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A study testing a follow-up support programme to help people maintain recovery after drug and alcohol treatment

Submission date
12/03/2026

Recruitment status
Recruiting

Registration date
19/03/2026

Overall study status
Ongoing

Last Edited
19/03/2026

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Many people who complete treatment for drug or alcohol dependence return to substance use after leaving services. Although treatment can be effective, there is often limited structured support once people are discharged. The Recovery Check-In (RCI) is a follow-up support programme designed to help people maintain recovery by providing regular contact, encouragement, and practical support over a longer period. This study aims to test whether the RCI programme helps people stay abstinent from drugs and alcohol compared with usual care.

Who can participate?
Adults (18 years and over) who are completing community treatment for moderate to severe drug or alcohol dependence and are being discharged from structured treatment services in England. Participants must be able to provide informed consent and be contactable by telephone for follow-up.

What does the study involve?
Participants are randomly assigned (by chance) to one of two groups. One group receives the Recovery Check-In (RCI) intervention, which includes an initial session followed by regular follow-up contacts (by telephone or video call) over 12 months with a trained worker. These sessions focus on supporting recovery, identifying risks, and helping participants stay engaged with support where needed.

The other group receives treatment as usual, which consists of standard discharge information about local support services. All participants are asked to complete research interviews and questionnaires over the phone at several timepoints over 12 months.

What are the possible benefits and risks of participating?
Participants in the RCI group may benefit from additional structured support after leaving treatment, which may help them maintain recovery. All participants contribute to research that may improve future services.

Risks are minimal but may include some discomfort when discussing personal experiences related to substance use. Participants can skip questions or stop interviews at any time.

Where is the study run from?
The study is run by King's College London in collaboration with the NHS and third-sector drug and alcohol treatment services across England. The lead NHS partner is South London and Maudsley NHS Foundation Trust.

When is the study starting and how long is it expected to run for?
The study start date is May 2026 and will run for approximately three years to May 2029, including follow-up.

Who is funding the study?
The National Institute for Health and Care Research (NIHR), UK.

Who is the main contact?
Dr Stephen Lisk (Trial Manager), SUPPORTtrial@kcl.ac.uk

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Integrated Research Application System (IRAS)
364601

Central Portfolio Management System (CPMS)
73068

National Institute for Health and Care Research (NIHR)
168126

Study information

Scientific Title

A multi-centre, phase 3, randomised controlled trial of the effectiveness and cost-effectiveness of Recovery Check-In aftercare intervention for people completing community treatment for alcohol and drug dependence

Acronym
SUPPORT

Study objectives
Primary objective:
• To determine whether the Recovery Check-In (RCI) intervention increases abstinence from alcohol and drugs compared with usual care.

Secondary objectives:
1. To determine whether the RCI is cost-effective.
2. To determine whether the RCI is associated with reduced alcohol and drug use and craving, by treated condition.
3. To determine whether the RCI is associated with a higher rate of alcohol and drug use disorder remission and subjective recovery.
4. To determine whether the RCI is associated with earlier time to treatment re-admission for a substance use disorder.

Ethics approval required
Ethics approval required

Ethics approval(s)
submitted 20/02/2026, London – Brighton & Sussex Research Ethics Committee (Health Research Authority 2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 020 7104 8202; brightonandsussex.rec@hra.nhs.uk), ref: 26/LO/0217

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Treatment

Study type(s)
Treatment

Health condition(s) or problem(s) studied

Moderate-severe alcohol use disorder (AUD), cannabis use disorder (CaUD), cocaine use disorder (CoUD), opioid use disorder (OUD), or other drug* use disorder

Interventions

Study Design: SUPPORT is a multi-centre, open-label, randomised controlled trial evaluating the effectiveness of a structured aftercare intervention for people completing community treatment for alcohol or drug dependence.

Hypothesis: The primary hypothesis is that participants receiving the Recovery Check-In (RCI) intervention will have better recovery outcomes than those receiving treatment as usual (TAU) over 12 months. This hypothesis was chosen based on evidence from studies conducted in the United States showing that structured aftercare support can improve outcomes following substance use treatment, but where robust UK evidence is currently lacking.

Setting: The study will be conducted in NHS and third-sector community substance use disorder (SUD) treatment services across England.

Participants: The study aims to recruit approximately 1,938 participants across around 20 treatment services in England. Adults who are completing an episode of community treatment for moderate to severe alcohol or drug dependence will be eligible to take part. Clinical teams at participating services will identify potentially eligible individuals before discharge from treatment and provide information about the study. People who choose to take part will give written informed consent. There are a few exclusion criteria, meaning the study is open to a wide range of people leaving treatment. This approach was informed by patient and public contributors, who emphasised the importance of keeping eligibility broad and inclusive.

Allocation to study groups: Participants will be randomly allocated, with an equal chance, to one of two groups:

Recovery Check-In (RCI)

Treatment as usual (TAU)

Randomisation will be carried out centrally, and allocation will not be known to researchers at the time of baseline assessment. Randomisation will be stratified by site and by primary substance use disorder category (alcohol, cannabis, cocaine, opioids, or other) to maintain balance across key participant characteristics. Block sizes will be varied and concealed within the system. The allocation mechanism is automated, independent, and free from researcher influence, and allows a fair comparison between groups and reflects current routine care in the UK.

