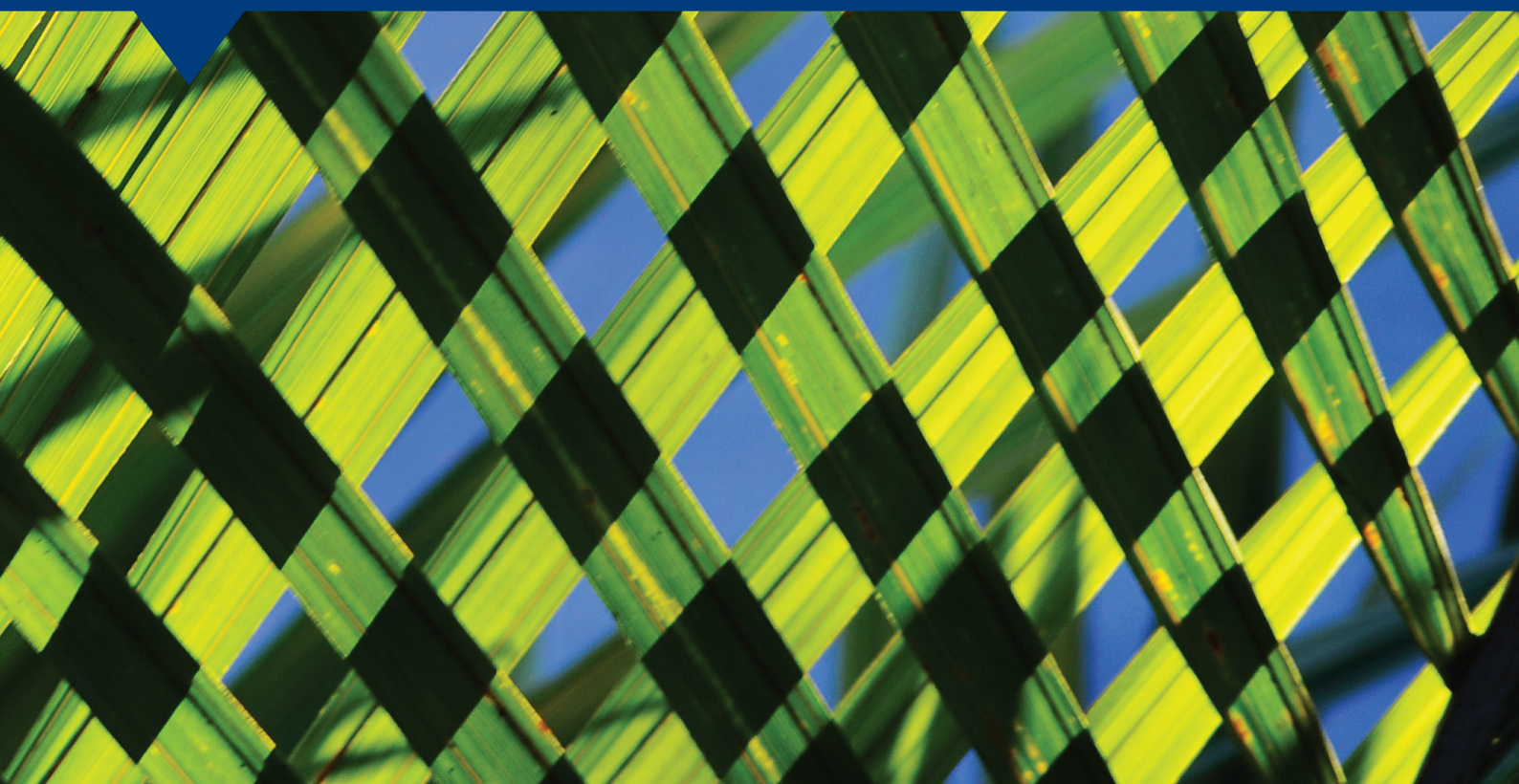


ADDICTION & AFTERCARE

FINAL PROJECT REPORT / FEBRUARY 2013



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Executive summary

During 2012 the Counties Manukau District Health Board (CMDHB) Alcohol and Other Drug (AOD) Sector Collaboration Group sponsored an aftercare project, in response to priorities identified in the Counties Manukau District Health Board (CMDHB) Alcohol and other Drug (AOD) Action Plan (2009 – 2014). This report outlines the overall findings of the project which included a review of selected literature¹, a snapshot survey, focus groups, and interviews with consumers and AOD service provider representatives.²

The terms aftercare and continuing care are used interchangeably in the literature, with 'aftercare' tending to be replaced over time by 'continuing care' as the preferred term.

