National Institute for Health and Clinical Excellence

Implementation Programme

NICE support for commissioners and others using the quality standard on drug use disorders

November 2012

1 Introduction

Implementing the recommendations from NICE guidance and other NICE accredited guidance is the best way to support improvements in the quality of care offered to patients in line with the statements and measures that comprise the NICE quality standards. To support implementation, this document:

- directs commissioners and service providers to a package of support tools that can assist with the implementation of NICE guidance and service redesign
- considers the cost of implementing the changes required to achieve the quality standard at a local level
- identifies where potential cost savings can be made
- highlights the areas of care in the quality standard with potential implications for commissioners.

NICE quality standards define high-quality care for patients across a care pathway or clinical area. They are based on NICE guidance, and other NICE

accredited guidelines, and are presented as a set of specific, concise statements that represent high-quality care, with associated measures. The NICE quality standard for drug use disorders was developed by a Topic Expert Group (TEG) using the best available evidence, and was produced collaboratively with the NHS and voluntary sector agencies and service users.

Each quality statement has accompanying quality measures. At present, the number of health outcome measures is limited so the quality measures focus on improving the processes of care that are considered to be linked to health outcomes.

From 2013/14 the NHS Commissioning Board will draw on the NICE quality standards to translate the national health outcomes into outcomes and indicators that can be applied at a local level. These will be used to hold clinical commissioning groups to account for their contribution to improving outcomes, and will be set out in the NHS commissioning outcomes framework. Trusts and other service providers may refer to the quality standards in their Quality Accounts in order to assess the quality of their healthcare services and demonstrate quality improvement within their organisation.

NHS commissioners can use the quality standards to improve the services commissioned from providers by including quality statements and measures within the service specification element of the standard contract, by establishing key performance indicators as part of a tendering process and incentivising provider performance by using the quality standard measures, where they are provided, in association with incentive payments such as Commissioning for Quality and Innovation (CQUIN). NICE quality standards can also provide a baseline against which improvements can be measured and rewarded, enabling commissioners to address gaps in service provision, support best practice and encourage evidence-based treatments and care.

The NICE support for commissioners and others on the drug use disorders quality standard should be read alongside Drug misuse and dependence: UK

guidelines on clinical management (2007) published by the Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive. Also known as the 'Orange book', these guidelines provides advice to healthcare professionals on service delivery and implementation of a broad range of interventions for drug misuse.
Commissioners should also review the following:

- NICE quality standard 14 for service user experience in adult mental health
- Psychosis with coexisting substance misuse (2011) NICE clinical guideline 120
- Needle and syringe programmes (2009) NICE public health guidance 18
- Drug misuse: opioid detoxification (2007) NICE clinical guideline 52
- Drug misuse: psychosocial interventions (2007) NICE clinical guideline 51
- Naltrexone for the management of opioid dependence (2007) NICE technology appraisal 115
- Methadone and buprenorphine for managing opioid dependence (2007) NICE technology appraisal 114
- Commissioning stepped care for people with common mental health disorders (2011) NICE commissioning guide
- Needle and syringe programmes (2012) NICE commissioning guide

2 Overview of drug use disorders

Drug use disorders are defined as intoxication by, dependence on, or regular, excessive consumption of psychoactive substances leading to social, psychological, physical or legal problems. Opioid misuse is often characterised as a long-term chronic condition with periods of remission and relapse. Patterns of cannabis and stimulant misuse vary considerably and are less well understood.

People with drug use disorders may have a range of health and social care problems. Drug misuse is more prevalent in areas characterised by social deprivation, which in turn is associated with poorer health. Many people with drug use disorders have lifestyles that are not conducive to good health. Injecting drug users are particularly vulnerable to contracting blood-borne viruses and other infections. A long-term study of people with an addiction to heroin showed they had a mortality risk 12 times greater than the general population. The aim of drug treatment is to reduce such inequalities by helping people overcome their addiction and improve their quality of life.

An integrated approach to commissioning and providing services across a whole pathway of care is fundamental to the delivery of high-quality care to people with drug use disorders.

2.1 Epidemiology

Patterns of drug misuse vary in England and Wales. Among people aged between 16 and 59 years, the most commonly used psychoactive substance is cannabis, followed by cocaine and ecstasy. Opioids are used less commonly[1], but present the most significant health problems. The number of adults entering treatment for the first time for heroin and crack use has fallen by 15% in 2 years. The number of 18- to 24-year-olds in this category has halved over 5 years. As the drug-dependent population ages, the over-40s have become the largest age group starting treatment. They tend to be entrenched users[2].

