

Help in the Outback: Outpatient AOD Treatment Characteristics in Regional, Rural and Remote Communities

Jacob G. Sorbello^a, Gabrielle Campbell^a, Nina Pocuca^a, Chloe Haynes^b, Shaoyang Fan^a, Leanne Hides^a

Affiliations:

^a National Centre for Youth Substance Use Research, School of Psychology, The University of Queensland, Queensland, Australia.

^b School of Psychology, University of Wollongong, New South Wales, Australia.

Presenter's email: j.sorbello@uq.edu.au

Introduction: Treatment seeking clients in areas outside metropolitan areas face significant challenges in accessing Alcohol and Other Drug (AOD) treatment. In this presentation, we focus on AOD use characteristics and the format of outpatient treatment clients accessed from regional, rural and remote communities.

Method: We used routinely collected data from a single treatment provider, consisting of 31,657 clients enquiring about community outpatient AOD treatment services across metropolitan, regional, rural and remote communities in Australia. Data was analyzed on client reported primary drug of concern, recent substance use, mental health symptomology and treatment characteristics.

Key Findings: Across all regions, alcohol was the primary drug of concern, followed by methamphetamines and cannabis. In regional and rural communities, clients were more likely to report cannabis as a primary drug of concern when compared to metropolitan clients. Clients in both rural and remote regions were more likely to receive a minimum total of four outpatient AOD treatment sessions. However, the median number of sessions for case management (rural = 1, remote = 1) and counselling (rural = 1, remote = 2) was below the minimum threshold.

Discussions and Conclusions: Regional, rural and remote clients experience different patterns of AOD use and treatment characteristics. While clients in rural and remote communities stay in outpatient AOD treatment longer than clients from other regions, they may not necessarily complete treatment as planned due to less variability in their choice of AOD treatment.

Implications on communities, practice, policy and/or First Nations communities:

Further resources could be contributed to regional, rural and remote regions for AOD outpatient treatment including: developing Aboriginal and Torres Strait Islander specialist services (Wallace et al., 2025), building local recovery networks (Cuesta-Briand, et al., 2022) and day programs for more intensive support (Calabria et al., 2021).

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