

D&A Evidence Scoping Template

Area: Adult Step 2 community based substance misuse services

Evidence of practice

(narrative of previous model based on PMR data, uptake of service etc.)

These services employ qualified counsellors and provide psychological support to individuals who are using alcohol and/or drugs harmfully and /or who have been assessed as having mild to moderate dependence without complex needs. They are contracted to provide the following:

- Assessment
- Brief interventions
- Structured evidenced based psychological interventions (Motivational Interviewing, CBT, relapse prevention)
- Onward referral to statutory Step 3 Services upon identification or suspected signs of complex issues such as moderate to severe co-occurring psychological conditions, complex physical health problems including detoxification, and in all cases involving injecting drug use and opioid users at risk of overdose

Over the past number of years recurrent pressures /gaps in Adult Step 2 services have been well documented and evidenced by the current providers across the region. The closure of the Lottery funded Impact of Alcohol services at the end of 2017 (March 2019 in SE area) was partly accountable for this additional pressure on our Step 2 services. A number of PHA Step 2 services, when tendered, took account of the Impact of Alcohol services within their locality, with subsequent tender targets reduced and/or not included to avoid duplication of service/funding. Other locality based factors and changes in the sector over the period also impacted on the increased demand for Step 2 services.

Notwithstanding the above change in configuration of services within the sector, there has also been an increasing demand/need for Adult Step 2 provision in recent years. For example, in one of the localities during 2019/20 the current provider identified pressures greater than 100% of their core PHA tendered service over the course of a 12 month period. This resulted in service users experiencing delays and having to be placed on waiting lists as demand was greater than availability. There were valid concerns that this would result in reduced responsiveness and decreasing confidence (among referrers, service users and other stakeholders), with the risk of referrers and clients disengaging over waiting times.

Thankfully some of these pressures were alleviated by PHA enhancement funding (slippage/DoH monies) at various points through the year but it was reactive in nature and often took time for confirmation of funding to come through. Although the extra funding was welcomed, and it helped reducing waiting times, it also created some difficulties for providers in terms of service continuity and planning, particularly around workforce scheduling and capacity.

The majority of the demand within Step 2 services is for psychotherapeutic interventions, with all locality areas vastly exceeding their targeted hours/sessions, even if in some cases the number of service users has fallen slightly below the target set. Most localities are also exceeding their targeted hours/sessions for Extended Brief Intervention (EBI), but again in some cases the number of EBI service users has fallen slightly below the target. Engaging families in services continues to be a challenge, with this group accounting for a very small

D&A Evidence Scoping Template

proportion of overall referrals. Uptake of Family Support services across the 5-year procurement period has been poor (see 18/19 figures below) in comparison with the targets set out in the original contracts. It would appear that this disappointing performance is not exclusive to Adult Step 2 services and is also a trend in other D&A service areas. This will have to be analysed and reviewed carefully during the upcoming procurement process.

2018/19 KPI tables for each element of the Adult Step 2 service:

exceeded	met	not met
----------	-----	---------

Extended Brief Interventions 2018/19 – includes enhanced targets / KPIs

Locality	Number of clients provided with EBI		Number of sessions (hrs) of EBI provided		Ratio hrs/client provided
	Target	2018/19	Target	hrs 2018/19	2018/19
Belfast	125	95	375 (187.5)	969 ⁺	10.2
SE*	0	7	0	27.5	
North	150	240	450 (225)	943.5	3.9
South	n/a	n/a	n/a	n/a	n/a
West	256	158	768 (384)	749.5	4.7

* To avoid duplication EBI was not commissioned in SE by PHA as part of Step 2 service because SEHSCT / ASCERT 'Alcohol and You' (AAY) service was in place through IOA programme. AAY service closed on 31 March 2019.

