NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Draft quality standard for drug use disorders

1 Introduction

Patterns of drug misuse vary in England and Wales; cannabis is most likely to be used by 16-59 year olds, followed by cocaine then ecstasy. Opioids, although presenting the most significant health problem, are used less commonly[1]. For this quality standard, people with drug use disorders are defined as adults who misuse opioids, cannabis, stimulants or other drugs.

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 and spreading blood-borne viruses and other infections. A long-term follow-up of people with an addiction to heroin showed they had a mortality risk 12 times greater than the general population[2]. The aim of drug treatment is to help people overcome their addiction and regain their lives.

This draft quality standard describes markers of high-quality, cost-effective care that, when delivered collectively, should contribute to improving the effectiveness, safety and experience of care for people with drug use disorders in the following ways:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long term conditions.

[1] Home Office (2011) Drug misuse declared: Findings from the 2010/11 British Crime Survey
[2] Department of Health (2007) Drug misuse and dependence: UK guidelines on clinical management.

- Helping people to recover from episodes of ill health or following injury.
- Ensuring that people have a positive experience of care.
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

These overarching outcomes are from The NHS Outcomes Framework 2012/13.

The quality standard is also expected to contribute to the following overarching outcome(s) from the 2011/12 Adult Social Care Outcome Framework:

- Enhancing quality of life for people with care and support needs.
- Ensuring that people have a positive experience of care and support.
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

The quality standard is also expected to contribute to the following overarching outcome(s) from the Public Health Outcomes Framework 2013–2016:

- Improving the wider determinants of health.
- Health improvement.
- Health protection.
- Healthcare public health and preventing premature mortality.

2 Draft quality standard for drug use disorders

Overview

The draft quality standard for drug use disorders requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole drug use disorder care pathway. An integrated approach to provision of services is fundamental to the delivery of high quality care to adults with drug use disorders.

NICE quality standards are for use by the NHS in England and do not have formal status in the social care sector. However, the NHS will not be able to provide a comprehensive service for all without working with social care communities. In this quality standard care has been taken to make sure that any quality statements that refer to the social care sector are relevant and evidence-based. Social care commissioners and providers may therefore wish to use them, both to improve the quality of their services and support their colleagues in the NHS.

Subject to legislation currently before Parliament, NICE will be given a brief to produce quality standards for social care. These standards will link with corresponding topics published for the NHS. They will be developed in full consultation with the social care sector and will be presented and disseminated in ways that meet the needs of the social care community. As we develop this library of social care standards, we will review and adapt any published NICE quality standards for the NHS that make reference to social care.

This quality standard includes statements on people with drug use disorders accessing drug treatment services. The term ‘accessing drug treatment services’ is defined as being in contact with any drug service including needle and syringe programmes.

No.	Draft quality statements
1	People with drug use disorders receive interventions only from staff competent and trained in delivering the interventions, and receiving appropriate supervision.
2	Families and carers of people with drug use disorders are offered information and advice to help them access services that address their personal, social and mental health needs.
3	People who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.
4	People accessing drug treatment services are offered a comprehensive assessment of their drug use and their own resources for recovery.
5	People in drug treatment review their agreed recovery care plan with their keyworker at least every 3 months to inform their treatment.
6	People accessing drug treatment services are offered testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B.
7	People in drug treatment are given information and advice about treatment options by their keyworker.
8	People in drug treatment are offered appropriate psychosocial interventions by their keyworker.
9	People in drug treatment are offered support, by their keyworker, to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.
10	People in drug treatment are offered appropriate formal psychosocial interventions.
11	People in drug treatment who have comorbid depression or anxiety disorders are offered psychological treatments in accordance with NICE guidance for those disorders.
12	People who are opioid dependent and undergoing opioid substitution receive methadone or buprenorphine daily under supervision for at least the first 3 months of treatment.
13	People undergoing opioid detoxification are offered a choice of methadone or buprenorphine.
14	People undergoing opioid detoxification, for whom a community-based programme is not appropriate, are offered inpatient or residential detoxification.
15	People who have achieved abstinence following a period of drug treatment are offered continued treatment, support and monitoring, designed to maintain abstinence for at least 6 months.
16	People in drug treatment are considered for residential rehabilitative treatment

	in accordance with NICE guidance.

In addition, quality standards that should also be considered when commissioning and providing a high-quality drug use disorder service are listed in section 8.

General questions for consultation:

Question 1	Can you suggest any appropriate healthcare outcomes for each individual quality statement?
Question 2	What important areas of care, if any, are not covered by the quality standard?
Question 3*	What, in your opinion, are the most important quality statements and why?
Question 4	Are any of the proposed quality measures, in particular the denominators inappropriate and, if so, can you identify suitable alternatives?
Question 5*	Should the quality standard include a statement on the availability of drug treatment services in prisons?
Question 6*	Should the quality standard include a statement on integrated care for pregnant women with a drug use disorder?
Please refer to Quality standards in development for additional general points for consideration (available from www.nice.org.uk).	
Statement specific questions for consultation:	
Question 7*	Should draft quality statement 15 be restricted to people becoming abstinent following detoxification because the point at which the person becomes abstinent will be known to services whereas people becoming abstinent following other means may not be known to services which would not be measurable?

