



*National Institute for
Health and Clinical Excellence*

Quick reference guide

Issue date: March 2011

Psychosis with coexisting substance misuse

Assessment and management in adults and young people

About this booklet

This is a quick reference guide that summarises the recommendations NICE has made to the NHS in 'Psychosis with coexisting substance misuse: assessment and management in adults and young people' (NICE clinical guideline 120).

Who should read this booklet?

This quick reference guide is for healthcare professionals and other staff who care for people with psychosis and substance misuse.

Who wrote the guideline?

The guideline was developed by the National Collaborating Centre for Mental Health, which is based at the Royal College of Psychiatrists and the British Psychological Society. The Collaborating Centre worked with a group of healthcare professionals (including consultants, GPs and nurses), patients and carers, and technical staff, who reviewed the evidence and drafted the recommendations. The recommendations were finalised after public consultation.

For more information on how NICE clinical guidelines are developed, go to www.nice.org.uk

Where can I get more information about the guideline?

The NICE website has the recommendations in full, reviews of the evidence they are based on, a summary of the guideline for patients and carers, and tools to support implementation (see back cover for more details).

National Institute for Health and Clinical Excellence

MidCity Place
71 High Holborn
London
WC1V 6NA

www.nice.org.uk

ISBN 978-1-84936-514-7

© National Institute for Health and Clinical Excellence, 2011. All rights reserved. This material may be freely reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the express written permission of NICE.

NICE clinical guidelines are recommendations about the treatment and care of people with specific diseases and conditions in the NHS in England and Wales.

This guidance represents the view of NICE, which was arrived at after careful consideration of the evidence available. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. However, the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer, and informed by the summary of product characteristics of any drugs they are considering.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way that would be inconsistent with compliance with those duties.

Contents

	Key priorities for implementation	4
	Key to terms	5
	Principles of care	6
	Recognition	9
	Primary care	9
	Secondary care mental health services	10
	Substance misuse services	13
	Staffed accommodation	13
	Inpatient mental health services	14
	Specific issues for young people	15
	Further information	16

Introduction

The term psychosis is used to describe a group of severe mental health disorders characterised by the presence of delusions and hallucinations that disrupt a person's perception, thoughts, emotions and behaviour. The main forms of psychosis are schizophrenia, bipolar disorder or other affective psychosis. Substance misuse is a broad term encompassing, in this guideline, the harmful use of any psychotropic substance, including alcohol and either legal or illicit drugs. Such use is usually, but not always, regarded as a problem if there is evidence of dependence. However, substance misuse can be harmful without dependence, especially among people with coexisting psychosis.

Approximately 40% of people with psychosis misuse substances at some point in their lifetime, at least double the rate seen in the general population. Substance misuse among individuals with psychiatric disorders is associated with significantly poorer outcomes than for individuals with a single disorder.

Person-centred care

Treatment and care should take into account peoples' individual needs and preferences. Good communication is essential, supported by evidence-based information, to allow people to reach informed decisions about their care. Follow advice on seeking consent from the Department of Health or Welsh Assembly Government if needed. If the person agrees, families and carers should have the opportunity to be involved in decisions about treatment and care. If caring for young people in transition between paediatric and adult services refer to 'Transition: getting it right for young people' (available from www.dh.gov.uk).

Key priorities for implementation

Working with adults and young people with psychosis and coexisting substance misuse

- When working with adults and young people with known or suspected psychosis and coexisting substance misuse, take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism. Be direct in your communications, use a flexible and motivational approach, and take into account that:
 - stigma and discrimination are associated with both psychosis and substance misuse
 - some people will try to conceal either one or both of their conditions
 - many people with psychosis and coexisting substance misuse fear being detained or imprisoned, being given psychiatric medication forcibly or having their children taken into care, and some fear that they may be ‘mad’.

Recognition of psychosis with coexisting substance misuse in adults and young people

- Healthcare professionals in all settings, including primary care, secondary care mental health services, child and adolescent mental health services (CAMHS) and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes, should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances ask them about all of the following:
 - the particular substance(s) used
 - the quantity, frequency and pattern of use
 - route of administration
 - duration of current level of use.

