

PRESS RELEASE

NICE guidelines published to improve treatment for substance misuse

The National Institute for Health and Clinical Excellence (NICE) and the National Collaborating Centre for Mental Health have today (25 July 2007) issued two guidelines aimed at offering the most effective treatment and support to encourage substance misusers over the age of 16 to adopt a drug-free lifestyle. Existing treatments for substance misuse are partially effective, but the guidelines recommend that by including individual social and psychological techniques as well as advice on detoxification, current treatments will work even better. The recommendations offer advice to families and carers on how they can support someone who is trying to come off a drug habit and give substance misusers the opportunity to make their own choices on how to lead a drug-free lifestyle.

The key recommendations include:

- If concerns about drug misuse are identified by the service user or staff two motivational sessions should be offered, each lasting 10-45 minutes. The aim is to encourage behaviour change and provide non-judgemental feedback.
- Staff should routinely provide people who misuse drugs with information about self-help groups.
- Drug services should introduce contingency management programmes, as part of the phased implementation programme led by the National Treatment Agency for Substance Misuse (NTA), to reduce illicit drug use, encourage harm reduction and/or promote engagement with services for people receiving methadone maintenance treatment.
- Detoxification should be an available treatment option for people who are opioid dependent and have made a choice to stop taking illicit drugs
- Before starting detox, individuals should be given detailed information about the treatment and its benefits and risks.

Andrea Sutcliffe, Executive lead for guidance, and deputy chief executive, NICE

said: “These recommendations on psychosocial interventions and detoxification complete the suite of guidance NICE has published during 2007 focusing on the best ways to manage substance misuse. The guidelines are a package to support people trying to overcome their drug addiction. The guidelines provide clarity to healthcare professionals and drug treatment workers on what techniques work best, so they can give individuals support and control to make their own decisions on treatment. In the past, treatment for substance misuse may have varied but now clear advice is provided to the NHS on what interventions really work so that substance misusers have a real opportunity to improve their long-term health outcomes.”

Professor John Strang, GDG Chair and professor in the addictions said: “In the last five years treatment resources for people with substance misuse have improved, but they are still not working optimally in many cases. Treatment works – but we can now make it work better. We now know that by including specific social and psychological techniques such as brief motivational interventions, contingency management, and information about self help groups, existing treatments will produce even better results. In particular, we have found that positively encouraging change is far more effective than punishment for failing to achieve change. If we can encourage more drug users to make the choice to quit their injecting and to quit their use of street drugs, this will benefit drug users, their families and society in the long term. ”

Mr Steve Pilling, Consultant Clinical Psychologist and Joint Director, National

Collaborating Centre for Mental Health: “In my work as a clinician in London I see the real damage that substance misuse causes to individuals and their families. Many substance misusers tell me that what they really want is control over their treatment and positive encouragement on their path to recovery. Some of the treatment options we are recommending in this guideline, such as offering incentives to drug users to encourage them to stop using drugs, will be seen as controversial. However, we’ve studied the results from trials involving over 5,000 participants from all over the world which show clearly that substance misusers are much more likely to succeed in treatment if they are given encouragement for the effort they are making towards coming off their drug habit. We believe these treatments will make a real difference to their own lives and the lives of those around them.”

Dr Clare Gerada, GDG Chair and general practitioner: “These are extremely important guidelines for thousands of substance misusers and their families or carers. They will be of real help to the many GPs, like myself, who regularly treat substance misusers in their surgeries. I see around 25 substance misusers every week – every one of these individuals really wants to give up drugs and welcomes help. People get involved in drugs for all sorts of

different reasons – perhaps through parental use, being excluded from school, or falling in with the wrong crowd. We are making recommendations around therapies involving families and carers so that they can understand what their family member is going through, how they can provide support and particularly how they can provide encouragement to someone who is trying to get off drugs. If a substance misuser is getting this support from their families or carers, we know this can make a real difference. ”

Mark, service user representative: “My early experimental substance use at secondary school quickly became an important part of my life that eventually led to addiction, costing me many years of my life. As I drifted through different health and social care services, then eventually prison, my resolve of ever changing my lifestyle gradually faded. The help that I received when I left prison enabled me to address my substance misuse as well as my health, education and housing needs. Despite a sea-change in drug treatment services over the last five years, I think there are some service users who fall through the ‘treatment net’. If the recommendations set out by NICE become standard practice, then there is no reason why any service user who chooses, cannot turn their back on the habitual cycle of drugs and crime. Not only would such choices benefit the service user and wider society, but also their families, including children, many of whom suffer in silence. Recommendations that include interventions like family therapy, contingency management and self-help referrals to name but a few will give substance misusers the best chance of leading a drug-free lifestyle.”

Ends

About the guidance

1. The guidelines, psychosocial interventions and opioid detoxification, are available at www.nice.org.uk/CG51 and www.nice.org.uk/CG52 (from 25 July)
2. Brief intervention: interventions with a maximum duration of two sessions, lasting up to an hour each. The main principles include expressing empathy with the service user, not opposing resistance and offering feedback in order to increase the motivation of the service user to make changes to his or her drug use.
3. Behavioural family/couples therapy: a psychological treatment in which a person and their family and/or partner meet with a therapist who helps them work through a problem; the family/partner supports the person with the drug problem while they reduce their drug use or stay abstinent. The therapist may help the person and the family/partner to communicate more effectively.
4. Contingency management provides a system of incentives designed to make continual drug use less attractive and abstinence more attractive (Griffith et al., 2000). This can include voucher-based incentives, whereby vouchers representing monetary values are provided upon receipt of biological samples (usually urine) that are negative for the tested drugs.
5. Self-help group: a group of people who misuse drugs meet regularly to provide help and support for one another. The group is typically community-based, peer-led and non-professional.
6. Detoxification: a treatment programme that helps drug withdrawal. In the NHS the treatment involves medication.
7. Treatment for drug misuse, including detoxification, usually takes place in the community (through a GP or local drug service). Opioid detoxification in the community should usually last up to 12 weeks.

8. Other NICE substance misuse guidance:
 - Naltrexone for the management of opioid dependence (<http://guidance.nice.org.uk/TA115>). January 2007
 - Methadone and buprenorphine for managing opioid dependence (<http://guidance.nice.org.uk/TA114>). January 2007
 - Interventions to reduce substance misuse among vulnerable young people (<http://guidance.nice.org.uk/PHI4>). March 2007
9. It is estimated that there are currently around 327,000 problem (opiate and/or crack cocaine) drug users in the UK. (Hay et al 2006).
10. Cost to implement psychosocial and detoxification guidelines: £13.4 million
11. Savings to the NHS once the psychosocial interventions and opioid detoxification guidelines are fully implemented: £4.1 million
12. Savings to society once the psychosocial interventions and opioid detoxification guidelines are fully implemented: £37.2 million

Notes to Editors

13. NICE is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
14. NICE produces guidance in three areas of health:
 - **public health** – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
 - **health technologies** – guidance on the use of new and existing medicines, treatments and procedures within the NHS
 - **clinical practice** – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.