NICE National Institute for Health and Care Excellence

NICE quality standard

Drug use disorders in adults

Quality standard

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Contents

This standard is based on CG52, CG51 and PH52.

This standard should be read in conjunction with QS11, QS14, QS65, QS88, QS95, QS80, QS116, QS156, QS157, QS165, QS188 and QS189.

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Quality statement 1: Needle and syringe programmes

Quality statement

People who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.

Rationale

Needle and syringe programmes can reduce transmission of blood-borne viruses and other infections caused by sharing injecting equipment. High quality programmes may reduce other harm associated with drug misuse, for example by advising on safer injecting practices, access to drug treatment and testing, vaccination and treatment for blood-borne viruses.

Quality measure

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 ensure people who inject drugs have access to needle and syringe programmes in accordance with NICE's guideline on needle and syringe programmes.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally by pharmacies and drug services, for example from service specifications.

Outcome

a) Proportion of people who inject drugs who access needle and syringe programmes.

Numerator – the number of people who access needle and syringe programmes.

Denominator – the estimated prevalence of injecting drug users.

Data source: No routinely collected national data for this measure has been identified. Data for the numerator can be collected from information recorded locally by needle and syringe programme providers. Information on estimated prevalence of injecting drug users for the denominator can be found in the Office for Health Improvement and Disparities Alcohol and drug misuse and treatment statistics collection.

b) Incidence of blood-borne viruses among people who inject drugs.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally in healthcare records.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people who inject drugs to have access to needle and syringe programmes in accordance with NICE's guideline on needle and syringe programmes.

Needleandsyringeprogrammestaff ensure people who inject drugs have access to needle and syringe programmes in accordance with NICE's guideline on needle and syringe programmes.

Commissioners ensure they commission services for people who inject drugs to have access to needle and syringe programmes in accordance with NICE's guideline on needle and syringe programmes.

Peoplewhoinjectdrugs have access to needle and syringe programmes that are nearby, have suitable opening hours and provide injecting equipment and advice on reducing the risk of harm.

Source guidance

Needle and syringe programmes. NICE guideline PH52 (2014), recommendations 1 to 4 and 6 to 9

Definitions of terms used in this quality statement

Needle and syringe programmes

Needle and syringe programmes supply needles and syringes for people who inject drugs. In addition, they often supply other equipment used to prepare and take drugs (for example, filters, mixing containers and sterile water). Most needle and syringe programmes are run by pharmacies and drug services. They may operate from fixed, mobile or outreach sites.

Needle and syringe programme services should meet local need. For example, they should take into account opening times, location and geography of the location (rural or urban), as well as the level of services needed.

Pharmacies, specialist needle and syringe programmes and other healthcare settings should be used to provide a balanced mix of the following services:

- level 1: distribution of injecting equipment either loose or in packs with written information on harm reduction
- level 2: distribution of 'pick and mix' injecting equipment plus health promotion advice
- level 3: level 2 plus provision of, or referral to, specialist services.

Some level 2 services might also offer blood-borne virus testing and treatment for hepatitis B, hepatitis C and HIV. [NICE's guideline on needle and syringe programmes, recommendation 6 and glossary]

Equality and diversity considerations

A number of specific groups of injecting drug users may require special consideration. These groups include:

- people experiencing homelessness, who are more likely to share needle and syringe equipment on a regular basis than others who inject drugs
- women, whose drug use may be linked to specific behaviours and lifestyles that put them at an increased risk of HIV and hepatitis infections
- users of anabolic steroids and other performance- and image-enhancing drugs
- the prison population, which contains a higher than average number of injecting drug users.

Quality statement 2: Assessment

Quality statement

People in drug treatment are offered a comprehensive assessment.

Rationale

People with drug use disorders have a better chance of recovery, and of maintaining recovery in the longer term, if their resources for recovery are assessed and tailored advice and support is provided.

An assessment is intended to identify needs and determine appropriate interventions and the key resources available and needed to support recovery and prevent relapse.

Quality measure

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.

