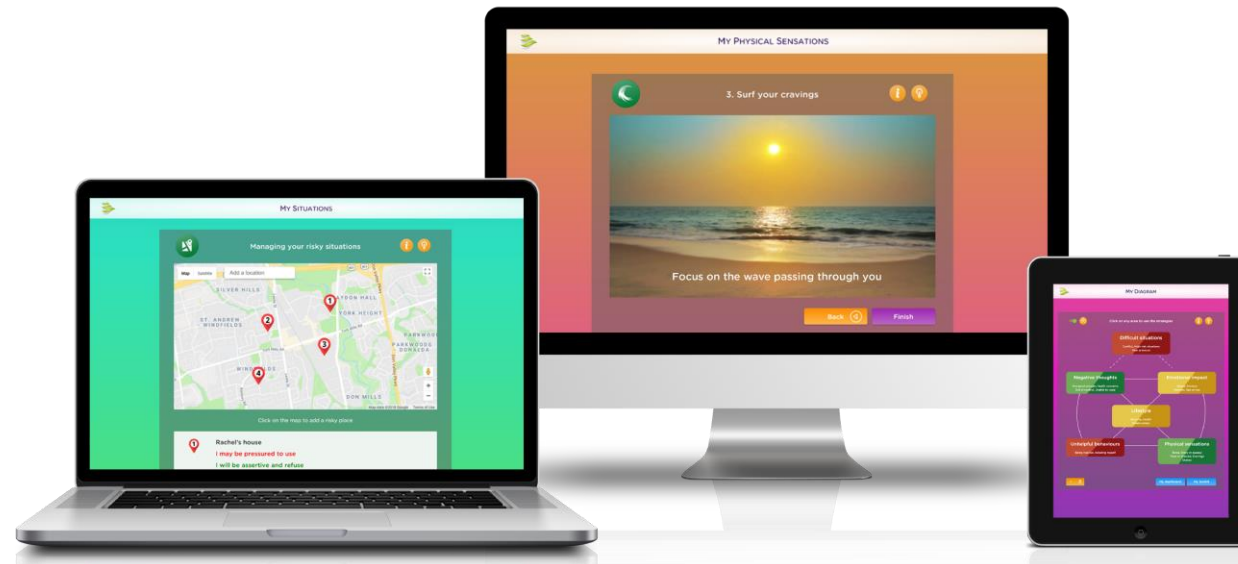




BREAKING FREE™

Addressing substance dependence through digital innovation: Behavioural science and clinical impact



Contents



Breaking Free digital health platform	3
Breaking Free Online	4
Accreditations	11
Evaluation approach	12
Behavioural science	13
Clinical outcomes	16
Key advantages for stakeholders	26
Contact details	27

Breaking Free digital health platform: Applied behavioural science for addictive behaviours



Since 2010, Breaking Free Group has developed evidence-based digital interventions for alcohol, drugs and smoking on a proprietary digital health platform created by applying rigorous behavioural science

Our clinically-robust digital solutions are designed to target different populations:

1. **Breaking Free Online (Community):** for alcohol and drug dependence in community services
2. **Breaking Free Online (Corrections):** for alcohol and drug dependence in prisons
3. **Breaking Free from Smoking (Corrections):** for smoking cessation in prisons
4. **Lower My Drinking:** for preventing alcohol-related harm in the general population
5. **My Quit Route:** for promoting smoking cessation in the general population

Our digital health innovations have been commissioned by a wide range of organizations, including:

Addiction Treatment Providers



National Health Service



UK Government Agencies



Breaking Free Online:

Personalized recovery support accessible 24 hours a day



- **Comprehensive, confidential and highly personalized behavioural support program** that is hosted online, giving patients 24/7 access on demand to evidence-based, recovery-oriented interventions
- **Directly addresses dependence on a wide range of substances**, including opiates, stimulants, alcohol, new psychoactive substances (NPS) and prescribed medications of abuse
- **Complements and enhances existing approaches**, including medication-assisted treatment, by supporting patients to achieve their personal recovery goal: maintenance or abstinence
- **Operates at a deep therapeutic level** by targeting the underlying psychological factors that perpetuate addiction, including associated lifestyle issues and co-morbid mental health problems
- **Utilized by patients in a self-directed way or delivered as Computer-Assisted Therapy (CAT)** by substance misuse practitioners and peer mentors
- **Equips patients with an extensive toolkit** of practical resources, coping skills and evidence-based behaviour change techniques to support their long-term recovery
- **Caters to all literacy levels and learning styles** by providing full Canadian English and Canadian French voiceovers on every screen and integrating different multi-media formats
- **Measures and visually demonstrates the ingredients of recovery capital**, and allows practitioners, peer mentors and other supporters to participate (with their consent) in the patient's recovery journey

Breaking Free Online:

Targets a wide spectrum of substances



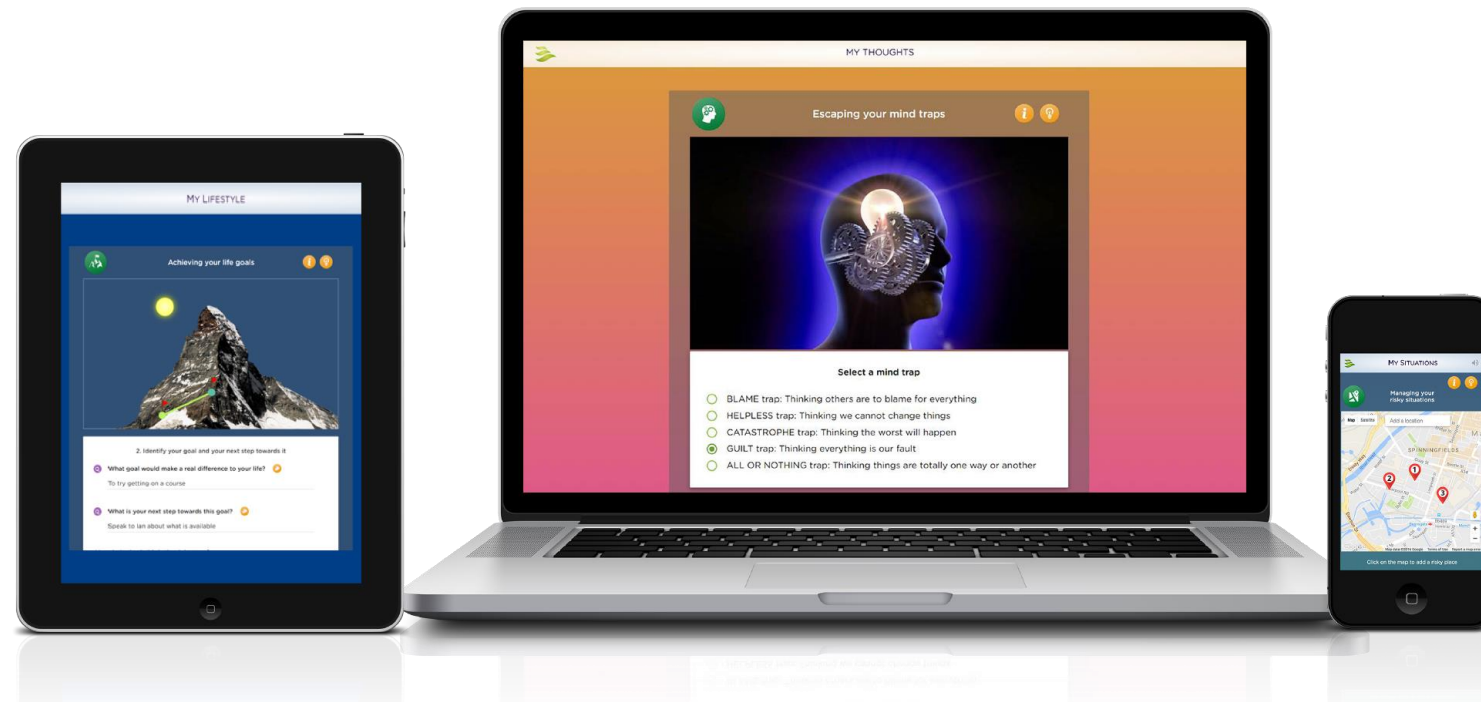
- Adderall
- Acamprosate
- AH-7921
- Alcohol
- Alpha-PVP
- Amitriptyline
- Amphetamines
- Buprenorphine
- Butane
- Cannabis/Marijuana
- Clonazepam
- Cocaine
- Co-codamol
- Codeine
- Crack
- Demerol
- Dexedrine
- Diazepam
- Dihydrocodeine
- Disulphiram
- Ecstasy/MDMA
- Eszopiclone/Lunesta
- Etizolam
- Ephedrine
- Fentanyl
- Gabapentin
- Heroin
- Human Growth Hormone
- Hydromorphone
- GBL
- GHB
- Ketamine
- Khat
- Lorazepam
- MDVP
- Mephedrone
- Mephobarbital
- Methadone
- Methamphetamine
- Methoxetamine
- Modafinil
- Morphine
- MSJ
- Naltrexone
- Nitrazepam
- Nitrous oxide
- O-PCE
- Oxandrolone
- Oxycodone/Oxycontin
- Oxymorphone
- Phencyclidine (PCP)
- Phenobarbital
- Pholcodine
- Pregabalin
- Ritalin
- Suboxone
- Sustanon
- Synthetic cannabis
- Temazepam
- Testosterone
- Tobacco
- Tramadol
- Triazolam
- Vicodin/Hydrocodone
- Xanax/Alprazolam
- Zaleplon/Sonata
- Zolpidem/Ambien
- Zopiclone

