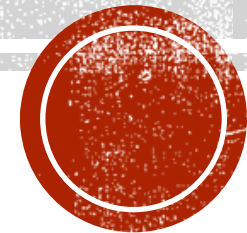


ACADEMIC EVALUATION OF NORTH YORKSHIRE HORIZONS DRUG AND ALCOHOL TREATMENT AND RECOVERY SERVICE

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BACKGROUND – WHY AN ACADEMIC EVALUATION

- First service to be re-configured and procured following transfer of Public Health to Local Authority
- New service model – significantly different to previous configurations
- Emerging evidence base at time
- Evaluate effectiveness, value and cost effectiveness
 - To better meet the needs of people across the county
 - Have a clear and consistent access point
 - Have a clear focus on recovery – supporting as many people to recover as possible, including abstinence
 - Support increased numbers of dependent drinkers
 - Provide a cost effective solution by offering best value for money
- Contribute to evidence base



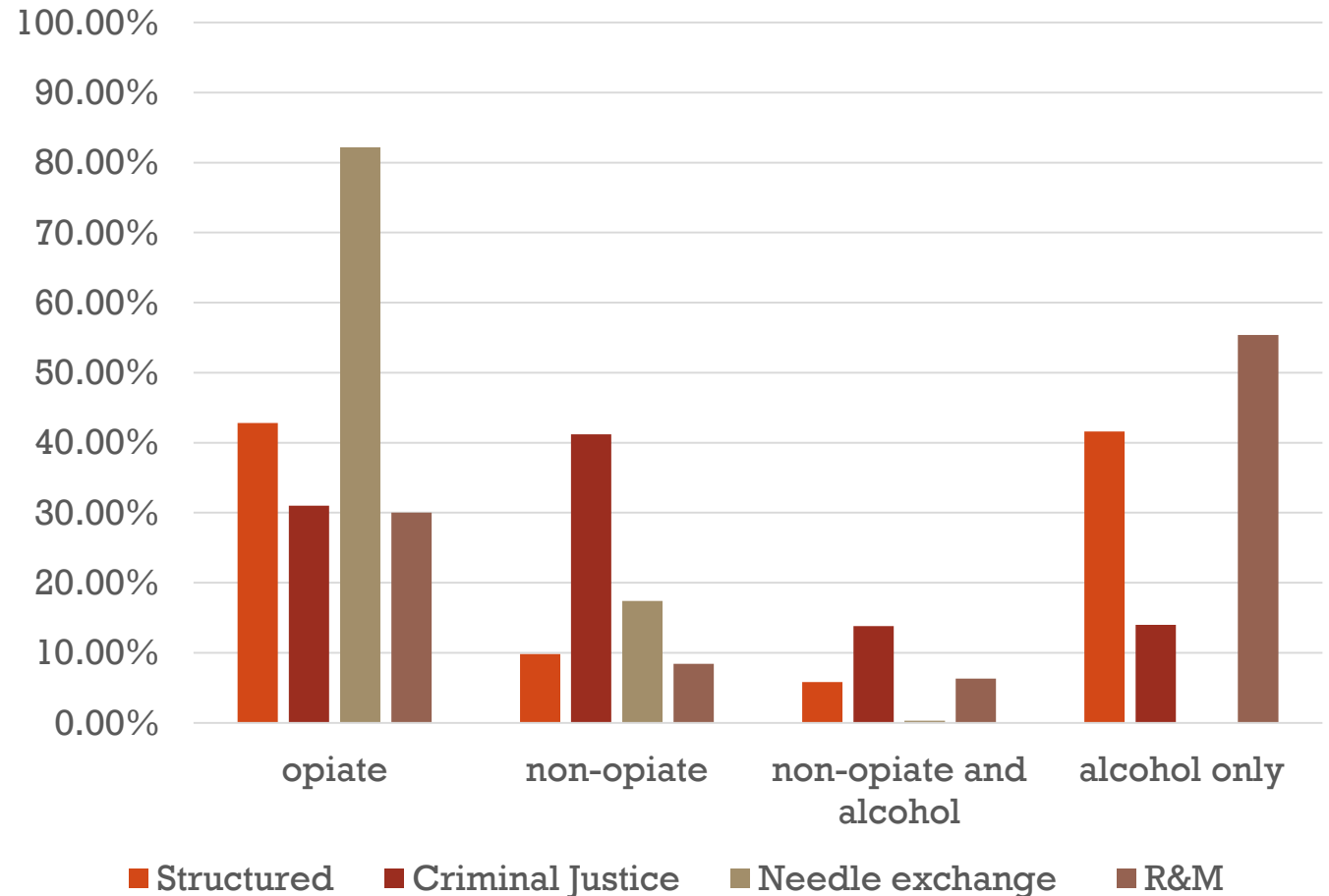
METHODS

- The Public Health Institute, Liverpool John Moores University was commissioned to undertake a two year evaluation of NYH
- Mixed methods
- Interviews with service users (n=27)
- Interviews with stakeholders (n=15)
- Analysis of secondary data
- Cost effectiveness analysis



