

In the climate of outcome based commissioning, how do we measure the impact of harm reduction based outreach to club drug users?



Bars and Clubs



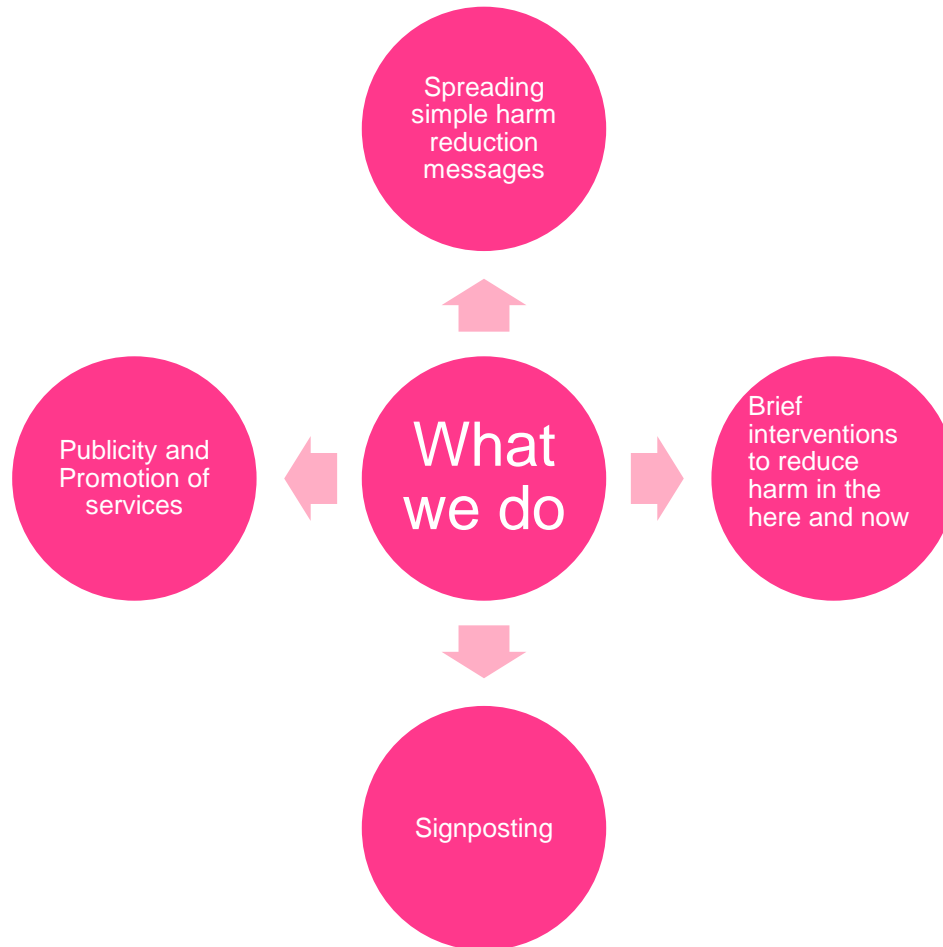
Festivals



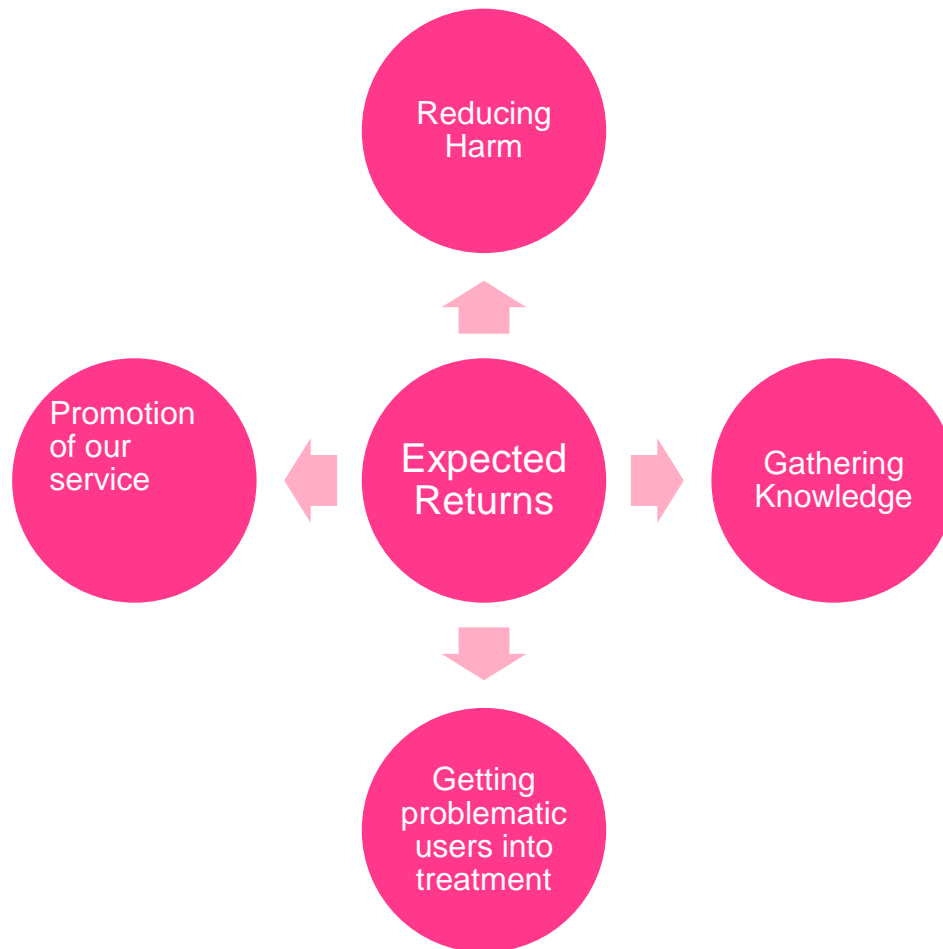
Sex on premises venues



What we do



Expected Returns



**What's the wider
context?**



The recovery agenda



Hard Outcomes



What's the problem?



Blocks

- The majority of the people we see will never walk through our doors or access structured treatment
- Ethical and practical blocks to measuring effectiveness
- Unable to follow up interventions to measure effectiveness
- Can't measure what *didn't* happen



An approach



Social Value

The expectation that services “**improve the economic, social and environmental well-being of the area**” as well as delivering the service they are commissioned for.

- The Public Services (Social Value) Act 2012

Commissioners are required to factor social value in at the pre-procurement phase, allowing them to embed social value in the design of the service from the outset.

Looking for a Social Return on Investment
(SROI)