⁺ The 969 hrs also include hrs related to a) DNA/CNA (325hrs) and b) 61 EBI group work sessions (138hrs) permitted to deal with large waiting list, reflecting 506hrs of individual EBI sessions provided (ratio=5.3hrs per client)

Psychotherapeutic Interventions 2018/19 – includes enhanced targets / KPIs

Locality	Number of clients provided with IPI		Number of sessions (=hrs) of IPI provided		Ratio hrs/client provided
	Target	2018/19	Target	hrs 2018/19	2018/19
Belfast	131	341	2048	2512.55	7.4
SE*	340	264	3028	5751.25	21.9
North	370	289	1223	2908	10.1
South	n/a	n/a	n/a	n/a	n/a
West	269	270	2152	3438	12.7

Family Support 2018/19

Locality	Number of families provided with FS		Number of family support sessions provided		Ratio hrs/client provided
	Target	2018/19	Target	hrs 2018/19	2018/19
Belfast	100	28	300	169	6
SE*	227	58	680	205.5	3.5
North	203	54	610	895	16.6
South	n/a	n/a	n/a	n/a	n/a
West	205	48	615	182.5	3.8

Overview of main areas from commissioning framework previous evidence review (*insert links to PHA D&A commissioning framework*)

Previous evidence documented within the A&D Commissioning Framework for NI (2013-16;

<https://www.publichealth.hscni.net/sites/default/files/Drug%20and%20Alcohol%20Commissioning%20Framework%20Consultation%20Document.pdf>) **stated:**

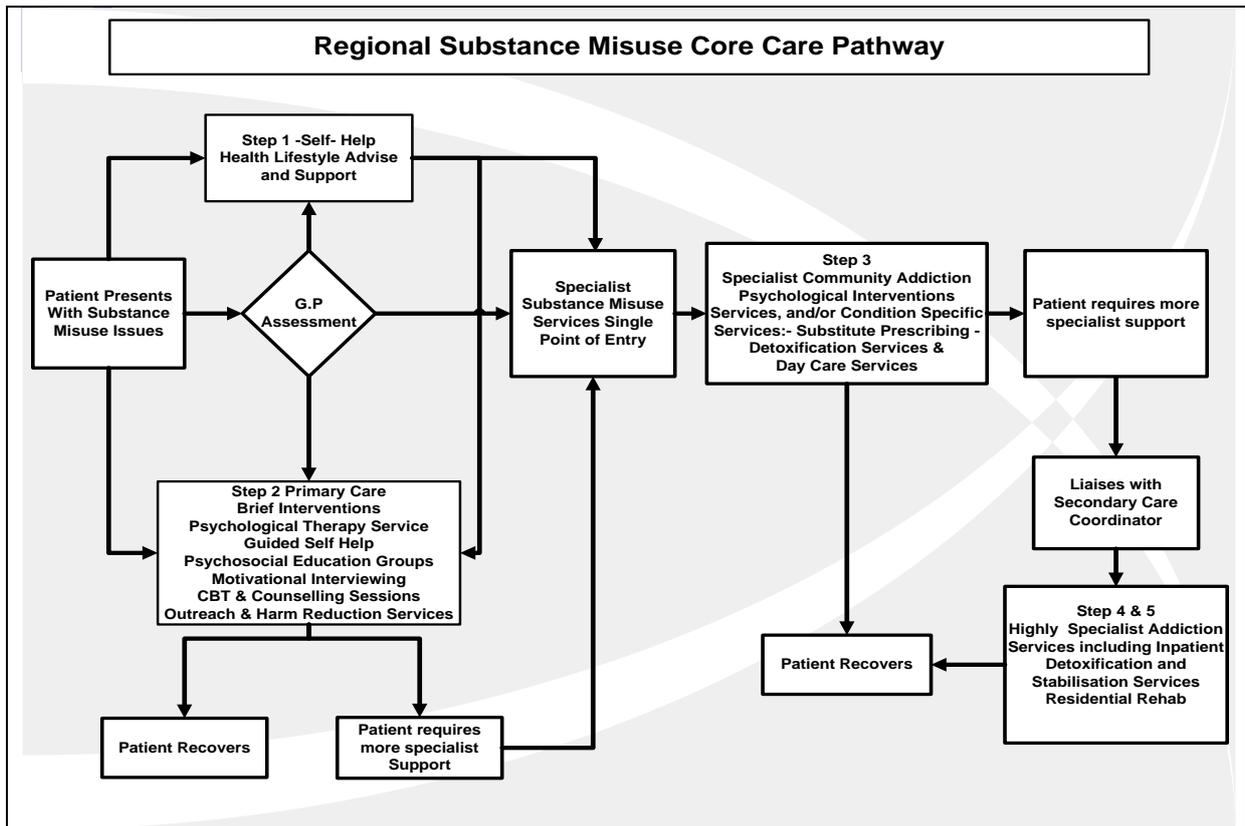
Alcohol Screening and Brief Interventions

