

An Evaluation of North Yorkshire Horizons Drug and Alcohol Treatment and Recovery Service

BACKGROUND

Public health involves doing work to help people to live healthy lifestyles, prevent disease and help people live for longer. In the UK, substance misuse (the use of drugs and/or alcohol which is harmful for health) is a particular public health problem. Substance misuse is known to cause diseases and early death. In 2014, one in every nine people in their 20s and 30s who died did so because of drug misuse. In 2013/14, over one million admissions to hospital were linked to alcohol. The UK government recognise the importance of investing in services to help reduce the number of people affected by substance misuse.

In the past, services have focused on helping someone to stop using drugs and/or alcohol. More recently, there has been a focus on also encouraging these people to address the wider problems that might be caused by (or be causing) their dependence on drugs and/or alcohol. For example, helping someone to develop friendships, get a job, live in stable housing and improve any money problems can be important in helping a person to stop using drugs and/or alcohol. Support from other people can be particularly important in helping people feel comfortable to access services and in developing friendships and positive relationships with other people.

HELPING PEOPLE TO REDUCE AND STOP HARMFUL DRUG/ALCOHOL USE IN NORTH YORKSHIRE...

North Yorkshire County Council understand the importance of helping people affected by substance misuse to get as much support as possible. In October 2014, they started a service called North Yorkshire Horizons. This helps people to get the treatment they need to reduce and stop using drugs and/or alcohol and also helps them to get the wider support they need. This includes:

- Support to improve their mental health
- Meeting people in similar situations to share experiences and problems
- Support with housing and advice on debt
- Opportunities to volunteer and support to get a job

To learn if and how this service helps people, researchers from the Public Health Institute (PHI) at Liverpool John Moores University (LJMU) conducted an evaluation.

The service is delivered in two ways: a **Treatment arm**: support for people to reduce their substance misuse and a **Recovery and Mentoring arm**: supporting recovery and transition from structured treatment, helping people get the wider support they need.

WHAT DID THEY DO?

Researchers used a number of different methods to find out who had used North Yorkshire Horizons and how it had helped them. The evaluation commenced in October 2014 and finished in October 2016. Data were collected over an 18-month period. Researchers gained ethical approval from LJMU to carry out the research to make sure that all people using, delivering and managing the service would be treated open and fairly in the research, and to make sure everyone had opportunity to fully consent to taking part. Researchers looked at:

Information collected about the people that had used the service: This included information collected by the service about the types of people using the service, their history of substance misuse, service waiting times, the types of treatment they received and treatment outcomes (including information collected using a tool called the 'Sundial Outcomes Monitoring Tool' - this tool was a locally modified version of a validated outcomes tool). Researchers also used a number of different tools to look at how the service affected quality of life and mental health. The tools used were:

- The Alcohol Use Disorders Identification Test (AUDIT)
- The Generalized Anxiety Disorder (GAD-7) validated questionnaire
- The Patient Health (PHQ9) validated questionnaire
- The EuroQol five dimensions questionnaire (EQ-5D)
- The severity of alcohol dependence questionnaire (SADQ)



This information was collected by the people delivering the North Yorkshire Horizons services, and was sent to researchers at PHI in a safe and secure way.

Information about the cost of the service

Researchers carried out work to find out if the service was good value for money. Researchers used the information collected about the people who had used North Yorkshire Horizons to predict the costs and benefits of the service. The information used in this evaluation was the economic value of quality of life improvements (measured through the Treatment Outcome Profiles and the EQ-5D quality of life questionnaire). The evaluation specifically focussed on alcohol related hospital admissions, and on drug and alcohol-related crime and antisocial behaviour. The majority of the economic analysis is based only on these outcomes.

The cost effectiveness work did not include the Needle and Syringe Exchange (because there is a lot of evidence already which says they provide value for money), the Residential Detox and Rehabilitation part of the service (because only 1% of North Yorkshire Horizons clients used this service and we already know this type of service is very costly; it can take up to 12 years to see the value for money in this type of service) or the positive benefits of drug use.

Information from people who had delivered or worked with the service

To find out people's views and experiences of how the service was delivered, good and bad points, and ways it could be improved, researchers carried out 15 interviews with

- Managers and staff from North Yorkshire Horizons
- Professionals from North Yorkshire County Council who developed the service
- Staff from partner organisations (such as health, criminal justice and children's services)

All staff involved in delivering the service were invited to take part in an interview. Professionals from North Yorkshire County Council identified key people to be included in the interview.

Information from people who had used the service

To find out people's experiences of using the service and the ways in which it had affected them, researchers carried out 27 interviews with people. It was important to make sure a range of people were included in the research, so people from different locations with different experiences were invited to take part. Key workers from within the services displayed posters and information about the research and provided the research team with the contact details of anyone who wanted to take part.

WHAT DID THEY FIND?

Who used North Yorkshire Horizons?

- Across an 18-month reporting period a total of **2,582** individuals accessed structured treatment interventions provided by North Yorkshire Horizons (or based in GP practices and supported by North Yorkshire Horizons).
- **532** individuals were engaged with criminal justice interventions provided by North Yorkshire Horizons.
- **878** individuals accessed needle exchange services, this included North Yorkshire Horizons hub based services and pharmacies.
- **1064** individuals engaged with the Recovery & Mentoring Service; **889** of these were individuals who had completed structured treatment within North Yorkshire Horizons.