In addition, people who do not fit common stereotypes of dependent drug users are presenting for treatment in increasing numbers. These individuals are often younger, more likely to be working and in stable housing[3].

[1] Home Office (2011) Drug misuse declared: findings from the 2010/11 British Crime Survey England and Wales.
[2] National Treatment Agency for Substance Misuse (2012) Drug treatment in England: the road to recovery.
[3] H.M. Government (2010) Drug strategy 2010. Reducing demand, restricting supply, building recovery: supporting people to live a drug free life.

3 Resource and commissioning implications

Under the Health and Social Care Act 2012, the commissioning of substance misuse treatment services will be transferred to local authorities in April 2013. NICE will produce a Local Government Briefing in the first quarter of 2013/14, drawing together resources for local authorities on drug services, including this quality standard and related NICE guidance. Local Authorities will be supported to deliver effective substance misuse services by Public Health England (PHE). PHE will bring together staff and functions from a number of existing bodies, including the National Treatment Agency for Substance Misuse (NTA).

Table 1 summarises the resource and commissioning implications for commissioners and service providers working towards achieving this quality standard. Where potential resource implications have been identified, these are to be considered at a local level as their impact will be dependent on a number of factors, such as the configuration of the local treatment system and the progress made by local agencies to implement existing NICE guidance.

Table 1 Potential resource implications of achieving the quality standard for drug use disorders

Area of care	Estimated resource impact	Estimated commissioning impact
Needle and syringe programmes	Potential costs to be estimated locally. Commissioners can use the Needle and syringe programmes - commissioning and benchmarking tool to estimate potential costs.(part of NICE commissioning guide on needle and syringe programmes) The appropriate provision of needle and syringe programmes may help reduce the spread of blood-borne viruses and other infections associated with injecting drug use. Successful implementation and uptake of these services may deliver savings.	Commissioners may wish to review service provision against NICE public health guidance and the NICE commissioning guide on needle and syringe programmes to ensure that local service provision is in line with NICE recommendations.
Assessment	Where commissioners require an increase capacity there may be costs involved.	If there are significant numbers of service users who accept the offer of a comprehensive assessment, commissioners may need to review capacity within assessment services.
Families and carers	There may be costs involved depending on how local services are established.(where no service currently exists) Therefore the costs should be assessed at a local level.	Significant impact where no services are currently commissioned.
Blood-borne viruses	No significant cost impact in	No significant impact

	areas where there are effective vaccination programmes and established routes into treatment.	in areas where there are effective vaccination programmes and established routes into treatment.
Information and advice	No significant cost impact anticipated.	No significant commissioning impact anticipated.
Keyworking – psychosocial interventions	No significant cost impact anticipated.	No significant commissioning impact anticipated.
Recovery and reintegration	Potential costs if services need to support service users beyond treatment into recovery and reintegration.	Potential commissioning implications if services need to support service users beyond treatment into recovery and reintegration.
Formal psychosocial interventions and psychological treatments	No significant costs anticipated where local areas have implemented Drug misuse: psychosocial interventions (NICE clinical guideline 51).	None anticipated if areas have implemented Drug misuse: psychosocial interventions (NICE clinical guideline 51).
Continued treatment and support when abstinent	This quality statement may result in a significant cost impact if commissioners decide to commission a separate aftercare support service.	May result in a significant impact if commissioners decide to commission a separate aftercare support service.
Residential rehabilitative treatment	None anticipated in areas where local systems already provide access to residential rehabilitation.	None anticipated in areas where local systems already provide access to residential rehabilitation.

4 Commissioning implications and cost impact

This section considers the commissioning implications and potential resource impact of implementing the recommendations to achieve the NICE quality standard for drug use disorders. This quality standard comprises of 10 quality statements, which are grouped into areas of care as shown in table 1 above.

4.1 Needle and syringe programmes

Quality statement 1: People who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.

Needle and syringe programmes supply needles and syringes. In addition, they often supply other equipment used to prepare and take illicit drugs (for example, filters, mixing containers and sterile water). The majority of needle and syringe programmes are run by pharmacies and drug services. A key aim is to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment. Many needle and syringe programmes also aim to reduce other harm caused by injecting drugs.

The NICE public health guidance on needle and syringe programmes recommends that 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.

Commissioners should clearly detail within specifications that all needle and syringe programme staff receive training in the use of the equipment they are distributing and are sufficiently knowledgeable to be able to provide clients with harm reduction advice and information.