Concepts differ depending on whether treatment is provided from an acute model or a chronic condition model. There are indications in literature and stakeholder feedback that there is a trend towards a continuing care approach which advocates ongoing monitoring and support provided over the longer term, until addiction can be effectively self-managed. This approach addresses well-established issues associated with high rates of relapse and diminishing treatment effects over time. An increased emphasis on the role of primary care in supporting people with addiction is consistent with a chronic condition model and is signalled as a priority in recent (draft) national policy.

A comprehensive continuing care approach is likely to require more explicit links with primary care, greater collaboration between service providers and incorporation of critical elements associated with effectiveness identified in literature i.e extended monitoring and support taken to the consumer. Many specific approaches show promise however none are strongly evidence based and none are consistently provided, arguably supporting a need for innovation. Professional peer-based approaches are emerging as another aftercare option. Feedback suggests peer-based options are highly valued by consumers.

Consumer feedback has confirmed that the aftercare options currently provided by AOD services for consumers in Counties Manukau are helpful. The lack of locally situated supported accommodation is highlighted as a key gap. Consumers have also highlighted the need for more of a holistic focus and supporting people to attain the 'out of reach' and to 'become a citizen' rather than limiting the focus to addiction management. The need for services to continue to collaborate to ensure a range of options is available is supported, as is the need to ensure consumers are well informed about options. Literature and stakeholder feedback suggest that lack of funding is linked to lack of consistent provision.

Options for young people are limited and further research is needed.

Recommendations consistent with planning priorities and the findings of this project are set out in the *Summary and conclusion* of the report (p.10).

¹ The literature referred to in this report is drawn from the *Addiction and Continuing Care: Summary of Selected Literature Report August 2012* and is fully referenced in that report. Only specific quotes and single studies are referenced in this report. An overall list of references is provided.

² Detailed reports on the literature findings and the survey, focus group and interview findings are available from Counties Manukau DHB.

Introduction

The CMDHB AOD Sector Collaboration Group has undertaken a project on aftercare, in response to priorities identified in the Counties Manukau District Health Board (CMDHB) Alcohol and other Drug (AOD) Action Plan (2009 – 2014) which states:

"A belief in every person's potential to achieve recovery, and in every professional's responsibility to hold and instil hope, is reflected in pro-active strategies to engage and re-engage consumers"(p.19)

In addition the AOD Action Plan presents an emphasis on: *"developing a range of peer-led after-care services"(p.30).*

The project deliverables were:

1. A report on literature findings on aftercare. *Addiction and Continuing Care: Summary of Selected Literature Report August 2012* is available via Counties Manukau DHB.
2. A report on aftercare options currently available to AOD treatment consumers living in Counties Manukau. This included findings of the snapshot survey, focus groups, interviews, and discussions. The full report was presented in early December 2012 and is available via Counties Manukau DHB.
3. A final project report including recommendations for further action.

This report corresponds to deliverable 3 above and presents a summary of the overall findings presented in the two previous reports along with recommendations for consideration by the CMDHB AOD Sector Collaboration Group.

Methodology

The following processes have been utilised within the aftercare project:

- Review of selected relevant literature to determine research-based evidence of effective aftercare options for AOD consumers.
- A snapshot survey of Counties Manukau AOD consumers to gain feedback on the range of aftercare options offered and what is helpful to consumers.
- Focus groups and interviews with consumers and service provider representatives, including AOD service providers to further explore stakeholder perspectives on aftercare including service provider perspectives on enablers and barriers to aftercare provision and stakeholder suggestions for enhancing aftercare.
- Discussions with the Counties Manukau AOD Consumer Network to gain further stakeholder feedback on aftercare.

Terms used in this report

'AOD consumers' refers to those people who are accessing or have accessed AOD services. The term is used synonymously with tangata whai ora, clients, patients, service users and peers.

'Aftercare' refers to the stage of treatment following initial, more intensive, treatment.

'AOD treatment' refers to specialist addiction services including out-patient, community based, residential, clinical, peer-based and supported accommodation services.

A note on literature referred to in this report

The literature referred to in this report is drawn from the *Addiction and Continuing Care: Summary of Selected Literature Report August 2012* and is fully referenced in that report. Only specific quotes and single studies are referenced in this report. An overall list of references is provided.

