National Institute for Health and Care Excellence

8-year surveillance 2016 – Drug misuse in over 16: psychosocial interventions (2007) NICE guideline CG51

Appendix B: stakeholder consultation comments table

Consultation dates: 5 to 18 May 2016

Stakeholder	Do you agree with the proposal not to update the guideline?	Comments Insert each new comment on a new row	NICE response
University of West London	Agree		Thank you for your response.
Public Health England	Disagree	We think the guidance should be updated to reflect recent relevant research which includes: 1. At the time the current guidance was produced, there was no UK research on contingency management (CM). The guideline also recommends that CM should be introduced under guidance from the NTA in a phased approach. The NTA was abolished as a consequence of the health and social care act and there is now UK research supporting the use of CM. [Weaver et al 2014].	Thank you for your comment. We have considered the study on contingency management by Weaver 2014 titled “Use of contingency management incentives to improve completion of hepatitis B vaccination in people undergoing treatment for heroin dependence: a cluster randomised trial”. This study found an increase in successful completion of an accelerated vaccination schedule in the two CM-enhanced groups (versus treatment-as-usual). The results of this study are supportive of guideline recommendation 1.4.2.1 to consider offering people at risk of physical health problems resulting from their drug misuse material incentives. This study and an accompanying health economic analysis have been included in the evidence summary

			document (Appendix A) under review question 51-04. In considering the study by Weaver et al 2014, we have also identified that there is a related ongoing trial in this area. This is a larger cluster randomised trial (n>500) of contingency management enhancement versus treatment-as-usual. This trial focuses on quitting non-prescribed opiate use and attendance/retention in treatment. The trial has recently completed and analyses are currently underway. This ongoing study will be monitored in our trial tracker and the results will be considered when available. In the light of information highlighted through the consultation process, we propose not to transfer this topic to the static list, and the guideline will continue to undergo regular surveillance.
		2. There is some new evidence for 3rd wave CBT approaches: Mindfulness can reduce cravings and promote abstinence (Chiesa and Serretti, 2014; Zgierska et al., 2009). A meta-analysis of ACT studies indicates some promise to the approach as a treatment for substance dependence (Lee et al., 2015). A weakness of these reviews are they do not concern specific substances and include studies that target tobacco and alcohol.	Thank you for your comment. CG51 did not include those with primary alcohol misuse or tobacco use and only relates to drug misuse with opiates, cannabis and/or stimulants. Therefore, due to the indirectness of this evidence, more evidence on mindfulness in those who misuse opiates, cannabis and/or stimulants, would be needed in order to consider this area for inclusion in the guideline.
		3. There is some new evidence regarding the value of addressing co-occurring common mental illness as well as addiction. The	Thank you for your comment. Dual diagnoses were excluded from the scope of CG51. However, NICE is due to publish service delivery

		current guideline refers to co-morbidity (the absence of evidence being no reason not to offer evidence based treatments for the mental health problems) but this remains a serious clinical issue which may not be addressed in practice.	guidance on mental illness and substance misuse in November 2016: GID-PHG87 Severe mental illness and substance misuse (dual diagnosis) – community health and social care services.
		4. Depressive disorders. Dual-focus treatments that combine cognitive (eg, cognitive restructuring), behavioural (eg, behavioural activation) and motivational (eg, motivational interviewing) components have been shown to be superior to no treatment. There are few differences between active treatment conditions at the end of treatment; typically both show some improvement in mental health and substance misuse outcomes. However, integrated treatments appear to show less decline across follow-up, suggesting that patients receiving these treatments may be more likely to maintain the gains made during treatment. If treatment is offered in a parallel model, ie keyworking plus specialist therapist led intervention, psychological therapy for depression should ideally be co-located with substance misuse treatment services as this may improve retention (Delgadillo, 2015).	Thank you for your comment. Dual diagnoses were excluded from the scope of CG51, however CG51 makes the following recommendation: "1.4.6.2 Evidence-based psychological treatments (in particular, cognitive behavioural therapy) should be considered for the treatment of comorbid depression and anxiety disorders in line with existing NICE guidance (see section 6) for people who misuse cannabis or stimulants, and for those who have achieved abstinence or are stabilised on opioid maintenance treatment." Dual diagnoses of depression or anxiety is referred to in the NICE pathway on Drug misuse. For the NICE guidance on depression please see NICE guideline CG90 Depression in adults: recognition and management (2009). Furthermore, NICE guideline CG120 covers psychosis with substance misuse in over 14s (2011). CG51 does not cover service delivery for dual diagnoses. NICE is due to publish service delivery guidance on mental illness and substance misuse in November 2016: GID-PHG87 Severe mental illness and substance misuse (dual diagnosis) – community health and social care services. As Delgadillo, 2015 is

