Alcohol and Drug Foundation

Help-seeking for risky alcohol and drug use.

Survey Report

November 2023

Alcohol and Drug Foundation
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Executive Summary

The Alcohol and Drug Foundation (ADF) conducted a survey of 3,604 Australians, aged 18 and over, to understand key barriers to help seeking behaviour for people who were using alcohol and other drugs (AOD) at risky levels.

AOD use was assessed using the Alcohol, Smoking and Substance Involvement Screening Test – Lite (ASSIST-Lite), with moderate or high scores classified as 'risky AOD use'.

Findings identified the key barriers and opportunities to early help seeking behaviour for people with risky AOD use.

Summary of Findings

This report examines the help-seeking pathways of people who use AOD at risky levels, as well as the barriers they faced along the way (N= 2,893).

Participants who wanted to change their AOD use reported they were more likely to try self-management strategies, than seek informal or professional help.

However, it was more common among those wanting to change their drug use to want informal or professional help (compared to those who used alcohol).

Three help-seeking pathways were investigated: self-help strategies, seeking informal support from family and/or friends, and accessing professional help.

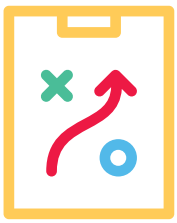
Despite differences in popularity, all three help-seeking pathways were reported to be associated with self-reported changes in behaviour.

There were perceived barriers at each step of these help-seeking pathways, from awareness; to desire to change; to actioning that change.

Barriers include:

- Many did not believe that their AOD was an issue or problem. This may be driven by a lack of awareness of what behaviours contribute to risky AOD use, and how these can increase the risk of related harms.
- The majority of those reporting high AOD use reported that they wanted to change their AOD use. This motivation was lower among those using at moderate risk levels, primarily due to a belief that their AOD use was not a problem, and they enjoyed its use.
- Key barriers for not engaging in help-seeking (despite wanting to change AOD use) were consistently: 1) not believing their AOD use was a problem, and 2) other life priorities. As such, there may be a disconnect between wanting to change, but not having sufficient desire, confidence or resources to carry out this change.
- Other, less consistently identified, reasons for not seeking help were: enjoyment of drinking; drinking to cope with stress; drinking being a habit which was too hard to break/cravings too strong; being busy; worried about being judged by family and friends; perceived high costs of professional help.

Consequently, only a small number of people who use AOD at risky levels were likely to change how they used alcohol and/or drugs.



Key Opportunities for Action to Prevent Harms from Alcohol and Other Drugs

A multi-faceted approach is needed to reduce the factors that discourage help-seeking to change AOD use. These include:

1. Boost awareness of what constitutes risky AOD use and the associated harms to increase the number of people wanting to change their alcohol and drug use.
   - Implement education programs, tailored to local communities, to prompt people to move from not knowing what is considered risky AOD use, to being aware of the behaviours that increase their risk of experiencing AOD harms. To be effective, these programs need to focus on the harms and benefits that resonate most with people who use AOD at risky levels. This most likely includes educational information explaining individual-, family-, community- and Country-level harms.
2. Foster a desire to change AOD use, particularly among those who are at a moderate risk of experiencing AOD harms.
   - Consider promoting messages and tools to shift motivation, such as messages that:
     - examine the pros and cons of continuing versus changing AOD use
     - explore the anticipated outcome of seeking help for AOD use
     - increase self-efficacy to seek help.
3. Ensure people can easily access effective self-help tools and information to support their behaviour change and ensure the self-help pathway, which was identified as the most popular option, will be successful.
   - Promote the effectiveness of self-help strategies to encourage others to consider trying these.
   - Identify and provide easy access to evidence-based tools to support those who are undertaking behaviour change on their own.
4. Increase interest in informal support, such as support from family and friends of people who use AOD, by building the capability of these people, and in turn the informal support network, to be able to provide support.
   - Build capacity in informal networks by strengthening family and friends' knowledge and skills to support their loved one's behaviour change.
5. Improve access to effective and appropriate self-help options for those reporting high risk use of AOD and connect them to professional help when needed.
   - Invest in creating better pathways to self-assessment to identify risks, strategies to modify behaviour and self-management through digital tools.
   - Connect people to information about professional help options, the associated costs and time involvement, and expected benefits.

Introduction

Alcohol and other drug use accounts for 6.7% of the total burden of all disease and injuries[1] and can have a significant social impact, such as personal and family relationship issues, family violence, work problems, school disengagement, unemployment, and crime.[2]

Harms caused by AOD impact not just individuals but their support networks and communities.

Supporting early help-seeking behaviour among those using AOD at risky levels is important in reducing AOD-related harms.

Curbing AOD use before developing a dependence will reduce the harms and pressure on the healthcare system. Achieving this requires a flexible solution, as each individual's reasons for changing versus not changing AOD use, beliefs about what the outcomes of seeking help will be, and level of confidence to seek help are likely to vary from person-to-person.

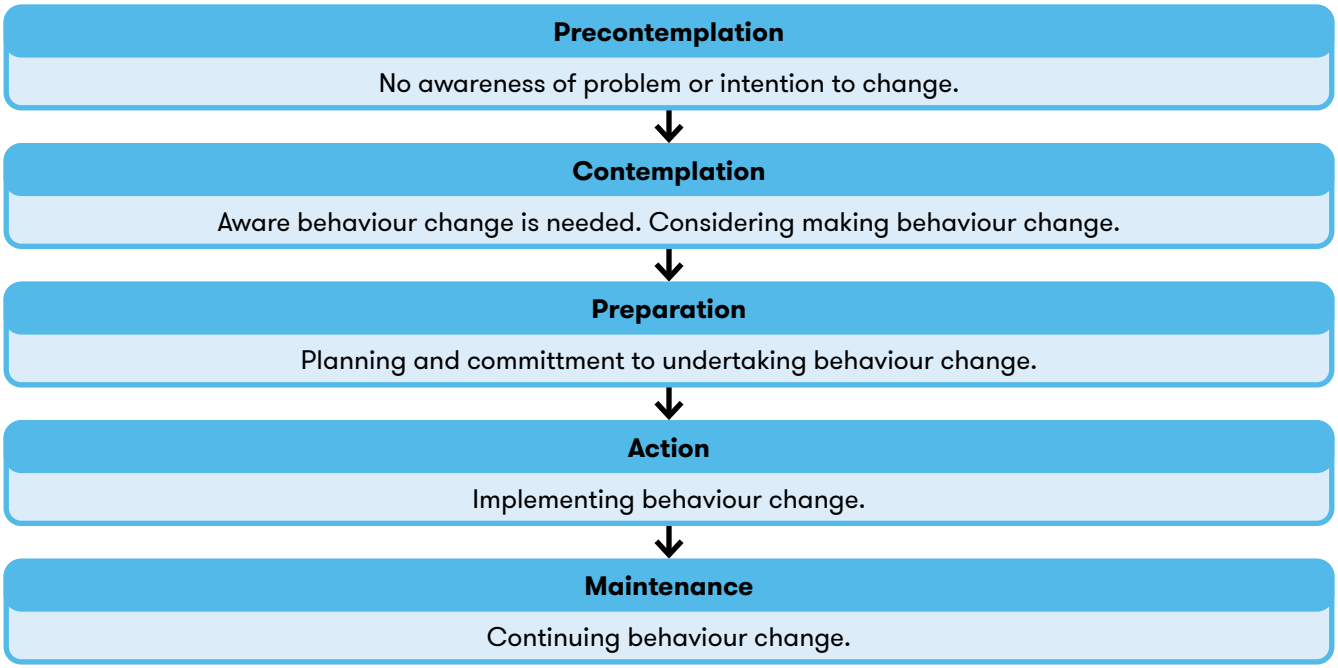
To reduce harms from moderate AOD use, it is important to engage with people early, encourage self-management and early help-seeking behaviour and provide strategies to help them reduce or change their AOD use.