NORTH YORKSHIRE HORIZONS CLIENTS

- **2582** structured treatment interventions (NDTMS)
- **532** criminal justice interventions (CJIT)
- **878** needle exchange services (hub based services & pharmacies [PNEX])
- **1064** R&M Service (83.6% following completion of structured treatment)



Meeting needs

“The community based kind of model is around the different needs...it’s about being able to ensure that we have equity of provision across the whole area, but again being able to focus on the particular demands and make sure that we’re marking the service right in the different areas. It is going to be a challenge.” (Stakeholder)

Single point of contact (40.1% self referrals)

“I was really pleased it was self-referral actually, that was a big thing for me, ‘cause it made it quicker for me ‘cause you don’t have to wait for a doctor or write a letter and wait for it to be sent and received...I got an assessment in a few days I think which was just fantastic.” (Service User)

Meeting needs

“I don’t think I couldn’t have done it all by myself, because it’s, it’s, it’s not easy, and you need someone to hold your hand, you know. And you shouldn’t feel ashamed of that. And if these people weren’t there, you probably would just give up on it.” (Service User)

QUALITATIVE FINDINGS

Meeting needs

“I think what we are trying to achieve in the services is not just looking at an individual through the eyes or the lens of their drug/alcohol problems, it’s understanding the impact of their behaviours on other parts of their health and well-being.” (Stakeholder)

Barriers to access

- Travel distance
- Office hours
- Direct contact
- Group work

Provision for dependent drinkers

“It will pick up a huge amount of alcohol cases and move them through quite fast, so I think that’s where we will see the benefit and I think that’s really good.” (Stakeholder)

2846 interventions

52.5% Psychosocial
30.1% pharmacological
17.6% recovery support



Peer mentoring

“R&M isn’t solely for people at the end of treatment. I think the idea of the recovery mentoring service is to support people who are at the beginning, middle and end of their recovery journey to access those community initiatives and get involved in recovery and meeting with others who can help guide the way.” (Stakeholder)

Peer mentoring

“I am actually an ex-user myself, so it is really good now that I am able to help other people...I think my role is quite important because I’ve been there, so I think I can relate to people more.” (Peer Mentor)

Peer mentoring

“The fact that they [peer mentors] have done it and they’ve got a normal life. You know, there’s no reason why you can’t do it if they’ve done it.” (Service User)

Stigma of addiction

“Visible recovery and visible recovery communities will raise the profile of people who have stopped using... I think the recovery community has helped with the stigma if they are visible, I think they will need a bit of time before they want to be visible.” (Stakeholder)

