

NICE local government briefings

Tackling drug use

<http://publications.nice.org.uk/lgb18>

Published: 21 May 2014

Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on tackling drug use. This includes preventing drug use, minimising the harm caused by drugs and helping people to stop taking them. It is particularly relevant to health and wellbeing boards, police and crime commissioners and community safety partnerships.

This briefing only covers NICE guidance and does not refer to the range of other guidance that is available to local authorities on tackling drug use, some of which is listed in [other useful resources and advice](#).

In the future, NICE may produce more specific guidelines and local government briefings relating to use of cannabis, the new psychoactive drugs and image and performance enhancing drugs.

NICE has produced a separate local government briefing on [alcohol misuse prevention and treatment](#).

Key messages

The government's [Drug strategy 2010](#) reported that drug use costs the UK economy £15.4 billion a year.

From April 2013, the commissioning of substance misuse treatment services (for drugs and alcohol misuse) was transferred to local authorities, supported by health and wellbeing boards ([Health and Social Care Act 2012](#)).

The Home Office's [Drug strategy annual review: 2012 to 2013](#) highlights the key role local authorities play in helping to reduce both the supply of, and demand for, illicit drugs. This includes helping people to recover from drug addiction by providing education, housing, public health, social care and regulatory services.

From 2010 to 2011, according to a Health and Social Care Information Centre's [Statistics on drug misuse: England 2013](#), there were nearly 300,000 opiate and/or crack users in England.

Problem drug use does not happen in a vacuum and there are frequently links to a range of other factors such as mental health, alcohol misuse and homelessness.

Many acquisitive crimes (including theft, burglary and robbery) are committed by people whose drug use has become an addiction. Their offending often escalates to keep up with the rising cost of their drug use. Some also support their drug use with low-level dealing or prostitution.

The National Institute for Health and Care Excellence (NICE) is an independent organisation providing guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see 'About this briefing'.

What can local authorities achieve by tackling drug use?

Meet several indicators in the public health outcomes framework

Two indicators in the [public health outcomes framework](#) directly relate to drug use: 2.15 ('successful completion of drug treatment'); and 2.16 ('people entering prison with substance dependence issues who are previously not known to community treatment'). Drug use is also listed as one of the conditions to be included in 4.3 ('mortality rate from causes considered preventable'). In addition, drug use is a factor in over half of the indicators in the public health outcomes framework and also in the social care outcomes framework.

Reduce crime and the fear of crime

Drug use contributes to crime and the fear of crime. Home Office estimates suggest that people addicted to drugs commit between a third and a half of all acquisitive crime ([Measuring different aspects of problem drug use: methodological developments 2006](#)).

According to the same report, the crimes committed by people dependent on heroin and/or crack cocaine to fund their drug use cost society an estimated £13.9 billion a year. Treatment can help people control and, eventually, overcome their addiction, resulting in a reduction in such crimes.

Public Health England estimates that drug treatment and recovery systems in England may have prevented approximately 4.9 million crimes in 2010/11. This saved society an estimated £960 million in costs to the public, businesses, the criminal justice system and the NHS ([Estimating the crime reduction benefits of drug treatment and recovery](#) National Treatment Agency for Substance Misuse 2012).

Keeping people safe

Working with people who use drugs can help get them tested and into treatment and help them to stay safe. It can also reduce some of the wider issues associated with drug use, for example:

- the transmission of blood-borne viruses such as hepatitis B & C and HIV (these viruses are transmitted by sharing injecting equipment)
- antisocial behaviour and problems associated with drug-related litter.

Identifying and working with young people who are at risk of becoming drug users can help prevent this happening.

Protect children

The children of parents who use drugs can experience a range of problems including:

- an increased risk of poor lifetime outcomes (for example, poor educational achievement) or of developing substance misuse problems themselves
- abuse or neglect, behavioural problems and long-term developmental problems

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- exposure to the health risks associated with substance-misusing parents, such as the risk of an accidental overdose
 - separation from parents, including removal to local authority care (recent research estimates that this occurs in around 60% of cases)
 - an increased risk of eviction or living in temporary or unsuitable accommodation
 - responsibility for caring for a parent with substance misuse problems leading to, among other things, a higher incidence of educational difficulties.

See [Drugs: protecting families and communities](#) (HM Government 2008).

What NICE says

NICE recommendations

This section highlights the type of activities that NICE's recommendations on tackling drug use, published up to May 2014, cover. Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

Following NICE's recommendations on tackling drug use will help you make the best and most efficient use of resources to improve the health and wellbeing of people living in your area.

Recommendations

Aim to prevent and reduce drug use among vulnerable young people

Local authorities should [develop a local strategy](#) that will help them to reduce substance misuse in vulnerable young people in their area. Services and professionals should [identify young people who are at risk of using drugs](#), and refer them to services that can support them. These services should include [family based support](#) and [parental skills training](#). Also see NICE's pathway on [Reducing substance misuse among vulnerable children and young people](#).