*The intention of quality statements is to describe those areas of care that go beyond basic and describe excellence and where there is variation and therefore greatest potential for improvement.

Draft quality statement 1: Training and competencies

Draft quality statement	People with drug use disorders receive interventions only from staff competent and trained in delivering the interventions, and receiving appropriate supervision.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure people with drug use disorders receive interventions only from staff competent and trained in delivering the interventions b) Evidence of local arrangements to ensure staff receive appropriate supervision which focuses on the application of relevant techniques and competencies and their impact on care. c) Evidence of local arrangements to ensure that training is informed by current legislation, national competences and good practice guidelines, where available. d) Evidence of local arrangements to ensure that training is followed up with the use of competences as part of appraisals and professional development plans for staff to ensure that appropriate knowledge, skills and attitudes are embedded into practice and kept up to date.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people with drug use disorders to receive interventions only from staff competent and trained in delivering the interventions, and receiving appropriate supervision. **Healthcare professionals** ensure people with drug use disorders receive interventions only from staff competent and trained in delivering the interventions, and receiving appropriate supervision. **Commissioners** ensure they commission services with staff competent and trained in delivering the interventions, and receiving appropriate supervision, for people with drug use disorders. **People with drug use disorders** receive assessment and treatment only from staff competent and trained in giving assessment and treatment and with appropriate supervision.
Source clinical guideline references	NICE clinical guideline 51 recommendations 1.4.3.1 (key priority for implementation) and 1.1.1.4. NICE clinical guideline 52 recommendations 1.1.1.9 and 1.5.2.1. Drug misuse and dependence: UK guidelines on clinical management sections 4.2.2 and 4.5.
Data source	**Structure:** a), b), c) and d) Local data collection.
Definitions	Competent staff are defined as staff who have demonstrated the

	ability to deliver the intervention, observed and validated by a supervisor or trainer. Staff are assessed as competent against specifed competencies in relevant protocols and guidance such as the British Psychological Society and National Treatment Agency psychosocial toolkit 'Routes to Recovery', and the Drugs and Alcohol National Occupational Standards competencies for the relevant interventions. Trained staff have received training at an intensity and duration for achieving knowledge, skills and competence in the relevent intervention and accreditation with the appropriate professional organisation. Appropriate supervision is defined as formal and regular supervision from a person who is competent in delivery of the intervention, accredited by the relevent professional body, if applicable, and also trained and competent in the practice of supervision. This should be distinguished and distinct from management supervision. Supervison should focus on the application of relevant techniques and competencies and their impact on care, developing them to improve outcomes. Interventions include all medical and psychosocial interventions, both formal psychosocial interventions and those delivered by keyworkers.

Draft quality statement 2: Families and carers

Draft quality statement	Families and carers of people with drug use disorders are offered information and advice to help them access services that address their personal, social and mental health needs.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that families and carers of people with drug use disorders are offered information and advice to help them access services that address their personal, social and mental health needs. **Process:** Proportion of families and carers of people with drug use disorders who receive information and advice on accessing services that address their personal, social and mental health needs. Numerator – the number of families and carers in the denominator receiving information and advice on accessing services that address their personal, social and mental health needs. Denominator – the number of identified family members and carers of people with drug use disorders.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for families and carers of people with drug use disorders to be offered information and advice to help them access services that address their personal, social and mental health needs. **Health and social care professionals** ensure families and carers of people with drug use disorders are offered information and, advice to help them access services that address their personal, social and mental health needs. **Commissioners** ensure they commission services that offer families and carers of people with drug use disorders, information and advice to help them access services that address their personal, social and mental health needs. **Families and carers of people with drug use disorders** are offered information and advice on how to get help that addresses their personal, social and mental health needs.
Source clinical guideline references	NICE clinical guideline 51 recommendations 1.1.2.2 and 1.1.2.3. NICE clinical guideline 52 recommendation 1.1.2.1. Drug misuse and dependence: UK guidelines on clinical management section 2.7 and paragraph 4.3.2.4.
Data source	**Structure:** Local data collection. **Process:** Local data collection.
Definitions	Identified family members and carers of people with drug use disorders are those who approach services regardless of whether

	or not the person with the drug use disorders is in treatment. NICE clinical guideline 51 recommends the following: Where the needs of families and carers of people who misuse drugs have been identified, staff should: • offer guided self-help, typically consisting of a single session with the provision of written material • provide information about, and facilitate contact with, support groups, such as self-help groups specifically focused on addressing families' and carers' needs. Where the families of people who misuse drugs have not benefited, or are not likely to benefit, from guided self-help and/or support groups and continue to have significant problems, staff should consider offering individual family meetings. These should: • provide information and education about drug misuse • help to identify sources of stress related to drug misuse • explore and promote effective coping behaviours • normally consist of at least five weekly sessions. Information and advice should be available in both written and verbal formats and include leaflets, contact details and signposting to the services listed in the above recommendations.
Equality and diversity considerations	Information and advice for families and carers of people with drug use disorders should be individualised and culturally sensitive.