The Commission for Healthcare Audit and Inspection[4] highlighted weaknesses nationally in the provision of out-of-hours needle exchange. Commissioners should ensure that all areas have needle and syringe provision that is available after 7pm and during weekends and bank holidays.

[4] The Healthcare Commission, National Treatment Agency for Substance Misuse (2008) Improving services for substance misuse.

Addressing this shortage may have some cost implications depending on local circumstances and needs. Local areas are encouraged to review their practices and assess costs locally. Commissioners could may wish to use the Needle and syringe programmes - Commissioning and benchmarking tool to estimate likely costs associated with this quality statement.

The appropriate provision of needle and syringe programmes may help reduce the spread of blood-borne viruses and other infections associated with injecting drug use. Successful implementation and uptake of these services may deliver savings.

The NICE pathway for needle and syringe programmes directs users to all related NICE guidance.

Further information on commissioning needle and syringe programmes can be found in the NICE commissioning guide on needle and syringe programmes. Where commissioners identify there is a need for increased provision of needle and syringe programmes, they may find the NICE needle and syringe programmes: local authority planning committee checklist a useful resource.

Detailed information on costing needle and syringe programmes can be found in the NICE commissioning and benchmarking tool for needle and syringe programmes (which allows commissioners to estimate the level of service needed locally and the cost of providing that service) and also within the costing template for needle and syringe programmes (which estimates the cost impact of implementing NICE guidance based on current practice and changes to practice following implementation).

Quality statement 2: People in drug treatment are offered a comprehensive assessment.

Comprehensive assessment underlies planning and delivery of structured treatment and other interventions. It may be undertaken sorely by a keyworker

or in conjunction with other professionals and services, and it may be developed using systems of multidisciplinary team working. The result will be the development of a comprehensive care plan, describing the agreed planned actions to address the needs and goals identified through the initial and ongoing comprehensive assessment[5].

Commissioners should refer to the UK guidelines on clinical management of drug misuse and dependence, which detail the aims of a comprehensive assessment. Commissioners should ensure that local drug treatment services are able to provide comprehensive assessment by fully trained and competent staff to people who take up the offer of assessment within 3 weeks of the [offer/request]. In urgent cases, access to comprehensive assessment should be fast-tracked in line with local policies, and consistent with risk management and clinical governance policies.

Where clinical assessments are provided as part of the comprehensive assessment, commissioners should ensure that these are carried out in line with the NICE clinical guideline on drug misuse: opioid detoxification, and that assessment for psychosocial services are carried out in line with the NICE clinical guideline on drug misuse: psychosocial interventions.

Commissioners may consider asking providers to develop a shared assessment process in order to allow information sharing between providers and prevent over-assessment of those individuals engaging with a number of agencies.

There may be costs involved where a significant number of service users accept the offer of a comprehensive assessment and results in the need to for commissioners to review capacity within assessment services. The costs will depend on local needs and therefore have to be assessed at a local level.

All assessments should be accessible to people with additional needs such as

[5] National Treatment Agency for Substance Misuse (2006) Care planning practice guide.

physical, sensory or learning disabilities, and to people who do not speak or read English. Commissioners should ensure that drug treatment services are able to provide access to interpretation or advocacy services if these are needed.

4.3 Families and carers

Quality statement 3: Families and carers of people with drug use disorders are offered an assessment of their needs.

Having a relative or friend who is a drug misuser is a stressful experience, which can affect individuals' physical health and psychological wellbeing, finances, social lives and relationships with others. It is important to help family members and carers deal with these challenges for their own wellbeing, but also to include them appropriately in the treatment process because this often allows them to provide support to individuals who are receiving treatment for their drug disorder. Evidence suggests that supporting and involving family members and carers effectively can lead to improved outcomes for them, as well as for drug users themselves.

Commissioners should ensure that all drug services offer family and carer assessments in line with the NICE clinical guidelines on drug misuse: psychosocial interventions and drug misuse: opioid detoxification. Commissioners should also ensure that drug treatment services provide information about, and facilitate contact with, support groups, such as self-help groups specifically focused on addressing families' and carers' needs.

Commissioners may also wish to refer to the National Treatment Agency's Supporting and involving carers: a guide for commissioners and providers. The guide provides information for substance misuse commissioners and providers on the evidence base and good practice in commissioning and providing services for families and carers.

It is expected that there might be a significant commissioning impact where no services are currently commissioned. There may be costs involved depending

on how local services are established. Therefore the costs should be assessed at a local level.