Breaking Free Online:

Opens up access to clinically-effective recovery support



- Allows patients to access interactive, engaging and highly personalized recovery support 24 hours a day via the internet on any device: i.e. computer, laptop, tablet or smartphone
- Overcomes key treatment barriers including stigma, time constraints, waiting lists, rurality/distance to services



Breaking Free Online: Optimizes care by harnessing the patient's support network



- Generates printed outputs of behaviour change strategies and progress reports and certificates, and these can be emailed automatically to the patient's nominated supporters
- This allows practitioners, counsellors, peer mentors and others involved in the patient's care to be closely involved in their recovery journey and stay fully in touch with their progress, even at distance



Breaking Free Companion App: Strengthens relapse prevention for patients



- Augments and syncs with Breaking Free Online, and can be downloaded by patients with Android smartphones or Apple iPhones
- Strengthens relapse prevention by ‘nudging’ patients via calendar alerts and location alerts that are triggered whenever they approach places they have identified as high-risk



Breaking Free E-Learning Platform: Cascades training in a scalable and consistent way



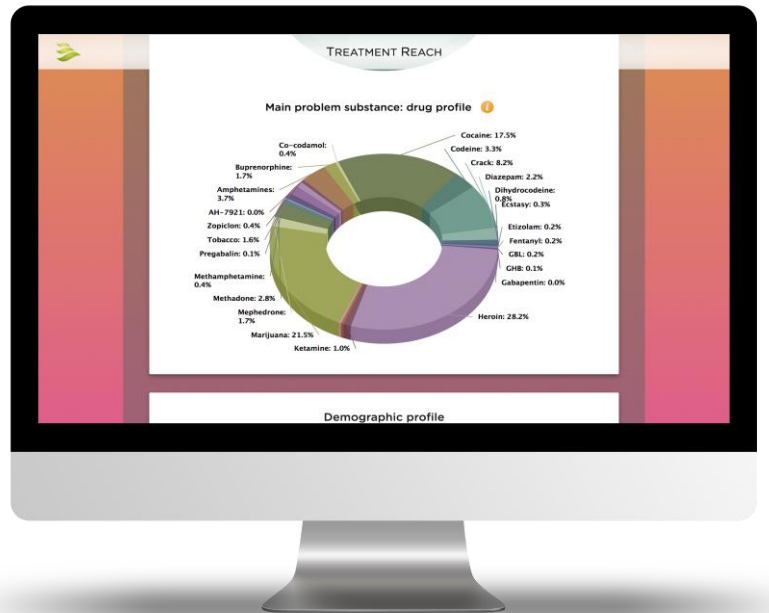
- Trains substance misuse practitioners, counsellors and peer mentors, at their own convenience, in how to deliver Breaking Free Online as Computer-Assisted Therapy
- Allows them to download step-by-step guidance on how to optimise each session for the patient, whether delivered face-to-face or remotely via videoconference



Breaking Free Outcomes Dashboard: Facilitates effective performance management



- Allows commissioners, organizations and services to monitor the uptake, reach and clinical impact of Breaking Free Online in real time, and generates PDF reports on demand
- Facilitates performance management and the sharing of best practice between services and teams of practitioners



Breaking Free Online: Accreditations in the UK and Canada



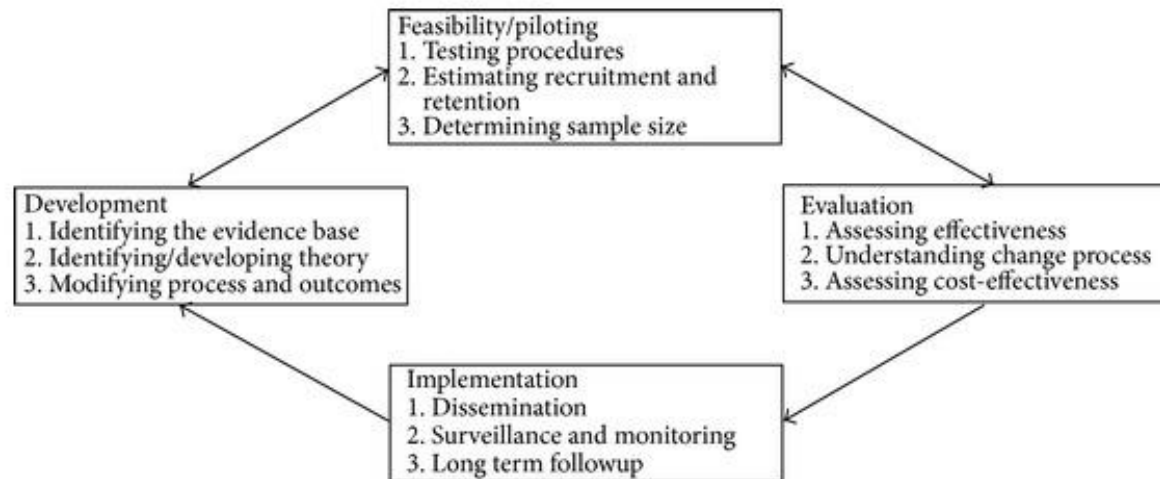
- **Endorsed by the National Institute for Health and Care Excellence (NICE)** at the UK Department of Health as complying with guidance PH6 and PH49 on behaviour change interventions
- **Accredited by Correctional Services Advice and Accreditation Panel (CSAAP)**, the international expert panel at the UK Ministry of Justice that accredits gold-standard interventions that will reduce reoffending
- **Approved by Her Majesty's Prison and Probation Service (HMPPS)** as an Effective Regime Intervention (PSO 4350)
- **Accredited by Oxford, Cambridge and Royal Society of Arts (OCR)** awarding body, allowing users to gain a qualification in Life and Living Skills
- **Qualified by Ontario Telemedicine Network (OTN)** as a Vendor of Record for the provision of addictions solutions



