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Integrating physical activity in young people's substance use treatment: Shared intervention design

Presenter: Lee Klamert

Category: Working in partnerships

Co-authors: Prof. Alex Parker, Prof. Melinda Craike, Assoc./Prof Gill Bedi, Dr. Susan Kidd



Talking Points

- ▶ Background: Problematic substance use & physical activity
- ▶ Project Summary:
 - ▶ Phase I: Research Evidence
 - ▶ Phase II: Young People's Expertise
 - ▶ Phase III: Recommendations
- ▶ Outcomes
- ▶ Conclusion
- ▶ Key Suggestions for Research and Practice

PA= Physical Activity
SU= Substance Use

My Background

- ▶ BSc. Psych, MSc. Clinical Psych (Austria)
- ▶ Master's Placement at St. Vincent's Private Hospital (Sydney)
- ▶ University Hospital Dresden & Arnsdorf Hospital: Outpatient and inpatient department for young people with substance use disorder (Germany)
- ▶ Current: PhD (Young people with problematic substance use and physical activity) (Melbourne)



Problematic Substance Use

- ◆ Substance use in youth is a global health concern [1]
- ◆ Leads to impairments in key life areas [1]
 - ◆ 1 in 6 young Australians [3]
 - ◆ Comorbid: Mental illness, high-risk behavior and suicidality [4]
 - ◆ Most affected population: Young people aged 15-25 [4,5]
 - ◆ Initiation phase: Adolescence [6]
 - ◆ Peak age: Early adulthood [1]



Physical Activity Intervention

Physical Activity

- ▶ Natural decline during adolescence [8]
- ▶ Reinforced by substance use [9]
- ▶ Beneficial effect of PA interventions for substance use reduction [10]

Physical activity intervention [11]

Approaches leading to increases in PA among a population

- ▶ Cognitive, behavioral, informational, societal, environmental and policy approaches

Australia vs Germany

- ◆ Harm reduction vs zero tolerance approach
- ◆ Voluntary vs involuntary admission
- ◆ Health driven vs criminal justice driven



Commonality: No integration of preference-driven physical activity into routine care for young people with substance use within the public health sector

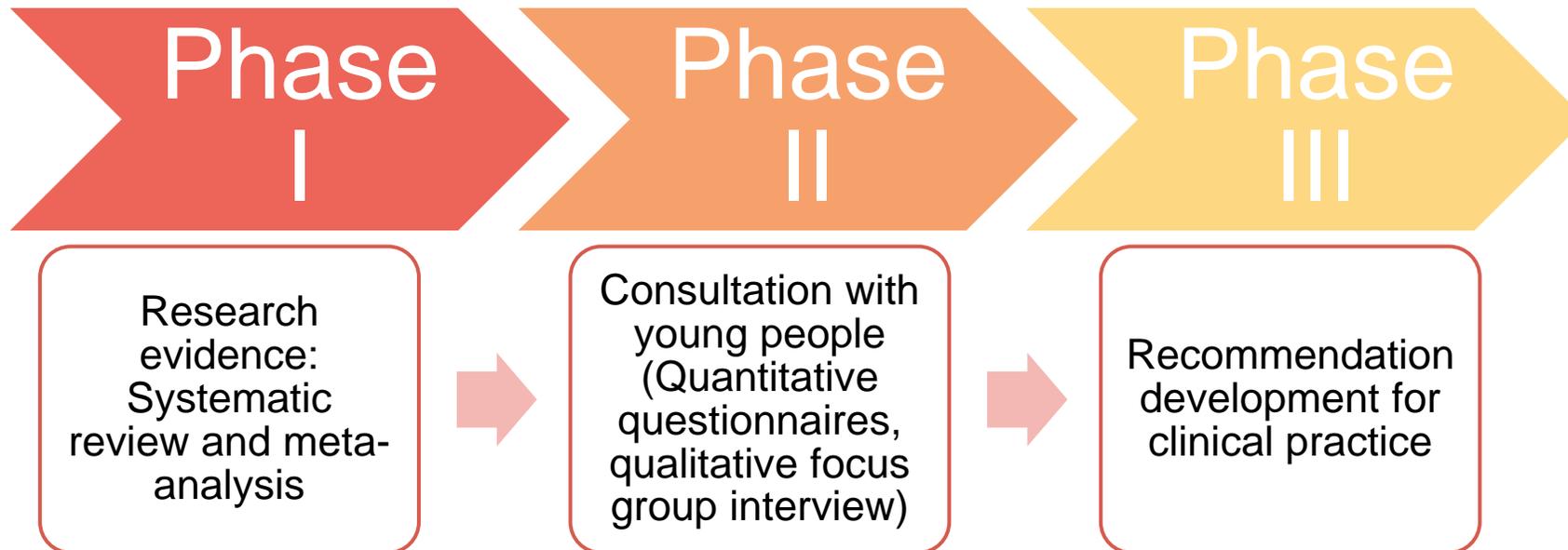
The right to health is not granted to many people who use drugs. (Response to World Drug Report 2023) [7]