4.4 Blood-borne viruses

Quality statement 4: People accessing drug treatment services are offered testing and referral for treatment for hepatitis B, hepatitis C and HIV and vaccination for hepatitis B.

Blood-borne virus infections such as hepatitis B and C and HIV can cause chronic poor health and lead to serious disease and premature death. Blood-borne virus rates are high among drug users, particularly those who inject drugs. NICE recommends a number of treatments for hepatitis B and hepatitis C. If someone with chronic hepatitis B or C can be diagnosed early enough, their risk of developing long-term complications, such as cirrhosis and liver cancer, can be reduced.

In 2010, the Health Protection Agency reported the current prevalence of hepatitis C among injecting drug users in England to be 49%[6]. There is a wide geographic variation, and variation with age ranging from 27% in under 25s to 58% in those aged 35 and over (data for England, Wales and Northern Ireland).

In 2010, the prevalence of hepatitis B in injecting drug users was 17% and the rate of self-reported hepatitis B vaccination doubled from 36% in 2000 to 75%.

HIV prevalence among injecting drug users was 1.2% in 2010, a decrease from 1.6% in 2009.

A service review by the National Treatment Agency (NTA) and Healthcare Commission[7] revealed that strategic planning for harm reduction services was generally good. However, additional action from local drug treatment partnerships to increase the rates of testing and vaccination was needed. It

[6] Health Protection Agency, Health Protection Services and Microbiology Services (2011) Unlinked Anonymous Prevalence Monitoring Programme (UAPMP).
[7] National Treatment Agency for Substance Misuse (2009) Improving services for substance misuse: commissioning drug treatment and harm reduction services.

was found that vaccination for hepatitis B, and testing and treatment for hepatitis C, were not provided widely enough by local drug treatment partnerships and addressing this was indicated as a clear priority.

Commissioners should specify that all individuals who are in contact with drug treatment services are offered testing for blood-borne viruses and, for those who test positive, commissioners should ensure that there are local treatment options available and that they are provided in line with NICE recommendations for the treatment of hepatitis B and C. Commissioners may wish to audit referral data to ensure individuals who test positive are referred appropriately.

Commissioners, public health specialists and providers may wish to review local strategies for assessing uptake rates among the local drug-using population for vaccination for hepatitis B, and to identify ways to improve completion rates for vaccination treatment.

No significant cost impact is anticipated in areas where there are effective vaccination programmes and established routes into treatment.

Commissioners, public health specialists and providers should work together to ensure an integrated approach to commissioning services that raises awareness of the risks and consequences of chronic hepatitis B and C infection, and the potential benefits of testing and treatment among drug users and ‘close contacts’ of people who have been diagnosed. Commissioners should take into account the barriers to testing for hepatitis B and C when planning services, and ensure that there is a choice of facilities that address the associated stigma, cultural or language issues.

Commissioners should also refer to the NICE pathway for HIV testing and prevention. This pathway covers recommendations for the NHS, local authorities and the wider public, voluntary, community and private sectors on how to prevent the spread of HIV by increasing the uptake of HIV testing

services. In line with British HIV Association guidelines[8], commissioners should ensure that all health professionals routinely offer and recommend an HIV test to people reporting a history of injecting drug use and/or attending drug dependency programmes.

NICE is currently developing public health guidance on Hepatitis B and C – ways to promote and offer testing (publication expected in December 2012). Commissioners should use this guidance when planning strategies to improve testing rates in their local area.

4.5 Information and advice

Quality statement 5: People in drug treatment are given information and advice about the following treatment options: harm reduction, maintenance, detoxification and abstinence.

Commissioners should be aware that involving people as active partners in their drug treatment is good practice and is associated with better outcomes. Service users should be fully involved in the development of their care or treatment plan, in setting appropriate treatment goals and reviewing progress in treatment. They should be informed about the benefits and risks of different treatment options so that they can be actively involved in choosing treatment appropriate to their needs[9].

The NICE clinical guideline on drug misuse: psychosocial interventions includes the following recommendation:

> 'To enable people who misuse drugs to make informed decisions about their treatment and care, staff should explain options for abstinence-orientated, maintenance-orientated and harm-reduction interventions at the person's initial contact with services and at

[8] British HIV Association, British Association of Sexual Health and HIV, British Infection Society (2008) UK national guidelines for HIV testing 2008.

[9] Department of Health (England), the Scottish Government, Welsh Assembly Government et al. (2007). Drug misuse and dependence: UK guidelines on clinical management.

subsequent formal reviews.'