Overall summary of literature and stakeholder feedback

Literature indicates a concept shift from 'aftercare' towards 'continuing care'

More sustained and assertive styles of monitoring and support following completion of inpatient or outpatient treatment mark a transition in thinking from aftercare (or follow-up) to continuing care — from treatment intensity (short-term/high intensity) to treatment extensity (long-term/low intensity).

White (2008: 110)

The terms aftercare and continuing care are used interchangeably in the literature, with 'aftercare' tending to be replaced over time by 'continuing care' as the preferred term.

Concepts of aftercare or continuing care differ depending on whether treatment is provided from an acute model or a chronic condition model. The acute model positions aftercare within a time-limited acute care framework. A person receives a short to medium length episode of treatment, may or may not receive follow up, then typically exits treatment. A chronic condition approach advocates ongoing support provided over the longer term, until addiction can be effectively self-managed by the person, family and extended support network. This is seen as a revised approach to addiction treatment and one that addresses two clear themes in long-term follow-up studies: treatment effects diminish over time and relapse rates are high.

White (2008) sets out options for organising the delivery of continuing care as follows:

1. The addiction treatment organisation that delivers primary addiction treatment
2. A peer-based recovery organisation
3. Primary care physician or local health care clinic
4. Allied professional, e.g., interventionist or employee assistance professional providing this specialty service.

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017(draft) signals a policy intention to better integrate primary and secondary mental health and addiction services. An emphasis on the role of primary care in supporting people with addiction is consistent with a chronic condition approach.

Services indicate trend towards continuing care

Overall I think we are promoting a view that longer support and continuity are helpful - promoting more of a step-down process than a discharge. Ongoing or continuing care does not need to be resource intensive – it should be fine for a clinician not to see a client for many weeks or longer if that is the plan. Easy access should be the key principle.

Interview participant

We have combined our admission and aftercare team as a way of engaging people in aftercare from the outset. We are in the process of re-mapping the scope of aftercare.

There are indications that some Counties Manukau AOD services are rethinking aftercare and moving towards more of a continuing care approach. However, stakeholders noted that funding and contractual requirements do not necessarily align with this trend. The variable nature of funding provided for aftercare was noted (i.e. some contracts specifically fund aftercare and some do not) along with the requirement to balance aftercare provision with the sometimes competing requirement to admit more people to treatment. This feedback reflects literature findings that suggest lack of funding is linked to lack of consistent aftercare provision.

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017(draft) emphasises the need for active monitoring and review of the duration of service use so that mental health and addiction services are accessed only for as long as required. This suggests that development within primary care will be needed to support a continuing care approach.

Evidence base emerging

I've got no agenda, I'm just a consumer. But with peer support I felt validated. I met people who believed in me, who were genuinely pleased to see me, who were there for me. It helped me re-integrate into the community. They [peer support workers] can help address areas in your life that are lacking – they can leave the office.

Interview participant

Literature indicates there is a range of aftercare options including professional and self-help, but while many show promise none are strongly evidence based and none are consistently provided. Critical elements include extended monitoring and taking the treatment to the consumer, in some cases this means utilising low cost delivery methods such as telephone and internet-based options. For example, a review of controlled studies of continuing care conducted over a 20-year period from 1989 – 2009 (McKay, 2009) showed that effective continuing care interventions are likely to include some or all of the following components:

- Extended monitoring
- Incentives and consequences for performance at the level of the person, clinician, and programme
- Alternative forms of service delivery (eg outreach, telephone etc)
- Utilization of community supports.

Emerging evidence supports continuing care approaches that *contract* consumers to attend, *prompt* them to attend and *reinforce* attendance (Lash, 2011).

Professional peer-based approaches are emerging and provide another option that, from feedback, appears to be highly valued by consumers. Professional peer-based support options have the potential to offer continuity of contact over time and across all levels of care.

Literature findings suggest that many people choose not to take up the option of continuing care even when it is available, arguably supporting a need for innovation in service provision.

There is a need to broaden thinking about aftercare

Its not just about addiction – its about relationships, accommodation, getting a job. These were my questions when I finished residential treatment....Recovery is not just about being AOD free it is about becoming a citizen.

Interview participant

Choice is important – if support is pushed on people they will probably push back. If you offer people choices they will choose what works for them.

Focus group participant

A range of aftercare options is provided by AOD services for Counties Manukau consumers. All service provider stakeholders indicated that they would like to be able to offer more. Options available include support groups, counselling, peer support, AA/NA twelve step fellowships, Recovery church and supported housing. Survey findings indicate that consumers find all options helpful. AOD Services refer people, for aftercare, to other AOD services and to other non-AOD support services. The need for close collaboration among service providers and wider support systems was underscored.

