



Public Health  
England

Protecting and improving the nation's health

# **Adults – drugs commissioning support pack 2018-19: principles and indicators**

## **Planning for drug prevention, treatment and recovery in adults**

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk)  
Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

For queries relating to this document, contact your local PHE centre alcohol and drugs lead.

© Crown copyright 2017

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io) or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published September 2017  
PHE publications  
gateway number: 2017368

PHE supports the UN  
Sustainable Development Goals



# Contents

About Public Health England	2
Introduction	4
Drug misuse and dependence are prevented by early identification and interventions	5
There is prompt access to high quality, effective drug treatment that is recovery-orientated	7
There are interventions to address the health harms of drug use	11
Commissioners work with partners to commission effective alcohol and drug services	13
References	21

## Introduction

An estimated 300,000 people in England are dependent on heroin and/or crack. Increasing numbers of people are reportedly having problems with other drugs such as cannabis, new psychoactive substances and image and performance-enhancing drugs. Concern is also growing about misuse of, and dependence on, prescribed and over-the-counter medicines. An individual's drug use or dependence can significantly affect their families, friends, communities and society. Addressing the harm caused by drug misuse is a priority for Public Health England (PHE).

PHE, in conjunction with Liverpool John Moores University, will be releasing 2014-15 national and local estimates of parental opiate use later this year. Parental drug or alcohol dependence can have a significant impact on families, particularly children, and can limit the parent's ability to care for their child(ren). Parents are role models for their children and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. Supporting parents to overcome dependence can therefore have a significant impact on parenting behaviour and can break the cycle of intergenerational substance misuse and associated problems.

Investing in effective prevention, treatment and recovery interventions is essential to tackle the harm that drugs can cause, help users overcome their dependency, reduce involvement in crime, sustain their recovery, and enable them to make a positive contribution to their family and community.

Planning is key to addressing the harms, costs and burden on public services from drug misuse. Successful plans will be based on the assessment of local needs and community assets, and will reflect evidence of what is known to work in addressing the root causes and wider determinants of drug dependence.

Effective local systems are those that provide welcoming, easy to access, flexible services that cater for the needs of a broad range of people and their different drug problems. They raise recovery-orientated ambitions and facilitate the progress of service users toward their recovery goals, while continuing to protect them from the risks of drug misuse. They will encourage service users to complete their treatment as appropriate and when safe to do so.

This document outlines principles that local areas might consider when developing plans for an integrated drugs prevention, treatment and recovery system. The principles have indicators to help commissioners put them into practice.

# 1. Drug misuse and dependence are prevented by early identification and interventions

Identifying drug misuse and intervening early can build resilience, reduce risks, help avoid further health and social harms and dependence.

## What you will see locally if you are meeting the principle

Factors underpinning health inequalities and associated with later dependence are addressed in a broad range of policies and strategies.

A range of evidence-based prevention programmes is supported.

Drug misuse is identified early, and people who use drugs are offered prompt access to early interventions, treatment and recovery support appropriate to their needs.

## Indicators that will help you to establish whether you are following the evidence and best practices that support the principle

- 1.1. Agencies work together to identify the needs of vulnerable young people and troubled families, build resilience through whole family interventions, and minimise harm with effective safeguarding protocols.
- 1.2. Commissioners work in partnership with the police to support the disruption of drug markets.
- 1.3. There is support for workplace programmes of early identification and intervention.
- 1.4. Every relevant contact with someone who uses drugs is made to count:
  - all health, criminal justice and social care professionals are aware of groups that may be at increased risk of harm from drugs
  - validated identification or screening tools are used by competent staff
  - brief advice or interventions (or referral to specialist treatment) are provided at early contacts with all health, criminal justice and social care services
  - there are clear pathways to specialist assessment for those who may be dependent and require structured treatment
- 1.5. Health and public health commissioners work together to prevent dependence on prescription and over-the-counter medicines, including dependence arising inadvertently from the prescribed use of a medicine.

- 1.6. Commissioners work with local organisations to improve pathways to interventions for people who may not access specialist drug services eg, working with sexual health, mental health, domestic violence support including refuges, and lesbian, gay, bisexual and transgender (LGBT) charities.
- 1.7. Prevention activities for drug misuse (including new psychoactive substances) target generic risk factors and include building resilience and social capital, as well as information and campaigns.<sup>1</sup>

## 2. There is prompt access to high quality, effective drug treatment that is recovery-orientated

Successful treatment and recovery is optimised by providing welcoming, easy to access, and flexible services that cater for the needs of a broad range of people and problems. They reduce risk of harms, raise recovery-orientated ambitions and facilitate service users' progress towards recovery goals.