My research argument:

The right to physical health and inclusion is not equally applied to many people who use drugs.

Research Project

- ◆ Integration of targeted physical activity into young people's substance use treatment
- ◆ Research evidence and young people's insights



Phase I: Research Evidence

Systematic Review

- ◆ Eligibility:
 - Physical activity interventions
 - Age group 12-25 inclusive
 - Substance use outcomes, physical activity and mental health
- ◆ Additional data: Behavior change techniques, implementation data

Findings: 28 studies of various intervention formats

- ◆ + Effect of PA interventions on substance use
- ◆ Underreporting of implementation characteristics

Phase II: Quantitative Questionnaires

- ◆ Recruitment: Online social networks, community groups, student services
- ◆ Eligibility:
 - ◆ Aged 16-25 (concept of mature minor)
 - ◆ Problematic substance use: moderate or severe risk of experiencing health or other problems because of their substance use
 - ◆ Help-seeking population: Prior or future engagement with clinical services

Questionnaire Content

1. Study information and consent

2. Victorian support resources

3. Screening (Age, substance use, willingness to engage with clinical services)

4. Sociodemographic information

5. Additional measures

- Nicotine dependence (FTND)
- Mental health (K10)
- Physical activity engagement (The Active Australia Survey, strength items of National Health Survey)

6. Barriers and facilitators to engage in physical activity in and outside of substance use treatment

- Treatment Acceptability (TAP)
- Exercise benefits and barriers (EBBS)

Results (n=145)

Physical activity- based interventions are:

- ◆ **Acceptable** within SU treatment practice: 97.8%
- ◆ **Appropriate** for reducing SU: 94.9%
- ◆ **Effective** for reducing SU: 95.6%,
- ◆ Willingness to engage in these interventions: 94.9%

Participant characteristics:

- ◆ Risk level: 77% moderate risk, 23% severe risk
- ◆ Gender: 72% female, 22% male, 6% other

Results

- ◆ ↑ PA barriers: ↓ treatment acceptability & ↓ physical activity engagement
- ◆ ↑ PA benefits and ↑ physical activity engagement
- ◆ ↓ mental health: ↑ PA barriers & ↓ PA benefits
- ◆ Significant barriers: time, hard work, family/partner encouragement
- ◆ Significant benefits: improves mental health/ mood, sense of accomplishment and control
- ◆ No gender differences for treatment acceptability, SU or benefits/barriers