It is critical to intervene early to prevent short- and long-term consequences by helping people at moderate- and high-risk of experiencing harms.

Seeking help for risky AOD use requires people to transition through a series of behaviour change steps:

- The first is believing a change is needed and considering making this change (*contemplation*).
- Following this is committing to the change and planning how it will be made (*preparation*).
- Next is making the change itself (*action*) and continuing it over time (*maintenance*).[3]

The provision of timely information resources and tools can aid in nudging people through these stages.



Central to this is raising the public's knowledge of what constitutes risky AOD use and the associated harms. This information may increase someone's desire to change their AOD use, particularly among people who are not aware their AOD use may be placing them at risk (precontemplation).

For those who want to change their AOD use, there are a variety of help-seeking pathways to choose from, including using self-help strategies, seeking informal support from family and/or friends, as well as accessing professional help.

People face barriers and obstacles at each of these stages, and it is crucial their impact on help-seeking is minimised.

Our Research

To better understand how people want and use AOD information, support and treatment, the Alcohol and Drug Foundation conducts a biennial survey with those who regularly use AOD.

This report provides insights into the findings related to help-seeking behaviours and barriers experienced by those using AOD at moderate- or high-risk of experiencing harm.

Aims

- To estimate the proportion of those who regularly use AOD at risky levels.
- To understand the frequency and type of help-seeking behaviour of people who use alcohol or drugs at risky levels.
- To identify the personal barriers that prevent people from seeking help to reduce their AOD use.
- To identify possible solutions to overcome these barriers.

Method

Social research organisation, Kantar Public, conducted an online, nationwide survey of the ADF's community and professional audiences (see Table 1 for eligibility criteria). A total of 3,604 people completed the survey between May 4 to June 26, 2023. This survey was assessed as low-risk and eligible for review by the ADF's internal ethics committee, which provided ethical clearance.

Table 1.

Sample Eligibility

Community Sample	Professional Sample
Family or friend: concerned about a family member or friend's AOD use, and/or **Regularly use alcohol:** consume alcohol on at least a monthly basis, and/or **Regularly use drugs:** use drugs on at least a 3-monthly basis. This includes use of illegal drugs and use of prescription drugs for non-medical purposes	**Teachers:** primary and secondary school teachers, and/or **Researchers:** academic and social researchers, and/or **Health professionals:** healthcare workers (doctors, allied health, nurses and community health), and/or **AOD workers:** work in AOD sector (policy, treatment, prevention and/or health promotion)

The sample comprised two main groups – a community sample and a professional sample (see Table 1).

This report provides the results of analysis of the community sample, specifically those who regularly use AOD (N= 2,893). It investigates the help-seeking behaviours and barriers among Australians who use AOD at moderate- and high-risk levels as defined by the ASSIST-Lite.

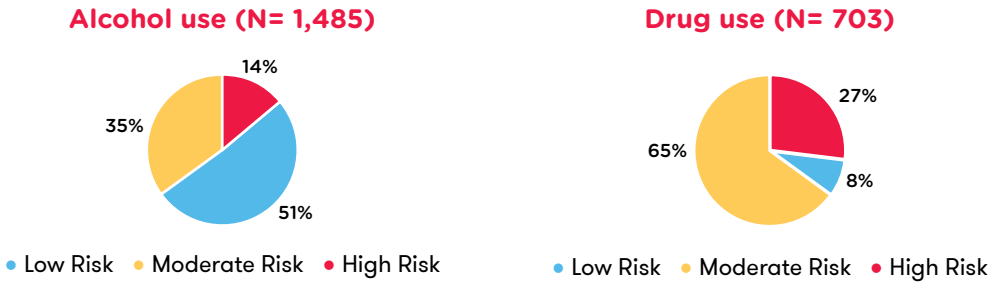
Key Findings: Risky alcohol and drug use

Key Finding 1:

Approximately half (49%) of those who used alcohol regularly, were classified by the ASSIT-Lite as doing so at risky levels (moderate and high risk). Whereas, nearly all (92%) of those used who drugs regularly were at moderate- or high-risk of experiencing harms based on ASSIST-Lite scores (hereafter referred to as 'risky levels'; Figure 1).[4]

Figure 1.

Proportion of participants at low-, moderate- and high-risk of experiencing AOD harms among those who use AOD regularly.



The demographic breakdown of participants who were at moderate- and high-risk of experiencing AOD harms can be found in Table 2.

Table 2.

Demographics of participants with moderate- and high-risk of experiencing AOD harms among those who use AOD regularly.

		Risky Alcohol Use: Moderate and high risk of harms (N= 726)	Risky Drug Use: Moderate and high risk of harms (N= 649)
Gender	Male	405 (56%)	298 (46%)
	Female	317 (44%)	343 (53%)
Age	18-25 years	110 (15%)	122 (19%)
	26-54 years	286 (40%)	386 (60%)
	55+ years	330 (45%)	141 (22%)
State	NSW	240 (33%)	174 (27%)
	VIC	170 (23%)	164 (25%)
	QLD	135 (19%)	129 (20%)
	WA	82 (11%)	64 (10%)
	SA	59 (8%)	75 (12%)
	ACT	16 (2%)	10 (2%)
	TAS	13 (2%)	27 (4%)
	NT	11 (2%)	6 (1%)
Region	Metro	517 (71%)	430 (66%)
	Regional	209 (29%)	219 (34%)

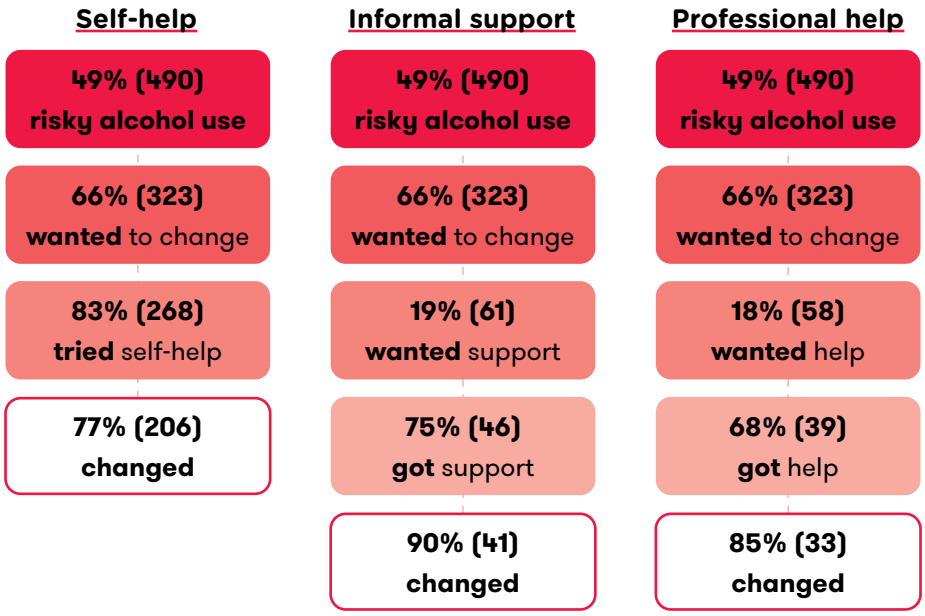
Key Findings: Help-seeking

Key Finding 2:

Two thirds of those using AOD at risky levels report they wanted to change their AOD use (*contemplation*) (Figures 2 and 3).

