

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Health and social care directorate

### Quality standards and indicators

#### Briefing paper

**Quality standard topic:** Drug misuse prevention

**Output:** Prioritised quality improvement areas for development.

**Date of Quality Standards Advisory Committee meeting:** 8 June 2017

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# 1 Introduction

This briefing paper presents a structured overview of potential quality improvement areas for drug misuse prevention. It provides the committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

## 1.1 Structure

This briefing paper includes a brief description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development source below are included to help the committee in considering potential statements and measures.

## 1.2 Development source

The key development source referenced in this briefing paper is:

[Drug misuse prevention: targeted interventions](#). NICE guideline 64 (2017).

Update scheduled for 2021.

# 2 Overview

## 2.1 Focus of quality standard

This quality standard will cover the prevention or delay of harmful use of drugs by children, young people and adults most likely to start using drugs, or already experimenting or using drugs occasionally. This includes illegal drugs, 'legal highs' and prescription-only medicines. It will not cover people who are already dependent on drugs, people who use drugs regularly and excessively, or people who are part of on-going drug treatment and recovery. A quality standard has already been developed for [drug use disorders in adults](#) which covers the treatment of adults (18 years or over) who use drugs.

## 2.2 Definition

Drug misuse is dependence on, or regular excessive consumption of psychoactive substances (illegal drugs), new psychoactive substances (often described as 'legal highs'), solvents, volatile substances, image- and performance-enhancing drugs, prescription-only medicines or over-the-counter medicines. It does not include occasional or experimental drug use in adults.

Possible short-term effects of drug misuse include anxiety, panic or feelings of paranoia. Long term effects could include long-term mental health problems, such as paranoia, psychosis, schizophrenia or depression, and could possibly lead to addiction.

The [Misuse of Drugs Act 1971](#) and the [Psychoactive Substances Act 2016](#) list all illegal (or controlled) drugs in the UK. Illegal drugs are categorized into one of 3 classes under the Misuse of Drugs Act - A, B or C, broadly based on the harms they cause either to the user or to society when they are misused. Class A includes those drugs considered likely to cause the most serious harm.

### **2.3 Incidence and prevalence**

[Drug misuse: findings from the 2015 to 2016 Crime Survey for England and Wales](#) reports that more than one third of adults aged 16 to 59 (35%) have taken an illegal drug or used a substance unlawfully at some point in their lives. Cannabis was the most common, with 7% using it in the past year, followed by powder cocaine (2%) and ecstasy (2%). In the same age group, 3% were defined as frequent drug users (having taken an illegal drug or used a substance unlawfully more than once a month, on average, in the past year). Among young adults aged 16 to 24, this figure was 5%. Use of any class A drug was around 10 times higher among people who had visited a nightclub at least 4 times in the past month (18%) compared with those who had not visited a nightclub in the past month (2%). A similar pattern was found for those visiting pubs and bars more frequently.

### **2.4 Management**

Targeted drug misuse prevention includes activity to prevent or delay drug use in people identified as vulnerable to drug misuse, for example providing information and advice for people assessed as vulnerable to drug misuse, in relevant settings. It includes preventing people who are already using some drugs from using other drugs, and preventing people who already experiment or use drugs occasionally from using drugs regularly and excessively.

### **2.5 Drug services**

As part of the Health and Social Care Act 2012, local authorities became responsible for commissioning drug misuse prevention from April 2013.

Drug services are increasingly integrated with services to reduce alcohol dependency and services to support younger people, as well as services associated with the community criminal justice system and local health delivery.

See appendix 2 for the associated care pathway from NICE clinical guideline NG64, and appendix 3 for an overview of NICE drug misuse management in over 16s.

### **2.6 National outcome frameworks**

Table 1 show the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving.

**Table 1 [Public health outcomes framework for England, 2016–2019](#)**

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p><b>Objective</b> Improvements against wider factors which affect health and wellbeing and health inequalities</p> <p><b>Indicators</b> 1.03 Pupil absence 1.04 First time entrants to the youth justice system 1.05 16–18 year olds not in education, employment or training 1.09 Sickness absence rate 1.13 Levels of offending and re-offending 1.18 Social isolation</p>
2 Health improvement	<p><b>Objective</b> People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p><b>Indicators</b> 2.07 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25 2.08 Emotional well-being of looked after children 2.10 Self-harm 2.15 Drug and alcohol treatment completion and drug misuse deaths 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison 2.23 Self-reported well-being</p>

## 3 Summary of suggestions

### 3.1 Responses

In total 6 stakeholders responded to the 2-week engagement exercise 10/4/17-26/4/17.

Stakeholders were asked to suggest up to 5 areas for quality improvement. Specialist committee members were also invited to provide suggestions. The responses have been merged and summarised in table 2 for further consideration by the Committee.

Full details of all the suggestions provided are given in appendix 5 for information.

**Table 2 Summary of suggested quality improvement areas**

<b>Suggested area for improvement</b>	<b>Stakeholders</b>
<b>Delivering prevention interventions through existing services</b>	PHE, PHTSCC, RCGP, SCM x 4
<b>Assessment of vulnerability to drug misuse</b>	PHE, SCM x 4
<b>Life skills training</b>	PHE, RCN, SCM x 3
<b>Information and advice</b>	PHTSCC, RCP, SCM x 3
<b>Substance misuse services in appropriate community settings</b>	PHTSCC, RCP, SCM
<b>Additional areas</b> Screening at whole population levels. Research-based prevention programs Promoting mental health Dual diagnosis of mental health problems and drug misuse Competencies and training Data sharing systems Open access/walk in accessible support / treatment services Drug misuse prevention in prisons Monitoring of attendance at referral appointments	
PHE, Public Health England PHTSCC, Public Health Team, Sheffield City Council RCGP, Royal College of General Practitioners RCN, Royal College of Nursing RCP, Royal College of Physicians SCM, Specialist Committee Member	

### **3.2      *Identification of current practice evidence***

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 334 papers were identified for drug misuse prevention. In addition, 21 papers were suggested by stakeholders at topic engagement and 74 papers internally at project scoping.

Of these papers, 7 have been included in this report and are included in the current practice sections where relevant. Appendix 4 outlines the search process.

## 4 Suggested improvement areas

### 4.1 *Delivering prevention interventions through existing services*

#### 4.1.1 Summary of suggestions

Stakeholders suggested that many people at increased risk of drug misuse will be in contact with other services. Frontline staff in non-drug specialist services have a key role in identification, so that drug misuse prevention can be targeted to those at risk.

Stakeholders suggested that substance use may be a reason for individuals' involvement/ contact with social care. It was suggested that prevention interventions should be embedded in social work practice, including selective targeted programmes for people with risk factors for increased drug use.

Stakeholders commented that drug use is common among people with mental health problems, and suggested that there should be prevention activity in mental health services.

Stakeholders suggested that children should be educated about drug misuse to prevent the topic from becoming taboo. It was also highlighted that a number of risk factors or vulnerabilities increase the likelihood of young people using substances, and that professionals who come into contact with these young people should ensure that effective prevention interventions are in place.

#### 4.1.2 Selected recommendations from development source

Table 3 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 3 to help inform the committee's discussion.

