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Substance Misuse Treatment Framework (SMTF) Guidance for the Provision of Evidence Based Tier 4 Services in the Treatment of Substance Misuse

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1. Background

This document forms part of a suite of guidance that reflects the philosophy of integrated care where the needs of service users are considered from the time they engage with substance misuse services through to recovery.

This framework aims to outline the best available evidence to inform decisions about Tier 4 services. It includes inpatient detoxification, residential rehabilitation and associated treatment and interventions to improve services and outcomes for individuals who misuse substances. The evidence has been considered to identify what works for whom, in what circumstances, and how it is translated and applied in practice. This revised and updated framework replaces the Substance Misuse Treatment Framework modules, '*Service Framework for Inpatient Treatment*' and '*Service Framework for Residential Rehabilitation*', both published in 2004. This framework builds on reviews of the commissioning and provision of Tier 4 services in Wales (see Wilkinson and Mistral, 2010, 2008; Eveleigh, 2008).

The Welsh Government Substance Misuse Strategy for Wales '*Working Together to Reduce Harm 2008-2018*', reported that:

> *'The review of Tier 4 services in Wales shows we need to improve both the capacity and quality of these services… Our aim is for service users to be offered quality services, preferably within Wales. To achieve this will demand new ways of collaborative working for service planners, commissioners, service providers and assessors.'*
>
> (Welsh Government, 2008)

In the same publication, the Welsh Government includes as one of their key aims the need to make better use of resources by:

- '*supporting evidenced based decision making, improving treatment outcomes, developing the skills base of partners and service providers by giving a greater focus to workforce development and joining up agencies and services more effectively*'
- '*effectively disseminate guidance and research evidence on best practice to inform and facilitate changes to current practice and policy to improve the quality of services*'
- '*assist partners in accessing the most up to date research and evidence to enable them to plan services*'

(Welsh Government, 2008)

This is supported by the Welsh Government's guidance for the development and implementation of the '*Integrated Care and Integrated Care Pathways for Adult Substance Misuse Services in Wales'* (Welsh Government, 2010a); and the implementation of the '*National Core Standards for Substance Misuse Services in Wales*' (Welsh Government, 2010b).

This framework has been developed to assist a range of partners who are in contact with individuals who misuse substances. Members of Substance Misuse Area Planning Boards (SMAPB) along with commissioners, planners and those who deliver substance misuse services need to be aware of the evidence for different interventions and treatments implemented in Tier 4. Decisions should not be based on historical arrangements, rather, referrals to Tier 4 and the interventions and treatments offered should meet the needs of service users and be supported with evidence.

The aim of this framework is to:

- provide evidence-based recommendations for the planning, management and delivery of Tier 4 services to benefit service users, carers and their families
- inform and develop integrated care pathways
- promote integrated care (within and between services, particularly between Tiers 3 and 4)
- highlight the education and training needs of individuals working directly and indirectly within the Tier 4 services
- justify funding and other resources
- develop the workforce by identifying continuing professional development (CPD) and training needs
- plan care according to client needs and within the resources available.

The evidence and best practice from a number of sources have been analysed and synthesised to inform this document:

- The National Institute for Health and Clinical Excellence (NICE) guidance
- Reviews of Tier 4 services in Wales
- National Treatment Agency (NTA) guidance for Tier 4
- Meta-analysis, evidence and efficacy based reviews from the Cochrane database
- Peer reviewed papers in key addiction and substance misuse journals
- Drug Misuse and Dependence: UK Guidelines on Clinical Management (Department of Health (England) and the devolved administrations, 2007)
- Substance misuse workforce planning and development publications
- National Substance Misuse Strategies.

2. Tier 4 services

Tier 4 services in Wales include the provision of inpatient detoxification, inpatient stabilisation programmes and residential rehabilitation for individuals who are dependent on drugs and/or alcohol and require 24-hour care and support.