Draft quality statement 3: Needle and syringe programmes

Draft quality statement	People who inject drugs have access to needle and syringe programmes in accordance with NICE guidance.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure people who inject drugs have access to needle and syringe programmes in accordance with NICE guidance. b) Evidence of local arrangements to ensure needle and syringe programmes meet local needs, taking into account opening hours, location and the level of service needed. c) Evidence of local arrangements to ensure a balanced mix of level 1, level 2 and level 3 services are provided for the local population. **Outcome:** a) Number of people who inject drugs who access needle and syringe programmes. Numerator – the number of people who access needle and syringe programmes. Denominator – estimated prevalence of injecting drug users. b) Incidence of people who inject drugs with blood-borne viruses.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people who inject drugs to have access to needle and syringe programmes in accordance with NICE guidance. **Healthcare professionals** ensure people who inject drugs have access to needle and syringe programmes in accordance with NICE guidance. **Commissioners** ensure they commission services for people who inject drugs to have access to needle and syringe programmes in accordance with NICE guidance. **People who inject drugs** 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 clinical guideline references	NICE public health guidance 18 recommendations 1, 2 and 3.
Data source	**Structure:** a), b) and c) Local data collection.

	Outcome: a) and b) Local data collection.
Definitions	NICE public health guidance 18 recommends that needle and syringe programme services should meet local need, for example they should take into account opening times, location, geography of the location (rural or urban) as well as the level of services needed. NICE public health guidance 18 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. Blood-borne viruses include hepatitis B, hepatitis C and HIV.
Equality and diversity considerations	A number of specific groups of injecting drug users may require special consideration and should be the focus of targeted services. These groups include: • homeless people, 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.

Draft quality statement 4: Assessment

Draft quality statement	People accessing drug treatment services are offered a comprehensive assessment of their drug use and their own resources for recovery.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people accessing drug treatment services are offered a comprehensive assessment of their drug use and resources for recovery. **Process:** Proportion of people accessing drug treatment services who receive a comprehensive assessment of their drug use and resources for recovery. Numerator – the number of people in the denominator receiving a comprehensive assessment of their drug use and resources for recovery. Denominator – the number of people accessing drug treatment services.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people accessing drug treatment services to be offered a comprehensive assessment of their drug use and resources for recovery. **Healthcare professionals** offer all people accessing drug treatment services a comprehensive assessment of their drug use and resources for recovery. **Commissioners** ensure they commission services that offer people accessing drug treatment services a comprehensive assessment of their drug use and resources for recovery. **People accessing drug treatment services** are offered a full assessment of their drug use and their own resources for recovery in terms of social assets and support and willingness to enter treatment.
Source clinical guideline references	NICE clinical guideline 51 recommendations 1.2.2.1 and 1.2.2.3. Drug misuse and dependence: UK guidelines on clinical management paragraph 3.2.3.2.
Data source	**Structure:** Local data collection. **Process:** Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; 'Drug treatment health care assessment date' is collected.
Definitions	A comprehensive assessment of drug use and resources for recovery (defined by the Drug misuse and dependence: UK guidelines on clinical management and TEG consensus) should include: • treating the emergency or acute problem • confirming the person is taking drugs (history, examination

	and drug testing) • assessing the degree of dependence • assessing physical and mental health • identifying social assets, including housing, employment, education and support networks • assessing risk behaviour including domestic violence and offending • determining the person's expectations of treatment and desire to change • determining the need for substitute medication • obtaining information on any dependent children of parents who misuse drugs, and any drug-related risks to which they may be exposed.
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.

Draft quality statement 5: Care planning and review

Draft quality statement	People in drug treatment review their agreed recovery care plan with their keyworker at least every 3 months to inform their treatment.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure people in drug treatment review their agreed recovery care plan with their keyworker at least every 3 months. b) Evidence of local arrangements to ensure recovery care plans are updated following each review and adapted in response to the review findings to ensure treatment interventions are appropriate. c) Evidence of local arrangements to ensure the recovery care plan is shared with the service user. **Process:** Proportion of people in drug treatment who review their agreed recovery care plan with their keyworker at least every 3 months. Numerator – the number of people in the denominator whose most recent review of their agreed recovery care plan with their keyworker was within 3 months of their previous review. Denominator – the number of people in drug treatment.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people in drug treatment to review their agreed recovery care plan with their keyworker at least every 3 months to inform their treatment. **Keyworkers** review agreed recovery care plans with people in drug treatment at least every 3 months to inform treatment. **Commissioners** ensure they commission services that allow people in drug treatment to review their agreed recovery care plan with their keyworker at least every 3 months to inform their treatment. **People in drug treatment** review their agreed recovery care plan with their keyworker at least every 3 months to inform their treatment.
Source clinical guideline references	Drug misuse and dependence: UK guidelines on clinical management sections 3.2.4, 3.3.2 and 4.2.1.
Data source	**Structure:** a), b) and c) Local data collection. **Process:** Local data collection.
Definitions	The care plan should cover the service user's needs (and how these will be met) in one or more of the following domains (as defined by Drug misuse and dependence: UK guidelines on

