Aftercare Services
for Drug Dependence Persons

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 attendance 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 the 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 customizing the goals made during treatment and aim of Whole Person Recovery, both strategies for being drug-free, crime-free and gainfully employed
- Impart new skills for maintaining recovery, including how to handle 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.

Aftercare Services

Setting up an Aftercare Program: Summary Steps

- Before starting an aftercare program, decide whether to 'own' the aftercare program or 'outsource' it.
- Set up an 'Aftercare Team' with one or more coordinators, a manager or member of 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 program.
- Plan client-by-client individualized aftercare.
- The client who successfully graduates from an aftercare service will have made substantial Whole Person Recovery to lead 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 experience enhances the client's capacity to cope with this risk and make progress on a drug-free life.

The options available in this publication do not necessarily represent the official policy of the United Nations Office on Drugs and Crime.
A. Recognition, review and consolidation of Issues in Aftercare

While an aftercare program does include follow-up, Focus Support and guidance in relapse prevention, Whole Person Recovery, and developing new skills, it also includes monitoring and collecting information about clients without resorting to drug use. A friend, colleague or co-worker, A family member, an employee, worker or student, and non-drug using persons and peers may help handle treatment gains. Whole Person Recovery, and developing new skills, handling craving, tracking of craving urges, and prevention are important aspects of aftercare. If your treatment program is new, with only a few frequency, place and type of contact, one or more experienced counselors can be trained to assist in the program.

B. Issues in Aftercare

Aftercare includes working on:
- Recognition, review and consolidation of treatment gains
- Addressing the issue of drug craving in terms of:
  - Identification of psychological and other cues that trigger craving
  - Training of craving urges
  - Anticipating situations that may lead to drug use
  - Handling craving
- Establishing a new social network by:
  - Developing social and intimate relationships with non-drug using persons and peers
- Carrying out non-drug using "fun" activities
- Establishing healthy social activities
- Beginning or resuming new roles and responsibilities:
  - An employer, worker or student
  - A family member
  - A parent, son, daughter or homemaker
  - A friend, colleague or co-worker
- Lifestyle changes required for Whole Person Recovery
  - This includes helping the client handle work/employment, family and relationships, finances, as well as social and recreational activities, without removing to drug use
  - Relapse prevention.

C. Goals in Aftercare

Based on the aftercare issues outlined, the staff of the program should formulate a set of goals. These should be in tune with the recovery model being used in the treatment and rehabilitation services. Well-defined goals provide a focus for both the client and the staff and also set criteria and standards for client entry into and completion of aftercare. 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.

D. The Place of Aftercare in the Treatment Process

Plan aftercare arrangements before discharging the client from the treatment and rehabilitation facility. Such a plan should specify the person(s) responsible for providing aftercare, the time, frequency, place and type of contact.

If your treatment program is new, with only a few clients having reached the aftercare stage, counselors should pay attention to each client's aftercare needs. When the group of clients grows, a more formal program of aftercare can be developed.

E. 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 refer their "graduates" to other rehabilitation programs who facilitate the rest of recovery. Smaller rehabilitation programs may opt for a more flexible client-to-client approach for community reintegration (individualized aftercare). Alternatively, several rehabilitation services may share resources and set up a common central aftercare service, where they continue to provide individualized counseling but rely on the common program for group or larger activities.

F. The Aftercare Setting

Aftercare services may be offered on an outpatient, inpatient, or group setting.

a. Inpatient Setting

a.1. Specially trained staff

A staff member or a committee should be designated to oversee the aftercare program. One or more experienced counselors can be trained to acquire the special competence required for the purpose. Other counselors and volunteers may be trained to assist in the program.

b.1. Recovering addict counselors

"Senior" recovering addicts can form an effective part of the aftercare team, as they not only provide role models but can also be effective peer counselors and peer leaders.

F.1. Volunteers

Volunteers from the community who are familiar with the process of drug dependence and recovery, who have the sensitivity and ability to listen and empathize, and the capacity to understand, may be trained to assist in aftercare services.

G. Aftercare Activities and Procedures

The Aftercare plan should:
- Specify the person(s) responsible for providing aftercare
- Work out time, frequency, place and nature of contact
- Be systematically planned. Every season or activity must conclude with a mutually agreed plan for the next
- Be reviewed periodically and modified as required.

The Aftercare contact

You can plan various types of aftercare contact including:
- Personal meeting and interviews (most preferable)
- Personalized letter to the client
- Personalized messages of care and support
- Telephone contact
- Telephone message of care and support
- Support and encouragement offered
- Personalized "what to do when" questions for the client to fill. Questions include frequency and need of drug use, family and other interpersonal situations.

The aftercare staff may need to supervise medication to ensure compliance. Decisions regarding when to start, change or stop these medicines are best left to the medical professional in charge.

H. Psychiatric and Medical Treatment

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

I. Family counseling

Family counseling should be continued on a single-family basis in the treatment center setting or through a family support group outside the center, in the community. Counseling includes helping family members learn new strategies to cope and relate to each other, resolve conflicts and prevent relapse. They must also learn to overcome the fear of shame and their own "co-dependence". In such situations, aftercare may involve family counseling, family groups, group fellowship and other activities. Even occasional home visits may be required to assess the living situation and to intervene.

J. Aftercare staff

Those clients who show a certain level of readiness could be referred to an aftercare group that faces or common issues of aftercare. Such a group should be formally led by a trained aftercare staff member and could be led by a "senior" recovering addict. Regular meetings should be held at least once weekly. Group therapy in such settings is a powerful technique of aftercare.

K. refers to the use of medications to facilitate aftercare and recovery. Such medicines include:
- Antagonists (e.g. Naltrexone in cases of opiate dependence)
- Agonists that work as maintenance substitutes (e.g. Methadone, Buprenorphine in opiate dependence)
- Aversive drugs that cause an adverse reaction (e.g. Acamprosate in alcoholism)
- Anti-craving medicines (e.g. Naltrexone or Antabuse in alcoholism)
- Psychiatric or medical treatment for co-morbid conditions.
- Appropriate referral and contact with the medical professional in charge.