**Table 3 Specific areas for quality improvement**

<b>Suggested quality improvement area</b>	<b>Suggested source guidance recommendations</b>
Delivering prevention interventions through existing services	<b>Delivering drug misuse prevention activities as part of existing services</b> NICE NG64 recommendation 1.1.1

#### NICE NG64 recommendation 1.1.1

Deliver drug misuse prevention activities for people in groups at risk through a range of existing statutory, voluntary or private services, including:

- health services, such as primary care services, community-based health services, mental health services, sexual and reproductive health services, drug and alcohol services, and school nursing and health visiting services

- specialist services for people in groups at risk
- community-based criminal justice services, including adult, youth and family justice services
- accident and emergency services.

#### **4.1.3 Current UK practice**

[A 2014 to 2015 annual review of the 2010 Drug Strategy](#) sets out its key aims of enhancing its approach to drug misuse prevention by combining universal actions aimed at all young people, with targeted actions for those most at risk of using drugs or who have already started using drugs. The Drug Strategy ensures that school staff have the information, advice and power to provide accurate information on drugs and alcohol through education and targeted information and work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse. [Practice standards for young people with substance misuse problems](#) have been developed for a wide range of practitioners, workers, professionals and services which set out the role of commissioning and resourcing universal and targeted services to provide an integrated system of identification. This includes identification of young people not seeking treatment but who may be at risk of substance misuse problems.

Stakeholders highlighted that locally commissioned adult drug services have a greater emphasis on supporting drug dependency rather than drug prevention and early intervention, and can therefore have limiting resource and expertise to work with key partners such as services that work with groups who are at risk. The [Advisory Council on the Misuse of Drugs](#) Recovery Committee highlights a number of difficulties in implementing programmes in routine practice such as pre-school family programmes; multi-sectoral programmes with multiple components (including the school and community) and some skills-development-based school programmes, suggesting that robust national and local prevention systems are not well established.

[Alcohol and other Drug Use: The Roles and Capabilities of Social Workers](#) highlights that many social work and social care professionals are not clear what they should be doing in relation to substance use and their role expectations vary.

## 4.2 **Assessment of vulnerability to drug misuse**

### 4.2.1 **Summary of suggestions**

The importance of assessing people’s vulnerability to drugs at routine appointments and opportunistic contacts with statutory and other services was highlighted. Stakeholders suggested that assessment of an individual’s risk of experimenting or recreationally using substances early, and intervention can drive significant improvement in health inequalities of vulnerable people.

### 4.2.2 **Selected recommendations from development source**

Table 4 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 4 to help inform the committee’s discussion.

**Table 4 Specific areas for quality improvement**

<b>Suggested quality improvement area</b>	<b>Selected source guidance recommendations</b>
Assessment of vulnerability to drug misuse	<b>Assessment</b> NICE NG64 recommendations 1.2.1 and 1.2.2  <b>Identification and assessment of drug misuse</b> NICE CG51 recommendations 1.2.1.1 and 1.2.1.2

#### NICE NG64 recommendation 1.2.1

At routine appointments and opportunistic contacts with statutory and other services, such as those listed in recommendation 1.1.1, assess whether someone is vulnerable to drug misuse. Examples of routine appointments and opportunistic contacts include:

- health assessments for children and young people who are looked after or care leavers, including initial assessments, any reviews and contacts
- appointments with GPs, nurses, school nurses or health visitors
- attendances at emergency departments as a result of alcohol or drug use
- contacts with the community-based criminal justice system.

#### NICE NG64 recommendation 1.2.2

Use a consistent, locally agreed approach to assessment that is respectful, non-judgemental and proportionate to the person’s presenting vulnerabilities. For an example for young people, see the [practice standards for young people with substance misuse problems](#).

#### NICE NG51 recommendation 1.2.1.1

Staff in mental health and criminal justice settings (in which drug misuse is known to be prevalent) should ask service users routinely about recent legal and illicit drug use. The questions should include whether they have used drugs and, if so:

- of what type and method of administration
- in what quantity
- how frequently.

#### NICE NG51 recommendation 1.2.1.2

In settings such as primary care, general hospitals and emergency departments, staff should consider asking people about recent drug use if they present with symptoms that suggest the possibility of drug misuse, for example:

- acute chest pain in a young person
- acute psychosis
- mood and sleep disorders.

### **4.2.3 Current UK practice**

Stakeholders suggested that assessment of adults at routine appointments and opportunistic contacts with statutory and other services to assess whether someone is vulnerable to drug misuse is not widely embedded in practice. Stakeholders also highlighted variation in practice in the use of assessment tools and professional judgement of risk.

The [Practice standards for young people with substance misuse problems](#) includes the standard that young people thought to be at risk are identified and briefly questioned or assessed for substance misuse and other related risks.

## **4.3 Life skills training**

### **4.3.1 Summary of suggestions**

Stakeholders suggested that helping young people to develop core life skills, such as personal, social and health education skills can build resilience and social capital and decrease the likelihood of drug misuse. For example, by equipping young people with social skills to help them say no in high risk situations.

Stakeholders suggested that universal services are well placed to deliver skills training in the scope of their role and competency. It was also suggested that skills training should be adapted to suit the individual, and should also include training for carers and families, such as foster families.

### **4.3.2 Selected recommendations from development source**

Table 5 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 5 to help inform the committee's discussion.

**Table 5 Specific areas for quality improvement**

<b>Suggested quality improvement area</b>	<b>Selected source guidance recommendations</b>
Life skills training	<b>Children and young people assessed as vulnerable to drug misuse</b> NICE NG64 recommendations 1.3.1-1.3.6

#### NICE NG64 recommendations 1.3.1

Consider skills training for children and young people who are assessed as vulnerable to drug misuse. If skills training is delivered to children and young people, ensure that their carers or families also receive skills training. For older children and young people, think about whether providing information (see recommendations in section 1.4) may be a more appropriate approach.

#### NICE NG64 recommendations 1.3.2

Ensure any skills training is:

- commissioned as part of existing services (see recommendation 1.1.1)
- delivered as part of activities designed to increase resilience and reduce risk
- delivered by people competent to provide skills training.

#### NICE NG64 recommendations 1.3.3

If skills training is offered to children and young people and their carers or families, ensure it helps children and young people develop a range of personal and social skills, such as:

- listening
- conflict resolution
- refusal
- identifying and managing stress
- making decisions
- coping with criticism
- dealing with feelings of exclusion
- making healthy behaviour choices.

Ensure that personal and social skills training for children and young people who are looked after and care leavers puts particular emphasis on how to deal with feelings of exclusion.

#### NICE NG64 recommendations 1.3.4

If skills training is offered to children and young people and their carers and families, ensure that it helps carers and families develop a range of skills, such as:

- communication
- developing and maintaining healthy relationships
- conflict resolution
- problem solving.

Ensure that skills training for foster carers includes using behaviour reinforcement strategies alongside the other skills listed.

#### NICE NG64 recommendations 1.3.5

Take into account the age, developmental stage, presenting vulnerabilities, cultural context, religion, ethnicity and any other specific needs or preferences of the child or young person when deciding:

- whether to offer training sessions to children and young people and their carers or families together, or whether to offer separate sessions
- the content of the skills training
- whether to provide individual or group-based sessions
- the number of sessions needed (a minimum of 2 sessions should be offered)
- where to hold the sessions
- how long each session should last.

