**The impact of the COVID-19 pandemic on AOD staff, clients, and services.**

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**Introduction and Aims:** *Alcohol and other drug (AOD) services have needed to adapt treatment delivery as a consequence of the coronavirus (COVID-19) pandemic to ensure continued care, and to provide critical support for AOD use and mental health. We evaluated changes in service provision by AOD staff and services, and in client treatment preferences following pandemic restrictions.*

**Design and Methods:** *Staff, client, and service data were collected across Queensland and New South Wales throughout the first lockdown. Cross-sectional surveys were sent to AOD staff (n=158) and clients (n=325) between July-Sept 2020. Staff were asked about proportion of time spent delivering services (telehealth; virtual video; face-to-face; and outreach) pre, during, and post-lockdown, and clients were asked for their preferences for accessing services during these periods. Service modality data was collected for the equivalent timeframe.*

**Results:** *Staff reported a decrease in face-to-face service delivery during lockdown (p<.001), and an increase in telephone services (p<.001). Telephone services declined from lockdown to post-lockdown (p<.001) but were still higher than before (p<.001). Outreach services decreased (p<.001), while virtual/video services increased during lockdown (p=.044). This same trajectory was emulated by service modality data. Clients' likelihood of seeking all types of AOD services increased (p<.001 to p=.009). Face-to-face was still the highest client preference, followed by telephone, self-help books, virtual/video services and web-based programs.*

**Discussions and Conclusions:** *Clients reported an increased willingness to seek all types of AOD support following the pandemic. AOD services responded to the pandemic with an increased uptake of telehealth options.*

**Implications for Practice or Policy:** *Telehealth services may be used by services to mitigate pandemic-related harms by reaching clients during social restrictions despite challenges. Reach to vulnerable populations with limited access to telehealth options must be considered, where specialised Outreach services may be beneficial.*

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