

# [News story: PHE launches opioid treatment quality improvement programme](#)

Opioid substitution treatment (OST) plays a fundamental role in supporting people to recover from drug dependence. But sustained recovery is hard to achieve when addiction is combined with a lack of personal and social resources. Long-term recovery often needs high-quality treatment and a range of other support, tailored to each person.

Clinical guidance, including the new [Drug misuse and dependence: UK guidelines on clinical management](#), describes quality drug treatment. PHE is helping drug services implement the guidelines and improve treatment where it is not optimal.

The OST programme will support services to improve the quality of treatment so that people understand how their treatment works, comply with it and stick with it. That way they should get more from it and increase their chances of recovery. This will include a focus on using psychosocial interventions to support changes in behaviour. There is already a lot of good practice in this country, and the programme will aim to harness and build on that.

Among the issues that we plan to address, one is people continuing to use drugs, particularly heroin, while receiving treatment. [Drug treatment monitoring data](#) (NDTMS) and [PHE's drugs evidence review](#) both found that people who continue to use illegal substances (especially heroin) while on substitution treatment are less likely to fully benefit from treatment and to reduce the wider harms caused by their drug use. Cutting down, rather than stopping drug use, is still a good result for many people and they still benefit from being in treatment. Pushing people too hard to stop all 'use on top' can drive them out of treatment or prevent them seeking help in the first place. The programme will develop resources to support services in getting this right.

The programme will also enhance wider recovery support for those in treatment by supporting services to help more in other aspects of their lives beyond drug use, such as employment, living arrangements, family relationships, trauma and abuse.

PHE will be making contact with providers and service user organisations shortly to gain their input and involvement.