Recovery Check-In (RCI): Participants allocated to the RCI group will receive structured aftercare support over 12 months. This includes one initial face-to-face (or online) meeting shortly after treatment discharge, followed by brief check-in contacts by phone or video call. These will take place weekly during the first two months, fortnightly during months three to six, and monthly during months seven to twelve. The intervention focuses on practical support, personal goals, and coping strategies. RCI will be delivered by trained peer workers, drug workers, and psychology assistants.

Treatment as usual (TAU): Participants allocated to the comparison group will receive the standard discharge and follow-up support routinely provided by their treatment service. This reflects current practice and allows the additional benefit of Recovery Check-In to be assessed.

Data collection: All study data will be recorded using secure electronic case report forms. After discharge from treatment, a researcher will contact participants to arrange a baseline research appointment. At the start of this appointment, final eligibility criteria will be confirmed prior to randomisation. Baseline assessments will then be completed. All assessments can be completed by phone or video call, depending on participant preference. Participants may withdraw from the study at any time without affecting their care.

Follow-up and additional data: Participants will be followed up at regular intervals over 12 months. With consent, data will also be linked to national treatment records to confirm treatment re-admission. A small number of participants will be invited to take part in qualitative interviews during the pilot phase and at the end of the study to explore experiences of the intervention. The study includes an initial pilot phase to ensure procedures are acceptable and workable before continuing to the full trial.

To minimise potential researcher effects and bias, outcome data will be collected using standardised, validated measures wherever possible. Researchers conducting follow-up assessments will receive training and will follow detailed study procedures. Randomisation will be carried out centrally, and allocation will not be known to researchers at the time of baseline assessment. Analysis will be conducted according to a pre-specified analysis plan.

Intervention Type
Behavioural

Primary outcome(s)
1. Number of abstinent days from alcohol and drugs, measured using the Timeline Follow-Back (TLFB) interview at baseline, days 30, 60, 90, 150, 180, 210, 270, and 365

Key secondary outcome(s)
1. Cost-effectiveness measured using the Adult Service Use Schedule (ADSUS) and the health-related quality of life tool EQ-5D-5L at baseline, days 90, 180, 270, and 365

2. Reduced substance use and craving measured using TimeLine Follow-Back interview (TLFB) for the longest continuous period of abstinence, and a Visual Analogue Scale (VAS) for craving intensity at baseline, days 30, 60, 90, 150, 180, 210, 270, and 365

3. Remission and patientreported improvement measured using using the Structured Clinical Interview for DSM5, Research Version (SCID5RV), and the Patient Reported Outcome Severity (PROS) and Patient Reported Outcome Improvement (PROI) measures. These will be collected at baseline, 3 months, and 12 months for the SCID5RV and PROS; and at baseline and 365 days for the PROI.

4. Time to SUD treatment re-admission measured using the ADSUS at baseline, days 90, 180, 270, and 365

Completion date
30/05/2029

Eligibility

Key inclusion criteria

1. Age > = 18 years
2. Moderate-severe alcohol use disorder (AUD), cannabis use disorder (CaUD), cocaine use disorder (CoUD), opioid use disorder (OUD), or other drug* use disorder at admission to current treatment episode
3. Able to be contacted by telephone for follow-up during the study period
4. Completion of treatment episode care plan and wish to leave treatment

*'Other drugs' refers to psychoactive substances not included in the four primary study groups (alcohol, cannabis, cocaine, opioids). This may include substances such as benzodiazepines, ketamine, and other prescription or non-prescription psychoactive drugs used non-medically.

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
100 years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Current suicide plan or attempt in the past 6 months
2. Current risk of a custodial sentence likely to prevent study completion
3. Currently enrolled in another interventional research study
4. Previous participation in the SUPPORT trial

Date of first enrolment
05/05/2026

Date of final enrolment
29/02/2028

Locations

Countries of recruitment
United Kingdom

England

Study participating centre

South London and Maudsley NHS Foundation Trust
Bethlem Royal Hospital
Monks Orchard Road
Beckenham
England
BR3 3BX

Study participating centre
Sites across England, including NHS and third-sector drug and alcohol treatment services.
-
-
England
-

Sponsor information

Organisation
South London and Maudsley NHS Foundation Trust

ROR
https://ror.org/015803449

Organisation
King's College London

ROR
https://ror.org/0220mzb33

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care 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

Individual participant data (IPD) sharing plan
The datasets generated during and/or analysed during the current study are/will be available upon request from Professor John Marsden (john.marsden@kcl.ac.uk). Anonymised individual participant data (IPD) underlying published results, including baseline characteristics, outcome measures, and relevant derived variables. Supporting documentation (e.g. data dictionary) may also be provided where appropriate. Data will be made available to academic and clinical researchers for scientifically valid purposes such as secondary analyses, replication studies, and meta-analyses. Requests will be reviewed by the study team and sponsor to ensure scientific merit and appropriate use. Data will be shared via a secure data transfer process, subject to a formal data sharing agreement outlining conditions of use, storage, and confidentiality. Participant consent for data sharing will be obtained as part of the informed consent process. All shared data will be fully anonymised prior to release. Direct identifiers will be removed, and appropriate steps will be taken to minimise the risk of re-identification. Data sharing will be subject to applicable ethical approvals, UK GDPR, and institutional policies. Only data that can be shared in compliance with these requirements will be released. No identifiable data will be shared. Data sharing decisions will be overseen by the study team and sponsor to ensure compliance with ethical, legal, and governance requirements.

IPD sharing plan summary
Available on request