



Briefing: Impact on addiction support services WY-FI Project

August 2019



Consequences of the lack of support

There is a significant impact on services and communities as a result of the lack of effective engagement with people experiencing multiple needs and exclusion, whose pre-existing needs and chaotic circumstances have not been addressed. WY-FI research shows that services are often being used at the point of crisis. This means effective care cannot be planned and delivered to people experiencing multiple needs but also puts added pressure on services in ways which consequently affects the other service users and communities.

The scale of the problem

- Around 12 in 1,000 people aged 15 to 64 are estimated to be opiate and crack users¹, meaning there are around 15,000 opiate and crack users in West Yorkshire.
- Research shows that there has been a significant increase in the total number of opiate and crack users in England, comparing the most recent estimate against the 2014/15 level².
- The following statistics are taken from the National Drug Treatment Monitoring System 2017-18 data³.
 - 20% of those entering treatment have a housing need, with 8% of people having an urgent housing need.
 - 20% of those starting treatment lived with their children.
 - 41% of everyone in treatment reported a mental health need.
 - 25% of those with a mental health need received no treatment for their mental health needs.
 - Four out of five adults with alcohol dependence are currently not receiving treatment. The average level of unmet need for alcohol treatment at the national level is 82%

Impact on hospital admissions and Accident & Emergency

Recent estimates of the numbers of people in hospital who use alcohol are that 20% of hospital in-patients and attendees at Accident and Emergency departments (A&E) use alcohol at a level of clinical harm and that 10% are alcohol dependent – this is, respectively, 8 and 10 times higher than in the general population. Harmful use of alcohol is most prevalent amongst patients in mental-health in-patient wards. Alcohol dependence is most prevalent among attendees at A&E.⁴ The high levels of co-morbidity of substance use, psychiatric illness and injuries is well established. Evidence from WY-FI cases shows that alcohol and substance use is a causal factor in a wide range of medical issues that require hospital or long-term community treatment.

WY-FI beneficiaries

- At the end of May 2019 (5 years of WY-FI) 813 people have become beneficiaries of the WY-FI Project:
- 765 (94%) of WY-FI beneficiaries have an addiction need.
- Of the 765 with an addiction need:
 - 97% have a mental health need.
 - 82% have a re-offending need.

¹ Hay, G. et al. (2019) Estimates of the prevalence of opiate and/or crack cocaine use (2016-2017). Public Health Institute. Liverpool John Moore's University.

² Hay, G. et al. (2019) Estimates of the prevalence of opiate and/or crack cocaine use (2016-2017). Public Health Institute. Liverpool John Moore's University.

³ Public Health England. Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) April 2017 to 31 March 2018.

⁴ Roberts, E et al. (July 2019) The prevalence of wholly attributable alcohol conditions in the United Kingdom hospital system: a systematic review, meta-analysis and meta-regression, *Addiction*, SSA, <https://doi.org/10.1111/add.14642>

- 77% have a homelessness.
- In the first three months with the WY-FI Project⁵:
 - Only 61% had some contact with drug and alcohol services.
 - Only 2% had spent some time in detoxification.
 - Only 1% had spent some time in rehabilitation.
- Almost all of those with an addiction need have a mental-ill health need. It is important to promptly access appropriate levels of support. In the first three month with the project:
 - Only 6% obtained counselling or psychotherapy.
 - Only 15% had some contact with the community mental health team.
 - Only 6% had a mental health outpatient appointment.
- Of the 813 beneficiaries on the project, 633 people have exited.
 - 54% had planned exits (i.e. successful).
 - 13 of whom subsequently relapsed and needed further support.
 - Only 6 people were excluded for aggressive or inappropriate behaviour.

Drug and alcohol misuse assessment scores⁶

On entry to the WY-FI Project, 63% of beneficiaries score four on the Chaos Index for use of alcohol or drugs - which indicates daily use of alcohol/drugs causing significant impairment. It is notable that this category has the highest prevalence of a score of four. A further 23% score three. In the exit scores for all beneficiaries the proportion of beneficiaries scoring four drops from 63% to 40%. Similarly, analysis of the Homelessness Outcomes Star scores show 40% of beneficiaries have improved their drug and alcohol misuse score during their WY-FI journey. Data shows (see table below) that engagement with treatment services is more likely to lead to a planned exit (i.e. the beneficiary no longer requiring support or has a planned transfer to other services).