Breaking Free Online: Systematic approach to evaluation



- Since 2013 we have been building the evidence base for Breaking Free Online through systematic mixed-methods research in line with the **Medical Research Council's framework** for developing and evaluating complex interventions
- Much of this research, which has yielded **29 peer-reviewed publications** to date, has been conducted in **collaboration with academics from leading research institutions**: e.g. University of Manchester, King's College London, McMaster University (Ontario), National Development and Research Institute (New York)
- The studies have examined the **clinical outcomes, processes of implementation** and diffusion throughout healthcare systems, and **mechanisms of action** of Breaking Free Online



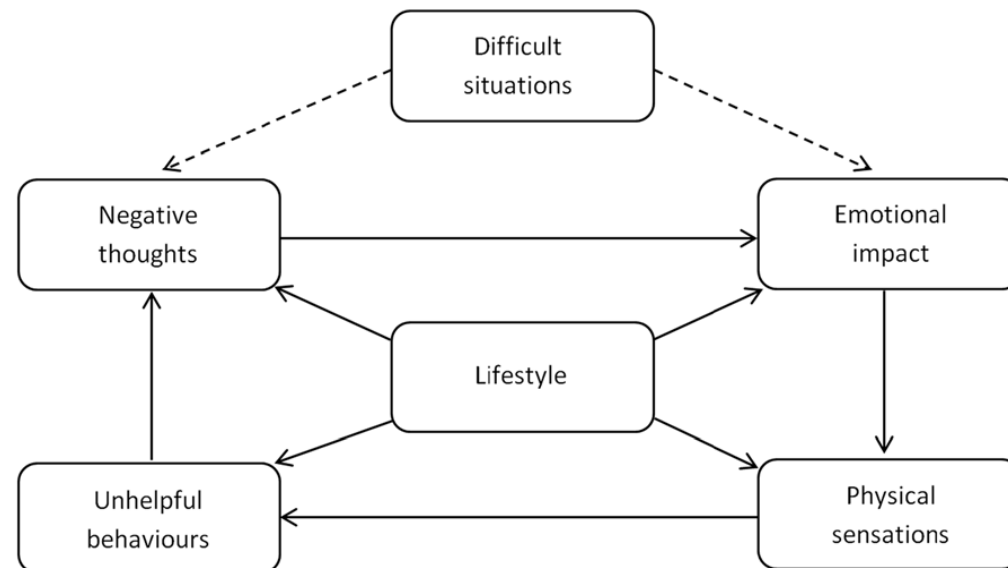
Craig et al., 2008

Breaking Free Online:

Proven model of behavioural change



- The underpinning model in Breaking Free Online is the **six-domain Lifestyle Balance Model (LBM)**
- This is a **cognitive-behavioural model**, with lifestyle at its centre, that conceptualizes the aspects of the individual's functioning that may be perpetuating their substance misuse
- The **Recovery Progression Measure (RPM)**, which assesses biopsychosocial functioning in each of the six domains and populates the model for each individual, is a psychometrically validated assessment developed by Breaking Free Group



Davies et al., 2015;
Elison et al., 2016; 2017

Breaking Free Online: Tailoring advice and 'dosage effect'



- In Breaking Free Online, the Lifestyle Balance Model provides an **idiosyncratic case formulation and actionable insights** for each patient and allows them to access the intervention modules in a non-linear way
- A **'traffic light' system guides patients** to focus on their areas of highest biopsychosocial impairment, and it has been demonstrated empirically that they follow this tailoring advice
- There is also a **'dosage effect'**: the more modules patients complete, the better are their clinical outcomes

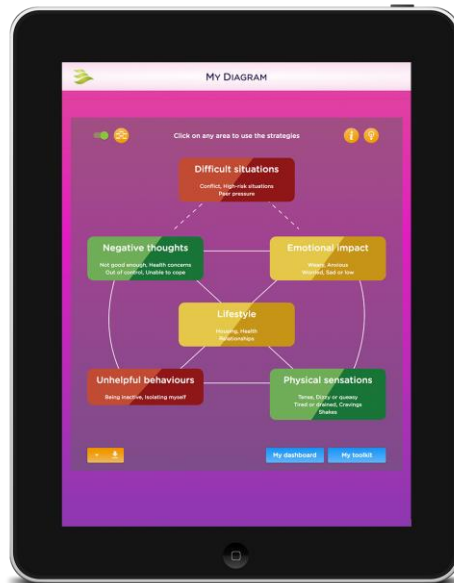


Table 3

Pre-post treatment changes in psychometric scores and 'dose response' associations between number of LBM modules completed and clinical outcomes.

Measure	Dose response with number of LBM modules completed			
	F	β	95% CI	p-Value for dose response
RPM total	571.609	- 1.334	- 1.591, - 1.077	< 0.0001
QoL	613.436	0.376	0.300, 0.451	< 0.0001
PHQ	176.743	- 0.312	- 0.447, - 0.177	< 0.0001
SDS - drugs	122.000	- 0.357	- 0.486, - 0.229	< 0.0001
SDS - alcohol	442.865	- 0.327	- 0.408, - 0.246	< 0.0001

Dugdale et al., 2016;
Elison et al., 2017b

Breaking Free Online: Robust behavioural science

- Breaking Free Online seamlessly integrates 26 evidence-based behaviour change techniques
- It equips patients to achieve and maintain recovery through:
 - Psycho-education
 - Self-monitoring
 - Cognitive restructuring
 - Motivational enhancement
 - Reward and reinforcement
 - Implementation intentions
 - Refusal/assertiveness skills
 - Harm reduction
 - Mindfulness
 - Activity scheduling
 - Emotional regulation
 - Goal setting
 - Relapse prevention

Table 2 The behavioral change techniques contained within Breaking Free Online using the taxonomy produced by Michie et al. [5]