- The strongest evidence for the delivery of Alcohol Brief Interventions is in primary care, however non-NHS professionals (in criminal justice / community and voluntary sector) should focus on screening groups that may be at an increased risk of harm from alcohol and people who have alcohol related problems. (Page 43 & 44)
- Adults who have not responded to brief structured advice or who would benefit from an extended brief intervention should be offered extended brief intervention lasting 20-30 minutes, with follow-up and assessment, and where necessary up to 4 additional sessions or referral to a specialist alcohol treatment service. (Page 44)
- Those working in criminal justice should recognise that their clients are a suitable target group for alcohol brief interventions and develop interventions as appropriate within their services. They should work with those in healthcare to ensure consistency of approach. They should also consider setting bail or release conditions which include going to a service provider for appropriate intervention or counselling. (Page 46)

Community Based Treatment and Support

- There is a considerable body of evidence from international studies which consistently show that treatment leads to improved outcomes namely; reductions in substance misuse and offending, in harmful behaviours associated with such use, and improvements in mental wellbeing and social functioning. (Page 55)
- Ensure Community Addiction Services are adequately resourced to meet the NICE target of 1 in 6 receiving treatment per year. (Page 55)
- There is evidence that support for the carers of substance users has an impact upon the substance user, including getting reluctant users into treatment, reducing their use and making better progress through treatment. (Page 55)
- Criminal justice interventions also show positive results and should be considered. This is critically important given the level of substance misuse within this population. (Page 55)

D&A Evidence Scoping Template



Previous evidence base for model as per 2013-16:

NICE PH24 Alcohol use disorders: prevention <https://www.nice.org.uk/guidance/ph24>

NICE CG115 Alcohol use disorders: diagnosis, assessment & management of harmful & dependent drinking (2011) <https://www.nice.org.uk/guidance/cg115>

NICE CG 51 Drug misuse in over 16s: psychosocial interventions (2007).
<https://www.nice.org.uk/guidance/cg51>

NICE CG120 Coexisting severe mental illness (psychosis) & substance misuse (2011)
<https://www.nice.org.uk/guidance/cg120>

Guidance for practitioners on how to access HSCB and PHA funded Step 2 and Step 3 Substance Misuse Treatment and Support services across Northern Ireland



Step 2_3 care pathway document.p

Overview of new evidence base review *(key recommendations for consideration)*

Following review in 2019, NICE will not update the guideline on [alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) (NICE guideline CG115). The reason for not updating it at this time is that newly published evidence was not deemed sufficient to change current recommendations and further evidence is needed, particularly around digital interventions for alcohol misuse, and pharmacotherapies for managing mild alcohol dependence, assisted withdrawal, and

D&A Evidence Scoping Template

following successful withdrawal.

However, **NICE may update the guideline on [alcohol-use disorders: prevention](#) (NICE guideline PH24) for brief advice and extended brief interventions in adults** (recommendations 10 and 11).