Figure 2.

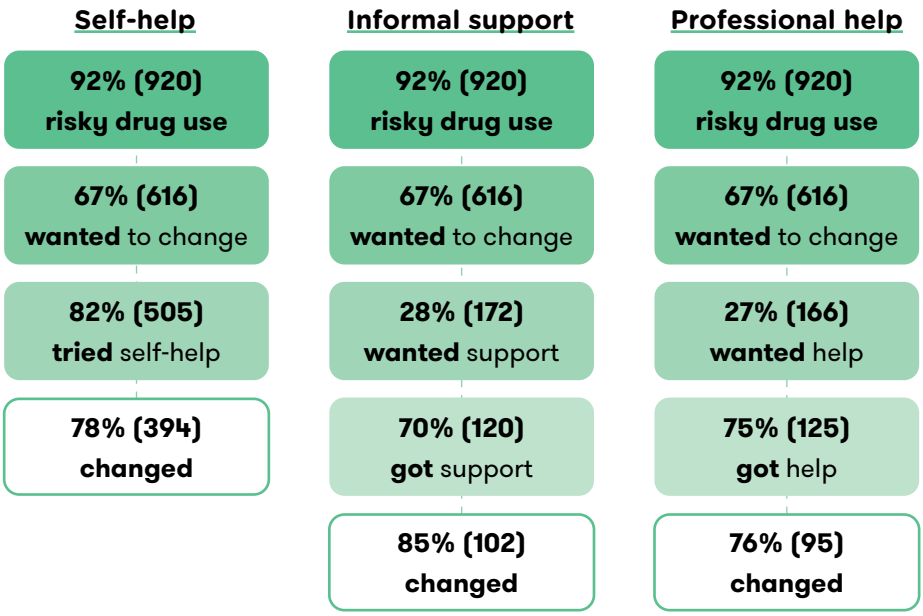
Help-seeking pathways tried by participants who use alcohol at risky levels.



Note. Sample: those who drink at least monthly. Sample percentage applied to a population of 1,000.

Figure 3.

Help-seeking pathways tried by participants who use drugs at risky levels.



Note. Sample: those who use drugs at least every three months. Sample percentage applied to a population of 1,000.

Key Finding 3:

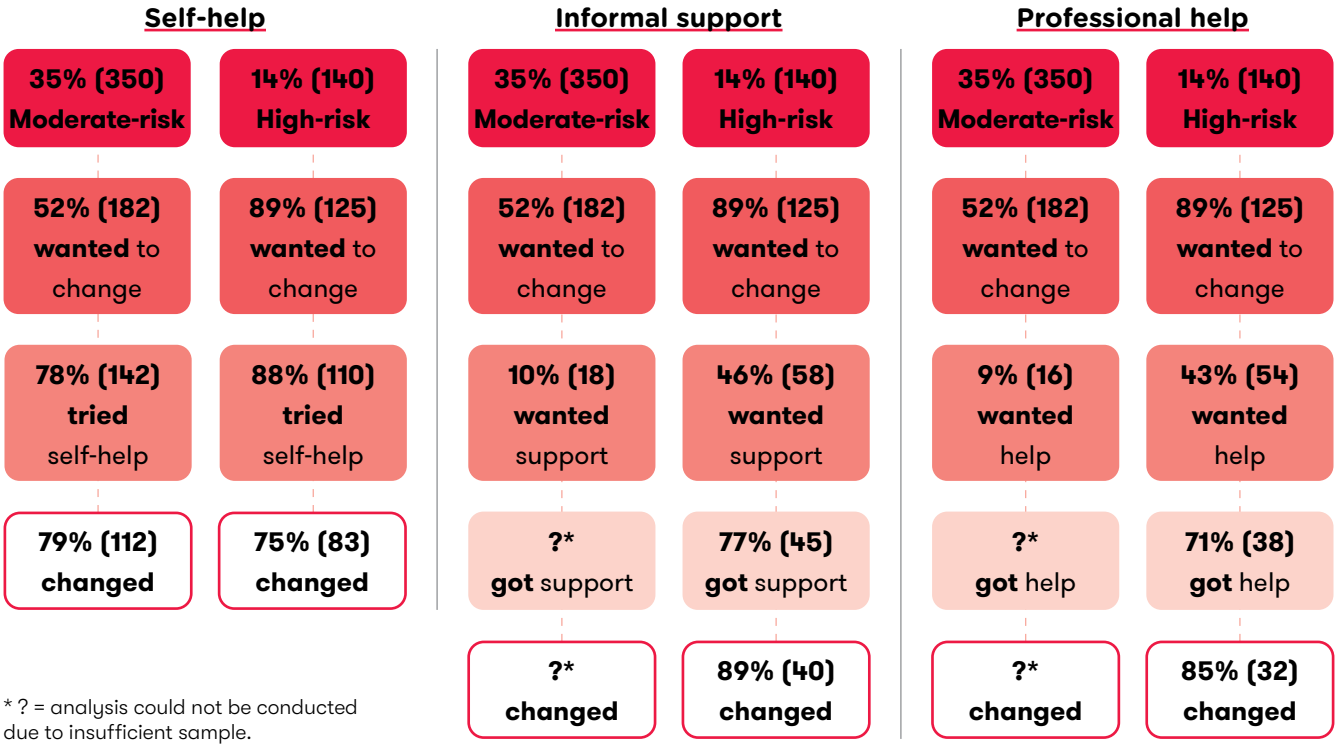
Most participants were able to try self-help strategies, and to a lesser extent also get informal support and/or professional help (*action*) (Figure 2 and 3).

Key Finding 4:

Self-help strategies were commonly tried, yet less than half of those who used alcohol at risky levels wanted informal or professional help. Despite this, all help-seeking pathways were reported to be relatively effective for participants using alcohol at risky levels (Figure 4).

Figure 4.

Help-seeking pathways tried by participants with moderate- and high-risk of experiencing alcohol harms.



* ? = analysis could not be conducted due to insufficient sample.