Tier 4 is an integral component of substance misuse services and has been shown to be an effective form of treatment for some individuals. The services are delivered in specialised inpatient and residential settings to remove the client from an environment where they have access to drugs and/or alcohol. Tier 4 services are delivered using an integrated and multidisciplinary approach. Interventions and treatments are planned and coordinated to support the client to achieve abstinence and move towards recovery. This includes equipping clients with the skills required to continue their recovery on discharge with the support of Tier 3 and other relevant services. As such, preparation and planning for discharge and aftercare has to be an integral part of the client's care plan.

3. Context and settings

Tier 4 services are provided by statutory and voluntary organisations. Commissioners and planners of substance misuse services need to ensure that clients are able to access the following services:

- Inpatient drug and alcohol detoxification facilities, preferably, with dedicated and specialist staff
- Drug and alcohol residential rehabilitation to meet the needs of service users
- Residential rehabilitation that includes the provision for detoxification
- Stabilisation programmes for individuals whose substance misuse is chaotic with detrimental consequences to their health e.g. liver disease.

There are other voluntary organisations who provide services under the 'Tier 4' umbrella and although these are not registered by the Care and Social Services Inspectorate Wales (CSSIW) as Tier 4 providers, they form part of the care pathways and referrals are made to them as appropriate. Examples include residential drug and alcohol crisis intervention units and other supported residential accommodation.

4. Availability in Wales

Throughout Wales there are a number of specialist in-patient facilities for detoxification, stabilisation and rehabilitation that are registered with CSSIW. These are provided and managed by both the statutory and voluntary sectors and include the following:

	Detoxification	Rehabilitation
Adfer Unit	12 beds	
Brynawel House	In development	16 beds first stage programme 5 beds second stage programme
Hafan Wen	13 beds	
Neath Port Talbot	5 beds	
Open Minds	14 beds as required	14 beds as required
Rhoserchan	Offers detoxification facility if required	22 beds first stage programme 8 beds second stage programme
Tyn Rodyn		7 beds

In areas where specialist in-patient facilities are not available, a number of dedicated beds are used within psychiatric wards for alcohol and drug detoxification programmes. However, in many cases the workforce are not substance misuse specialists. This provision does not reflect evidence based practice.

5. Residential rehabilitation philosophies and approaches

There are currently four registered residential rehabilitation units in Wales offering different treatment/intervention philosophies and approaches:

- Brynawel House in Llanharry offers therapy based on cognitive behaviour/social learning theory. Where appropriate, family therapy is also offered
- Rhoserchan in Aberystwyth offers an adapted bio-psychosocial 12 Step programme
- Tyn Rodyn in Bangor offers a treatment approach based on functional and personal development
- Open Minds in Wrexham offers a structured day programme based on 12 Step and other approaches such as relapse prevention.

Wherever possible, clients requiring in-patient and/or rehabilitation services should be referred to the facilities available in Wales. If none of these match the needs of the clients, facilities outside Wales should then be considered.

Management and clinical governance

In-patient treatment and intervention is the responsibility of Local Health Boards (LHB) who have to ensure adequate protocols are in place.

Residential rehabilitation units need to comply with the standards set by Care and Social Services Inspectorate Wales (CSSIW) to attain (and maintain) registration.

Protocols should be in place for the protection of vulnerable adults (POVA).

Protocols should be in place so that individuals who have complex mental health problems alongside their substance misuse are able to maintain their existing treatment e.g. anti-psychotic medication, anti-depressants. These individuals need to have access to psychiatric care during their residential stay.

Residential rehabilitation facilities must comply with health and safety legislation, environmental health and fire regulations.

There is an obligation on Tier 4 managers to have appropriate policies and safeguards in place to ensure a drug and alcohol free environment. This may involve, for example:

- restricting visitors
- staff being aware of risks
- escorting individuals to therapy
- performing random breath and urine tests.

6. Access to Tier 4 services

Tier 4 services should be viewed as a component of the range of services available to service users and not seen, exclusively, as a final treatment option. As such, Tier 4 services may be introduced at any stage of the client's journey. The decision to refer to Tier 4 services should be based on client's needs and goals and their motivation to change their behaviour and become abstinent.

