



INNOVATION

CHAIR: SCOTT DRUMMOND, PROGRAM MANAGER, VAADA

1. A new way of commissioning: a partnership-led approach to blended AOD and mental health
2. Project ECHO: Joint Addiction and Mental Health (JAMH ECHO)- A Model for Collaboration, Education, Innovation.
3. Can a telephone-delivered intervention for methamphetamine use problems overcome barriers to treatment?

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Can a telephone-delivered intervention for methamphetamine use problems overcome barriers to treatment?

Rachel Petukhova, Turning Point

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Turning Point

TREATMENT • RESEARCH • EDUCATION

Can a telephone-delivered intervention for methamphetamine use problems overcome barriers to treatment?

Rachel Petukhova

Clinical and Social Research Team

9 February 2023

Acknowledgement of Country

The Ready2Change-Methamphetamine Team



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Methamphetamine use in Australia

Key contributor to burden of disease

- Increasing severe physical and psychological harms, and significant public health and social consequences ^(1, 2)
- Approximately 1.2 million (5.8%) Australians have used methamphetamine in their lifetime, with 300,000 (1.3%) reporting recent use (i.e. last 12 months) ⁽³⁾

Rates of use are increasing

- Wastewater population estimates show that annual consumption was increasing year on year until 2020 ⁽⁴⁾
- Regular (i.e., daily or weekly) use has more than doubled in under a decade, from 9.3% in 2010 to 17% in 2019 ⁽³⁾



The treatment gap

Existing treatment options

- Not many evidence-based treatment options
- No effective, available pharmacotherapy
- Cognitive behavioural therapies are the gold standard treatment ^(5, 6)
 - Reduce use
 - Increase abstinence
 - Improve treatment adherence

Treatment uptake for methamphetamine problems is low

- Various barriers
 - Individual: shame, stigma, attitudes to treatment, readiness to change
 - Structural: service accessibility, geographic location, lack of transport
- Larger gap in regional areas, despite higher methamphetamine use in these areas ^(3, 4, 7, 8)



Exploring alternative treatment options

- Need for accessible, early interventions to overcome barriers
- Telephone delivered interventions have potential
- Past evidence for telephone delivered treatment ⁽⁹⁾
 - Smoking cessation (Quitlines)
 - Alcohol
 - Other drugs
- Greater engagement in telehealth vs face to face ⁽¹⁰⁾



Ready2Change program

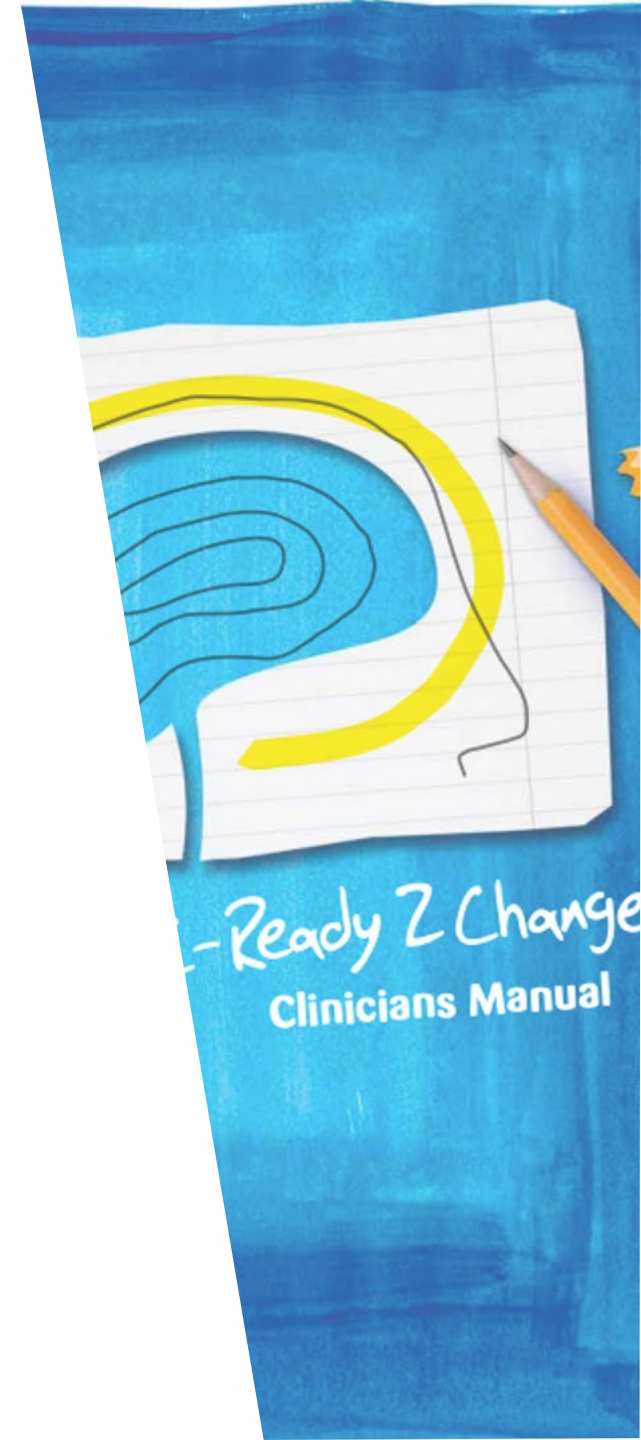
Telephone delivered intervention

Existing program at Turning Point

- Began in 2013
- Cognitive and behavioural intervention
- 4-6 telephone sessions
- 30-50 mins per session with the same counsellor
- Delivered by psychologists and social workers