Therefore commissioners should specify that as part of the keyworking session people are given information and advice about their treatment options. In addition, commissioners should ensure that staff are trained and competent to give this advice in a way that is culturally sensitive and appropriate to people's needs. Further information is available here[9].

. There is no significant costing and commissioning impact anticipated to be associated with this quality statement.

4.6 Keyworking – psychosocial interventions

Quality statement 6: People in drug treatment are offered appropriate psychosocial interventions by their keyworker.

The UK guidelines on clinical management[9] define a keyworker as a key individual or clinician, for example a doctor, nurse 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 named individual because they are responsible for coordinating care when more than one clinician or service is delivering treatment to a patient. Keyworking helps to ensure the delivery and ongoing review of the care or treatment plan. As good practice, keyworking involves building a therapeutic relationship with the patient[10]. This can help to improve motivation, participation in treatment, the likelihood of recovery and prevention of relapse.

Commissioners should refer to the UK guidelines on clinical management[10], which list the relevant interventions that can be offered as part of keyworking. Psychosocial interventions as part of keyworking can be delivered in a number of different ways. Commissioners may wish to review their services and work with providers to consider how best to deliver high-quality services to increase availability across a number of settings including primary care and

[10] Department of Health (England), the Scottish Government, Welsh Assembly Government et al. (2007). Drug misuse and dependence: UK guidelines on clinical management.

the third sector.

In order to determine whether the quality statement is being met by all providers, commissioners should consider carrying out case note audits and capturing service user feedback. This information should also be routinely discussed during performance management meetings. This quality statement is unlikely to have a significant costing and commissioning impact.

4.7 Recovery and reintegration

Quality statement 7: 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.

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.

Services should be commissioned using an integrated approach and supported to develop a treatment system that promotes recovery and encourages reintegration into society. Commissioners should refer to the National Treatment Agency's Medications in recovery: re-orientating drug dependence treatment for more information.

Commissioners should ensure that providers are liaising and working with other local agencies such as: housing, education and employment services, primary health care and mutual aid services so that together they can develop strategies and services that contribute to promoting recovery and reintegration. Commissioners should also ensure that drug services are able to provide the appropriate level of support based on individual need to enable people to access these services.

Commissioners should also work with their local clinical commissioning groups, and drug service providers to ensure that all individuals have access to a GP and general healthcare assessment and that people are encouraged

to establish contacts with wider primary healthcare services such as dentists and opticians.

The NICE clinical guideline on drug misuse: psychosocial interventions makes recommendations on how people can be supported to access mutual-aid groups. 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.

Commissioners should assess the availability of mutual aid support in their area and ensure that all providers encourage service users to attend a mutual aid group. Commissioners may consider using service-user feedback questionnaires to determine whether this support is routinely provided. Commissioners may also wish to use the information on the Narcotics Anonymous or SMART recovery websites to determine whether there is sufficient coverage of mutual aid groups within the local area.

There may be potential costing and commissioning implications if services need to support service users beyond treatment into recovery and reintegration. Services may need to be developed for supporting clients beyond the usual treatment journey (e.g. through provision of “recovery check-ups”) and this may have resource implications.

4.8 Formal psychosocial interventions and psychological treatments

Quality statement 8: People in drug treatment are offered appropriate formal psychosocial interventions and/or psychological treatments.

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.

When commissioning services, commissioners should take into account that many people with drug use disorders have comorbid problems, particularly mental health problems, which require concurrent or sequential interventions

for treatment to be effective.

When commissioning formal psychosocial interventions commissioners should ensure that staff have the relevant skills and competencies to deliver them, that the service is able to provide the relevant support and supervision, and that the intervention is delivered at an enhanced level (that is, above and beyond the standard keyworking platform).

Evidence-based formal psychosocial interventions are listed in the UK guidelines on clinical management of drug misuse and dependence, and the NICE guidelines on drug misuse: psychosocial interventions and drug misuse: opioid detoxification. Commissioners should ensure that they are available and delivered in a way that is 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.

In line with the NICE guideline on drug misuse: psychosocial interventions, cognitive behavioural therapy and psychodynamic therapy focused on the treatment of drug misuse **should not** be commissioned as a first-line psychosocial treatment nor for people presenting for treatment of cannabis or stimulant misuse or for those receiving opioid maintenance treatment.

Commissioners may wish to refer to the NICE guidelines on depression in adults (update), depression with a chronic physical health problem and anxiety, which also recommend evidence-based psychological treatment (in particular, cognitive behavioural therapy for depression and anxiety).

