

## D&A Evidence Scoping Template

### Area: Community Based Services for Young People who are identified as having Substance Misuse Difficulties

#### Evidence of practice

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

The PHA, in collaboration with Health and Social Care Board (HSCB), drew up a framework for commissioning alcohol and drug services in response to the DHSSPS New Strategic Direction (NSD) Phase 2, 2011-2016 <https://www.health-ni.gov.uk/publications/new-strategic-direction-alcohol-and-drugs-phase-2-2011-16>

For the purposes of commissioning these services the PHA identified provision across three steps as detailed in the stepped care model set out in Table 1 below.

#### Stepped Care Model

Step	Focus of Intervention	Nature of Intervention
Step 3	Moderate to severe substance misuse, i.e. Complex substance misuse issues affecting functioning	Specialist community based treatment (Drug and Alcohol Mental Health Services/Children and Adolescent Mental Health Services) – formal psychological therapies (motivational enhancement therapy, cognitive behavioural therapy, relapse management therapy, family therapy), drug therapies
Step 2	Mild to moderate substance misuse, i.e. substance misuse impairing young person's day to day functioning	Community based substance misuse service (Structured talking therapies) - comprehensive assessment, care plan, cognitive behavioural therapy, motivational interventions, structured counselling, structured family work
Step 1	Experimental use, low risk hazardous use, i.e. substance misuse not causing significant impairment to young person's day to day functioning	Universal services, including Family and Children's services – screening, brief intervention, provision of brief advice and information (e.g. Talk to Frank <a href="http://www.talktofrank.com/">http://www.talktofrank.com/</a> ), self-directed help

The services currently funded by the PHA are Step 2 services targeting young people aged 11-21 who are identified as having substance misuse difficulties. In some cases these services will see young people aged between 21 and 25. The criteria for accessing these services for service users aged 21 to 25 are that these service users have been identified as vulnerable or have difficulty integrating into the adult treatment system, for example, a history of disengagement and vulnerability.

#### Demand Data

Based on 2018/19 figures, the following pattern of uptake of the different service components was observed (figures shown in tables below):

- All services provided 1 to 1 support to approximately their target number of young people.
- The number of group work sessions provided varied considerably between services.
- The uptake for family support services was less than had been anticipated

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### Provide Treatment and Support to Children and Young People (11-25) Identified as Having Substance Misuse Difficulties:

exceeded	met	not met
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#### a) Numbers for 1 to 1 support and therapeutic group work

Locality	Number of Service Users Provided with 1 to 1 Support		Number of Therapeutic Groups Delivered		No of Groups Unable to Proceed Due to Low Numbers
	Target	2018/19	Target	2018/19	
Belfast & SE	595	590	26	38	0
North	301	286	13	18	6
South	210	252	14	90	4
West	300	311	13	15	0
<b>Total</b>	<b>1,406</b>	<b>1,439</b>	<b>66</b>	<b>161</b>	<b>10</b>

#### b) Number of Families engaged in Therapeutic Process

Locality	Target	2018/19 Totals
Belfast & SE	238	231
North	120	54
South	84	42
West	120	32
<b>Total</b>	<b>562</b>	<b>359</b>

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

The evidence with respect to young people's substance misuse services indicates the need for integration of substance misuse services for families, children and young people into all systems that serve family and youth.

This model of providing substance misuse interventions within existing children's services with a targeted, specialist treatment service for those with more complex needs is reflected throughout the guidance from NICE and the NTA. NTA 2008 sets out a dual role for such a specialist treatment services:

- To support and enable universal and targeted children's and youth services to respond to substance misuse;
- To provide specialist substance misuse treatment for young people and their families, noting that the balance between these two activities should be determined by local need.

NICE/NTA guidance is that most young people can have their needs with respect to substance misuse met in universal or targeted services, but that specialist substance misuse treatment services should be provided for young people whose functioning is significantly impaired by their substance misuse.

#### Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16

<https://www.publichealth.hscni.net/sites/default/files/Drug%20and%20Alcohol%20Commissioning%20Framework%20Consultation%20Document.pdf>) drew on the following guidance documents:

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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>

Health Advisory Service (2001) The Substance of Young Needs Review 2001. London: Health Advisory Service  
<http://www.hertsdef.org/images/pdfs/The%20Substance%20of%20Young%20Needs%20Review%202001%20The%20Health%20Advisory%20Service.pdf>

NICE (2007) NICE public health intervention guidance 'Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people'. London: National Institute for Health and Clinical Excellence  
<http://guidance.nice.org.uk/PH4/Guidance/pdf/English>

NTA (2008) Guidance on commissioning young people's specialist substance misuse treatment services London: National Treatment Agency for Substance Misuse  
[http://www.nta.nhs.uk/uploads/commissioning\\_yp\\_final2.pdf](http://www.nta.nhs.uk/uploads/commissioning_yp_final2.pdf)

NTA (2008) The role of CAMHS and addiction psychiatry in adolescent substance misuse services. London: National Treatment Agency for Substance Misuse  
[http://www.nta.nhs.uk/uploads/yp\\_camhs280508.pdf](http://www.nta.nhs.uk/uploads/yp_camhs280508.pdf)

NTA (2009) Young people's specialist substance misuse treatment: exploring the evidence London: National Treatment Agency for Substance Misuse  
[http://www.nta.nhs.uk/uploads/yp\\_exploring\\_the\\_evidence\\_0109.pdf](http://www.nta.nhs.uk/uploads/yp_exploring_the_evidence_0109.pdf)