In addition, conduct an assessment of dependency (see ‘Drug misuse: opioid detoxification’ [NICE clinical guideline 52] and ‘Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence’ [NICE clinical guideline 115]) and also seek corroborative evidence from families, carers or significant others¹, where this is possible and permission is given.

Secondary care mental health services

- Healthcare professionals working within secondary care mental health services should ensure they are competent in the recognition, treatment and care of adults and young people with psychosis and coexisting substance misuse.
- Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate mental healthcare because of their substance misuse.
- Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate substance misuse services because of a diagnosis of psychosis.

continued

¹ ‘Significant other’ refers not just to a partner but also to friends and any person the service user considers to be important to them.

- Consider seeking specialist advice and initiating joint working arrangements with specialist substance misuse services for adults and young people with psychosis being treated by community mental health teams, and known to be:
 - severely dependent on alcohol **or**
 - dependent on both alcohol and benzodiazepines **or**
 - dependent on opioids and/or cocaine or crack cocaine.
 Adult community mental health services or CAMHS should continue to provide care coordination and treatment for the psychosis within joint working arrangements.

Substance misuse services

- Healthcare professionals in substance misuse services should be competent to:
 - recognise the signs and symptoms of psychosis
 - undertake a mental health needs and risk assessment sufficient to know how and when to refer to secondary care mental health services.

Inpatient mental health services

- All inpatient mental health services should ensure that they have policies and procedures for promoting a therapeutic environment free from drugs and alcohol that have been developed together with service users and their families, carers or significant others. These should include: search procedures, visiting arrangements, planning and reviewing leave, drug and alcohol testing, disposal of legal and illicit substances, and other security measures. Soon after admission, provide all service users, and their families, carers or significant others, with information about the policies and procedures.

Specific issues for young people with psychosis and coexisting substance misuse

- Those providing and commissioning services should ensure that:
 - age-appropriate mental health services are available for young people with psychosis and coexisting substance misuse **and**
 - transition arrangements to adult mental health services are in place where appropriate.

Key to terms

CAMHS: child and adolescent mental health services

CAMHS Tier 2: primary care

CAMHS Tier 3: community mental health

CAMHS Tier 4: specialist inpatient and regional services

Tier 1: primary care and educational settings

'Significant other' refers not just to a partner but also to friends and any person the service user considers to be important to them.

Principles of care

Working with adults and young people with known or suspected psychosis and coexisting substance misuse

- Take time to engage the person from the start, and build a respectful, trusting, non-judgemental relationship in an atmosphere of hope and optimism.
- Be direct in your communications and use a flexible and motivational approach.
- Take into account that:
 - stigma and discrimination are associated with both conditions
 - some people will try to conceal either one or both of their conditions
 - many people with psychosis and coexisting substance misuse fear being detained or imprisoned, being given psychiatric medication forcibly or having their children taken into care, and some fear that they may be 'mad'.
- Ensure that discussions take place in settings in which confidentiality, privacy and dignity can be maintained.
- Avoid clinical language without adequate explanation.
- Provide independent interpreters if needed.
- Aim to preserve continuity of care and minimise changes of key workers.

Race and culture

- Ensure competence in engaging, assessing, and negotiating with service users from diverse cultural and ethnic backgrounds, and their families, carers or significant others.
- Work with local black and minority ethnic organisations and groups. Offer them information and training about how to recognise psychosis with coexisting substance misuse and access treatment and care locally.

Providing information

- Offer:
 - written and verbal information about the nature and treatment of both conditions. This should include the 'Understanding NICE guidance' booklet (see page 16).
 - information and advice about the risks associated with substance misuse and the negative impact that it can have on psychosis.