Core practice elements

- Motivational interviewing
- Cognitive behavioural therapy
- Relapse prevention
- Acceptance and commitment therapy



Ready2Change program

The intervention

Clinical assessment

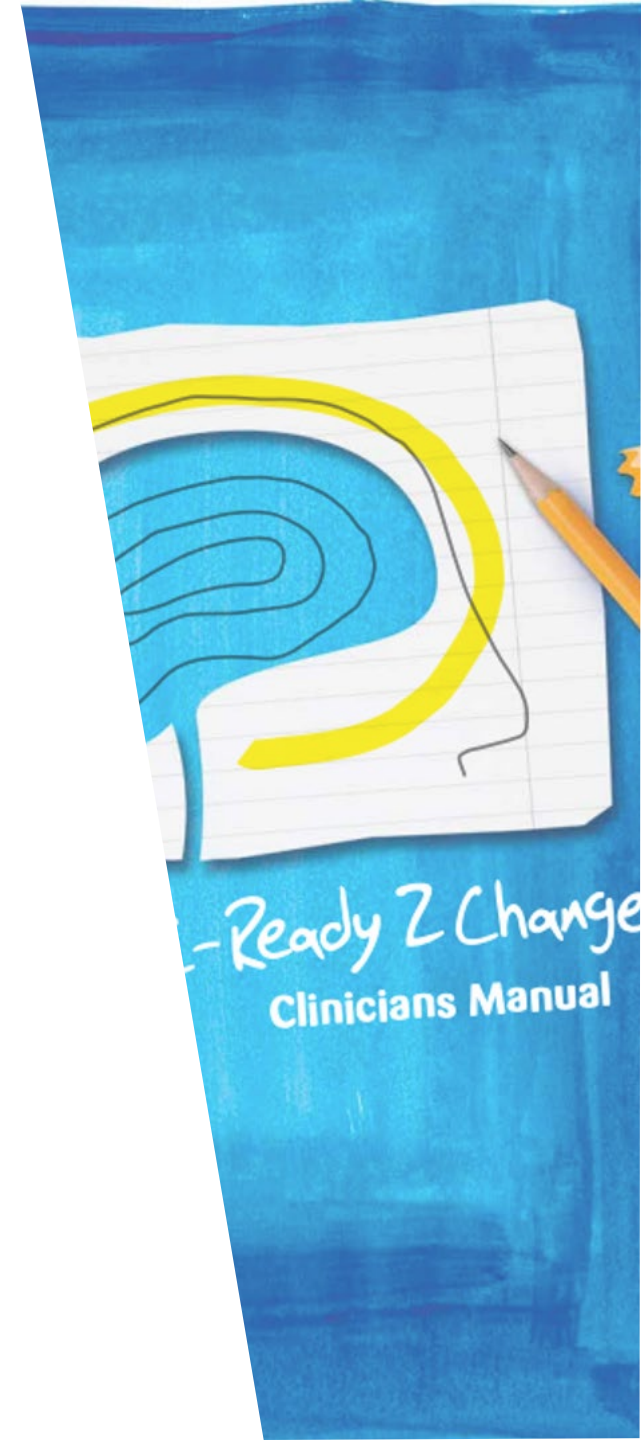


Fundamental four

1. A daily methamphetamine **diary**
2. A cognitive behavioral formulation that identifies **triggers and consequences**
3. Managing urges with SOBER breathing (a **mindfulness-based practice** that includes **stop, observe, breathe, expand, respond**)
4. Establishing a helpful **routine**