For more information, see the Department of Health's [quality criteria for young people friendly services](#).

#### NICE NG64 recommendations 1.3.6

Discuss and agree a plan for follow-up at the skills training sessions, to assess whether additional skills training or referral to specialist services is needed.

### **4.3.3 Current UK practice**

Stakeholders highlighted that a lot of drug misuse preventions currently focuses on giving information about drug misuse as opposed to skills training.

## **4.4 Information and advice**

### **4.4.1 Summary of suggestions**

Stakeholders highlighted that there should be information for people assessed as vulnerable to drugs misuse about harmful effects of drugs, harm reduction advice, and advice about how to get further support.

Stakeholders suggested that information should be provided in a range of formats to improve accessibility.

### **4.4.2 Selected recommendations from development source**

Table 6 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 6 to help inform the committee's discussion.

**Table 6 Specific areas for quality improvement**

<b>Suggested quality improvement area</b>	<b>Selected source guidance recommendations</b>
Information and advice	<b>Adults assessed as vulnerable to drug misuse</b> NICE NG64 recommendation 1.4.1

#### NICE NG64 recommendation 1.4.1

Offer adults who are assessed as vulnerable to drug misuse (see section 1.2) the following:

- clear information on drugs and their effects
- advice and feedback on any existing drug use
- information on local services and where to find further advice and support (see recommendation 1.5.3).

This information should be provided at the same time as the assessment.

### **4.4.3 Current UK practice**

No current practice information was identified.

## **4.5 Substance misuse services in appropriate community settings**

### **4.5.1 Summary of suggestions**

Stakeholders highlighted that giving information and support in appropriate settings can enable opportunistic engagement of people when they have motivation to engage. This can maximise the opportunity for future engagement and prevent further use and harm.

### **4.5.2 Selected recommendations from development source**

Table 7 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 7 to help inform the committee's discussion.

**Table 7 Specific areas for quality improvement**

<b>Suggested quality improvement area</b>	<b>Selected source guidance recommendations</b>
Substance misuse services in appropriate community settings	<b>People at risk of using drugs</b> NICE NG64 recommendation 1.5.1

#### NICE NG64 recommendation 1.5.1

Consider providing information about drug use in settings that groups who use drugs or are at risk of using drugs may attend. These settings could include:

- nightclubs or festivals
- wider health services, such as sexual and reproductive health services or primary care
- supported accommodation or hostels for people without permanent accommodation
- gyms (to target people who are taking, or considering taking, image- and performance-enhancing drugs).

### **4.5.3 Current UK practice**

No current practice information was identified.

## **4.6 Additional areas**

### **Summary of suggestions**

The improvement areas below were suggested as part of the stakeholder engagement exercise. However they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or require further discussion by the committee to establish potential for statement development.

There will be an opportunity for the committee to discuss these areas at the end of the session on 8 June 2017.

### **Screening at whole population levels.**

Stakeholders commented that there should be investment in universal screening for drug misuse. Universal screening is outside the scope of the quality standard.

### **Research-based prevention programs.**

Stakeholders highlighted the role of research-based prevention programs in preventing drug misuse among children and adolescents. The development source (NICE NG64) contains evidence-based recommendations. The quality standard will not reappraise evidence.

### **Promoting mental health**

Stakeholders highlighted a link between positive mental health and lower drug misuse and suggested that general mental health promotion activity could reduce drug misuse. This area is not contained within the development source (NICE NG64).

### **Dual diagnosis of mental health problems and drug misuse**

Stakeholders suggested that mental health services should assess people's drug misuse at the same time as treating mental health problems, as drug misuse is common amongst people with mental health problems. Treatment for drug misuse is outside the scope of the quality standard.

### **Competencies and training**

Stakeholders highlighted the following areas for quality improvement:

- Competencies of staff to deliver personal and social skills training
- Professionals working with vulnerable young people and adults are aware of their safeguarding duties and responsibilities.
- Staff awareness of full range of non-OCU drugs

- LGBT (lesbian, gay, bisexual and trans) cultural competency of staff delivering preventative interventions.

Training and competencies of staff are not usually addressed by NICE quality standards.

### **Data sharing systems**

Stakeholders suggested that improved data sharing systems would support services to work more closely to support prevention of drug misuse. Data sharing systems are not usually addressed by NICE quality standards.

### **Open access/walk in accessible support / treatment services**

Stakeholders suggested that further support should be available on a drop-in basis so that people can take the opportunity to engage opportunistically when they are motivated to do so. This area is not contained within the development source (NICE NG64).

### **Drug misuse prevention in prisons**

Stakeholders highlighted the following areas for quality improvement:

- Prevention in relation to tobacco smoking in prisons
- New psychoactive substances in prisons
- Exploitation of vulnerable adults and young people particularly those with learning disability in prisons

Drug misuse in prison settings is outside the scope of the quality standard.

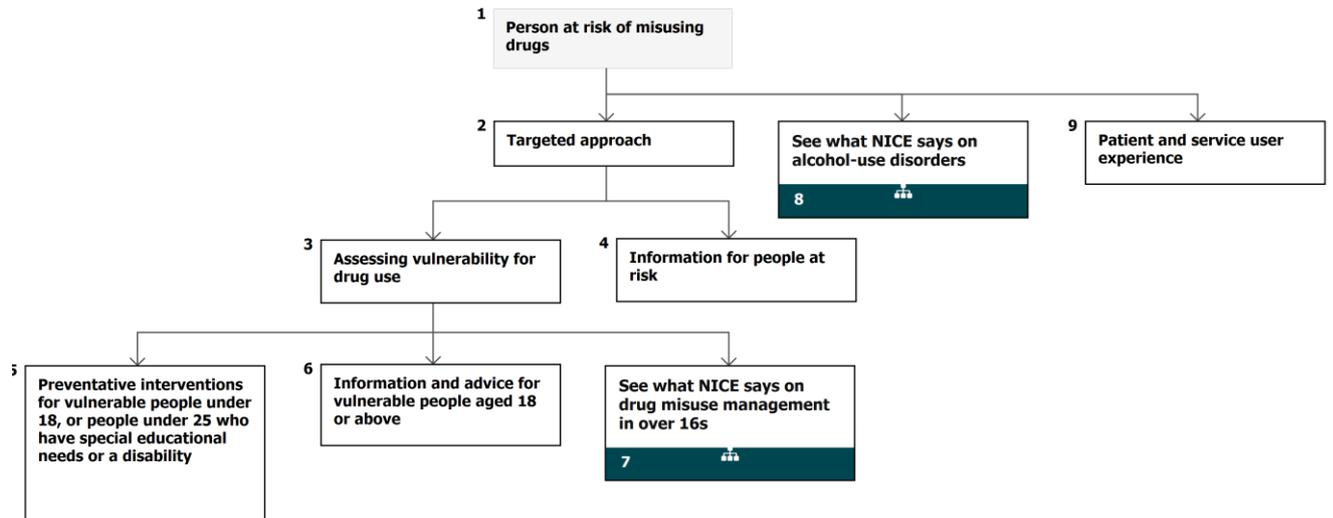
### **Monitoring of attendance at referral appointments**

Stakeholders questioned how many people referred for drug misuse support attend their first appointment. Treatment for drug misuse is outside the scope of the quality standard.

