

A program evaluation of the Ready2Change telephone-delivered intervention for methamphetamine use

Rachel Petukhova^{1,2}, Dan I Lubman^{1,2}, Victoria Manning^{1,2}, Shalini Arunogiri^{1,2}, Kate Hall^{3,4}, Jonathan Tyler¹, Anna Bough¹, Peta Stragalinis^{1,2}, Jasmin Grigg^{1,2}

¹Turning Point, Eastern Health, Melbourne, Australia, ²Monash Addiction Research Centre, Eastern Health Clinical School, Monash University, Melbourne, Australia, ³School of Psychology, Deakin University, Geelong, Australia, ⁴Centre of Drug, Addictive and Anti-social Behaviour Research (CEDAAR), Deakin University, Melbourne, Australia

Presenter's email: rachel.petukhova@monash.edu

Introduction / Issues: Turning Point's Ready2Change cognitive and behavioural telephone-delivered intervention has been offered since 2013, yet it has never been evaluated for people who use methamphetamine, who are often deemed too complex to benefit from telephone-based treatment. This program evaluation was part of a randomised controlled trial of Ready2Change for methamphetamine use (R2C-M). We aimed to evaluate program factors affecting the future, widespread implementation of Ready2Change for methamphetamine use.

Method / Approach: We conducted a mixed-methods program evaluation, guided by the Reach, Effectiveness, Adoption, Implementation, and Maintenance Framework, comprising screening/baseline quantitative data to capture intervention reach and uptake, and client and counsellor qualitative interviews on program implementation, acceptability and impact.

Key Findings: A total of 4,425 people registered their interest in R2C-M, 424 individuals were screened, 204 people were randomised and 103 people received the Ready2Change intervention. The intervention was accessed by equal numbers of males and females, individuals living in regional areas, and who had never sought help for their methamphetamine use in the past. Clients perceived counsellors to be non-judgemental and endorsed their utilisation of a harm reduction approach. Many clients reported future treatment seeking and reductions in use. Staff reported that they were able to work with clients who used methamphetamine but altered their practise (for example having a more trauma-informed approach or altering clinical expectations such as setting reduction goals rather than abstinence).

Discussions and Conclusions: This study demonstrates that the Ready2Change program accessed hard to reach populations and was acceptable. Counsellors successfully adapted the intervention to meet the needs of people who use methamphetamine.

Implications for Practice or Policy: This evaluation demonstrates that though there are challenges in expanding the Ready2Change program to individuals with methamphetamine use problems, it is possible to engage this group in telephone-delivered treatment and create positive experiences of treatment.

Disclosure of Interest Statement: *This research is funded by a National Health and Medical Research Council Clinical Trials and Cohort Studies Grant (1186268).*