Subsequent modules guided by client's goals

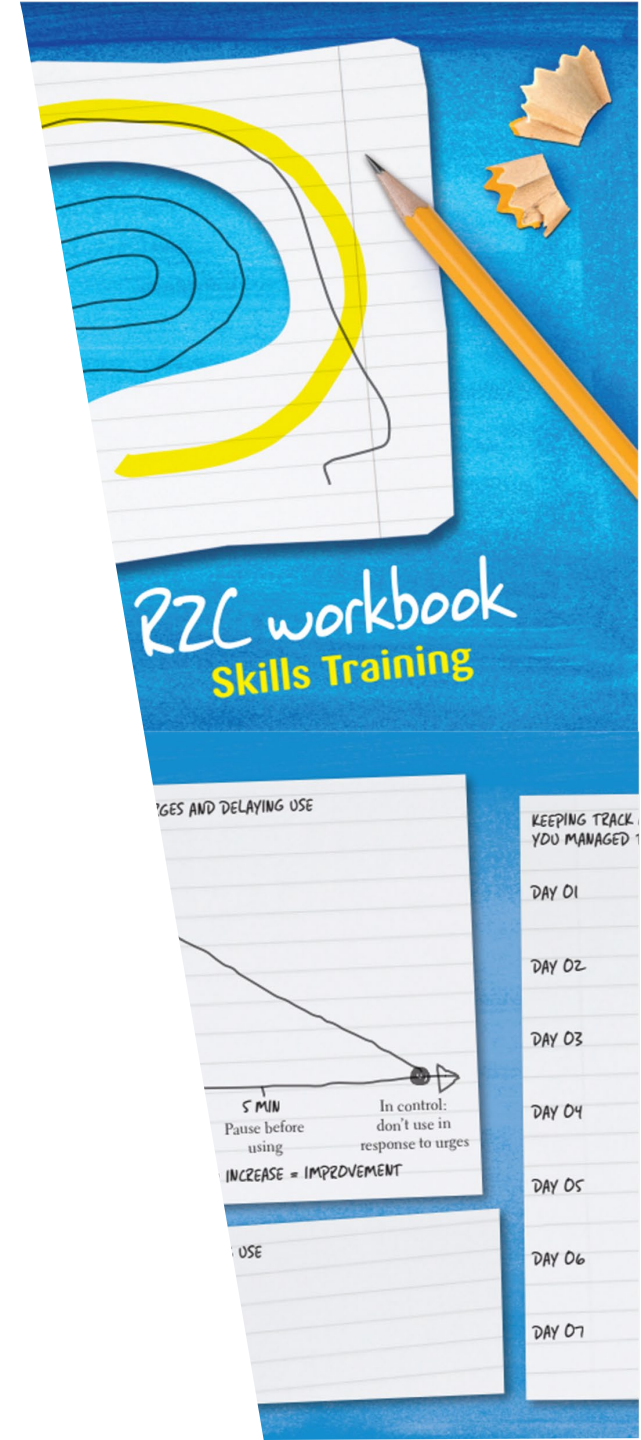


Ready2Change program

The intervention

12 Modules

- Self-monitoring goal setting and behaviour change skills
- Identification of strengths and motivational enhancement
- Relapse prevention
- Psychoeducation and harm reduction
- Emotion regulation skills
- Anger management skills
- Urges and cravings management skills
- Sleep hygiene skills
- Mindfulness skills
- Interpersonal skills
- Anxiety management skills
- Depression mood management skills

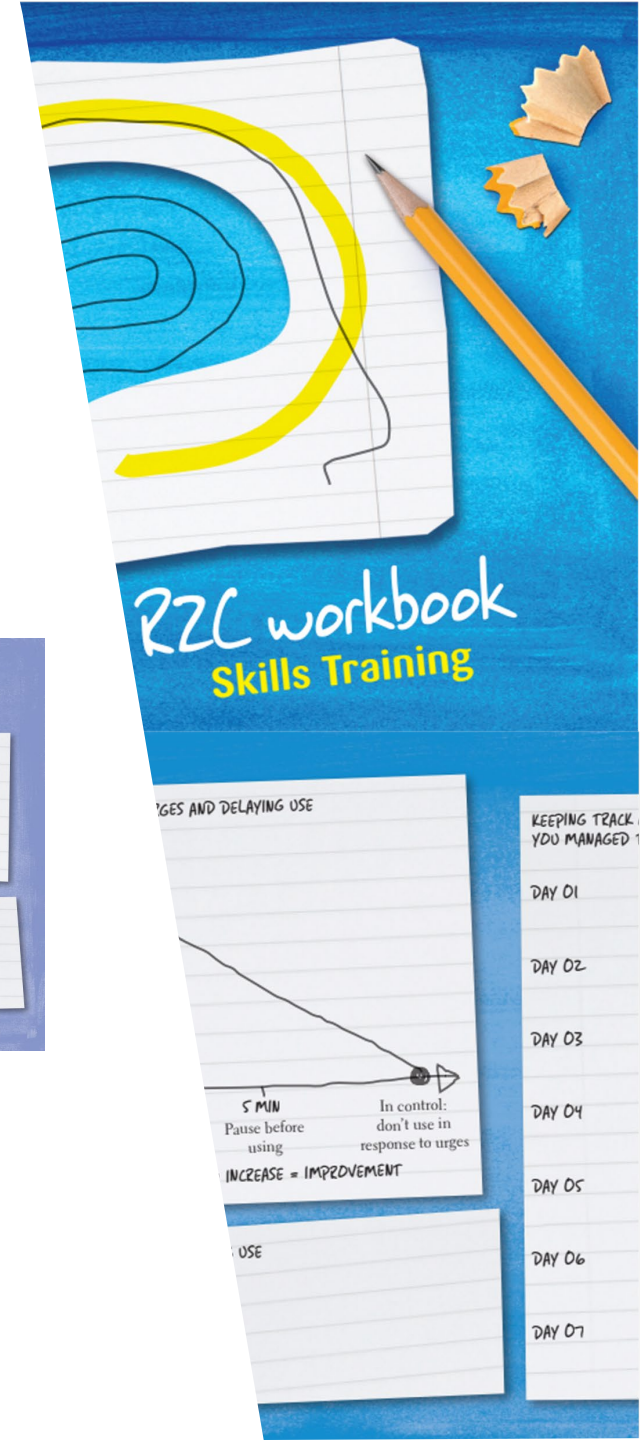
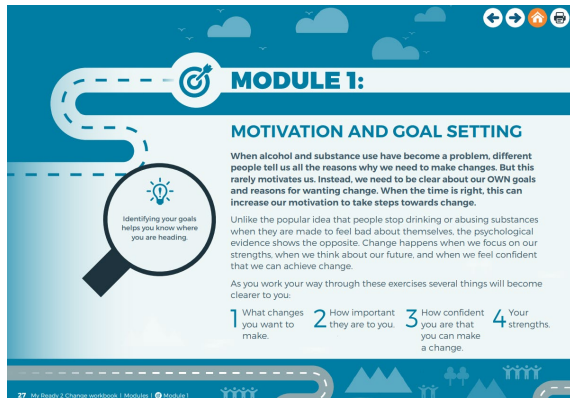