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>

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

NICE CG115 Alcohol use disorders: diagnosis, assessment & management of harmful & dependent drinking (2011) <https://www.nice.org.uk/guidance/cg115>. **The guidance was reviewed in 2019 and remains unchanged:**

<https://www.nice.org.uk/guidance/cg115/resources/2019-surveillance-of-alcoholuse-disorders-nice-guidelines-ph24-and-cg115-6841455661/chapter/Surveillance-decision?tab=evidence#reasons-for-the-decision> ;  
summary: <https://www.nice.org.uk/guidance/cg115/evidence/appendix-a2-summary-of-evidence-from-surveillance-cg115-pdf-6841455664>

Cochrane review: Foxcroft et al. 2016 Motivational interviewing for the prevention of alcohol misuse in young adults

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007025.pub4/full> **found that there are no substantive, meaningful benefits of MI interventions for preventing alcohol use, misuse or alcohol-related problems.**

NICE CG 51 Drug misuse in over 16s: psychosocial interventions (2007).  
<https://www.nice.org.uk/guidance/cg51> **was reviewed in 2016. The guidance remains unchanged:** NICE CG51 (2007) checked in Jul 2016 – no change  
<https://pathways.nice.org.uk/pathways/drug-misuse-prevention>

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NEPTUNE 2015: Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances <http://neptune-clinical-guidance.co.uk/wp-content/uploads/2015/03/NEPTUNE-Guidance-March-2015.pdf> **recommends the use of Motivational Interviewing, Network and Environmental Therapies, CBT-based relapse prevention, and Contingency Management for the treatment of substance misuse problems**

NG58 Coexisting severe mental illness & substance misuse: community health & social services (2016); <https://www.nice.org.uk/guidance/ng58> discusses the interface between Tier 2 services and CAMHS, for 14+-25 years.

**Recommends that substance misuse and mental health services work together to encourage people with coexisting severe mental illness and substance misuse to use services. Services should be responsive to requests for advice and joint-working arrangements.** These issues are addressed within the Guidance For Practitioners On How To Access PHA Funded Step 2 And Step 3 Substance Misuse Treatment And Support Services For Young People Across Northern Ireland

**Recommends that staff awareness of the needs of people with coexisting severe mental illness and substance misuse is raised, including the fact that they may be traumatised.** This may have training implications for current services.

**Notes that there is moderate to strong evidence that co-existing substance misuse and mental health problems are more common in younger people, men, pregnant women or women who have recently given birth.** Consideration should be given to whether this has equality implications re: ease of access to the services by these groups.

PHE (2013, update 2018) Mutual aid toolkit

<https://www.gov.uk/government/publications/mutual-aid-toolkit-for-alcohol-and-drug-misuse-treatment>

**Recommends that services give information on the value and availability of community support networks and self-help groups (eg. AA or SMART Recovery) and help service users to participate in community support networks and self-help groups by encouraging them to go to meetings and arranging support so that they can attend.**

PHE (2015) Alcohol and drug treatment quality governance

<https://www.gov.uk/government/publications/alcohol-and-drug-treatment-quality-governance>  
**Stresses the need to ensure that non-NHS providers have equivalent structures and procedures in place**

### Any identified gaps

The review of the evidence base for Community Based Services for Young People who are identified as having Substance Misuse difficulties has not identified any gaps in the service as currently provided, although it has identified areas that should be considered in developing these services.

### Future approach to reflect the evidence base

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

The evidence base supports the continued use of the existing model for Youth Treatment services. A question arises around the current emphasis on having staff trained specifically in Motivational Interviewing within the Youth Treatment service given the inconsistency in the evidence reviewed.

The uptake of family support services suggests that KPIs for this aspect of the service may need to be reconsidered. The variation from service to service suggests that a more flexible approach may be needed to accommodate variations in the uptake of family support.

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The variation in delivery of groupwork sessions may reflect changes in the definition of 'groupwork' during the life of the current contracts. Again, the variation from service to service suggests that a more flexible approach may be needed to accommodate variations in the uptake of groupwork.

NEPTUNE 2015: Guidance on the Clinical Management of Acute and Chronic Harms of Club Drugs and Novel Psychoactive Substances recommends the use of Motivational Interviewing, Network and Environmental Therapies, CBT-based relapse prevention, and Contingency Management for the treatment of substance misuse problems. Motivational interviewing and CBT are already used in youth treatment services. It may be useful to consider the use of Contingency Management and/or Network and Environmental Therapies within these services.

Network and environmental therapies are a range of psychological approaches which seek to utilise social contextual reinforcers to promote and sustain change in substance use. This often involves enlisting the support of (non-using) partners, families or peers. Behavioural couples therapy (BCT) is recommended by NICE for the treatment of drug misuse. Notably, there is specific evidence for BCT with lesbian and gay service users in the treatment of alcohol problems. Network and environmental therapies are recommended for the treatment of alcohol problems. Variants of network and environmental therapies with specific recognition in the treatment of substance misuse are social behaviour network therapy (SBNT), the community reinforcement approach (CRA) and behavioural couples therapy (BCT).

Contingency management has a strong evidence base from numerous research trials, carried out primarily in the US, focusing on stimulant use. UK programmes are currently uncommon outside RCTs. CM is one of the psychological interventions recommended for the treatment of drug misuse by NICE. CM is used to reduce substance use by the provision of tangible (often monetary or material) rewards for the achievement of verifiable behavioural goals, such as negative biological drug screen tests. As current services do not carry out biological drug screen tests, this may have limited applicability.

PHE (2013, update 2018) Mutual aid toolkit recommends that services provide information on mutual aid groups and encourage service users who express an interest to attend these. Consideration should be given to this along with any associated child protection concerns.