Recommendation 10: brief advice for adults: There has been a large amount of new evidence published on brief advice for adults in various settings and delivered by different practitioners and to different populations. The published evidence indicates that the effectiveness of brief advice is modified by the setting, delivery practitioner and population receiving the advice. Topic expert feedback also highlighted that not all settings should be delivering brief advice, and resources should focus on those settings where it has been proven to be effective. Given this new evidence, the guideline recommendation on brief advice for adults may be updated and will therefore need to be factored into the new commissioning framework. For more detail see [Summary of evidence from 2019 surveillance](#)

Recommendation 11: extended brief interventions for adults: New published evidence on extended brief interventions indicates that interventions may not be effective in all populations and settings. Currently the NICE guideline recommends offering extended brief interventions to all adults who have not responded to brief advice, but does not specify the setting or populations to target. Given this new evidence, the guideline recommendations on extended brief interventions for adults may be updated and will therefore need to be factored into the new commissioning framework. For more detail see [Summary of evidence from 2019 surveillance](#)

Also see for further information:

- [Quality Standard 11 - Alcohol-use disorders: diagnosis and management](#); and
- [Cochrane Review: Kaner et al. \(2018\). Effectiveness of brief alcohol interventions in primary care populations](#)

NICE will not be updating the guideline on [Drug misuse in over 16s: psychosocial interventions](#) (NICE guideline CG51) as none of the new evidence considered in the 2016 surveillance of this guideline was thought to have an effect on current recommendations.

Also see for further information:

- [Quality Standard 23 - Drug use disorders in adults](#);
- [NEPTUNE 2015: Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances](#); and
- [PHE 2017. An evidence review of the outcomes that can be expected of drug misuse treatment in England](#)

Kelly et al. (2020). Alcoholics Anonymous and other 12-step programs for alcohol use disorder. Cochrane Review.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012880.pub2/full?cookiesEnabled>

Manualized AA/TSF interventions usually produced higher rates of continuous abstinence than the other established treatments investigated. Non-manualized AA/TSF performed as well as other established treatments. AA/TSF may be superior to other treatments for

D&A Evidence Scoping Template

increasing the percentage of days of abstinence, particularly in the longer-term. AA/TSF probably performs as well as other treatments for reducing the intensity of drinking (of alcohol). AA/TSF probably performs as well as other treatments for alcohol-related consequences and addiction severity. Four of the five economics studies found substantial cost-saving benefits for AA/TSF, which indicate that AA/TSF interventions probably reduce healthcare costs substantially.

Hunt et al. (2019). Psychosocial interventions for people with both severe mental illness and substance misuse. Cochrane Review.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001088.pub4/full#CD001088-abs-0003>

People with both severe mental health and substance misuse problems should be aware that at present there is little evidence to support any particular psychosocial intervention over another or over standard care. This does not mean that particular treatments do not help, but that data are few and the little supportive evidence found in these studies need further studies to support their use. No-one can suggest to people entering a service that one form of support should really take precedence over another. Developments in specific treatments and in models of service delivery are still taking place.

Any identified gaps

There has been local feedback in terms of gaps within Adult Step 2 provision in terms of the current service specification. Whether this is reflective of the sector or based on a particular locality/provider perspective would need to be determined and explored further. For example, it has been suggested that the current service models provide limited scope to address the increasing complexity of needs presenting, not just at Step 2 but across all steps of care.

There have been representations made during the current commissioning period for more flexibility to be given within the service model in order to enhance support and better adapt to the changing nature of service users' needs. Some providers have highlighted these concerns from the start of the current commissioning framework and the consultation workshops provide an opportunity to further explore approaches that help service users to engage with services and, thus, enter and stay in recovery.

Future approach to reflect the evidence base

(e.g. Changes in evidence base / key recommendations / evidence of impact)

- Consideration on impact of new NICE evidence and recommendation in relation to Extended Brief Interventions in adults
[Alcohol-use disorders: prevention \(NICE guideline PH24 - recommendation 11\)](#)
- Consideration on how to improve Family Support element of service delivery given the challenges and poor uptake across Northern Ireland in current commissioning period.