

# Drug misuse prevention

Quality standard

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[www.nice.org.uk/guidance/qs165](https://www.nice.org.uk/guidance/qs165)



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This standard is based on NG64.

This standard should be read in conjunction with QS59, QS31, QS23 and QS116.

## Quality statements

Statement 1 Looked-after children and young people having their annual health plan review are assessed for vulnerability to drug misuse.

Statement 2 Care leavers having a health assessment as part of planning to leave care are assessed for vulnerability to drug misuse.

Statement 3 Children and young people having a young offender assessment are assessed for vulnerability to drug misuse.

Statement 4 Adults assessed as vulnerable to drug misuse are given information about local services and where to find further advice and support.

# Quality statement 1: Assessment of looked-after children and young people

## Quality statement

Looked-after children and young people having their annual health plan review are assessed for vulnerability to drug misuse.

## Rationale

Looked-after children and young people are at increased risk of drug misuse. Assessing vulnerability as part of their annual health plan review provides an opportunity to give early targeted support, which can reduce the likelihood of drug misuse.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

a) Evidence of local arrangements for the use of an agreed brief and valid questionnaire to assess looked-after children and young people's vulnerability to drug misuse at their annual health plan review.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service specifications.

b) Evidence of local arrangements for staff to be trained by specialist services in how to assess looked-after children and young people's vulnerability to drug misuse.

**Data source:** No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service specifications.

## Process

Proportion of looked-after children and young people having their annual health plan review who have an assessment of vulnerability to drug misuse.

Numerator – the number in the denominator who have an assessment of vulnerability to drug misuse.

Denominator – the number of looked-after children and young people who have had a health plan review in the previous 12 months.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example, local audit of local authority records.

## Outcome

a) Number of looked-after children and young people who misuse drugs.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

b) Proportion of looked-after children and young people misusing drugs, who access support for drug misuse.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records. Data collection is required for the Children looked after data return (SSDA903) on whether children looked after by local authorities in England are identified as having a substance misuse problem for each year up to 31 March.

## What the quality statement means for different audiences

**Service providers** (such as primary care services and looked-after children health teams) ensure that staff who assess the health of looked-after children are provided with guidance and training from specialist services so that they know the indicators of drug misuse, how to approach the assessment with sensitivity, how to use brief questionnaires (such as CRAFFT) accurately and how to respond to identified needs. They ensure that arrangements are in place for assessments to be included in the annual health plan review.

**Healthcare professionals** (such as GPs and school nurses) use a consistent, locally agreed brief and valid questionnaire, such as CRAFFT, to assess looked-after children and young people for vulnerability to drug misuse at their annual health plan review. They use an approach that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities, and consider whether any further action is needed.

**Commissioners** (NHS England and local authorities) work with providers to produce a strategy to identify looked-after children and young people who are at risk of drug misuse. They ensure that they commission services in which looked-after children and young people have an assessment of vulnerability to drug misuse at their annual health plan review.

**Children and young people who are looked after** are asked brief questions at their annual health plan review to assess whether they are at risk of drug misuse. This is so that their needs can be identified and responded to.

## Source guidance

Drug misuse prevention: targeted interventions. NICE guideline NG64 (2017), recommendation 1.2.1

The annual review timeframe is based on the Care Planning, Placement and Case Review (England) Regulations 2010. It is not derived from the source NICE guidance, but considered a practical timeframe to enable stakeholders to measure performance.

## Definitions of terms used in this quality statement

### Assessment of vulnerability to drug misuse

An assessment that is respectful, non-judgemental and proportionate to the child or young person's presenting vulnerabilities that uses a consistent, locally agreed, brief and valid questionnaire, such as CRAFFT. The child or young person's circumstances should be discussed, taking account of their age and developmental stage. The initial discussion could include:

- their physical and mental health and their personal, social, educational or employment circumstances (which may trigger a more in-depth assessment)
- any drug use (including the type used and how often).

[Adapted from [NICE's guideline on drug misuse prevention](#), recommendations 1.2.2 and 1.2.3, and [College Centre for Quality Improvement's Practice standards for young people with substance misuse problems](#)]

### Health plan review

A looked-after child has a health plan review at least once every 12 months from the age of 5.

A looked-after child or young person's health plan forms part of their wider care plan. It is based on the written report of the health assessment, which takes place before the child or young person is placed with the local authority, or if that is not reasonably practicable, before their first case review. [Adapted from [The Care Planning, Placement and Case Review \(England\) Regulations 2010](#)]

# Quality statement 2: Assessment of care leavers

## Quality statement

Care leavers having a health assessment as part of planning to leave care are assessed for vulnerability to drug misuse.

## Rationale

The transition from care is an important time for young people to receive a comprehensive assessment of their physical, emotional and mental health needs, as part of planning to leave care. Assessing a care leaver's vulnerability to drug misuse provides an opportunity to identify risks and give them targeted support.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

### Structure

a) Evidence of local arrangements for the use of an agreed brief and valid questionnaire to assess care leavers' vulnerability to drug misuse at their health assessment.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service specifications.

b) Evidence of local arrangements for staff to be trained by specialist services in how to assess care leavers' vulnerability to drug misuse.