A comprehensive assessment within an integrated care approach should identify when a referral is appropriate. In order to help clients make informed decisions regarding their care, keyworkers need to be aware of the Tier 4 services that are available. They should also have knowledge of the treatment philosophy and the structure of the programmes they offer. Good practice includes collaborative working between referring agencies and Tier 4 providers.

Tier 4 inpatient and residential interventions may be introduced as and when the need arises during a client's treatment journey:

- 'Presentation - when clients seek abstinence and are assessed as appropriate, they are referred to inpatient detoxification, or residential rehabilitation (with or without detoxification)
- Care plan review - when clients are making progress but want to change the approach or pace of treatment; or when they are not making progress and require more intense and optimised treatment
- Treatment exit - when clients have made progress and need to take the final steps towards recovery and reintegration, perhaps via medication detoxification or residential rehabilitation.'

(NTA, 2009: 6)

7. Assessment

A comprehensive assessment underpins integrated care. It is also the lynchpin for specialist staff to engage with, and offer the appropriate Tier 4 treatment/interventions for individuals who misuse substances. The aim of the assessment is to identify the needs of clients, including the impact of substance misuse on their physical, psychological and social functioning. In order to recognise the treatment/interventions required, staff who perform the assessment need to be appropriately qualified and competent to be able to interpret the findings of the assessment and use these to plan appropriate care and/or support.

8. Delivery of services

Commissioners, planners and service providers need to consider the following key elements when planning Tier 4 services:

- A comprehensive assessment of the client's needs and circumstances
- Multidisciplinary and multiagency collaboration to ensure all partners are working towards the same goals of treatment and interventions to meet the needs of the client
- The philosophy of treatment intervention approaches whether it is suitable for the client
- Ensure clients receive adequate information and preparation prior to treatment for them to understand the commitment required and to make appropriate decisions
- Referral pathways are developed for a seamless referral to, and discharge from, Tier 4 Services to include aftercare and support
- Appropriate strategies are in place for unplanned discharge
- The training and supervision needs of staff delivering Tier 4 services
- Waiting times for, and availability of, treatment
- Accessibility of services, visiting hours, suitability of locality, for example, distance from home.

9. Inpatient detoxification

The criteria for inpatient detoxification includes:

- physical dependence on one or more substance that require concurrent detoxification
- co-morbid physical or mental health problems (but not acute severe mental illness)
- women who are pregnant
- client choice where there is a preference to be away from their home environment
- individuals who are unlikely to cope with outpatient/home detoxification due to significant personal isolation, homelessness or lack of support from family or friends
- clients who have experienced previous withdrawal complications e.g. seizures
- individuals who need stabilisation due to their chaotic drug use and/or lifestyle
- acute withdrawal symptoms that are life threatening.

(NICE, 2011, 2008a; Department of Health (England) and the devolved administrations 2007)

9.1 In-patient detoxification programmes include:

- withdrawal programmes for alcohol and drugs including substitution prescriptions, sedatives and stimulants
- relapse prevention programmes for alcohol, drugs and other substance misuse
- psychosocial interventions
- stabilisation on substitute opioids.

9.2 Other in-patient programmes may include:

- stabilisation of chaotic drug use
- treatment for acute liver disease
- treatment related to substance misuse (for example, medical and surgical).

Supportive interventions through Tier 4 services have been shown to be beneficial to help individuals prepare for a lifestyle free of substances. Tier 4 services provide a structured and therapeutic environment, which includes the delivery of interventions. These can be used to help individuals to:

- remain abstinent in their home and community
- cope with, and manage craving
- deal with risky situations that might lead to relapse
- utilise support networks
- develop the skills required to rejoin the workforce.

Examples of interventions include:

- psychosocial interventions such as Cognitive Behaviour Therapy (CBT), relapse prevention and counselling
- anxiety and anger management counselling
- family and carer interventions
- occupational health
- improving social and life skills
- promoting recreational activities.

