

DirectLine Telephone Counselling and Referral Service

What role does it play in the treatment pathway and referral uptake of substance users?

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The Premier's Drug Prevention Council supports DirectLine as an important aspect of Victoria's response to drug and alcohol problems in our community.

DirectLine is the central 24-hour, seven-day-a-week telephone counselling, information and referral service for anyone in Victoria with an alcohol or drug related concern.

Staffed by professional counsellors at Turning Point Alcohol and Drug Centre Inc the helpline model is designed to provide timely, accessible and flexible responses to the diverse needs of callers seeking assistance. In addition to its counselling and support role, DirectLine has an important role in educating and assisting callers to access treatment and support services in the local community.

While DirectLine is recognised as an important part of the alcohol and other drug treatment service system, little is known about the role of DirectLine in the treatment pathway of substance users. Indeed only a small amount of research has been undertaken regarding alcohol and drug helplines in general.

In 2005, the PDPC funded two studies to investigate the help-seeking behaviour of substance users accessing the DirectLine telephone counselling and referral service in Victoria. The studies aimed to enhance knowledge of service use and consumer profiles in the alcohol and drug telephone counselling and referral system. Study 1 assessed the role of DirectLine in the treatment pathway of substance users as part of their overall alcohol or other drug help-seeking behaviour. Study 2 examined the referral function of DirectLine, by determining referral uptake among callers that use licit and illicit substances. Both studies provide information that help to better describe the individuals who use alcohol and drug telephone services as well as the drug referral and treatment system in general, and provide recommendations to enhance this system.

Dr Rob Moodie
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Background

DirectLine is the central 24-hour seven-day-a-week (24/7) telephone counselling, information and referral service for anyone in Victoria with an alcohol or drug related concern.

DirectLine is an important part of the alcohol and other drug treatment service system. Staffed by professional counsellors at Turning Point Alcohol and Drug Centre, DirectLine receives more than 60,000 calls from the general community each year.

It receives calls from drug users, family and relatives of drug users, and others affected by the use of drugs in the community. In addition to its counselling and support role, DirectLine has an important role in educating and assisting callers to access treatment and support services in the local community.

DirectLine provides a range of services and interventions to substance users and people affected by alcohol and other drug issues. The 24/7 helpline

model is designed to provide timely, accessible and flexible responses to the diverse needs of callers seeking assistance, in particular:

- immediate counselling and support. This also includes crisis intervention and response counselling;
- information and education responses; and
- referral and linkages with treatment and support services in the community.

DirectLine callers are generally provided with agency referral information to act on at their own discretion. This information is based on detailed agency profiles on a customised helpline referral database, maintained by DirectLine. In special circumstances, specific call types and high risk calls may be directly transferred to other parties or are managed via 3-way conference calls. This 'caller empowerment' model has been the dominant method of referral for helpline

services over the past 20 or more years. In recent years, Turning Point has also been active in the development and trialling of alternative methods of referral. These include facilitated referral methods (e.g., direct telephone transfer of caller to referral point) in addition to direct scheduling of treatment appointments by the helpline provider.

Referral is typically explored with all DirectLine callers who present with an alcohol or drug related concern. However, not all DirectLine callers want or are appropriate for referral. For example, a caller may only seek specific information. The people who call services such as DirectLine are a diverse group. Callers have a complex range of needs and expectations, and value helpline characteristics such as immediacy, 24/7 centralised access, zero-cost, anonymity and confidentiality.

The need for this research

Not much research has been undertaken regarding alcohol and drug helplines, and we know little about the role of DirectLine in the treatment pathway of substance users. A recent Victorian Service System Review (SSR) noted that there is relatively little peer-reviewed published literature regarding telephone services in general, with a minor percentage devoted to substance use. Referral uptake within alcohol and other drug services has primarily been investigated from non-telephone service referrals, such as referrals from outreach workers or other clinical settings.

Research in a telephone counselling and referral service is challenging for a variety of reasons. Some challenges exist across the broader alcohol and other drugs service system, such as the difficulty in data collection regarding illicit or stigmatised behaviours, while others are unique to helpline settings, such as caller anonymity and the one-off nature of service delivery.

This report describes two studies that investigated help-seeking behaviour of substance users accessing the DirectLine telephone counselling and referral service, the studies' findings and implications for the broader alcohol and other drug treatment system.

Study 1 – The role of DirectLine in the treatment pathway of substance users

WHAT DID THE STUDY SEEK TO ACHIEVE?

Study 1 was designed to assess the role of DirectLine in the treatment pathway of substance users as part of their overall alcohol or drug help-seeking behaviour. This included the use of telephone and face-to-face treatment options.

