

# Drug misuse prevention

## NICE quality standard

### Draft for consultation

August 2017

**This quality standard covers** 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 psychoactive substances and prescription-only medicines. It describes high-quality care in priority areas for improvement. It does 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.

**It is for** commissioners, service providers, health, public health and social care practitioners, criminal justice system workers, and the public.

This is the draft quality standard for consultation (from 9 August to 7 September 2017). The final quality standard is expected to publish in March 2018.

## Quality statements

[Statement 1](#) Looked-after children and young people are assessed for vulnerability to drug misuse at their annual health plan review.

[Statement 2](#) Care leavers are assessed for vulnerability to drug misuse at their health assessment.

[Statement 3](#) Children and young people having a young offender assessment are assessed for vulnerability to drug misuse.

[Statement 4](#) Adults assessed as vulnerable to drug misuse are given information and advice.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services](#), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing drug misuse prevention services include:

- [Antisocial behaviour and conduct disorders in children and young people](#) (2014) NICE quality standard 59
- [Looked-after children and young people](#) (2013) NICE quality standard 31
- [Drug use disorders](#) (2012) NICE quality standard 23.

A full list of NICE quality standards is available from the [quality standards topic library](#).

## Questions for consultation

### ***Questions about the quality standard***

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

**Question 3** Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

### ***Questions about the individual quality statements***

**Question 4** For draft quality statement 1: Do stakeholders think that an assessment of vulnerability to drug misuse could be done as part of the annual health plan review of looked-after children or young people, or should this be at a different point in the wider care planning process?

**Question 5** For draft quality statements 1, 2 and 3: The College Centre for Quality Improvement's [practice standards for young people with substance misuse problems](#) suggest [CRAFFT](#) as a potential tool for assessing risk of drug misuse. Do stakeholders think this is suitable to suggest as a potential tool for assessment of risk of drug misuse for children and young people?

**Question 6** For draft quality statement 4: As this statement is quite broad in its focus, is there a specific aspect of providing advice and support for adults assessed as at risk of drug misuse that it should focus on for quality improvement?

### ***Local practice case studies***

**Question 7** Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to [NICE local practice case studies](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

## Quality statement 1: Assessment of looked-after children and young people

### ***Quality statement***

Looked-after children and young people are assessed for vulnerability to drug misuse at their annual health plan review.

### ***Rationale***

Children and young people who are looked after are at increased risk of drug misuse. Assessing their vulnerability as part of their annual health plan review provides an opportunity to give early targeted support, which can reduce the likelihood of drug misuse.

### ***Quality measures***

#### **Structure**

a) Evidence of local arrangements for the use of an agreed brief and valid questionnaire to assess looked after children and young people's vulnerability to drug misuse at their annual health plan review.

**Data source:** Local data collection, for example, from service specifications.

b) Local arrangements for staff to be trained by specialist services in how to assess looked after children and young people's vulnerability to drug misuse.

**Data source:** Local data collection, for example, from service specifications.

#### **Process**

Proportion of looked-after children and young people who have an assessment of vulnerability to drug misuse at their annual health plan review.

Numerator – the number in the denominator who have an assessment of vulnerability to drug misuse at their annual health plan review.

Denominator – the number of looked-after children and young people.

**Data source:** Local data collection, for example, local audit of local authority records.

### **Outcome**

a) Proportion of looked-after children and young people from the local authority who access support for drug misuse.

**Data source:** Local data collection.

b) Proportion of looked-after children and young people from the local authority with a drug use disorder.

**Data source:** Local data collection. Data collection is required for the [SSDA903](#) on whether children looked after by local authorities in England are identified as having a substance misuse problem during the year ending 31 March.

### ***What the quality statement means for different audiences***

**Service providers** (such as primary care services and looked-after children health teams) ensure that staff are provided with guidance and training from specialist services so that they know the indicators of drug use, how to approach the assessment with sensitivity, how to use brief questionnaires (such as [CRAFFT](#)) accurately and how to respond to identified needs. They ensure that arrangements are in place for assessments to be included in the annual health plan review.

**Healthcare professionals** (such as GPs and school nurses) use a consistent, locally agreed brief and valid questionnaire, such as [CRAFFT](#), to assess looked-after children and young people for vulnerability to drug misuse at their annual health plan review. They use an approach that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities, and consider whether any further action is needed.

**Commissioners** (NHS England and local authorities) have a strategy to identify looked-after children and young people who are at risk of drug misuse, and notify services. They ensure that they commission services in which looked-after children and young people have an assessment of vulnerability to drug misuse at their annual health plan review.