**Data source:** No routinely collected national data for this measure has been identified.

Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service specifications.

## Process

Proportion of care leavers having a health assessment as part of planning to leave care who have an assessment of vulnerability to drug misuse.

Numerator – the number in the denominator where there is an assessment of vulnerability to drug misuse.

Denominator – the number of care leavers having a health assessment as part of planning to leave care.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example audit of local authority records.

## Outcome

a) Number of care leavers who misuse drugs.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations. Data collection is required for the [Children looked after data return \(SSDA903\)](#) on whether children looked after by local authorities in England are identified as having a substance misuse problem for each year up to 31 March.

b) Proportion of care leavers misusing drugs who access support for drug misuse.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations. Data collection is required for the [Children looked after data return \(SSDA903\)](#) on whether children looked after by local authorities in England are identified as having a substance misuse problem for each year up to 31 March.

## What the quality statement means for different audiences

**Service providers** (such as primary care services and social care services) ensure that assessments of care leavers' vulnerability to drug misuse are carried out as part of their health assessments. They also ensure that staff are provided with guidance and training from specialist services so that they know the indicators of drug use, how to approach the assessment with sensitivity, how to use brief questionnaires such as CRAFFT accurately, and how to respond to identified needs.

**Health and social care practitioners** (such as GPs and social workers) use a consistent, locally agreed brief and valid questionnaire, such as CRAFFT, to assess care leavers for vulnerability to drug misuse at their health assessment. They use an approach that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities, and consider whether any further action is needed.

**Commissioners** (NHS England and local authorities) work with providers to produce a strategy to identify young people who are at risk of drug misuse. They ensure that they commission services in which care leavers have an assessment of vulnerability to drug misuse at their health assessment.

**Care leavers** are asked brief questions at their health assessment to assess whether they are at risk of drug misuse. This is so that their needs can be identified and responded to.

## Source guidance

Drug misuse prevention: targeted interventions. NICE guideline NG64 (2017), recommendation 1.2.1

## Definitions of terms used in this quality statement

### Assessment of vulnerability to drug misuse

An assessment that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities that uses a consistent, locally agreed, brief and valid questionnaire, such as CRAFFT. The young person's circumstances should be discussed,

taking account of their age and developmental stage. The initial discussion could include:

- their physical and mental health and their personal, social, educational or employment circumstances (which may trigger a more in-depth assessment)
- any drug use (including the type used and how often).

[Adapted from [NICE's guideline on drug misuse prevention](#), recommendations 1.2.2 and 1.2.3, and [College Centre for Quality Improvement's Practice standards for young people with substance misuse problems](#)]

## Health assessment

When developing a pathway plan for young people preparing to leave care, an assessment of the needs of the young person should be carried out that includes their health and development. [Adapted from [The Care Leavers \(England\) Regulations 2010](#)]

# Quality statement 3: Assessment of children and young people in contact with youth offending services

## Quality statement

Children and young people having a young offender assessment are assessed for vulnerability to drug misuse.

## Rationale

Children and young people who are in contact with youth offending services are at increased risk of drug misuse. Youth offending teams can use young offender assessments to assess vulnerability. This provides an opportunity to give early targeted support, which can reduce the likelihood of drug misuse.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

a) Evidence of local arrangements for the use of an agreed brief and valid questionnaire to assess children and young people's vulnerability to drug misuse at young offender assessments.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service specifications.

b) Evidence of local arrangements for staff to be trained in how to assess children and

young people's vulnerability to drug misuse.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service specifications.

## Process

Proportion of young offender assessments which include an assessment of vulnerability to drug misuse.

Numerator – the number in the denominator which include an assessment of vulnerability to drug misuse.

Denominator – the number of young offender assessments.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from audit of records.

## Outcome

a) Number of children and young people in contact with youth offending services who misuse drugs.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from service specifications.

b) Proportion of children and young people who are in contact with youth offending services, misusing drugs, who access support for drug misuse.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from patient records.

## What the quality statement means for different

## audiences

**Service providers** (youth offending teams) ensure that staff use a consistent, locally agreed brief and valid questionnaire, such as CRAFFT, to assess children and young people for vulnerability to drug misuse at young offender assessments. Staff are also provided with guidance and training from specialist services so that they know the indicators of drug use, how to approach the assessment with sensitivity, how to use brief questionnaires accurately and how to respond to identified needs.

**Youth offending team workers and managers** use a consistent, locally agreed brief and valid questionnaire, such as CRAFFT, to assess children and young people who are having a young offender assessment for vulnerability to drug misuse. They use an approach that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities, and consider whether any further action is needed.

**Commissioners** (local authorities, Youth Justice Board) ensure that they commission services in which children and young people who are having a young offender assessment or review have an assessment of vulnerability to drug misuse.

**Children and young people children who are having a young offender assessment with a youth offending team** are asked brief questions to assess whether they are vulnerable to drug misuse. This is so that their needs can be identified and responded to.

