

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

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Introduction/Aims: Methamphetamine use is a key contributor to the burden of disease in Australia and globally. Telehealth has considerable potential to overcome many of the barriers to accessing in-person treatment for methamphetamine use problems. Yet, little is known about those accessing treatment in this format. This study sought to determine the proportion of people presenting to telephone-delivered methamphetamine treatment who are first-time help-seekers, and to understand their experiences of telephone treatment.

Method/Approach: This was a mixed-methods study comprising a retrospective analysis of baseline data of the first 100 participants from a randomised controlled trial of a standalone telephone-delivered intervention for methamphetamine use problems, and thematic analysis of semi-structured interviews conducted with a sub-set of participants.

Results: Participants had a mean age of 40.2 years (SD=10.2, 18-63 years); 55.0% were male. Despite a high mean Drug Use Disorder Identification Test score of 21.6 (SD=6.7), and Structured Clinical Interview for DSM-5 (substance use disorder) scores indicating 60.0% were experiencing severe methamphetamine use problems, nearly two-thirds (62.0%) had not previously sought treatment. Participants reported the telephone modality to be convenient, accessible, and able to overcome some of the perceived barriers to in-person treatment, including a lack of transport options, perceived high costs of treatment, lack of awareness of other treatment options and previous negative experiences of treatment.

Discussions and Conclusions: The majority of people accessing this telephone-delivered intervention were new to treatment yet had high methamphetamine problem severity. Findings show telephone-delivered treatment overcomes several barriers to in-person care for this group.

Implications for Practice or Policy: Telephone-delivered interventions are highly scalable models with potential to reduce the treatment gap for problem methamphetamine use.

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