**Children and young people who are looked after** are asked brief questions about drugs at their annual health plan review to assess whether they are at risk of drug misuse. This is so that their needs can be identified and responded to appropriately.

### **Source guidance**

- [Drug misuse prevention: targeted interventions](#) (2017) NICE guideline NG64, recommendation 1.2.1
- [Looked-after children and young people](#) (2010) NICE guideline PH28, recommendation 20

### **Definitions of terms used in this quality statement**

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

An assessment that is respectful, non-judgemental and proportionate to the child or young person's presenting vulnerabilities that uses a consistent, locally agreed, brief and valid questionnaire, such as [CRAFFT](#). The child or young person's circumstances should be discussed, taking account of their age and developmental stage. The initial discussion could include:

- their physical and mental health and their personal, social, educational or employment circumstances (which may trigger a more in-depth assessment)
- any drug use (including the type used and how often).

[Adapted from NICE's guideline on [drug misuse prevention](#), recommendations 1.2.2 and 1.2.3, and College Centre for Quality Improvement's [practice standards for young people with substance misuse problems](#)]

#### **Health plan review**

A looked-after child or young person's health plan forms part of their wider care plan. It is based on the written report of the health assessment, which takes place before the child or young person is placed with the local authority, or if that is not reasonably practicable, before their first case review. Once a looked-after child is 5 years old the frequency of health plan reviews is at least once every 12 months.

[Adapted from the [Care Planning, Placement and Case Review \(England\) Regulations 2010](#)]

## Quality statement 2: Assessment of care leavers

### ***Quality statement***

Care leavers are assessed for vulnerability to drug misuse at their health assessment.

### ***Rationale***

The transition from care is an important time for young people to receive a comprehensive assessment of their physical, emotional and mental health needs, as part of pathway planning. Assessing a care leaver's vulnerability to drug misuse provides an opportunity to give them early targeted support.

### ***Quality measures***

#### **Structure**

a) Evidence of local arrangements for the use of an agreed brief and valid questionnaire to assess care leavers' vulnerability to drug misuse at their health assessment.

**Data source:** Local data collection, for example, from service specifications.

b) Local arrangements for staff to be trained by specialist services in how to assess care leavers' vulnerability to drug misuse.

**Data source:** Local data collection, for example, from service specifications.

#### **Process**

Proportion of care leavers who have an assessment of vulnerability to drug misuse at their health assessment.

Numerator – the number in the denominator where there is an assessment of vulnerability to drug misuse.

Denominator – the number of health assessments of care leavers.

**Data source:** Local data collection, for example, local audit of local authority records.



## Outcome

a) Proportion of care leavers from the local authority who access support for drug misuse.

**Data source:** Local data collection.

b) Proportion of care leavers from the local authority with a drug use disorder.

**Data source:** Local data collection. Data collection is required for the [SSDA903](#) on whether children looked after by local authorities in England are identified as having a substance misuse problem during the year ending 31 March.

## ***What the quality statement means for different audiences***

**Service providers** (such as primary care services and social care services) ensure that assessments of care leavers' vulnerability to drug misuse are carried out as part of health assessments. They also ensure that staff are provided with guidance and training from specialist services so that they know the indicators of drug use, how to approach the assessment with sensitivity, how to use brief questionnaires such as [CRAFFT](#) accurately, and how to respond to identified needs.

**Health and social care practitioners** (such as GPs and social workers) use a consistent, locally agreed brief and valid questionnaire, such as [CRAFFT](#), to assess care leavers for vulnerability to drug misuse at their health assessment. They use an approach that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities, and consider whether any further action is needed.

**Commissioners** (NHS England and local authorities) have a strategy to identify care leavers who are at risk of drug misuse, and notify services. They ensure that they commission services in which care leavers have an assessment of vulnerability to drug misuse at their health assessment.

**Care leavers** are asked brief questions about drugs at their health assessment to assess whether they are at risk of drug misuse. This is so that their needs can be identified and responded to.

## **Source guidance**

- [Drug misuse prevention: targeted interventions](#) (2017) NICE guideline NG64, recommendation 1.2.1
- [Looked-after children and young people](#) (2010) NICE guideline PH28, recommendation 46

## **Definitions of terms used in this quality statement**

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

An assessment that is respectful, non-judgemental and proportionate to the child or young person's presenting vulnerabilities that uses a consistent, locally agreed, brief and valid questionnaire, such as [CRAFFT](#). The child or young person's circumstances should be discussed, taking account of their age and developmental stage. The initial discussion could include:

- their physical and mental health and their personal, social, educational or employment circumstances (which may trigger a more in-depth assessment)
- any drug use (including the type used and how often).