### What you will see locally if you are meeting the principle

Treatment services that are evidence-based and deliver a range of effective interventions sufficient to meet the needs of the local dependent population, ensuring:

- all people who use drugs dependently have prompt access to a system that also provides for continuity of care between prison, residential and community environments
- validated identification or screening tools are used by competent staff packages of psychosocial, pharmacological and recovery interventions that are accessed by the target populations and deliver sustained outcomes for dependent drug users
- safeguarding practice is continuously monitored and regularly reviewed and reported on to ensure the safety of alcohol/drug users, their families and wider social groups
- safeguarding practice is continuously monitored and regularly reviewed and reported on to ensure the safety of alcohol/drug users, their families and wider social group
- the number of people successfully completing treatment is increasing and recovery from dependence is sustained

### Indicators that will help you to establish whether you are following the evidence and best practices that support the principle

#### Integrated treatment and recovery

- 2.1. The drug treatment system is integrated and configured to address the locally identified needs of the population it serves, encompassing community, hospital and criminal justice settings.
- 2.2. Services are designed to be safe, attractive and accessible to all potential service users at a range of locations, and times that suit different potential service users.

- 2.3. Services take a whole family approach when assessing and responding to the recovery needs of people who use drugs, and they have good joint working arrangements with children and family services.
- 2.4. Services support people with co-occurring mental health conditions to get the help they need. Service access criteria do not exclude people based on levels of drug dependence, or on diagnoses (or lack of diagnoses) of mental illness.<sup>2</sup>
- 2.5. Plans are in place to ensure effective continuity of care arrangements with criminal justice services and residential rehabilitation provision.
- 2.6. Information-exchange arrangements ensure effective inter-agency working and support continuity of care:
  - between community and custody-based services
  - between mental health and substance misuse services
  - between hospitals and community drug treatment services
  - for specific groups such as those identified under local integrated offender management and multi-agency risk assessment conference (MARAC) and multi-agency public protection arrangements (MAPPA)
- 2.7. Recovery-focussed activities are initiated early and facilitated by access to a range of recovery support interventions and services such as: peer support, mutual aid, family/parenting support, employment, training and housing.
- 2.8. Commissioners and providers use the Recovery Diagnostic Toolkit<sup>3</sup> to understand local system blocks to recovery and to help service users move through treatment and overcome dependence.

### Sustaining recovery

- 2.9. The partnership has a written strategic plan to increase service users' access to education, training and employment.
- 2.10. Ongoing support is available to help people sustain their recovery. It includes relapse prevention and support from mainstream and specialist services (including for physical and mental health conditions), and/or peer support and mutual aid.
- 2.11. The partnership uses the National Drug Treatment Monitoring System (NDTMS), Treatment Outcomes Profile (TOP) and other measures to regularly monitor and review levels of successful treatment completion and sustained recovery.

### Safety and quality

- 2.12. There are quality governance mechanisms in place for assuring the quality and safety of drug treatment services, and they are embedded in public health systems.<sup>4</sup>



- 2.13. The local system has a full range of services incorporating interventions in line with NICE guidance (and new clinical guidelines) to support different treatment goals and offering psychosocial, prescribing and recovery-support interventions for harm reduction, abstinence, maintenance, and relapse prevention.
- 2.14. Commissioners test whether the principles and features of recovery-orientated drug treatment<sup>5,6</sup> are being achieved.
- 2.15. The treatment system can respond rapidly and effectively to changing patterns of alcohol and drug misuse and drug problems (including new psychoactive substances, medicines and image and performance-enhancing drugs).
- 2.16. There are clearly defined and well functioning care pathways between alcohol (and drug) services, mental health provision, criminal justice agencies as well as social care and safeguarding services (both children's and adult).
- 2.17. There are mechanisms (and appropriately trained staff) for involving families, partners and carers in users' treatment, where appropriate.
- 2.18. Treatment providers have workforce plans that describe how specialist staff are trained and supported to ensure appropriate competence and supervision to deliver specialist interventions.
- 2.19. A full range of addiction specialist and non-specialist medical competencies is available among the workforce, and allows the system to provide clinical leadership and support.<sup>7</sup>
- 2.20. Commissioners and providers develop services in the context of local and national priorities for funding and developing services, and in light of their duties to eliminate unlawful discrimination, advance equality of opportunity and reduce health inequalities.
- 2.21. Services are designed to meet the needs of women, for example:
- women are offered the option of a female keyworker and women-only groupwork where practicable.
  - services provide women-only sessions
  - there are links with women's services that can provide treatment and recovery support
- 2.22. Specialist referral pathways are in place for pregnant women.
- 2.23. The links between domestic violence and drug misuse – and related safeguarding issues where there are children in the house – are considered in care planning and reviews. There is joint working with, and effective pathways to, services for victims and perpetrators of domestic violence.<sup>8</sup>
- 2.24. All treatment providers report data to the NDTMS and this data is analysed locally to inform improvements.

