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Covid-19 Drug and Alcohol Service Evaluation (DASE): Key Findings

Living in greatest deprivation, being disabled or long-term sick and being unemployed are all risk factors for poorer outcomes (e.g. mental health) - least deprived more likely to report alcohol use at lockdown and later

People with disabilities/long-term conditions and the unemployed more likely to report alcohol use in lockdown but less likely to report this than employed people as pandemic progressed

KEY FINDING

Analysis of services data (March 2019-March 2021) shows service users increased by 8%. Some service user characteristics are associated with poorer outcomes

OUTCOMES EVALUATION

Very consistent protective effect across multiple outcomes of being married/civil partnered and in a relationship

People in treatment for alcohol use for a second/subsequent time were less likely to report alcohol use than those in treatment for the first time– opposite is true of those in treatment for opiate use

The youngest adults aged 18-24 years consistently report poorest psychological wellbeing post pandemic

People in treatment for alcohol use more likely to report poor psychological health than those in treatment for other substances

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KEY FINDING

HEALTH ECONOMICS

How resources were used and differed between face-to-face and virtual delivery, associated cost implications, and the impact on service users and staff in terms of costs paid by themselves.

Increase in service users shows a distinct rise month-on-month occurring in the pandemic period. All four substance use categories saw a surge in around June 2020

Fewer group sessions were held each month (monthly mean of 150 pre-pandemic reduced to 41 in first year of pandemic) but the mean number of people attending each session increased from 6.2 to 10.2

Proportional attendance at one-to-one appointments increased by around 20 percentage points as the pandemic hit – fewer appointments were cancelled or resulted in did-not-attend (DNA)

Group work delivery is estimated to cost about double when delivered virtually due to additional staff input (two Group workers host) and admin time, but can support larger groups

Some recovery coordinator activity took less time virtually, with estimated lower cost, but likely missed out important rapport/relationship building communication that in-person provides

Group sessions were less well attended overall in the first year of the pandemic (monthly mean reduced from 250 people per month pre-pandemic to 96), but those attending tended to do so more often (monthly mean of 3.7 sessions per person to 4.4)

Virtual delivery meant some savings in terms of time and out-of-pocket expense (primarily around travel expenses) for service users. These savings were significant for some service users and less so for others

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