Techniques within BFO (area of LBM/program)	Intervention target	BCT taxonomy (number in taxonomy)
Cognitive		
Node-link mapping/ psychoeducation (all LBM)	Case formulation – understand the links between situations, thoughts, emotions, behaviors, physical sensations and lifestyle	Information about antecedents (4.2); Information about health consequences (5.1); Salience of consequences (5.2); Information about social and environmental consequences (5.3); Information about emotional consequences (5.6)
Motivational enhancement (lifestyle)	Increase treatment engagement and retention. Increase readiness to change behavior	Non-specific reward (10.3); Focus on past success (15.3)
Implementation intentions (lifestyle)	Situational cue to elicit behavior	Action planning (1.4)
Cognitive restructuring/ mind traps (negative thoughts)	Challenge thoughts that may be unhelpful and linked to situations in which substances might be used	Re-attribution (4.3); Framing-reframing (13.2)
Behavioral		
Reward and reinforcement (achievements)	Encourage new behavior and continuation of this behavior via positive feedback	Non-specific reward (10.3); Non-specific incentive (10.6); Reward approximation (14.4); Rewarding completion (14.5);
Refusal and assertiveness skills (difficult situations)	Relapse prevention for coping with environmental/ situational/emotional triggers	Problem solving (1.2); Action planning (1.4); Instruction on how to perform a behavior (4.1); Behavioral practice/rehearsal (8.1); Behavior substitution (8.2); Avoidance/reducing exposure to cues for the behavior (12.3)
Harm reduction (information on alcohol and drugs)	Reduce negative or fatal consequences of substance using behaviors	Information about health consequences (5.1); Salience of consequences (5.2); Behavior substitution (8.2); Habit reversal (8.4)
Activity scheduling (unhelpful behaviors)	Increase activity to increase energy levels and relieve boredom	Goal setting (behavior) (1.1); Action planning (1.4)
Self-monitoring (progress check)	Monitor behavior to provide feedback about progress towards goals	Self-monitoring of behavior (2.3); Feedback on outcome(s) of behavior (2.7)
Affective		
Emotional regulation (understanding your emotions)	Recognize/understand/normalize emotions	Information about emotional consequences (5.6); Behavioral practice/rehearsal (8.1); Reduce negative emotions (11.2)
Coping strategy enhancement (understanding your emotions)	Developing more appropriate coping strategies	Problem solving (1.2); Social support (unspecified) (3.1); Behavioral practice/rehearsal (8.1); Distraction (12.4)
Cognitive-behavioral		
Relapse prevention (understanding your difficult situations)	Creating action plans on how to avoid or cope in high risk situations	Goal setting (behavior) (1.1); Problem solving (1.2); Action planning (1.4)
Crisis management (understanding your difficult situations)	Intervention to help people in distress access support	Social support (unspecified) (3.1); Reduce negative emotions (11.2)
Goal setting (lifestyle)	Creating SMART goals for recovery	Goal setting (behavior) (1.1); Problem solving (1.2); Goal setting (outcome) (1.3); Action planning (1.4)
Cognitive-behavioral-affective		
Mindfulness-based cognitive therapy (understanding your emotions)	Relapse prevention based techniques	Instruction on how to perform a behavior (4.1); Behavioral practice/rehearsal (8.1); Reduce negative emotions (11.2)



Dugdale et al., 2016

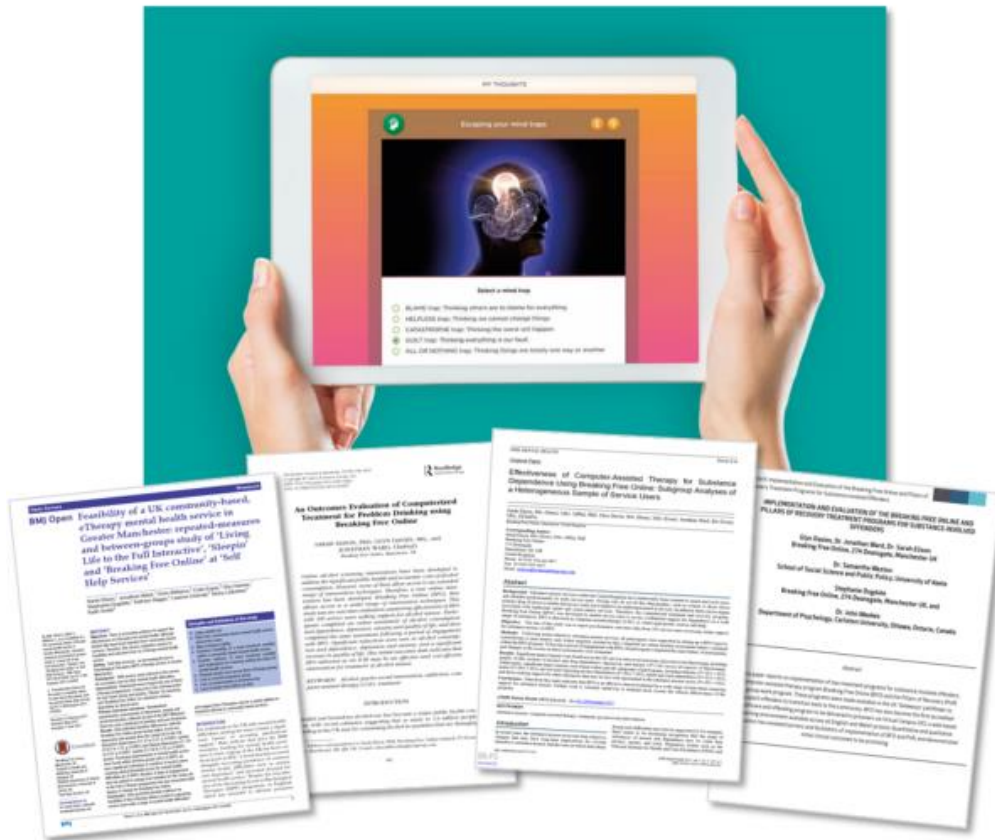
Breaking Free Online: Demonstrated impact: summary of clinical outcomes



In the UK, clinical interventions have now been delivered to over 30,000 individuals with Breaking Free Online

Studies published in UK, US and Canadian peer-reviewed scientific journals have shown consistently across multiple treatment settings that Breaking Free Online leads to significantly...

- Reduced alcohol and drug consumption
- Reduced substance dependence (SDS)
- Improved mental health (PHQ-4, PHQ-9, GAD-7)
- Improved quality of life (WHO-QOL)
- Improved social functioning (WASAS)
- Improved recovery progression (RPM)
- Increased digital inclusion



Breaking Free Online: Effective for opiate and crack users

- Breaking Free Online is effective for patients who are dependent on opiates and crack, as well as other types of drugs and alcohol
- In all three patient cohorts, it leads to improved substance dependence, anxiety, depression and recovery progression
- The program is equally effective for male and female patients

Table 2. Psychometric outcomes from baseline to post-treatment follow-up (N=393).