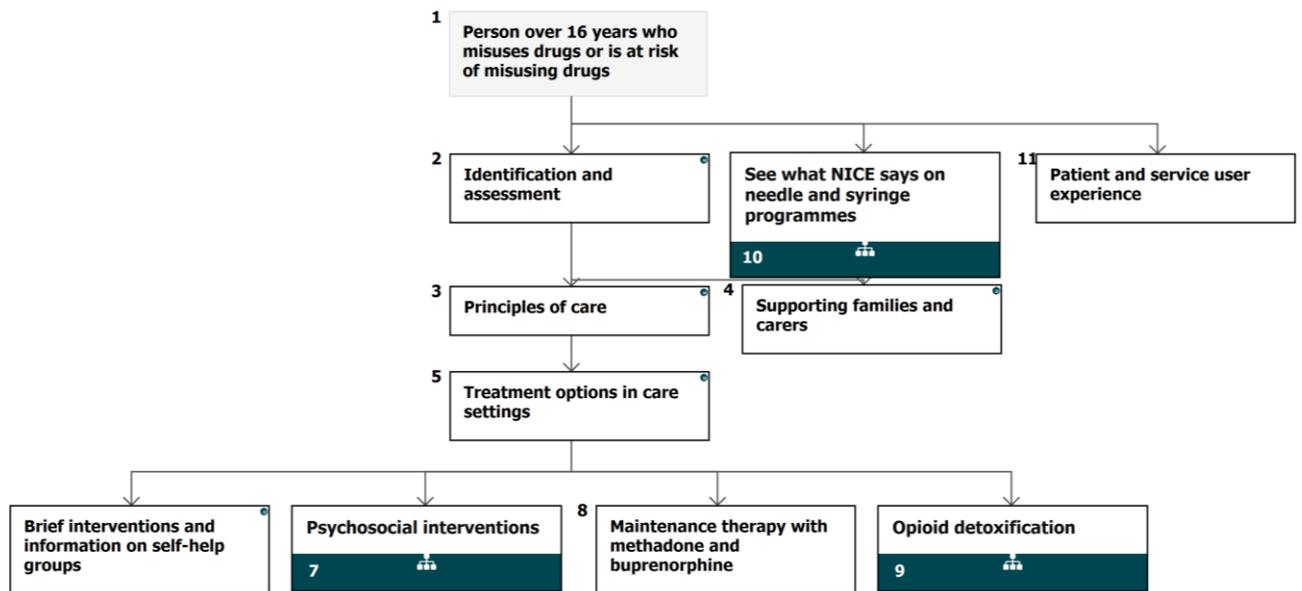
**Appendix 1: List of quality statements included in quality standard  
23 [drug use disorder in adults](#)**

<b>Statement 1</b>	People who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.
<b>Statement 2</b>	People in drug treatment are offered a comprehensive assessment.
<b>Statement 3</b>	Families and carers of people with drug use disorders are offered an assessment of their needs.
<b>Statement 4</b>	People accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV and vaccination for hepatitis B.
<b>Statement 5</b>	People in drug treatment are given information and advice about the following treatment options: harm-reduction, maintenance, detoxification and abstinence.
<b>Statement 6</b>	People in drug treatment are offered appropriate psychosocial interventions by their keyworker.
<b>Statement 7</b>	People in drug treatment are offered support to access services that promote recovery and reintegration including housing, education, employment, personal finance, healthcare and mutual aid.
<b>Statement 8</b>	People in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments.
<b>Statement 9</b>	People who have achieved abstinence are offered continued treatment or support for at least 6 months.
<b>Statement 10</b>	People in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

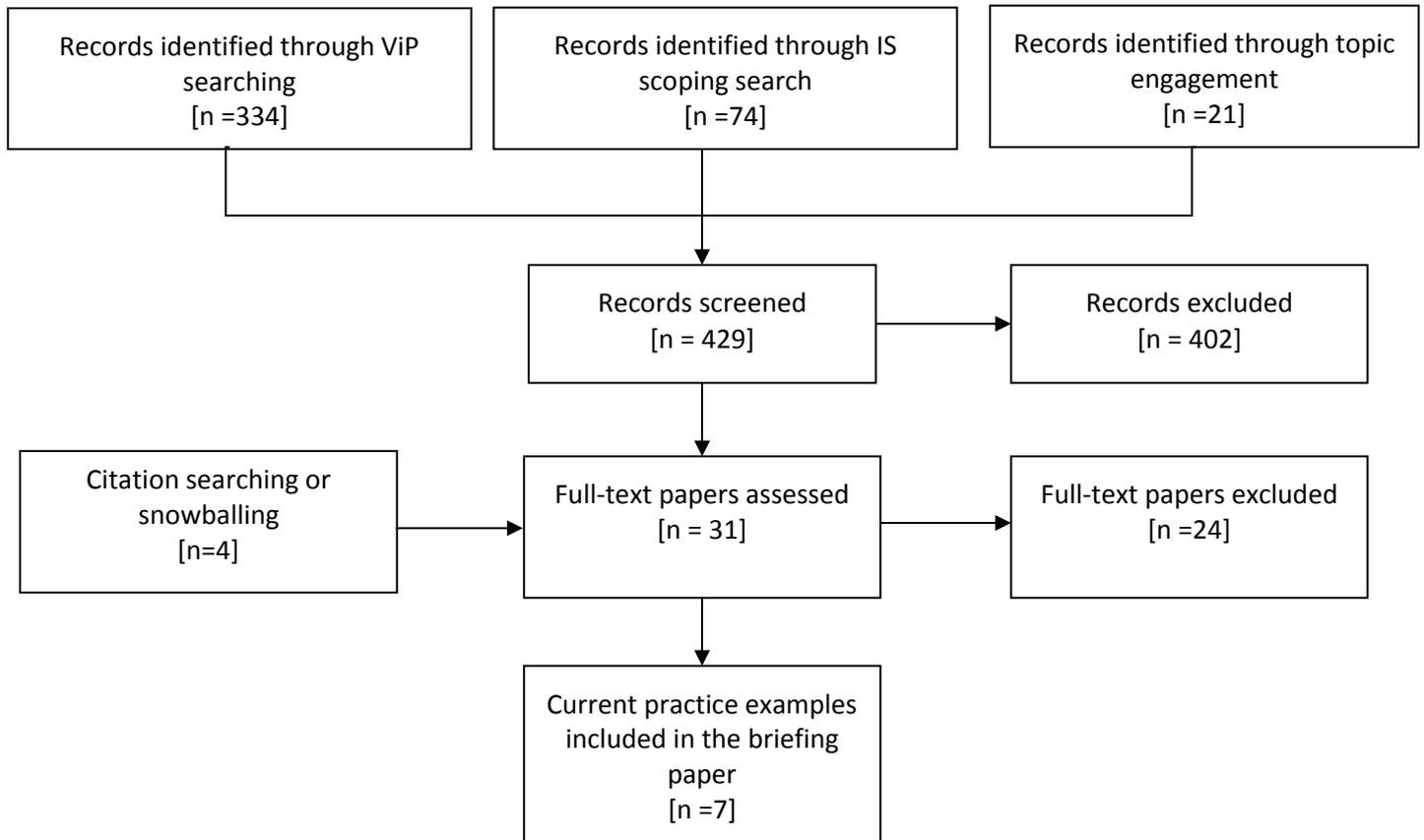
## Appendix 2: NICE pathway for drug misuse prevention