Support for families, carers and significant others

- Encourage families, carers or significant others to be involved in the person's treatment and care.
- When families, carers or significant others live or are in close contact with the person, offer family intervention².
- When families, carers or significant others are involved in supporting the person, discuss with them any concerns about the impact of these conditions on them and on other family members.
- Offer families, carers or significant others a carer's assessment of their caring, physical, social, and mental health needs and develop a care plan if needs are identified.
- Offer written and verbal information to families, carers or significant others about:
 - psychosis and substance misuse, including how they can help to support the person
 - local support groups and voluntary organisations; help them to access these.
- Negotiate confidentiality and sharing of information between the person and their family, carer or a significant other.
- Ensure the needs of young carers or dependent adults of the person are assessed. Initiate safeguarding procedures where appropriate.

Safeguarding

- If the person with psychosis and coexisting substance misuse is a parent or carer of children or young people, ensure that the child's or young person's needs are assessed according to local safeguarding procedures³. If children or young people are referred to CAMHS under local safeguarding procedures:
 - use a multi-agency approach
 - consider using the Common Assessment Framework⁴.
- If serious concerns are identified, develop a child protection plan.
- When working with people with psychosis and coexisting substance misuse who are responsible for vulnerable adults, ensure that the home situation is risk assessed and that safeguarding procedures are in place for the vulnerable adult.
- Consider adults with psychosis and coexisting substance misuse for assessment according to local safeguarding procedures for vulnerable adults if there are concerns regarding exploitation or self-care, or they have had contact with the criminal justice system.

² See Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (NICE clinical guideline 82).

³ www.safeguardingchildren.org.uk

⁴ www.cwdcouncil.org.uk/caf

Consent, capacity and treatment decisions

- Before undertaking any investigations for substance misuse, and before each treatment decision is taken:
 - provide service users with full information appropriate to their needs about psychosis and substance misuse and the management of both conditions, to ensure informed consent
 - understand and apply the principles underpinning the Mental Capacity Act (2005), and be aware that mental capacity is decision-specific
 - be able to assess mental capacity using the test set out in the Mental Capacity Act (2005). These principles should apply whether or not people are being detained or treated under the Mental Health Act (1983; amended 1995 and 2007).

Advance decisions and statements

- Develop advance decisions and advance statements in collaboration with adults with psychosis and coexisting substance misuse, especially if their condition is severe and they have been treated under the Mental Health Act (1983; amended 1995 and 2007). Record the decisions and statements and include copies in the care plan in primary and secondary care. Give copies to the person, their care coordinator, and their family, carer or a significant other if the person agrees.
- Take advance decisions and advance statements into account in accordance with the Mental Capacity Act (2005).

Working with the voluntary sector

- Healthcare professionals in primary care and secondary care mental health services, and in specialist substance misuse services, should:
 - work collaboratively with voluntary sector organisations that provide help and support for adults and young people with psychosis and coexisting substance misuse
 - ensure that advocates from such organisations are included in the care planning and care programming process wherever possible and agreed by the person
 - develop agreed protocols for routine and crisis care.

Support for healthcare professionals

- Seek effective support when working with people with psychosis and substance misuse, for example through professional supervision or staff support groups.

Recognition

- Healthcare professionals in all settings⁵ should routinely ask adults and young people with known or suspected psychosis about their use of alcohol and/or prescribed and non-prescribed (including illicit) drugs. If the person has used substances, ask them about all of the following:
 - particular substance(s) used
 - quantity, frequency and pattern of use
 - route of administration
 - duration of current level of use.Conduct an assessment of dependency⁶, and seek corroborative evidence from families, carers or significant others, where possible and permission is given.
- Healthcare professionals in all settings⁵ should routinely assess adults and young people with known or suspected substance misuse for possible psychosis. Seek corroborative evidence from families, carers or significant others, where possible and permission is given.

Primary care

Referral from primary care

- Refer to secondary care mental health services or CAMHS, for assessment and further management, all adults and young people with either of the following:
 - psychosis or suspected psychosis, including those who are suspected of having coexisting substance misuse problems
 - substance misuse or suspected substance misuse who are suspected of having coexisting psychosis.