[Adapted from NICE's guideline on [drug misuse prevention](#), recommendations 1.2.2 and 1.2.3, and College Centre for Quality Improvement's [practice standards for young people with substance misuse problems](#)]

### **Health assessment**

When developing a pathway plan for young people preparing to leave care, an assessment of the needs of the young person should be carried out that includes their health and development.

[Adapted from [The Care Leavers \(England\) Regulations 2010](#)]

## Quality statement 3: Assessment of children and young people in contact with youth offending services

### ***Quality statement***

Children and young people having a young offender assessment are assessed for vulnerability to drug misuse.

### ***Rationale***

Children and young people who are in contact with youth offending services are at increased risk of drug misuse. Youth offending teams can use young offender assessments to assess vulnerability. This provides an opportunity to give early targeted support, which can reduce the likelihood of drug misuse.

### ***Quality measures***

#### **Structure**

a) Evidence of local arrangements for the use of an agreed brief and valid questionnaire to assess children and young people's vulnerability to drug misuse at young offender assessments.

**Data source:** Local data collection, for example, from service specifications.

b) Local arrangements for staff to be trained by specialist services in how to assess children and young people's vulnerability to drug misuse.

**Data source:** Local data collection, for example, from service specifications.

#### **Process**

Proportion of young offender assessments of children and young people in which children and young people have an assessment of vulnerability to drug misuse.

Numerator – the number in the denominator which include an assessment of vulnerability to drug misuse.

Denominator – the number of young offender assessments.

**Data source:** Local data collection, for example, local audit of records.

### **Outcome**

a) Proportion of children and young people in contact with youth offending services who access support for drug misuse.

**Data source:** Local data collection.

c) Proportion of children and young people in contact with youth offending services who have a drug use disorder.

**Data source:** Local data collection.

### ***What the quality statement means for different audiences***

**Service providers** (youth offending teams) ensure that staff use a consistent, locally agreed brief and valid questionnaire, such as [CRAFFT](#), to assess children and young people for vulnerability to drug misuse at young offender assessments. Staff are also provided with guidance and training from specialist services so that they know the indicators of drug use, how to approach the assessment with sensitivity, how to use brief questionnaires accurately and how to respond to identified needs.

**Youth offending team workers and managers** use a consistent, locally agreed brief and valid questionnaire, such as [CRAFFT](#), to assess children and young people who are having a young offender assessment for vulnerability to drug misuse. They use an approach that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities, and consider whether any further action is needed.

**Commissioners** (local authorities, Youth Justice Board) have a strategy to identify children and young people who are in contact with youth offending services and are at risk of drug misuse, and to notify services. They ensure that they commission services in which children and young people who are having a young offender assessment or review have an assessment of vulnerability to drug misuse.

**Children and young people children who are having a young offender assessment with a youth offending team** are asked brief questions about drugs to

assess whether they are vulnerable to drug misuse. This is so that their needs can be identified and responded to.

### **Source guidance**

[Drug misuse prevention: targeted interventions](#) (2017) NICE guideline NG64, recommendation 1.2.1

### **Definitions of terms used in this quality statement**

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

An assessment that is respectful, non-judgemental and proportionate to the young person's presenting vulnerabilities that uses a consistent, locally agreed, brief and valid questionnaire, such as [CRAFFT](#). The child or young person's circumstances should be discussed, taking account of their age and developmental stage. The initial discussion could include:

- their physical and mental health and their personal, social, educational or employment circumstances (which may trigger a more in-depth assessment)
- any drug use (including the type used and how often and relationship between their offending and drug use).

[Adapted from NICE's guideline on [drug misuse prevention](#), recommendations 1.2.2 and 1.2.3, and College Centre for Quality Improvement's [practice standards for young people with substance misuse problems](#)]

#### **Young offender assessment**

The young offender assessment process is designed to find out the risk and protective factors playing a part in a young person's offending. 'AssetPlus' is the Youth Justice Board for England and Wales's comprehensive end-to-end assessment and planning framework approved by the Youth Justice Board for England and Wales.

[[Assess young offenders: section 4 case management guidance](#), Youth Justice Board]

## Quality statement 4: Information and advice for adults

### ***Quality statement***

Adults assessed as vulnerable to drug misuse are given information and advice.

### ***Rationale***

It is important that adults who have been assessed as vulnerable to drug misuse are provided with clear information and advice on the harms of drugs use and where to get help. This can help to reduce the likelihood of the misuse of drugs, such as becoming dependent.