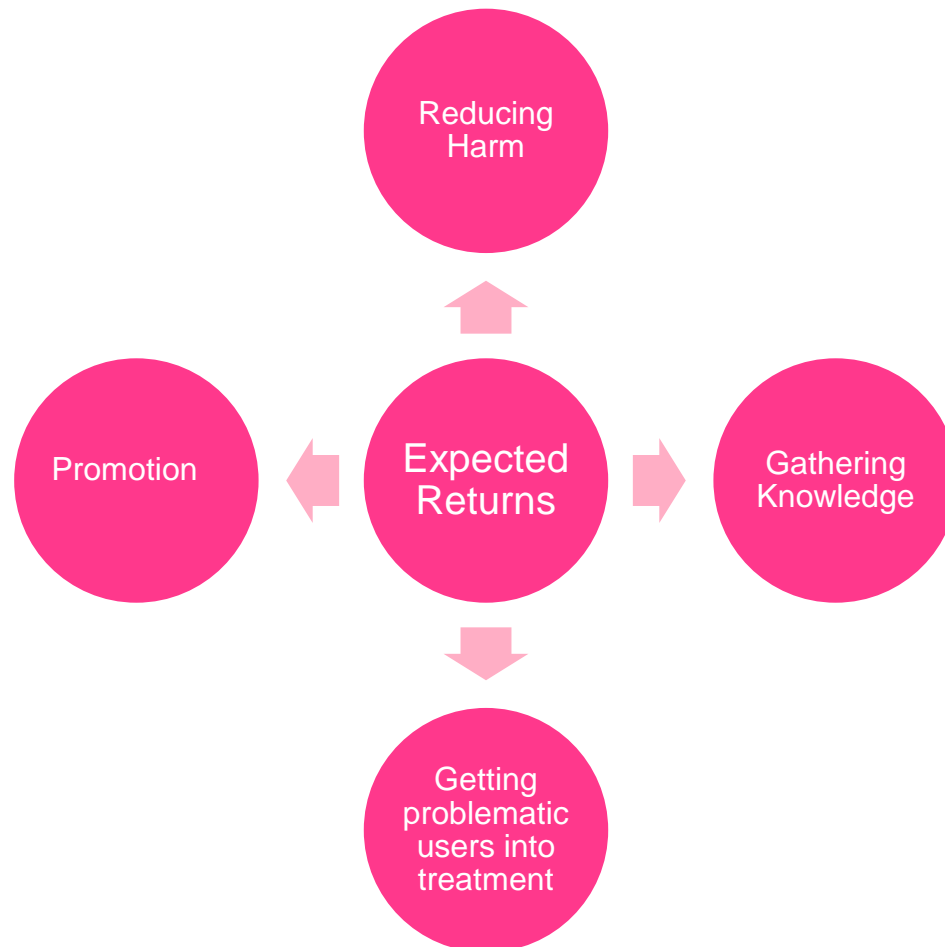


Social Value - In Practice

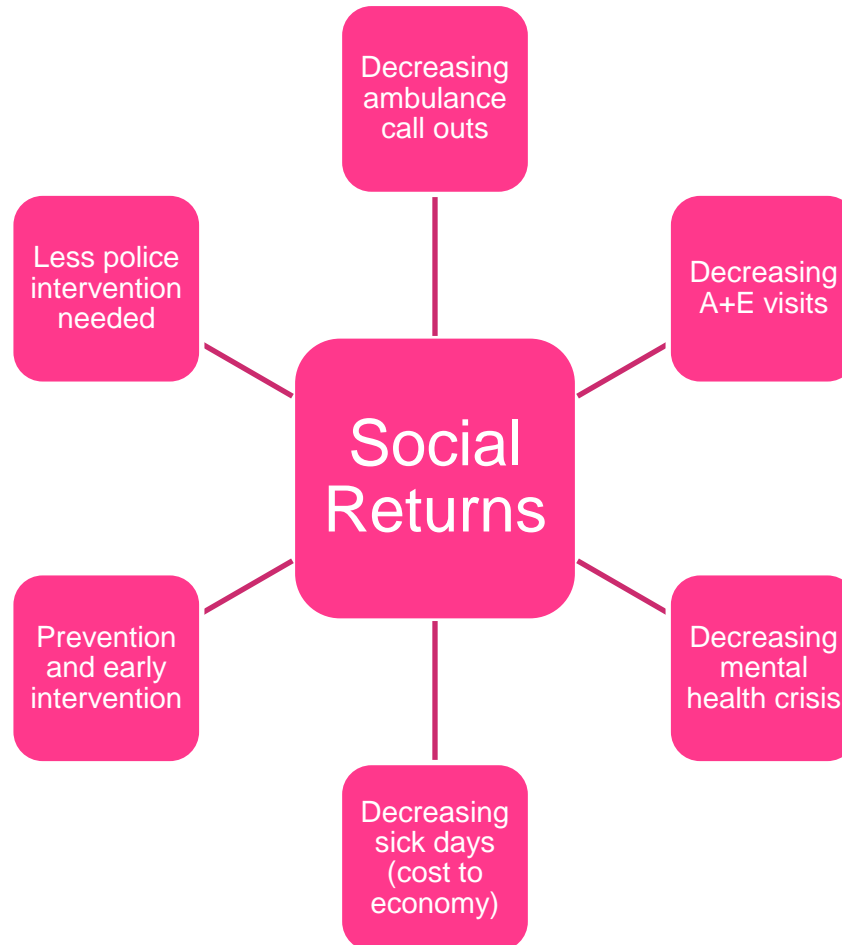
- This is a way of demonstrating the impact our work has, above and beyond what we are actually commissioned to do.
- It recognises the “ripple effect” of interventions.
- It measures the “returns” society gets for investing in drug and alcohol work.



Expected Returns



SROI



Case Study One

- A young couple approached us for advice at a festival—were thinking about taking mdma for the second time.
- We asked them about their 1st experience. The woman had been taken to A&E, her boyfriend had nearly gone but just held it together.
- They had split a whole gram of mdma between them and taken it all in one go.
- Advice given that if they were sure they wanted to try again then to split the gram into 10 or 12 doses. Swallow one dose each and wait for at least an hour before dropping more.
- Came back following day to thank us for the advice.



Fiscal Value

- Ambulance services - average cost of call out, per incident- £223
- Average cost of A+E attendance- £117
- Average cost of admission to hospital- £1863
- Loss to economy of sick days taking from work? (No current data)



Case Study Two

- A male in his early 20s approached us at an LGBT club night and quietly asked if we knew much about GHB.
- He reported noticing his use creeping up and had some questions about tolerance, dependence and withdrawal.
- Ten minute information giving and brief intervention about G use.
- A couple of weeks later he messaged us on Facebook to say he had cut his G use down to weekly and felt he had avoided getting a dependence.



Social Value

- Information giving and brief interventions to support change are an evidence based way of reducing harm.
- This intervention reduced immediate danger of overdose (and need for hospitalisation etc).
- Reduced the need for a later consultant led detoxification or hospitalisation
- Reduced the need for psychosocial treatment at a drug and alcohol treatment agency



Thank you!





Contact Details

Lydia Davenport- Bristol Drugs Project

Lydia.davenport@bdp.org.uk

Instagram: Startlow_takeitslow