The aims of Study 1 were:

- to obtain a description of callers' expectations from DirectLine services;
- to determine the proportion of DirectLine callers that have experience in the treatment sector and those that do not have such experience;
- to determine whether DirectLine callers have used these services in conjunction with other treatment services in the past 12 months (simultaneously or serially); and
- to determine the proportion of callers using DirectLine by function (e.g., as primarily a referral/information service, as a sole source of treatment, or in conjunction with other specialised or non-government/charitable foundation/self-help treatment options).

WHAT METHODS DID THE STUDY USE?

For both studies, the participant recruitment was guided by ethical principals of privacy, confidentiality and informed consent.

Counsellors were asked to evaluate all callers that met certain criteria. These included:

- caller is calling about themselves;
- caller is 18 years old or older; and
- caller's primary drug is alcohol, cannabis, heroin, amphetamines or tranquillisers.

In addition, any physical or mental conditions that the counsellor felt would jeopardise the caller's ability to provide informed consent were considered, as well as any case in which recruitment to the study would have a negative impact on the counselling process. This included situations where the caller was acutely drug affected, highly agitated or distressed, or where the caller had already participated in the survey.

Study 1 used a questionnaire. Information was collected at the time of the incoming call after the immediate concerns of the caller were resolved. The brief questionnaire was integrated into a database and all data were entered at the time of the call.

The questionnaire sought qualitative and quantitative data. The questions focused on the caller's experience with alcohol and drug treatment services and more detailed information was collected for treatment occurring in the past year. Information was collected regarding all types of help that may have been received. This included treatment provided by specialist alcohol and drug services as well as privately funded treatment, treatment provided by charitable foundations and alternative or spiritual assistance. Callers were asked about their expectations and satisfaction with the services they received.

For Study 1, a total of 507 callers met all eligibility criteria. Of these, 310 callers (61%) agreed to participate. The primary substance use of these callers included:

- alcohol – 172 people;
- cannabis – 73 people;
- heroin – 31 people;
- amphetamines – 18 people; and
- tranquillisers – 16 people.

WHAT DID THE STUDY FIND?

Socio-demographic characteristics

- approximately one-third of participants were in a relationship while almost half of participants had never been married;
- over 40% of participants were employed either full or part-time; and
- approximately 40% of participants had not completed the VCE or an equivalent, 10% of participants had a certificate, and 11% had a university degree or other post-graduate education.

Callers' use of and experience with alcohol and drug treatment services

- 45% of callers in Study 1 identified their contact with DirectLine as their first attempt to seek help in relation to their alcohol or other drug problem;
- 30% of DirectLine callers had previously used this service with 25% doing so in the past year;
- one in seven callers had used DirectLine within the previous month;
- approximately 20% of all callers were in treatment, indicating that 1-in-5 callers were using DirectLine for support in addition to other treatment;
- among callers that have used DirectLine in the past year, 80% were also in treatment in the past year and of these, 64% were in treatment at the time of the study;
- heroin users were most likely to have ever used DirectLine services and to have used them recently;
- heroin callers were also most likely to have used other types of treatment or to be currently in treatment;
- the most common service expectations by callers across all drug categories were for "Support/Advice" (34%), "Referral" (28%) and "Referral and Support/Advice" (14%); and
- 93% of callers were satisfied by the services provided by DirectLine, and an additional 3% were partially satisfied.

Study 2 – The referral function of DirectLine

WHAT DID THE STUDY SEEK TO ACHIEVE?

Study 2 was designed to examine the referral function of DirectLine, by determining referral uptake among callers that use licit and illicit substances. Participants were recontacted approximately one month after the DirectLine contact to determine the outcome of the referral. Other factors believed to affect treatment entry were also examined (e.g., gender, relationship status, employment status).

The aims of Study 2 were:

- to determine the outcome of the referral(s) provided to callers; and
- to determine any barriers or mechanisms that affect the referral outcome.

WHAT METHODS DID THE STUDY USE?

Counsellors were asked to evaluate all callers that met certain criteria. These included:

- caller is calling about themselves;
- caller is 18 years old or older;
- caller's primary substance is alcohol, cannabis, heroin, amphetamines or methadone/buprenorphine; and
- caller received a referral.

Similar to Study 1, Study 2 also considered any physical or mental conditions that the counsellor felt would jeopardise the caller's ability to provide informed consent, as well as any case in which recruitment to the study would have a negative impact on the counselling process.