Category	Changes in psychometric scores				Linear regression ³			
	Baseline, mean (SD)	Follow-up, mean (SD)	z score	P value	Effect size, r	R	R ²	P value
All data, n=393								
Quality of life	8.9 (4.5)	11.0 (4.5)	8.417	<.001	0.43	.065	.004	.198
RPM	38.2 (14.2)	32.7 (15.7)	-6.864	<.001	0.35	.023	.001	.654
SDS-alcohol	8.5 (4.5)	5.4 (4.2)	-9.963	<.001	0.58	.042	.002	.474
SDS-drugs	8.4 (3.3)	5.6 (4.1)	-7.258	<.001	0.55	.081	.007	.285
PHQ	8.4 (5.8)	6.1 (5.5)	-6.380	<.001	0.59	.129	.017	.168
GAD	9.6 (6.5)	5.7 (6.0)	-4.400	<.001	0.69	.162	.026	.311
Females, n=169								
Quality of life	8.6 (4.3)	10.4 (4.3)	4.590	<.001	0.35	.098	.010	.206
RPM	38.9 (13.4)	34.3 (14.5)	-3.741	<.001	0.29	.114	.013	.144
SDS-alcohol	8.7 (4.5)	5.6 (3.9)	-6.968	<.001	0.61	.003	.001	.969
SDS-drugs	8.8 (4.0)	6.4 (3.7)	-3.994	<.001	0.47	.127	.016	.288
PHQ	8.4 (5.3)	5.6 (4.5)	-4.673	<.001	0.68	.098	.010	.206
GAD	8.9 (6.4)	4.8 (3.3)	-3.419	.001	0.85	.114	.013	.144
Males, n=223								
Quality of life	9.0 (4.67)	11.4 (4.5)	7.119	<.001	0.48	.057	.003	.401
RPM	37.6 (14.8)	31.5 (16.5)	-5.851	<.001	0.40	.109	.012	.114
SDS-alcohol	8.3 (4.6)	5.3 (4.4)	-7.148	<.001	0.55	.068	.005	.384
SDS-drugs	8.2 (3.9)	5.0 (4.2)	-6.014	<.001	0.60	.041	.002	.679
PHQ	8.5 (6.1)	6.5 (6.1)	-4.501	<.001	0.54	.089	.008	.468
GAD	10.1 (6.5)	6.2 (7.3)	-2.900	.004	0.58	.180	.032	.389
Alcohol, n=210								
Quality of life	8.9 (4.3)	10.4 (4.3)	4.851	<.001	0.34	.030	.001	.670
RPM	38.1 (13.8)	34.6 (14.7)	-3.741	<.001	0.26	.025	.001	.728
SDS-alcohol	8.4 (4.6)	5.8 (4.3)	-7.064	<.001	0.56	.067	.005	.397
SDS-drugs	8.4 (4.0)	5.5 (1.1)	-5.155	<.001	0.53	.104	.011	.313
PHQ	6.6 (3.5)	5.2 (3.7)	-3.153	.002	0.48	.220	.048	.157
GAD								
Non-opiate and crack, n=95								
Quality of life	8.3 (4.6)	11.4 (4.7)	5.778	<.001	0.59	.196	.039	.056
RPM	39.6 (14.7)	31.8 (15.7)	-4.846	<.001	0.50	.041	.002	.693
SDS-alcohol	9.1 (4.3)	5.5 (3.9)	-5.585	<.001	0.62	.081	.007	.474
SDS-drugs	8.3 (3.6)	5.3 (3.8)	-3.223	.001	0.62	.206	.042	.302
PHQ	10.9 (6.9)	7.2 (6.8)	-4.819	<.001	0.70	.146	.021	.326
GAD	10.0 (6.3)	6.2 (6.3)	-3.669	<.001	0.71	.080	.006	.693
Opiate and crack, n=88								
Quality of life	9.7 (4.8)	11.8 (4.5)	4.291	<.001	0.46	.011	.001	.922
RPM	36.8 (14.7)	29.3 (17.4)	-3.462	.001	0.38	.005	.001	.965
SDS-alcohol	7.7 (4.8)	4.4 (4.3)	-4.173	<.001	0.57	.135	.018	.322
SDS-drugs	8.5 (4.0)	5.8 (4.7)	-4.053	<.001	0.56	.059	.004	.677
PHQ	10.3 (7.2)	5.7 (5.2)	-2.861	.004	0.56	.034	.001	.869
GAD	9.2 (6.6)	4.7 (5.4)	-2.450	.014	0.65	.280	.079	.332



Breaking Free Online: Effective for alcohol dependent patients



- In alcohol dependent patients, Breaking Free Online leads to a **65% mean reduction in weekly alcohol consumption**
- It is also **effective in improving alcohol dependence, anxiety, depression, quality of life and recovery progression**

TABLE 1 Psychometric and Alcohol Consumption Outcomes for Participating Service Users

Outcome measure	Mean at baseline (sd)	Mean after treatment (sd)	Z	P value	r
QoL	8.63 (4.50)	10.92 (4.48)	8.080	<.0001	.47
RPM	38.69 (14.44)	33.23 (15.15)	-6.210	<.0001	.36
SDS Alcohol	8.46 (4.53)	5.43 (4.20)	-9.961	<.0001	.58
PHQ-9	12.28 (7.46)	7.54 (6.77)	-4.363	<.0001	.62
GAD	9.54 (6.16)	5.87 (6.01)	-3.543	<.0001	.64
Units/wk	75.67 (87.23)	26.67 (45.11)	-10.380	<.0001	.60

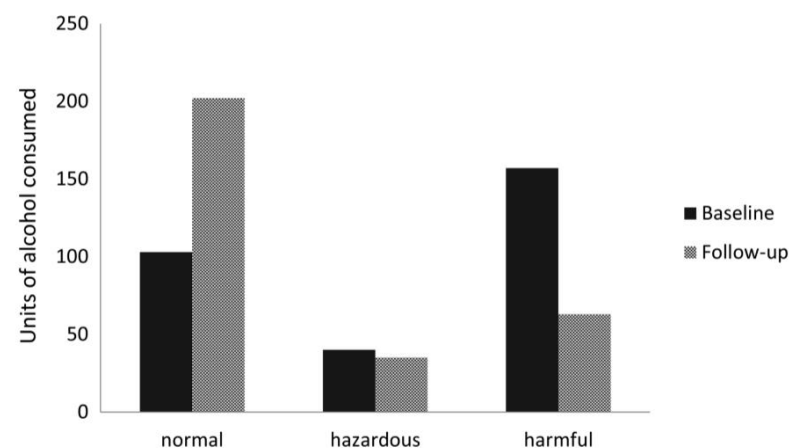


FIGURE 1 Changes in alcohol consumption thresholds from baseline to post-intervention assessment.

Elison et al., 2015(b)

Breaking Free Online: Effective for dual diagnosis patients with complex needs



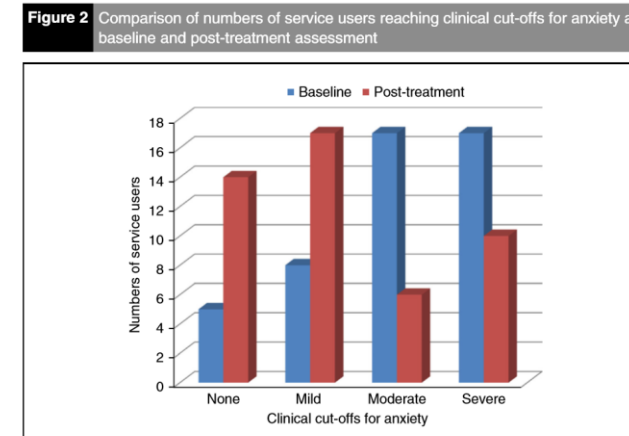
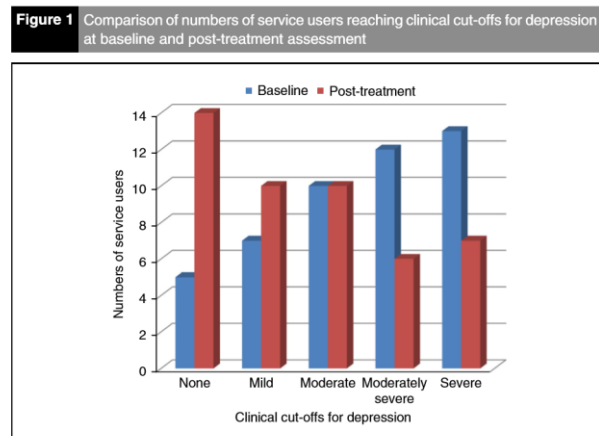
- For patients with co-morbid mental health and substance use difficulties, Breaking Free Online is effective in improving depression and anxiety, as well as alcohol and drug dependence and social functioning

Table II Comparison of baseline psychometric outcomes with scores obtained after four weeks of treatment

Psychometric measure	Mean at baseline (SD)	Mean after treatment (SD)	Z	p-value	r
Work and Social Adjustment Scale	19.60 (9.74)	11.98 (10.28)	-4.648	<0.0001	0.68
Patient Health Questionnaire	14.38 (6.69)	10.06 (7.49)	-4.029	<0.0001	0.59
General Anxiety Disorder Scale	12.85 (5.50)	8.38 (6.49)	-4.293	<0.0001	0.63
Alcohol Use Disorder Identification Tool	13.73 (10.65)	4.67 (8.19)	-3.063	0.002	0.45
Drug Use Disorder Identification Tool	8.73 (13.37)	3.87 (8.63)	-2.201	0.028	0.32
Phobia Item 1	3.30 (2.68)	2.60 (2.57)	-2.209	0.027	0.32
Phobia Item 2	2.06 (2.60)	2.19 (2.60)	0.478	0.615	0.07
Phobia Item 3	1.34 (1.99)	1.62 (2.44)	1.252	0.212	0.18