Process

Proportion of people in drug treatment who receive a comprehensive assessment.

Numerator – the number of people in the denominator receiving a comprehensive assessment.

Denominator – the number of people in drug treatment.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; some aspects of the assessment of resources for recovery are collected, such as housing, employment and education.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people in drug treatment services to be offered a comprehensive assessment.

Healthcareprofessionals offer people in drug treatment a comprehensive assessment.

Commissioners ensure they commission services that offer people in drug treatment a comprehensive assessment.

Peopleindrugtreatment are offered a full assessment of their drug use and needs in relation to recovery.

Source guidance

- Drug misuse in over 16s: psychosocial interventions. NICE guideline CG51 (2007), recommendations 1.2.2.1 and 1.2.2.3
- Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), paragraph 2.2.2.3

Definitions of terms used in this quality statement

Comprehensive assessment

A comprehensive assessment should consider both drug use and resources for recovery and include:

- identifying, and responding to, any emergency or acute problem
- confirming the patient is taking psychoactive substances (based on history, examination and drug testing, and clinical records)
- identifying the degree of problem use or dependence
- identifying physical and mental health problems

- identifying social problems, including problems in personal relationships and of social integration (including domestic violence and abuse), family, housing and living arrangements, education, employment, benefits and financial problems, childcare issues, criminal involvement, offending and other legal issues
- assessing the family history for substance use and dependence and relevant medical, psychiatric or psychosocial factors
- determining the patient's understanding of treatment options and motivation for change
- exploring and identifying strengths
- determining any need for substitute medication or other prescribing for dependence
- assessing risk behaviours, including those associated with injecting (for drug-misusing parents or other adults with dependent children, obtaining information on the children and any drug-related risks to which they may be exposed)
- with young people, assessing competency to consent to treatment (if required) and involving those with parental responsibility as appropriate

[Department of Health and Social Care's guideline on drug misuse and dependence, paragraph 2.2.2.3]

Equality and diversity considerations

All assessments should be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who need a comprehensive assessment should have access to an interpreter or advocate if needed.

Quality statement 3: Families and carers

Quality statement

Families and carers of people with drug use disorders are offered an assessment of their needs.

Rationale

Drug use disorders affect the entire family and the communities in which these families live. Families and carers of people with drug use disorders are often in need of support for themselves. An assessment is important to identify their needs and determine appropriate interventions for those needs that are unmet.

Quality measure

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.

Process

Proportion of identified family members and carers of people with drug use disorders who are offered an assessment of their needs.

Numerator – the number of people in the denominator offered an assessment of their needs.

Denominator – the number of identified family members and carers of people with drug use disorders.

Data source: No routinely collected national data for this measure has been identified. Data can be collected from information recorded locally in healthcare records.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for families and carers of people with drug use disorders to be offered an assessment of their own specified needs.

Healthcareprofessionals ensure families and carers of people with drug use disorders are offered an assessment of their own specified needs.

Commissioners ensure they commission services that offer families and carers of people with drug use disorders an assessment of their own specified needs.

Familiesandcarersofpeoplewithdrugusedisorders are offered an assessment of their own specified needs.

Source guidance

- Drug misuse in over 16s: psychosocial interventions. NICE guideline CG51 (2007), recommendations 1.1.2.1
- Drug misuse in over 16s: opioid detoxification. NICE guideline CG52 (2007), recommendation 1.1.2.1
- Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), section 2.7.12

Definitions of terms used in this quality statement

Family members and carers

Family members and carers includes anyone affected by the person with the drug use disorder who approaches services, regardless of whether or not the person with the drug use disorder is in treatment.

Family and carer needs include personal, social and mental health needs. [Expert opinion]

Assessment

An assessment should address the needs of the family member and carer and include those elements outlined in the Department of Health and Social Care's guideline on drug misuse and dependence, section 2.7.12, NICE's guideline on drug misuse in over 16s: psychosocial interventions, recommendation 1.1.2.1 and NICE's guideline on drug misuse in over 16s: opioid detoxification, recommendation 1.1.2.1.