Study 2 was a longitudinal study with callers followed up approximately one month after their initial call. The questionnaire for Study 2 focused on callers' experience in following up the

referral provided at the time of the call, and on the characteristics that have been associated with treatment attendance. Data were collected using a range of potential treatment contact outcomes in order to fully capture caller contact with treatment options. Information was collected in regard to the original referral as well as contact with other treatment types or agencies.

In Study 2, 441 calls met all inclusion criteria. Of these, 258 callers (59%) agreed to participate in the study. The callers reported their primary substance use as follows:

- alcohol – 142 people;
- cannabis – 58 people;
- heroin – 29 people;
- methadone/buprenorphine – 11 people; and
- amphetamines – 18 people.

WHAT DID THE STUDY FIND?

Socio-demographic characteristics

- approximately one-third of participants were in a relationship while almost half of participants had never been married;
- over 40% of participants were employed either full or part-time; and
- approximately 40% of participants had not completed the VCE or an equivalent, 15% of participants had a certificate, and 20% had a university

degree or other post-graduate education.

Referral provision and outcome

- 40% of eligible callers received two or more referrals;
- the most common type of referral was for counselling (57%), withdrawal support (19%), or pharmacotherapy or self-help groups (16%);

Table 2. Number and percentage of referral types for all eligible callers

	Number	%
Assessment	76	11.9
Counselling – D & A	363	57.0
Counselling – general	32	5.0
Drug & Alcohol Program	11	1.7
Education and information	41	6.4
Emergency medical treatment	3	0.5
General medical treatment	11	1.7
Methadone program	99	15.5
NSEP/Disposal Bin	2	0.3
Psychiatric treatment	5	0.8
Residential program	30	4.7
Self help group	101	15.9
Withdrawal support	120	18.8
Youth Residential Service	2	0.3
Youth Outreach Service	1	0.2
Other	9	1.4
Total	906	

Table 1. Referral information by primary drug for all eligible callers

	Number of callers	Number of referrals	Mean number of referrals	% receiving		
				1 referral	2 referrals	3+ referrals
Alcohol	365	570	1.56	60.0	28.2	11.8
Cannabis	125	214	1.71	52.0	31.2	16.8
Heroin	107	169	1.58	64.5	22.4	13.1
Amphetamines	56	91	1.63	58.9	26.8	14.3
Methadone/bup	109	163	1.50	60.6	30.3	9.1
Total	762	1,207	1.58	59.3	28.1	12.6

- 64% of participants reported some contact with the referral agency, with 30% of callers who were given a referral attending at least one help session; and
- of the participants that did not attend treatment at the referral agency, 24% went on to attend treatment with another service provider.

Factors associated with referral outcomes

- female callers were less likely to act upon a referral (45% of females and 27% of males did not act), although rates of treatment attendance for all drug types combined were similar between women and men;
- female alcohol callers were less likely to act on a referral than male callers, but were slightly more likely to attend treatment. Female cannabis users were least likely to act on a referral in any capacity (although these results are not reliable due to the small number of people in this group);
- being married or in a de facto relationship appeared to increase the likelihood of contact with the referral agency, although it did not translate into higher rates of treatment attendance;
- unemployed callers were least likely to attend a treatment session; and
- callers with less than a Year Ten education were least likely to act on a referral, and callers with less than a Year Twelve education were least likely to attend a help session.

Table 3. Referral outcomes per caller

	Number	%
Did not act	72	34.6
Contacted agency	64	35.3
Attended help session	59	29.0
Other/not asked/refused	3	1.0
Total	198	100.0

Table 4. Referral outcome by stages of change

	Contemplation		Preparation		Action	
	Number	%	Number	%	Number	%
All drug types¹						
Did not act	8	35.2	35	32.3	26	40.1
Contacted agency	10	42.3	35	36.2	15	27.8
Attended help session	5	22.5	31	30.7	21	30.0
Other/not asked/refused	0	0.0	1	0.8	2	2.2
Total	23	100	102	100	64	100
Alcohol						
Did not act	7	38.9	19	30.6	11	39.3
Contacted agency	7	38.9	22	35.5	3	10.7
Attended help session	4	22.2	21	33.9	13	46.4
Other/not asked/refused	0	0.0	0	0.0	1	3.6
Total	18	100.0	62	100.0	28	100.0

¹ includes some missing/unknown responses

Substance use-related factors

- callers that only used one substance in the past year were more likely to act on a referral, however, they were only slightly more likely to attend a help session than callers that used three or more substances in the past year;
- not using any substances in the past month was most associated with acting on a treatment referral, while using fewer substances was associated with attending a help session; and
- injecting drug use experience was associated with increased rates of contacting the treatment agency, however it did not increase the likelihood of treatment entry.