Ready2Change program

The intervention

Workbooks

- Facilitate counselor-delivered exercises within sessions
- Contain self-help exercises to prompt between-session practice



Ready2Change program






Preliminary effectiveness

Drug and Alcohol REVIEW

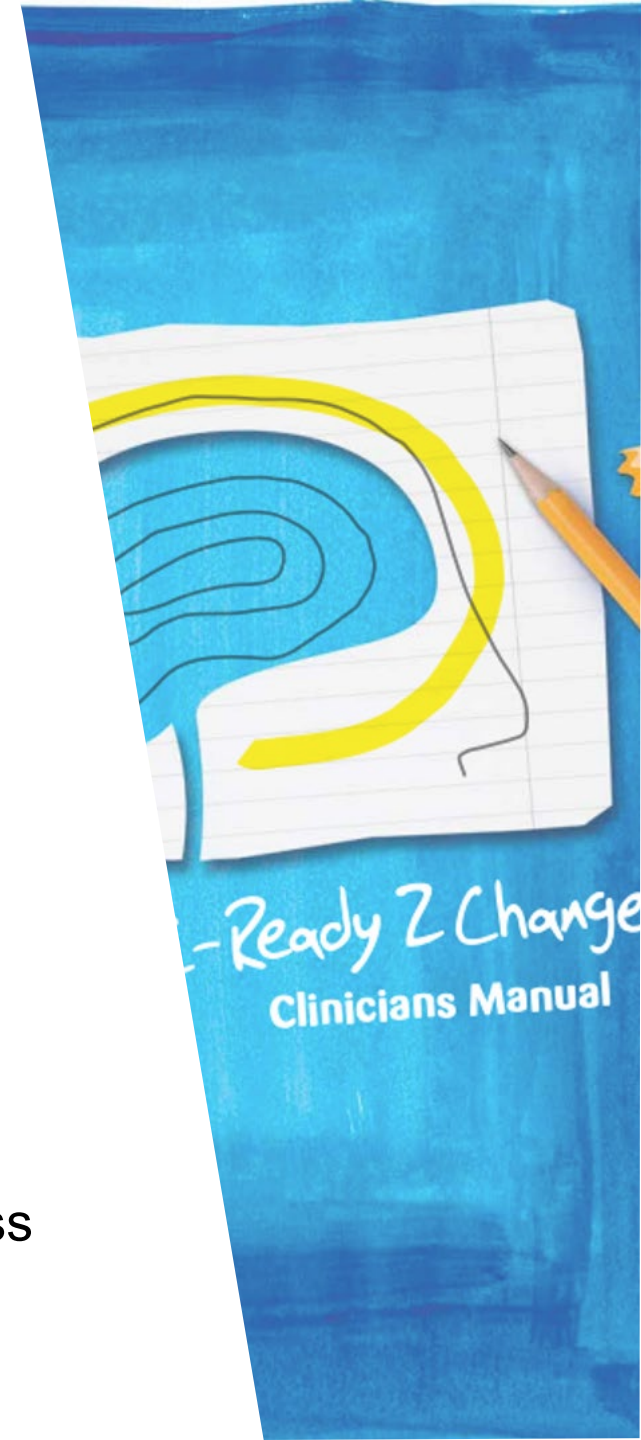


Drug and Alcohol Review (February 2022), 41, 517–527
DOI: 10.1111/dar.13363

Ready2Change: Preliminary effectiveness of a telephone-delivered intervention program for alcohol, methamphetamine and cannabis use problems

JASMIN GRIGG^{1,2,3} , ISABELLE VOLPE^{1,2,3} , JONATHAN TYLER¹, KATE HALL^{4,5} ,
BELINDA McPHERSON¹, DAN I. LUBMAN^{1,2,3}  & VICTORIA MANNING^{1,2,3} 

- Analyse program data to examine effectiveness of Ready2Change in reducing substance use severity
- 249 clients: alcohol, methamphetamine and cannabis
- Demonstrated reduction in use problem severity and psychological distress