Equality and diversity considerations

All assessments should be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People who need an assessment should have access to an interpreter or advocate if needed.

Quality statement 4: Blood-borne viruses

Quality statement

People accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV and vaccination for hepatitis B.

Rationale

Blood-borne viruses can cause chronic poor health and can lead to serious disease and premature death. Rates of infection with blood-borne viruses are high among people with drug use disorders, specifically those who inject drugs. Vaccination can protect against hepatitis B and carrying out testing to diagnose infection with blood-borne viruses is the first step in preventing transmission and accessing treatment.

Quality measure

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.

Process

a) Proportion of people accessing drug treatment services, not known to have hepatitis B, who receive testing for hepatitis B.

Numerator – the number of people in the denominator receiving testing for hepatitis B.

Denominator – the number of people accessing drug treatment services not known to have hepatitis B.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Proportion of people accessing drug treatment services who test positive for hepatitis B

and are referred for treatment.

Numerator – the number of people in the denominator referred for treatment for hepatitis B.

Denominator – the number of people accessing drug treatment services who test positive for hepatitis B.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

c) Proportion of people accessing drug treatment services, not known to have hepatitis C, who receive testing for hepatitis C.

Numerator – the number of people in the denominator receiving testing for hepatitis C.

Denominator – the number of people accessing drug treatment services not known to have hepatitis C.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their drug use; information on hepatitis C intervention status, tests and referral and hepatitis B intervention status is collected.

d) Proportion of people accessing drug treatment services who test positive for hepatitis C and are referred for treatment.

Numerator – the number of people in the denominator referred for treatment for hepatitis C.

Denominator – the number of people accessing drug treatment services who test positive for hepatitis C.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their drug use; information on hepatitis C intervention status, tests and referral and hepatitis B intervention status is collected.

e) Proportion of people accessing drug treatment services, not known to have HIV, who receive testing for HIV.

Numerator – the number of people in the denominator receiving testing for HIV.

Denominator – the number of people accessing drug treatment services not known to have HIV.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

f) Proportion of people accessing drug treatment services who test positive for HIV and are referred for treatment.

Numerator – the number of people in the denominator referred for treatment for HIV.

Denominator – the number of people accessing drug treatment services who test positive for HIV.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

g) Proportion of people accessing drug treatment services who are vaccinated against hepatitis B (either by the service or previously).

Numerator – the number of people in the denominator who are vaccinated against hepatitis B.

Denominator – the number of people accessing drug treatment services who are not known to have hepatitis B.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their drug use; information on hepatitis C intervention status, tests and referral and hepatitis B intervention status is collected.

Outcome

a) Rate of hepatitis B infection in people with drug use disorders.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

b) Rate of hepatitis C infection in people with drug use disorders.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people accessing drug treatment services to be offered testing and referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

Healthcareprofessionals ensure people accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

Commissioners ensure they commission services that offer people accessing drug treatment services testing and referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

Peopleaccessingdrugtreatmentservices are offered tests and, if needed, referral for treatment for hepatitis B, hepatitis C and HIV, and vaccination for hepatitis B.

Source guidance

- Drug misuse in over 16s: psychosocial interventions. NICE guideline CG51 (2007), recommendation 1.3.1.1
- Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), sections 6.2.2.2 and 6.2.3

Definitions of terms used in this quality statement

Accessing drug treatment services

The term is defined as being in contact with any drug service, including needle and

syringe programmes. [Expert opinion]

Testing

Testing should not be performed only once. It should be repeated when necessary because a person's situation may change.

People with drug use disorders who are vaccinated against hepatitis B should receive the full course, which consists of 3 injections of hepatitis B vaccine over a period of 4 to 6 months. [Department of Health and Social Care's guideline on drug misuse and dependence, sections 6.2.2.2 and 6.2.3.2]

Quality statement 5: Information and advice

Quality statement

People in drug treatment are given information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Rationale

Appropriate information and advice about available treatment options will help people make informed choices about their treatment goals and the type of treatment and support likely to help them.