### ***Quality measures***

#### **Structure**

a) Evidence of local arrangements to ensure that adults are assessed for vulnerability to drug misuse.

**Data source:** Local data collection, for example, from service specifications.

b) Evidence of information and advice on the harms of drugs use and where to get help.

**Data source:** Local data collection, for example, from service specifications.

#### **Process**

Proportion of adults assessed as vulnerable to drug misuse who are given information and advice.

Numerator – the number in the denominator who are given information and advice.

Denominator – the number of adults assessed as vulnerable to drug misuse.

**Data source:** Local data collection, for example, local audit of patient, specialist services monitoring reports and service user records.

#### **Outcome**

Rates of adults misusing drugs, per 100000 adults.

**Data source:** Local data collection.

### ***What the quality statement means for different audiences***

**Service providers** (such as primary and secondary care services, social services, sexual and reproductive health services, specialist drug and alcohol services, mental health services, housing and benefits, and criminal justice services) ensure that staff are provided with guidance and training from specialist services so they know the indicators of drug use in adults, how to conduct an assessment of vulnerability to drug misuse with sensitivity and how to respond to identified needs. Systems are in place for adults assessed as vulnerable to drug misuse to be given information and advice.

**Health and social care practitioners, and criminal justice system professionals** (such as GPs, community nurses, health visitors, hospital workers, social workers, mental health professionals, specialist drug services professionals, police and probation officers) assess adults at risk of drug misuse for vulnerability to drug misuse, and give information and advice on the harms of drug use and where to get help to adults who are assessed as vulnerable.

**Commissioners** (NHS England, local authorities, clinical commissioning groups, Youth Justice Board for England and Wales) ensure that they commission services where there are contractual arrangements for adults at risk of drug misuse to be assessed for vulnerability to drug misuse at routine appointments and opportunistic contacts, and to be given information and advice on drugs if they are assessed as vulnerable.

**Adults who are assessed as vulnerable to drug misuse** are given information and advice on drugs. This should be both verbal and written. It should be provided in a non-judgemental way and tailored to the person's preferences, needs and level of understanding about their health.

### ***Source guidance***

[Drug misuse prevention: targeted interventions](#) (2017) NICE guideline NG64, recommendation 1.4.1

## ***Definitions of terms used in this quality statement***

### **Adults assessed as vulnerable to drug misuse**

Adults who have had an assessment to determine if they are at risk of drug misuse. Groups who may be particularly vulnerable to drug misuse may include people:

- in multiple groups at risk
- whose personal circumstances put them at increased risk
- who may already be using drugs on an occasional basis
- who may already be regularly excessively consuming another substance, such as alcohol.

[NICE's guideline on [drug misuse prevention](#)]

### **Adults at risk of drug misuse**

Adults at risk of drug misuse, include those who:

- have mental health problems
- are being sexually exploited or sexually assaulted
- are involved in commercial sex work
- are lesbian, gay, bisexual or transgender
- are not in employment, education or training
- are considered homeless
- attend nightclubs and festivals
- are known to use drugs occasionally or recreationally.

[Adapted from NICE's guideline on [drug misuse prevention](#)]

### **Information and advice**

This should include:

- 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.



Information and advice given should be both verbal and in writing. Provide advice in a non-judgemental way and tailor it to the person's preferences, needs and level of understanding about their health. [Adapted from NICE's guideline on [drug misuse prevention](#), recommendations 1.4.1 and 1.4.2]

### ***Equality and diversity considerations***

Information about drug misuse should be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people (including families and carers) who do not speak or read English or who have reduced literacy skills. People should have access to an interpreter or advocate if needed.

## 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 [quality standard advisory committees](#) on the website for details of standing committee 2 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been incorporated into the NICE pathway on [drug misuse prevention](#).

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 produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references

to organisations or people responsible for commissioning or providing care that may be relevant only to England.

### ***Improving outcomes***

This quality standard is expected to contribute to improvements in the following outcomes:

- Mortality from drug misuse
- Emotional wellbeing of people at risk of drug misuse
- Hospital admissions from drug misuse
- Entrants and re-entrants to the criminal justice system who are misusing drugs
- Educational attainment of children and young people at risk of misusing drugs
- Unemployment of people who are misusing drugs
- Accident and emergency attendances from drug misuse

It is also expected to support delivery of the Department of Health's outcome frameworks:

- [Adult social care outcomes framework 2015–16](#)
- [NHS outcomes framework 2016–17](#)
- [Public health outcomes framework for England, 2016–19](#).

### ***Resource impact***

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the [resource impact statement](#) for the source guidance to help estimate local costs.

### ***Diversity, equality and language***

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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