Stigma of addiction

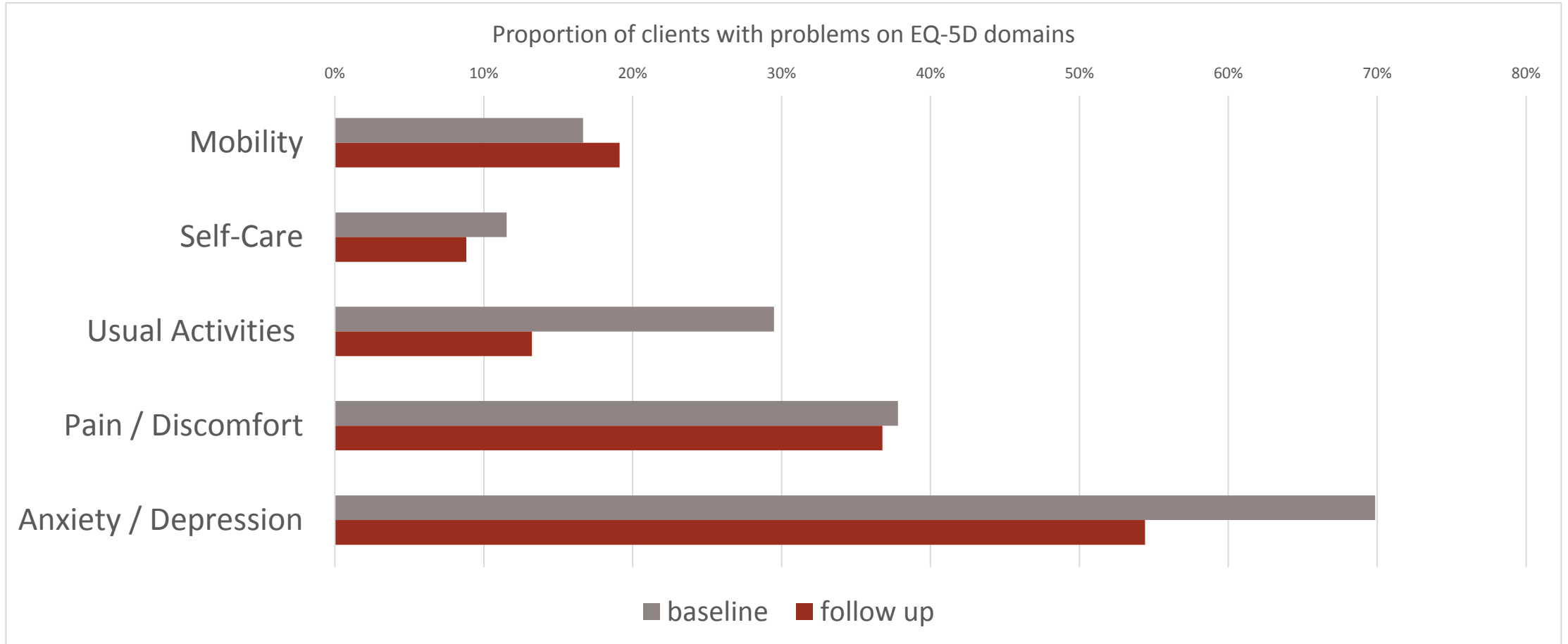
“I think it helps me because I used to, my opinion on people ‘look at that smack head over there in the street’ I thought I was alright because I only took coke, but I was taking it all weekend and I wasn’t getting up for work, but I thought I was alright. You know, and now me coming to these [SMART recovery] groups made me realise my problem was just as bad as the next persons problem who had a heroin addiction.” (Service User)

Recovery outcomes

“They gave me not only a reason to live but they also helped show me what the reason was and helped me to get to where I am now.” (Service User)

QUALITATIVE FINDINGS

QUANTITATIVE FINDINGS



ECONOMIC MODELLING

- Economic modelling looked at potential impact of disinvesting in drug and alcohol treatment in North Yorkshire.
- Modelling has several functions – allows us to estimate long term outcomes from short term surrogate outcomes, allows us to combine data from different sources, and allows us to explore uncertainties
- We included changes in quality of life and life expectancy, costs of crime and antisocial behaviour, and costs of alcohol specific hospital admissions.
- If we included other costs like productivity, informal care, social care, cost savings would be greater.



ECONOMIC MODELLING FINDINGS

Opiate only clients

3♥ clients gained 3 years of quality adjusted life expectancy through services moving people into recovery, increasing their quality of life, and making them live longer.

£72k Services produced £72k in cost savings over a client's lifetime, through reducing the risk of crime associated with drug use, which can add up to a considerable cost over an individual's drug taking career.

Non-opiate only clients

3.6♥ clients gained 3.6 QALYs more than if treatment was not available through improved quality of life while in treatment and recovery.

£64/QALY Treatment for non-opiate users cost £64 per QALY gained which would be considered to be very cost effective, although not cost saving.

Alcohol only clients

8♥ clients gained eight years of quality adjusted life expectancy through services moving people into recovery, increasing their quality of life, and making them live longer.

£60k Services produced £60k in cost savings, through reducing the healthcare costs of alcohol use, and through a reduced risk of crime and antisocial behaviour associated with alcohol use.

Alcohol and non-opiate clients

♥8.5 clients gained 8.5 years of quality adjusted life expectancy through services moving people into recovery, increasing their quality of life, and making them live longer.

£56k services produced cost savings of £56k per client through reduced healthcare costs (such as hospital admissions) and reduced crime and antisocial behaviour costs.

TO CONCLUDE....

- Improved outcomes
- Investment in adult drug and alcohol services in North Yorkshire is cost effective and generates a high return on investment
- Recommendations to maximise delivery of positive service elements (e.g. treatment & Recovery, peer mentoring, SMART)
- Recommendations to address barriers to access (e.g. time and location of services)

Improved outcomes

physical health
mental health
life skills
parental skills
social networks
family relationships
housing
reduced drug-related offending
education/training & employment
financial circumstances



RECOMMENDATIONS AND NEXT STEPS

- Findings were positive; demonstrated that the service is cost effective; key recommendations for continued service development
- Well received by Decision Makers and Elected Members
- Evaluation contributed to decision to extend service contracts
- Exploring options to disseminate findings



THANK YOU

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