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Conference Abstract

Using technology to widen access to evidence-based treatment within the substance misuse sector: development and implementation of Breaking Free Online

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Abstract

Substance misuse treatment services within the UK have traditionally been developed to best-support opiate and crack users (OCUs), have tended to be largely attended by male service users and are not resourced to provide complex, evidence-based interventions such as cognitive-behavioural therapy (CBT). However, over recent years, drug trends have changed and now many substance dependent individuals do not fit into the traditional OCU demographic, such as those whose primary drug of choice is something other than opiates or crack, and women. This presents a challenge for services to engage newer drug using populations into the treatment system and provide innovative treatments appropriate for an increasingly diverse substance misusing population. Currently there are few evidence-based treatments available for the treatment of dependence to substances other than opiates or crack, and even fewer appropriate for the treatment of individuals with substance misuse and comorbid mental health difficulties ('dual diagnosis'), despite the fact that this group makes up a large proportion of the service users population. There may also be stigma associated with traditional OCU-centric services which may mean that non-OCUs (NOCUs), and demographics such as women and specific cultural groups, may not perceive such services as being appropriate to meet their needs. Therefore, Breaking Free Online (BFO), a form of computer assisted therapy (CAT) for the treatment of dependence to a wide range of substances, and comorbid mental health difficulties, has been developed. This paper reports on implementation of BFO across substance misuse services across the UK and describes the challenges associated with introducing such a novel digital intervention into the substance misuse treatment sector. Additionally, findings around the benefits of providing CAT alongside more traditional treatment approaches are also reported, both from the perspectives of service users and also practitioners. Significant improvements have been found across a range of areas of psychosocial functioning within service users accessing BFO, with these improvements being identified within groups of service users until now not well represented within traditional treatment services. The data collected from BFO would therefore indicate the programme may be a useful addition within treatment services, not only because it is clinically effective but also due to the fact that it appears to widen access to specific demographics of service users who may until now have felt that there were barriers to their accessing support. Given the encouraging findings so far, there is now scope to explore effectiveness of the programme for engaging other less well represented groups, particularly black and minority ethnic (BME) individuals who make up only a

very small proportion of individuals entering services. Rates of mental health difficulties have been suggested to be higher in BME populations, so making BFO more accessible to such individuals is now an important focus of future implementation work with treatment services, and efforts are now being made to develop methods of actively bringing such populations in for support with their recovery from substance misuse.

Keywords

widening access; evidence-based treatment; substance misuse; computer assisted therapy; implementation
