



## Issues Paper #3

### Telehealth and digital access

#### Background

The COVID-19 pandemic has forced many alcohol and other drugs services to expand strategies for remote access, to maintain vital support services whilst adhering to physical distancing and other COVID-safe standards of delivery. These strategies have included telehealth and other forms of digital access.

#### Defining the terms

Whilst the term ‘telehealth’ is often used as a cover-all to describe all forms of technology-aided remote access, it primarily refers to phone-based, in-app or online chat services designed to provide access to education, information and referral.

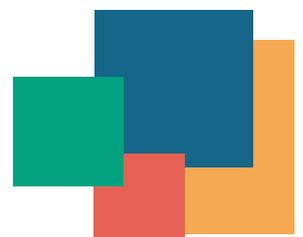
‘Digital access’ refers to delivery across the full suite of virtual care options, utilising a breadth of digital platforms that have been selected for their suitability against the relevant treatment modality. Digital access approaches are designed on the principle of localised, tailored solutions that fit the specific needs of people accessing those services, using strategies that actively support the therapeutic alliance.

#### Exclusion and the digital divide

In a 2020 survey of services by the State and Territory Alcohol and Other Drugs Peaks Network and research undertaken by the Drug and Alcohol Nurses of Australasia, which looked at how service delivery is adapting in the context of COVID-19, the sector reported high levels of digital exclusion amongst people seeking support for their use of alcohol and other drugs.

Barriers to telehealth and other forms of digital access include poverty, locational disadvantage and lack of access to a safe site from which to access therapeutic services.

Many simply don’t have the material resources to purchase the data and devices needed for consistent and reliable access to vital services delivered by phone or online. Some rural and remote communities continue to struggle with limited or even no access to reliable and quality telecommunications services. Vulnerable groups, such as women experiencing domestic and family violence or other groups who are endangered within their home settings, or those without homes of their own, can find their safety even more at risk in the absence of access to a safe and confidential environment from which to access sensitive, therapeutic services.





There is some evidence that telehealth and digital access may be inappropriate for specific cultural groups, such as Aboriginal and Torres Strait Islander communities. There are also reports that those experiencing cognitive impairment may struggle to engage with online platforms.

## Consumer choice and person-centred care

Telehealth and digital access can be a good option for some, increasing access where circumstances make it a good fit for individual needs and enabling treatment to continue within a physical distancing environment. However, we must be cautious about overinvesting in an approach that can further marginalise groups already experiencing high levels of exclusion.

The means by which services are delivered must, to the greatest extent possible, be determined based on consumer choice and the principles of person-centred care. By increasing the total capacity of the sector to engage in flexible modes of delivery that leverage the built infrastructure of existing community services and tailor responses to the unique needs of individuals and communities, we will be able to reduce barriers to access for all.

There is also a need for further evaluation of the impact of digital access on the therapeutic alliance and the efficacy of treatment outcomes. This is an area in which limited research is available; any ongoing expansion of telehealth and digital access options must be grounded in evidence that is still being explored.

## About us

The Australian Alcohol and other Drugs Council (AADC) is the national peak body representing the alcohol and other drugs sector, comprising: specialist health services working to prevent and reduce harms which can be associated with the use of alcohol and other drugs; practitioners working in alcohol and other drugs treatment settings and the areas of prevention and early intervention; researchers and policy specialists dedicated to building the evidence-base to support robust and evidence-based practice and programs; and people who use or have used alcohol and other drugs, and their families.

## Our purpose

We work to advance health and public welfare through achievement of the lowest possible levels of alcohol and other drug related harm by promoting effective, efficient and evidence-informed prevention, treatment and harm reduction policies, programs and research at the national level.

## The issues paper series

AADC publishes periodical issues papers to promote the views and priorities of the specialist alcohol and other drugs sector.

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