- 2.25. Drug treatment provider information systems comply with the NDTMS minimum data set and there is appropriate investment in IT systems to meet the clinical and NDTMS needs of providers where required.
- 2.26. Commissioners use NDTMS and TOP data to measure the achievement of drug strategy outcomes and progress against public health outcomes framework measures. They use this information to improve local services and pathways.

### 3. There are interventions to address the health harms of drug use

Health harms from drug misuse can be prevented or minimised using evidence based treatments, screening, vaccinations and coordinating multi-agency care plans.

#### What you will see locally if you are meeting the principle

All people who use drugs have prompt access to interventions to address the health harms of drug use, including interventions to prevent drug-related deaths and blood-borne viruses.

#### Indicators that will help you to establish whether you are following the evidence and best practices that support the principle

- 3.1. All people who inject drugs (including NPS and image and performance-enhancing drugs) have ready access to sufficient injecting equipment to ensure more than 100% coverage,<sup>9</sup> to advice and information on blood-borne viruses and bacterial infections, and to alternatives to the most harmful ways of taking drugs.
- 3.2. Hepatitis B vaccinations for people who use drugs are promoted in line with national guidance and quality standards.<sup>10,11,12</sup>
- 3.3. Confidential tests for HIV and hepatitis B and C, and screening for tuberculosis, are promoted in accordance with national guidance and quality standards.<sup>10,11,12</sup>
- 3.4. Drug and health commissioners have agreed pathways and support that ensure ready access for people who use or have used drugs to treatment and support for hepatitis, and tuberculosis and other respiratory diseases.<sup>13,14,15</sup>
- 3.5. Commissioning and services are coordinated or integrated to improve service users' access to support on mental health (including crisis and severe and common mental illness), wound care, sexual health and dental health. Users are offered general healthcare assessments that cover these issues and referred to specialist services where appropriate.
- 3.6. Where people are identified as having a co-occurring mental or physical health condition, treatment providers address both initially and refer on when needed, rather than only addressing one area of need.
- 3.7. There is a good understanding of, and effective responses to, the health impacts of emerging drug-use trends, such as 'chemsex' among some men who have sex with men (MSM).<sup>16,17</sup>

- 3.8. There are interventions to raise awareness of the harms of drug use for at-risk groups, such as pregnant women, older people, people with mental health issues and those with existing long-term conditions.
- 3.9. Drug services address the high rates of tobacco smoking among their service users and staff. They have integrated, whole-service strategies. They offer (or work with stop smoking services to offer) stop smoking support (nicotine replacement therapy (NRT) and psychosocial)<sup>18</sup> and harm reduction for people unable or unwilling to stop smoking.<sup>19,20</sup>
- 3.10. All relevant services (especially primary care and emergency departments) are able to identify and refer to specialist care for the acute health harms caused by some NPS, such as ketamine and GHB.
- 3.11. Local agencies have a good understanding of new psychoactive substance use in their area, and use this knowledge to develop local responses to these substances.
- 3.12. Treatment services have links with emergency departments and primary care services to pick up people with acute NPS problems who may need to receive treatment or harm reduction interventions.
- 3.13. Effective overdose-awareness training and information, and naloxone, are provided for service users, drug users not in treatment, family/carers, hostel staff, etc.<sup>21, 22</sup>
- 3.14. There is ready access to an appropriate range of opioid substitution medications and to supervised consumption. Supervised consumption is available for all those starting opioid substitution treatment and for anyone needing to continue or return to supervision to ensure medication-compliance and reduce overdose risk.
- 3.15. Excessive or increasing alcohol use among drug users in treatment is addressed.
- 3.16. There are appropriate local reviews of drug-related deaths and action in response to their findings.<sup>23</sup>

## 4. Commissioners work with partners to commission effective alcohol and drug services

This section is relevant to drug and alcohol commissioning and is repeated in the adults alcohol commissioning support pack. In addition to the indicators set out below, commissioners and their partners will also need to comply with all relevant legislation, regulations and other statutory requirements as appropriate.