Quality measure

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.

Process

Proportion of people in drug treatment receiving information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Numerator – the number of people in the denominator receiving information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Denominator – the number of people in drug treatment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from service protocols and patient records.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people in drug treatment to be given information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Healthcareprofessionals give people in drug treatment information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Commissioners ensure they commission services in which information and advice on the following treatment options are given to people in drug treatment: harm reduction, maintenance, detoxification and abstinence.

Peopleindrugtreatment receive information and advice about the following treatment options: treatment to help people reduce the risks of taking illegal drugs (harm reduction), taking a substitute drug (such as methadone or buprenorphine) for people dependent on opioids such as heroin (maintenance), reducing opioid use in a safe and effective manner (detoxification) or treatment to help people stop taking drugs (abstinence).

Source guidance

- Drug misuse in over 16s: psychosocial interventions. NICE guideline CG51 (2007), recommendation 1.1.1.1
- Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), section 2.2.4.1

Equality and diversity considerations

All information and advice about treatment should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with drug use disorders should have access to an interpreter or advocate if needed.

Quality statement 6: Keyworking – psychosocial interventions

Quality statement

People in drug treatment are offered appropriate psychosocial interventions by their keyworker.

Rationale

Psychosocial interventions can improve the therapeutic relationship between the keyworker and the person with the drug use disorder. This can help to improve motivation, participation in treatment, the likelihood of recovery and prevention of relapse.

Quality measure

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.

Process

Proportion of people in drug treatment who receive appropriate psychosocial interventions from their keyworker.

Numerator – the number of people in the denominator receiving appropriate psychosocial interventions from their keyworker.

Denominator – the number of people in drug treatment.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; data on a range of psychosocial interventions are collected.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people in drug treatment to be offered appropriate psychosocial interventions by their keyworker.

Keyworkers offer people in drug treatment appropriate psychosocial interventions.

Commissioners ensure they commission services that offer people in drug treatment appropriate psychosocial interventions from their keyworker.

Peopleindrugtreatment are offered psychosocial support by their keyworker, which may involve 'talking therapies' to help increase motivation and prevent relapse, and creating visual 'maps' to help support their treatment.

Source guidance

Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), sections 2.2.4 and 3.7

Definitions of terms used in this quality statement

Psychosocial interventions

Psychosocial interventions need to be appropriate to the service user's needs and circumstances. The Department of Health and Social Care's guideline on drug misuse and dependence lists relevant interventions which can be offered by the keyworker.

Keyworker

A keyworker is a key individual or clinician, for example a doctor, nurse, or an NHS or voluntary sector drugs worker who is in regular contact with the service user. If the person has complex needs it is important that the keyworker is a single named individual. [Department of Health and Social Care's guideline on drug misuse and dependence]

Quality statement 7: Recovery and reintegration

Quality statement

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.

Rationale

People with drug use disorders have a better chance of recovery and reintegration, and maintaining recovery in the longer term, if they are supported to access services that promote recovery.

Quality measure

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.

Process

Proportion of people in drug treatment who receive support to access services that promote recovery and reintegration.

Numerator – the number of people in the denominator receiving support to access services that promote recovery and reintegration.

Denominator – the number of people in drug treatment.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs. Data on a range of recovery support interventions are collected.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people in drug treatment to be offered support to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.

Healthcareprofessionals ensure 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.

Commissioners ensure they commission services that offer people in drug treatment support to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.

Peopleindrugtreatment are offered support to help them recover and integrate back into the community, including getting help from housing, education, employment, personal finance and healthcare services and mutual aid.

Source guidance

- Drug misuse in over 16s: psychosocial interventions. NICE guideline CG51 (2007), recommendations 1.3.2.1 and 1.3.2.2
- Drug misuse in over 16s: opioid detoxification. NICE guideline CG52 (2007), recommendation 1.1.1.6
- Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), section 2.2.6 and chapter 3

Definitions of terms used in this quality statement

Support for housing, education, employment and healthcare

Definitions of support for housing, education, employment and healthcare should be taken from the National Drug Treatment Monitoring System dataset.