10. Assisted withdrawal in residential rehabilitation

Assisted withdrawal or low level detoxification is implemented in those residential rehabilitation facilities which meet the necessary conditions set by CSSIW. A comprehensive assessment determines whether the client meets the criteria for assisted withdrawal/detoxification. The prescribing programme

is implemented and managed by a member of the team from the prescribing doctor or through specialist Tier 3 services where General Practitioner's prescribe and supervise.

The criteria for assisted withdrawal/low level detoxification includes:

- individuals who have not experienced withdrawal complications in the past, for example, seizures
- individuals who have not got social problems that could jeopardise the programme
- an assurance that there is effective coordination of care by specialist or competent primary care practitioners with daily visits to monitor withdrawal symptoms
- an assurance that there is 24 hour supervision available from staff at the residential rehabilitation facility.

(NICE, 2008a; Raistrick et al, 2006)

Following detoxification or supervised withdrawal individuals may enter a structured residential rehabilitation programme.

11. Residential rehabilitation

The National Treatment Agency (NTA) (2009) propose that the eligibility criteria for residential rehabilitation are developed collaboratively between service providers and commissioners.

The criteria for residential rehabilitation may include:

- individuals who fail to achieve and maintain abstinence in a community setting
- those who express a desire to maintain abstinence and express a preference for admission to rehabilitation programmes
- client agreement and commitment to enter this type of programme
- those who are likely to have substantial problems maintaining abstinence due to the severity of their substance dependence
- those requiring a programme of support and rehabilitation that is most suitably delivered in a residential environment
- those who are living in an environment characterised by social deprivation, including housing problems or instability, which represents a threat to relapse
- those who lack social support
- those whose social environment contains people (e.g. partners, friends) who are misusing substances and who are likely to hinder resolve or ability to maintain abstinence.

(NICE, 2011; Department of Health (England) and the devolved administrations, 2007

Although residential rehabilitation programmes can include diverse treatment regimes, they should provide programmes that are structured and offer the following key components:

- Maintenance of abstinence in a safe therapeutic environment
- Support for individuals to adherence to their existing prescribed medications e.g. anti-depressant, anti-psychotic medications
- Sharing the use of facilities with other clients in the rehabilitation programme to promote and develop peer support
- Emphasis on a shared responsibility by peers
- Individual counselling and where appropriate, group therapy
- Relapse prevention programmes
- Individual support and promotion of education, training and vocational experience
- Promoting positive lifestyle skills including diet, health etc
- Housing advocacy and resettlement work
- Aftercare and support including harm reduction advice.

12. Aftercare and support

Evidence suggests that many clients return to using substances following completion of the Tier 4 programme. Even when individuals spend two to six months in an alcohol and drug free environment, following discharge they often find themselves in similar circumstances to those prior to admission, hence increasing the likelihood of relapsing. To compound this clients usually look and feel well on discharge therefore staff may think that they are ready to be discharged, or receive less support, from substance misuse services.

To reduce the likelihood of a relapse, NICE guidance suggests that clients should not be discharged, rather they should be offered continued treatment, support and monitoring for a period of at least six months following completion of the Tier 4 programme (NICE, 2011, 2008a). Evidence suggests that without this, relapse is more likely.

Where possible, the keyworker who referred the client should arrange to meet them on the day of transfer (or as soon as possible) to assess their needs and help them maintain abstinence. In order to achieve a seamless handover of care from Tier 4, the process needs to be carefully planned, in advance.

An example of good practice in Wales includes the referring keyworker attending monthly case meetings throughout the clients stay in rehabilitation and helping to devise and implement an appropriate aftercare plan.

Ongoing and aftercare planning is particularly important for those who have undergone detoxification or rehabilitation. After a period of abstinence

clients are particularly vulnerable to the risk of overdose should they return to the amount of substance used prior to admission. Clients should be informed of the risks prior to completing the Tier 4 programme and arrangements made for Tier 3 keyworkers to monitor their progress and signpost them to aftercare programmes.