## Appendix 3: NICE drug misuse management in over 16s overview



## Appendix 4: Review flowchart



## Appendix 5: Suggestions from stakeholder engagement exercise – registered stakeholders

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
<b>Prevention interventions embedded in relevant frontline services</b>					
1	Public Health England & SCM 1	<p>Key area for quality improvement 1</p> <p>Embed drug misuse prevention interventions in the social work practice, including the social work curriculum.</p>	<p>Substance use may be either a main reason for individuals' involvement with social care, or it may be one of a number of overlapping experiences that lead to contact with social care services.</p> <p>The DfE's Children in Need census record that in 2015-2016 assessments recorded drug misuse as a factor in 19 per cent of cases and alcohol misuse in 18 per cent (DfE, 2016). Research has also found that 40 per cent of children caring for a relative with substance use problems were missing school or</p>	<p>The gap in current guidance to social workers prompted the commission of MMU. Curriculum guidance for social work educators</p> <p>Exists, though adherence to it is unlikely to be universal.</p> <p>A social work focused prevention quality standard would be welcomed.</p>	<p>The first national document (funded by PHE and developed by Manchester Metropolitan University) was published in 2015 and outlines how social workers should respond when working with someone with drug [and alcohol] problems.</p> <p><i>Alcohol and other Drug Use: The Roles and Capabilities of Social Workers</i></p> <p><a href="http://www.mmu.ac.uk/news/news-items/3424/">http://www.mmu.ac.uk/news/news-items/3424/</a></p>

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			had other indicators of educational difficulties (Dearden and Becker, 2004).		
2	Public Health England & SCM 1	<p>Key area for quality improvement 2</p> <p>Drug screening and prevention in mental health services and more effective joint working between drug services and mental health.</p>	<p>Drug [and alcohol] use is common among people with mental health problems. High prevalence of these co-occurring conditions has been found among: prisoners; children, young people and adults in alcohol and drug treatment; mentally ill people who take their own lives or commit homicide; individuals presenting to hospital emergency departments in mental health crisis, and people experiencing severe and multiple disadvantage, including homeless people.</p>	<p>People with co-occurring mental health and alcohol/drug use conditions are often unable to access the care they need, with mental health problems being insufficiently severe to meet access criteria for mental health services, or because of co-occurring [alcohol and/or] drug use being used to exclude people from mental health services.</p> <p>A key component of this is effective screening and prevention interventions within mental health services.</p>	<p>The National Drug Treatment Monitoring System (NDTMS) collects data for the mental health needs and mental health treatment being received by people in drug treatment. Although this relates to people who have developed a drug problem to the extent that they are receiving treatment for their dependency, it demonstrates the correlation between mental health and dependency, and the need for effective prevention interventions in mental health services.</p> <p>PHE is currently in discussion with NHS Digital about the inclusion of corresponding substance misuse data in the Mental Health Services Dataset.</p>

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
3	Public Health England & SCM 1	<p>Key area for quality improvement 3</p> <p>Drug screening and prevention in a range of settings with professionals who come into contact with vulnerable young people, at risk of developing drug [and alcohol] problems, including school nurses, youth offending services, CAMHS and looked after children &amp; care leaver social work teams.</p>	<p>Evidence suggests that a number of risk factors or vulnerabilities increase the likelihood of young people using substances, so professionals who come into contact with these young people should ensure that effective prevention interventions are in place.</p>	<p>There are concerns that cuts to budgets and services are having an impact on the availability of targeted youth support services.</p>	<p>Data reported to the NDTMS for young people shows that the majority of young people presenting to specialist substance misuse services (for those that have developed substance misuse problems) have other problems or vulnerabilities related to their substance use (such as having mental health problems, being 'looked after' or not being in education, employment or training) or wider factors that can impact on their substance use (such as offending, self-harming, experiencing sexual exploitation or domestic abuse).</p> <p><a href="http://www.nta.nhs.uk/uploads/young-peoples-statistics-from-the-ndtms-1-april-2015-to-31-march-2016.pdf">http://www.nta.nhs.uk/uploads/young-peoples-statistics-from-the-ndtms-1-april-2015-to-31-march-2016.pdf</a></p>
4	Public Health Team, Sheffield City Council	<p>Educate children from a very young age about drug misuse, including alcohol and tobacco.</p>	<p>This would prevent the topic becoming taboo and 'exciting'.</p>		
<b>Assessment of vulnerability to drug misuse</b>					
5	SCM 2	<p>Drug prevention activities within existing services</p>	<p>Use all contacts with those groups at particular risk of</p>	<p>Early intervention can provide support before issues escalate, or individual has become dependent.</p>	<p>NICE: NG64, recommendation 1.2.</p>

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			<p>drug misuse as an opportunity to assess for substance misuse and need for intervention</p> <p>Prevention that targets generic risk factors, builds resilience and social capital can increase likelihood of preventing people using and becoming dependent on drugs (NPS guidance: a toolkit for SM commissioners)</p>	<p>Evidence shows that intervening early results in better outcome</p> <p>Many people at increased risk of drug misuse will be in contact with other services, and needs of these vulnerable individuals should be addressed holistically. Drug misuse prevention cannot be targeted to people most vulnerable if drug misuse has not been assessed. Frontline staff in non-drug specialist services have a key role in such identification, such individuals should receive appropriate training and support from local specialist drug service.</p> <p>Prevention activity should be embedded within interventions targeted across multiple life domains/settings (ACMD, 2015, prevention of drug and alcohol dependence). ACMD state challenges and complexities of prevention need to be more widely recognised across the range of stakeholders and addressing multiple risk behaviours.</p>	<p>JSNA support pack 2017-18</p>

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				<p>Local Partners need an integrated approach recognising the wider impacts of drug use.</p> <p>Early identification, advice and prompt support can improve treatment and recovery outcomes.</p>	
6	Public Health England & SCM 1	Assessment of adults at routine appointments and opportunistic contacts with statutory and other Service to assess whether someone is vulnerable to drug misuse.	It is key recommendation of NG 64 and this is not widely embedded in practice, with no funding or incentive mechanisms to support it, as there are alcohol brief interventions (CQUINs)		
7	SCM 3	Assessment of someone's vulnerability to drug misuse	<p>Early intervention is commonly understood and widely accepted.</p> <p>Identifying individual's who may be 'at risk or early at risk' of experimenting or recreationally using substances early can drive significant</p>	<p>Assessment tools and vulnerability indicators to assess whether someone is vulnerable to drug misuse differs widely: have different thresholds, different professional attitude to risk and tolerance; different screening tools to help assess early at risk or late at risk.</p> <p>Commissioners and staff in universal services have limited resources, technical knowledge</p>	<p>Please see PHE adults Models of Care and practice standards for young people with substance misuse problems.</p> <p>Adult care has been historically focused on identifying problematic and dependent use rather than the full spectrum from use to misuse.</p> <p>CRAFFT is an endorsed international adolescent</p>