Mutual aid

Mutual aid services include SMART (self-management and recovery training) recovery and those based on 12-step principles, for example Narcotics Anonymous, Alcoholics Anonymous and Cocaine Anonymous. [Expert opinion]

NICE's guideline on drug misuse in over 16s: psychosocial interventions states examples of support that may be considered to assist people with drug use disorders to make initial contact with a self-help group. These include making appointments, arranging transport, accompanying people to their first session and dealing with any concerns. Support also includes the provision of information and advice.

Equality and diversity considerations

People in drug treatment should receive support to access services that promote recovery, tailored to their individual needs.

Quality statement 8: Formal psychosocial interventions and psychological treatments

Quality statement

People in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments.

Rationale

Evidence-based psychosocial interventions are effective in the treatment of people with drug use disorders. For the best chance of recovery a range of interventions should be provided to meet different needs.

Many people with drug use disorders have comorbid problems, particularly mental health problems that need concurrent or sequential interventions for treatment to be effective.

Quality measure

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.

Process

a) Proportion of people in drug treatment who receive appropriate formal psychosocial interventions.

Numerator – the number of people in the denominator receiving appropriate formal psychosocial interventions.

Denominator – the number of people in drug treatment.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs. Data on a range of psychosocial interventions are collected.

b) Proportion of people in drug treatment who have comorbid depression or anxiety disorders who receive psychological treatments for those disorders.

Numerator – the number of people in the denominator receiving psychological treatments for those disorders.

Denominator – the number of people in drug treatment who have comorbid depression or anxiety disorders.

Data source: The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs. Data on a range of psychosocial interventions are collected.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people in drug treatment to be offered appropriate formal psychosocial interventions and/or psychological treatments.

Healthcareprofessionals offer people in drug treatment appropriate formal psychosocial interventions and/or psychological treatments.

Commissioners ensure they commission services that offer people in drug treatment, appropriate formal psychosocial interventions and/or psychological treatments.

Peopleindrugtreatment are offered psychosocial treatments including contingency management, behavioural couples therapy and/or psychological treatments that are suitable for their needs.

Source guidance

- Drug misuse in over 16s: psychosocial interventions. NICE guideline CG51 (2007), recommendations 1.4.1.4, 1.4.2.1, 1.4.1.3, 1.4.4.1 and 1.4.6.2

- Drug misuse in over 16s: opioid detoxification. NICE guideline CG52 (2007), recommendations 1.5.1.2 and 1.5.1.3
- Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), section 3.7.3.2

Definitions of terms used in this quality statement

Formal psychosocial interventions

'Formal psychosocial interventions' have 3 aspects:

- they need specific competencies to deliver them
- they are supported by the relevant training and supervision
- they are an enhanced level of intervention (above and beyond the standard keyworking platform).

Evidence based formal psychosocial interventions are listed in the Department of Health and Social Care's guideline on drug misuse and dependence, NICE's guidelines on drug misuse in over 16s: psychosocial interventions and drug misuse in over 16s: opioid detoxification. These should be appropriate to the needs and circumstances of the service user and include:

- contingency management
- behavioural couples therapy
- community reinforcement approach
- social behaviour network therapy
- cognitive behavioural relapse prevention-based therapy
- psychodynamic therapy.

Cognitive behavioural relapse prevention-based therapy and psychodynamic therapy should not be used as first-line psychosocial treatments. They may be reserved for individuals who have not benefited from first-line treatments such as brief interventions, contingency management and self-help groups, or in cases where clinical judgement

suggests they may be appropriate in the particular circumstances of the case.

Psychological interventions

NICE's guidelines on depression in adults and generalised anxiety disorder and panic disorder in adults recommend evidence-based psychological treatments for depression and anxiety.

Quality statement 9: Continued treatment and support when abstinent

Quality statement

People who have achieved abstinence are offered continued treatment or support for at least 6 months.