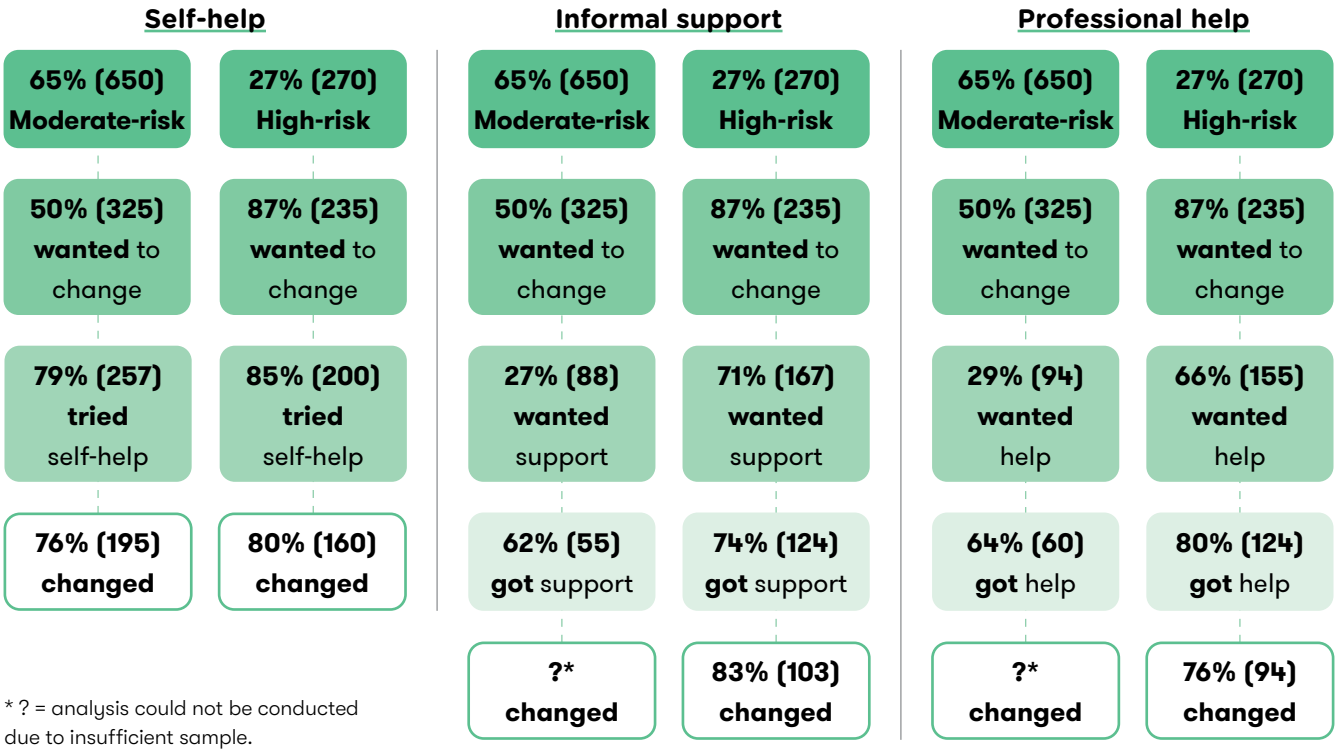
Note. Sample: those who drink at least monthly. Sample percentage applied to a population of 1,000.

Key Finding 5:

Self-help strategies were also popular among those who use drugs. Compared to those with a high-risk of experiencing drug harms, those with a moderate risk were notably less likely to want informal or professional help. All forms of help-seeking were reported to help participants to change their drug use (Figure 5).

Figure 5.

Help-seeking pathways tried by participants with moderate- and high-risk of experiencing drug harms.



* ? = analysis could not be conducted due to insufficient sample.

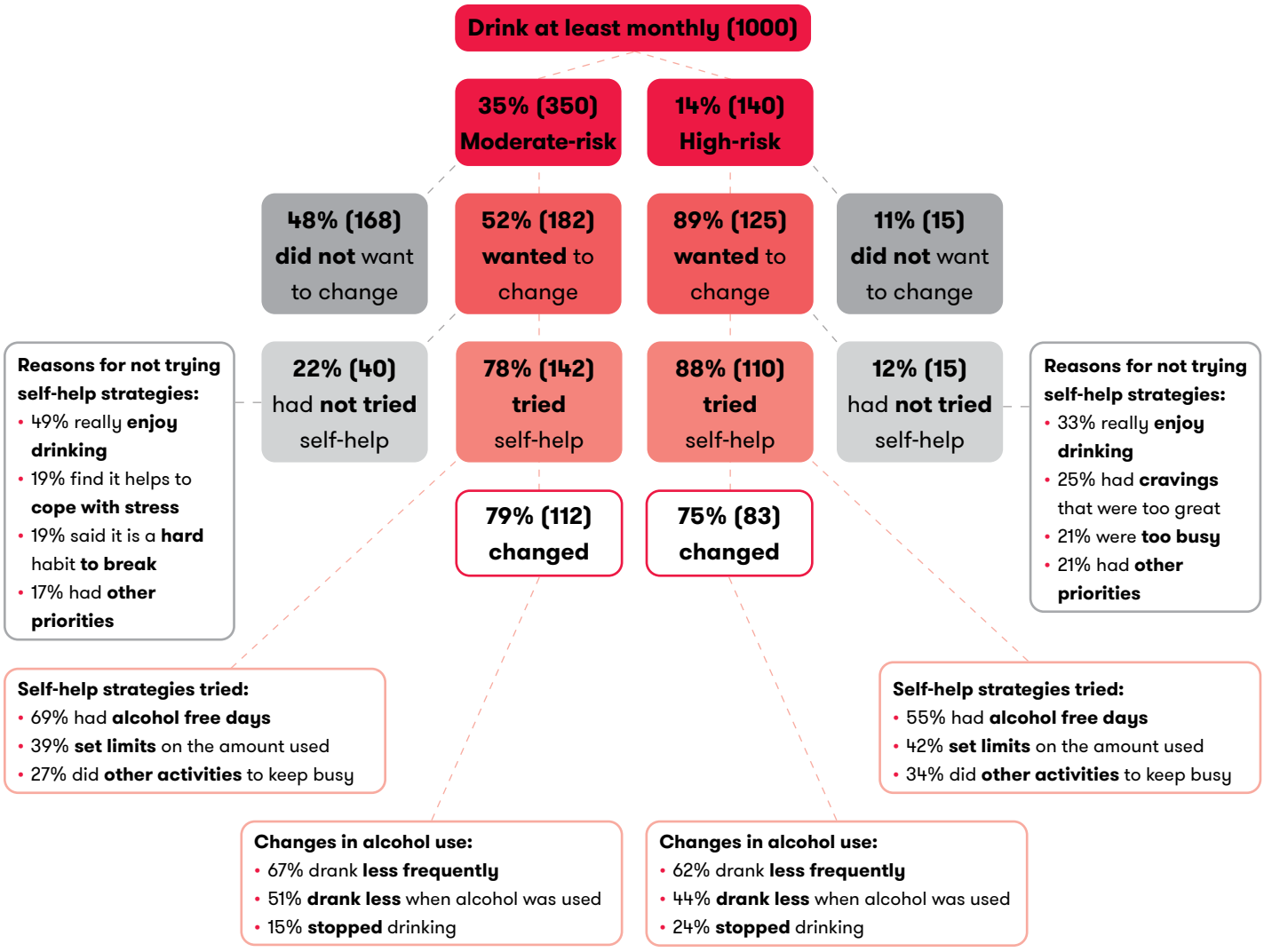
Note. Sample: those who use drugs at least every three months. Sample percentage applied to a population of 1,000.

Key Finding 6:

When people reported having changed their AOD use, they were most likely to reduce how often they used alcohol/drugs, followed by consuming less when they did use, and temporarily stopping their use. This pattern was consistent across all three help-seeking pathways (Figures 6-11).

Figure 6.

