Aftercare Services

For Drug-Dependent Persons

Developing Community Drug Rehabilitation and Workplace Prevention Programme

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Coordinated by: UNDCP, Regional Office for South Asia
Design: Lope Design

What is Aftercare?

Aftercare refers to services that help recovering drug-dependent persons to adapt to everyday community life, after completing earlier phases of treatment and rehabilitation. It provides an opportunity to address important issues and problems associated with abstinence and recovery. Aftercare provides a safe environment for continued support till it is no longer needed.

Why Aftercare?

The journey of recovery continues even after treatment and rehabilitation and is long and steep. Since clients may take a year or even more to complete this last part of the recovery journey, they need support and guidance during this period.

Aftercare should:

- Be an integral component programmed into a treatment and rehabilitation service
- Include training to prevent relapse and other crises
- Focus on reviewing and consolidating the gains made during treatment and aim at Whole Person Recovery (with strategies for being drug-free, crime-free and gainfully employed)
- Impact new skills for maintaining recovery, including help in handling everyday responsibilities, managing family and other relationships, making new friends, developing alternative recreational activities, adjusting to work and employment or acquiring/re-learning occupational skills, overcoming the stigma and shame of the past, and developing new insights

Setting up an Aftercare Programme: Summary Steps

- Before starting an aftercare programme, decide whether to ‘own’ the aftercare programme or ‘outsource’ it.

- Set up an ‘Aftercare Team’ with one or more counselors, a manager or the treatment center’s Board, and a recovering addict counselor (if possible). The Aftercare Team will carry out the planning, implementation and development of the aftercare programme.

- Plan client-by-client individualized aftercare (for smaller treatment programme) or a larger, formal and structured aftercare programme, as suitable.

- The Aftercare Team should:
  - Plan programme components
  - Identify areas of staff training and capacity building
  - Estimate financial and other resources for the programme and mobilize such resources
  - Carry out a periodic evaluation and review.

The client who successfully graduates from an aftercare service will have made substantial progress toward Leading a normal life. Yet, the road to recovery does not end here, as recovery is a continuous journey. Though the risks of relapse decrease with the passage of time, relapse can still occur. The aftercare programme enhances the client’s capacity to cope with this risk and make progress on a drug-free life.
Aftercare Services

Definitive
Aftercare services that help recovering drug dependent persons get off to a good start.

Follow-up
Monitoring and collecting information about clients after they leave a program.

Risks
Aftercare should not be an afterthought.

Aftercare includes working on:
- work/employment
- family and relationships
- social capacities and resources

A flexible that allows more individual choices, makes a program more attractive and effective.

Aftercare should not be an afterthought.

Differences between Aftercare and follow-up

- Mere follow-up is not aftercare.
- While an aftercare program does include follow-up procedures, mere follow-up is not aftercare.

Issues in Aftercare

- Addressing the issue of drug-craving in terms of:
  - Identification of drug-craving
  - Tracking of craving urges
  - Identification of psychological and other cues that trigger craving

A good aftercare program also needs to be individualized. All clients differ as regards their individual problems, needs, and psychological as well as social capacities and resources. A flexibility that allows more individual choices, makes a program more attractive and effective.

The Place of Aftercare in the Treatment Process

Aftercare services may be offered on an outpatient basis by the designated staff of the treatment unit. Alternatively, aftercare may be offered in the form of a group meeting定期ly arranged by trained group leaders. Such a group should be led by a trained aftercare staff member.

Aftercare Staff

- A staff member or a committee should be designated to overview the aftercare program. The more experienced counselors can be trained to acquire the self-sufficiency required for the purpose.

Aftercare Activities and Procedures

- Aftercare should not be an afterthought.

Who Provides Aftercare?

- Although desirable, not all drug treatment centers need to provide for aftercare themselves. The aftercare component can be provided by a different agency in the community. For example, hospital-based detoxification only programs may offer their ‘graduates’ to other rehabilitation programs that facilitate the net of care.

Smaller rehabilitation programs may opt for a more flexible client-to-client approach for community members (individualized aftercare). Alternatively, several rehabilitation services may share resources and set-up a common central aftercare services, where they continue to provide individualized counseling but rely on the common program for group or larger activities.

The The Aftercare Setting

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Aftercare Activities and Procedures

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Goals in Aftercare

- Based on the aftercare issues outlined, the staff of the program should formulate a set of client goals. These should be in line with the recovery model being used in the treatment and not on a shoestring basis.

Provision of aftercare needs. When the group of clients grows, the aftercare staff may need to supervise medication and ensure compliance. Decisions regarding when to start, change or stop these medicines are best left to the medical professional in charge.

- Psychiatric and medical treatment

Certain clients in aftercare may continue to receive psychiatric or medical treatment for co-occurring conditions. Such patients require:
- Monitoring of treatment and ensuring compliance
- Appropriate referrals and contact with the treating doctors.

4. Family counseling

Family counseling should be continued on a single-family basis in the treatment center or through a family support group outside the center, in the community. Counseling includes helping family members learn new skills to cope with each other, resolve conflicts and prevent relapses. They must also learn to manage the social shame and pain that are co-dependent. In such situations, aftercare may involve family counseling, family groups, group fellowships and other activities. Even occasional home visits may be required to assess the living situation and intervene.

5. Group counseling

Those clients who show a certain level of readiness could be associated to form an aftercare group that focuses on common issues of aftercare. Such a group should be formally led by a trained aftercare staff member and could be co-led by a ‘senior’ recovering addict. Regular meetings should be held at least once a week. Group therapy in such settings is a powerful technique of aftercare.

6. Vocational rehabilitation

This ‘employee assistance’ component of the aftercare plan aims to reduce the difficulties that recovering addicts may face in obtaining employment, finances, health, social and spiritual activities.

- Home visits by counselors or volunteers.
- Clear entry and completion criteria

Define clearly the criteria and standards for entry into and ‘graduating’ from the aftercare program. This maximizes benefit and reduces wastage of resources. Admit only those clients who are ready to use the service.

7. Supervision of ongoing treatment

Depending on the recovery model used by the treatment and rehabilitation service where the aftercare program is based, suitable clients may have been prescribed and maintained on certain medication to facilitate aftercare and recovery. Such medicines include:
- Antidepressants (e.g. Naloxone in cases of opiate dependence)
- Agranules that work as maintenance substitutes (e.g. Methadone, Buprenorphine in opiate dependence)
- Anti-craving medicines (e.g. Naloxone or Antidepressants in alcoholism)
- Aversive drugs that cause a aversion reaction (e.g. Clonidine in alcoholism)

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