Provide clean injecting equipment to people who inject drugs to prevent the transmission of blood-borne viruses

The NICE pathway on [Needle and syringe programmes](#) provides details for [commissioning and coordinating needle and syringe programmes](#). It sets out a 3-tier model of service provision and advocates [assessing local need](#) to ensure that services are targeted to where they are most needed, including information about [providing needle and syringe programmes to young people and people who use image and performance enhancing drugs](#).

Provide other harm reduction services through needle and syringe programmes

NICE's pathway on [Needle and syringe programmes](#) shows how these programmes provide an opportunity to engage people in a range of harm reduction services and can act as a gateway to both drug treatment services and other health and social care services. For details see [community pharmacies](#) and [specialist needle and syringe programmes](#).

Increase testing and treatment for blood-borne viruses among drug users

People who inject drugs should be encouraged to take tests for hepatitis and tuberculosis in accordance with NICE's pathways on [Hepatitis B and C](#) and [Tuberculosis](#). Also see [Interferon alfa \(pegylated and non-pegylated\) and ribavirin for the treatment of chronic hepatitis C](#) (NICE technology appraisal guidance 75).

Support people who are trying to stop using drugs

The NICE pathway on [opioid detoxification](#) (how to stop using heroin) provides information about how people who are trying to stop using drugs can be supported. The pathway includes recommendations about [assessment](#) of people who are trying to stop using drugs, the best [settings for opioid detoxification](#) and other recommendations about [delivering detoxification services](#).

Provide treatment for managing opioid dependence

For details see [maintenance treatment with methadone and buprenorphine](#) (opioid substitution therapy) and [naltrexone treatment after opioid detoxification](#) in NICE's pathway on 'Drug misuse'.

Provide assessment and psychosocial support to drug users and their families

For details see [identification and assessment](#) in NICE's pathway on 'Drug misuse'. Also see [principles of care](#) in the same pathway.

Also see the [Formal psychosocial interventions for drug misuse](#) path in the 'Drug misuse' pathway to see recommendations about providing psychological therapies to people who misuse substances and NICE's pathway on [Psychosis with coexisting substance misuse](#) for details about working with people who have a psychosis and are also misusing substances.

Examples of practice

Examples of how NICE's advice on drug use has been put into practice can be found in our [shared learning database](#). They include:

- [PBNX \(pharmacy-based needle exchange\) programme for community introduction](#)
- [Putting NICE guidelines into practice managing a pharmacy needle and syringe programme](#)
- [ECBC – Earn Credit By Caring – a scheme for home opioid detoxification supported by Carecredits – update July 2010](#)

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guidance.

Developing an action plan

The table below poses a range of questions which could be asked when developing a comprehensive plan to tackle drug use in your local population. This action plan is drawn in part from the NICE quality standard for [drug use disorders](#).

Assessing opportunities to tackle drug use	Links to NICE recommendations
Prevention	

1. Is the risk of vulnerable and disadvantaged young people aged under 25 misusing substances assessed during contact with services? Are those identified as being at risk offered a referral to other services that can meet their needs?	Identification and referral
2. Are vulnerable and disadvantaged children and young people aged 11–16 offered a family-based programme of structured support if they are at high risk of substance misuse? Is the programme drawn up with parents or carers?	Family support
3. Are aggressive or disruptive children aged 10–12, assessed as being at high risk of substance misuse, offered group-based behavioural therapy over 1 to 2 years? Are they offered this therapy before and during the transition to secondary school?	Group-based behavioural therapy
4. Are parents or carers of children aged 10–12 offered group-based training in parental skills if their children are deemed to be at risk of substance misuse?	Parenting skills
Treatment	
5. Do people who inject drugs have access to needle and syringe programmes?	Needle and syringe programmes
6. Are people in drug treatment offered a comprehensive assessment?	Assessment
7. Are families and carers of people with drug use disorders offered an assessment of their needs?	Families and carers
8. Are people using drug treatment services offered testing and referral for treatment for hepatitis B, hepatitis C and HIV? Are they offered a vaccination against hepatitis B?	Blood-borne viruses
9. Are people in drug treatment given information and advice about: harm-reduction, maintenance, detoxification and abstinence?	Information and advice
10. Are people in drug treatment offered psychosocial interventions by their keyworker?	Keyworking – psychosocial interventions

11. Are people in drug treatment offered help to access services that promote recovery and reintegration, including residential rehabilitative treatment? (This includes housing, education, employment, personal finance, healthcare and mutual aid.)	<u>Recovery and reintegration</u> <u>Residential rehabilitative treatment</u>
12. Are people in drug treatment offered appropriate formal psychosocial interventions and/or psychological treatments?	<u>Formal psychosocial interventions and psychological treatments</u>
13. Are people who have achieved abstinence offered continued treatment or support for at least 6 months?	<u>Continued treatment and support when abstinent</u>

Costs and savings

Stopping people using drugs can save money by:

- Reducing the crime associated with drug use (estimated at £445,000 over the lifetime of someone who takes drugs).
- Reducing the overall number of people who take or who inject drugs (the cost of providing health services to someone who injects drugs costs an estimated £35,000 or more over their lifetime).
- Preventing the transmission (and subsequent treatment costs) of blood-borne viruses.
- Reducing the number of attendances at accident and emergency departments (and subsequent hospital bed-days) for injection-site infections.

