

Expert testimony to inform NICE guideline development

Section A: Public Health and Social Care team to complete	
Name:	Prof Sonia Johnson
Role:	Professor of Social and Community Psychiatry
Institution:	UCL
Contact information:	
Guidance title:	Severe mental illness and substance misuse (dual diagnosis) - community health and social care services
Committee:	Public Health Advisory Committee- B
Subject of expert testimony:	
Evidence gaps or uncertainties:	Early intervention services

Section B: Expert to complete

Summary testimony: [Please use the space below to summarise your testimony in 250–1000 words. Continue over page if necessary]

Prof Sonia Johnson is the chief investigator of the Contingency Intervention for Reduction of Cannabis in Early Psychosis (CIRCLE) study which is funded by NIHR/HTA. The study compares two approaches to helping people reduce their cannabis use.

The intervention group will receive both Contingency Management and a short psychoeducation package. Contingency Management involves receiving voucher rewards, to be spent in local shops, on condition of attending appointments and providing urine samples free from cannabis. Rewards increase with increasing weeks of abstinence over a 3 month period. The psychoeducational package is intended to help people to decide whether or not they wish to carry on using cannabis.

The comparator group will receive the psychoeducation package only.

The intervention period involves 12 weekly contingency managements sessions lasting 15-20 min and 6 weekly 30 minute psychoeducation sessions and can receive up to £300 in total. The comparator group received just the 6 week psychoeducation programme and can receive up to £80.

Follow-up is until 2017 (18 month follow-up period) and the primary outcome measure is time to relapse. Secondary outcome measures are cannabis use, severity of symptoms of psychosis, and social functioning.

The participants in the study are men and women aged between 18 and 35 who are currently under the care of an early intervention service for psychosis, and who have used cannabis in the past 6 months.

The study is recruiting from more than 50 EIS in the South East and Midlands (both urban and rural areas) and has recruited 500 people. The aim is to recruit 544 participants by close of recruitment, end of March 2016.

Questions raised by PHAC

Can you provide any further details on:

- the psychoeducation programme, who is delivering it and where is it delivered?
- any additional support being given to service users? and
- any issues with recruitment?

The psychoeducation sessions explore the implications of cannabis use in terms of mental and physical health, finances, social relationships and the law. Service users are all under the care of EIS psychosis and have good quality of care addressing mental health and social issues. The programme is delivered by a variety of people. It was originally envisioned that the programme would be delivered by a care-co-ordinator but in practice it is usually a band 4 graduate mental health worker or assistant psychologist or similar. The programme is highly structured and can be delivered by someone of that grade who is given one session of training (1 hour). The programme is delivered via computer-based modules delivered on a tablet. All

interventions and assessments are performed in the EIS but if it is deemed safe, staff undertake assessments at the person's home.

Recruitment has been better in poorer areas whereas in affluent areas the compensation is not as much influencing people's willingness.

How is fidelity to intervention measured?

For contingency management there are logs of activity, vouchers dispensed and meeting.

What are the referral routes and transitional arrangements?

In practice, most referral comes from GPs or other secondary mental health services and there are fairly firm standards of health routes. It would be good to facilitate referrals through community via carers and a broader range of agencies. Early detection has aimed to change transitional arrangements but practices vary.

There is a new guideline for EIS (*Access and waiting time standards*) which also applies to adolescents, but it does not prescribe a specific model of substance misuse intervention.

References to other work or publications to support your testimony (if applicable):

Expert testimony papers are posted on the NICE website with other sources of evidence when the draft guideline is published. Any content that is academic in confidence should be highlighted and will be removed before publication if the status remains at this point in time.