	clinical management and TEG consensus) : • drug use • physical and psychological health • criminal involvement and offending • social functioning • environment. A recovery care plan should be dynamic, used to inform treatment (including abstinence, substitution and harm-reduction interventions) and updated following review. A review of the recovery care plan should take place at least every 3 months and after a change in treatment. The Drug misuse and dependence: UK guidelines on clinical management defines 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 single named individual.

Draft quality statement 6: Blood-borne viruses

Draft quality statement	People accessing drug treatment services are offered testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure people accessing drug treatment services are offered testing and treatment for hepatitis C, hepatitis B and HIV. b) Evidence of local arrangements to ensure people accessing drug treatment services are offered vaccination for hepatitis B. **Process:** a) 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. b) Proportion of people accessing drug treatment services testing positive for hepatitis C who receive treatment. Numerator – the number of people in the denominator receiving treatment for hepatitis C. Denominator – the number of people accessing drug treatment services testing positive for hepatitis C. c) 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. d) Proportion of people accessing drug treatment services testing positive for hepatitis B who receive treatment. Numerator – the number of people in the denominator receiving treatment for hepatitis B. Denominator – the number of people accessing drug treatment services testing positive for hepatitis B. 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.

	f) Proportion of people accessing drug treatment services testing positive for HIV who receive treatment. Numerator – the number of people in the denominator receiving treatment for HIV. Denominator – the number of people accessing drug treatment services testing positive for HIV. 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. **Outcome:** Number of people with hepatitis C and hepatitis B.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people accessing drug treatment services to be offered testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B. **Health care professionals** ensure people accessing drug treatment services are offered testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B. **Commissioners** ensure they commission services that offer people accessing drug treatment services, testing and treatment for hepatitis C, hepatitis B and HIV and vaccination for hepatitis B. **People accessing drug treatment services** are offered tests and, if needed, treatment for hepatitis C, hepatitis B and HIV, and vaccination for hepatitis B.
Source clinical guideline references	NICE clinical guideline 51 recommendation 1.3.1.1. Drug misuse and dependence: UK guidelines on clinical management sections 6.2.2 and 6.2.4.
Data source	**Structure:** a) and b) Local data collection. **Process:** a), c) and g) Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; 'Hep C tested', 'Hep C – Latest test date', 'Hep C – Intervention status', 'Hep C positive?', 'Hep B vaccination count', 'Hep B Intervention status' are collected. b), d), e) and f) Local data collection. **Outcome:** Local data collection.

Draft quality statement 7: Keyworking – information and advice

Draft quality statement	People in drug treatment are given information and advice about treatment options by their keyworker.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure people in drug treatment, have a keyworker. b) Evidence of local arrangements to ensure people in drug treatment are given information and advice about treatment options by their keyworker. **Process:** Proportion of people in drug treatment receiving information and advice about treatment options from their keyworker. Numerator – the number of people in the denominator receiving information and advice about treatment options from their keyworker. Denominator – the number of people in drug treatment.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people in drug treatment to be given information and advice about treatment options by their keyworker. **Keyworkers** give people in drug treatment information and advice about treatment options. **Commissioners** ensure they commission services in which information and advice on treatment options are given to people in drug treatment by their keyworker. **People in drug treatment** receive information and advice from their keyworker about possible treatment options, including treatment to help people stop taking drugs (abstinence), treatment to help people reduce the risks of taking illegal drugs (harm reduction) and taking a substitute drug (such as methadone or buprenorphine) for people dependent on opioids (such as heroin and morphine) (maintenance).
Source clinical guideline references	NICE clinical guideline 51 recommendation 1.1.1.1. Drug misuse and dependence: UK guidelines on clinical management section 3.3.2, and paragraphs 4.3.1.1 and 4.3.1.3.
Data source	**Structure:** a) and b) Local data collection. **Process:** Local data collection.
Definitions	The Drug misuse and dependence: UK guidelines on clinical management defines 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 this is a single named individual. Treatment options include abstinence, substitution and harm-reduction interventions.
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.