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			improvement in health inequalities of vulnerable people as well as cost to the public purse in the longer term  It forms part of the NICE DMP guidance (1.2)	and understanding to ensure appropriately endorsed tool are adopted.  The quality of assessments are significantly variable both in subject accuracy and approach/tone.	screening tool for drugs and alcohol however is not used widely.
8	SCM 4	Does an area have an assessment?			
9	SCM 4	What percentage of those at risk are being assessed?			
<b>Life skills training</b>					
10	Public Health England & SCM 1	Key area for quality improvement 4  Staff in a range of young people's settings are competent to deliver personal and social skills training in line with NICE NG64	There is currently no common understanding about the competence of staff to deliver this. Seeing as this was one of the key recommendations in NG64, this should be prominent in the quality standards.	Feedback from PHE's stakeholders suggests that this is currently inconsistently understood and implemented. A lot of drug misuse preventions currently focus on giving drug information as opposed to skills training.	DN do we have anything related to skills training in YP NDTMS recovery support?
11	Royal College of Nursing	Key area for quality improvement 5 Life skills training	Evidence suggests that help with social skills and life skills as part of prevention for drugs misuse,	Vulnerable young people and adults can be susceptible to drugs misuse. The paper identifies how developing more effective social skills will help young people to be	Life skills training: <b>preventing substance misuse</b> by enhancing individual and social competence.

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			<p>which build on work already undertaken in the addiction field as part of relapse prevention can be significant in enhancing the individual and help prevent the individual from drugs misuse.</p>	<p>better equipped to saying 'no' in high risk situations.</p>	<p>Botvin, G.J and Griffin JW in New directions for youth development June 2014 (141) pp 57-65</p>
12	SCM 2	Support for Children and YP assessed as vulnerable to drug misuse	<p>Skills training for children and young people assessed as vulnerable to drug misuse within existing services. To increase resilience and reduce risk. Staff providing such intervention should have had appropriate training</p> <p>Break the intergenerational patterns to dependency through holistic/integrated support to vulnerable families.</p>	<p>According to <i>Drug misuse: findings from the 2016 crime survey for England and Wales</i> (cited in NG64), around 8% of 16-59 year olds had taken illegal drugs or used a substance unlawfully in past year, among 16-24 years the figure was 18%. Use of class A drugs was higher among those who had visited a nightclub in past month (example of vulnerable group).</p> <p>Some young people are at increased risk of developing substance misuse problems. In these groups targeted support and early intervention where an issue is identified is likely to result in better outcomes.</p>	<p>NICE: NG64 recommendation 1.3. Drug Strategy Annual review 2015</p> <p>JSNA support pack 2017-18</p>

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			<p>Build vulnerable young people's resilience and empower positive choices for health. Engage young people with situational resources as opposed to only providing information.</p> <p>Prevention that targets generic risk factors, builds resilience and social capital can increase likelihood of preventing people using and becoming dependent on drugs (NPS guidance: a toolkit for SM commissioners)</p>	<p>There is evidence that there is clustering of risk behaviours in young people. ACMD describe emerging evidence suggesting interventions for multiple health behaviours are effective. Importance of addressing vulnerable families in a holistic way, so that skills training is integrated into existing services. Particularly because skills training that supports a reduced risk of drug use impacts positively in a number of other areas e.g. development of personal and social skills such as listening and conflict resolution.</p> <p>Early intervention can support with breaking the intergenerational paths to dependency. Working collaboratively to identify the needs of vulnerable young people and troubled families can build resilience.</p>	
13	SCM 3	Skills training for children and young people assessed as vulnerable to drug misuse	There is good evidence that life skills and personal social and health education skills are core skills in reducing multiple	<p>Personal and social skills training varies and can often be made bespoke to a topic such as drugs, alcohol, exploitation, bullying.</p> <p>Individual training can differ in: approach; consensus of core</p>	There is recommended guidance on the PSHE Association website.

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			<p>vulnerabilities, of which drug use is one. Universal services and professionals are well placed to deliver these core skills in the context of their scope of role and competency.</p> <p>Reducing risk and increasing resilience is well recognised for working with children, young people and adults 'at risk' of increased vulnerabilities.</p> <p>It forms part of the DMP guidance (1.3)</p>	<p>skills; content; an underpinned rationale that reduces risk in multiple vulnerabilities.</p> <p>Personal Social and Health Education is non statutory in England thus universal services such as schools vary in the quality and type of response.</p>	
14	SCM 3	Skills training that incorporates carers and families to develop a range of skills	The concept of 'Think Family' is widely accepted in health and social care and plays a pivotal role in reducing risk of harm.	<p>There are varying programmes of support for carers and families spanning health, social care and education provision in England.</p> <p>As such, commissioning and training can differ in: approach; consensus of core skills; content; an underpinned rationale.</p>	

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			<p>There is good evidence that children and young people 'at risk' who involve parents/carers in their care have better outcomes.</p> <p>Looked After Children continue to have significantly poorer outcomes to those of their peers. LAC have a high proportion of placement breakdowns that further compounds their mental health and vulnerability. Explicit skills training for foster carers is essential to reduce the number of placement breakdowns.</p> <p>It forms part of the DMP guidance (1.3.4)</p>		
<b>Information and advice</b>					

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15	Public Health Team, Sheffield City Council	Clear concise messages giving people the information they need to make healthy decisions, which move away from information overload and have 3 key points e.g. 'this is the risk, this is the harm reduction advice, and this is where to get help'.			
16	Public Health Team, Sheffield City Council	Excellent quality harm reduction – the recovery agenda has in some areas led to reluctance to deliver true basic harm reduction for fear of being seen to 'facilitate' drug use, while harm reduction and recovery were never meant to be mutually exclusive.	Preventing harm to those who are already using drugs is a protective factor indicative of a successful outcome for recovery, to avoid lasting damage which could then prevent the motivation to recover in future due to entrenched physical and mental health problems.		
17	Royal College of Physicians (RCP)	Key area for quality improvement 2		e.g. lack of social variety, impaired performance at work, home, school/college etc. Is there increased sexual risk taking when	

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		Access to advice on what constitutes 'harmful' use including indicators that occasional or recreational use may be becoming unhealthy.		intoxicated or under/following the influence of drugs? Setting boundaries - negotiating safer sex and consent when intoxicated.	
18	Royal College of Physicians (RCP)	Key area for quality improvement 4  Advice on extra dangers of combining drugs: especially alcohol.			
19	Royal College of Physicians (RCP)	Key area for quality improvement 5  Planning for the future.		Being aware of short and long term risks vs short and long term benefits.	
20	SCM 2	Provide early intervention to adults assessed as vulnerable to drug misuse	NICE (NG64) recommends clear information on drugs and their effect, advice and feedback on existing drug use and information on local services is made available to those identified as vulnerable to drug misuse	Early intervention can provide support before issues escalate, or individual has become dependent. Evidence shows that intervening early results in better outcome. In addition those who would benefit may not present to health or social care services or only be in contact with wider health services such as sexual health services. There is a need to ensure that relevant and accurate information is available	NICE NG64 recommendation 1.4 / 1.5  JSNA support pack