Physical healthcare

- Monitor the physical health of adults and young people with psychosis and coexisting substance misuse, as described in the guideline on schizophrenia⁷. Pay particular attention to the impact of alcohol and drugs (prescribed and non-prescribed) on physical health.
- Monitor the person at least once a year or more frequently if there is a significant physical illness or there is a risk of physical illness because of substance misuse.

⁵ Including primary care, secondary care mental health services, CAMHS and accident and emergency departments, and those in prisons and criminal justice mental health liaison schemes.

⁶ See Drug misuse: opioid detoxification (NICE clinical guideline 52) and Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE clinical guideline 115).

⁷ See Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (NICE clinical guideline 82).

Secondary care mental health services

Competence

- Healthcare professionals working within secondary care mental health services should:
 - ensure they are competent in the recognition, treatment and care of adults and young people with psychosis and coexisting substance misuse
 - consider having supervision, advice, consultation and/or training from specialists in substance misuse services.

Pathways into care

- Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate mental healthcare because of their substance misuse.
- Do not exclude adults and young people with psychosis and coexisting substance misuse from age-appropriate substance misuse services because of a diagnosis of psychosis.
- For most adults with psychosis and coexisting substance misuse, treatment for both conditions should be provided by healthcare professionals in secondary care mental health services such as community-based mental health teams.

Coordinating care

- Consider seeking specialist advice and initiating joint working arrangements with specialist substance misuse services for adults and young people with psychosis being treated by community mental health teams, and known to be:
 - severely dependent on alcohol **or**
 - dependent on both alcohol and benzodiazepines **or**
 - dependent on opioids and/or cocaine or crack cocaine.Adult community mental health services or CAMHS should continue to provide care coordination and treatment for the psychosis within joint working arrangements.
- Consider seeking specialist advice and initiate joint working arrangements with specialist substance misuse services if the person's substance misuse:
 - is difficult to control **and/or**
 - leads to significant impairment of functioning, family breakdown or significant social disruption such as homelessness.
- If a person with psychosis and coexisting substance misuse requires planned detoxification from either drugs or alcohol, this should take place in an inpatient setting (see page 14).
- Delivery of care and transfer between services for adults and young people with psychosis and coexisting substance misuse should include a care coordinator and use the Care Programme Approach.

Assessment

- Offer adults and young people with psychosis and coexisting substance misuse a comprehensive, multidisciplinary assessment, including assessment of **all** of the following:
 - personal history
 - mental, physical and sexual health
 - social, family and economic situation
 - accommodation, including history of homelessness and stability of current living arrangements
 - current and past substance misuse and its impact upon their life, health and response to treatment
 - criminal justice history and current status
 - personal strengths and weaknesses and readiness to change their substance use and other aspects of their lives.

The assessment may need to take place over several meetings.

- Seek corroborative evidence from families, carers or significant others where this is possible and permission is given. Summarise the findings, share this with the person and record it in their care plan.
- When developing a care plan, take account of the complex and individual relationships between substance misuse, psychotic symptoms, emotional state, behaviour and the person's social context.
- Review any changes in the person's use of substances. This should include changes in:
 - the way the use of substances affects the person over time
 - patterns of use
 - mental and physical state
 - circumstances and treatment.