Focus-group feedback from consumers suggests there is need to think more broadly to ensure there is choice and that aftercare options are more holistic with a focus on social inclusion, supporting people to:

.... attain the out of reach to become a citizen.

Focus group participants

Focus group participants suggested a wide range of options including:

- Exercise, art and music
- Having fun
- Meetings
- Support groups
- Education options – making up for gaps in schooling and tertiary education.
- Workshops
- Nutrition
- Social things like barbeques, exercise groups, drug free social activities
- Spirituality.

Options suggested by service provider representatives included providing satellite aftercare services, a day programme for people who are relapsed or at risk of relapse, more family support groups for youth aftercare, more of what is currently available and 'booster' sessions.

Identified gaps

Support house...there's a lot of demand, this has increased, people want supported housing, possibly a reflection of tougher times. ...A step down into supported housing seems to be a good pathway. We would like to offer more.

Relatively recent innovations in peer support services in Counties Manukau and the impending availability of respite accommodation provide additional aftercare options and these are welcomed by all stakeholders. Supported accommodation provided locally is highlighted as a key gap.

Some people (as an indication, approximately 4% of survey respondents) appear to fall through the cracks and receive no support and for some the support offered is not what they need. Lack of information was raised as an issue by consumers.

Literature suggests that young people require continuing care to support gains made in treatment. Options for young people are limited, for example there are reportedly problems in the linkage between young people and recovery support groups, and further research is needed to determine what would be helpful to young people.

Summary and conclusion

Concepts of continuing care differ depending on whether treatment is provided from an acute model or a chronic condition model. There are indications in literature and stakeholder feedback that there is a trend towards a continuing care approach which advocates ongoing support provided over the longer term, until addiction can be effectively self-managed. This approach addresses well-established issues associated with relapse and diminishing treatment effects over time.

An increased emphasis on the role of primary care in supporting people with addiction is consistent with a chronic condition model and signalled as a priority in recent policy.

Many approaches to aftercare show promise however none are strongly evidence based and none are consistently provided. Critical elements associated with effective aftercare include extended monitoring and taking the treatment to the consumer. Aftercare service provision is likely to be more effective if these elements are incorporated. Professional peer-based approaches are emerging and provide another aftercare option.

Consumer feedback has confirmed that the aftercare options currently provided by AOD services for AOD consumers in Counties Manukau are helpful. The lack of locally situated supported accommodation is highlighted as a key gap. Feedback suggests peer-based options are particularly valued by consumers. Consumers have also highlighted the need for aftercare to have more of a holistic focus and a focus on social inclusion, supporting people to attain the 'out of reach' and to 'become a citizen' rather than being more limited to addiction management. The need for services to continue to collaborate to ensure a range of options is available is supported, as is the need to ensure consumers are well informed about options.

Options for young people are limited and further research is needed.

Literature suggests lack of funding is linked to lack of consistent provision and this is supported in feedback from Counties Manukau stakeholders. All service provider stakeholders indicated that they would like to be able to offer more to respond to the needs of consumers.

In conclusion, while a range of helpful aftercare options is currently available there is potential for further development particularly in applying a more consistent continuing care approach. A comprehensive continuing care approach requires a shift in the way responses to addiction are conceptualised and organised. This is likely to require more explicit links with primary care, greater collaboration between service providers and incorporation of the key elements of continuing care identified in literature i.e extended monitoring and support. Peer-based options have potential for application across primary and specialist service contexts as well as the flexibility to provide a holistic focus, to support consumers to build on natural supports and participate in their communities. Without investment it is likely that supported accommodation will remain a gap in the service continuum in Counties Manukau. Expansion of and greater levels of consistency in aftercare (or continuing care) options will need to be reflected in service planning, contracting, funding and monitoring.

In line with the project findings, it is recommended that the Counties Manukau AOD Sector Collaboration Group:

1. Strengthens links with primary care providers with a view to developing a shared understanding of a continuing care approach to managing addiction treatment. This would develop a foundation for further development.
2. Encourages AOD service providers to ensure existing aftercare provisions incorporate the effective elements identified in literature (i.e. extended monitoring and support) and the priorities related to social inclusion and holistic support identified by consumers.
3. Recommends to CMDHB that aftercare provisions be considered in service contracts and associated funding.
4. Recommends further investment in professional peer-based approaches and supported accommodation options to CMDHB.

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