

Understanding NICE guidance

Information for people who use NHS services

Treatments for drug misuse

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of adults and young people aged 16 and over who have drug problems in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence) on treatments for drug misuse, including opioid detoxification. It is written for people who have drug problems but it may also be useful for their families or carers or for anyone with an interest in drug misuse.

The booklet aims to help you understand the care and treatment options that should be available in the NHS. It does not describe drug problems or the tests or treatments for them in detail. Staff responsible for your care should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. Some sources of further information and support are on page 16. Medical terms printed in **bold type** are explained on pages 14–15.

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NICE has produced two guidelines on drug misuse – ‘Drug misuse: psychosocial interventions’ and ‘Drug misuse: opioid detoxification’. This booklet covers both guidelines. It explains:

- the support and treatment people can expect to be offered if they have a problem with or are dependent on **opioids, stimulants** or cannabis
- how families and carers may be able to support a person with a drug problem and get help for themselves.

Your care

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with staff responsible for your care. To help with this, staff should give you information you can understand and that is relevant to your circumstances. All staff members and healthcare professionals should treat you with respect, sensitivity and understanding, and explain the treatments for drug problems and dependence simply and clearly. Your right to privacy should be respected.

The information you are given should include details of the possible benefits and risks of particular treatments. You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change. Your own preference for a particular treatment is important and staff should support your choice of treatment wherever possible.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. An interpreter or an advocate (someone who supports you in putting across your views) should be available if needed.

If people are unable to understand a particular issue or are not able to make decisions for themselves, staff should follow the advice that the Department of Health has produced about this. You can find this by going to the Department of Health website (www.dh.gov.uk/consent). Your healthcare professional should also follow the code of practice for the new Mental Capacity Act. For more information about this, visit www.direct.gov.uk and search for 'capacity'.

NICE has also produced advice about methadone and buprenorphine as maintenance treatment for people who are opioid dependent, and naltrexone to help people stay off opioids after detoxification. Visit www.nice.org.uk

Drug misuse

Drug misuse is when a person has a problem with illegal drugs (such as heroin, cocaine or cannabis) or becomes dependent on them. Having a problem with a drug means that you are taking a lot of it and it has a negative impact on your everyday life. Being dependent on a drug (often called a drug 'addiction') means:

- feeling a very strong desire to take it
- finding it difficult to stop taking it or to take less
- needing more of the drug over time to feel the same effect
- having **withdrawal symptoms** if you take less of it
- losing interest in other things
- continuing to take the drug despite the harm it may be causing you and others.

Being dependent on a drug can lead to physical illness, mental health problems, relationship problems and financial difficulties.

This booklet is concerned with people who have a problem with or are dependent on opioids (for example heroin, opium or morphine), stimulants (for example cocaine, crack cocaine or amphetamines) or cannabis. It is not aimed at people who:

- are having treatment mainly for mental health problems
- are having treatment mainly for an alcohol problem
- have a problem with prescription drugs (for example **benzodiazepines**)
- have a problem with solvents (such as aerosols and glue) or other street drugs (such as LSD)
- have been prescribed opioids for medical reasons, such as for coping with severe pain.

What happens at your first appointment to discuss your drug problem

At your first appointment you will be asked about your physical and mental health, any issues around your relationships and employment, and your drug use. You will also be asked whether you have had any treatment in the past for a drug problem and whether this helped. You should be asked to provide a urine or saliva sample.

Your preferences for treatment are important. When you are agreeing a plan for your care, staff should talk to you about the various options. They should discuss what you hope to achieve through treatment (your 'treatment goals') and help you come to a decision. Possible treatments include:

- those that help you to stop taking drugs altogether (this is called **abstinence**-based treatment)
- those that help you to reduce the risks you may be taking in using illegal drugs (called **harm reduction**)
- taking an opioid substitute (such as **methadone** or **buprenorphine**) if you are dependent on heroin (this is called **maintenance treatment**).

You may also be offered **detoxification** if you are dependent on opioids (see page 9) and/or treatment in **residential rehabilitation** (see page 12). You should be treated by staff who have been fully trained in giving the treatment.

Throughout your treatment and care, you should be helped to identify situations or moods when you are more likely to take drugs. You should be offered help to find other ways of coping at these times.

You should be given information and advice about protecting yourself from blood-borne viruses (such as HIV and hepatitis B and C). This should include reducing risky injecting and sexual behaviour. You may be offered tests for these viruses.

You should have access to a wide range of services for your drug problem. Because more than one person might be involved in your care (for example, staff from drug services, other medical services and social care services), a care plan should be developed with you that names the various people responsible for your treatment and identifies which parts of your care they are involved in.

