

PRESENTATION 3: Six-month outcomes from an RCT of a continuing care telephone intervention following residential substance dependence treatment.

Presenting Authors:

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Introduction and Aims: A priority area in the field of alcohol and other substance dependence treatment is reducing the rates of relapse. Previous research has demonstrated that telephone delivered continuing care interventions are both clinically and cost effective when delivered as a component of outpatient treatment. This study examined the effectiveness of continuing care telephone support for people leaving residential rehabilitation services.

Design and Methods: Multisite randomized controlled trial within residential alcohol and other drug treatment services in Australia. The services were provided by The Salvation Army or We Help Ourselves (4-sites). All participants completed a baseline assessment and a structured continuing care plan whilst they were at the residential facility. Following discharge, participants were randomized to: (i) 12-session continuing care telephone intervention; (ii) 4-session continuing care telephone intervention, or (iii) continuing care plan only.

Results: Two hundred and seventy-seven people participated in the study (62% male, 38% female). The large majority of participants identified alcohol (47%) or methamphetamine (51%) as their primary substance of dependence. Participants across all arms were more likely ($p < 0.001$) to be completely abstinent at 6-months compared to baseline [12-session OR = 12.86 (5.4, 30.9); 4-session OR = 9.52 (4.0, 22.4); Control OR = 7.02, (3.4, 14.7)]. There was no significant difference between treatment arms.

Discussion and Conclusions: This study provides comprehensive data on the effect of delivering the continuing care intervention for people exiting residential alcohol and other drug treatment. Future research should consider sub-groups who may particularly benefit from continuing care.

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