



Resource landscapes for young people leaving residential alcohol and drug services: Research Summary 1

Should we be using the term 'aftercare'?

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The words we choose to describe alcohol and other drug (AoD) interventions reveal assumptions about how we understand AoD use and have important implications for how treatment is imagined and implemented. The term 'aftercare' is used internationally to describe the support people get after they finish an intensive treatment program, usually involving things like counselling, therapy, peer support groups like Alcoholics Anonymous, and support finding accommodation. We argue here that the term 'aftercare' fails to capture the kind of ongoing care needed by people leaving intensive AoD treatment. Instead, we suggest that 'continuing coordinated care', which is gaining traction in the NSW AoD sector, is more appropriate terminology. It better encapsulates the kind of integrated and sustained engagement with services that supports the best outcomes for people who use AoD.

Our first concern with the term 'aftercare' is that it implies that ongoing support occurs after the 'real' care event; that the most important component of AoD service delivery has concluded and that any follow-up is an addendum. But in reality, many people continue to make progress after they leave intensive treatment. They need ongoing care to use what they've learned in their daily lives. Research shows that staying connected to support services can make a big difference in people's lives and help them stay on track.

A further problem is that 'aftercare' suggests that treatment is a one-time thing, like a problem with a quick fix. Further, the term 'aftercare' can make it seem like there's a linear path through treatment, like going from Point A to Point B. But in reality, people often go back and forth between using alcohol and other drugs and trying to stop. Moreover, constructing care as an afterthought after intensive treatment undermines the complexity and careful planning that ongoing care requires.

Despite the evident benefits of ongoing support for people who use AoD, there's a lack of funding for these programs, especially for young people. One reason for this might be the assumptions embedded in the term 'aftercare' which can limit the thinking of funders and service providers about what kinds of support should be available. 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. Such perceptions may limit the thinking of funders and service providers about

what kinds of interventions should be made available for people leaving residential or other high-engagement programs. We need language for ongoing care that indicates a more sustained and holistic response with the service sector.

Recommendation:

To address these issues, service providers should consider adopting terms like 'continuing coordinated care'. This terminology emphasises the ongoing nature of support and underscores the importance of integrating various services to meet the complex needs of individuals leaving treatment. By shifting to this language, service providers can better convey the holistic and sustained approach needed to support individuals in their recovery journey.

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