If you are legally required to have treatment for your drug problem, you should have the same treatment options as people who decide to start treatment themselves.

You should be assigned a key worker who will help to coordinate your care plan and ensure that you receive a good standard of care.

Your family and carers

Staff should talk to you about whether you would like your family or carers involved in your assessment and treatment plans. However, you can keep information about your care and treatment confidential if you wish to.

There is more information for families and carers on page 13.

Support if you are not yet having treatment for your drug problem

If you are not yet having treatment but you come into contact with healthcare professionals or other staff (for example at a needle exchange, pharmacy or GP surgery), they may offer to talk to you about your drug problem. You should be offered two meetings to discuss your options. At these you should be given non-judgemental information about harm reduction and about problems you may have as a result of your drug use.

Self-help

If you misuse drugs you should be given information about self-help groups based on a system called the 12-step programme. Examples include Narcotics Anonymous and Cocaine Anonymous. Staff may help you to make contact with these groups if needed.

Questions you might like to ask staff involved in your care

- What treatment choices do I have?
- Are there any support organisations in my local area, for example groups for drug users, and advocacy groups?
- Can you provide any information about services which might help my family and carers, such as self-help groups?
- Please give me more details about the tests/investigations I should have.

Types of treatment

Your treatment will depend on the type of drug problem you have (see box below). If your treatment goals change at any time, staff should support you in this wherever possible.

Type of drug	Which treatment(s) might I be offered, and when?			
	Detoxification (see glossary)	Psychosocial interventions (see glossary)		
		Incentives programme (see box on page 8)	Behavioural family and/or couples therapy (see glossary)	Therapies such as cognitive behavioural therapy ¹ (see glossary)
Opioids (such as heroin, opium or morphine)	If you are dependent on opioids and want to become abstinent . Details are given on pages 9–11.	If you are having methadone or naltrexone maintenance treatment. During and after detoxification. If you are at risk of physical health problems (such as HIV or hepatitis C) because of your drug misuse – in this case you should be offered an incentive to reduce your risky behaviour.	If you are in close contact with a partner who does not misuse drugs and you: <ul style="list-style-type: none"> • misuse opioids • continue to misuse drugs while having maintenance treatment or • have completed opioid detoxification. If you are in close contact with a family member, carer or partner who does not misuse drugs, and you are having naltrexone maintenance treatment.	If you are having maintenance treatment and also need treatment for anxiety or depression.
Stimulants (such as amphetamines or cocaine)		Should be offered.	If you are in close contact with a partner who does not misuse drugs.	If you also need treatment for anxiety or depression.
Cannabis				If you also need treatment for anxiety or depression.

¹ Therapies such as cognitive behavioural therapy are also helpful for people who have achieved abstinence but are experiencing anxiety or depression.

Questions about treatment

- What treatment(s) might help me best and why?
- What are the pros and cons of this treatment?
- What does the treatment involve?
- How will it help me?
- What other treatments are available?
- Please tell me more about incentives programmes.
- Can I have help for anxiety and depression and other mental health problems as well as for my drug problem?

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about the specific treatments and options covered in this booklet, please talk to a member of staff involved in your care.

What is an incentives programme?

In an incentives programme, a person who has a drug problem may be given a voucher or a privilege if they have a negative test, showing they have not used illegal drugs (the test is usually a urine test).

Vouchers are worth a few pounds and can be exchanged for items that encourage a healthy, drug-free lifestyle. They should increase in value every time the person continues to have a negative test. The privilege might be a take-home dose of methadone.

Before starting the programme, the person should agree their treatment goal with staff. The staff should also make sure that the person understands how the programme works. The person should be tested regularly until they have reached their goal.

NICE has said that incentives programmes should be introduced gradually to drug treatment centres. For more information about this, visit www.nice.org.uk/CG051.

Opioid detoxification

Detoxification (often called 'detox'), as carried out in the NHS, involves using prescribed medication to help a person stop using drugs. Before starting treatment, you should be given detailed information about opioid detoxification and its benefits and risks.

Healthcare professionals should talk to you about opioid withdrawal symptoms and how to cope with them. They should explain that once you have become abstinent, your body will be less able to cope if you start taking opioids again, particularly if you are also using other drugs. This is called 'loss of tolerance' and means that there is a risk of **overdose** if you take these drugs again after being abstinent.

Staff should also discuss other treatments to help you remain abstinent and to help with any mental health problems. You should be offered practical help to make other positive changes in your lifestyle, such as your diet, and to meet other general health needs.