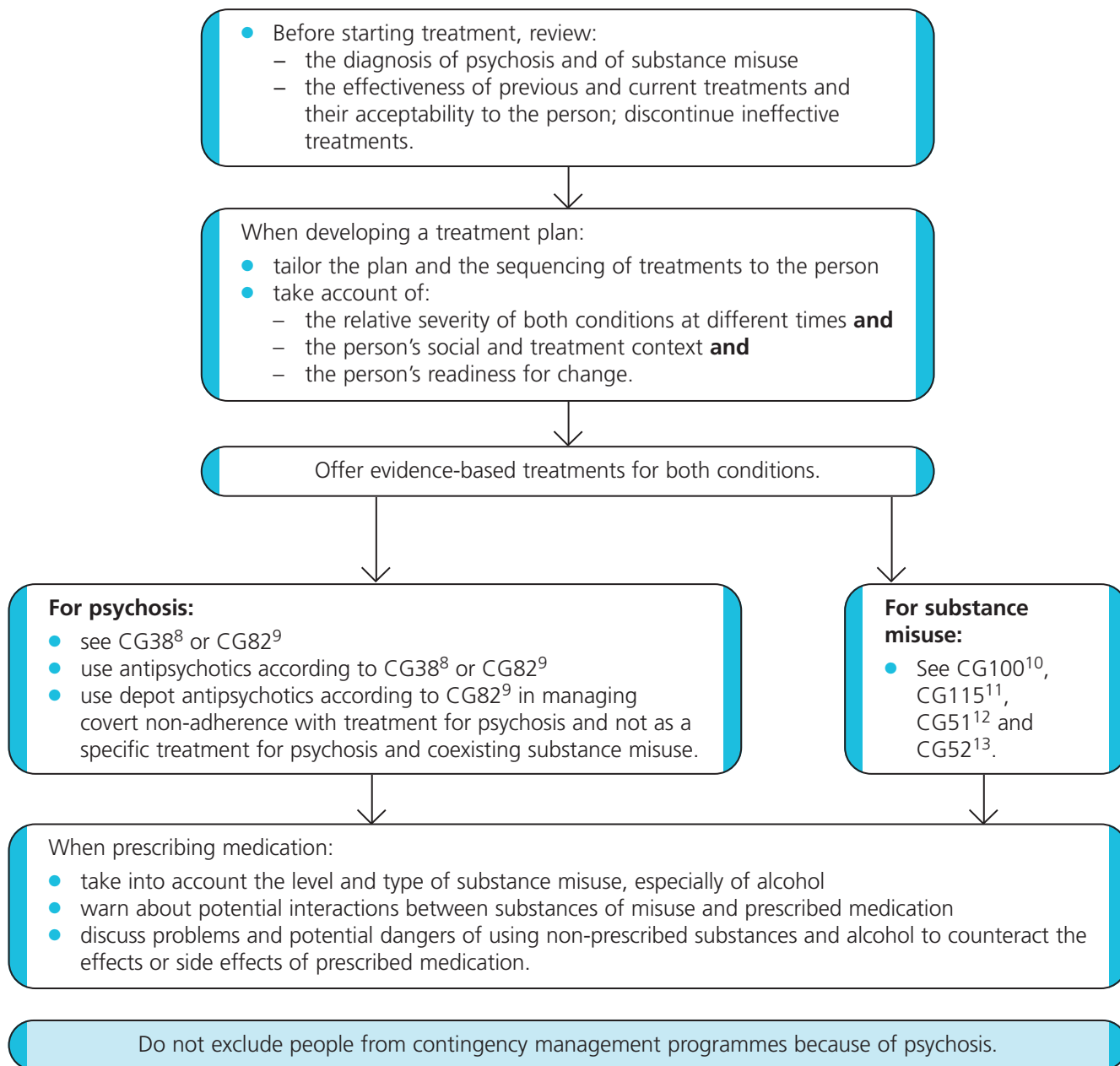
Share the summary with the person and record it in their care plan.

- Be aware that low levels of substance use that would not usually be considered harmful or problematic in people without psychosis can have a significant impact on the mental health of people with psychosis.
- Regularly assess and monitor risk of harm to self and/or others and develop and implement a risk management plan to be reviewed when the service users' circumstances or levels of risk change. Specifically consider:
 - physical health risks (for example, withdrawal seizures, delirium tremens, blood-borne viruses, accidental overdose, and interactions with prescribed medication) **and**
 - the impact that substance use may have on other risks (such as self-harm, suicide, self-neglect, violence, abuse of or by others, exploitation, accidental injury and offending behaviour).

Biological/physical testing

- Biological or physical tests for substance use (for example, blood and urine tests or hair analysis) may be useful in the assessment, treatment and management of substance misuse for adults and young people with psychosis. However, this should be agreed with the person first as part of their care plan. Do not use biological or physical tests in routine screening for substance misuse in adults and young people with psychosis.

Treatment



⁸ Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care (NICE clinical guideline 38).