Ready2Change program

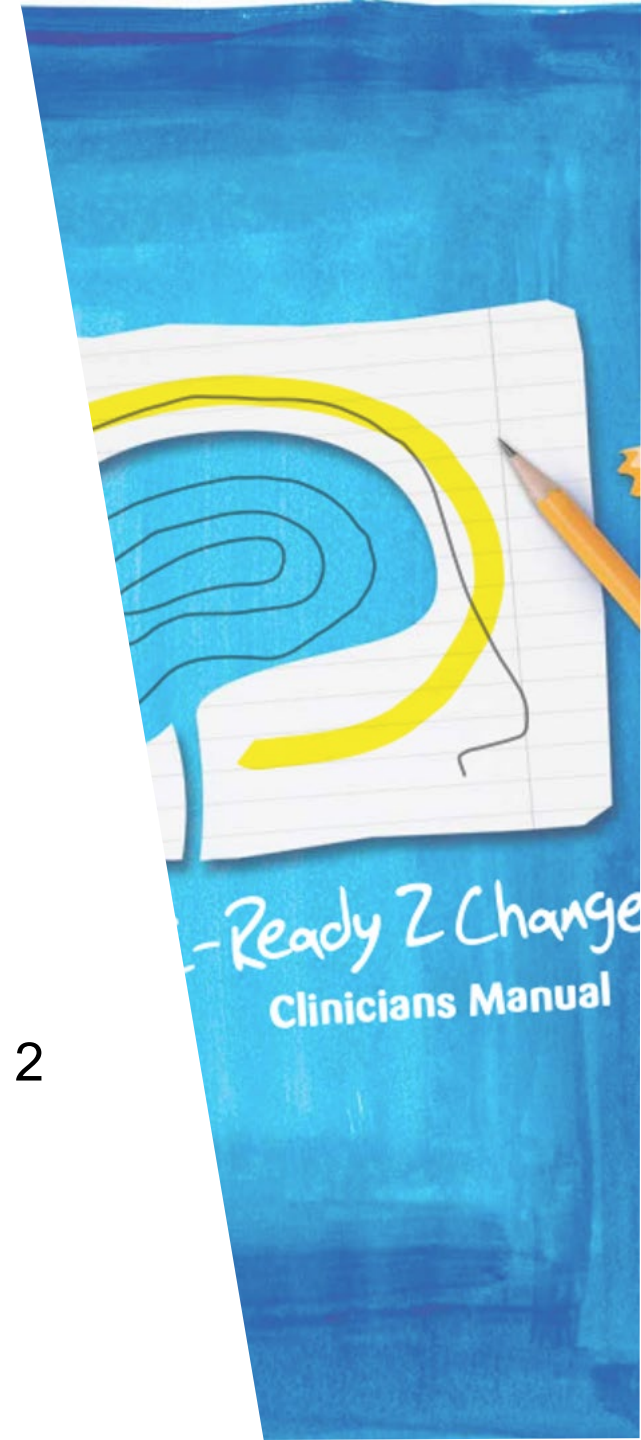
Effectiveness for reducing problem alcohol use

JAMA Psychiatry | [Original Investigation](#)

Effectiveness of a Stand-alone Telephone-Delivered Intervention for Reducing Problem Alcohol Use A Randomized Clinical Trial

Dan I. Lubman, PhD; Jasmin Grigg, PhD; John Reynolds, PhD; Kate Hall, DClinPsych; Amanda L. Baker, PhD; Petra K. Staiger, PhD; Jonathan Tyler, MPH; Isabelle Volpe, BA; Peta Stragalinis, BA; Anthony Harris, PhD; David Best, PhD; Victoria Manning, PhD

- Randomised controlled trial of Ready2Change program
- 344 participants with problem alcohol use
- Significantly greater reduction in alcohol problem severity particularly when 2 or more sessions were delivered



Ready2Change program

Client experiences of Ready2Change for alcohol use

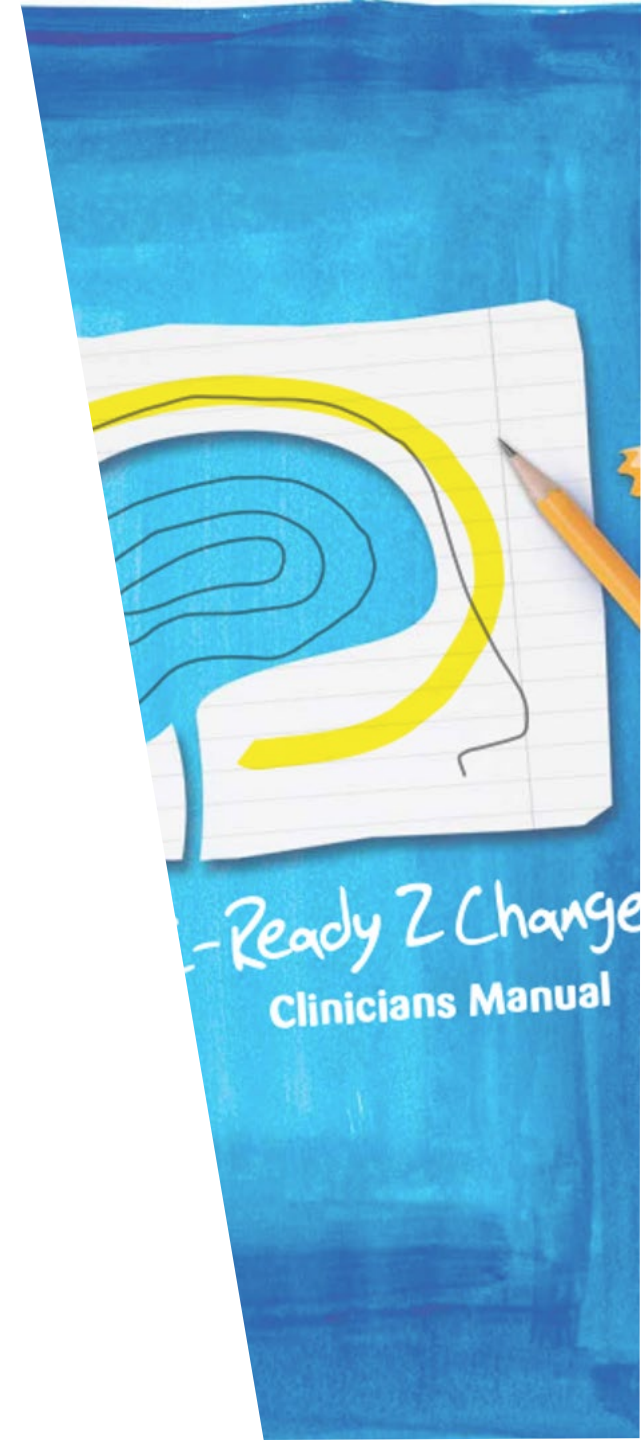
Original Article | [Published: 22 July 2020](#)