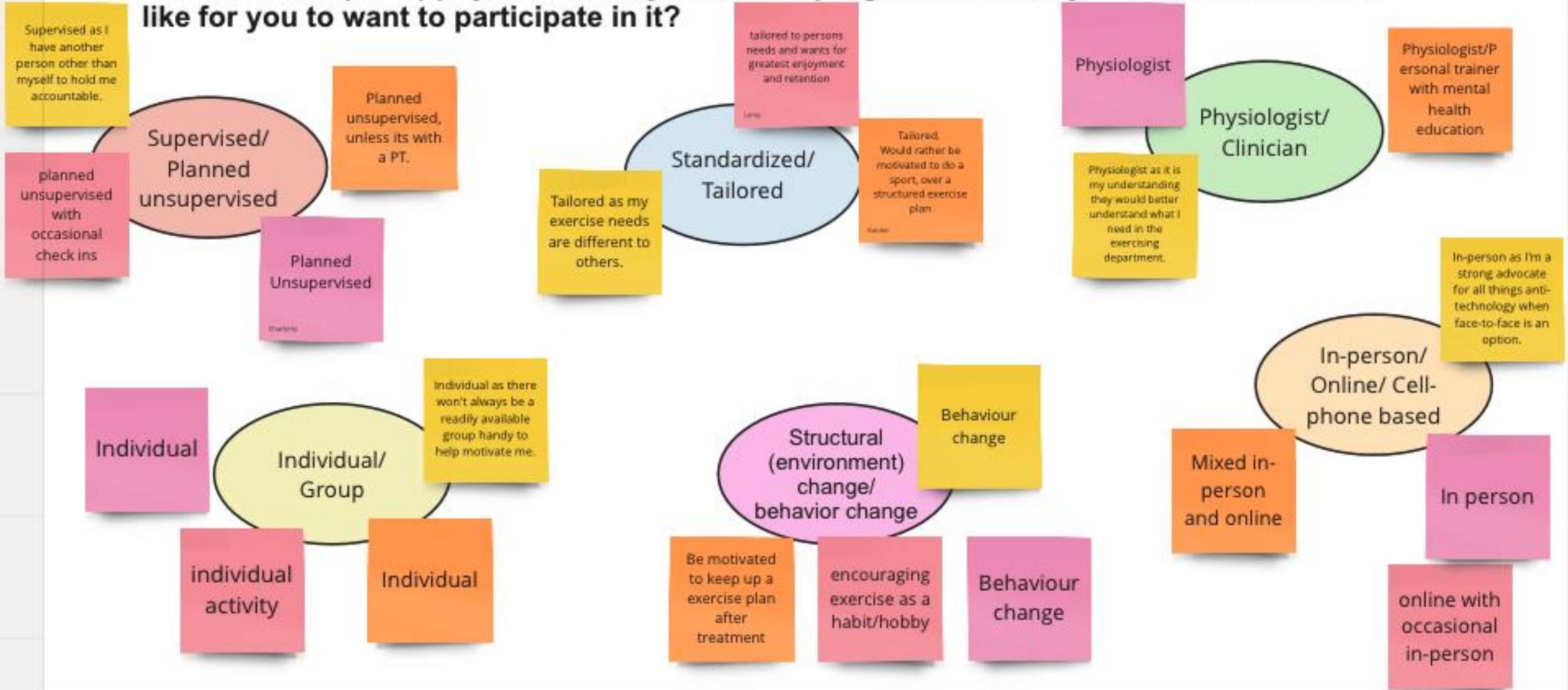
Phase II: Focus Group

- ◆ Young people aged 18-25 years (n=4) [13,14]
- ◆ Problematic substance use
- ◆ 120 min
- ◆ Campfire approach, brainstorming
- ◆ Qualitative content analysis