Rationale

Continued treatment and support is designed to help an individual's chances of recovery by maintaining abstinence and reducing the risk of adverse outcomes (including death). A lack of support may lead people with drug use disorders to relapse.

Quality measure

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.

Process

Proportion of people who have achieved abstinence who receive continued treatment and support for at least 6 months.

Numerator – the number of people in the denominator who receive continued treatment and support for at least 6 months after being identified as drug free.

Denominator – the number of people who have achieved abstinence.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Proportion of people who have achieved abstinence who are still abstinent at 6 months.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people who have achieved abstinence to be offered continued treatment and support for at least 6 months.

Healthcareprofessionals offer people who have achieved abstinence continued treatment and support for at least 6 months.

Commissioners ensure they commission services that offer continued treatment and support for at least 6 months for people who have achieved abstinence.

Peoplewhohaveachievedabstinence (stopped taking drugs) are offered continued treatment and support for at least 6 months.

Source guidance

- Drug misuse in over 16s: opioid detoxification. NICE guideline CG52 (2007), recommendation 1.4.2.1
- Drug misuse and dependence: UK guidelines on clinical management. Department of Health and Social Care (2017), section 4.9

Definitions of terms used in this quality statement

Support

Ongoing relapse-prevention interventions, access to peer support, provision of recovery-focused programmes such as education and interventions to address comorbid mental

health problems. [Expert opinion]

Quality statement 10: Residential rehabilitative treatment

Quality statement

People in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Rationale

Residential rehabilitative treatment provides a safe environment, a daily structure, multiple interventions and can support recovery in some people with drug use disorders who have not benefitted from other treatment options. For people with drug use disorders to make an informed choice about residential rehabilitative treatment, taking into account personal preferences, it is important they are aware of the NICE eligibility criteria.

Quality measure

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.

Process

Proportion of people in drug treatment who receive information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Numerator – the number of people in the denominator receiving information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Denominator – the number of people in drug treatment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Serviceproviders ensure systems are in place for people in drug treatment to be given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Healthcareprofessionals ensure people in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Commissioners ensure they commission services for people in drug treatment to be given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

Peopleindrugtreatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment if they want to stop taking drugs, have other medical or social problems, have completed a detoxification programme and past psychosocial treatment has not been successful.

Source guidance

Drug misuse in over 16s: psychosocial interventions. NICE guideline CG51 (2007), recommendation 1.5.1.2

Definitions of terms used in this quality statement

Eligibility criteria

The eligibility criteria is listed in NICE's guideline on drug misuse in over 16s: psychosocial interventions, which recommends residential treatment may be considered for people who are seeking abstinence and who have significant comorbid physical, mental health or social (for example, housing) problems. The person should be planning to complete a community, residential or inpatient detoxification programme and have not benefited from previous community-based psychosocial treatment.

Residential rehabilitative treatment

Residential rehabilitative treatment is defined on the National Drug Treatment Monitoring System website as a structured drug treatment setting where residence is a condition of receiving the interventions.

Equality and diversity considerations

Residential rehabilitative treatment should be available for anyone meeting the eligibility criteria. The needs of people with children should be considered so that children are appropriately looked after while their parents enter residential rehabilitative treatment.

All information and advice about residential rehabilitation should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with drug use disorders should have access to an interpreter or advocate if needed.

Update information

Minor changes since publication

September 2024: References, data sources and links have been updated throughout. Structure measures were also removed where they replicated process measures.

June 2022: The definition of psychological treatments in statement 8 has been updated to link to the updated NICE guideline on depression in adults. Links and references have been updated throughout.

April 2014:NICE's guideline on needle and syringe programmes has been updated. References and links to this guideline have been updated throughout.

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 standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

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.

Good communication between health and social care professionals and people with drug use disorders is essential. Treatment and care, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with drug use disorders should have access to an interpreter or advocate if needed.

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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.

- British Psychological Society (BPS)
- Addiction Professionals (registration body and network)