Planned (successful) exits by substance misuse support

Type of support	Count	Planned exit
Rehab	36	70%
Detox	46	52%
Substance misuse support worker	230	55%

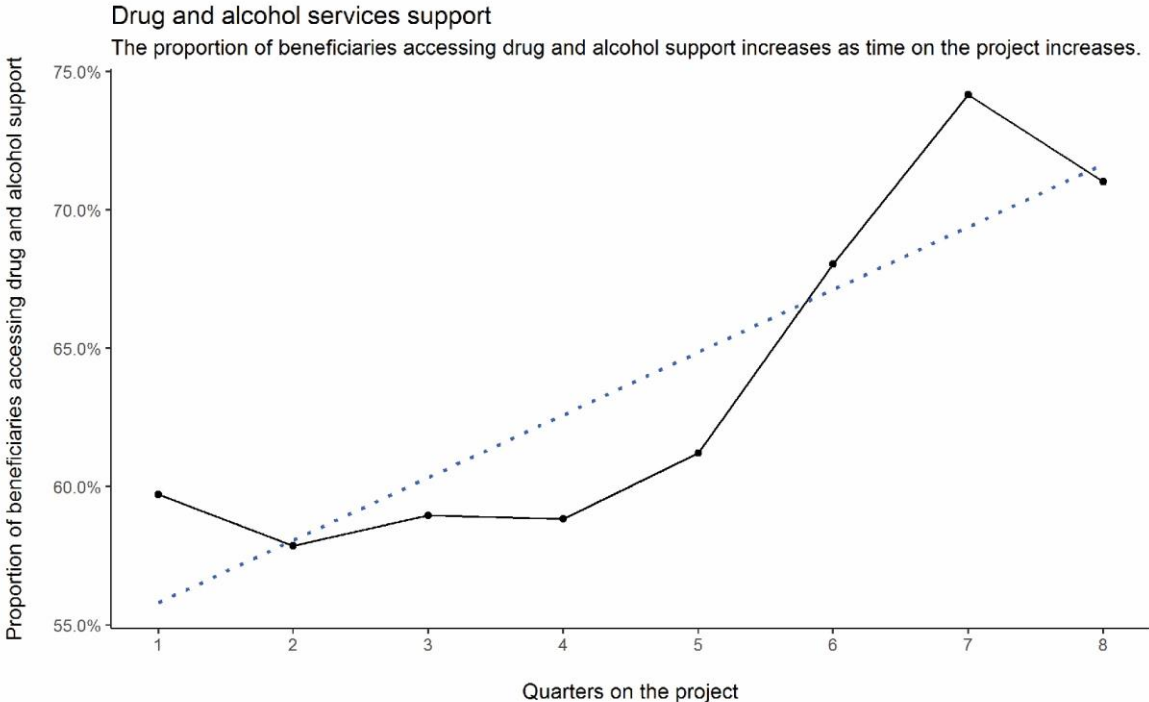
Treatment Journeys

WY-FI Multiple Needs Navigators have been able to increase the levels of support that their beneficiaries receive. In quarter 1 approximately 60% of all WY-FI beneficiaries gained some access to support for their drug and alcohol misuse. This increases to approximately 70% in quarter 8.

⁵ Calculations for any percentages related to the first three months refer to beneficiaries that have an addiction need, synchronised start date and have recorded data.

⁶ For ongoing beneficiary assessment WY-FI navigators use the New Directions Team Assessment (NDTA or Chaos Index see <http://www.meam.org.uk/wp-content/uploads/2010/05/NDT-Assessment-process-summary-April-2008.pdf>) and Homelessness Outcomes Star (see <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/homelessness-star/>) data is gathered continuously throughout the beneficiary journey and used to measure the impact of interventions.

WY-FI data indicates that the longer beneficiaries stay engaged with treatment services, the more likely they are to have substantially better outcomes than the norm.



Notes: Graph only includes beneficiaries with a start date that coincides with the recording of this information. Therefore, Quarter 1 represents the first quarter of a beneficiary's journey with the Project.

Useful notes and definitions

Demonstrating impact

The WY-FI Project follows the national Fulfilling Lives methodology when demonstrating local impact. Much of the information in this briefing is based on the data captured in the first three months of a beneficiary's journey. This information is treated as a baseline. Data gathered after this three month period can then be compared to the individual or group's baseline to clearly show the impact of the WY-FI Project.

Homelessness Outcomes Star

Homelessness Outcomes Star Score is a self-assessment tool for beneficiaries to measure their distance travelled.

New Directions Team Assessment (NDTA) or Chaos Index Score

Chaos Index Score (also known as NDTA score) is an assessment undertaken by a Navigator to establish whether an individual will benefit from WY-FI support against a series of need criteria. This is repeated regularly to measure progress.

Dual diagnosis

When a person is experiencing mental ill health and addiction.

Tri-morbidity

When a person is experiencing homelessness, mental and/or physical ill health and addiction.

Other briefings in this series

- WY-FI evidence and outcomes
- Impact on homelessness services
- Impact on addiction services
- Impact on re-offending services
- Impact on mental health services
- Future demand for multiple disadvantage services

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The WY-FI Project is part of [Fulfilling Lives](#), a programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Fulfilling Lives works with people who have first-hand experience of substance misuse, homelessness, offending, and mental ill-health to make services and support better connected, easier to access and tailored to the needs of individuals. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

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