Draft quality statement 8: Keyworking – psychosocial interventions

Draft quality statement	People in drug treatment are offered appropriate psychosocial interventions by their keyworker.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people in drug treatment are offered appropriate psychosocial interventions by their keyworker. **Process:** Proportion of people in drug treatment who receive appropriate psychosocial interventions by their keyworker. Numerator – the number of people in the denominator receiving appropriate psychosocial interventions by their keyworker. Denominator – the number of people in drug treatment.
Description of what the quality statement means for each audience	**Service providers** 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 by their keyworker. **People in drug treatment** are offered psychosocial support, which may involve 'talking therapies' to help increase motivation and prevent relapse, and creating visual 'maps' to help support their treatment by their keyworker.
Source clinical guideline references	Drug misuse and dependence: UK guidelines on clinical management sections 3.3.2 and 4.2.1, and paragraphs 4.3.1.4, 4.3.1.5 and 4.3.1.6.
Data source	**Structure:** Local data collection. **Process:** Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; 'Psychosocial interventions' that could form a part of standard keyworking are proposed to be collected in the revised dataset.
Definitions	Psychosocial treatments, listed in Drug misuse and dependence: UK guidelines on clinical management appropriate to the service user's needs and circumstances and to be offered by a keyworker include: • mapping techniques • motivational interviewing

	• relapse prevention.

Draft quality statement 9: Keyworking – recovery and reintegration

Draft quality statement	People in drug treatment are offered support, by their keyworker, to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people in drug treatment are offered support, by their keyworker, to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid. **Process:** Proportion of people in drug treatment who receive support, by their keyworker, to access services that promote recovery and reintegration. Numerator: the number of people in the denominator receiving support, by their keyworker, to access services that promote recovery and reintegration. Denominator: the number of people in drug treatment.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people in drug treatment to be offered support, by their keyworker, to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid. **Keyworkers** offer people in drug treatment 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, by their keyworker, to access services that promote recovery and reintegration, including housing, education, employment, personal finance, healthcare and mutual aid. **People in drug treatment** are offered support, by their keyworker, 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 clinical guideline references	NICE clinical guideline 51 recommendations 1.3.2.1 (key priority for implementation) and 1.3.2.2 NICE clinical guideline 52 recommendation 1.1.1.6 Drug misuse and dependence: UK guidelines on clinical management section 3.2.5 and paragraphs 4.3.1.2, 4.3.1.7 and 4.3.2.5.

Data source	**Structure:** Local data collection. **Process:** Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs: 'Recovery support' is proposed to be collected in the revised dataset.
Definition	Where possible definitions of housing, education, employment and personal finance services will be taken from the new NDTMS definitions. Healthcare services may include ensuring that people with drug use disorders and are not in regular contact with their GP are receiving a general health assessment. Mutual aid services include SMART recovery and those based on 12-step principles, for example Narcotics Anonymous, Alcoholics Anonymous and Cocaine Anonymous. NICE clinical guideline 51 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.

Draft quality statement 10: Formal psychosocial interventions

Draft quality statement	People in drug treatment are offered appropriate formal psychosocial interventions.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people in drug treatment are offered appropriate formal psychosocial interventions. **Process:** 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.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people in drug treatment to be offered appropriate formal psychosocial interventions. **Healthcare professionals** offer people in drug treatment appropriate formal psychosocial interventions. **Commissioners** ensure they commission services that offer people in drug treatment, appropriate formal psychosocial interventions. **People in drug treatment** are offered psychosocial treatments including contingency management and behavioural couples therapy that are suitable for their needs.
Source clinical guideline references	NICE clinical guideline 51 recommendations 1.4.1.4 and 1.4.2.1 (key priorities for implementation), 1.4.1.3 and 1.4.4.1. NICE clinical guideline 52 recommendations 1.5.1.2 and 1.5.1.3. Drug misuse and dependence: UK guidelines on clinical management section 4.2.3.
Data source	**Structure:** Local data collection. **Process:** Local data collection. The National Drug Treatment Monitoring System collects data on all clients receiving specialist treatment for their problematic use of drugs; 'Psychosocial interventions' is proposed to be collected in the revised dataset.
Definitions	Formal psychosocial interventions listed in Drug misuse and dependence: UK guidelines on clinical management 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. The National Treatment Agency toolkits and resources for healthcare professionals and partners further outlines the effective delivery of psychosocial interventions.

Draft quality statement 11: Psychological treatment for comorbid depression and anxiety