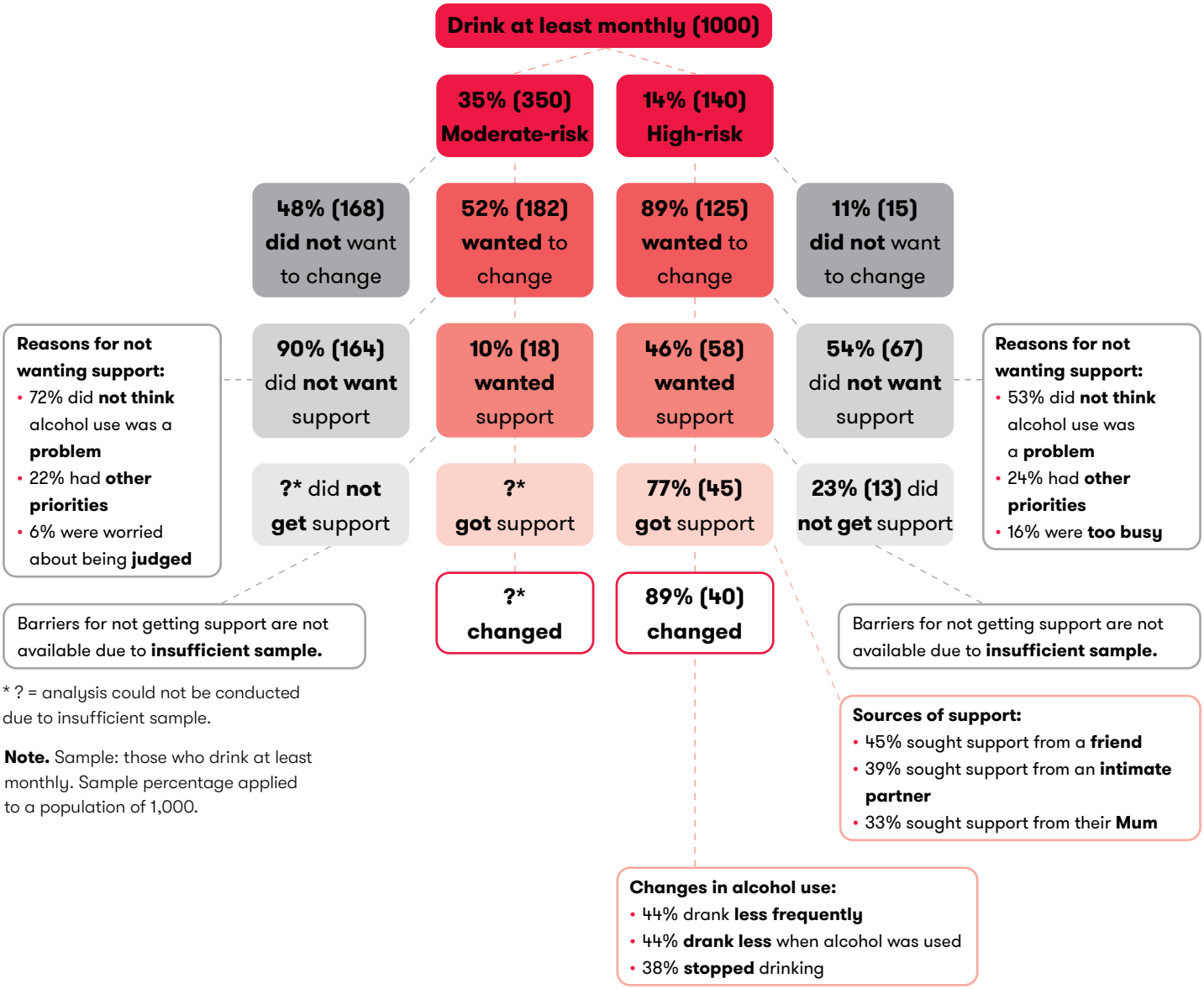
Self-help pathway and barriers experienced by participants with moderate- and high-risk of experiencing alcohol harms.



Note. Sample: those who drink at least monthly. Sample percentage applied to a population of 1,000.

Figure 7.

Informal support pathway and barriers experienced by participants with moderate- and high-risk of experiencing alcohol harms.



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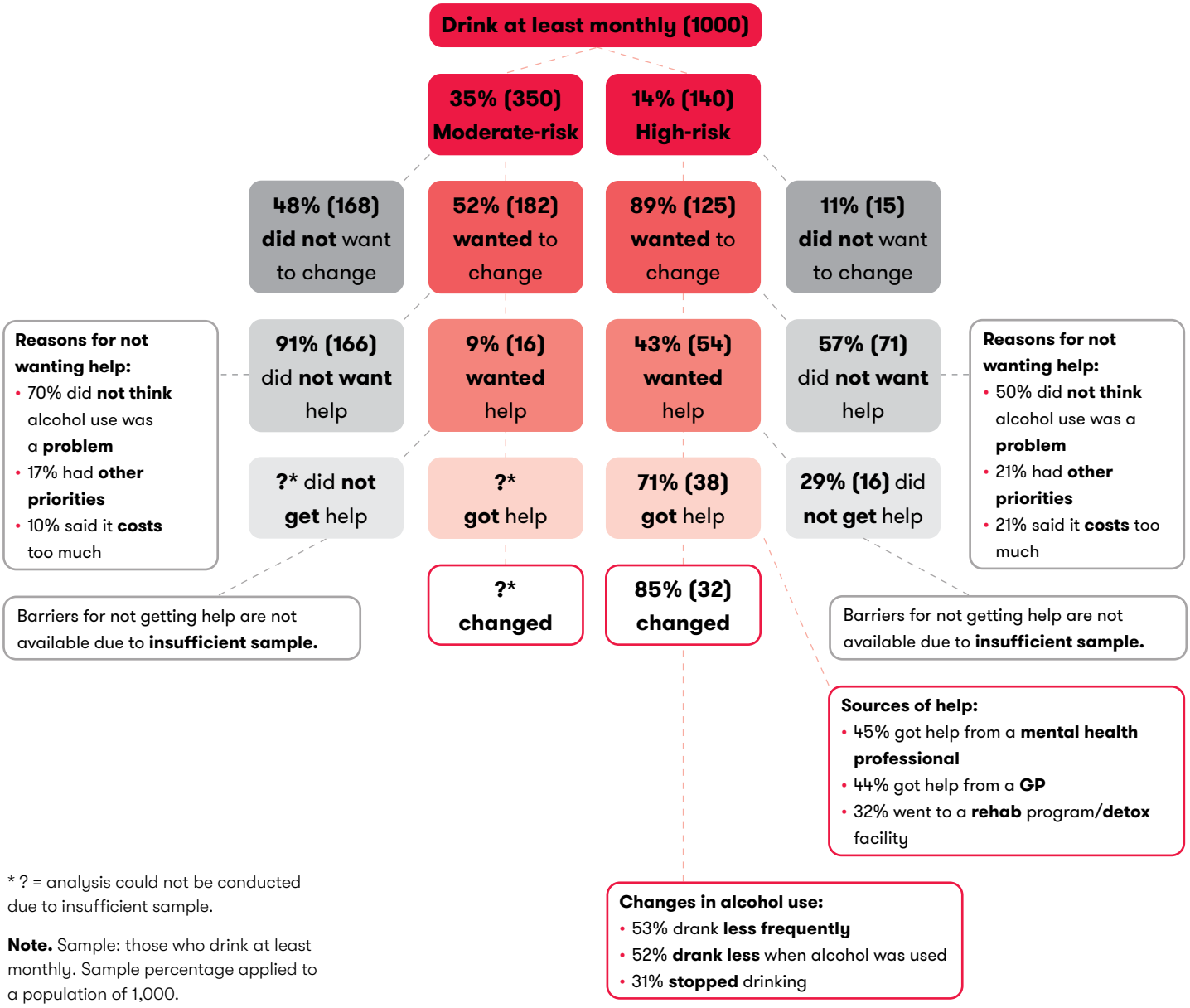
Note. Sample: those who drink at least monthly. Sample percentage applied to a population of 1,000.

Figure 8.

