

## **Help-seeking trajectory and factors that influence initiation and engagement in SMART Recovery mutual-help groups for adults who use methamphetamine: Qualitative insights**

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**Introduction/Issues:** Little is known about where mutual-help groups fit into the help-seeking trajectory of people who use methamphetamine. Current understanding is largely derived from 12-step approaches. SMART Recovery mutual-help groups are secular, led by a trained facilitator and incorporate motivational interviewing and cognitive behavioural therapy. This study examined help-seeking patterns and factors that influence initiation and engagement in SMART Recovery by people who use methamphetamine.

**Method/Approach:** Semi-structured telephone interviews were conducted with a self-selected convenience sample of SMART Recovery participants (n=18) who self-reported methamphetamine use in the preceding 12-months. Interviews were audio-recorded, transcribed, and analysed using iterative categorisation.

**Key Findings:** Participant initiation of SMART Recovery groups relative to personal trajectory of substance use and treatment-seeking was captured by six themes: i)the timeline of treatment-seeking varied, ii)intrinsic motivation for treatment increased over time, iii)rehabilitation was often the initial treatment of choice, iv)attendance at SMART Recovery occurred later, v)low awareness of SMART Recovery disrupted initiation and vi) SMART Recovery was an adjunct to other services. Factors that influenced engagement were captured by three themes: i)perceived fit of SMART Recovery, ii) coping and tolerance of discomfort and iii)the empowering experience of the in-group environment.

**Discussions and Conclusions:** Participant accounts detailing the 'fit' of groups, their willingness to attend and positive in-group experience support the promise of SMART Recovery for people who use methamphetamine. However, despite repeated contact with a range of peers and treatment providers, participants were typically unaware of SMART Recovery groups for much of their help-seeking trajectory.

**Implications for Practice or Policy:** Providing a selection of mutual-help groups during residential treatment would improve awareness of the options available, support earlier engagement, and may encourage sustained utilisation following discharge. Improved linkage between services is essential, especially given the importance of individualised, co-ordinated care for enhancing outcomes. Assertive linkage programs may be of benefit.

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