The National Treatment Agency toolkits and resources for healthcare professionals and partners further outline the effective delivery of

psychosocial interventions for people with drug use disorders and with comorbid anxiety or depression.

It is anticipated that where local areas have implemented Drug misuse: psychosocial interventions (NICE clinical guideline 51) there would be no costs and commissioning implications. However, organisations should review practice and assess any costs that may be associated with this quality statement.

4.9 Continued treatment and support when abstinent

Quality statement 9: People who have achieved abstinence are offered continued treatment or support for at least 6 months

The NICE clinical guideline on drug misuse: opioid detoxification makes the following recommendation:

> 'Following successful opioid detoxification, and irrespective of the setting in which it was delivered, all service users should be offered continued treatment, support and monitoring designed to maintain abstinence. This should normally be for a period of at least 6 months.'

Support is defined as ongoing interventions to prevent relapse, access to peer support, provision of recovery-focused programmes such as education, and interventions to address comorbid mental health problems.

As part of relapse prevention, commissioners may wish to work with service providers to consider the prescribing of naltrexone. Naltrexone is an opioid antagonist which, when taken regularly, prevents former opiate users from experiencing the effects of opiates. It can be helpful following detoxification in enabling a patient to maintain abstinence.

The NICE technology appraisal on naltrexone for the management of opioid dependence recommends that naltrexone should only be administered under adequate supervision to people who have been fully informed of the potential

adverse effects of treatment. It should be given as part of a programme of supportive care.

Commissioners should refer to the UK guidelines on clinical management of drug misuse and dependence, and the National Treatment Agency's Medications in recovery: re-orientating drug dependence treatment, which details key services that support recovery for people in drug treatment, for more information and examples. This quality statement may result in a significant cost impact if commissioners decide to commission a separate aftercare support service.

4.10 Residential rehabilitative treatment

Quality statement 10: People in drug treatment are given information and advice on the NICE eligibility criteria for residential rehabilitative treatment.

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 benefited 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 that they are aware of the NICE eligibility criteria.

The eligibility criteria are listed in the NICE guideline on drug misuse: psychosocial interventions, which recommends that 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 should not have benefited from previous community-based psychosocial treatment.

Commissioners should ensure that there is access to residential rehabilitative treatment locally and commissioners should ask providers to demonstrate

how the needs of people with children are being considered so that children are appropriately looked after while their parents enter residential rehabilitative treatment.

Commissioners should check that all information and advice about residential rehabilitation is 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.

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

Commissioners may wish to promote the use of Rehab Online by staff when residential rehabilitation placements are being discussed with service users. This online resource provides up-to-date information on placement availability, eligibility criteria and service facilities, and is a useful resource to ensure service users are being provided with up-to-date, accurate information.

There are no costing and commissioning implications anticipated in areas where local systems already provide access to residential rehabilitation. However, where this is not the case commissioners need to review their practice and also estimate costs associated with this quality statement.

5 Links to national drivers and other useful resources

Policy documents

- National Treatment Agency for Substance Misuse (2012). Medications in recovery: re-orientating drug dependence treatment
- HM Government (2010). Drug strategy 2010. Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life
- National Treatment Agency for Substance Misuse (2010). Annual statistical reports from National Drug Treatment Monitoring System
- National Treatment Agency for Substance Misuse (2009) Towards successful treatment completion
- National Treatment Agency for Substance Misuse (update 2006) Models of care for drug misuse

NICE implementation support

- Audit support on needle and syringe programmes
- Audit criteria on misuse of drugs and other substances
- Costing tools on psychosocial interventions and opioid detoxification
- Slide set on needle and syringe programmes
- Slide set on psychosocial interventions
- Slide set on opioid detoxification

NICE technology appraisals

- Hepatitis C - peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C (TA106)
- Hepatitis C - peginterferon alfa and ribavirin for the treatment of chronic hepatitis C (TA200)
- Hepatitis C (genotype 1) - telaprevir (TA252)
- Hepatitis C (genotype 1) - boceprevir (TA253)
- Hepatitis C - pegylated interferons, ribavirin and alfa interferon for the treatment of chronic hepatitis C (TA95)
- Hepatitis B (chronic) - adefovir dipivoxil and pegylated interferon alpha-2a (TA96)
- Hepatitis B - tenofovir disoproxil fumarate (TA173)
- Hepatitis B - entecavir (TA153)
- Hepatitis B - telbivudine (TA154)