Professional help pathway and barriers experienced by participants with moderate- and high-risk of experiencing alcohol harms.

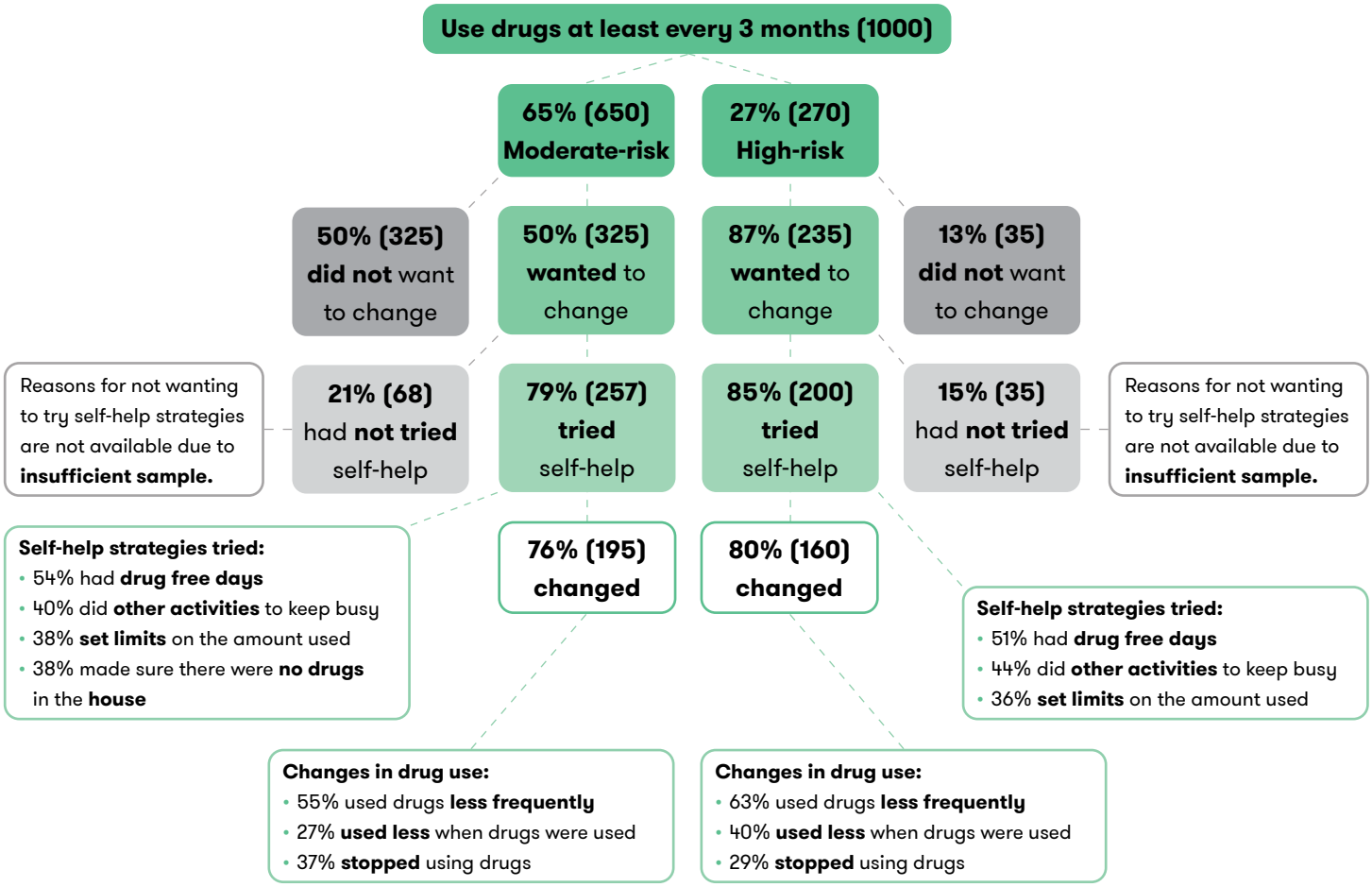


* ? = analysis could not be conducted due to insufficient sample.

Note. Sample: those who drink at least monthly. Sample percentage applied to a population of 1,000.

Figure 9.

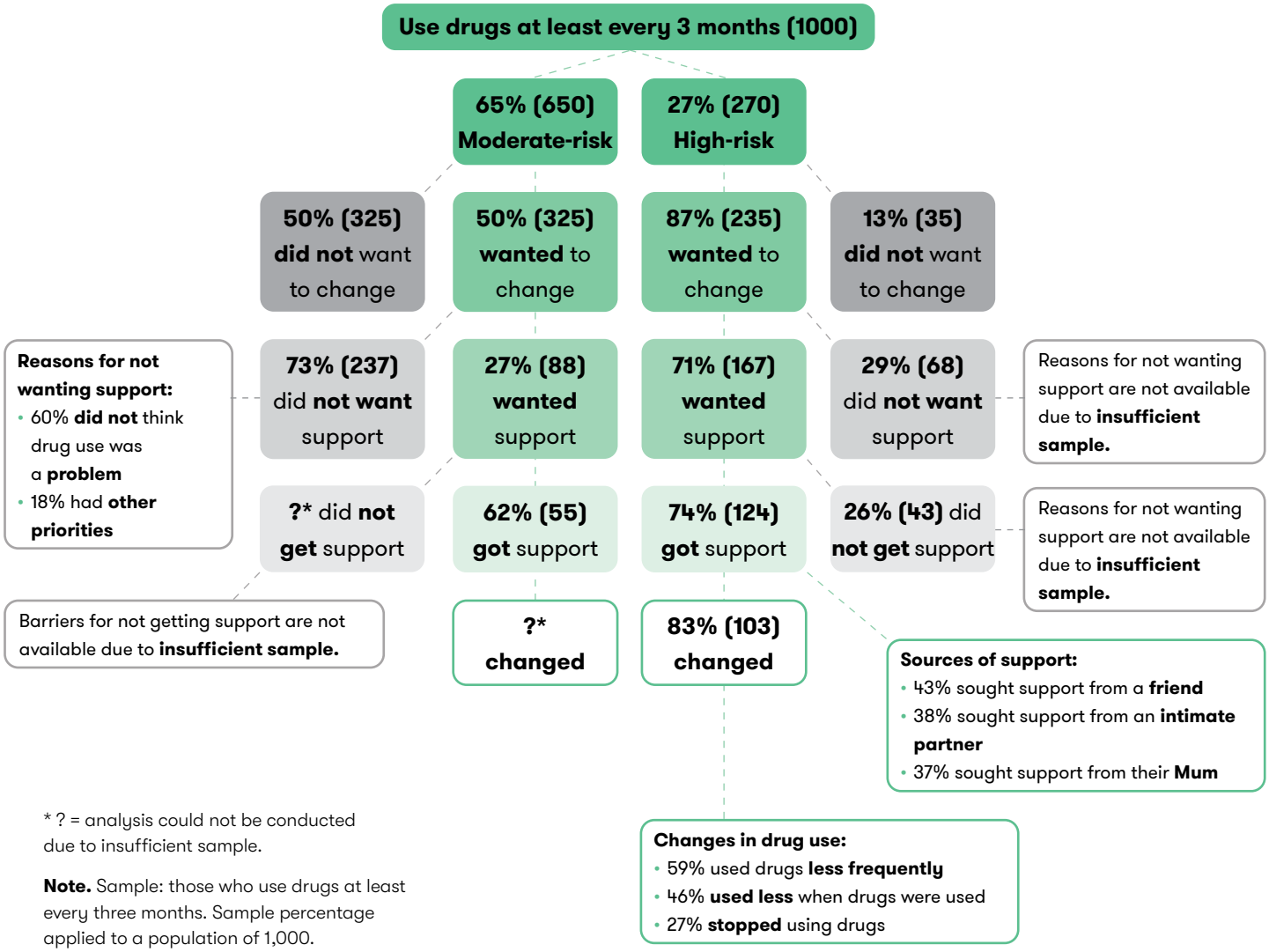
Self-help pathway and barriers experienced by participants with moderate- and high-risk of experiencing drug harms.