Table 2 Within-group comparison for each of the three eTherapy groups on baseline and post-treatment psychometrics assessment scores

		Z	p Value	r
PHQ-9	Breaking Free Online	-6.771	<0.0001	0.63
	Living Life to the Full Interactive	-21.450	<0.0001	0.73
	Sleepio	-7.226	<0.0001	0.78
GAD-7	Breaking Free Online	-6.449	<0.0001	0.60
	Living Life to the Full Interactive	-21.463	<0.0001	0.73
	Sleepio	-6.365	<0.0001	0.69
WASAS	Breaking Free Online	-5.558	<0.0001	0.51
	Living Life to the Full Interactive	-13.729	<0.0001	0.47
	Sleepio	-4.967	<0.0001	0.54



Elison et al., 2014;
Elison et al., 2017

Breaking Free Online: Effective for substance-involved offenders in secure environments



- Breaking Free Online is an **effective intervention for substance-involved offenders** when delivered in prisons

Table 2. Self-reported psychometric and alcohol and drug consumption outcomes for participating service users.

Outcome measure	Mean at baseline (sd)	Mean after treatment (sd)	df	<i>F</i>	<i>p</i> value	<i>r</i>
WHOQoL-BREF	10.52 (4.43)	12.31 (4.80)	84	3.488	<0.0001	0.38
SDS – Alcohol	5.83 (4.39)	4.21 (4.55)	84	–2.486	0.013	0.57
SDS – Drugs	6.68 (6.50)	5.80 (4.83)	84	–4.744	<0.0001	0.36
Alcohol consumption	117.34 (111.63)	17.49 (57.71)	84	–5.054	<0.0001	0.74
Drug use	89.14 (256.09)	47.10 (194.52)	84	–6.186	<0.0001	0.67
RPM						
Total	37.47 (14.26)	35.62 (16.26)	84	–0.815	0.415	0.01
Difficult situations	5.48 (2.95)	4.88 (3.06)	84	–2.237	0.025	0.24
Negative thoughts	5.60 (3.12)	4.72 (3.08)	84	–3.143	0.002	0.34
Physical sensations	4.87 (2.91)	4.27 (2.87)	84	–2.452	0.014	0.27
Unhelpful behaviours	5.21 (3.27)	5.05 (3.34)	84	–0.459	0.646	0.05
Lifestyle	5.23 (3.30)	5.04 (3.28)	84	–0.455	0.645	0.06
Emotions	5.68 (2.64)	4.89 (2.93)	84	–2.873	0.004	0.31

Table 3: Quantitative outcomes for offenders using Breaking Free Online

Outcome measure	Mean (SD) at baseline assessment	Mean (SD) following treatment	P value	<i>r</i>
Alcohol dependence (SDS) ¹	6.35 (4.20)	4.32 (4.48)	.007	.54
Drug dependence (SDS) ¹	9.31 (4.27)	4.91 (4.47)	< .0001	.50
Alcohol consumption ²	110.73 (115.29)	3.60 (10.94)	.001	.75
Drug consumption ³	79.81 (401.37)	46.87 (96.41)	< .0001	.54
Quality of life (WHO-QOL) ⁴	10.37 (4.92)	12.59 (4.39)	.008	.28
Recovery progression (RPM) ⁵				
Difficult situations	5.48 (2.95)	4.88 (3.06)	.03	.24
Negative thoughts	5.60 (3.12)	4.72 (3.08)	.01	.34
Physical sensations	4.87 (2.91)	4.27 (2.87)	.02	.27
Unhelpful behaviours	5.21 (3.27)	5.05 (3.34)	.65	.05
Lifestyle	5.23 (3.30)	5.04 (3.28)	.64	.06
Emotions	5.68 (2.64)	4.89 (2.93)	.01	.31
Overall recovery progression	37.47 (14.26)	35.62 (16.26)	.42	.01

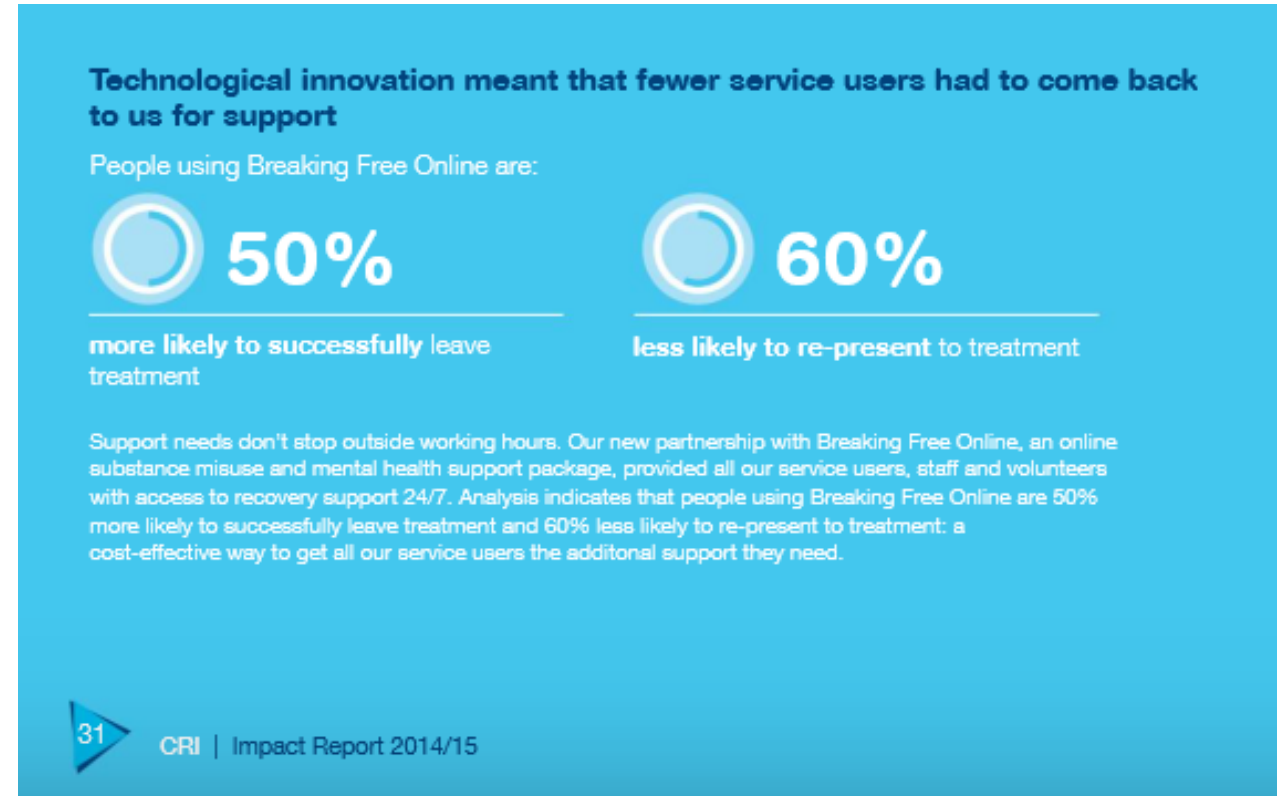
Elison, Weston et al., 2015;
Davies et al., 2017

Breaking Free Online:

Increases treatment success rates for services



- **Change Grow Live** (formerly CRI), is the UK's largest provider of substance misuse treatment outside the NHS
- **Conducted a comparative analysis** of 500 patients receiving treatment as usual with 500 patients receiving treatment as usual (TAU) plus Breaking Free Online
- Those using Breaking Free Online were found to be **50% more likely to exit treatment successfully and 60% less likely to re-present** for treatment within 12 months of discharge



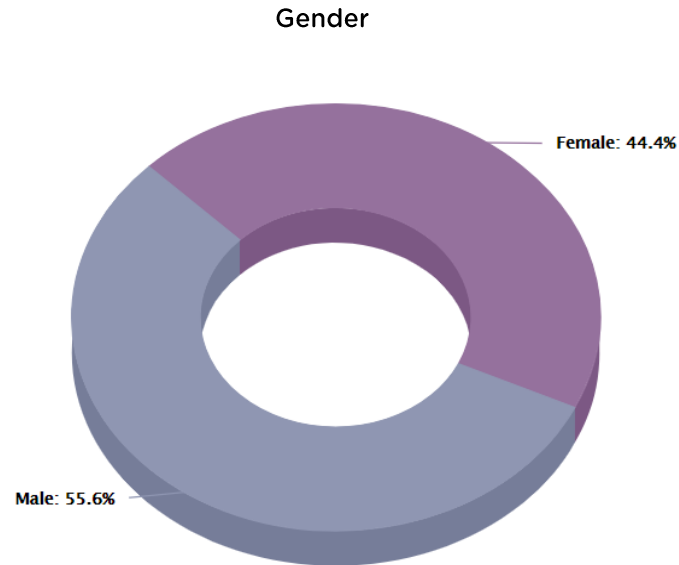
Source: CRI Impact Report 2014/15

Breaking Free Online:

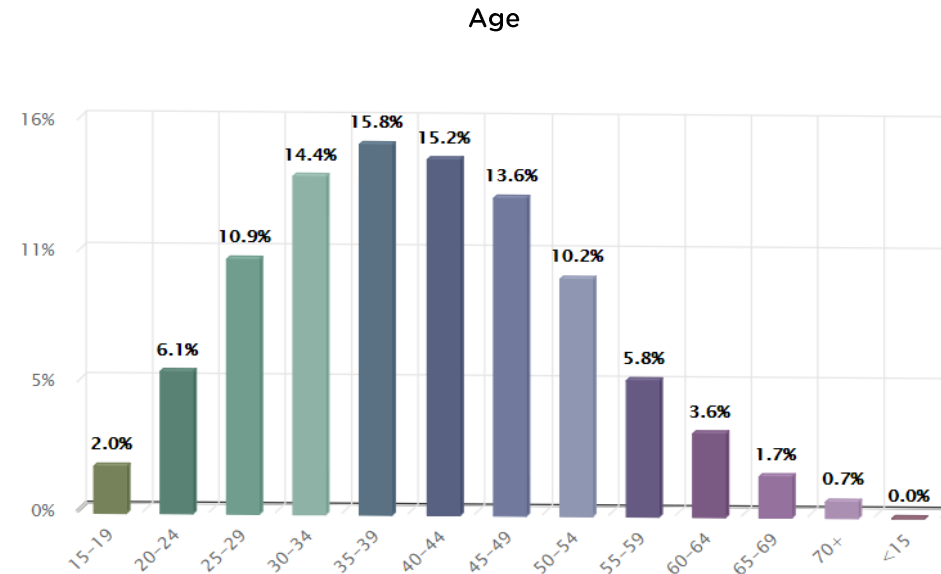
Increases access to evidence-based recovery support



- Breaking Free Online makes substance misuse treatment **more accessible for women**, who comprise 44% of users



- Breaking Free Online is used by patients **across the age spectrum**, with over 35% of users being over the age of 45



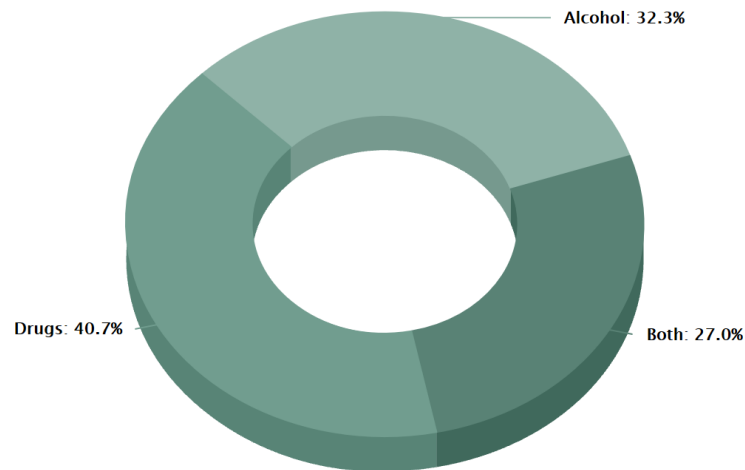
Breaking Free Online:

Addresses a wide spectrum of problem substances

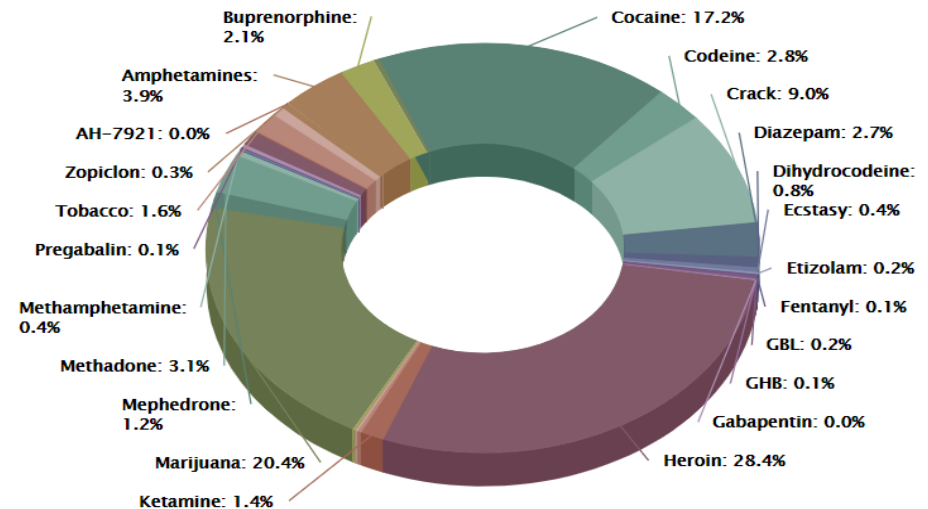


- Breaking Free Online contains three separate pathways, delivering tailored content to patients seeking help for alcohol, drugs or both
- Breaking Free Online is used to treat a **wide range of substances**, including opiates, prescribed drugs, stimulants and new psychoactive substances (NPS)