Aftercare programmes could include:

- structured day care
- community-based relapse prevention
- supported housing
- diversionary activities through community groups, including recovery groups, self-help groups etc
- supportive networks such as peer mentoring
- psychosocial interventions, such as counselling
- maintenance prescribing programmes
- residential rehabilitation
- vocational support.

If clients relapse, provision should be made for them to re-enter the treatment pathway. Clients need to be reassessed by a competent clinician who should give them an opportunity to reflect on the reasons for their relapse and discuss the treatment/intervention options available to support them.

Currently, in Wales, aftercare support is ad hoc with no specific funding available in many circumstances. However, there are some examples of good practice where clients are not discharged from Tier 4 until the referring agency confirms that a care plan for aftercare is in place.

13. Evaluation

Mechanisms need to be in place to evaluate the effectiveness of the interventions/treatments implemented in Tier 4 services. In Wales, evaluation tools include the Treatment Outcomes Profile (TOP), data for the Welsh National Database for Substance Misuse (WNDSM) as well as any other systems implemented locally.

Substance misuse providers need to ensure that there is adequate training and supervision for staff, to maintain the fidelity and integrity of the interventions and that they are delivered as intended. Commissioners and planners need to ensure that resources are used effectively and that treatments and interventions are based on evidence and prescribed and delivered according to the needs of individuals.

14. Staff competence and workforce development

Medical staff who provide care within Tier 4 services need to be trained and demonstrate the competences outlined in the '*Roles and Responsibilities of Doctors in the Provision of Treatment for Drug and Alcohol Misusers*' (RCPsych and RCGP, 2005). Other specialists who deliver prescribing services need to be adequately trained and updated through continuing professional development.

Specialist keyworkers involved in the delivery of Tier 4 services should demonstrate an appropriate level of competence in line with the Drug and Alcohol National Occupational Standards (DANOS). They need to be sufficiently skilled to:

- identify the risks of prescribing, the symptoms of withdrawal and other complications
- ensure medications are taken as prescribed
- identify the need for interventions to reduce drug-related harm, especially the risk of overdose, and implement or refer as appropriate
- provide advice and information to reduce drug related harm, for example, information on blood-borne viruses, needle exchange and immunisation programmes
- review and revise care plans and treatment goals when necessary
- refer to appropriate services to address social problems, for example family, housing and employment
- identify the need for adjunct psychosocial interventions to:
  - increase motivation
  - prevent relapse
  - identify risky situations (for substance misuse) and develop coping mechanisms
  - develop supportive networks for abstinence.

Specialist training and ongoing supervision should be in place to ensure the appropriate level of competence is achieved and maintained. Appropriately qualified staff should carry out supervision.

Evidence: Interventions used within Tier 4 services

The following tables outline, at a glance, the evidence. Only those that have enough evidence to support their use have been included.

In-patient detoxification for drug misuse

For those where detoxification is clinically indicated the following prescribing regimes are effective in detoxification programmes:

- Evidence for drugs used in community prescribing

The following tables outline, at a glance, the evidence for the drugs used in community prescribing. Only those that have sufficient evidence to support their use have been included.

- Evidence for prescribing treatments for the misuse of drugs

The aims of detoxification and maintenance programmes are to reduce craving, prevent withdrawal symptoms, reduce harm and eliminate the reinforcing properties of drug taking. Also included are the commonly prescribed drugs that are used as adjuncts to detoxification and relapse prevention.

Opioid detoxification (NICE, 2008)		
Methadone	A synthetic opioid that acts on the opioid receptors. It is long acting (24-36 hours) therefore a daily dose is sufficient to prevent the symptoms of opiate withdrawal. Methadone is usually prescribed in liquid form, which is unsuitable for injection. Maintenance doses can be prescribed and reduced gradually over a period of around 12 weeks to achieve abstinence. Methadone can also be used long term as a maintenance dose depending on clinical decisions.	NICE guidance (2008a) suggest that either **Methadone** or **Buprenorphine** should be offered as the first line treatment in detoxification. The same medication should be used for detoxification if the service user is already receiving maintenance treatment with Methadone or Buprenorphine.
Buprenorphine	Buprenorphine is a long acting partial μ receptor agonist and can be used instead of methadone, within a maintenance programme. It is administered sublingually or by injection and is used in withdrawal programmes. Following stabilisation, doses can be reduced gradually to achieve abstinence.	

