



Surveillance report 2016 – Drug misuse: psychosocial interventions (2007) NICE guideline CG51

Surveillance report

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Surveillance decision

We will not update the guideline at this time.

Reason for the decision

We found 64 new studies through surveillance of this guideline.

This included new evidence on formal psychosocial interventions that support current recommendations. We also identified new evidence on brief interventions and self-help, and residential, prison and inpatient care. We asked topic experts whether this new evidence would affect current recommendations on drug misuse in over 16s in this guideline. Generally, the topic experts thought that an update was not needed.

We did not find any new evidence for the sections on general considerations or identification and assessment of drug misuse.

None of the new evidence considered in surveillance of this guideline was thought to have an effect on current recommendations.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the new evidence and views of topic experts, we decided that no update is necessary for this guideline.

See [how we made the decision](#) for further information.

Commentary on selected new evidence

With advice from topic experts we did not select any studies for further commentary.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 8 years after the publication of [Drug misuse in over 16s: psychosocial interventions \(2007\) NICE guideline CG51](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in 'Developing NICE guidelines: the manual'.

Previous surveillance [update decisions](#) for the guideline are on our website.

New evidence

We found 30 new studies in a search for RCTs and systematic reviews published between 14 October 2010 and 3 March 2016. We also considered 2 additional studies identified by members of the guideline committee who originally worked on this guideline.

Evidence identified in previous surveillance 3 years after publication of the guideline was also considered. This included 32 studies identified by search.

From all sources, 64 studies were considered to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of new evidence from surveillance and references for all new evidence considered.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline. See [appendix B](#) for stakeholders' comments and our responses.

We received comments from two stakeholders. One stakeholder agreed and one disagreed with the proposal not to update the guideline.

The stakeholder who disagreed with the decision was concerned primarily with the area of dual diagnoses, specifically in the areas of depression, anxiety, PTSD and bipolar disorder. NICE is due to publish: [GID-PHG87 Severe mental illness and substance misuse \(dual diagnosis\) – community health and social care services](#) in November 2016. Dual diagnoses of depression or anxiety is referred to in the NICE pathway on [Drug misuse](#). The NICE guideline [CG185 Bipolar disorder: assessment and management \(2016\)](#) refers to NICE guideline CG51 for treatment of comorbid drug misuse. Additionally, there is a guideline on psychosis and substance misuse, NICE guideline [CG120 Psychosis with substance misuse in over 14s: assessment and management \(2011\)](#). No new evidence was identified through stakeholder consultation that would affect the decision not to update the guideline.

One stakeholder agreed and one disagreed with the proposal to transfer the guideline to the static list. A study on contingency management that was highlighted by a stakeholder was added to the evidence summary for the surveillance review. In considering the study highlighted by a stakeholder, we have also identified a related ongoing trial in this area. This is a larger cluster randomised trial (n>500) of contingency management enhancement versus treatment-as-usual. The trial has recently completed and analyses are currently underway. Given that this ongoing research is due to be published in the near future, we decided not to place NICE guideline CG51 on the static list and the guideline will continue to undergo regular surveillance.

See [ensuring that published guidelines are current and accurate](#) in 'Developing NICE guidelines: the manual' for more details on our consultation processes.

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The NICE project team would like to thank the topic experts who participated in the surveillance process.