Title: Why we stopped using the term 'aftercare'

Commentary

Short running title: Against the term 'aftercare'

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Competing interest statement

Mark Ferry is Chief Operating Officer at the Ted Noffs Foundation. Andrew Bruun is Chief Executive Officer of the Youth Support and Advocacy Service (YSAS). In the last 3 years, Joanne Neale has received, through her University, research funding (unrelated to the topic of this commentary) from Mundipharma Research Ltd and Camurus AB. The other authors have no competing interests to declare.

Abstract

Service provision which follows engagement in an intensive (usually residential) program is often called ‘aftercare’ in the alcohol and other drug (AoD) field. In this commentary, we argue that the term ‘aftercare’ fails to articulate the nature of ongoing care required by people who are managing AoD use. We maintain that the word ‘aftercare’ positions post-residential care as being less important than other treatment modalities, rather than as integral to a continuum of care. It implies that care should be acute, like much treatment delivered through a medical model, and entails an implied assumption that people follow linear pathways in managing AoD use. We consider models and terminology used in other sectors to suggest that there are more appropriate ways of talking about and planning care that supports people to sustain changes made during intensive AoD interventions.

Keywords

Drug use, alcohol dependence, substance abuse treatment centers, continuum of care; case management, aftercare

Introduction(1)

The words we choose to describe alcohol and other drug (AoD) treatments and interventions have important implications for how they are perceived and the values they are attributed, so revealing assumptions that underpin our understanding of them. In the AoD field, service provision which follows engagement in an intensive intervention is often called 'aftercare' (2-6). These intensive interventions are often provided in residential settings but may also be offered as day programs. Where 'aftercare' programs have been developed, they tend to entail activities including outreach, peer support (like Alcoholics Anonymous and Narcotics Anonymous), case management, accommodation, counselling and or therapy (2, 7-9). Programs of this nature may be delivered by the initial treatment agency, by another AOD agency or elsewhere within the service system (10). Other terms including 'continued care', 'throughcare', 'step-down care' or similar iterations (11, 12) are also used to denote this kind of program.

We are a team of academics and practitioners collaborating to identify and investigate the resources that help young people during their first year after attending residential AoD treatment. In late-2020 we held consultations in the Australian states of New South Wales (NSW) and Victoria to inform the design of our study. Staff working in AoD and related areas, such as mental health and homelessness, were keen to contribute ideas. This created an opportunity to think critically about the place of 'aftercare' in the AoD sector and what it should entail.

We argue here that the term 'aftercare' reveals assumptions about how AoD care should be provided and fails to capture the shape of ongoing care needed by people leaving AoD treatment. Language and models used in other sectors, particularly those providing care for young people, provide some alternatives, as we explore briefly below.

Problems with 'aftercare'

The term 'aftercare' may be read in at least two ways. The first is that aftercare occurs subsequent to the delivery of actual care, or the 'real' care event. Regarding ongoing service provision as something delivered 'after care' implies that the most important component of AoD service delivery has concluded and that any follow-up is simply an addendum to it. In contrast, the practitioners in our team and many other service providers have witnessed people make critical gains through service engagement in the period after attending intensive services. At this point, services can support people in applying what they have learned in somewhat artificial treatment environments to other settings, where little may have changed and substances remain readily available to them.

Supporting this practice knowledge, the literature shows that ongoing service provision offers diverse benefits including: improved quality of life; reduced offending; engaging people who use substances in developing long-term plans or goals; allowing practitioners to keep track of progress; and providing opportunities to connect individuals with appropriate services (3, 8, 9, 11, 12). Indeed, better outcomes have been observed among users of a range of substances who receive some form of ongoing service provision (8, 9, 13-15), and this applies to both adults and young people (16, 17). This research literature suggests that plans for people exiting residential care should include sustained, stable and regular support from service providers (14, 18, 19).

A reading of the term 'aftercare' as something that occurs after the conclusion of care additionally implies that substance use can be treated through a single finite treatment episode. As others have observed, AoD problems are too often understood as resolvable through a time-limited intervention (20). This is evident in the Australian approach to AoD funding, which is outcome-based and measures performance through closed episodes of treatment, the majority of which (79%) are expected to end within three months (21). Such an approach is consistent with the construction of problematic substance use as a biomedical phenomenon rather than as constituted through complex configurations of individual and structural forces (20, 22, 23). Thinking about treatment for

AoD as a medical problem places the onus for change on those who are receiving treatment; people who are often already socially disadvantaged.

A second way of reading the term 'aftercare' is via its temporal relationship to something else; care that occurs 'after' another form of treatment. This interpretation calls to mind a linear pathway through treatment, a notion that is problematic since people who use AoD commonly cycle between abstention and substance use (7, 24). Consequently, treatment should be understood as part of a long-term trajectory, where ongoing or intermittent substance use does not always signal that treatment has failed (24). Opportunities for ongoing engagement in the service sector are critical in supporting people to maintain gains achieved during residential treatment, build new lives without problematic AoD use and reengage if AoD use becomes a concern again (25, 26). Moreover, constructing care after intensive treatment as an afterthought belies the complexity and careful planning that ongoing care requires. People leaving intensive services continue to grapple with factors that precipitate substance use such as trauma, poverty and mental ill-health (7, 16, 17, 27). Indeed, integrated approaches to AoD care (a mix of primary health care and specialist services) are associated with better outcomes (8, 25).

Ongoing care in other sectors

Australian programs for ongoing care in youth out-of-home care and juvenile justice provide a useful comparison and reveal some of the shortcomings of 'aftercare' approaches in the AoD sector. For example, in the out-of-home care sector, care after young people age out of statutory care is provided through a caseworker model (28) intended to help participants access a bespoke mix of supports including social engagement, housing and family reconciliation support (29). All states and territories in Australia recognise in legislation or policy that young people have a right to transition from care plans to ensure their wellbeing and development (29).

A similar case management model operates in the criminal justice sector (30). Involvement with justice systems at a young age is a risk factor for future offending (31), creating an imperative to provide services that reduce recidivism and related social costs. Recognising that young people involved with the custodial justice system often experience significant disadvantages (32), the Victorian Youth Justice Community Support Service is designed to ensure that young people have continued access to services as they transition back into the community (33).

While there is room for improvement in both of these sectors (29, 34), we can also learn from them. Both explicitly emphasise the need for an integrated response, attending to service users' economic, psychosocial and legal needs. In these sectors, aftercare is viewed as something gradual, flexible and person-centred (26). Out-of-home care and juvenile justice also treat the provision of sustained services as a right in legislation and policy, while AoD aftercare remains largely a discretionary service based on availability (35, 36).

Conclusion – language and funding decisions

Despite evident therapeutic value (8, 9, 13-15), few programs providing ongoing care for people trying to change their AoD use are funded in Australia, with a notable absence of programs for young people. NSW has recently introduced a 'coordinated continuing care' program in recognition of the need for ongoing support. In Victoria, no similar programs are available to maintain treatment gains for people who have attended residential AoD services.

Other than the usual budgetary pressures, one reason that governments are reluctant to fund ongoing services for people exiting residential AoD care may lie in some of the assumptions about AoD care that are embedded in the term 'aftercare'. These include that it is an appendix to the 'real' business of treatment, that substance use problems can be addressed using short-term, acute responses, and that people follow linear pathways in managing their AoD use. Programs in other

sectors use approaches that imply a more sustained and holistic response while acknowledging that care provided after residential service provision is likely to be less intensive. We can look to these in reconsidering the language we use to plan ongoing care for both young people and adults who are engaged in AoD programs.

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