You should be given information about self-help groups (such as 12-step groups) and support groups (such as the Alliance). Staff may help you to make contact with them if needed.

If you are considering starting detoxification on your own you should seek advice from staff, or, at the very least, keep in contact with a drug treatment service. You should be encouraged to take part in a detoxification treatment programme.

What happens when I first see a healthcare professional about detoxification?

You should be offered an assessment, where healthcare professionals will ask you questions to help them offer you treatment that best suits your needs. They should ask you to have a urine test to confirm your drug use. You may also have a saliva test or a breath test. If you have withdrawal symptoms, these will be assessed.

Healthcare professionals will also want to know about:

- any problems you have had with alcohol or other drugs, and any treatments for these
- any physical or mental health problems you have had, and any treatments for these
- whether there is a risk of you harming yourself or if you are likely to use other drugs or alcohol as ways of coping with withdrawal symptoms
- your personal circumstances (such as your financial and work status and your living arrangements) and your family and friends.

At the assessment you can ask questions to help you understand your drug problem and the treatment for it.

When will detoxification not be offered?

People will *not* usually be offered detoxification if they:

- have a medical condition that needs urgent treatment
- are in police custody or serving a short prison sentence or a short period of remand
- go to an emergency department or hospital for an urgent medical problem. In this case, the emergency will be dealt with and withdrawal symptoms treated. The person may be offered an appointment with a drug service.

For pregnant women, detoxification should be undertaken only with caution and after careful discussion.

What happens during opioid detoxification?

You should be offered an opioid substitute called buprenorphine or methadone. Your healthcare professional should take account of which one you prefer. However, if you are taking either as maintenance treatment, detoxification should usually start with the same medication.

In certain circumstances, you may be offered a drug called **lofexidine** instead of buprenorphine or methadone.

Your healthcare professional should discuss with you how much medication you will be given and how often, and how long treatment will last. This will usually depend on your drug dependence, whether you have any other problems, and where you are having treatment (see page 12). Your healthcare team may check that you are taking the medication as prescribed.

You should not usually be prescribed drugs called dihydrocodeine or clonidine.

You may be offered additional medicine to help you cope with withdrawal symptoms.

Ultra-rapid, rapid and accelerated detoxification

You should not usually be offered the following:

- treatments called ultra-rapid or rapid detoxification that use medication to help speed up withdrawal
- a treatment called accelerated detoxification, which uses low doses of medications such as naltrexone and naloxone to shorten detoxification.

You should *not* be offered ultra-rapid detoxification that uses general anaesthetic or heavy **sedation**. There are very serious risks with this procedure, including death.

If a treatment described in this booklet appears suitable for you, but it is not available, you should talk to your local Patient Advice and Liaison Service (PALS) in the first instance. If they are not able to help you, they should refer you to your local Independent Complaints Advocacy Service.

What if I have other problems or illnesses?

If you have any mental or physical health problems, these should be treated alongside your opioid dependence.

If you have an alcohol problem as well, you may be offered help to cope with this. If you are dependent on alcohol, you should be offered alcohol detoxification.

If you are dependent on benzodiazepines, you may be offered benzodiazepine detoxification.

What happens after detoxification?

After successful detoxification, you should be offered support and continued treatments including psychosocial interventions (see pages 6-7) for at least 6 months to help you remain abstinent.

Where you can have treatment for your drug problem

Treatment for drug misuse, including detoxification, usually takes place in the community (through your GP or local drug service). If you have opioid detoxification in the community it should usually last up to 12 weeks.

Some people may be offered treatment, including detoxification, in a hospital or residential rehabilitation centre, especially if:

- they have a severe physical or mental health problem or other difficulties
- they are dependent on benzodiazepines or alcohol as well as opioids
- detoxification in the community has not worked.

If you have opioid detoxification in hospital or in residential rehabilitation, it should normally last up to 4 weeks.

People in hospital or residential centres should be offered the same range of treatments as in the community.

What treatments are available in prison?

Similar treatments as described on pages 7–11, including detoxification, should be available to you if you are in prison. When planning your treatment, staff should consider:

- the length of your sentence or remand period
- the risk of you harming yourself, or accidentally taking an overdose after you are released.

If your drug problem is severe you may be offered intensive treatment in a group (called a therapeutic community) while in prison.

If you have decided to remain abstinent after release from prison, you may be offered residential treatment.

Questions about where you can have treatment

- Do I need treatment in a residential rehabilitation centre or in hospital?
- What sort of treatment and care will I have in hospital or in a rehabilitation centre?

