

# Remote drug and alcohol services evaluation during COVID-19 in Leeds

<b>Submission date</b> 26/08/2021	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 09/09/2021	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 12/07/2024	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

The COVID-19 pandemic meant that there needed to be substantial changes to the delivery of drug and alcohol support services across Leeds. This included stopping, or significantly reducing, face-to-face support services, and a move to remote delivery of key drug and alcohol support services. Remote service delivery means delivering services mostly over the phone or using technology such as smartphone apps, video chats or instant messaging, rather than face-to-face. Before COVID-19, face-to-face delivery had been a core part of many of the drug and alcohol support services. Although there has been disruption to the usual way of delivering support services, there is some evidence that aspects of remote delivery have been experienced positively by some drug and alcohol support staff and some service users. The aim of this study is to understand the impact of COVID-19 on the drug and alcohol services in Leeds, and the changes that staff and service users experienced, in order to come to an informed decision about how best to design services in the future.

### Who can participate?

Staff and service users from Forward Leeds, aged 18 years and over

### What does the study involve?

Participants share their experiences of services during the pandemic in one-to-one interviews, group discussions, text messaging and email conversations with service users plus creative case studies creation with staff who work with on-street sex workers. Anonymised existing service data gathered as standard by drug and alcohol services between March 2019 and March 2021 is also used.

### What are the possible benefits and risks of participating?

Service users have been involved throughout the design of this project, adding their insight to help the researchers answer the questions important to them in an accessible way. They will also help with understanding the results of this evaluation and sharing them. The local authority which commissions drug and alcohol services, the service providers and those who engage in service use will all benefit from this research, as the knowledge produced will provide an understanding of how drug and alcohol support services can best be designed, drawing on lessons learnt during the COVID-19 pandemic. There will also be important lessons for the

effective remote delivery of the support service in sectors beyond drug and alcohol support. It is possible that staff or service users may become distressed or upset when talking about difficult experiences they have had during the pandemic. Staff have a clear protocol to follow to support anyone if this happens. There are no other risks of participating.

When is the study starting and how long is it expected to run for?  
September 2020 to February 2022

Who is funding the study?  
National Institute for Health Research (NIHR) (UK)

Who is the main contact?  
Prof. Katherine Brown  
k.brown25@herts.ac.uk or phirst@herts.ac.uk

### **Study website**

<https://phirst.nihr.ac.uk/evaluations/evaluation-of-the-move-to-remote-models-of-service-delivery-by-drug-and-alcohol-services-in-leeds-during-the-covid-19-pandemic-leeds-covid-19-dase-project/>

## **Contact information**

**Type(s)**  
Scientific

**Contact name**  
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## **Additional identifiers**

**EudraCT/CTIS number**  
Nil known

**IRAS number**

**ClinicalTrials.gov number**

Nil known

**Secondary identifying numbers**

NIHR131537, NIHR133206

## Study information

**Scientific Title**

Central Public Health Interventions Responsive Studies Team (PHIRST): Evaluation of the move to remote models of service delivery by drug and alcohol services in Leeds during the COVID-19 pandemic (Leeds COVID-19 DASE Project)

**Acronym**

Leeds COVID DASE

**Study objectives**

To understand the impact that the required changes to drug and alcohol services in Leeds due to COVID-19 had on services, staff and service users in order to inform the optimised design of services in the future.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Workstream 2 Approved 07/01/2021, University of Hertfordshire, Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (Hatfield, AL10 9AB, UK; +44 (0) 1707 286 006; hsetecda@herts.ac.uk), ref: HSK/SF/UH/04423

Workstream 3 Approved 20/04/2021, University of Hertfordshire, Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (Hatfield, AL10 9AB, UK; +44 (0) 1707 286 006; hsetecda@herts.ac.uk), ref: HSK/SF/UH/04535