Note. Sample: those who use drugs at least every three months. Sample percentage applied to a population of 1,000.

Figure 10.

Informal support pathway and barriers experienced by participants with moderate- and high-risk of experiencing drug harms.

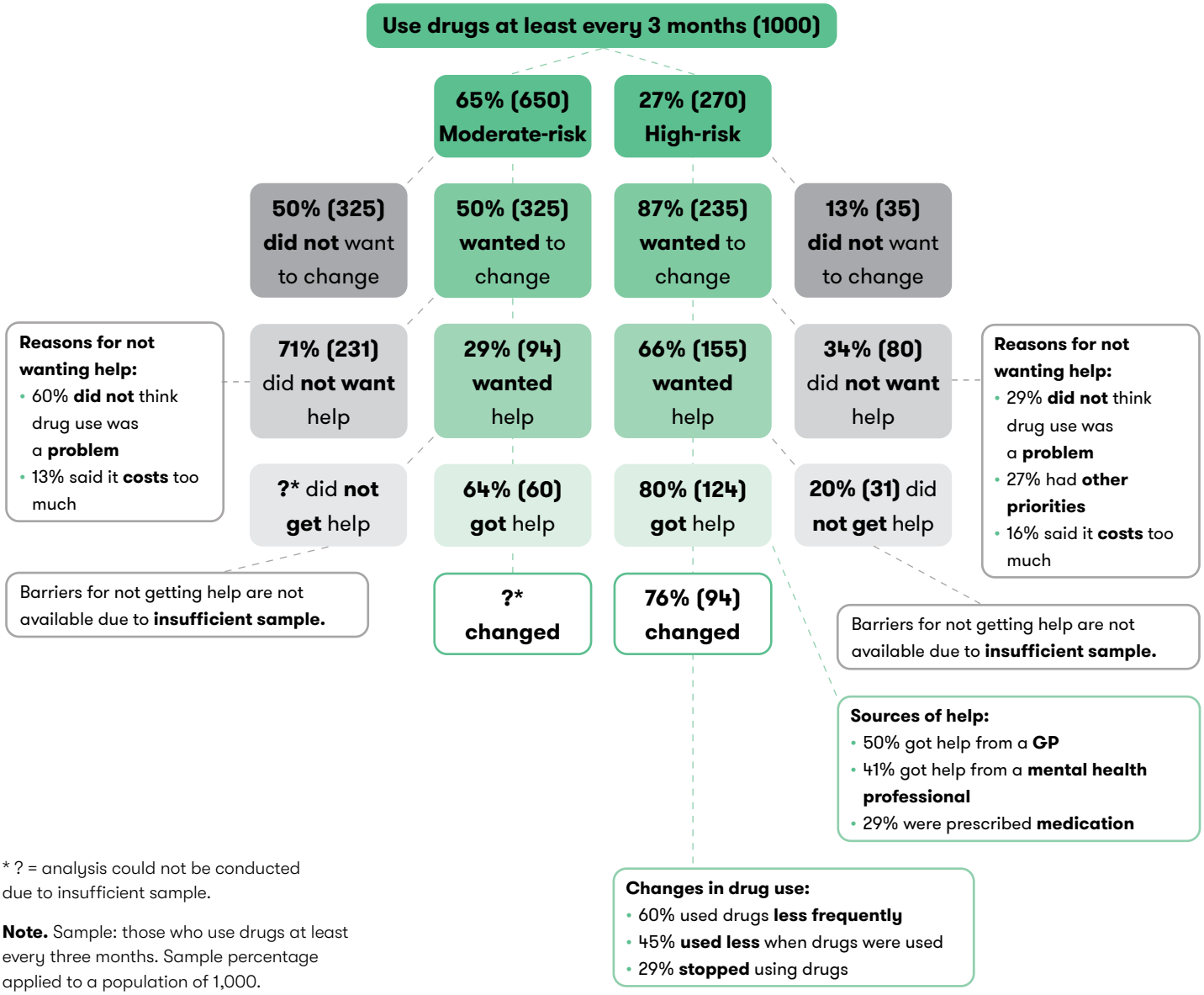


* ? = analysis could not be conducted due to insufficient sample.

Note. Sample: those who use drugs at least every three months. Sample percentage applied to a population of 1,000.

Figure 11.

Professional help pathway and barriers experienced by participants with moderate- and high-risk of experiencing drug harms.



* ? = analysis could not be conducted due to insufficient sample.

Note. Sample: those who use drugs at least every three months. Sample percentage applied to a population of 1,000.

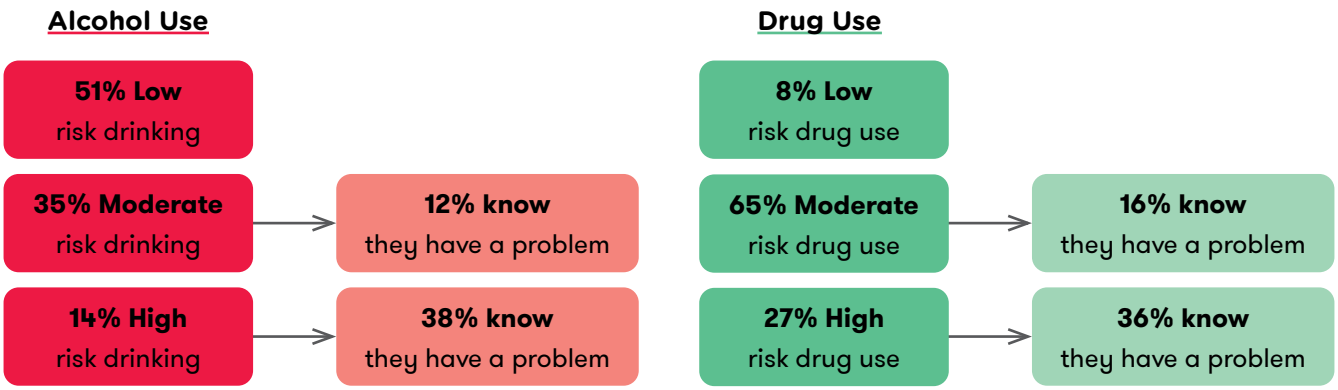
Key Findings: Barriers and reasons for not help-seeking

Key Finding 7:

Only one in five people who used AOD at risky levels believed their AOD was a problem. While awareness that AOD use might be a problem was higher among participants with a high-risk of experiencing AOD harms, it was still less than 40% (Figure 12). Lack of awareness is a likely barrier to considering behaviour change (*precontemplation*).

Figure 12.

Awareness AOD use may be a problem by ASSIST-Lite category.