## Source guidance

Drug misuse prevention: targeted interventions. NICE guideline NG64 (2017), recommendation 1.2.1

## Definitions of terms used in this quality statement

### Assessment of vulnerability to drug misuse

An assessment that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities that uses a consistent, locally agreed, brief and valid questionnaire, such as CRAFFT. The child or young person's circumstances should be discussed, taking account of their age and developmental stage. The initial discussion could include:

- their physical and mental health and their personal, social, educational or employment circumstances (which may trigger a more in-depth assessment)
- any drug use (including the type used and how often and relationship between their offending and drug use).

[Adapted from [NICE's guideline on drug misuse prevention](#), recommendations 1.2.2 and 1.2.3, and [College Centre for Quality Improvement's Practice standards for young people with substance misuse problems](#)]

## Young offender assessment

The young offender assessment process is designed to find out the risk and protective factors playing a part in a young person's offending. 'AssetPlus' is the Youth Justice Board for England and Wales's comprehensive end-to-end assessment and planning framework approved by the Youth Justice Board for England and Wales. [[Youth Justice Board's guidance on how to assess children in the youth justice system: section 4 case management guidance](#)]

# Quality statement 4: Information and advice for adults

## Quality statement

Adults assessed as vulnerable to drug misuse are given information about local services and where to find further advice and support.

## Rationale

It is important that adults who have been assessed as vulnerable to drug misuse are provided with clear information and advice on the harms of drugs use and where to get help. This can help to reduce the likelihood of the misuse of drugs, such as preventing drug dependency.

## Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

## Structure

Evidence of local arrangements to provide written information about local services and where to find further advice and support.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example from list of local services.

## Process

Proportion of adults assessed as vulnerable to drug misuse who are given information about local services and where to find further advice and support.

Numerator – the number in the denominator who are given information about local services and where to find further advice and support.

Denominator – the number of adults assessed as vulnerable to drug misuse.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations, for example, audit of patient, specialist services monitoring reports and service user records.

## Outcome

a) Proportion of people aged 16 to 59 years who use drugs frequently.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations. The [Home Office produces annual Drug misuse statistics](#) which examines the extent and trends in illicit drug use among a sample of residents in households in England and Wales.

b) Proportion of people aged 16 to 24 years who use drugs frequently.

**Data source:** No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by health and social care professionals and provider organisations. The [Home Office annual Drug misuse statistics](#) examine the extent and trends in illicit drug use among a sample of residents in households in England and Wales.

## What the quality statement means for different audiences

**Service providers** (such as primary and secondary care services, social services, sexual and reproductive health services, specialist drug and alcohol services, mental health services, housing and benefits, and criminal justice services) have systems in place for adults assessed as vulnerable to drug misuse to be given information about local services and where to find further advice and support.

**Health and social care practitioners, and criminal justice system professionals** (such as GPs, community nurses, health visitors, hospital workers, social workers, mental health professionals, specialist drug services professionals, police and probation officers) give information about local services and where to find further advice and support to adults who are assessed as vulnerable to drug misuse.

**Commissioners** (NHS England, local authorities, clinical commissioning groups) ensure that they commission services where adults assessed as vulnerable to drug misuse are given information about local services and where to find further advice and support.

**Adults who are assessed as vulnerable to drug misuse** are given information about local services and where to find further advice and support. This should be both verbal and written. It should be provided in a non-judgemental way and tailored to the person's preferences, needs and level of understanding about their health.

## Source guidance

Drug misuse prevention: targeted interventions. NICE guideline NG64 (2017), recommendation 1.4.1

## Definitions of terms used in this quality statement

### Information on local services and where to find further advice and support

Information and advice given should be both verbal and in writing.

For general information about drugs, a reputable source should be given for where people can access further information, such as the NHS website. Information about local services should also be provided so that support can be accessed as needed. [Adapted from NICE's guideline on drug misuse prevention, recommendations 1.4.1 and 1.4.2, and expert opinion]

### Equality and diversity considerations

Information about drug misuse should be accessible to people with additional needs such

as physical, sensory or learning disabilities, and to people (including families and carers) who do not speak or read English or who have reduced literacy skills. People should have access to an interpreter or advocate if needed.

# Update information

## Minor changes since publication

**October 2021:** The source guidance for statements 1 and 2 were updated to remove the NICE guideline on looked-after children and young people, because the updated guideline is no longer relevant to these statements. A new source was added for the timeframe in statement 1.

## About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See our [webpage on quality standard advisory committees](#) for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the [webpage for this quality standard](#).

This quality standard has been included in the [NICE Pathway on drug misuse prevention](#), which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

## Diversity, equality and language

Equality issues were considered during development and [equality assessments for this quality standard](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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## Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

## Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Public Health England](#)
- [Royal College of Physicians \(RCP\)](#)
- [Addaction](#)
- [Royal College of General Practitioners \(RCGP\)](#)
- [Royal College of Nursing \(RCN\)](#)