### What you will see locally if you are meeting the principle

Effective integrated policies and commissioning of services that achieve positive outcomes for individuals, families and communities by:

- co-ordinated policies to promote less risky drinking and drug use, and to prevent harm
- effective partnership working between local authority-led public health, the NHS (clinical commissioning groups and NHS England health and justice commissioners), mental health services, Jobcentre Plus (JCP), Work and Health Programme (WHP) providers and adult social care, housing and homelessness agencies, children's services, criminal justice agencies and emergency services
- a commissioning system operating transparently according to assessed need
- improving connectivity between treatment providers and mutual aid organisations
- full involvement of service users and local communities, including through Healthwatch

More alcohol and drug misusers in treatment are supported into work by an effective partnership between the treatment and employability sectors. There is an integrated support offer involving greater support around training, education, voluntary work and general improvement of skills and work experience.

Alcohol and drug misusers have the best possible access to warm, safe and affordable homes, suitable for their needs in the community that local conditions will allow.

## Indicators that will help you to establish whether you are following the evidence and best practices that support this principle

### 4.1. Embedding in local systems

- 4.1.1. There is an explicit link between the evidence of need and service planning within alcohol and drugs needs assessments, drug and alcohol commissioning strategies, clinical commissioning group strategy, and the joint health and wellbeing strategy.
- 4.1.2. Mechanisms are in place for reporting on alcohol and drugs to the health and wellbeing board, to the police and crime commissioner and to local safeguarding systems for vulnerable adults and children.
- 4.1.3. Public health commissioners have partnership arrangements with key agencies including clinical commissioning groups, clinical networks, NHS England area teams, children's and adult social care and criminal justice agencies.
- 4.1.4. The integration of local authority and health planning to reduce alcohol and drugs harm has been supported by the introduction of place-based sustainability and transformation planning (STPs), across 44 geographic footprints.
- 4.1.5. Arrangements are in place for joint commissioning where there is a shared responsibility for commissioning and planning.<sup>24</sup>
- 4.1.6. A fully integrated system of health improvement, treatment and recovery for alcohol and drug misusers has been developed by a formal strategic partnership involving key stakeholders and agencies.
- 4.1.7. The general public, service users and staff in other services understand the alcohol and drug services available locally, the pathways between services and points of entry for drug and alcohol treatment.
- 4.1.8. Quality governance mechanisms assure the quality and safety of alcohol and drug treatment services and are embedded in public health systems.<sup>25</sup>

### 4.2. Needs assessment

- 4.2.1. The needs assessment includes a comprehensive section on the full spectrum of alcohol and drug-related harm and it acknowledges the impact of alcohol and drug work across the public health and NHS outcomes frameworks.
- 4.2.2. There is a shared understanding of the level of demand and need, based on a range of local and national data across a range of public services.

4.2.3. The following are identified locally:

- gaps in delivery of primary, secondary and tertiary prevention for alcohol and drugs
- the extent of drug treatment penetration and the rate of met need among the estimated population of adult dependent drinkers in need of structured treatment
- unmet need among specific populations eg, people with co-occurring mental health conditions or substance misusing parents.
- the impact of services on health and wellbeing, public health and offending

4.2.4. Health and public health commissioners use hard and soft intelligence to understand need in relation to misuse of or dependence on prescription and over-the-counter medicines, including dependence arising inadvertently from the prescribed use of a medicine.

4.2.5. Local networks are used to find and share information with partners about new psychoactive substances.

4.2.6. Data is collected on alcohol and drug interventions provided in hospitals, primary health care and other settings, to inform needs assessment.

4.2.7. Levels of alcohol and drug-related admissions to hospital are analysed, to target interventions.

4.2.8. Specialist alcohol and drugs treatment data is monitored and analysed, to compare current treatment provision with need.

4.2.9. The needs assessment uses a methodology such as asset-based community development to take into account the availability and potential development of existing community support networks and other local assets.