Draft quality statement	People in drug treatment who have comorbid depression or anxiety disorders are offered psychological treatments in accordance with NICE guidance for those disorders.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people in drug treatment who have comorbid depression or anxiety disorders are offered psychological treatments in accordance with NICE clinical guideline 90 and NICE clinical guideline 113 for those disorders. **Process:** Proportion of people in drug treatment who have comorbid depression or anxiety disorders that receive psychological treatments in accordance with NICE clinical guideline 90 or NICE clinical guideline 113 for those disorders. Numerator – the number of people in the denominator receiving psychological treatments in accordance with NICE clinical guideline 90 or NICE clinical guideline 113 for those disorders. Denominator – the number of people in drug treatment who have comorbid depression or anxiety disorders.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people in drug treatment who have comorbid depression or anxiety disorders to be offered psychological treatments in accordance with NICE clinical guideline 90 and NICE clinical guideline 113 for those disorders. **Health care professionals** offer people in drug treatment who have comorbid depression or anxiety disorders psychological treatments in accordance with NICE clinical guideline 90 and NICE clinical guideline 113 for those disorders. **Commissioners** ensure they commission services that offer people in drug treatment who have comorbid depression or anxiety disorders, psychological treatments in accordance with NICE clinical guideline 90 and NICE clinical guideline 113 for those disorders. **People in drug treatment who also have depression or anxiety** are offered psychological treatment for these disorders.
Source clinical guideline references	NICE clinical guideline 51 recommendation 1.4.6.2. Drug misuse and dependence: UK guidelines on clinical management section 4.3.3.
Data source	**Structure:** Local data collection. **Process:** Local data collection.

Definitions	NICE clinical guideline 90 and NICE clinical guideline 113 recommend evidence-based psychological treatment, in particular cognitive behavioural therapy for depression and anxiety, respectively. The National Treatment Agency toolkits and resources for healthcare professionals and partners further outlines the effective delivery of psychosocial interventions for people with drug use disorders with comorbid anxiety or depression

Draft quality statement 12: Supervision for opioid substitution

Draft quality statement	People who are opioid dependent and undergoing opioid substitution receive methadone or buprenorphine daily under supervision for at least the first 3 months of treatment.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people who are opioid dependent and undergoing opioid substitution receive methadone or buprenorphine daily under supervision for at least the first 3 months of treatment. **Process:** Proportion of people who are opioid dependent and undergoing opioid substitution who receive methadone or buprenorphine daily under supervision for the first 3 months of treatment. Numerator – the number of people in the denominator receiving methadone or buprenorphine daily under supervision for the first 3 months of treatment. Denominator – the number of people who are opioid dependent and undergoing opioid substitution. **Outcome:** Incidence of opioid overdoses at 2 weeks and 3 months from the start of opioid substitution.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people who are opioid dependent and undergoing opioid substitution to receive methadone and buprenorphine daily under supervision for at least the first 3 months of treatment. **Healthcare professionals** give people who are opioid dependent and undergoing opioid substitution methadone or buprenorphine daily under supervision for at least the first 3 months of treatment. **Commissioners** ensure they commission services that give people who are opioid dependent and undergoing opioid substitution, methadone or buprenorphine daily under supervision for at least the first 3 months of treatment. **People who are dependent on opioids (such as heroin and morphine) and taking substitute drug treatment** receive methadone or buprenorphine daily under supervision for at least the first 3 months of treatment.
Source clinical guideline references	Drug misuse and dependence: UK guidelines on clinical management paragraphs 5.4.1, 5.6.1 and 5.6.2. NICE technology appraisal guidance 114 recommendation 1.3.
Data source	**Structure:** Local data collection. **Process:** Local data collection.

Draft quality statement 13: Choice of medication for opioid detoxification

Draft quality statement	People undergoing opioid detoxification are offered a choice of methadone or buprenorphine.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people undergoing opioid detoxification are offered a choice of methadone or buprenorphine. **Process:** a) Proportion of people undergoing opioid detoxification who receive either methadone or buprenorphine. Numerator – the number of people in the denominator receiving either methadone or buprenorphine. Denominator – the number of people undergoing opioid detoxification. b) Proportion of people undergoing opioid detoxification who receive methadone. Numerator – the number of people in the denominator receiving methadone. Denominator – the number of people undergoing opioid detoxification. c) Proportion of people undergoing opioid detoxification who receive buprenorphine. Numerator – the number of people in the denominator receiving buprenorphine. Denominator – the number of people undergoing opioid detoxification. d) Proportion of people undergoing opioid detoxification who receive the same medication they received for opioid substitution. Numerator – the number of people in the denominator who receive the same medication they received for opioid substitution. Denominator – the number of people undergoing opioid detoxification. An audit standard of 100% should not be expected in process measures b) and c).
Description of what the quality statement means for each	**Service providers** ensure systems are in place for people undergoing opioid detoxification to be offered a choice of methadone or buprenorphine.

audience	**Healthcare professionals** offer people undergoing opioid detoxification a choice of methadone or buprenorphine. **Commissioners** ensure they commission services that offer people undergoing opioid detoxification a choice of methadone or buprenorphine. **People undergoing opioid detoxification** (a treatment programme that helps drug withdrawal) are offered a choice of medication; either methadone or buprenorphine.
Source clinical guideline references	NICE clinical guideline 52 recommendation 1.3.1.1 (key priority for implementation).
Data source	**Structure:** Local data collection. **Process:** a), b), c) and d) Local data collection. Contained in NICE audit support for misuse of drugs and other substances (NICE public health guidance 4 and clinical guidelines 51 and 52), criteria 14, 15 and 16.
Definitions	As outlined in NICE clinical guideline 52, choice should take into account: • whether the service user is receiving maintenance treatment with methadone or buprenorphine; if so, opioid detoxification should normally be started with the same medication • the preference of the service user.