Lofexidine	Lofexidine is a non-opioid alpha-adrenergic agonist. It is used to relieve withdrawal symptoms in individuals who are dependent on opioids. It is administered for 7 to 10 days during the period of withdrawal. Following the detoxification, the dose is then reduced, gradually, over 2-4 days.	According to NICE guidance **Lofexidine** may be considered for people: - 'who have made an informed and clinically appropriate decision not to use Methadone or Buprenorphine for detoxification - who have made an informed and clinically appropriate decision to detoxify within a short time period - with mild or uncertain dependence (including young people)' (NICE, 2008a)

In-patient detoxification for alcohol misuse

For those individuals assessed as suitable for detoxification, evidence based withdrawal programmes should be implemented. The following drugs have been shown to be effective:

Alcohol detoxification programmes (NICE, 2011, 2010; Raistrick et al, 2006)		
Benzodiazepines: - Chlordiazepoxide (Libruim) - Diazepam (Valium) - Oxazepam	This group of drugs share similar receptors as alcohol and as such they take effect quickly - usually one hour after being consumed. They have five key actions: - Antianxiety - Anticonvulsant - Muscle relaxant - Sedative hypnotic effect - Amnestic Benzodiazepines may be prescribed to control the symptoms associated with alcohol withdrawal for a maximum of seven days. The dose is dependent on daily alcohol consumption levels.	**Benzodiazepines**, and in particular, **Chlordiazepoxide** and **Diazepam** are effective for use in alcohol detoxification programmes to control the symptoms associated with the withdrawal of alcohol (Amato et al, 2010).

Alcohol detoxification programmes (NICE, 2011, 2010; Raistrick et al, 2006)		
	Oxazepam is the preferred Benzodiazepine for individuals who: - have liver disease - must not be over-sedated - have chronic obstructive pulmonary disease.	

Evidence shows that providing specialist substance misuse services, as opposed to detoxification on general psychiatric wards, offers a more comprehensive service and achieves better outcomes. (NTA, 2009)

Residential rehabilitation

According to the NICE guidance there is a lack of 'well-conducted studies' that compare the efficacy of community programmes with residential rehabilitation programmes. However, they recommend that 'residential treatment may be considered for people who are seeking abstinence and who have significant comorbid physical, mental health or social (for example, housing) problems.' However, community based programmes should be considered in the first instance (NICE, 2008b: 18).

Longitudinal studies evaluating treatment outcomes have suggested residential rehabilitation is effective for some (e.g. Gossop et al, 2001). However, no direct comparison has been made between community and residential programmes.

The evidence for psychosocial interventions is outlined in the '*Substance Misuse Treatment Framework - Guidance for evidence based psychosocial interventions in the treatment of substance misuse*'. For any ongoing prescribing on discharge from Tier 4, please see '*Substance Misuse Treatment Framework - 'Guidance for evidence based community prescribing in the treatment of substance misuse*'.

Glossary

CBT	Cognitive Behaviour Therapy
CPD	Continuing in Professional Development
CSSIW	Care and Social Services Inspectorate Wales
DANOS	Drug & Alcohol National Occupational Standards
LHB	Local Health Boards
NICE	National Institute for Health and Clinical Excellence
NTA	National Treatment Agency
POVA	Protection of Vulnerable Adults
RCGP	Royal College of General Practicioners
RCPsych	Royal College of Psychiatrists
SMAPB	Substance Misuse Area Planning Board
SMTF	Substance Misuse Treatment Framework
TOP	Treatment Outcomes Profile
WNDSM	Welsh National Database for Substance Misuse

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