⁹ Schizophrenia: core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (NICE clinical guideline 82).

¹⁰ Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications (NICE clinical guideline 100).

¹¹ Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE clinical guideline 115).

¹² Drug misuse: psychosocial interventions (NICE clinical guideline 51).

¹³ Drug misuse: opioid detoxification (NICE clinical guideline 52).

Substance misuse services

Competence

- Healthcare professionals in substance misuse services should be competent to:
 - recognise the signs and symptoms of psychosis
 - undertake a mental health needs and risk assessment sufficient to know how and when to refer to secondary care mental health services.

Assessment

- Offer adults and young people with psychosis and coexisting substance misuse attending substance misuse services a comprehensive, multidisciplinary mental health assessment in addition to an assessment of their substance misuse.

Joint working

- Healthcare professionals in substance misuse services should be present at Care Programme Approach meetings for adults and young people with psychosis and coexisting substance misuse within their service who are also receiving treatment and support in other health services.
- Specialist substance misuse services should provide advice, consultation and training for healthcare professionals in adult mental health services and CAMHS.
- Specialist substance misuse services should work closely with secondary care mental health services to develop local protocols derived from this guideline. The agreed local protocols should set out responsibilities and processes for assessment, referral, treatment and shared care across the whole care pathway.

Staffed accommodation

- Do not exclude people with psychosis and coexisting substance misuse from staffed accommodation (such as supported or residential care) solely because of their substance misuse.
- Do not exclude people with psychosis and coexisting substance misuse from staffed accommodation aimed at addressing substance misuse solely because of their diagnosis of psychosis.
- Ensure that people who live in staffed accommodation receive treatment for both their psychosis and their substance misuse with the explicit aim of helping the person remain in stable accommodation.

Inpatient mental health services

Substance misuse

- When carrying out a comprehensive assessment for all adults and young people admitted to inpatient mental health services, ensure that they are assessed for current substance misuse and evidence of withdrawal symptoms at the point of admission.
- Biological or physical tests for substance use should only be considered in inpatient services as part of the assessment and treatment planning for adults and young people with psychosis and coexisting substance misuse. Obtain consent for these tests and inform the person of the results as part of an agreed treatment plan. Where mental capacity is lacking, refer to the Mental Capacity Act (2005).

- All inpatient mental health services should ensure that they have policies and procedures for promoting a therapeutic environment free from drugs and alcohol.
 - Develop policies and procedures with service users and their families, carers or significant others.
 - Policies and procedures should include: search procedures, visiting arrangements, planning and reviewing leave, drug and alcohol testing, disposal of legal and illicit substances, and other security measures.
 - Soon after admission, provide all service users, and their families, carers or significant others, with information about the policies and procedures.

- Ensure that planned detoxification from either drugs or alcohol is undertaken only:
 - with the involvement and advice of substance misuse services
 - in an inpatient setting, preferably in specialist detoxification units, or designated detoxification beds within inpatient mental health services, **and**
 - as part of an overall treatment plan.
- For the further management of opioid detoxification and of assisted alcohol withdrawal, see NICE clinical guidelines 52¹⁴ and 115¹⁵, respectively.

Discharge

- Do not discharge adults and young people with psychosis and coexisting substance misuse from an inpatient mental health service solely because of their substance misuse.
- When adults and young people with psychosis and coexisting substance misuse are discharged from an inpatient mental health service, ensure that they have:
 - an identified care coordinator **and**
 - a care plan that includes a consideration of needs associated with both their psychosis and their substance misuse **and**
 - been informed of the risks of overdose if they start reusing substances, especially opioids, that have been reduced or discontinued during the inpatient stay.

¹⁴ Drug misuse: opioid detoxification (NICE clinical guideline 52).

¹⁵ Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence (NICE clinical guideline 115).

Specific issues for young people

Competence

- Professionals in Tier 1 should be competent to recognise early signs of psychosis and substance misuse in young people.
- Healthcare professionals in Tier 3 CAMHS and Tier 4 CAMHS, and in early intervention in psychosis services, should be competent in the management of psychosis and substance misuse in young people.

