

Reducing Barriers to Alcohol and Drug Treatment through a Structured Brief Intervention Program Delivered by Adis 24/7 Alcohol and Drug Support

Authors:

KIARA PALMER¹, Annaketurah Ralph¹, Hollie Wilson¹

¹*Adis 24/7 Alcohol and Drug Support, Metro North Mental Health – Alcohol and Drug Service, Queensland, Australia*

Presenter's email: Kiara.Palmer@health.qld.gov.au

Background: Telephone counselling interventions show promise for treating alcohol and drug use and are widely utilised¹. Barriers to engagement in face-to-face treatment play a significant role in low rates of treatment seeking and high attrition rates. These barriers include but are not limited to geographical location, transport, child-minding, and limited after-hours options for those with full-time employment or other commitments. Interventions delivered by helplines have been found to be cost-effective and the 24-hour nature of these services offer greater flexibility to overcome these barriers².

Description of Model of Care/Intervention: The “Your CALL” structured brief intervention is a telephone-based counselling program for individual with moderate alcohol and drug concerns. Three sessions with the same experienced counsellor are focused on raising awareness, coping skills and reducing harms associated with substance use. Adis can provide appointments on evenings and weekends, as well as 24-hour telephone support.

Effectiveness: From April to June 2020 Adis conducted a pilot of the program. 40 referrals were received. Clients reported alcohol as the most common drug of concern, 64% were male and the median age was 37 years. 70% of clients referred to the program attended the first session and 30% of these individuals completed the program. The Outcome Rating Scale was used to assess wellbeing and a significant improvement was found between the first and second sessions. Clients reported satisfaction and identified that the program was easy to access and increased their motivation to seek ongoing support.

Conclusion and Next Steps: After a successful pilot of the Your CALL program, Adis is seeking support to continue the program.

Disclosure of Interest Statement: Nil

References

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² Jackson C, Lawton R, Connor M. Testing implementation intentions in the field: Is non-intentional adherence really a problem. *Health Psychology Update*. 2003;12(4):35-37.