4.2.10. The needs assessment takes account of the needs of the local population including:

- children affected by parental drug or alcohol misuse
- those with poor mental health
- those (predominantly women and girls) vulnerable to alcohol and drug misuse as a result of domestic abuse, sexual assault, child sexual exploitation, or prostitution
- prisoners and continuity of care requirements for alcohol and drug-misusing offenders moving between custody and the community
- those with protected characteristics under the Equality Act 2010
- the carers and family members of alcohol and drug misusers
- those with co-occurring mental health and alcohol/drug use conditions.

4.2.11. A mutual aid self-assessment tool<sup>26</sup> has been completed as part of the needs assessment.

### 4.3. Finance

- 4.3.1. Investment is sufficient to provide a range of prevention, harm reduction and treatment services commensurate with the level of identified need.
- 4.3.2. Decision-makers have been enabled to understand the potential return on investment from alcohol and drug interventions and the possible cost of under-investment. Tools such as the **Social Return on Investment Tool** can help commissioners demonstrate the benefits derived from local investment.
- 4.3.3. Decision-makers understand the effectiveness and cost-effectiveness of their commissioned services and can identify ways of improving these where necessary. The **Commissioning Tool** is designed to help local areas understand and improve the cost-effectiveness of local treatment systems.
- 4.3.4. Commissioners can identify the total level of local investment by all partners who contribute to delivery.
- 4.3.5. There is close communication with finance colleagues to ensure that planned and actual expenditure on drug and alcohol prevention and treatment interventions is accurately reported to DCLG as part of required local authority financial returns. For help in disaggregating local substance misuse expenditure and estimating unit costs, commissioners can refer to the **Commissioning Tool**.

### 4.4. Effective commissioning

- 4.4.1. Commissioning is based on evidence based guidelines, such as NICE guidance, for effective interventions in tackling alcohol and drug-related harm.<sup>27,28,29,30</sup>
- 4.4.2. There is an alcohol and drugs planning document that describes how best to meet local need, which clearly identifies:
  - the level of demand
  - existing strengths and assets and ways in which services can be commissioned to build on them
  - finance and available resource
- 4.4.3. Investment in alcohol and drug prevention, treatment and recovery is based on an understanding of expenditure, performance and cost-effectiveness.
- 4.4.4. Contracts for commissioned services specify the outcomes to be achieved and these outcomes are regularly monitored and reviewed.
- 4.4.5. Care pathways and services are geographically and socio-culturally appropriate to the people they are designed for.



- 4.4.6. Service users, their families and carers and people in recovery are involved at the heart of planning and commissioning. This is evident throughout needs assessment and key priority-setting processes both for community and prison-based services.<sup>31</sup>
- 4.4.7. Commissioning functions are fit for purpose. There is sufficient alcohol and drug misuse commissioning capacity and expertise, including information management.
- 4.4.8. A workforce strategy and improvement plan ensures that commissioning staff are competent to commission safe and effective services.
- 4.4.9. Service specifications clearly indicate the level of professional competence required to deliver safe and effective services
- 4.4.10. The transfer of care is managed safely and effectively, when the contracted provider changes, with appropriate communication of patient information to enable seamless management of risks.
- 4.4.11. The commissioning strategy includes the formal evaluation of the range of alcohol and drug interventions.
- 4.5. **Commissioning services for individuals in contact with the criminal justice system**
  - 4.5.1. Clear pathways are in place into assessment, treatment and support services for individuals in contact with the criminal justice system who have drug and/or alcohol problems and, where possible, consideration is given to the development of integrated pathways for individuals with co-occurring mental health and alcohol/drug use conditions.
  - 4.5.2. Discussions have taken place with police and crime commissioners and NHS England health and justice commissioners and there is a collaborative approach to the commissioning of fully integrated services that effectively support and engage individuals as they move between places of detention and community settings.
  - 4.5.3. Commissioners have engaged with their local National Probation Service and community rehabilitation company (CRC) to agree capacity for treatment interventions and the need for specific requirements for offenders subject to statutory supervision in the community and on release from prison.
- 4.6. **Involvement with mutual aid significantly improves recovery from alcohol and drug dependency**
  - 4.6.1. There is a shared, locally developed vision of recovery where mutual aid is appropriately integrated with all alcohol and drug services including in-patient and residential treatment.