Facts and figures

Below are other facts and figures on drug use, drawn from [Drug misuse: findings from the 2012 to 2013 Crime Survey for England and Wales](#) (Home Office 2013):

- Around 2.7 million people in England and Wales (8.2%) have taken an illicit drug in the past year and around a third of them have taken a class A drug. More than a third (35.9%) of adults have taken a drug in their lifetime – 15% (about 5 million people) have taken a class A drug. Cannabis is the most commonly used drug, with 6.4% of adults aged 16 to 59 using it in the past year and 30% having used it at some point in their lives.
- In the 2012 to 2013 survey, 2.8% of adults aged 16 to 59 were defined as frequent drug users (having taken any illicit drug more than once a month on average in the past year). Almost twice as many young adults aged 16 to 24 were classed as frequent drug users (5.1%) compared with older adults.
- In the 2012 to 2013 survey, levels of drug use (including class A drugs) were higher among men than women. This has been the case since 1996. It is also true in terms of the use of individual drugs. For example, men are twice as likely as women to report using cannabis in the past year (8.6% and 4.1% respectively).
- In the 2012 to 2013 survey levels of drug use in the past year increased with the frequency of nightclub and pub or wine bar visits. For example, among adults aged 16 to 59, use of mephedrone was around 20 times higher among those who had visited a nightclub 4 or more times in the past month (4.4%) compared with those who had not (0.2%). Use of powder cocaine was around 11 times higher among those who had visited a pub or wine bar 9 or more times in the past month (8.1%), compared with those who had not (0.7%).

Support for planning, review and scrutiny

Local authority scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health. NICE guidance and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available on the [Centre for Public Scrutiny](#) website and via [Intro practice](#) on our website.

NICE publications underpinning this briefing

- [Drug use disorders](#) NICE quality standard 23 (2012)

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- [Psychosis with coexisting substance misuse: assessment and management in adults and young people](#) NICE clinical guideline 120 (2011)
 - [Needle and syringe programmes](#) NICE public health guidance 52 (2014)
 - [Interventions to reduce substance misuse among vulnerable young people](#) NICE public health guidance 4 (2007)
 - [Methadone and buprenorphine for the management of opioid dependence](#) NICE technology appraisal guidance 114 (2007)
 - [Naltrexone for the management of opioid dependence](#) NICE technology appraisal guidance 115 (2007)
 - [Drug misuse: opioid detoxification](#) NICE clinical guideline 52 (2007)
 - [Drug misuse: psychosocial interventions](#) NICE clinical guideline 51 (2007)

Supplementary and related guidance

- [Peginterferon alfa and ribavirin for treating chronic hepatitis C in children and young people](#) NICE technology appraisal guidance 300 (2013)
- [Hepatitis B and C: ways to promote and offer testing](#) NICE public health guidance 43 (2012)
- [Identifying and managing tuberculosis among hard-to-reach groups](#) NICE public health guidance 37 (2012)
- [Alcohol dependence and harmful alcohol use](#) NICE clinical guideline 115 (2011)
- [Alcohol dependence and harmful alcohol use](#) NICE quality standard 11 (2011)
- [Alcohol-use disorders: preventing harmful drinking](#) NICE public health guidance 24 (2010)
- [Peginterferon alfa and ribavirin for the treatment of chronic hepatitis C](#) NICE technology appraisal guidance 200 (2010)
- [Alcohol-use disorders: physical complications](#) NICE clinical guideline 100 (2010)
- [Peginterferon alfa and ribavirin for the treatment of mild chronic hepatitis C](#) NICE technology appraisal guidance 106 (2006)

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- [Interferon alfa \(pegylated and non-pegylated\) and ribavirin for the treatment of chronic hepatitis C](#) NICE technology appraisal guidance 75 (2004)

Other useful resources and advice

Resources produced by the following organisations may also be useful:

- [Advisory Council on the Misuse of Drugs](#)
- Department of Health (England) and the devolved administrations [Drug misuse and dependence: UK guidelines on clinical management](#) (2007)
- [Frank](#) (web-based service aimed particularly at young people)
- Home Office [Drug strategy 2010: reducing demand, restricting supply, building recovery](#)
- Public Health England (this includes the resources produced by the former [National Treatment Agency](#)) [Medications in recovery: best practice in reviewing treatment](#) (2013) and [Medications in recovery: re-orientating drug dependence treatment](#) (2012)

About this briefing

This briefing is based on NICE guidance published up to May 2014 about tackling drug use (see the [NICE website](#) for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group and using feedback from local authority officers, councillors and directors of public health.

It is for local authority officers and elected members and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health and commissioners and directors of adult social care and children's services. It will also be relevant to local authority scrutiny activities.

This briefing may be used alongside the local joint strategic needs assessment to review or update the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

About NICE guidance

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of interventions.

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ISBN 978-1-4731-0568-3