Client Experiences of a Telephone-Delivered Intervention for Alcohol Use: a Qualitative Study

[Chloe Bernard](#) , [Jasmin Grigg](#), [Isabelle Volpe](#), [Dan I Lubman](#) & [Victoria Manning](#)

[International Journal of Mental Health and Addiction](#) **20**, 522–540 (2022) | [Cite this article](#)

- 35 interviews with people who received Ready2Change alcohol program
- Easily accessible and highly acceptable treatment model
- Participants reported developing strong rapport with their psychologist despite counselling being provided via telephone
- Several clear advantages of the R2C program
 - No need for travel (particularly important for those living in regional areas)
 - Convenient times
 - Sense of anonymity



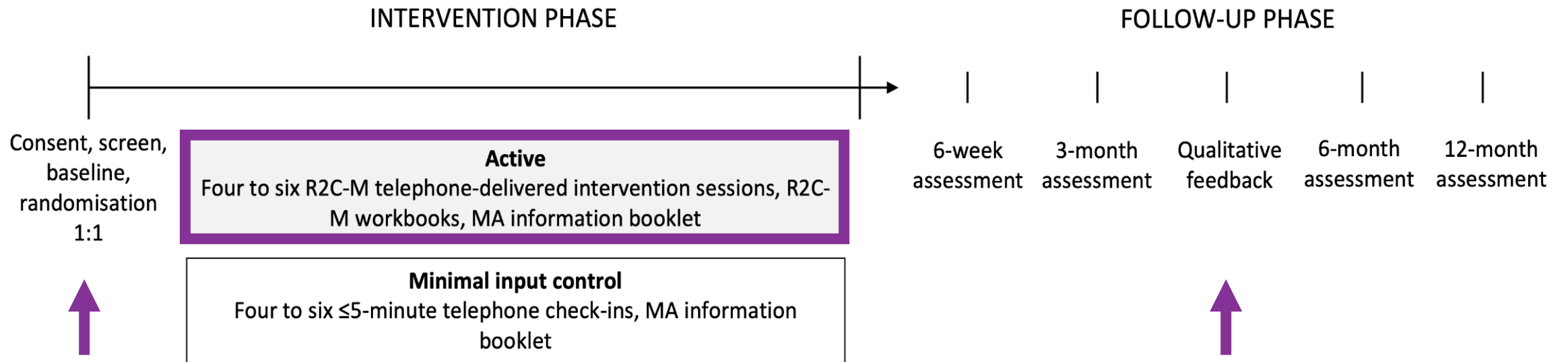
Aims

To understand the characteristics of people presenting to a study of telephone delivered treatment for methamphetamine use problems, including the proportion of people who were first time help-seekers

To understand their barriers to past-help seeking and experiences of telephone delivered treatment