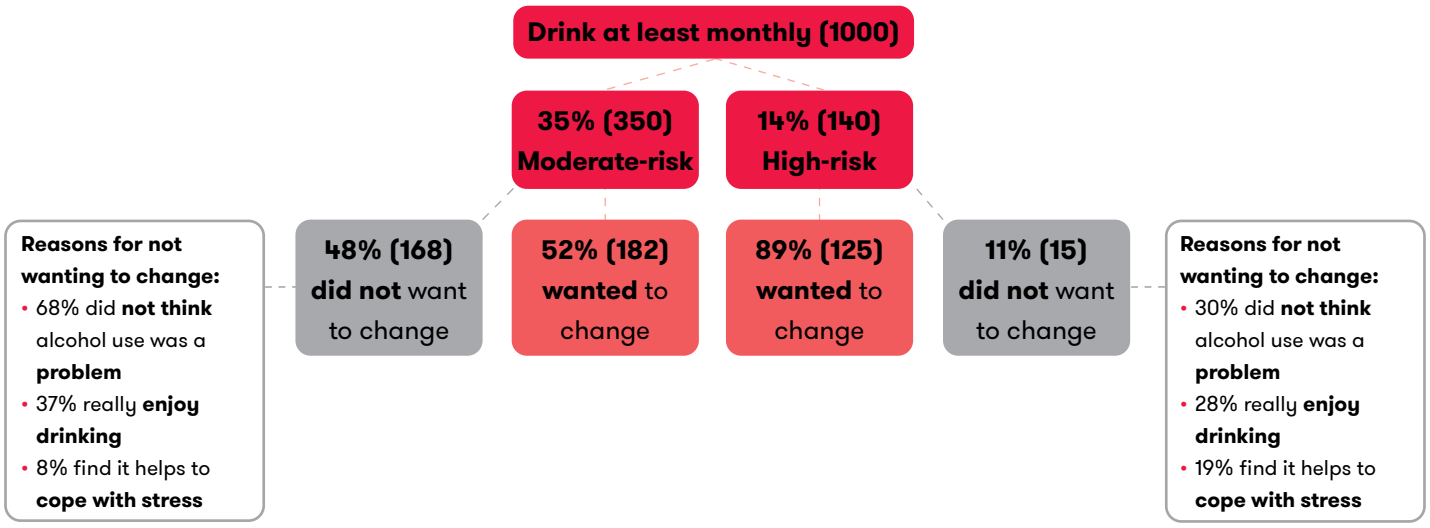


Key Finding 8:

The majority of those who were at a high-risk of experiencing AOD harm (87%-89%) reported they have previously wanted to change their AOD use. In contrast, only half of those with moderate ASSIST-Lite scores (50%-52%) had wanted to do this (Figures 13 and 14).

Figure 13.

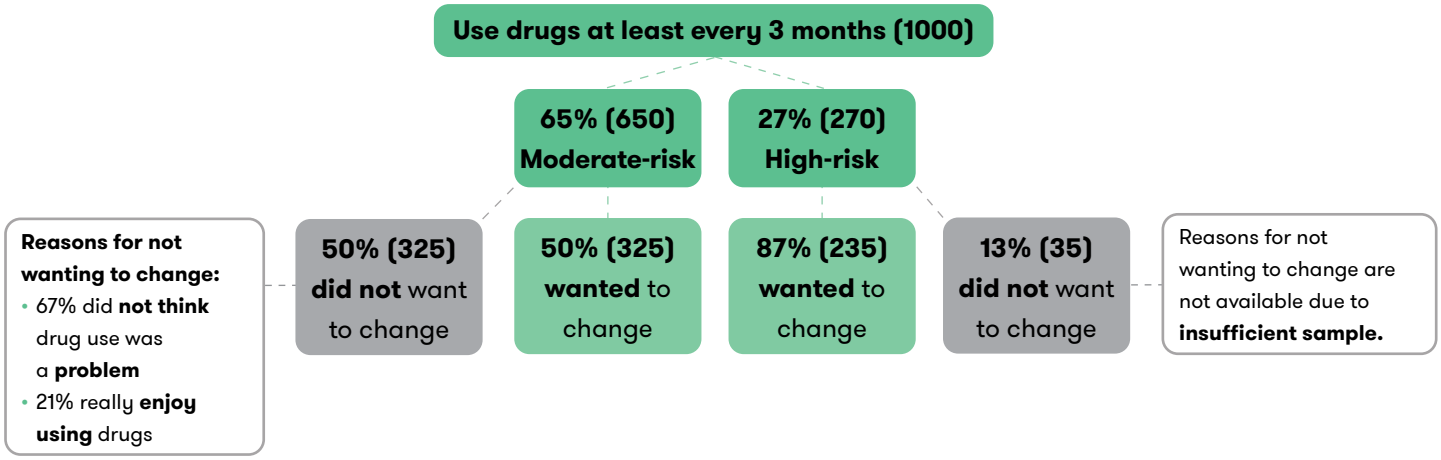
Top reasons for not wanting to change drinking among participants with moderate- and high-risk of experiencing alcohol harms.



Note. Sample: those who drink at least monthly. Sample percentage applied to a population of 1,000.

Figure 14.

Top reasons for not wanting to change drug use among participants with moderate- and high-risk of experiencing drug harms.



Note. Sample: those who use drugs at least every three months. Sample percentage applied to a population of 1,000.

Key Finding 9:

The main reasons for not wanting to change alcohol use for both risk levels were: thinking drinking is not a problem; enjoying drinking; and, using alcohol to cope with stress (Figure 13). Similarly, the main reasons for not wanting to change drug use were: believing it was not a problem; as well as enjoying it (Figure 14).

Note: there was an insufficient sample to examine the barriers for wanting to change among those at high-risk of experiencing drug harms.

Key Finding 10:

Those who had not tried self-help strategies, despite wanting to change their alcohol use, most commonly indicated their enjoyment of drinking was a barrier. However, those who implemented self-help strategies were most likely to introduce alcohol free days (Figure 6).

Note. there was an insufficient sample to identify the barriers for trying self-help strategies among those at risk of experiencing drug harms.

Key Finding 11:

Those who did not want informal support or help from a professional most frequently reported this was because: 1) they did not believe their AOD use was a problem, and 2) they had other priorities requiring their attention (Figures 7-8 and 10-11).

Note: there was an insufficient sample to examine the barriers for wanting informal support among those at high-risk of experiencing drug harms.

Limitations

This report provides valuable insights into help-seeking behaviours and barriers.

However, the findings need to be interpreted within the context of the following limitations:

- This is not a population survey and does not seek to estimate the proportion of Australians who use AOD at risky levels.
- Despite using data from over 2,500 participants, the sample size was insufficient to identify the barriers at all stages of the help-seeking process.
- AOD use (to determine risk of experiencing AOD harms) was self-reported. Self-reported AOD use may be prone to under-reporting.
- Changes in AOD use (as a consequence of trying a help-seeking pathway) are self-reported and the data do not allow for analysis of impact of behaviour change on risk level nor on long term changes.
- This survey focused on individual circumstances that can discourage help-seeking and does not include system barriers (such as the location of services and waitlists), in the analysis.

References:

1. Australian Institute of Health and Welfare. *Australia's Health 2018*. Australian Institute of Health and Wellbeing; 2018. [Accessed October 23, 2023]. https://www.aihw.gov.au/reports/australias-health/australias-health-2018/contents/table-of-contents
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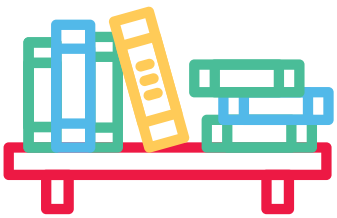

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