiveness of cognitive behaviour therapy (CBT) in opioid and cannabis dependence?</p>	<p>Through the focused search six studies relevant to the clinical question was identified.</p> <p>Four studies were identified which examined the effect of CBT interventions on cannabis dependence. One study using dismantling study designs reported that the CBT, with motivational enhancement therapy (MET) and contingency management had the best rates at follow-up. While another similar study examining MET or CBT, coping skills training with or without contingency management reported that increasing self efficacy was the most efficacious treatment. Two other studies identified point to effectiveness of behaviour interventions and brief CBT with contingency management in cannabis dependence.</p> <p>Two studies examined the effect of CBT intervention on opioid dependence and indicated mixed support for the addition of MET as an adjunct for CBT in cocaine users</p>	<p>No conclusive evidence was identified that would change current recommendations.</p>

Guideline Development Group and National Collaborating Centre perspective

A questionnaire was distributed to Guideline Development Group (GDG) members and the National Collaborating Centre (NCC) to consult them on the need for an update of the guideline.

Three responses were received on the content of guideline with two of them stating that there is insufficient variation in current practice supported by adequate evidence at this time to warrant an update of the current guideline. The respondents highlighted issues around twelve step approaches, inadequate incorporation of contingency management into routine practice, impact of rolling-out of IAPT (Improving access to psychological therapies) workers and the Government's new drug strategy.

The new drug strategy highlights:

- The emphasis of the 'whole systems' approach that focused on abstinence and recovery rather than the current harm reduction approach.
- The role of substitute prescribing (diamorphine/methadone) under the 'whole systems' approach.
- The forthcoming consultation upon the replacement of the current National Service Framework.

Feedback from the GDG and NCC contributed towards the development of clinical questions for the focused searches.

Two large clinical trials on contingency management are ongoing, results of which are likely to be published in early 2012 and 2013 respectively.

Implementation and post publication feedback

For this guideline, 19 post publication queries were received, most of which were routine. One query received highlighted the inadequacy of 12 step approaches. This feedback contributed towards the development of the clinical question for the focused searches.

Qualitative feedback from the implementation team reported concerns over misuse of contingency management, lack of provision of brief interventions and family interventions, effectiveness of other psychological treatments and the availability of 12 step approaches.

Relationship to other NICE guidance

The following NICE guidance are related to CG51:

Related NICE Guidance	Review Date
CG52 Drug Misuse; detoxification [Issued July 2007]	March 2011
CG77 Antisocial personality disorder [Issued January 2009]	July 2012
CG16 Self-harm: the short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care [Issued July 2004]	Update due to publish November 2011
CG22 Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care [Issued December 2004]	Update due to publish January 2011
CG90 Depression in adults (update) [Issued October 2009]	October 2012
CG26 Post-traumatic stress disorder (PTSD): the management of PTSD in adults and children in primary and secondary care [Issued March 2005]	March 2012
CG31 Obsessive-compulsive disorder: core interventions in the	March 2011

treatment of obsessive-compulsive disorder and body dysmorphic disorder [Issued November 2005]	
TA97 Computerised cognitive behaviour therapy for depression and anxiety [Issued February 2006]	TBC
PH4 Interventions to reduce substance misuse among vulnerable and disadvantaged children and young people [Issued March 2007]	February 2011
Psychosis with substance misuse	Due to publish March 2011
Alcohol dependence and harmful alcohol use	Due to publish February 2011
PH24 Alcohol-use disorders - preventing harmful drinking [Issued June 2010]	TBC
CG100 Alcohol-use disorders: physical complications [Issued June 2010]	June 2013
CG76 Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence [Issued January 2009]	January 2012
TA114 Methadone and buprenorphine for the management of opioid dependence [Issued January 2007]	March 2010
TA115 Naltrexone for the management of opioid dependence. Technology Appraisal Guidance [Issued January 2007]	March 2010

Anti-discrimination and equalities considerations

No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The original scope is inclusive of adults and young people who misuse opiates, cannabis, stimulants or those who misuse more than one of the above.

Conclusion

No additional areas were identified that were not covered in the original guideline scope or would indicate a significant change in clinical practice. There are no factors described above that would invalidate or change the

direction of current guideline recommendations. The Drug misuse: Psychosocial interventions (CG51) guideline should not be updated at this time.

3. Review recommendation

The guideline should not be considered for an update at this time.

The guideline will be reviewed again according to current processes.

Centre for Clinical Practice
24 January 2011

Appendix I

Abbott, P.J. 2009. A review of the community reinforcement approach in the treatment of opioid dependence. [Review] [34 refs]. *Journal of Psychoactive Drugs*, 41, (4) 379-385

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