2,582

Number of individuals who accessed structured treatment interventions provided by North Yorkshire Horizons



1,064

Number of individual engaged with the Recovery & Mentoring Service

A substance misuse profile of services is detailed here:

| Drug profile 4 groups | Opiate | | Non-opiate | | Non-opiate and alcohol | | Alcohol only | | Total | |
|--------------------------|--------|------|------------|------|------------------------|------|--------------|------|-------|-----|
| | n | % | n | % | N | % | n | % | n | % |
| Structured | 1106 | 42.8 | 252 | 9.8 | 151 | 5.8 | 1073 | 41.6 | 2582 | 100 |
| Criminal Justice | 161 | 31.0 | 214 | 41.2 | 72 | 13.8 | 73 | 14.0 | 532 | 100 |
| Needle exchange | 722 | 82.2 | 153 | 17.4 | 3 | 0.3 | 0 | 0 | 878 | 100 |
| R&M | 319 | 30.0 | 89 | 8.4 | 67 | 6.3 | 589 | 55.4 | 1064 | 100 |

How many people were referred to North Yorkshire Horizons?

- North Yorkshire Horizons received **4,711** referrals during the first 18 months of service. This includes all referrals that were made through the Single Point of Contact.
- Self-referrals made up **40.1%** of all referrals; this number has increased since the service was introduced (the figure was 15.1%).
- Referrals from criminal justice also increased (from 4.4% to **11.2%**).

What treatment did people use?

- **2846** interventions were accessed by the **2582** individuals during the **18** month evaluation.
- For clients accessing structured treatment, most accessed psychosocial interventions (52%), pharmacological interventions (30.2%) and recovery support (17.8%).

What impact did the service have?

Using the information collected about the people using the services, **3,379** improved self-outcomes were recorded for 890 individuals whilst accessing treatment. These included:

- Improved coping skills (**19.5%**)
- Family relationships (**12.8%**)
- Life skills (**12.2%**)
- Physical health (**10.5%**)
- Mental health (**10.4%**)



Additional outcome measures showed a **reduction in substance use and injecting** between first and last assessments, and also showed an increase in quality of life and health and wellbeing scores. The SADQ tool showed a **reduction in the severity of alcohol dependence**.

The Sundial Outcomes Monitoring Tool also measured progress across six key outcomes including secure base, inclusion, supportive relationships, identity, coping strategies and goals. Additional outcomes were also monitored by the Recovery and Mentoring Service. Overall **446** positive/improved individual outcomes were reported during the evaluation period. This included **195** positive outcomes for clients engaged in education, and **251** reported as having 'no housing problem'.

Information gathered by interviewing people who used North Yorkshire Horizons talked in more depth about the positive outcomes they had experienced. Many highlighted improved relationships with family and friends.

"I've got my granddaughter back. I see her all the time. The kids come to the flat now." (Service User 10, Treatment and Recovery Mentoring Service Skipton)

Others described how their physical and mental health had improved as a result of the service, either through helping them attend medical appointments, supporting them with welfare advice, or providing various group sessions for them to attend.

“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 1, Treatment Skipton)

DID THE SERVICE PROVIDE VALUE FOR MONEY?

Spend on substance misuse services is low in North Yorkshire compared to similar local authorities. Results from the cost effectiveness analysis suggest that North Yorkshire Horizons can be considered cost effective for all substance groups (e.g. opiates and alcohol), and for many substance groups would be cost saving to the public purse in the long-term.

The groups where the biggest gains are likely to be achieved are the two alcohol groups: alcohol only and non-opiate and alcohol; who on average gained the equivalent of 8 years of full health (QALYs) over their lifetime through having access to North Yorkshire Horizons, and having access to the services may produce healthcare and crime cost savings of around £50k-£60k per service user over their lifetime. The opiate user groups gained around the equivalent of 3 years of full health over their lifetime and had lifetime cost savings of around £72k.

Overall the results suggest that investment in adult drug and alcohol services in North Yorkshire is a cost effective use of resources and generates a high return on investment.

HOW EFFECTIVE IS THE MODEL OF A TREATMENT AND RECOVERY & MENTORING SERVICE?

North Yorkshire Horizons provides a cost-effective service which supports a reduction in substance use and injecting. The service also has a positive impact on wider outcomes, including mental wellbeing, physical health, relationships and life skills. Specific elements of the service that were found to be particularly important were:

- **The flexibility of having a combined treatment and recovery service which could be adapted to suit the needs of the service users:** *“The service is being commissioned to work with everything from alcohol to opiates, to cannabis, to your legal highs.” (Stakeholder 15)*
- **The referral process and Single Point of Contact allowed a wide range of pathways to people to get access to the service:** *“You can phone up at any time and there is support there straight away for you, it’s not a case of ‘oh I can’t fit you in till next week’, it’s a case of ‘well can you get down within the next half hour and we will have a chat’.” (Service User 12, Treatment and Recovery Mentoring Service Scarborough).*
- **The staff and peer support element provided a friendly and supportive atmosphere:** *“When they all merged into Horizons the difference was massive. There is more support there now. There are more activities to do, there is more group work... If somebody’s feeling down, they can just drop in whereas before if you’d have dropped in, they’d have been saying ‘you’ve not got an appointment’.” (Peer Mentor 2, Recovery Mentoring Service Scarborough)*
- **Increased visibility of people using substance misuse services within the community and overcoming stigma:** *“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.” (Stakeholder 14)*

COULD THE MODEL OF DELIVERY BE IMPROVED?

Although the evaluation showed North Yorkshire Horizons to be effective and cost-effective, the evaluation found that the numbers of service users who complete treatment and move from treatment into recovery could be improved. Addressing these recommendations may help:

Encourage service users to volunteer to become peer mentors and ensure that all those who are suitable and wish to volunteer receive appropriate support and training. Peer mentors need to be carefully managed and monitored.

Opportunities to work with new partners should be explored, to continue to enable the service to provide a wide range of support.

Continue to use community settings for meetings and continue to expand the number of locations. Providing meetings for specific groups should be explored.

The flexibility of the service was important and should be continued. Additional out of hours support and support for relatives should be considered.