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			<p>Prevention that targets generic risk factors, builds resilience and social capital can increase likelihood of preventing people using and becoming dependent on drugs (NPS guidance: a toolkit for SM commissioners)</p> <p>Problematic SM rarely happens in isolation and many factors associated with drug use are also linked to other adverse outcomes and risky behaviours.</p>	<p>where these individuals are accessing support.</p> <p>Importance of collaborative working across local statutory and third sector to improve pathways for people not accessing specialist services but who are in need of some intervention e.g. sexual health services, mental health services, domestic violence support/interventions and prisons (local example is individuals who started smoking spice in prisons).</p>	
21	SCM 3	Offer adults who are assessed as vulnerable to drug misuse information and advice on drugs, their effects, existing drug use and where to find further advice and support	<p>Same comments as recommendation for quality improvement 1 including:</p> <p>Ensuring adults and professionals of frontline services can be signposted or</p>	<p>The commissioning of adult drug misuse services vary significantly and are based on local need. There is a heavy emphasis on supporting service users with drug dependency and achieving recovery with varying emphasis on prevention and early intervention.</p>	<p>FRANK was set up by the Home Office over 10 years ago but it is now out of date and has been overtaken by local systems, websites including an increasing digital offer.</p> <p>Locally commissioned drugs services have the opportunity to</p>

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			<p>signpost to websites that provide up to date information and advice on drugs is essential. This includes the use of digital services.</p> <p>With the emergence of new psychoactive substances that are continually evolving, being able to provide accurate and appropriate harm reduction information, advice and support is vital to reduce accidental injury, harm or death.</p>	<p>Having a focus on key universal services such as health, social care and employment on playing a contributory role alongside specialist commissioned drug services is dependant upon local commissioning arrangements.</p> <p>Without a good baseline of what is considered to be acceptable or of good quality will continue to make it difficult for adults to navigate their way through a complicated health system.</p>	improve their universal offer, but this is varied.
22	SCM 3	People at risk of using drugs	For at risk groups, access to accurate information and advice about drug use in their setting is vital to reduce harm to themselves and to others and reduce likelihood of problematic use.	Broadly speaking, locally commissioned adult drug services have a greater emphasis on supporting drug dependency rather than drug prevention and early intervention. Thus they can have limiting resource and expertise to work with key partners such as services that work with groups who are at risk.	Please see 'teachable moment concept' for health behaviour change. For some groups, there are windows of opportunity such as sexual health services that engage with at risk individuals at the optimum time.

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			<p>It is widely accepted that targeted interventions are a good means to engaging with vulnerable groups. With a reduction in public funding, there is likely to be less assertive outreach which can have positive results but can be seen as of a high cost.</p> <p>Professionals working with at risk groups don't have expert knowledge of the subject area thus there are missed opportunities to impart information.</p> <p>It forms part of the DMP guidance (1.5.1)</p>	<p>Methods of engagement and outline of what constitutes quality of provision for engaging with at risk groups in other settings are severely lacking.</p> <p>Whilst other professionals working with at risk groups are well placed to deliver key aspects DMP guidance, it is often not considered a priority or they have a perception they lack the skills.</p>	
23	SCM 4	Of those being assessed, what happens to them? No further action. Advice and information.			

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		Onward referral (and to where).			
<b>Substance misuse services in appropriate community settings</b>					
24	Royal College of Physicians (RCP)	Key area for quality improvement 1  Development of substance misuse services in appropriate community settings to meet the unique needs for vulnerable groups		e.g. drug misuse keyworkers for chemsex working in sexual health settings.	
25	SCM 4	Does the area have an appropriate prevention service/intervention?			
<b>Screening at whole population levels.</b>					
26	Public Health Team, Sheffield City Council	Investment in screening at whole population levels via a range of technology that is accessible and appealing for self-screening / support.	Apps, web chat, and formats that appeal to people in the age where technology is a preferred form of self-support;		
<b>Research-based prevention programs</b>					
27	RCGP	Focussed research-based prevention programs	In the United States research-based prevention programs	These prevention programs work to boost protective factors and eliminate or reduce risk factors for	Institute on Drug Abuse. Preventing Drug Abuse among Children and Adolescents: A

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			<p>are designed to focus on children and adolescents to prevent drug abuse as this is a critical time for intervention.</p>	<p>drug use. The programs are designed for various ages and for individual or group settings, such as home and the school. There are predominantly three types of programs:</p> <ol style="list-style-type: none"> <li>1. Universal programs address risk and protective factors common to all children in a given setting, such as a school or community.</li> <li>2. Selective programs target groups of children and teens who have factors that put them at increased risk of drug use.</li> <li>3. Indicated programs are designed for youth who have already begun using drugs.</li> </ol> <p>These co-ordinated programs appear to be largely missing from the UK.</p>	<p>Research-Based Guide for Parents, Educators, and Community Leaders (Second Edition) (NIH Publication No. 04-4212[A]). Rockville, MD, 2003.</p>
<b>Promoting mental health</b>					
28	Royal College of Nursing	Key area for quality improvement 4 Promoting mental health	There is an increasing evidence base that meeting the needs of mental health in young people and at the same time addressing		Please see this paper <a href="#">O'neill, James M.</a> ; <a href="#">Clark, Jeffrey K.</a> ; <a href="#">Jones, James A.</a> Promoting Mental Health and <b>Preventing Substance Abuse</b> and Violence in Elementary Students: A Randomized Control

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			substance misuse is more impactful than looking at substance misuse alone.		Study of the Michigan Model for Health. <hr/> Journal of school health, Jun 2011, 81(6) pp320-330
<b>Dual diagnosis of mental health problems and drug misuse</b>					
29	SCM 2	Systematic assessment of those in mental health settings to identify and better address dual diagnosis	Adult and young people with co-existing mental illness and substance misuse have some of the worst health, well-being and social outcomes. Often this group do not use wider services or get the relevant care or treatment	<p>Approximately 40% of those with psychosis misuse substances at some point in their lifetime. People with psychosis commonly take non prescribed substances as a way of coping with symptoms. Hence importance of screening for substance misuse.</p> <p>Health care professional in a range of settings, including primary care, A&amp;E, CAMHS, prisons and criminal justice settings should routinely ask adults and young people with know or suspected psychosis or other mental conditions e.g. anxiety and depression about use of alcohol and/or prescribed and non-prescribed drug use.</p> <p>Mental health inpatient settings should have policies and procedures (including training) in</p>	NICE CG120: Co-existing severe mental illness and substance misuse – assessment and management

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				place to promote an environment free from drugs and alcohol.	
<b>Competencies and training</b>					
30	Public Health England & SCM 1	Additional developmental areas of emergent practice  Professionals working with vulnerable young people and adults are aware of their safeguarding duties and responsibilities.	NG64 recognises the significance of safeguarding duties.	Professionals should be aware of their duties to meet the statutory requirements outlined in Working Together to Safeguard Children (HM Government 2013) and be aware of local protocols with children's services, agreed by the local safeguarding children's board (LSCB) that covers identifying and responding to safeguarding concerns related to young people's substance misuse?	PHE's JSNA commissioning guidance refers to the need for local safeguarding protocols to be in place with children's services where substance misuse is identified as an issue: <a href="http://www.nta.nhs.uk/uploads/jsna-support-pack-prompts-young-people-2017-final.pdf">http://www.nta.nhs.uk/uploads/jsna-support-pack-prompts-young-people-2017-final.pdf</a>
31	Royal College of Physicians (RCP)	Key area for quality improvement 3  How to navigate novel psychoactive substances.		e.g. understanding shifting nature/availability/composition of chemicals; being aware of dangers of new and untested substances. Having access to testing/advice; where to report dangerous chemicals so national awareness can be raised.	
32	The National LGB&T Partnership	LGBT (lesbian, gay, bisexual and trans) cultural competency of staff delivering preventative interventions	LGBT (lesbian, gay, bisexual and trans) cultural competency of staff delivering preventative interventions	LGBT people are likely to hold low expectations about accessing all services and there's a common expectation that they will experience discrimination due to their sexual orientation or gender identity. 30% of LGB people would expect to be treated worse than	Stonewall, Gay In Britain, 2013.

