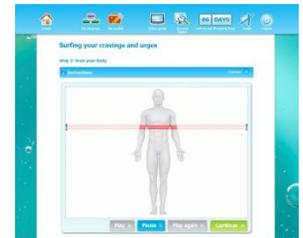
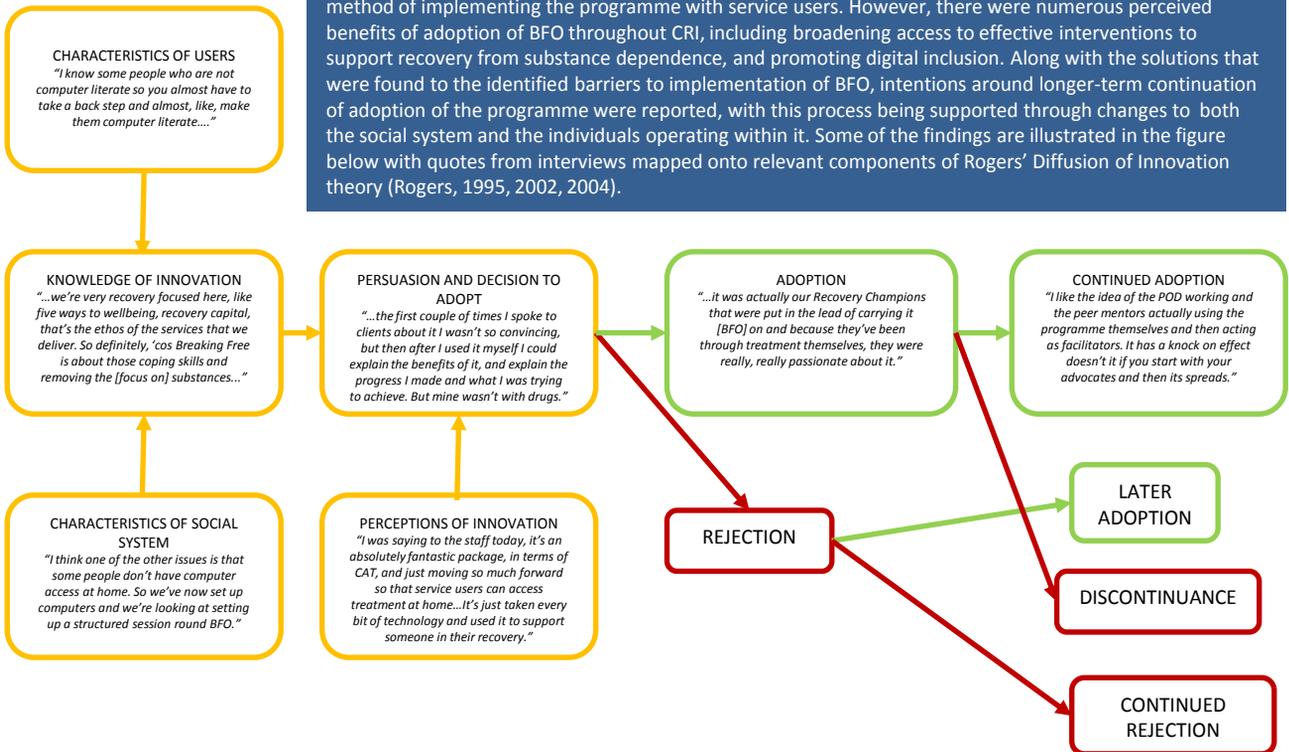


INTRODUCTION: Even when clinical effectiveness is proven, the diffusion of novel interventions throughout healthcare organisations can be perceived as disruptive. The NHS has recently made the diffusion of innovative approaches to healthcare a priority. One such approach is Breaking Free Online (BFO), a form of computer-assisted therapy (CAT) for drug and alcohol dependency. **Aims:** This study sought to explore staff and service user experiences of the adoption and implementation of BFO used as CAT within CRI, a social care and health charity working with people affected by drugs, alcohol, crime and other issues.

METHOD: Design: Semi-structured interviews were conducted. Setting: Interviews were conducted at a number of CRI services. Participants: These were 18 service managers, practitioners, peer mentors and service users at CRI. Measurements: Data were thematically analysed and themes conceptualised using some of the main components of Roger's Diffusion of Innovation theory (Rogers, 1995, 2002, 2004), which is depicted below.



FINDINGS: A number of perceived barriers to adoption of BFO throughout CRI were identified within the social system, including a lack of IT resources and skills, and the initial challenge of finding the most effective method of implementing the programme with service users. However, there were numerous perceived benefits of adoption of BFO throughout CRI, including broadening access to effective interventions to support recovery from substance dependence, and promoting digital inclusion. Along with the solutions that were found to the identified barriers to implementation of BFO, intentions around longer-term continuation of adoption of the programme were reported, with this process being supported through changes to both the social system and the individuals operating within it. Some of the findings are illustrated in the figure below with quotes from interviews mapped onto relevant components of Rogers' Diffusion of Innovation theory (Rogers, 1995, 2002, 2004).



CONCLUSIONS: The introduction of innovations such as BFO within large organisations like CRI can potentially be perceived as being disruptive, even when individuals within the organisation recognise its benefits. For successful and sustained adoption and implementation of such innovations, some changes in the social system throughout which the innovation is being diffused are required, both on an organisational and individual level. The learning points from this study of the successful adoption of new digital technology within a large organisation may be relevant not only to the substance misuse sector, but also more widely to criminal justice, health and social care organisations.

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