- 4.6.2. People in treatment have access to a range of peer-based recovery support options, including 12-step, SMART Recovery and other community recovery organisations.
- 4.6.3. Local services are encouraged to support service users to engage with mutual aid groups through the inclusion of specific requirements in their service specifications.
- 4.7. **The home environment enables people to sustain their recovery**
  - 4.7.1. The housing needs of alcohol and drug misusers in the community, prison and residential treatment have been identified and are used to inform commissioning plans for housing, homelessness and housing related services.
  - 4.7.2. The housing needs of alcohol and drug misusers and their families/carers (where appropriate) are assessed in a timely manner to prevent homelessness and/or to enable move-on to a suitable home.
  - 4.7.3. Housing information and advice are readily available for everyone in treatment.
  - 4.7.4. There is a range of housing options to meet different needs.<sup>32</sup>
  - 4.7.5. Alcohol and drug misusers who are rough sleeping are able to access emergency accommodation and support.
  - 4.7.6. The health needs of homeless alcohol and drug misusers have been identified<sup>33</sup> and these individuals are supported to access primary and other healthcare.
  - 4.7.7. Front-line housing staff are trained to meet the housing and related needs of alcohol and drug misusers.
  - 4.7.8. Policies and procedures for homeless alcohol and drug misusers support pathways into suitable accommodation on discharge from hospital or residential rehab, or on release from prison.
- 4.8. **Getting a job can enable people to sustain their recovery**
  - 4.8.1. Joint planning arrangements are in place between treatment commissioners and providers and JCP and WHP leads to meet the employment, training and education (ETE) needs of the alcohol and drug misusing population.
  - 4.8.2. Worklessness and employability strategies reflect the ETE needs of alcohol and drug misusers.
  - 4.8.3. Commissioners incorporate ETE in their performance monitoring arrangements with treatment providers and providers address ETE in supervision for keyworkers.

- 4.8.4. JCP, WHP and treatment providers have agreed a process of joint working between agencies, including arrangements for three-way meetings and co-location.
- 4.8.5. Local single points of contact have been identified in JCP, WHP and all treatment teams and these details have been circulated.
- 4.8.6. There are employment champions in treatment teams, whose role it is to liaise with JCP and WHP, and to champion ETE.
- 4.8.7. Treatment providers, JCP and WHP routinely engage with local employers to make the case and address negative preconceptions and stigma about employing people with a history of alcohol or drug dependence.
- 4.8.8. Discussions about employability are introduced early on in treatment journeys, and commissioners and treatment providers continually review the extent to which the ETE agenda is prioritised in local recovery provision.
- 4.8.9. Treatment staff encourage clients to consider appropriate disclosure of their alcohol and drug misuse within JCP and WHP to facilitate tailored support.

#### 4.9. Commissioning hospital-based alcohol and drug services

- 4.9.1. Services are in place to meet the needs of hospital patients who misuse alcohol or drugs.
- 4.9.2. There is a strategic understanding of how alcohol and drug services for people in hospital are part of the wider treatment system and awareness of the role they play in addressing need.
- 4.9.3. Patients leaving hospital and requiring further treatment and recovery support are encouraged to access community alcohol and drug services.

#### 4.10. Young people, children and families

Note: there is a separate support pack for substance misuse by young people that should be read alongside the following indicators.

- 4.10.1. Treatment services follow the statutory guidance relating to section 11 of the Children Act 2004 and this is regularly audited using a standardised audit tool.<sup>34</sup>
- 4.10.2. Effective referral pathways and joint working arrangements are in place with children and family services where there are safeguarding issues and with local Troubled Families provision where alcohol or drug misuse is a factor.
- 4.10.3. Protocols have been developed between alcohol and drug systems, and children and family services in line with 'Supporting information for the development of joint local protocols between alcohol and drug partnerships, children and family services'.<sup>35</sup>

- 4.10.4. Treatment services identify and address needs for parenting and family support at the 'early help' level as part of the care planning process.
- 4.10.5. The health and wellbeing board oversees the collation and analysis of data on parental alcohol misuse from a range of local services, as proposed by the Office of the Children's Commissioner.<sup>36</sup>