			focused on location of services this would not be covered by surveillance of CG51.
		5. Post-traumatic stress disorder (PTSD). Studies examining dual-focus treatments of PTSD and substance use disorder have been reviewed in recent qualitative (Torchalla et al., 2012; Van Dam et al., 2013) and meta-analytic (Roberts et al., 2015) reviews. There is preliminary evidence to support the offer of trauma-focused treatment with an exposure component (in combination with intervention for substance misuse).	Thank you for your comment. Dual diagnoses are excluded from the scope of CG51. However, the NICE guideline CG26 Post-traumatic stress disorder: management (2005) recommends in Recommendation 1.3.1.1 that a symptom of PTSD may be drug misuse and that "…therefore when assessing for PTSD, members of the primary care team should ask in a sensitive manner whether or not patients with such symptoms have suffered a traumatic experience." CG26 recommends trauma-focused cognitive behavioural therapy for the treatment of PTSD. NICE guideline CG51 does not include evidence from qualitative studies, therefore the surveillance review will not include the studies you mentioned by Torchall, 2012 and Van Dam, 2013. The surveillance review only includes information reported in abstracts. If the study you have mentioned by Roberts, 2015 is "Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis" then this does not report any statistics in the abstract and therefore has not been included as it does not meet our inclusion criteria for the surveillance review.
		6. Bipolar disorder: A small number of randomised controlled trials have investigated dual-focus treatment for	Thank you for your comment. Dual diagnoses are excluded from the scope of CG51. However, the NICE guideline CG185 Bipolar disorder:

			comorbid BD and SUD. These studies have compared cognitive-behavioural therapies with addiction-focused therapy (eg, Weiss, 2007; 2009) or medication monitoring (eg, Schmitz, 2002; Wenze, 2015). Across all studies, dual-focus treatments displayed some superiority to comparison treatments, although studies varied on their relative impact on depressive, manic and substance use symptoms.	assessment and management (2016) refers to CG51 for treatment of comorbid drug misuse in recommendation "1.1.7 Offer people with bipolar disorder and coexisting disorders, such as personality disorder, attention deficit hyperactivity disorder, anxiety disorders or substance misuse, treatment in line with the relevant NICE clinical guideline, in addition to their treatment for bipolar disorder." Furthermore, NICE guideline CG120 covers psychosis with substance misuse in over 14s (2011). For guidance on service delivery for dual diagnoses. NICE is due to publish: GID-PHG87 Severe mental illness and substance misuse (dual diagnosis) – community health and social care services in November 2016. Weiss, 2007; 2009 and Schmitz, 2002 are outside of the search dates for this surveillance review, which only included studies published between 14 October 2010 and 3 March 2016. The surveillance review only includes information reported in abstracts. If the study you have mentioned by Wenze, 2015 is "Adjunctive psychosocial intervention following Hospital discharge for Patients with bipolar disorder and comorbid substance use: A pilot randomized controlled trial" then this does not report any statistics in the abstract and therefore has not been included as it does not meet our inclusion criteria for the surveillance review.

Stakeholder	Do you agree with the proposal to put the guideline on the static list?	Comments Insert each new comment on a new row	NICE response
University of West London	Agree		Thank you for your response. In the light of information highlighted through the consultation process, we propose not to transfer this topic to the static list, and the guideline will continue to undergo regular surveillance.
Public Health England	Disagree	See above	Thank you for your response. In the light of information highlighted through the consultation process, we propose not to transfer this topic to the static list, and the guideline will continue to undergo regular surveillance.

Stakeholder	Do you have any comments on equality issues or exclusions?	Comments Insert each new comment on a new row	NICE response

No equality issues highlighted.