Methods

National Health and Medical Research Centre funded study



Methods

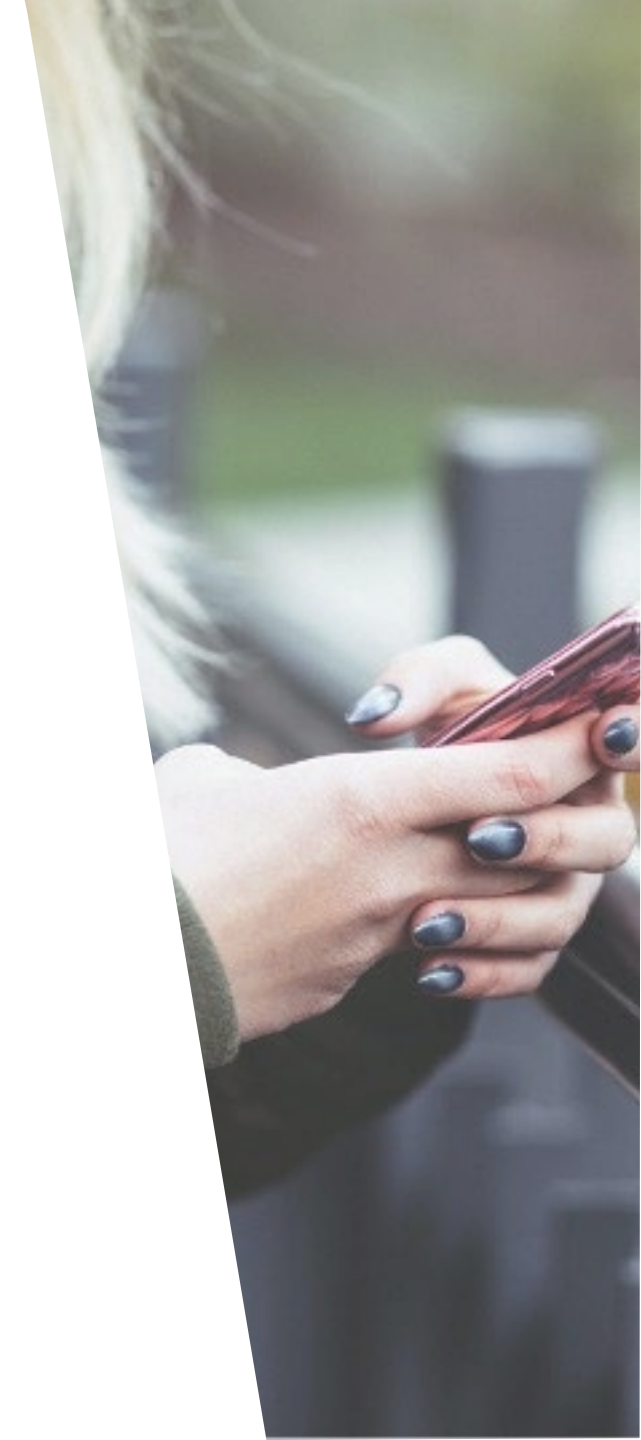
Baseline characteristics

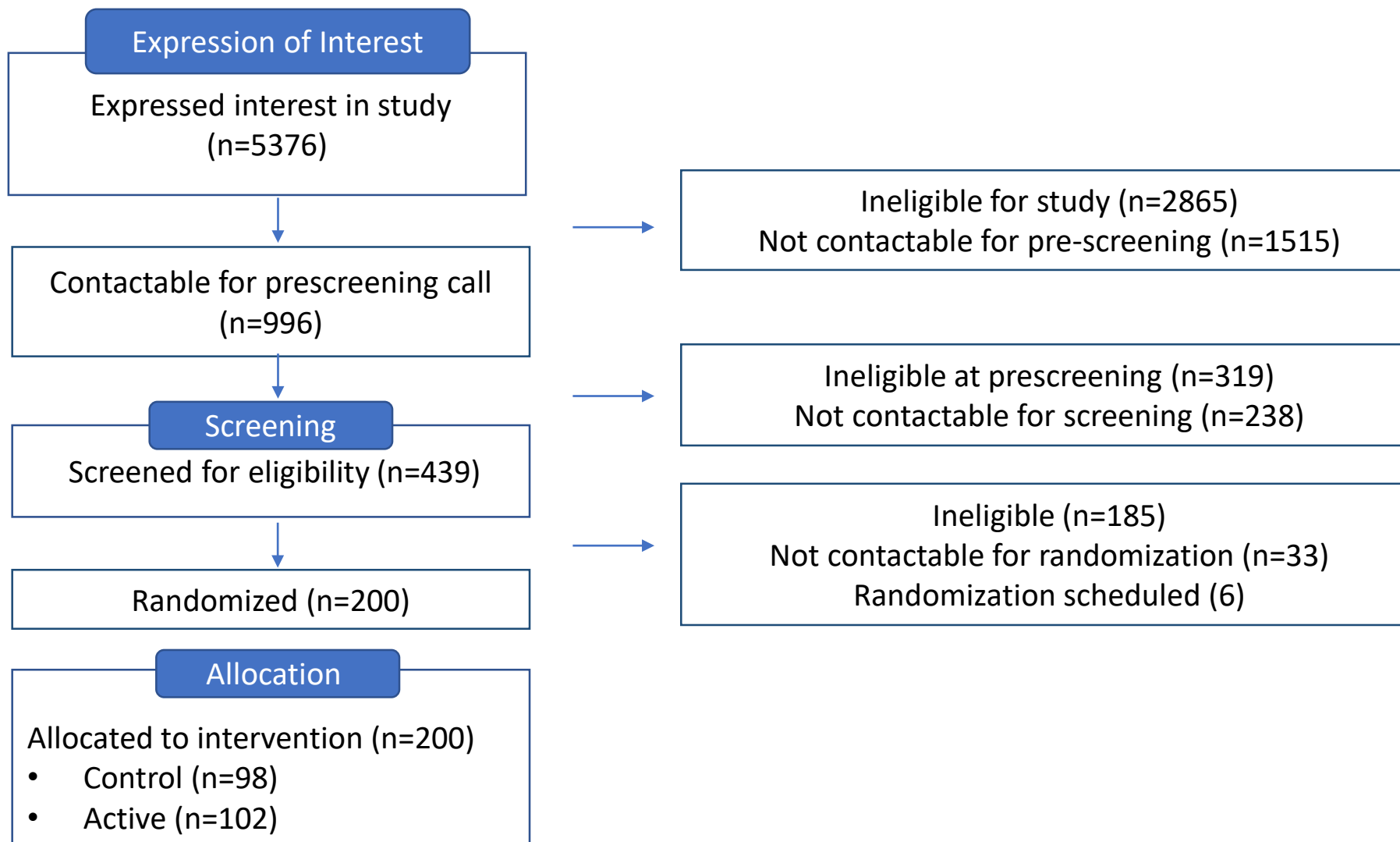
Inclusion criteria

- Age 18+ years
- Methamphetamine use problems
- Seeking to reduce methamphetamine use

Exclusion criteria

- Receiving treatment for substance use disorder
- Requiring acute care for severe substance use disorder, active suicidality or unstable psychiatric condition
- Pregnancy
- Diagnosed primary psychotic disorder





Methods

Qualitative Interviews

People who received Ready2Change

- Attended 0-6 sessions

Topics

- Past barriers to treatment
- Experience of Ready2Change
- Impact of Ready2Change

Thematic analysis using NVIVO



Results

Baseline characteristics, n = 200

Variable		n (%)	Rate per 100,000 population
Gender	Male	96 (48.00)	
	Female	104 (52.00)	
Age, <i>M (SD)</i>		41.74 (9.78)	
Geographical Area	Major Cities	136 (68.00)	0.74
	Inner Regional	49 (24.50)	1.05
	Outer Regional	8 (4.00)	0.38
	Remote	1 (0.50)	0.34
	Very Remote	2 (1.00)	1.02