Identification and referral

- Professionals in Tier 1 should seek advice or consultation from Tier 2 CAMHS when signs of psychosis are detected in young people. If healthcare professionals in Tier 2 CAMHS detect signs of psychosis in young people, a referral to Tier 3 CAMHS or early intervention in psychosis services for young people should be made according to local protocols.
- Ask all young people seen in Tier 3 CAMHS and Tier 4 CAMHS and in early intervention in psychosis services who have psychosis or suspected psychosis about substance misuse (see page 9).
- Children and young people who are considered to be at high risk of harm to themselves or others should be referred directly to Tier 4 CAMHS including inpatient services where necessary.

Assessment and treatment

- Healthcare professionals working with young people with psychosis and coexisting substance misuse should ensure they are familiar with the legal framework that applies to young people including the Mental Health Act (1983; amended 1995 and 2007), the Mental Capacity Act (2005), and the Children Act (2004).
- For psychological, psychosocial, family and medical interventions for young people, follow the recommendations for adults in this quick reference guide, and adapt according to the young person's circumstances and age. Involve other agencies, including children's services.
- When prescribing medication, take into account the young person's age and weight when determining the dose. If it is appropriate to prescribe unlicensed medication, explain to the young person and/or their parents or carers the reasons for doing this.

- Those providing and commissioning services should ensure that:
 - age-appropriate mental health services are available for young people with psychosis and coexisting substance misuse **and**
 - transition arrangements to adult mental health services are in place where appropriate.

Further information

Ordering information

You can download the following documents from www.nice.org.uk/guidance/CG120

- The NICE guideline – all the recommendations.
- A quick reference guide (this document) – a summary of the recommendations for healthcare professionals.
- ‘Understanding NICE guidance’ – a summary for patients and carers.
- The full guideline – all the recommendations, details of how they were developed, and reviews of the evidence they were based on.

For printed copies of the quick reference guide or ‘Understanding NICE guidance’, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote:

- N2469 (quick reference guide)
- N2470 (‘Understanding NICE guidance’).

Implementation tools

NICE has developed tools to help organisations implement this guidance (see www.nice.org.uk/guidance/CG120).

Related NICE guidance

For information about NICE guidance that has been issued or is in development, see www.nice.org.uk

Published

- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE clinical guideline 115 (2011). www.nice.org.uk/guidance/CG115
- Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications. NICE clinical guideline 100 (2010). www.nice.org.uk/guidance/CG100
- Alcohol-use disorders. NICE public health guidance 24 (2010). www.nice.org.uk/guidance/PH24
- Schizophrenia. NICE clinical guideline 82 (2009). www.nice.org.uk/guidance/CG82
- Medicines adherence. NICE clinical guideline 76 (2009). www.nice.org.uk/guidance/CG76
- Drug misuse: opioid detoxification. NICE clinical guideline 52 (2007). www.nice.org.uk/guidance/CG52
- Drug misuse: psychosocial interventions. NICE clinical guideline 51 (2007). www.nice.org.uk/guidance/CG51
- Interventions to reduce substance misuse among vulnerable young people. NICE public health guidance 4 (2007). www.nice.org.uk/guidance/PH4
- Naltrexone for the management of opioid dependence. NICE technology appraisal guidance 115 (2007). www.nice.org.uk/guidance/TA115
- Methadone and buprenorphine for the management of opioid dependence. NICE technology appraisal guidance 114 (2007). www.nice.org.uk/guidance/TA114
- Bipolar disorder. NICE clinical guideline 38 (2006). www.nice.org.uk/guidance/CG38
- Violence. NICE clinical guideline 25 (2005). www.nice.org.uk/guidance/CG25

Updating the guideline

This guideline will be updated as needed, and information about the progress of any update will be available at www.nice.org.uk/guidance/CG120

National Institute for Health and Clinical Excellence

MidCity Place
71 High Holborn
London
WC1V 6NA

www.nice.org.uk

N2469 1P 57k Mar 11

ISBN 978-1-84936-514-7