Supporting families and carers

Living with or caring for a person with a drug problem can be difficult. Families and carers can play an important role in supporting a person being treated for a drug problem, but they may also need help and support themselves.

If you are living with or caring for someone with a drug problem, staff should ask you about the effect of the drug problem on you and other family members (including children). They should give you advice and information about this. They should also give you information about treatments, such as detoxification, and explain where these might take place. However, staff should respect the privacy of the person with the drug problem if they would prefer to cope on their own.

Staff should ask you about your needs and those of other family members, and should offer you services to help. These may include:

- a session of self-help (where you work through a book with the help of staff)
- support groups, for example self-help groups specifically for families and carers of people with drug problems.

If these do not help, you may be offered five or more meetings to:

- give you further information and education about drug misuse
- help you to identify types of stress relating to the drug problem
- help you to develop ways of coping.

Questions for family members, friends or carers to ask

- Please give me some information about treatments for drug problems.
- Am I entitled to be told about the treatment my family member/friend is having?
- What can we do to support the person with a drug problem?
- Can you give me any information about specialist support for families and carers, such as helplines and help during a crisis?

Glossary

Abstinence/abstinent: refraining from taking any drug that can be misused.

Behavioural family/couples therapy: a psychological treatment in which a person and their family and/or partner meet with a therapist who helps them to 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.

Benzodiazepines: a type of drug (including diazepam, lorazepam and temazepam) that is often prescribed for treating anxiety, sleep problems, agitation, seizures and muscle spasms.

Buprenorphine: a substitute for heroin and other opioids that can be used to treat people who are dependent on these drugs.

Cognitive behavioural therapy (CBT): a psychological treatment in which people work with a therapist to look at how their problems, thoughts, feelings and behaviour fit together. CBT can help people to challenge negative thoughts and change behaviours that cause problems.

Detoxification: a treatment programme that helps drug withdrawal. In the NHS the treatment involves medication.

Harm reduction: an approach to a drug problem that emphasises the ways people can prevent or reduce the risks associated with taking illegal drugs.

Lofexidine: a non-opioid drug sometimes used for shorter detoxification programmes or to treat physical withdrawal symptoms during opioid detoxification, such as vomiting and diarrhoea.

Maintenance treatment: the prescription of an opioid substitute (methadone or buprenorphine) in order to reduce or stop use of an illegal opioid (such as heroin). Sometimes a drug called naltrexone is used for maintenance treatment.

Methadone: a substitute for heroin and other opioids that can be used to treat people who are dependent on these drugs.

Naltrexone: a drug used to help a person remain abstinent after detoxification. It is sometimes used to speed up detoxification at the start of treatment, although this is not recommended by the NICE guideline because it can lead to very unpleasant withdrawal symptoms.

Opioids: a type of drug that includes heroin, opium, morphine and codeine (also known as opiates).

Overdose: taking too much of one or more drugs, or a dose that you are not used to, which can lead to unconsciousness and/or death.

Psychosocial interventions: a broad approach to help a person who misuses drugs to stop using them and/or remain abstinent. It involves using psychological treatments and other techniques (such as self-help, therapies involving families and carers, incentives programmes and education about drug problems).

Residential rehabilitation centre: a treatment centre that provides accommodation and treatment for drug problems and dependence.

Sedation: the use of medication to help a person feel relaxed and sleepy.

Stimulants: a type of drug that includes cocaine, crack cocaine and amphetamines.

Withdrawal symptoms: symptoms experienced when stopping some drugs. Symptoms of opioid withdrawal may include sickness and vomiting, stomach ache, diarrhoea, shivering, sweating and agitation.

More information

The organisations below can provide more information and support for people who have a problem with drugs, and their families and carers. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Addaction, 020 7251 5860,
www.addaction.org.uk
- Adfam, 020 7553 7640,
www.adfam.org.uk
- The Alliance, 0845 122 8608,
www.m-alliance.org.uk
- Release, 0845 4500 215,
www.release.org.uk

NHS Direct online (www.nhsdirect.nhs.uk) may also be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

NICE has said that its guidelines on drug misuse should be read alongside 'Drug misuse and dependence – guidelines on clinical management: update 2007' (also called the 'Orange Book'). This guidance for staff and healthcare professionals will be published later this year. Visit www.nta.nhs.uk for more information.

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the best available evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals working in the field. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/about/guidance

This booklet and other versions of the guidelines aimed at healthcare professionals are available at www.nice.org.uk/CG051 and www.nice.org.uk/CG052

You can order printed copies of this booklet from the NHS Response Line (phone 0870 1555 455 and quote reference N1290).