

Drug misuse management in over 16s overview

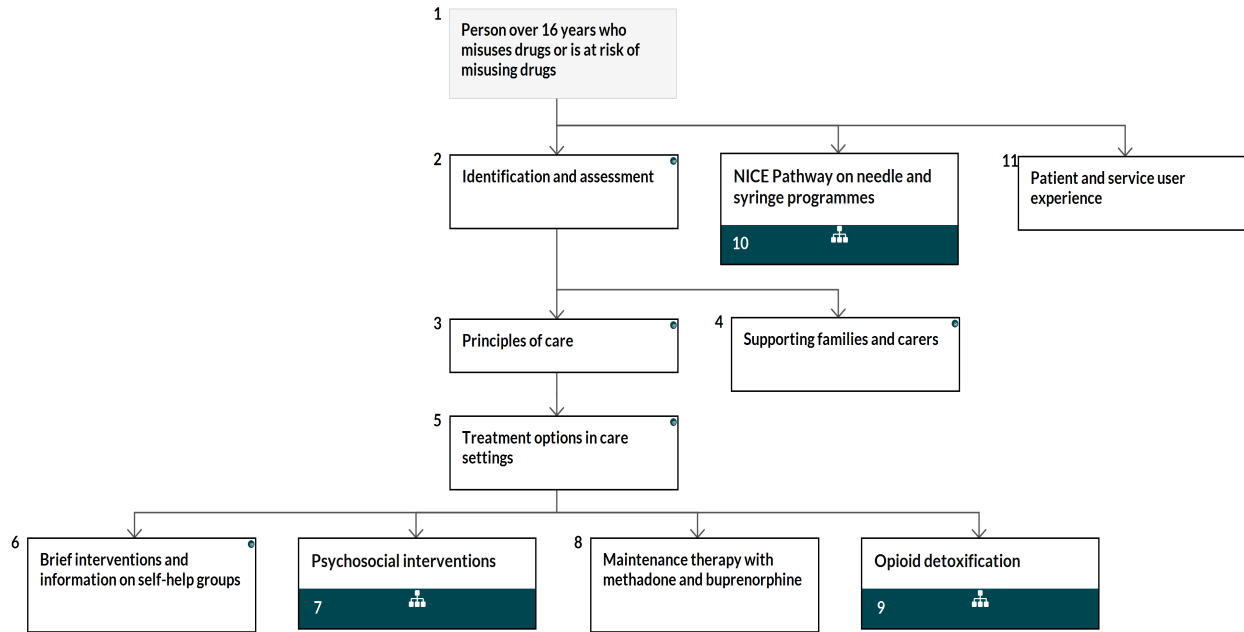
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/drug-misuse-management-in-over-16s>

NICE Pathway last updated: 06 March 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person over 16 years who misuses drugs or is at risk of misusing drugs

No additional information

2 Identification and assessment

Asking questions about drug misuse

In mental health and criminal justice settings (in which drug misuse is known to be prevalent), routinely ask service users about recent legal and illicit drug use, including type, method of administration, quantity and frequency.

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

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

Initial assessment

When making an assessment and developing and agreeing a care plan, consider the service user's:

- medical, psychological, social and occupational needs
- history of drug use
- experience of previous treatment, if any
- goals in relation to his or her drug use
- treatment preferences.

When delivering and monitoring the care plan:

- agree the plan with the service user
- maintain a respectful and supportive relationship with the service user
- help the service user to:
 - identify situations or states when he or she is vulnerable to drug misuse, and

- – explore alternative coping strategies
- ensure that all service users have full access to a wide range of services
- ensure that maintaining the service user's engagement with services remains a major focus of the care plan
- review regularly the care plan of a service user receiving maintenance treatment to ascertain whether detoxification should be considered
- maintain effective collaboration with other care providers.

Use biological testing (for example, of urine or oral fluid) as part of a comprehensive assessment of drug use, but do not rely on it as the sole method of diagnosis and assessment.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

2. Assessment
7. Recovery and reintegration

3 Principles of care

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

Discuss with people who misuse drugs whether to involve families and carers in their assessment and treatment plans. Respect the service user's right to confidentiality.

Ensure that there are clear and agreed plans to facilitate effective transfer of people who misuse drugs between services, to reduce loss of contact.

All interventions for people who misuse drugs should be delivered by staff competent in delivering the intervention and who receive appropriate supervision.

People who misuse drugs should be given the same care, respect and privacy as any other person.

NICE has produced information for the public on [drug misuse](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

5. Information and advice
6. Keyworking – psychosocial interventions
7. Recovery and reintegration

4 Supporting families and carers

Discuss with families and carers the impact of drug misuse on themselves and other family members, including children.

- Offer an assessment of their personal, social and mental health needs (see [the NICE Pathway on supporting adult carers](#)).
- Give advice and written information on the impact of drug misuse.