Draft quality statement 14: Setting for opioid detoxification

Draft quality statement	People undergoing opioid detoxification, for whom a community-based programme is not appropriate, are offered inpatient or residential detoxification.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure people undergoing opioid detoxification, for whom a community-based programme is not appropriate, are offered inpatient or residential detoxification. **Process:** Proportion of people undergoing opioid detoxification, for whom a community-based programme is not appropriate, that receive inpatient or residential detoxification. Numerator – the number of people in the denominator receiving inpatient or residential detoxification. Denominator – the number of people undergoing opioid detoxification for whom a community-based programme is not appropriate.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people undergoing opioid detoxification, for whom a community-based programme is not appropriate, to be offered inpatient or residential detoxification. **Healthcare professionals** offer inpatient or residential detoxification to people undergoing opioid detoxification, for whom a community-based programme is not appropriate. **Commissioners** ensure they commission services that offer people undergoing opioid detoxification, for whom a community-based programme is not appropriate, inpatient or residential detoxification. **People undergoing opioid detoxification, for whom treatment in the community (by a GP or local drug service) is not appropriate,** are offered inpatient or residential detoxification. Treatment in the community may be unsuitable for people with other severe health problems, who are dependent on other drugs or alcohol, or who have not been drug users for long.
Source clinical guideline references	NICE clinical guideline 52 recommendations 1.4.1.1 (key priority for implementation), 1.4.1.2, 1.4.1.3 and 1.4.1.4.
Data source	**Structure:** Local data collection. **Process:** Local data collection.
Definitions	NICE clinical guideline 52 recommends the following: • Residential detoxification should normally only be

	considered for people who have significant comorbid physical or mental health problems, or who require concurrent detoxification from opioids and benzodiazepines or sequential detoxification from opioids and alcohol. • Residential detoxification may also be considered for people who have less severe levels of opioid dependence, for example those early in their drug-using career, or for people who would benefit significantly from a residential rehabilitation programme during and after detoxification. • Inpatient, rather than residential, detoxification should normally only be considered for people who need a high level of medical and/or nursing support because of significant and severe comorbid physical and mental health problems, or who need concurrent detoxification from alcohol or other drugs that requires a high level of medical and nursing expertise.

Draft quality statement 15: Support and monitoring when abstinent

Draft quality statement	People who have achieved abstinence following a period of drug treatment are offered continued treatment, support and monthly monitoring, designed to maintain abstinence for at least 6 months.
Draft quality measure	**Structure:** a) Evidence of local arrangements to ensure people who have achieved abstinence following a period of drug treatment are offered continued treatment, support and monthly monitoring, designed to maintain abstinence for at least 6 months. b) Evidence of local arrangements to ensure people who have achieved abstinence following a period of drug treatment are offered naltrexone to maintain abstinence. c) Evidence of local arrangements to ensure people who have achieved abstinence following a period of drug treatment are reviewed monthly for 6 months. **Process:** a) Proportion of people who have achieved abstinence following a period of drug treatment who receive support designed to maintain abstinence for at least 6 months. Numerator – the number of people in the denominator who receive support designed to maintain abstinence for at least 6 months. Denominator – the number of people who have achieved abstinence following a period of drug treatment. b) Proportion of people who have achieved abstinence following a period of drug treatment who receive naltrexone to maintain abstinence. Numerator – the number of people in the denominator receiving naltrexone to maintain abstinence. Denominator – the number of people who have achieved abstinence following a period of drug treatment. **Outcome:** Proportion of people who have achieved abstinence following a period of drug treatment who are still abstinent at 6 months.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people who have achieved abstinence following a period of drug treatment to be offered continued treatment, support and monthly monitoring, designed to maintain abstinence for at least 6 months. **Healthcare professionals** offer people who have achieved abstinence following a period of drug treatment continued treatment, support and monthly monitoring, designed to maintain

	abstinence for at least 6 months. **Commissioners** ensure they commission services that offer continued treatment, support and monthly monitoring, designed to maintain abstinence for at least 6 months, for people who have achieved abstinence following a period of drug treatment. **People who have achieved abstinence (stopped taking drugs) following a period of drug treatment** are offered continued treatment, support and monthly monitoring, to help them continue abstinence for at least 6 months.
Source clinical guideline references	NICE clinical guideline 52 recommendation1.4.2.1. Drug misuse and dependence: UK guidelines on clinical management section 5.8. NICE technology appraisal guidance 115.
Data source	**Structure:** a), b) and c) Local data collection. **Process:** a) and b) Local data collection. **Outcome:** Local data collection.
Definitions	Support is defined as ongoing relapse-prevention interventions, access to peer support, provision of recovery-focused programmes such as education and interventions to address comorbid mental health problems. 6 months starts from the time the client becomes abstinent following a drug treatment programme.
Specific questions for consultation	Should this statement be restricted to people becoming abstinent following detoxification because the point at which the person becomes abstinent will be known to services whereas people becoming abstinent following other means may not be known to services which would not be measurable?