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			<p>LGBT people are identified as an at-risk group however also face significant barriers to accessing services where prevention interventions should be delivered. Where they do access services, staff lacking cultural competency is a barrier to engagement. Therefore, LGBT people will have unequal benefit from this guidance, compounding existing inequalities. Our experience indicates, that delivering targeted LGBT awareness training or quality assurance programmes is effective in up-skilling staff.</p>	<p>heterosexual people when accessing a range of public services, and this perception can stop people accessing services or benefitting from them as fully.</p>	

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33	The National LGB&T Partnership	Staff knowledge of the full range of non-OCU drugs.	Drugs used are diverse, and to effectively provide clear information of drugs, the individual delivering the intervention must have knowledge of specific drugs. Those drugs that are less commonly used are generally less well understood by professionals. However, this compounds inequalities when the drug is disproportionately used by a minority group. For example, men who have sex with men are significantly more likely to use methamphetamine than the general population.	Drug use has changed rapidly in recent years, but there has been no corresponding effort to ensure that professionals who come into contact with at-risk people have knowledge of these drugs. Many of the services delivering preventative interventions are not substance misuse specialist and rarely have funding/contracts to deliver substance misuse interventions. Therefore, they may struggle to justify spending limited resources on building staff skills and knowledge. To effectively and equitably deliver prevention interventions, local substance misuse services must proactively provide information and training across local health, wellbeing and social care services.	
<b>Data sharing systems</b>					
34	SCM 2	Improved data sharing systems	Important in terms of new and emerging themes that	Importance of integrating data to provide accurate information and resource to tackle	NPS guidance: a toolkit for sm commissioners, 2014

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			<p>stakeholders work collaboratively to identify and intervene early around emerging issues (for instance NPS, older people linked to loneliness/isolation and drug related deaths) at a local level.</p> <p>The increasing development and availability of NPS emphasises the importance of closer working to facilitate quicker identification and to ensure a more informed and joined up response (Annual report of the Home Office Forensic Early Warning System, May 2012). This may also be relevant in term of engagement with wider partners for</p>	<p>behaviours/impacts and to work collaboratively with other agencies to prevent misuse</p> <p>Information sharing at a local and national level can help to inform commissioning and provision of interventions (including preventative action). The sharing of information and collaboration should be across formal/informal clinical networks, A&amp;E reports, local police data, drug related deaths, ASB teams etc. Collecting and assessing incident reports (e.g. club drug incidents) and other relevant local data can build up a more informed local picture and contribute to the evidence needed to support earlier intervention/prevention whilst supporting a collaborative response around lessons learnt and to reflect on commissioning and clinical practice to avoid poor practice that can increase risks such as from drug related deaths</p> <p>Creating and building local networks generates opportunities for information sharing or training between drug treatment and acute</p>	<p>Understanding and preventing drug related deaths, PHE 2016</p>

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			instance sharing information about premises experiencing issues around club drug harms etc or about a collective response to drug related deaths.	health care services (as well as others coming into contact with vulnerable groups). This can support a more effective response to NPS and other emerging drug related issues.	
<b>Open access/walk in accessible support / treatment services</b>					
35	Public Health Team, Sheffield City Council	Recommendation of open access/walk in accessible support / treatment services or at least services which allow some access to this. Worries about their increased drug use.	The opportunistic nature of initially engaging someone regarding their substance misuse when they have motivation to do so will increase footfall into services when something has happened to trigger the need for support – if they can see someone immediately or at least speak to someone immediately this will maximise the opportunity for future engagement and		Locally we have done this in our non-opiate service and have found increases in students presenting for walk in support and assessment, due to worries about their increased drug use.

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			preventing further use and harm		
<b>Drug misuse prevention in prisons</b>					
36	Royal College of Nursing	Key area for quality improvement 1 Prevention in relation to tobacco smoking	NHS England – Health and Justice are leading a national smoke free in prisons programme.  Given that prisons are in the process of going 'smoke free', they will need help in assessing the impact of this.	NHS England's national smoke free in prisons programme is currently working towards full implementation of this scheme.  Early information on progress suggests that there may be impact upon the price of illicit tobacco and increasing issues of bullying. Access to nicotine replacement therapy (NRT) and harm reduction will need to be monitored.	NHS England (2016) - Strategic Direction for Health Services in the Justice System:2016-2020 Care not custody Care in custody Care after custody
37	Royal College of Nursing	Key area for quality improvement 2  New Psychoactive substances	There is evidence that with the increasing number of people in prisons that are using NPS is impacting on the wider prison population, emergency services and prison service as a whole.  This has resulted in the Public Health England producing a	There is growing evidence which indicates more people in prison are using new psychoactive substances (NPS) and this is resulting in higher emergency call outs to paramedic services.  Consideration needs to be given to how these new psychoactive substances which are increasingly accessible in prison settings might be captured.	PHE have produced a toolkit for prison staff in 2014. <a href="http://www.nta.nhs.uk">www.nta.nhs.uk</a>  Newcombe, R (2016) The Bird Killer - A study of the outbreak of spice (SCRA) use among men in English prisons in 2016 (Royal College of Psychiatrists)

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			toolkit for prison staff.		
38	Royal College of Nursing	Key area for quality improvement 3 Exploitation of vulnerable adults and young people particularly those with learning disability	Evidence suggests that vulnerable adults and young people (particularly those with learning disability) are exploited in prisons with some having difficulties reading certain information, expressing themselves and / or unable to understand certain words.	There is a higher prevalence of people with a learning disability in prisons with recognised additional vulnerability and greater exposure to bullying.  With more than a third (37%) of men, and 31% of women reporting that it was easy for them to get drugs in their prison (Prison Reform Trust 2016), it is important that steps are taken to protect vulnerable groups in the prison population from being coerced into drugs misuse.	See Bromley briefings (Prison Reform Trust) 2016
<b>Monitoring of attendance at referral appointments</b>					
39	SCM 4	Of those referred, how many attend their first appointment?			
<b>General comments</b>					
40	NHS England	General	Thank you for the opportunity to comment on the above quality		

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			<p>standard topic engagement exercise.</p> <p>We can confirm that there are no comments to be made on behalf of NHS England.</p>		
41	Royal College of Paediatrics and Child Health	General	<p>Thank you for inviting the Royal College of Paediatrics and Child Health to comment on the topic engagement exercise for the drug misuse prevention quality standard. We have not received any responses for this consultation.</p>		