Where the needs of families and carers have been identified:

- offer guided self-help (usually a single session with written material provided)
- inform them about support groups – for example, self-help groups specifically for families and carers – and facilitate contact.

If families and carers continue to have significant problems, consider offering individual family meetings (normally at least five weekly sessions). These should:

- provide information and education about drug misuse
- help to identify sources of stress related to drug misuse
- promote effective coping behaviours.

NICE has produced information for the public on [drug misuse](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Families and carers

5 Care setting

Community, inpatient and residential settings

The same range of psychosocial interventions should be available in inpatient and residential settings as in the community. These should normally include contingency management, behavioural couples therapy and cognitive behavioural therapy. Services should encourage and facilitate participation in self-help groups.

Consider residential treatment for people who are seeking abstinence and who have significant comorbid physical, mental health or social problems. The person should have completed a residential or inpatient detoxification programme and have not benefited from previous community-based psychosocial treatment.

Urgently assess people who have relapsed to opioid use during or after inpatient or residential treatment. Consider prompt access to alternative community, residential or inpatient support, including maintenance treatment.

Criminal justice system

Access to and choice of treatment for drug misuse should be the same whether people participate voluntarily or are legally required to do so.

Prisons

Treatment options, including detoxification, should be comparable to those in the community.

When choosing treatment, take into account:

- length of sentence or remand period, and possibility of unplanned release
- risks of self-harm, death or post-release overdose
- for people receiving opiate detoxification, practical difficulties in assessing dependence and the associated risk of opioid toxicity early in treatment.

Consider offering people with significant drug misuse problems access to a therapeutic community developed specifically for treating drug misuse in prison.

Consider residential treatment as part of an overall care plan for people who have made an informed decision to remain abstinent after release.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

10. Residential rehabilitative treatment

6 Brief interventions and information on self-help groups

At routine contacts and opportunistically (for example, at needle and syringe exchanges), provide information and advice to all people who misuse drugs about reducing exposure to blood-borne viruses.

- Give advice on reducing sexual and injection risk behaviours.
- Consider offering testing for blood-borne viruses.

Do not routinely provide group-based psychoeducational interventions that give information about reducing exposure to blood-borne viruses and/or about reducing sexual and injection risk behaviours.

If concerns about drug misuse are identified by the service user or a staff member, offer opportunistic brief interventions focused on motivation to people:

- in limited contact with drug services (for example, those attending a needle and syringe exchange or primary care settings)
- not in contact with drug services (for example, in primary or secondary care settings, occupational health or tertiary education).

These interventions should:

- normally consist of two sessions each lasting 10–45 minutes
- explore ambivalence about drug use and possible treatment, with the aim of increasing motivation to change behaviour, and provide non-judgemental feedback.

Routinely provide information about self-help groups.

- These groups should normally be based on 12-step principles; for example, Narcotics Anonymous and Cocaine Anonymous.
- Consider facilitating initial contact, for example by making the appointment, arranging transport and accompanying the person to the first session.

NICE has published guidance on identifying and supporting people who are misusing or are at

risk of misusing substances. See what NICE says on [drug misuse prevention](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

4. Blood-borne viruses
6. Keyworking – psychosocial interventions
7. Recovery and reintegration

7 Psychosocial interventions

See [Drug misuse management in over 16s / Psychosocial interventions for drug misuse in people over 16](#)

8 Maintenance therapy with methadone and buprenorphine

The following recommendations are from NICE technology appraisal guidance on [methadone and buprenorphine for the management of opioid dependence](#).

Methadone and buprenorphine (oral formulations), using flexible dosing regimens, are recommended as options for maintenance therapy in the management of opioid dependence.

The decision about which drug to use should be made on a case by case basis, taking into account a number of factors, including the person's history of opioid dependence, their commitment to a particular long-term management strategy, and an estimate of the risks and benefits of each treatment made by the responsible clinician in consultation with the person. If both drugs are equally suitable, methadone should be prescribed as the first choice.

Methadone and buprenorphine should be administered daily, under supervision, for at least the first 3 months. Supervision should be relaxed only when the patient's compliance is assured. Both drugs should be given as part of a programme of supportive care.

NICE has written information for the public on [methadone and buprenorphine](#).

NICE has published an evidence summary on [opioid dependence: buprenorphine prolonged-release injection \(Buvidal\)](#).

9 Opioid detoxification

[See Drug misuse management in over 16s / Opioid detoxification for drug misuse in people over 16](#)

10 NICE Pathway on needle and syringe programmes

[See Needle and syringe programmes](#)

11 Patient and service user experience

See what NICE says on:

- [patient experience](#)
- [service user experience](#).

Sources

[Drug misuse in over 16s: opioid detoxification](#) (2007) NICE guideline CG52

[Drug misuse in over 16s: psychosocial interventions](#) (2007) NICE guideline CG51

[Methadone and buprenorphine for the management of opioid dependence](#) (2007) NICE technology appraisal guidance 114

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, 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 interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.