Breaking Free treatment pathways



Main problem substance: drug profile

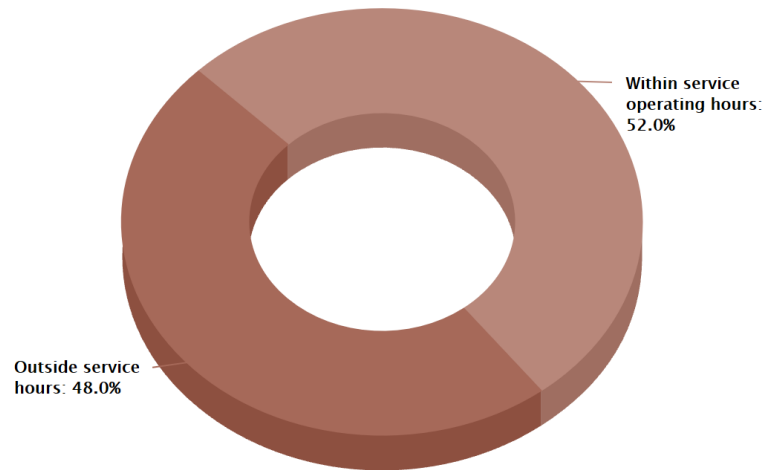


Breaking Free Online: Delivers support around the clock



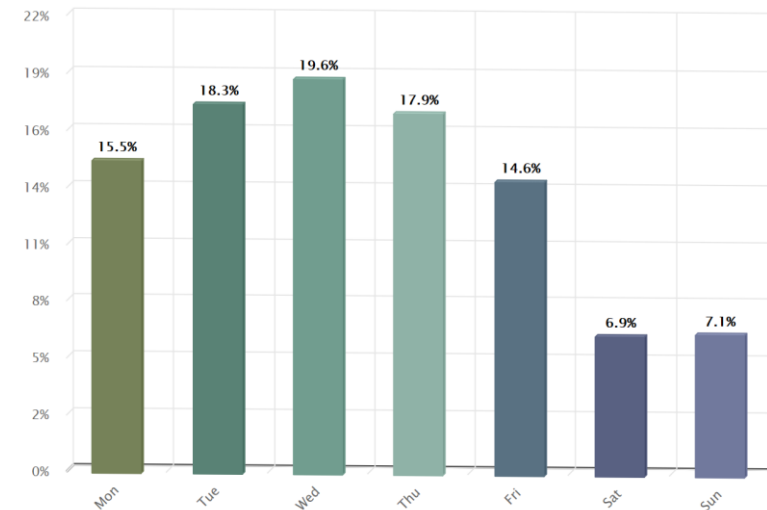
- Breaking Free Online allows services to **deliver support 24 hours a day**, with 48% of treatment episodes being outside operating hours

Treatment accessed outside service operating hours



- Breaking Free Online is **regularly accessed by patients at weekends**, with 14% of treatment episodes being on a Saturday or Sunday

Days on which treatment is accessed

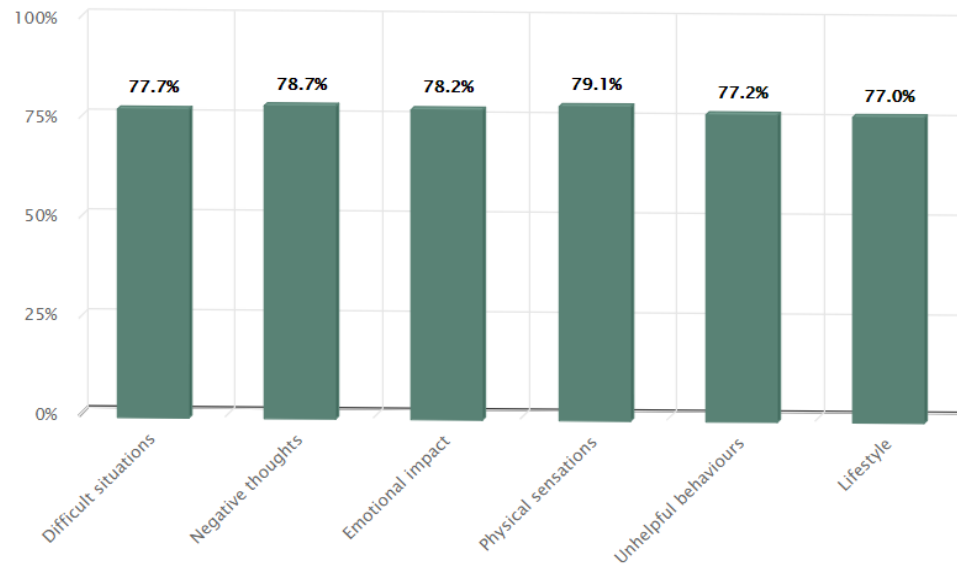


Breaking Free Online: Strengthens recovery and reduces substance use



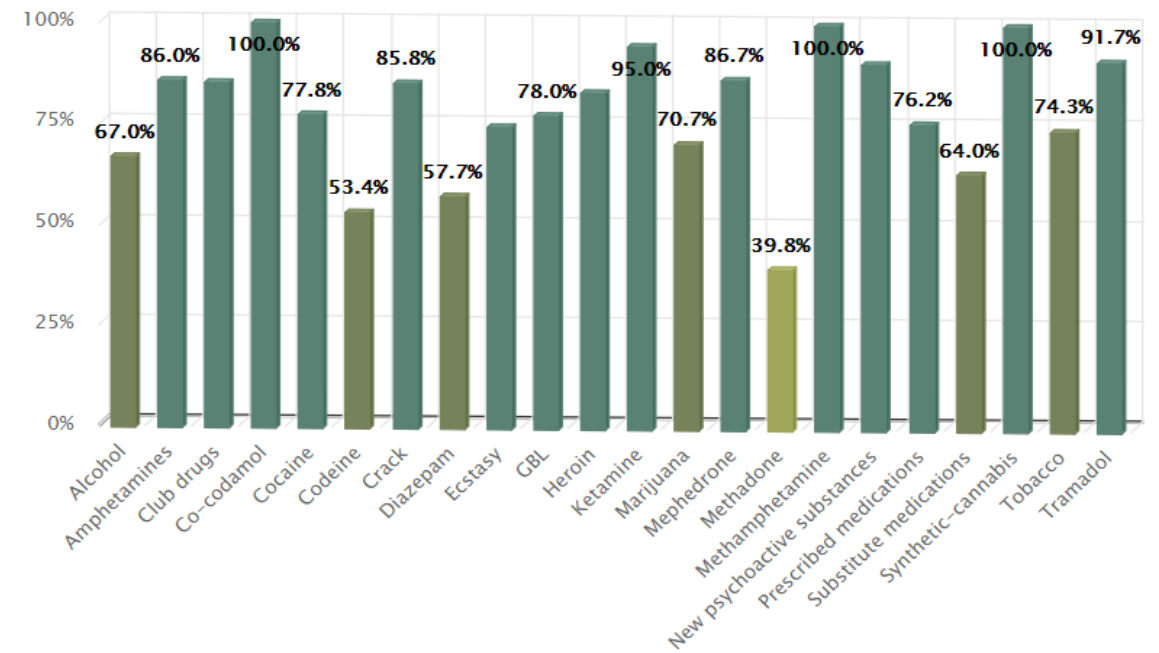
- Breaking Free Online **significantly improves recovery progression** across all six domains of biopsychosocial functioning

Recovery progression



- Breaking Free Online leads to **significant percentage reductions in consumption** of all types of substance

Measurable reductions in substance use



Breaking Free Online:

Key advantages for stakeholders



Empowers patients to...

- Access confidential recovery support at any time of the day, including when services are closed
- Build recovery capital and address the causes of their substance misuse and associated lifestyle
- Overcome digital exclusion and enhance their opportunities for employment, education and training

Allows healthcare providers and addiction services to...

- Expand treatment choice and widen access to effective recovery-oriented interventions
- Deliver evidence-based interventions with high levels of consistency and treatment fidelity
- Harness the skills and lived experience of peer mentors in assisting with program delivery

Enables healthcare commissioners to...

- Respond to evolving drug trends with an innovative, scalable and clinically-effective digital solution
- Surmount key treatment barriers such as stigma, waiting lists, distance and lack of access to services
- Measure impact by tracking uptake, reach and clinical outcomes in real time via an online dashboard

Contact details



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