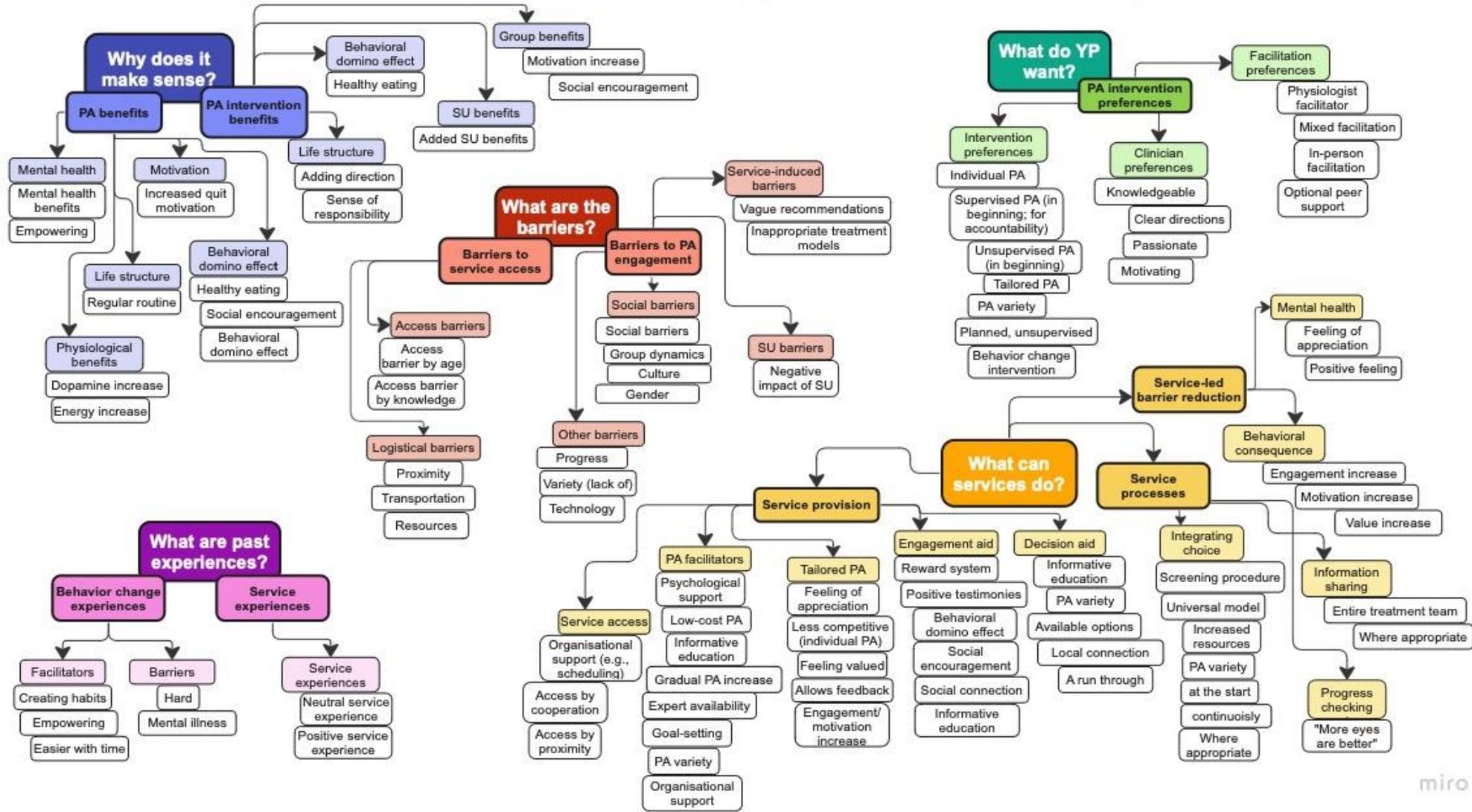
Example Questions

How could an (ideal) physical activity treatment/program offered by a health service look like for you to want to participate in it? How would it/the service/treatment offer feel to you if your experienced barriers are overcome? Would it make it more likely for you to engage in the treatment offer?

How could an (ideal) physical activity treatment/program offered by a health service look like for you to want to participate in it?



YOUNG PEOPLE SAY...



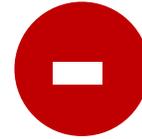
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Focus Group: Results

- ◆ 77 codes across 5 themes; clear benefits of PA interventions



Highly tailored interventions
Supervision according to treatment stage
Clear directions
Passionate clinician
Multiple behavior change interventions
Social connection
Informative education



Substance use
Social barriers
Lack of knowledge
Service barriers:
Vague recommendations
Inappropriate treatment models

Conclusion

- ◆ Physical activity for reducing substance use in young people
- ◆ Highly acceptable and appropriate to young people



Key Suggestions

- ◆ More research is crucial!
- ◆ Include young people as partners and key stakeholders
- ◆ Codesign policy and interventions ^[12]: Conduct more focus groups
- ◆ Non-stigmatizing, open conversation
- ◆ Health driven approaches ^[12]: Problematic substance use is a health matter
- ◆ Increase access and reduce barriers: Collaborations between schools, universities and health services

THANK YOU

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