Treatment experience

- callers that had some lifetime experience with substance use treatment were 29% more likely to attend a help session than those with no treatment experience.

The transtheoretical stages of change model is often used to explain the readiness to change a problematic behaviour. This model proposes five stages of change: precontemplation, contemplation, preparation, action, and maintenance. The five stages range from the stage at which there is no intention to change behaviour in the foreseeable future (precontemplation) to the stage in which people work to prevent relapse and consolidate the gains attained during action (maintenance). When this model of change was applied, the research found that callers in the contemplation stage were more likely to contact the referral agency, whereas callers in the preparation or action stage were less likely to contact the agency (42% compared to 36% and 28%, respectively). Callers in the preparation or action stages were more likely to attend a help session than those in the contemplation stage (31% and 30% compared to 23%, respectively).

Caller comments related to referral outcome

- 14% of callers that contacted an agency had a “difficult contact”, 5% were uncomfortable with the agency, 7% reported long waiting lists, 9% did not arrange or keep the appointment or reported inconvenience with the service; and
- 9% of callers that did not contact the agency lost the referral information, and 5% were uncomfortable with the agency.

Figure 1. Outcome when the caller contacted the referral agency

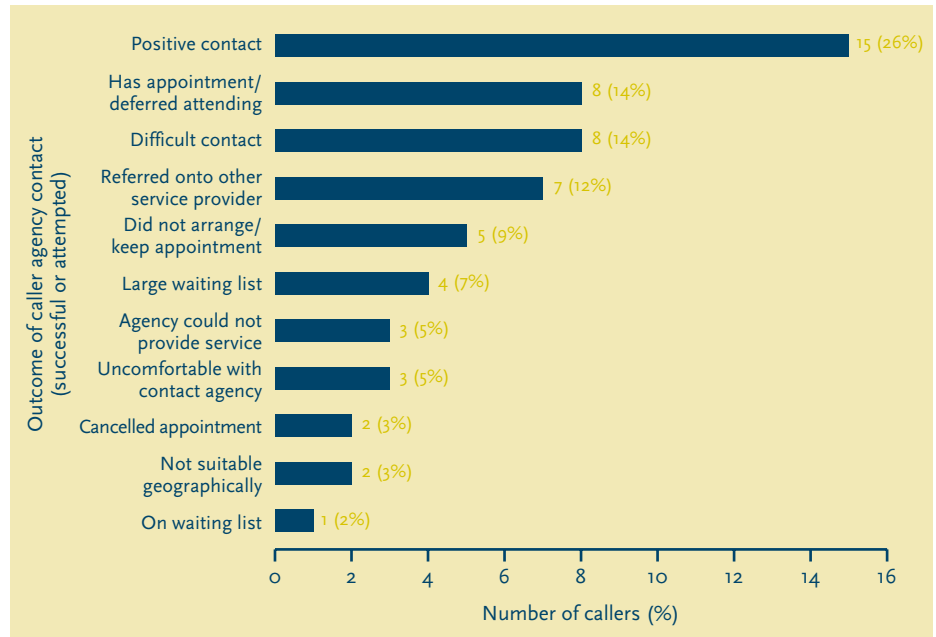
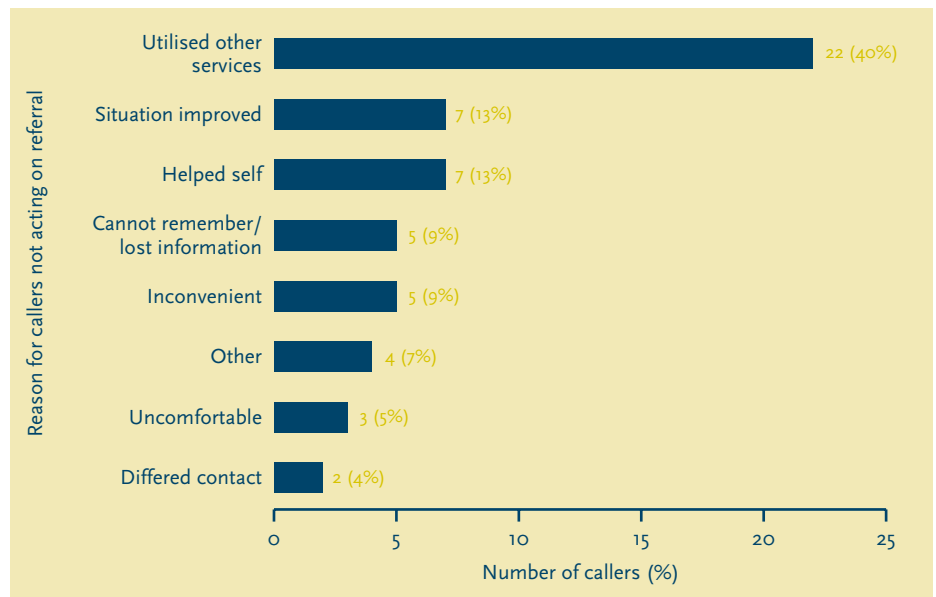


Figure 2. Reasons why callers did not act on DirectLine agency referral



The implications of this research for alcohol and other drug treatment services

WHAT ARE THE IMPLICATIONS FOR DIRECTLINE SERVICES?