# References

---

- <sup>1</sup> Public Health England (2015) The international evidence on the prevention of drug and alcohol use: Summary and examples of implementation in England, [www.nta.nhs.uk/uploads/unodc-prevention-guide.pdf](http://www.nta.nhs.uk/uploads/unodc-prevention-guide.pdf)
- <sup>2</sup> Public Health England (2017) Better care for people with co-occurring mental health and alcohol/drug use conditions A guide for commissioners and service providers, <http://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services>
- <sup>3</sup> National Treatment Agency (2013) An overview of the Recovery Diagnostic Toolkit, [www.nta.nhs.uk/uploads/rdtooverview.pdf](http://www.nta.nhs.uk/uploads/rdtooverview.pdf)
- <sup>4</sup> Public Health England (2015) Quality governance guidance for local authority commissioners of alcohol and drug services, [www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf](http://www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf)
- <sup>5</sup> Strang J (2011) Recovery-orientated drug treatment: an interim report by Professor John Strang, chair of the expert group, [www.nta.nhs.uk/recovery-orientated-drug-treatment.aspx](http://www.nta.nhs.uk/recovery-orientated-drug-treatment.aspx)
- <sup>6</sup> Recovery Orientated Drug Treatment Expert Group (2012) Medications in recovery: re-orientating drug dependence treatment, [www.nta.nhs.uk/medications-in-recovery-main-report.aspx](http://www.nta.nhs.uk/medications-in-recovery-main-report.aspx)
- <sup>7</sup> National Treatment Agency (2013) An overview of the Recovery Diagnostic Toolkit, [www.nta.nhs.uk/uploads/rdtooverview.pdf](http://www.nta.nhs.uk/uploads/rdtooverview.pdf)
- <sup>8</sup> NICE (2014) Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (NICE public health guidance 50), [www.nice.org.uk/guidance/ph50](http://www.nice.org.uk/guidance/ph50)
- <sup>9</sup> NICE (2014) Needle and syringe programmes. Public health guidance 52, [www.nice.org.uk/guidance/ph52](http://www.nice.org.uk/guidance/ph52)
- <sup>10</sup> NICE (2012) Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection (NICE public health guidance 43), [www.nice.org.uk/guidance/ph43/chapter/recommendations](http://www.nice.org.uk/guidance/ph43/chapter/recommendations)
- <sup>11</sup> Public Health England (2014) Immunisation against infectious disease (the Green Book), [www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book](http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book)
- <sup>12</sup> Clinical Guidelines on Drug Misuse and Dependence Update 2017 Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management, [www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management](http://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management)
- <sup>13</sup> Local Government Association (2013) Hepatitis: frequently-asked questions – briefing for councillors, [www.local.gov.uk/c/document\\_library/get\\_file?uuid=f0e5b7b9-c32e-4c8e-a005-b5c4e87b0126&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=f0e5b7b9-c32e-4c8e-a005-b5c4e87b0126&groupId=10180)
- <sup>14</sup> Local Government Association (2014) Tackling tuberculosis – local government's public health role, [www.local.gov.uk/documents/10180/5854661/Tackling+Tuberculosis++Local+government's+public+health+role](http://www.local.gov.uk/documents/10180/5854661/Tackling+Tuberculosis++Local+government's+public+health+role)
- <sup>15</sup> Public Health England (2015) Improving access to, and completion of, hepatitis C treatment, [www.nta.nhs.uk/Turning-evidence-into-practice-improving-access-to-hepatitis-C-treatment.aspx](http://www.nta.nhs.uk/Turning-evidence-into-practice-improving-access-to-hepatitis-C-treatment.aspx)
- <sup>16</sup> Public Health England (2014) Promoting the health and wellbeing of gay, bisexual and other men who have sex with men: summary and initial findings, [www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-gay-bisexual-and-other-men-who-have-sex-with-men](http://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-gay-bisexual-and-other-men-who-have-sex-with-men)
- <sup>17</sup> Public Health England (2015) Substance misuse services for men who have sex with men involved in chemsex, [www.nta.nhs.uk/uploads/phe-substance-misuse-services-for-msm-involved-in-chemsex.pdf](http://www.nta.nhs.uk/uploads/phe-substance-misuse-services-for-msm-involved-in-chemsex.pdf)
- <sup>18</sup> NICE (2013) Smoking cessation: supporting people to stop smoking (NICE quality standard 43), [www.nice.org.uk/guidance/qs43](http://www.nice.org.uk/guidance/qs43)
- <sup>19</sup> NICE (2013) Tobacco: harm-reduction approaches to smoking (NICE public health guidance 45), [www.nice.org.uk/guidance/ph45](http://www.nice.org.uk/guidance/ph45)
- <sup>20</sup> Public Health England (2015) Improving smoking cessation in drug and alcohol treatment, [www.nta.nhs.uk/improving-smoking-cessation-in-drug-and-alcohol-treatment.aspx](http://www.nta.nhs.uk/improving-smoking-cessation-in-drug-and-alcohol-treatment.aspx)

