

Smart tech and the prevention and early intervention of alcohol, drug and mental disorders

Maree Teesson

University of New South Wales

For decades, public mental health policies have focussed on protecting, treating, and rehabilitating people already experiencing substance use and mental disorders, with prevention efforts focussed at the tertiary end of the spectrum. This focus has resulted in service responses that are largely reactive, with costly interventions provided to people only in severe crises. The fields of addiction and mental health have faced increasing pressure to evolve, to ensure that policies, practices, and research focus on whole-of-population and whole-of-life approaches, and involve primary and secondary preventive efforts.

Current substance use and mental health treatment is difficult to access for young people, and is perceived by many to be irrelevant and stigmatising. Fewer than one in four young people at risk of substance use or mental disorders seek help, and there are unacceptably long delays to seeking treatment, so that by the time a person does reach treatment, their disorder is often well entrenched, and in many cases secondary mental disorders and/or other addictions have already developed. In the case of alcohol use disorders, our research has found that in Australia there is a delay to seek treatment of 18 years. Our research has also estimated that even with the most optimal care delivered, tertiary prevention and treatment efforts would avert <30% of the disease burden. It is therefore imperative that our research efforts focus on improving prevention and early intervention for these conditions. We cannot achieve whole-of-population change unless we adopt a collaborative scientific approach that targets multiple disorders, generates new knowledge, harnesses the power of technology, builds research capacity, and translates evidence into policy and practice.

How can the internet help with these challenges? Smart tech prevention programs for substance use, depression, and anxiety have a growing efficacy base (and in some cases cost-effectiveness) in well-designed randomised controlled trials (RCTs). There also exists a growing body of evidence for internet based early intervention programs aimed at young people at risk for these disorders. I will outline the findings from our most recent trials with over 20,000 Australians and new implementation trials aimed at breaking down barriers to implementation.