Draft quality statement 16: Residential rehabilitative treatment

Draft quality statement	People in drug treatment are considered for residential rehabilitative treatment in accordance with NICE guidance.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure that people in drug treatment are considered for residential rehabilitative treatment in accordance with NICE clinical guideline 51.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for people in drug treatment to be considered for residential rehabilitative treatment in accordance with NICE clinical guideline 51. **Healthcare professionals** ensure people in drug treatment are considered for residential rehabilitative treatment in accordance with NICE clinical guideline 51. **Commissioners** ensure they commission services for people in drug treatment to be considered residential rehabilitative treatment in accordance with NICE clinical guideline 51. **People in drug treatment** are considered for residential 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 clinical guideline references	NICE clinical guideline 51 recommendation 1.5.1.2.
Data source	**Structure:** Local data collection.
Definitions	NICE clinical guideline 51 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 have completed a residential or inpatient detoxification programme and have not benefited from previous community-based psychosocial treatment.

3 Notes on the scope

NICE quality standards are developed in accordance with a scope that defines what the standard will and will not cover. This quality standard covers the treatment of adults (18 years or over) who misuse opioids, cannabis, stimulants or other drugs in all settings in which care is received. It does not include children and young people (younger than 18 years), adults with a dual diagnosis where the primary diagnosis is a severe mental health disorder, adults whose primary drugs of misuse are benzodiazepines or adults who have a primary diagnosis of alcohol misuse.

4 Status of this quality standard

This is the draft quality standard released for consultation from 18 May 2012 until 19 June 2012. This document is not NICE's final quality standard on drug use disorders. The statements and measures presented in this document are provisional and may change after consultation with stakeholders. The draft quality standard may contain more than 15 quality statements; however, this will be reduced to a maximum of 15 following consultation.

Comments on the content of the draft standard must be submitted by 5pm on 19 June 2012. All eligible comments received during consultation will be reviewed by the Topic Expert Group and the quality statements and measures will be refined in line with the Topic Expert Group considerations. The final quality standard will then be available on the NICE website in November.

5 Using the quality standard

It is important that the quality standard is considered alongside current policy and guidance documents listed in the evidence sources section.

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of health social care. They are not a new set of targets or mandatory indicators for performance management.

Expected levels of achievement for quality measures are not specified. As quality standards are intended to drive up the quality of care, achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, we recognise that this may not always be appropriate in practice when taking account of patient safety, patient choice and clinical judgement and therefore desired levels of achievement should be defined locally.

We have indicated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement Programme. For statements for which national quality indicators do not exist, the quality measures should form the basis for audit criteria developed and used locally to improve the quality of health and social care.

For further information, including guidance on using quality measures, please see 'What makes up a NICE quality standard'.

6 Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments will be published on the NICE website with the final version of the quality standard.

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.

7 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in appendix 1, along with relevant policy context, definitions and data sources.

Further explanation of the methodology used can be found in the 'Quality Standards Programme interim process guide'.

8 Related NICE quality standards

Alcohol dependence and harmful alcohol use. NICE quality standard (2011)

Service user experience in adult mental health. NICE quality standard (2011).

Appendix 1: References

Evidence sources

The documents below contain clinical guideline recommendations or other recommendations that were used by the TEG to develop the quality standard statements and measures.

Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: management in primary, secondary and community care. NICE clinical guideline 113 (2011; NHS Evidence accredited).

Depression in adults: the treatment and management of depression in adults. NICE clinical guideline 90 (2009; NHS Evidence accredited).

Needle and syringe programmes: providing people who inject drugs with injecting equipment. NICE public health guidance 18 (2009; NHS Evidence accredited).

Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007; NHS Evidence accredited).

Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007; NHS Evidence accredited).

Department of Health (England) and the devolved administrations (2007) Drug misuse and dependence: UK guidelines on clinical management

Naltrexone for the management of opioid dependence. NICE technology appraisal guidance 115 (2007).

Methadone and buprenorpine for the management of opioid dependence. NICE technology appraisal guidance 114 (2007).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

National Treatment Agency for Substance Misuse (2011). Recovery orientated drug treatment interim report.

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.

Definitions, and data sources for the quality measures

References included in the definitions and data sources sections:

National Treatment Agency for Substance Misuse (Accessed March 2011). Skills and workforce: Toolkits and resources.

National Treatment Agency for Substance Misuse (2011). National and regional estimates of the prevalence of opiate and/or crack cocaine use 2009-10

NICE audit support for misuse of drugs and other substances (NICE public health guidance 4 and clinical guidelines 51 and 52) (2007).