**Study design**

Single-centre mixed-methods retrospective longitudinal cohort study

**Primary study design**

Observational

**Secondary study design**

Cohort study

**Study setting(s)**

Community

**Study type(s)**

Treatment

**Participant information sheet**

See additional files

## **Health condition(s) or problem(s) studied**

Substance misuse

## **Interventions**

The researchers are using quantitative data collected as standard by drug and alcohol services in Leeds. They are comparing the 12 months pre-pandemic to the 12 months from when the pandemic hit and brought about a change to service delivery. They are also recruiting staff and service users to participate in qualitative data collection methods. The 'intervention' is changes to service delivery for those accessing drug and or alcohol support services. This includes but is not limited to receiving one-to-one support and/or group therapy by phone and/or video conferencing facilities instead of face-to-face, changes to the way prescriptions were accessed and taken, reduction in recovery support services.

## **Intervention Type**

Behavioural

## **Primary outcome measure**

Substance use measured using the Treatment Outcomes Profile (TOP) at entry into service, 6 monthly intervals where relevant and at exit from service

## **Secondary outcome measures**

1. Physical health measured using the Treatment Outcomes Profile (TOP) at entry into service, 6 monthly intervals where relevant and at exit from service
2. Psychological wellbeing measured using the Treatment Outcomes Profile (TOP) at entry into service, 6 monthly intervals where relevant and at exit from service
3. Quality of life measured using the Treatment Outcomes Profile (TOP) at entry into service, 6 monthly intervals where relevant and at exit from service
4. Meaningful activity including education, work and/or volunteering measured using the Treatment Outcomes Profile (TOP) at entry into service, 6 monthly intervals where relevant and at exit from service

## **Overall study start date**

09/09/2020

## **Completion date**

28/02/2022

## **Eligibility**

### **Key inclusion criteria**

Adults aged 18 years and over who are either:

1. Staff involved in managing and delivering drug and alcohol services or supporting service users to access these services in Leeds before and during the COVID-19 pandemic, or
2. Drug and alcohol service users who experienced service delivery before and during the COVID-19 pandemic

## **Participant type(s)**

Mixed

## **Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

Approximately 85 participants across qualitative data collection methods. No target N for quantitative methods as this will depend on the number of service users who have provided data as standard to services between March 2019 and March 2021

**Key exclusion criteria**

1. Service users aged under 18 years
2. Service users who are clearly under the influence of alcohol or drugs when they attend a data collection event may be asked to re-schedule their involvement

**Date of first enrolment**

01/02/2021

**Date of final enrolment**

30/11/2021

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Forward Leeds**

74 Kirkgate

Leeds

United Kingdom

LS2 7DJ

## **Sponsor information**

**Organisation**

University of Hertfordshire

**Sponsor details**

Life and Medical Sciences  
College Lane Campus  
Hatfield  
England  
United Kingdom  
AL10 9AB  
+44 (0)1707 284 000  
j.m.senior@herts.ac.uk

**Sponsor type**

University/education

**Website**

<http://www.herts.ac.uk/>

**ROR**

<https://ror.org/0267vjk41>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

National Institute for Health Research

**Alternative Name(s)**

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

United Kingdom

## **Results and Publications**

**Publication and dissemination plan**

The researchers plan to publish a number of papers in high-impact peer-reviewed journals as well as blog articles and a range of other creative outputs that will help maximise the reach and impact of their findings. All outputs will involve consultation with and in some cases co-creation with a range of stakeholders including service users.

**Intention to publish date**

30/11/2022

**Individual participant data (IPD) sharing plan**

The quantitative dataset will be provided by the service organisation in Leeds and they do not want this data to be made publicly available as it has some commercial sensitivity for them. The anonymised data will be held securely by the Central PHIRST at the University of Hertfordshire but must be deleted by 30/06/2025 according to the data-sharing agreement.

**IPD sharing plan summary**

Not expected to be made available

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>			09/09/2021	No	Yes
<a href="#">Protocol file</a>	version 3.0	07/06/2021	09/09/2021	No	No
<a href="#">Study website</a>	Contains all study outputs available		12/07/2024	No	No