

Investigating the critical period for alcohol or drug-related re-presentations following discharge from residential treatment: A data linkage study.

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Introduction and Aims: *Individuals who access residential treatment for substance use disorders are at a greater risk of negative outcomes upon exiting treatment. Using linked administrative data, we aim to identify the critical period for alcohol or drug-related presentations following discharge, the time at which clients are most at risk of alcohol or drug-related events.*

Design and Methods: *Participants include 1056 individuals admitted to four residential treatment facilities in Queensland from January 1 2014-December 31 2016. We linked participants' administrative data from hospitals, emergency departments, alcohol and drug service providers, mental health services, and the death registry up to December 31 2018. We examined presentations for alcohol or drug-related events within two years after index discharge. Survival analysis was used to investigate AOD re-presentations across time and to estimate the critical periods for increased risk of negative outcomes.*

Key Findings: *A high proportion of individuals presented to health and drug services for substance-related events within two years, following discharge from residential substance use treatment. 42% of individuals presented to an emergency department, 42% to a hospital, 32% to a drug service provider, 20% to a mental health service, and 2% had a drug-related death. Further findings will be presented to highlight the critical period of risk following discharge.*

Discussions and Conclusions: *The high proportion of individuals that presented to health and drug services for substance-related events demonstrates the need for targeted support following discharge from substance use treatment.*

Implications for Practice (optional): *Critical periods of increased risk present missed opportunities to target vulnerable individuals and reduce the risk of poor outcomes following residential substance use treatment. Targeted support during this period may address the risk of poorer health and substance use outcomes.*

Disclosure of Interest Statement *Calvert Tisdale is supported by a Lives Lived Well PhD scholarship. Leanne Hides is supported by a National Health and Medical Research Council (NHMRC) Senior Research Fellowship. Janni Leung is supported by a NHMRC Emerging Leadership Fellowship. Lives Lived Well provided funding and in-kind support for this project. The National Centre for Youth Substance Use Research and the Lives Lived Well Group at The University of Queensland are supported by Commonwealth funding from the Australian Government provided under the Drug and Alcohol Program.*