Approximately 45% of participants in Study 1 had no previous experience of seeking help in relation to their problem. The unique accessibility of the 24/7 helpline environment, coupled with the high levels of perceived safety and control associated with the anonymous telephone interaction, make this a common first point of contact for people seeking assistance. **This 'gateway' function has important implications for the types of interventions appropriate for working with callers in the helpline environment**, for example counsellors addressing client ambivalence in the counselling and referral context.

This study also revealed that slightly over half of callers did have experience within the treatment sector. **These individuals may require a different counselling approach to re-engage them with treatment services.**

The level of repeated contact among DirectLine callers was higher than previously identified by the service. This should be considered further with regard to the role of the service in providing both one-off and ongoing support contacts with callers. **In particular, this may require a potentially different approach to first-time callers and those that have experience with treatment.**

Referral follow-up data indicated that approximately 64% of callers went on to make contact with one or more referral service. While these figures suggest quite a high level of follow-up activity following the DirectLine contact, it is important to keep in mind that these results apply to only a subgroup of DirectLine callers.

Although the outcomes of DirectLine referrals were largely positive, there is scope for improvement, for example call transfers, direct appointment scheduling or proactive referral techniques. This will require better linkages with agency-based services as well as the development of strategies to make referral after hours easier.

Several client characteristics were associated with referral outcomes. These may be used to identify clients expected to have difficulty either making contact with an agency and/or attending a treatment session. **These characteristics should be included in any studies of the effectiveness of changes to the referral process and may prove useful for targeting callers that may benefit from a more supportive referral process.**

WHAT ARE THE IMPLICATIONS FOR THE WIDER TREATMENT SECTOR?

Results from Study 1 indicate that approximately 20% of callers contacted DirectLine for assistance while receiving other treatment for their alcohol or other drug problem. Understanding the nature of concurrent treatment usage may highlight client preferences in the help-seeking process and/or potential gaps or barriers in agency-based service provision (e.g., waiting times, time of day). Additionally, receiving treatment from multiple providers may raise issues regarding continuity of care across the alcohol and other drug service system or duplication of services provided. **The extent to which dual service usage affects continuity of care and optimal service linkages should be investigated.**

While 64% of callers reported some level of referral follow-up with nominated agencies, just under half of these attended one or more treatment session (48%). Barriers to treatment access at the agency level included difficulty in contacting the agency, with 14% of callers that contacted an agency (but did not attend a help session) reporting problems getting through to the agency, or the agency not returning calls. Large waiting lists were reported by 7% of callers that contacted the referral agency. **While Helpline referral methods and attrition need to be investigated further, treatment attrition and barriers at the service level similarly need to be investigated and addressed within the wider alcohol and other drug treatment system.**

Comments related to referral outcome also highlighted the importance of effective communication between DirectLine and treatment providers. Twelve per cent of callers that contacted an agency were referred to another agency and 5% of callers stated that the agency could not provide the service. **This should be explored further with regard to the accuracy of referral information provided to DirectLine and the consistency of agency intake practices at the community level.** This is essential in order to make the best use of the referral capacity of DirectLine, improve client service, and reduce incorrect and unnecessary referrals.

Conclusion

Two studies were developed to address identified gaps in knowledge regarding service utilisation and consumer profiles in the alcohol and drug telephone counselling and referral system. The studies were undertaken to inform the Victorian alcohol and drug service system.

Study 1 was designed to assess the role of DirectLine in the treatment pathway of substance users as part of their overall alcohol or other drug help-seeking behaviour. This included the use of telephone and face-to-face treatment.

Study 2 was designed to examine the referral function of DirectLine, by determining the total number of referral uptake among callers that use licit and illicit substances. Other factors believed to affect treatment entry were also examined (e.g., gender, relationship status, employment status).

Both studies resulted in information that more completely describes the individuals that use alcohol and drug telephone services. Evidence points to a high degree of repeated use of DirectLine as well as previous and concurrent use of face-to-face counselling services. These findings affect both service delivery within DirectLine as well as linkages to agency-based services.

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