Results

Baseline characteristics n = 200

Variable	n (%)
Years since first methamphetamine use, <i>M (SD)</i>	18.43 (10.36)
Past methamphetamine use treatment	Yes 83 (41.50) No 117 (58.50)
Past 28 day methamphetamine frequency (days) used, <i>M (SD)</i>	13.29 (7.23)
Past 28 day methamphetamine amount (grams) used, <i>M (SD)</i>	2.80 (2.60)
Methamphetamine use problem severity (DUDIT*), <i>M (SD)</i>	22.68 (6.02)
Methamphetamine use disorder severity (SCID**), <i>M (SD)</i>	5.95 (1.76)

*Drug use disorder identification test

**Standard clinical interviews for DSM-5 disorders

Results

Barriers to past treatment

"We've all got that typical stereotype, ranting and raving and yelling and walking up the street with no clothes on. Because I don't fit that, it has felt as though maybe it's not that bad" Max, 33yrs

"I would be working and unable get annual leave, the perceived cost of full time, round-the-clock residential rehab, I might have assumed it was a lot. I might have assumed that it was going to be costly, that I couldn't afford it, that the waiting list was going to be so long that by the time my name came up, I wouldn't have the same conviction by then"
Ned, 34yrs

Results

Experience of Ready2Change program

"Personally, I was just nervous that I'd be judged or something like that, but I quickly realised that, no, I wasn't being judged."

Tom, 36yrs

"[The telephone format] actually worked really well because it meant I could just be wherever. I didn't have to be at a certain place and it fit in really well with my work schedule as well. Actually, I thought I wouldn't like the telephone but it was a lot more practical not having to go somewhere. It may be a little bit easier to talk to someone on the phone because they can't see you; a little bit less confrontational." Mel, 27yrs

Results

Impact of Ready2Change program

*"I've stopped
completely now"*
Mel, 27

*"[My meth use]
reduced but then
yeah I did have
some bad times
where unfortunately
meth use [was] my
coping mechanism"*
Tania, 27

*"Definitely made me
more aware...[of]
triggers or even just
people that ... I fall in
to bad habits [with]
when I'm around"*
Craig, 32

*Everything is there
in my mind. I'm
conscious of it. No
massive changes
as yet, no."*
Louise, 53

Results

Future treatment

"It's helped me actually build up the confidence to go to these things. Beforehand I'd find it hard to make appointments and all that sort of stuff and turn up to appointments in general. But that's changed, I'm actually going out and doing this stuff."
Hugh, 36

"I would if someone decent came up. It's hard to find someone that you can relate to. I've had a few bad ones. I've had a few good ones too. It's a process. It's like finding a good hairdresser."
Louise, 53

"Not at the moment, not unless it was if I needed to have some counselling regarding that again; but I'd go down the same track."
Sarah, 52

Discussion

Key findings

Participants in the Ready2Change Methamphetamine trial

- Mean age was 42
- The majority of people accessing this telephone-delivered intervention were new to treatment, yet had high methamphetamine problem severity
- We found that this intervention was accessed by equal numbers of males and females, and by people in regional/remote areas

Qualitative interviews on the Ready2Change program

- Overcome barriers to traditional, in-person treatment
- Participants reported a range of positive outcomes: increased awareness, reduction in use and abstinence



Conclusion

- Well received by people who want help for their methamphetamine use
- Scalable solution
- Telephone interventions can reach hard to access populations like people living in regional areas or people with low perceived need for treatment
- Telephone interventions can fill the treatment gap and create positive treatment experiences



References

1. Cumming C, Troeung L, Young JT, Kelty E, Preen DB. Barriers to accessing methamphetamine treatment: A systematic review and meta-analysis. *Drug and Alcohol Dependence*. 2016;168:263-73.
2. Whetton S, Shanahan M, Cartwright K, Duraisingam V, Ferrante A, Gray D, et al. The social costs of methamphetamine in Australia 2013/14. Perth, Western Australia: National Drug Research Institute, Curtin University; 2016.
3. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019: detailed findings. Canberra: AIHW; 2019.
4. Australian Criminal Intelligence Commission. National Wastewater Drug Monitoring Program - Report 6. 2018.
5. Minozzi S, De Crescenzo F, Saulle R, Amato L. Psychosocial interventions for psychostimulant misuse. *Cochrane Database of Systematic Reviews*. 2015.
6. Lee NK, Rawson RA. A systematic review of cognitive and behavioural therapies for methamphetamine dependence. *Drug and Alcohol Review*. 2008;27(3):309-17.
7. National Drug Research Institute. Responding to methamphetamine use and related harms in Australia: A submission to Parliamentary Joint Committee on Law Enforcement's Inquiry into Crystal Methamphetamine (Ice). Shenton Park, Western Australia: Curtin University; 2015.
8. Roche A, McEntee A. Ice and the outback: Patterns and prevalence of methamphetamine use in rural Australia. *Australian Journal of Rural Health*. 2017;25(4):200-9.
9. Gates P, Albertella L. The effectiveness of telephone counselling in the treatment of illicit drug and alcohol use concerns. *J Telemed Telecare*. 2016 Mar;22(2):67-85.
10. Sistad R, Enggasser J, Livingston N, Brief D. Comparing substance use treatment initiation and retention between telehealth delivered during COVID-19 and in-person treatment pre-COVID-19. *The American Journal on Addictions*. 2023;1-8

Thank you

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