- <sup>21</sup> Public Health England (2017) Take-home naloxone for opioid overdose in people who use drugs, [www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdoseaug2017.pdf](http://www.nta.nhs.uk/uploads/phetake-homenaloxoneforopioidoverdoseaug2017.pdf)
- <sup>22</sup> Professor John Strang open letter (2015) Naloxone – preliminary advice from the working group updating Drug Misuse and Dependence: UK Guidelines on Clinical Management, [www.nta.nhs.uk/uploads/chairsletter-naloxone-22july2015.pdf](http://www.nta.nhs.uk/uploads/chairsletter-naloxone-22july2015.pdf)
- <sup>23</sup> National Treatment Agency (2011) Drug-related deaths: setting up a local review process, [www.nta.nhs.uk/uploads/drug\\_related\\_deaths\\_setting\\_up\\_a\\_local\\_review\\_process.pdf](http://www.nta.nhs.uk/uploads/drug_related_deaths_setting_up_a_local_review_process.pdf)
- <sup>24</sup> NHS England (2015) Health and justice commissioning intentions 2015/16, [www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/hj-comms-ints-refresh.pdf](http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/hj-comms-ints-refresh.pdf)
- <sup>25</sup> Public Health England (2015) Quality governance guidance for local authority commissioners of alcohol and drug services, [www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf](http://www.nta.nhs.uk/uploads/quality-governance-guidance-for-local-authority-commissioners-of-alcohol-and-drug-services.pdf)
- <sup>26</sup> Mutual Aid Self Assessment Tool link: [www.nta.nhs.uk/uploads/self-assessment-tool-final-word-ersion.doc](http://www.nta.nhs.uk/uploads/self-assessment-tool-final-word-ersion.doc)
- <sup>27</sup> Alcohol-use disorders: Diagnosis and clinical management of alcohol-related physical complications (NICE clinical guideline 100, 2010) [www.nice.org.uk/guidance/CG100](http://www.nice.org.uk/guidance/CG100)
- <sup>28</sup> Alcohol-use disorders: Diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE clinical guideline 115, 2011) [www.nice.org.uk/guidance/CG115](http://www.nice.org.uk/guidance/CG115)
- <sup>29</sup> Drug misuse: Psychosocial interventions (NICE clinical guideline 51, 2007) [www.nice.org.uk/guidance/CG51](http://www.nice.org.uk/guidance/CG51)
- <sup>30</sup> Drug misuse: Opioid detoxification (NICE clinical guideline 52, 2007) [www.nice.org.uk/guidance/CG52](http://www.nice.org.uk/guidance/CG52)
- <sup>31</sup> Public Health England (2015) Service user involvement: A guide for drug and alcohol commissioners, providers and service users, [www.nta.nhs.uk/uploads/service-user-involvement-a-guide-for-drug-and-alcohol-commissioners-providers-and-service-users.pdf](http://www.nta.nhs.uk/uploads/service-user-involvement-a-guide-for-drug-and-alcohol-commissioners-providers-and-service-users.pdf)
- <sup>32</sup> The role of housing in drugs recovery: a practice compendium, CIH, 2012 [www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/Role%20of%20housing%20in%20drugs%20recovery%20-%20final%20version.pdf](http://www.cih.org/resources/PDF/Policy%20free%20download%20pdfs/Role%20of%20housing%20in%20drugs%20recovery%20-%20final%20version.pdf)
- <sup>33</sup> Homeless Link (2015) Homeless health needs audit, [www.homeless.org.uk/our-work/resources/homeless-health-needs-audit](http://www.homeless.org.uk/our-work/resources/homeless-health-needs-audit)
- <sup>34</sup> HMG (2007) Statutory guidance on making arrangements to safeguard and promote the welfare of children under Section 11 of the Children Act 2004. London: Department for Education and Skills, <http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/dfes-0036-2007.pdf>
- <sup>35</sup> Public Health England (2013) Supporting information for developing local joint protocols between drug and alcohol partnerships and children and family services, [www.nta.nhs.uk/uploads/safeguardingprotocol2013.pdf](http://www.nta.nhs.uk/uploads/safeguardingprotocol2013.pdf)
- <sup>36</sup> Manning J, Clifton J and McDonald C (2014) "I think you need someone to show you what help there is": Parental Alcohol Misuse: Uncovering and responding to children's needs at a local level. London: Office of the Children's Commissioner